
A Fairer Waltham Forest • A Healthier Waltham Forest

West London
Male Life Expectancy 84.3 yrs
Female Life Expectancy 88.9 yrs

East London
Male Life Expectancy 76.5 yrs
Female Life Expectancy 81.2 yrs

Central Line

Notting Hill Gate
Oxford Circus
High Street Kensington
Waterloo
Tottenham Ct Road
Holborn
Bank
Liverpool St
Mile End
Stratford
Canary Wharf
London Bridge
Elephant & Castle
Leyton

Central Line

London Bridge

Elephant & Castle

Leyton

Canary Wharf

London Bridge

Central Line
Welcome to the 7th Annual Public Health report for Waltham Forest.

The first thing of note for this year’s Annual Public Health Report is that it does not contain the usual tables and graphs. This important work can be found in the annual Joint Strategic Needs Assessment, which provides a detailed analysis of the health and social care needs in Waltham Forest. For those of you who will miss these tables and graphs, they can be found in the online version of this report on our website at: www.walthamforest.nhs.uk/public_health_report_0910.

This frees me to focus on stories of people with different opportunities in life and the effect of this on their health. This has been prompted by publication in January of Fair Society Healthy Lives, Review of Health Inequalities in England by Sir Michael Marmot and his team. Sir Michael concluded that inequality is bad for your health. Health inequalities are created by inequalities in people’s social and economic environments, the influences of which accumulate across a lifespan and manifest in disease, disability or early death. A focus on the early years, as well as education and good quality work, will not only reduce social inequalities but also the resulting health inequalities.

In Waltham Forest, figures for our biggest killers, coronary heart disease and cancer, are improving, but not as fast as those for London and England. This, combined with the effects of the recent recession, means that inequalities are increasing. The tube map on the cover of this report indicates that with each stop between Notting Hill Gate and Leyton on the Central Line, we lose about half a year in life expectancy. By the time you get to Leyton, residents’ life expectancy is around eight years less than in the wealthier west of London.

We have worked hard in recent years to address these inequalities, yet they not only still exist but are increasing. Combined with an ageing society and increasing health care costs, it is clear that we need to do something different. We can learn from past experience and use evidence of what works to guide us on the way forward. An increased priority on prevention in the widest sense, as set out in the Marmot report, offers opportunities to reduce costs and the unfair disease burden. At a time when we have to make difficult choices, wouldn’t it be worth making these choices on the basis of what contributes to a fairer and healthier society?

Dr Kay Ellbert,
Acting Director of Public Health,
NHS Waltham Forest.
EXECUTIVE SUMMARY

The influences on health and wellbeing are the physical and social environments in which people are born, grow, live, work and age.

Inequalities in Waltham Forest Across the Life Course

We have a richly diverse population that encompasses the more settled, older and better off white population in the north of the borough and diverse, younger and mobile groups that are more deprived in the middle and south of the borough. This diversity brings with it the vibrancy of those who want to improve their lives but also the barriers encountered by more disadvantaged populations.

Two indicators used to measure health and socio-economic progress - infant mortality and life expectancy at birth - are worse in Waltham Forest than in London and England. Deprivation is high and getting worse and is concentrated in the middle and south of the borough. Deprivation affects 39% of children in Waltham Forest. Educational achievement is slightly lower than London. Some prevention and lifestyle indicators show good results but selected health outcomes are not as good as the rest of the country. Smoking rates are about the same for adults in Waltham Forest and England, yet deaths attributable to smoking are higher. binge drinking among adults is estimated to be lower than the England average but hospital stays for alcohol related harm are higher. Mortality for care sensitive conditions (considered a failure of the health care system) is higher for diabetes and some respiratory conditions. While rates are improving, CVD and cancer mortality rates remain above those for the rest of the country and contribute the most to our health inequalities.

The evidence supporting the influences on health approach is well established. Much has been done in Waltham Forest to address the unequal distribution of power and resources and unequal access to health care services that contribute to ill health, disability and death. Yet many of these inequalities continue to increase. Reducing them will call for new ways of working. We can learn from success and failure of our past incremental approaches and prioritise what the evidence has shown to work.

Working together across London will enable us to influence upward since the levers for change are not in our control. We need to reduce barriers between sectors and to create connections with new partners both locally, regionally and nationally. The environments in which people live (e.g., schools, workplaces, community settings) will need to provide opportunities for people to make healthy choices.

Moving forward, we must build on the good work that is already taking place across our partnerships, including such efforts as:

- The work of LBWF and the Healthier Communities Thematic Partnership was recognised as addressing many of our health inequalities by an Audit Commission visit report in 2009. The report however recognised that “the lack of an explicit overarching health inequalities strategy limits the sustained focus which all partners can bring to reducing health inequalities
- Development of NHS Waltham Forest services through three polysystems aimed at delivering quality health care services closer to home.

Following Fair Society, Healthy Lives, the following recommendations are based on outcomes in Waltham Forest that we can address locally. But this does not negate the need to identify areas we can work together across boroughs and regions to influence the holders of the levers of change.

-
- The influences on health and well-being are the physical and social environments in which people are born, grow, live, work and age.
- Social justice is a matter of life and death. It affects the way people live, their consequent chances of illness and their risk of premature death.
- Michael Marmot draws this conclusion in his report on health inequalities in England – Fair Society, Healthy Lives, published in January 2010. The study proposed a framework that addresses the influences on health across the life course to confront the challenges of reducing health inequalities.

This 2009 annual public health report has been written so that residents can understand it. It does not replace the Joint Strategic Needs Assessment, which provides a more detailed analysis of health and social indicators for planning and commissioning purposes. This report is presented in two parts:

- Part 1: Addressing Inequalities Across the Life Course
- Part 2: Profiles of Polysystems in Waltham Forest
The Marmot Review of Health Inequalities in England – Fair Society Healthy Lives

The influences on health and wellbeing are the physical and social environments in which people are born, grow, live, work and age. These include, for example, income and employment, education, and a nurturing environment in childhood. Health care services only play a part to restore health or manage chronic disease or disability.

The environmental influences account for a much larger proportion of what creates health than health care services. In fact, if all inequalities in access to health care were eliminated, inequalities in health would persist if nothing were done to mitigate the unfair balance of power and access to resources that shape the influences on a person’s health outcomes. People living in the poorest neighbourhoods in England die on average seven years earlier than those living in the richest neighbourhoods. Poor people not only live less long than the rich, but the poor experience more years of poor health.

The life course approach states that at each life stage (early childhood <5, school age 5 – 18, work and family building 19 – 64, and retirement 65+), there are key preventive interventions that reduce risk and create healthy foundations for later life.

The influences on health and wellbeing are the physical and social environments in which people are born, grow, live, work and age. These include, for example, income and employment, education, and a nurturing environment in childhood. Health care services only play a part to restore health or manage chronic disease or disability.

The environmental influences account for a much larger proportion of what creates health than health care services. In fact, if all inequalities in access to health care were eliminated, inequalities in health would persist if nothing were done to mitigate the unfair balance of power and access to resources that shape the influences on a person’s health outcomes. People living in the poorest neighbourhoods in England die on average seven years earlier than those living in the richest neighbourhoods. Poor people not only live less long than the rich, but the poor experience more years of poor health.

The life course approach states that at each life stage (early childhood <5, school age 5 – 18, work and family building 19 – 64, and retirement 65+), there are key preventive interventions that reduce risk and create healthy foundations for later life.

Reducing health inequalities across the life course involves starting in the early years of life when the foundations for later life are laid. These early foundations contribute to a child’s resilience and his or her ability to achieve higher educational attainment, improved mental health and higher quality employment later in life. Examples of effective interventions include the Healthy Child programme health checks and immunisations and the Sure Start early childhood programme.

Part 2 profiles our three ‘polysystems’ in Chingford, Walthamstow and Leyton/Leytonstone, setting out differences in health outcomes between the three areas. Delivering clinically driven health care services closer to where people live is essential to equity of access to quality services and to ensuring a sustainable local health care system.

Following the Marmot framework, Part 1 presents a description of Waltham Forest residents with varying life chances across their lives. We follow the life of one of our residents at each of the key life stages and contrast this with a less privileged resident. Each life stage story is complemented by a description of the key social and health outcomes for that stage for Waltham Forest residents.

Part 2 profiles our three ‘polysystems’ in Chingford, Walthamstow and Leyton/Leytonstone, setting out differences in health outcomes between the three areas. Delivering clinically driven health care services closer to where people live is essential to equity of access to quality services and to ensuring a sustainable local health care system.

Give every child the best start in life

Reducing health inequalities across the life course involves starting in the early years of life when the foundations for later life are laid. These early foundations contribute to a child’s resilience and his or her ability to achieve higher educational attainment, improved mental health and higher quality employment later in life. Examples of effective interventions include the Healthy Child programme health checks and immunisations and the Sure Start early childhood programme.

Enable all children, young people and adults to maximise their capabilities and have control over their lives

Lifelong learning offers opportunities for significant improvements in life expectancy and inequalities. While increases in education will take years to have an impact, the impact will affect peoples’ lives for years. Education is linked to the ability to earn higher incomes, which in turn enables people to make healthier choices. Education is about more than just better jobs and bigger pay packets. Increased levels of education are linked to better physical and mental health, longer lives, lower crime rates, and brighter prospects for the next generation. For example, if everyone had a university degree, there would be 202,000 fewer premature deaths in England each year. Education is also good for all of us, paying dividends in the form of increased civic engagement and greater neighbourhood safety, leading to a more equal and inclusive community.

Create fair employment and good work for all

Ensure a healthy standard of living for all

Levels of disposable income affect our ability to meet basic needs—the way we live, the quality of the home and work environment, and the ability of mothers to provide the care required for their children to allow them to develop into healthy, resilient adults. The relationship between health and low income exists across almost all health indicators. The risk associated with poverty is two-fold:

- People living in poverty are more likely to be exposed to conditions that may harm health (e.g. crowded or slum living conditions, unsafe neighbourhoods, etc)
- People living in poverty are also more likely to be negatively affected by these adverse conditions.

If full employment were achieved in Britain, 2% of lives would be saved per year and 17% of deaths in areas with higher than national average mortality would be avoided.

Older people can continue to make a positive contribution by leading an active, independent life after retirement. This can be achieved by preventing chronic disease earlier in life and if established, detecting disease early when it can be managed in the community. Creating flexible retirement policies and safe physical environments for people with disabilities contributes to reducing ageist policies and promoting continuing engagement of older people.

