

INTEGRATED CARE PARTNERSHIP FOR HAVERING

CENTRAL Locality profile

2017

Demographic,
Socio-economic and
Health and Social care
Overview

Key Facts and Figures

*By London Borough of Havering
Public Health Service*

Version 1.0 (March, 2017)



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DOCUMENT VERSION CONTROL

Version	Description
1.0	❖ Published April 2017
	❖

EXECUTIVE SUMMARY

This document, part of the Joint Strategic Needs Assessment, is one of three Locality profiles (North, Central and South). The information at a Havering level will have been provided in documents already published on the Havering Data Intelligence Hub (<https://www.haveringdata.net/>), namely *This is Havering* and *JSNA Overview of Health and Social Care Needs*. The locality report provides information, where available, at a sub-Havering level, sometimes ward level data that has been aggregated appropriately to Locality level.

All three Localities have areas of deprivation that are in the English most deprived fifth of areas. Certain wards will already be known to be more deprived than other wards, but there will still be small pockets of deprivation across all wards and therefore all three Localities in Havering.

Medical care and treatment of serious diseases prolongs survival for all in our society, but more important for the population as a whole are the social and economic conditions that make people ill¹. Almost all aspects of the determinants of health follow levels of material and social disadvantage (i.e. deprivation).

The key information from the analyses at Locality level are listed in the Executive summary which follows.

Geographical Profile

- The Central Locality contains 6 electoral wards.
- It is mainly characterised by suburban development, and relatively small area of open green space and Green Belt (when compared with the other two localities).
- Central Locality has pockets of affluent areas around Squirrels Heath and Emerson Park wards; but also some more deprived areas around Romford Town and Brooklands.

Population Profile

- The estimated population of the Central Locality is 87,340.
- Central Locality has a much older age structure for the population of the locality compared with London but similar compared with Havering and England.
- the population of Central Locality is expected to increase from 79,733 in 2012 to 88,943 by 2032 (11.6% increase).
- As well as increases in the number of births in Central Locality, there has been an increase in the general fertility rate (GFR)² from 59 (per 1,000 women aged 15-44) in 2004 to 66 in 2015. This equates to an additional 7 births per 1,000 women aged 15-44 within the period.

¹ *Social determinants of health: the solid facts. 2nd edition (2003). Edited by R Wilkinson and M Marmot. WHO (Denmark).* http://www.euro.who.int/_data/assets/pdf_file/0005/98438/e81384.pdf?ua=1

² *General Fertility Rate (GFR) is defined as the number of live births in a geographic area in a year per 1,000 women of childbearing age (defined as age 15 to 44 years)*

- The life expectancy at birth for people living in Central Locality is 79.8 years (for males) and 84.3 years (for females) from birth.
- The life expectancy at age 65 years in Havering is 18.9 years for males and 22.7 years for females.
- Central Locality is quite ethnically homogenous similar to Havering with 86% of its residents recorded as White British, higher than both London and England.

Household Profile

- There are 37,613 households in Central Locality, according to the Council Tax List (as at 28th February 2017).
- Households are mainly composed of two or more adult households with or without dependent children.
- In 2011, there were 2,495 one-adult households with children under 16 in Central Locality. This is an increase from 2001 when there were 1,538 lone parent households. There has also been an increase in the number of one-adult households with no children.
- 77% of the population in Central Locality were home owners (those who own outright and those who bought with a mortgage). This is higher than London (50%) and England (65%) and the same as Havering (77%).
- 12% (4,143) of the population are of pensionable age and are living in one-person households. 30% of all one person households in Central Locality are occupied by persons of pensionable age.

Economic Profile

- 80.3% of residents within Central locality were employed as at the 2011 Census and this was higher than Havering (78.6%), London (76%) and England (77%).
- 1.8% of economically active residents within Central locality were seeking job seekers allowance as at the 2011 Census and this was lower than Havering (1.9%), London (2.2%) and England (1.9%).
- The average gross household income in Central Locality (£46,905), as measured in 2012/13, is low in comparison to the London average of £51,770, slightly higher than the Havering average (£44,430) but slightly higher than England (39,557).
- Majority of children in Havering are not poor, but around 8,800 live in income-deprived households. Brooklands, Romford Town and Saint Andrew's wards have the highest proportion of children living in poverty within the Central locality.

What will happen to the population of Havering?

- GLA projections indicate the population of Central Locality is projected to increase from 88,744 in 2017 to 103,431 in 2032 (16.5% increase)
- The population aged 25-64 will remain the largest age group up to 2032 but from 2017 to 2032, the largest increases will be seen in the elderly (85+ year olds: 66% and 65 - 84 year olds: 29%); also younger people, 11 – 17 year olds: 31%.

What are the risk factors affecting ill health in Central Locality?

- In 2012/13-2014/15, a fifth of Central Locality children (21.2%) in Reception Year were either overweight or obese. This figure increased to a third (33.3%) of children in Year 6 - this is similar to the England average.
- Regarding adults, around one in two (53%) persons aged over 18 years registered with a General Practice (GP) in Central Locality is either overweight or obese.
- Estimates show that one in three adults (36.2%) in Havering are inactive compared with London (37.8%) and England (36.1%). The general trend in participation in sports lags behind that of Bexley (Havering comparator) and London but in the last couple of years has performed better than England. The level of Physical activity is generally expected to be lower in more deprived areas around the locality.
- Smoking in pregnancy, although on the decline, is among the highest in Havering (7.7%) compared with other London boroughs (significantly higher in Havering compared with 5.0% in London but significantly better than England, 10.6%) for 2015/16; Smoking during pregnancy is expected to be a greater issue among the more deprived areas within the Locality.
- The majority of drinkers (73%) in Havering do not drink above the recommended limits. Although Havering had significantly lower alcohol related admissions to hospital (430 per 100,000 hospital admissions for alcohol-related conditions in comparison to London and England in 2014/15 , alcohol is implicated in 4% of ambulance call outs; 16% of road fatalities and over 70% of cases of domestic violence. Alcohol related issues are generally expected to be more pronounced in more deprived areas within the Locality.

What is the current status of health in Havering?

Mortality

- The top 5 (underlying) causes of death in Central Locality (from 2012 to 2016) are: cancers, circulatory diseases, respiratory diseases, dementia & Parkinson's disease, and diseases of digestive system.
- Unspecified dementia comprises the biggest single underlying cause of death in Central Locality. Lung cancers comprise the largest proportion of deaths from Cancer.
- In Central Locality, about 200 deaths (28%) each year³ occur prematurely (deaths that occur before a person reaches the age of 75 years). Cancer, heart disease and stroke are the main causes of premature deaths.

Long Term Conditions

- There is an increasing number of Havering residents living with long term conditions (LTCs) – this has a significant impact on daily lives including the use of urgent and emergency health and social care services.

³ Based on the number of premature deaths over 5-year period (2012-2016) – 3,094 (Data source: ONS PCMD)

- Central Locality CCG patients with five or more LTCs are 3 times more likely to attend A&E, 13 times more likely to be admitted for an emergency, and the average number of inpatient bed days will be 22 times greater compared with patients with no LTC.
- The prevalence of depression ranges from 62.2 per 1,000 persons aged 17 and over in Emerson Park to 88.7 per 1,000 persons aged 17 and over in Romford Town (i.e. more generally more common with increasing deprivation).
- In Central Locality, the number of people living with diabetes is on the increase. The prevalence of diabetes is lowest in Romford Town (48.2 per 1,000 persons aged 17 and over) and highest in St Andrews (60.0 persons aged 17 and over).

Specific Groups

- Overweight and obesity is an issue for children in Havering, particularly in more deprived areas. They are likely to develop Type 2 Diabetes requiring long term medical care.
- Havering has the lowest number of children going into care. Looked after children generally have greater mental and physical health care needs.
- Older people are at increased risk of living with multiple long-term conditions; dementia; and experiencing falls.
- Working age adults comprise the largest age group in Havering and are more likely to experience serious mental health issues such as depression, schizophrenia and psychoses.
- Certain health problems are more common in BAME groups because of various reasons including diet and other lifestyle factors e.g. diabetes in South Asians; and sickle cell disease in black Africans.

How do local people use health and social care services?

Children Social Care

- The rate of children's social care activity appears to be noticeably lower than the Havering average across all three types of plans in the Central Locality.
- The children in need activity in Central Locality appears to generally follow a similar pattern to Havering across all age groups in males but slightly different in females; the highest proportion of activity is shown within the age group 10 – 14 among both males (30%) and ages 1 – 4 in females (30%).

Adult Social care

- Information and recent data are not immediately available at locality level (or smaller geographical level); this section will be updated if it becomes possible to do so.

Health Services

- The average number of patients registered with North Locality (Havering CCG) practice per GP (Full Time Equivalent, FTE) is 2,222, which is higher than Havering (2,079 patients

per GP-FTE), London average (6825 patients per GP-FTE) and the England average (5252 patients per GP-FTE)

- In 2015/16, there were 14,870 elective and 7,628 emergency hospital admissions (spells) for Havering CCG-registered patients⁴ within a Central Locality Practice. Only the top 5 causes of Elective Admissions and Emergency Admissions account for 68% and 67% respectively.
- People living in the more deprived parts of the borough are more likely to use A&E services than those from least deprived areas in Havering.

⁴ *Secondary Uses Services (SUS)*

1 BACKGROUND

This product forms part of the Joint Strategic Needs Assessment (JSNA). The JSNA is a systematic method for reviewing the issues facing a population, leading to agreed priorities and resource allocation that will improve health and wellbeing of the population and reduce inequalities within the population.

In addition, this resource is mainly to support the Integrated Care Partnership (ICP) agenda for Havering. The ICP is focused on working to tackle the significant challenges the health and wellbeing system faces and the struggles of the existing model of commissioning and providing prevention and care in meeting the current levels of demand as a result of various pressure points (such as population growth, rising levels of long term conditions, variable levels of deprivation, and a constrained financial situation). It builds on devolution opportunities and the development of a Strategic Outline Case for Barking & Dagenham, Havering and Redbridge (BHR) boroughs, which recommends a strengthening of partnership governance arrangements, strategic commissioning and a locality delivery model of care.

There is evidence that a good way to meet the needs of our people is through development of a new locality delivery model. The locality delivery model integrates health and wellbeing services for the local population (based on place-based care) and presents the opportunity of a more intelligent way of delivering health and social care that is built around a defined population rather than around institutions, with a focus on delivering better outcomes. Each BHR borough is developing this locality model locally, under the guidance of the Integrated Care Partnership (ICP).

In Havering, three localities have been agreed and are being developed. This document, therefore, aims to give readers a high level understanding of the population of one of Havering's three localities – the Central Locality. It describes the Central Locality's key geographic, demographic and socio-economic facts and figures and provides an overview of health and social care needs (including the pattern of risk factors for ill health, the status of health and wellbeing and how people use local services) within the locality.

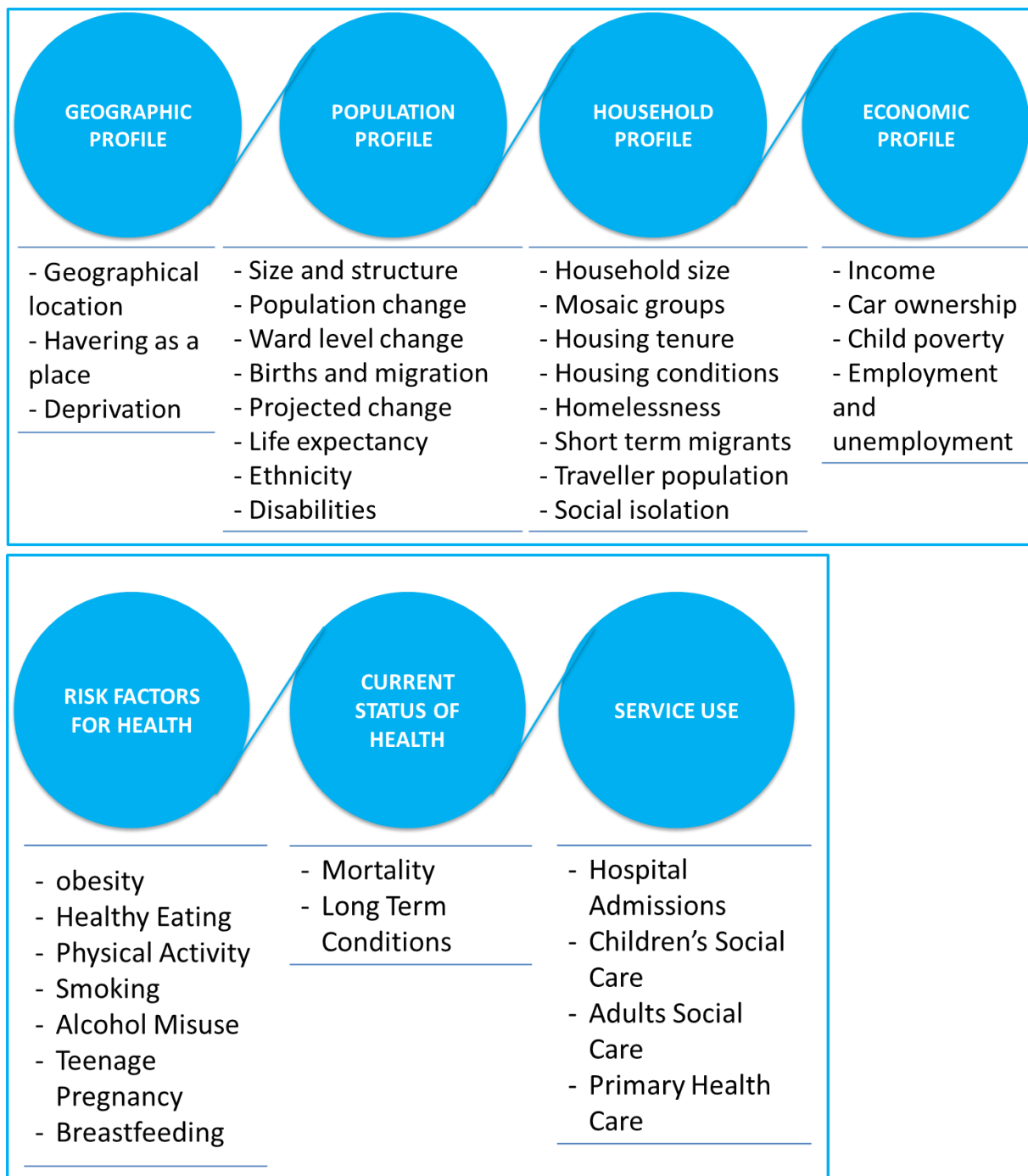
From this understanding (of population growth and dynamics, prevalence of risk factors for ill health across the locality, and the patterns of demand for health and social care services), all local stakeholders will understand the following changes that need to be made:

- Prevention needs to be prioritised in order to reduce The prevalence of risk factors in the population particularly in the more deprived parts of the locality.
- A reduction in risk factors will mean a reduction in the number of people who develop long term conditions; less people with multiple co-morbidities; reduced demand for more expensive and complex packages of care; and longer lives free of disability.
- Targeting high-risk population groups will ensure efficient use of limited resources and in the longer term reduce health inequalities.

This profile provides, in many cases, how the Central Locality values compare to national (England), regional (London) and borough (Havering) values. The choice of comparators for individual values or indicators is based on a number of factors including appropriateness and data availability.

A summary of what is covered in this document is presented in Figure 1.

Figure 1: Summary of contents



2 Geographical Profile

2.1 Geographical Location

The Central Locality (CL) comprises of six central wards in Havering: Brooklands, Emerson Valley, Hylands, Romford Town, St Andrews, and Squirrel's Heath (see Figure 2). The CL is mainly characterised by suburban development, and relatively small area of open green space and Green Belt (when compared with the other two localities) – see Figure 3.

Figure 2: Map of Havering with the Central Locality highlighted.

