

# *Havering Joint Strategic Needs Assessment 2010*



- Havering
- Strategic
- Partnership

# Introduction

## Purpose of the JSNA

This joint strategic needs assessment is a resource for local agencies and for the wider public. It takes a broad look at health and well being in the borough and draws attention to topics that need our attention. We all have a role to play in improving health and the JSNA should support us in making plans for Havering's future.

JSNA is a statutory duty set out in the Local Government and Public Involvement in Health Act (2007). It requires us to assess the health and wellbeing needs of the local population, with the aim of establishing "a shared, evidence based consensus on key local priorities to support commissioning to improve health and wellbeing outcomes and reduce inequalities"<sup>1</sup>.

Although this duty is particularly aimed at local authorities and primary care trusts, the role of the wider Havering Strategic Partnership is crucial. In particular the establishment of a Health and Well-being Board will bring together key players to address health, social care and well being, and the JSNA sets out our joint priorities for the future. GP commissioning is set to take a major role in the changing NHS landscape and good intelligence, in the form of the JSNA, will be crucial in taking forward the priority health and well-being issues in Havering.

This updated Havering JSNA thus acts as a source of evidence to guide the use of resources. It will help to focus attention on the topics and populations that need the greatest support and will help us to monitor progress over the years.



## Overview

Health and well being are affected by many different factors. This JSNA begins by looking at Havering's changing population (Chapter 2). Factors such as the age and ethnicity of Havering's people have an important bearing on overall health. Chapter 3 then looks at life in Havering, focusing on some of the wider issues that have an impact on our well being. In Chapter 4 we look at lifestyles. Issues such as a healthy diet and binge drinking are very much in the news and the chapter looks at the evidence we have locally. Overall indicators of health in the borough are set out in Chapter 5, which can be seen as the 'end result' of some of the issues raised in previous chapters. Chapters 6,7 and 8 then focus on particular population groups in more detail. These gives an opportunity to explore the needs of different sections of our population and to inform service plans. Finally, Chapter 9 looks at local services and the views of people who use them, and will help us respond to people's expressed needs.

# Introduction

## Overview (continued)

The Department of Health sets out core data that should be included in the JSNA. This has been supplemented with locally available information where available. MOSIAC data has also been used. MOSAIC is a customer segmentation tool, developed by Havering Council and NHS Havering, in partnership with Experian Ltd. It helps us to target particular segments of the population with similar lifestyle and behavioural characteristics. For example, it could be used to identify which groups of people are most likely to smoke, so that they can be targeted for smoking cessation services. In Havering, it has been identified that there are 10 major groups of people with similar characteristics and these are described in the demographic chapter on the JSNA.

The JSNA uses these data to try and answer key questions about our Borough and draws attention to issues that may need particular attention in commissioning local services. The document tries to address questions such as:

- How is Havering's population changing?
- What does this mean for future services?
- How does health in Havering differ from other areas?
- What are the main inequalities in health within the borough?
- Where can we invest time and resources to make the biggest difference?

## Moving forward

The new Government has confirmed that JSNA will continue to be a statutory duty. The 2010 White Paper "Healthy Lives, Healthy People: Our strategy for public health in England" suggests that:

- Local Authorities and GP consortia will be jointly responsible for delivering JSNA through the new statutory Health and Well-being Boards
- JSNA will be used to inform commissioning strategies and new health and wellbeing strategies

# Introduction

## Moving forward (continued)

The health needs of local populations do not remain constant but change over time. JSNA is therefore an ongoing process and it is planned that:

- A Havering data hub will be developed in 2010/11 and will hold information from a range of partners. JSNA core datasets will be available as well as other datasets (for example further housing, crime and employment data). This will help to ensure that information about the local area is “live” and updated as new data becomes available.
- A programme of needs assessments on specific topics will be developed in 2010/11, which will all form part of the JSNA. These will help to develop more detailed information about the needs of specific groups of people or those affected by specific health conditions. The needs assessments will be accessible in one location alongside the information from the core JSNA.

In moving forward with joint strategic needs assessment we would welcome comments on this document, and suggestions for data to be included in the future. If you would like to comment or want further information on the JSNA please contact Clare Ebberson the Joint Strategic Needs Assessment Officer at [clare.ebberson@haverling.gov.uk](mailto:clare.ebberson@haverling.gov.uk)

## Useful Links

[Havering Ward Health Profiles](#)

[Havering Director of Public Health's Annual Report 2009](#)

[Department of Health Joint Strategic Needs Assessment Guidance](#)

<sup>1</sup> Liberating the NHS, Local democratic legitimacy in health, a consultation on proposals; Communities and Local Government and Department of Health, 2010; p3



# Havering's population

## Key Findings:

- Since 2007, the population of Havering has been growing at a faster rate than the England average, and this is expected to continue in the future, with the population rising by 8.3% by 2020
- Havering's retirement age population is expected to grow the fastest overall in the future, increasing by 19.2% by 2025. The fastest growth is in the 90+ age group, expected to increase by 125% by 2025
- The number of children and young people in Havering is also expected to show a large increase, growing by 14.5% by 2025. The fastest increase is expected to be in the 5-9 age group, growing by 22.7% by 2025
- It is estimated that in the next five years, the population of South Hornchurch will grow the most (increasing by 24%), followed by Brooklands, Harold Wood and Romford Town
- Havering's population is becoming more ethnically diverse, and this is expected to continue in the future. The second largest ethnic group (after White) comprises those of Black ethnicity, particularly those of Black African descent.
- There is more ethnic diversity among children and young people in Havering than in the population overall, particularly among 4 – 11 year olds. 22.9% of school pupils are of non-white ethnicity, compared to an estimated 7.7% in Havering overall
- Although the numbers remain small, the quantity of overseas nationals registering to work who live in Havering has increased by 41.5% over the last five years. Nigerian, Polish and Indian nationals are the predominant groups



## For Decision Makers to Consider:

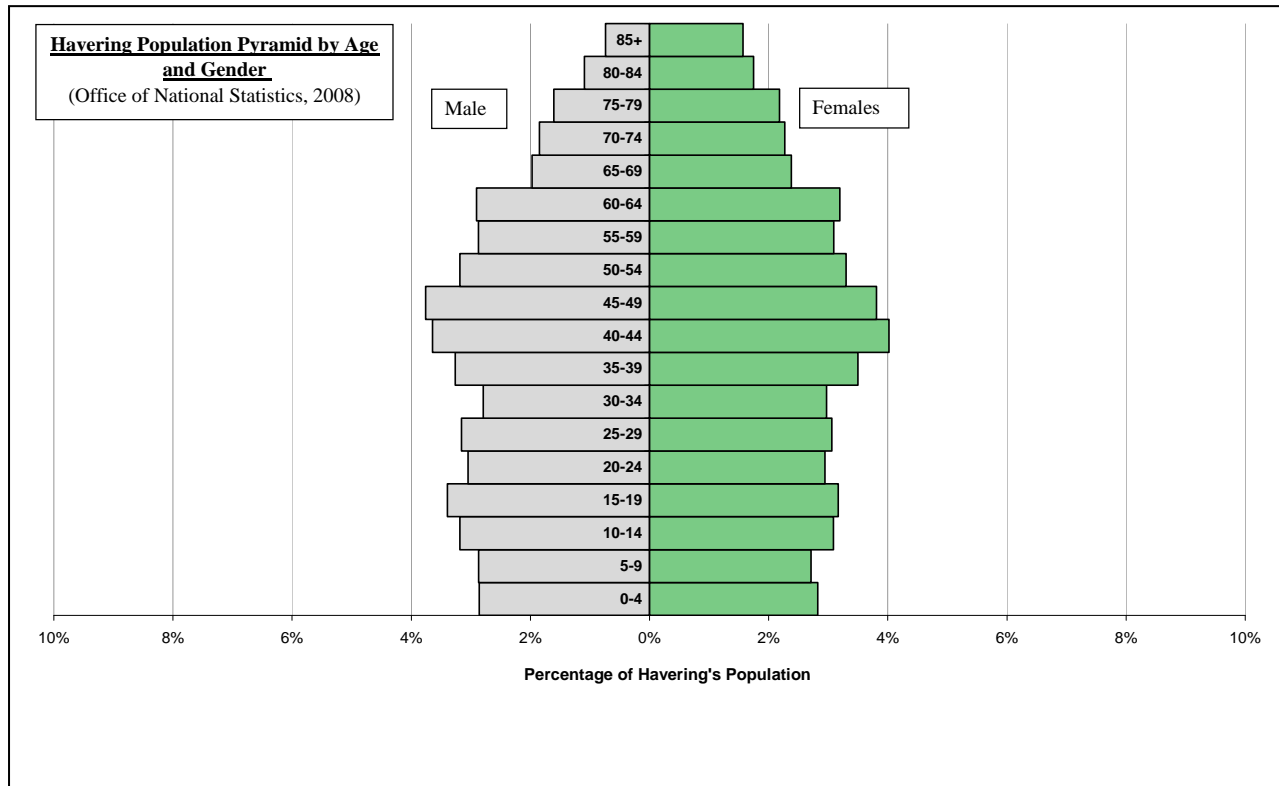
- Prepare for the large increased demand for older people's services, particularly those for the very elderly (90+)
- Prepare for increased demand in children's services, particularly those aimed at 5-9 year olds
- Likely increased demand for services within South Hornchurch particularly (but also Romford Town, Harold Wood and Brooklands) in order to meet large population growth in these areas
- Increased need for targeted health interventions and health promotion activities for black and minority ethnic groups

# Current Population

## Population Size

Havering's population grew from 225,800 to 234,100 between 2004 and 2009<sup>1</sup>. During this time the growth rate ranged from 0.5% and 0.8% a year. In recent years population growth in Havering has been at a similar rate to London, but faster than growth in England overall<sup>2</sup>.

The population pyramid below provides a breakdown of Havering's current population by age and gender. Overall, Havering has a high proportion of older people, with around 9% of the population aged 75 years and over compared to 8% in England.



<sup>1</sup> Mid year population estimates, Office of National Statistics, 2004-2009

<sup>2</sup> Mid year population estimates, Office of National Statistics, 2004-2009

### **Number of Havering Residents by Age Bracket in 2010<sup>3</sup>**

<b><u>Age Bracket</u></b>	<b><u>Number of Havering Residents (male and female)*</u></b>
0 - 4	13,900
5 - 9	13,200
10 - 14	14,100
15 - 19	15,200
20 - 24	14,100
25 - 29	15,100
30 - 34	14,100
35 - 39	15,000
40 - 44	17,400
45 - 49	18,100
50 - 54	16,100
55 - 59	13,600
60 - 64	14,500
65 - 69	10,600
70 - 74	9,500
75 - 79	8,500
80 - 84	6,700
85 - 89	4,100
90+	1,600
Total	235,700

\*Figures may not sum due to rounding

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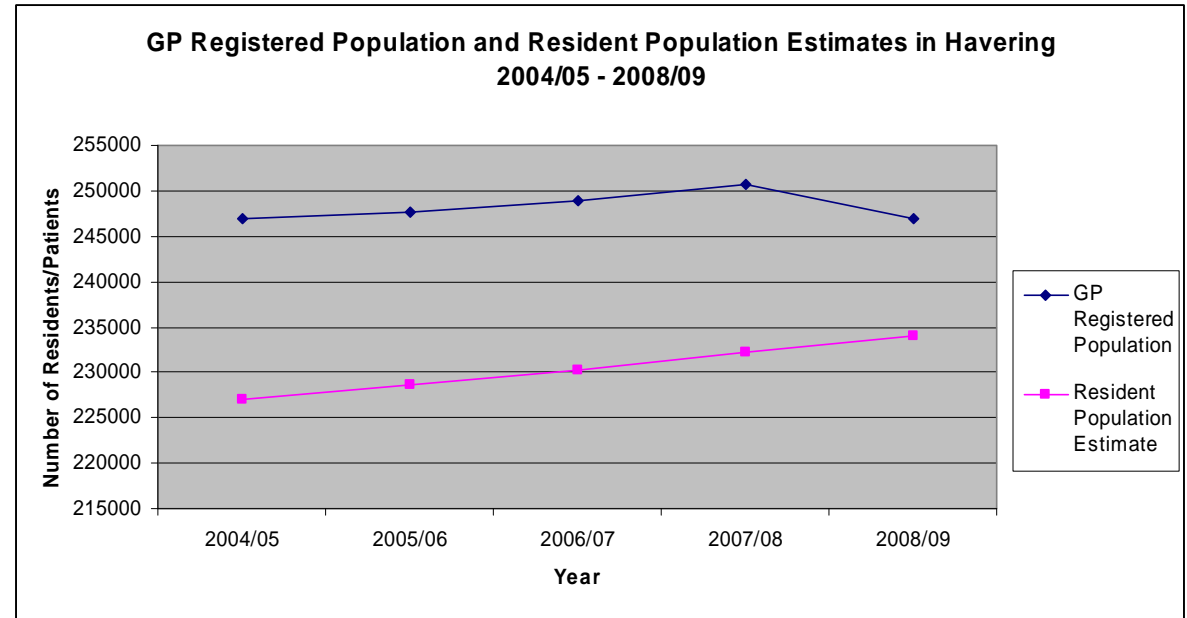
<sup>3</sup> Office of National Statistics, 2008 based subnational population projections, 2008 (released 2010)

### GP Registered Population<sup>4</sup>

The GP registered population<sup>5</sup> in Havering is larger than the borough's resident population. This is likely to be due to people from outside the borough registering with GPs within Havering. The number of people registered with a Havering GP has increased most years but actually fell by 3716 between 2007/08 and 2008/09).

### Key Facts<sup>6</sup>

- The greatest number of residents live in Romford Town, followed by Gooshays and Brooklands
- Cranham, Upminster, St Andrews and Pettits have the largest proportions of residents of retirement age (aged 65+)
- Gooshays, Havering Park, Heaton and South Hornchurch are the wards with the greatest proportion of young people (aged 0-19) living in them, with nearly a third of the population of Gooshays being in this age group
- Hacton, Gooshays, St Andrew's and Upminster have the largest proportions of very elderly (85+) residents



<sup>4</sup> Quality and Outcomes Framework Database, 2008/09

<sup>5</sup> Quality and Outcomes Framework Database, 2008/09

<sup>6</sup> Office of National Statistics 2008 mid year population estimates, 2008 (released 2010)



## Population Profiling

The Department of Health sets out core data that should be included in the JSNA. This has been supplemented with locally available information where possible. One way of helping to understand population need is to use a population profiling tool such as MOSIAC. This is a customer segmentation tool, developed by Havering Council and NHS Havering, in partnership with Experian Ltd. It helps us to target particular segments of the population with similar lifestyle and behavioural characteristics. For example, it could be used to identify which groups of people are most likely to smoke, so that they can be supported with smoking cessation services. This JSNA includes data based on ten major groups of people with similar characteristics that have been identified in Havering. These are described below and will be referred to throughout the document.

Group	Characteristics	Health
<b>Active older people nearing retirement with private pensions</b>	<ul style="list-style-type: none"> <li>• Mostly older working age married couples and recently retired</li> <li>• Majority have comfortable income or private pensions</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate lifestyles, fairly good diet, sedentary exercise undertaken</li> <li>• Due to age, more likely than average to receive hospital treatment for a wide variety of illnesses and consequently have poor health.</li> </ul>
<b>Transient, deprived young people not claiming benefits</b>	<ul style="list-style-type: none"> <li>• Mainly young, single and co-habiting adults, few children</li> <li>• Low incomes</li> <li>• High levels of unemployment and deprivation present, low benefit uptake.</li> </ul>	<ul style="list-style-type: none"> <li>• Ambivalent with regards to their health and lifestyle.</li> <li>• Poor diet, cannot afford healthy food</li> <li>• Likely to be heavy smokers and binge drinking is common</li> <li>• Sedentary lifestyles</li> <li>• There are a wide range of health conditions which affect this group, many related to smoking, drinking and drug abuse but also mental health issues</li> <li>• More likely than average to be registered disabled.</li> </ul>
<b>Young Couples and Families with Comfortable Incomes</b>	<ul style="list-style-type: none"> <li>• Mainly composed of young singles and couples with children</li> <li>• Comfortable incomes and middle level jobs</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate lifestyles, poor diet</li> <li>• Recreational drug taking above average</li> <li>• Reasonably active, some likely to be heavy smokers and drinkers</li> </ul>
<b>Benefit Dependent Young Families and Singles in Social Housing</b>	<ul style="list-style-type: none"> <li>• Mostly families and single parents with young children</li> <li>• High levels of deprivation</li> <li>• High levels of benefit uptake</li> <li>• High unemployment</li> <li>• Very ethnically diverse</li> <li>• Very low household income</li> </ul>	<ul style="list-style-type: none"> <li>• Poor lifestyles and unhealthy diet, cannot afford healthy food</li> <li>• Heavy drinking and smoking common</li> <li>• Low levels of exercise</li> <li>• Teenage pregnancies higher than average</li> <li>• High demand on NHS services particularly for conditions such as lung and liver disease, lung cancer and long term</li> </ul>

		conditions
<b>Middle Aged Manual Workers and Pensioners in Rented Accommodation</b>	<ul style="list-style-type: none"> <li>• Mostly middle aged couples and pensioners</li> <li>• Low incomes</li> <li>• Reliance on state pension</li> <li>• Manual employment</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate diet</li> <li>• Not particularly active</li> <li>• Slightly above average number smoke</li> <li>• Older people make significant demands on the NHS for long term conditions e.g. cancer and diabetes</li> <li>• Higher number than average are registered disabled</li> </ul>
<b>Young Affluent Singles</b>	<ul style="list-style-type: none"> <li>• Young to middle aged singles and some families with young children</li> <li>• High household income</li> </ul>	<ul style="list-style-type: none"> <li>• Generally good health, healthy lifestyle and good diet</li> <li>• High leisure centre membership although actual levels of activity often not as high as would be imagined</li> <li>• Unlikely to be overweight or have long term illness</li> <li>• Unlikely to smoke or drink excessively, although alcohol a part of their lifestyle</li> </ul>
<b>Older, Affluent Families</b>	<ul style="list-style-type: none"> <li>• Older professionals approaching retirement</li> <li>• Grown up children</li> <li>• High household income</li> </ul>	<ul style="list-style-type: none"> <li>• Good lifestyles and diet</li> <li>• Generally good health, but age means that some diseases such as cancer are starting to be expressed</li> <li>• Fairly active and unlikely to be overweight</li> </ul>
<b>Families with Young Children, Mid-High Earners</b>	<ul style="list-style-type: none"> <li>• Families with young children and middle aged</li> <li>• Comfortable income</li> </ul>	<ul style="list-style-type: none"> <li>• High leisure centre membership</li> <li>• Good diet, average level of fruit and vegetables</li> <li>• Active lifestyles and regular exercise</li> <li>• Not heavy drinkers but slightly above average for smoking</li> </ul>
<b>Older Families with Average Incomes in Manual and Skilled Jobs</b>	<ul style="list-style-type: none"> <li>• Middle and older working aged couples</li> <li>• Teenage children</li> <li>• Comfortably well off</li> <li>• Skilled trades, industrial and plant employment</li> </ul>	<ul style="list-style-type: none"> <li>• Good diet but no not specifically seek out healthy foods</li> <li>• Age means they are likely to place demand on NHS</li> <li>• Average number smoke, but many of those that smoke have been smokers for a long time</li> <li>• Exercise likely to be as a result of leisure pursuits</li> </ul>
<b>Older Families Settled in Suburban Semis</b>	<ul style="list-style-type: none"> <li>• Middle aged families with children</li> <li>• Middle incomes</li> </ul>	<ul style="list-style-type: none"> <li>• Not particularly conscious of what makes a healthy lifestyle</li> <li>• Significant proportion do not eat any fruit or vegetables on a daily basis</li> <li>• Smoking is below average and drinking is moderate</li> <li>• An average number are members of leisure centres</li> <li>• Currently do not make significant demands on the NHS but likely to do so in the future as they get older</li> </ul>

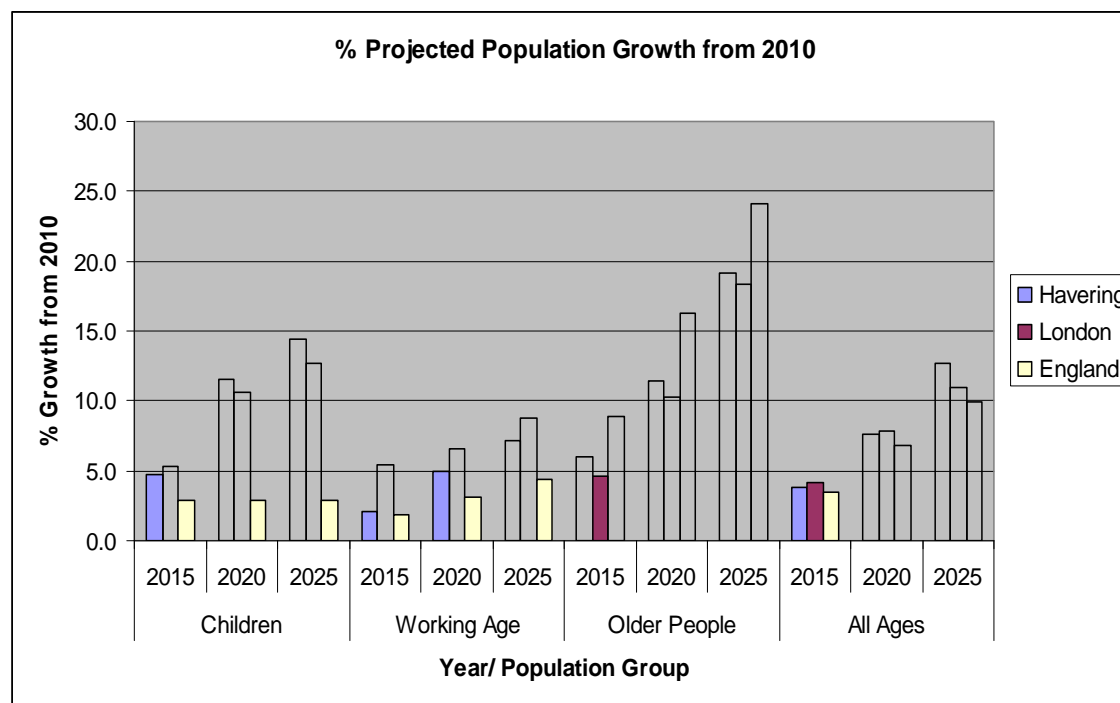
## Population Projections

Population projections give an idea of the number of people likely to be living in Havering in the future. They use recent trends in births, deaths and migration to predict population numbers if these trends continue. However, these estimates do not take into consideration planned local developments e.g. housing.

Projections<sup>7</sup> suggest that the population of Havering will increase by 3.9% in the next 5 years (2015), and by 8.3% in the next 10 years (2020). This is faster than the population rise across England (7.4% by 2020) and will mean that an extra 19,500 people will be living in Havering by 2020. The increase in population in Havering is due to a greater number of births than deaths and a greater level of migration into the area (both from within England and from other countries) than out of the area<sup>8</sup>.

It is expected that:

- The number of children (aged 0-15) in Havering will grow at a much faster rate than the England average, and to be growing faster than the London average from 2020 onwards
- The working age population in Havering is expected to grow at a faster rate than the England average, but not to grow as fast as the London working age population
- The older population in Havering is expected to grow at a faster rate than the London average, but not as fast as the England average



<sup>7</sup> Office of National Statistics 2008 mid year sub national population projections, 2008 (released 2010)

<sup>8</sup> Office of National Statistics 2008 mid year sub national population projections, 2008 (released 2010)

## Children and Young People

At present (2010) Havering has 56,400 children and young people aged 0-19 years. This consists of:

- 13,900 aged 0-4
- 13,200 aged 5-9
- 14,100 aged 10-14
- 15,200 aged 15-19

Population projections suggest the following changes in the number of children and young people in Havering over the coming years<sup>9</sup>:

### By 2015

- Biggest growth in the 5-9 year old group (up 15% from 2010)
- Reduction in the number of 15-19 year olds (down 0.7% from 2010)

### By 2020

- 5-9 year olds remain the fastest growing group (up 16.9% from 2010)
- 10-14 year olds also increasing, (up 16.3% from 2010)
- 15-19 year olds continue to decline

### By 2025

- All age groups have grown
- Biggest growth remains in the 5-9 year old age group (up 22.7% from 2010)
- Large growth in the 10-14 year old group (up 19.1% from 2010)

MOSAIC data (Experian and the London Borough of Havering) suggests that there are currently above average numbers of children and young people of all ages in Havering in the following social group:

Benefit dependent families and singles in social housing, who have low incomes, high levels of deprivation and generally have poor health

Given that research shows that this population group rarely eat five portions of fruit/vegetables a day and do not participate in much exercise, there may be a particular need for health promotion activities targeted at young people in this group. Since there is high take up of free school meals within this group, healthy eating at school may make an important contribution to children in this group achieving a healthy diet.

<sup>9</sup> Office of National Statistics 2008 mid year sub national population projections, 2008 (released 2010)

## People of Working Age

At present (2010) Havering has 123,500 people aged between 20 and 59 years. This consists of<sup>10</sup>:

- 29,200 aged 20-29
- 29,100 aged 30-39
- 35,500 aged 40-49
- 29,700 aged 50-59

Population projections suggest the following changes in Havering over the coming years<sup>11</sup>:

### By 2015

- Biggest growth is in 30-34 year olds (up 14.8% from 2010)
- Decline in the 35-49 age group

### By 2020

- The 55-59 age group has grown the most, followed by the 30-34 year old group
- Decline in the 20-24 and 40-49 age groups

### By 2025

- The 55-59 age group has grown the most, increasing by 28.7% since 2010, with the next biggest growth being in the 30-34 age group (up 22% from 2010)
- The 20-24 and 45-49 age groups have declined, reducing the number of people in Havering who are economically active

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<sup>10</sup> Office of National Statistics 2008 mid year sub national population projections, 2008 (released 2010)

<sup>11</sup> Office of National Statistics 2008 mid year sub national population projections, 2008 (released 2010)

## Older People

Havering has 55,500 people aged over 60 years (2010). This consists of<sup>12</sup>:

- 25,100 aged 60-69
- 18,000 aged 70-79
- 10,800 aged 80-89
- 1,600 aged 90 and over

Population projections<sup>13</sup> suggest the following about the older population of Havering:

### By 2015

- Fastest increase in the 90+ age group (up 43% from 2010)
- Large increase in the 65-69 age group (up 26% since 2010)
- Decline in the 60-64 age groups

### By 2020

- Fastest increase remains in the 90+ age group (up 81% from 2010)
- Large increase in the 70-74, 55-59 and 85-89 age groups
- Decline in the 60-64 age group

### By 2025

- Increase in all of the 60+ age groups
- The fastest increase remains in the 90+ age group (up 125% from 2010)
- The next biggest growth has been in the 75-79, 85-89, 55-69 and 65-69 age groups

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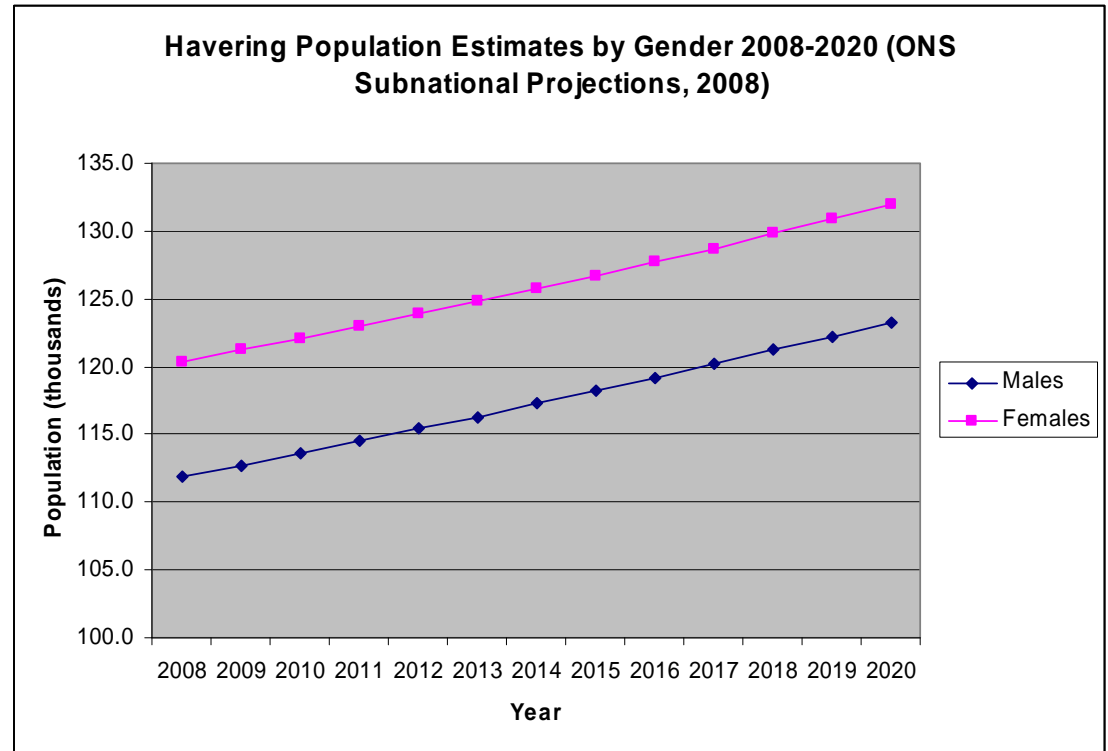
<sup>12</sup> Office of National Statistics 2008 mid year sub national population projections, 2008 (released 2010)

<sup>13</sup> Office of National Statistics 2008 mid year sub national population projections, 2008 (released 2010)

## Gender

There are more women than men in the population of Havering (about 48% of the population are male and 52% female in 2010)<sup>14</sup>. The number of men in Havering is projected to increase at a slightly greater rate than that of women but the proportion of the population will change little overall.

A greater number of younger people in Havering (aged 34 and under) are male than female. However for ages 35+, there are more females than males in the borough. In the older age groups, this is likely to be due to the longer life expectancy of women.



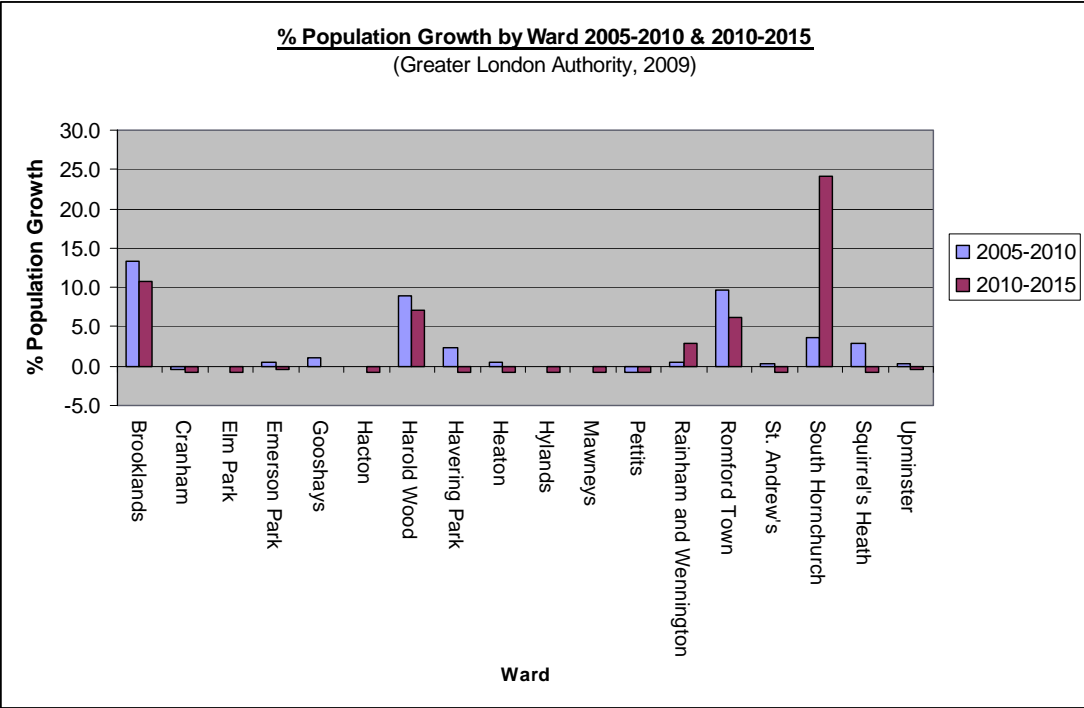
<sup>14</sup> Office of National Statistics mid year population estimates, 2008 (released 2010)

## Ward Level Population Projections

The populations of Brooklands, Harold Wood and Romford Town have increased the most in the last five years. Looking ahead to the next 5 years, it is predicted that the population of South Hornchurch will increase the most (growing by 24% between 2010 and 2015). Brooklands, Harold Wood and Romford Town show the next biggest population growth<sup>15</sup>.

The contrast in growth forecasts is stark. While some wards will experience substantial population increases, most others will remain stable or even reduce slightly.

The wards showing the fastest growth all fall within the top 10 most deprived wards in Havering, with South Hornchurch being the 3<sup>rd</sup> most deprived ward in Havering<sup>16</sup>. It is therefore reasonable to expect that services may experience the biggest increase in demand from residents of these wards.



<sup>15</sup> Greater London Authority, 2009

<sup>16</sup> The English Indices of Multiple Deprivation, Communities and Local Government, 2007



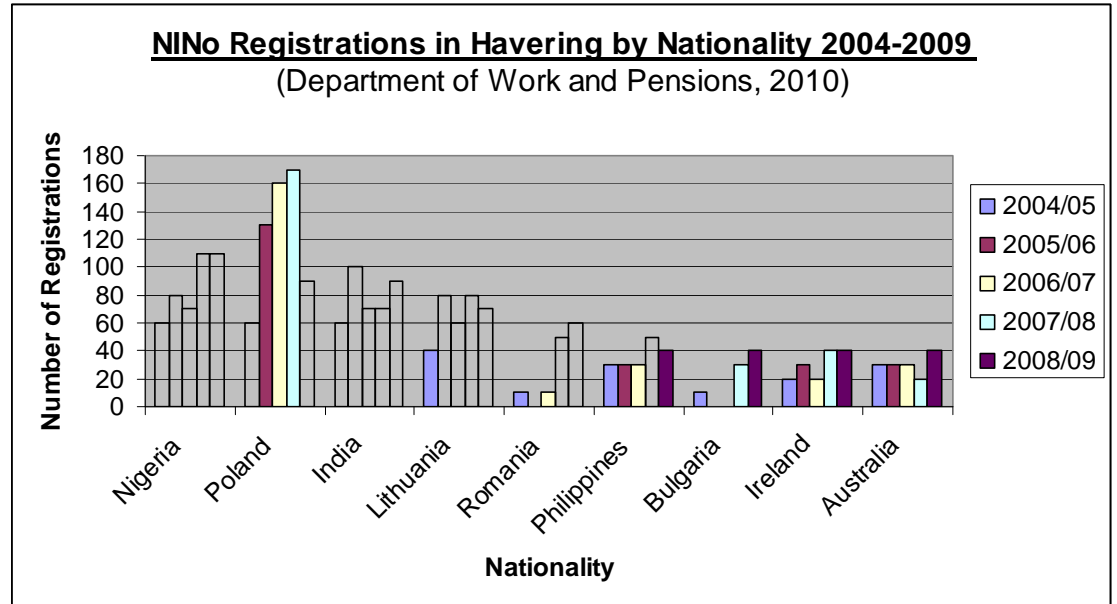
## Migration

Between mid 2008 and mid 2009, 10,300 people migrated into Havering, and 9,000 people left the borough, a net increase of 1300 people. The large majority (94%) of this migration was due to people moving into Havering from elsewhere in the United Kingdom<sup>17</sup>.

The number of National Insurance Number (NINo) registrations to overseas nationals of working age living in Havering has increased by 41.5% over the last 5 years, increasing from 820 in 2004/05 to 1160 in 2008/09. However although the number of registrations has increased overall in this period, there was a decrease between 2005/06 and 2008/09. Havering had the second lowest number of registrations in London in 2008/09, with only the City of London having fewer.

The nationalities with the highest number of NINo registrations in Havering in 2008/09 were Nigerian (accounting for nearly 10% of all registrations), followed by Polish and Indian, which together account for a further 15.5% of all registrations<sup>18</sup>. Although the numbers of international migrants in Havering are still relatively small, the increasing figures suggest that there might be expected to be a greater demand on health and social care services in the future.

Migration information for individual wards suggests that Harold Wood, Brooklands and Romford Town had the largest net numbers of people move into the ward (from any location) between 2005 and 2010. During the same time period, Gooshays, Rainham and Wennington and Hylands had the largest net numbers of people moving out of the ward<sup>19</sup>. In Havering, 953 of those who registered with a GP in 2007/08 were based at an overseas address before their current address. This equates to 4 people per 1,000 population, which is substantially lower than the London (25 per 1000 population) and England figure (11 per 1000 population).<sup>20</sup>



<sup>17</sup> Migration indicators tool, Office of National Statistics, 2009

<sup>18</sup> NINo Registrations to adult overseas nationals entering the UK, Department of Work and Pensions, 2004-2009

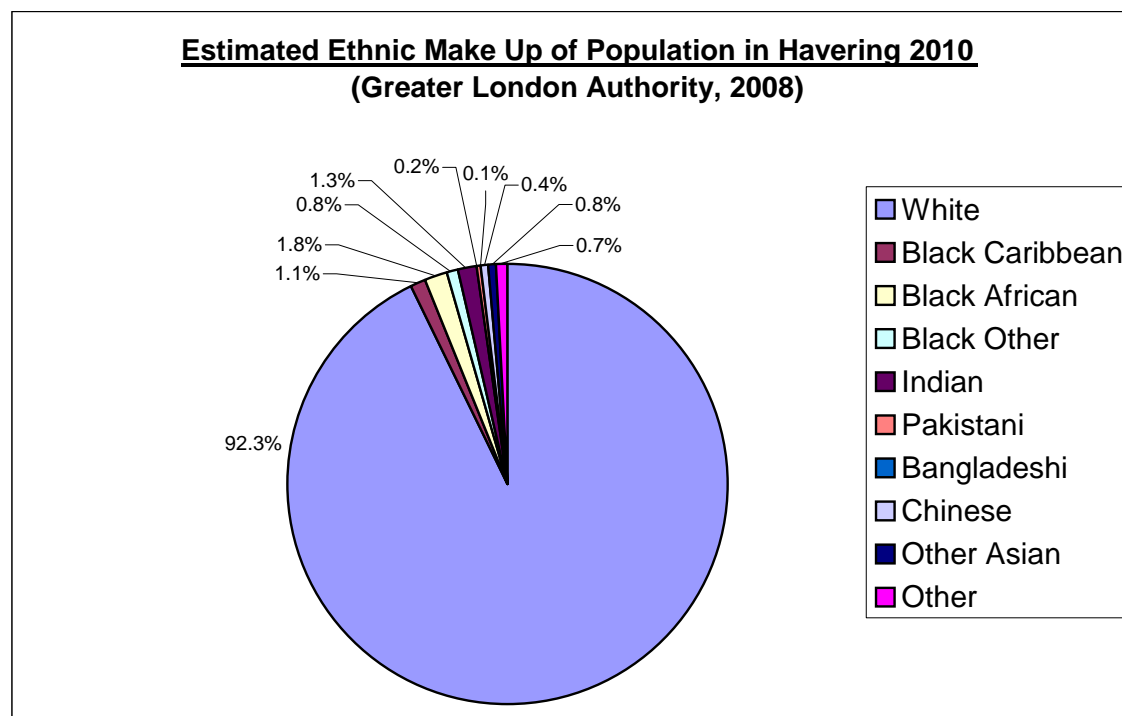
<sup>19</sup> Components of Population Change, Greater London Authority, 2010

<sup>20</sup> Flag 4 GP Registration by Local Authority, Office of National Statistics, 2007/08

## Ethnicity

Census 2001 data suggests that Havering is less ethnically diverse than both England and London, with over 95% of the borough's population being White. The second most common ethnic group in Havering in 2001 was Asian/Asian British, which accounted for 1.8% of Havering's population. Emerson Park, Romford Town and Brooklands appeared to be the most ethnically diverse wards at this time<sup>21</sup>.

However, more recent estimates from the Greater London Authority (2008), estimated the ethnic make up of Havering in 2010. This suggested that 92.3% of Havering's population would be White, with 7.7% of the population consisting of Black and Ethnic Minority residents. Black residents are estimated to now be the second largest ethnic group within Havering, making up 3.9% of the population, with Asian residents being the third largest ethnic group, making up 2.5% of the population.

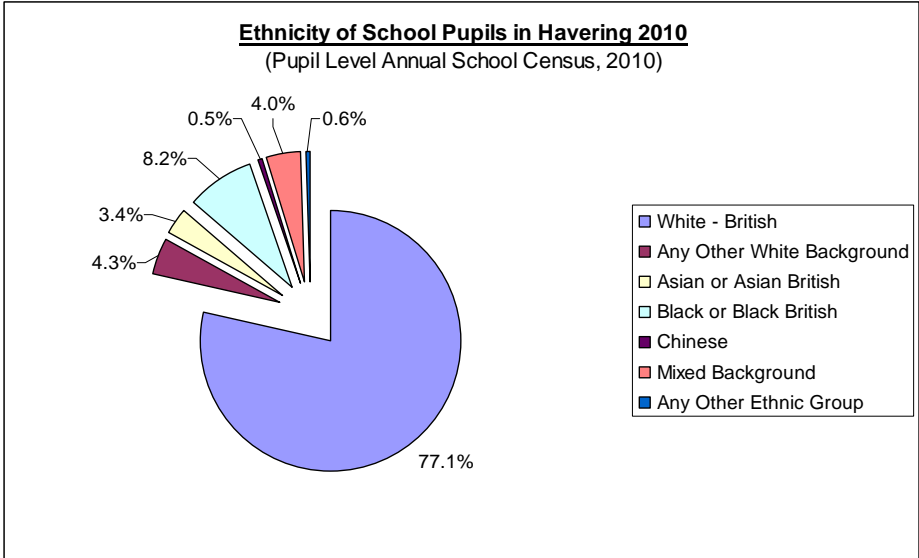
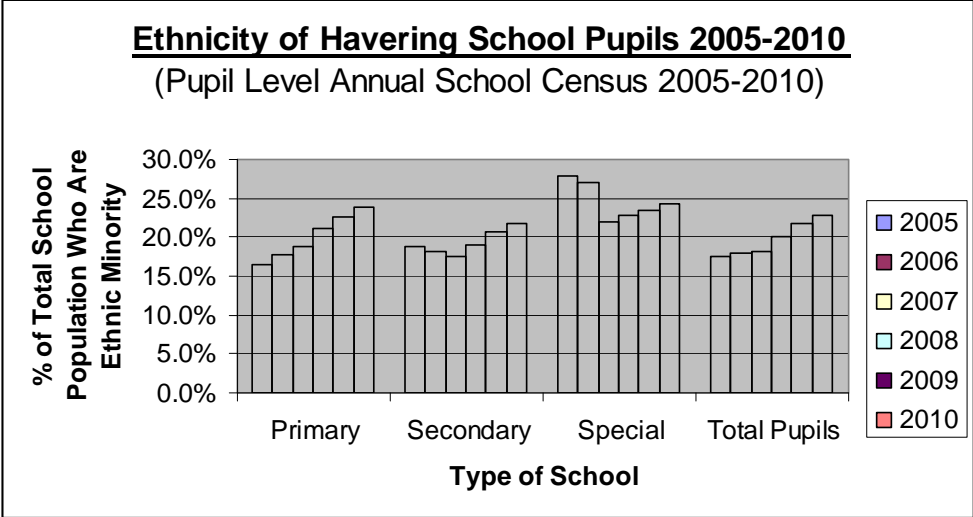


<sup>21</sup> Census, Office of National Statistics, 2001

## Ethnicity Among School Children

2010 school information<sup>22</sup> suggests that there is a greater level of ethnic diversity among young people in Havering than among the borough's general population, with 81.4% of school pupils being White.

School populations in Havering have become increasingly ethnically diverse over recent years, with the number of ethnic minority pupils increasing by 5.3% since 2005. This is particularly the case for younger (primary school) children, where the proportion of ethnic minority pupils has increased the most. It appears that ethnic diversity among school aged children is greatest in Heaton, South Hornchurch and Brooklands wards. In South Hornchurch, Elm Park, Brooklands, Heaton and Rainham and Wennington, more than 10% of school pupils are Black/Black British. In Brooklands, Emerson Park and Romford Town, more than 5% of school pupils are Asian/Asian British<sup>23</sup>.



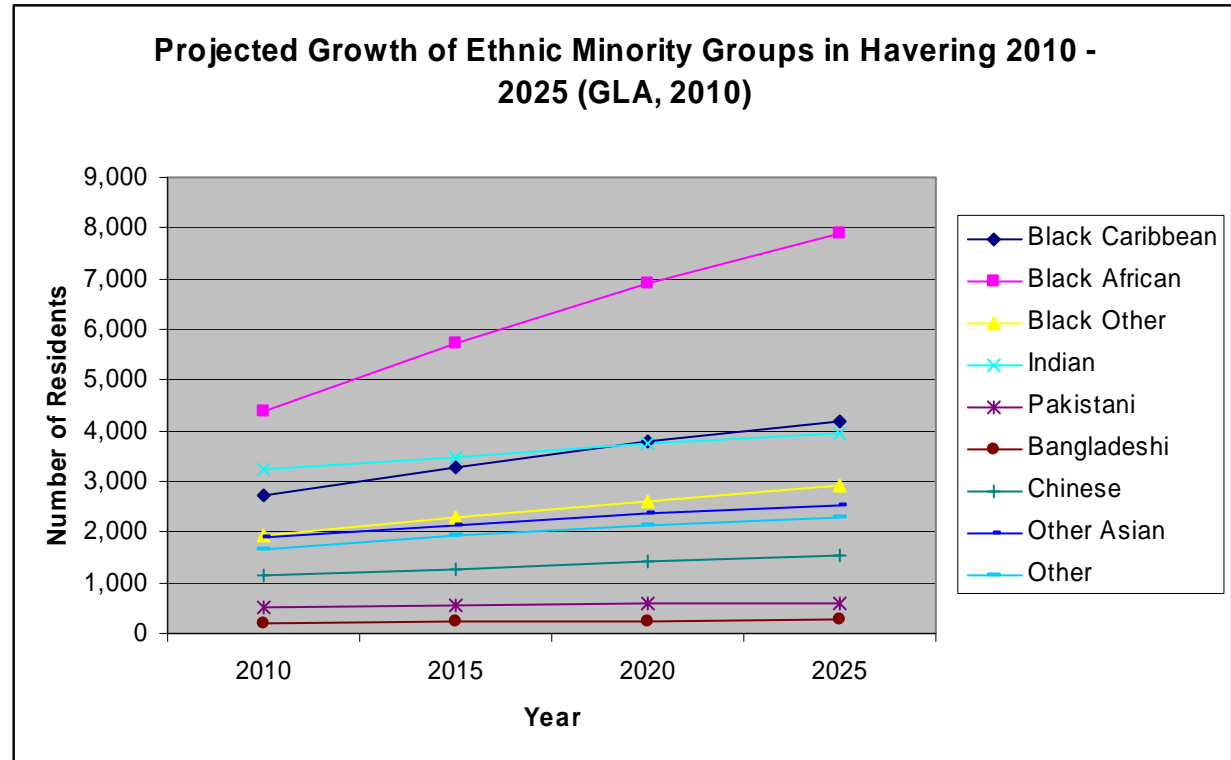
<sup>22</sup> Pupil Level Annual School Census, The London Borough of Havering, 2010

<sup>23</sup> Pupil Level Annual School Census, The London Borough of Havering, 2010

## Ethnicity Projections

Projections suggest that the black and ethnic minority (BME) community in Havering will increase by 16% from 2010 to 2015, and by 36% by 2025. The biggest increase is expected to be in the number of residents of Black ethnicity, with a particularly fast increase in the number of Black African residents, who are expected to remain the largest BME group within Havering.<sup>24</sup>

The more ethnically diverse population can be expected to have a range of implications for services. For example, diabetes, high blood pressure, prostate cancer and admissions to hospital due to mental illness are more common in people of African or African Caribbean descent living in the UK than in people of other cultures<sup>25</sup>. Targeted prevention work can help to improve quality of life and to reduce ill health in specific populations.

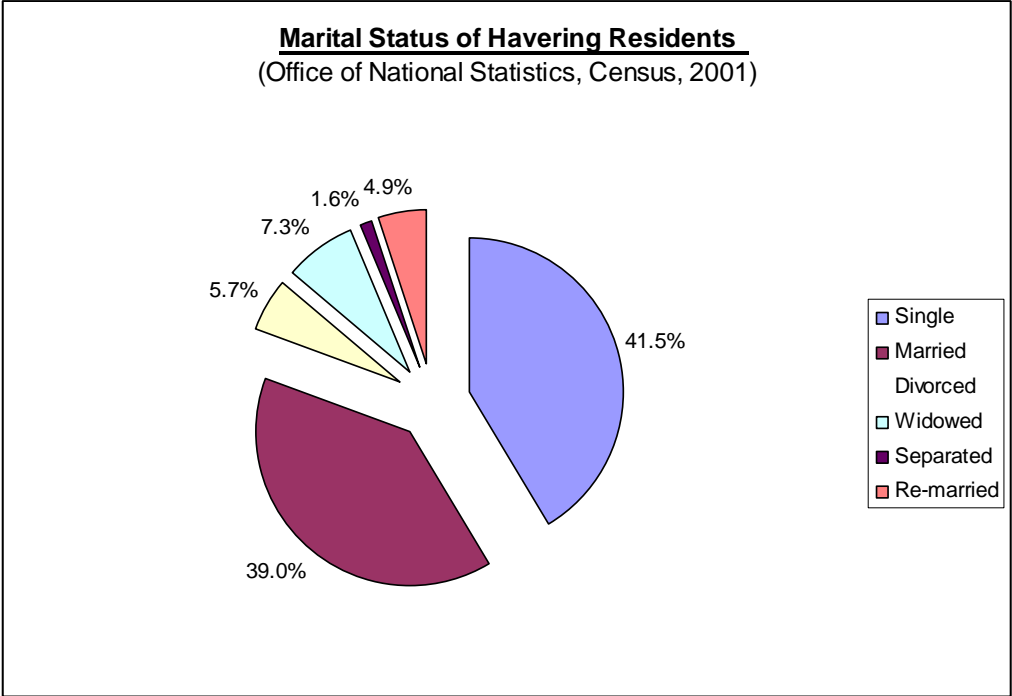


<sup>24</sup> Ethnicity Projections, Greater London Authority, 2010

<sup>25</sup> NHS Choices Website, <http://www.nhs.uk/Livewell/Blackhealth/Pages/intropage.aspx>, 2010

# Marital Status

In Havering, it is most likely for residents to be married (over 45% of Havering’s total population are), However, a large proportion of residents are single (over 40% of residents are).

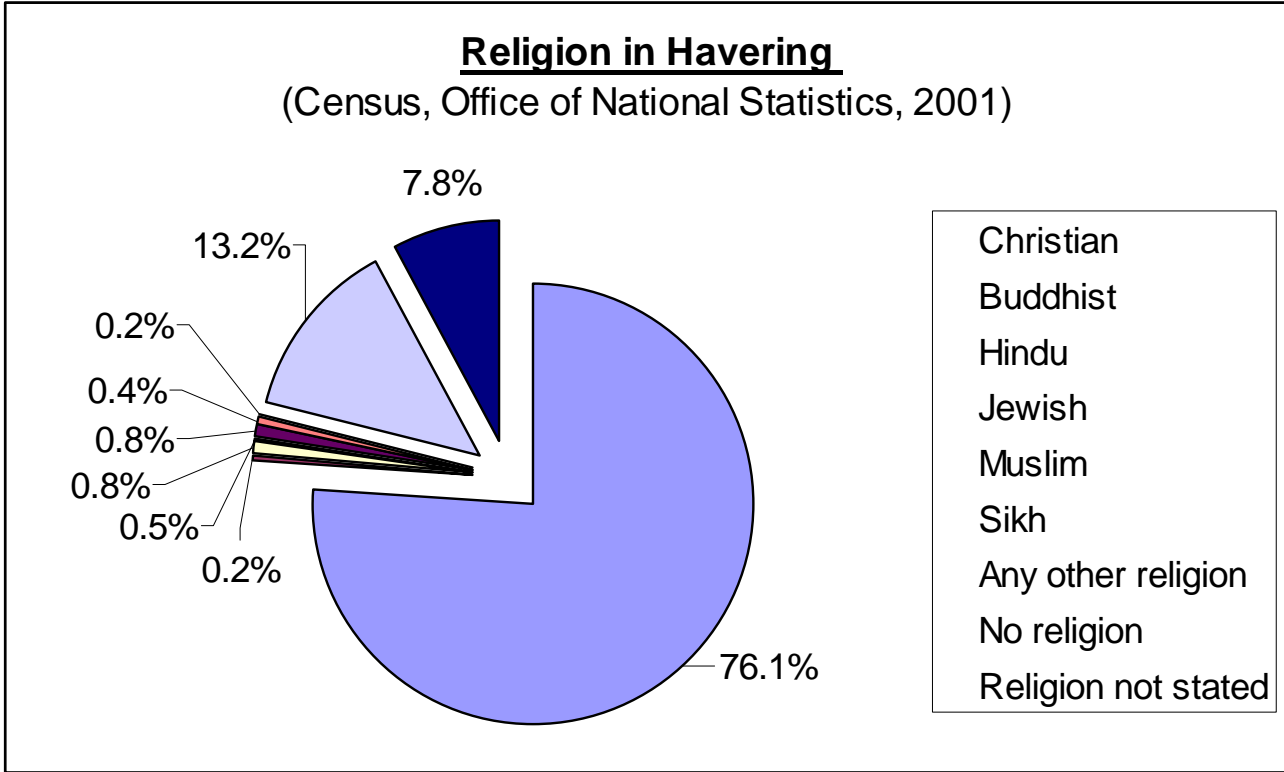


More than 7% of all Havering residents are widowed, and it is least likely for Havering residents to be separated, with only 1.6% of people in Havering falling into this category.

When compared to the England population overall, Havering has a smaller proportion of single residents and divorced residents, but has a greater proportion of married and widowed residents than is the case overall in England<sup>26</sup>.

<sup>26</sup> Office of National Statistics, Census, 2001

## Religion



More than three quarters of Havering’s population stated their religion as Christian in the last Census<sup>27</sup> while more than 13% stated that they had no religion (the second largest proportion).

Buddhism, Hinduism, Judaism and Sikhism and Islamism (Muslim) each had less than 1% of the Havering population stating this as their religion. Islamism and Hinduism being the largest of these religions in Havering with 0.8% of the population each.

At the time of the census in 2001, there was less diversity of religion among Havering residents than was in the case in London or England overall.

Brooklands, Romford Town, Harold Wood and Emerson Park were the wards with the most diversity of religion of their residents in 2001.

<sup>27</sup> Census, Office of National Statistics, 2001

# Living in Havering

## Key Findings:

- Although overall Havering is not a highly deprived area, there are inequalities and pockets of deprivation, particularly within the Gooshays, Heaton and South Hornchurch Wards
- Unemployment levels in Havering estimated to be similar to national averages
- Gooshays and Heaton have the highest proportions of people claiming Job Seeker's Allowance in Havering
- The median annual salary for Havering residents is £26,025
- Overall, Havering is a safer place to live than other areas in London and is safer than the national average. However, there are differences within wards and Romford Town has the highest level of criminal offences for many types of crime
- Benefit dependent young families and single people in social housing are likely to be most worried about becoming a victim of crime
- It is more common for people to own their own home and less common for people to rent social/Council housing in Havering than is the average in London or England
- Pensioner households comprise the biggest proportion of households in Havering, making up nearly 30% of all households, 15.6% of which are lone pensioner households
- Lone pensioner households in Havering are most likely to belong to the social group manual workers and pensioners in rented accommodation, who often have low levels of income and are starting to express long term conditions



- Overcrowding is less common in Havering than the England and London average, although there are differences between wards, with residents of Gooshays and Heaton wards most likely to experience overcrowding
- The number of households in Havering is expected to increase by 10% by 2016, which is a slower rate of household growth than the London or England average
- Around 50% of people in Havering travel to work by car, although in Gooshays and Heaton wards, large proportions of residents do not have access to a car or van

## For Decision Makers to Consider:

- Continue to work with partners to ensure that the physical environment and housing enables helps local people to lead healthy lives
- Targeting interventions towards areas within Havering that are experiencing the most deprivation
- Co-ordinate action on drugs and alcohol to improve both health and community safety, particularly in hotspot areas

## Deprivation

The Indices of Multiple Deprivation<sup>1</sup> combine information about topics such as housing, health and economic circumstances to give an overall indication of the levels of deprivation experienced by people in a local area.

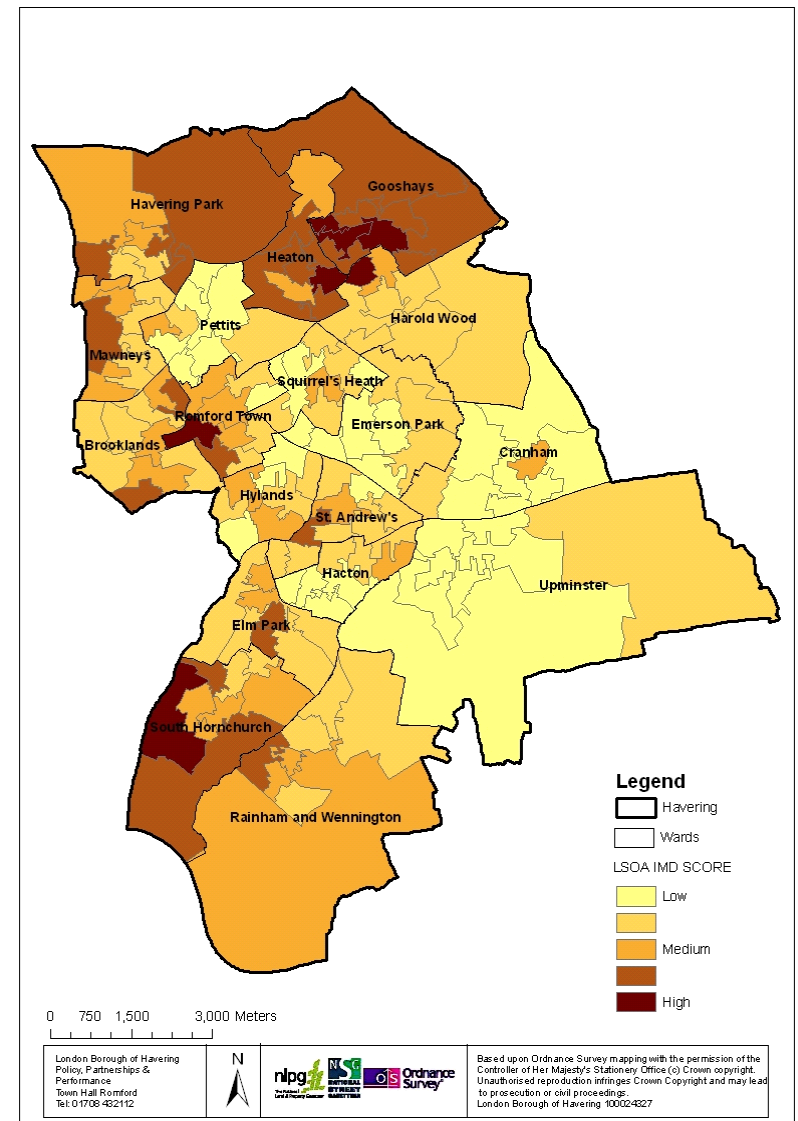
Havering is ranked as 200th most deprived out of 354 local authority areas. It does not therefore appear to be a highly deprived area when compared with other places nationally. However, when areas within Havering are examined, pockets of residents experiencing deprivation do emerge (see map).

Gooshays, Heaton and South Hornchurch emerge as the areas with the most residents experiencing deprivation, whereas Emerson Park, Cranham and Upminster emerge as the wards with the least residents experiencing deprivation.

The individual indicators can also be looked at to see how wards in Havering score on specific domains e.g. income, employment and crime. Gooshays is the most deprived ward for five of the seven areas (income deprivation, employment, health and disability, education skills and training and barriers to housing and services). Emerson Park is the most deprived ward for issues relating to crime and Romford Town is the most deprived ward for living environment.

Separate deprivation scores are calculated for young people and older people. Gooshays, Heaton and South Hornchurch are the wards with the most young people experiencing deprivation

<sup>1</sup> The English Indices of Multiple Deprivation, Communities and Local Government, 2007

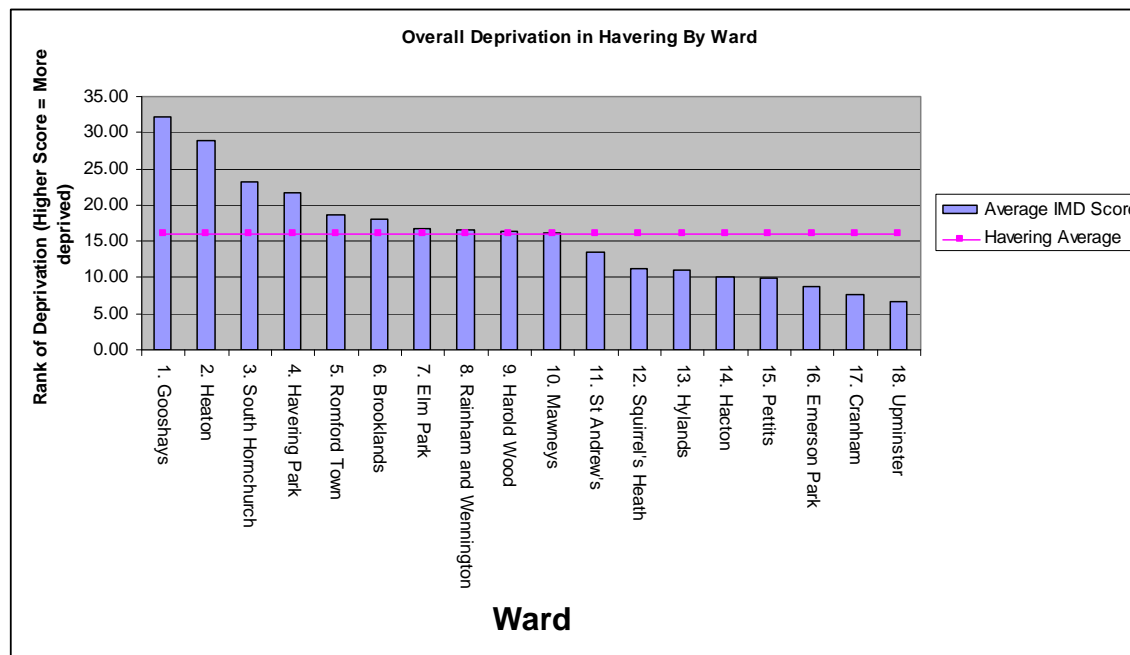


The map suggests that overall; much of Havering has low levels of deprivation. However, there are pockets of the population who experience deprivation, particularly residents within the Gooshays and South Hornchurch wards, but also in some areas of Heaton and Romford Town (The English Indices of Multiple Deprivation, Communities and Local Government, 2007).



For older people, Gooshays, Heaton and Brooklands are the wards with the most people experiencing deprivation.

However, it should be noted that the Indices of Multiple Deprivation have not been updated since 2007. It is possible that there may have been changes in the levels of deprivation experienced by people since this time, particularly in light of changes to the national economic situation since 2007.



## Employment

Job Seeker's Allowance (JSA) is paid to people who are of working age who are not currently in employment, but are looking for and available to work. 3.3% of people in Havering claim JSA, which is lower than London or England. In line with national trends, the proportion of people claiming JSA in Havering has generally increased over the last four years<sup>2</sup>.

There were twice as many males claiming JSA in Havering compared to females in July 2010, and this is similar to the London and England position. Most of those claiming JSA in Havering were aged between 25 and 49 (55.6% of all claimants) and the majority (65%) have been claiming JSA for less than six months<sup>3</sup>.

In July 2010, Gooshays and Heaton wards had the highest proportion of residents claiming JSA (6.2% Gooshays, 5.7% Heaton) and Upminster and Cranham had the lowest proportions of residents claiming JSA (both 1.5%)<sup>4</sup>.