Housing

Housing quality is an important determinant of health and a marker for poverty. Factors that create risks to health include the presence of lead, asbestos, radon, house dust mites, cockroaches and other infestations, extreme low or high temperatures and inadequate ventilation, inferior air quality, dampness/mould, cramped conditions and multiple family occupancy, among others. Health outcomes that may result from these conditions include asthma and Tuberculosis (TB).

Safety and Crime

High crime rates affect people's sense of security and increase their experience of stress. Stress leads to potentially damaging health consequences and fear of crime may reduce people's willingness to exercise outdoors, for example.

Social Cohesion

Social cohesion involves our social relationships and the levels of trust between communities. A breakdown in social cohesion may reduce trust, increase violence, increase health conditions such as heart disease, poor mental health and poorer chances of survival after a heart attack.

Pre-school – Early Years

Give every child the best start in life

Reducing health inequalities across the life course involves starting in the early years of life when the foundations for later life are laid. These early foundations contribute to a child’s resilience and his or her ability to achieve higher educational attainment, improved mental health and higher quality employment later in life. Examples of effective interventions include the Healthy Child programme health checks and immunisations and the Sure Start early childhood programme.

School and Skills Development

Enable all children, young people and adults to maximise their capabilities and have control over their lives

Lifelong learning offers opportunities for significant improvements in life expectancy and inequalities. While increases in education will take years to have an impact, the impact will affect peoples’ lives for years. Education is linked to the ability to earn higher incomes, which in turn enables people to make healthier choices. Education is about more than just better jobs and bigger pay packets. Increased levels of education are linked to better physical and mental health, longer lives, lower crime rates, and brighter prospects for the next generation. For example, if everyone had a university degree, there would be 202,000 fewer premature deaths in England each year. Education is also good for all of us, paying dividends in the form of increased civic engagement and greater neighbourhood safety, leading to a more equal and inclusive community.

Employment and Work

Create fair employment and good work for all

Ensure a healthy standard of living for all

Levels of disposable income affect our ability to meet basic needs—the way we live, the quality of the home and work environment, and the ability of mothers to provide the care required for their children to allow them to develop into healthy, resilient adults. The relationship between health and low income exists across almost all health indicators. The risk associated with poverty is two-fold:

- People living in poverty are more likely to be exposed to conditions that may harm health (e.g. crowded or slum living conditions, unsafe neighbourhoods, etc)
- People living in poverty are also more likely to be negatively affected by these adverse conditions.

If full employment were achieved in Britain, 2% of lives would be saved per year and 17% of deaths in areas with higher than national average mortality would be avoided.

Older people can continue to make a positive contribution by leading an active, independent life after retirement. This can be achieved by preventing chronic disease earlier in life and if established, detecting disease early when it can be managed in the community. Creating flexible retirement policies and safe physical environments for people with disabilities contributes to reducing ageist policies and promoting continuing engagement of older people.

Housing

Housing quality is an important determinant of health and a marker for poverty. Factors that create risks to health include the presence of lead, asbestos, radon, house dust mites, cockroaches and other infestations, extreme low or high temperatures and inadequate ventilation, inferior air quality, dampness/mould, cramped conditions and multiple family occupancy, among others. Health outcomes that may result from these conditions include asthma and Tuberculosis (TB).

Safety and Crime

High crime rates affect people's sense of security and increase their experience of stress. Stress leads to potentially damaging health consequences and fear of crime may reduce people's willingness to exercise outdoors, for example.

Social Cohesion

Social cohesion involves our social relationships and the levels of trust between communities. A breakdown in social cohesion may reduce trust, increase violence, increase health conditions such as heart disease, poor mental health and poorer chances of survival after a heart attack.

PART ONE Addressing Inequalities Across the Life Course

Give Every Child the Best Start in Life
Children 0-5 years old

DEE’S story

My name is Dee and I am 17 years old. I have a young daughter called Lucy and she is two years old. I remember, when I unexpectedly fell pregnant, that’s when my life changed forever. I was doing well in school in Leyton and hoped to become a nurse. I refused a termination and decided to go ahead and have my baby even though I didn’t get the support I needed from my boyfriend, who didn’t want to know. He’s still in school and it hasn’t affected his life at all. I am happy that I made that decision though.

When Lucy was born, they told me that she was under weight but mum told me that it was normal in her family and not to worry too much. Anyway, she seems to have caught up now – in fact she’s quite a big girl.

Once I had Lucy, I really struggled to breastfeed her and gave up shortly after she was born. The formula milk is so much easier. There was a local breastfeeding support group in one of the Children’s Centres, but I was just so busy with looking after her and I didn’t have the confidence to go to the group.

She is a lovely baby and is always smiling and playful. It’s only when she gets ear infections and colds that she gets grumpy. There are so many things to remember to take care of Lucy. I actually missed her last round of injections – mum and I were so busy that we forgot about it. I will take her soon though.

Mum is great with Lucy as she looks after her while I’m at college and she loves being with her. I’m very close with mum and we are always chatting. I’m always telling her she needs to stop smoking and she’s always telling me to study! She does try not to smoke when Lucy is around (but you can still smell it in the house).

Life as a single mum can be hectic and lonely at times as most of the people I went to school with don’t have babies. They can do what they like - go to parties, shop, meet up with friends. I’m not very confident as a mother - I always have to ask my own mum for advice. I’m just a bit worried when Lucy goes to school because she doesn’t spend much time with kids her own age. I do try and take her to the parent and toddler group up the road but there just isn’t enough time!

Lucy is the best thing that happened to me and I want to make sure that she has all the opportunities that I may have missed.

I really struggled to breastfeed her and gave up shortly after she was born. The formula milk is so much easier.

MICHAEL’S story

My name is Elizabeth and I’m 35. I had Michael three years ago. I used to work full time as an HR manager but decided to become a full time mum. Sam, my husband, has a good job and we both want Michael to have the best we can offer.

When Michael was born I followed all the advice from the health visitor – breastfeeding for 6 months, took him in for all his check ups and made sure he had all his jabs.

It has been such fun watching Michael develop – when he was younger, I used to take him to weekly local play groups – this helped me too as it got me out of the house and I got to know other new mums. It’s great to compare our experiences.

My parents only live around the corner so if I need help, I can drop in for advice or leave Michael with his Nana from time to time. Soon he’ll start at the local Montessori nursery. Sam reads to Michael every night. He’s so clever – he already knows all his colours and can count to 10!
Child Poverty

- 39% of children in Waltham Forest are affected by deprivation (live in families receiving means tested benefits), compared to 22.4% in England
- 28% of children live in households with no adult in employment
- 32% of children live in a single parent household, of whom 93% are headed by a female.

Early Childhood Development

Early childhood development is the most important stage across the life span. Starting in the womb, our physical, intellectual and emotional development is affected by the environment in which we grow. This in turn affects health outcomes, educational achievement and economic status throughout life.

Sure Start Children’s Centres were established to bring together early education, childcare, health and family support to provide the best start in life for children. The centres act as service hubs where children under five years old and their families can receive integrated services and information. Waltham Forest supports 17 Sure Start Children’s Centres that provide:

- Family Support and Outreach Services to support childhood development (music sessions, stay and play, parent and toddler groups and storytelling sessions)
- Children and Family Health Services (baby clinics, speech and language therapists, midwives and dieticians)
- Information and support to help parents return to work.

About 80% (15,786) of all under fives in Waltham Forest are registered with a Children’s Centre. Less than 15% (2,625) of all children in the borough are seen by Children Centre staff. The number of families that are reached through community outreach, or that are referred onto employability support or debt and benefit advice, is low.

Free Early Education (FEE) places are available for eligible deprived children aged two in Waltham Forest for 15 hours per week and a minimum of 38 weeks per year. There are 128 FEE places in Waltham Forest.

Be Healthy

Infant Mortality is used to describe the socio-economic progress and the quality of health care in a country. Infant mortality and life expectancy are used in the UK to measure health inequalities between routine and manual classes and the rest of the population. Saving an infant’s life provides the largest gain in life expectancy as it contributes a larger number of years than that of an older person.

Although declining over the last ten years, the infant death rate (less than 1 year of age) for Waltham Forest was higher than England (4.9 per 1000 live births) in 2005-2007.

A number of risk and protective factors contribute to the infant mortality rate. These include:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight</td>
<td>Breastfeeding</td>
</tr>
<tr>
<td>Parental smoking</td>
<td>Early booking for antenatal appointments</td>
</tr>
<tr>
<td>Alcohol consumption</td>
<td></td>
</tr>
<tr>
<td>Teenage pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

A mother’s education and level of deprivation and family income have significant influences on a child’s health.

Low Birth Weight

Low birth weight is associated with higher risk of problems such as developmental delay and infant death. In addition to the risk factors listed above, birth weight is related to nutritional status of the mother, social support, birth spacing of less than 19 months and some ethnic minority groups.

The percentage of low birth weight babies is higher in Waltham Forest than in London and England but has reduced in the previous three years.
Smoking in Pregnancy

Smoking in pregnancy is known to have adverse effects on the growth and development of the baby as well as negative health effects on the mother. Babies exposed to cigarette smoke in the womb, whether directly or from second-hand smoke, are more likely to be born with a low birth weight, shorter length and smaller head circumference. It has also been linked to miscarriage and Sudden Infant Death Syndrome.

In Waltham Forest, the percentage of all mothers who smoked during pregnancy in 2007-08 is significantly lower than the England average.

OUR RESPONSE:

• Increased support for pregnant women to stop smoking through accessing local Stop Smoking Service. Support for women is available in a number of settings including pharmacies, GP practices, hospital and drop-in sessions. In addition, the clinic at Whips Cross is now complemented by an incentive for referrals into the Stop Smoking Service.
• Ongoing review of the Healthy Child pathway, including health visitor services to ensure gaps are identified and prioritised.

Teenage Pregnancy

Teenage conceptions have negative impacts on both young mothers and their babies. Young mothers often drop out of school early, reducing their life chances. Babies born to teenage mothers have a 63% increased risk of being born into poverty compared to babies born to older mothers. Children born to teenage mothers do less well at school and disengage early from learning and sometimes well before they have finished compulsory education. Daughters of teenage mothers are twice as likely as daughters born to older mothers to become teenage mothers themselves.

