

SUPPLEMENTARY 1 - PRESENTATION

THE HEALTH AND WELLBEING BOARD

Tuesday, 8 September 2015

**Agenda Item 4. Joint Strategic Needs Assessment 2015 - Key
Recommendations (Pages 1 - 45)**

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Barking and Dagenham Joint Strategic Needs Assessment 2015

Ian Winter CBE

Snapshot of B&D





Population 198,294

Growth of 32,684 in the last decade



61.1 healthy life expectancy 77.7 life expectancy

London life expectancy average is 80.0



55.5 healthy life expectancy 82.4 life expectancy

London life expectancy average is 84.1



Ranked #22 on index of deprivation

In top 7% most deprived boroughs in England



9,700 unemployed

10.5% of residents (UK average = 5.7 %)

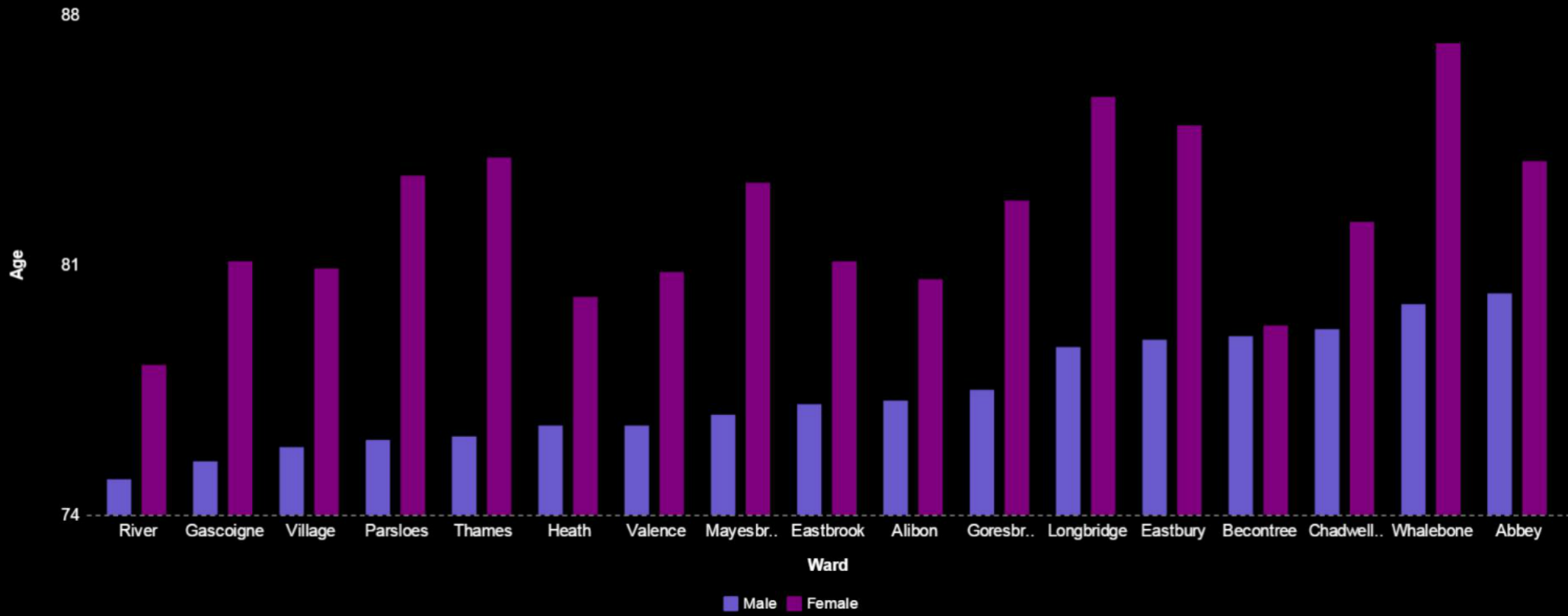


97,923 BME residents

49.4% of total population



Life expectancy by ward



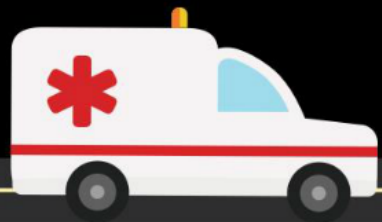
Health risks





Risk factors contributing to the burden of ill health

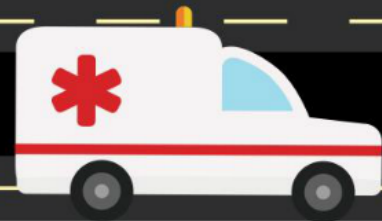
Hospital admissions



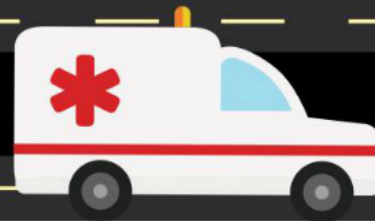
Smoking: 3,911
unplanned admissions



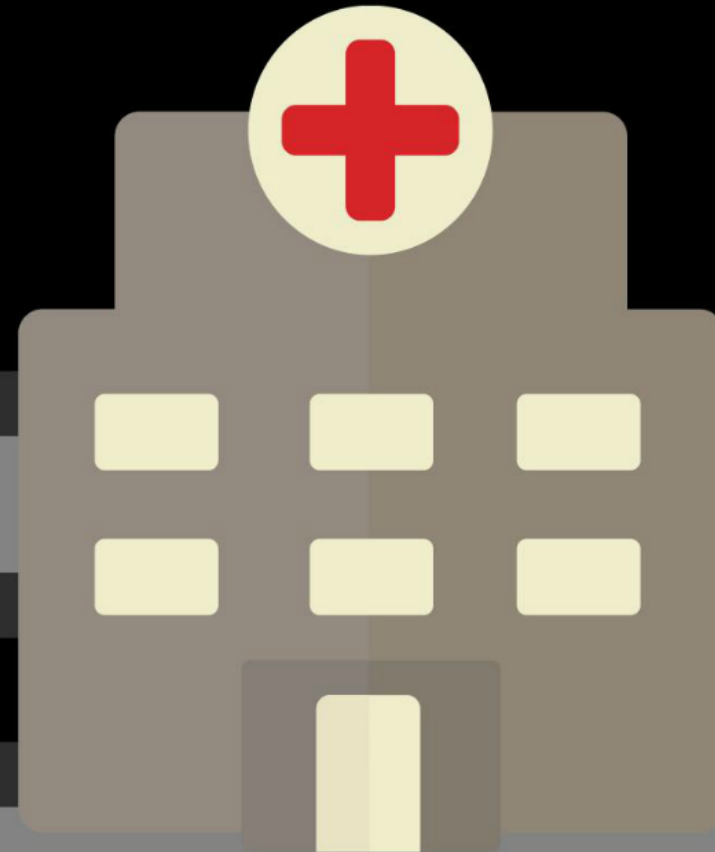
COPD: 1,068
unplanned admissions



Diabetes: 1,969
unplanned admissions



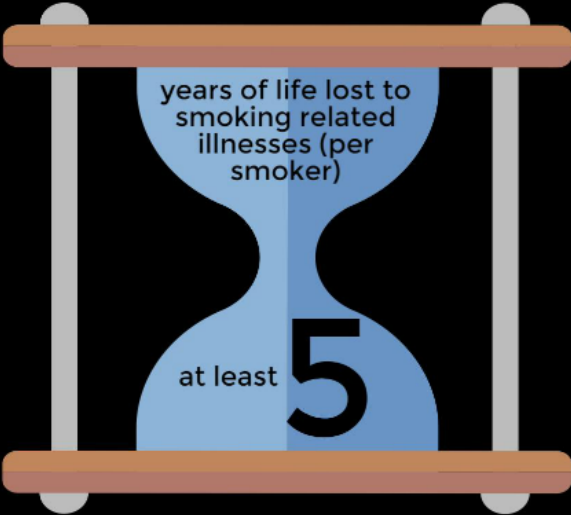
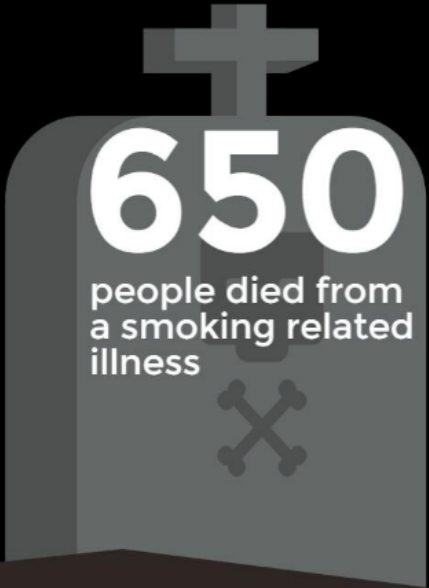
Hypertension: 3,722
unplanned admissions



