

# 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

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# 61.1 healthy life expectancy 77.7 life expectancy

London life expectancy average is 80.0

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# 55.5 healthy life expectancy 82.4 life expectancy

London life expectancy average is 84.1

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# Ranked #22 on index of deprivation

In top 7% most deprived boroughs in England

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# 9,700 unemployed

10.5% of residents (UK average = 5.7 %)

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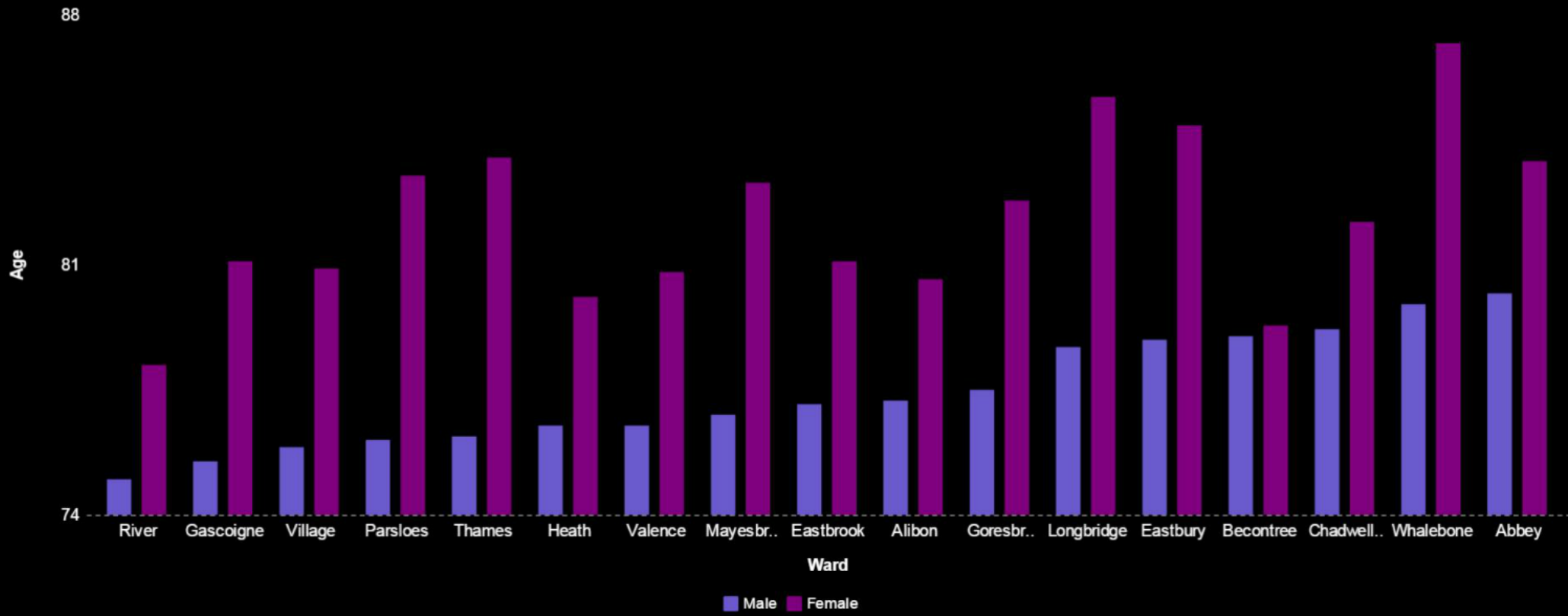
# 97,923 BME residents

