

Executive Summary

The Population

Demographic change

Redbridge has a growing and mobile population. In 2013 the population was estimated to be 293,500 (ONS). It is predicted that the population will grow by another 45,000 (15%) by 2021, with the greatest growth predicted in children.

- By 2021 it is predicted that 28% of the population will be under 20 years

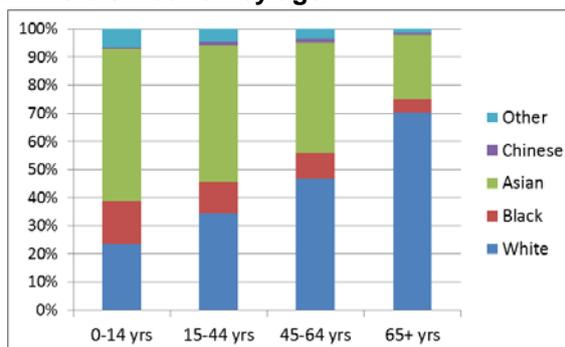
Fertility rates are high and increasing. There was a 42% increase in births between 2003 and 2012 although the rate of increase appears to be levelling off. There is projected to be a 19% increase in the numbers of people aged 85+ years by 2021, with a consequent effect on demand for services for this age group.

Diversity

The population is very ethnically diverse: a majority (57%) of the population is from Black and Ethnic Minority (BME) backgrounds with the largest group being South Asian origin (41%).

- Ethnic variation varies by age: in children 0-14 years 77% are BME origin whilst in people 65+ years 70% are white
- Ethnic composition also varies by ward with the largest proportion of ethnic minority groups mainly in the south

Ethnic distribution by age



Deprivation

Redbridge ranks 134th out of 326 Local authorities on the Index of Deprivation scores 2010 (1=most deprived), but there is wide variation across the borough with some wards predominantly in the lowest 2 quintiles for deprivation (Clementswood) and some in the highest 2 quintiles (Monkhams).

Issues

The increase in births will have consequences for the provision of all children's services in the coming years which will need to be planned for

Similarly the increase in the population aged 85+ years will increase demand for a range of health and social services which will need to be planned for. Keeping older people healthy and independent will be an important priority.

With increasing diversity in the population services will need to ensure that they can respond to varying cultural needs

Giving every child the best start in life

Children in poverty

Child poverty can impact on the life chances and lifetime health of a child. An estimated 17,520 children are living in poverty in Redbridge (25%). Loxford ward has the highest levels of child poverty (44%) and has some patches where 62% of children are in poverty.

The impact of the recent government welfare reforms is expected to increase levels of child poverty, in particular the benefits cap is likely to increase child poverty in larger families. The numbers of children eligible for Free School Meals has increased from 15.8% in 2008 to 19% in 2013 .

Pregnancy and Early life

Age at delivery, smoking, mental ill health, substance misuse, maternal obesity, chronic disease and uptake of antenatal care can all affect the outcome of pregnancy and early life

- Nearly two thirds of mothers (63%) are aged 25-34 years at delivery, only 2.4% are under 20 years compared to 5% nationally
- **Smoking rates** in pregnancy in Redbridge are lower (5.5%) than London (6%) and England (13%) averages, however, unlike elsewhere, rates are not declining.
- A local report found that parental **ill health, substance misuse and domestic violence** were significant factors in children's Serious Case Reviews
- **Maternal obesity** is increasing – 30% of women are overweight or obese
- Only 75% of women **access antenatal care** before 13 weeks and this is decreasing. Screening rates for Downs syndrome and sickle cell anaemia in early pregnancy to not meet national targets

Low birth weight (LBW) is one of the main predictors of infant mortality. LBW is higher in Redbridge than in England or London and has been increasing since 2008. Loxford and Wanstead wards have significantly higher rates than Redbridge average and England.

Breastfeeding is known to benefit the health of mother and child. Redbridge has higher breast feeding rates (87% of women start breastfeeding) than the national average, but similar to London. Breastfeeding rates are highest in BME women and lowest in poorer white women and teenage mothers.

Vaccinations protect the child against a range of childhood diseases. The coverage rates for childhood vaccinations in Redbridge do not meet national targets for any of the vaccines and the coverage for MMR, at only 80% for 2nd dose, is particularly low. However there have been recent improvements. The completion rate for HPV vaccination programme offered to girls aged 12-13 years (76%) is lower than national and London coverage rates and moreover uptake rates have declined in the last 3 years.

The number of **emergency admissions** to hospital is of concern nationally. Admission rates for children for gastroenteritis and lower respiratory tract infections in children are significantly lower in Redbridge than the national rates, however those for lower respiratory

infections have been increasing. Admission rates for asthma have been consistently increasing and are now significantly higher than the national and London averages.

Childhood mortality is generally used as a wider measure of health, particularly in the first year of life (infant mortality) which is the most vulnerable. The Infant Mortality rate is not different in Redbridge to national or London rates, however the stillbirth rate in Redbridge is the highest in London, significantly higher than the national average and is not decreasing compared to declines in national and regional trends. There is wide variation between wards with the poorest wards having the highest rates. A majority (almost 60%) of infant deaths occur in the first month of life and the main reasons for these deaths are factors relating to delivery, or to congenital abnormalities. In older children and young adults 15-24 years the main causes of death are accidents and injuries (42%) and are thus preventable.

Issues

Increasing the proportion of women who access antenatal care before weeks should be a priority to try and reduce the numbers of low birth weight babies and the number of stillbirths

Rates of breast feeding are in general high but lower rates of breast feeding in teenage mothers and poorer white women do not give their children the best start in life and will increase health inequalities

Current low rates of immunisations put children at risk of vaccine preventable illnesses

The Health Visitor service in Redbridge offers a universal service for all families and a targeted more intensive service for families depending on their assessed needs. The increase in births and reduction in Health Visitors available in practice has impacted on the quality of services. An increase the service capacity will be needed.