The teenage pregnancy rate in Waltham Forest is higher than the England average. There has been a 9.8% reduction in under-18 conceptions since the baseline year in 1998.

Of the conceptions in the age group 15 – 17, 66% resulted in abortions in 2008, a rise of 7% since 2005.

OUR RESPONSE:

• Dedicated Teenage Pregnancy Team in Waltham Forest works in partnership with local organisations to coordinate initiatives. This is led at the executive and strategic level.
• Family Nurse partnership pilot to support 100 young mothers.

Breastfeeding

Breastfeeding helps protect babies against a number of illnesses including gastrointestinal infections, ear aches and respiratory infections. Breastfeeding also has benefits to the mother such as helping protect against ovarian and cervical cancer. Exclusive breastfeeding is recommended for the first six months of a baby’s life.

In Waltham Forest, a higher percentage of women who gave birth during 2008-2009 initiated breastfeeding within 48 hours than in England. Waltham Forest is ranked in the top 25% of the country for breastfeeding initiation.

OUR RESPONSE:

• A joint Breastfeeding Strategy is being developed between Waltham Forest, Redbridge and Havering to provide the direction for improving the sustainability of breastfeeding in the boroughs.
• Training of local women to become breastfeeding peer support workers.
• Whips Cross Hospital working towards the UNICEF Baby Friendly Initiative, which promotes breastfeeding.

Antenatal Appointments

Early booking for antenatal appointments contributes to ensuring a safe and healthy delivery for both mother and child.

Early booking is law in Waltham Forest. In 2005/06, 39.6% of pregnant women booked by 12 weeks, the recommended timing to ensure a safe and healthy delivery.

OUR RESPONSE:

• Pharmacies are now able to book pregnant women directly into antenatal services.
• Local leaflets have been developed to be given out when women buy pregnancy tests at Pharmacies informing them of the importance of early booking and steps to take.
• Choose and Book is being used by GPs to book women swiftly into antenatal services.
• Women are able to book directly into midwifery services.

Childhood Obesity

Childhood Obesity (aged 4-5) is measured within the National Childhood Measurement Programme. Children who are obese are at an increased risk of adult obesity and of early development of diseases usually associated with middle-age, such as diabetes and hypertension.

In 2008-09 the percentage of 4-5 year olds in Waltham Forest classified as obese was slightly higher than the England average.

OUR RESPONSE:

• Obesity is also measured aged 10-11. Based on the year 6 measurements, 15 schools with the highest levels of overweight and obese children were identified and a healthy lifestyle programme for children developed in response.

Immunisations

Immunisations are the most effective public health intervention, after clean water, in the world for saving lives and promoting good health. The World Health Organisation (WHO) recommends 95% coverage for immunisations.

Immunisation rates in Waltham Forest are generally among the highest in London but below those for England and the WHO recommendation. The one exception is the MMR vaccine, which protects children against Measles, Mumps and Rubella and consists of two doses given at 13 months and then again at around three years and four months of age.

In Waltham Forest 83.5% of 2 year olds had been immunised against MMR in 2008-2009. This is slightly below the England average of 85%.

OUR RESPONSE:

• Intense strategic level focus to raise local immunisation rates further.
• Immunisations Performance group established to monitor actions as well as provide direction for the programme.
• Engagement with and support for GPs to enhance processes to provide required immunisations and information for reporting.

Tooth Decay

Tooth decay is measured by the average number of decayed, missing or filled teeth (dmft) per child in a population at age five years. When severe, caries disturb a child’s quality of life, potentially causing pain, disfigurement, poor dietary intake, sleep deprivation and days off school. It can also affect nutritional intake, growth and weight gain in very young children.

Tooth decay for 5 year olds in Waltham Forest in 2005-2006 was higher than the England average.

OUR RESPONSE:

• Tiny Teeth initiative to encourage parents to visit and register their children with a dentist.
• Part-time Dental Consultant in Public Health now available to Waltham Forest.
Enable all children, young people and adults to maximise their capabilities and have control over their lives

**Children 5 – 19**

**HAROON’S story**

My name is Haroon and I am 11 years old. I am in Year 6 at a boys’ school in Walthamstow. My mum is disabled and single. I don’t want to talk about my Dad – he left us before I knew him. I have looked after my mum since she broke up with her boyfriend. Sometimes this means missing school if my mum is unwell. Recently a teacher told me that I am a ‘young carer’, but it didn’t mean much to me – I just thought that’s what you did if your mum needed looking after.

I am a big boy - I hate PE and games. Some of the girls and boys at school bullied me because of my size and because of my mum. They also sent me text messages. I stood up to one girl – that stopped the bullying.

The food at school is terrible so I often keep my dinner money for after school when I walk to the town centre with my friends for a bag of crisps and sweets or chicken and chips. There is lots of choice and it’s cheap.

Sometimes I get stressed out about missing school – it’s affecting my work. I’m getting behind and I’m easily distracted in class and unable to concentrate. I don’t want to let my mum down by failing in school and sometimes it just all gets too much. Chocolate and sweets make me feel better!

I received a letter from school to take home to mum about some weight project. I didn’t want to be weighed but my mum agreed to it. The school nurse was really nice and measured me in a room away from the other children. We got a letter saying I was obese – I didn’t even know what it meant! They sent a leaflet about a class to support families with kids like me. Parents are supposed to attend the ‘Fit for Life’ programme with their kids. We called the phone number to explain about mum and they came to my flat to talk to mum and let me go to the exercise class on my own. When I finished the 10 week programme, I got free swimming at a local leisure centre. I’m feeling better about myself – now if I could just give up those crisps!

Hi I’m Michael – I’m 12 and in Year 7. I used to go to Forest School but then my parents moved to Chingford so I could get into Chingford Foundation School. Mum took me on the first day – I was scared – but now I like school. I eat lunch with my mates Ian and Stephen. The food is not bad but sometimes we save our lunch money to get chicken and chips on the way home. When I was having trouble keeping up with maths, my parents got me some extra tuition. I guess it’s helping but it’s boring. I always try to get out of it to go to football practice with my friends.

Mum tries to keep me busy after school with homework and outings. She says she wants to keep me away from TV and junk food. Sometimes it’s fun – she took me to the zoo once. Mostly it’s homework, so I try to go to my friend Ian’s house - his mum lets him have Coke and crisps!

I really like playing cricket. My dad is really keen – he helps me practice my batting in the garden. During the summer, we go down to the West Essex Cricket Club, just down the road, to play.

Dad says if I work hard and do well at school, I can go to any university I want. He says I can do anything I want when I grow up. Maybe I’ll be the next Viv Richards….

Education

Educational achievement is linked to better health outcomes such as life expectancy and health inequalities. While increases in education will take years to have an impact, the impact will affect peoples' lives for years. Educational attainment is influenced by the quality of education children receive, their gender and ethnicity, whether English is a second language and learning difficulty or disability.

Education outcomes affect physical and mental health, as well as income, employment and quality of life. Reducing education inequalities involves understanding the interaction between the social determinants of education outcomes, including family background, neighbourhood and relationships with peers, as well as what goes on in schools.

GCSE achievement (5 A*-C inc. Eng & Maths) Key Stage 4 2007/08 results showed Waltham Forest was slightly lower than England.

At the Foundation Stage, girls (47%) achieved higher results than boys (31%), compared with 54% for girls and 39% for boys in London and 58% for girls and 41% for boys in England. White pupils had the largest achievement gap compared to Blacks and Asians.

The percentage of young people who are not in education, employment and training (NEET) is influenced by deprivation and learning disabilities, among other things.

• All young people have an offer of a place the September after they finish school – the September guarantee.

• A policy to reduce unwarranted school absence is under development.

Our Response:

Making a Positive Contribution

Participation in Civic Life is practiced through mock elections that are held in schools to give pupils the opportunity to explore and become involved in the political process.

In 2007 39.2% of children in Waltham Forest voted in the school election compared to 42.5% in England.

Entrance into the Criminal System by a young individual is influenced by a lack of education, having a family member or peers who have offended, poor family relationship/support and misuse of substances.

In Waltham Forest first time entrants to the Youth Justice System in 2006 was 17.90%.

Be Healthy

Childhood Obesity

Childhood obesity (aged 10-11) is measured within the National Childhood Measurement Programme. Children who are obese are at an increased risk of adult obesity and of early development of diseases usually associated with middle-age, such as diabetes and hypertension.

Analysis by ethnic groups shows significant differences in obesity especially among boys. Boys from all minority groups are more likely to be obese than White British boys, as are girls from some groups (e.g. Black, Bangladeshi, Mixed and Pakistani). This may be partly due to the influences of factors such as deprivation.

Obesity in children aged 10-11 (20.6%) in Waltham Forest is worse than England (18.3%), especially among boys.

Black children have the highest levels of obesity (21.4%), followed by White (16.1%). Mixed White and Black African have the highest levels of overweight (15.0%) and White (14.3%).

• 39% of children in Waltham Forest are affected by deprivation (live in families receiving means tested benefits), compared to 22.4% in England.

• 28% of children live in households with no adult in employment.

• 32% of children live in a single parent household, of whom 93% are headed by a female.

Income deprivation affecting children

- 10% - 20% most deprived
- 5% - 10% most deprived
- Top 5% most deprived
- Non residential areas

This index is based on the proportion of children aged 0-15 living in income deprived households 2007

Children living in poverty face greater barriers to secondary school completion and are significantly less likely to enter and to graduate from university than middle class children. Persistent poverty impacts negatively on a child's health and well-being, affecting their future health and life changes as adults.
OUR RESPONSE: • Based on the year 6 measurements, 15 schools with the highest levels of overweight and obese children have been identified and a healthy lifestyle programme for children has been developed in response.

Physical Activity

Physical activity has a positive impact on health and well being. The benefits of physical activity during childhood include healthy growth and development, psychological well-being and social interaction, improved concentration and self-esteem and reduced obesity. Some evidence also suggests that participation in physical activity during childhood can help to establish a physically active lifestyle in later life.

The 2004 Chief Medical Officer's recommended level of physical activity for children is at least 60 minutes of at least moderate intensity physical activity each day.

Data for 2007-2008 showed 92.5% of school children in Waltham Forest were physically active, this is significantly better than the England average of 90.0%.

OUR RESPONSE: • The London Borough of Waltham Forest offers free swimming at its leisure centres for all children and young people 16 and under
• Each school has two hours per week of physical activity within their curriculum.