MOSAIC data suggests that in Havering the following social groups are most likely to claim Job Seeker's Allowance:  
 1) transient deprived young people not claiming benefit, who often have high levels of deprivation and unemployment and  
 2) benefit dependent young families and singles, who also have high levels of deprivation and unemployment  
 (Experian and London Borough of Havering, 2010).

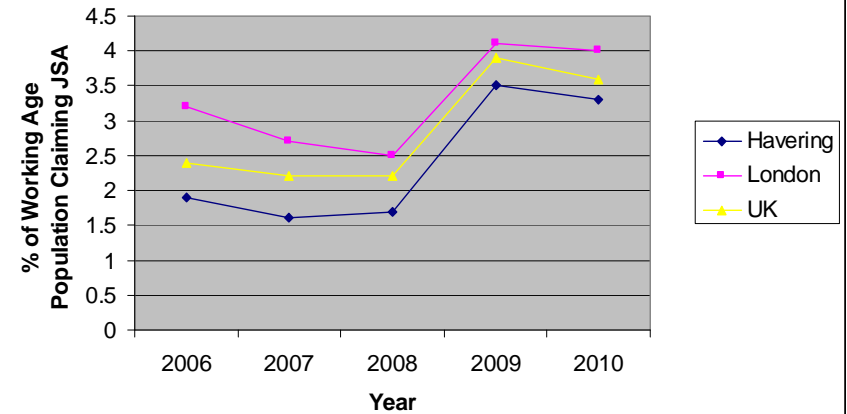
In 2009, 71.2% of Havering's working age population were employed, 7.8% were unemployed and 22.3% were economically inactive. The "economically inactive" group

<sup>2</sup>Claimant count with rates and proportions, Office of National Statistics, 2010

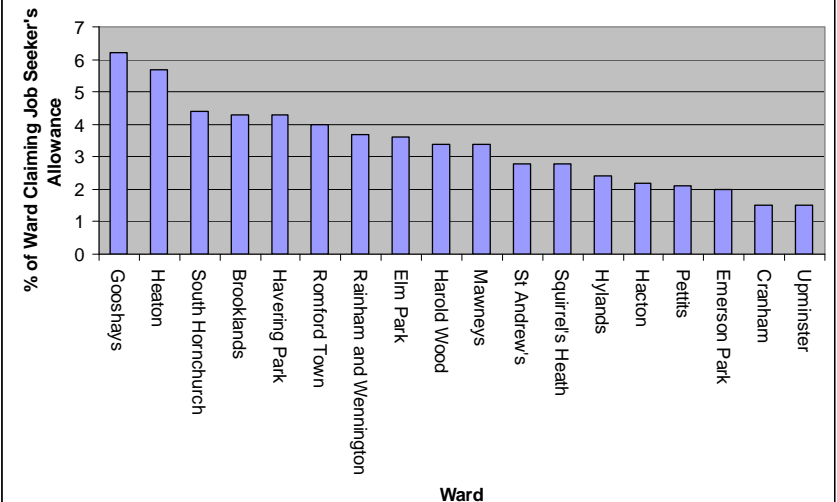
<sup>3</sup>Claimant count: age and duration, Office of National Statistics, 2010

<sup>4</sup> Claimant count with rates and proportions, Office of National Statistics, 2010

**Proportion of Working Age Population Claiming Job Seeker's Allowance (JSA) 2006-2010 (Office of National Statistics, 2010)**



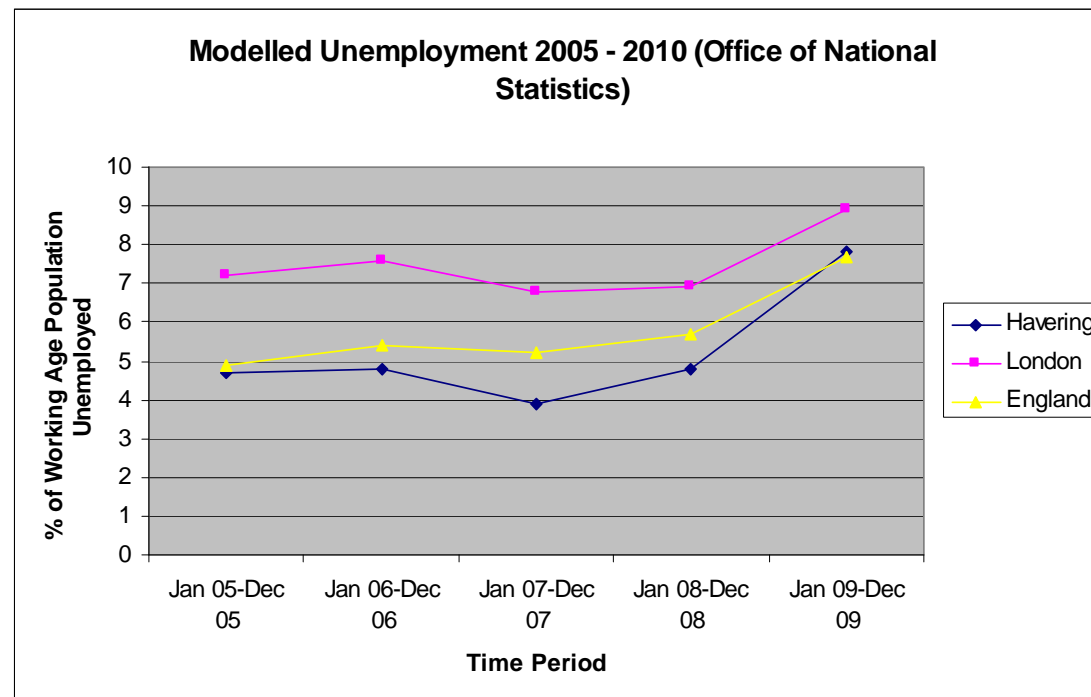
**Job Seeker's Allowance Claims by Ward July 2010**



refers to people who are out of work, but are either not seeking work or are unavailable to start work<sup>5</sup>.

Modelled estimates suggest that unemployment has been increasing in Havering since 2007, and the unemployment rate is now similar to the national average<sup>6</sup>.

A number of different sources of information can be combined to look at overall levels of worklessness. This combines information about people claiming jobseeker's allowance, lone parents on income support, incapacity benefits customers and others on income related benefits to produce an overall percentage of working age people who are claiming out of work benefits (excluding people who are carers, disabled or bereaved). 10.3% of Havering's working age population are claiming these out of work benefits which is below the London and England figures (12.5% and 12.7% respectively)<sup>7</sup>.



### Income

The median annual salary for people in Havering was £26,025 in 2009<sup>8</sup>.

MOSAIC data suggests that in Havering, the group which is most likely to have a household income under £7,499 annually are benefit dependent young families and singles, who have high levels of deprivation and unemployment (Experian and London Borough of Havering, 2010).

Ward level information about the income of people in Havering is available for 2002 and shows that at this time, the average weekly income in Havering was £687. Those in Emerson Park has the highest incomes (£840 a week), whereas those in Gooshays had the lowest incomes (£500 a week)<sup>9</sup>.

<sup>5</sup> Labour Market Statistics Regional Monthly Data, Office of National Statistics, 2010

<sup>6</sup> Modelled estimates based on Annual Population Survey, Office of National Statistics, 2009

<sup>7</sup> Work and Pensions Longitudinal Study, The National Health Service Information Centre for Health and Social Care, 2009

<sup>8</sup> Median average income for all earners: Annual Survey of Hours and Earnings, Office of National Statistics, 2009

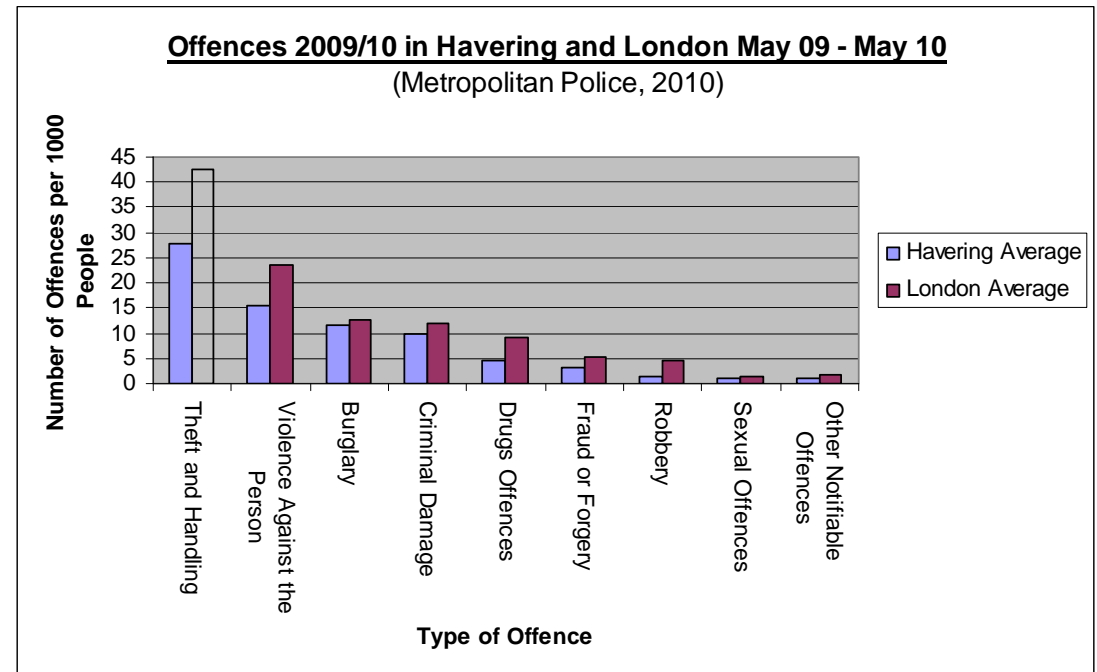
<sup>9</sup> Office of National Statistics, 2002

## Community Safety

Feeling safe in the areas where you live and work is important to health. For example, studies suggest that those who have a high fear of crime are more likely to show symptoms of depression and have a lower quality of life than those with a lower fear of crime<sup>10</sup>.

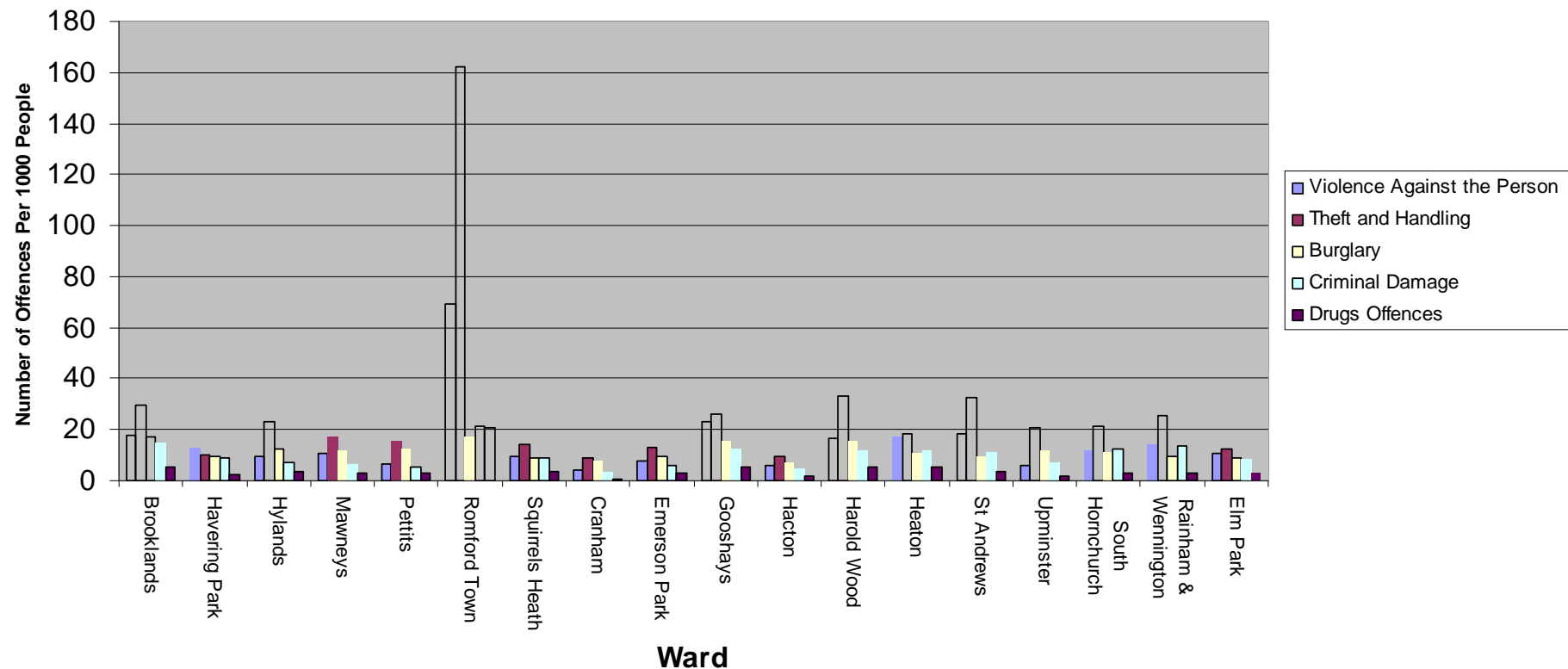
Overall, Havering is a safe place to live when compared with other areas of London. 2009/10 data suggests that Havering has fewer offences per 1000 people for all of the nine main categories of offence (criminal damage, drugs offences, robbery, theft and handling, violence against the person, sexual and offences, fraud or forgery and burglary and other notifiable offences).

The most common type of offence recorded in Havering in 2009/10 was theft and handling of stolen goods, followed by violence against the person and burglary. However there are substantial differences in offence rates between Havering's wards. Romford Town has the highest rate of offences for seven of the nine types of offence (criminal damage, drugs offences, robbery, theft and handling, violence against the person, sexual and offences and other notifiable offences). Pettits has the highest level of fraud or forgery and Brooklands has the highest levels of burglary.



<sup>10</sup> Association between Fear of Crime and Mental Health and Physical Functioning, Stafford, Chandola and Marmot, American Journal of Public Health, Vol 97, No 11, 2007

**Offences by Ward 2009/10 in Havering**  
(Metropolitan Police, 2010)



Theft and handling, burglary, criminal damage, fraud or forgery and robbery offences in Havering all reduced between 2008/09 and 2009/10. However, violence against the person, drugs offences and sexual offences increased in the same period and the levels of other notifiable offences have stayed the same.

MOSIAC data suggests that, in Havering, the social groups who are most worried about being a victim of crime are benefit dependent young families and singles in social housing. This is likely to be because MOSAIC data suggests crime and anti-social behaviour is more common in the areas where this group tend to live. (Experian and London Borough of Havering, 2010).

# Housing

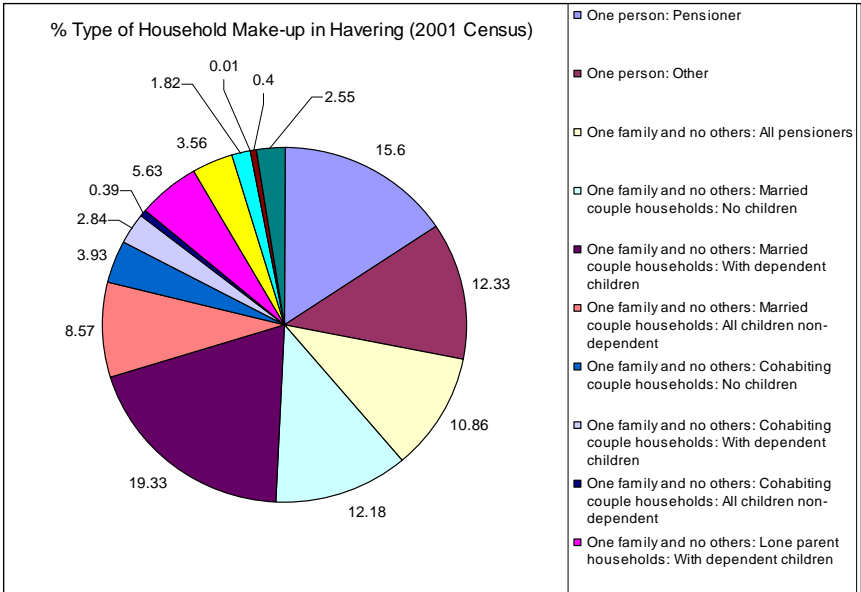
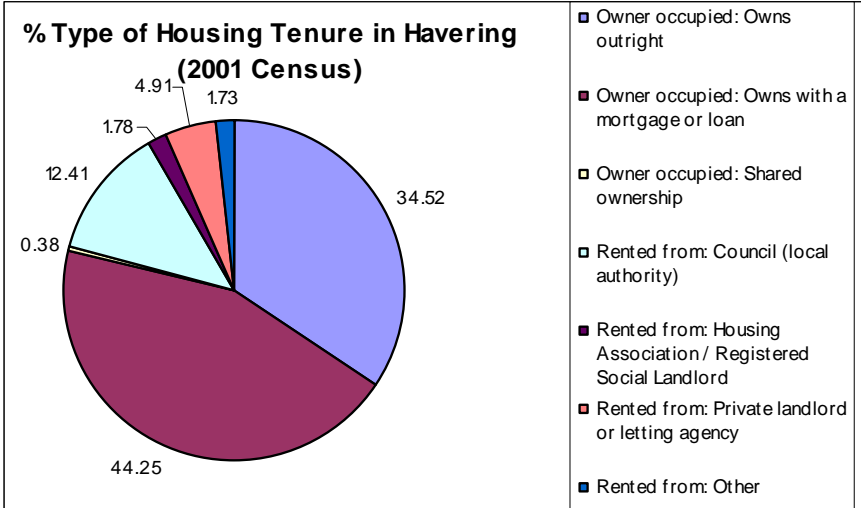
## Tenure

It is most common for people in Havering to own their own home with a mortgage, with nearly half of Havering households falling in to this category. A large proportion of Havering households also own their home outright (35%). Households in Havering are more likely to own their home either with a mortgage or outright than the average household in London or England.

Renting from a private landlord is less common in Havering than is the case in London or England overall. Households in Havering are also less likely to rent social housing (either from the Council or from a Housing Association or registered social landlord). Havering Council owns around 10,195 dwellings within Havering, of which around 57% were non decent in 2010<sup>11</sup>.

However, it should be noted that the above information on housing tenure is based on the 2001 census. The next census in 2011 will be an opportunity to update these and many other indicators about local people and living conditions.

MOSAIC data suggests that in Havering, active older people nearing retirement with private pensions are most likely to own their homes outright. This group typically have good health and a comfortable income. The group most likely to live in public rented properties are benefit dependent young families and singles in social housing who often have high levels of debt, low levels of savings and poor health. (Experian and London Borough of Havering, 2010).



<sup>11</sup> Business Plan Statistical Appendix, Communities and Local Government, 2009/10

### Household Make-Up<sup>12</sup>

Married couples with dependent children make up the largest proportion of households in Havering, accounting for nearly 20% of all households. The second largest group are one person pensioner households, accounting for 15.6% of all households. When lone pensioner households, households with one pensioner family in them and “other” pensioner households are added together, pensioner households make up nearly 30% of all households in Havering.

Havering has a greater proportion of pensioner households (both lone pensioner and one pensioner family households) than the London and England average. The borough also has a greater proportion of married couples with dependent children and married couples with non dependent children than London and England. Lone parent households with dependent children and student households are under-represented in Havering when compared with London and England.

### Council Tax Band<sup>13</sup>

The majority of houses in Havering fall into Council Tax band C or D, which are houses valued between £52,001 and £88,000. This information is from 2008 and reflects the value of houses if they had been sold on the open market in 2001, rather than their current market value.

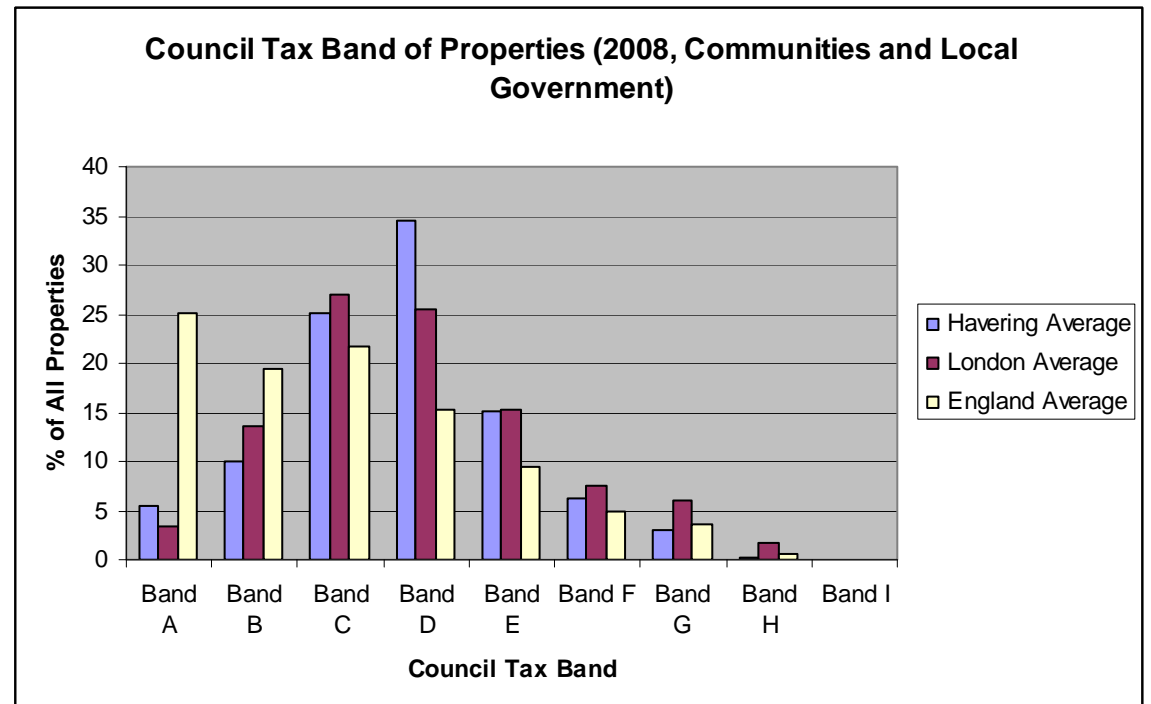
<sup>12</sup> Census, Office of National Statistics, 2001

<sup>13</sup> Dwelling Stock by Council Tax Band, Communities and Local Government, 2008

MOSAIC data suggests that in Havering, single pensioner households are most likely to belong to the social group “middle aged manual workers and pensioners in rented accommodation” who often have low incomes, reliance on state pension and are of an age where long term conditions are starting to be exhibited.

Lone parent households are most likely to belong to the group “benefit dependent young families and singles”, who often have high levels of deprivation and poor health.

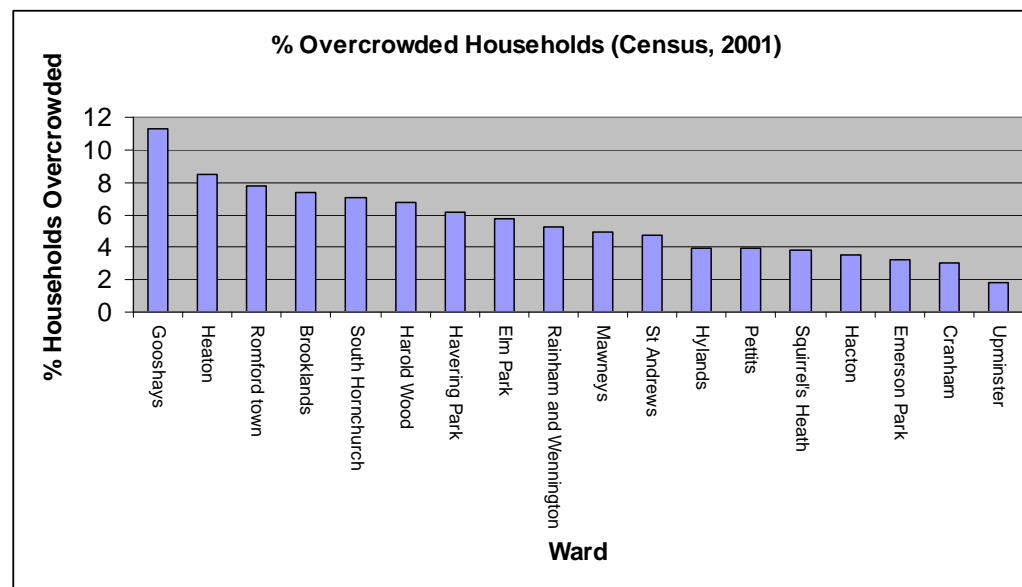
Couples with dependent children are most likely to belong to the group “families with young children, mid to high earners”, who often have comfortable incomes and high levels of educational attainment (Experian and London Borough of Havering, 2010).



Havering has fewer households in Council tax bands A and B (valued up to £50,000) than England and a much greater proportion of households that fall into band D (valued from £68,001 to £88,001). This suggests that on average houses are valued more highly in Havering than the England average. House prices in Havering are more similar to the London average house valuations, but houses in Band D are still over represented in Havering, and there are fewer properties in Bands F, G and H in Havering (valued at £120,001 or more) than the London average. Within Havering, Emerson Park followed by Upminster have the largest proportion of properties in Council Tax Bands F, G and H (valued at £120,001 or more) than the London average. Within Havering, Emerson Park followed by Upminster have the largest proportion of properties in Council Tax Bands F, G and H, and Gooshays followed by Heaton have the largest proportion of properties in Council Tax Bands A or B (£52,000 or below)<sup>14</sup>.

### Overcrowding

Overcrowding occurs when there is not adequate space or rooms in a house for the number of people living within that property. Many studies have found a relationship between overcrowding and poor health, and experiencing overcrowding in childhood may even increase the likelihood of poor health in adulthood<sup>15</sup>. Census 2001 data<sup>16</sup> suggests that 5.6% of houses in Havering are overcrowded. This is below the England average of 7.1% and well below the London average of 17.3%. However, there are differences between wards in Havering. Gooshays, followed by Heaton were the wards with the most overcrowded households at the time of the Census in 2001, and Cranham was the ward with the least number of overcrowded households.



<sup>14</sup> Ward level Dwelling Stock by Council Tax Band, Communities and Local Government, 2008

<sup>15</sup> The Impact of Overcrowding on Health and Education: A Review of the Evidence and Literature, Office of the Deputy Prime Minister, 2004

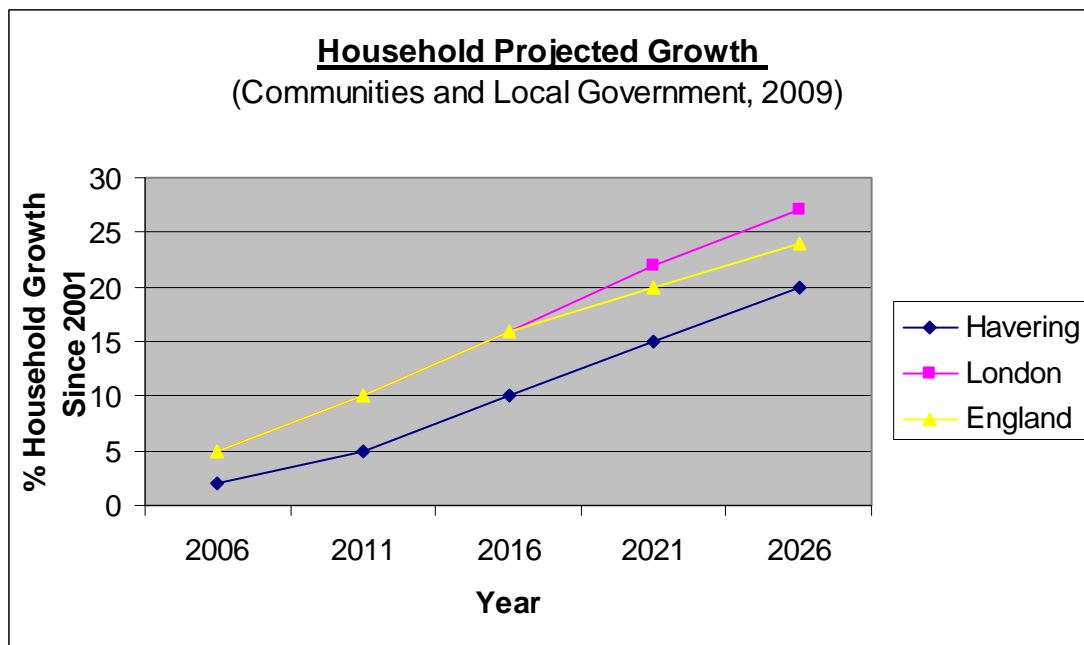
<sup>16</sup> Occupancy rating of -1 or -2, Office of National Statistics, Census 2001

MOSAIC data suggests that in Havering, the social group that is most likely to experience overcrowding is “transient, deprived young people not claiming benefits”. This group often experiences unemployment and a range of health conditions including mental health issues. (Experian and London Borough of Havering, 2010).



### Household Projections

The number of households (groups of people that live together) in Havering are expected to increase by 10% by 2016 (to 101,000) and by 20% by 2026 (to 110,000). This is a slower predicted rate of household growth than London (27% by 2026) or England (24% by 2026)<sup>17</sup>.



<sup>17</sup> Housing Projections and Estimates by District, Communities and Local Government, 2009

## Use of Transport

Havering residents have less access to a car or van than in England or London overall, with around 23% of Havering residents not having a car or van. The wards where households are least likely to have access to a car or van are Gooshays (38% do not have a car or van) and Heaton (35%). Those most likely to have access to a car or van are Emerson Park residents (12% lacking access) and Upminster (15%).

It is likely that there will be higher demand for public transport in areas with low vehicle ownership and those who do not own vehicles may find it more difficult to travel to access services. Again, more recent information about vehicle ownership would be beneficial as this data is from 2001.

It is most common for people in Havering to travel to work by car (more than 50% do so). Public transport is used by nearly 33%, while only 7% of people travel to work by foot or bicycle. A further 2% travel by taxi or motorbike.

When travel to work methods are looked at by ward<sup>18</sup>, residents of Elm Park are the most likely to travel to work by public transport, residents of Brooklands are most likely to walk or cycle to work and residents of Havering Park are the most likely to travel to work by car. Residents of Havering Park are the least likely to use public transport to get to work and residents of Cranham are least likely to walk or cycle.

MOSAIC data suggests that in Havering the groups “benefit dependent young families and singles in social housing” are least likely to have access to a car, possibly due to their low income levels  
(Experian and London Borough of Havering, 2010).

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<sup>18</sup> Census, Office of National Statistics, 2001

# Staying healthy

## Key Findings:

- Havering has a higher than average proportion of reception age children (aged 4-5) who are obese
- Fewer young people in Havering eat 5 portions of fruit and vegetables a day than the national average
- Fewer women in Havering breastfeed their babies than is the case nationally
- Teenage conception rates in Havering have fluctuated and have not shown the same downwards trend as nationally
- Havering has a higher proportion of young people in drugs treatment than is the case nationally, and this trend is increasing
- Fewer children are vaccinated in Havering than is the case nationally
- Smoking is less common in Havering than the national average
- Late diagnosis of HIV is more common in Havering than nationally, although fewer people in Havering have HIV than is the case nationally
- Uptake of screening for breast cancer in Havering is higher than the national average
- Significantly fewer adults binge drink in Havering than the national average



## For Decision Makers to Consider:

- Target future interventions at 4-5 year old children, men and local wards identified as having the highest levels of obesity and develop appropriate care pathways
- Develop a co-ordinated plan to improve breastfeeding levels in Havering
- Investigate ways of improving access to contraceptive services (such as free emergency contraception for young people, introducing a community based contraceptive service and improving access to the most effective long acting reversible contraception methods)
- Capitalise on the opportunities within pharmacies to provide easy access to Chlamydia testing and focus screening and preventative interventions on areas with high sexually transmitted infection rates
- Further targeted action to help people to quit smoking – one of the most cost effective interventions available to the NHS
- Consider introducing immunisation checks for children up to the age of 5 at key stages (e.g. when starting nursery) and signposting to relevant vaccinations

## Obesity

Almost a quarter of adults in England are obese<sup>1</sup>, and this is expected to continue to rise in the future<sup>2</sup>. Obesity increases the likelihood of many health problems (such as type 2 diabetes and heart disease) as well as shortening life expectancy. Reducing obesity is therefore a key area to tackle.

### Young People

In Havering, it is more common for 4-5 year olds (reception year) to be overweight or obese than is the case nationally. 15.3% of Havering children in that age group are overweight and a further 12.1% are obese (compared to 13.3% being overweight and 9.8% being obese nationally). Nationally, reception aged boys are more likely to be overweight or obese than girls<sup>3</sup>.

By the age of 10-11 years (year 6), the level of obesity and overweight in Havering is more similar to that in England as a whole. By this age, the proportion of children who are obese has risen to 21.3% in Havering. The greater number of year 6 children who are obese reflects the national position.

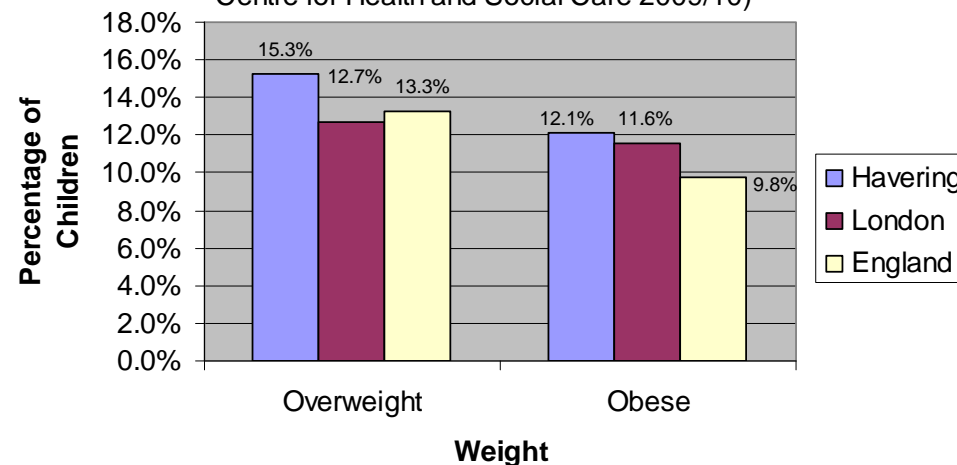
Data suggests that childhood obesity rates nationally have stayed fairly constant since 2006<sup>4</sup>. In Havering, past data suggests that obesity in reception has been consistently higher than the national average.

At reception age, children that attend school in Rainham South, Hornchurch and Elm Park are most likely to be obese, followed by children who attend school in Harold Hill and Harold Wood. This pattern remains for children in year 6, however at this age children who attend school in Romford are also more likely to be obese than in other areas of Havering.

When the area where children live (rather than attend school) is examined, a correlation between deprivation and obesity in Havering emerges; the more deprived the area, the more likely children are to be obese. A programme called MEND (Mind, Exercise, Nutrition...Do It!) is run in Havering, and as of 2009, over 250 overweight children aged 7-13 had participated.

### Reception Children Obese or Overweight in Havering, London and England

(National Child Measurement Programme, NHS Information Centre for Health and Social Care 2009/10)



<sup>1</sup> Modelled Estimates, Office of National Statistics, 2003-05

<sup>2</sup> Tackling Obesities: Future Choices, Foresight, 2007

<sup>3</sup> National Child Measurement Programme, National Health Service Information Centre for Health and Social Care, 2009/10

<sup>4</sup> National Child Measurement Programme, National Health Service Information Centre for Health and Social Care, 2006-08

### Adults

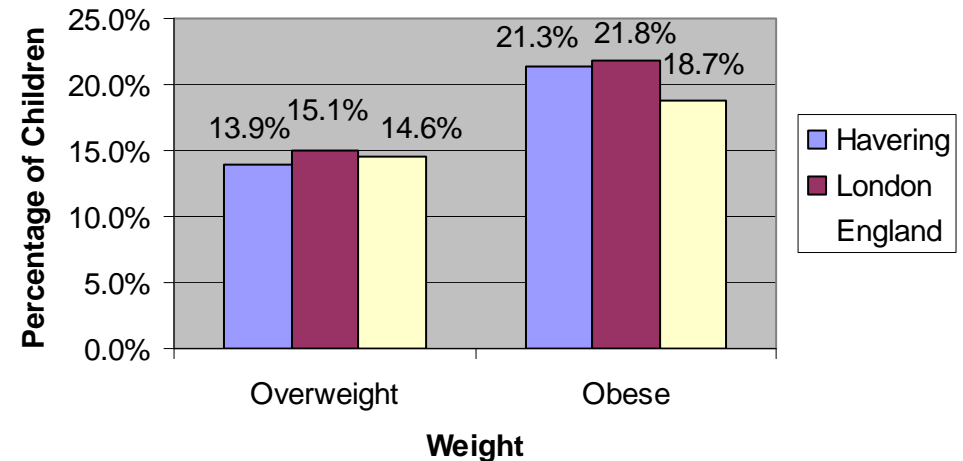
Data from the Health and Lifestyles Survey suggest that 21.4% of adults in Havering are obese<sup>5</sup>. This is similar to modelled estimates, which indicate that more than 1 in 5 (22.6%) adults in the borough are obese<sup>6</sup>. Adult obesity is slightly less common in Havering than in England overall (23.3%), but more common than the London average (18.3%). However, 10.5% of Havering residents are recorded on GP registers as obese, which is above the England figure of 9.9% and the London figure of 9%<sup>7</sup>.

The Health and Lifestyles Survey results suggest that obesity is most common in St Andrew's, Heaton and Gooshays wards. Men in Havering are more likely than women to be overweight at all ages, but obesity itself is more common in women for those aged under 30 and in men for those aged over 30<sup>8</sup>. Deprivation was also found to have a loose relationship with obesity, with those living in more deprived areas usually being more likely to be obese<sup>9</sup>.

In 2009 health checks began to be offered to selected people in Havering aged 40-74. Of the relatively small numbers checked so far, 24.8% were obese, with 70.7% being overweight, obese or morbidly obese. Obesity was most common in the 55-64 age group. Obesity was more common in women than men, but being overweight (but not obese) was more common in men<sup>10</sup>. This data is consistent with information from the Health and Lifestyles Survey above. When exercise and weight were examined, it was found that around half of those who were overweight, obese or morbidly obese were inactive in their daily lives<sup>11</sup>.

### Year 6 Children Obese or Overweight in Havering, London and England

(National Child Measurement Programme, NHS Information Centre for Health and Social Care, 2009/10)



<sup>5</sup> Health and Lifestyles Survey, NHS Havering, 2008

<sup>6</sup> Modelled estimates, Office of National Statistics, 2003-05

<sup>7</sup> Quality and Outcomes Framework, 2008/09

<sup>8</sup> Health and Lifestyles Survey, NHS Havering, 2008

<sup>9</sup> Health and Lifestyles Survey, NHS Havering, 2008

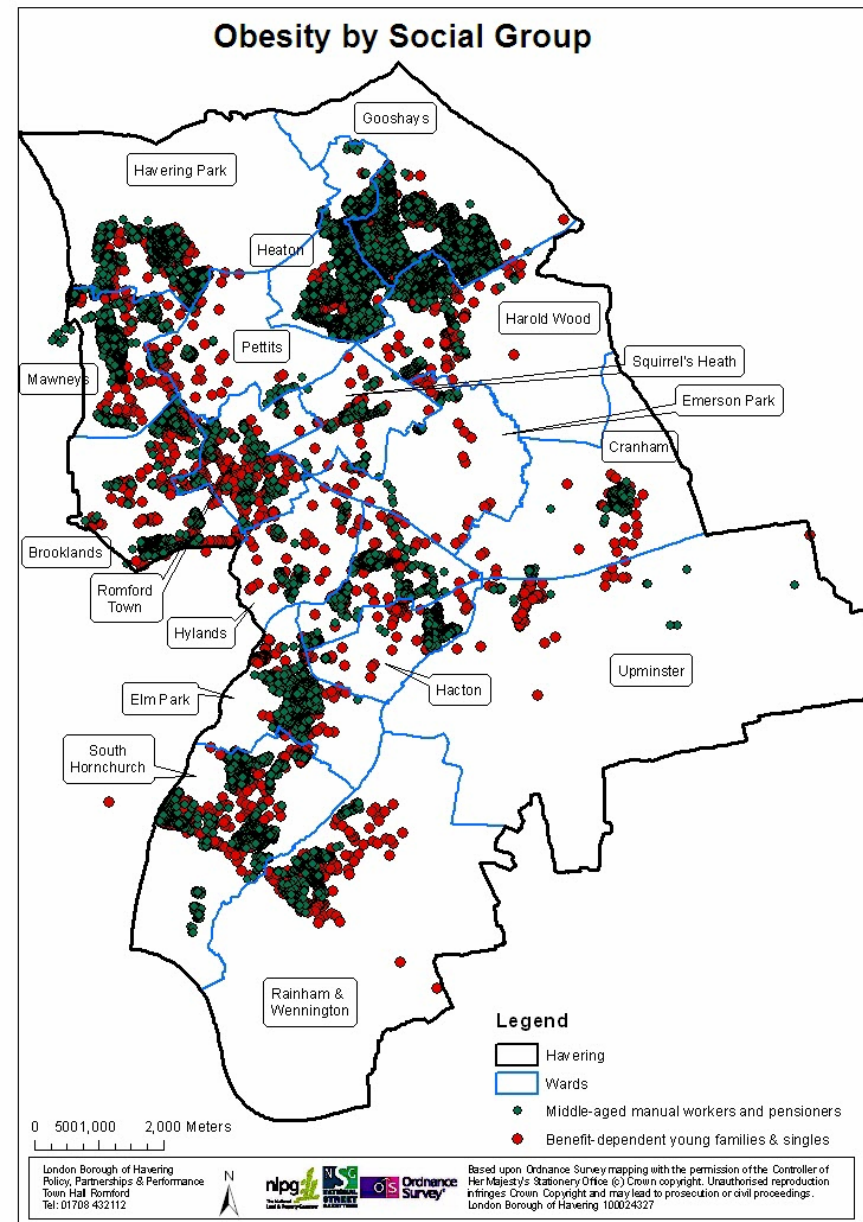
<sup>10</sup> National Health Service Health Checks, NHS Havering, 2010

<sup>11</sup> National Health Service Health Checks, NHS Havering, 2010

MOSAIC information helps to identify groups of people in a area who share certain characteristics such as income and lifestyles. Identifying such groups can help to highlight where services or interventions may need to be targeted. Such information suggests that there are two groups within Havering with above average numbers of people with obesity. These are:

- Middle aged manual workers and pensioners. This tends not to be a particularly active group and tend to have a moderate diet.
- Benefit dependent young families and singles. This group often do not have the financial means to seek out healthy food and there are often low levels of exercise within this group.

(Experian and the London Borough of Havering, 2010)



## Smoking

Smoking is the biggest preventable cause of death in England and increases the risk of illnesses such as heart disease and lung cancer.<sup>12</sup>

### Young People

4% of school aged pupils in Havering state that they occasionally or regularly smoke, which is below the national average of 6%<sup>13</sup> with 80% of young people reporting that they have never tried a cigarette.

69% of year 8 and 10 students in Havering find the information and advice they receive at school about smoking helpful. Only 7% of year 8 and 10 students haven't received any information on this topic, which is better than the national figure of 10%.

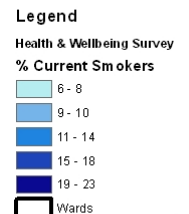
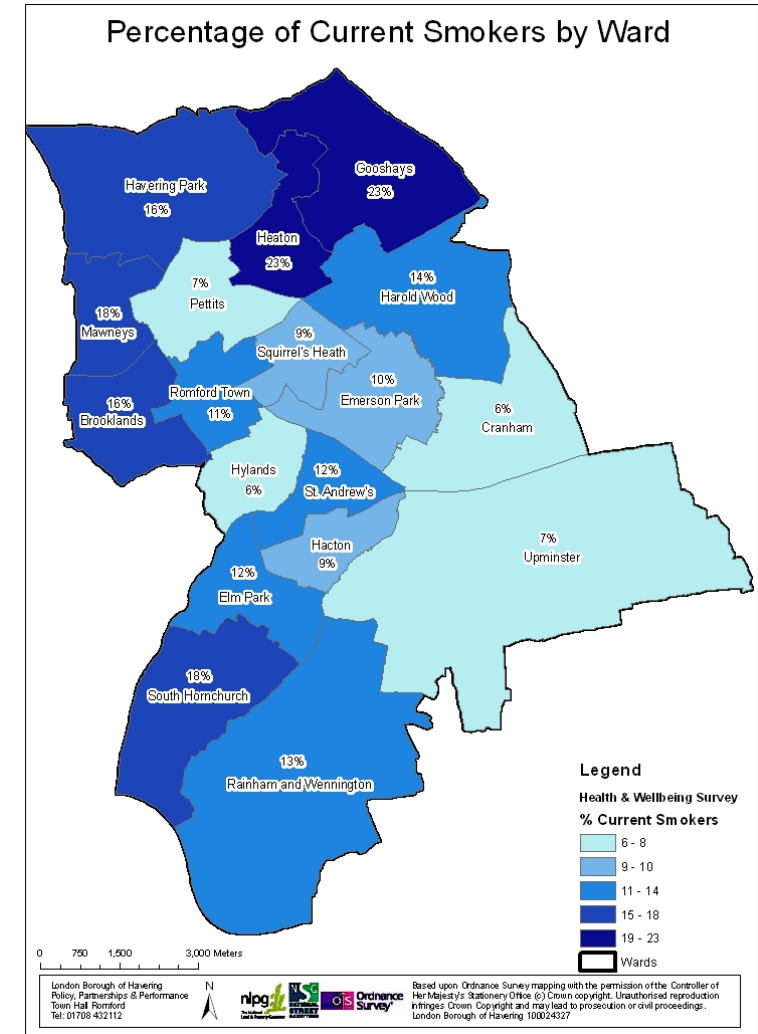
### Adults

Data suggests that people in Havering are less likely to smoke than the national average (20.6% of adults in Havering compared to 22.2% nationally)<sup>14</sup>. Local information from the Health and Lifestyles Survey suggests that only 14.4% of people in Havering smoke.

Smoking is slightly more common for males in Havering (15%) than females (14%)<sup>15</sup>.

Smoking is most common in the 35-39 age group in Havering amongst both males and females. In general, the more deprived an area of Havering a person lives in, the more likely they are to smoke<sup>16</sup>.

Fewer pregnant women smoke in Havering than is the case nationally (11.9% compared to 14.6%). This means that around 307 women a year smoke during pregnancy in



0 750 1,500 3,000 Meters

London Borough of Havering  
Policy, Partnerships & Performance  
Town Hall, Romford  
Tel: 01708 432112

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London Borough of Havering 100024327

The map indicates that it is most common for people who smoke to be living in Gooshays and Heaton Wards (Health and Lifestyles Survey 2008).

<sup>12</sup> NHS Choices Website, <http://www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.aspx>, 2010

<sup>13</sup> Tell Us 4 Survey, Department for Schools, Education and Families, 2009

<sup>14</sup> Havering Health Profile, Association of Public Health Observatories and Department of Health, 2010

<sup>15</sup> Health and Lifestyles Survey, NHS Havering, 2008

<sup>16</sup> Health and Lifestyles Survey, NHS Havering, 2008

Havering<sup>17</sup>, which puts the baby at risk of premature birth and low birth weight among other health problems<sup>18</sup>.

Every year around 409 people in Havering die as a result of smoking. There are a greater number of deaths from smoking in Havering than is the case nationally (212.7 deaths per 100,000 people, compared to the England figure of 206.8)<sup>19</sup>. However further investigation is needed to determine whether this is due to the older population profile of Havering.

### Quitting Smoking<sup>20</sup>

46% of those who approach smoking cessation services in Havering go on to quit smoking, which is comparable to London (47%), and slightly below the national average of 50%.

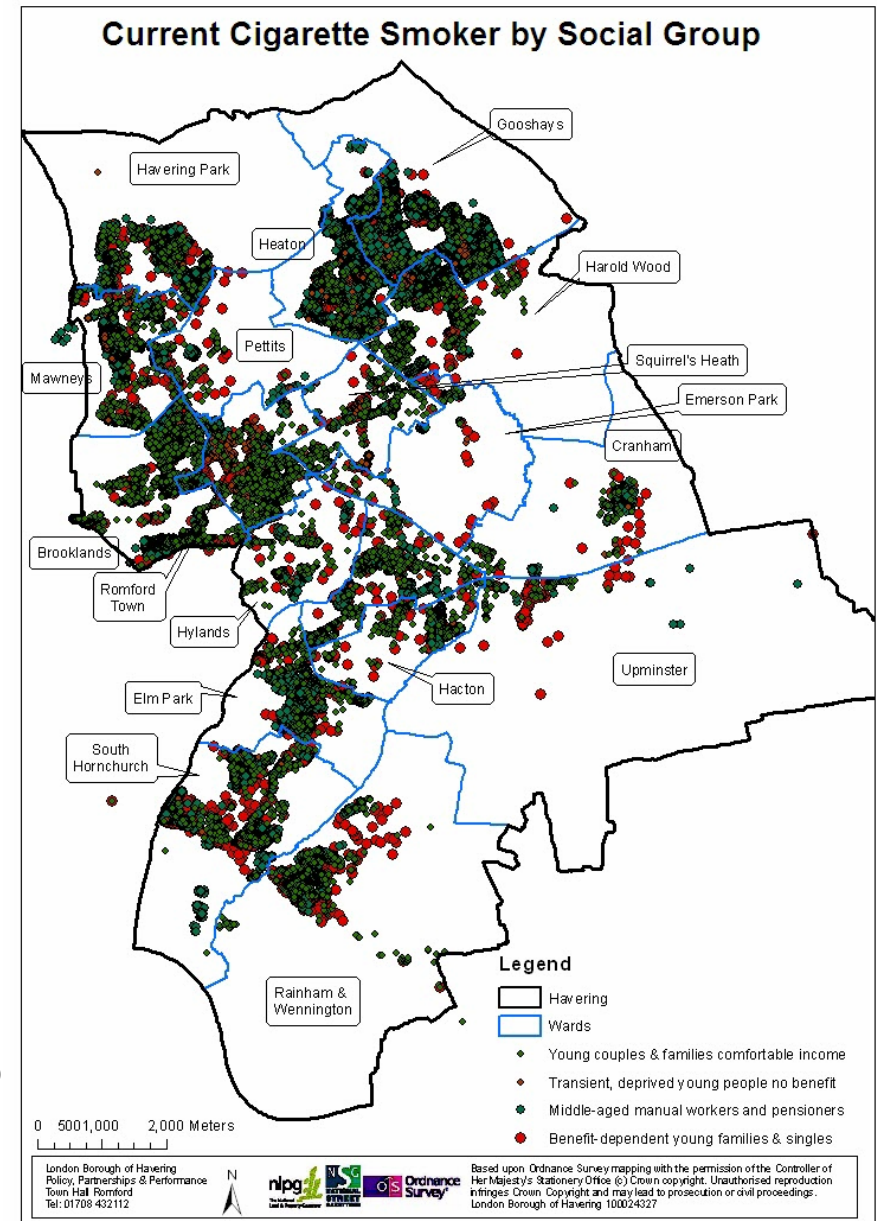
In Havering, 674 people successfully stopped smoking per 100,000 population in 2008/09 (lower than the London figure of 761 and the England figure of 813). However, it is likely that this figure is low in Havering as fewer people in Havering smoke than average (therefore meaning there are a smaller number of people to quit).

A greater number of females than males approach smoking cessation services in Havering (56% of those who quit smoking in 2008/09 were women).

95% of those approaching Havering's smoking cessation service were white, with 1% being Asian or Asian British and very small numbers of people from other ethnic groups.

Pregnant women who use smoking cessation services in Havering are more likely to quit smoking than is the case nationally (54% quitting in Havering compared to 46% in England and 47% in London).

There are four social groups in Havering who have above average numbers of people who are cigarette smokers. These are: 1) young couples and families with comfortable incomes, 2) transient deprived young people not claiming benefit, 3) middle aged manual workers and pensioners and 4) benefit dependent young families and singles (Experian and the London Borough of Havering, 2010)



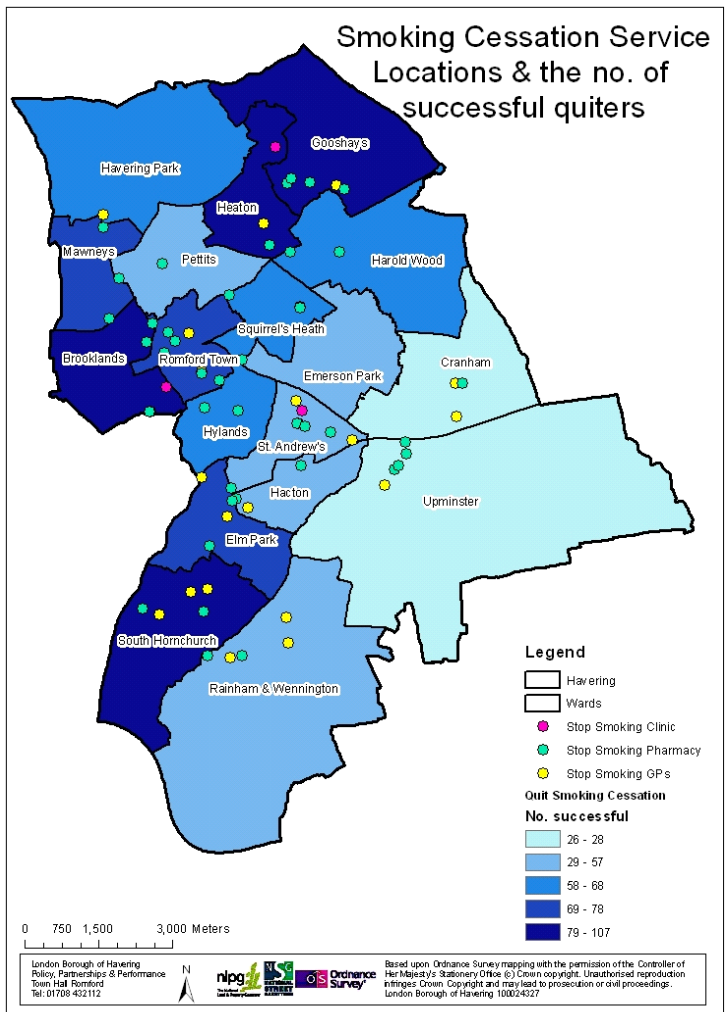
<sup>17</sup> Havering Health Profile, Association of Public Health Observatories and Department of Health, 2010

<sup>18</sup> NHS Choices Website, <http://www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.aspx>, 2010

<sup>19</sup> Havering Health Profile, Association of Public Health Observatories, 2010 (based on 2006-08 data)

<sup>20</sup> Stop smoking statistics return, The National Health Centre Information Centre for Health and Social Care, 2008/09





The map highlights that in 2009/10, greater numbers of people quit smoking in less affluent areas of Havering for example Gooshays and Heaton. This suggests the stop smoking service is reaching people from those areas where people are more likely to smoke (Health and Lifestyles Survey, 2008).

## Vaccination Uptake

Children and young people receive vaccinations to protect them against Tetanus, Whooping Cough, Diphtheria, Polio, Meningitis C, Measles, Mumps, Rubella (MMR), Pneumococcal disease, Haemophilus Influenzae type B (Hib) and Human Papilloma Virus (HPV).

Uptake of childhood immunisations is lower in London than nationally. Overall, uptake of childhood immunisations in Havering is similar to the London average, but falls below national uptake figures. For example 85.2% of 5 year olds in Havering had received their first measles, mumps and rubella (MMR) vaccination, compared to an England average of 91%, and London average of 85.8%<sup>21</sup>. A similar pattern emerges when looking at MMR boosters.

A relatively recent immunisation programme is HPV vaccination which helps protect against cervical cancer. In Havering, 80.3% of 12 and 13 year old girls in Havering have received the vaccine, which is comparable to England (80.1%) and higher than the London average (73.8%)<sup>22</sup>.

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<sup>21</sup> National Health Service Information Centre for Health and Social Care, 2009/10

<sup>22</sup> Annual HPV Vaccine Uptake in England, Department of Health, 2008/09

## Physical Activity

Physical activity contributes to physical and mental well-being. It reduces the risk of diseases such as coronary heart disease, type 2 diabetes and stroke by up to 50%, as well as reducing the risk of premature death by 20-30%<sup>23</sup>.

### Young People

Physical activity in childhood has a wide range of benefits including helping to prevent weight gain, improving psychological well being and stimulating growth and fitness<sup>24</sup>.

About half (49.3%) of those in school years 1-13 participate in at least 3 hours a week of physical exercise at school, compared to 49.6% nationally<sup>25</sup>.

Data from the Tell Us 4 Survey also suggests that young people in Havering are less likely to regularly do something active before or after school than is the case nationally<sup>26</sup>.

When looking at patterns of physical activity, young people in Havering are most likely to exercise during lesson time (e.g. physical education sessions), and least likely to exercise before school<sup>27</sup>.

42.1% of school pupils in Havering usually walk to school and 4.9% of pupils usually cycle<sup>28</sup>, providing an important regular source of exercise for those young people.

The map uses MOSAIC data to show which social groups in Havering are most likely to get no exercise. MOSAIC data suggests the groups identified have different reasons for not exercising. Benefit dependent young families may not be able to afford to join gyms, middle aged manual workers and pensioners may not have active lifestyles or be aware of all the benefits of physical activity, whereas older groups may not be as able to be as active due to their age and health. Therefore a range of different strategies and services is likely to be needed to encourage people in all of these groups to become more active

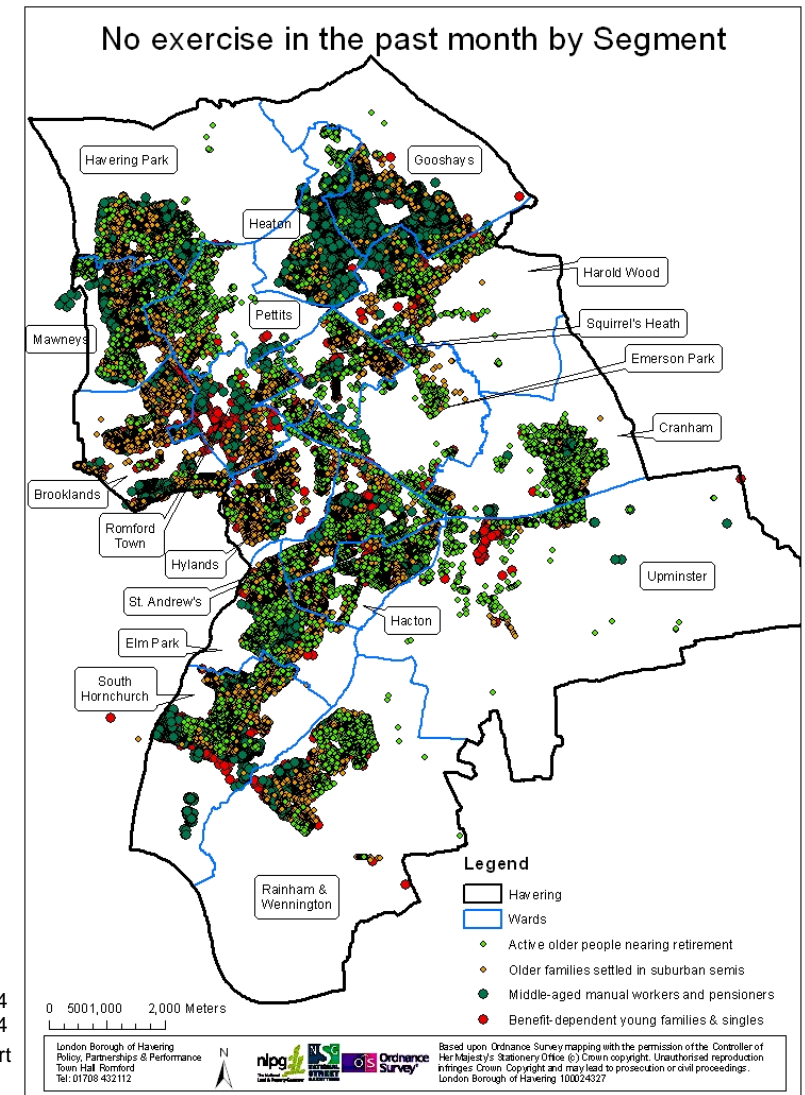
<sup>23</sup> At Least Five A Week: Evidence on the Impact of Physical Activity and its Relationship to Health, Department of Health, 2004

<sup>24</sup> At Least Five A Week: Evidence on the Impact of Physical Activity and its Relationship to Health, Department of Health, 2004

<sup>25</sup> Havering Health Profile, Association of Public Health Observatories and Department of Health, 2010 (based on PE and Sport Survey data, 2008/09)

<sup>26</sup> Tell Us 4 Survey, Department for Schools, Education and Families, 2009

<sup>27</sup> Tell Us 4 Survey, Department for Schools, Education and Families, 2009



## Adults

It is more common for adults in Havering to participate in regular physical activity than is the case nationally. 17.6% of adults in Havering take part in 30 minutes of physical activity 3 times a week, compared 16.6% nationally and 17.4% in London<sup>29</sup>.

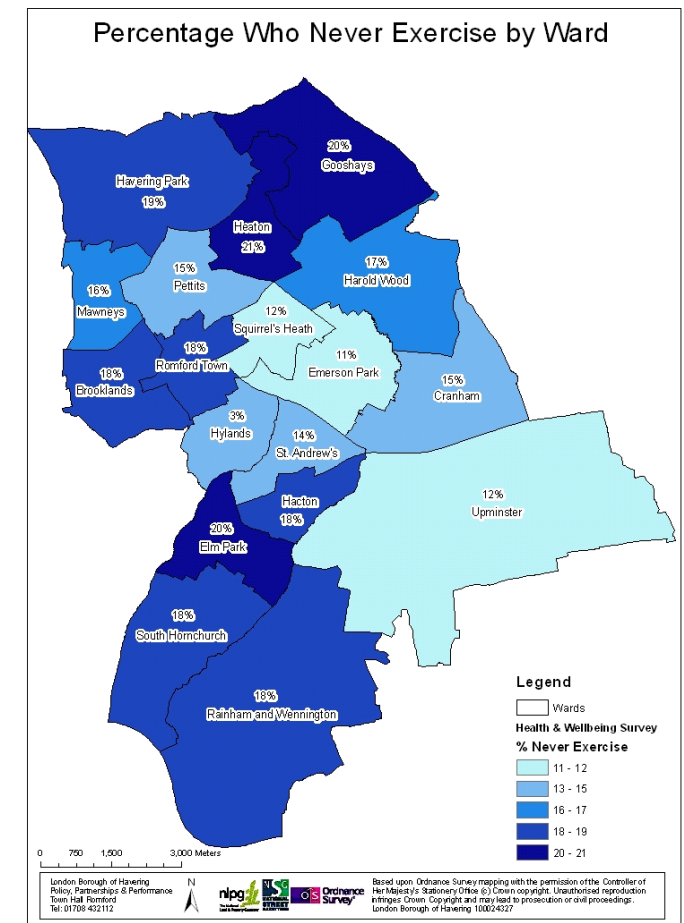
The proportion of Havering adults taking part in regular physical activity has increased over the past few years, with only 13.5% taking part 3 times a week in 2007/08, compared to 17.6% now.

However slightly older data suggest that the number of adults in Havering who participate in physical activity 5 times a week is below the national average (9.3% of local adults exercise 5 times a week compared to 11.2% nationally<sup>30</sup>).

Given that it is recommended that 30 minutes of physical activity needs to be undertaken 5 times a week to result in health benefits and reduced risk of disease<sup>31</sup>, further work needs to be done to increase the amount of physical activity in Havering adults. Men in Havering are more likely to participate in physical activity than women<sup>32</sup> and participation in sport decreases with age (with 16-34 year olds in Havering doing the most exercise)<sup>33</sup>.

People with disabilities people and those from black and minority ethnic groups have also been identified as groups with low participation in physical activity<sup>34</sup>. In Havering there is also a link between deprivation and physical activity, with those living in less affluent areas tending to participate in less exercise<sup>35</sup>.

Over two thirds of adults (68.5%) are very or fairly satisfied with the sports provision in Havering, which is similar to levels of satisfaction nationally (68.4%)<sup>36</sup>. People in Havering do not appear to see sports and leisure facilities as a priority however, with only 8% of residents stating that sports and leisure facilities are one of the most important factors in making somewhere a good place to live<sup>37</sup>.



The map shows that those in Heaton and Gooshays are least likely to take exercise (Health and Lifestyles Survey, NHS Havering, 2008).