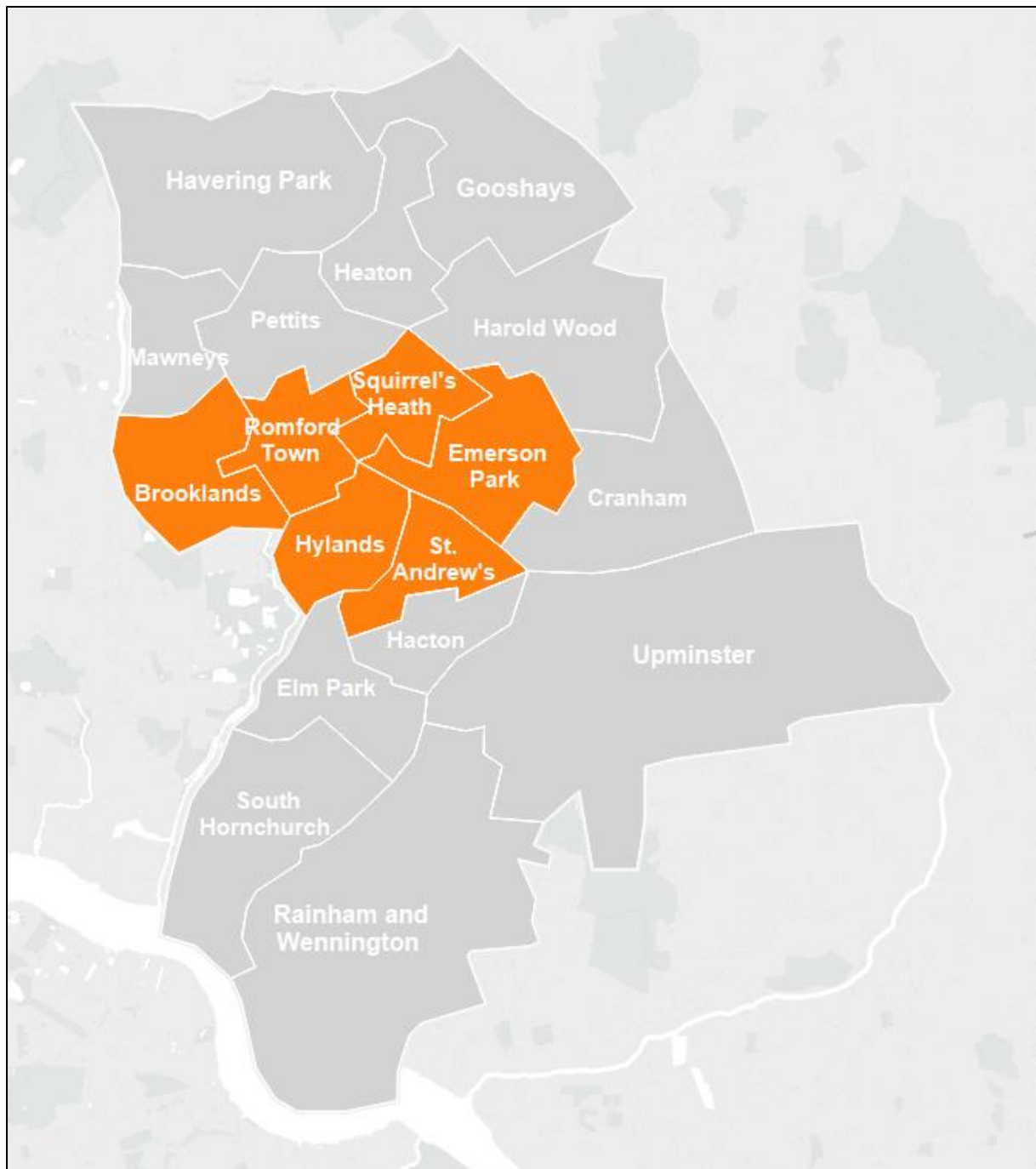
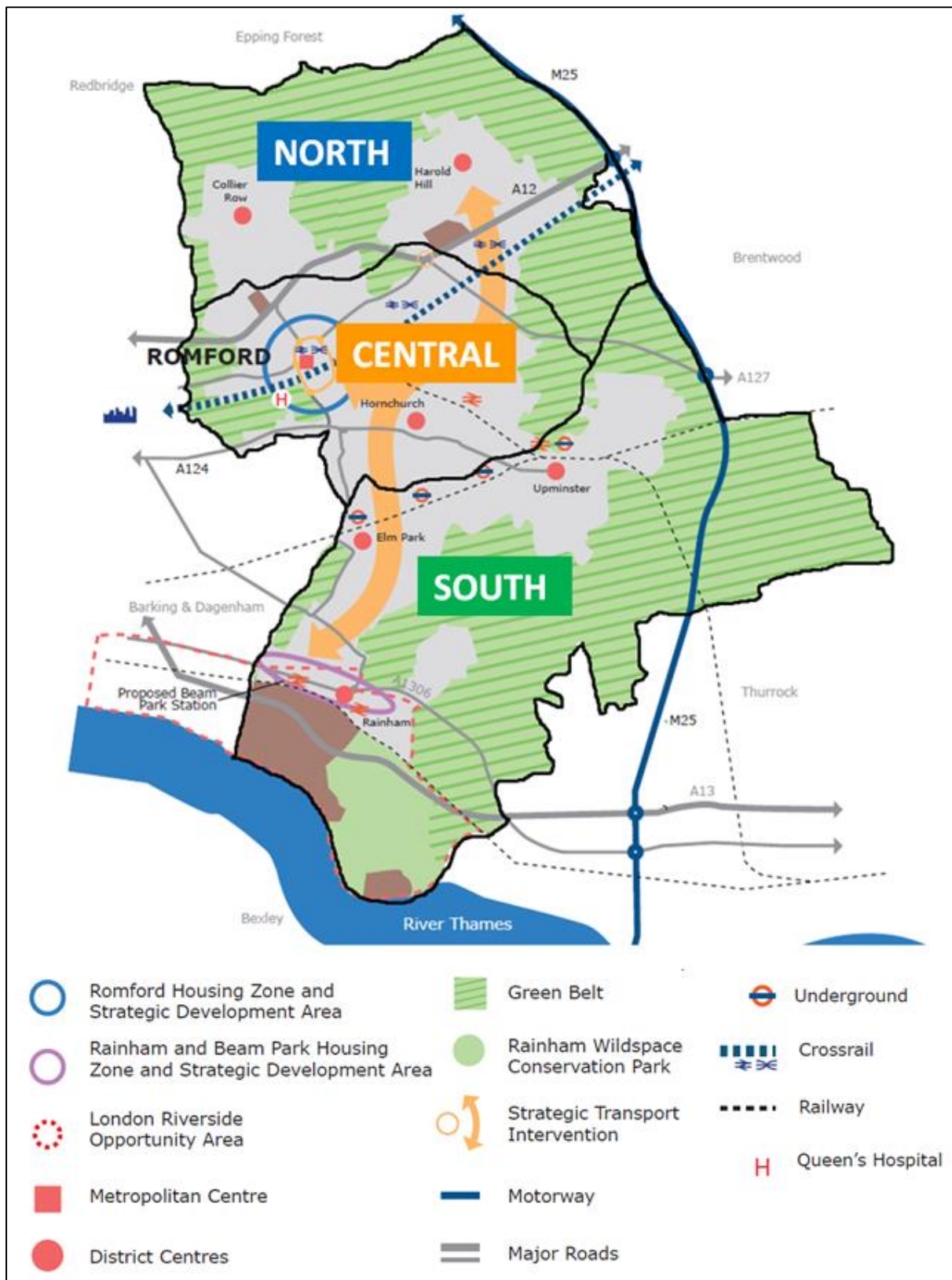


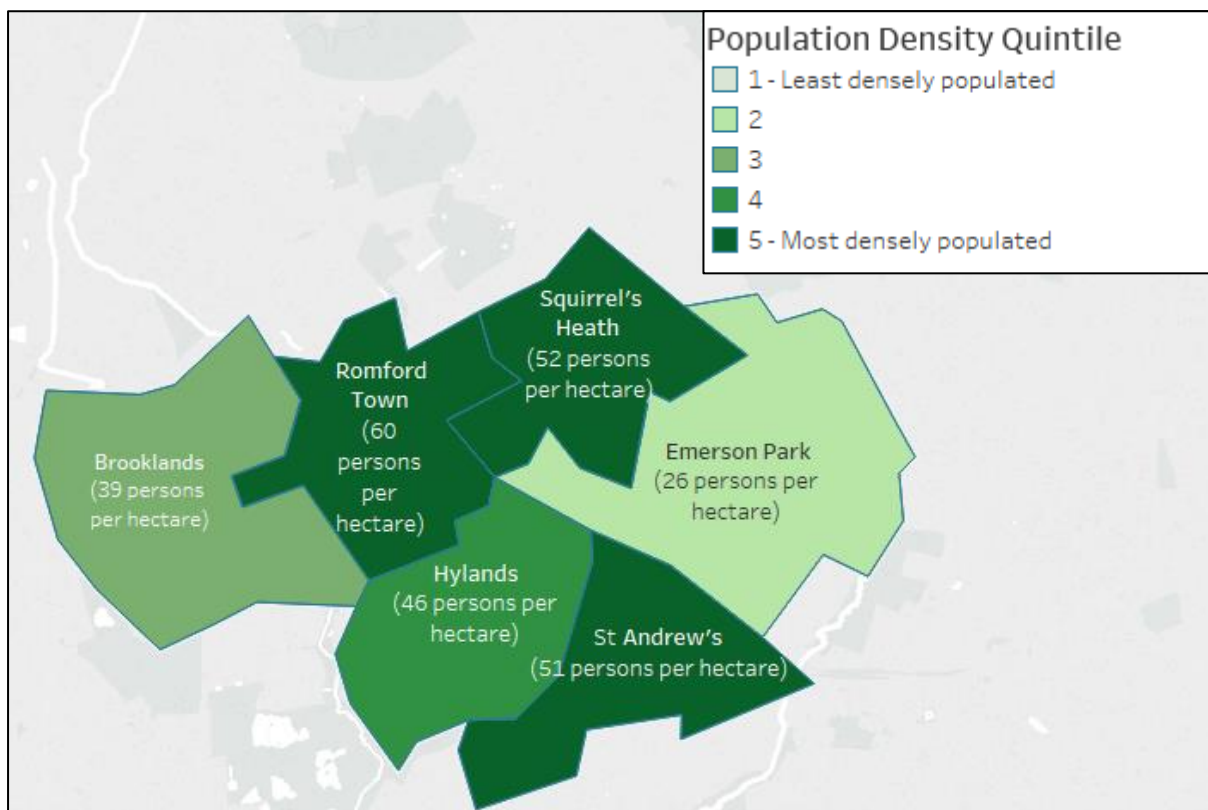
Figure 3: Green belt land, public parks and green spaces, Havering 2013



Data Source: Local Land and Property Gazetteer (LLPG)

The Central Locality is densely populated with half of all wards being in the most densely populated quintile in the borough. As expected, the principal town (Romford) is the most populated area within this Locality (and in the borough) at 60 persons per hectare (Figure 4).

Figure 4: Population Density, Persons per hectare mid-2014, Central Locality wards



Data Source: United Kingdom Standard Area of Measurements and Ward Mid-year population Estimates 2014; Office for National Statistics (ONS); Produced by Public Health Intelligence

2.2 Deprivation

People who live in the most deprived areas have the poorest health and well-being outcomes. On average people living in deprived areas, lower socio-economic groups and marginalised groups have poorer health and poorer access to health care than people resident in affluent areas and people from higher socio-economic groups.

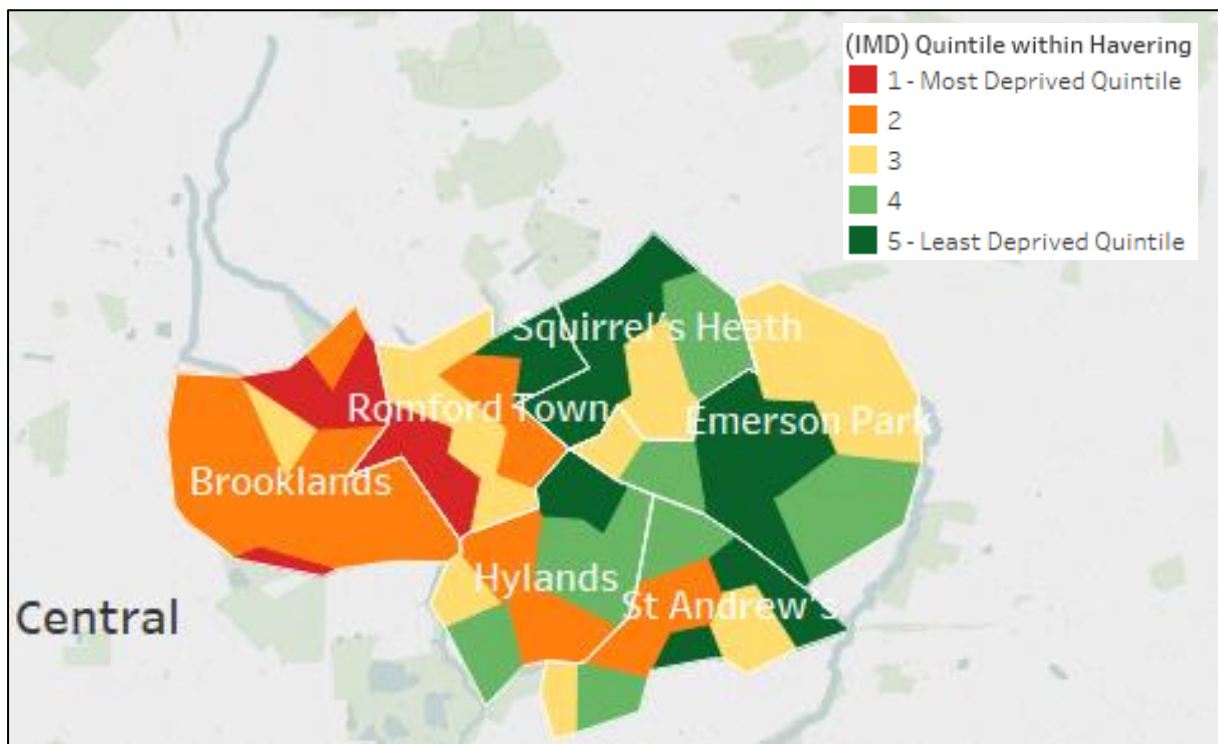
Havering is a relatively affluent borough (based on the Index of Multiple Deprivation 2015⁵),⁶ there are pockets of deprivation in the borough. This pattern is reflected in the Central Locality, where there is a mix of both deprived and affluent Lower Super Output Areas

⁵ In September 2015, the Department for Communities and Local Government (CLG) published the English Indices of Multiple Deprivation 2015 (IMD 2015). This includes county and district summary measures, and a series of separate domains and other measures at the level of Lower Super Output Area (LSOA).

⁶ Havering is ranked 166th overall out of 326 local authorities in England for deprivation – 1st being most deprived, 326th being least deprived)

(LSOAs)⁷. The few relatively deprived small areas in the Central Locality are mainly found in Brooklands and Romford Town (see Figure 5).

Figure 5: Index of Multiple Deprivation (IMD) 2015 quintiles, by Central Locality LSOAs



Data source: Index of Multiple Deprivation 2015; Department of Communities and Local Government (DCLG); Produced by Public Health Intelligence

⁷ LSOA - Lower Layer Super Output Areas are a geographic hierarchy used by Office for National Statistics (ONS) to improve the reporting of small area statistics. They are built from groups of contiguous Output Areas and have been automatically generated to be as consistent in population size as possible, and typically contain from four to six Output Areas. The minimum population is 1000 and the mean is 1500.

3 Population Profile

According to the ONS 2015 mid-year estimates population of the Central Locality is 87,340. These include people usually resident⁸ in Havering (including students at their term time address and long-term migrants⁹).

3.1 Havering's Age Profile

Table 1 shows the breakdown of mid 2015 estimated population by gender and five-year age bands and the population pyramid in Figure 6 compares the population figures for Central Locality with Havering, London and England by five-year age bands. It shows a much older age structure for the population of the locality compared with London but similar compared with Havering and England.