Bullying

Bullying in schools is a top concern of children, young people and their parents. Bullying undermines children's confidence and self-esteem and destroys their sense of security. Bullying has an impact on its victims' attendance and attainment at school, marginalises those groups that may be particular targets for bullies, and can have a life-long negative impact on some young people's lives.

The percentage of children who were bullied in 2008 in Waltham Forest was 39.6%, which is significantly better than the England average at 48%.

OUR RESPONSE: • The Waltham Forest children and Young People Plan 2010-2013 contains a commitment to monitor bullying in schools and to work with schools to develop anti-bullying policies.

Teenage Conceptions

Teenage conceptions have negative impacts on both young mothers and their babies. Young mothers often drop out of school early, reducing their life chances. Babies born to teenage mothers have a 63% increased risk of being born into poverty compared to babies born to older mothers. Children born to teenage mothers do less well at school and disengage early from learning and sometimes well before they have finished compulsory education. Daughters of teenage mothers are twice as likely as daughters born to older mothers to become teenage mothers themselves.

The teenage pregnancy rate in Waltham Forest is higher than the England average. There has been a 9.8% reduction in under-18 conceptions since the baseline year in 1998.

Of the conceptions in the age group 15 – 17, 66% resulted in abortions in 2008, a rise of 7% since 2005.

OUR RESPONSE: • Dedicated Teenage Pregnancy Team in Waltham Forest works in partnership with local organisations to coordinate initiatives. This is led at the executive and strategic level
• Family Nurse partnership pilot to support 100 young mothers
• Mapped teenage pregnancy hotspots to provide advice and contraception.
Create fair employment and good work for all

Working Age Adults 20-64

MITCHELL’S story

I want to see my kids grow up. My daughter told me about a lesson on stopping smoking at school which worried her.

MICHAEL’S story

I'm Michael and now I'm 45. I have a good job at the BBC and a wife and two children of my own. Amy 16 and Sam 18. We named him after my dad.

Patsy my wife and I met at Uni. When we graduated, we worked for a year and then travelled around the world. Patsy was travelling for a few months in India and Australia. It was hard coming home and settling down. My dad knew someone who knew someone who helped me get a job as a trainee on the BBC graduate scheme. It took Patsy a bit longer but she did get a job with a PR firm. At the BBC, we work long hours—they provide an on-site gym where we can let off steam. I play football on Saturdays with the office team and cricket, of course, during the summer.

A couple of years ago I started getting headaches. Patsy talked me into going to see my GP. Turns out I have hypertension. I have to take some tablets daily—otherwise it doesn’t affect my life. I make sure that I go in for my regular check ups with my GP.

Patsy and I have a great social life. We both volunteer in our local community. Patsy is on the local NHS Board and I am a school governor. We have a group of friends whom we made through our children when they were young. We take holidays together and get together for dinner a couple of times a month.

I play football on Saturdays with the office team and cricket, of course, during the summer.

I’m Michael and now I’m 45. I have a good job at the BBC and a wife and two children of my own. Amy 16 and Sam 18. We named him after my dad.

Patsy my wife and I met at Uni. When we graduated, we worked for a year and then travelled around the world. Patsy was travelling for a few months in India and Australia. It was hard coming home and settling down. My dad knew someone who knew someone who helped me get a job as a trainee on the BBC graduate scheme. It took Patsy a bit longer but she did get a job with a PR firm. At the BBC, we work long hours—there is an on-site gym where we can let off steam. I play football on Saturdays with the office team and cricket, of course, during the summer.

A couple of years ago I started getting headaches. Patsy talked me into going to see my GP. Turns out I have hypertension. I have to take some tablets daily—otherwise it doesn’t affect my life. I make sure that I go in for my regular check ups with my GP.

Patsy and I have a great social life. We both volunteer in our local community. Patsy is on the local NHS Board and I am a school governor. We have a group of friends whom we made through our children when they were young. We take holidays together and get together for dinner a couple of times a month.

I play football on Saturdays with the office team and cricket, of course, during the summer.
Working Age Adults 20-64

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Local no. per year</th>
<th>Local value</th>
<th>England avg</th>
<th>England worst</th>
<th>England Range</th>
<th>England best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deprivation</td>
<td>96804</td>
<td>43.9</td>
<td>19.9</td>
<td>89.2</td>
<td></td>
<td>0.0</td>
</tr>
<tr>
<td>Children in poverty*</td>
<td>18329</td>
<td>39.2</td>
<td>22.4</td>
<td>66.5</td>
<td></td>
<td>8.0</td>
</tr>
<tr>
<td>Statutory homelessness</td>
<td>472</td>
<td>5.1</td>
<td>2.8</td>
<td>8.9</td>
<td></td>
<td>0.0</td>
</tr>
<tr>
<td>GCSE achieved (SAT*-C inc. Eng &amp; Math)*</td>
<td>1252</td>
<td>46.7</td>
<td>48.3</td>
<td>26.5</td>
<td></td>
<td>73.8</td>
</tr>
<tr>
<td>Violent Crime*</td>
<td>5423</td>
<td>24.4</td>
<td>17.6</td>
<td>38.4</td>
<td></td>
<td>4.8</td>
</tr>
<tr>
<td>Carbon emissions*</td>
<td>1080</td>
<td>4.9</td>
<td>7.2</td>
<td>15.7</td>
<td></td>
<td>4.6</td>
</tr>
<tr>
<td>Adults who smoke*</td>
<td>n/a</td>
<td>24.4</td>
<td>24.1</td>
<td>40.9</td>
<td></td>
<td>13.7</td>
</tr>
<tr>
<td>Binge drinking adults</td>
<td>n/a</td>
<td>12.1</td>
<td>18.0</td>
<td>28.9</td>
<td></td>
<td>9.7</td>
</tr>
<tr>
<td>Healthy eating adults</td>
<td>n/a</td>
<td>26.5</td>
<td>26.3</td>
<td>15.8</td>
<td></td>
<td>45.8</td>
</tr>
<tr>
<td>Physically active adults</td>
<td>n/a</td>
<td>6.1</td>
<td>10.8</td>
<td>4.4</td>
<td></td>
<td>17.1</td>
</tr>
<tr>
<td>Obese adults</td>
<td>n/a</td>
<td>20.2</td>
<td>23.6</td>
<td>31.2</td>
<td></td>
<td>11.9</td>
</tr>
<tr>
<td>Over 65% &quot;not in good health&quot;</td>
<td>6393</td>
<td>24.7</td>
<td>21.5</td>
<td>32.5</td>
<td></td>
<td>12.5</td>
</tr>
<tr>
<td>Incapacity benefits for mental illness*</td>
<td>3860</td>
<td>26.3</td>
<td>27.7</td>
<td>59.4</td>
<td></td>
<td>8.7</td>
</tr>
<tr>
<td>Hospital stays for alcohol related harm*</td>
<td>3116</td>
<td>1501.5</td>
<td>1472.5</td>
<td>2615.1</td>
<td></td>
<td>6.99</td>
</tr>
<tr>
<td>Drug misuse</td>
<td>2251</td>
<td>14.7</td>
<td>9.8</td>
<td>27.5</td>
<td></td>
<td>1.3</td>
</tr>
<tr>
<td>People diagnosed with diabetes</td>
<td>11125</td>
<td>5.0</td>
<td>4.1</td>
<td>6.3</td>
<td></td>
<td>2.6</td>
</tr>
<tr>
<td>New cases of tuberculosis</td>
<td>112</td>
<td>50.8</td>
<td>15.0</td>
<td>102.1</td>
<td></td>
<td>0.0</td>
</tr>
<tr>
<td>Hip fracture in over 65%</td>
<td>164</td>
<td>518.2</td>
<td>478.8</td>
<td>699.8</td>
<td></td>
<td>219.0</td>
</tr>
<tr>
<td>Excess winter deaths</td>
<td>95</td>
<td>18.3</td>
<td>17.0</td>
<td>30.3</td>
<td></td>
<td>4.0</td>
</tr>
<tr>
<td>Life expectancy - male*</td>
<td>n/a</td>
<td>75.9</td>
<td>77.7</td>
<td>73.2</td>
<td></td>
<td>83.7</td>
</tr>
<tr>
<td>Life expectancy - female*</td>
<td>n/a</td>
<td>81.0</td>
<td>81.8</td>
<td>78.1</td>
<td></td>
<td>87.8</td>
</tr>
<tr>
<td>Infant deaths</td>
<td>22</td>
<td>5.3</td>
<td>4.9</td>
<td>9.6</td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>Death from smoking</td>
<td>270</td>
<td>237.4</td>
<td>210.2</td>
<td>330.2</td>
<td></td>
<td>134.4</td>
</tr>
<tr>
<td>Early deaths: Heart disease &amp; stroke*</td>
<td>174</td>
<td>98.5</td>
<td>79.1</td>
<td>130.5</td>
<td></td>
<td>39.6</td>
</tr>
<tr>
<td>Early deaths: Cancer*</td>
<td>209</td>
<td>119.6</td>
<td>115.5</td>
<td>164.3</td>
<td></td>
<td>75.7</td>
</tr>
<tr>
<td>Road injuries and deaths*</td>
<td>95</td>
<td>43.1</td>
<td>54.3</td>
<td>188.3</td>
<td></td>
<td>18.4</td>
</tr>
</tbody>
</table>

- Significant worse than the England avg
- Not significantly different from England avg
- Significantly better than England avg
* relates to national indicator 2007

Index of multiple deprivation (IMD) 2007

IMD units
- 21.73 - 25.84
- 25.85 - 29.94
- 29.95 - 34.05
- 34.06 - 38.15
- 38.16+

Our Communities

England Range

Working Age Adults 20-64

Life expectancy and Adults health

Disease & poor health

causes of death & lifestyle

Deprivation 96804 43.9 19.9 89.2 0.0

Early deaths: Heart disease & stroke* 174 98.5 79.1 130.2 39.6

Infant deaths 22 5.3 4.9 9.6 3.3

Life expectancy - female* n/a 81.0 81.8 78.1 87.8

Excess winter deaths 95 18.3 17.0 30.3 4.0

Hip fracture in over 65’s 164 518.2 479.8 699.8 219.0

New cases of tuberculosis 112 50.8 15.0 102.1 0.0

People diagnosed with diabetes 11125 5.0 4.1 6.3 2.6

Carbon emissions* 1080 4.9 7.2 15.7 4.6

Violent Crime* 5423 24.4 17.6 38.4 4.8

Completed Education

Our RESPONSE:
- Close work with the five Olympic boroughs to gain the maximum benefit from the Olympic legacy
- Attract investment in the borough by creating an attractive business environment that is clean, green, safe and accessible – served by good transport infrastructure, attractive and well managed business parks and industrial estates and is the best place for environmentally clean business in London.