Smoking

Smoking prevalence comparison



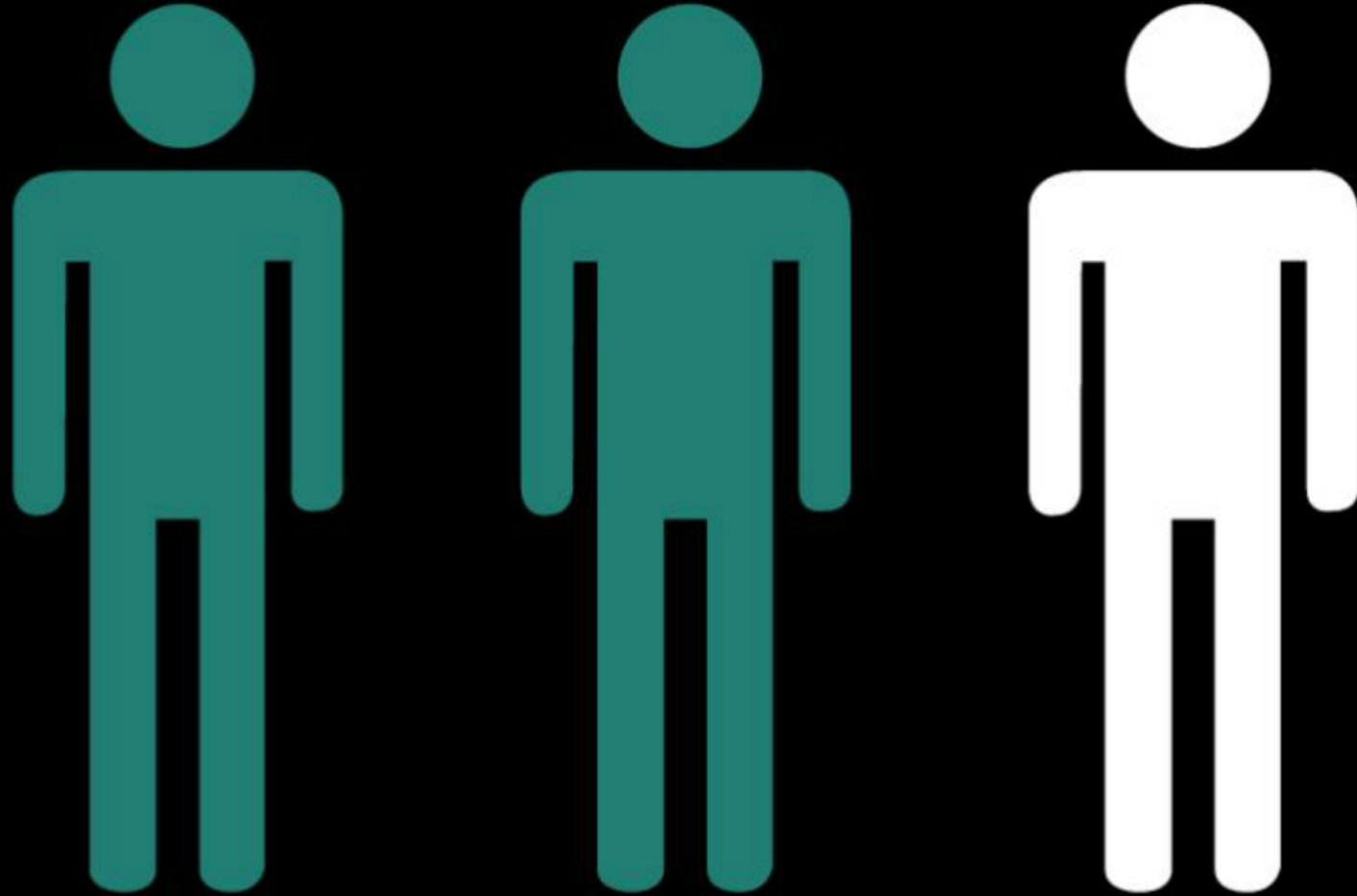




1 in 20

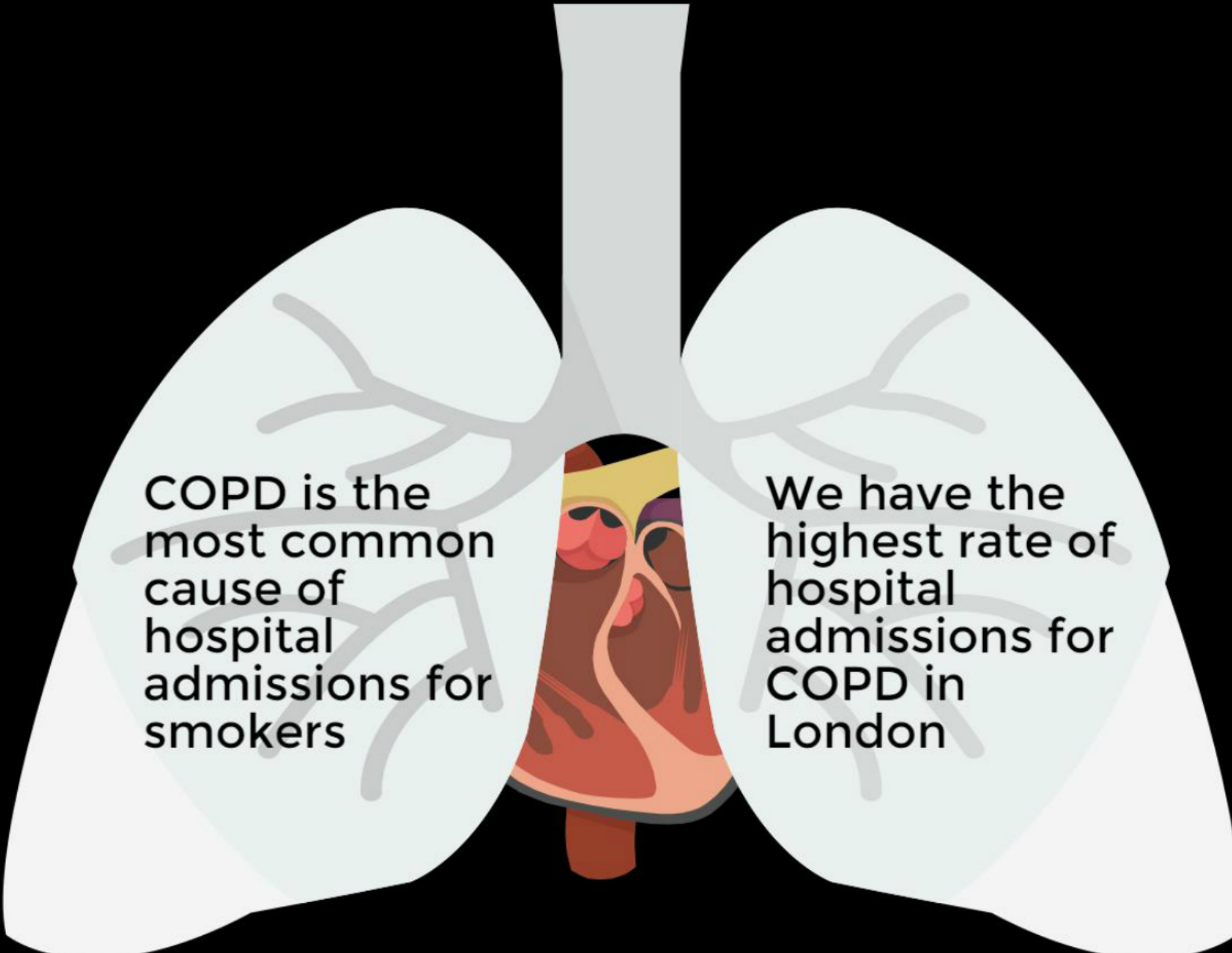
11-15 year olds
regularly
smoke

(this is slightly lower than
Lewisham but the same
as Greenwich)



2 out of 3 adults who smoke started smoking before the age of 18

Chronic Obstructive Pulmonary Disease

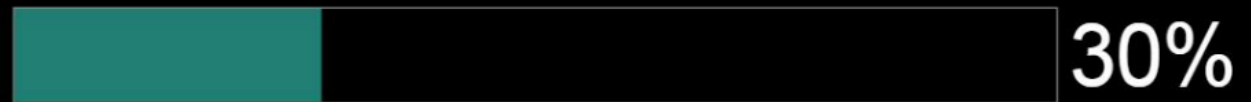
An anatomical illustration of the human respiratory system, showing the lungs, trachea, and heart. The lungs are depicted in a light, semi-transparent style, revealing the internal bronchial tree. The heart is shown in a realistic, colored style, positioned centrally between the lungs. The trachea is a vertical tube at the top. The background is solid black.

COPD is the most common cause of hospital admissions for smokers

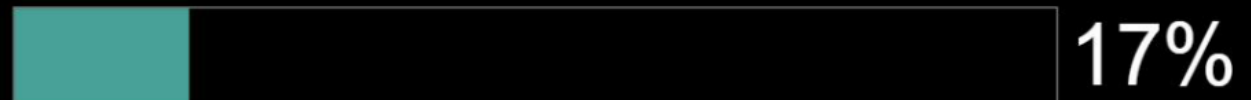
We have the highest rate of hospital admissions for COPD in London

Mortality from COPD

Barking and Dagenham



London



England



Page 17

Our mortality from COPD is nearly double that of London and England



Ted & Esther

Ted's Story



- Starts smoking behind the bike shed at 11
- Keeps on smoking and drinking as a teenager
- Has a family and smokes at home and in his car
- Daughter (Esther) diagnosed with Asthma at 3
- Esther has 2 unplanned hospital admissions for asthma
- Diagnosed with COPD at 50
- Prescribed Viagra at 52
- Stops working at 54 after a heart attack
- Wife dies aged 67 of lung cancer
- At 68 he needs social care to manage at home
- Dies at 70



Struggles in later years with LTC
Loses 10 years of potential life
Does not see grandchildren reach adulthood

Esther's Story




- Diagnosed with asthma at 3.
- Starts smoking at 13
- Has peer-led stop smoking sessions
- Stops smoking at 16
- Has a family at 21
- Father (Ted) dies of COPD
- Esther doesn't smoke and her husband and children don't smoke
- Retires at 65 and helps care for grandchildren
- End of life at 85