Table 1: Estimated population of residents in Havering Central Locality by gender and five-year age group

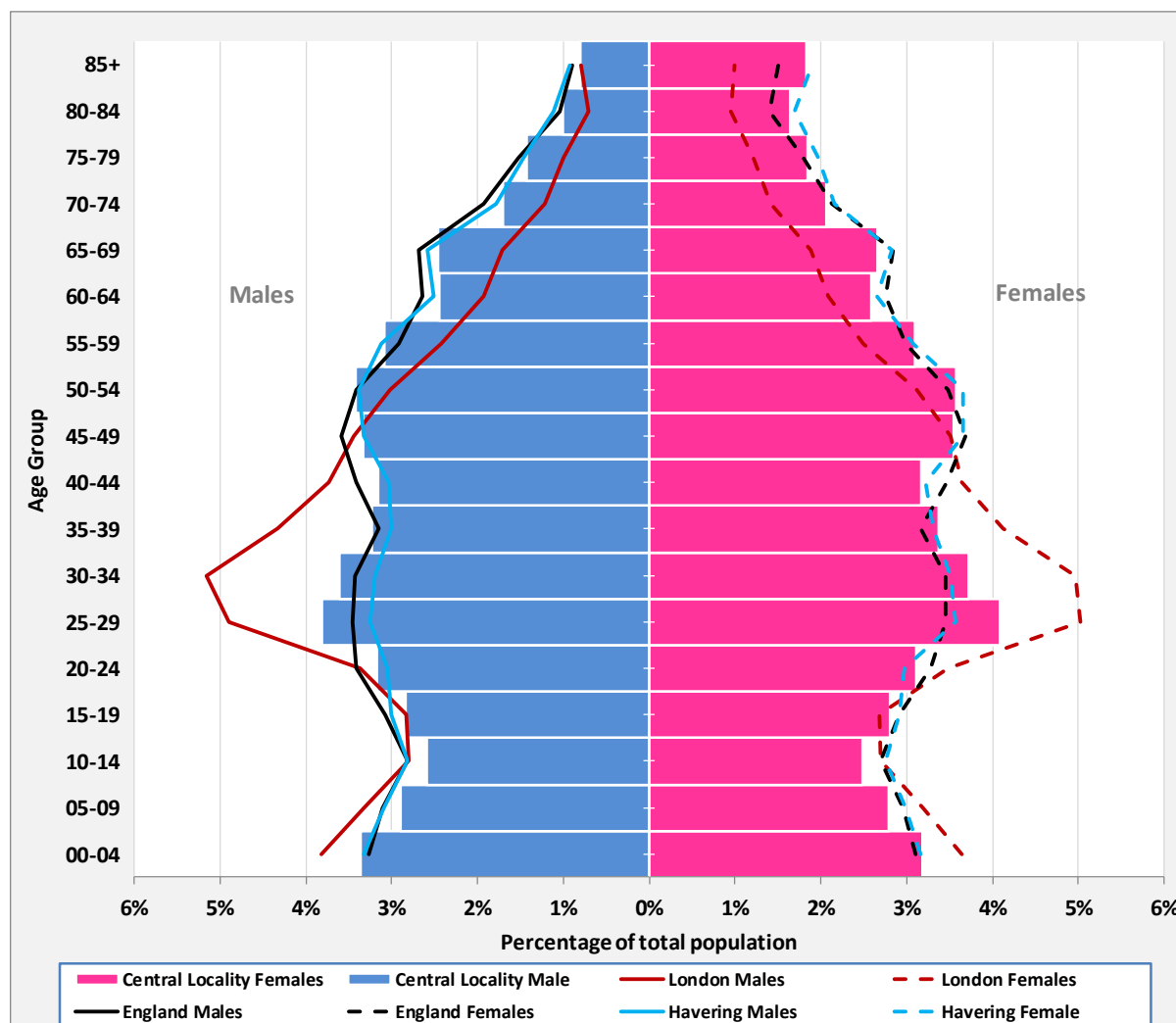
AGE BAND (YEARS)	MALE	FEMALE	PERSONS
00-04	2,935	2,781	5,716
05-09	2,534	2,442	4,976
10-14	2,269	2,175	4,444
15-19	2,484	2,446	4,930
20-24	2,775	2,724	5,499
25-29	3,338	3,574	6,912
30-34	3,148	3,257	6,405
35-39	2,828	2,950	5,778
40-44	2,754	2,768	5,522
45-49	2,917	3,098	6,015
50-54	2,987	3,119	6,106
55-59	2,696	2,703	5,399
60-64	2,133	2,263	4,396
65-69	2,146	2,324	4,470
70-74	1,494	1,807	3,301
75-79	1,250	1,607	2,857
80-84	879	1,431	2,310
85+	705	1,599	2,304
All Ages	42,272	45,068	87,340

Data source: Mid-year population estimates 2015; National Statistics; via Public Health Intelligence

⁸ anyone who is resident and had stayed or intends to stay for a period of 12 months or more, OR has a permanent address and is outside the UK and intends to be outside the UK for less than 12 months.

⁹ those coming to the United Kingdom (UK) for more than a year.

Figure 6: Central Locality, Havering, England and London Mid-2015 Population Pyramid



Data source: Mid-year population estimates 2015, Office for National Statistics (ONS); Produced by Public Health Intelligence

3.2 Ward Level Change

Population change by wards within Central Locality from 2014 to 2015 is presented in Table 2. Emerson Park and St Andrew’s saw a small decline in population whereas all other wards experienced an increase. Brooklands experienced the highest percentage increase in population at 4% (Table 2).

A Ward level breakdown of population projections within Central Locality reveals that Romford Town is projected to have the highest percentage increase in population from 2017 to 2032 at almost 37%; whereas Squirrels Heath Ward is projected to have minimal changes at a mere 1.3% projected increase in population (Table 3).

Table 2: Population change from 2014 to 2015, by Wards within Central Locality

	Mid-2014 Population	Mid-2015 Population	Change	%Change	Rank of % Change (1 is highest, 18 is lowest)
HAVERING	245,974	249,085	3,111	1.26%	-
Central Locality	86,280	87,340	1,060	1.23%	
Brooklands	16,262	16,916	654	4.02%	2
Romford Town	17,284	17,503	219	1.27%	7
Hylands	13,210	13,374	164	1.24%	8
Squirrel's Heath	13,626	13,784	158	1.16%	10
Emerson Park	12,136	12,081	-55	-0.45%	15
St Andrew's	13,762	13,682	-80	-0.58%	16

Data source: Ward-level Mid-year population estimates 2014 and Ward-level Mid-year population estimates 2015; Office of National Statistics (ONS); produced by Public Health Intelligence

Table 3: Projected population for 2017, 2022, 2027 and 2032 and projected percentage population change from 2017 to 2022, 2027 and 2032, by Central Locality wards

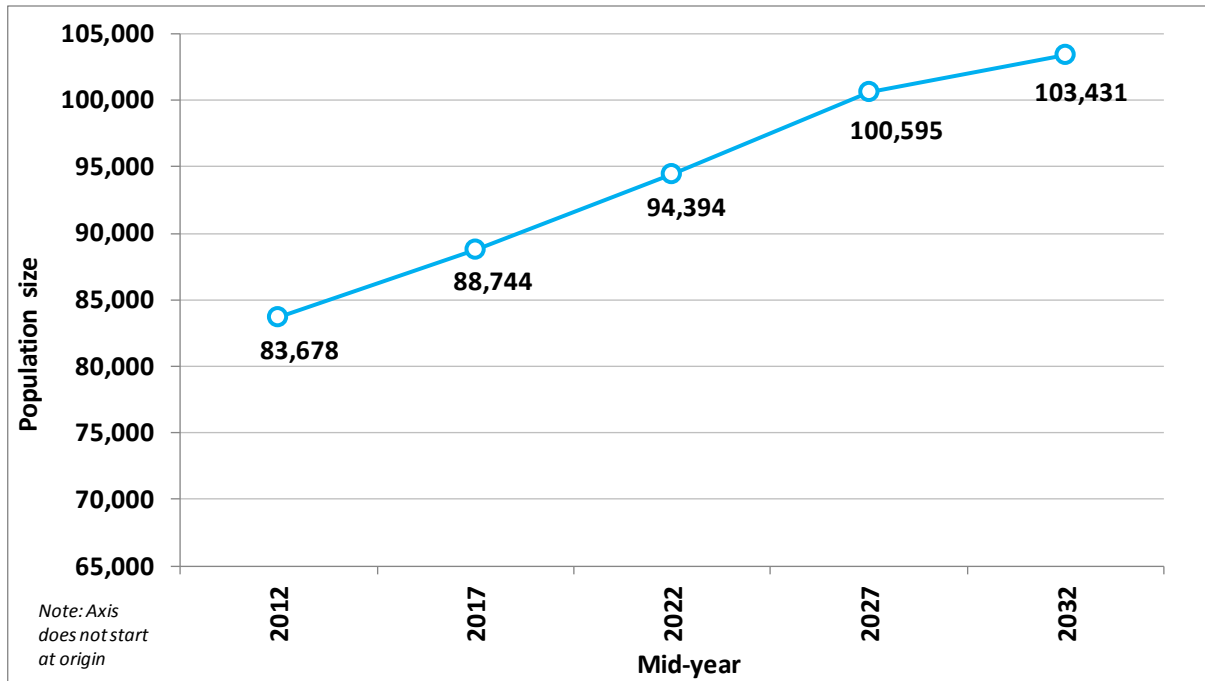
Ward	2017	2022		2027		2032	
	No.	No.	% change from 2017	No.	% change from 2017	No.	% change from 2017
HAVERING	255439	269035	5%	279642	9%	284578	11%
CENTRAL LOCALITY	88744	94394	6%	100595	13%	103431	17%
Brooklands	18,167	21,286	17.2%	23,828	31.2%	24,382	34.2%
Emerson Park	12,284	12,320	0.3%	12,462	1.4%	12,657	3.0%
Hylands	13,322	13,471	1.1%	13,636	2.4%	13,806	3.6%
Romford Town	17,514	19,612	12.0%	22,337	27.5%	23,940	36.7%
Squirrel's Heath	13,871	13,859	-0.1%	13,917	0.3%	14,053	1.3%
St Andrew's	13,586	13,846	1.9%	14,415	6.1%	14,593	7.4%

Data source: 2015 Round Strategic Housing Land Availability Assessment (SHLAA)-Based Projections; Greater London Authority (GLA); Produced by Public Health Intelligence

3.3 Projected Population Change

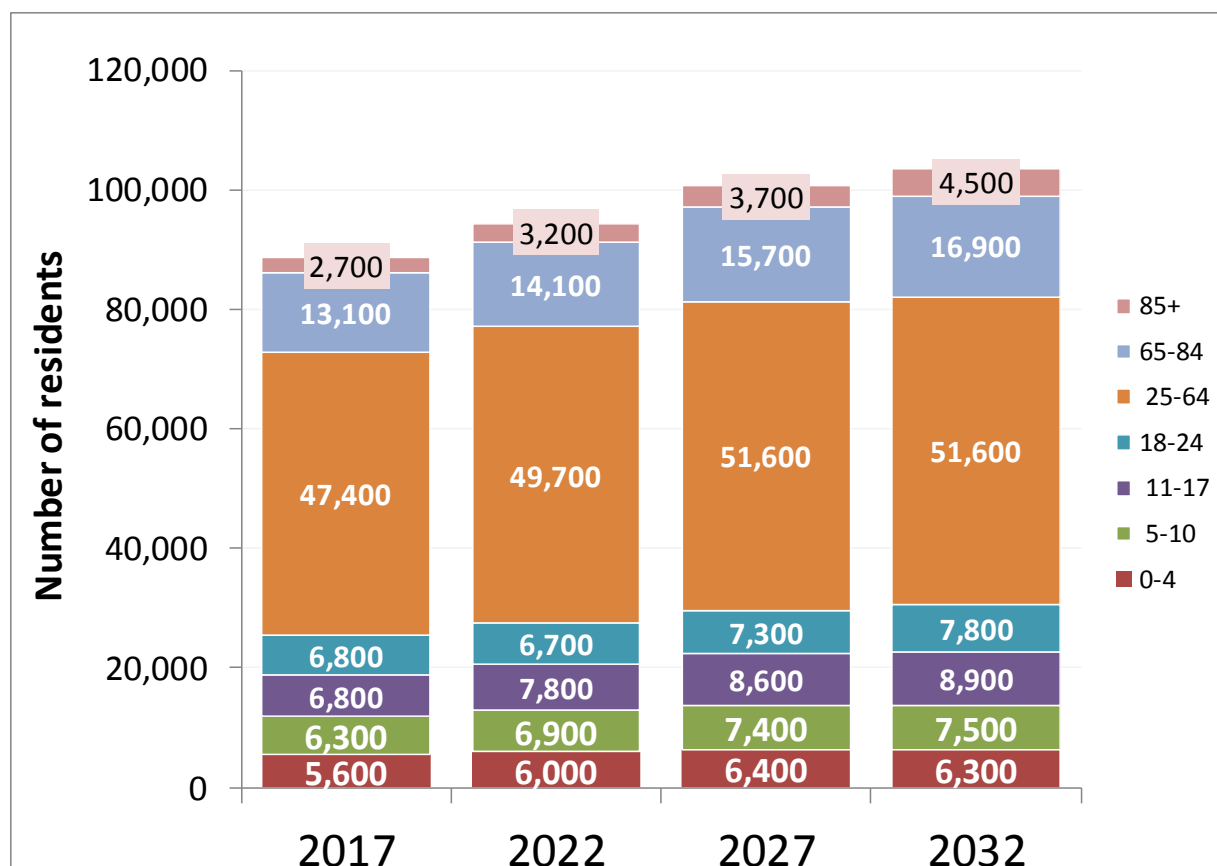
GLA projections indicate that the population of Central Locality is expected to increase from 83,678 in 2012 to 103,431 by 2032 (23.6% increase) shown in Figure 7.

Figure 7: Projected population change in Central Locality from 2012 to 2032



Data Source: Greater London Authority (GLA) Population Projections 2015

Figure 8: Projected population growth by age group (to nearest hundred), 2017, 2022, 2027 and 2032



Data source: 2015 Round Strategic Housing Land Availability Assessment (SHLAA)-Based Projections; Greater London Authority (GLA); Produced by Public Health Intelligence

The population aged 25-64 will remain the largest age group up to 2032 but from 2017 to 2032, the largest increases will be seen in the elderly (85+ year olds: 66% and 65 - 84 year olds: 29%); also younger people, 11 – 17 year olds: 31%.

Table 4: Projected percentage population change in Central Locality by age group since 2017, for 2022, 2027 and 2032

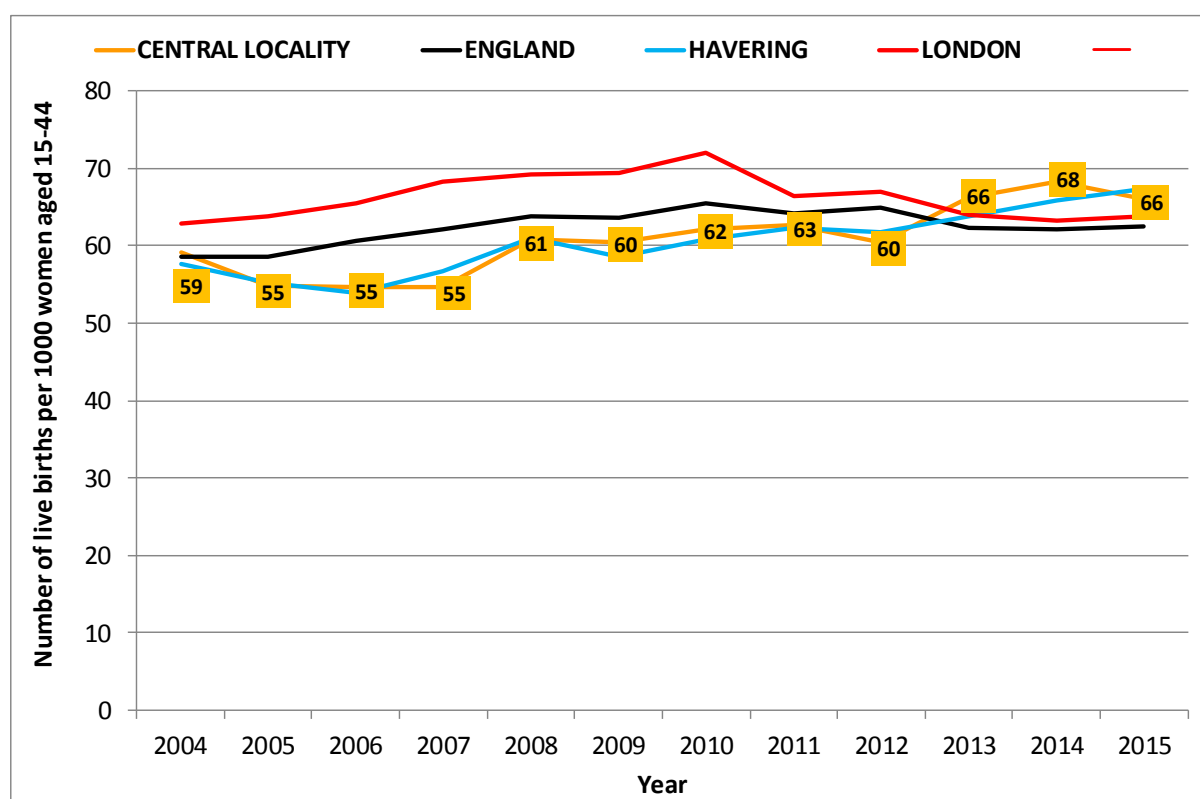
Age Group	Percentage change from 2017 to:		
	2022	2027	2032
0-4	7%	13%	11%
5-10	9%	17%	19%
11-17	14%	27%	31%
18-24	-1%	7%	15%
25-64	5%	9%	9%
65-84	7%	20%	29%
85+	18%	35%	66%

Data source: GLA 2015-based Demographic Projections – Local Authority population projection Housing-led Model; Greater London Authority (GLA); Produced by Public Health Intelligence

3.4 Births and Fertility

As well as increases in the number of births in Central Locality, there has been an increase in the general fertility rate (GFR)¹⁰ from 59 (per 1,000 women aged 15-44) in 2004 to 66 in 2015. This equates to an additional 7 births per 1,000 women aged 15-44 within the period. The annual GFR for Central Locality (compared with Havering, England and London is presented in Figure 9).