Employment

Income and education are the most important influences on health. Levels of disposable income affect our ability to meet basic needs—the way we live, the quality of the home and work environment, and the ability of mothers to provide the kind of care for their children they want. Outcomes associated with low family socioeconomic status include poor maternal nutrition, infant mortality, low birth weight, childhood injuries, child mortality, dental caries in children, malnutrition in children, infectious disease in children and adults, health care services use, chronic diseases in adulthood and excess mortality.

Unemployment (7.8%) was higher in 2007 in Waltham Forest than in London (6.9%) and England (5.4%).

Waltham Forest experienced lower economic activity (73.1%) and employment rates (67.8%) than London (69.8% and 74.4% respectively) and England (78.6% and 74.4% respectively).

In Waltham Forest 22.9% of economically inactive people did not want a job, compared to 17.7% in London and 15.6% in Great Britain in 2008. This presents a challenge to planners who work to increase the number of residents in work.

Our RESPONSE:
- The Community Learning and Skills service (CLaSS) provides learning and training courses for lifelong learning.

Violent Crime

Violent crime is linked to deprivation and may lead to high levels of stress and reluctance to participate in physical activity such as walking and cycling.

In 2007-08 the estimated rate of recorded violent crime against the person in Waltham Forest was higher than the England average, and slightly higher than the regional average.

Smoking remains the leading cause of preventable death and ill-health and is directly linked to cancer, heart disease, and respiratory diseases including chronic obstructive pulmonary disease (COPD). Smoking is associated with deprivation; workers within the routine and manual labour group are more likely to smoke and find it harder to stop than those in other socio-economic groups. Passive smoking is also a known health risk, affecting infant mortality and childhood illnesses such as asthma.

The estimated smoking prevalence is 24% in Waltham Forest, similar to that for England.

Harmful Drinking is associated with a wide range of health problems, including brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage, mental ill-health and social problems.

Binge drinking among adults, calculated from the Health Survey for England 2007, is lower than in England.
Healthy Eating is defined as eating a variety of fruit and vegetables at least 5 times a day. Healthy eating is linked to a reduction in deaths of up to 20% from diseases such as heart disease, cancer and stroke.

An estimated 26.5% of adults in Waltham Forest eat five or more portions of fruit or vegetables, about the same as the England average.

Physical Activity is a protective factor for some cancers such as bowel cancer.

6.1% of adults reported participation in sports or activity 5 days a week, compared to the England average of 10%.

Obesity is a causal factor in diabetes, heart disease, hypertension and stroke and contributes to gall bladder disease, gout, and breast, colorectal and genitourinary cancers.

About 20% of the adult population in Waltham Forest is obese, which is less than the England average.

Health Outcomes

Life Expectancy, along with infant mortality, is used to describe the socio-economic progress and efficacy of health care in a country.

Life expectancy for men and women in the borough is lower than London and England.

Mental Health Poor mental health is associated with deprivation. Local levels are estimated using the number of adults claiming incapacity benefits due to mental illness.

The level of people claiming incapacity benefits due to mental illness in Waltham Forest is slightly lower than the England average.

A method for estimating local levels of mental illness involves the Mental Health Needs Index (MINI), which combines related hospital admissions, population surveys and population characteristics associated with levels of mental ill health such as deprivation, unemployment and social isolation.

The MINI for Waltham Forest indicates that there may be 33% more mental illness in Waltham Forest than the national average.

Care Sensitive Conditions cover a number of conditions such as diabetes, asthma, respiratory diseases that can usually be managed in the community. Deaths from these conditions are considered a failure of the healthcare system.

Among London PCTs, Waltham Forest has the 8th highest percentage (14.6%) of deaths attributable to diabetes, one of the causes of mortality amenable to healthcare.

Waltham Forest ranks 10th in London in terms of mortality from bronchitis, emphysema and other COPD. All respiratory diseases are considered amenable to healthcare.

Alcohol and Drug Misuse

Hospital stays for alcohol related harm and drug misuse are strongly associated with deprivation.

Conditions attributable to alcohol admissions include chronic pancreatitis, epilepsy, stroke, fall injuries, and hypertensive diseases.

Waltham Forest has a higher rate per 100,000 population of hospital stays for alcohol related harm than the England average.

The estimated number of problem drug users in the borough is worse than the national average.

Diabetes

Diabetes is linked with a number of adverse health outcomes including blindness, neuropathy, and renal disease. People with diabetes have an increased risk of heart disease and stroke. Diabetes disproportionately affects Black and Asian ethnic populations at an earlier age and the elderly.

In 2007-08 the percentage of people on GP lists recorded as having diabetes was 5.0%, higher than the England average.

Tuberculosis

Tuberculosis is associated with overcrowding and poverty. It is a treatable disease although in recent years there has been an increase in drug resistant strains.

The rate of new cases of tuberculosis (TB) in Waltham Forest is worse than the regional and national averages. In 2007-08 there were 50 new cases per 100,000 people.

In Waltham Forest overcrowding accounts for about 31% of TB cases.

Deaths from Smoking

Deaths from smoking as a contributor to circulatory disease and cancer mortality account for just over 50% of health inequalities between the most deprived in Waltham Forest and the England average.

While the estimated number of smokers in Waltham Forest is at the national average, the borough experiences a higher than average rate of deaths attributable to smoking.

Early Deaths

Early deaths from heart disease, stroke and cancer provide an indicator of the overall burden of disease and the quality of health services. Premature mortality is defined as less than 75 of age and is linked with deprivation.

Waltham Forest residents experience a higher rate of premature death from circulatory disease and stroke than the England average.

Early deaths from all cancers is higher in the borough than the England average.

OUR RESPONSE:

• NHS Waltham Forest is developing a network of three polysystems for a more joined up way of working for all kinds of care professionals and a more patient-focused way of delivering care, closer to people’s homes.

• Ten priorities for 2010-11 include:
  - early presentation, early detection and improved referral for diagnostics to diagnose disease early when a cure is more likely.
  - Improvements in managing conditions in the community – early detection of risk factors in primary care and interventions to assist in managing conditions such as expert patient and telecare, among others.
Ensure a Healthy Living Standard for All

Older People 65+

MARGARET’S story

My name is Margaret and I am 71. I’m on my own now – my husband died from lung cancer a few years ago. My children don’t live close by – my daughter comes down once in a while. Her oldest son lives nearby – he drops in every few months to check on his gran.

I slipped on a rug a couple of months ago and fell. I broke my hip and had to go to hospital. I had to wait for a neighbour to come by to find me and call an ambulance. I’m out of hospital now, but with nobody at home to help take care of me, they’ve put me in a care home. I want to go back home to my own things. But for now, there’s a nice lady who gives me physio – it helps a lot. We have a good chat. I’m worried about how I’ll cope with the stairs when I do get home. They’ve promised some help at home.

The staff make sure I eat regularly – unlike when I’m on my own. It’s difficult getting to the shops and worried about how I’ll cope with the stairs when I do get home. They’ve promised some help at home.

I’m Michael and am now 65. I joined my local Rotary Club a few years ago. It keeps me involved in my community, along with the school governor role. Many of my mates joined Rotary too – now that we’re all retired, we have more time for evenings out and long holidays in the sun together.

Patsy and I have worked hard to stay fit and healthy. We took tennis lessons for a few years – now we play tennis a couple of times a week when the weather allows. We’re both beginning to get a bit of arthritis – we’ll keep playing as long as we can.

We’re getting our house ready to sell – it’s way too big for the two of us. We are buying a nice flat closer to where the kids live. Well they’re not kids anymore – they have kids of their own. We have five grandchildren and want to spend more time with them. We want to watch them grow up.

We want to spend more time with our grandchildren.

Older people

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Local No.</th>
<th>Local Value</th>
<th>Eng Avg</th>
<th>Eng Worst</th>
<th>England Range</th>
<th>Eng Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Deprivation Affecting Older People Index</td>
<td>n/a</td>
<td>0.3</td>
<td>0.2</td>
<td>1.0</td>
<td>0.0</td>
<td>92.5</td>
</tr>
<tr>
<td>NI 138 Satisfaction of people over 65 with home and neighbourhood (%)</td>
<td>1,768</td>
<td>72.1</td>
<td>82.1</td>
<td>54.7</td>
<td>1910</td>
<td>92.5</td>
</tr>
<tr>
<td>Life expectancy at age 65 (Males)</td>
<td>n/a</td>
<td>16.8</td>
<td>17.7</td>
<td>15.5</td>
<td>29.6</td>
<td>3.1</td>
</tr>
<tr>
<td>Life expectancy at age 65 (Females)</td>
<td>n/a</td>
<td>19.8</td>
<td>20.4</td>
<td>18.1</td>
<td>26.3</td>
<td>26.3</td>
</tr>
<tr>
<td>NI 137 Healthy life expectancy at age 65</td>
<td>n/a</td>
<td>12.6</td>
<td>13.9</td>
<td>10.6</td>
<td>16.4</td>
<td>16.4</td>
</tr>
<tr>
<td>People 65+ registered as blind or partially sighted (%)</td>
<td>325</td>
<td>1.4</td>
<td>2.8</td>
<td>6.2</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>People 65+ registered as deaf or hard of hearing (%)</td>
<td>15</td>
<td>0.1</td>
<td>1.8</td>
<td>7.1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Stroke and TIA: GP recorded prevalence (%)</td>
<td>2,345</td>
<td>0.9</td>
<td>1.7</td>
<td>0.8</td>
<td>2.4</td>
<td>2.4</td>
</tr>
<tr>
<td>Dementia: GP recorded prevalence (%)</td>
<td>738</td>
<td>0.3</td>
<td>0.4</td>
<td>0.2</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>Hip fracture aged 65+</td>
<td>164</td>
<td>518.2</td>
<td>479.8</td>
<td>699.8</td>
<td>219.0</td>
<td>219.0</td>
</tr>
<tr>
<td>Flu vaccination in people aged 65+ (%)</td>
<td>18,538</td>
<td>75.6</td>
<td>74.1</td>
<td>68.7</td>
<td>79.8</td>
<td>79.8</td>
</tr>
<tr>
<td>NI 133 Timeliness of social care packages following assessment (%)</td>
<td>810</td>
<td>91.1</td>
<td>90.7</td>
<td>60.8</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>NI 130 Social Care clients aged 65+ receiving Self Directed Support</td>
<td>165</td>
<td>687.5</td>
<td>580.6</td>
<td>93.5</td>
<td>4678.9</td>
<td>4678.9</td>
</tr>
<tr>
<td>NI 125 People 65+ achieving independence through rehabilitation (%)</td>
<td>155</td>
<td>73.6</td>
<td>78.2</td>
<td>52.9</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Households, receiving intensive Home Care 65+ (%)</td>
<td>188</td>
<td>71.0</td>
<td>72.8</td>
<td>38.9</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Permanent admissions to residential or nursing home</td>
<td>235</td>
<td>9.8</td>
<td>7.5</td>
<td>11.6</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Carers aged 65+ receiving breaks and/or for the carer (%)</td>
<td>130</td>
<td>0.5</td>
<td>1.1</td>
<td>0.0</td>
<td>2.6</td>
<td>2.6</td>
</tr>
</tbody>
</table>

Significantly worse than the England avg
Not significantly different from England avg
Significantly better than England avg
* relates to national indicator 2007

Factors that Shape Wellbeing of Older People

Income Deprivation

Deprivation affecting older people shows that Waltham Forest is equal to the London average but is worse than the England average.