Maximising children's capabilities and control over their lives

Children at School

The school population Since 2009 there has been a 8.1% increase in the school population; 11.7% increase in primary school pupils (n=2995) and 4.0% increase in secondary school pupils (n=865). The increases have been mainly concentrated in the south of the borough. Since 2006 nearly 6,000 extra school places have been provided. More will be needed in the coming years.

A majority (62%) of children in school speak English as an additional language. Of the 130 other languages spoken the main ones (65%) are South Asian languages.

Educational achievement in Redbridge is above the national averages at Early years Foundation stage, Key Stages 2, 3 and 4, and Redbridge pupils have a higher average point score at A level. This is a tribute to local schools. However, there are different levels of achievement between children of different backgrounds:

- girls generally perform better than boys; children with English as an additional language perform better than native English speakers and Asian children perform better than children of other ethnicities;

- looked after children and children eligible for free school meals have significantly lower achievements, although they are better than national rates;

Redbridge had a lower percentage (3.6%) in 2013 of young people who are **Not in Education, employment or training (NEET)** than the London (5%) or National (6%) averages.

Young offenders

The numbers of first time youth offenders has reduced by 28% between 2011 and 2012 and rates of offending are lower than London and England rates. Of the 474 young offenders known to the Youth Offending Service 79% were aged 14-18 years, 82% were male and they were disproportionately white or black. There has also been a reduction in repeat offending and an increase in the numbers of young people getting housing and employment from 73% to 80%.

Issues

The increasing numbers of children in the school age population will need to be planned for in the coming years

There are large differences in achievement between children eligible for free school meals and looked after children and the general school population. Although these differences are less than the national average they are of major concern

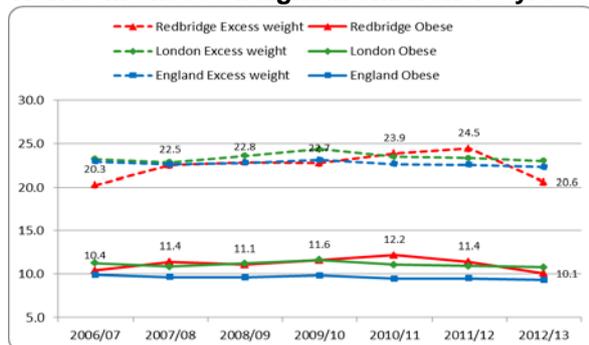
Wellbeing of children and young people - lifestyles

Childhood obesity

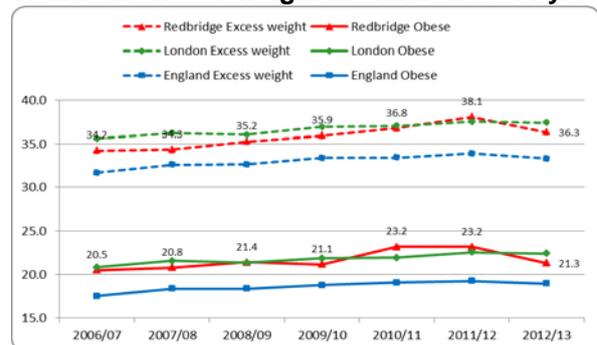
Childhood obesity is a national public health concern, and obese children are more likely to be at risk of several diseases in later life. In Redbridge:

- A fifth of children aged 4-5 years and 36% of children aged 10-11 years in 2012/13 were overweight or obese, with 10% of 4-5 year olds and 21% of 10-11 year olds obese.
- These rates were increasing year on year but have just started to decline.
- Boys are more obese than girls and rates of obesity doubled in the primary school years between ages 4-5 and 10-11 years.
- Black children and children in deprived wards are more likely to be obese.

Trends in excess weight in children 4-5 yrs



Trends in excess weight in children 10-11 yrs



Oral health

The oral health of 5 year olds was better than London in 2012, however, 27% of children experience tooth decay and this has got worse since the survey in 2008 and fewer children are having their teeth filled. Of children 3-4 years 45% had never been to the dentist.

Issues

Although there is a range of programmes that aim to target overweight children and their families more work is needed in schools to prevent the significant increase in obesity that occurs in primary schools.

Need to commission appropriate population-based oral health improvement programmes to meet the needs

Barriers to maximising capabilities and having control

Safeguarding children

Although the number of children in Redbridge has increased in the last few years the number of children who are Looked After (LAC) has not . In 2012/13 there were 208 LAC:

- The number of unaccompanied asylum seekers reduced from 46 in previous year to 32.
- Within the care system there is over-representation of white, black and mixed children and under-representation of Asian children.
- 79% (n=175) of Looked After Children were in foster placements.
- 115 children were subject to child protection plans; 12 of these were due to sexual abuse
- Emotional abuse and neglect are the main reasons for child protection plans

Children with disabilities

There are an estimated 4626 disabled children in Redbridge, of whom 1542 are likely to need support and 925 are likely to be severely disabled; 482 children are known to the Children with Disabilities Team (CWDT) in 2013. Children with autism comprise the largest group (44%). Two thirds of children with disabilities are male and disability rates are proportionate to the ethnic distribution in the population.

Changes in the way that services are provided and improved access have ensured that children with all types of disability are able to access short breaks and the availability of short breaks has increased fourfold since 2008. Short breaks give respite for carers and provide children with a range of services, the most common types are befriending service and breaks with overnight or weekend stays. Older children are more likely to access these services.