Figure 9: Trend in general fertility rate of women residents in Central Locality, Havering, London and England; 2004 to 2015



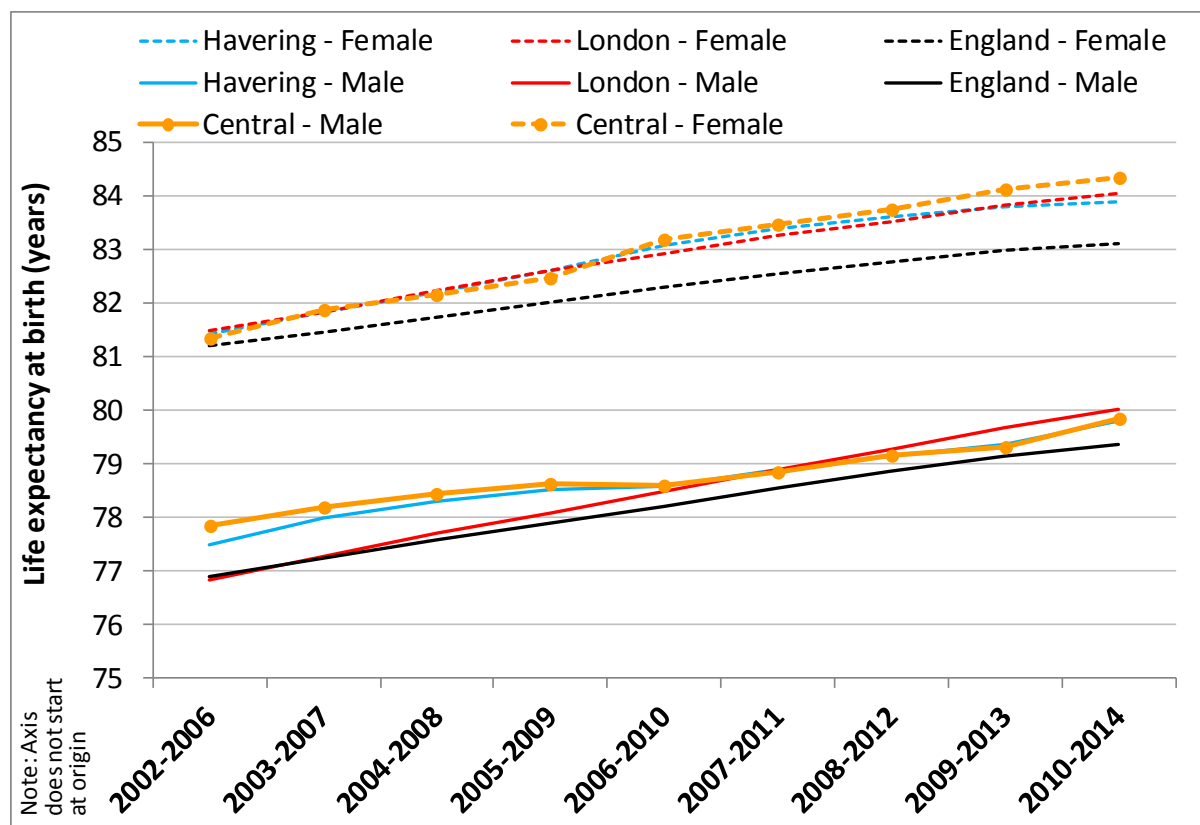
Data source: Live Births, General Fertility Rates and Total Fertility Rates 2004-2015; Office for National Statistics (ONS); Produced by Public Health Intelligence

¹⁰ General Fertility Rate (GFR) is defined as the number of live births in a geographic area in a year per 1,000 women of childbearing age (defined as age 15 to 44 years)

3.5 Life Expectancy

The life expectancy¹¹ for people living in Central Locality is 79.8 years (for males) and 84.3 years (for females) from birth. Life expectancy in Central Locality has been similar to Havering but mostly higher than the England average and has been on the increase over the last decade (see Figure 10). The life expectancy for females is significantly higher than males.

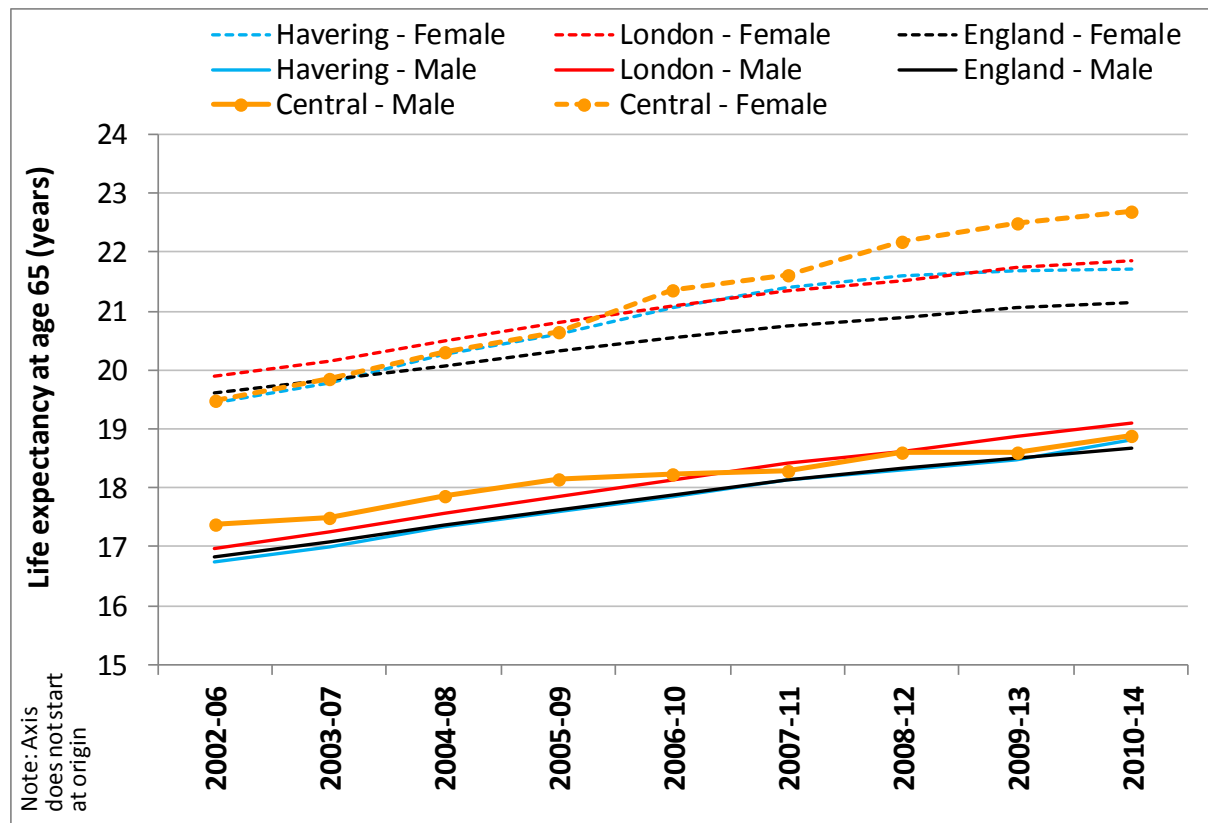
Figure 10: Life expectancy at birth, by gender, Central Locality compared with Havering, London and England, 5-year rolling periods, 2002-06 to 2010-14



Data source: Life Expectancy at 65, 2001-2003 to 2012-2014; Office for National Statistics (ONS);
Produced by Public Health Intelligence

¹¹ Life expectancy is a frequently used indicator of the overall health of a population: a longer life expectancy is generally a reflection of better health. Reducing the differences in life expectancy is a key part of reducing health inequalities. Life expectancy at birth for an area is an estimate of how long, on average, babies born today may live if she or he experienced that area's age-specific mortality rates for that time period throughout her or his life.

Figure 11: Life expectancy at age 65 (years), by gender, Central Locality compared with Havering, London and England, 5-year rolling periods, 2002-06 to 2010-14



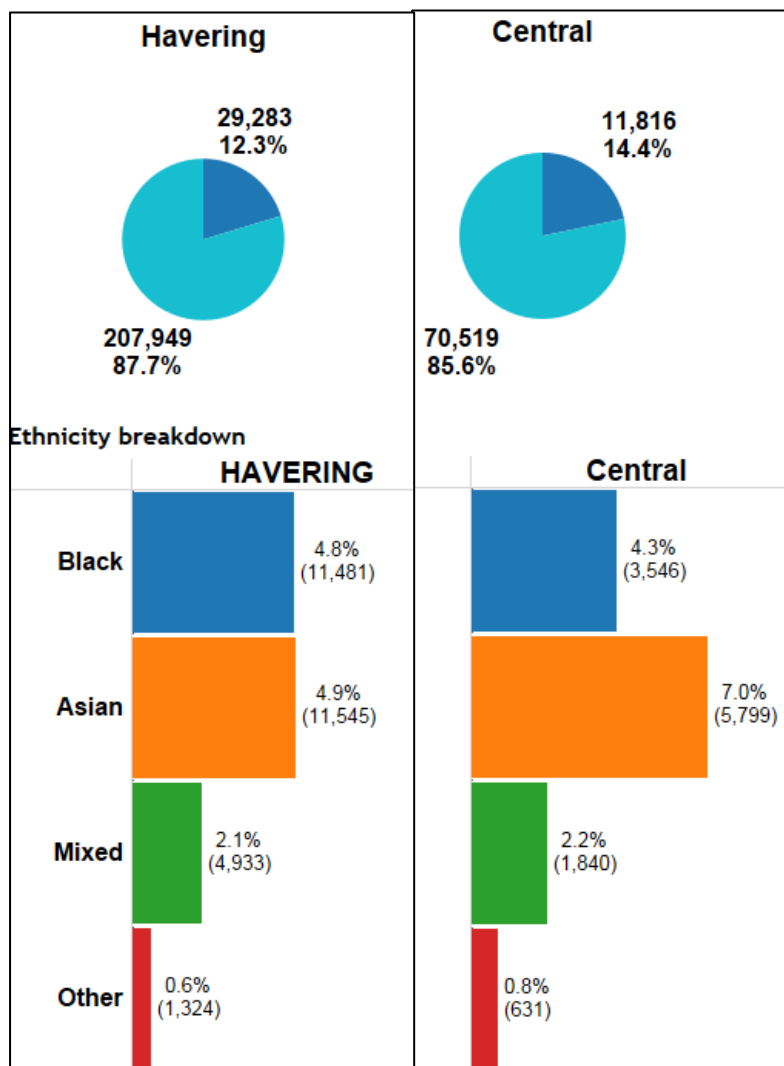
Data source: Life Expectancy at 65, 2001-2003 to 2012-2014; Office for National Statistics (ONS);
Produced by Public Health Intelligence

3.6 Ethnicity

Central Locality is quite ethnically homogenous similar to Havering with 86% of its residents recorded as White British, higher than both London and England (Figure 12).

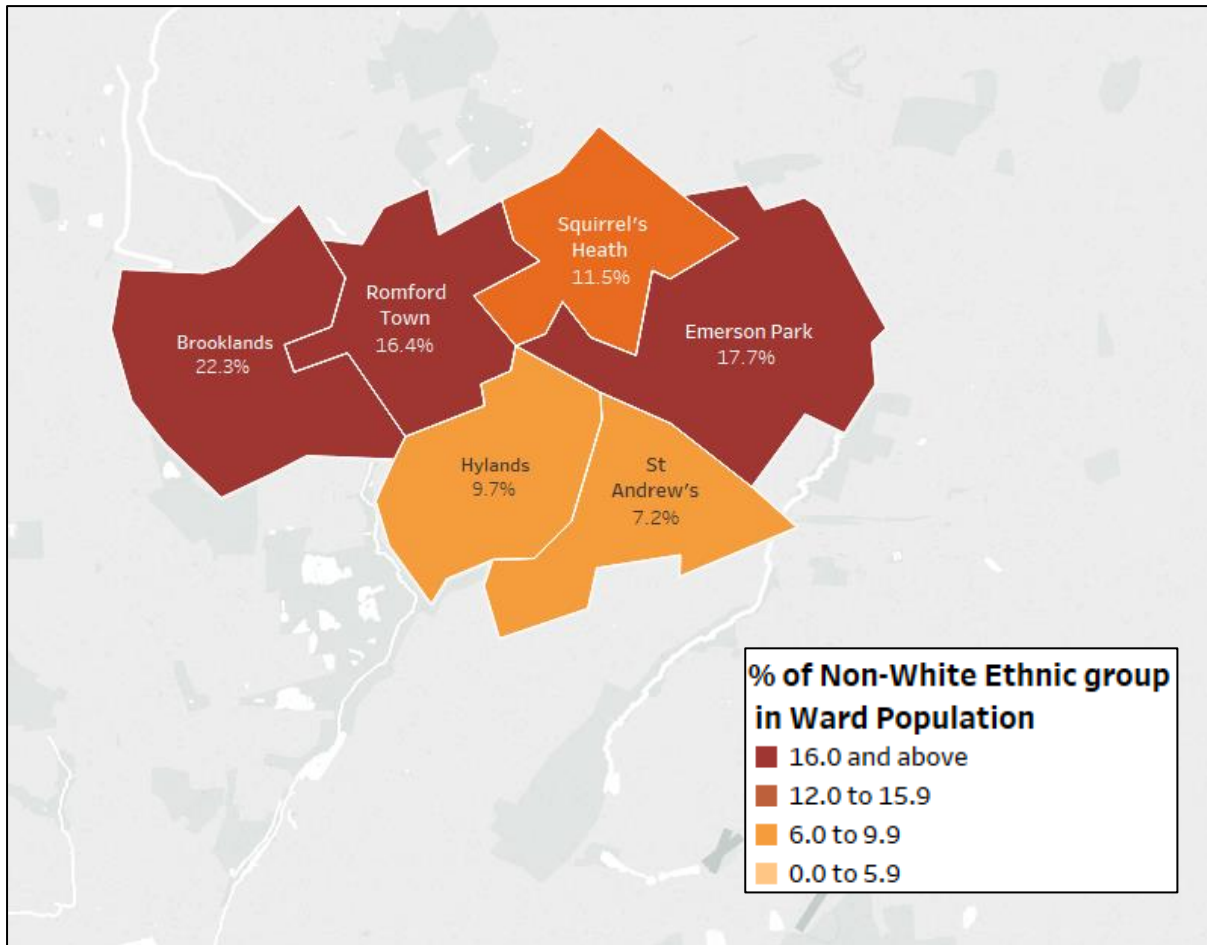
Ethnicity projections information and recent data are not immediately available at locality level (or smaller geographical level); this section will be updated when data becomes available.