<sup>28</sup> Havering Sustainable Modes of Transport Strategy, The London Borough of Havering, 2009

<sup>29</sup> Active People Survey 4, Sport England, 2009/10

<sup>30</sup> Havering Health Profile, Association of Public Health Observatories and Department of Health, 2010

<sup>31</sup> At Least Five A Week: Evidence on the Impact of Physical Activity and its Relationship to Health, Department of Health, 2004

<sup>32</sup> National Indicator 8, Communities and Local Government, 2008/2009

<sup>33</sup> National Indicator 8, Communities and Local Government, 2008/2009

<sup>34</sup> Havering Sport and Physical Activity Strategy, The London Borough of Havering, 2010 (based on Active People Survey data, 2008)

<sup>35</sup> Havering Healthy Weight, Healthy Lives Strategy, NHS Havering, 2010

<sup>36</sup> Active People Survey 3, Sport England, 2009/10

<sup>37</sup> The Place Survey, Communities and Local Government, 2008/09

## Healthy Eating

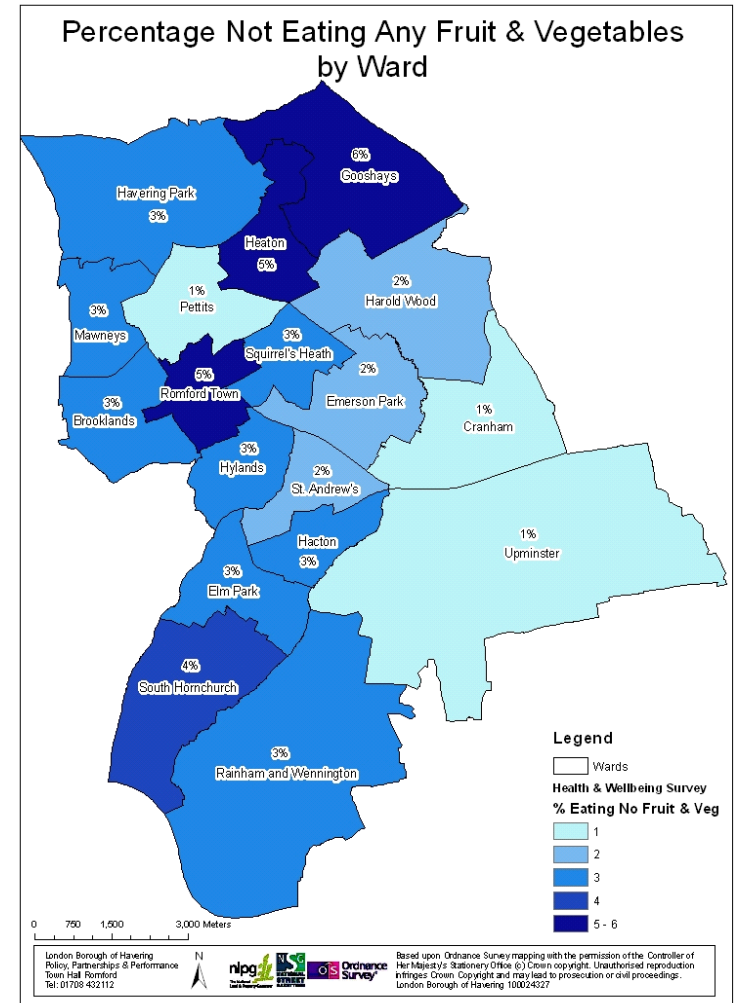
Eating healthily can have a range of health benefits - the World Health Organisation suggests that eating a minimum of 400g of fruit and vegetables a day can lower the risk of health problems such as heart disease, stroke, type 2 diabetes and obesity<sup>38</sup>.

### Young People

When young people in Havering were asked how many portions of fruit and vegetables they had eaten the previous day, only 17% had eaten 5 or more portions. This is slightly below the national figure of 19%<sup>39</sup>. 70% of year 8 and 10 pupils in Havering find the information they receive at school on healthy food and lifestyles helpful, however 5% stated that they had not received any advice or information about this topic.

### Adults

It is estimated that only 28.8% of adults in Havering eat 5 portions of fruit and vegetables a day, which is similar to the national average of 28.7%<sup>40</sup>. However, a better picture emerges from a local survey, when 49% stated that they eat 5 portions of fruit and vegetables a day<sup>41</sup>.



The map suggests that those in Gooshays, Heaton and Romford Town are least likely to eat any fruit and vegetables (Health and Lifestyles Survey, 2008).

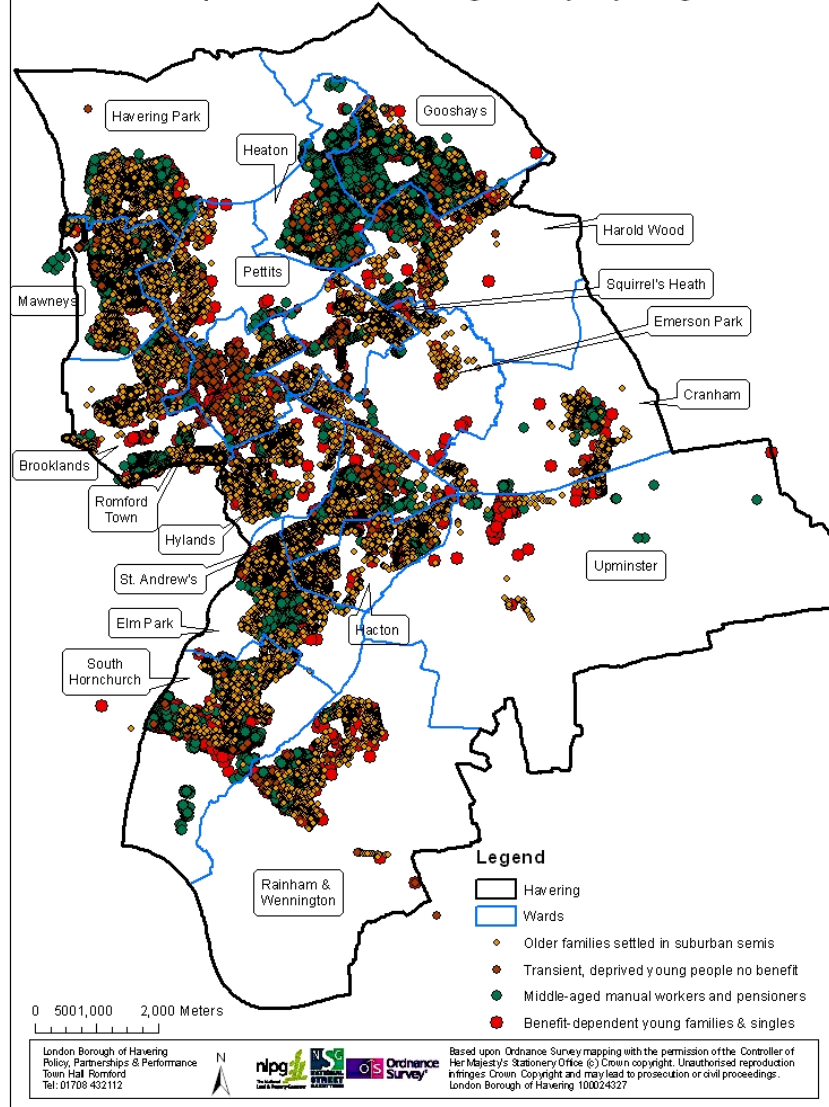
<sup>38</sup> World Health Organisation on NHS Choices Website, <http://www.nhs.uk/livewell/5aday/pages/5adayhome.aspx>, 2010

<sup>39</sup> Tell Us 4 Survey, Department for Schools, Education and Families, 2009

<sup>40</sup> Havering Health Profile 2010 APHO and DH, modelled estimate based on 2006-08 Health Survey for England

<sup>41</sup> Havering Health and Lifestyles Survey, 2007

## Under 1 portion of fruit/veg a day by segment



The map indicates that there are four social groups within Havering who are least likely to eat one or more portions of fruit and vegetables a day. MOSAIC data suggests that these groups have different reasons for not eating healthily:

- Older families settled in suburban semis: are not particularly conscious of what constitutes a healthy lifestyle
- Transient deprived young people not claiming benefit: often unable to afford healthy food
- Middle aged manual workers and pensioners in rented accommodation: no clear reason for not eating more healthily
- Benefit dependent young families and singles: cannot afford to seek out healthy food

(MOSAIC data, The London Borough of Havering and Experian, 2010)

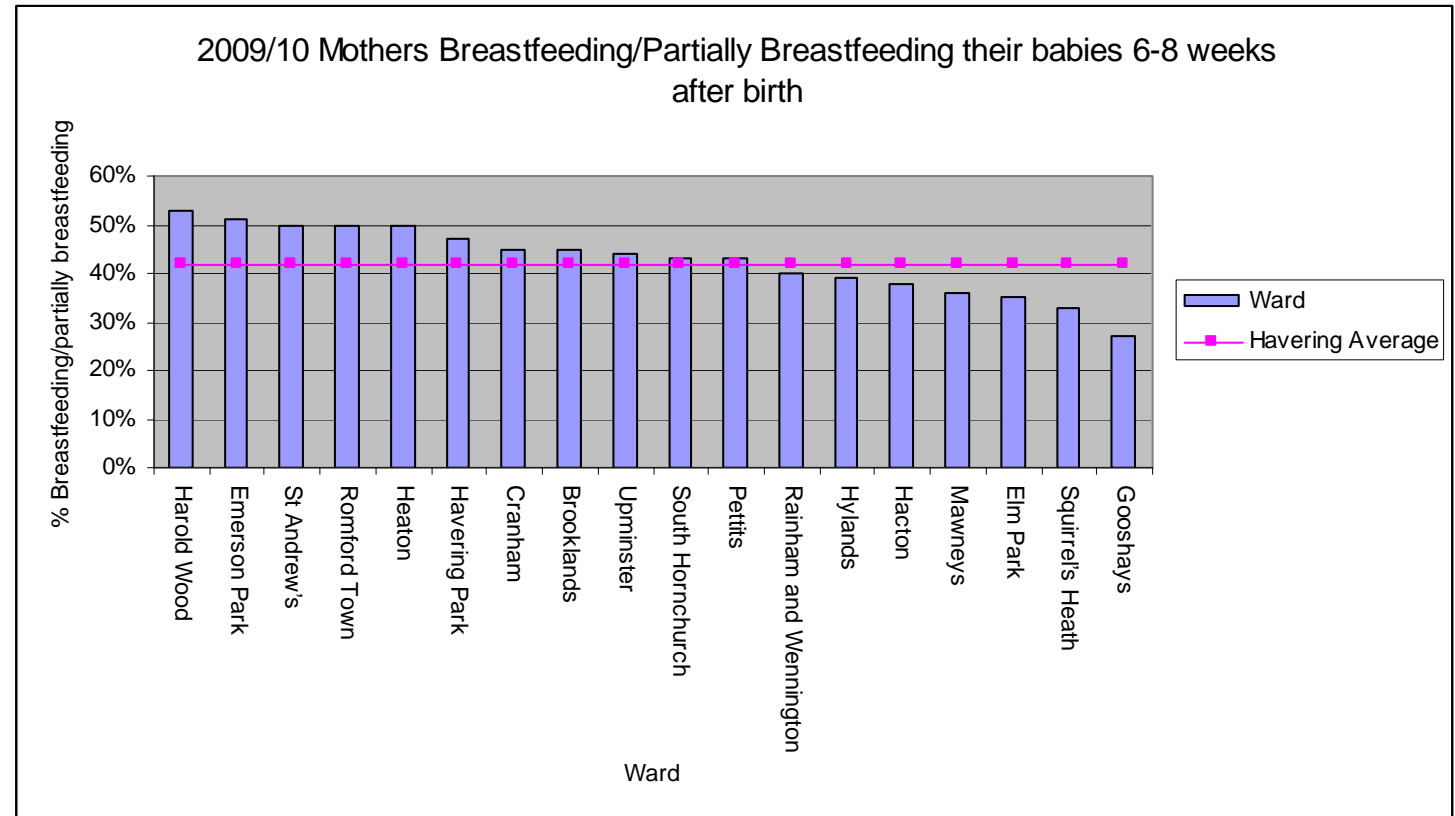
## Breastfeeding

Breastfeeding can have a range of health benefits for the baby including helping growth and development, reducing the risk of childhood obesity, reducing the risk of allergies, and reducing the risk of some infections<sup>42</sup>.

Fewer women in Havering choose to breastfeed their babies than is the case nationally, with 67% of women starting breastfeeding in Havering compared to 73% in England. This equates to around 1716 babies in Havering being breastfed annually. The proportion of women that breastfeed their babies in Havering has stayed fairly constant over recent years, in line with national trends<sup>43</sup>.

However, by 6-8 weeks after the birth of a baby, breastfeeding rates have dropped, with only 42% of women still breastfeeding their babies at this time.

Breastfeeding rates vary widely across GP practices, with a range of between 6.7% and 82.4% of women breastfeeding at 6-8 weeks after birth. There is a two-fold difference across local authority wards, with women in Harold Wood and Emerson Park being most likely to be breastfeeding their babies 6-8 weeks after birth and women in Gooshays least likely<sup>44</sup>.



<sup>42</sup> NHS Choices Website, 2010

<sup>43</sup> Havering Health Profile, Association of Public Health Observatories and Department of Health, 2010

<sup>44</sup> 6-8 Weeks Breastfeeding Checks, NHS Havering, 2009/10 (provisional data)

## Alcohol

### Young People

According to a recent survey it was slightly more common for young people in Havering to have ever had an alcoholic drink and to have been drunk once in the last month than was the case nationally. 45% in Havering had drunk an alcoholic drink compared to 42% nationally, and 7% in Havering had been drunk once in the last month compared to 6% nationally<sup>45</sup>.

However the survey also showed that more regular drinking in young people (being drunk 2, 3 or more times in the last month) was less common in Havering than nationally<sup>46</sup>.

### Adults

Some 4088 people a year are admitted to hospital in Havering due to alcohol related harm (this includes admissions due to short term alcohol use e.g. alcohol poisoning, but also admissions due to long term effects of alcohol use e.g. liver disease due to alcoholism)<sup>47</sup>. The admission rate is however lower than the national average (1420 hospital stays per 100,000 people in Havering, 1580 stays per 100,000 in England).

Significantly fewer adults binge drink in Havering than the England average (13.7% in Havering, compared to 20.1% in England)<sup>48</sup>.

In London overall, binge drinking and hospital stays due to alcohol related harm are less common than is the case nationally, but Havering still performs better than the London average<sup>49</sup>.

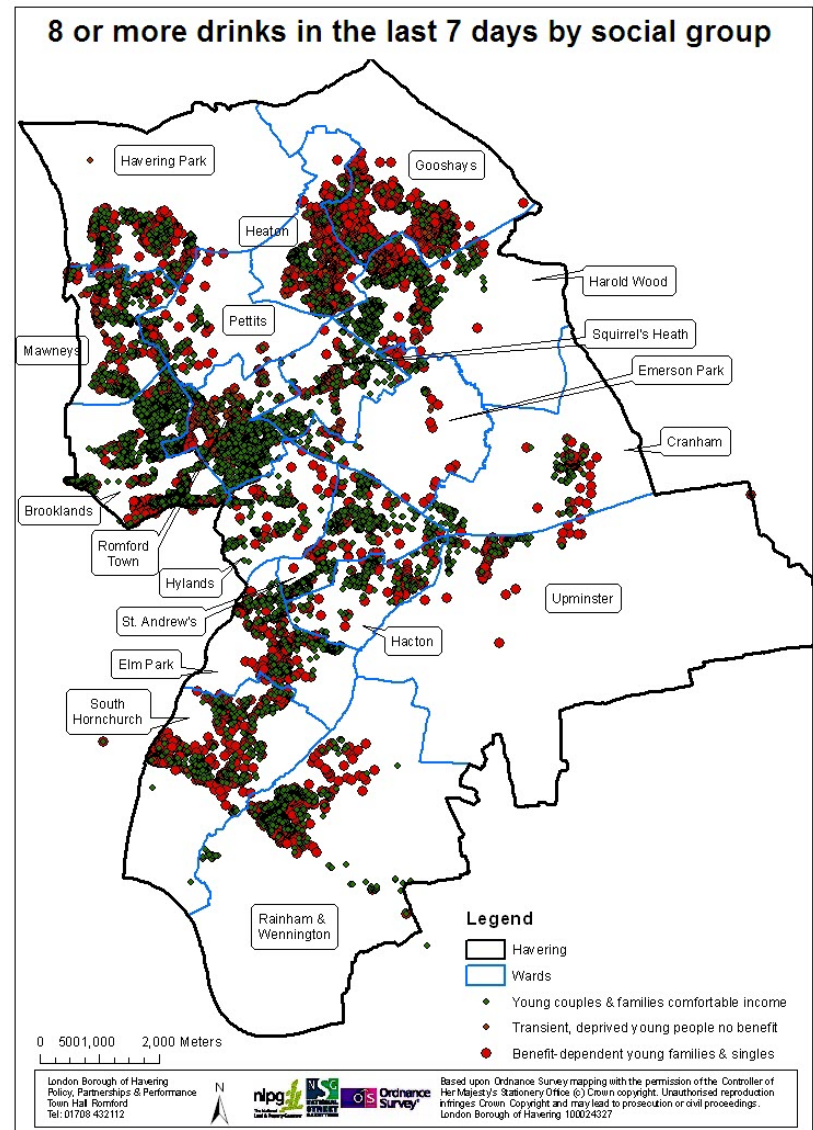
<sup>45</sup> Tell Us 4 Survey, Department for Schools, Education and Families, 2009

<sup>46</sup> Tell Us 4 Survey, Department for Schools, Education and Families, 2009

<sup>47</sup> Havering Health Profile, Association of Public Health Observatories and Department of Health, 2010

<sup>48</sup> Havering Health Profile, Association of Public Health Observatories and Department of Health, 2010

<sup>49</sup> Havering Health Profile, Association of Public Health Observatories and Department of Health, 2010



**MOSAIC data (Experian and the London Borough of Havering, 2010) suggests three social groups are most likely to have consumed 8 or more drinks in the last 7 days:**

- Young couples, singles and families with comfortable incomes, some of whom are more likely than average to be heavy drinkers
- Transient young people not claiming benefits, who may not drink often but when they do they are likely to binge drink on nights out
- Benefit dependent young singles and families in social housing, with heavy drinking being common in this group



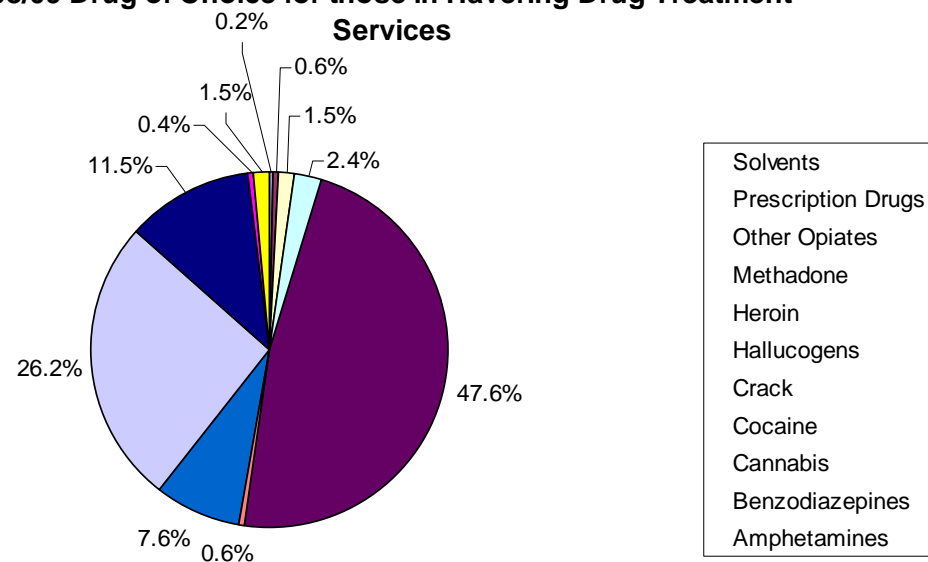
## Drug Misuse<sup>50</sup>

It is estimated that there are 909 problematic drug users in Havering. 324 people were in contact with Havering drug treatment services between April and December 2009, with 54% of these being people who are contacting drug treatment services for the first time.

During 2008/09, Havering had a higher proportion of under 25 year olds drug users in treatment (31%) than the national (20%) and London (15%) averages, and had the 6<sup>th</sup> largest proportion of under 25s in drug treatment nationally. This trend appears to be increasing. A third of clients starting drug treatment in 2008/09 were under 25.

The ethnic breakdown of those in drug treatment programmes in Havering reflects the ethnic make up of the borough's population, suggesting that services attracting clients from black and ethnic minority groups. Harold Hill, Rainham and Collier Row are the areas with the highest numbers of people seeking drug treatment.

**08/09 Drug of Choice for those in Havering Drug Treatment Services**



For those in Havering's drug treatment services, heroin, followed by powder cocaine, were the most common drugs used, with over two thirds of clients using these. The number of those stating heroin, cocaine and cannabis as their drug of choice has continued to increase since 2006/07. Although clients used a range of drugs together, combined heroin and crack use was the most common combination.

Self referral is the most common way for Havering residents to come into contact with drug treatment services. A high percentage of those that self refer in Havering (73%) goes on to attend further structured drug treatment. This is in contrast to those who are referred to drug treatment services by agencies such as the police, the majority of whom (up to 67%) are never actually seen at the service.

Over half (53%) of all clients leaving Havering drug treatment in 2008/09 completed their treatment and had a planned exit from services. This is above both the London (46%) and national average (43%). A further 9% of clients were referred on to other services outside the borough.

<sup>50</sup> Havering Drug Treatment System Needs Assessment 2010/11, The London Borough of Havering, 2010

However, 39% of clients did not complete their treatment and had an unplanned exit from the service. A greater percentage of men did not complete treatment (42%) than women (30%). The large percentage of unplanned exits from drugs treatment programmes may suggest that clients are starting formal drug treatment programmes before they are ready, and may indicate a need for more motivational work to be undertaken with clients at an earlier stage of treatment to ensure they are engaged with the treatment programme.

MOSAIC data<sup>51</sup> states that the groups within Havering who are most likely to report people using or dealing drugs as the biggest problem in their area are:

- “Transient, deprived young people not claiming benefits”, who are likely to live in areas where violent offences are more common than average and often involve people under the influence of alcohol or drugs
- “Benefit dependent young singles and families in social housing”, where drug taking and dealing are major issues in the areas where they live
- “Older families with average and skilled incomes in manual and skilled jobs”

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<sup>51</sup> MOSAIC, Experian and the London Borough of Havering, 2010

## Sexual Health

### Pregnancy and Contraception

The teenage (under 18) conception rate has fallen nationally since the launch of the Teenage Pregnancy Strategy in 2009<sup>52</sup>. Havering has historically had fewer under 18 conceptions than the England or London averages. However, the Havering under 18 conception rate has fluctuated over the years and in fact rose in 2008 and was 3% above the 1998 level<sup>53</sup>. Under 16 conceptions have also increased locally during this period<sup>54</sup>.

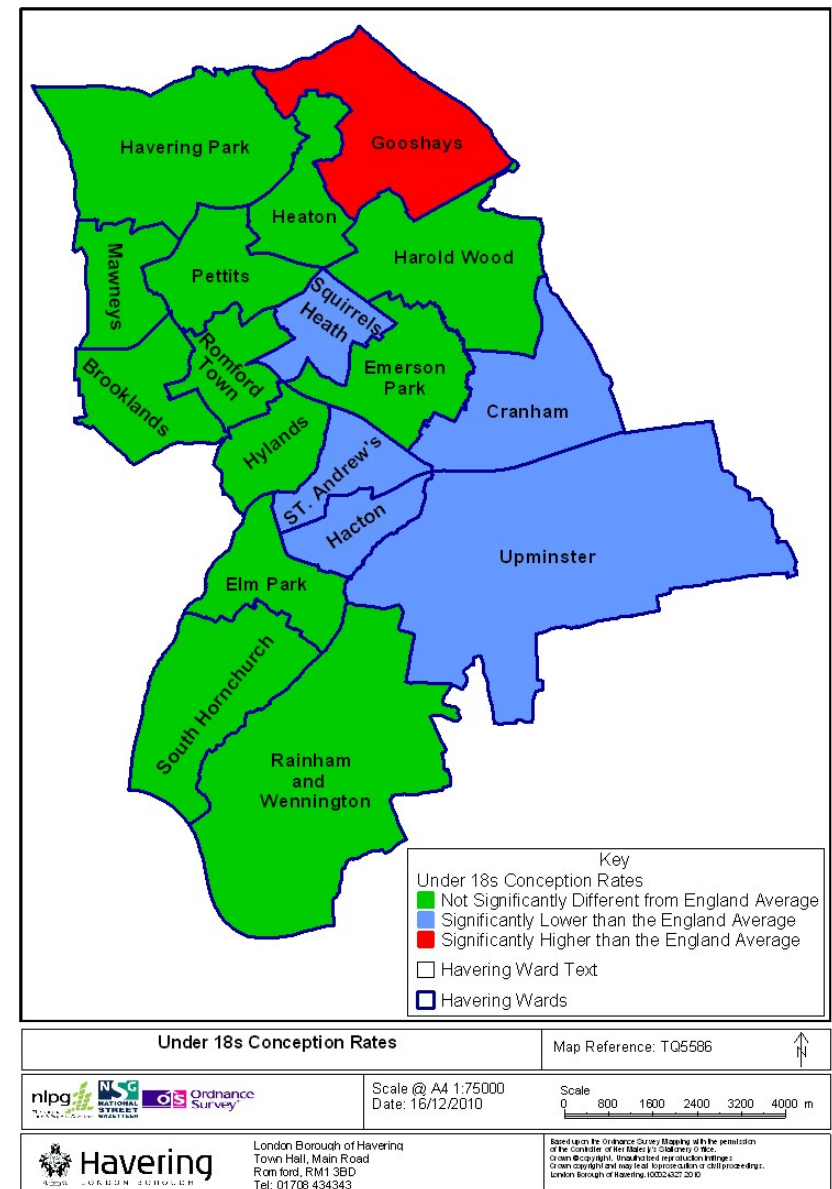
Havering has an under 18 conception rate of 42.1 per 1000 girls, compared to a national average of 40.4 and a London average of 44.6<sup>55</sup>. The conception rate in girls under 16 in Havering is currently below the national average (7.2 in Havering compared to 7.9 nationally)<sup>56</sup>.

It is consistently more common for women who conceive in Havering to have a termination than the national average. This is the case for women aged under 16<sup>57</sup>, under 18<sup>58</sup> and 15-44<sup>59</sup>.

The proportion of young women who have more than one abortion is higher in Havering than is the case nationally. In Havering, 32% of women aged under 25 who have an abortion go on to have a further abortion/s, whereas nationally this figure is 24%, and is 31% in London<sup>60</sup>.

The map shows that within Havering under 18 conception rates are highest in Gooshays, where rates are significantly higher than the England average. This could suggest a link between deprivation and teenage conceptions in Havering as Gooshays is the most deprived ward.

Map contains 2005-2007 data (Office of National Statistics, 2005-2007, mapped by the East Midlands Public Health Observatory)



<sup>52</sup> Local, Regional and National Comparative Quarterly Rates Data, Teenage Pregnancy Unit, 1998-2008

<sup>53</sup> Local Authority Teenage Pregnancy Analysis (provisional), Teenage Pregnancy Unit, 2010 (based on 2008 data)

<sup>54</sup> Teenage Pregnancy Unit and Office of National Statistics, 2009 (based on 2005-07 data)

<sup>55</sup> Local Authority Teenage Pregnancy Analysis (provisional), Teenage Pregnancy Unit, 2010 (based on 2008 data)

<sup>56</sup> Teenage Pregnancy Unit and Office of National Statistics, 2009 (based on 2005-07 data)

<sup>57</sup> Teenage Pregnancy Unit and Office of National Statistics, 2009 (based on 2005-07 data)

<sup>58</sup> Teenage Pregnancy Unit, 2008

<sup>59</sup> Feedback to NHS Barking and Dagenham, NHS Havering and NHS Redbridge, The National Support Team for Sexual Health, 2010

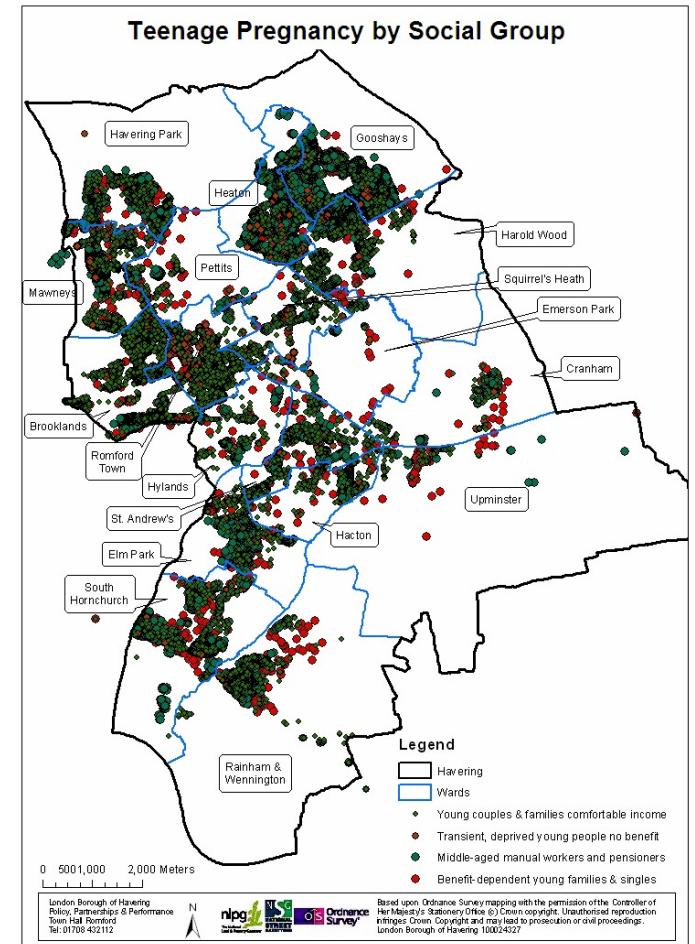
<sup>60</sup> Feedback to NHS Barking and Dagenham, NHS Havering and NHS Redbridge, The National Support Team for Sexual Health, 2010

MOSAIC data (Experian and the London Borough of Havering, 2010) suggests that there are four social groups within Havering that have above average numbers of teenage conceptions. These are:

- “Young couples and families with comfortable incomes”, who have above average numbers of teenage pregnancies
- “Transient, deprived young people not claiming benefits”. There are much higher than average numbers of teenage pregnancies within this group
- “Middle aged manual workers and pensioners”. Although many of this group are older, there will also be some young people within this group who share other characteristics with the rest of the group. There are above average numbers of teenage pregnancies are above average within this group
- “Benefit dependent young families and singles”. Teenage pregnancies are much more common than average within this group

The use of Long Acting Reversible Contraception (implants, injections or interuterine devices/systems rather than the contraceptive pill) can help reduce unplanned pregnancies<sup>61</sup>. In Havering, it is less common for GPs to prescribe LARCs than is the case nationally (Havering: 36.3 per 1000 women aged 15-44 compared to 41.4 England average)<sup>62</sup>.

Fewer women in Havering visit contraception services than would be expected, with 5.1% of females aged 15-49 attending a contraceptive service, compared to an England average of 10.1%<sup>63</sup>. This is also the case for women under the age of 20, with 27% attending contraception services compared to an England average of 29%<sup>64</sup>.



<sup>61</sup> Guidance of Long Acting Reversible Contraception,

The National Institute of Clinical Excellence, 2005

<sup>62</sup> Feedback to NHS Barking and Dagenham, NHS Havering and NHS Redbridge, The National Support Team for Sexual Health, 2010

<sup>63</sup> Feedback to NHS Barking and Dagenham, NHS Havering and NHS Redbridge, The National Support Team for Sexual Health, 2010

<sup>64</sup> Feedback to NHS Barking and Dagenham, NHS Havering and NHS Redbridge, The National Support Team for Sexual Health, 2010

Sexually Transmitted Infections

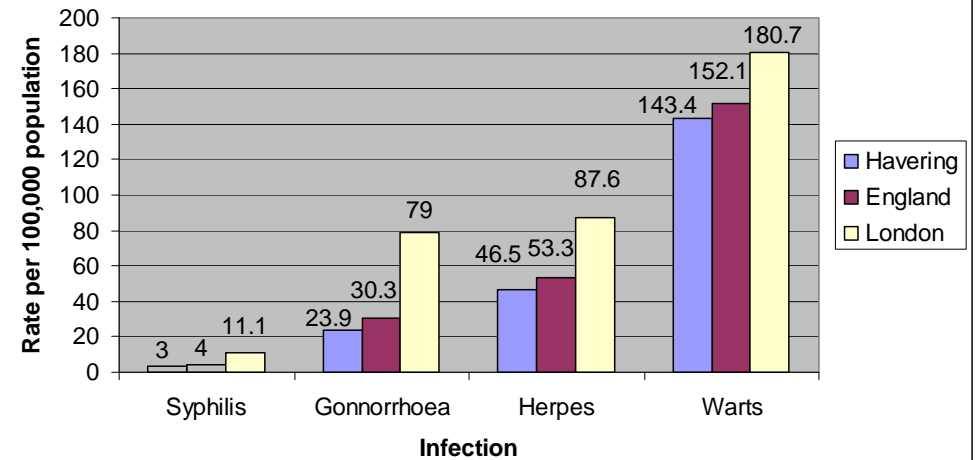
Information from the Health Protection Agency (2009)<sup>65</sup> indicates that rates of syphilis, gonorrhoea, herpes and genital warts are lower in Havering than overall in London or England. This means that fewer people are diagnosed in a genitourinary clinic (GUM) as having these infections than is the case overall in London or England.

Apart from Chlamydia (see separate section below), genital warts is the most common sexually transmitted infection in Havering, followed by herpes, gonorrhoea and lastly syphilis. This is in line with the national position<sup>66</sup>.

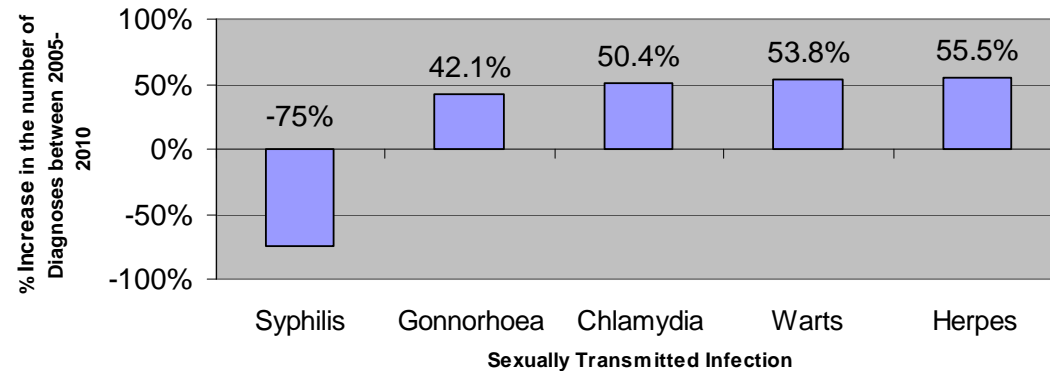
The number of Havering residents being diagnosed with herpes, genital warts or gonorrhoea at a GUM clinic has increased by more than 50% in the last 5 years<sup>67</sup>, with only syphilis showing a reduction in the number of cases diagnosed.

However further work needs to take place to fully understand this information. Such a large increase in the number of sexually transmitted infections (STIs) diagnosed could mean that STIs are becoming more common in Havering or it could simply mean that a greater number of those who have STIs are going to a clinic to be tested for infection.

**Rates of Sexually Transmitted Infections in Havering, London and England in 2009**  
(Health Protection Agency, 2009)



**% Increase in the Number of Sexually Transmitted Infections Diagnosed in Havering between 2005-2010**  
(Genitourinary Clinic, Barking, Havering and Redbridge University Trust, 2010)



<sup>65</sup> Rates of selected STI and acute STI diagnoses made in England by PCT of residence, Health Protection Agency, 2009

<sup>66</sup> Rates of selected STI and acute STI diagnoses made in England by PCT of residence, Health Protection Agency, 2009

<sup>67</sup> Genitourinary Clinic; Barking, Havering and Redbridge University Trust, 2010

## Chlamydia

Chlamydia has been the most common sexually transmitted disease nationally since 2000, and is becoming more common. The majority of cases are found in the under 25s<sup>68</sup>.

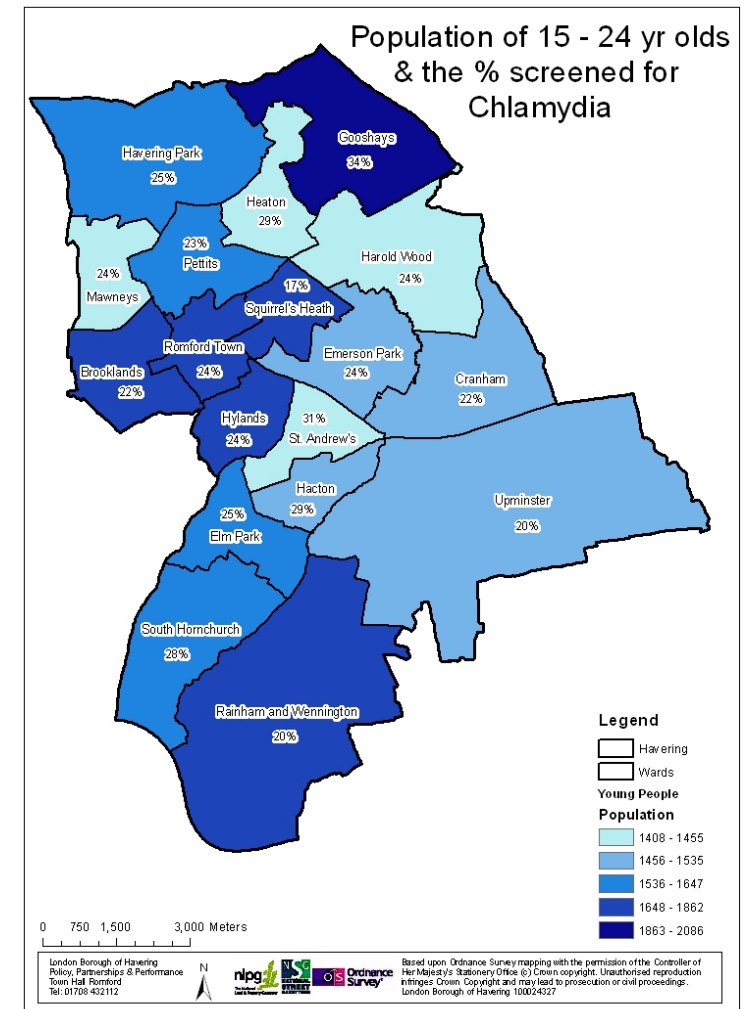
Chlamydia is also the most common sexually transmitted infection among young people in Havering, with 1844.3 people per 100,000 being diagnosed (either through genitourinary clinics or through the national Chlamydia screening outreach programme). Chlamydia is much less common among older people in Havering however, with only 71.7 people per 100,000 aged 25+ being diagnosed with Chlamydia<sup>69</sup>.

Young people in Havering are slightly less likely to have Chlamydia than nationally, with 5.7% of 15-27 year olds in the borough testing positive compared to an England average of 6%. However, Havering is above the London average of 5% testing positive for Chlamydia<sup>70</sup>.

In 2009/10, 17.3% of 15-27 year olds in Havering were screened for Chlamydia. This is below the England coverage of 22.1% and the London average of 26%<sup>71</sup>. The following key points in screening also emerged:

- The highest number of young people were screened in the Gooshays ward<sup>72</sup>
- Rainham and Wennington had the highest proportion of young people testing positive for Chlamydia<sup>73</sup>
- In line with national trends, fewer males in Havering participate in Chlamydia screening than females, with around 70% of all tests being taken by females
- In Havering, it was more common for older males (20-24 years) to test positive for Chlamydia than younger males (15-19 years), in line with national trends. However, females showed the opposite pattern, with younger females being more likely to test positive for Chlamydia than older females, which is also the case nationally
- The number of 15-19 year olds and 20-24 year olds participating in Chlamydia

screenings were similar in Havering, whereas nationally, more teenagers than those in the older age group participate



The above map suggests that in 2009/10, the largest proportion of young people were screened in Gooshays (which also has the highest number of young people) followed by St Andrew's. Increasing the emphasis on screening in Squirrel's Heath may be of benefit in increasing the total % of young people screened, as there are a high number of young people here, only 17% of which participated in screening in 2009/10

<sup>68</sup> Health Protection Agency, 2009

<sup>69</sup> Rates of selected STI and acute STI diagnoses made in England by PCT of residence, Health Protection Agency, 2009

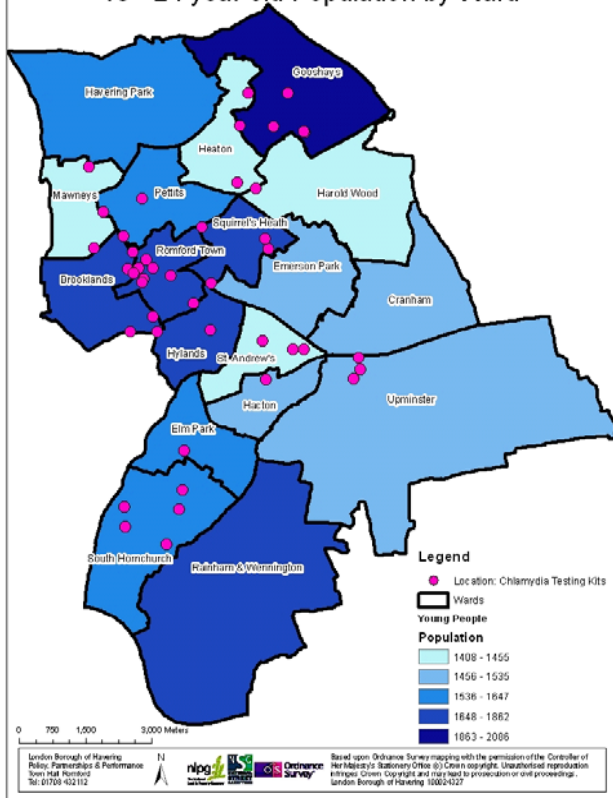
<sup>70</sup> National Chlamydia Screening Programme, 2009/10

<sup>71</sup> National Chlamydia Screening Programme, 2009/10

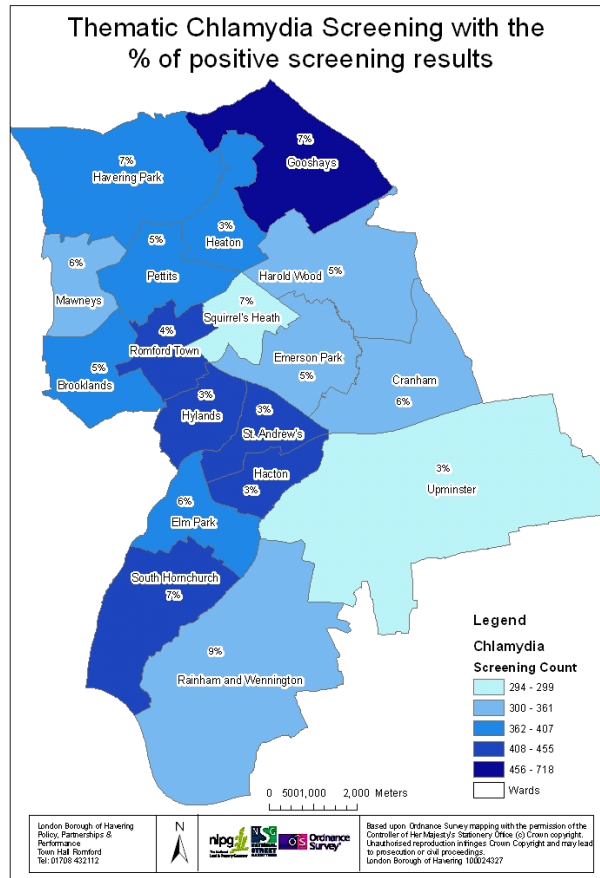
<sup>72</sup> National Chlamydia Screening Programme, 2008-10

<sup>73</sup> National Chlamydia Screening Programme, 2008-10

Distribution Locations for Chlamydia Testing Kits & 15 - 24 year old Population by Ward



Thematic Chlamydia Screening with the % of positive screening results



The map on the left suggests that of those who were tested for Chlamydia, Rainham and Wennington had the highest proportion testing positive, followed by Gooshays, Havering Park, South Hornchurch and Squirrel's Heath. Increasing the emphasis on these areas for safe sex campaigns may help reduce the numbers of young people with Chlamydia.

The map on the far left shows locations where Chlamydia testing kits have been distributed in 2009/10. This includes pharmacies, sexual health services and outreach services.

The map suggests that overall, distribution of the testing kits is focused in areas where there are high numbers of young people. However, the relatively high numbers of young people in Rainham and Wennington and Havering Park, and the low number of distribution points in these wards suggests that additional distribution in these wards could be considered.

## HIV<sup>74</sup>

It is less common for people to have HIV in Havering than is the case nationally (1.2 per 1000 people in Havering, compared to 1.7 in England and 5.0 in London). Havering also has the lowest number of people with HIV in North East London, with 169 people accessing HIV related services in the borough in 2008.

Around 50% of those accessing HIV services in Havering were male and 50% female. People accessing HIV services in Havering were most commonly aged between 35 and 44, with heterosexual sex being the most common cause of infection. Those of Black African ethnicity were most likely to access HIV services, followed by White ethnicity. The highest numbers of people with HIV are found in deprived areas within Havering, however there are also people with HIV in Havering that live in less deprived areas<sup>75</sup>. HIV is most common in areas in the North West and North East of the Borough<sup>76</sup>.

The number of people living with HIV in Havering has increased by 92% between 2004 and 2008, compared to 28% nationally<sup>77</sup>. However, it should be noted that due to the relatively small number of people with HIV in Havering, even a 92% increase represents a fairly small increase in the actual number of people living with HIV. The impact of HIV, both for the people involved and for the NHS, is nevertheless substantial.

Late diagnosis of HIV is more common in Havering than nationally, with 52% of people being diagnosed late in Havering, compared to 31% in London and 30% in England.

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<sup>74</sup> HIV in North East London: PCT Profiles, North East London Health Protection Unit, 2008

<sup>75</sup> HIV in North East London, Epidemiology and Prevalence, Health Protection Agency, 2008

<sup>76</sup> HIV in North East London: PCT Profiles, North East London Health Protection Unit, 2008

<sup>77</sup> HIV in North East London, Iridology and Prevalence, Health Protection Agency, 2008

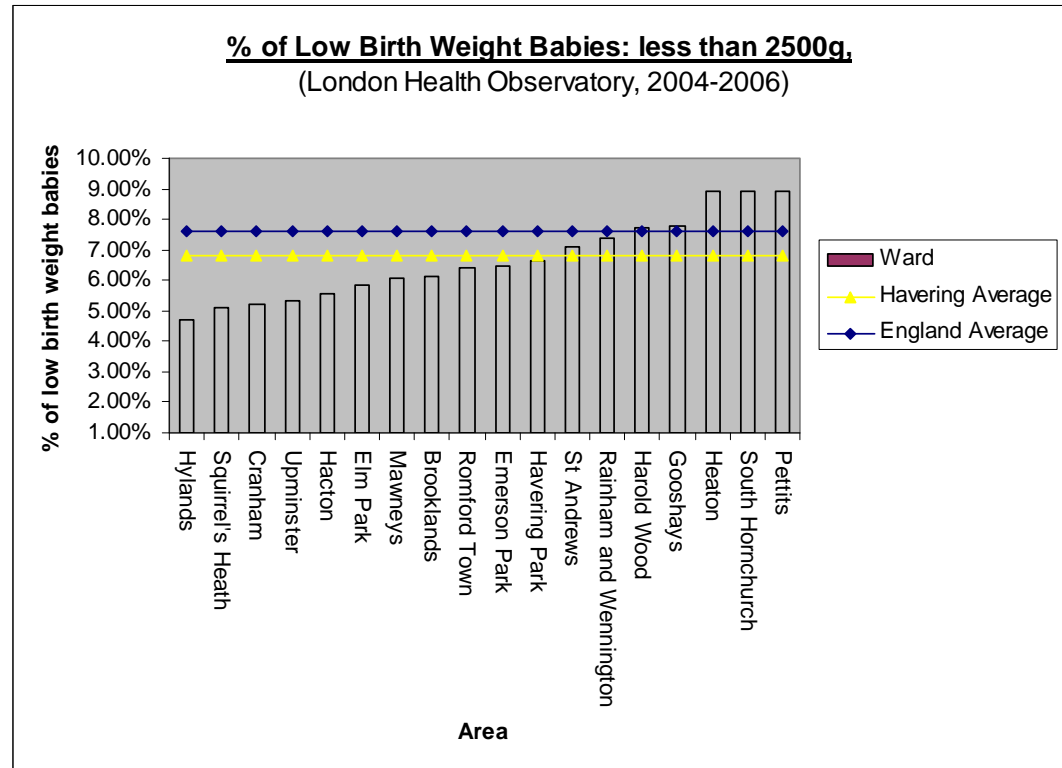


## Low Birth Weight Babies

Babies with a low birth weight are at a higher risk of infant death than babies of a normal weight. In Havering, 2737 babies were born in 2008<sup>78</sup>, of which 6.9% were born weighing less than 5.5 pounds. This is less than the England average of 7.5% and the London average of 7.9%<sup>79</sup>.

However, there are large differences between wards in the percentage of babies born at a low birth weight.

Heaton, South Hornchurch and Pettits are all above the England average for the percentage of babies born at a low birth weight<sup>80</sup>.



<sup>78</sup> National Health Service Information Centre for Health and Social Care, 2009

<sup>79</sup> National Health Service Information Centre for Health and Social Care, 2009

<sup>80</sup> London Health Observatory, 2004-06

## Tuberculosis (TB)

TB is an infection caused by bacteria and usually affects the lungs. It is spread from person to person through coughs or sneezes but only some people with TB are infectious and even then, an individual would need close and prolonged contact with them to be at risk of infection.

It is less common for people to get TB in Havering than the England average. Between 2006 and 2008, there were 20 cases of TB in Havering, a rate of 9 per 100,000 people, compared to an England average of 15 per 100,000 people<sup>81</sup>.

Although rates of tuberculosis in the UK have increased over recent years, Havering rates of TB remain low. The majority of cases in the UK are diagnosed in people who are non-UK born, and who come from countries with a high rates of TB, reflecting the background levels of the infection in that country. Other groups who are more at risk of TB infection include homeless people and drug users, who may not have access to healthcare services.

As rates of TB are so low in Havering, Havering does not have a blanket BCG vaccination policy. Incidence of TB in Havering is far below the threshold of 40 cases per 100,000 which is the point when blanket immunisation is provided, in accordance with Government guidelines. Havering's policy targets the "at risk" groups, which then protects the wider population.

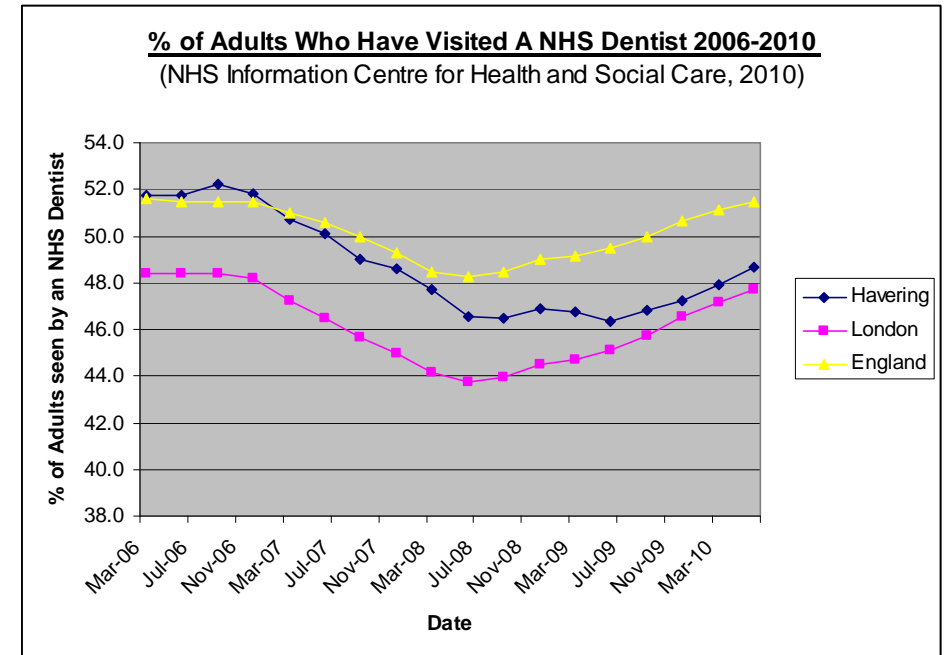
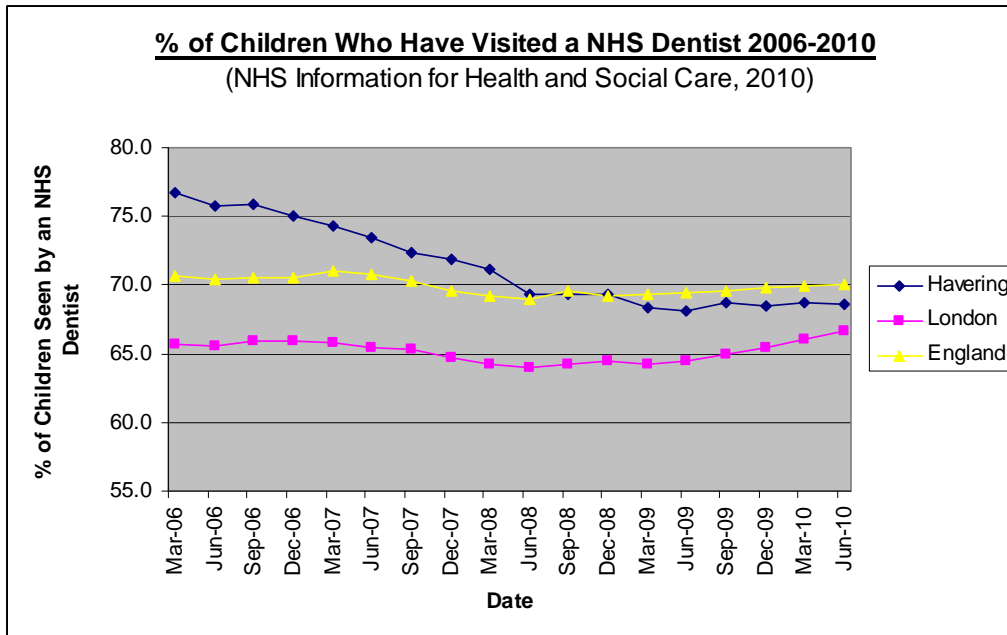
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<sup>81</sup> Health Protection Agency, 2006-2008

## Dental Services<sup>82</sup>

As snapshot as of June 2010, shows that 68.6% of Havering children and 48.7% of adults were seen by an NHS dentist in this reporting period. The proportion of Havering children who visited an NHS dentist was similar to the London figure (66.6%) and the England figure (70%).

The proportion of both adults and children attending NHS dentists in Havering has declined since 2006, and this is particularly the case for children, where visits to an NHS dentist have declined by 8.1% between 2006 and 2010, compared to a reduction of 0.6% nationally.



<sup>82</sup> NHS dental statistics for England, the Health and Social Care Information Team, 2009/10

## Screenings

Screening is an important public health tool which can save lives and a range of programmes are in place in Havering. This section focuses on two of the largest programmes, cervical and breast cancer screening. In future the JSNA will also include data on bowel cancer screening which began locally in 2009.

### Breast screening

Breast cancer is one of the top 10 causes of death for women in England. Women between the ages of 50 and 70 are invited for regular breast screening (every three years) under a national programme, intended to catch cancer at an early stage<sup>83</sup>. Through the National Health Service breast cancer screening programme around 1,400 lives a year are saved<sup>84</sup>.

Havering has the highest uptake of breast screening in London and is also above the national average. 78.9% of women in Havering aged between 53 and 70 had been screened for breast cancer within the last 3 years, compared to 64.5% in London and 73.9% in England<sup>85</sup>.

### Cervical screening

Women between the ages of 25 and 64 are invited for regular cervical screening under a national programme. This is intended to detect abnormalities within the cervix that could, if left untreated, develop into cancer. Women are screened every 3 to 5 years. The programme saves up to 4,500 lives every year in England<sup>86</sup>.

Havering's screening uptake is slightly above the national average. 81% of local women aged 25-64 have been screened in the last 5 years, compared to 73.9% of women in London and 78.9% of women in England<sup>87</sup>. Havering has the 3<sup>rd</sup> highest cervical cancer screening rate in London. Evidence suggests that screening 80% of the eligible population reduces death rates by around 95% in the long term<sup>88</sup>. Of those screened in Havering, 95.2% received a negative result, which is above the national average of 92.8% and the London average of 91.9%<sup>89</sup>.

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<sup>83</sup> Breast Screening Programme: England, National Health Service Information Centre for Health and Social Care, 2008/09

<sup>84</sup> National Health Service Information Centre for Health and Social Care Website 2010

<sup>85</sup> National Health Service Information Centre for Health and Social Care, 2008/09

<sup>86</sup> Peto, J. et al. The cervical cancer epidemic that screening has prevented in the UK. *Lancet* 364, 249-256, 2004.

<sup>87</sup> National Health Service Information Centre for Health and Social Care, 2009/10

<sup>88</sup> NHS Cervical Screening Programme Website, <http://www.cancerscreening.nhs.uk/cervical/>, 2010

<sup>89</sup> National Health Service Information Centre for Health and Social Care, 2009/10

# Health and well-being status

## Key Findings:

- In many areas, the health of people in Havering is better than the England average, and life expectancy is slightly better than the national average, being 78.5 years for men and 82.5 years for women
- Hypertension and Chronic Obstructive Pulmonary Disease are more common in Havering than is the case nationally, with both of these conditions expected to become more common in Havering in the future
- Overall, it is less common for people in Havering to be diagnosed with cancer than the England average
- However, the mortality rate for women in Havering who get cancer and are under the age of 65 is higher than is the case nationally
- It is less common for people in Havering to have Coronary Heart Disease than is the case nationally
- Diabetes prevalence is similar in Havering to the national average
- The five health conditions causing the largest number of deaths in Havering in 2009/10 were: 1) Pneumonia, 2) Heart attack, 3) Heart disease, 4) Lung cancer and 5) Dementia. However cardiovascular disease was the biggest cause of death overall.
- Cancer (all types) is the biggest cause of premature death causing 45% of all premature deaths in Havering, with cardiovascular disease causing a further 28% of premature deaths
- Gooshays, Romford Town and Heaton had the highest numbers of residents admitted to hospital for emergency appointments in 2009/10
- Although it is less common for people in Havering to get colorectal cancer than is the case nationally, for those that do have this, survival rates are poor



- Recognition of the symptoms of cancer was low among Havering residents
- Fewer people die from strokes in Havering than is the case nationally

## For Decision Makers to Consider:

- Review the level of resources dedicated to more socially deprived areas and ensure that new commissioning arrangements include clear mechanisms to tackle health inequalities
- Prepare service plans to cater for the predicted increase in numbers of Havering people affected by conditions such as diabetes
- Carry out further analysis of the causes of premature deaths in Havering (including of women aged under 65) and the most effective interventions to reduce early deaths
- Improve awareness of cancer symptoms in the population as late presentation is a significant factor in poor survival
- Ensure that mechanisms such as screening programmes and urgent referral routes are fully utilised to ensure that people are treated quickly and appropriately

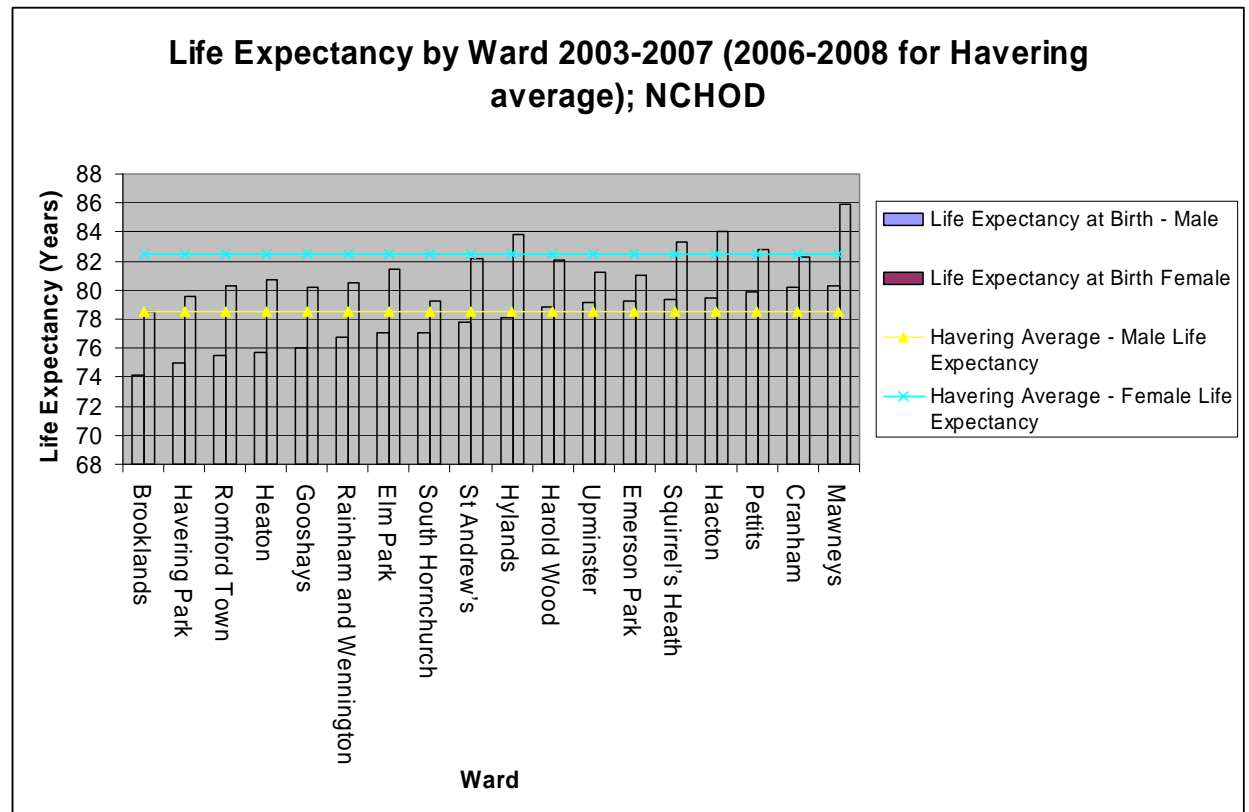
## Life Expectancy

Havering residents live slightly longer overall than the national average, with life expectancy at birth being 78.5 years (men) and 82.5 years (women). This compares to England figures of 77.9 (men) and 82.0 (women)<sup>1</sup>. Female life expectancy is higher than male, in line with national trends. Life expectancy is increasing for both men and women in Havering, in line with national trends. On average, men in Havering now live 4.2 years longer and women now live 2.7 years longer than in 1991.

Life expectancy for males is highest in Mawneys ward (80.3 years) and lowest in Brooklands (74.1 years). Female life expectancy follows the same pattern also being highest in Mawneys ward (85.8 years) and lowest in Brooklands (78.5 years)<sup>2</sup>.

Residents living in Havering's less deprived areas live longer than those in deprived areas. Women in the most deprived areas live (on average) 2.9 years less than women in the least deprived areas, and for men the corresponding life expectancy gap is 5.1 years<sup>3</sup>.

Although people in England are living longer, the number of years they spend in good health is not increasing at the same rate<sup>4</sup>. In Havering people aged 65 will (on average) have a further 13.9 years of good or fairly good health ahead of them. This is slightly better than the London figure of 13.6 years and the England figure of 13.1 years<sup>5</sup>. Data suggests that females experience approximately 2 more years of healthy life than males<sup>6</sup>.