Reaches 85 and lives independently
Meets two great grandchildren
Generational habit of smoking is broken

Hypertension



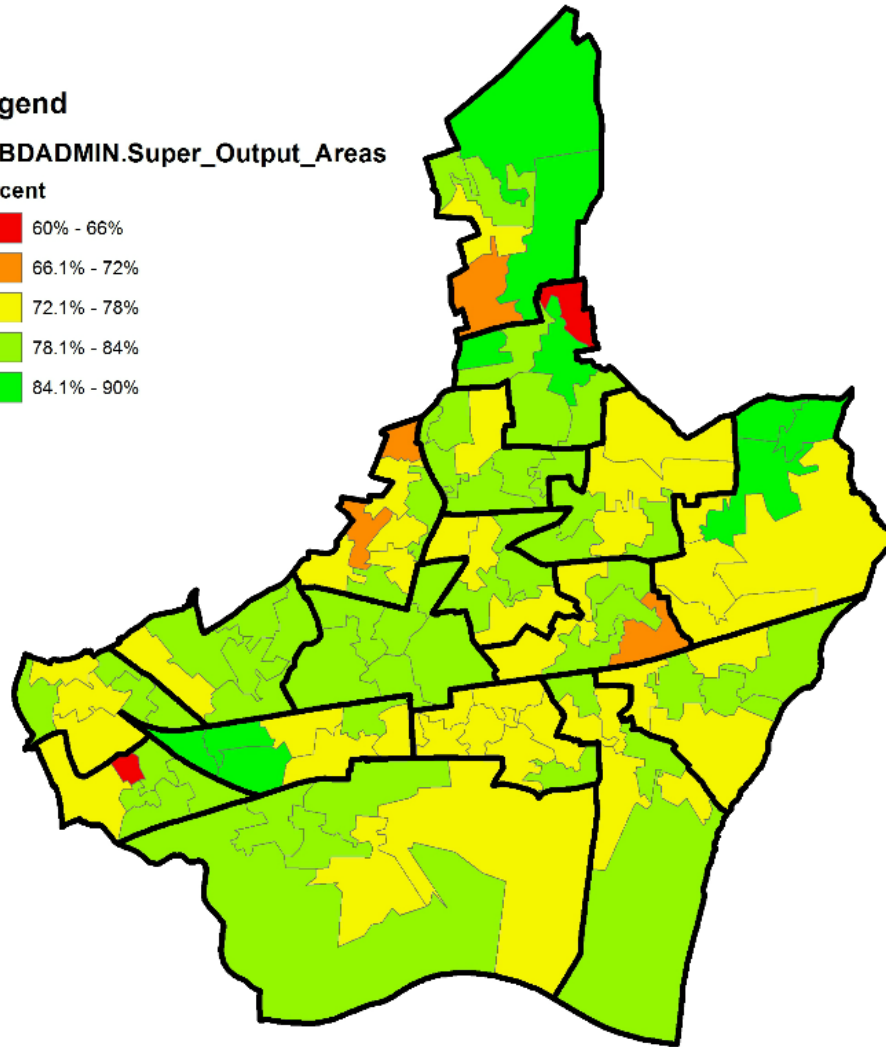
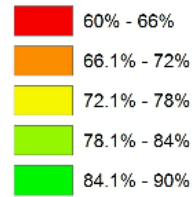
Hypertension
is a time-bomb
for our health
economy

Patients with hypertension with controlled blood pressure, August 2015

Legend

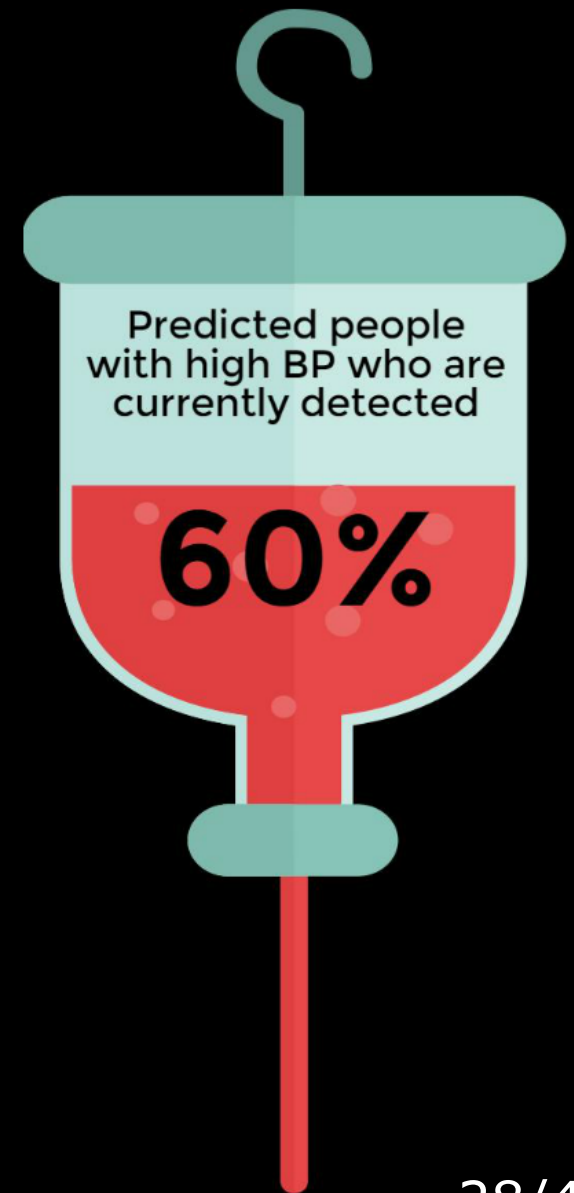
LBDADMIN.Super_Output_Areas

Percent



Source: Health Analytics

Numbers detected and on blood pressure register	25,181
Projected total number of people with high blood pressure in the borough	41,899
Predicted number undetected	16,718



Obesity and diabetes



Overweight and obesity are a big problem in the borough; especially for our children.



There is a direct link between weight and developing type 2 diabetes.