Figure 12: Number and proportion of residents that are white and Black, Asian and Minority Ethnic (BAME) and breakdown of BAME within Havering and Central locality



Data source: Office of National Statistics ONS 2011 Census; Produced by Public Health Intelligence

Figure 13: Percentage of people stating their ethnicity as not White (all non-White categories) in Central Locality, by wards



Data source: Census 2011; Office for National Statistics (ONS); Produced by Public Health Intelligence

The 2011 Census data reveals that within Central Locality half of the total numbers of Wards have proportions of non-white ethnic populations above 16%. Brooklands Ward has the highest proportion at 22.3%. The lowest proportion of non-white ethnic populations are in St Andrew's Ward (Figure 13).

3.7 Religion

Figure 14: Proportion of residents by religion, Central Locality, Havering, London and England, 2011

CENTRAL LOCALITY	Christian 64%	No Religion 22%	Not Stated (7%)	
			Muslim (3%)	
			Hindu (2%)	
HAVERING	Christian 66%	No Religion 23%	Not Stated 7%	
			Muslim (2%)	
			Hindu (2%)	
LONDON	Christian 48%	No Religion 21%	Not Stated (8%)	
				Muslim 12%
ENGLAND	Christian 59%	No Religion 25%	Not Stated (7%)	
			Muslim 5%	

Data Source: Office of National Statistics (ONS) Census 2011

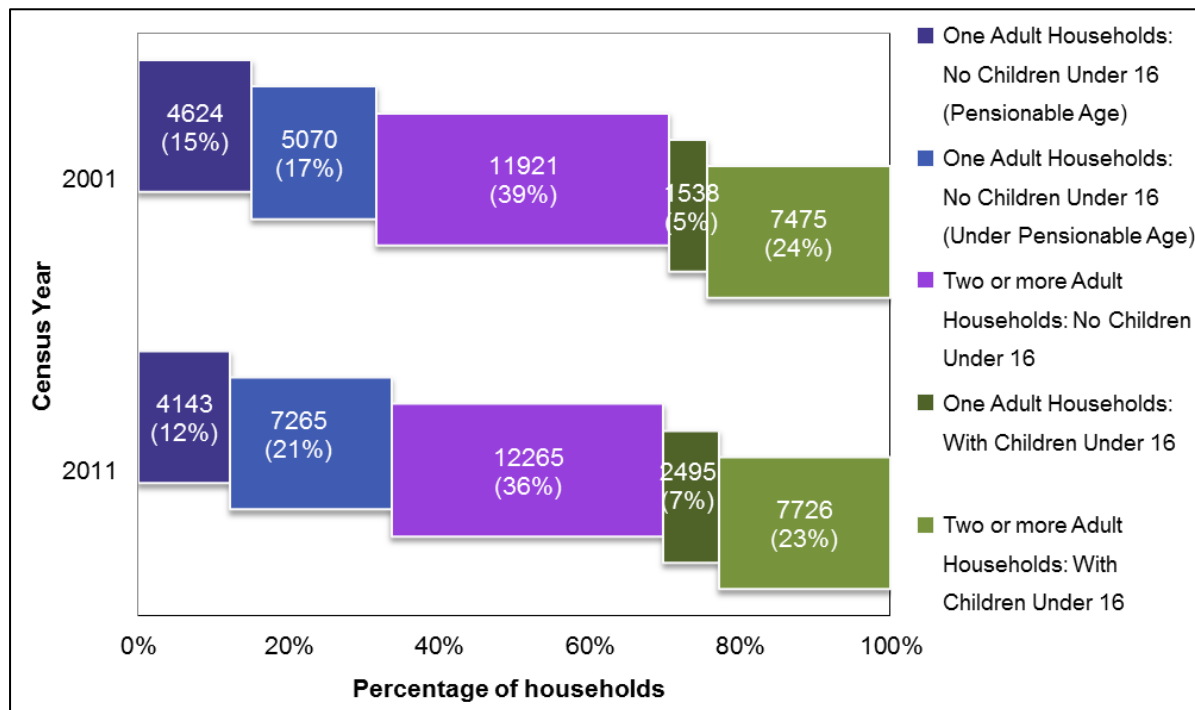
According to the 2011 Census, Christianity was the most widely accepted religion (64%) in the Central Locality similar to Havering (66%), slightly higher compared with England (59%) and especially London (48%). The second largest representative was no religion at 22% and this was similar to Havering (23%) and London (21%) and slightly less than England (25%).

4 Household Profile

12% (4,143) of the population are pensionable age and are living in one-person households. 30% of all one person households in Havering are occupied by persons of pensionable age.

4.1 Household Size

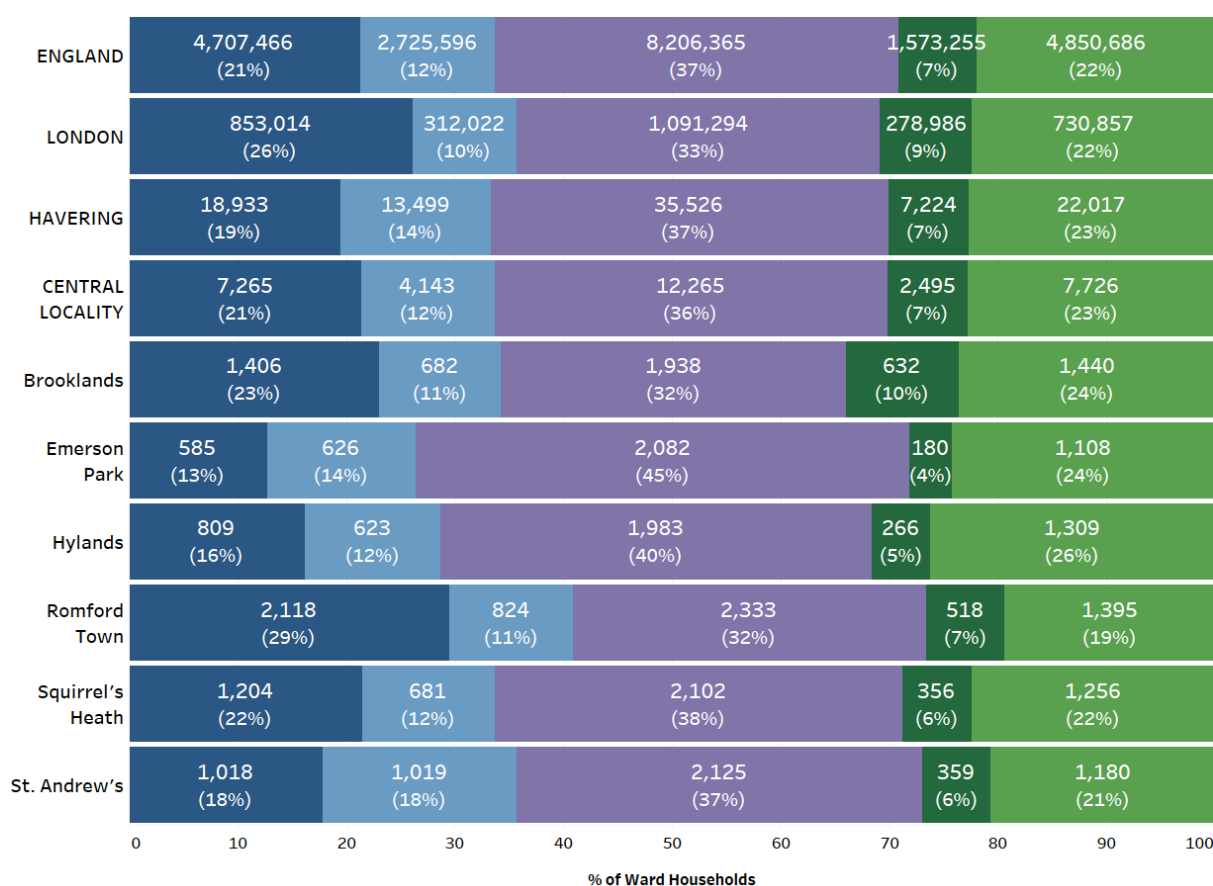
Figure 15: Distribution of household compositions in Central Locality by Census years



Office of National Statistics (ONS Census 2011)

A breakdown of household size by Wards within Central Locality, Havering, London and England is presented in Figure below.

Figure 16: Distribution of household compositions in Central Locality by ward, 2011



Indicator Description

Two or more Adult Households: With Children Under 16

One Adult Households: With children under 16

Two or more Adult Households: No Children Under 16

One Adult Households Aged 65 and Over: No Children Under 16 (Pensionable Age)

One Adult Households Aged 65 and Over: No Children Under 16 (Under Pensionable Age)

Data source:

Adapted

from Census

2011¹², Office for National Statistics (ONS); Produced by Public Health Intelligence

¹² **Category here:** Categories in Census 2011 data (KS105EW)

One Adult Households: No children under 16 (Pensionable age): One Person Household; Aged 65 and Over

One Adult Households: No children under 16 (Under Pensionable age): One Person Household; Other AND One Family Only; Lone Parent; All Children Non-Dependent

One Adult Households: With children under 16: One Family Only; Lone Parent; Dependent Children

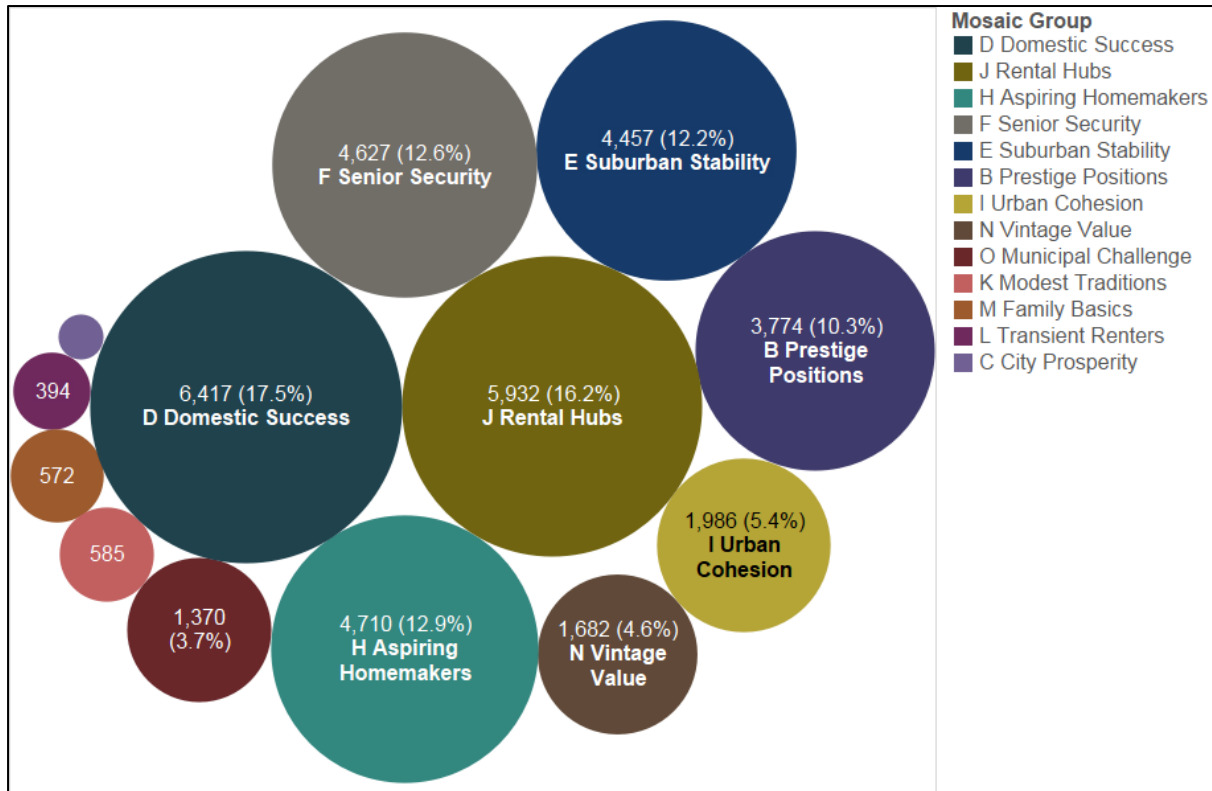
Two or more Adult Households: No Children Under 16: One Family Only; All Aged 65 and Over AND One Family Only; Married or Same-Sex Civil Partnership Couple; No Children AND One Family Only; Married or Same-Sex Civil Partnership Couple; All Children Non-Dependent AND One Family Only; Cohabiting Couple; No Children AND One Family Only; Cohabiting Couple; All Children Non-Dependent AND Other Household Types; All Full-Time Students AND Other Household Types; All Aged 65 and Over AND Other Household Types; Other

Two or more Adult Households: With Children Under 16: One Family Only; Married or Same-Sex Civil Partnership Couple; Dependent Children AND One Family Only; Cohabiting Couple; Dependent Children AND Other Household Types; With Dependent Children

4.2 Mosaic Groups

Mosaic is a product built by Experian to help understand what types of people live in the UK. Figure 17 below presents the most common Mosaic Groups in Central Locality – the size of the bubbles indicates the percentage of the resident population in Havering that falls within each group.

Figure 17: Household* Mosaic Groups in Havering Central Locality, 2016



* The Household Mosaic Group has been used for the vast majority of all households. However, in a minority of cases (268 out of 103,470 in Havering), where there was no designated Household Mosaic Group, the Postcode Mosaic Group was used.

Data Source: Experian's Mosaic Public Sector 2016; Produced by Public Health Intelligence

Table 4: Top 5 Household* Mosaic groups in Havering Central Locality, 2016

Group – Name	Typical Profile Picture	One Line Description	Key Features
D – Domestic Success		Thriving families who are busy bringing up children and following careers	<ul style="list-style-type: none"> • Families with children • Upmarket suburban homes • Owned with a mortgage • 3 or 4 bedrooms • High Internet use • Own new technology
J – Rental Hubs		Educated young people privately renting in urban neighbourhoods	<ul style="list-style-type: none"> • Aged 18-35 • Private renting • Singles and sharers • Urban locations • Young neighbourhoods • High use of smartphones
H – Aspiring Homemakers		Younger households settling down in housing priced within their means	<ul style="list-style-type: none"> • Younger households • Full-time employment • Private suburbs • Affordable housing costs • Starter salaries • Buy and sell on eBay
F – Senior Security		Elderly people with assets who are enjoying a comfortable retirement	<ul style="list-style-type: none"> • Elderly singles and couples • Homeowners • Comfortable homes • Additional pensions above state • Don't like new technology • Low mileage drivers
E – Suburban Stability		Mature suburban owners living settled lives in mid-range housing	<ul style="list-style-type: none"> • Older families • Some adult children at home • Suburban mid-range homes • 3 bedrooms • Have lived at same address some years • Research on Internet

* The Household Mosaic Group has been used for the vast majority of all households. However, in a minority of cases (268 out of 103,470 in Havering), where there was no designated Household Mosaic Group, the Postcode Mosaic Group was used.