49.4% of total population

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# Life expectancy by ward



# Health risks

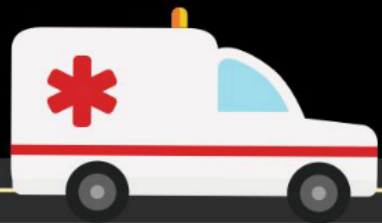




Risk factors contributing to the burden of ill health

# Hospital admissions

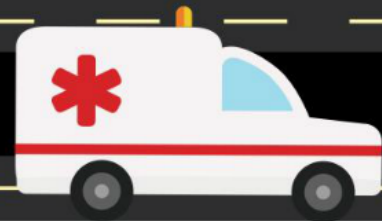




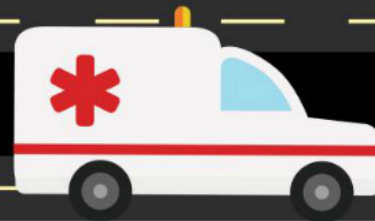
Smoking: 3,911  
unplanned admissions



COPD: 1,068  
unplanned admissions



Diabetes: 1,969  
unplanned admissions

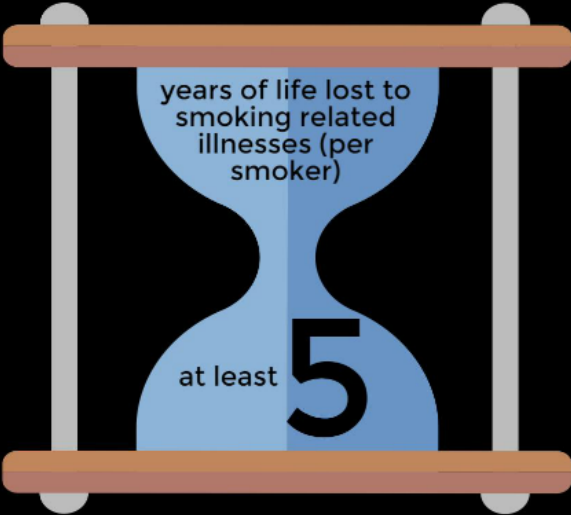


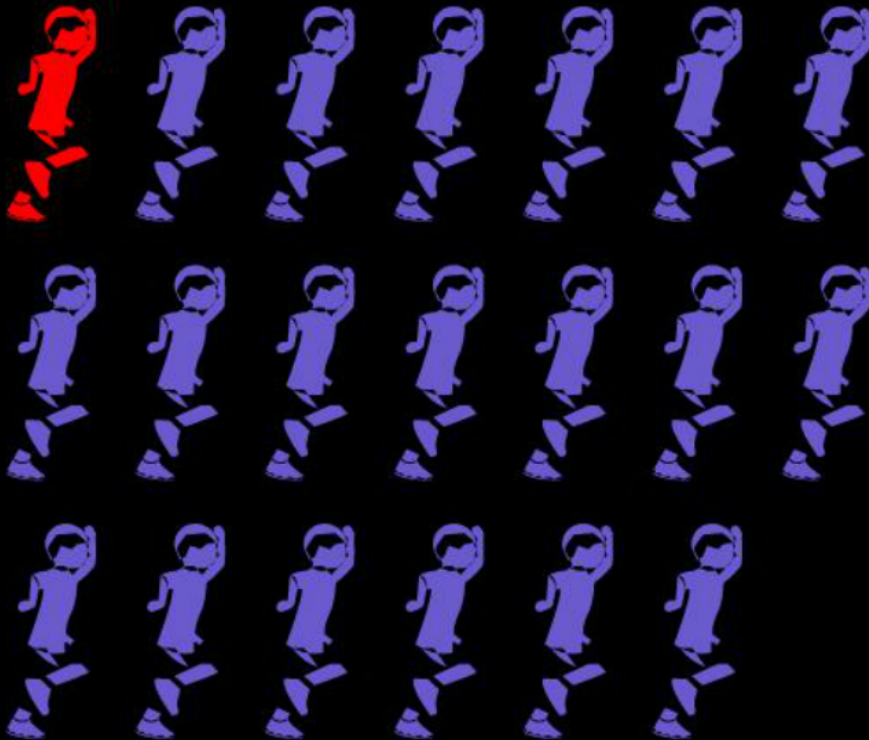
Hypertension: 3,722  
unplanned admissions