■ Obese or overweight adults (64%) ■ Healthy weight adults (36%)

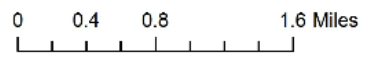
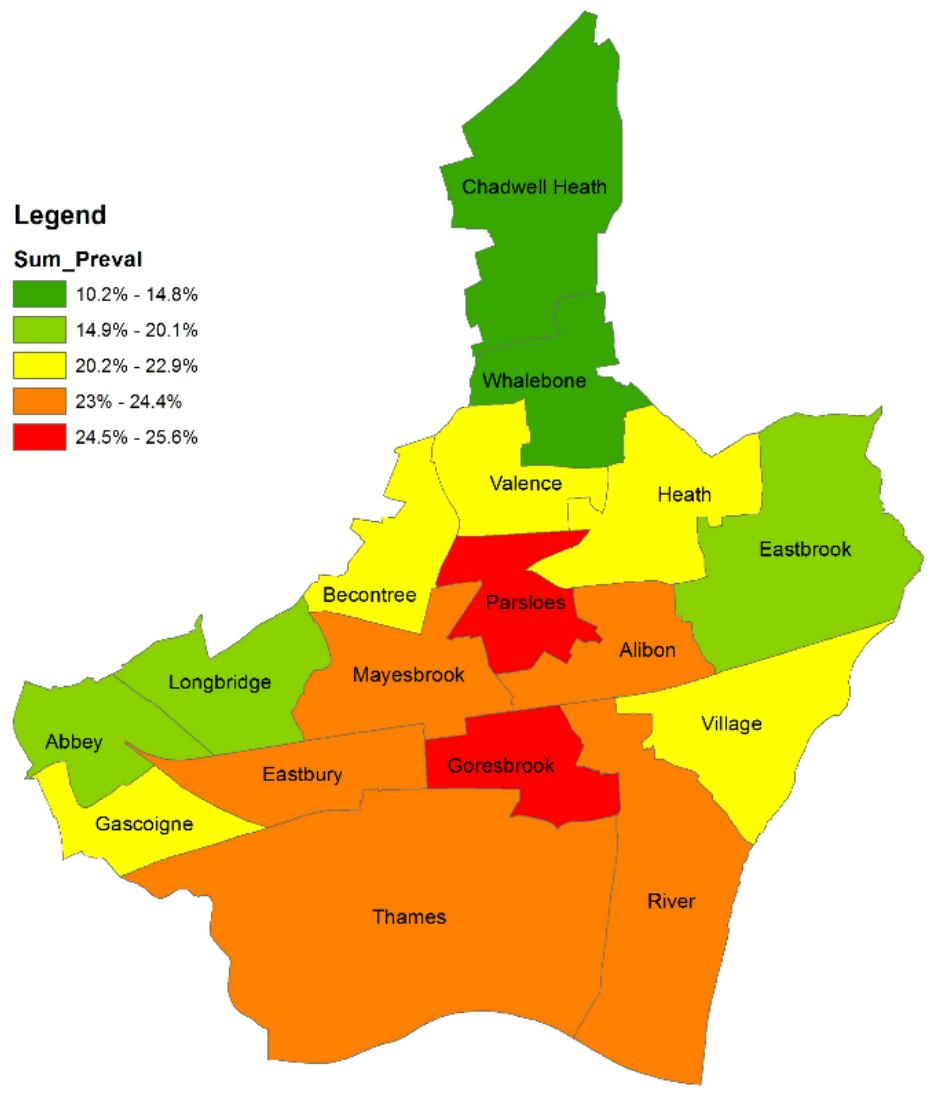


Nationally this is 0.6 in 10 people

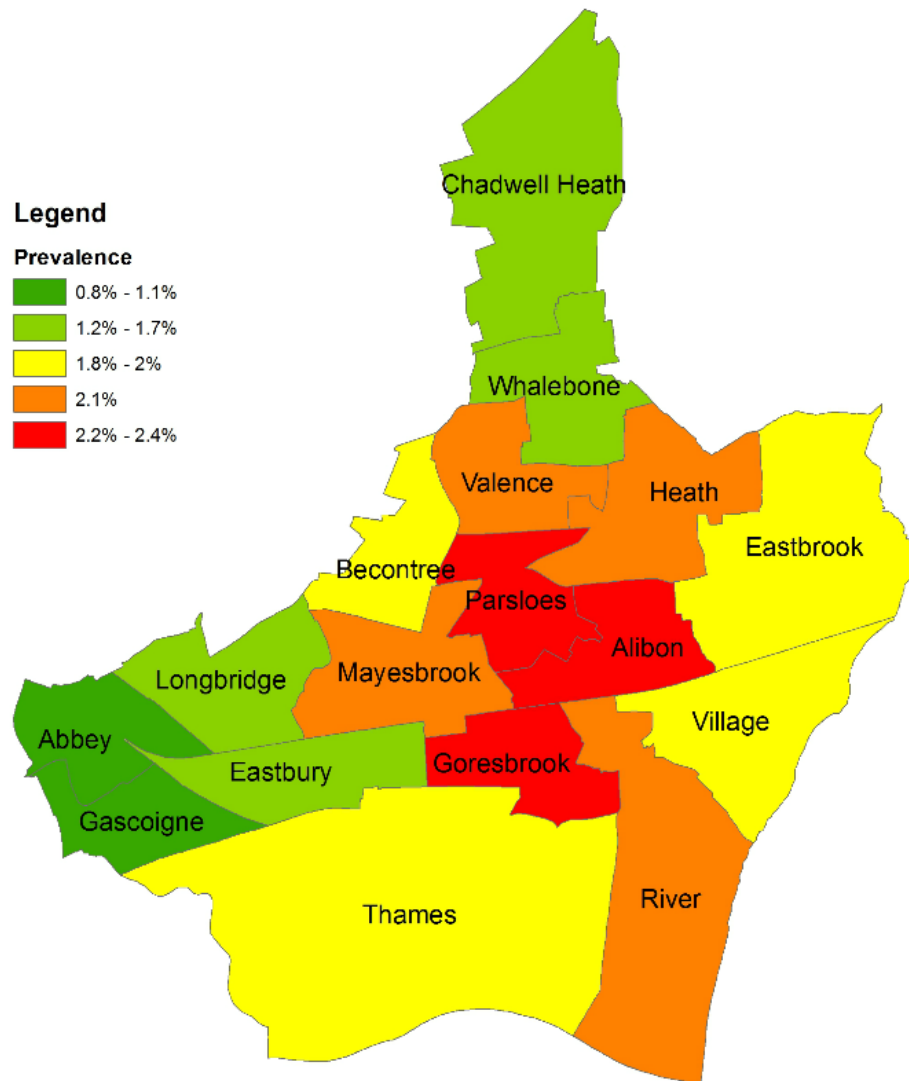
adults in the borough lives with diabetes
(some adults also have undiagnosed diabetes)