<sup>1</sup> National Centre for Health Outcomes Development, 2006-2008

<sup>2</sup> National Centre for Health Outcomes Development, 2003-2007

<sup>3</sup> Havering Health Profile, Association of Public Health Observatories and the Department of Health, 2009 (based on 2003-2007 data)

<sup>4</sup> National Indicators for Local Authorities and Local Authority Partnerships: Handbook of definitions, Audit Commission, 2008

<sup>5</sup> Communities and Local Government, 2009

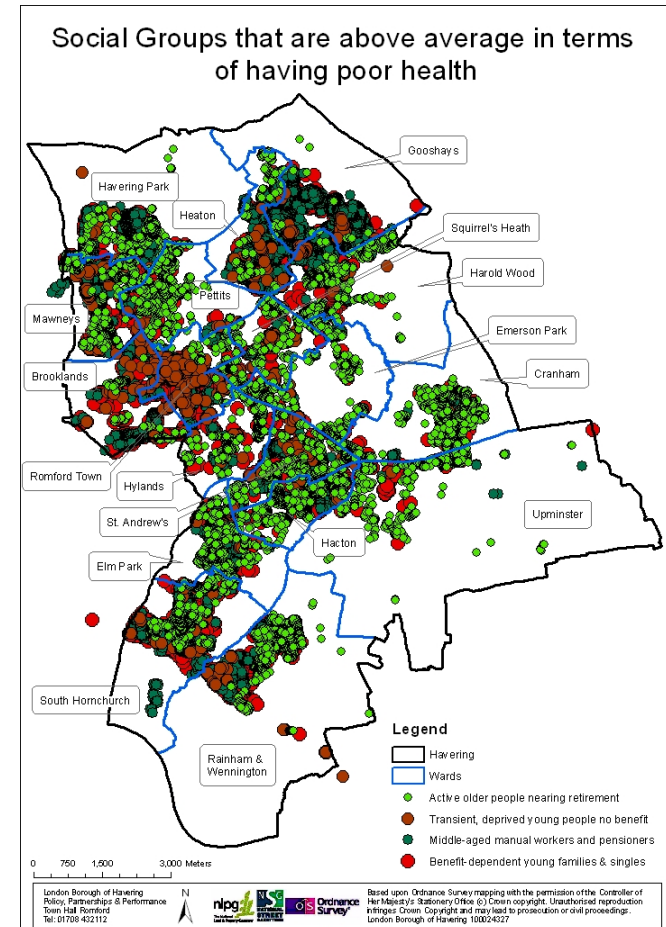
<sup>6</sup> Office of National Statistics, 2001

When asked about their health, 75.3% of Havering residents state that their health and wellbeing is very good or good. This is in line with the England figure of 75.7%, but below the London figure of 79.4%<sup>7</sup>.

There are four social groups within Havering that have above average numbers of people with poor health. These are:

- Active older people nearing retirement. This group generally has a fairly good diet and undertake gentle exercise, however their advancing age means that many of them will have poor health as they will be experiencing diseases often associated with older age e.g. disease of the heart and lungs, dementia and diabetes
- Transient, deprived young people not claiming benefit. There is a wide range of health conditions affecting this group and above average numbers of people in this group have mental health issues.
- Middle aged manual workers and pensioners. Members of this group generally have a moderate diet although they are not a particularly active group. The older age of many within this group however means that some long term conditions e.g. cancers and diabetes are beginning to be expressed, and therefore this group has poor health overall.
- Benefit dependent young families and singles. This group often have has poor lifestyles and unhealthy diets. Lifestyle factors contribute to many people in this group experiencing conditions such as lung cancer and liver disease

(MOSAIC data, Experian and the London Borough of Havering, 2010)

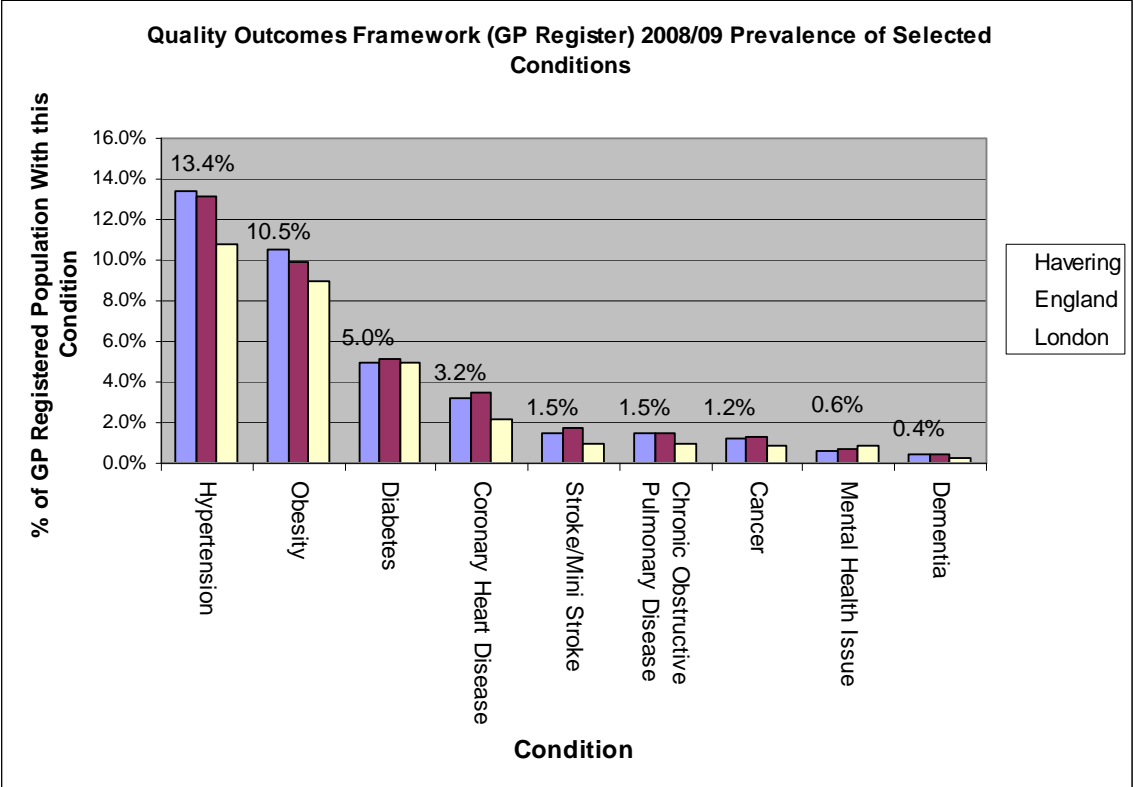


<sup>7</sup> Communities and Local Government, 2008

# Prevalence of Ill Health

The graph uses information from Havering GP registers to show how many of their patients have certain health conditions. The information suggests that of the health conditions recorded, hypertension and obesity are the most prevalent and these two conditions are more common in Havering than the England average.

However, this information does not capture the health conditions of people in Havering who are not registered with a doctor. Additionally patients may have a health condition (for example hypertension) but may not have been diagnosed with it, which means they will not be recorded on the register. This means that the numbers of people stated as having health conditions on GP registers is likely to be lower than the actual number of people in the population who have these health conditions (QOF, 2008/09)





## Causes of Death

The graph shows the top 10 causes of death in Havering in 2009/10 for all ages.

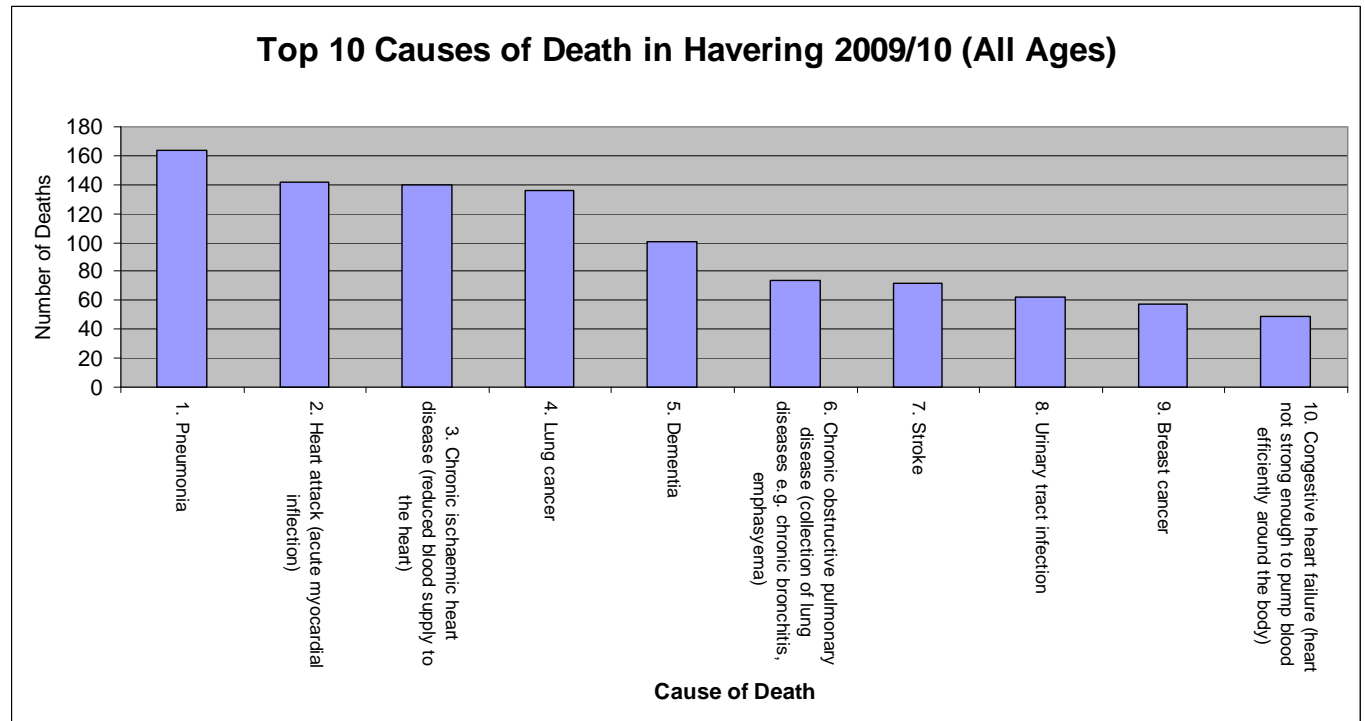
Pneumonia was the single cause of the largest number of deaths.

However, cardiovascular disease forms the biggest cause of death overall, covering four of the top ten (heart attack, ischaemic heart disease, stroke and congestive heart failure).

Respiratory diseases and cancers are the other two main causes of death overall, which is consistent with the national picture.

Lung cancer appears to be the single type of cancer which causes the most deaths in Havering, with breast cancer also causing a high number of deaths. Stroke and dementia also emerge among the top causes of death.

In Havering, there are 94.2 deaths per 100,000 people from causes that are amenable to healthcare. This includes deaths that may have been able to be prevented by healthcare interventions, for example: deaths in those aged 0-14 from measles or whooping cough, deaths from diabetes in those aged 0-49, and misadventures to patients during surgical and medical care. The Havering rate is lower than the London figure of 103.5 deaths per 100,000 people and the England figure of 101.2 deaths per 100,000 people<sup>8</sup>.



<sup>8</sup> National Centre for Health Outcomes Development, 2008

## Causes of Premature Death (death before the age of 75)

There were 601 premature deaths (deaths before the age of 75) in Havering in 2009/10.

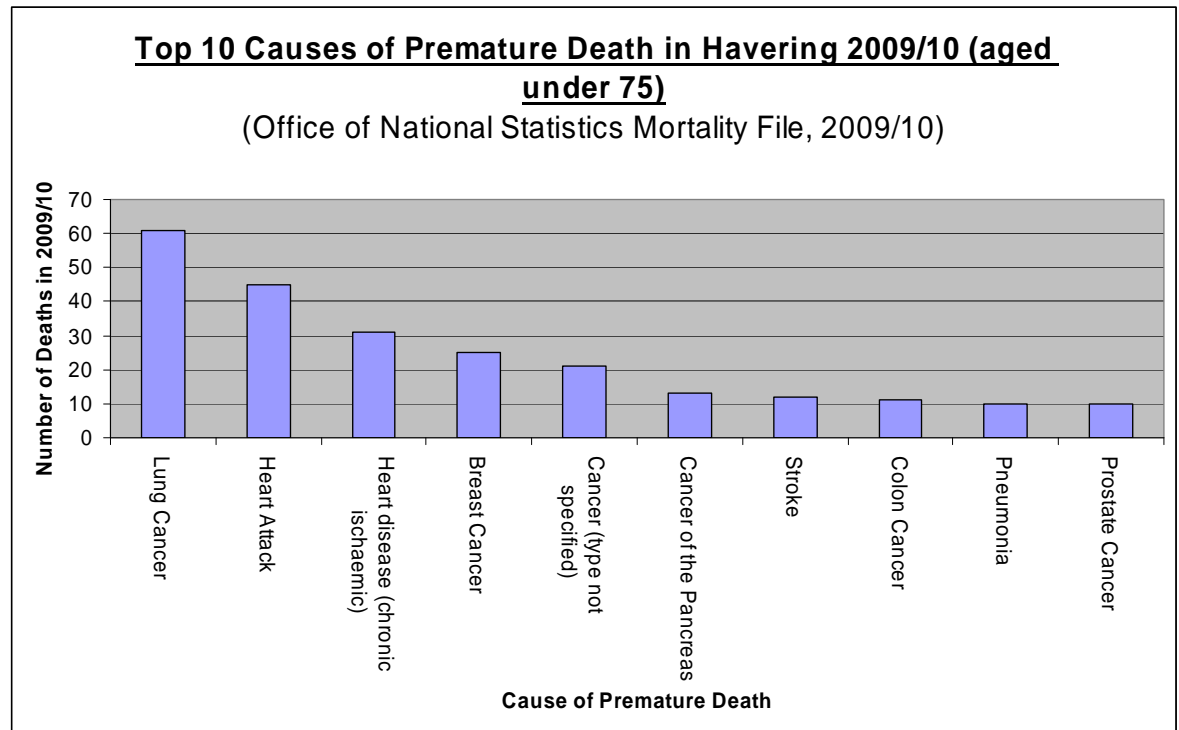
Cancer (all types) was the biggest cause of premature death, causing 45% of all premature deaths (272 deaths). Cardiovascular disease was the second biggest cause of premature deaths, causing a further 28% of premature deaths (171 deaths)<sup>9</sup>.

Lung cancer was the type of cancer which caused the most premature deaths in Havering in 2009/10 (61 deaths).

Data from 2003-07<sup>10</sup> has been analysed in detail to show the levels of premature mortality in the different local authority wards in Havering. The figures have been standardised to take account of differences in the age and gender composition of the populations, and show that within Havering:

- residents of Brooklands are most likely to die prematurely (from all causes)
- residents of Brooklands are the most likely to die prematurely from circulatory disease
- residents of Gooshays are the most likely to die prematurely from Coronary Heart Disease
- residents of Heaton are the most likely to die prematurely from cancer

In Havering, there are 94.2 deaths per 100,000 people from causes that are amenable to healthcare. This includes various deaths that may have been able to be prevented by healthcare interventions, for example deaths in those aged 0-14 from measles or whooping cough, deaths from diabetes in those aged 0-49, and misadventures to patients during surgical and medical care. The Havering rate is lower than the London figure of 103.5 deaths per 100,000 and the England figure of 101.2 deaths per 100,000<sup>11</sup>.



<sup>9</sup> Mortality File 2009/10, Office of National Statistics, 2009/10

<sup>10</sup> London Health Observatory, 2003-07

<sup>11</sup> NHS Information Centre for Health and Social Care, 2006-08

# Cancer

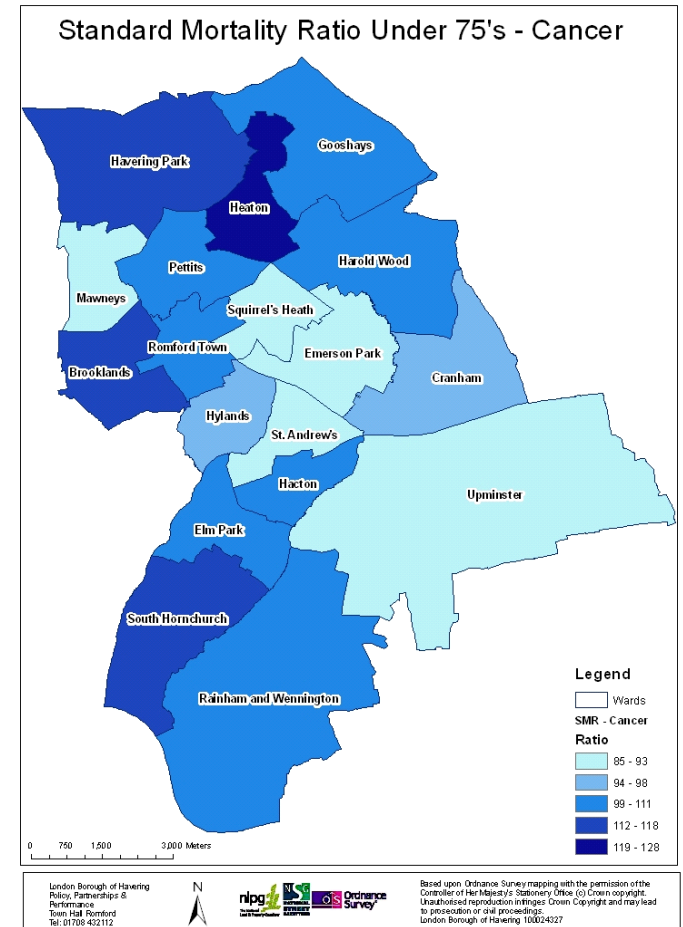
## Incidence

1 in 3 people develop cancer during their lives, and more than 1 in 4 people die from cancer. A total of 3064 people with a diagnosis of cancer were registered with GP practices in Havering in 2008/09<sup>12</sup>. This equates to a 1.2% cancer prevalence in Havering, which compares with an England figure of 1.3%. Cranham, Hylands and St Andrew's wards have the largest number of people who are listed on GP registers as having cancer<sup>13</sup>.

Overall, cancer is less common in Havering than in England (345.6 cases of cancer per 100,000 people of all ages in Havering compared to 372.4 cases per 100,000 people in England)<sup>14</sup>. Data also suggests that the proportion of people being diagnosed with cancer is reducing in Havering for both males and females, although this downward trend is much stronger for females<sup>15</sup>.

The four most common cancers nationally are breast, lung, colorectal and prostate cancers<sup>16</sup>, which together account for nearly half of the deaths from cancer in England<sup>17</sup>. These individual types of cancer are examined in more detail below and show some differences to the overall cancer trends.

The map suggests that, on average, residents of Heaton are most likely to die prematurely from cancer (2003-2007, SMR, London Health Observatory)



<sup>12</sup> Quality Outcomes Framework, National Health Service Information Centre for Health and Social Care, 2008/09

<sup>13</sup> Quality Outcomes Framework, National Health Service Information Centre for Health and Social Care, 2008/09

<sup>14</sup> Directly Standardised Rate per 100,000 population, National Centre for Health Outcomes Development, 2009 (based on 2004-06 data)

<sup>15</sup> Cancer survival in North East London, The North East London Cancer Network, 2010

<sup>16</sup> Office of National Statistics, 2010

<sup>17</sup> National Statistics Online Website, <http://www.statistics.gov.uk/cci/nugget.asp?id=915>, 2007

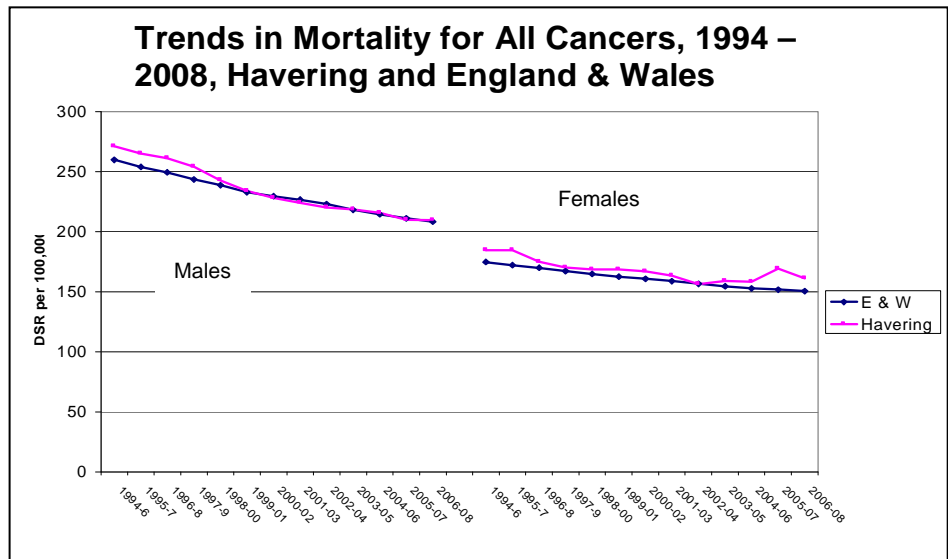
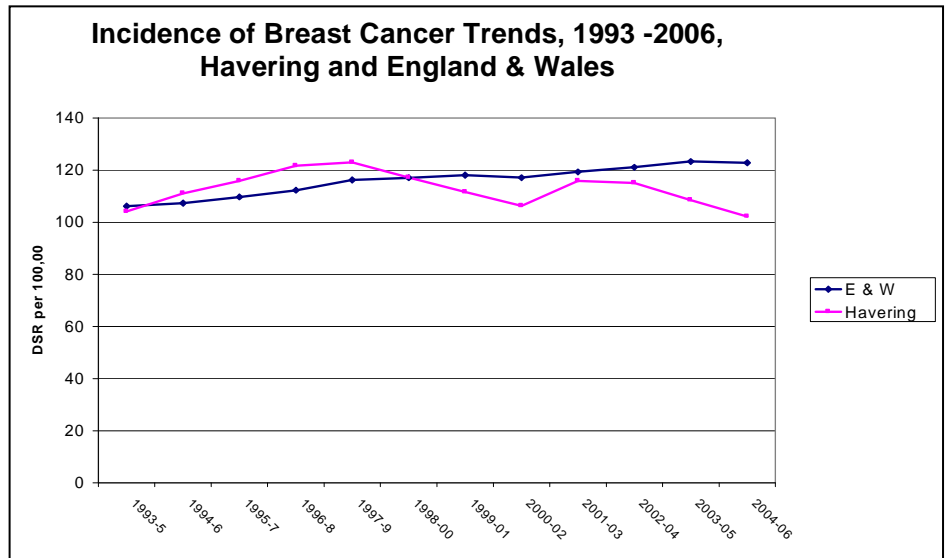
## Mortality

In Havering, mortality rates for all cancers are similar to the national average for males and slightly (non significantly) higher than the national average for females. However in women under 65 years the mortality rate in Havering is significantly higher than in England. Trends in cancer mortality for both males and females are downwards<sup>18</sup>.

## Breast Cancer

In Havering the incidence of breast cancer is significantly lower than average (Havering: 102.2 cases per 100,000; England: 122.8 cases per 100,000)<sup>19</sup>. However despite this lower incidence, Havering's breast cancer mortality rate is similar to national levels. Both incidence and mortality in Havering have declined faster than national trends in recent years<sup>20</sup>.

Survival rates at 1 and 5 years after diagnosis with cancer are seen as an important measure of the quality of cancer care, with death from cancer within 1 year of diagnosis suggesting that the cancer was not diagnosed until a late stage, or was very aggressive. One year survival from breast cancer in Havering is similar to the national rate and has improved more than national improvements<sup>21</sup>. Awareness of the breast cancer screening programme in Havering is high (over 68% were aware of the programme)<sup>22</sup>.



<sup>18</sup> Cancer survival in North East London, The North East London Cancer Network, 2010

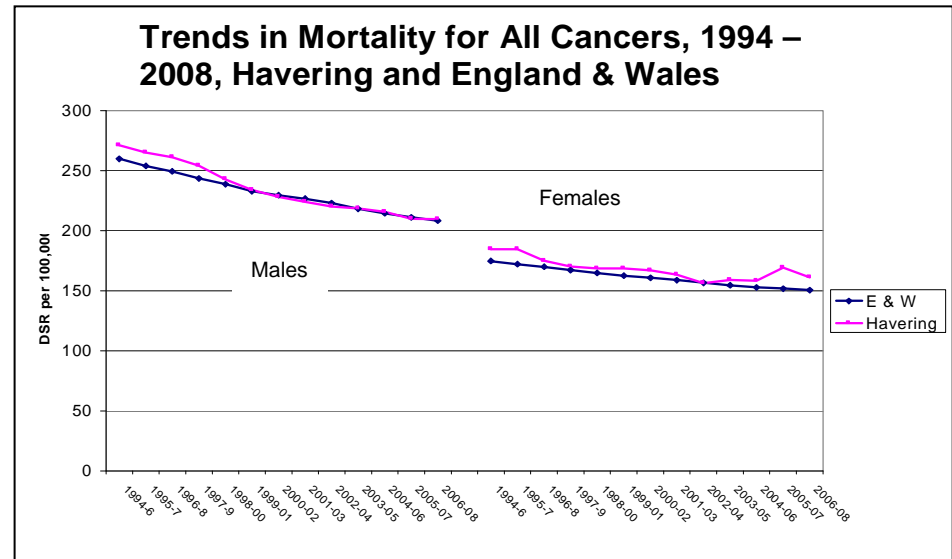
<sup>19</sup> National Centre for Health Outcomes Development, 2004-06

<sup>20</sup> Cancer survival in North East London, The North East London Cancer Network, 2010

<sup>21</sup> Cancer survival in North East London, The North East London Cancer Network, 2010

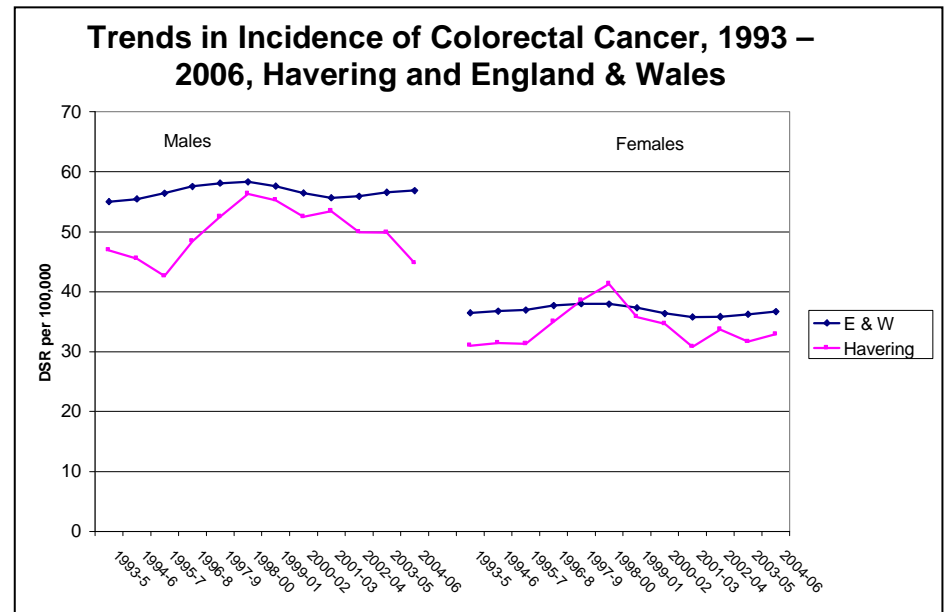
<sup>22</sup> Public awareness of cancer in Havering, report for the North East Cancer London Network, STRC Research, 2010

National evidence suggests that women from less deprived areas are more likely to get breast cancer. However women in these areas are also more likely to be detected through screening and are less likely to die from breast cancer than women in deprived areas<sup>23</sup>. Women from Black and Minority Ethnic (BME) groups are significantly less likely to get breast cancer than white women, but a smaller proportion of black women had their cancer diagnosed through screening and breast cancer survival was poorer for black women<sup>24</sup>. This might be expected to be similar in Havering, but further research would need to be done to confirm whether this is the case.



### Colorectal Cancer<sup>25</sup>

Havering's incidence of colorectal cancer is lower than the national level (Havering: 38.2 cases per 100,000; England 45.6 cases per 100,000)<sup>26</sup> and has recently been declining for men but not for women. Mortality from colorectal cancer in Havering is similar to the national average for females and had declined in line with national trends. For males the trends are more variable. One year survival from colorectal cancer in Havering is worse than nationally and has not kept pace with national improvements. Awareness of the bowel cancer screening programme was low (19% aware of the programme)<sup>27</sup>, however this might be expected as the programme started relatively recently in 2009.



<sup>23</sup> Cancer survival in North East London, The North East London Cancer Network, 2010

<sup>24</sup> Cancer survival in North East London, The North East London Cancer Network, 2010

<sup>25</sup> Cancer survival in North East London, The North East London Cancer Network, 2010

<sup>26</sup> National Centre for Health Outcomes Development, 2004-2006

<sup>27</sup> Cancer survival in North East London, The North East London Cancer Network, 2010

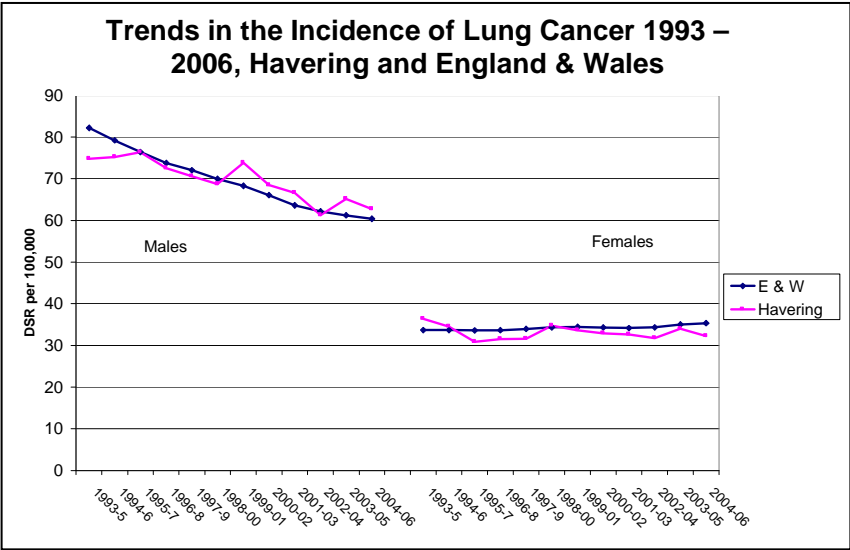
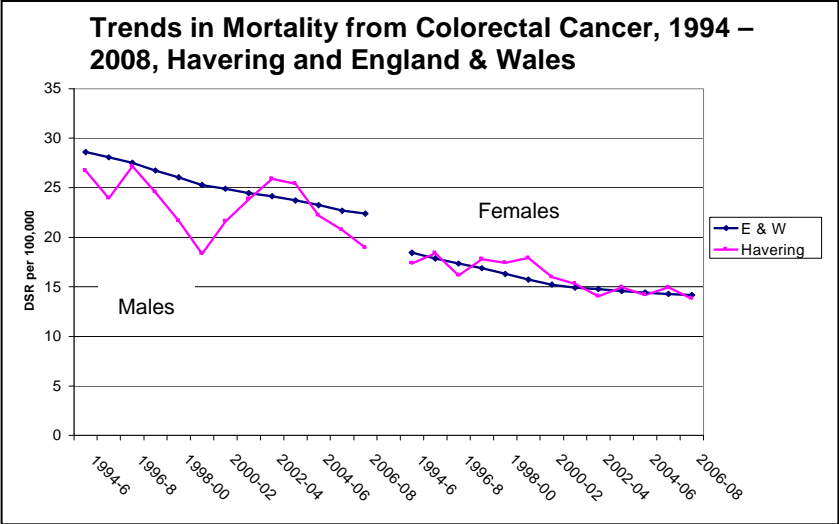
Late presentation is a significant factor in poor survival<sup>28</sup>, so improving awareness of cancer symptoms could increase survival rates. Research<sup>29</sup> suggests that over half of people in Havering recognised lumps/swelling as a sign of cancer, however recognition of other signs of cancer was poor. If presented with a potentially serious symptom, the majority of Havering residents would make an appointment to see a doctor within 2 weeks. However younger people (16-44 years) and those from more deprived areas were more likely to wait longer than a week before arranging an appointment.

The main barriers to seeking help were difficulty in making an appointment, being worried about what the GP might find and being worried about wasting the doctor’s time. Although 86% of people in Havering perceive smoking to be a risk factor in developing some forms of cancer, two thirds of people in Havering do not perceive lack of exercise, poor diet and daily alcohol consumption as risk factors in developing cancer.

Nationally, people from BME groups are significantly less likely to get colorectal cancer than white people, and this trend might be expected to be found in Havering<sup>30</sup>.

Lung Cancer<sup>31</sup>

The incidence of lung cancer in Havering is similar to national levels for both men and women (Havering: 45.0 cases per 100,000 overall; England: 45.9 cases per 100,000<sup>32</sup>) Trends in incidence locally are similar to national trends, having fallen for males but not for females. Mortality rates from lung cancer are also similar to the national rate for

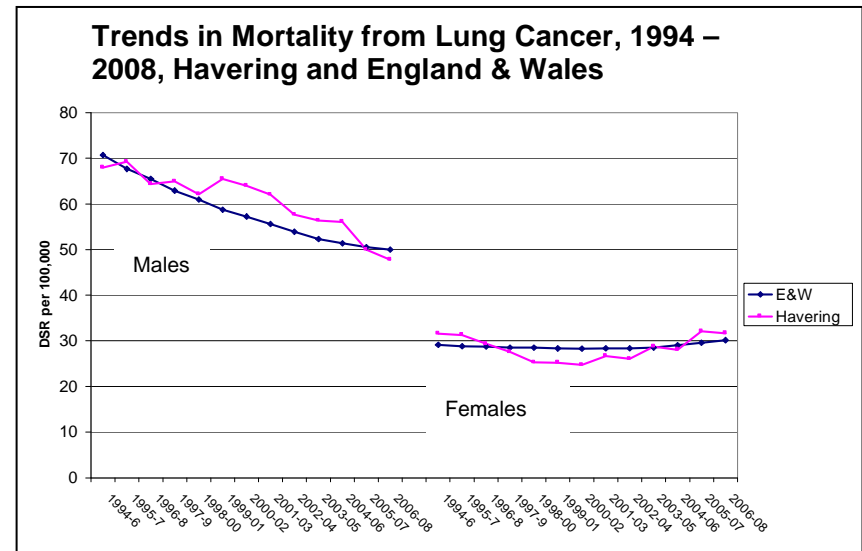


<sup>28</sup> Cancer survival in North East London, The North East London Cancer Network, 2010  
<sup>29</sup> Public awareness of cancer in Havering, report for the North East Cancer London Network, STRC Research, 2010  
<sup>30</sup> Cancer survival in North East London, The North East London Cancer Network, 2010  
<sup>31</sup> Cancer survival in North East London, The North East London Cancer Network, 2010  
<sup>32</sup> National Centre for Health Outcomes Development, 2004-2006

both men and women. There has been a decline in lung cancer mortality for men but mortality rates for women have increased in recent years.

One year survival in Havering was better than national rates in 2002 but has declined since then and now is similar to national rates.

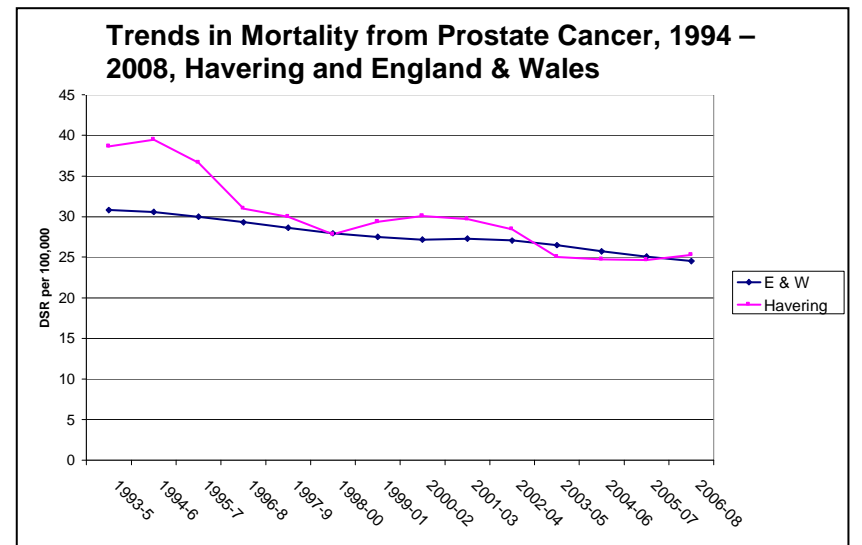
Research shows that nationally, black people have a significantly lower risk of developing lung cancer than white people and this position might be expected to be found in Havering<sup>33</sup>.



Prostate Cancer<sup>34</sup>

Incidence rates for prostate cancer (all ages) are significantly higher than the national average in Havering (Havering: 114.9 cases per 100,000 locally compared to 99.0 cases per 100,000 in England and 93.7 cases per 100,000 in London)<sup>35</sup>. New ways of testing for prostate cancer have been introduced in recent years, which may affect the recorded incidence rates for prostate cancer, so the trend for incidence has not been included.

Mortality from prostate cancer has followed a downwards trend from a high baseline in Havering<sup>36</sup>, although there have been fluctuations over the years. The most recent data shows a rate of 25.3 deaths per 100,000 people in Havering and 24.5 deaths per 100,000 in England<sup>37</sup>.



<sup>33</sup> Cancer survival in North East London, The North East London Cancer Network, 2010  
<sup>34</sup> Cancer survival in North East London, The North East London Cancer Network, 2010  
<sup>35</sup> National Centre for Health Outcomes Development, 2004-2006  
<sup>36</sup> Cancer survival in North East London, The North East London Cancer Network, 2010  
<sup>37</sup> National Centre for Health Outcomes Development, 2004-2006

## Diabetes

If left untreated, diabetes can lead to heart disease, stroke, blindness and kidney failure. More than 1 in 10 deaths among 20–79 year olds in England can be attributed to diabetes.

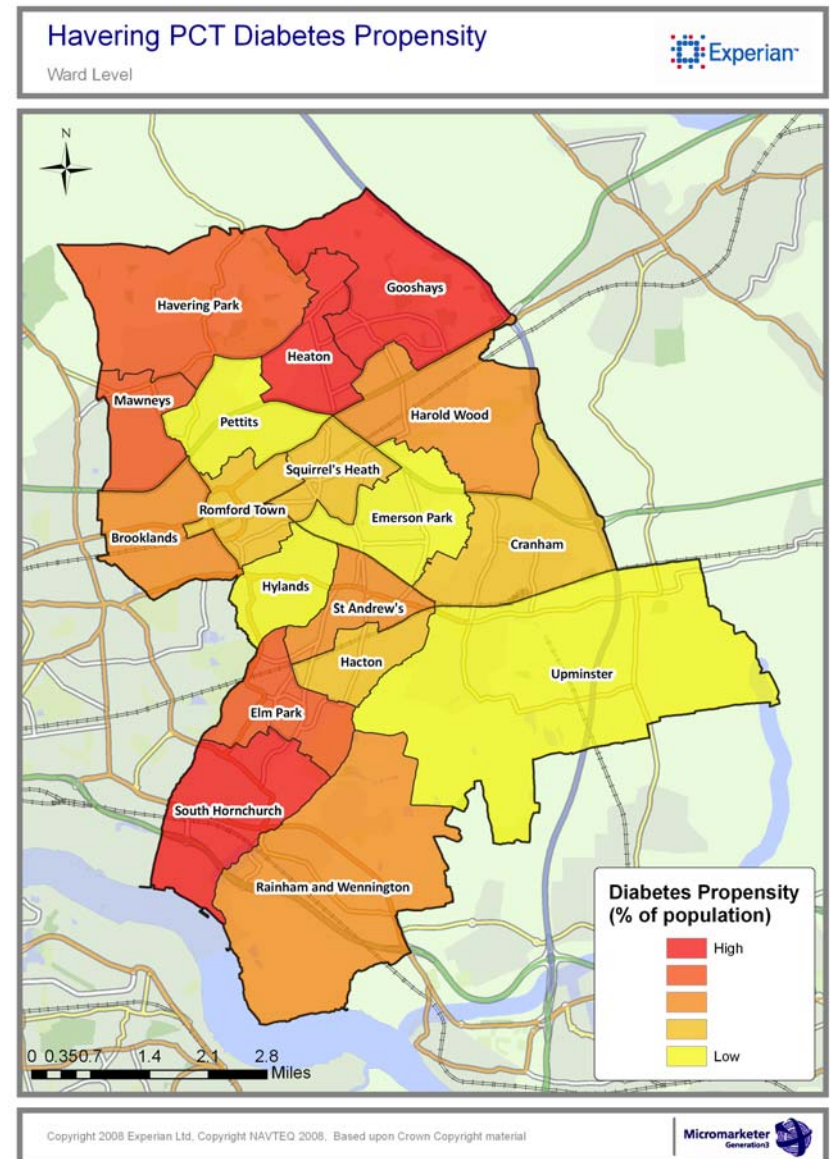
2008/2009 QOF data suggests that in Havering, 5% of adults (aged 17 and over) registered with GPs have diabetes, equating to around 9945 individuals. This is in line with diabetes prevalence in London overall (5%) and the England prevalence (5.1%). These figures are also very similar to modelled estimates of diabetes, which suggest that 5.03% of Havering residents will have diabetes in 2010.

Diabetes is more prevalent in females than males and becomes more common with increasing age. Diabetes is also more prevalent in Asian and Black people than in White people.

The prevalence of diabetes is increasing both in Havering and nationally, and the rate of increase in Havering has been very similar to the national rate. The proportion of people with diabetes has increased from 3.6% in 2005/06 to the current figure of 5%. Projections suggest that diabetes will continue to become more prevalent in Havering increasing to 6.4% by 2025.

People with diabetes have a higher mortality rate than those without diabetes; it is estimated that 12.0% of all deaths in those aged 20-79 years in Havering are attributable to diabetes (around 130 people a year). This compares with an England figure of 11.6%.

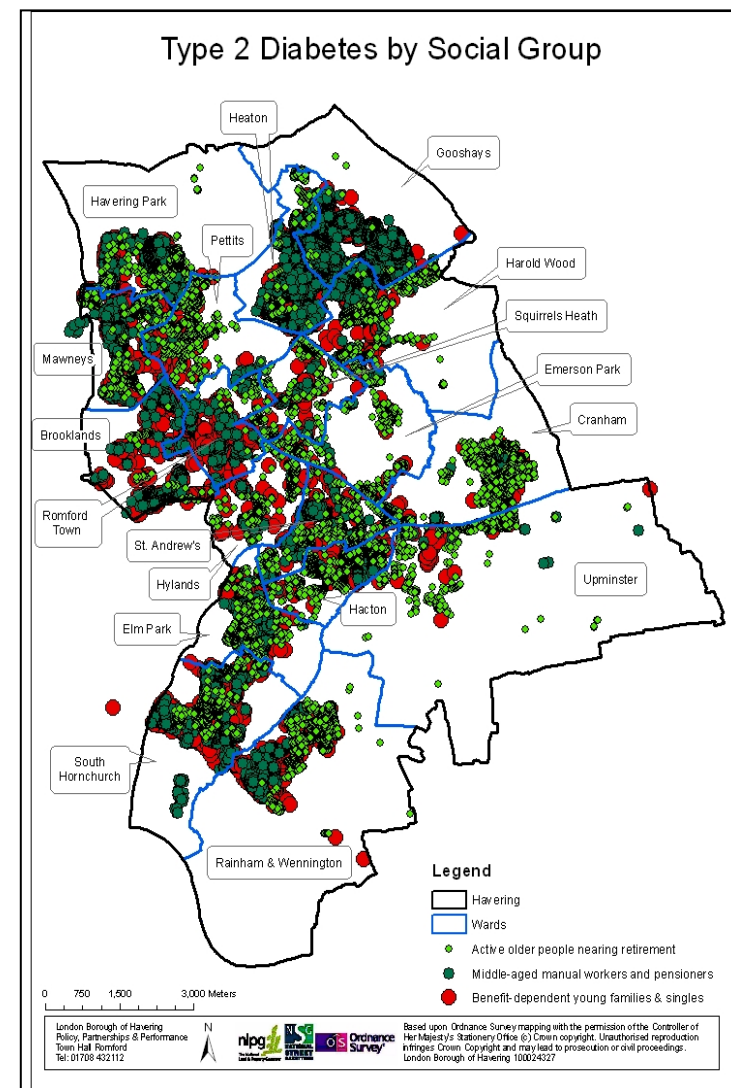
MOSAIC data (Experian, 2010) estimates that Heaton followed by Gooshays are the wards within Havering with the largest proportion of residents that have diabetes. This contrasts with GP register (QOF 2008/09) information, where South Hornchurch, Heaton and Hylands are the wards with the highest numbers of patients registered as having diabetes. There are a number of possible reasons for this and further local investigation would be needed.





MOSAIC data (Experian and the London Borough of Havering, 2010), suggests that there are three social groups within Havering who have above average numbers of people with Type 2 diabetes. These groups are:

- Middle aged manual workers and pensioners, who generally have a reasonable diet but are not a particularly active group. The advancing age of many people in this group means they are often beginning to express long term conditions e.g. diabetes
- Active older people nearing retirement. This group generally has good diets and undertakes a reasonable amount of exercise, but their advancing age means that an above average number of them experience health issues such as diabetes.
- Benefit dependent young families and singles. Although many of the people in this group are young, there will also be some middle aged and older people in this group who share characteristics with others in the group. The unhealthy diets and low levels of exercise of many people within this group are likely to contribute to the above average numbers of people in this group with type 2 diabetes.



## Stroke

Strokes are a major cause of death and disability. They are largely preventable, with many of the risk factors amenable to change through alterations in lifestyle. Around a quarter of strokes occur in people under the age of 65, and people of South Asian, African or Caribbean ethnicity are more likely to have a stroke<sup>38</sup>.

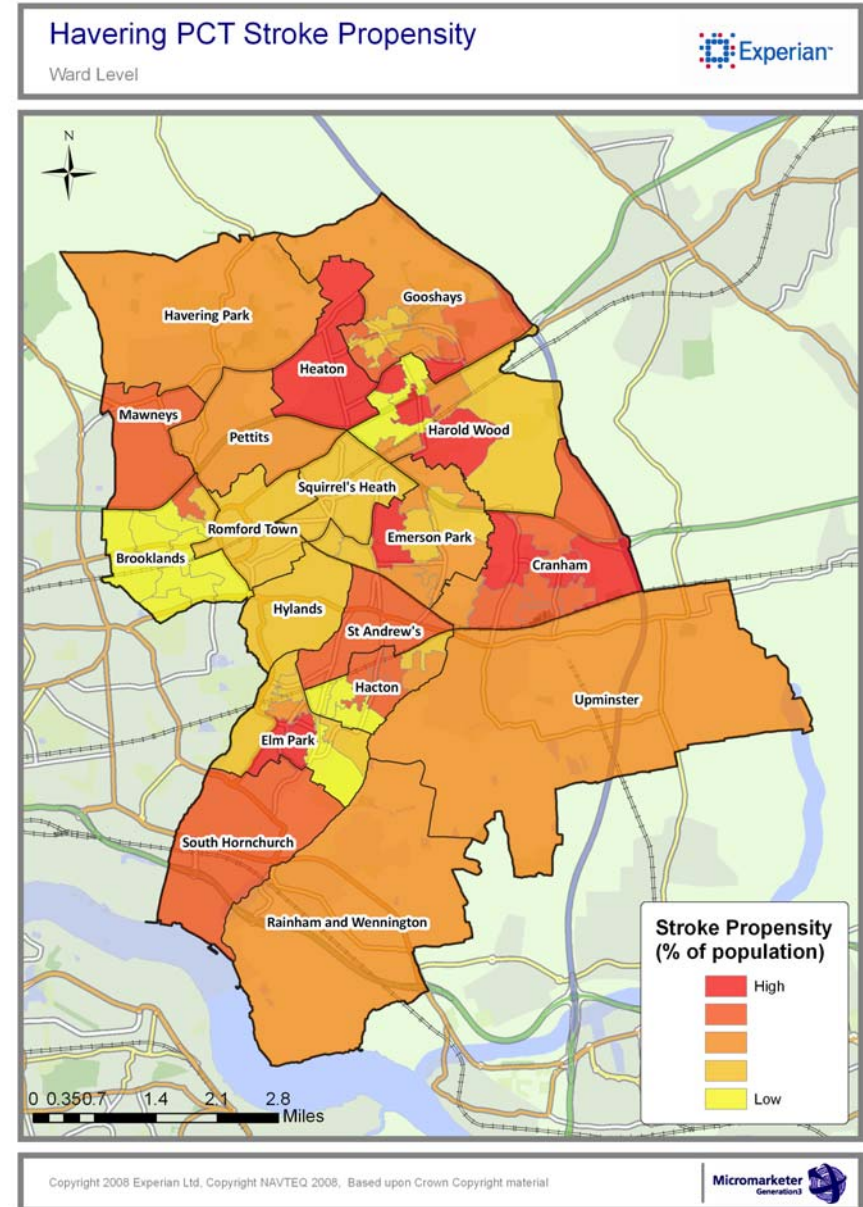
Data suggests that 1.5% of people on GP registers in Havering have had a stroke or mini stroke (transient ischemic attack)<sup>39</sup>. This is below the national average of 1.7% but above the London average of 1%.

Mortality from strokes is lower in Havering (40.7 deaths per 100,000) than is the case regionally (41.8) and nationally (47.32)<sup>40</sup>. The number of stroke deaths in Havering is decreasing in line with national trends, although there was a slight increase between 2007 and 2008 in Havering.

Mortality from strokes is higher in males than in females in Havering, as is the case nationally. The difference in stroke mortality between men and women in England has been narrowing in past years, but Havering has not followed this trend and has a relatively big gap.

2007/08 data<sup>41</sup> suggests that it is slightly more common for people to have emergency admissions to hospital for stroke in Havering than is the case nationally (Havering: 104 admissions per 100,000 people; England: 98 admissions per 100,000 people).

MOSAIC (Experian, 2010) data estimates that Heaton, followed by Cranham and Elm Park wards have the highest proportion of residents who have had a stroke. Cranham is also the ward which has the highest number of residents recorded on GP registers as having had a stroke, although Rainham and Wennington also have high numbers of people recorded on GP registers as having had a stroke (QOF, 2008/09)



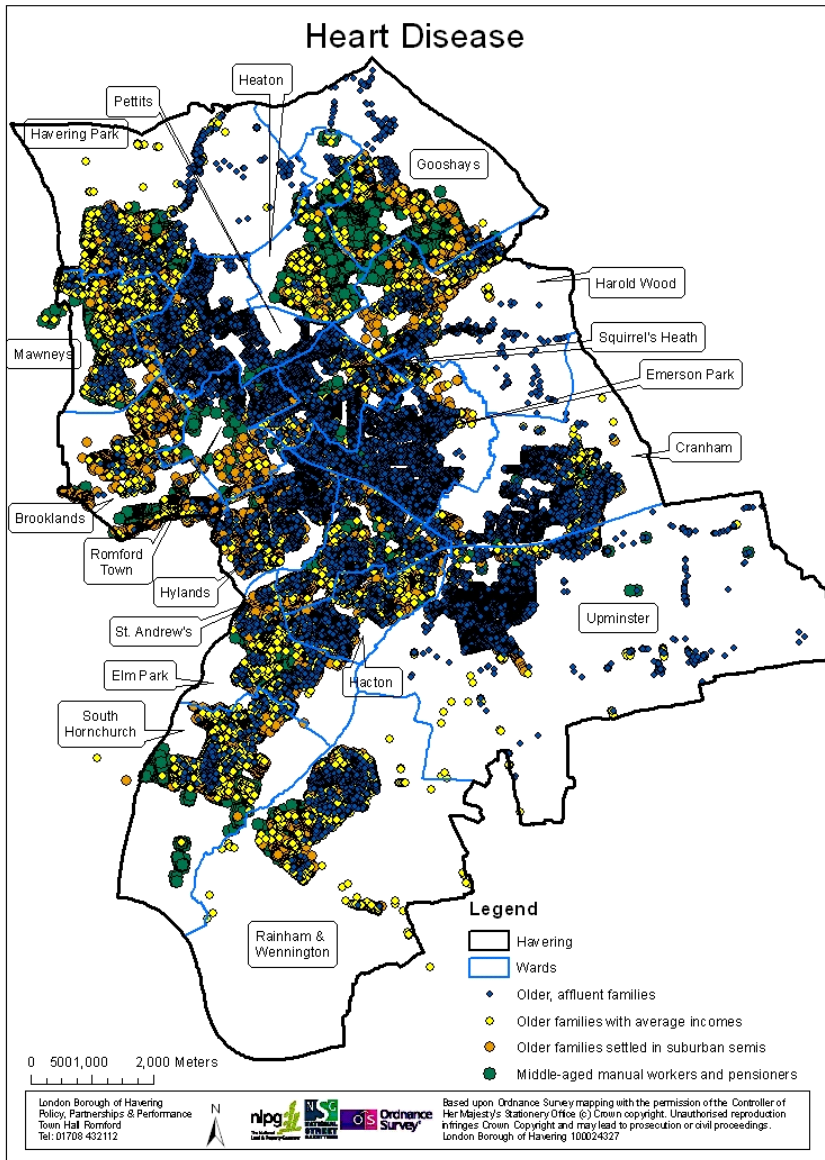
<sup>38</sup> NHS Choices website, <http://www.nhs.uk/livewell/blackhealth/Pages/Blackhealthhub.aspx>, 2010

<sup>39</sup> Quality and Outcomes Framework, National Health Service Information Centre for Health and Social Care, 2008/09

<sup>40</sup> National Centre for Health Outcomes Development, 1993-2008

<sup>41</sup> National Health Episodes Statistics e-atlas, Association of Public Health Observatories, 2007/08

# Coronary Heart Disease (CHD)



MOSAIC data (Experian and the London Borough of Havering, 2010) suggests that there are four social groups within Havering who are more likely than average to be admitted to hospital due to heart disease. These are:

- Older, affluent families. This group tend to have good diets and regularly exercise, but their older age means they are starting to experience health conditions such as heart disease
- Older families with average incomes. This group tend to have moderate diets and take some exercise. Those in this group who are smokers are likely to have smoked for a long time. The older age of this group means they are experiencing long term conditions e.g. heart conditions
- Older families settled in suburban semis. This group are not particularly conscious of what constitutes a healthy lifestyle, and a significant proportion of this group does not eat any fruit or vegetables on a daily basis.
- Middle aged manual workers and pensioners. This group tends to have a moderate diet, however their advancing age means they are beginning to express health conditions associated with the elderly

CHD is the biggest killer in the UK. Heart disease is more common in older people and affects more than 1 in 4 men and 1 in 5 women aged 75 and over<sup>42</sup>. GP register data shows that 3.2% of adults in Havering have been recorded as having coronary heart disease, which is below the national figure of 3.5% but above the London prevalence of 2.2%<sup>43</sup>. However the actual number of people with heart disease is likely to be higher than this and modelled estimates suggest a figure of 5.6% of adults in Havering and a national average of 5.7%<sup>44</sup>.

Estimates suggest that CHD is more common in males in Havering (6.7% prevalence) than females (4.5% prevalence), which is consistent with national trends.

GP register data suggests that CHD is most prevalent in the Pettits, Cranham and Elm Park wards, and least prevalent in Squirrel's Heath.

<sup>42</sup> NHS Choices website, <http://www.nhs.uk/conditions/coronary-heart-disease/Pages/Introduction.aspx>, 2010  
<sup>43</sup> Quality and Outcomes Framework, National Health Service Information Centre for Health and Social Care, 2008/09  
<sup>44</sup> Eastern Region Public Health Observatory, 2008

In line with national trends, CHD is predicted to become more common in Havering in the future, with 5.8% of the adult population predicted to have CHD in 2015 and 6% in 2020.

The overall CHD mortality rate in Havering (86.0 per 100,000)<sup>46</sup> is slightly lower than the national figure (89.2 per 100,000), and similar to that in London (85.4 per 100,000). Men in Havering are more likely to die from CHD than women, as is the case nationally. However male mortality from CHD in Havering (128.9 per 100,000) is above both the national (126.5 per 100,000) and London averages (121.8 per 100,000), whereas for women CHD mortality in the borough is below both England and London averages.

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<sup>46</sup> The NHS Information Centre for Health and Social Care, 2006-08

## Chronic Obstructive Pulmonary Disease (COPD)

COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. The main cause of COPD is smoking<sup>47</sup>.

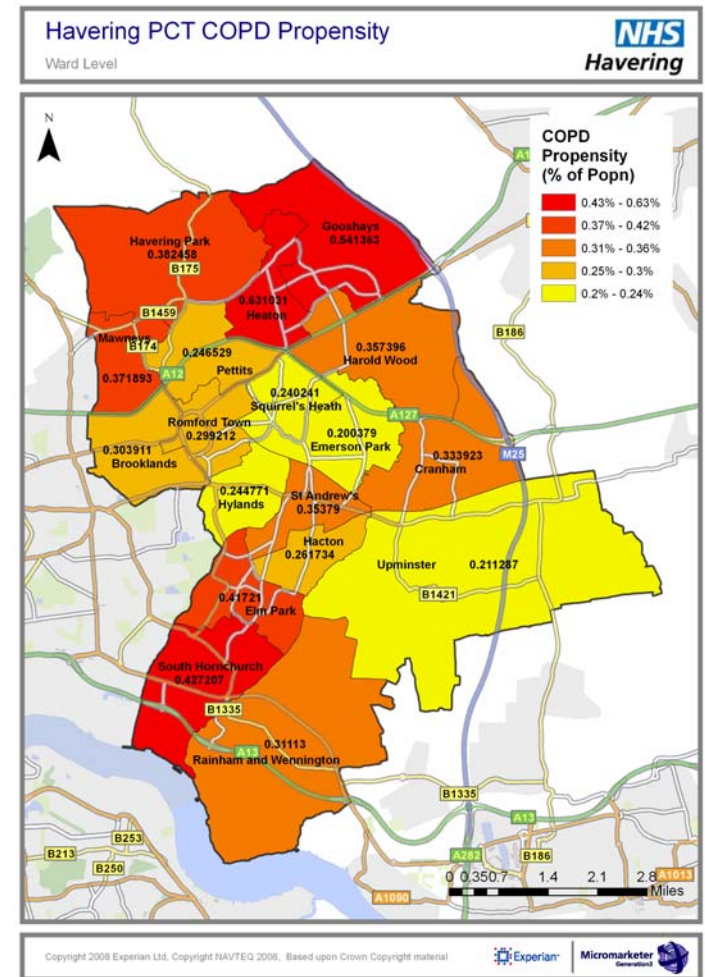
1.9% of people on GP registers in Havering are recorded as having COPD. This is above both the London figure of 1% and the England figure of 1.5%<sup>48</sup>.

Modelled estimates of COPD suggest that actual prevalence is much higher than that recorded on GP registers (4.6% of people in Havering and 3.6% of people in England in 2010)<sup>49</sup>. It is possible that this difference in prevalence figures is due to many people with COPD not going to the doctor with their symptoms as they just see it as “smoker’s cough”<sup>50</sup>.

Estimates suggest that in line with the national picture, COPD is more common in males (5.2%) than females (4.1%) in Havering, and that prevalence increases with age.<sup>51</sup>

COPD will become more common in future, with estimated prevalence rising to 4.9% in Havering and 3.9% in England by 2020).<sup>52</sup>

Mortality from COPD amongst the under 75s in Havering is similar to the national figure<sup>53</sup>. However, when people of all ages are considered, mortality from COPD in Havering is higher than nationally (Havering: 29.8 deaths per 100,000 Population in Havering compared to 26.6 deaths per 100,000 In England). This is the case for both males and females<sup>54</sup>.



MOSAIC data (Experian and the London Borough of Havering, 2010) estimates that Heaton followed by Gooshays and South Hornchurch are the wards with the highest proportion of residents with COPD. This is similar to information from GP registers where Heaton and Gooshays and Havering Park have high numbers of residents recorded as having COPD. (QOF, 2008/09).

<sup>47</sup> NHS Choices website, <http://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease/pages/introduction.aspx>, 2010

<sup>48</sup> Quality and Outcomes Framework, National Health Service Information Centre for Health and Social Care, 2008/09

<sup>49</sup> Modelled estimates of chronic obstructive pulmonary disease, Eastern Region of Public Health Observatories, 2008

<sup>50</sup> NHS Choices website, <http://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease/pages/introduction.aspx>, 2010

<sup>51</sup> Modelled estimates of chronic obstructive pulmonary disease, Eastern Region of Public Health Observatories, 2008

<sup>52</sup> Modelled estimates of chronic obstructive pulmonary disease, Eastern Region of Public Health Observatories, 2008

<sup>53</sup> National Centre for Health Outcomes Development, 2006-08

<sup>54</sup> National Centre for Health Outcomes Development, 2006-08

## Hypertension

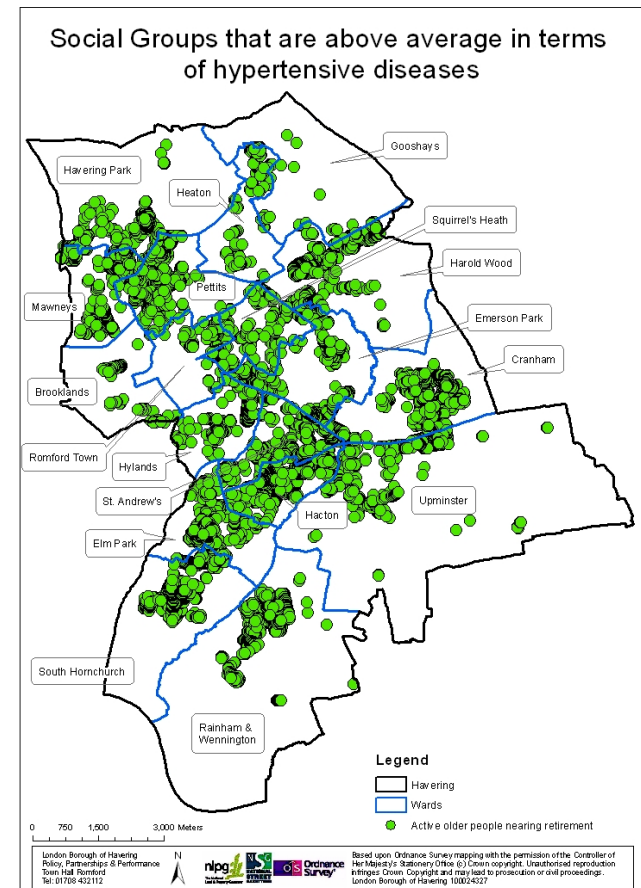
Hypertension is the generic term for raised blood pressure. Having hypertension raises the risk of stroke, heart attack, kidney problems and dementia<sup>55</sup>.

Hypertension is estimated to be more common in Havering (32.1% of adults) than nationally (30.5% of adults)<sup>56</sup>. In line with the national position, hypertension is more common in males than females in Havering and becomes more common with age.

As is the case nationally, prevalence of hypertension is expected to rise in Havering, increasing to 32.9% in 2015 and 33.6% by 2020.

GP register data<sup>57</sup> indicate that a much lower prevalence of hypertension is actually recorded, with 13.4% of people on Havering registers having a diagnosis of hypertension and a national figure of 13.1%. This GP data suggests that prevalence of hypertension is highest in Cranham and Heaton wards.

MOSAIC data (Experian and the London Borough of Havering, 2010) suggests that there is one social group within Havering that has above average numbers of people with hypertension. This is the “active older people nearing retirement” group. People within this group generally have a fairly good diet and undertake some gentle exercise (e.g. gardening and walking). However due to their age, this group often have poor health.