# Smoking

## Smoking prevalence comparison



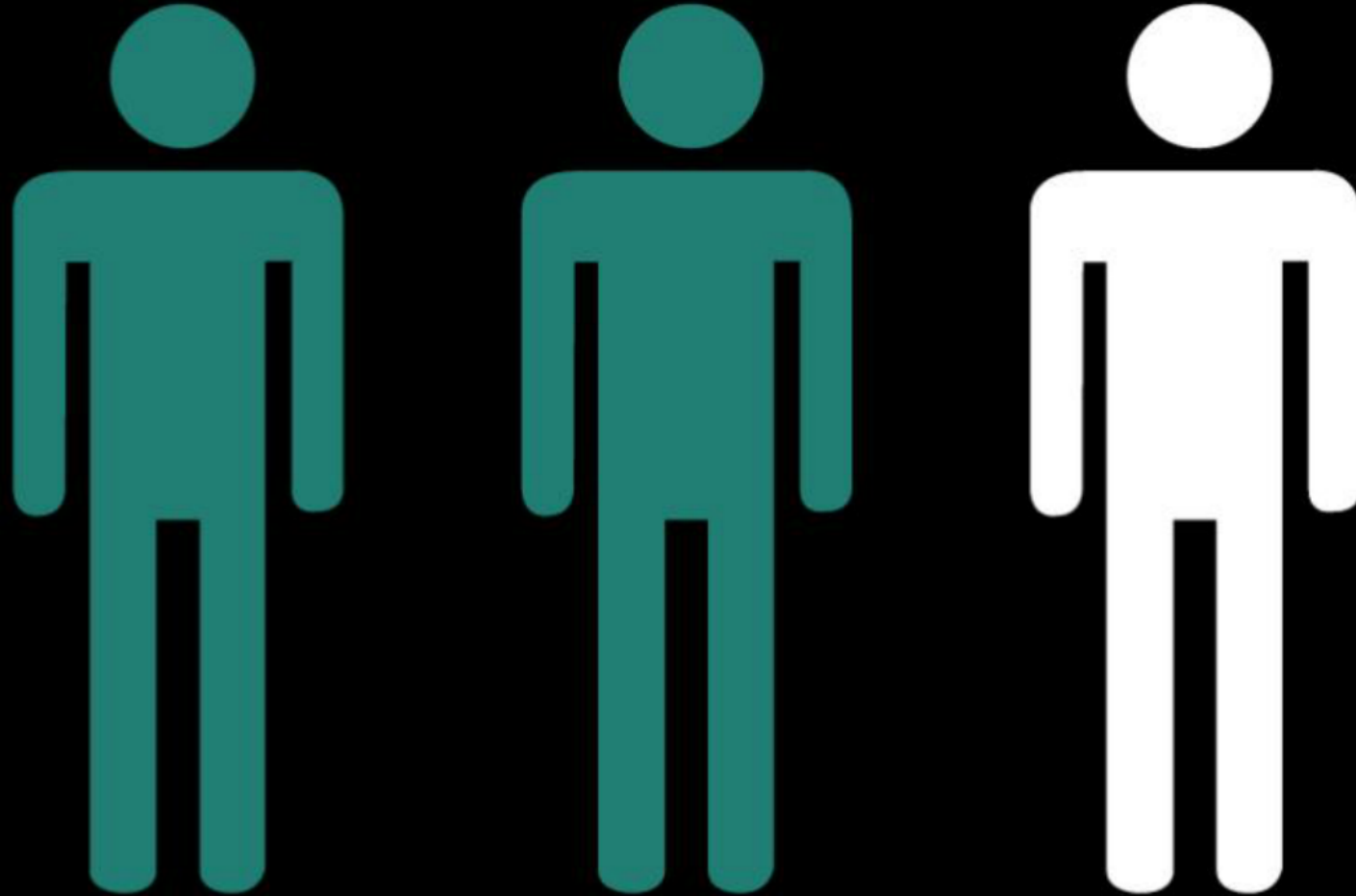




# 1 in 20

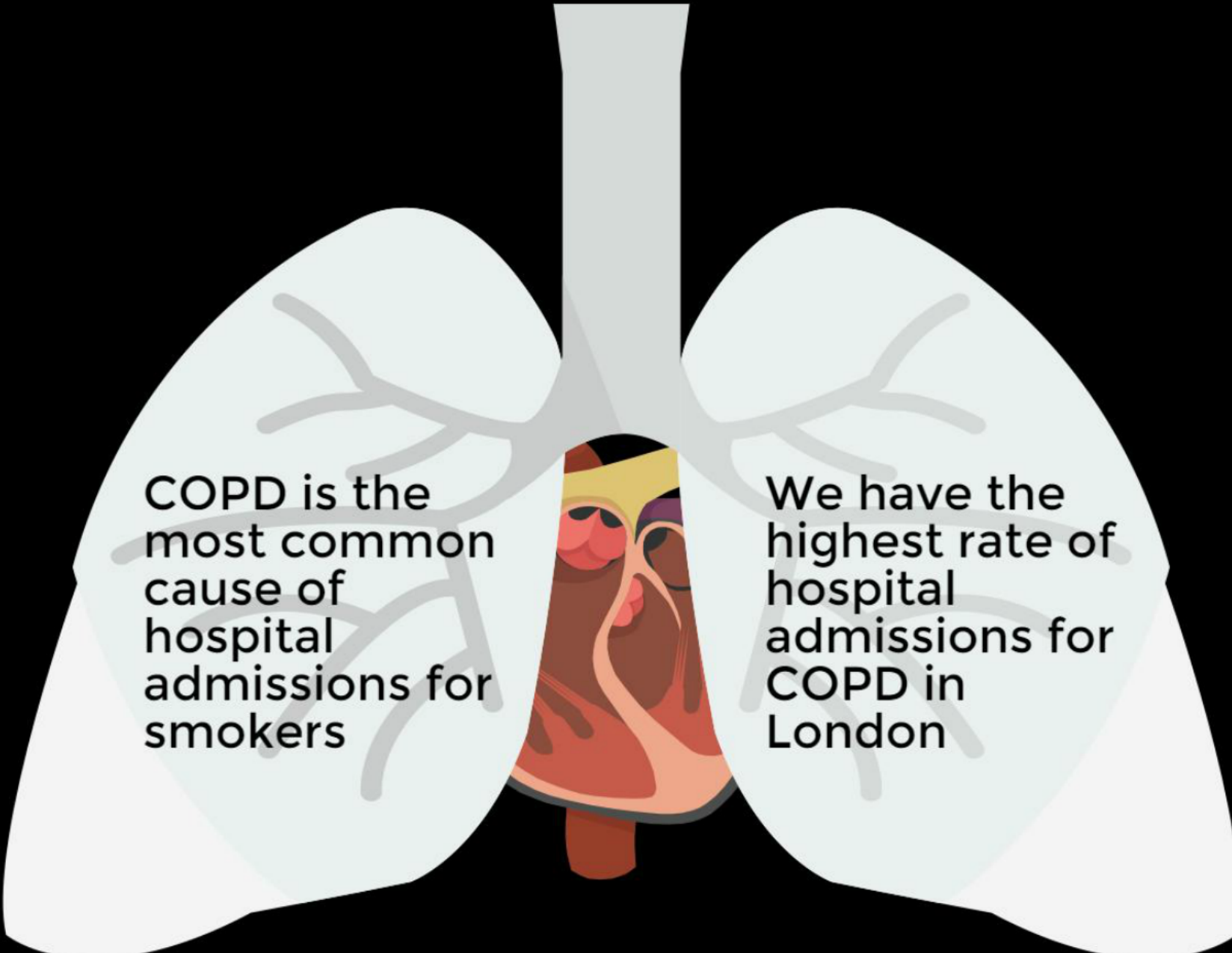
11-15 year olds  
regularly  
smoke

(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, while the heart and major vessels are shown in more realistic colors. The text is overlaid on the lungs.

COPD is the most common cause of hospital admissions for smokers

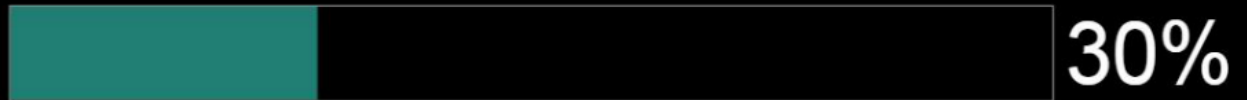
We have the highest rate of hospital admissions for COPD in London