Higher levels of deprivation are found in the middle and southern wards of Higham Hill, Leyton, Cann Hall, Cathall, Hoe St, Markhouse, William Morris, Forest and Lea Bridge.

Home and Neighbourhood

72% of the people over 65 were satisfied with their homes and neighbourhoods, less than London average of 77% and England average of 82%.

Almost 50% of people aged over 75 live alone in Waltham Forest.

Of those aged 75+ 30% live in socially rented accommodation.

Of single personer households 39% are considered to live in non-decent homes, mainly due to lack of thermal comfort.

Community Safety

Older people in Waltham Forest are more likely to consider the fear of crime as a negative influence upon their quality of life, although data clearly show that older people are actually less likely to be the victims of crime, with the exception of distraction burglary.

Be Healthy

Life Expectancy

Males aged 65 in Waltham Forest can expect to live fewer years (16.8 years), compared to 18.1 years for London and 17.7 years for England.

Females who reach the age of 65 in Waltham Forest can expect to live 19.8 years, compared to 21 years for London and 20.3 years for England.

Residents of Waltham Forest who reach the age of 65 also have a lower healthy life expectancy than London and England.

General Health

Self-reported good health falls with increasing age with 93% of 18-34 year olds reporting good health.

Disease Outcomes – the Big Killers

Coronary Heart Disease (CHD)

The biggest killer in Waltham Forest, contributing the most to health inequalities.

The mortality rate for people aged less than 75 for CHD for both men and women has fallen over the past ten years but remains higher than the average for London and England for 2006-08.

CHD mortality varies by ward, with the highest rates in areas of highest deprivation, e.g. Cathall, Lea Bridge, High St, Markhouse and Grove Green.

CHD varies by ethnicity in the borough with Whites having higher levels in all areas of Waltham Forest. An exception is Asians who have similar levels of disease in the Leyton and Walthamstov areas.

Stroke

Stroke is associated with area deprivation, a younger age at first stroke and an increased rate of recurrence.

Trends in stroke mortality for people aged less than 75 shows that rates for Waltham Forest, London and England all fell between 1993 and 2007...

Deaths from stroke in Waltham Forest were above that for both London and England in 2006-08.

Emergency hospital admissions due to falls were 1504 in 2009 and this is expected to rise to 2095 in 2010.

The wards with highest fall records are Forest, Lea Bridge and Valley.

Falls

Emergency hospital admissions due to fractures.

The rate for hip fracture for people aged 65+ is worse in Waltham Forest than London and England average.

Disability

The single largest cause of disability in England is stroke. Approximately half of those who survive a stroke will be left with long-term disability problems six months later and will be dependent on others.

In 2010 600 people aged 65 and over in the borough are predicted to have long-term health conditions caused by stroke.

This number will rise to 640 by 2015. Waltham Forest residents aged 55-64 with a moderate physical disability are projected to show the greatest increase - from 2,756 in 2008 to 3,680 in 2025, an increase of 34%.

OUR RESPONSE:

• A strategy is under development that takes a whole system approach for people aged 50+ across the care pathway, from prevention to increase/retain independence to interventions to improve the quality and control over one’s life for those with established conditions, including among others: Falls prevention, opportunities to increase volunteering to reduce social isolation, personalisation budgets, development of seamless pathways of care, and interventions to allow residents to remain at home and control their conditions under supervision, where required.

Cancer

Cancers are responsible for the second largest contribution to health inequalities, accounting for around 24% of all deaths. Deaths from cancer for people age 75 or less have been declining steadily since 1993 but remain higher than London and England and Wales.

In Waltham Forest 1 year survival after treatment is poorer than other areas, particularly for breast, lung and colorectal cancers.

OUR RESPONSE:

High mortality and poor survival point to late presentation of people with suspected symptoms of cancer and referral into diagnostic services. Services in place or planned include:

• Waltham Forest is participating in the National Awareness and Early Diagnosis Initiative and increasing efforts locally to raise awareness of cancer symptoms and what to do about them

Mental Health

Depression is the most common mental health problem in later life. Estimates vary because much depression is unrecorded, but it is likely that 20 to 25 per cent of older people experience depression that impacts significantly on their quality of life. In addition, there are many more people who experience psychological or emotional distress associated with isolation, loneliness or loss in later life.

The number of people over 65 who suffer from depression in Waltham Forest is predicted to rise from 3585 to 4125 from 2008 to 2025.

Dementia

The predicted number of people with dementia by age group will rise for those aged 85+ by 21% between 2008 and 2025 in Waltham Forest. Over the same period, the 65-69 age group is predicted to see a rise of 19% and the 75-79 age group will see a rise of 13%. Recording of dementia in primary care only represents 41% of the predicted rate.

Falls

Emergency hospital admissions due to falls were 1504 in 2009 and this is expected to rise to 2095 in 2010.

The wards with highest fall records are Forest, Lea Bridge and Valley.

Fractures

Waltham Forest is ranked 2nd in London for emergency hospital admissions due to fractures.

The rate for hip fracture for people aged 65+ is worse in Waltham Forest than London and England average.

Disability

The single largest cause of disability in England is stroke. Approximately half of those who survive a stroke will be left with long-term disability problems six months later and will be dependent on others.

In 2010 600 people aged 65 and over in the borough are predicted to have long-term health conditions caused by stroke.

This number will rise to 640 by 2015. Waltham Forest residents aged 55-64 with a moderate physical disability are projected to show the greatest increase - from 2,756 in 2008 to 3,680 in 2025, an increase of 34%.

OUR RESPONSE:

• A strategy is under development that takes a whole system approach for people aged 50+ across the care pathway, from prevention to increase/retain independence to interventions to improve the quality and control over one’s life for those with established conditions, including among others: Falls prevention, opportunities to increase volunteering to reduce social isolation, personalisation budgets, development of seamless pathways of care, and interventions to allow residents to remain at home and control their conditions under supervision, where required.
PART TWO  Inequalities Across the Three Polysystems in Waltham Forest

Each of the polysystem profiles in Part 2 points to inequalities between the three polysystems and between the polysystems and England. Figure 2 provides an overview of differences between the three areas of Waltham Forest.

Chingford Polysystems
- Relatively older population
- Mainly white population
- Lower levels of deprivation
- Higher prevalence rates for CVD, Heart Failure, COPD, Asthma, chronic kidney disease
- Improved life expectancy.

Walthamstow Polysystems
- Diverse population (11% non white)
- Relatively younger population
- Higher levels of Tuberculosis
- Higher levels of deprivation
- Higher prevalence for Diabetes, Mental health, epilepsy, depression in chronic disease
- Reduced life expectancy.

Leyton and Leytonstone Polysystem
- Diverse population (40% non white)
- Relatively younger population
- Higher levels of Tuberculosis
- Higher levels of deprivation
- Lower prevalence rates for coronary heart disease, heart failure, COPD Asthma
- High cancer mortality.

Chingford
Chingford has an older, mainly White population with lower levels of deprivation and people on benefits. Life expectancy is higher and deprivation is lower than other parts of Waltham Forest. Prevalence of chronic disease is higher. Death rates in Chingford are on a downward trend and are about the same level as England.

Leyton and Leytonstone
The Leyton/Leytonstone polysystem has a relatively younger, more diverse population and higher levels of deprivation than Chingford and England. Residents have a lower life expectancy for both males and females. While death rates are on a downward trend, rates for all causes, circulatory and CHD mortality are higher than England.

Walthamstow
Walthamstow has a younger, diverse population with high levels of deprivation and numbers of children living in poverty. As with Leyton/Leytonstone, life expectancy is lower for both males and females than Chingford and England. Emergency admission ratios and admission ratios and death rates for all causes, circulatory, CHD and respiratory diseases are worse than the England average.
Chingford Health Profile

Summary

Overall
Waltham Forest has a higher death rate for conditions amenable to health care. Chingford has higher female life expectancy, and less deprivation than other parts of Waltham Forest.

Broader determinants
Chingford has a lower proportion of people on benefits, children in poverty, and a lower incidence of crime, compared to other parts of Waltham Forest.

Lifestyle
Chingford has a relatively low number of smokers referred to stop smoking services, higher number of hospital admissions due to alcohol, and lower teenage conception rates compared to other parts of Waltham Forest.

Quality and access to health care
Chingford performs better than England for access to GP surgeries. However, Chingford performs below England for average QOF score, cholesterol control in people with cardiovascular disease (CVD) and diabetes, and satisfaction for people waiting in GP surgeries. Chingford admission ratios are better than England for emergency admissions, all causes, respiratory, cancer and falls. However, Chingford has significantly higher elective admission ratios than the England average.

Health outcomes/deaths
Chingford death rates are on a downward trend. Chingford death ratio for all causes, circulatory, CVD, and cancer is similar to England.