<sup>55</sup> NHS Choices website, <http://www.nhs.uk/livewell/hypertension/pages/hypertensionhome.aspx>, 2010

<sup>56</sup> Modelled hypertension estimates, Association of Public Health Observatories, 2007/08

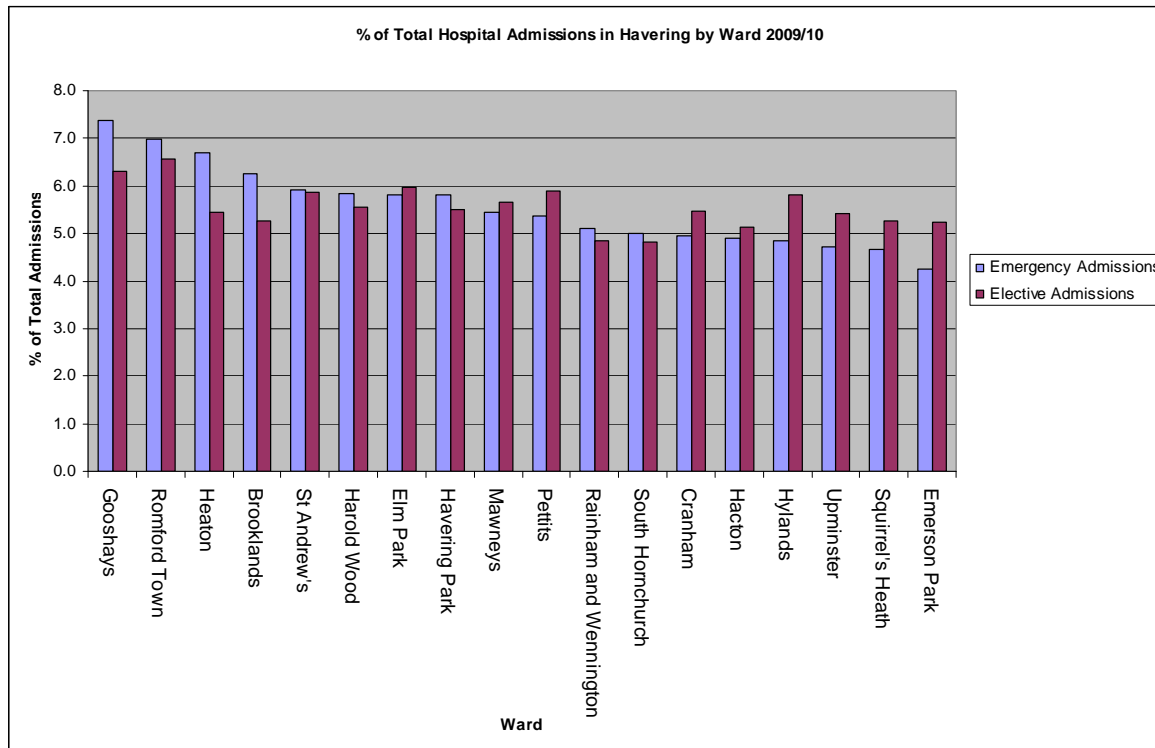
<sup>57</sup> Quality and Outcomes Framework, National Health Service Information Centre for Health and Social Care, 2008/09

# Hospital Admissions

In 2009/10, there were more than 34,500 hospital admissions of Havering residents. Nearly 40% of these were emergency admissions to hospital and over 60% were elective (planned) and other admissions<sup>58</sup>.

Overall, residents of Gooshays, Romford Town and Heaton made up the largest proportions of Havering’s emergency admissions, with Emerson Park and Squirrel’s Heath the smallest. In relation to elective admissions, the largest numbers were from Romford Town, Gooshays and Elm Park, with the smallest numbers from Rainham and Wennington and South Hornchurch.

Although not always the case, many of the more deprived wards (e.g. Gooshays) have higher numbers of emergency admissions than wards with lower levels of deprivation (e.g. Upminster and Emerson Park). This is based on total numbers of admissions, but information on admission rates is later in this section and takes population size and structure into account.



<sup>58</sup> Secondary Uses Service System, 2010

## Emergency Hospital Admissions<sup>59</sup>

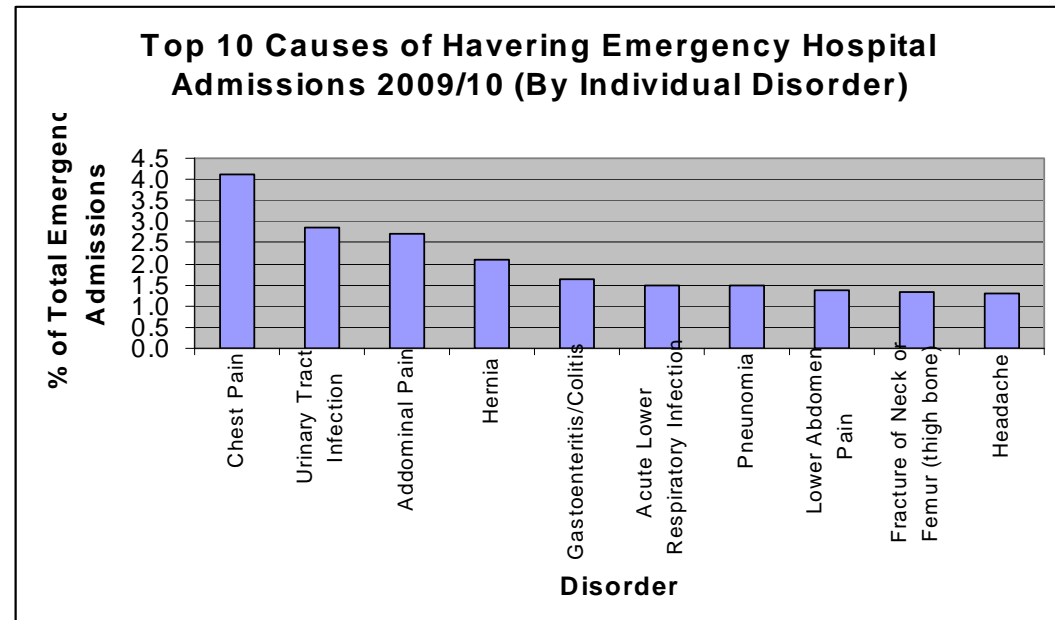
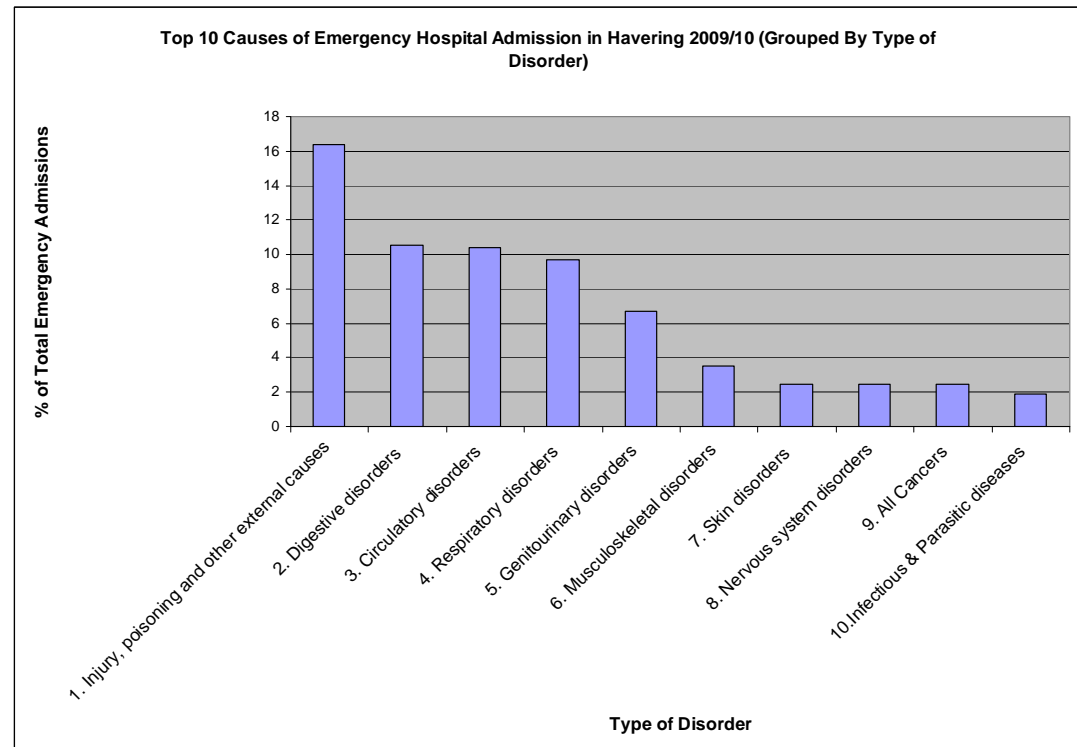
The top 10 overall causes of emergency hospital admission in Havering can be seen in the graph. The biggest group of emergency admissions is “injury, poisoning and other external causes”. This accounts for more than 16% of all emergency admissions to hospital in Havering in 2009/10. It includes injuries such as burns, injuries to the body or head (for example fractures, concussion, dislocations, sprains), animal bites and poisoning by medication or toxic substances.

The second biggest cause of emergency admissions was digestive disorders, accounting for more than 10% of the total. Digestive disorders include conditions such as hernias, liver disease, stomach disorders and tooth decay.

The third biggest cause of emergency admissions was circulatory disorders, also accounting for more than 10% of total emergency admissions. This category includes conditions such as heart disease and rheumatic fever.

When these “groups” of illness are broken down further to look at individual illnesses, it can be seen that chest pain is the most common reason for emergency admission to hospital in Havering. This accounts for 4.1% of all emergency admissions to hospital and is followed by urinary tract infections and abdominal pain.

Information from 2007/08<sup>60</sup>, has been standardised to account for the different demographic make up of wards (e.g. some wards have greater proportions of older people, which affects how likely people in that ward are to be affected by health conditions and to be admitted



<sup>59</sup> Secondary Uses Service System, 2010

<sup>60</sup> Hospital Episodes Statistics, 2007/08



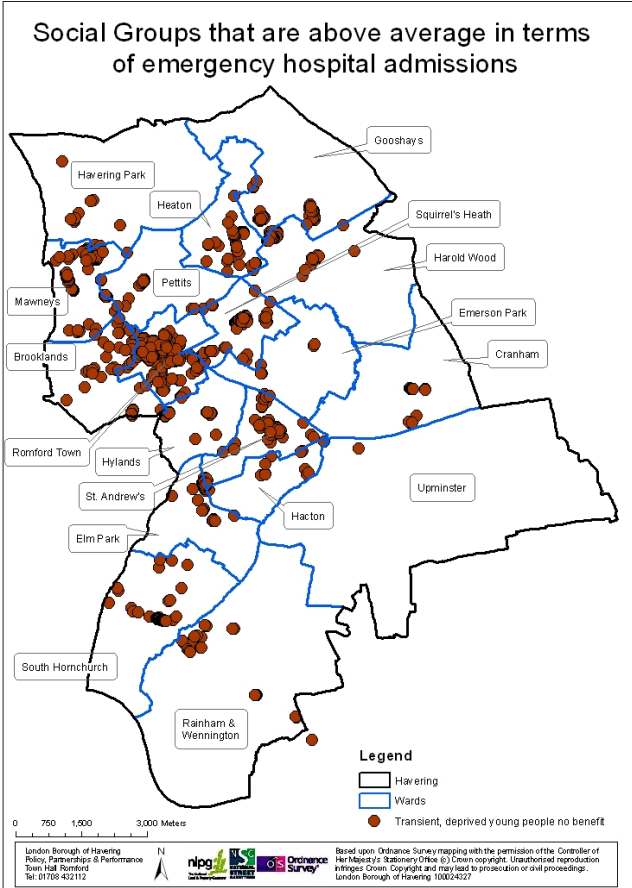
to hospital). This offers a more realistic comparison between different areas of the borough. It suggests that for planned and emergency hospital admissions combined:

- Residents of Gooshays were most likely to be admitted to hospital overall
- Residents of Havering Park were most likely to be admitted to hospital for coronary heart disease and for circulatory disease in general
- Residents of Gooshays were most likely to be admitted to hospital for respiratory disease
- Residents of Romford Town were most likely to be admitted to hospital for cancer (all types of cancer)

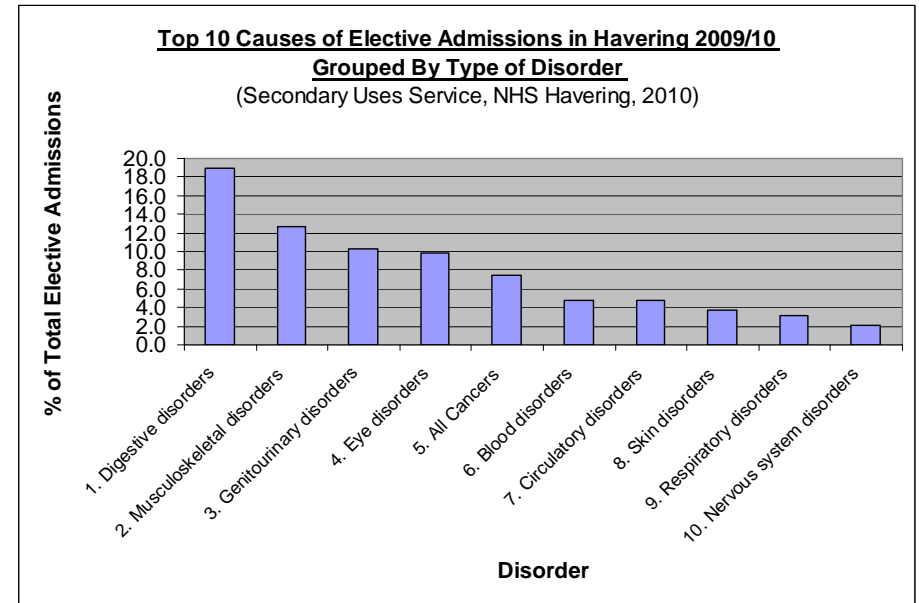
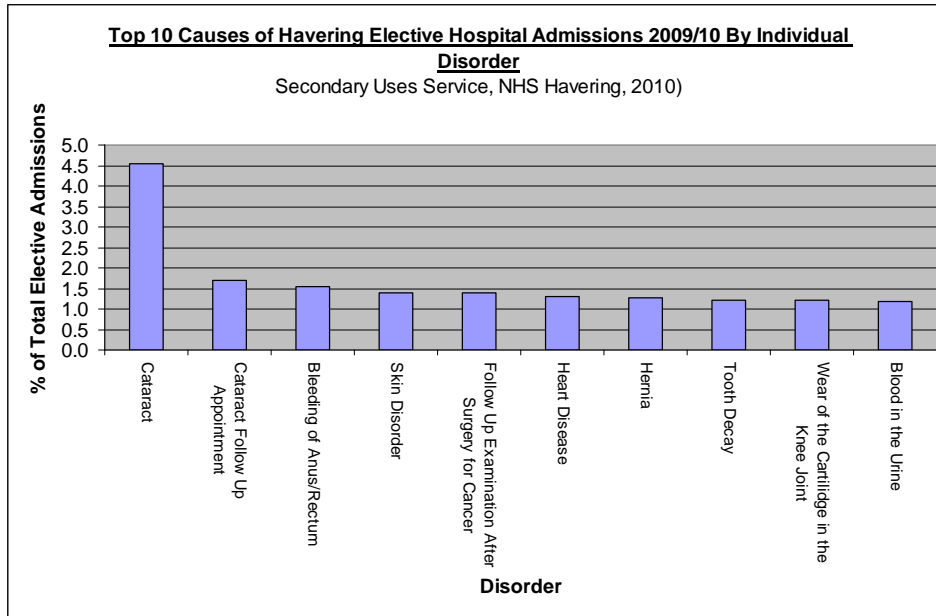
Further ward level information about the health of people in Havering can be found in the Havering Ward Health Profiles, which can be found on the NHS Havering website

MOSAIC data (Experian and the London Borough of Havering, 2010) finds that there is one social group in Havering where people are most likely to be admitted to hospital for emergency appointments. This is:

- “Transient, deprived young people not claiming benefit”. There is a wide range of health conditions affecting this group and above average numbers of people in this group have mental health issues. The wide range of health conditions affecting this group may in part explain the high number of emergency admissions. It is also possible that transient communities are less likely to be registered with GPs, and therefore may not receive care that would prevent health problems becoming serious enough to need emergency hospital admission.



## Elective (planned) Hospital Admissions

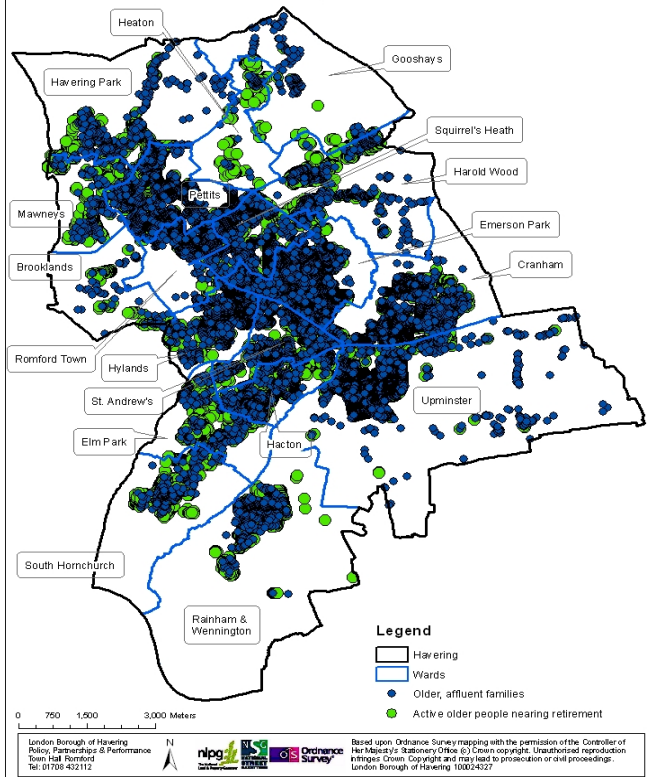


The three groups of disorders that were responsible for the biggest numbers of elective admissions in Havering were:

- 1) Digestive disorders, which make up nearly 19% of all elective admissions, and includes conditions such as hernias, liver disease, stomach disorders, tooth decay etc
- 2) Musculoskeletal disorders, which make up more than 12% of all elective admissions and include conditions such as arthritis, osteoporosis and joint disorders
- 3) Genitourinary disorders, which account for more than 10% of all hospital admissions and include conditions such as kidney disease.

When this information is broken down to look at individual disorders, it can be seen that cataracts and cataract follow ups are the biggest cause of planned hospital admissions, accounting for 6.2% of the total.

### Social Groups that are above average in terms of elective hospital admissions



MOSAIC data (Experian and the London Borough of Havering, 2010) finds that there are two main social groups in Havering who have above average numbers of elective hospital admissions. These are:

- Older, affluent families
- Active older people nearing retirement.

Although both of these groups lead fairly healthy lifestyles, their advancing age means that health conditions are beginning to be expressed, which is likely to explain the higher numbers of elective hospital appointments among these groups of people.

# Children and young people



## Key Findings:

- Young people who do not receive free school meals scored 30% higher in their GCSEs than young people who do receive free school meals
- It is estimated that around 9,000 children and young people under the age of 16 were living in poverty in Havering in 2008
- Young people living in Gooshays, Heaton and South Hornchurch are most likely to experience deprivation
- Young people are also more worried about being a victim of crime than is the case nationally and in other similar locations
- Young people living in Harold Hill, Rainham, South Hornchurch and Romford make up more than half of all young people referred to drug treatment services in Havering
- There is more ethnic diversity among young people in Havering than in the population overall, with Yoruba (a dialect from West Africa) being the most common language spoken by young people (other than English)
- Infant mortality and mortality in children and young people is less common in Havering than the London and England averages
- Around 70% of young people in Havering achieve 5 A\* - C grade GCSEs, which is similar to the national average
- Only 30% of looked after children in Havering achieve 5 A\* - C grade GCSEs
- When children and young people in care are scored for emotional and behavioural health, they do not do as well as the England average

## For Decision Makers to Consider:

- Continue to work in partnership to reduce child poverty, for example by developing and implementing a child poverty action plan to support Havering's child poverty strategy
- Further working with education providers to reduce inequalities in educational outcomes for children from less affluent backgrounds
- Further targeting of services for children and young people to address differences in need within Havering's population
- Continue to work to improve the wellbeing of children and young people in care and support them to achieve improved educational and health outcomes
- Further work with schools to ensure that as many school children as possible who are entitled to free school meals take up this service
- Prepare for likely increased future demand on children's services, particularly those for 5-9 year olds

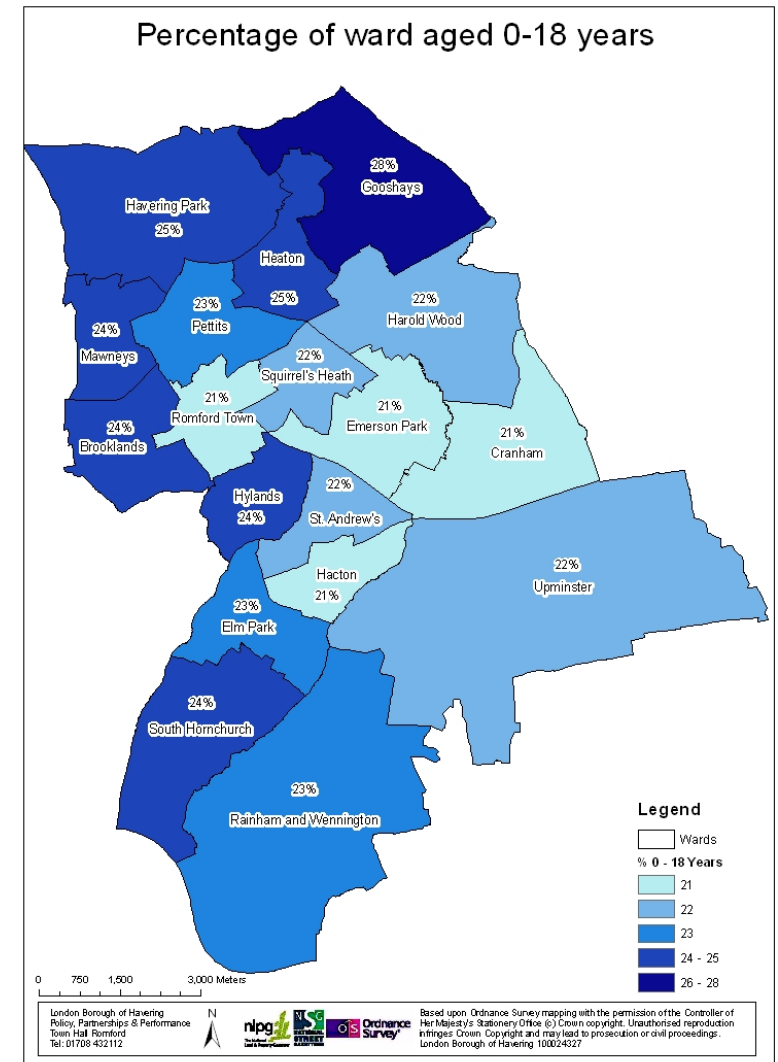
## Demographics<sup>1</sup>

Information about the health of young people (such as obesity, healthy eating, smoking and sexual health) is discussed in the “Staying Healthy” chapter of the JSNA. This chapter, however, looks at some of the wider factors that may affect the health of young people, such as educational achievement and poverty.

It is estimated that around 24% of the population in Havering is aged 0-19. This is similar to the England average (24%).

Future projections suggest that compared to 2010:

- The number of children aged 0-15 years old in Havering is expected to increase by 4.7% in the 5 years to 2015 and by 14.5% by 2025
- The number of 15-19 year olds in the borough will decline during the next 10 years but will then begin to rise again and will exceed current numbers by 2023
- Numbers of 0-4 and 5-9 year olds will continue to rise in the future, with the biggest increase being in the number of 5-9 year olds, which will have increased by 15% by 2015
- The number of 10-14 year olds is expected to decline in the short term (until around 2014), but will continue to increase to above current numbers following this



Gooshays has the highest proportion of young people in Havering, with nearly a third of the population of this ward being aged 0-18.

Havering Park and Heaton have the next largest proportions of young people (Office of National Statistics, Mid Year Estimates, 2008)

## Ethnicity of Young People and Languages Spoken

There is a greater amount of ethnic diversity among young people in Havering, than in the borough's overall population<sup>1</sup>. Nearly 23% of school pupils in Havering were from non white ethnic groups in 2010<sup>2</sup>.

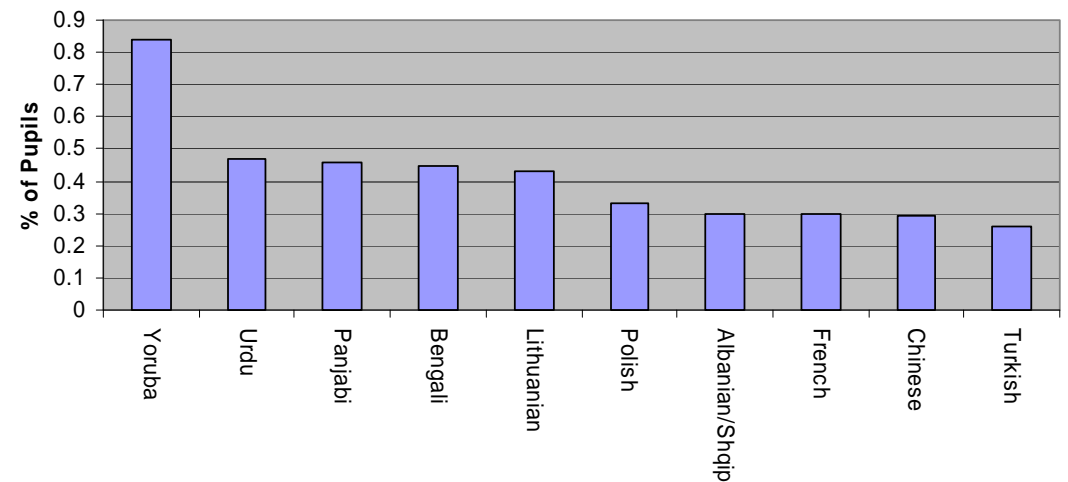
8.0% of school aged children in Havering speak a language other than English<sup>3</sup>. This proportion is increasing, with only 5.2% of school children speaking a language other than English in 2007.

The 10 most common languages (other than English) spoken by school children in Havering are shown in the graph, with Yoruba (a dialect from West Africa) being the most common. It is not possible to identify from this data however whether these languages are their first language or an additional second language.

MOSAIC data suggests that the social groups with above average numbers of school children with English as a second language are:

- “Transient, deprived young people not claiming benefit”. Of the children within this group, many are children of recent immigrants to the area and have ethnically diverse backgrounds
- “Benefit dependent young singles and families in social housing”. There is a significant over-representation of ethnic minorities within this group
- “Young couples and families with comfortable income”. There are above average proportions of some ethnic minority groups within this group.

**Top 10 Most Common Languages (After English) Spoken By  
Havering School Pupils  
(PLASC, 2010)**



<sup>1</sup> Pupil Level Annual School Census, The London Borough of Havering, 2010

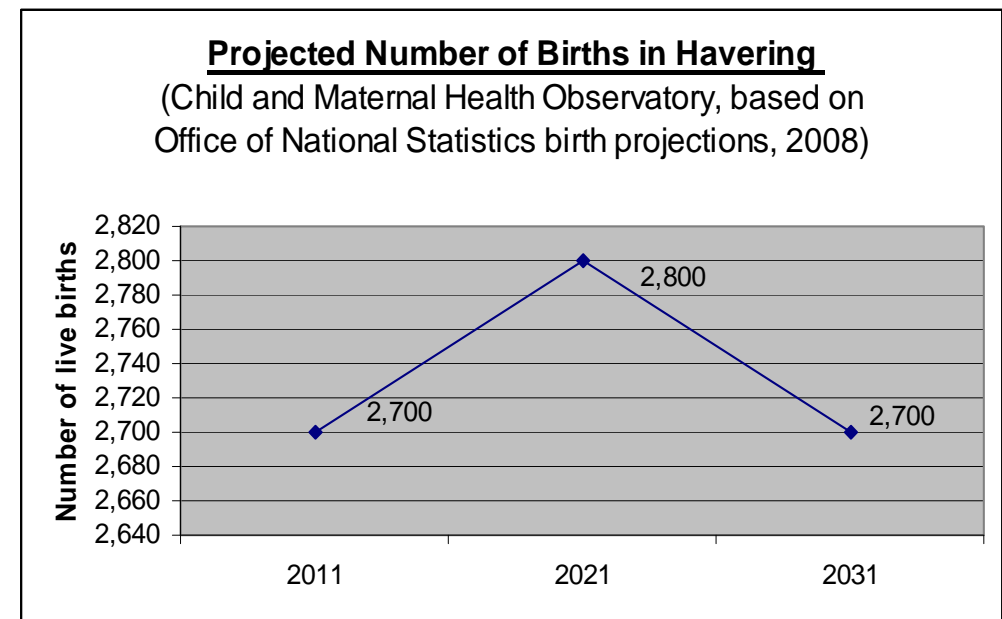
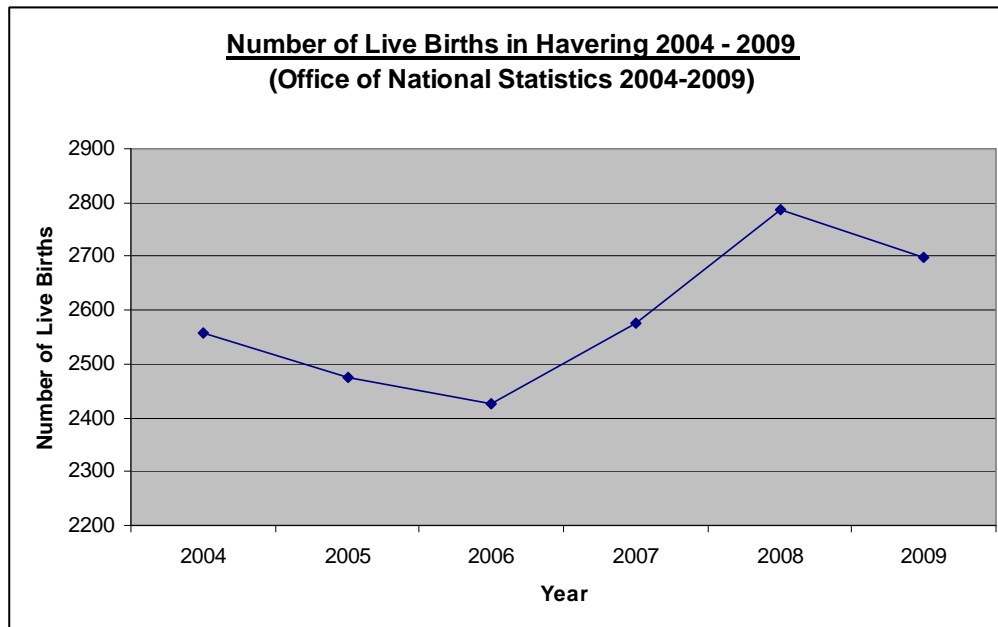
<sup>2</sup> Pupil Level Annual School Census, The London Borough of Havering, 2010

<sup>3</sup> Pupil Level Annual School Census, The London Borough of Havering, 2010

## Births and Fertility Rates

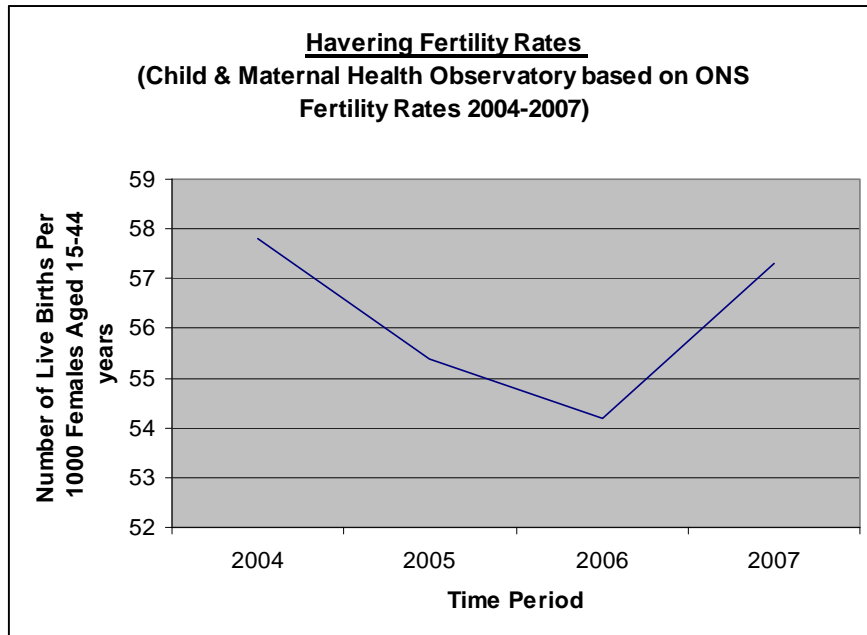
The number of births in Havering has not increased at as fast a rate as in London or England overall. The number of births in Havering increased by 9% between 2004 and 2008, compared to an 11% increase in England and a 12% increase in London<sup>4</sup>.

However, in the future in Havering the number of births per year is projected to increase by 3.8% in the period from 2008 to 2016, this is a slower rate of increase than the predicted increase of 4.76% in England, but a faster rate of increase than the 2.1% predicted in London<sup>5</sup>.



<sup>4</sup> Live births, Office of National Statistics, 2008

<sup>5</sup> Child and Maternal Health Observatory, 2010



The general fertility rate (GFR) is the number of live births per 1,000 females aged 15-44 years. In 2006, Havering had a general fertility rate of 57.3 live births per 1,000 women aged 15-44, this is a ranking of 114 in the country. This is compared to the national figure of 62.3 per 1000<sup>6</sup>.

<sup>6</sup> Child and Maternal Health Observatory, 2010



### Mortality in Children and Young People

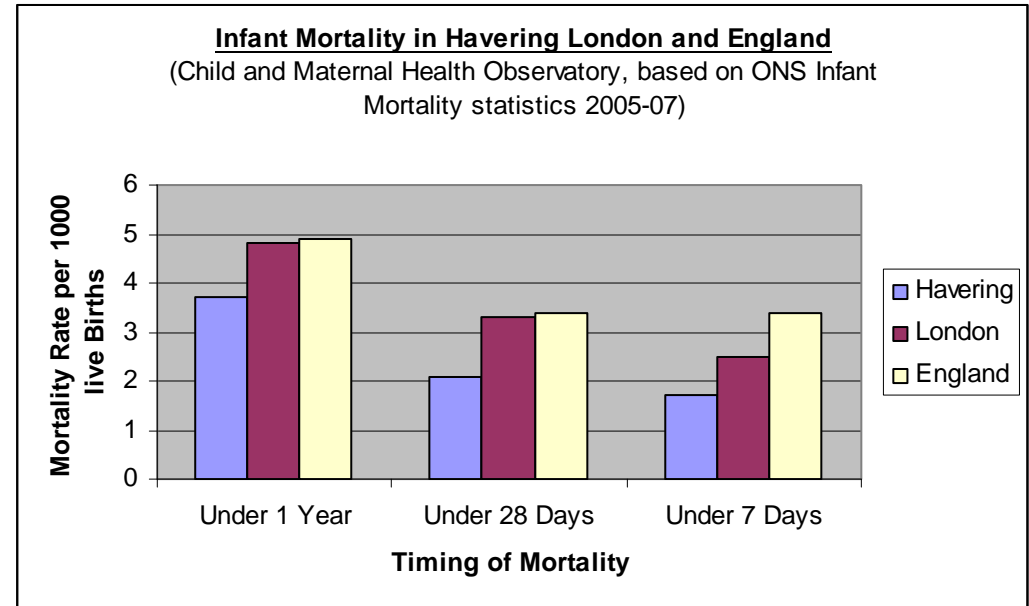
Infant mortality is often used as a measure of the health of young children and mothers.

Infant mortality is less common in Havering than the average in London or England.

Infant mortality rates in Havering are also showing a downwards trend, reducing from 4.30 deaths per 1,000 live births in 2002-04 to 3.70 deaths per 1,000 live births in 2005-07.

However, certain social groups have been found to be more likely to have low birth weights and it is suggested that this information is looked at by social group to identify any areas of inequality within Havering that may need to be addressed

Deaths of children and young people are also less common in Havering than the England or London average for 1-4, 5-14 and 15 19 year olds<sup>7</sup>. When national averages are looked at, the most common reason for mortality of children under 1 year of age is congenital problems, at age 1-4, unintentional injury is the most common reason for mortality, at age 5-14 cancer and injuries are the most common reasons for mortality and at age 15-19, injuries are the main cause of mortality with road traffic accidents being the main source of injury<sup>8</sup>. In Havering, the number of children killed or seriously injured in road traffic accidents has been reducing since 2003<sup>9</sup>.



<sup>7</sup> Child and Maternal Health Observatory, 2010

<sup>8</sup> Child and Maternal Health Observatory, 2010

<sup>9</sup> Communities and Local Government Data Interchange Hub, 2008

## Deprivation and Child Poverty

Children and young people who experience poverty are likely to be at risk of a range of poor health outcomes. For example, children in poverty are more likely than those not in poverty to<sup>10</sup>:

- Be born prematurely, have a low birth weight and die in their first year of life
- Report long standing illnesses, and are less likely to report good or very good health
- Children living in more deprived areas are significantly more likely to be obese
- Children living in poorer backgrounds are much more likely to die from unintentional injury or as a result of exposure to fire, smoke or flames
- Children from unskilled backgrounds or backgrounds where parents have never worked are more likely to experience mental health issues than children from working and skilled backgrounds

The Indices of Multiple Deprivation (IMD)<sup>11</sup> for young people combine a range of economic, social and housing indicators. These indicators measure the number of households on low income, health status, barriers to housing and key services amongst others. These indicators combine into a single deprivation score and are used to rank areas according to their relative levels of deprivation.

It is estimated that around 9,000 children and young people under the age of 16 were living in poverty in Havering in 2008. There are wide differences both between wards and within wards in the proportion of young people living in poverty. For example, 50% of children living in one area of South Hornchurch are living in poverty, while only 5% of children in Upminster are living in poverty<sup>12</sup>.

Ward	Rank
Gooshays	1
Heaton	2
South Hornchurch	3
Havering Park	4
Brooklands	5
Romford Town	6
Elm Park	7
Rainham and Wennington	8
Mawneys	9
Harold Wood	10
Squirrel's Heath	11
St Andrew's	12
Pettits	13
Hacton	14
Hylands	15
Cranham	16
Emerson Park	17
Upminster	18

In Havering, children and young people living in Gooshays, Heaton and South Hornchurch wards are most likely to experience deprivation, and children living in Emerson Park and Upminster wards are least likely to experience deprivation.

<sup>10</sup> Havering Child Poverty Strategy, London Borough of Havering, 2010

<sup>11</sup> The English Indices of Multiple Deprivation, Communities and Local Government, 2007

<sup>12</sup> Havering Child Poverty Strategy, London Borough of Havering, 2010

### Child Well-being<sup>13</sup>

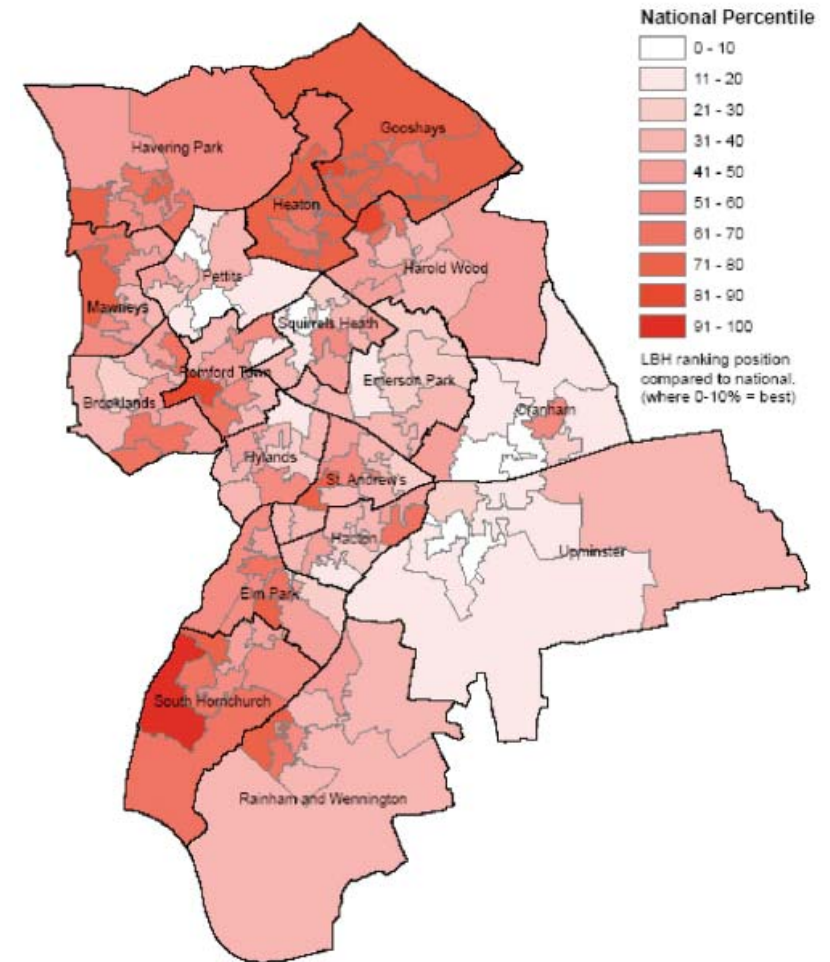
The Department of Communities and Local Government produced a Child Well-being Index in 2009. This index measures seven areas which may affect a child's well-being, for example environment, health and disability and education. When the individual areas which affect child well-being are considered, Havering performs the best for the topic of environment (ranked 3<sup>rd</sup> best in the country), which takes into consideration factors such as percentage of green space, road safety and access to sports and leisure facilities.

For child well-being overall (which combines all of the areas looked at by the Child Well-being Index), Havering is ranked 180<sup>th</sup> out of 354 local authorities, which places it around the middle.

However, the child Well-being Index suggests that there are differences in the well-being of children in different areas of Havering. The areas on the map which are the darkest red are within the 10% of areas nationally with the worst child well-being. This includes many areas in Gooshays and Heaton wards as well as some areas in South Hornchurch and Romford Town.

The areas on the map which are white are within the 10% of areas nationally with the best child well-being. This includes some areas in Upminster, Cranham, Squirrel's Heath and Pettits wards.

Havering performs worst on the area relating to child health and disability (ranked 266<sup>th</sup> out of 354 local authorities). This looks at emergency admissions and outpatient attendances for 0 to 18 year olds and the proportion of under 16s receiving disability living allowance. Parts of Gooshays and South Hornchurch have very low scores for child health and disability, indicating poor child health.



<sup>13</sup> based on Children and Families Baseline Analysis, The London Borough of Havering, 2010

## Deprivation and Educational Achievement

### Free School Meals

Free school meals are available to children in low income families who are claiming benefits such as income support, income based jobseekers allowance, and therefore may provide an indication of children who may be likely to be living in poverty.

27.4% of all school pupils in Havering are eligible for free school meals. This is below the England average (33.3%) and the London average (41.7%)<sup>14</sup>.

However, there are large variations between schools in the proportion of all pupils who are entitled to free school meals. In 2010, some schools had less than 1% of pupils who were eligible for free school meals, whereas in other schools up to 42% of pupils were eligible for free school meals<sup>15</sup>.

Around 1.7% of those who are eligible for free school meals in Havering are not claiming them<sup>16</sup>. Further work with schools could help to reduce this number.

MOSAIC data suggests that in Havering, the following social groups are most likely to have above average numbers of school children who are eligible for free school meals:

- “Benefit dependent families and singles in social housing”. Due to the low household incomes and low wages of the parents within this group, there is a large over- representation of children claiming free school meals in this group
- “Children within the social group middle aged manual workers and pensioners in rented accommodation”. The relatively low incomes of this group means that eligibility for free school meals within this group is much higher than average

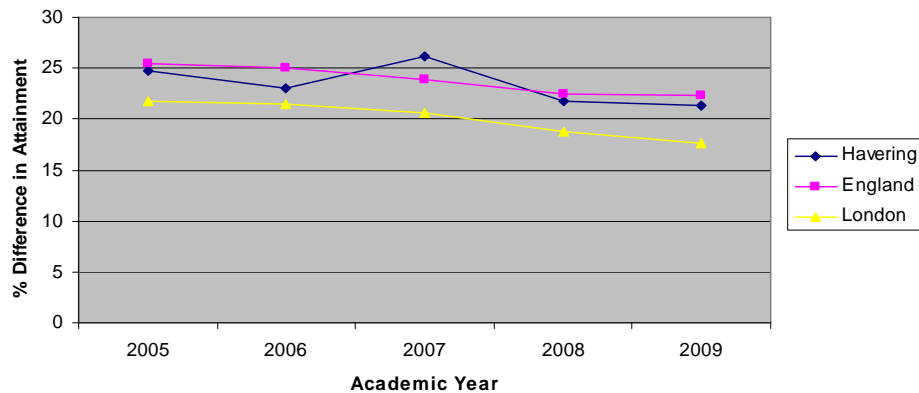
<sup>14</sup> Schools, Pupils and their Characteristics, Department for Education, 2010

<sup>15</sup> Free School Meal Uptake Data, London Borough of Havering, 2010

<sup>16</sup> Free School Meal Uptake Data, London Borough of Havering, 2010

**Difference in Educational Attainment between Primary School Children Claiming Free School Meals and Students Not Claiming Free School Meals**

(NI102 Communities and Local Government data hub, 2010)



In Havering, primary school children who claim free school meals are over 20% less likely to achieve at least level 4 in English and Maths when they are assessed age 11. Level 4 achievement is “average” performance for an 11 year old.

Havering performs better than the England average, but not as well as the London average.

The difference in achievement between those who claim free school meals and those who do not has been reducing in recent years, suggesting reducing inequality between the groups.

In Havering, secondary school children who do not claim free school meals score 30% higher in their GCSEs than students do claim free school meals.

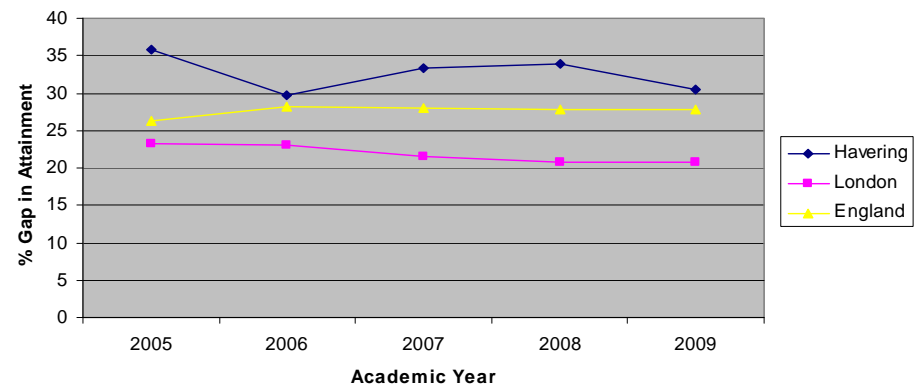
Havering’s performance is worse than the London average and slightly worse than the England average.

The difference in attainment levels between the two groups is greater at GCSE level than at primary school level in Havering.

However, the difference in achievement between those who claim free school meals and those who do not has been reducing in recent years, suggesting reducing inequality between the groups.

**Difference in Educational Outcomes at GCSE between Students Claiming Free School Meals and Students Not Claiming Free School Meals**

(NI102 Communities and Local Government data hub, 2010)

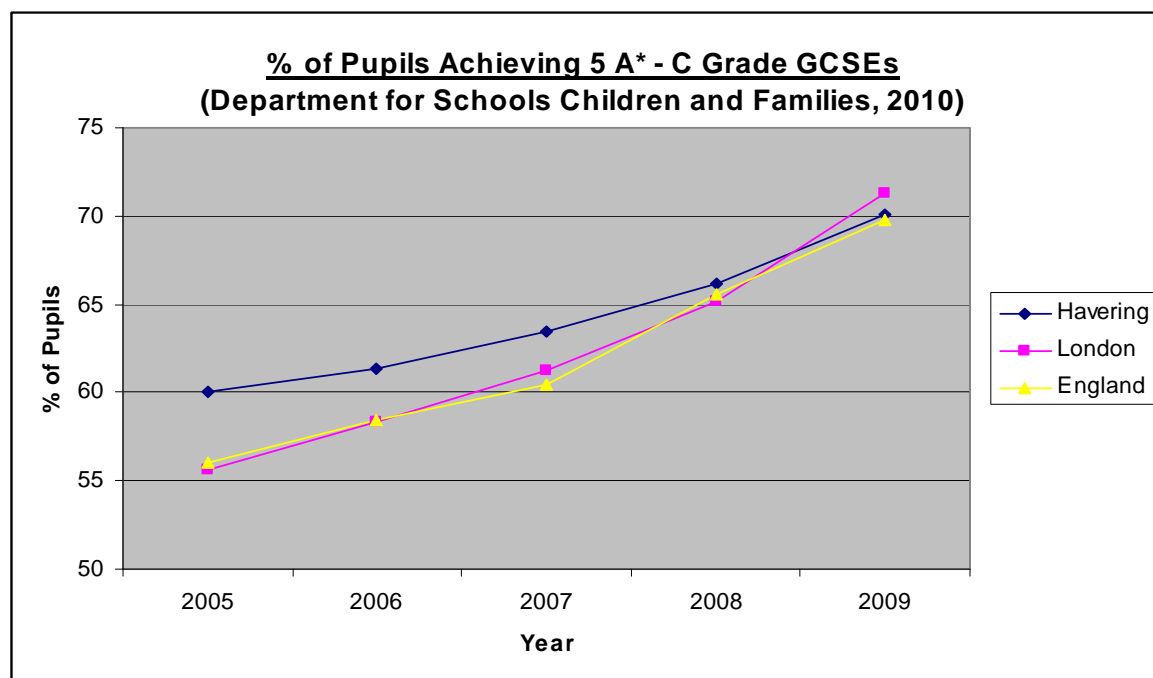


## Education, Training and Employment

Historically, young people in Havering have performed better in their GCSEs than the London and England average, with a greater percentage of young people in Havering gaining 5 A\* - C grades at GCSE than is the case nationally or in London.

However this data suggests that improvements in GCSE attainment have not been as fast in Havering as in London and England overall, and in 2009, Havering was below the London average for the proportion of young people achieving 5 A\* - C grades at GCSE and performed similarly to the England average.

According to a recent survey, it is more likely for young people in years 8 and 10 at school to worry about what they are going to do after year 11 (for example progressing into work or further education) than was the case nationally<sup>17</sup>.



<sup>17</sup> Tell Us 4 Survey, Department for Schools, Education and Families, 2009

MOSAIC data suggests that in Havering people within the following social groups are most likely to have achieved 5 GCSE passes at grades A to C:

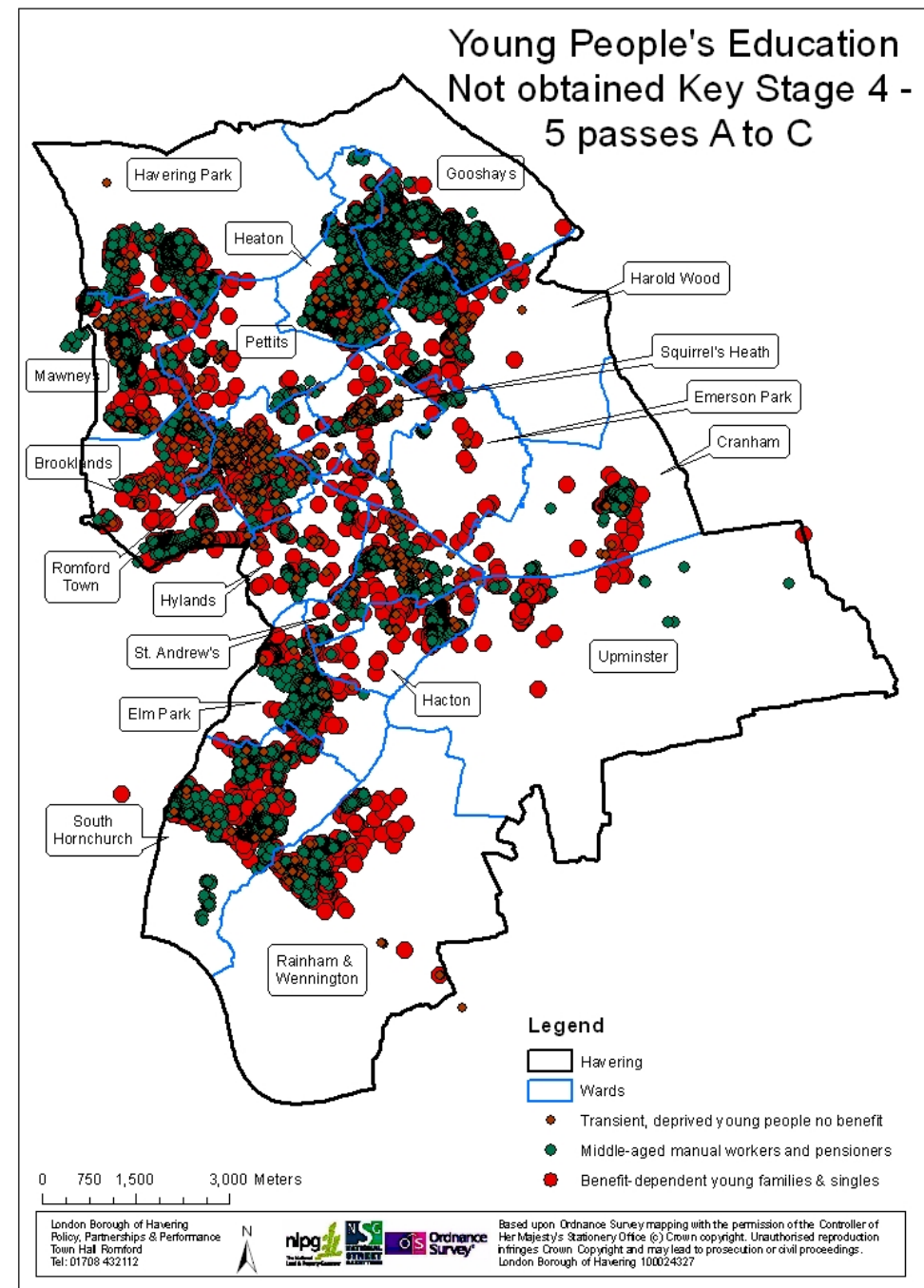
- “Older affluent families”. The majority of this group is well educated and many will choose to go on to University
- “Young affluent singles”. This group tends to be very well educated, with a majority going on to University and many continuing into postgraduate study

People within these social groups are also most likely to have high levels of educational attainment at primary school age (key stage 2, age 8-11 years)

People within the following social groups are least likely to have achieved 5 GCSE passes at grades A to C:

- “Benefit dependent young families and singles in social housing”. People within this group often have low educational attainment which may limit their employment or further education options, with few within this group carrying on to do ‘A’ levels or to go to University
- “Middle aged manual workers and pensioners”. Although some of this group will achieve 5 A to C grades at GCSE, the majority leave education at the earliest possible opportunity to follow manual occupations or to learn a trade
- “Transient, deprived young people not claiming benefits”. A large majority of this group leave school with few educational qualifications. Children within this group are likely to be the children of recent immigrants to the area with diverse ethnic backgrounds.

People within these social groups are also most likely to have low levels of educational attainment at primary school age (key stage 2, age 8-11 years)



## Young People not in Education, Training or Employment

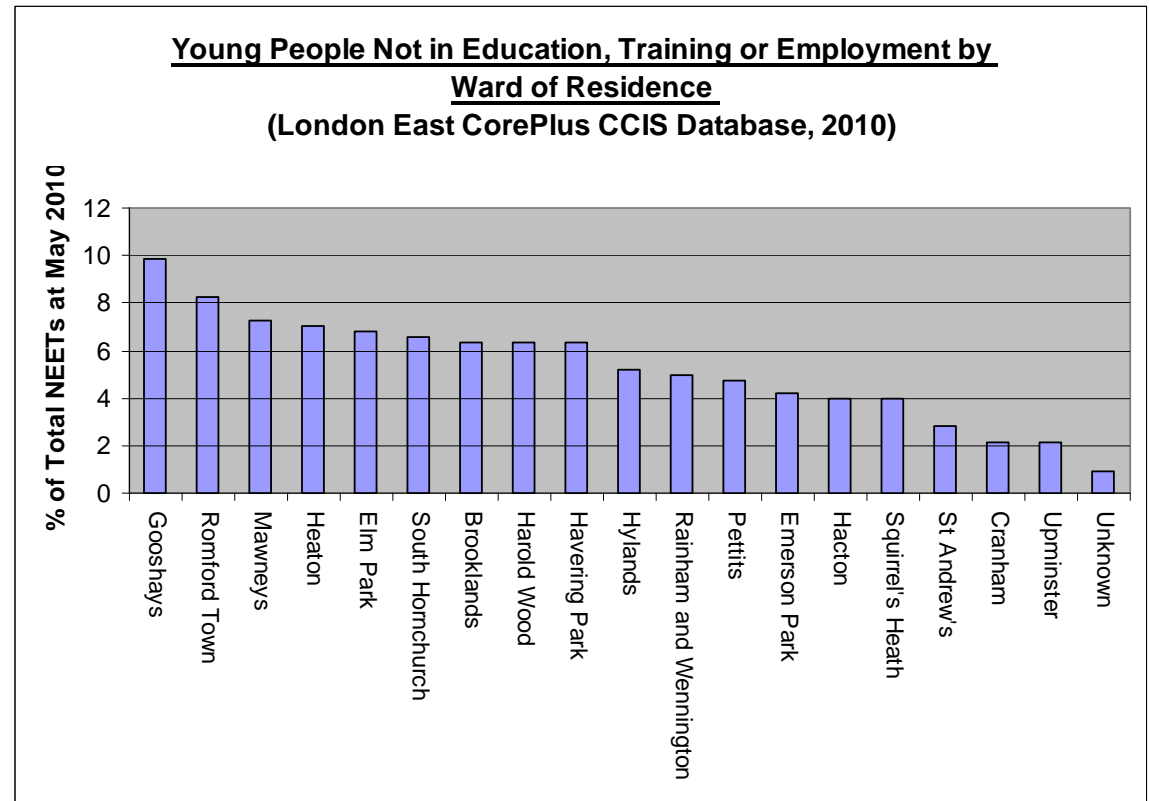
Unemployment among young people in Havering has historically been lower than the London and England averages, and this is still the case currently. In 2010, 5.2% of all 16-18 year olds in Havering were not in education, employment or training compared to 5.75% across London and 6.92% nationally<sup>18</sup>.

In May 2010 there were over 400 young people aged 13-19 (or aged up to 25 with a learning disability) who were not in education training or employment (NEET). The largest proportion of these were residents of Gooshays, Romford Town and Mawneys wards, and were least likely to be residents of Upminster. There were a larger proportion of males who were NEET than females (56% were male compared to 44% female).

The majority of young people (55%) had been NEET for between 4 and 20 weeks, and only 5% had been NEET for over a year.

However despite this, slightly older data from 2009

suggested that the proportion of young people (aged 18-24) in Havering who were claiming job seeker's allowance was the highest in London, with 28% of young people claiming, compared to a London average of 24%<sup>19</sup>. It would therefore appear that worklessness and further education for young people in Havering is an area that may need further investigation.

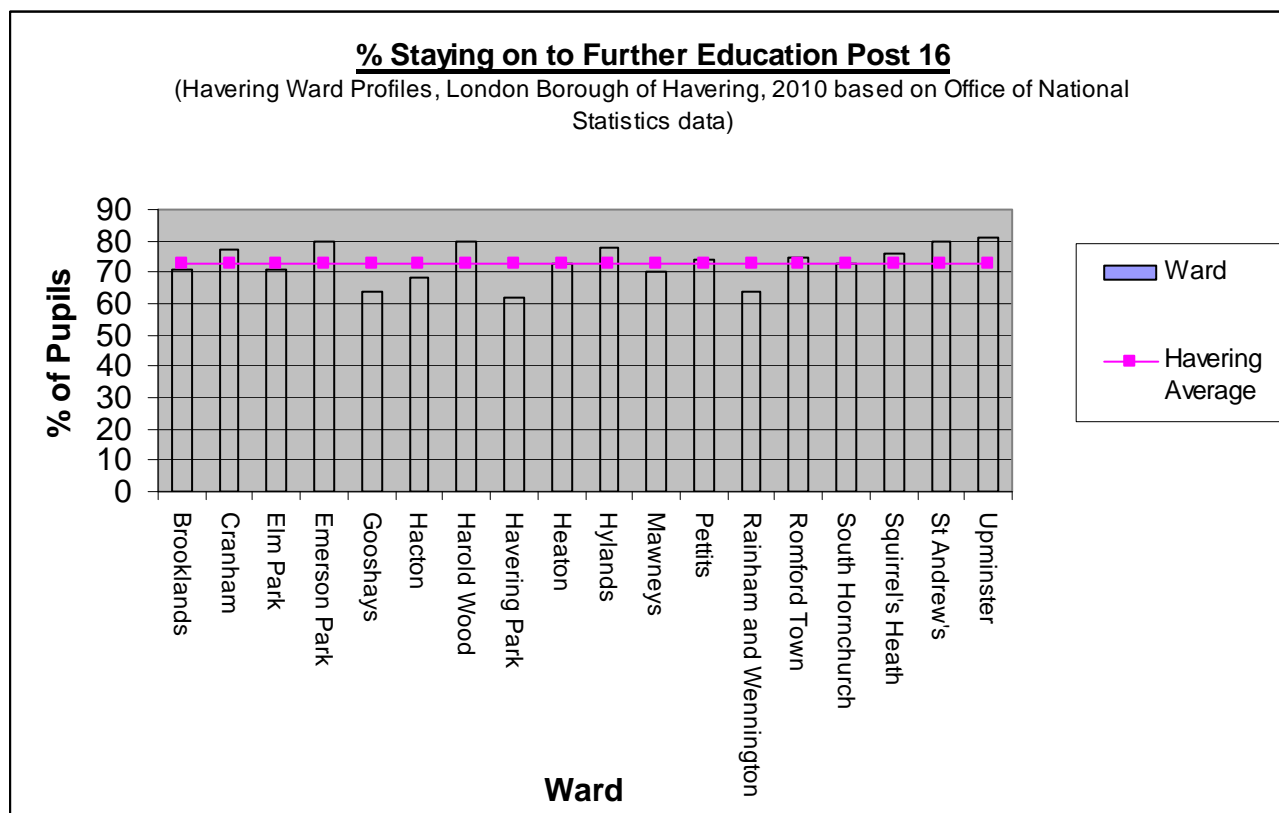


<sup>18</sup> Local Economic Assessment, London Borough of Havering, 2010

<sup>19</sup> Local Economic Assessment, London Borough of Havering, 2010, based on Claimant Count, Office of National Statistics, 2009



## Post 16 Education



73% of young people in Havering continue their education after the age of 16. This ranges from 62% in Havering Park to 81% in Upminster<sup>20</sup>.

<sup>20</sup> Havering Ward Profiles, the London Borough of Havering, 2010, based on Office of National Statistics data

## Young People and Crime

Crime can impact on health both directly, for example violence can lead to injury, and indirectly as stress caused by crime and fear of crime can lead to ill health and psychological distress. There has also been found to be a strong relationship between poor health, high levels of crime and poverty<sup>21</sup>.

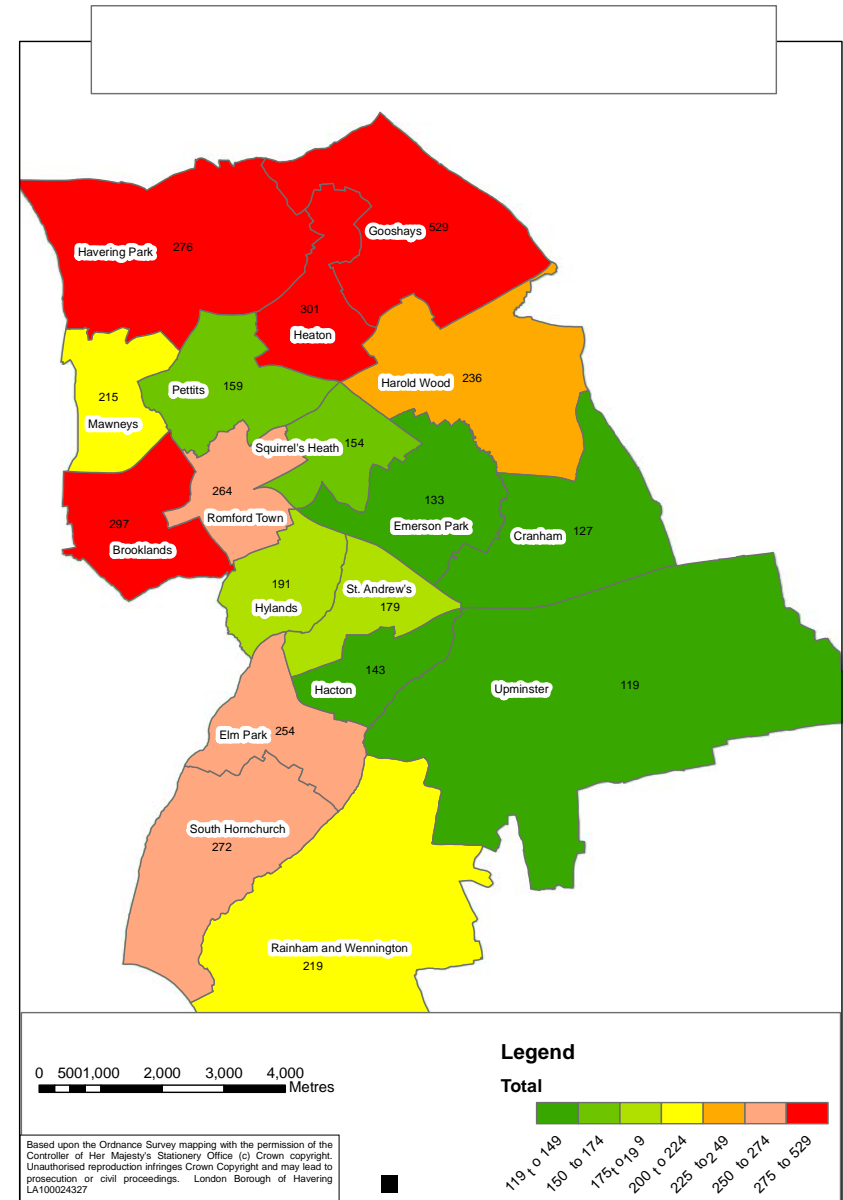
In 2009/10, the largest number of young people who were victims of crime were residents of Gooshays, followed by Heaton and Brooklands.