The CWDT works with 52% of the estimated number of children who are complexly disabled. Increased provision of mainstream services has been much more cost effective.

The numbers of children with **Special Educational Needs** is increasing and more are being accommodated in mainstream schools. This means that the profile of children in Special Schools is getting more complex and they cater for the more disabled children. New

legislation relating to children with disabilities will affect the care provision and these changes will need to be planned for.

Children with Long Term Conditions

Long term conditions can impact on the health and wellbeing of a child including affecting educational achievement.

- **Asthma** is the most common, affecting an estimated 5,000 children in Redbridge. There are 46 children with the most severe form of asthma, who have care plans to manage their condition in school. In 2011/12 there were 178 emergency admissions for children with asthma.
- **Diabetes** is a life long condition. In Redbridge there are 155 children registered with diabetes, and the community paediatric nurse is working with 130 and numbers are increasing. In children 94% have Type 1 diabetes, however Type 2 diabetes, normally only seen in adults, is emerging due to increasing levels of childhood obesity. White children are over-represented and black children under-represented.
- **Anaphylaxis** can be a life threatening condition. There are 415 children in Redbridge with EpiPen care plans to ensure that they can manage any anaphylactic event
- Around 1% of people have some form of **epilepsy**. In Redbridge 90 children have epilepsy plans in place.

Children with mental health needs

A range of social and other factors can put children at greater risk of suffering mental ill health. In general Redbridge has lower levels of these risk factors compared to London. Certain groups are more vulnerable, including children with learning disability, physical disability, young offenders, substance misusers, Looked After Children, teenage parents, children exposed to domestic violence. Compared to national rates Redbridge has higher levels of resilience factors which protect against mental illhealth.

- There are an estimated 5896 children with a mental disorder, of which the most common is conduct disorder (47%).
- 43% of mental health admissions are due to the use of alcohol or to depression, both are increasing
- White children are proportionately more likely to be admitted than black or Asian children
- An estimated 1362 children may need Tier 3 or Tier 4 support services, rising to 1512 in 2017.

The evidence base shows that the following are cost effective in reducing mental ill health:

- Health Visitor support for post natal depression
- Social and emotional learning programme to prevent conduct disorders
- School based violence and bullying prevention programmes

Children needing End of Life Care

The numbers of children with life limiting conditions in Redbridge is not fully known as no organisation holds all the data so estimates of need for end of life care vary. It was estimated that 249 children in 2010 had a life limiting condition but 89 were being supported in 2012, so it is likely that there is unmet need. The greatest numbers were due to effects of congenital abnormalities (31%). Numbers are estimated to be increasing. There is a

dedicated children's Community Nursing Team but no paediatric palliative care nursing team.

Young carers

There are an estimated 650 young carers in Redbridge. Sixty six young carers are being supported by Indigo, a partnership between Barnados and LB Redbridge, with a range of support opportunities, however it is likely that there is a lot of unmet need.

Issues

- An OFSTED inspection of child protection arrangements recommended a strengthening of processes to identify children at risk, and for quality and risk assessments.
- The provision of services for disabled children needs to be extended to children 5-11 years
- There needs to be focused work to reduce the numbers of alcohol related mental health admissions. Early identification of children with mental health needs is important.
- The increase in the numbers of children with diabetes is straining the capacity of the community nurse to provide the service; more training is required to ensure primary care staff are updated in latest best practice

Maintaining Independence and wellbeing in adulthood

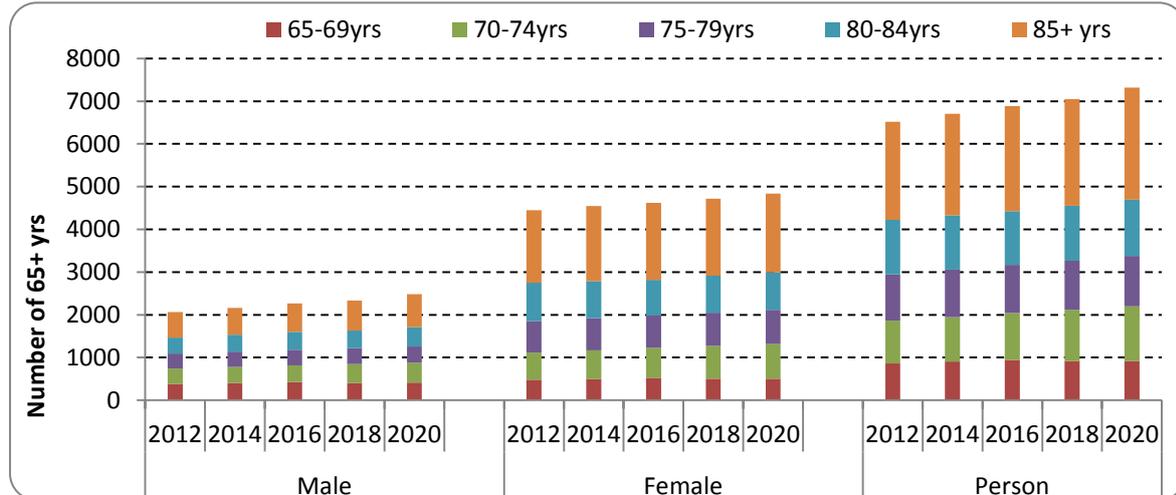
Needs of Older adults

The population of adults aged 65+years is projected to increase by 10% (3400 people) by 2020, with the greatest increase in the age group 70-74 years (projected 23% increase). The ethnic profile of older adults is different from the wider population with 31% from an ethnic minority background (24% Asian, 5% black).