Chingford Healthcare: Quality and Access

Ambulatory care-sensitive (ACS) conditions
ACS conditions are conditions where admission to hospital is potentially avoidable through good quality primary and preventative care. As well as treatment, ambulatory also includes preventive measures such as screening and the management of risk factors such as cholesterol and blood pressure. When patients are admitted to hospital for treatment of an ACS condition, this can be thought of as an avoidable hospital treatment of an ACS condition, this can be thought of as an avoidable hospital admission for an ACS condition. Chingford has higher levels of education, Walthamstow has a lower education levels than Chingford. Leytonstone has lower education levels than Chingford.

Walthamstow Health Profile

Summary

Overall
Waltham Forest has a higher death rate for conditions amenable to health care. Walthamstow has lower male and female life expectancy, and higher deprivation than England and north Waltham Forest.

Broader determinants
Walthamstow has a higher proportion of people on benefits, children in poverty, and a higher incidence of crime, compared to north Waltham Forest.

Lifestyle
Walthamstow has a fair number of smokers referred to stop smoking services, moderate number of hospital admissions due to alcohol, and high teenage conception rates compared to north Waltham Forest.

Quality and access to health care
Walthamstow performs better than England for identifying diabetics. However it performs below England for average QoF score; cholesterol and glucose control in people with diabetes. Walthamstow also performs below England for average access score, and access/waiting in GP surgeries. Walthamstow has better rates than the England average.

Health outcomes/deaths
Walthamstow death rates are on a downward trend. However, Walthamstow has worse death ratio for all causes, cirulatory, CVD, and respiratory admission ratios than the England average.

Walthamstow Health Profile

Index of multiple deprivation (IMD) 2007

<table>
<thead>
<tr>
<th>IMD units</th>
<th>21.73 - 25.84</th>
<th>25.85 - 29.94</th>
<th>29.95 - 34.05</th>
<th>34.06 - 38.15</th>
<th>38.16+</th>
</tr>
</thead>
</table>

Life Expectancy - male 2006-08

<table>
<thead>
<tr>
<th>Years</th>
<th>72.74 - 73.95</th>
<th>73.96 - 75.07</th>
<th>75.08 - 76.19</th>
<th>76.02 - 77.03</th>
<th>77.31+</th>
</tr>
</thead>
</table>

Life Expectancy - female 2006-08

<table>
<thead>
<tr>
<th>Years</th>
<th>78.11 - 79.21</th>
<th>79.22 - 80.33</th>
<th>80.34 - 81.44</th>
<th>81.45 - 82.56</th>
<th>82.57+</th>
</tr>
</thead>
</table>

Ambulatory care-sensitive (ACS) conditions

ACS conditions are conditions where admission to hospital is potentially avoidable through good quality primary and preventative care. As well as treatment, ambulatory also includes preventive measures such as screening and the management of risk factors such as cholesterol and blood pressure. When patients are admitted to hospital for treatment of an ACS condition, this can be thought of as an avoidable hospital admission. ACS conditions are therefore often used as a measure of the quality of primary care in a local area.

Walthamstow Healthcare: Quality and Access

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Local Number</th>
<th>Local Value</th>
<th>Range</th>
<th>Avg</th>
<th>Eng Avg</th>
<th>Eng Worst</th>
<th>England Range</th>
<th>Eng Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (male)</td>
<td>0 - 74.8</td>
<td>77.8 - 77.7</td>
<td>70.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>88.3</td>
</tr>
<tr>
<td>Life expectancy at birth (female)</td>
<td>0 - 80.5</td>
<td>82.0 - 82.1</td>
<td>75.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.1</td>
</tr>
<tr>
<td>% Low birth weight babies</td>
<td>150</td>
<td>7.4 - 7.1</td>
<td>8.2</td>
<td>8.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average QoF score (%)</td>
<td>78.972</td>
<td>74.7 - 74.1</td>
<td>75.5</td>
<td></td>
<td>15.8</td>
<td></td>
<td></td>
<td>92.4</td>
</tr>
<tr>
<td>Average access score (%)</td>
<td>75.883</td>
<td>71.7 - 74.4</td>
<td>77.8</td>
<td></td>
<td>38.9</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>Average exception rate score (%)</td>
<td>9.611</td>
<td>5.3 - 4.7</td>
<td>4.9</td>
<td>5.9</td>
<td></td>
<td></td>
<td></td>
<td>92.3</td>
</tr>
<tr>
<td>CVD reported to expected prevalence (%)</td>
<td>2.444</td>
<td>79.1 - 69.4</td>
<td>80.4</td>
<td></td>
<td>11.6</td>
<td></td>
<td></td>
<td>93.3</td>
</tr>
<tr>
<td>Diabetes reported to expected prevalence (%)</td>
<td>6.190</td>
<td>179.0 - 134.5</td>
<td>110.1</td>
<td></td>
<td>9.5</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>Obesity reported to expected prevalence (%)</td>
<td>11.191</td>
<td>62.5 - 59.7</td>
<td>58.8</td>
<td></td>
<td>4.3</td>
<td></td>
<td></td>
<td>274.0</td>
</tr>
<tr>
<td>% CVD cholesterol &lt;5mmol</td>
<td>1.619</td>
<td>72.1 - 73.9</td>
<td>75.1</td>
<td></td>
<td>20.6</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>% Diabetes cholesterol &lt;5mmol</td>
<td>4.325</td>
<td>69.6 - 73.1</td>
<td>75.5</td>
<td></td>
<td>30.6</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>% Diabetes HbA1c &lt;7.5</td>
<td>3.541</td>
<td>57.2 - 60.1</td>
<td>59.8</td>
<td></td>
<td>7.7</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>% Satisfied with opening times</td>
<td>85.038</td>
<td>80.4 - 83.4</td>
<td>82.4</td>
<td></td>
<td>8.6</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>% Satisfied with 48 hour access</td>
<td>76.547</td>
<td>74.1 - 80.4</td>
<td>82.9</td>
<td></td>
<td>7.1</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>% Satisfied with waiting in the surgery</td>
<td>68.044</td>
<td>64.2 - 70.6</td>
<td>65.6</td>
<td></td>
<td>7.5</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>% Genmetics prescribed</td>
<td>84.341</td>
<td>79.9 - 80.3</td>
<td>83.0</td>
<td></td>
<td>49.3</td>
<td></td>
<td></td>
<td>91.3</td>
</tr>
<tr>
<td>Outpatient follow-up to first attendance ratio</td>
<td>56.2</td>
<td>2.2 - 2.2</td>
<td>2.1</td>
<td>2.9</td>
<td></td>
<td></td>
<td></td>
<td>1.4</td>
</tr>
<tr>
<td>% emergency admissions with no overnight stay</td>
<td>2.035</td>
<td>25.5 - 27.0</td>
<td>26.5</td>
<td></td>
<td>18.1</td>
<td></td>
<td></td>
<td>12.1</td>
</tr>
<tr>
<td>SAR for all emergency admissions</td>
<td>8,533</td>
<td>113.9 - 100.0</td>
<td>100.0</td>
<td></td>
<td>181.1</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>SAR for all elective admissions</td>
<td>9,875</td>
<td>105.9 - 100.0</td>
<td>100.0</td>
<td></td>
<td>100.0</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>SAR for all causes</td>
<td>12,075</td>
<td>106.8 - 100.0</td>
<td>100.0</td>
<td></td>
<td>100.0</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>SAR for all circulatory disease</td>
<td>1,311</td>
<td>109.8 - 100.0</td>
<td>100.0</td>
<td></td>
<td>100.0</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>SAR for CVD</td>
<td>559</td>
<td>138.6 - 100.0</td>
<td>100.0</td>
<td></td>
<td>100.0</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>SAR for respiratory disease</td>
<td>1,948</td>
<td>113.8 - 100.0</td>
<td>100.0</td>
<td></td>
<td>100.0</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>SAR for all cancers</td>
<td>1,293</td>
<td>82.9 - 100.0</td>
<td>100.0</td>
<td></td>
<td>100.0</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>SAR for accidental falls</td>
<td>408</td>
<td>81.8 - 100.0</td>
<td>100.0</td>
<td></td>
<td>100.0</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>SAR for all circulatory disease</td>
<td>3,222</td>
<td>113.9 - 100.0</td>
<td>100.0</td>
<td></td>
<td>100.0</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>SAR for CVD</td>
<td>234</td>
<td>141.8 - 100.0</td>
<td>100.0</td>
<td></td>
<td>100.0</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>SAR for all cancers</td>
<td>983</td>
<td>95.3 - 100.0</td>
<td>100.0</td>
<td></td>
<td>100.0</td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
</tbody>
</table>

Abbreviations
CVD Cardiovascular disease
SAR Standardised Admission Ratio
SMR Standardised Mortality Ratio
ACS ambulatory case sensitive

Data sources
• Commissioning support for London, 2006 data
• NHS Comparisons, 2008/09 rolling year
• Commissioning support for London, Primary Care data 2008/09

Ambulatory care-sensitive (ACS) conditions

ACS conditions are conditions where admission to hospital is potentially avoidable through good quality primary and preventative care. As well as treatment, ambulatory also includes preventive measures such as screening and the management of risk factors such as cholesterol and blood pressure. When patients are admitted to hospital for treatment of an ACS condition, this can be thought of as an avoidable hospital admission. ACS conditions are therefore often used as a measure of the quality of primary care in a local area.

Walthamstow has lower education levels than Chingford. Leytonstone has lower education levels than Chingford.

**Leyton and Leytonstone Health Profile**

**Summary**

**Overall**
Waltham Forest has a higher death rate for conditions amenable to health care. Leyton and Leytonstone has lower male and female life expectancy, and higher deprivation than England and north Waltham Forest.

**Broader determinants**
Leyton and Leytonstone has a higher proportion of people on benefits, children in poverty, and a higher incidence of crime, compared to north Waltham Forest.

**Lifestyle**
Leyton and Leytonstone has a modest number of smokers referred to stop smoking services, moderate number of hospital admissions due to alcohol, and high teenage conception rates compared to other parts of Waltham Forest.

**Quality and access to health care**
Leyton and Leytonstone performs better than England for average QOF score. However it performs below England for cholesterol and glucose control in people with diabetes, and access/waiting in GP surgeries. Leyton and Leytonstone has worse outpatient follow up ratios than England for elective care, cancer and accidental falls. Leyton and Leytonstone has significantly worse emergency, circulatory, and cardiovascular disease (CVD) admission ratios than the England average.

**Health outcomes/deaths**
Leyton and Leytonstone death rates are on a downward trend. However, Leyton and Leytonstone has worse death rate for all causes, circulatory, and CVD than England.