Upminster and Cranham were the wards where the fewest young people were victims of crime.

However, there are large numbers of young people living in Gooshays, Heaton and Brooklands Ward, whereas Upminster and Cranham have lower numbers of young people living there.

Therefore further investigation/comparison is needed to identify areas where young people are most *likely* to experience crime.

Although the majority of young people in Havering report feeling safe in the place that they live, fewer young people feel “very safe” in their local area than is the case nationally or in similar local areas<sup>22</sup>.



<sup>21</sup> Better Health, Lower Crime. NACRO, 2001

<sup>22</sup> Tell Us 4 Survey, Department for Schools, Education and Families, 2009

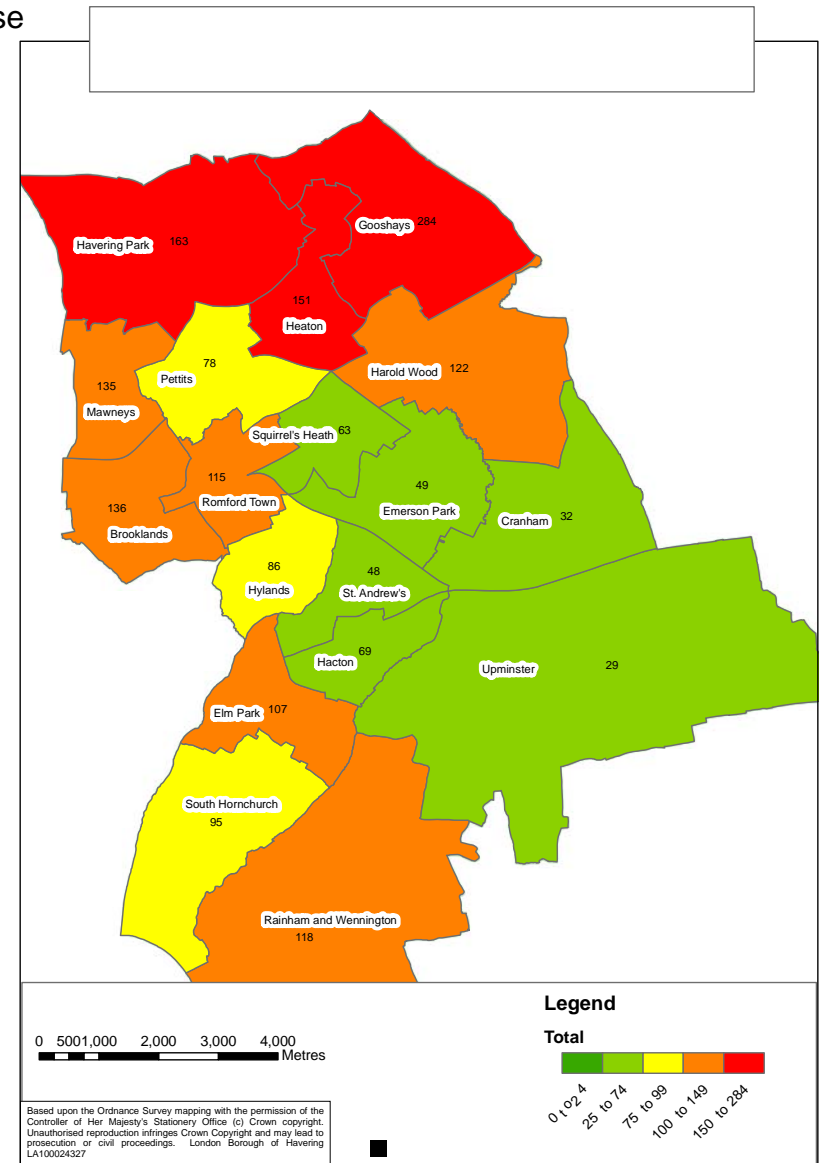
Young people are also more worried about being a victim of crime than is the case nationally and in other similar locations<sup>23</sup>.

In 2009/10, the largest number of young people who were accused of participating in crime were residents of Gooshays, followed by Havering Park and Heaton.

Upminster and Cranham were the wards where the fewest young people were victims of crime.

However, again there are large numbers of young people living in Gooshays, Havering Park and Heaton, whereas Upminster and Cranham have lower numbers of young people living there.

Therefore further investigation/comparison is needed to identify areas where young people are most *likely* to participate in crime.



<sup>23</sup> Tell Us 4 Survey, Department for Schools, Education and Families, 2009

## Young People and Drug Misuse

Young people in years 8 and 10 were more likely to report that they had never tried drugs than the national average or the average in other similar areas.

90% stated that they had never tried drugs compared to 88% nationally. (Tell Us 4 Survey, Department for Schools, Education and Families. 2009).

Of those referred to the young people's substance misuse service in 2009/10<sup>24</sup>:

- The highest proportion of young people referred to the service were between the ages of 13-16, though there was a significant minority of 17-18 year olds
- The highest proportion of referrals into the service come from Children's Services (26%) and Schools (24%). The service receives low referrals from particular local agencies such as the Child and Adolescent Mental Health Service (4%) and Connexions (4%) in Havering.
- Overall, though referrals from schools were high, this masks the fact that 50% of schools did not refer into the service.
- The postcode data reveals that referrals are continuing to come from less affluent areas of Havering, which are expected to have higher levels of children living in poverty e.g. Harold Hill, Rainham, South Hornchurch and Romford. Together, these three postcode areas account for 55% of young people referred into the service.
- Types of substances used are closely aligned with national trends, with clients using alcohol and cannabis/skunk with stimulants such as powder cocaine and crack forming a smaller proportion of usage.
- In terms of positive outcomes, a significant proportion of clients (67%) reported stopping or reducing their use on leaving the service, with better results for the targeted early intervention service. A smaller proportion of young people was either declining or dropping out of the service but this proportion increased for the clients in the specialist service.
- A significant proportion (67%) of young people were in full-time education, followed by young people not in education, employment or training (16%) and young people in further education (15%).
- Havering has a higher proportion of under 25 year olds in drug treatment (31%) than the national (20%) and London (15%) averages, and has the 6<sup>th</sup> largest proportion of under 25s in drug treatment nationally. This trend appears to be increasing, with 33% of clients starting drug treatment in 2008/09 being under 25.

<sup>24</sup> DAAT Quarterly Monitoring Data Set: Young Addiction Havering, targeted and specialist services, London Borough of Havering, 2010

## Children in Care

In Havering, there are currently around 200 children in care<sup>25</sup>. A smaller proportion of children in Havering are looked after than is the case nationally or overall in London (40 children per 10,000 aged under 18 were looked after in Havering compared to 55 per 10,000 in England and 65 per 10,000 in London)<sup>26</sup>.

Of the children in care in Havering, a third lived in the RM3 area (which includes Harold Hill) prior to entering care, and nearly a quarter of the children lived in RM13, which includes most of the South Hornchurch and Rainham and Wennington wards. This data is not broken down into smaller geographical locations to protect the identities of the children in care<sup>27</sup>.

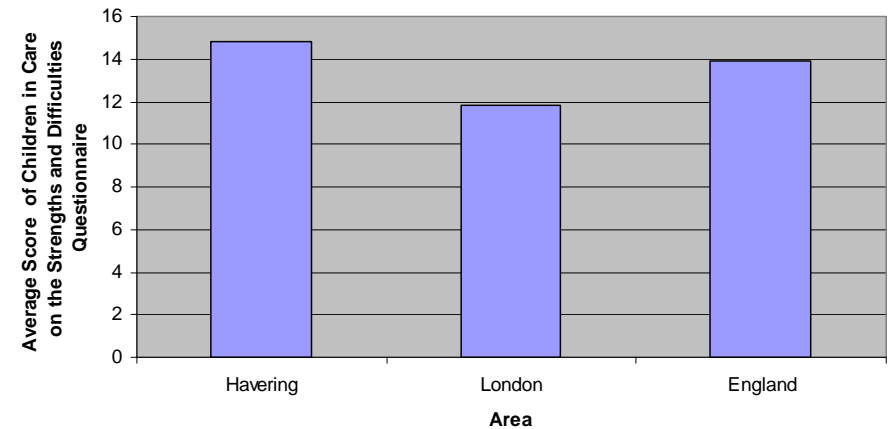
<sup>25</sup> Children and Families Baseline Analysis, The London Borough of Havering, 2010

<sup>26</sup> Department for Children, Schools and Families, 2010

<sup>27</sup> Children and Families Baseline Analysis, The London Borough of Havering, 2010

### Emotional and Behavioural Health of Children in Care

(Communities and Local Government, 2008/09)



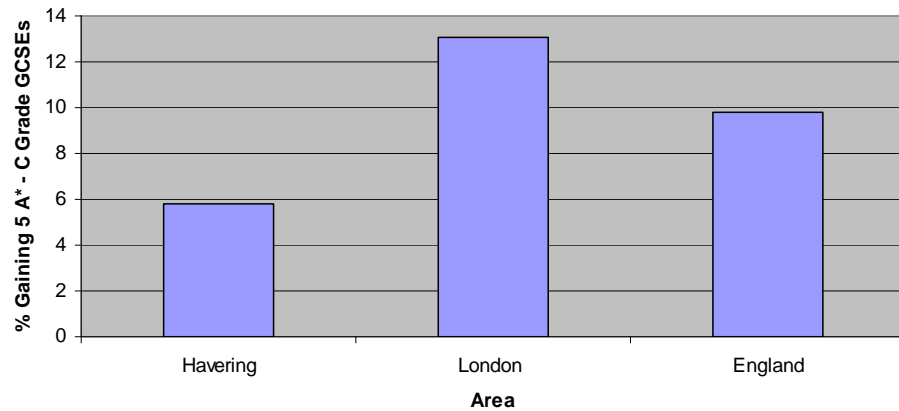
Research has found that children and young people in care experience significantly worse mental health than children and young people overall.

A “Strengths and Difficulties” questionnaire can be used to assess the emotional and behavioural health of children and young people. The questionnaire looks at areas such as emotional difficulties, conduct problems, hyperactivity or inattention, friendships and positive behaviour. A low score on the questionnaire reflects better emotional and behavioural health (Communities and Local Government, 2007).

The average scores of children in care in Havering on the “Strengths and Difficulties” Questionnaire are higher than those in London or England overall (Communities and Local Government, 2008/09). This suggests that the emotional and behavioural health of children in care in Havering may not be as good as is the average overall in London and England.

**% of Looked After Children Who Attain 5 A\* - C Grade GCSEs**

(Communities and Local Government, 2008/09 and the London Borough of Havering, 2008/09)




In Havering, in 2008/09, only 5.8% of looked after children achieved 5 GCSEs (or equivalent qualification) at grade A\*-C in 2008/09. This is lower than the England average of 9.8% and the London average of 13.1%). This is also much lower than the 70.1% of young people overall that achieve 5 GCSEs at grade A\* - C in Havering.

In 2009/10, the percentage of looked after children achieving 5 GCSEs at grades A\*-C had risen to 30%, although national and London comparison data is not yet available for 2009/10.

(Communities and Local Government, 2008/09; 2009/10 and Department for Schools, Children and Families, 2010).

# Older people

## Key Findings:

- Havering has the highest proportion of pensioners in London, with around a fifth of the population in Havering being of retirement age, which is also above the England average
  - The number of older people is expected to increase in the future in Havering, with the fastest increase being in the 90 and over age group, which is expected to increase by 125% by 2025.
  - People aged 65 in Havering will (on average) have a further 13.9 years of good or fairly good health ahead of them. This is better than the London and England averages. However, women in Havering have a greater number of years of good or fairly good health ahead of them than men
  - Havering has a larger proportion of older people living alone than is the average nationally. Older people in Gooshays, Heaton and St Andrew's Wards are most likely to be living alone
  - Over 60% of pensioner households in Havering do not have access to transport, a higher proportion than the England average
  - Older people living in Gooshays, Heaton and Cranham are most likely to be experiencing deprivation
  - Around 46% of all Havering pensioners have a long term limiting illness
  - Nearly 6% of pensioners in Havering are estimated to have dementia; dementia is predicted to be most common among those living in Heaton, Cranham and St Andrew's wards. The number of those with dementia is expected to rise by 8% over the next 5 years
  - Around 11190 pensioners in Havering are predicted to have a fall this year, with around 8% of these resulting in hospital admissions. The number of hospital admissions due to falls in older people is predicted to increase by 14% over the next 5 years
- 
- 74% of older people in Havering were vaccinated against flu in 2008/09, which is in line with the England average
  - People of pensionable age made up 71% of all adult social care users in 2008/09 receiving residential care, nursing care or care in the community
  - Around a quarter of pensioners in Havering are estimated to be obese
  - Around 12% of pensioners in Havering are estimated to have diabetes, with numbers expected to increase by 10% in the next 5 years
  - Older people in Havering identified road and pavement repairs, level of crime, clean streets, health services and activities for teenagers as the issues of most concern to them

# Older people

## For Decision Makers to Consider:

- The large increase in the number of older people in Havering in future will place very much greater demands on health and social care services
- The resource implications of the increased numbers of people with long term conditions such as diabetes and dementia, and the need for emergency hospital admissions will need to be modelled in detail
- There may be higher levels of need for community based/ mobile services for older people due to the large proportion who do not have their own transport
- Develop a joint dementia commissioning strategy to ensure that future needs are met and that services comply with recent national guidance
- Ensure that plans for the personalisation of care caters for an increasingly diverse older population and for people in more socially deprived circumstances





## The Older Population

Havering has a large elderly population, with more than 37% of residents aged 50+ and more than 20% of the population of retirement age<sup>1</sup>.

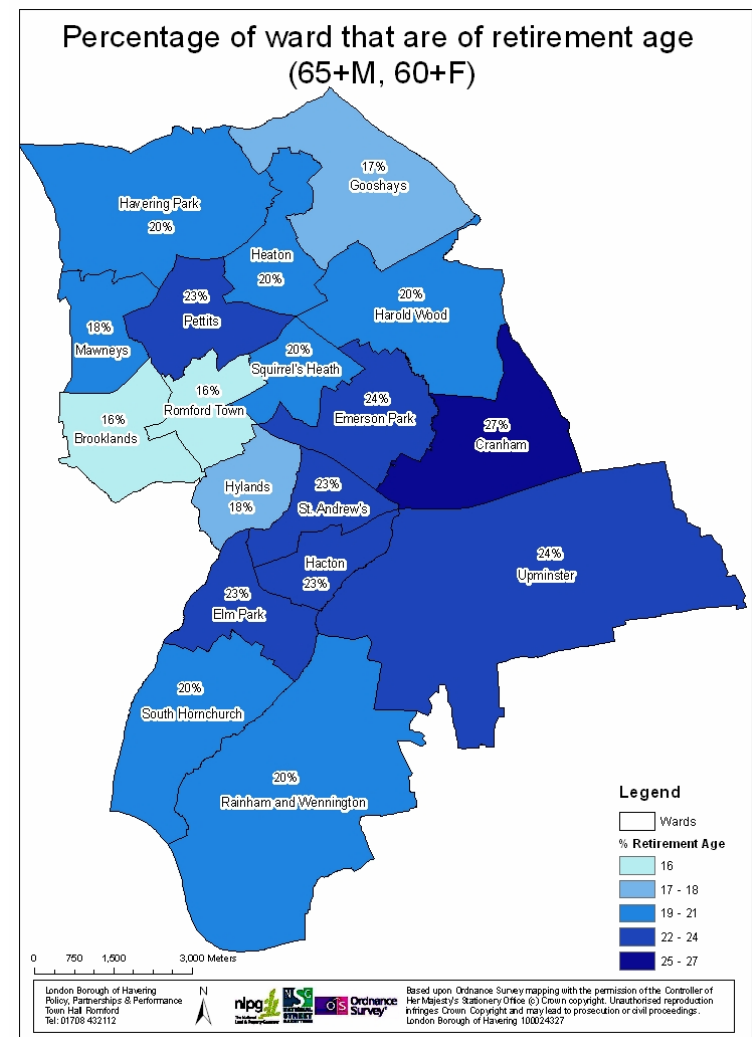
The borough has a larger proportion of older (retirement age) residents than the London or England average<sup>2</sup>.

The number of older people in Havering is expected to continue to increase in the future, with the number of people of pensionable age increasing by more than 23% by 2025.

The number of people in each of the older age groups in Havering is expected to increase in the future, with the fastest increase being in the 90 and over age group (expected to increase by 125% by 2025).

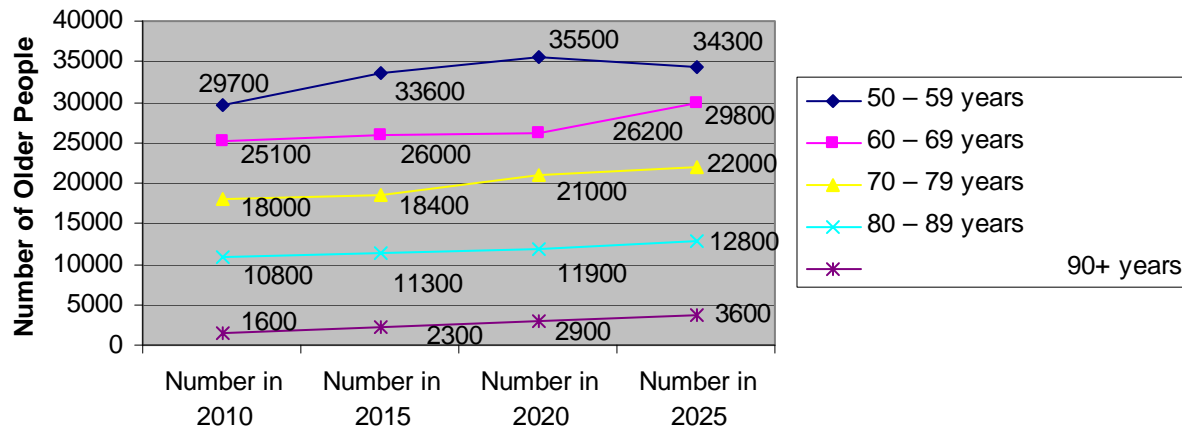
MOSAIC data suggests that households of pensionable age in Havering, they are most likely to belong to the group active older people nearing retirement with private pensions, who are likely to have comfortable incomes and be faced with health conditions indicative of their age, including heart and lung disease, dementia and type 2 diabetes.

However there is also an above average number of pensioner households in Havering who fall into the group "older affluent families". This group is likely to have high incomes and are of an age where certain types of health conditions are starting to be expressed, such as cancers (Experian and the London Borough of Havering, 2010)



The map shows that Cranham, followed by Upminster and Emerson Park have the largest proportion of residents of retirement age. Brooklands and Romford Town have the smallest proportion of residents of retirement age (Mid Year Estimates, Office of National Statistics, 2008).

**Older People in Havering Projected Population Growth**  
(ONS, 2008)



**Gender**

There are a greater number of females than males in Havering’s older population, particularly among the very elderly. In the 90 and over age group there are more than twice as many females than males in 2010<sup>3</sup>. This is likely to be due in part to the longer life expectancy of women. It is predicted that there will continue to be a greater number of older women than men in Havering in the future.

For further details of Havering’s predicted future population changes, please see the demographics chapter.

<sup>3</sup> 2008 Mid Year Estimates, Office of National Statistics, 2008

## Deprivation Among Older People

Havering Wards Ranked by Income Deprivation Affecting Older People (IDAOP) : Indices of Deprivation, Communities and Local Government, 2007)

Ward	Rank (1 = Most Deprived)
Gooshays	1
Heaton	2
Brooklands	3
Romford Town	4
Havering Park	5
St Andrew's	6
Harold Wood	7
South Hornchurch	8
Elm Park	9
Mawneys	10
Rainham and Wennington	11
Pettits	12
Hylands	13
Squirrel's Heath	14
Hacton	15
Emerson Park	16
Cranham	17
Upminster	18

The Income Deprivation Affecting Older People Index (IDAOP) provides a measure of poverty in relation to older people. It can be used to rank local authorities and their component wards in terms of the income deprivation of their older residents and thus offers a useful perspective on likely health inequalities.

In Havering, the IDAOP suggests that older people in Gooshays, followed by Heaton and Brooklands are most likely to be experiencing deprivation, and those in Upminster and Cranham are least likely to be experiencing deprivation.

## Housing and Living Conditions

### Housing Tenure

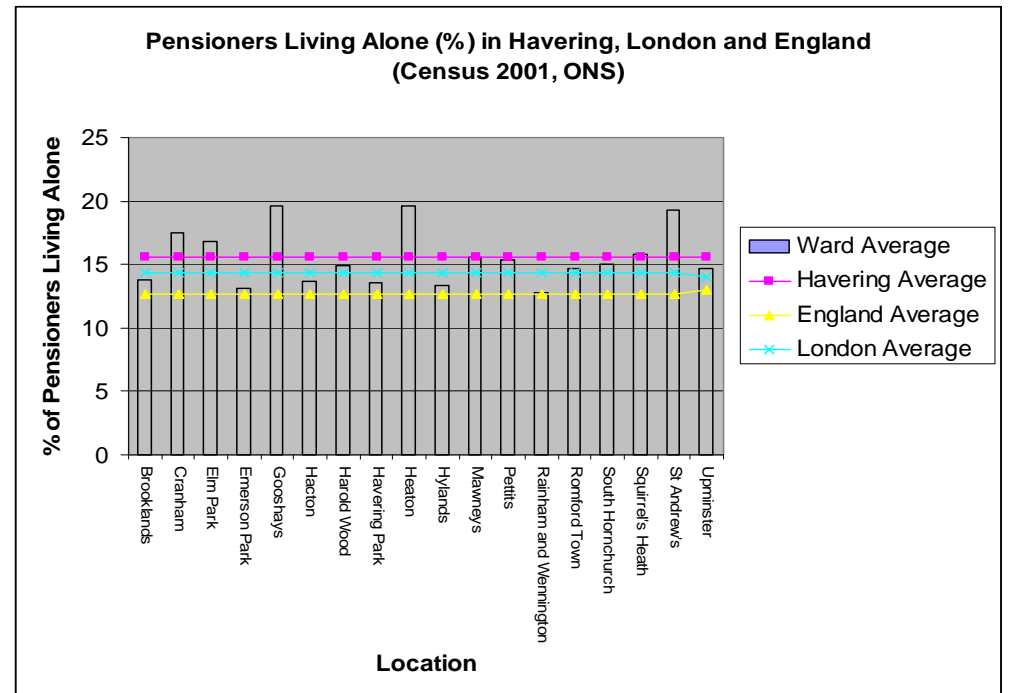
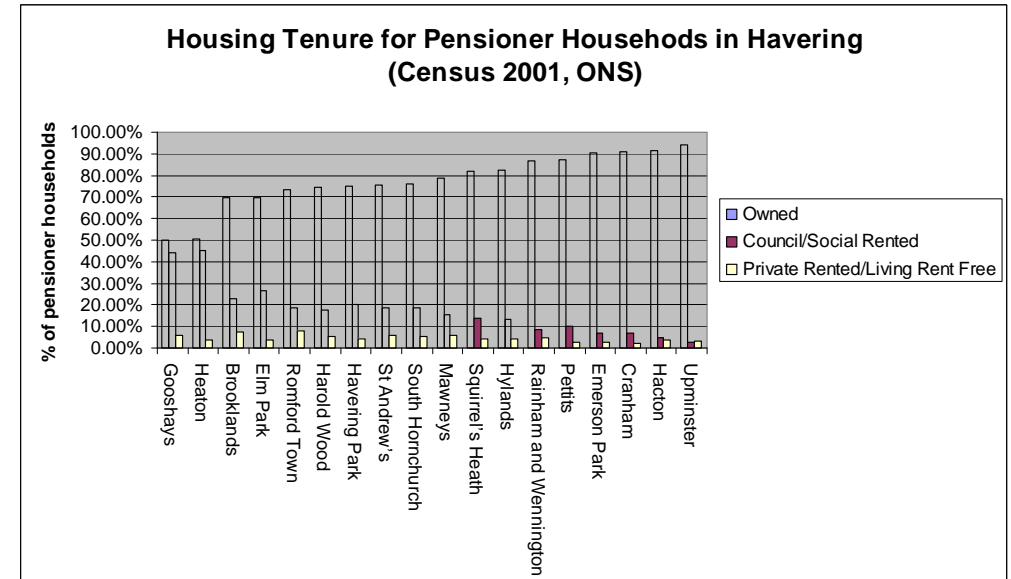
The majority of older people in Havering own their own home (77.3%), with a higher proportion of older people doing so than is the case nationally. This follows the same pattern as for the housing tenure of people in younger age groups. Upminster has the highest proportion of older people owning their home and Gooshays the lowest.

It is less common for older people in Havering to rent Council or social housing than is the case nationally, although over 40% of older people in Heaton and Gooshays rent Council or social housing.

### Older People Living Alone

Some studies have found that older people living alone are more likely to have contact with social services and use services such as home help and meals on wheels than elderly people living with others. Older people living alone are also more likely to be in contact with community health professionals<sup>4</sup>.

Census (2001) data shows that Havering had a higher percentage of older people living alone than is the case nationally. Gooshays, Heaton and St Andrew's have the highest proportions and residents in these areas might therefore be expected to have a higher demand for care services than other areas.



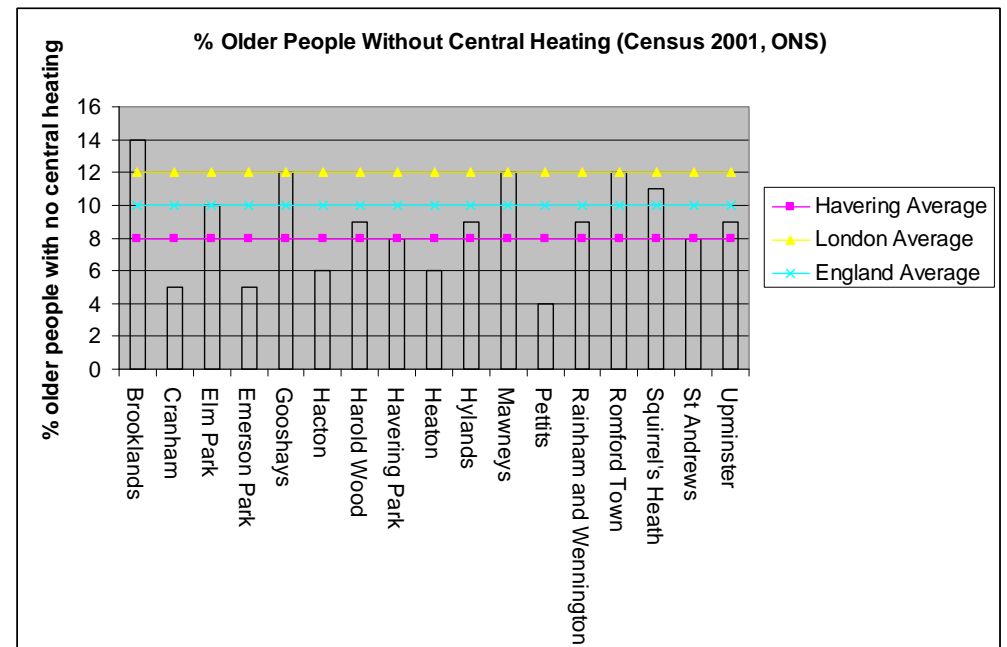
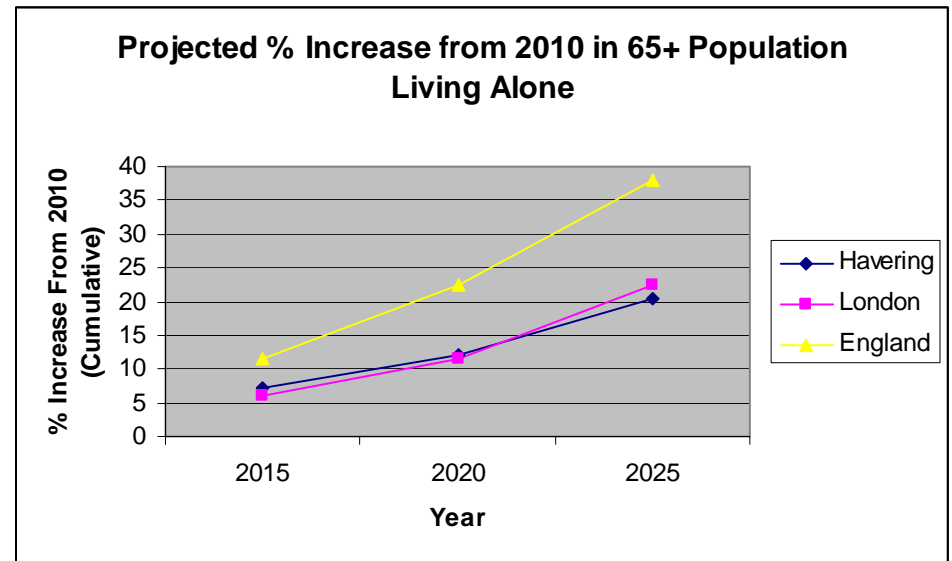
<sup>4</sup> Are Elderly People Living Alone an At Risk Group?, Illiffe, S; Tai, S; Haines, A; Gallivan, S; Goldenberg, E; Booroff, A; Morgan, P, British Medical Journal, 1992

It is predicted that<sup>5</sup> the number of elderly people living alone in Havering will continue to grow, increasing by 12% in the next 10 years when compared with current (2010) levels. The rate of growth of older people living alone in Havering is expected to be similar to the London rate, but slower than the England rate.

MOSAIC data suggests that in Havering the group of people who are most likely to be pensioners living alone are middle aged manual workers and pensioners in rented accommodation. This group are of an age where long term conditions are beginning to be expressed, are more likely to be registered disabled than the average and usually have low incomes.

### Central Heating

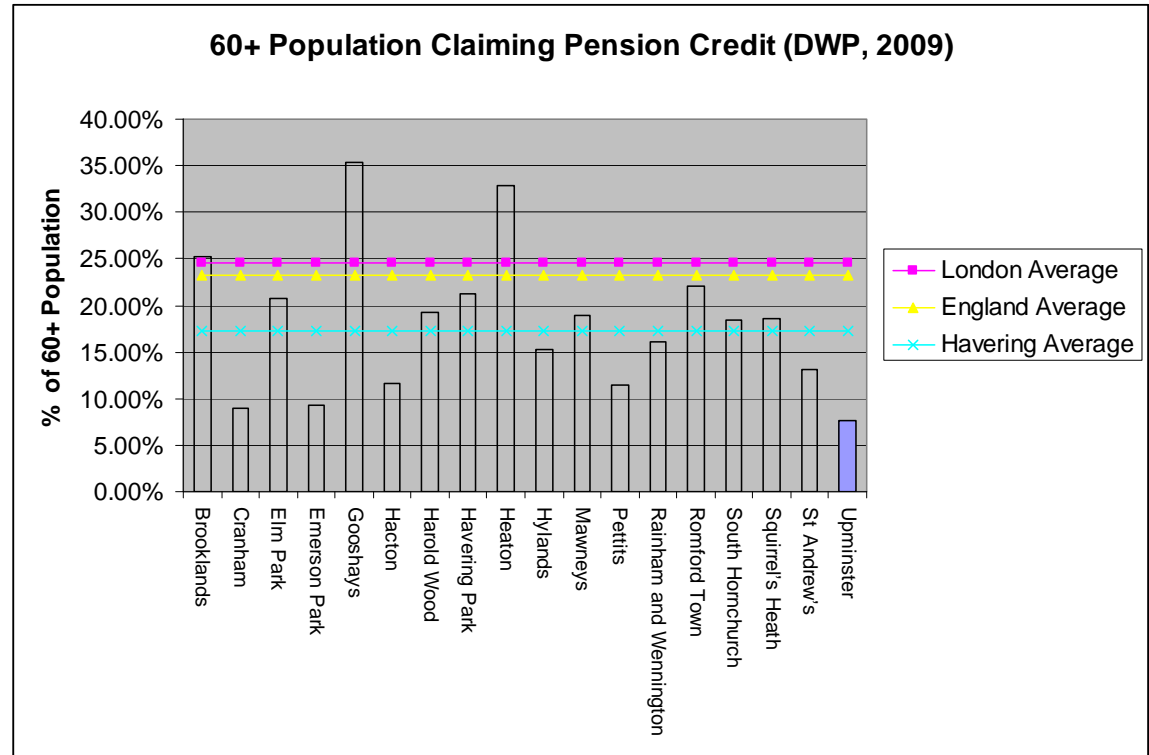
Fewer pensioners in Havering are living without central heating than the average for England or London. However, there are large differences between wards, with Brooklands having the highest proportion of pensioners without central heating (14%) and Gooshays, Mawneys, Romford Town having the next highest proportions (12%).



<sup>5</sup> Projecting Older People Population Information System, 2010

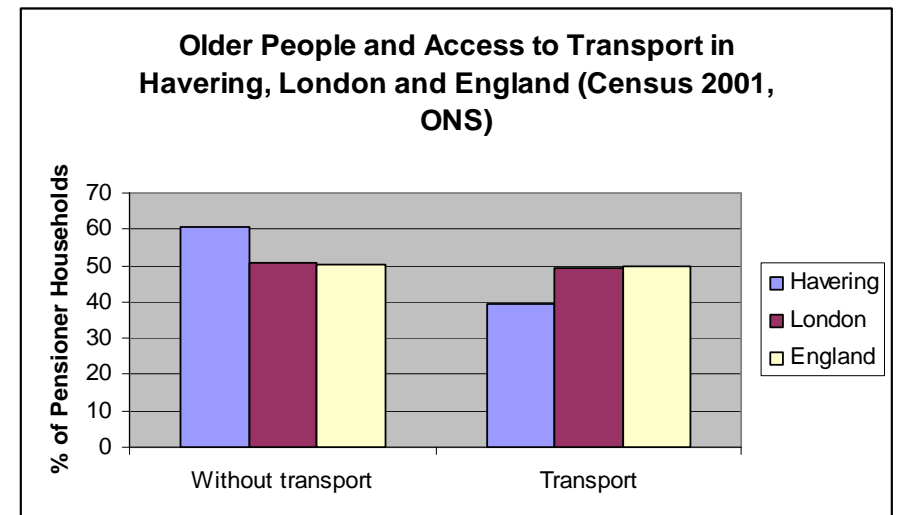
### Pension Credit

Pension credit is provided by the Government where pensioners' income falls below a certain threshold, with the aim of ensuring all pensioners have a minimum income. It is less common for pensioners in Havering to claim pension credit than in London or England. However, there are large variations between wards and Gooshays and Heaton have large proportions of pensioners claiming pension credit.



### Transport

Census (2001) data suggests that over 60% of pensioner households in Havering do not have access to their own transport (a bigger proportion than London or England). This may mean that there is greater demand in Havering for transport and community based services in Havering than in other areas.



## Health Status of Older People (Aged 65+)

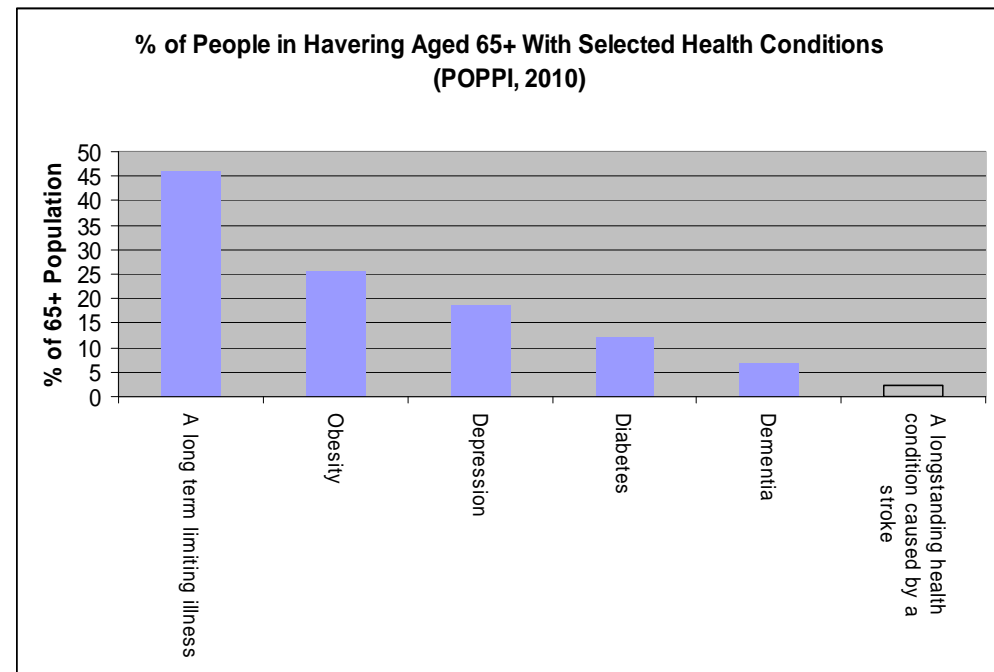
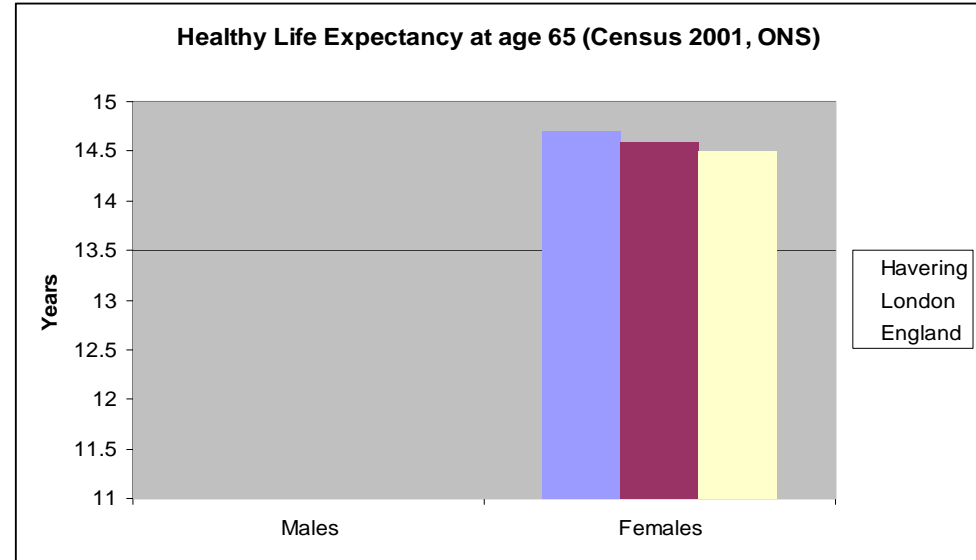
### Healthy Life Expectancy

In Havering people aged 65 will on average have a further 13.9 years of good or fairly good health ahead of them. This is slightly better than the London figure of 13.6 years and the England average of 13.1 years<sup>6</sup>. Women in Havering live an extra 2 years in good health than men in Havering.

### Ill Health

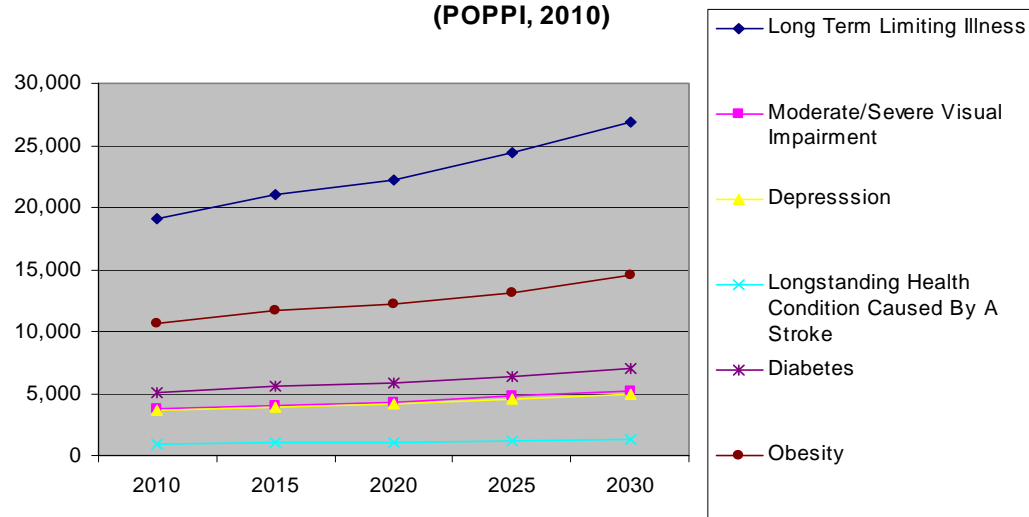
Estimates of the number of older people in Havering with certain health conditions have been made by the Projecting Older People Information System (POPPI). This uses population projections and prevalence data to identify current and future need and thus inform service planning

The graph on the right suggests that currently around 46% of Havering residents aged 65+ have a long term limiting illness. Risk factors such as obesity and diabetes are also common in the older population and about 1 in 6 people are affected by depression.



<sup>6</sup> NI137, Audit Commission, 2009, based on 2001 census population data

**Increase in Number of People Aged 65+ With Selected Health Conditions in Havering (POPPI, 2010)**



Looking to the future, the numbers of older people in Havering with long term limiting illness and key health conditions will continue to increase.

Long term limiting illness and risk factors such as obesity and diabetes are predicted to remain some of the most common health conditions affecting older people in Havering.

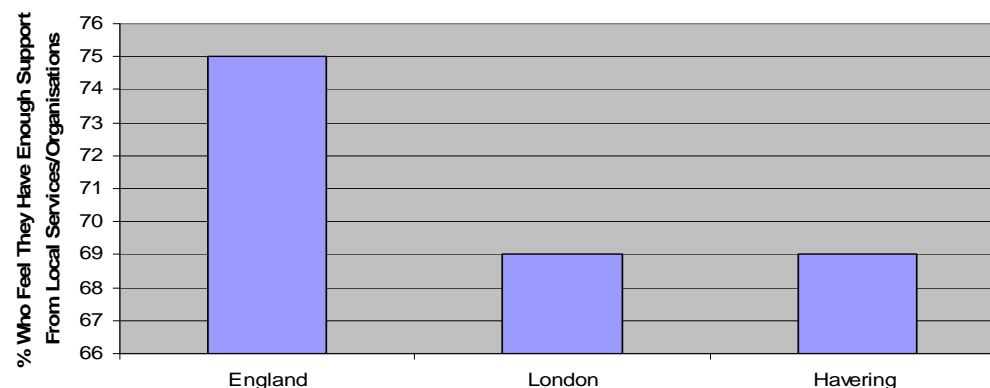
It is expected that, for each of the health conditions listed, the numbers affected will increase by 15-17% on current (2010) figures by 2020 and by 36-42% by 2030. This will lead to increased demand for health and social care services in the coming years.

**Long Term Limiting Illness**

A long term limiting illness is any long term health problem, illness or disability that limits daily activities or work. Currently in (2010), around 46% of Havering’s older population are estimated to be living with a long term limiting illness. The number is expected to rise by 16% over the next ten years. It is less common for older people in Havering to have a limiting long term illness than is the case nationally<sup>7</sup>.

69% of people in Havering feel they received enough support from local organisations and services to manage their long term condition, which is in line with the London figure but below the national average of 75%<sup>8</sup>.

**Proportion of People With Long Term Conditions Supported To Be Independent And In Control of Their Condition (2007/08 Healthcare Commission)**



<sup>7</sup>National Centre for Health Outcomes Development, 2009, census data, Office of National Statistics, 2001

<sup>8</sup> Place Survey, Communities and Local Government, 2007/08



## Dementia

Dementia is one of the main causes of disability in later life<sup>9</sup>. Dementia can affect people of any age, but is most common in older people. There are a number of types of dementia, with Alzheimer's disease being the most common, accounting for around 62% of all dementia cases<sup>10</sup>. Alzheimer's disease is more common in women than men, whereas other types of dementia are more common in men<sup>11</sup>.

GP records suggests that in Havering 0.4% of people have dementia, the same recorded prevalence as for England overall<sup>12</sup>, but the 3<sup>rd</sup> highest prevalence in London<sup>13</sup>. However there is wide variation between GP practices, with prevalence ranging from 0% to 1.5% within Havering<sup>14</sup>.

The recorded numbers of dementia in Havering are lower than the expected level - modelled estimates suggest that 1.1% of people in Havering have dementia, rising to a prevalence of 6.0% in the over 65s<sup>15</sup>. Another source of data estimates that around 7% of over 65 year olds in Havering currently have dementia<sup>16</sup>.

<sup>9</sup> Dementia UK report, Alzheimer's Society, 2007

<sup>10</sup> Dementia UK report, Alzheimer's Society, 2007

<sup>11</sup> Dementia UK report, Alzheimer's Society, 2007

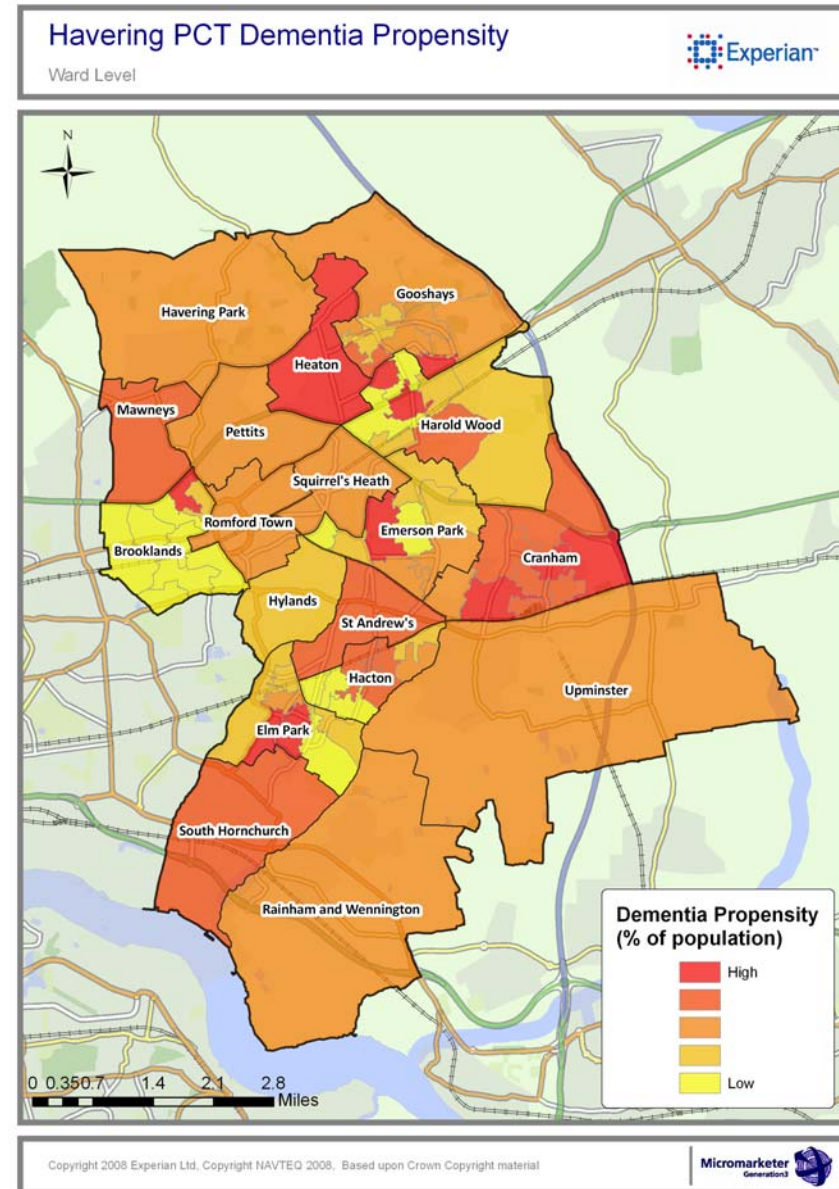
<sup>12</sup> The Quality Outcomes Framework, The National Health Service Information Centre for Health and Social Care, 2008/09

<sup>13</sup> ONEL Dementia Analysis, ONEL Acute Commissioning Unit, 2010

<sup>14</sup> ONEL Dementia Analysis, ONEL Acute Commissioning Unit, 2010

<sup>15</sup> Dementia UK report, Alzheimer's Society, 2007

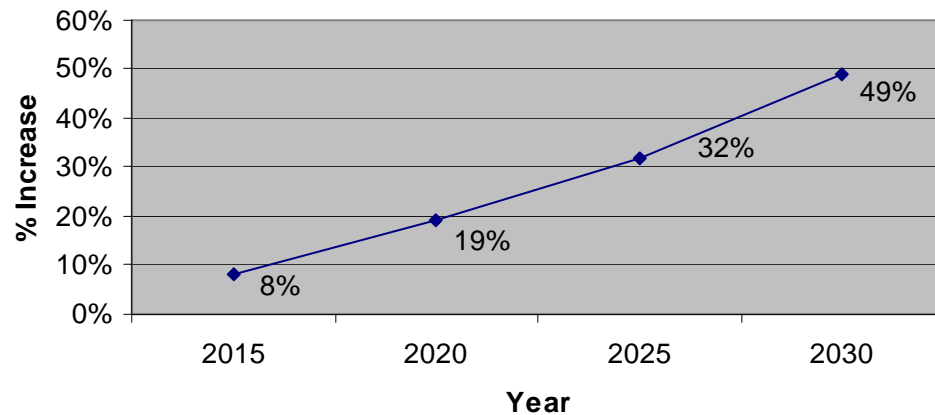
<sup>16</sup> Projecting Older People Population Information System, 2010



The above map uses MOSAIC data and suggests that the biggest proportion of residents with dementia are likely to live in Heaton, followed by Cranham and St Andrew's Wards (Experian and the London Borough of Havering, 2010)

**Projected Increase from 2010 in the Number of People Aged 65+ With Dementia in Havering**

(POPPI, 2010)



The graph suggests that the number of people aged 65+ with dementia in Havering will increase by 49% by 2030.

Comparison of the number of cases of dementia diagnosed in Havering (and recorded on GP registers) with the expected number of cases of dementia in Havering, suggests that around 65% of people with dementia in Havering are undiagnosed, equating to around 2,010 cases of undiagnosed dementia in Havering<sup>17</sup>.

Dementia becomes more common with advancing age, with 45% of all dementia in Havering occurring in the 85+ age group<sup>18</sup>. It is predicted that the number of people with dementia in Havering will continue to rise in the future, with numbers predicted to rise by 8% in the next 5 years alone<sup>19</sup>.

It is estimated that around two thirds of those with dementia will be living in their own homes and a third in care homes (although the proportion living in care homes increases with age)<sup>20</sup>.

<sup>17</sup> ONEL Dementia Analysis, ONEL Acute Commissioning Unit, 2010

<sup>18</sup> Projecting Older People Population Information System, 2010

<sup>19</sup> Projecting Older People Population Information System, 2010

<sup>20</sup> Dementia UK report, Alzheimer's Society, 2007

### Stroke

It is estimated that 2% of those aged 65+ in Havering have a longstanding health condition caused by having had a stroke. A greater number of those affected are male rather than female<sup>21</sup>. It is predicted that older people with a longstanding health condition caused by having had a stroke will have increased by 17% by 2020. More information about Stroke is provided in the “Health and Wellbeing Status” chapter of this JSNA.

### Depression

There are currently 3,607 people aged 65 and over with depression in Havering. It is predicted that this number will increase by 14% by 2020<sup>22</sup>. In line with the national position, it is estimated that in Havering there are over twice as many older women with depression than men in Havering, and this is predicted to continue in the future<sup>23</sup>.

### Mobility

It is estimated that 19% of older people in Havering (aged 65+) have limited mobility and are unable to manage at least one activity on their own (e.g. walking down the road, getting to the toilet or getting out of bed<sup>24</sup>). This is particularly the case for older women, who are more likely than men to be unable to manage at least one activity<sup>25</sup>. It is expected that the number of people unable to manage one activity alone will continue to rise in the future, as is the case nationally<sup>26</sup>.

### Visual Impairment

There are currently 3718 older people with a moderate or severe visual impairment in Havering. This number is predicted to increase by 15% by 2020<sup>27</sup>. Visual impairment becomes more common with age, with 5.6% of 65-74 year olds having a visual impairment, which rises to 12.4% for those aged 75+. Around half of all visual impairments in those aged 75+ are correctable for example cataracts<sup>28</sup>.

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<sup>21</sup> Projecting Older People Population Information System, 2010

<sup>22</sup> Projecting Older People Population Information System, 2010

<sup>23</sup> Projecting Older People Population Information System, 2010

<sup>24</sup> Projecting Older People Population Information System, 2010

<sup>25</sup> Projecting Older People Population Information System, 2010

<sup>26</sup> Projecting Older People Population Information System, 2010

<sup>27</sup> Projecting Older People Population Information System, 2010

<sup>28</sup> Projecting Older People Population Information System, 2010

## Risk Factors

### Obesity

Around a quarter of Havering's older people are obese, with higher prevalence in women than men. The proportion of people who are obese reduces with age<sup>29</sup>. Despite this, the number of older people with obesity is expected to rise in the future, as a result of the rising older population. Of those who have received NHS health checks in Havering, obesity was most common in those aged 55 to 64, with 26.4% of this group being obese and a further 40% overweight. However, this information is based on a relatively small number of people who have received checks so far and as further checks are carried out, the evidence base will become stronger.

### Diabetes

Around 12% of older people (aged 65+) in Havering have diabetes<sup>30</sup>. In line with the national picture, it is estimated that there will be a greater number of older males than females with diabetes in Havering<sup>31</sup>. It is predicted that the number of older people with diabetes will continue to rise in the future, with numbers rising by 10% in Havering by 2015<sup>32</sup>.

### Risk of Cardiovascular Disease (CVD)

The NHS Health Check programme offers a range of investigations for people aged between 40 and 74 years. Of those aged 65-74 checked in Havering so far, some 47% of this age group were identified as being at risk of being admitted to hospital within the next 10 years as a result of CVD. However this is based on a very small proportion of Havering's older population (as the programme is in its early stages) and further information will reveal whether this is a true pattern.

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<sup>29</sup> Projecting Older People Population Information System, 2010

<sup>30</sup> Projecting Older People Population Information System, 2010

<sup>31</sup> Projecting Older People Population Information System, 2010

<sup>32</sup> Projecting Older People Population Information System, 2010

## Falls

Falls are a common source of injury, and can have an adverse psychological impact on older people who may lose confidence or feel they have lost their independence following a fall<sup>33</sup>. Older people are more vulnerable to falls. It is predicted that in Havering, around 11,190 people aged 65 or over will have a fall this year<sup>34</sup>. Around 912 of these falls (8%) will result in hospital admissions. Within the older people category, those aged 75 and over are most likely to be admitted to hospital as a result of a fall. It is predicted that the number of older people admitted to hospital due to falls will increase by 14% in Havering by 2020, which is consistent with national trends<sup>35</sup>.

## Immunisations for Older People

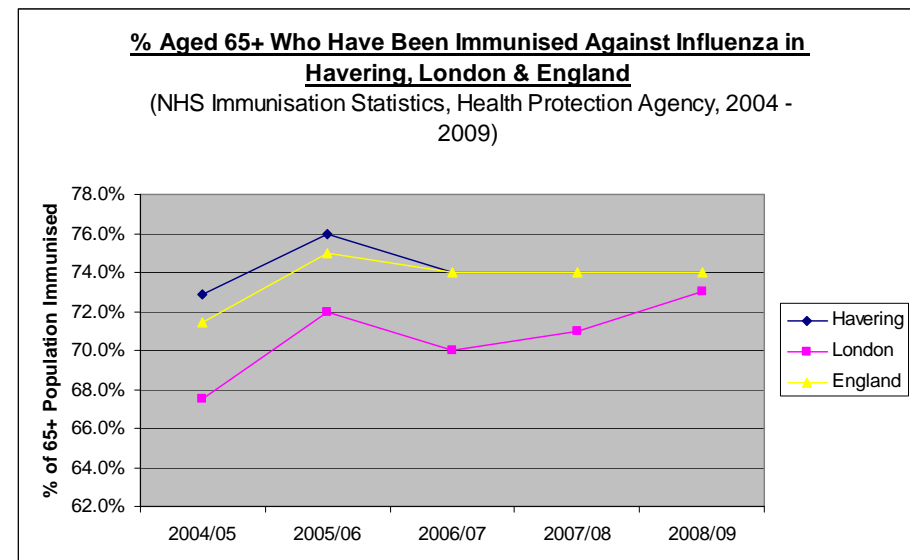
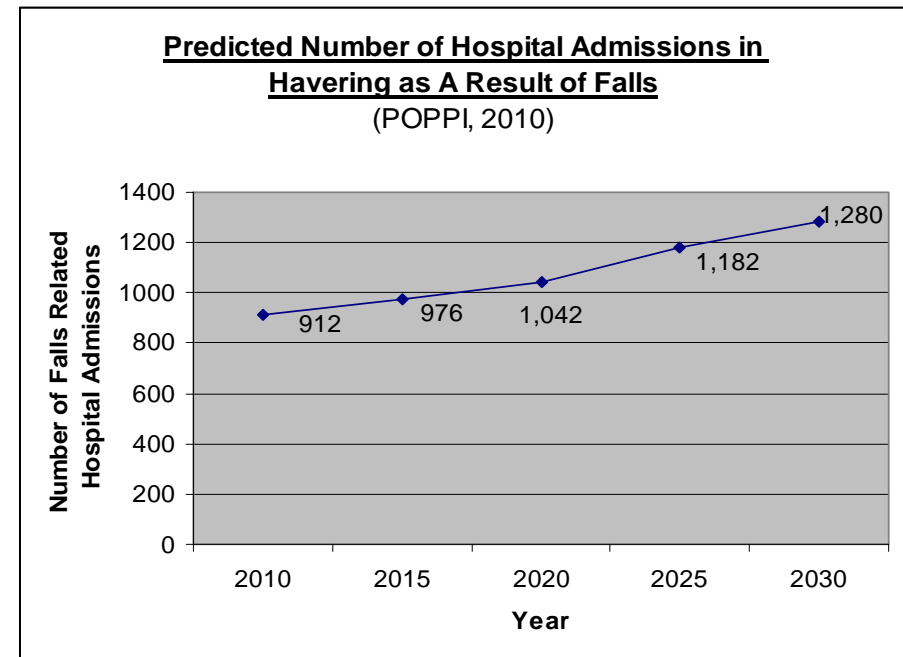
In 2008/09, 74% of the 65+ population in Havering were immunised against influenza. This is consistent with the England average, but slightly above the London average.

However, this still leaves 26% of the older population who do not receive their immunisations. It is suggested that further work looking at specific groups of people and geographic locations with low vaccination uptake be continued with a view to increasing coverage.

<sup>33</sup> NHS Choices website, <http://www.nhs.uk/conditions/falls/Pages/Introduction.aspx>,

<sup>34</sup> 2010 Projecting Older People Population Information System, 2010

<sup>35</sup> Projecting Older People Population Information System, 2010



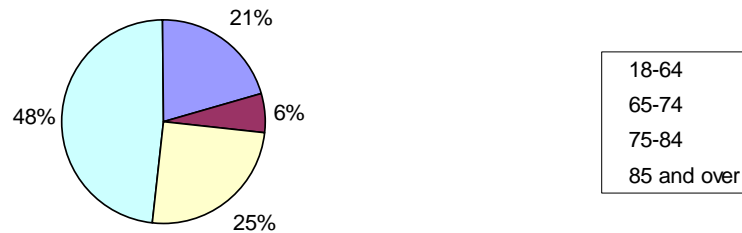
## Care Services for Older People

Almost half of clients in Havering receiving residential or nursing care fall into the 85+ age group, with another quarter falling into the 75-84 age group<sup>36</sup>

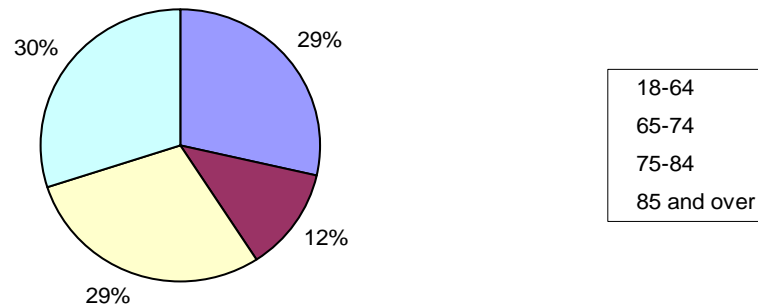
Similarly, for care services that are provided in the community in Havering, clients aged 85+ were the biggest group, making up 30% of the total. Older people (aged 65+) make up 71% of all clients receiving care services in the community during the year.

The projected growth in the numbers of elderly residents in Havering in the future suggests that the demand on social care services from the elderly population will continue to increase.

**Age Breakdown of Adult Social Care Clients in Havering Receiving Residential or Nursing Care 2008/09**  
(CASSR 2008/09)

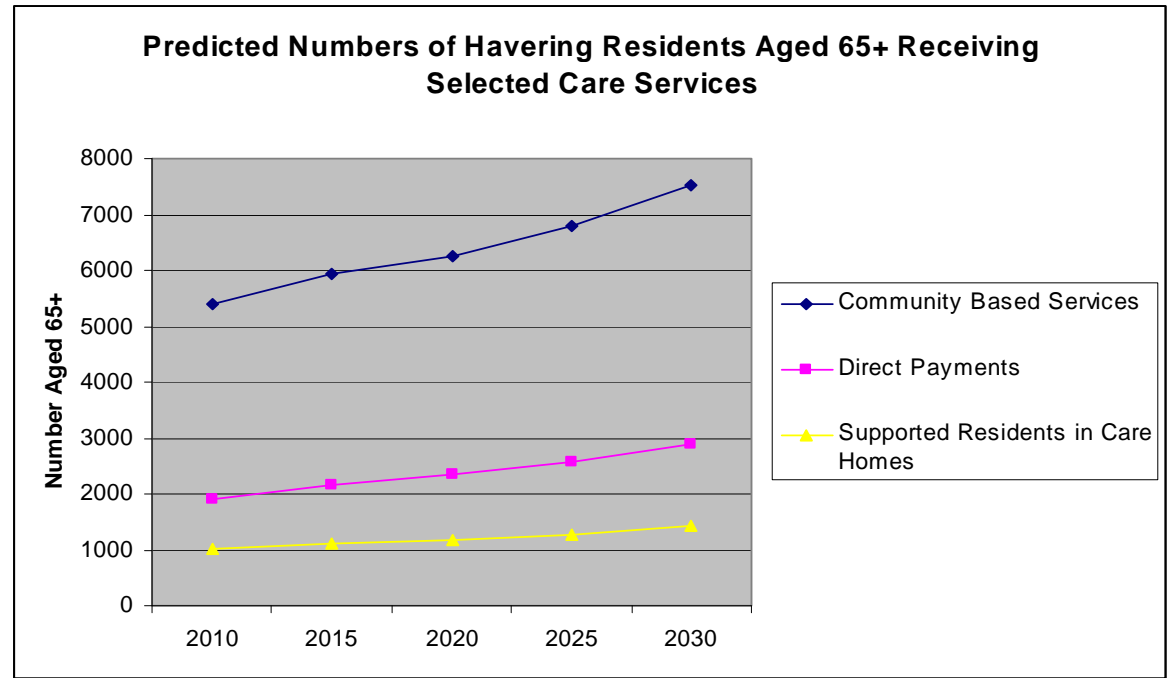


**Age Breakdown of Havering Adult Social Care Clients Receiving Care in the Community 2008/09**  
(CASSR, 2008/09)



<sup>36</sup> Referrals, Assessments and Packages of Care for Adults, National Adult Social Care Intelligence Service, 2008/09

POPPI (2010) estimates that future demand for community based services, direct payments and supported care homes will continue to increase in the future.