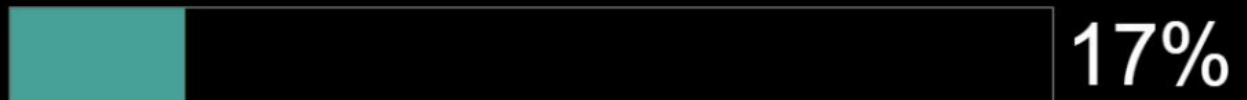
# Mortality from COPD

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

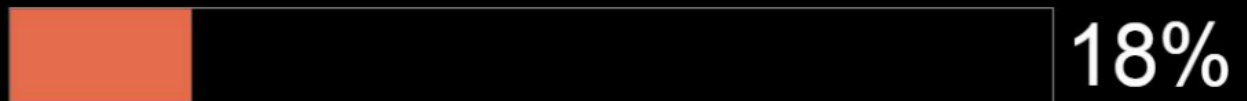
Barking and Dagenham



London



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



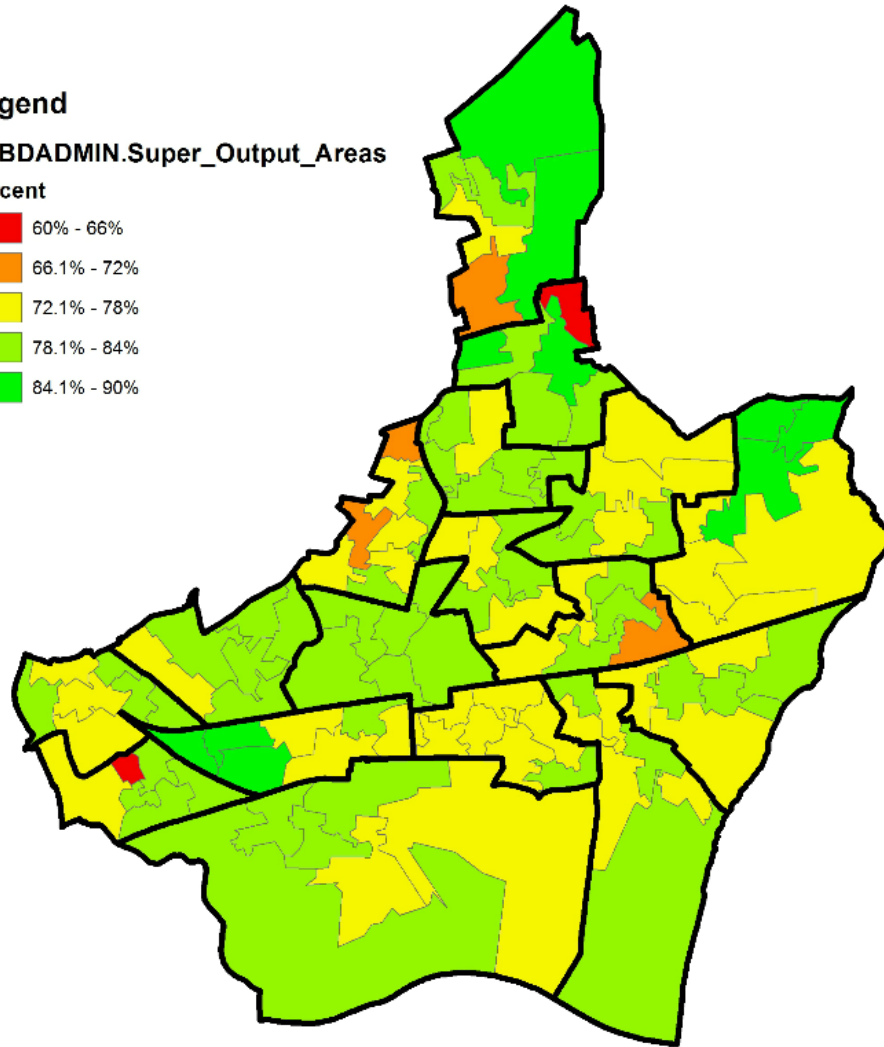
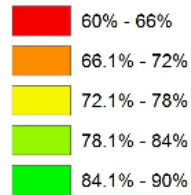
Hypertension  
is a time-bomb  
for our health  
economy

# Patients with hypertension with controlled blood pressure, August 2015

## Legend

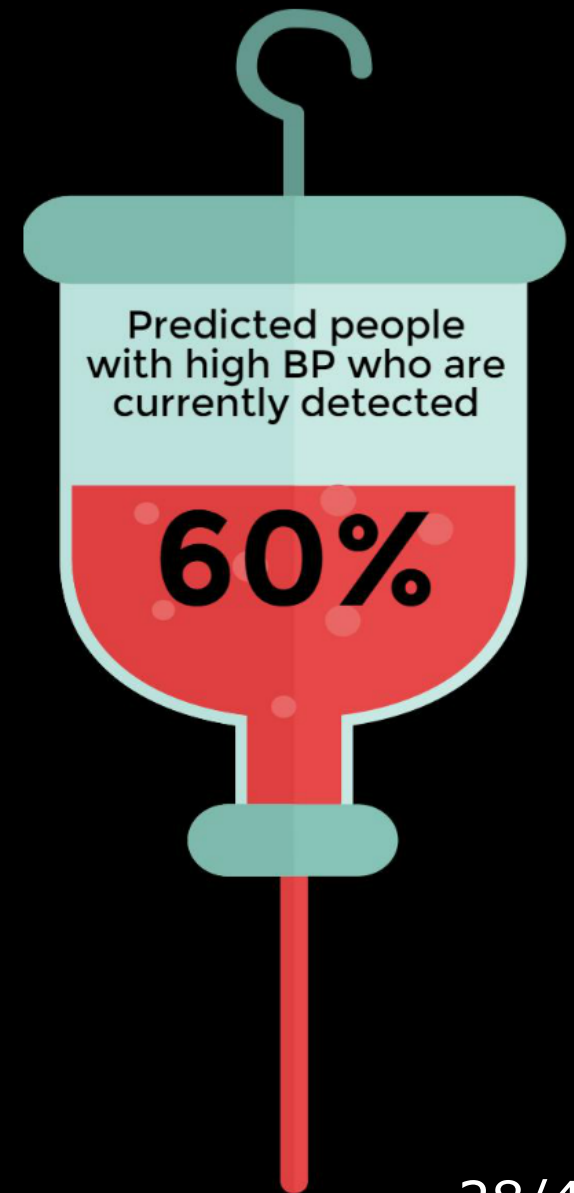
LBDADMIN.Super\_Output\_Areas

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%)