Targeted approach

Number of smokers (Adults) by ward, Barking and Dagenham, 2014



QOF recorded COPD prevalence per ward Barking and Dagenham, June 2014



0 0.4 0.8 1.6 Miles

Percentage of reception children (age 4-5) who are obese or overweight, by ward, Barking and Dagenham, 2013/14 to 2014/15

Legend

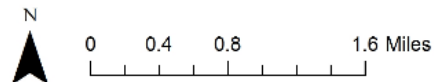
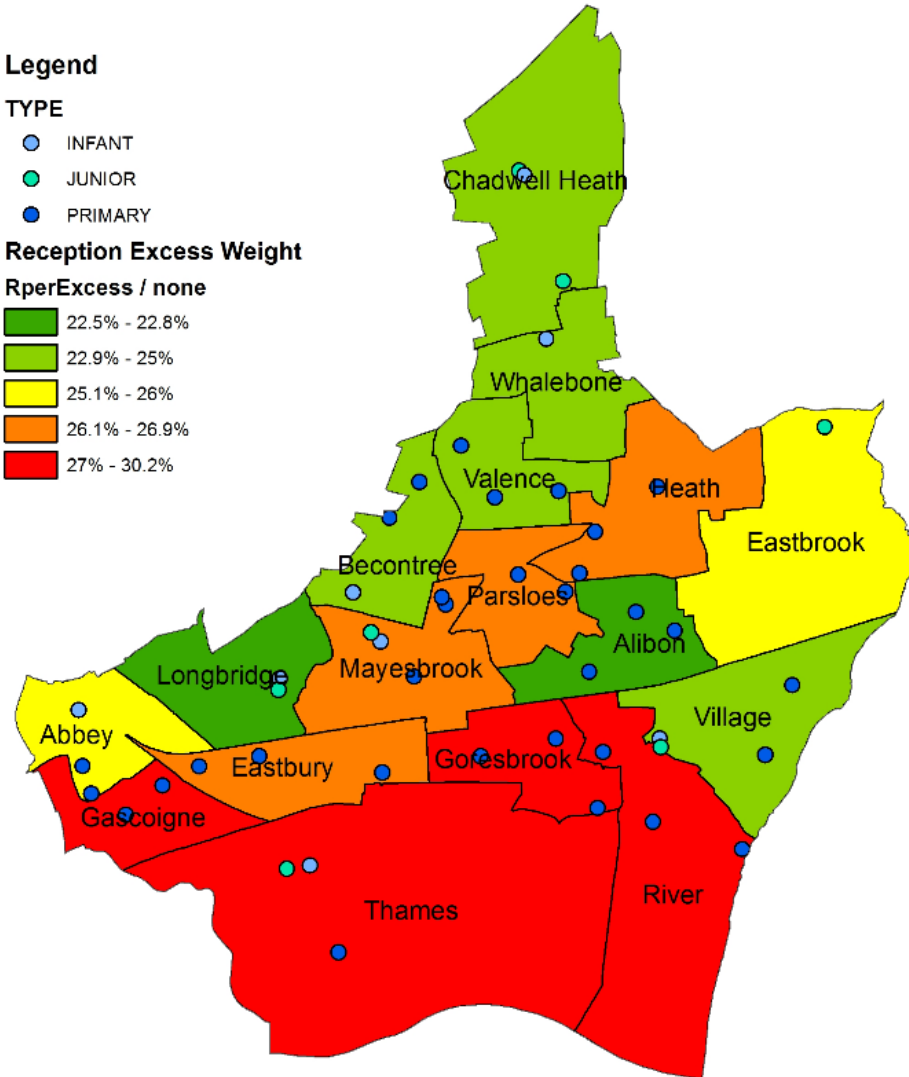
TYPE

- INFANT
- JUNIOR
- PRIMARY

Reception Excess Weight

RperExcess / none

- 22.5% - 22.8%
- 22.9% - 25%
- 25.1% - 26%
- 26.1% - 26.9%
- 27% - 30.2%



Percentage of year 6 children (age 10-11) who are obese or overweight, by ward, Barking and Dagenham, 2013/14 to 2014/15

Legend

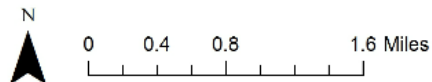
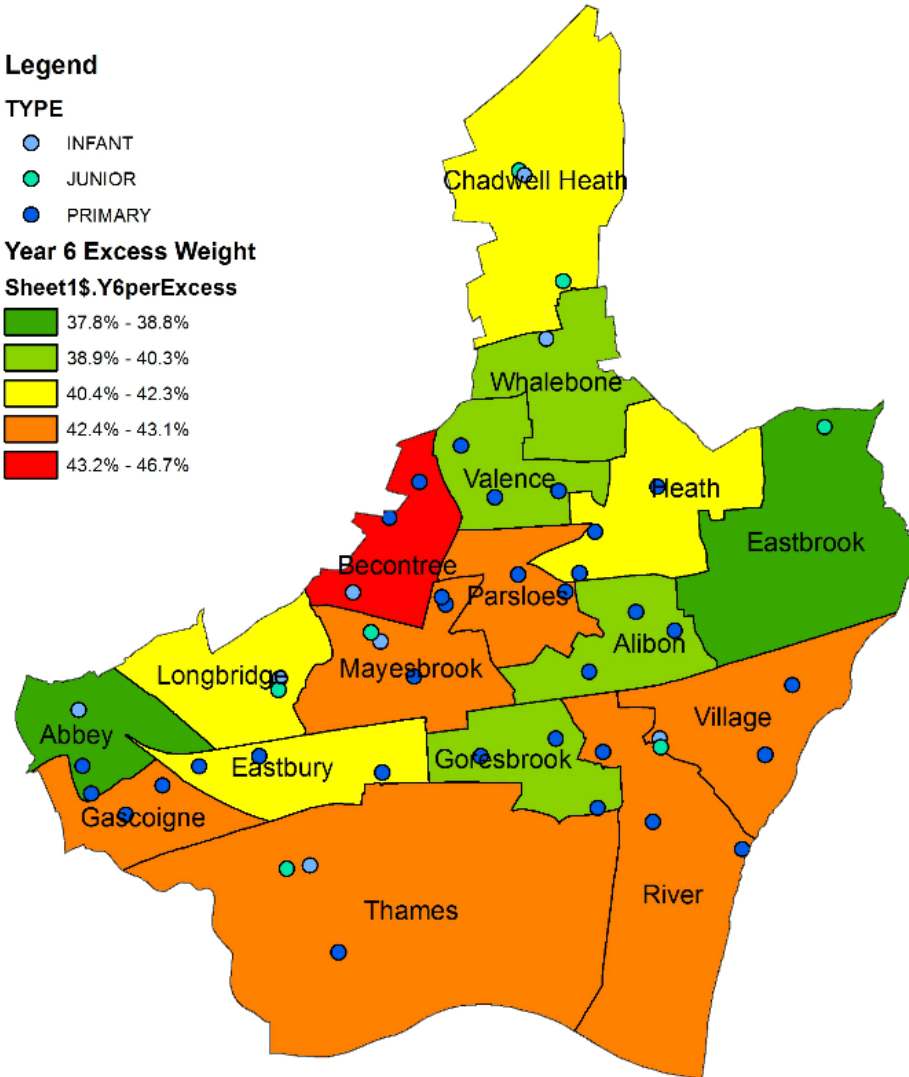
TYPE