# Disabilities, learning difficulties and mental health

## Key Findings:

- It is estimated that more than 14,000 adults of working age in Havering have a disability and more than 6,000 are unable to work because of a disability
- Overall, adults in Havering are less likely to have a disability or a long term limiting illness than the national average and are likely to live for a greater number of years without a disability than is the case nationally
- It is less common for people in Havering to claim incapacity benefit (given to people who cannot work due to illness or disability) than is the average in England and London
- 43% of those claiming incapacity benefit in Havering have a mental health issue
- Over 20,000 people in Havering are estimated to have a common mental health problem, although overall, mental health issues are estimated to be less common among Havering residents than is the average in England and London
- Neurotic disorders and mixed anxiety with depression are estimated to be the most widespread common mental health problems among Havering residents
- It is less common for people in Havering receiving treatment for severe mental health problems to be in employment or in stable accommodation than the average in England and London (less than 4% are in employment and less than 50% are in stable accommodation)



- Adults with learning disabilities in contact with social care in Havering are less likely to be in employment or in stable accommodation than is the average in London and England (less than 5% are in employment and less than 40% are in stable accommodation)
- Findings from the pupil level annual school census suggest that moderate learning difficulties and behavioural, social and emotional difficulties are the most common type of learning difficulties among Havering school pupils
- It is estimated that the number of adults in Havering with moderate or severe disabilities will increase by 7% in the next 10 years, with the number of adults with learning disabilities increasing by the same amount
- A larger proportion of adults in Havering are carers than is the average in London however a smaller proportion of carers in Havering receive support than is the average in London and England



# Disabilities, learning difficulties and mental health

## For Decision Makers to Consider:

- Prepare for future increased demand on services relating to disabilities, learning disabilities and mental health
- Continue to support people with severe mental health problems and with learning disabilities to find employment and stable housing options
- Consider targeted initiatives to support mental well being in locations and within social groups that are most likely to be affected by mental illness
- Continue to increase the availability of direct payments and individual budgets where appropriate
- Continue to develop ways to support carers in their roles



## Disabilities

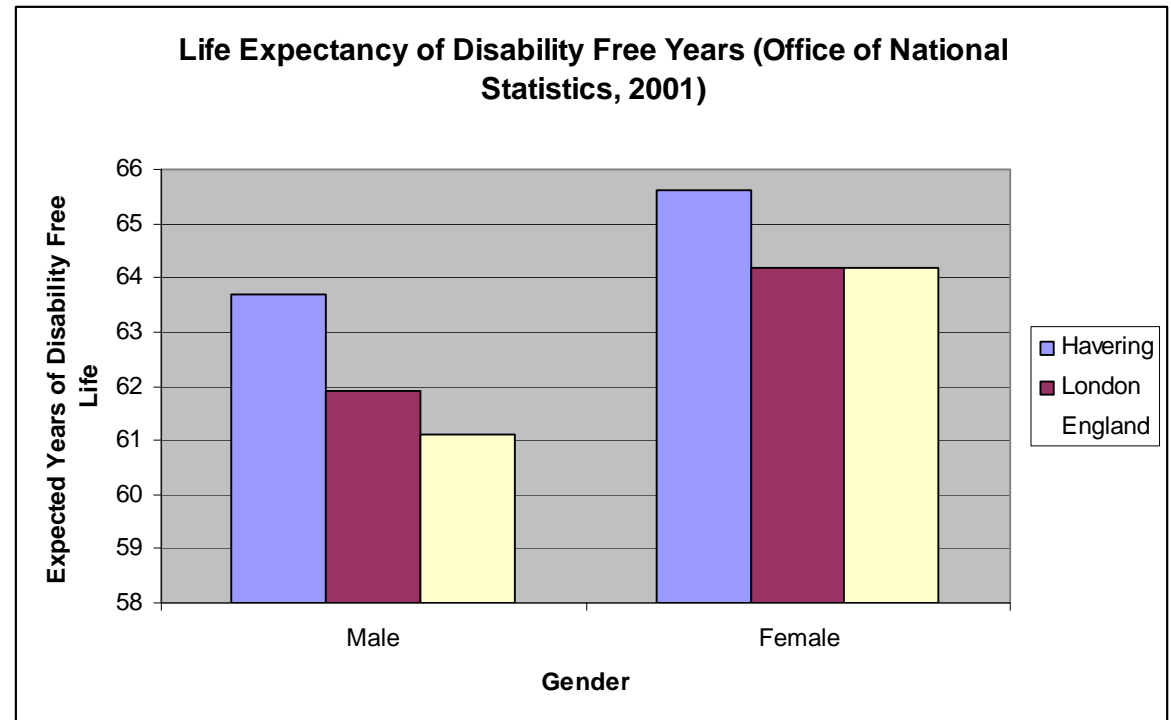
A person with a disability is defined as someone who “has a physical or mental impairment, which has a substantial and long term adverse affect on their ability to carry out normal day to day activities”<sup>1</sup>. This can include impairments such as loss of limbs, heart disease, learning difficulties, Down’s syndrome and mental health problems<sup>2</sup>.

“Disability becomes more common with age, and most disabled people are adults. An increasing proportion of the population are living with a disability, because people are living longer and improvements in medicine are helping people to live with long term health conditions”<sup>3</sup>.

### Physical Disability

People in Havering are likely to live for a greater number of years without a disability than is the average in London and England.

Women in Havering live for a greater number of years without a disability than males, with women living on average for 65.6 disability free years and men living on average for 63.7 disability free years.



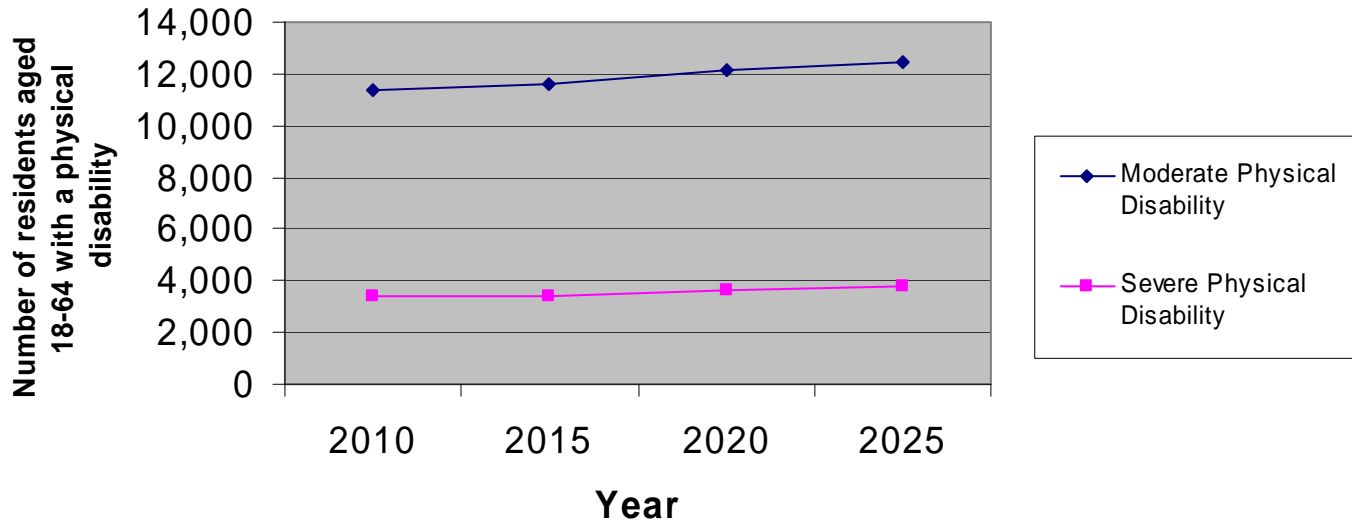
<sup>1</sup> Disability Discrimination Act, quoted in Disability Definition and Data, Association of Public Health Observatory and Department of Health, p1, 2008

<sup>2</sup> Life with a Disability, NHS Choices Website, <http://www.nhs.uk/Livewell/Disability/Pages/Lifewithdisability.aspx>, 2010

<sup>3</sup> Life with a Disability, NHS Choices Website, <http://www.nhs.uk/Livewell/Disability/Pages/Lifewithdisability.aspx>, 2010

**Estimated Numbers of Havering Adults With A Moderate or Severe Physical Disability**

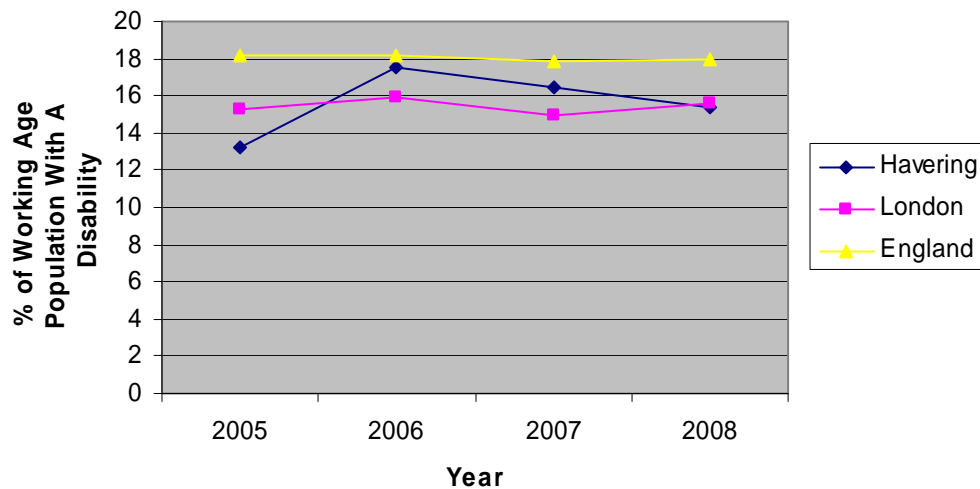
(PANSI, 2010)



It is estimated that more than 14,000 adults (of working age) in Havering have a moderate or severe disability.

The number of those with moderate or severe disabilities is expected to rise by around 7% in the next 10 years, with more than 15,000 adults in Havering having a physical disability at this time<sup>1</sup>.

**Percentage of Working Age Population Who Are Disabled**  
**(Office of National Statistics Annual Population Survey 2008)**

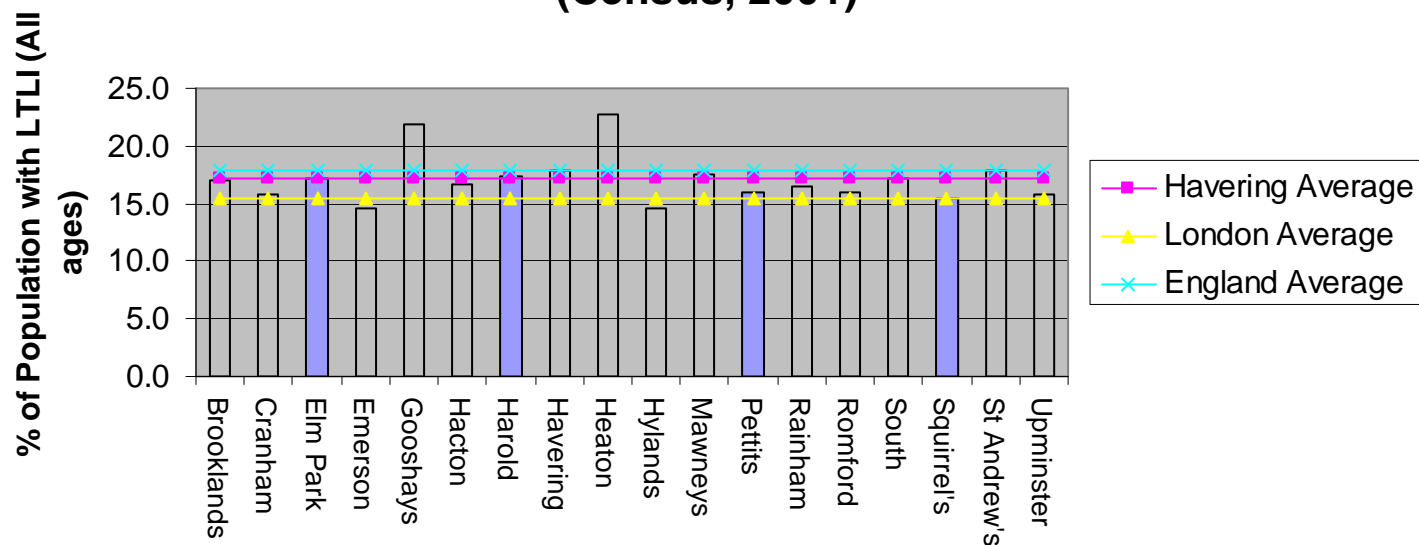


Information from the Annual Population Survey (ONS, 2008) suggests that in Havering a smaller proportion of working age people have a disability than is the average in England.

In this survey, the definition of disability includes “anyone with a health problem or disability that lasts for more than a year and which substantially limits the ability to carry out normal day to day activities”. This also includes those who have health problems such as cancer, symptomatic HIV and multiple sclerosis.

This is supported by data from the Census (2001), which found that it was less common for people in Havering to have a long term limiting illness than the England average. However, there were differences between wards, with those in Heaton and Gooshays wards being most likely to have a long term limiting illness.

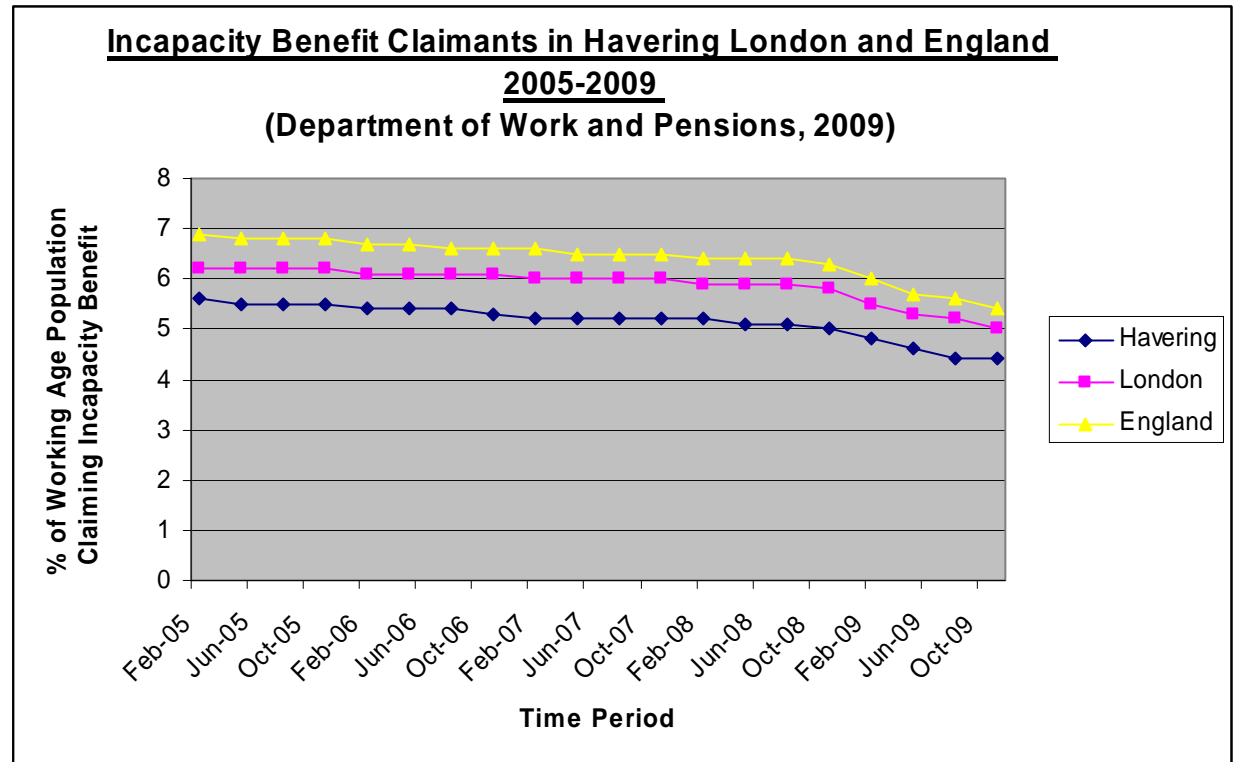
**Long Term Limiting Illness (LTLI) in Havering, London and England**  
**(Census, 2001)**



It is estimated that there are over 6,000 people in Havering who are permanently unable to work due to a physical disability<sup>4</sup>.

Incapacity benefit can be claimed by people who cannot work because of illness or disability and is available to people under state pension age.

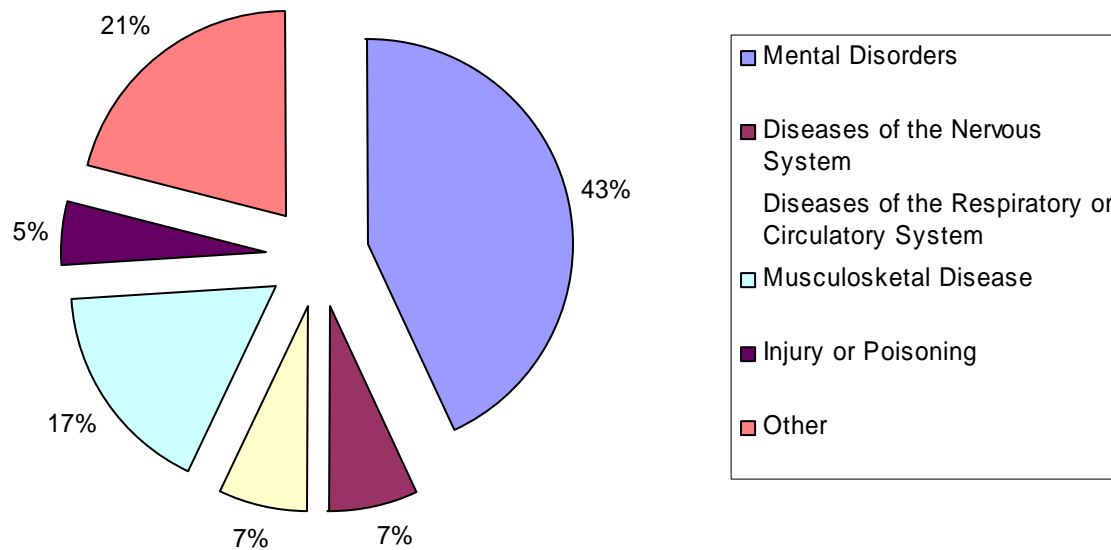
A smaller proportion of the working age population in Havering claims incapacity benefit than the London and England average, with 4.4% of the working age population claiming it in October 2009<sup>5</sup>. In line with national and regional trends, the proportion of residents claiming incapacity benefits has been reducing in recent years.



<sup>4</sup> Projecting Adult Needs and Service Information System, 2010

<sup>5</sup> Department of Work and Pensions, 2009

**Medical Reason for Claiming Incapacity Benefit in Havering**  
**(Office of National Statistics, 2009)**

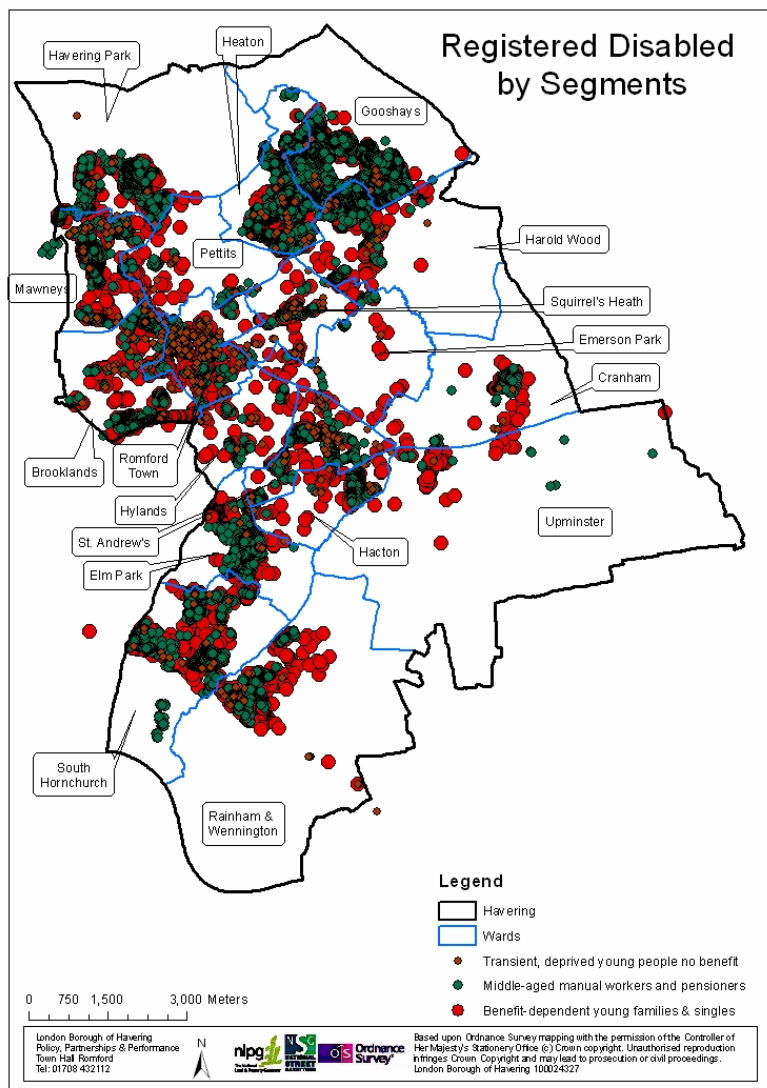


In line with the national picture, the biggest reason for people claiming incapacity benefit in Havering is mental health issues. This makes up 43% of all claimants.

Havering has a slightly larger proportion of people claiming incapacity benefit due to diseases of the respiratory or circulatory system than the national average.

However, Havering has a smaller proportion of residents claiming incapacity benefit for all of the remaining medical conditions (mental disorders, diseases of the nervous system, musculoskeletal disease, injury/poisoning and “other”)<sup>6</sup>.

<sup>6</sup> Office of National Statistics, 2009



### Groups Within Havering Who Are Most Likely To Have A Disability

In Havering, those within the following groups are much more likely to be registered disabled than the average:

- Benefit dependent young singles and families with social housing. This group usually has low incomes, and although a young group, conditions such as liver disease are already beginning to emerge for many people in this group. Many people within this group may develop long term health conditions as they age.
- Transient young people not claiming benefits. There are a wide range of health conditions affecting many people in this group including mental health issues, and people within this group are often living on very low incomes.
- Middle aged manual workers and pensioners in rented accommodation are also more likely than average to be registered disabled (although not as likely as the other two groups above). This group are of an age where many long term conditions are being expressed and are often living on low incomes.

Not surprisingly, the groups above are also the most likely groups within Havering to be claiming disability living allowance, which is provided to people who have a disability and need care for example help washing, dressing, and cooking.

The number of adults in Havering with a physical disability who are helped to live independently and who are receiving direct payments or individual budgets is expected to increase by around 5% over the next 10 years<sup>7</sup>.

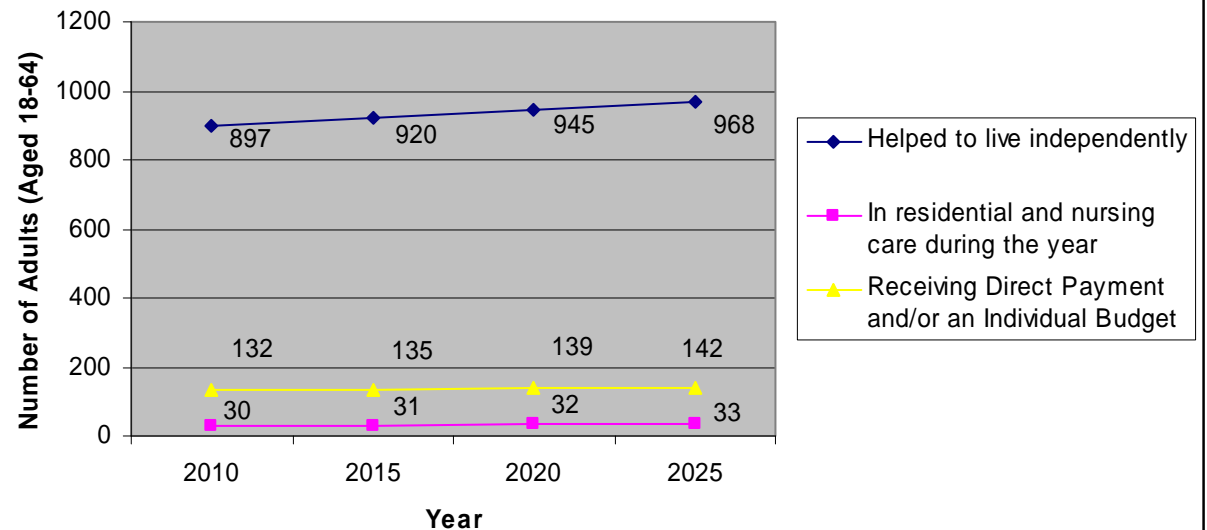
### Blue badge holders

The blue badge scheme allows people with severe mobility problems to park near to the places that they need to go e.g. shops etc. In Havering, people within the following groups are most likely to be blue badge holders:

- Active older people nearing retirement with private pensions. People within this group often have poor health as a result of their age.
- Middle aged manual workers and pensioners in rented accommodation, who are also of an age where many long term conditions are being expressed.

It is likely that the groups over-represented as blue badge holders do not fully indicate all of the groups who are experiencing severe mobility problems. Some of the other groups more likely to experience disability (e.g. benefit dependent young families in social housing) often do not own cars, and therefore would not make use of the blue badge scheme.

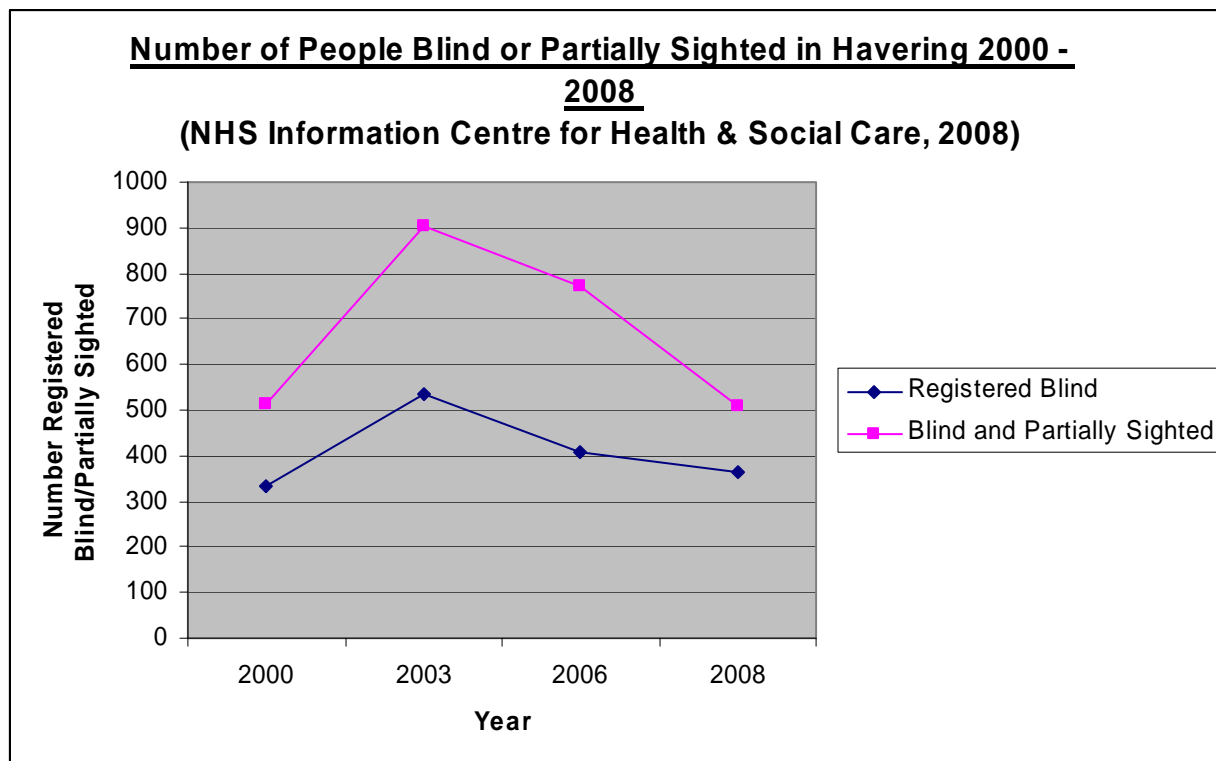
### Services Recieved By Havering Adults With Physical Disabilities (PANSI, 2010)



<sup>7</sup> Projecting Adult Needs and Service Information System, 2010



## Visual Impairment



In 2008, more than 800 people in Havering were registered as being blind or partially sighted (NHS Information Centre for Health and Social Care, 2008)

Around 93 adults of working age in Havering are estimated to have a severe visual impairment in 2010<sup>8</sup>.

A further 3,718 older people (aged 65+) are estimated to have a moderate or severe visual impairment<sup>9</sup>. This is much higher than the number of people who are registered as blind or partially sighted in Havering. This may be because some people have visual impairment that is not severe enough to be officially registered, or they may have chosen not to register.

0.1% of school pupils in Havering have a visual impairment, which equates to around 30 young people<sup>10</sup>.

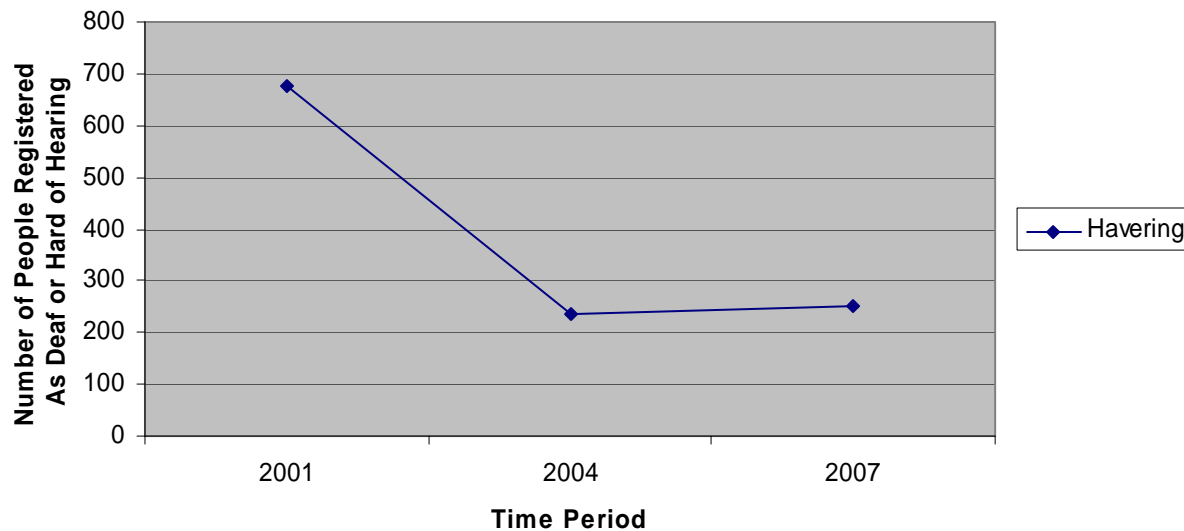
<sup>8</sup> Projecting Adult Needs and Service Information System, 2010, Projecting Older People Population Information System, 2010

<sup>9</sup> Projecting Adult Needs and Service Information System, 2010, Projecting Older People Population Information System, 2010

<sup>10</sup> Pupil Level Annual School Census, 2010

**Number of Havering Residents Who Are Registered Deaf or Hard of Hearing 2001-2007**

**(NHS Information Centre for Health and Social Care, 2008)**



The number of adults in Havering (aged 18-64) with a severe visual impairment is expected to increase by 5% over the next 10 years, while the number of older people (aged 65+) with moderate or severe visual impairments is projected to increase by 15% in the same period<sup>11</sup>.

**Hearing Impairment**

In 2007, over 200 people in Havering were registered as deaf or hard of hearing (NHS Information Centre for Health and Social Care, 2008)

profound hearing impairment<sup>12</sup>. The majority of these people (76%) are expected to be older people (aged 65+)<sup>13</sup>. The estimated figure is much higher than the actual number of Havering residents registered as deaf or hard of hearing. This may be because those included in the estimate may not have a hearing impairment that is severe enough to be officially registered or may not have registered their impairment.

0.1% of school pupils in Havering have a hearing impairment, which equates to around 30 young people<sup>14</sup>. The number of Havering adults (aged 18+) with a moderate, severe or profound hearing impairment is expected to increase by 14% over the next 10 years<sup>15</sup>.

<sup>11</sup> Projecting Adult Needs and Service Information System, 2010, Projecting Older People Population Information System, 2010

<sup>12</sup> Projecting Adult Needs and Service Information System, 2010, Projecting Older People Population Information System, 2010

<sup>13</sup> Projecting Adult Needs and Service Information System, 2010, Projecting Older People Population Information System, 2010

<sup>14</sup> Pupil Level Annual School Census, 2010

## Learning Disabilities

Over 700 Havering adults are recorded on GP registers as having a learning disability.

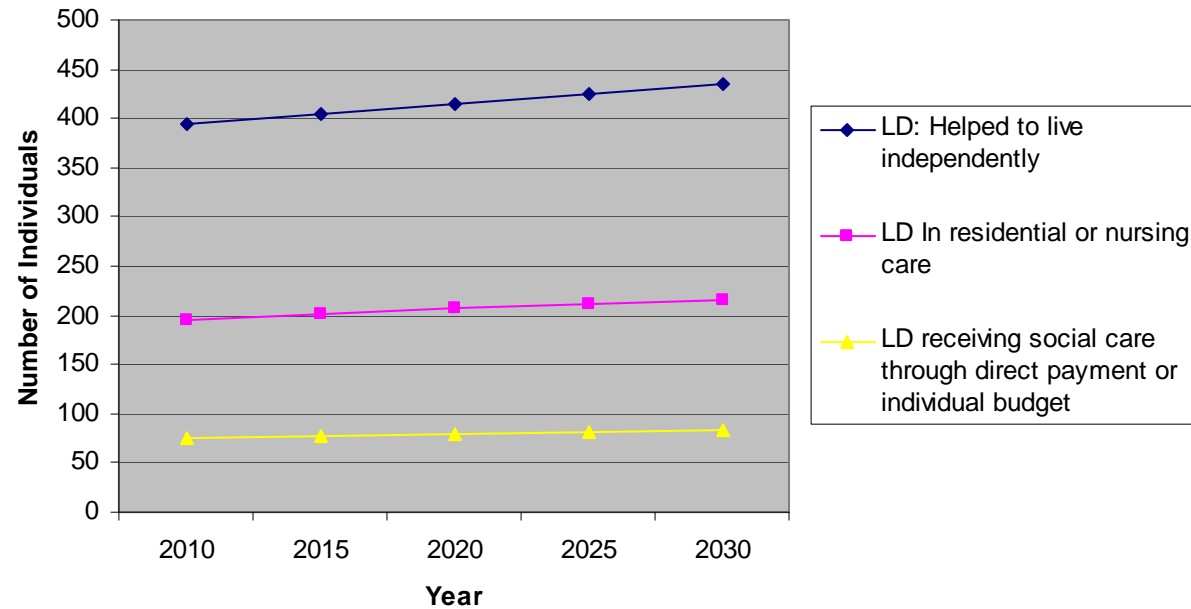
This represents around 0.4% of the population, which is in line with the national average of 0.4% and slightly above the London average of 0.3%.

The proportion of people in Havering recorded as having a learning disability has risen from 0.2% in 2006/07 to current levels of 0.4%. However, this is very likely to reflect a greater number of GPs recording people on their registers than an actual increase of learning disabilities among the population. Records of disability on GP registers are often lower than other estimations and do not include people who are not registered with a GP.

Overall, the number of adults in Havering with a learning disability is expected to increase by around 7% over the next 10 years.

<sup>15</sup> Projecting Adult Needs and Service Information System, 2010,

**Expected Demand on Services by Adults With Learning Disabilities (LD) in Havering (PANSI, 2010)**



It is expected that in the next 10 years, the demand for direct payments/individual budgets for adults of working age with learning disabilities will increase by around 5%.

The demand for services provided to help independent living for people with learning disabilities in this age group is also expected to increase by around 5% by 2020.

The demand for residential or nursing care for adults (of working age) with learning disabilities is expected to increase by 7% in the next 10 years.

Overall, the number of adults in Havering with a learning disability is expected to increase by around 7% over the next 10 years.

### Down's Syndrome

Down's syndrome is a genetic disorder that affects physical development and causes mild to moderate learning difficulties<sup>16</sup>. It is estimated that around 91 adults have Down's syndrome in Havering in 2010. This number is expected to increase by around 7% in the next 10 years, with around 97 Havering residents expected to have Down's syndrome at this time<sup>17</sup>.

### Autistic Spectrum Disorders

Autistic spectrum disorders are a range of related developmental disorders, including Autistic disorder, Asperger's syndrome and Pervasive Developmental Disorder. These disorders can cause symptoms such as difficulties with social interaction, impaired language and communication skills and unusual patterns of thought and physical behaviour. Those with autistic disorder often have learning difficulties<sup>18</sup>.

It is estimated that around 1412 adults in Havering have an autistic spectrum disorder. This number is expected to increase by around 5% in the next 10 years, with around 1488 Havering residents expected to have autistic spectrum disorders at this time<sup>19</sup>. Nationally, the number of diagnoses of autism has increased, but this does not necessarily mean the condition is becoming more common, it could be that the increase could be due to health professionals getting better at correctly diagnosing cases<sup>20</sup>.

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<sup>16</sup> NHS Choices Website : Downs Syndrome, <http://www.nhs.uk/conditions/Downs-syndrome>, 2010

<sup>17</sup> Projecting Adult Needs and Service Information System, 2010, Projecting Older People Population Information System, 2010

<sup>18</sup> NHS Choices Website : Autistic Spectrum Disorder, <http://www.nhs.uk/conditions/autistic-spectrum-disorder/>, 2010

<sup>19</sup> Projecting Adult Needs and Service Information System, 2010

<sup>20</sup> NHS Choices Website : Autistic Spectrum Disorder, <http://www.nhs.uk/conditions/autistic-spectrum-disorder/>, 2010

## Housing

Many people with learning disabilities face housing and employment difficulties.

Of the adults with learning disabilities who have been assessed by social services in Havering, a smaller proportion is in settled accommodation than the London and England averages. Only around 40% of these adults with learning difficulties are in settled accommodation.

The proportion of people with learning disabilities in settled accommodation has increased in Havering between 2008/09 and 2009/10, in contrast to the national trend.

Accommodation is considered to be settled when the tenant has medium to long term security of residence. Non settled accommodation includes staying in hospital, sleeping rough, being a temporary guest with family/friends and emergency hostel accommodation.

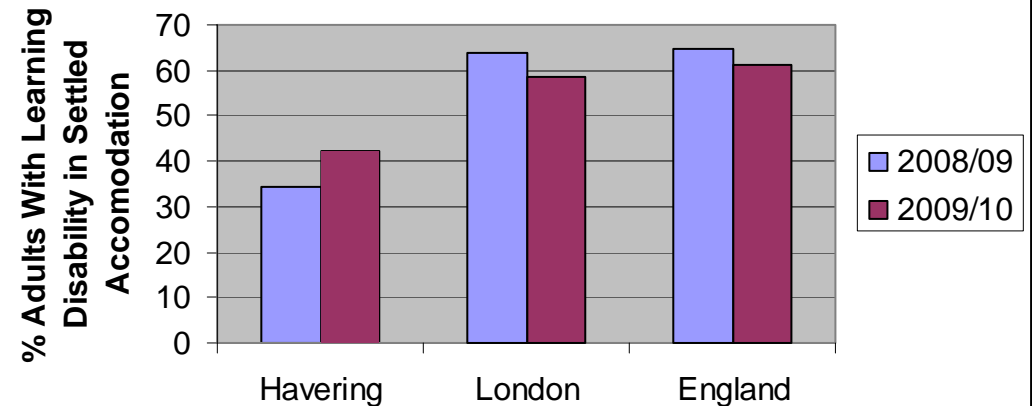
## Employment

The proportion of adults with learning disabilities in employment is also lower in Havering than is the average in London or England. Only 4.7% of people with learning disabilities known to social services in Havering are in employment.

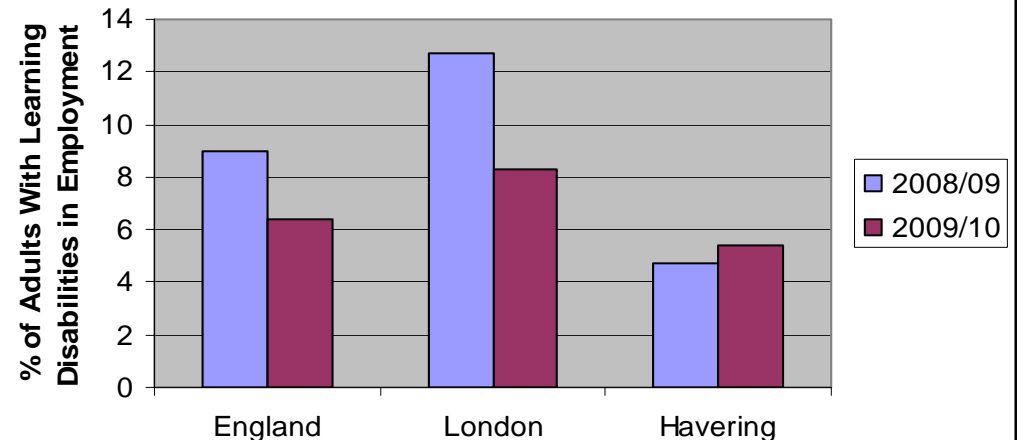
However, in Havering the proportion of people with learning disabilities in employment has increased slightly between 2008/09 and 2009/10, unlike the national trend.

However, it is important to note that both of these measures only look at people with learning disabilities that social services are aware of (e.g. people who have been assessed by social care). People with learning disabilities within Havering who are not known to social services may have different housing and employment experiences to those known by social services.

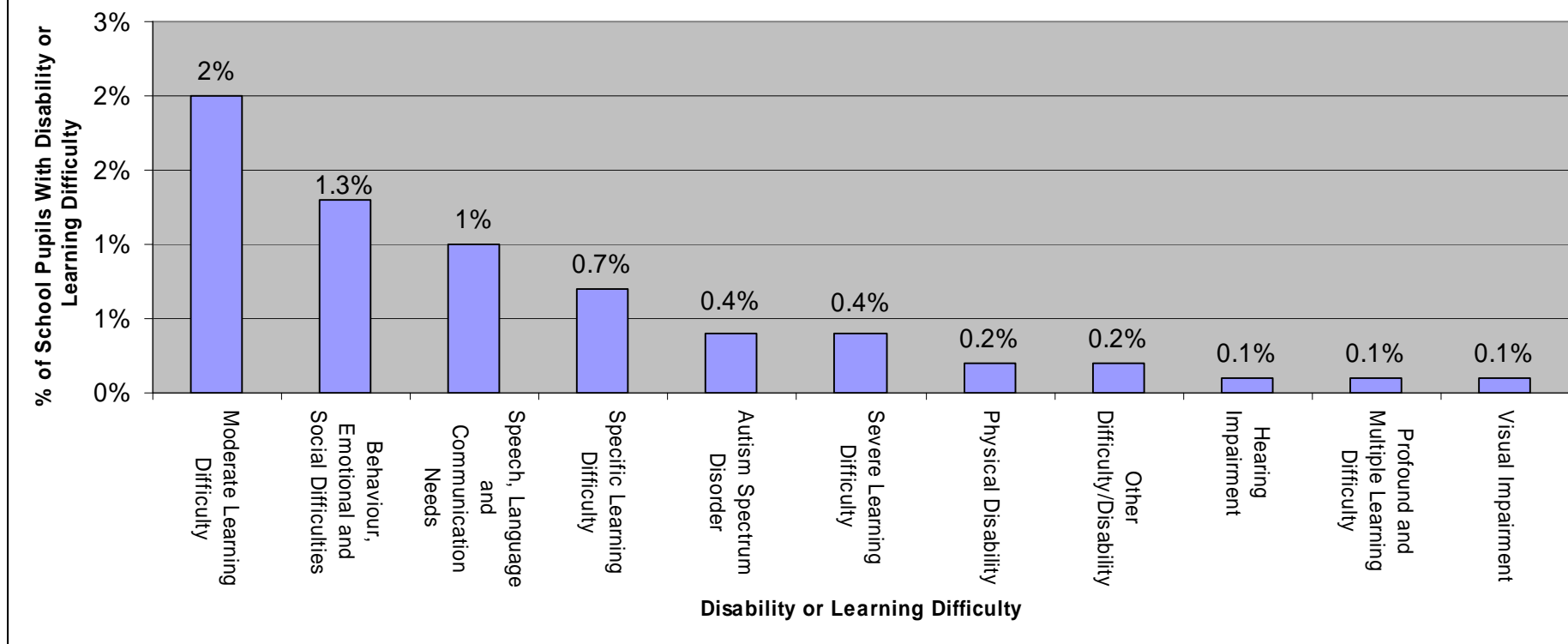
**Adults With Learning Disabilities in Settled Accommodation**



**Adults With Learning Disabilities in Employment (Communities and Local Government Data Hub, 2010)**



**% of Havering School Pupils With A Disability or Learning Difficulty**  
**(PLASC, 2010)**



Results from the 2010 Pupil Level Annual School Census suggest that moderate learning difficulties are the most common type of learning difficulty among Havering school pupils. A young person is considered to have a moderate learning difficulty if they cannot achieve an age appropriate level of attainment in most areas of the curriculum, and often have greater difficulty than their peers in learning basic literacy and numeracy skills.

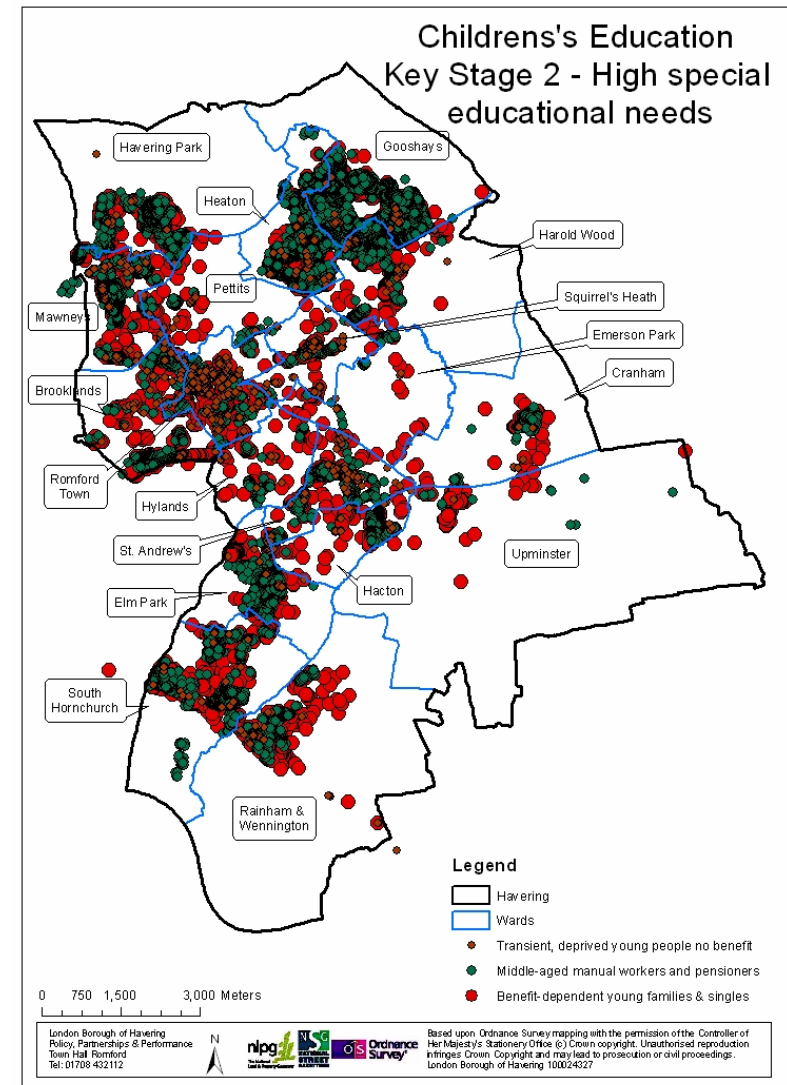
The PLASC suggests that the second most common type of learning difficulty in Havering school pupils is Behavioural, Emotional and Social Difficulties, which includes emotional disorders and conduct disorders e.g. attention deficit disorder.

## Special Educational Needs

Children with special educational needs can be defined as “children who have learning difficulties or disabilities that make it harder for them to learn or access education than most children of the same age”.<sup>1</sup>

In Havering, the groups which have above average levels of children with special educational needs in primary school are:

- Middle aged manual workers in temporary accommodation. The requirement for special educational needs among school children is very high within this group. People within this group often leave school with few formal qualifications and will often pursue vocational jobs.
- Benefit dependent young singles and families in social housing. This group has a relatively high incidence of special educational needs among school children. Many in this group achieve lower than expected educational outcomes at primary school and many do not continue education beyond GCSEs.
- Transient, deprived young people not claiming benefits. Children within this group are often the children of recent immigrants to the area, with diverse ethnic backgrounds, and educational attainment at primary school is often below average.

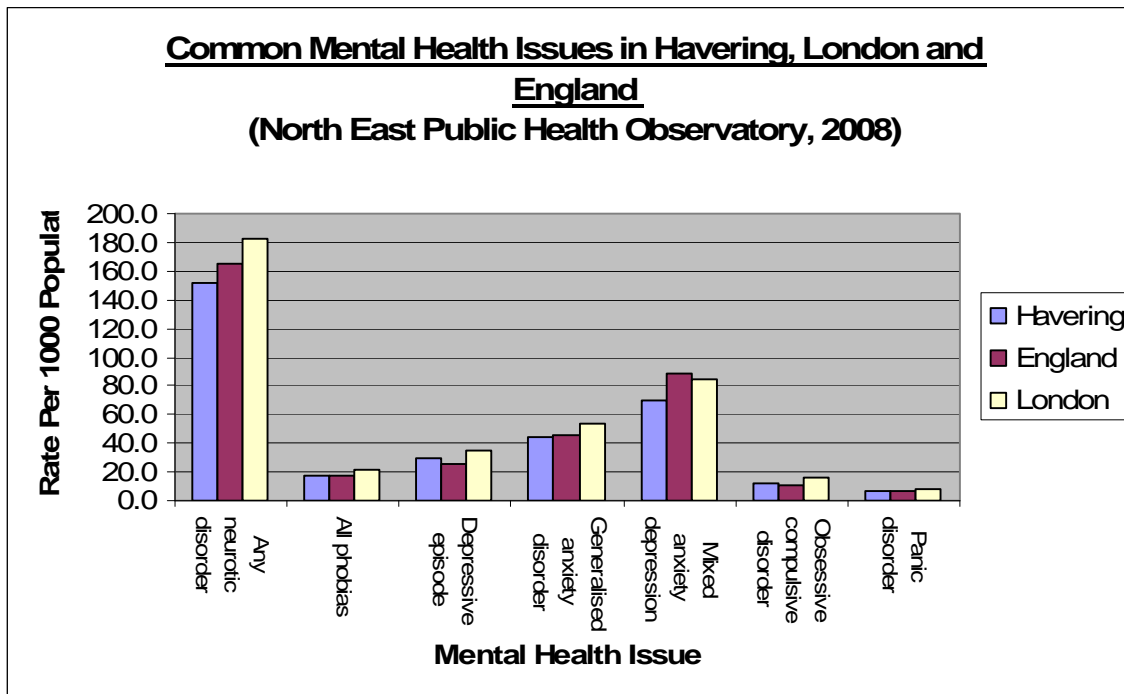




## Mental Health

Information from the Indices of Multiple Deprivation (2007)<sup>21</sup> combines information about prescription rates for mood and anxiety disorders, suicide rates, hospital episodes and health benefits data to give an indication of the overall mental health of the community. Havering's score is better than the England and London average, suggesting that overall there is less mental distress among Havering's population than the average.

Around 23,200 people in Havering are estimated to have a common mental health disorder. Common mental health disorders cause emotional distress and interfere with daily functioning, but do not usually affect insight or cognition. This includes depression, anxiety disorders, and obsessive compulsive disorder. It is more likely for women than men to be affected by these disorders<sup>22</sup>.



Information from the North East Public Health Observatory (2008), suggests that in Havering, most common mental health issues are less prevalent than the average in England or London.

However, it is slightly more common for people in Havering to have panic disorders or obsessive compulsive disorder than the England average (although it is still less common for people in Havering to experience these mental health issues than the London average).

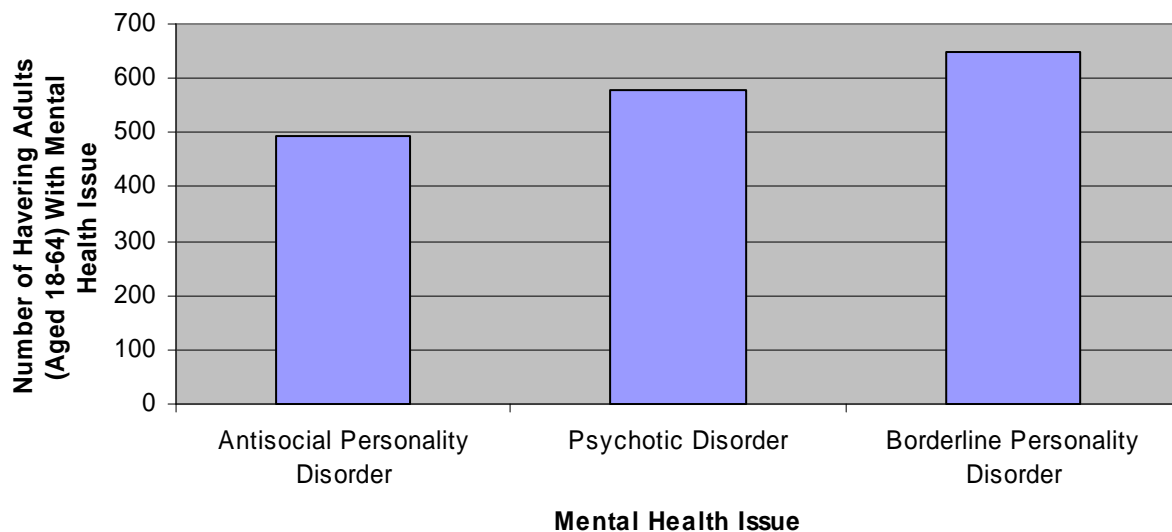
The most common specific mental health issue in Havering is mixed anxiety/depression, which is in line with national trends.

The "any neurotic disorder" category on the graph is a summary of the overall rate for the six specific types of disorder shown on the graph (phobias, depression, anxiety etc), but also includes people who are experiencing more than one type of mental health issue.

<sup>21</sup> Indices of Multiple Deprivation: Underlying indicators: Health Deprivation and Disability,

<sup>22</sup> 2007; Association of Public Health Observatories System, 2010

**Estimated Numbers of Havering Adults With Selected Mental Health Issues**  
**(PANSI, 2010)**



It is estimated that in Havering, there are more than 600 people with Borderline Personality Disorder, nearly 600 people with Psychotic Disorder and around 500 people with Antisocial Personality Disorder (PANSI, 2010).

Predicted future population growth means that the number of adults (aged 18-64) experiencing each of these mental illnesses is expected to increase by 6% in the next 10 years in Havering (PANSI, 2010).

Not everyone with these mental health issues wants or seeks help, and some may have already received treatment, so the estimated numbers of those with mental health issues are likely to be higher than the demand for services (NEPHO, 2008).

People with borderline personality disorder have high levels of personal and emotional instability often have difficulties maintaining relationships and self harming behaviour is common. Antisocial personality disorder is characterised by a disregard for the rights of others and often includes aggressive or criminal behaviour<sup>23</sup>. Psychoses are disorders that involve disturbances in thinking and perception that distort reality, for example schizophrenia and bi-polar disorder<sup>24</sup>.

Information based on the national psychiatric morbidity survey suggests that residents of Gooshays, Heaton and Romford Town are most likely to experience common mental health problems for example depression and anxiety disorders.

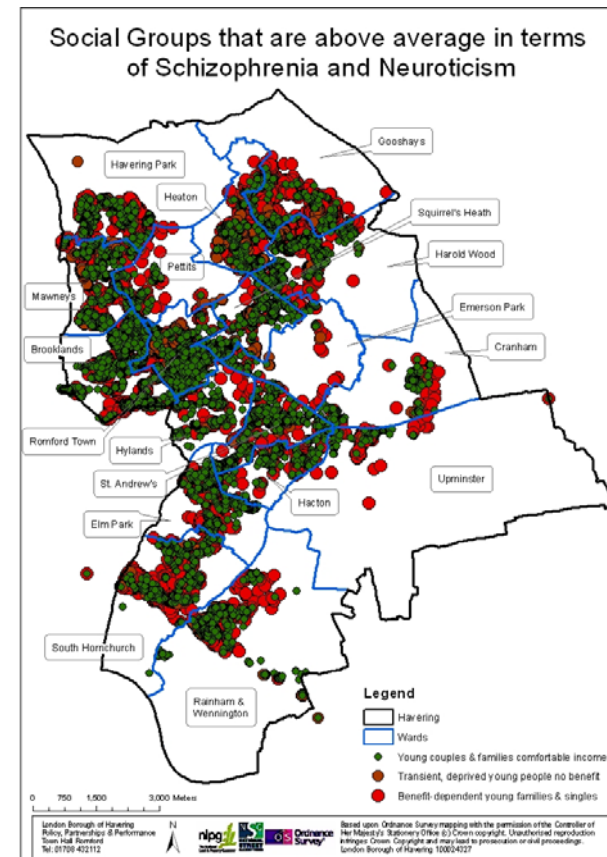
Residents of these wards are also predicted to be most likely to suffer from severe mental illnesses that may require hospital treatment for example. schizophrenia and affective (mood) disorders (MINI and NPMS Needs Indices Data: Glover, Arts and Wooff, 2004).

<sup>23</sup> Projecting Adult Needs and Service Information System, 2010

<sup>24</sup> Projecting Adult Needs and Service Information System, 2010

MOSAIC data suggests that within Havering the following groups have above average numbers of people experiencing neuroticism or schizophrenia.

- Young couples and families with comfortable incomes. There are above average levels of recreational drug taking in this group which may have an impact on mental health.
- Transient, deprived young people not claiming benefit. There are a wide range of health conditions that affect this group, including schizophrenia and depression. Many of the health conditions that affect this group are related to smoking and drug taking.
- Benefit dependent young families and singles. This group is likely to experience a range of health problems, including mental health issues.



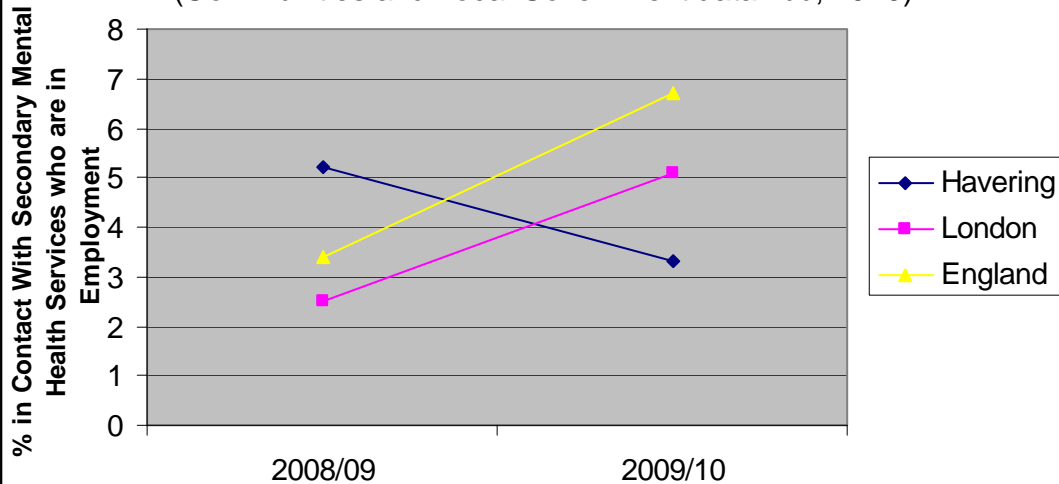
## Suicide

In Havering there are 6.0 deaths by suicide per 100,000 people. This is lower than the England average of 7.8 deaths per 100,000 people and the London average of 7.3 deaths per 100,000 people. This equates to around 40 deaths from suicide in Havering for the period 2006-08. The majority of those who committed suicide in Havering (74%) were males, which is in line with national trends<sup>25</sup>.

<sup>25</sup> Mortality from Suicide and Injury Undetermined, 2006-08, The NHS Information Centre for Health and Social Care

**Adults in Contact with Secondary Mental Health Services in Employment**

(Communities and Local Government data hub, 2010)



Some people with mental health issues may face challenges in finding employment and maintaining stable accommodation.

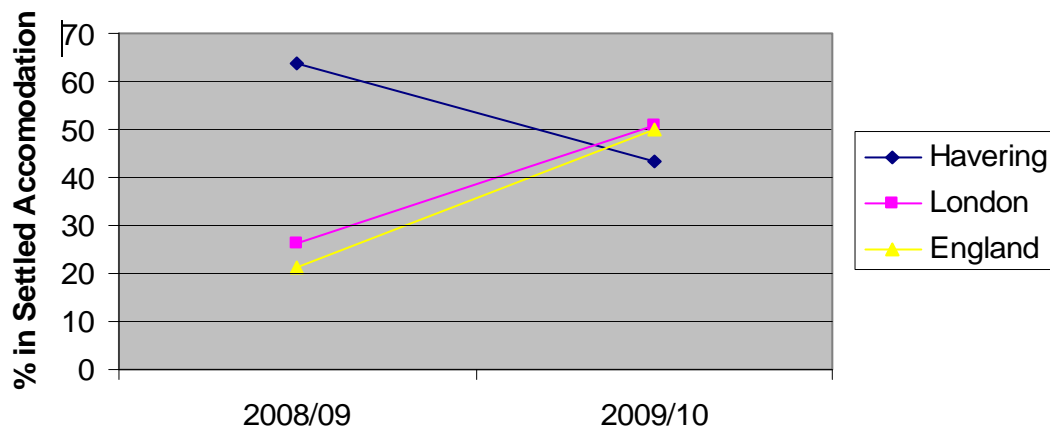
Secondary mental health services are specialist mental health services for people with more severe mental health problems. These are in contrast to primary mental health services which are for less severe mental health problems.

In Havering, it is also less common for people with severe mental health issues in secondary treatment to be in employment than is the average in London or England. Less than 4% of people in Havering receiving treatment for severe mental health issues are in employment.

The proportion of people with severe mental health issues in employment has also reduced between 2008/09 and 2009/10.

**Adults in Contact with Secondary Mental Health Services in Settled Accommodation**

(Communities and Local Government Data Hub, 2010)



In Havering, it is also less common for people with severe mental health problems in secondary treatment to live in settled accommodation than the average in England or London (less than 50% of Havering people in treatment do so)

The proportion of people with severe mental health issues in settled accommodation has also reduced between 2008/09 and 2009/10.

Accommodation is considered to be settled when the tenant has medium to long term security of residence. Non settled accommodation includes staying in hospital, sleeping rough, temporary guest with family/friends and emergency hostel accommodation

In Havering it is estimated that around 861 adults (aged 18-64) with mental health problems will be supported to live independently through social services in 2010. This includes those who were assisted directly through social services, those who receive funding to live independently and those who receive support through organisations that receive social services grant funded services.