With increasing numbers in the population there will be increasing numbers of people who will need support with domestic tasks, self, mobility and continence support and advice, with projected increases of 6% between 2016 and 2020. Rates of dementia increase with age. It is estimated that there are 2616 people with dementia, expect to increase by 8% (n=215) by 2020. Similarly, the number of people with limiting longstanding illness is expected to increase by 9% between 2014 and 2020. It will be a challenge to enable increasing numbers of people to maintain independence into old age.

Redbridge Council provides or commissions a variety of services to support older people to maintain independence, including community based services – 2096 people received home care packages in 2013, Direct payments (683 people supported), intermediate care services to support people post hospital discharge and integrated care management.

Projected numbers of people 65 + unable to manage at least one mobility activity on their own



Safeguarding adults

There have been key changes in the legislation about safeguarding adults, a key one of which is the requirement to set up a Safeguarding Adults Board. Redbridge has developed a clear protocol to enable serious case reviews to take place to learn from past experience, improve future practice and ensure multi-agency working.

- There has been 127% increase in safeguarding adults' referrals over the past 3 years from 273 to 616 pa
- The highest number of referrals came from the 'Physical Disability, Frailty' service user group at 130, an increase of 22.6%.
- Nearly two thirds of referrals were for women
- The largest source of referrals were from 'residential care staff' despite the setting of abuse being highest in 'own home'.
- Neglect was the most commonly recorded type of abuse (34%)

Two service user forums have been established in Redbridge to ensure that the voice of service users and carers is heard and helps to inform improvement of practice.

Dementia

National data show that around 9% of the population aged 65+ years will suffer dementia. In Redbridge this equates to around 3,000 people. Numbers are projected to increase by 12% between 2012 and 2020 with increases in population and with people living longer; the biggest percentage increases (22%) are expected in the 90+years group.

- It is estimated that current recorded prevalence covers approximately 30% of the total number of people estimated to have dementia. There is likely to be unmet need
- Dementia is rarely the primary cause for admission to hospital, but people with dementia often stay longer in hospital and require more vigilant care.
- A London-wide audit of prescribing showed that Redbridge patients were more likely to be prescribed anti-psychotic medication, the majority of which was initiated in secondary care

Falls

Falls resulting in injury are a major cause of morbidity, hospital admission and need for social care. Prevention is therefore a major priority. As people get older and have more long term illness the risk increases. Redbridge has an increasing population of older people and

there is likely to be an attendant increase in the number of falls and admissions due to falls if interventions are not strengthened

- Financially, falls impose a high cost to both the health and social care services. In 2010/11, total cost of admission (emergency, elective and day cases) for falls was almost £5m. In 2012/13 the cost of emergency admissions alone was £3m.
- Hospital admissions due to falls in Redbridge increased by 43% between 2008 and 2011, and there was an increase in 8% in the number of falls related admissions between 2010 and 2013.
- Standards for hip fracture care at Queens Hospital (BHRT)) are below recommended Blue Book standards in many areas.
- Redbridge has a higher mortality rate from fractured neck of femur (generally caused by falls) than both London and England averages. There were 44 deaths in 2010/12.

Adults with a disability

In line with population increases and the aging of the population the number of people with all forms of disability is expect to increase

People with **Learning Disabilities** often experience inequality in access to and quality of health care services. Not all people with learning disability will be known to disability services; those with more complex needs are more likely to have their disability recorded.

- It is projected that there will be an increase in the number of adults with learning disabilities within Redbridge from 4,917 in 2011 to 5,756 in 2030. The great majority will be under 65 years. This includes an increase in adults with severe learning disability from 252 to 302 the same period.
- Prevalence of learning disability is higher among men than women
- A survey of individuals identified by Primary Care Learning Disability registers showed that 87% were identified as having one or more types of complex need
- Only 28% had the existence of a health action plan recorded in their GP notes (as required by government guidance)
- Between 2008 and 2011 the numbers of people with learning difficulties supported by services in Redbridge doubled from 246 to 380. The biggest increase was in direct payments which tripled.

The numbers of people with **Autistic Spectrum Disorders** (ASD) is expected to increase from 1877 in 2014 to 2083 in 2020. Just over half of people with ASD will have a learning disability. ASD is 8 times more common in males than females. The Redbridge plan for Adults with Autism focuses on training for front line staff, a pathway for identification and diagnosis, support and access to mainstream services. It is not known how many people who would be eligible for services are not receiving them.

The number of people with **Physical Disabilities** is estimated from the numbers of claimants of Disability Living Allowance and local estimates based on national prevalence figures.

- The number of adults with a moderate physical disability is projected to increase by 17% by 2030 from 12,577 in 2011 and numbers of people who have serious physical disability are expected to increase by 20% by 2030 from 3,546 to 4253.
- There are projected to be increasing numbers of adults with a disability affecting personal care from 6,000 in 2011 to over 7,000 in 2030.
- There has been an increase in uptake of social care services by adults with physical disability, from 1,880 in 2006/07 to 5130 in 2012/13.

In 2013 there were 1576 adults registered **blind** (824) **or partially sighted** (752)

- Aging is one of the main causes of visual impairment; 80% are aged over 65 years.

- The number of adults with serious visual impairment is projected to increase by 11% from 2,058 in 2012 to 2,282 in 2020
- Many of the risk factors for impaired vision are unequally distributed amongst people who live in Redbridge e.g. by ethnicity or socioeconomic status.
- There are a number of services across Redbridge for visually impaired people.

Similarly, there is predicted to be a 12% increase in numbers of adults who have a moderate or severe **hearing impairment**, from 20,855 in 2012 increasing to 23,487 in 2020. There are 1,293 adults and children who have registered as having deafness or hearing loss, this includes 198 residents who are deaf without speech.