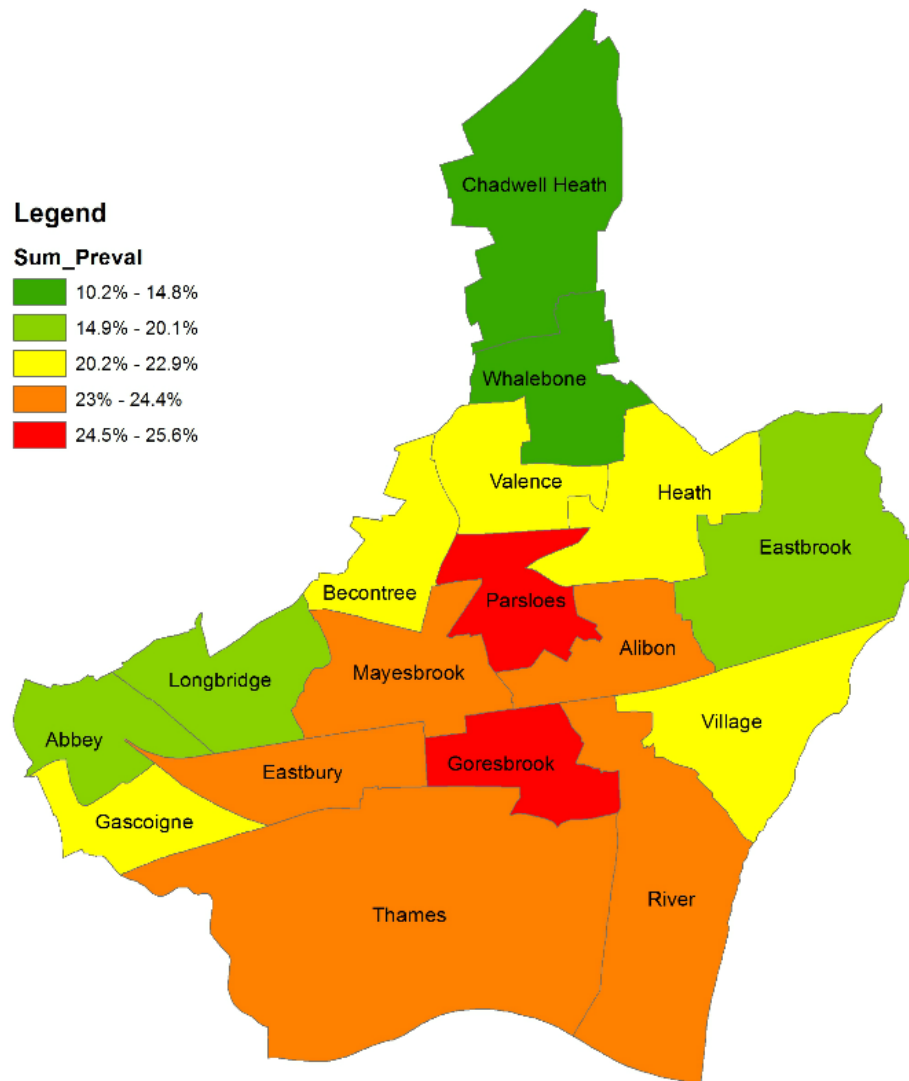


Nationally this is 0.6 in 10 people

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

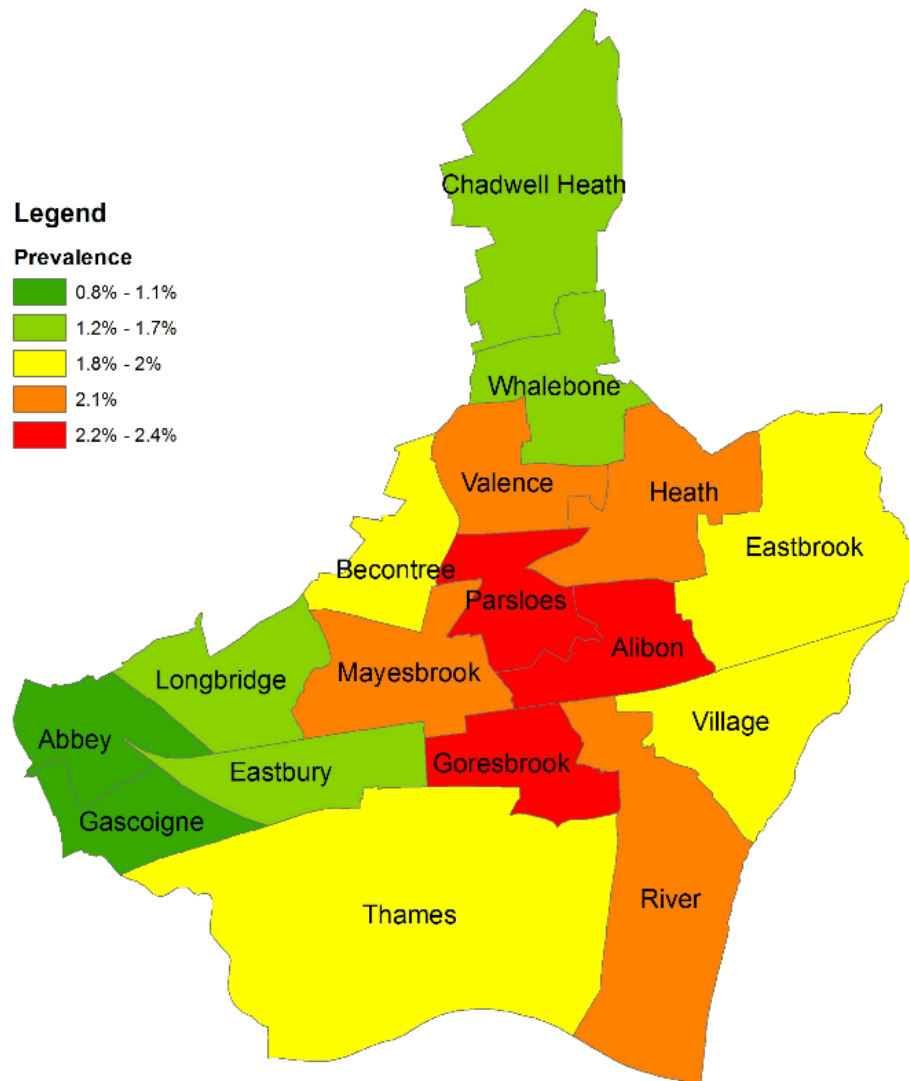
# Targeted approach

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



0 0.4 0.8 1.6 Miles