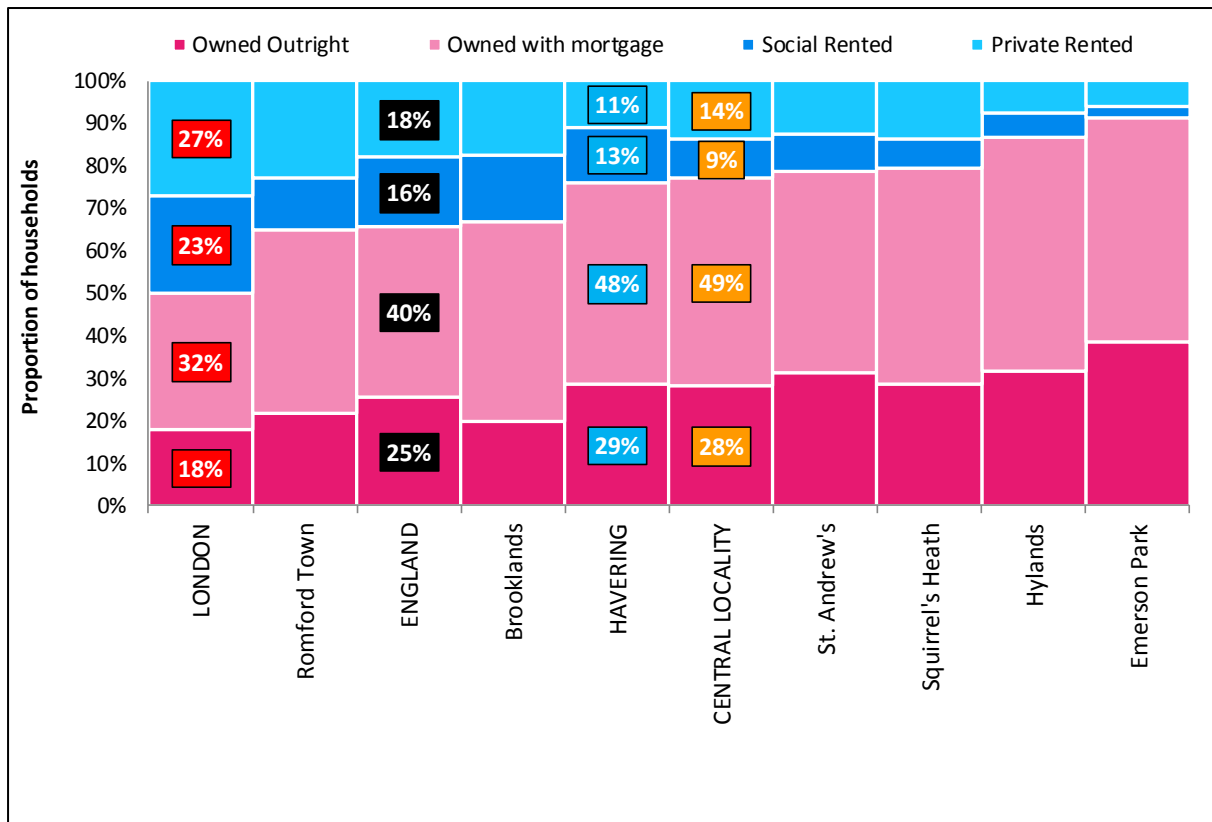
Data Source: Experian's Mosaic Public Sector 2016; Produced by Public Health Intelligence

4.3 Housing Tenure

Housing tenure refers to the financial arrangements under which someone has the right to live in a house or apartment.

The 2011 ONS census suggested that about 77% of the population in Central Locality were home owners (those who own outright and those who bought with a mortgage). This is higher than London (50%) and England (65%) but the same as Havering. A comparison of housing tenure across London is provided in Figure 18 below.

Figure 18: Proportion of households by housing tenure, Central Locality, Wards within Central Locality, Havering, London and England, 2011



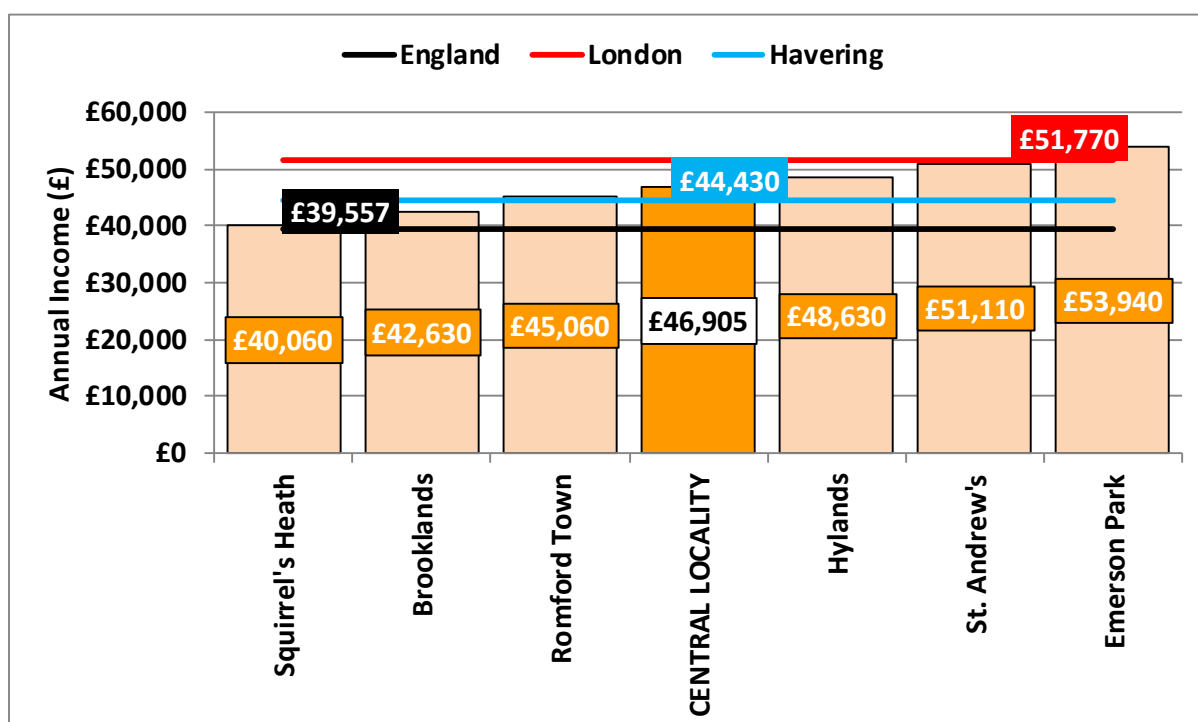
Data source: Census 2011; Office for National Statistics (ONS); Produced by Public Health Intelligence

5 Economic Profile

5.1 Income

The average gross household income in Central Locality (£46,905), as measured in 2012/13, is low in comparison to the London average of £51,770, slightly higher than the Havering average (£44,430) and higher than England (39,557). Emerson Park ward possessed the highest average gross household income in the Central Locality (£53,940) which is higher than London (Figure 19).

Figure 19: Total Average Annual Household Income, Central Locality, Wards within Central Locality, Havering, London and England

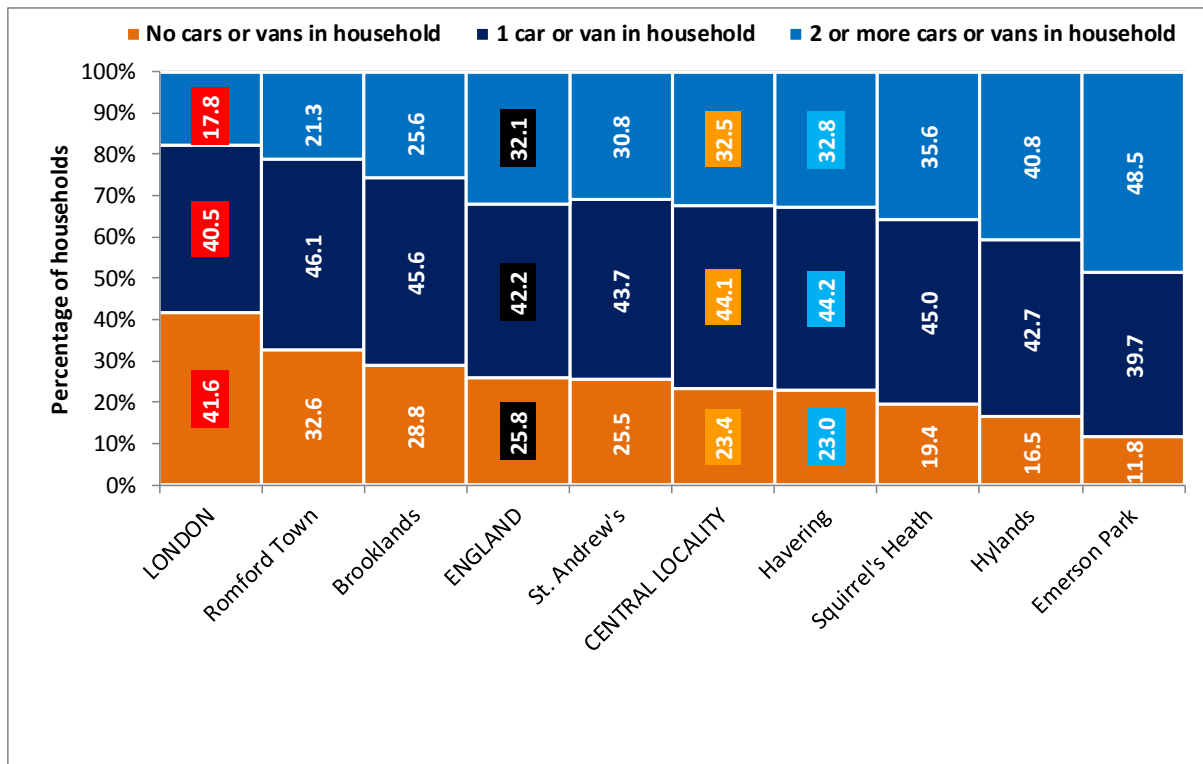


Data source: Household Income Estimates, Greater London Authority (GLA) 2012/13; Produced by Public Health Intelligence

5.2 Car Ownership

76.6% of households in Central Locality have at least one car and this is similar to Havering (77%) but higher than London (58.3%) and slightly higher than England (74.3%) see Figure 20.

Figure 20: Car or van ownership amongst households across wards within the Central Havering Locality, London, England and Havering, 2011

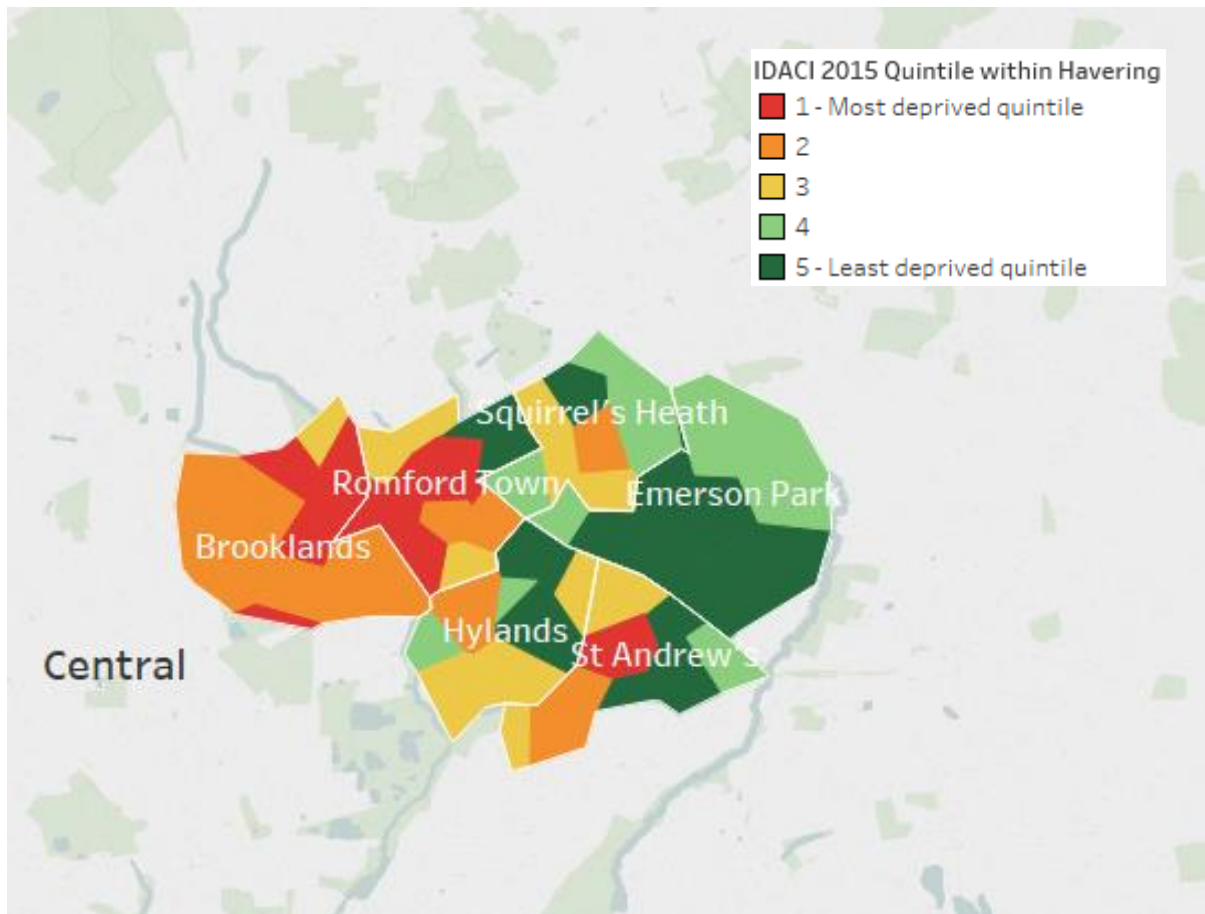


Data source: Census 2011; Office for National Statistics (ONS); Produced by Public Health Intelligence

5.3 Child Poverty

The majority of children in Havering are not poor, but around 8,800 live in income-deprived households. Brooklands, Romford Town and Saint Andrew's wards have the highest proportion of children living in poverty within the central locality.

Figure 21: Income deprivation affecting Children in Central Locality, quintiles within Havering LSOA, 2015

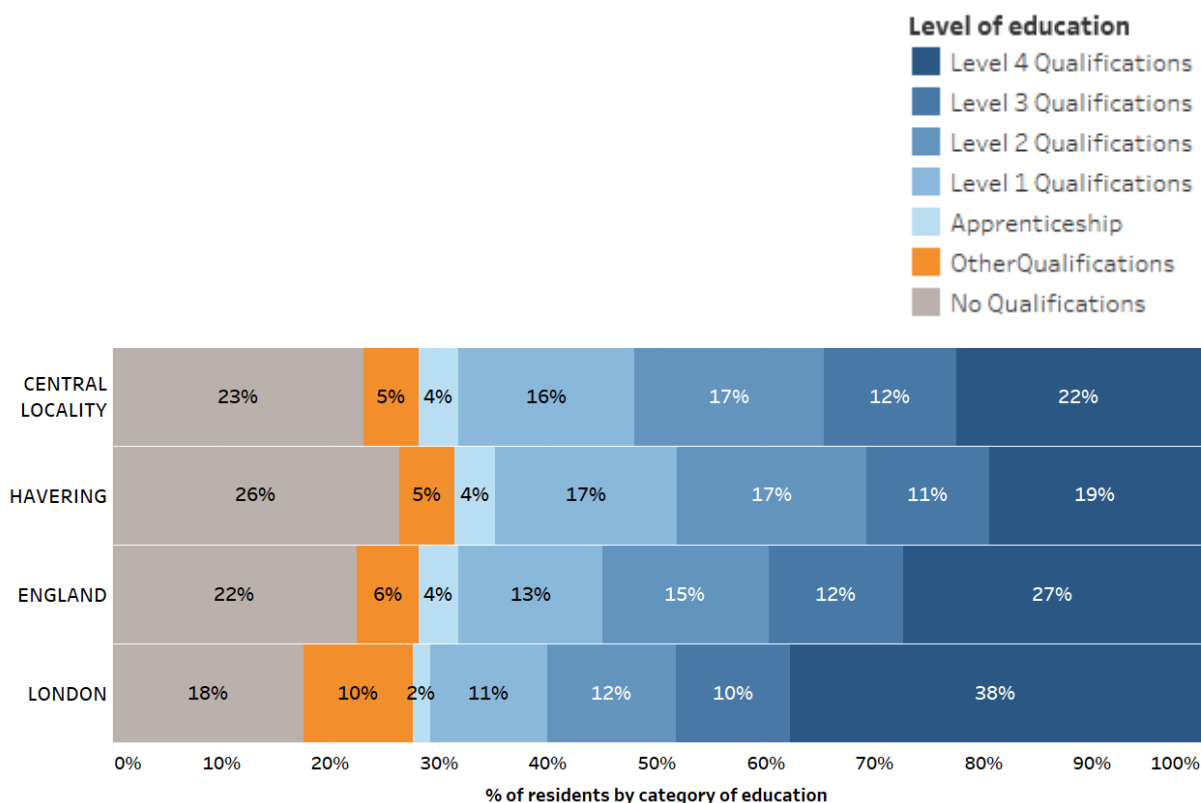


Data source: Indices of Multiple Deprivation, 2015 (IMD, 2015); Department for Communities and Local Government (DCLG), Produced by Public Health Intelligence

5.4 Highest Qualifications Held

The proportion of residents with no qualifications in Central Locality (23%) is lower than Havering (26%), similar to England (22%) and higher than London (18%). Both London and England have a noticeably higher proportion of residents with a level 4 qualification (38% and 27% respectively) compared with Central Locality (22%) although similar to Havering (19%) Figure 22.