Adult mental health

An estimated 18% of the population, around 46,000 people, are affected by a common mental disorder like depression and anxiety, with more women (56%) affected than men (44%). Estimated prevalence rates of severe mental illness, including schizophrenia are 0.7%, equivalent to 1,138 people; estimated prevalence of Post Traumatic Stress Disorder is 3%, personality disorders 0.4%, eating disorders 6.4%. An estimated 10,000 people in Redbridge will have had an episode of self harm in their lifetime.

Risk factors for mental illness include black ethnicity, unemployment, low educational level, low income, insecure or poor housing, living alone, experiencing domestic violence. In general the levels of these risk factors are lower in Redbridge than in London as a whole.

Mental and physical illnesses often co-exist and can result in higher mortality. Physical illness can make people more prone to depression, and people with mental disorders may take less care of themselves.

On average people with mental illness die 5-20 years younger than the general population.

- Redbridge has a higher rate of admission for mental health conditions than England but not significantly different to London.
- In 2012/13 44% of mental health admissions in adults were due to mental and behavioural disorders due to the use of alcohol. This represents a very considerable burden.
- Analysis of admissions by ethnicity show that there may be under-representation of admissions among people with Bangladeshi, Pakistani and Indian backgrounds.

Carers

Numbers of carers are likely to increase in Redbridge given increasing number of older people with long term conditions. The 2011 census identified 27,291 carers, of which 63% provide 1 to 19 hours, 16% provide 20-49 hours and 21% provide 50+ hours of unpaid care a week

The Redbridge Carers Strategy set out the approach to the development of carers services to ensure that carers can get support that they need.

End of life care

National guidance recommends a care pathway approach for the delivery of integrated care for people at the end of their life. People are living longer and increasingly dying at an older age with complex multiple morbidities.

Although nearly half (45%) of people 75+ years and 75% of people aged 25-34 years would prefer to die at home, nationally a majority of deaths (58%) occur in NHS hospitals, 18% occur at home, 17% in care homes, 4% in hospices and 3% elsewhere.

In Redbridge the proportion of people who die at home has increased from 14.4% (2007) to 16.9% (2008-10), and the proportion dying in hospital (62%) is higher than London or England averages. Although Redbridge has a mixture of general and specialist palliative care service provision, hospice provision and bereavement support inequalities exist in access to high quality, appropriate End of Life Care services.

Issues

With the increasing numbers of people living to older ages, a greater provision for, and focus on prevention will be required to keep older people healthy and enable them to live independent lives.

With increased demand for dementia services a number of expectations, concerns and suggestions for improvement by the service users and carers have been identified, including lack of support and awareness of needs during hospital admission and lack of awareness about services. These need to be acted on.

Redbridge has a community falls prevention service in place with a falls strategy and pathway, as well as a GP Osteoporosis Directly Enhanced Service, but these need to be further strengthened to meet the needs of the increasing older population and reduce fall and fracture rates.

The numbers of people with all kinds of disability is expected to increase in the next decade. This will put pressure on existing services

Mental illness is a considerable burden for individuals and services. Preventing crisis should be a priority. Prevention work need to be done to reduce the high proportion of mental health admissions due to alcohol

Continued training will be needed for professionals to recognise the needs of people for End of Life Care.

- Redbridge does not currently have a hospice at home provision, in which patients can be provided with 24/7 care. Specialist palliative care advice is not available 24 hours.
- Implementation of the Gold Standards Framework in all GP practices is needed.

Create fair employment

Economy and employment

Good employment is protective of health and wellbeing, and educational attainment is important in determining the employment opportunities that are available to individuals.

- In Redbridge in 2013 68.7% of the working age population were employed, slightly lower than London (69.4%) and England (71.0%). This has increased from 66.5% in 2012.
- 25.6% of the working age people are economically inactive, a decrease from 29% in 2010
- The proportion of the population claiming out of work benefits in May 2013 was 11.6%, lower than the London rate (12.9%) .
- The employment rate among women from ethnic minority backgrounds is lower than white women, but employment rates among men from ethnic minority backgrounds is higher than of white men and than rates in London and England.

- The proportion of Redbridge residents with NVQ4 or higher is higher than UK but lower than London average (43.5% in comparison to 34.4% and 47.6%) (2012)
- The proportion on Redbridge residents with no qualifications is higher than the UK and London average (11.3% compared to 9.7% and 8.4%) (2012)

Issues

- Providing children and employees with the best possible education and training to maximise participation in the knowledge economy and other growth industries
- Providing adults with high quality vocational training aimed at available employment and obtaining better paid work
- Providing pre-employment provision to enable adults with no qualifications to progress into further learning and work

Ensure a healthy standard of living for all

Housing

Good housing is key to mental and physical wellbeing. Quality and accessibility of housing are key determinants of broader community and family wellbeing.

- Two thirds of properties in Redbridge are detached or semi-detached, one third terraced. The majority is privately owned (63%) or privately rented (23%). Redbridge has the third lowest level of social rented housing (11%) in London.
- Demand for social housing exceeds supply and is increasing. Economic downturn and funding restrictions have led to a decline in the new supply of affordable housing since 2008, only meeting 3% of the requirement since 2010.
- A range of measures are in place to increase new supply and make the best of existing stock, including under-occupations schemes, mobility schemes, Private Sector Leasing Scheme
- Overcrowding is a significant problem in Redbridge. A local study found that 12% of households are living in unsuitable housing, of which 47% were overcrowded. Over half (54%) of priority Housing Register applicants are overcrowded and in need of larger homes.
- Although the quality of private sector housing in Redbridge is better than the national average, 15% of properties still contain a category 1 hazard. Increased population and greater demand for housing has led to higher density of accommodation, and illegal conversions. In 2012 there were 549 long term empty properties,

Welfare reforms have a significant impact on Redbridge residents, reduce the housing choices available to people and increase homelessness and the numbers of people in unsuitable accommodation. This is likely to impact on their health.