# 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

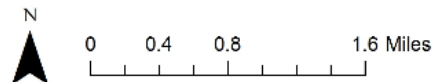
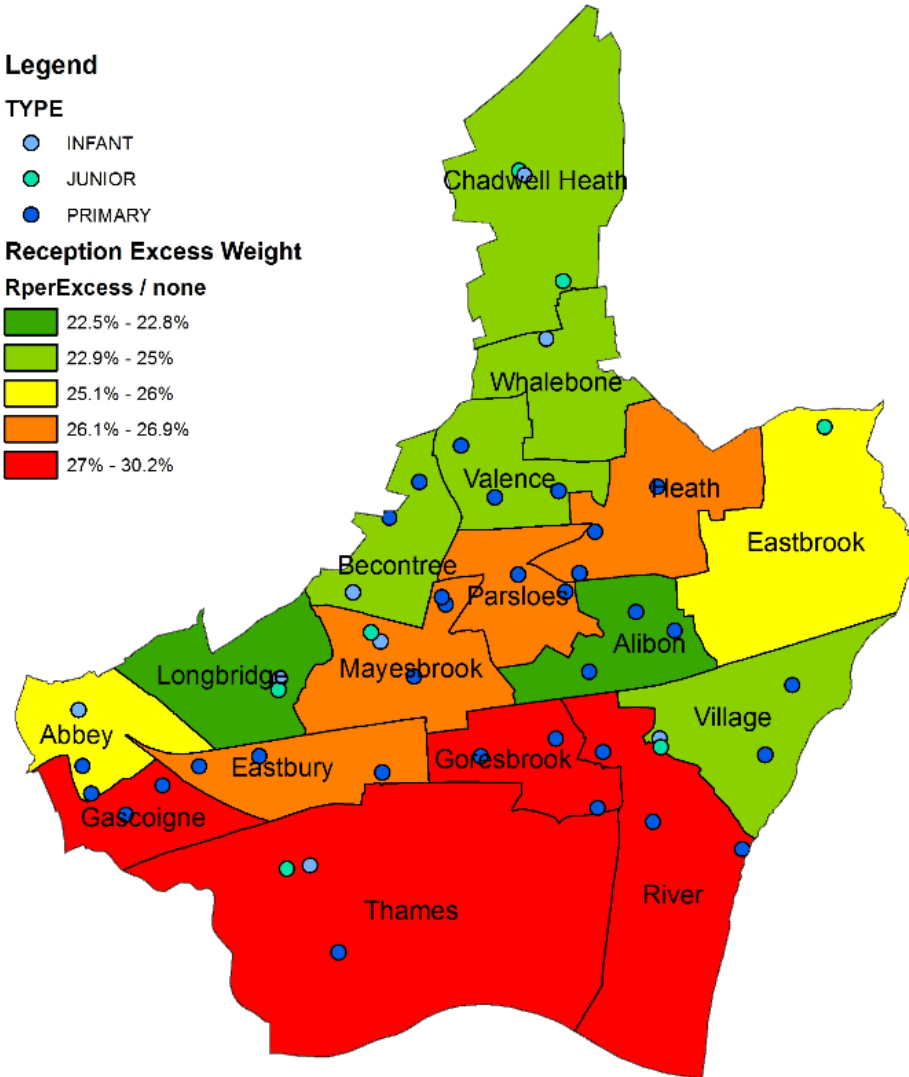
### TYPE

- 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

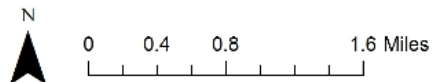
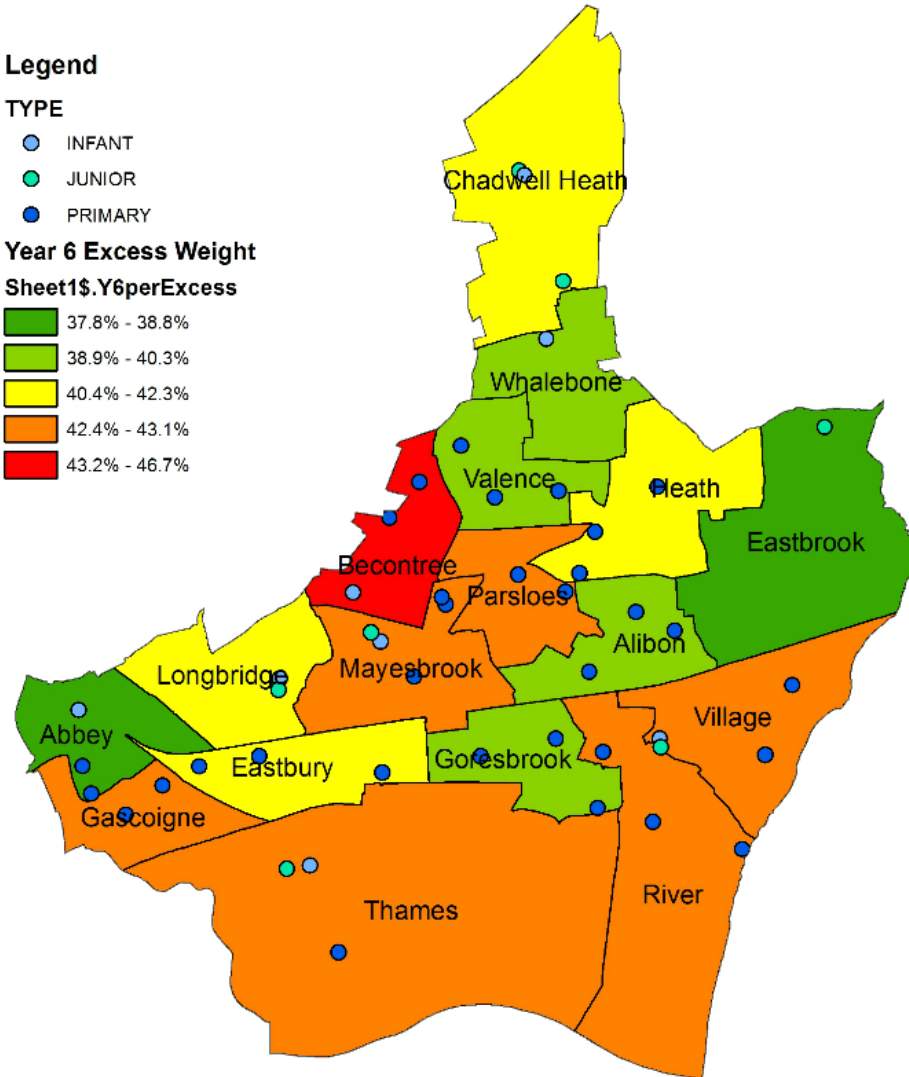
### TYPE