- INFANT
- JUNIOR
- PRIMARY

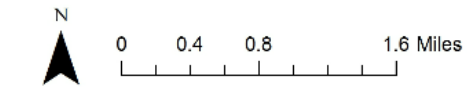
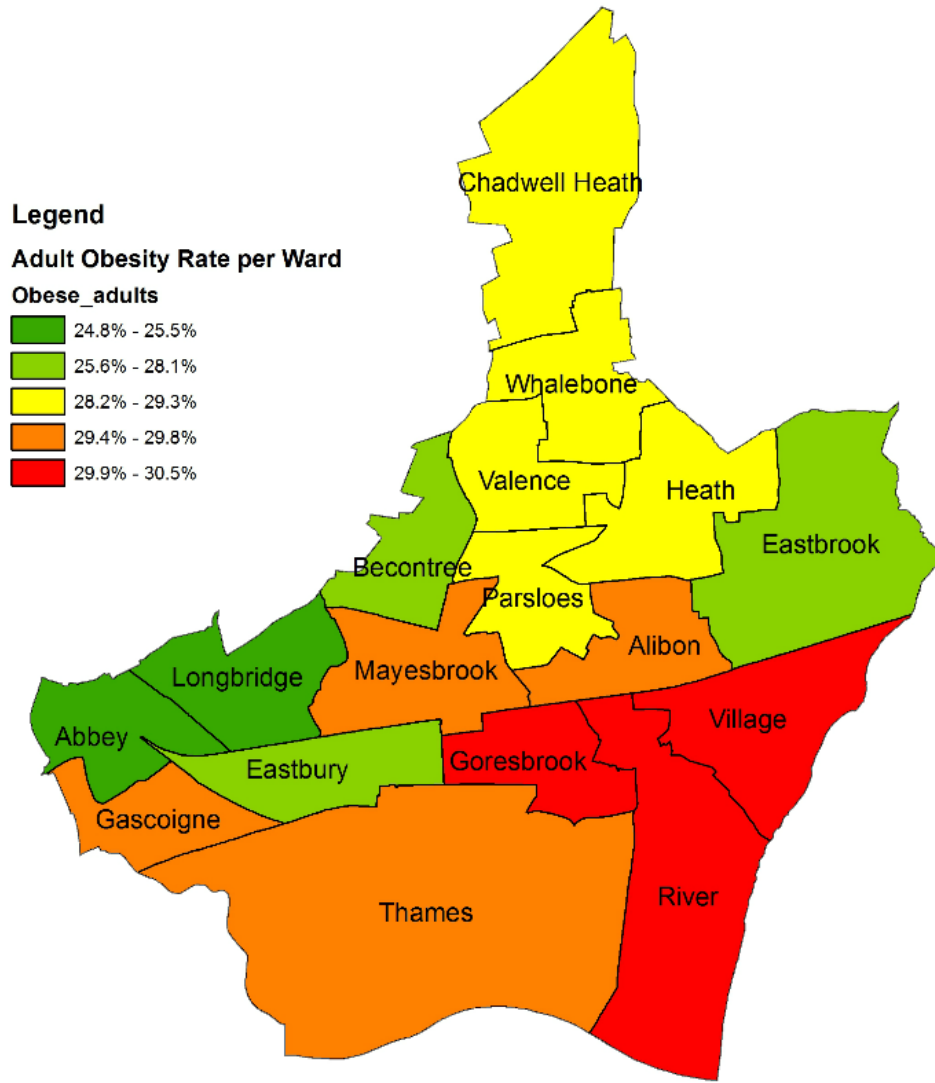
Year 6 Excess Weight