Rough Sleepers are among the most vulnerable in our community- experiencing multiple morbidities and 30 year lower life expectancy than the average population. Health care costs are at least 5 times more for rough sleepers than the general population In Redbridge there are services to support rough sleepers into supported living and independence.

England has more winter deaths associated with cold weather than many other European countries often with colder climates. Many of these excess deaths are related to poor housing. Redbridge has a similar excess winter death score to England and London. However, excess winter deaths from stroke were nearly twice as high as national rates

Issues

Redbridge has limited social housing stock. Although a range of programmes is in place to maximise the availability of existing housing there is still a need for more housing.

Driving up quality of private sector homes is a priority through:

- encouraging landlords to get accredited
- multi-agency enforcement action against poor landlords

A model of care for street homelessness is needed, working with the local authority and third sector organisations, to ensure better health outcomes for rough sleepers through better co-ordination of services, sharing information about pathways and services available

The high rate of excess winter deaths from stroke needs investigation

Develop healthy and sustainable places and communities

Crime

Crime is a top concern for residents of Redbridge. We know that community cohesion and feeling safe is protective of health and wellbeing. Overall levels of crime have been decreasing since early 2011. Crime rates are similar to the London average.

- Acquisitive crime has decreased but still accounts for a third of offenses
- Violence against the person has decreased but still accounts for 21% of crime figures.
- Serious youth violence and knife crime and gang cultures remain low in Redbridge.
- There are links between alcohol and crime and drugs and crime.
- There has been considerable local concern about street prostitution in Ilford
- Young people are at greater risk of assault, personal robbery and snatch theft. Older people are most vulnerable to pick pocketing.
- A range of services in Redbridge work to reduce crime and re-offending

Domestic violence has a significant impact on the health and wellbeing of victims and their children and experiencing it is known to be a risk factor for mental illness.

- The number of reported cases of domestic violence has been increasing year on year.

There has been an increase in the number of reported sexual offences between 2012 and 2013, particularly in rape cases

- There were 12 cases of forced marriage and 5 cases of honour based violence
- Female Genital Mutilation is known to be an issue in Redbridge although data are currently incomplete.

Environmental contaminants

Air quality is an important public health concern; of particular concern are small particles (PM10 and PM2.5) which are inhaled and arise mostly from motor vehicles. These contaminants can exacerbate asthma and other chronic respiratory diseases and cardiovascular disease.

- The Institute of Occupational Health predict 153 premature deaths in Redbridge due to particle matter (PMs), putting Redbridge in the worst 10 of boroughs

There are currently no known sites where residents are likely to come into contact with an unacceptable level of **contamination from the land**.

Recreational water can provide important opportunities for physical activity. The borough's largest area of recreational water is Fairlop Waters Country Park. Water quality is a potential health risk which impacts on the use of the lake.

Issues

Redbridge has a variety of services in the voluntary sector to support victims of domestic violence but greater co-ordination of services and pathways is needed.

Strengthen the role and impact of ill-health prevention

Lifestyle has a major impact on health and wellbeing. Unhealthy lifestyles can cause or contribute to mental and physical illness. Lifestyle differences are a major factor in health inequalities. Poorer people generally have less healthy lifestyles than the more affluent.

Obesity and physical activity

Obesity is the fifth leading cause of death globally. England ranks as one of the most obese countries in Europe, with 64% of the English adult population being either obese or overweight. Deaths linked to obesity shorten life by an average of 9 years. The National Audit Office reported that overweight and obesity cost the NHS £4.2 billion

- The proportion of adults who are overweight or obese in Redbridge is high (55%) but significantly lower than the national average and similar to London average.

As well as contributing to reducing excess body weight, physical activity reduces the risk of a range of diseases including coronary heart disease, stroke, type 2 diabetes and some cancers. Inactivity in Redbridge is estimated to cost the borough £19m per year.

- In 2013, 53% of the population met the recommendations of 150 minutes of physical activity per week, This is lower than London (57%) and national (56%) averages. The percentage of people in Redbridge who do not currently achieve 30 minutes of physical activity per week, made up of bouts of 10 minutes is 29.5%.

Smoking

Smoking remains a major cause of morbidity and mortality. Despite being a relatively low prevalence borough with significantly lower rates than London or national averages, smoking causes 200 deaths and 1,350 hospital admissions a year. There is variation across wards with 25% of adults in Hainault being smokers in comparison to 10% of adults in Clayhall. Redbridge Council is enforcing a number of Tobacco control measures including reducing illegal sales of tobacco and sales to young people.

- Shisha smoking is an increasing trend of concern and is popular with young people, although it is illegal and health effects may be worse than those of tobacco smoking.

Alcohol

Alcohol misuse has become a major problem nationally and locally and has put increasing pressure on the health service through increased hospital admissions. Deaths related to alcohol have also increased nationally. Alcohol misuse has a high cost and is associated with crime, violence, mental health needs, admissions to hospital and deaths.

- Hospital admissions due to alcohol have more than doubled in 10 years from 846 per 100,000 in 2002/03 to 2003 per 100,000 in 2011/2012 in Redbridge. Admissions relating to alcohol are the most common reason for mental health admissions
- Men are three times more likely than women to be admitted to hospital or to die from alcohol related causes

Redbridge Alcohol Strategy outlines the partnerships strategic objectives on alcohol related harm for the period 2011/13. Work is underway to update the Alcohol strategy for 2013/15

- 76% of people undergoing alcohol treatment in 2012/13 were recorded as 'Treatment complete, alcohol free'.