Figure 22: Proportion of residents by level of education, Central Locality, Havering, London and England

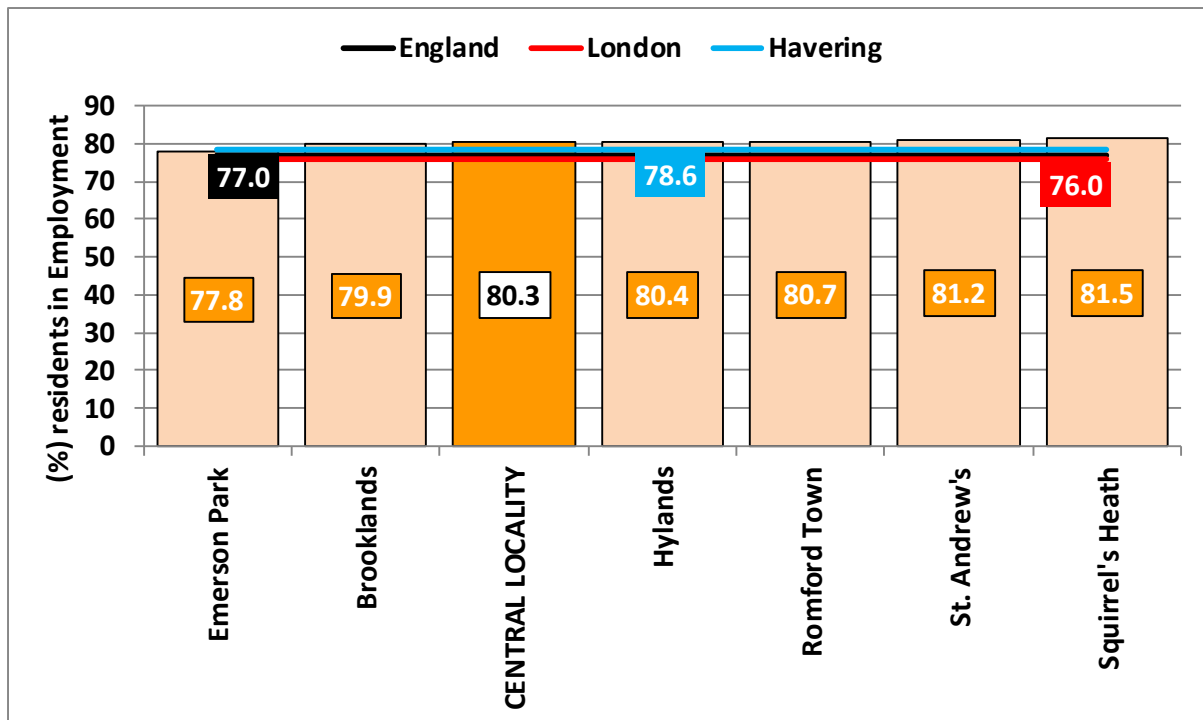


Source: Office of National Statistics Census 2011 (ONS 2011)

5.5 Employment and Unemployment

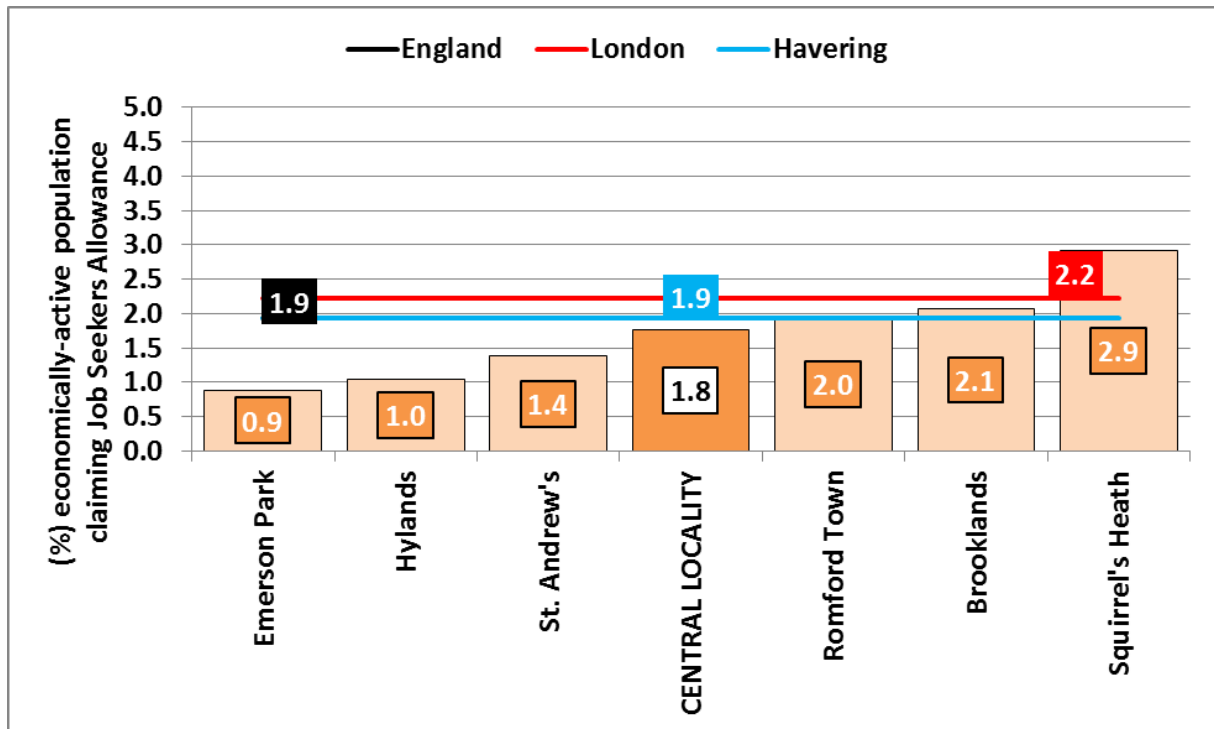
80.3% of residents within Central locality were employed as at the 2011 Census and this was higher than Havering (78.6%), London (76%) and England (77%). Squirrels Heath Ward had the highest proportion of residents in employment (81.5%) whilst Emerson Park had the lowest (77.8%) as shown in Figure 23.

Figure 23: Proportion of residents aged 16 - 64 in employment, Central Locality, Wards within Central Locality, Havering, London and England, 2011.



Source: Office of National Statistics Census 2011 (ONS 2011)

Figure 24: Proportion of economically active population claiming Job Seekers Allowance, Central Locality, Wards within North Locality, Havering, London, England as of December 2015



Source: Office of National Statistics Census 2011 (ONS 2011)

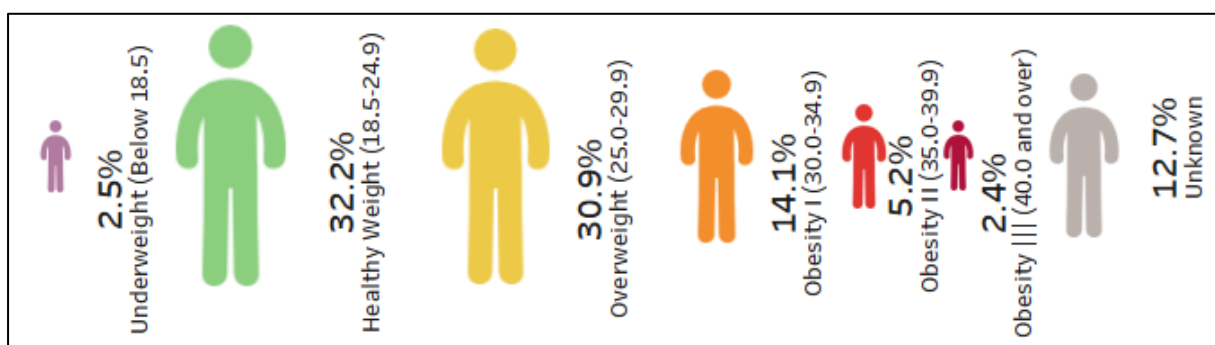
1.8% of economically active residents within Central locality were seeking job seekers allowance as at the 2011 Census and this was lower than Havering (1.9%), London (2.2%) and England (1.9%). Emerson Park Ward had the lowest proportion of residents seeking job seekers allowance (0.9%) whilst Squirrel's Heath had the highest (2.9%) as shown in Figure 24

6 Risk Factors for Ill Health

6.1 Obesity

The majority of the CCG registered population within the Central Locality are either at a healthy weight (32.2%) or overweight (30.9%). At the extreme ends of the scale, underweight and Obesity III are represented by 2.5% and 2.4% of the registered population respectively (Figure 25).

Figure 25: Proportion of population within each BMI weight category in the Central locality (as of December 2016)



Source: Health Analytics (accessed December 2016)

Data from the National Child Measurement Programme indicates that in 2012/13-2014/15, a fifth of Central Locality children (21.2%) in Reception Year were either overweight or obese. This figure increased to a third (33.3%) of children in Year 6 - this is similar to the England average.

6.2 Healthy Eating

Information and recent data are not immediately available at locality level (or smaller geographical level); this section will be updated when data becomes available.

6.3 Physical Activity

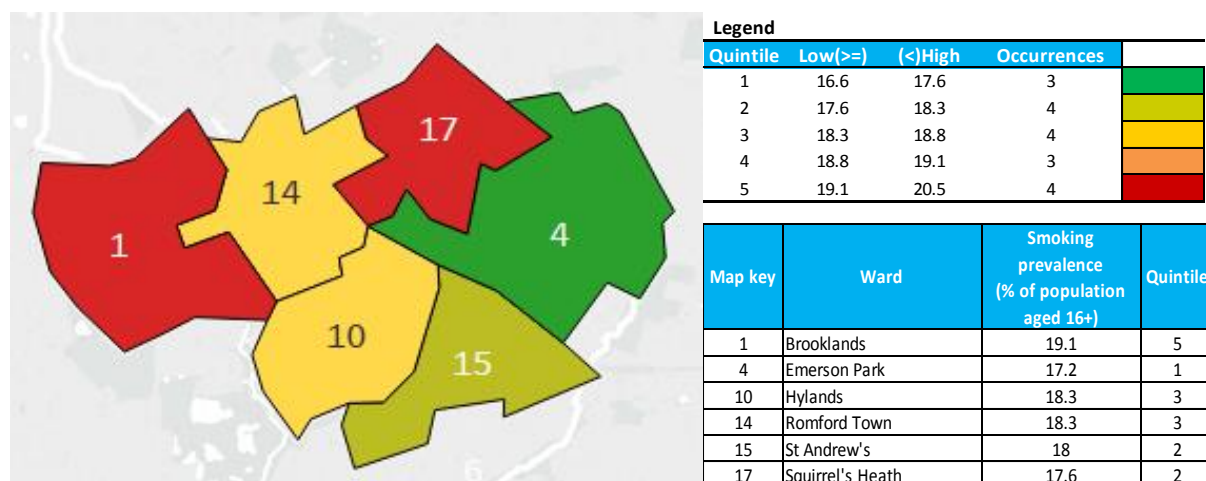
Information and recent data are not immediately available at locality level (or smaller geographical level); this section will be updated when data becomes available.

Estimates show that one in three adults (36.2%) in Havering are inactive compared with London (37.8%) and England (36.1%). The general trend in participation in sports lags behind that of Bexley (Havering comparator) and London but in the last couple of years has performed better than England. The level of Physical activity is generally expected to be lower in more deprived areas around the locality.

6.4 Smoking

Smoking prevalence in the Central Locality was highest in Brooklands ward (19.1%) and lowest in Emerson Park (17.2%) – see Figure 6

Figure 26: Smoking Prevalence (% of adult population) across Central Locality Wards by Quintile¹³ (where Quintiles 1 and 5 refer to the lowest and highest prevalence wards respectively)



Data source: Action on Smoking and Health (ASH) Ready Reckoner Tool (published December 2015);
Produced by Public Health Intelligence

Smoking in pregnancy, although on the decline, is among the highest in Havering (7.7%) compared with other London boroughs (significantly higher in Havering compared with 5.0% in London but significantly better than England, 10.6%) for 2015/16; Smoking during pregnancy is expected to be a greater issue among the more deprived areas within the Locality.

6.5 Alcohol Misuse

Information and recent data are not immediately available at locality level (or smaller geographical level); this section will be updated when data becomes available.

The majority of drinkers (73%) in Havering do not drink above the recommended limits¹⁴. Although Havering had significantly lower alcohol related admissions to hospital (430 per 100,000 hospital admissions for alcohol-related conditions in comparison to London and England in 2014/15¹⁵, alcohol is implicated in 4% of ambulance call outs; 16% of road fatalities and over 70% of cases of domestic violence¹⁶. Alcohol related issues are generally expected to be more pronounced in more deprived areas within the Locality.

¹³ Quintile is a statistical term to divide a sample or population into fifths

¹⁴ Alcohol Harm Map by Alcohol Concern accessed Jan 2016

¹⁵ Indicator 10.01: Admission episodes for alcohol-related conditions (Narrow) Local Alcohol Profile for England (accessed December 2015), Public Health England

¹⁶ Gilchrist, E., Johnson, R., Takriti, R., Weston, S., Beech, A. and Kebbell, M. (2003) Domestic violence offenders: characteristics and offending related needs, Findings, 217, London, Home Office

6.6 Teenage Pregnancy

Conception data for age <18 years is available at ward level, but this is not allowed to be published in a public document in its current form. Some figures may be allowed to be published with the pooling of a larger number of years of data; we will do the analysis and seek permission from National Statistics for publication.

6.7 Breastfeeding

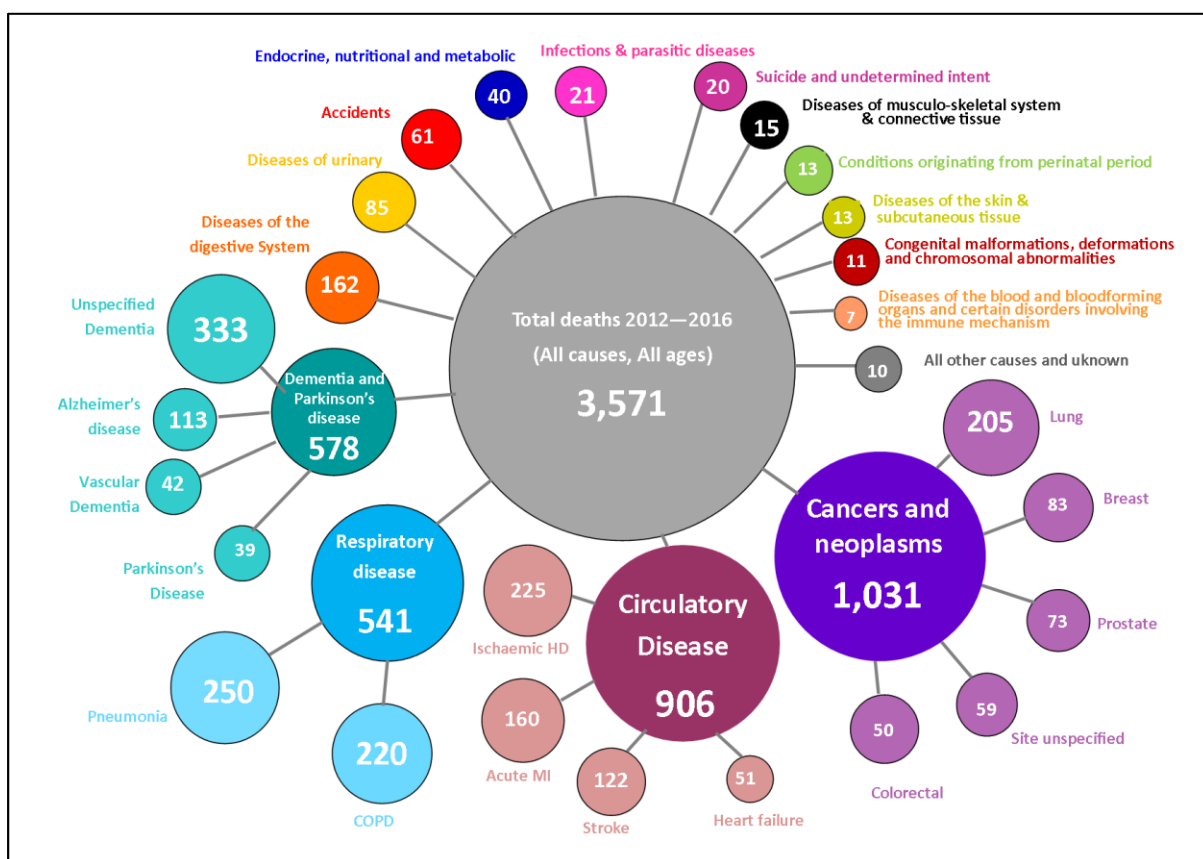
Information and recent data are not immediately available at locality level (or smaller geographical level); this section will be updated when data becomes available.