- INFANT
- JUNIOR
- PRIMARY

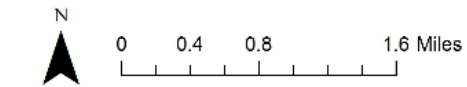
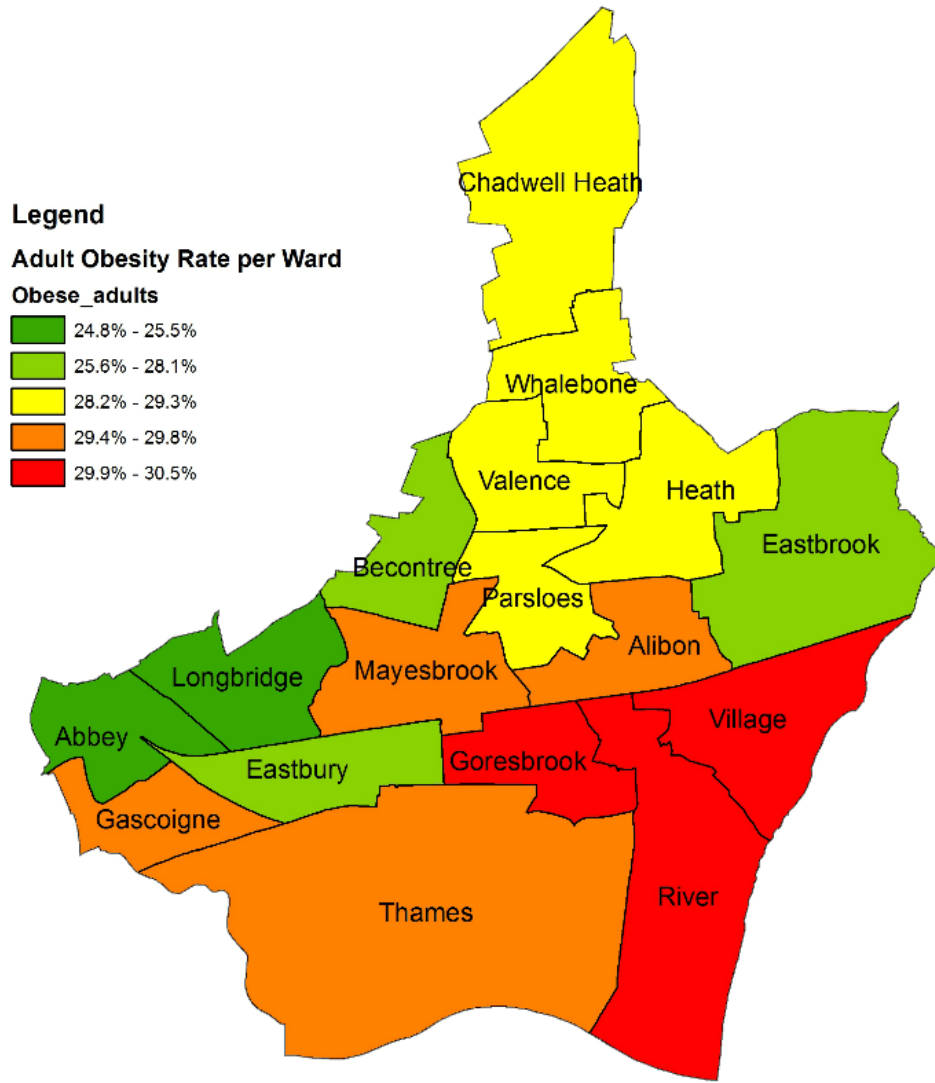
### Year 6 Excess Weight