Substance misuse

Substance misuse is a serious public health concern, has a significant impact on health and wellbeing of users, their families and communities and accounts for high levels of A&E attendances and admissions. Drug users commit one third to a half of acquisitive crime.

- It is estimated that there were 1,432 opiate and crack users in Redbridge (2011/12), a prevalence rate of 7.9/1000, lower than England (8.7/1000) and London (9.6/1000).
- 407 people presented to treatment in 2010/2011; 80% were males,
- In Redbridge in 2010/2011 there were 312 substance misuse related hospital episodes, 31 ambulance call outs for drug overdoses and six drug related deaths.
- Redbridge Drug and Alcohol Action Team Partnership commission a comprehensive range of substance misuse treatment services for adult drug users, including specialist substitute prescribing, detoxification and residential services.
- Redbridge has seen significant growth (128%) in the number of successful treatment completions since 2009/2010.

Sexual Health

- In Redbridge the numbers of the top five **Sexually Transmitted Infections (STIs)** - Chlamydia, genital warts, genital herpes, Gonorrhoea and Syphilis have risen in recent years, with highest rates were in the West of the borough. Chlamydia is the most commonly diagnosed STI.
- There were 520 people living with **HIV** in 2011. Although new cases of HIV are falling HIV prevalence and late diagnosis (60%) continue to rise. Early diagnosis reduces mortality and onward transmission.

NICE guidelines recommend that women requiring contraception should be given information regarding all contraceptive methods, including long acting reversible contraception (LARC).

- Redbridge has a lower rate of GP prescribed LARC per 1,000 females (27.6) than London (28/1000) and England (52/1000).
- Teenage conceptions are lower than London and England and rates have declined over the last decade although less than nationally and in London..
- A wide range of services are provided to prevent poor sexual health among the Redbridge population, including young people and vulnerable groups.

NHS Health checks

The NHS Health Check programme is a mandatory local authority responsibility. The programme targets people aged 40-74 years with no pre-existing diagnosis of circulatory diseases, diabetes or kidney disease and aims to identify and manage risk factors at an early stage and to treat diagnosed disease. The target is that 20% of the population are offered a check each year, with a target of 75% uptake

- In 2013/14, 8.7% of the eligible population in Redbridge were offered a health check. This is one of the lowest in London
- In 2013/14, 81% of people offered a health check received one. This is the highest in London.
- There is a fourfold variation between localities in Redbridge in the percentage of eligible people offered a health check from 3.5% in Fairlop to 16.2% in Seven Kings.
- 124 people (3%) receiving health checks were diagnosed with a serious long term condition. This is likely to be an underestimate of actual numbers

Long term conditions

Diabetes, Coronary Heart disease, hypertension, COPD, Heart failure and asthma are the top five long term conditions. They are treatable but impact on health if poorly controlled.

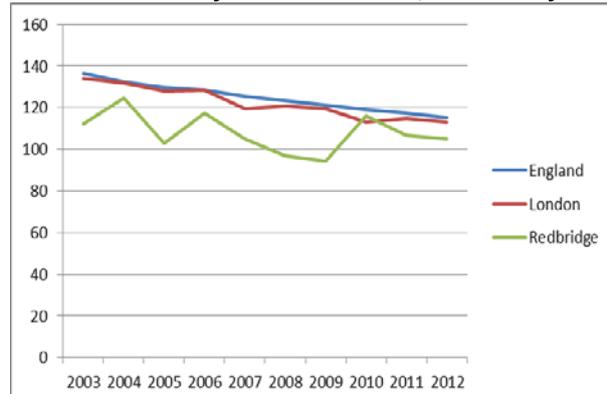
- Diabetes prevalence is higher in Redbridge than in London and England whereas the prevalence for the other four conditions is similar to London prevalence. The burden of disease is likely to increase in primary care
- Generally, the practices in localities are managing their long term conditions effectively for some of the clinical indicators. However, diabetes control (% of patients with HbA1c<59mmol/mol) is slightly worse in Redbridge (62.8%) than the national average (66.5%).
- Numbers of prescriptions for treatment drugs have increased between 2007 and 2013 by 18% for asthma/COPD, 30% for hypertension and heart failure and CHD, and 42% for diabetes, however the costs of prescribing have decreased for hypertension, heart failure and CHD due to an increase in the prescribing of low cost drugs.

Cancer

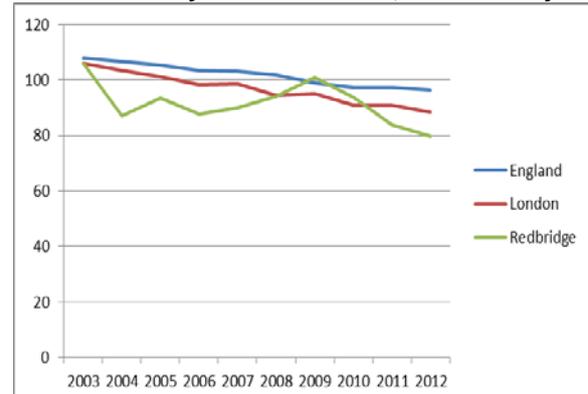
Cancer is the cause of 28% of all deaths in Redbridge. The incidence of cancer is likely to increase as the population gets older. Rates of survival from cancer in England are lower than those in many other western countries. Nationally there is a target to improve England's cancer survival rates up to the European average by 2014/15

- Premature mortality (<75 years) from all cancers is lower in Redbridge than England