Sheet1\$.Y6perExcess

- 37.8% - 38.8%
- 38.9% - 40.3%
- 40.4% - 42.3%
- 42.4% - 43.1%
- 43.2% - 46.7%



Adult Obesity Rate per ward



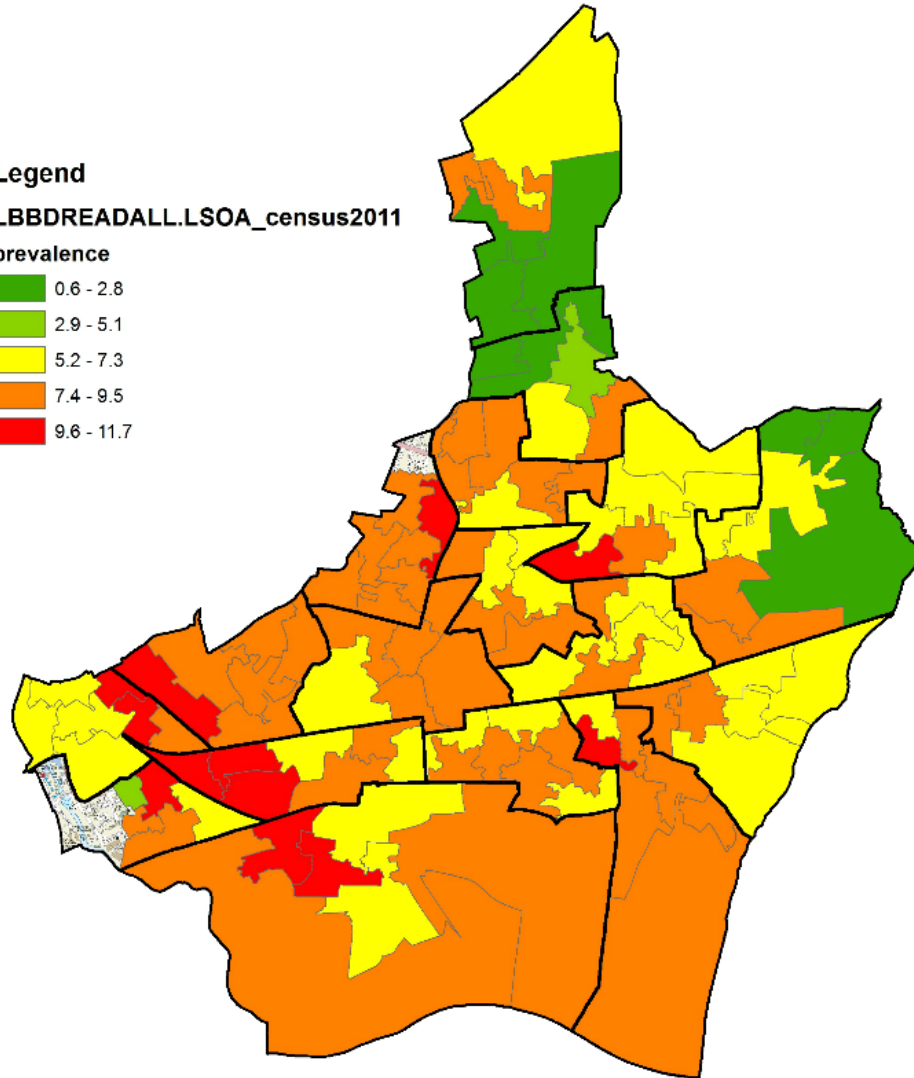
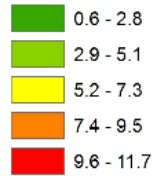
Source: Local Health, www.localhealth.org.uk

Diabetes (all types) prevalence, 17+ years, percentage, May 2015

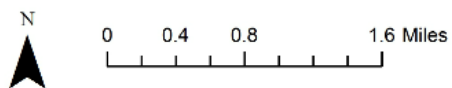
Legend

LBBDREADALL.LSOA_census2011

prevalence



Source: Health Analytics



Investment strategy

To make the biggest impact on mortality we need to think about how we use our resources individually and collectively.

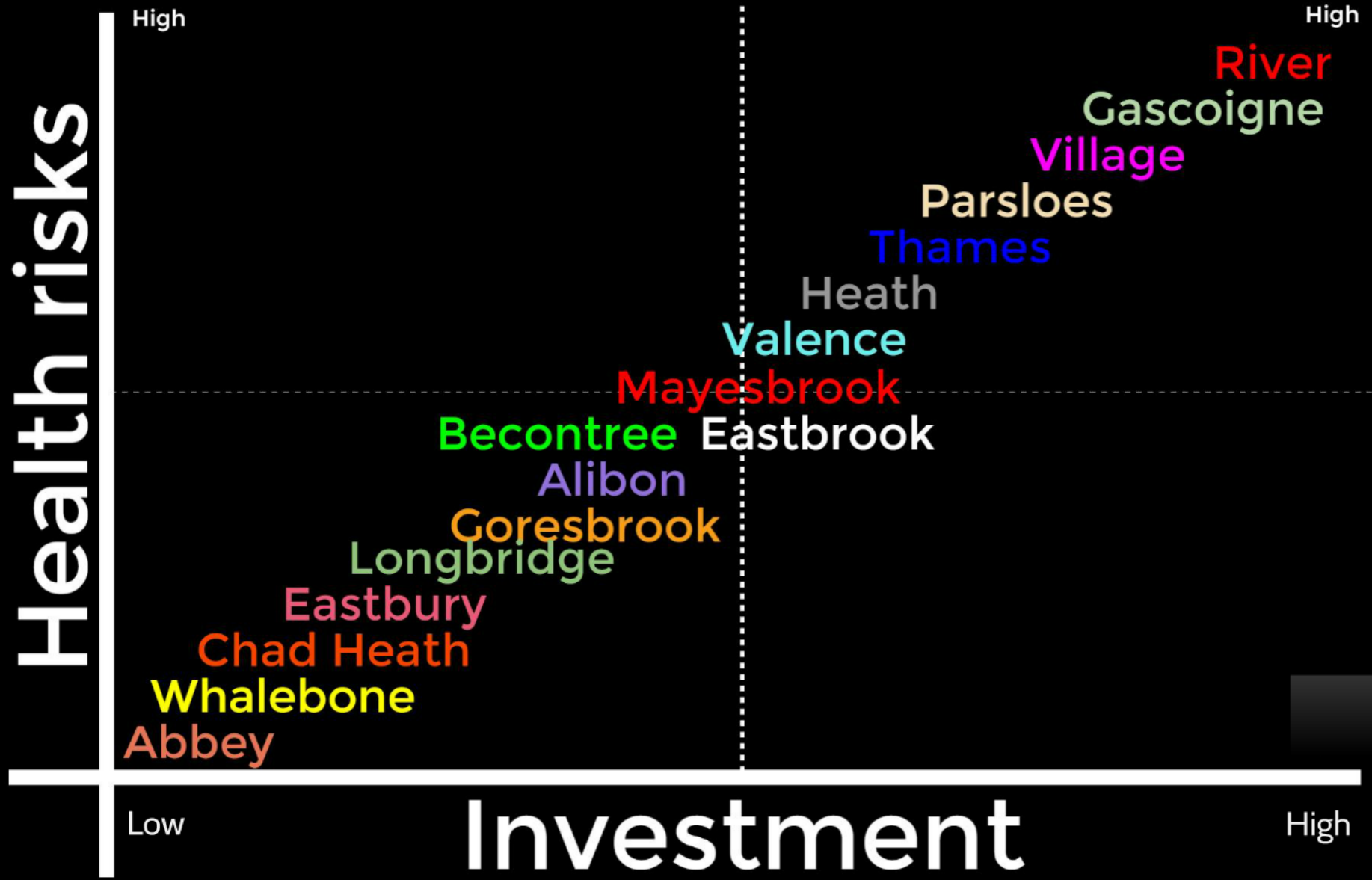
Currently we spend equally across ages and health conditions. Going forward we should spend proportionately according to health risk factors.

Furthermore we should invest in our unhealthiest wards, this means disinvesting in others!



By using average healthy life expectancy, health risk factors and the heat maps we can determine where we need to invest.

Here's a first stab at what that might look like...



Discussion

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