#### 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



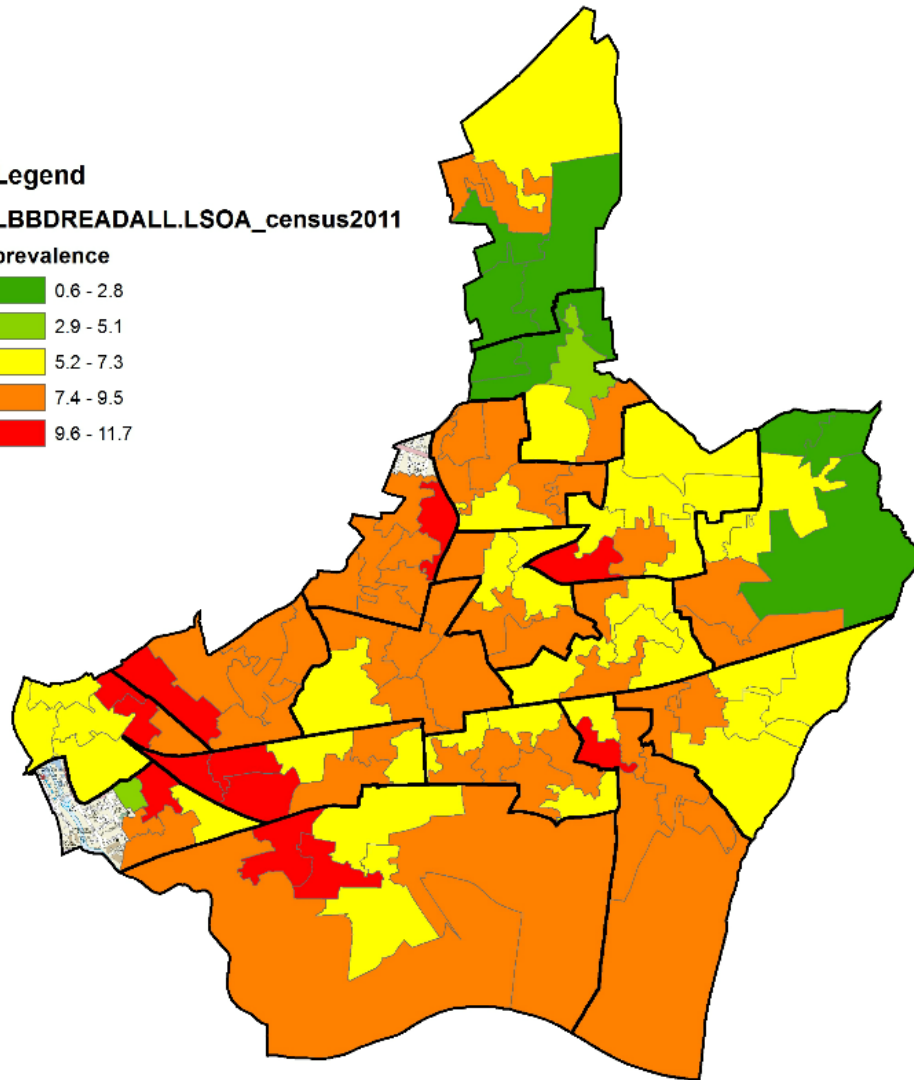
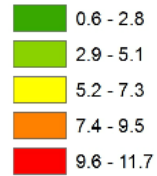
Source: Local Health, [www.localhealth.org.uk](http://www.localhealth.org.uk)

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

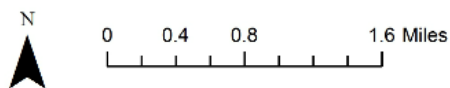
## Legend

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.

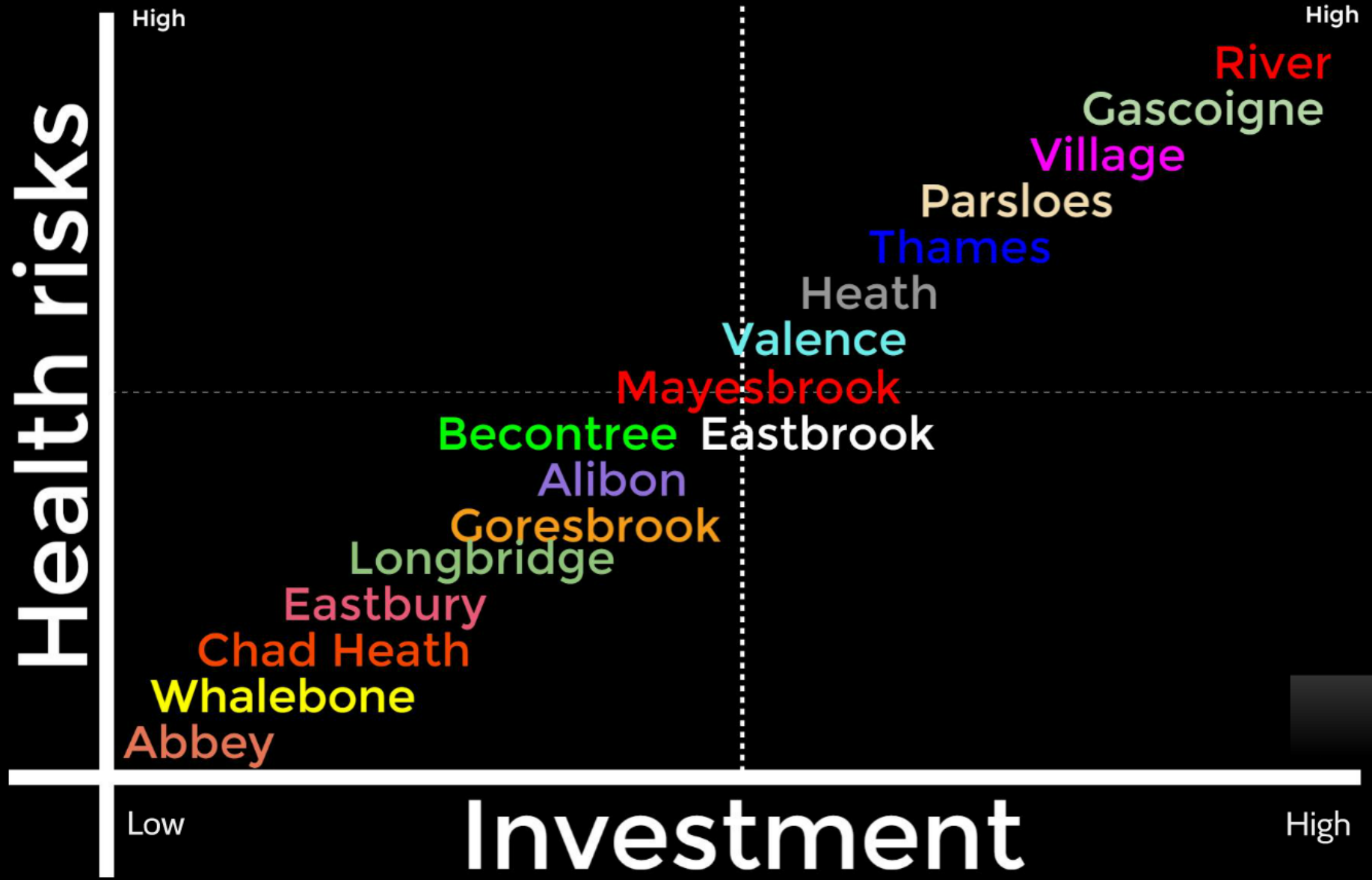
Currently we spend equally across ages and health conditions. Going forward we should spend proportionately according to health risk factors.

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