**Life Expectancy - male 2006-08**
Life expectancy at birth (male) (years) 79.3 77.6 77.6 70.9

**Life Expectancy - female 2006-08**
Life expectancy at birth (female) (years) 79.9 82.0 82.5 75.6

**Quality Indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Local Average</th>
<th>Local Value</th>
<th>Range Average</th>
<th>Range Value</th>
<th>Range Worst</th>
<th>England Range</th>
<th>England Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Low birth weight babies</td>
<td>152</td>
<td>87</td>
<td>7.1</td>
<td>8.9</td>
<td>88.9</td>
<td>11.1</td>
<td></td>
</tr>
<tr>
<td>Average GP score (%)</td>
<td>75.4</td>
<td>74.4</td>
<td>75.7</td>
<td>15.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average access score (%)</td>
<td>70.3</td>
<td>70.7</td>
<td>74.4</td>
<td>39.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average exception rate score (%)</td>
<td>7,995</td>
<td>5,4</td>
<td>4.7</td>
<td>4.9</td>
<td>9.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVD reported to expected prevalence (%)</td>
<td>1,851</td>
<td>72.8</td>
<td>69.4</td>
<td>80.8</td>
<td>11.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes reported to expected prevalence (%)</td>
<td>5,830</td>
<td>184.9</td>
<td>134.5</td>
<td>110.1</td>
<td>9.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity reported to expected prevalence (%)</td>
<td>11,078</td>
<td>65.6</td>
<td>50.6</td>
<td>53.8</td>
<td>4.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVD cholesterol &lt;5mmol</td>
<td>1,367</td>
<td>74.8</td>
<td>73.9</td>
<td>75.1</td>
<td>20.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Diabetes cholesterol &lt;5mmol</td>
<td>4,257</td>
<td>73.0</td>
<td>73.1</td>
<td>75.2</td>
<td>30.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Diabetes HBA1c &lt;7.5</td>
<td>3,317</td>
<td>56.9</td>
<td>57.0</td>
<td>60.1</td>
<td>20.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Satisfied with opening times</td>
<td>78,056</td>
<td>79.1</td>
<td>79.9</td>
<td>83.4</td>
<td>48.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Satisfied with 48 hour access</td>
<td>72,533</td>
<td>72.9</td>
<td>76.4</td>
<td>82.9</td>
<td>31.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Satisfied with waiting in the surgery</td>
<td>56,347</td>
<td>55.7</td>
<td>66.1</td>
<td>73.2</td>
<td>29.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Satisfied with 48 hour access</td>
<td>72,533</td>
<td>72.9</td>
<td>76.4</td>
<td>82.9</td>
<td>31.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Healthcare: Quality and Access**

**Ambulatory care-sensitive (ACS) conditions**
ACS conditions are conditions where admission to hospital is potentially avoidable through good quality primary and preventative care. As well as treatment, ambulatory also includes preventive measures such as screening and the management of risk factors such as cholesterol and blood pressure. When patients are admitted to hospital for treatment of an ACS condition, this can be thought of as an avoidable hospital admission. ACS admissions are therefore often used as a measure of the quality of primary care in a local area.

Broader determinants of ill health

Employment Support Allowance and Incapacity Benefit claimants
May 2009

<table>
<thead>
<tr>
<th>Number of claimants per 100 working age people in ward</th>
<th>2.80 - 3.53</th>
<th>3.54 - 4.27</th>
<th>4.26 - 4.96</th>
<th>4.97+</th>
</tr>
</thead>
</table>

Job Seekers Allowance Claimants December 2009

Number of claimants per 100 working age people in ward

<table>
<thead>
<tr>
<th>720.00 - 1,206.00</th>
<th>1,206.01 - 1,692.02</th>
<th>1,692.03 - 2,178.03</th>
<th>2,178.04 - 2,664.00</th>
<th>2,664.01+</th>
</tr>
</thead>
</table>

Children in low income families November 2008

<table>
<thead>
<tr>
<th>600 - 969</th>
<th>970 - 1,339</th>
<th>1,340 - 1,709</th>
<th>1,710 - 2,076</th>
<th>2,076+</th>
</tr>
</thead>
</table>

Crime: Total Notifiable Offences 2009

<table>
<thead>
<tr>
<th>33.71 - 40.9</th>
<th>40.10 - 46.48</th>
<th>46.49 - 52.87</th>
<th>52.88 - 59.22</th>
<th>59.23+</th>
</tr>
</thead>
</table>

Lifestyle

Referrals to Stop Smoking 2004 - 2009

6 year total number of referrals

<table>
<thead>
<tr>
<th>177.0 - 250.0</th>
<th>250.0 - 323.0</th>
<th>323.0 - 396.0</th>
<th>396.0 - 469.0</th>
<th>469.0+</th>
</tr>
</thead>
</table>

Participation in active recreation 2008

Adults participating in one or more sessions of sport or active recreation per week

<table>
<thead>
<tr>
<th>74.00 - 80.00</th>
<th>80.00 - 81.00</th>
<th>81.00 - 82.00</th>
<th>82.00 - 83.00</th>
<th>83.00+</th>
</tr>
</thead>
</table>

Alcohol admissions 2005/06 - 2009/10

5 year total number of hospital admissions

<table>
<thead>
<tr>
<th>73 - 102</th>
<th>102 - 131</th>
<th>131 - 159</th>
<th>159 - 188</th>
<th>188+</th>
</tr>
</thead>
</table>

Teenage conceptions 2005 - 2007

Number per 1,000 females aged 15 - 17

<table>
<thead>
<tr>
<th>33.71 - 40.9</th>
<th>40.10 - 46.48</th>
<th>46.49 - 52.87</th>
<th>52.88 - 59.22</th>
<th>59.23+</th>
</tr>
</thead>
</table>
Health outcomes: trends

All age all cause mortality
5 year average indirect standardized rate per 100 people

Heart disease and stroke: Death rate age < 75 years
5 year average indirect standardized rate per 100 people < 75

Cancer: Death rates age < 75 years
5 year average indirect standardized rate per 100 people < 75

Health outcomes: location

Deaths from all causes 2006 - 2008

Deaths from circulatory causes 2006 - 2008

Deaths: Coronary disease 2006 - 2008

Deaths from all cancers 2008 - 2009

## Conclusion and Recommendations

We have a richly diverse population that encompasses the more settled, older and better off white population in the north of the borough and diverse, younger and mobile groups that are more deprived in the middle and south of the borough. This diversity brings with it the vibrancy of those who want to improve their lives but also the barriers encountered by more disadvantaged populations.

Two indicators used to measure health and socio-economic progress - infant mortality and life expectancy at birth - are worse in Waltham Forest than in London and England. Deprivation is high and getting worse and is concentrated in the middle and south of the borough. Deprivation affects 39% of children in Waltham Forest. Educational achievement is slightly lower than London. Some prevention and lifestyle indicators show good results but selected health outcomes are not as good as the rest of the country. Smoking rates are about the same for adults in Waltham Forest and England, yet deaths attributable to smoking are higher. Binge drinking among adults is estimated to be lower than the England average but hospital stays for alcohol related harm are higher. Mortality for care-sensitive conditions (considered a failure of the health care system) is higher for diabetes and some respiratory conditions. While rates are improving, CVD and cancer mortality rates remain above those for the rest of the country and contribute the most to our health inequalities.

The evidence supporting the influences on health approach is well established. Much has been done in Waltham Forest to address the unequal distribution of power and resources and unequal access to health care services that contribute to ill health, disability and death. Yet many of these inequalities continue to increase. Reducing them will call for new ways of working. We can learn from success and failure of our past incremental approaches and prioritise what the evidence has shown to work. Working together across London will enable us to influence upward since the levers for change are not all in our control. We will need to reduce barriers between sectors and to create connections with new partners both locally, regionally and nationally. The environments in which people live (e.g., schools, workplaces, community settings) will need to provide opportunities for people to make healthy choices.

Moving forward, we must build on the good work that is already taking place across our partnerships, including such efforts as:

- The work of the Healthier Communities Thematic Partnership was recognised as addressing many of our health inequalities by an Audit Commission visit report in 2009. The report however recognised that “the lack of an explicit overarching health inequalities strategy limits the sustained focus which all partners can bring to reducing health inequalities.
- Development of NHS Waltham Forest services through three polisytems aimed at delivering quality health care services closer to home.

Following Fair Society, Healthy Lives, the following recommendations are based on outcomes in Waltham Forest but that we can do locally. But this does not negate the need to identify areas we can work together across boroughs and regions to influence the holders of the levers of change.

### Prioritisation of Recommendations

<table>
<thead>
<tr>
<th>Prioritise the early years</th>
<th>Focus on reducing infant mortality to gain the most years of life expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fully resource the Healthy Child programme</td>
</tr>
<tr>
<td></td>
<td>Provide adequate, quality Children’s Centre services to those who need them most.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expand lifelong educational and skills training</th>
<th>Keep children in school, reducing absence and extending school age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expand learning across the life course, especially English literacy to increase control over one’s life.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Increase healthy work</th>
<th>Prioritise job creation opportunities in Waltham Forest and skills training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Develop workplace health schemes to establish LBWF and the NHS in Waltham Forest as exemplar employers</td>
</tr>
<tr>
<td></td>
<td>Prioritise interventions to manage chronic conditions in the community to add years and quality to life.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enable independence in retirement</th>
<th>Support people to maintain their independence into older age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide opportunities for older people to stay engaged in their communities.</td>
</tr>
</tbody>
</table>

### Recommendations to facilitate this include

- Consider the whole system – and the reciprocal relationship between the influences on health and the influence of health on education and employment to gain commitment to reducing inequalities. Work across boroughs and regionally with efforts such as the London Health inequalities strategy to influence upward where the levers of control are.
- Ensure that best practice and evaluation are embedded in our work. Reallocation scarce resources to the most effective interventions across the whole system.
- Improve targeting to groups that experience inequalities by understanding these groups better, including health equity audits and data collection to identify inequalities.
- Identify barriers to access to health services and to services that influence health; work with partners (local, regional and national) to reduce these barriers.
- Make health part of everyone’s job by embedding prevention in their everyday work.

These recommendations require difficult choices and the political will to shift scarce resources. Together we can create more equitable opportunities for all our residents to make healthier choices throughout their lives.

### References

"THE TWO REASONS I need to quit."

Call your Stop Smoking Service on 020 8430 7443 for help and support to become smoke free