Trends in Mortality from all cancers, males <75y



Trends Mortality from all cancers, females <75y



- Lung cancer and breast cancer cause the largest number of deaths in Redbridge
- Premature mortality from lung cancer in males is lower than London and England rates but not significantly different for females. One year survival from lung cancer is lower
- Breast cancer mortality in women aged 50-69 years is similar in Redbridge to national
- Premature mortality from colorectal cancer is significantly lower than national rates

Improving cancer awareness and early detection is the key focus of the government's strategy to improve cancer survival rates. Early presentation and early detection can in turn improve survival rates for cancer. Local campaigns have been conducted to raise people's awareness of symptoms of cancer and early diagnosis

Cancer screening programmes aim to reduce mortality through earlier detection and treatment

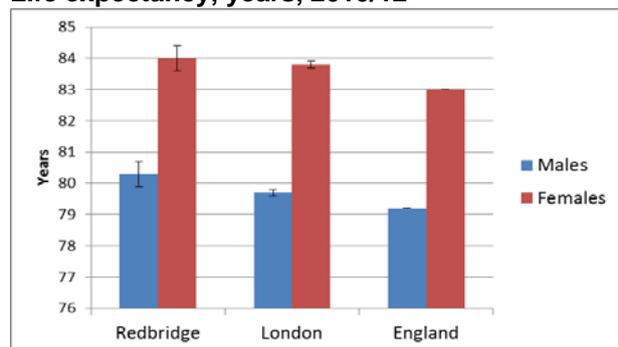
- Uptake of breast screening in Redbridge is lower than the national rates but higher than London and meets the minimum standard.
- Coverage of cervical screening is below the target level of 80%. Coverage of older women (50-64 years – 81%) is better than that of younger women (69%).
- Uptake of bowel screening has steadily improved since the screening programme started in 2008 and 50% of eligible population have been screened (target is 60%).

Mortality and Life expectancy

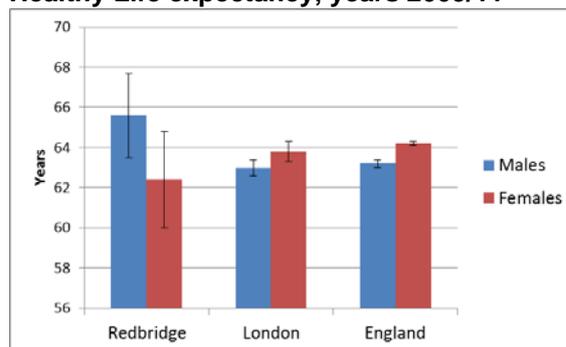
Life expectancy is a measure of the longevity of groups and populations. Healthy Life Expectancy measures the numbers of years people expect to live in good health.

- Life expectancy of men and women in Redbridge is higher than the England average.
- There are inequalities in life expectancy by location, gender and level of deprivation. The gap between the wards with the highest and the lowest rates in Redbridge is 10 years for men and 7 years for women.
- Healthy life expectancy for women is non-significantly lower than for men in Redbridge and is lower than national figures. Thus although women live longer in Redbridge they are less likely to be healthy in old age.

Life expectancy, years, 2010/12



Healthy Life expectancy, years 2009/11



Mortality rates tell us the main causes of death and can highlight areas of concern

- All cause mortality, all ages is significantly lower than both national and London rates; 64% are caused by cancer or circulatory diseases in people aged <75 years.
- Rates of mortality from circulatory disease have declined less than national or London rates since 1991, although they remain lower
- In Redbridge there has been an increase in mortality from cancer in Redbridge and this is against national trends, although death rates from cancer remain lower than England
- Accident rates are comparable to London and lower than national rates
- Suicide rates have recently increased

Oral Health

- On average, adults in London have worse oral health in comparison to nationally
- There is a growing trend among older people of retaining their natural teeth
- One in three adults in Redbridge had untreated dental decay
- Untreated decay was prevalent in areas of higher deprivation
- The community dental service provides services in addition to general dental services and conducts oral health promotion

Communicable disease / Health Protection

There has been an increase in the number of measles, mumps, TB and food poisoning cases in 2013 compared to 2012, but a reduction in other notifiable diseases.

Issues

Evidence based population wide interventions to reduce alcohol consumption and harm are needed, including Increasing the numbers of people in treatment for alcohol
Better services for hard to reach substance misusers are required and interventions to ensure sustained recovery through aftercare and recovery based models

There is a need to increase the prescribing of Long acting contraceptives

Too many people with HIV are being diagnosed late. Improved access to testing is needed

Whilst management of long term conditions is generally good the admission rates for patients with long term conditions vary. Practices may need to explore this further.

More work is needed around improving the uptake of cancer screening programmes in the local population

There is an effective TB Partnership group in Redbridge but it needs to be strengthened. A local Health Protection Forum needs to be established to give assurance that effective health protection arrangements are in place

Conclusions

The projected population increases will pose challenges for the provision of all services, particularly for children and older people, who are the highest service users. Increasing healthy life expectancy and maximising the extent that older people can continue to live independent lives will be important to managing the demographic pressures.

Improving lifestyles to increase physical activity, reduce obesity and smoking and substance misuse will improve the health and wellbeing of all ages and groups but needs sustained investment and concerted action from all agencies.

Health in Redbridge is better than the national average in many areas and has been improving, but rates of low birth weight and stillbirth are high and have not declined in line with national trends. There are high and increasing rates of diabetes.

Educational attainment in Redbridge is better than average and improving and will provide a firm foundation for young people. Employment rates of adults are comparable to those in London and unemployment rates are lower.

Continuing increases in long term conditions such as diabetes will pose a challenge to health services and will need an integrated, effective care programme to improve the management of the disease.