It is estimated that around 20 adults in Havering (aged 18-64) will be in residential or nursing care due to a mental health issue in 2010 (purchased or provided by the Council with Social Services responsibility)<sup>26</sup>. The number of people needing these services in Havering is expected to increase by 5% (per service) in the next 10 years as a result of population growth<sup>27</sup>.

Mental health issues are also the main medical reason for people claiming incapacity benefit (available to people who cannot work due to illness or disability), with 43% of all people claiming incapacity benefit doing so as a result of a mental health issue<sup>28</sup>.

11% of all Havering residents receiving care in the community services in 2008/09 received these due to a mental health issue. A further 2% of those in nursing or residential care (provided or funded by the Council) have mental health issues<sup>29</sup>.

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<sup>26</sup> Projecting Adult Needs and Service Information System, 2010

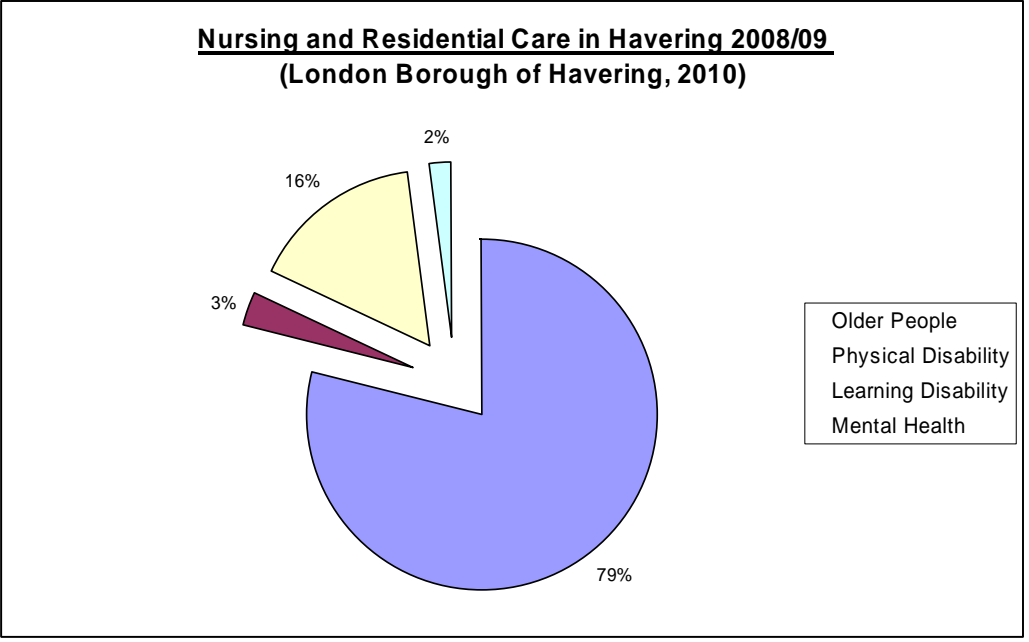
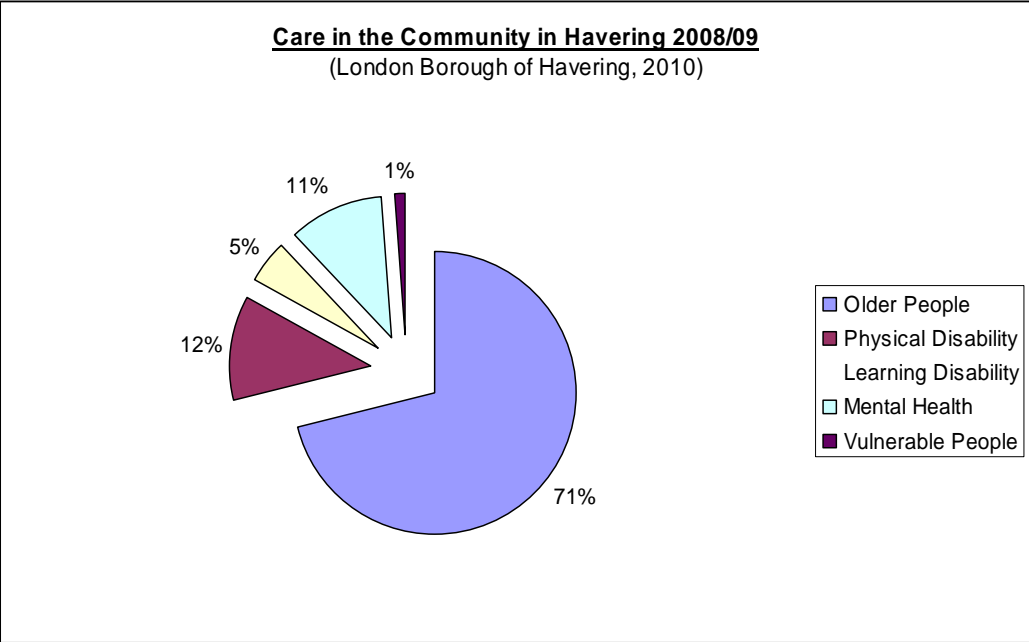
<sup>27</sup> Projecting Adult Needs and Service Information System, 2010

<sup>28</sup> Office of National Statistics, 2009

<sup>29</sup> London Borough of Havering, 2009

# Social Care

Social care services look after the health and welfare of the local population and can provide a wide range of services such as day care, aids and adaptations, home help, meals and nursing homes.



In Havering, the biggest group of adult social care users in the community are older people who make up 71% of the total.

Of the adult social care users who are not older people (aged 18-64), the biggest group of users are those with physical disabilities who make up 12% of users, followed by those with mental health issues who make up 11% of users. Care in the community includes services such as home care and meals on wheels.

For adult nursing and residential care, older people are again the biggest group of service users, making up 79% of the total.

Of the adult nursing and residential care service users who are not older people (aged 18-64), the biggest group is those with learning disabilities, with those with physical disabilities and mental health issues making up only a small proportion of all users.

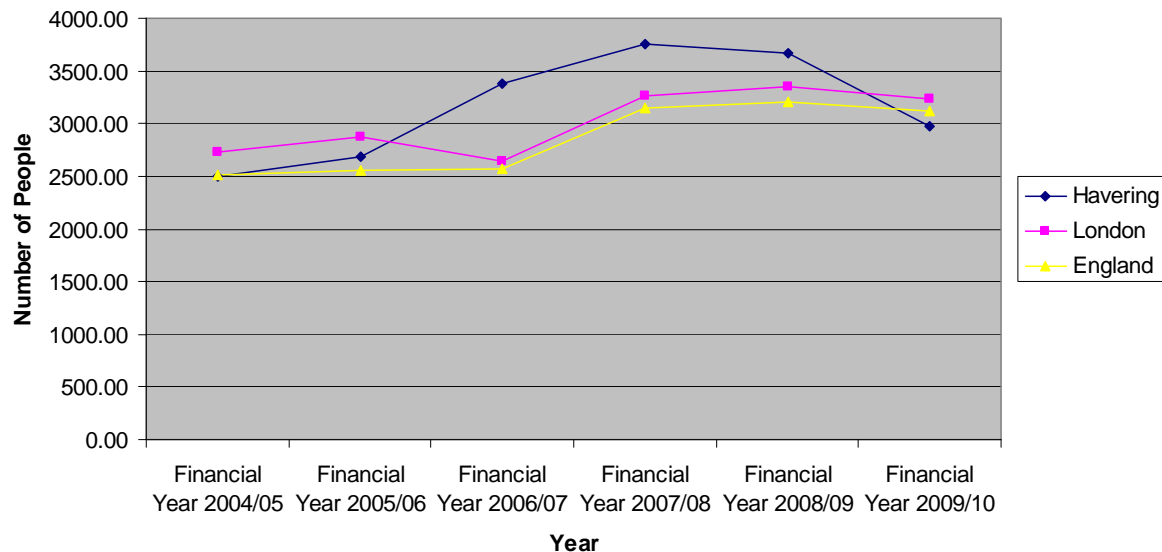
## Adult Social Care Users Aged Under 65

MOSAIC data states that in Havering, the following groups of people have above average numbers of adults (aged under 65) using adult social care services:

- Benefit dependent young singles and families in social housing. This group generally has low incomes. It is more common than the average for people in this group to be registered disabled. Health conditions such as lung cancer and liver disease are beginning to emerge among this group, and many are likely to develop long term conditions as they get older
- Middle aged manual workers and pensioners in rented accommodation. This group is more likely to be registered disabled than the average. This group is of an age where long term conditions are starting to be expressed, such as some cancers and chronic obstructive pulmonary disease (Experian & The London Borough of Havering, 2010)

### People Supported to Live Independently Through Social Services

(Communities and Local Government Data Hub, 2010)



In Havering, a similar proportion of the adult population is supported to live independently than is the case in London or England.

This includes people who receive direct support from social care, people who receive funded support to live independently and those who receive support from organisations who are funded by social services.

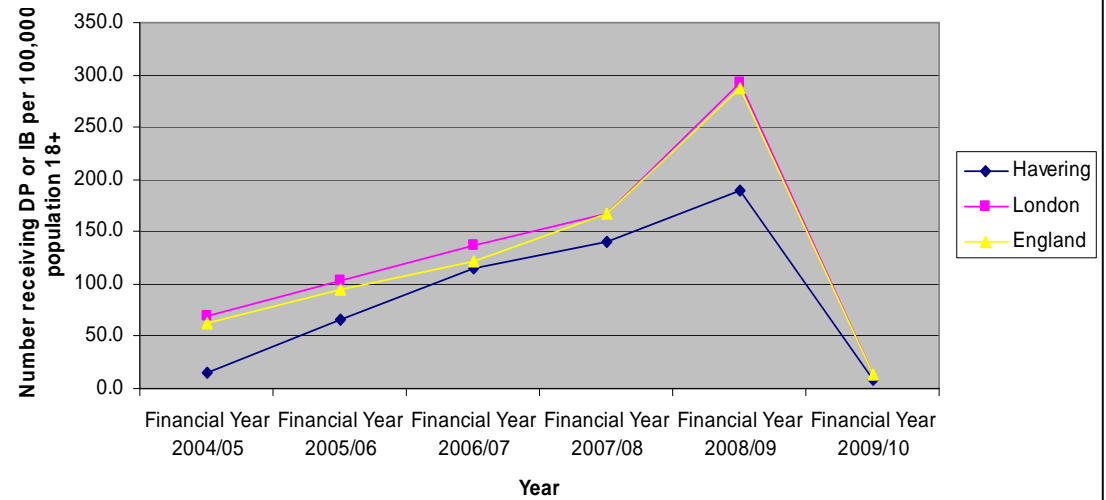
Direct payments are cash payments made to individuals who have been assessed as needing social services. Instead of receiving a social service, they receive a payment that allows them to choose their own services. With direct payments, there is a responsibility for the person receiving the payment to employ people or commission services themselves.

Individual budgets are designed to give more independence and choice to people receiving care or support. A person given an individual budget is allocated an amount of funding and they can use it to commission their own services, or they can leave the council with the responsibility of commissioning the services, whilst still having a choice in which services they receive.

In Havering, a smaller proportion of adults are receiving direct payments or individual budgets than is the case in England or London (7.8 per 100,000 in Havering compared to 13.4 in London and 13.0 per 100,000 in England).

**Clients Receiving Direct Payments (DP) or Individual Budgets (IB),**

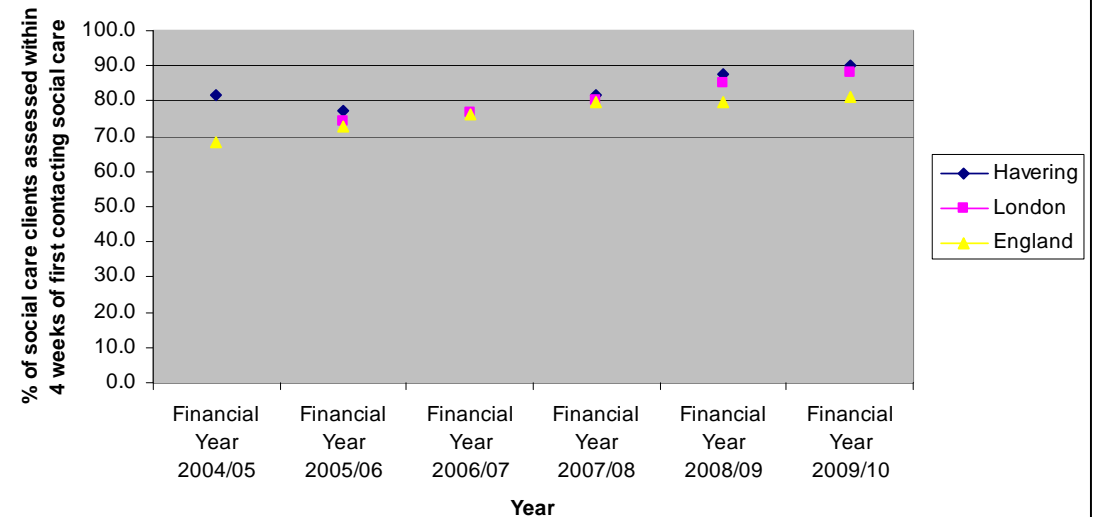
Communities and Local Government Data Hub, 2010



In Havering, a greater proportion of adult social care customers is assessed within four weeks of contacting social services than is the average in England and the proportion is similar to London.

**Timeliness of Social Care Assessments**

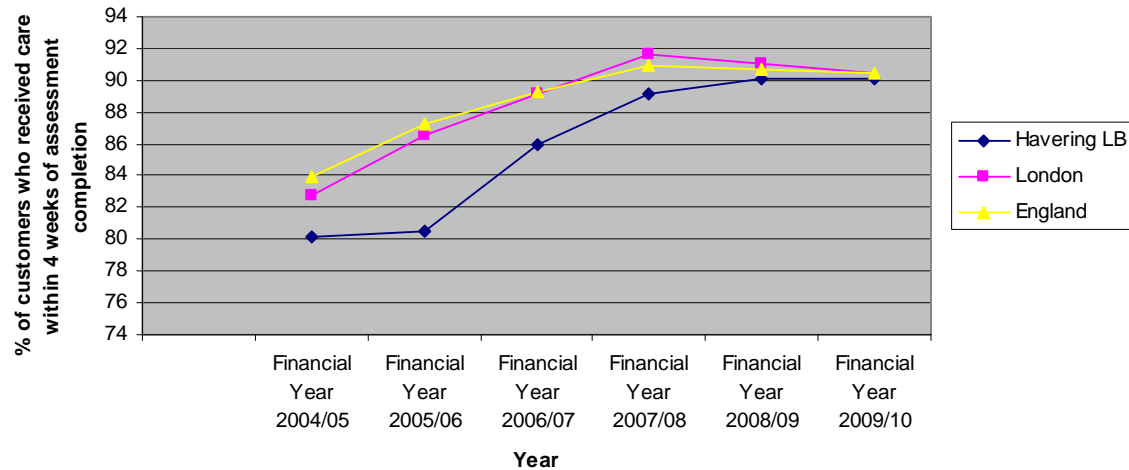
Communities and Local Government Data Hub, 2010





### Timeliness of Social Care Packages of Care following Assessment

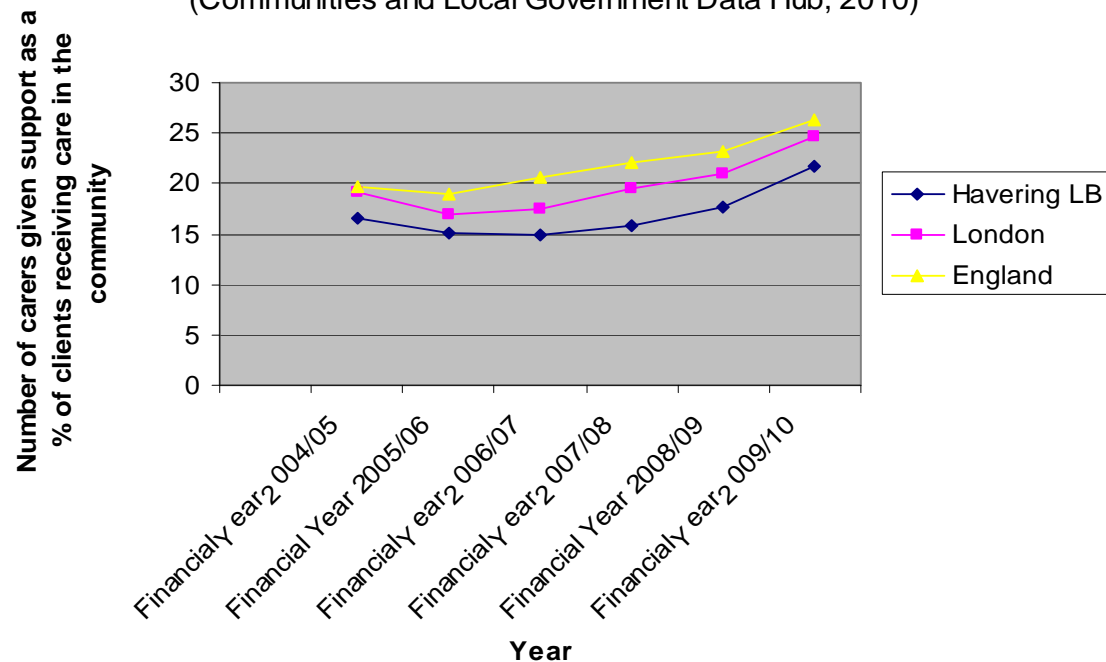
(Communities and Local Government Data Hub, 2010)



In Havering, a similar proportion of clients receive care services within four weeks of completing their assessment with social services as is the case in London or England.

### Support to Carers

(Communities and Local Government Data Hub, 2010)



Support provided to carers is a key part of support for vulnerable people. It helps carers to continue with their lives, families, work and contribution to the community.

A smaller proportion of carers in Havering receive support than is the average nationally, although this has been increasing in recent years, in line with national trends.

Support that can be given to carers includes help such as giving advice or receiving a carer's break.

This may be particularly relevant in the borough as 10.4% of people in the borough identified themselves as carers, compared to 8.5% in London as a whole (Census 2001, Office of National Statistics)

# Local services and local views



## Key Findings:

- Overall, 88% of Havering residents are satisfied with the care they receive at their GP service, which is above the national average. Cranham residents are most satisfied with their GP, with those in Mawneys being least satisfied
- Emerson Park residents were most likely to have visited a doctor in the last three months (63% had visited), with Pettits residents being least likely to have visited (50% had visited)
- More than half of Havering residents would like their GP surgery to be open at additional times, with Saturdays being the preferred additional opening time
- Those in Emerson Park (19%) and Rainham and Wennington (17%) are most likely to have tried to access an out of hours health service
- People in Havering rate the level of crime, clean streets and health services as the most important factors in making somewhere a good place to live
- People in Havering are less satisfied with the local area as a place to live than is the case nationally. Satisfaction is highest in Upminster and Cranham and lowest in Gooshays and Rainham and Wennington
- Refuse collection and libraries are the public services that Havering residents are most satisfied with, and they are least satisfied with museums/galleries

## For Decision Makers to Consider:

- Continue to explore options for increasing access to health services, including additional opening hours (e.g. through polyclinics)
- Continue to work with hard to reach groups to understand their health needs and any barriers they may have to accessing health services
- Continue to extend the ways in which primary care appointments can be booked e.g. increasing the availability of on-line booking
- Consider activity to raise awareness of how to access out of hours health services in wards with lower awareness of this e.g. Pettits and Havering Park

## Service Locations

### GP Practices

There are 52 GP practices in Havering. Five of these are geographically outside the Havering boundary although Havering residents are still able to register with these GPs.

### Pharmacies

There are 46 pharmacies in Havering. Havering Park, Emerson Park and Elm Park have the fewest pharmacies within their wards and Romford Town has the greatest number of pharmacies.

### Hospitals

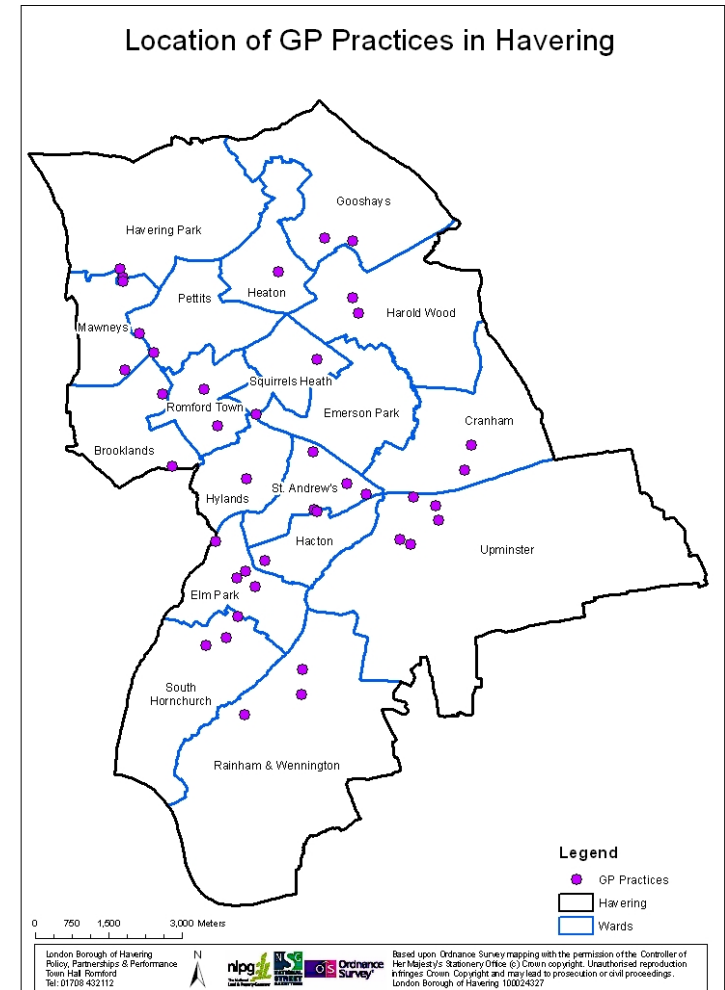
There are two major hospitals in Havering; Queen's hospital, which is in Romford, and King George's hospital which is in Goodmayes. Both are operated by Barking, Havering and Redbridge University Hospitals NHS Trust.

### Polysystems and Polyclinics

A polysystem is a network of health and social care partners who provide and commission healthcare services for a population of between 50 and 80 thousand people. There are three polysystems in Havering; South Havering, North East Havering and North West Havering.

Each polysystem is supported by a primary care led polyclinic, which is known as the "hub" of the polysystem. Each hub is supported by "spokes", which are GP practices. Spokes can be either tier 1, tier 2 or tier 3, with the tier number indicating what services are available at that location, what hours they are open etc. For example, tier 1 spokes provide walk in GP services among other services and are open at least 12 hours a day 7 days a week, whereas tier 2 spokes do not have walk in GP services but are open at least 12 hours a day 7 days a week. Havering polysystems and service delivery locations can be seen on the below map.

The health needs of people living within each polysystem are likely to differ, depending on the demographics, risk factors and disease prevalence for the people within that polysystem. Therefore the services available within each polysystem are shaped to meet the needs of those within that area of Havering.



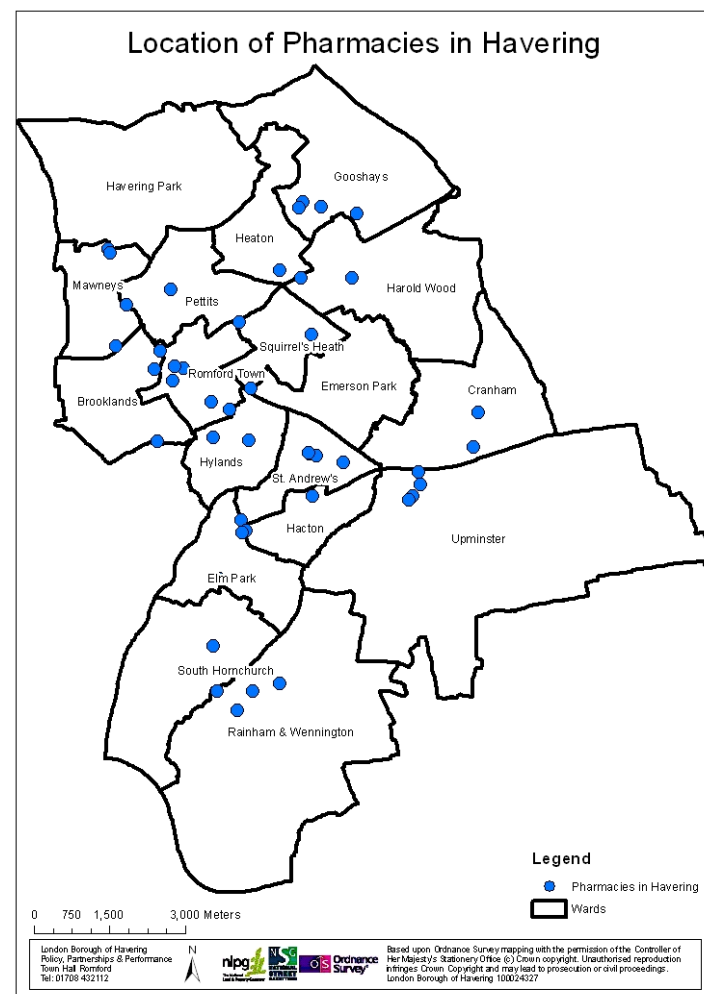
A brief summary of some of the key demographics and health needs of those living in each polysystem within Havering can be found below. For a more detailed account of the needs of those in different polysystems in Havering, and more details about the plans for polysystems, please see the 2010 Director of Public Health's Annual Report for Havering, available on NHS Havering's website<sup>1</sup>.

Summary of the Health Needs and Demographics of Those in North East Havering Polysystem (Harold Wood Polyclinic)

- On average, the most deprived polysystem
- Most ethnically diverse out of the three polysystems
- Moderate rates of coronary heart disease, diabetes, dementia and stroke when compared with the other polysystem areas
- Physical activity levels are generally low, as is also the case in the other polysystem areas
- Within this polysystem, Gooshays has the highest percentage of both children and older people aged 65+ living in poverty
- Life expectancy similar in all three polysystem areas, but within this polysystem men are expected to die younger in Heaton ward and women are expected to die younger in Gooshays ward
- Gooshays ward, which is in this polysystem has one in three (33%) of residents living in one of most deprived small areas (Super Output Areas (SOAs) in England
- Within this polysystem, Gooshays and Heaton wards have the highest percentage of both men and women who smoke, whilst Squirrel's Heath ward has the least for men and Emerson Park has the least for women

Summary of the Health Needs and Demographics of Those in South Havering Polysystem (St George's Hospital and Polyclinic)

- Least ethnically diverse out of the three polysystems
- Life expectancy similar in all three polysystem area, but men and women both expected to die earlier in South Hornchurch ward than the other wards in this polysystem
- On average, the least deprived polysystem area
- 11.9% of residents live in one of most deprived small areas (Super Output Areas (SOAs) in England
- Higher rate of diabetes than in the other two polysystems



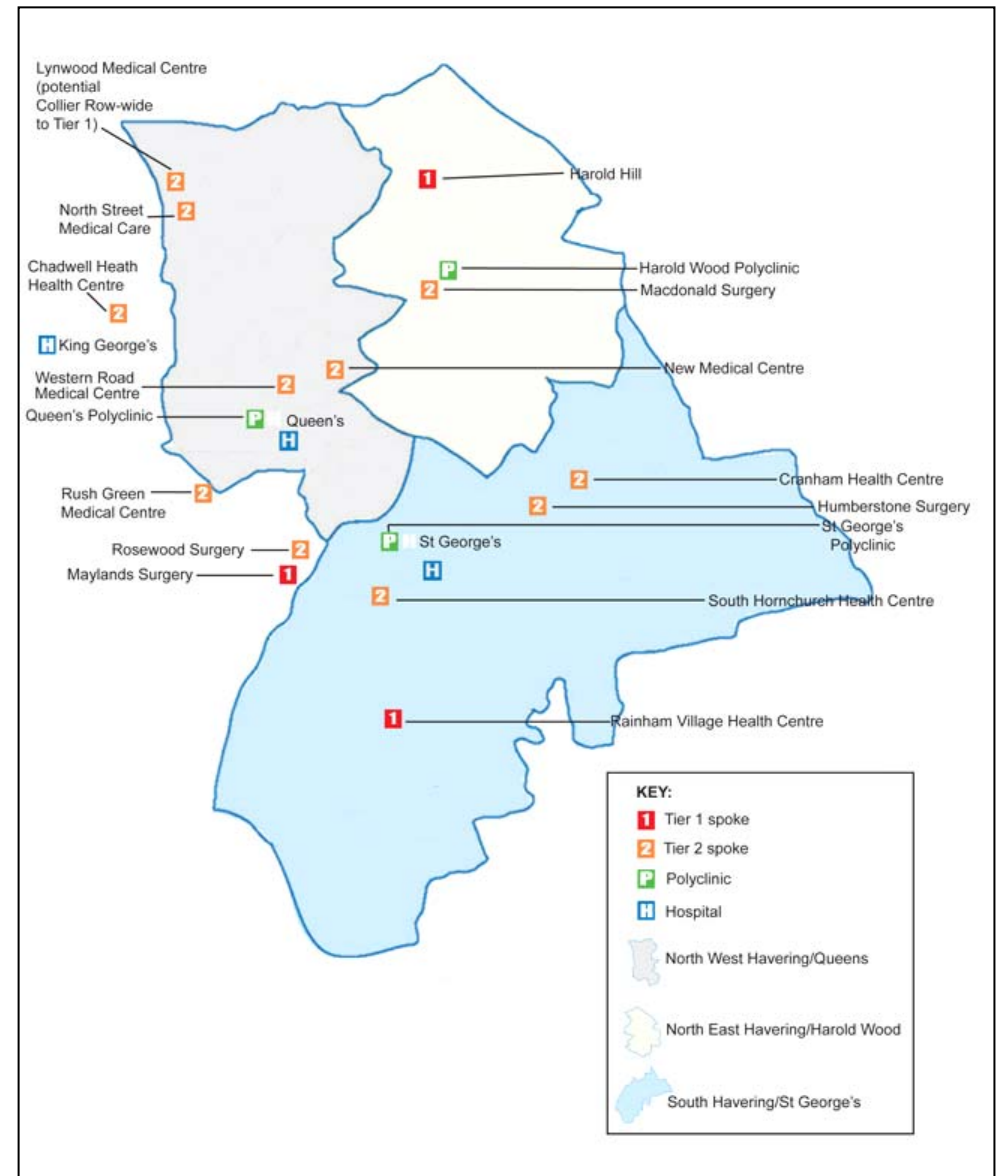
<sup>1</sup> Director of Public Health's Annual Report, Havering Primary Care Trust and the London Borough of Havering, 2010

## Map of Havering's Polysystems

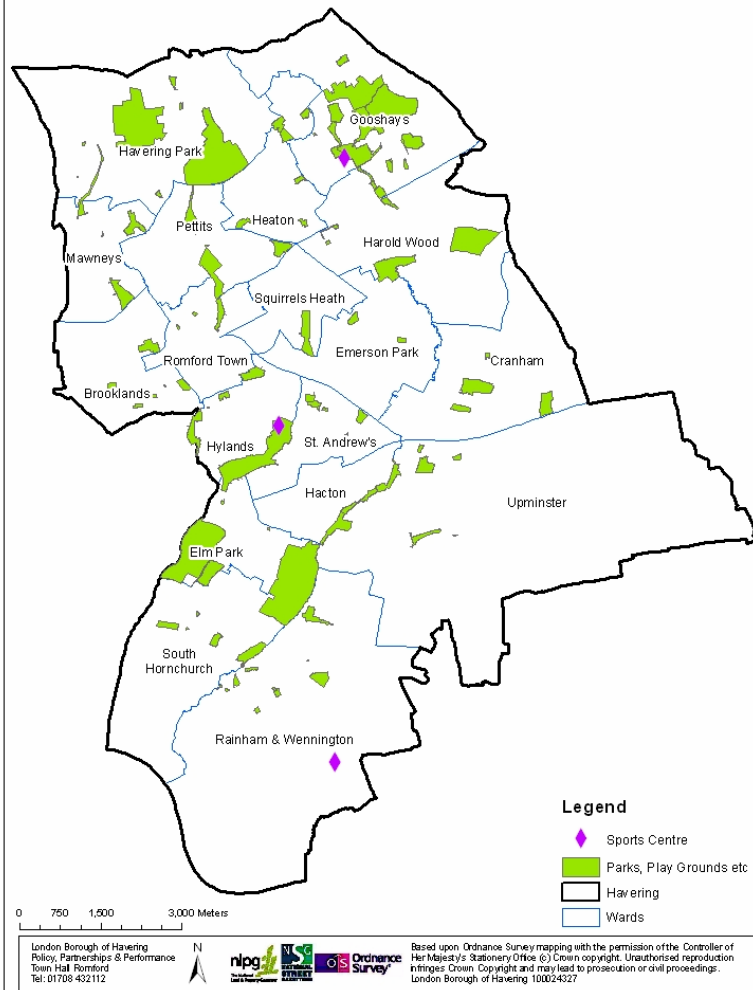
- Within this polysystem, Rainham & Wennington has the highest percentage of children living in poverty
- Within this polysystem, Elm Park has the highest percentage of people aged 65+ living in poverty
- Within this polysystem, South Hornchurch has the highest percentage of both men and women who smoke, whilst Cranham has the least
- Physical activity levels are generally low, as is also the case in the other polysystems

## Summary of the Health Needs of those in North/West Havering Polysystem (Queen's Polyclinic)

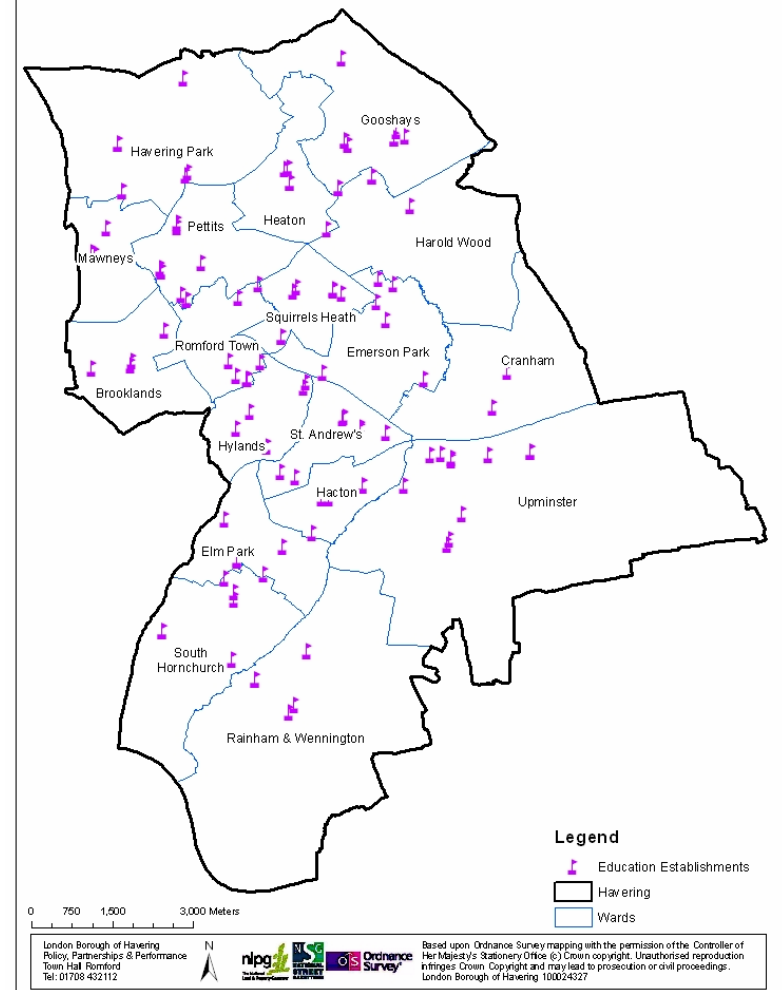
- Life expectancy similar in all three polysystem areas, but men are expected to die younger in Brooklands ward than in the other wards in this polysystem
- North West Havering is, on average, less deprived than North East Havering, but more deprived than the South Havering polysystem area
- In Romford Town 11.3% of residents live in one of most deprived small areas (Super Output Areas (SOAs) in England)
- North West Havering has slightly higher rates of coronary heart disease and stroke compared with the other polysystem areas
- Within this polysystem, Brooklands ward has the highest percentage of both children and older people aged 65+ living in poverty
- Within this polysystem, Mawneys ward has the highest percentage of both men and women who smoke, whilst Hylands has the least for men and Pettits has the least for women
- Physical activity levels are generally low, as is also the case in the other polysystems



## Location of Parks and Sports Centres in Havering



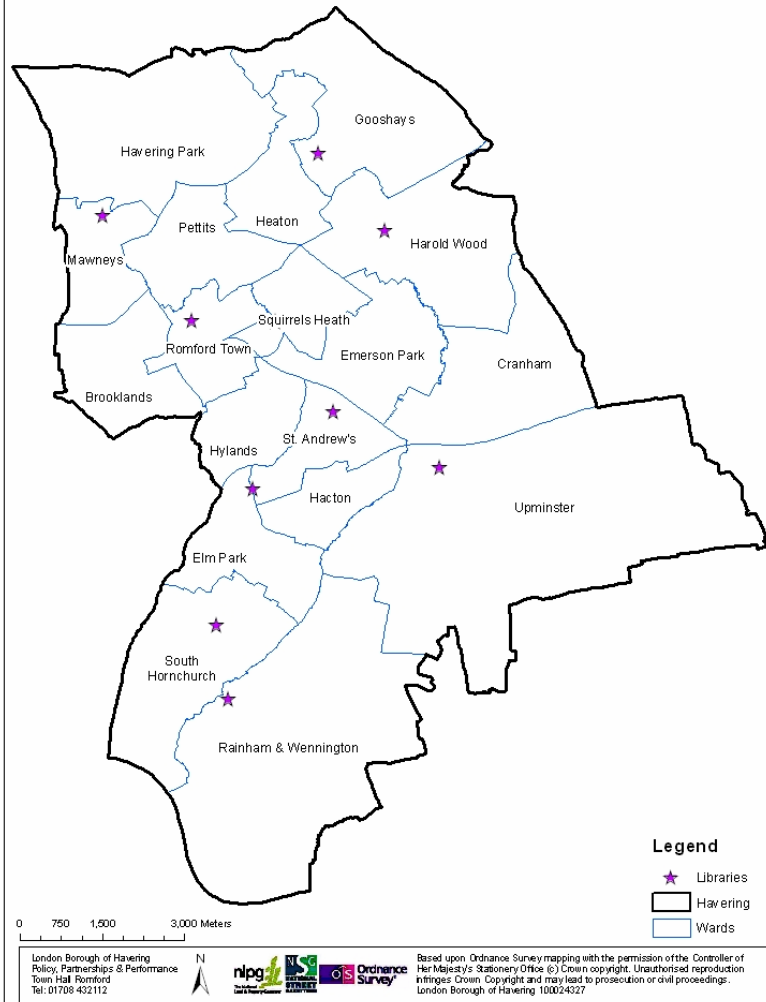
## Location of Education Establishments in Havering



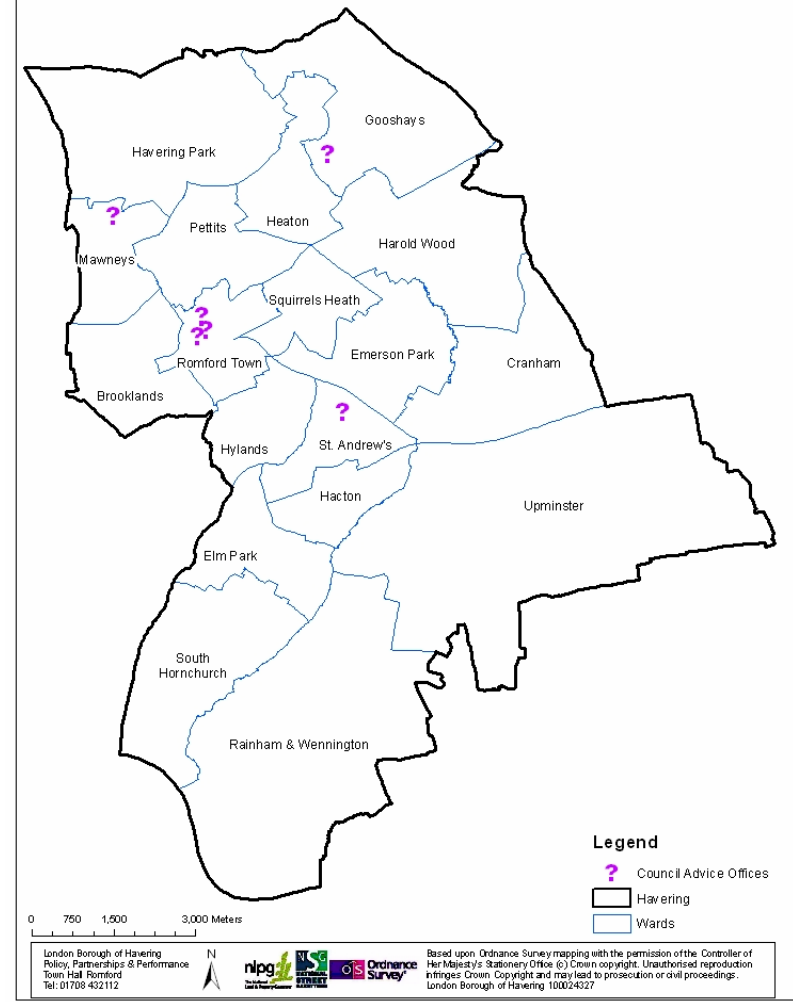
There are:

- More than 101 parks, playgrounds and green spaces in Havering
- 3 Council run sports centres in Havering
- 110 educational establishments in Havering (including primary schools, secondary schools, colleges, independent schools and pupil referral centres)

## Location of Libraries in Havering



## Location of Council Advice Offices in Havering



There are:

- 9 libraries in Havering
- 6 Council advice centres in Havering

# Satisfaction with GPs and Public Services

Information from the GP patient survey 2009/10<sup>2</sup> suggests that people in Havering are more satisfied with the care received at their GP practice than the London average, but less satisfied than the England average.

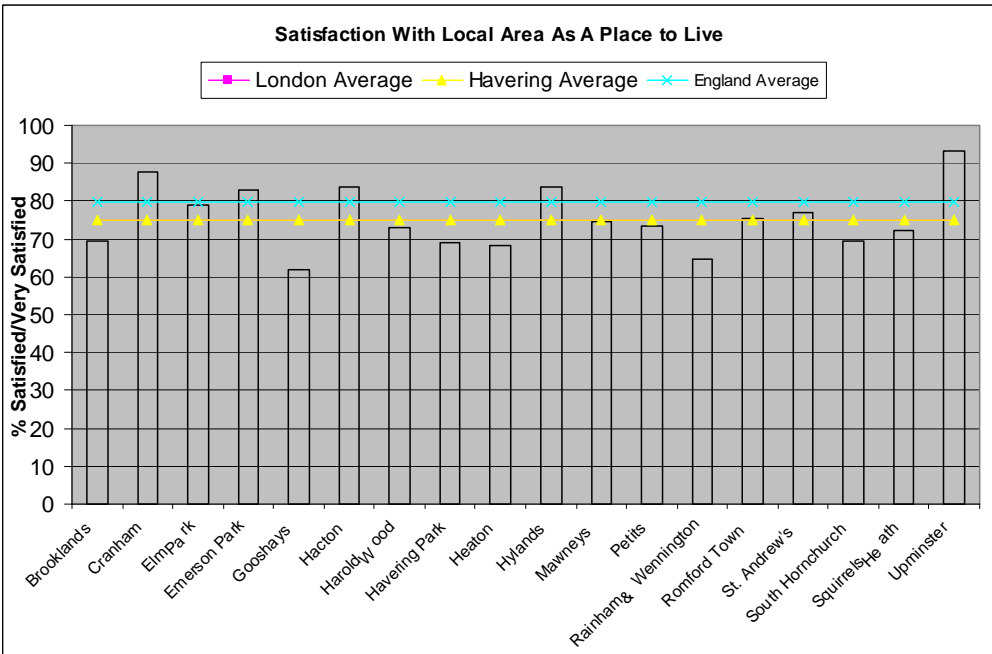
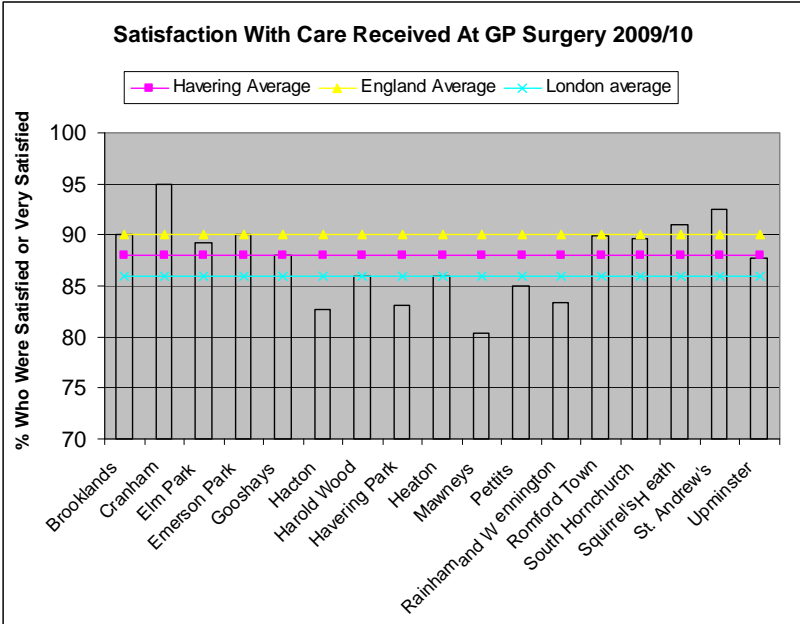
However, there are variations across Havering in levels of satisfaction, which range from 72% satisfied to 95% satisfied for individual GP surgeries.

When the average satisfaction is looked at by ward, those in Cranham and St Andrew's are the most satisfied with their GP, with those in Mawneys, Hacton, Havering Park and Rainham and Wennington being least satisfied.

## Satisfaction with Local Area and Local Public Services

A wide range of services have an impact on the health and well being of local communities. For example, provision of safe, clean and accessible open spaces may influence how much outdoor exercise local people take, which in turn may impact on levels of obesity. Data on the satisfaction of people and what they think is important may provide useful evidence about how to improve the experiences of local people, and in turn improve their health.

Information from the 2008/09 Place Survey<sup>3</sup> (England and London results) and the 2009/10 Havering Tracker Survey<sup>4</sup> show that in Havering, people are less satisfied with their local area as a place to live than is the case nationally, although levels of satisfaction are similar to the London average.



<sup>2</sup> The GP Patient Survey, Department of Health, 2010  
<sup>3</sup> Place Survey, Communities and Local Government, 2009  
<sup>4</sup> Place Survey Tracker, The London Borough of Havering, 2010



Satisfaction with the local area as a place to live is highest in Upminster and lowest in Rainham and Wennington and Gooshays. Although there does not appear to be a direct relationship between deprivation and satisfaction, the two most affluent wards (Cranham and Upminster) are also the most satisfied with their local area, whereas the lowest level of satisfaction is in Gooshays, which is the most deprived ward.

People in Havering state that the most important three factors in making somewhere to live are the level of crime, clean streets and health services. These three factors are also rated as being of high importance nationally.

Race relations, community activities and the level of pollution were rated by local people as the least important factors in making somewhere a good place to live. These were also ranked as being of low importance nationally.

Havering residents rated road and pavement repairs, activities for teenagers and the level of traffic congestion as the three things that most need improving in Havering. Race relations, access to nature and education provision were rated as the factors that least need improving.

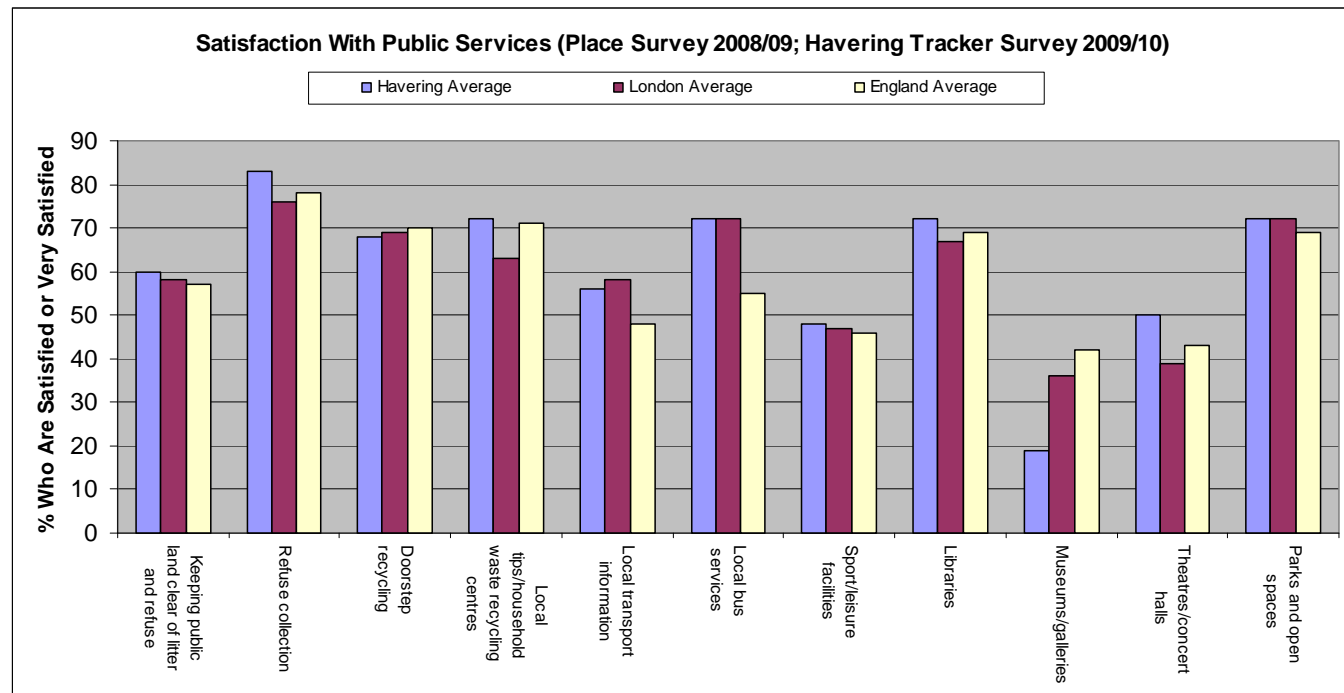
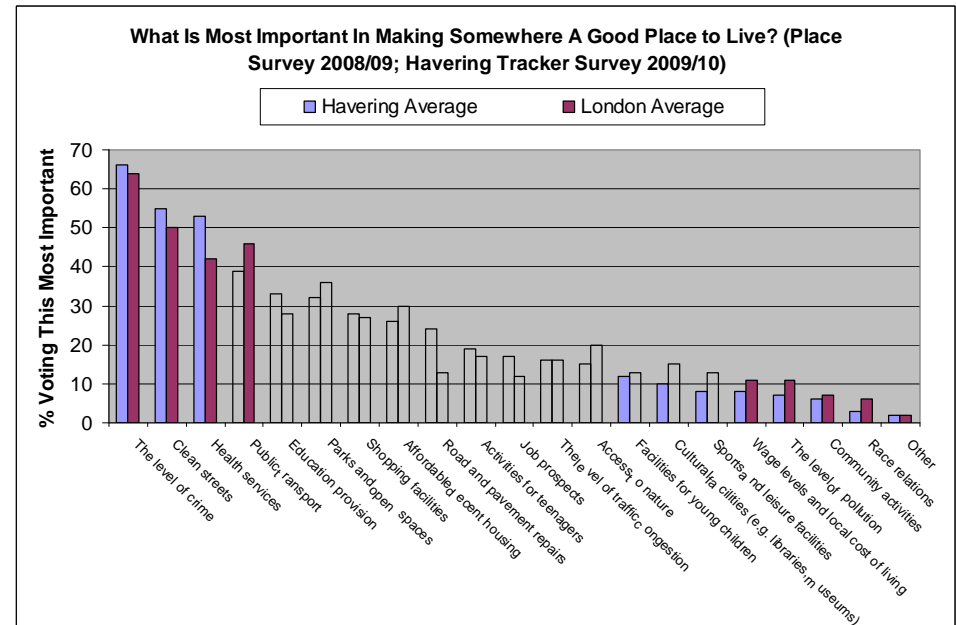
Refuse collection and libraries are the public services that

people are most satisfied with in Havering, with museums and galleries being the service that Havering residents are least satisfied with.

### Visiting A Doctor<sup>5</sup>

Of those surveyed, people in Havering Park were most likely to have visited a doctor in the last three months, with 68% having visited a GP in that time. This was followed by those in Emerson Park (63% had visited a GP) and

<sup>5</sup> The GP Patient Survey, Department of Health, 2010



Hacton (60% had visited a GP). Residents of Pettits were least likely to have visited a GP in this time period (50% had visited).

The average percentage of people who had visited a GP in the last 3 months in Havering (57%) is similar to the England and London averages.

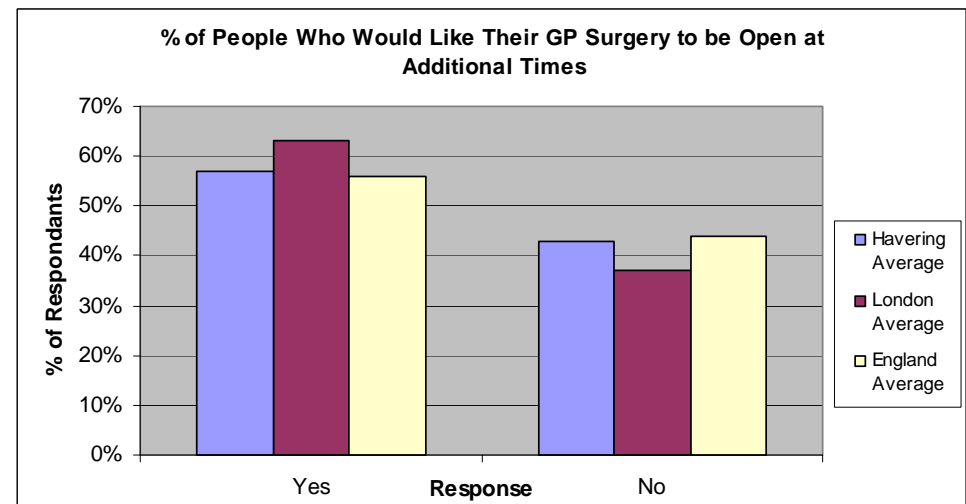
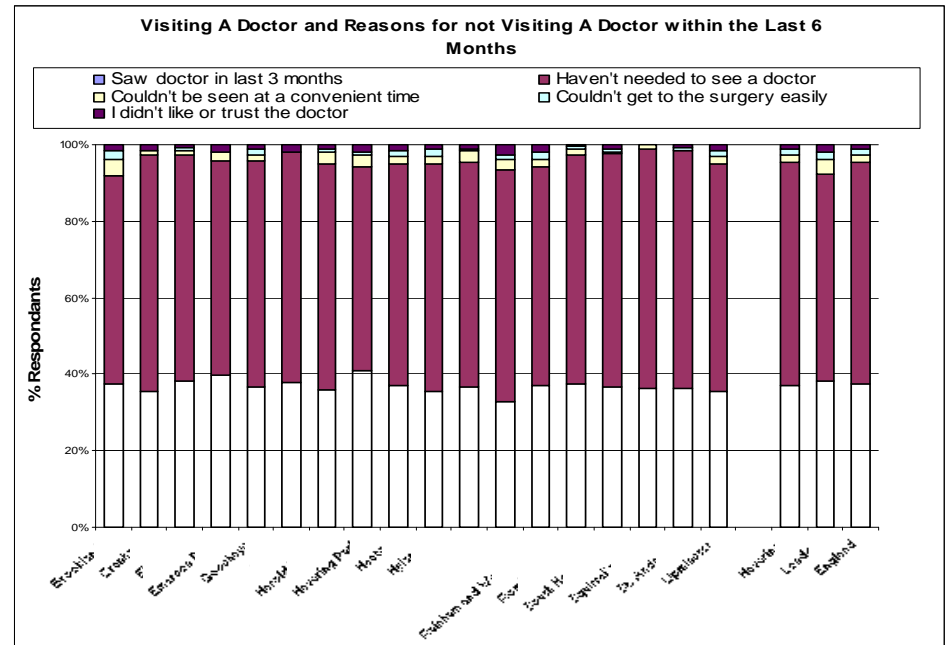
Of those who hadn't seen a doctor in the last three months, the main reason for this was not needing to see a doctor (90%). However, small percentages of people had not visited the doctor as they could not be seen at a convenient time (3%), could not get to the surgery easily (2%) or did not like or trust their doctor (2%). These are in line with national figures.

When looking at individual wards, those in Brooklands were most likely not to have visited the doctor as they could not be seen at a convenient time (6% of people in Brooklands stated this) or could not get to the surgery easily (4%). Those in Pettits were most likely not to have visited the doctor as they did not like or trust the doctor (4% stated this).

### Out of Hours Health Services<sup>6</sup>

Those in Emerson Park, Rainham and Wennington and Mawneys were most likely to have tried to reach out of hours health services and those in Harold Wood least likely. Of those that had tried to reach the service, 80% found it easy or very easy to do so by telephone, which is above the London average of 69% and similar to the England average of 79%.

Those in Hylands and Mawneys were most likely to know how to contact out of hours health services, with those in Pettits and Havering Park least likely to know how to.



<sup>6</sup> The GP Patient Survey, Department of Health, 2010

### Access to A GP<sup>7</sup>

Just over half of Havering residents would like their GP surgery to be open at additional times. Saturdays were the preferred additional opening time for Havering residents.

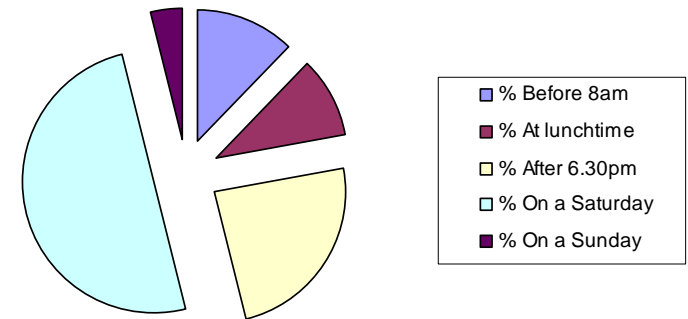
Booking appointments to see a GP by telephone is the most common method in Havering, with making appointments in person being the second most common method. When residents were asked how they would *prefer* to book appointments, telephone followed by in person were the most popular options. However a significant proportion of people (18%) would like to book appointments online. Currently very few people in Havering book their GP appointments online, so extending opportunities to book online GP appointments may help improve access to services.

Havering was in line with the England average for ease of getting through to a GP surgery on the telephone or being able to see a preferred doctor. More people in Havering reported that they were able to book ahead for an appointment with a doctor than was the case nationally.

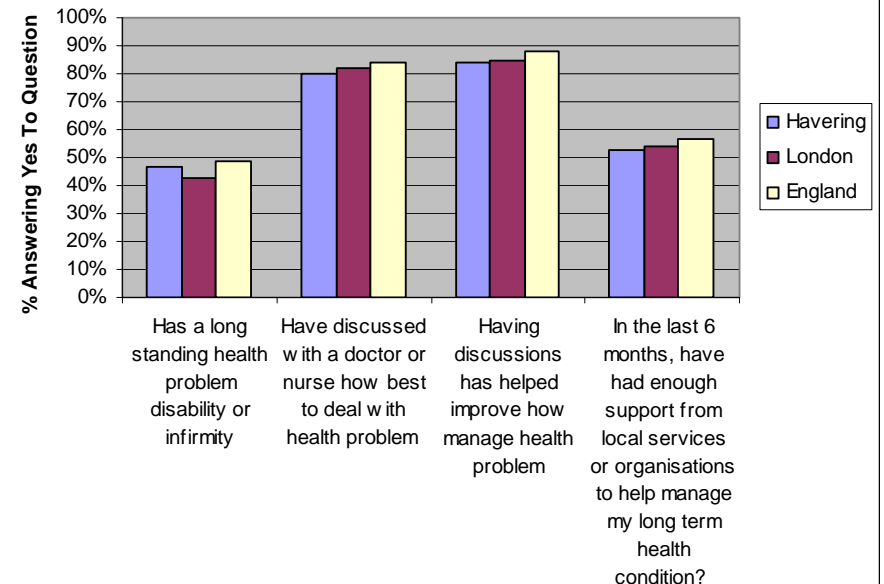
### Satisfaction with Care Planning<sup>8</sup>

Havering residents were slightly less likely to have discussed with a doctor or nurse how to deal with their health problem than was the case nationally. Havering residents were also slightly less likely to report that they had received enough support from local organisations in managing their long term condition or that having discussions have helped them to improve how they manage their health problem. More than 40% of Havering residents stated that they have a long standing health problem or disability, which is slightly below the national figure.

**Additional Times People in Havering Would Like Their GP Surgery To Be Open**



**Satisfaction with Care Planning 2009/10 GP Patient Survey**



<sup>7</sup> The GP Patient Survey, Department of Health, 2010

<sup>8</sup> The GP Patient Survey, Department of Health, 2010

### Views of Care Users<sup>9</sup>

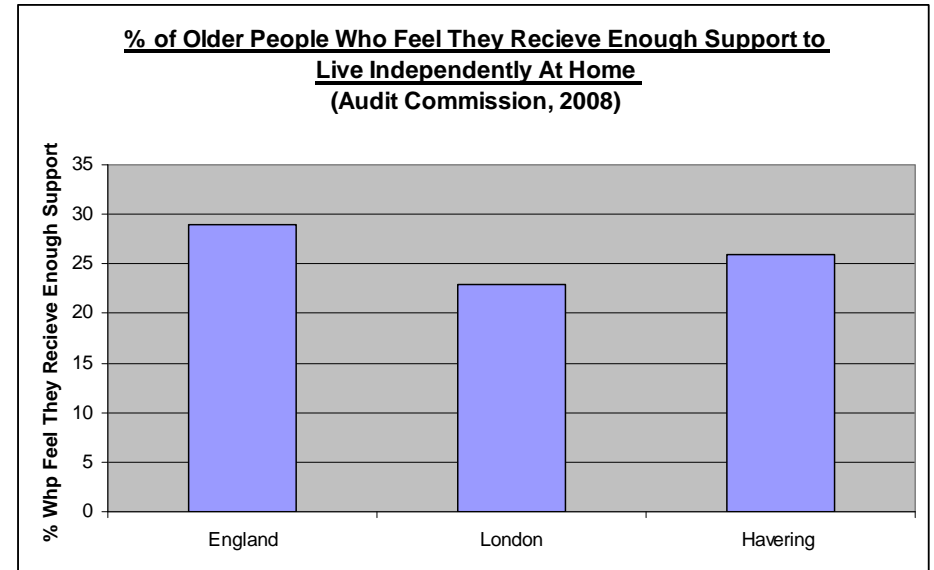
A 2010 survey of care service users in Havering suggests that home carers and personal assistants were the most common type of care service used in Havering, alongside day activities. When services users were asked about the kind of services they wanted, they would like further opportunities to socialise and meet new people. Although this survey did not specifically look at older care users, it may be considered relevant as such a large proportion of care users are older people.

The majority of care users (69%) said they would not change their care package if they had a personal budget. However this may be partly due to poor awareness of alternatives - over half of the people in Havering who are actually current personal care budget/direct payment customers have in fact changed their care package.

Care users also reported that they would use personal budgets for personal assistants and home help (such as cleaning and cooking). There was also some demand for holiday and leisure services, but the demand for personal assistants in Havering was higher than national averages and than averages in similar local authorities.

When choosing a service, personalisation emerges as an important factor, with the most important areas stated being “staff knowing you personally” and the professional training of staff. Information on available services and their costs was seen as the most important type of support that care users need in order to make changes in their lives and to make use of personal budgets. Older customers felt the least confident about managing personal budgets.

When a survey of older people in general in Havering was undertaken, road and pavement repairs, level of crime, clean streets, health services and activities for teenagers were identified as the issues most of concern to most older people<sup>10</sup>.



<sup>9</sup> Adult Social Care Personalisation Market Intelligence Survey, Demos and the University of Lancaster, 2010

<sup>10</sup> Place Survey Tracker, The London Borough of Havering, 2010