7 Current Status of Health

7.1 Mortality

The top 5 (underlying) causes of death in North Locality (from 2012 to 2016) are: cancers, circulatory diseases, respiratory diseases, dementia & Parkinson's disease, and diseases of the digestive system. Unspecified dementia comprises the biggest single underlying cause of death. Lung cancers comprise the largest proportion of deaths from Cancer.

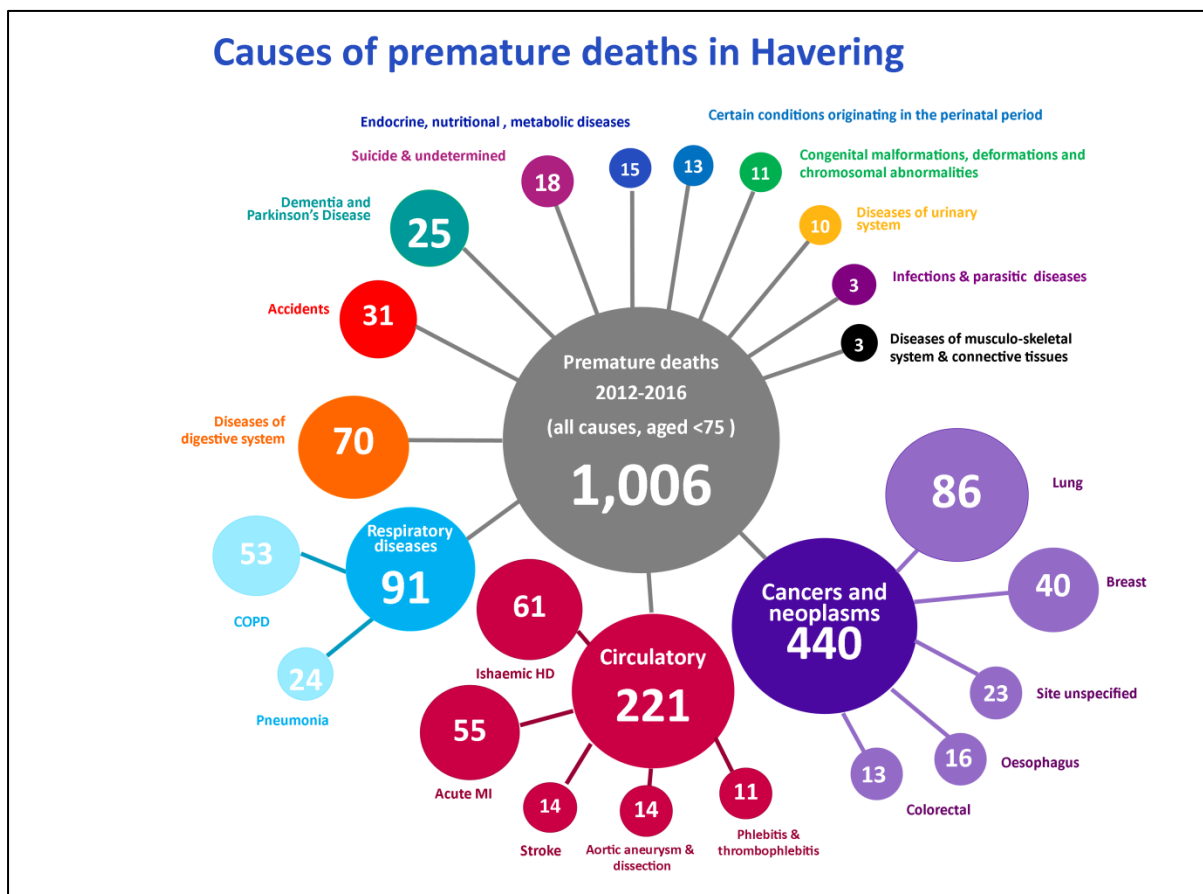
Figure 27: Distribution of number of deaths amongst residents of Central Locality of all ages by broad underlying causes (with four biggest broken down further), in 2012-16



Data source: Primary Care Mortality Database (Office for National Statistics); Produced by Public Health Intelligence

In Central Locality, about 200 deaths (28%) each year¹⁷ occur prematurely (deaths that occur before a person reaches the age of 75 years). Cancer, heart disease and stroke are the main causes of premature deaths (Figure 28). This reflects the national picture.

Figure 28: Distribution of number of deaths amongst residents of Central Locality of those aged under 75 by broad underlying causes (with four biggest broken down further), in 2012-16



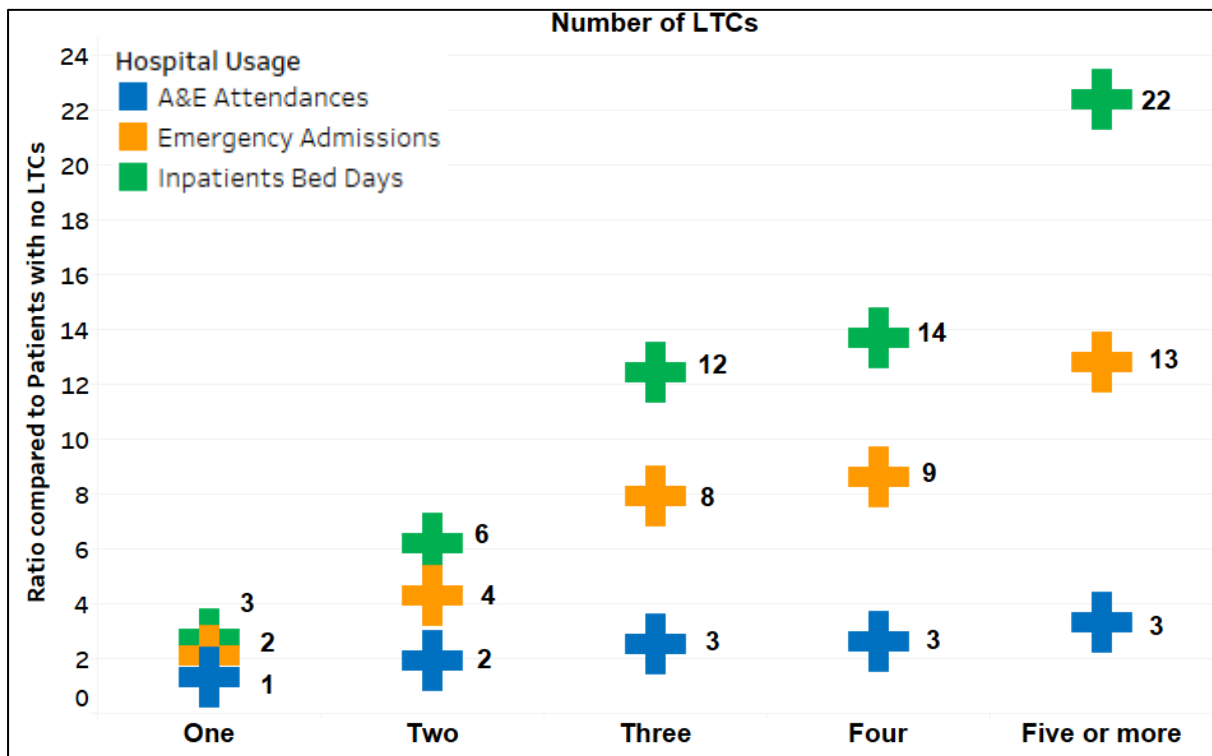
Data source: Primary Care Mortality Database (Office for National Statistics); Produced by Public Health Intelligence

¹⁷ Based on the number of premature deaths over 5-year period (2012-2016) – 3,094 (Data source: ONS PCMD)

7.2 Long-term Conditions

Central Locality CCG patients with five or more LTCs are 3 times more likely to attend A&E, 13 times more likely to be admitted for an emergency, and the average number of inpatient bed days will be 22 times greater compared with patients with no LTC.

Figure 29: Ratio of patients with long-term conditions (LTCs) compared with patients with no long-term conditions (LTCs) for A&E attendances, Emergency Admissions and Inpatient Bed Days in Central Locality

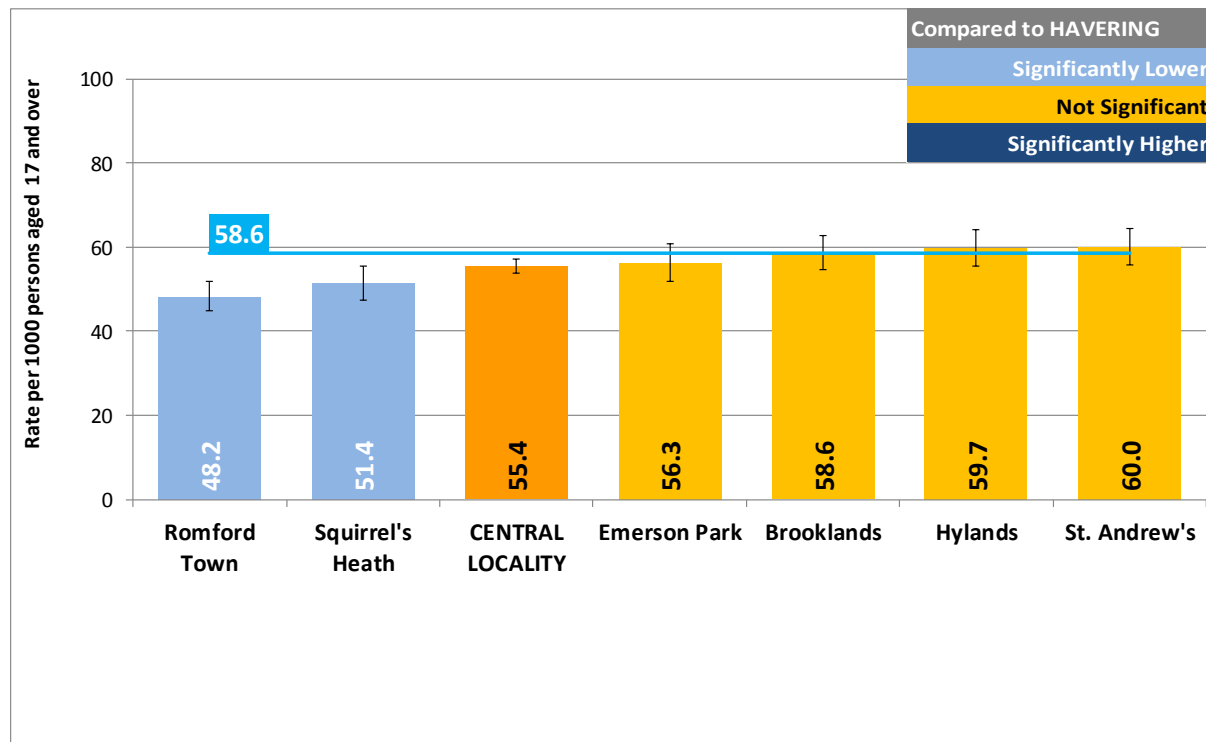


Data source: Health Analytics; Produced by Public Health Intelligence

7.2.1 Diabetes

The prevalence of Diabetes appears to be statistically lower in the Central Locality (55.4 per 1,000 persons) compared with the Havering average (58.6 per 1,000 persons); Romford Town has the lowest prevalence of Diabetes (48.2 per 1,000); St Andrew's ward has the highest prevalence of Cancer (60.0 per 1,000) which is similar to the Havering average.

Figure 30: Prevalence of diabetes in patients registered with GP in Central Locality Wards compared with Havering CCG per 1,000 persons aged 17 and over, as of February 2017

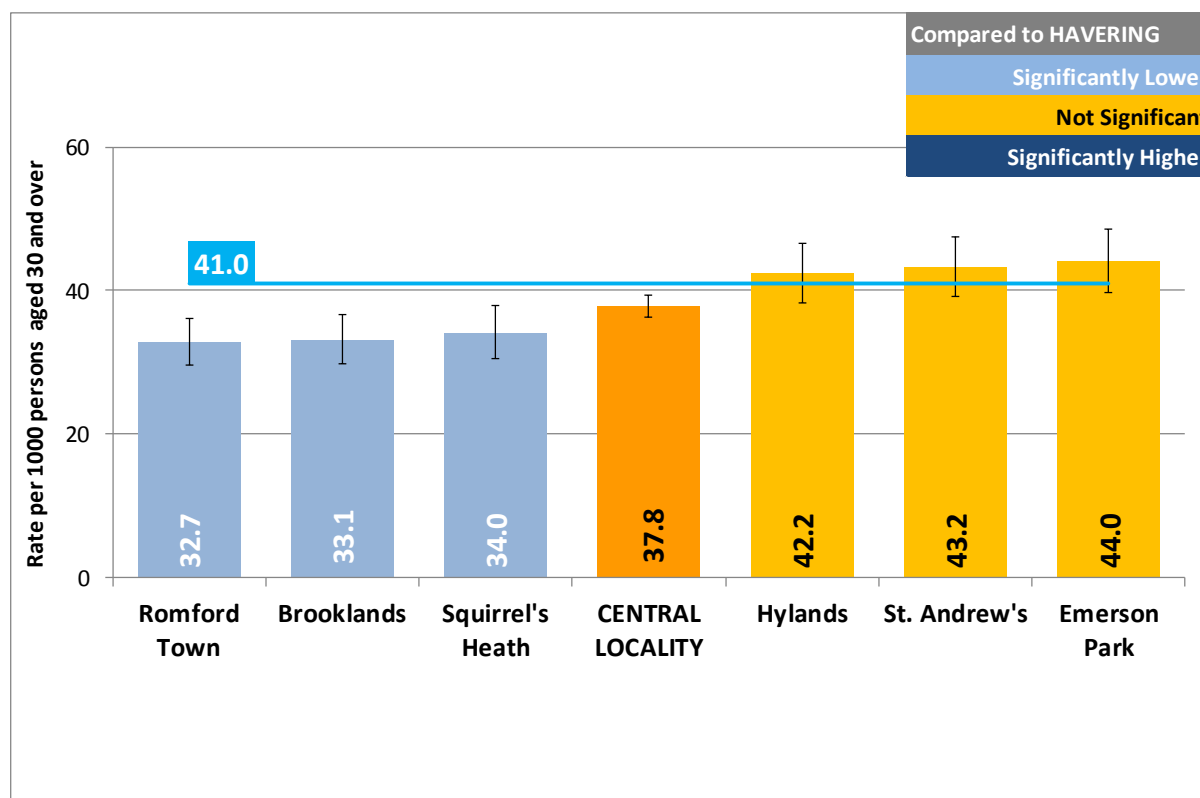


Data source: Health Analytics (accessed February 2017); Produced by Public Health Intelligence

7.2.2 Coronary Heart Disease

The prevalence of Coronary Heart Disease appears to be statistically lower in the Central Locality (37.8 per 1,000 persons) compared with the Havering average (41.0 per 1,000 persons); Romford Town has the lowest prevalence of CHD (32.7 per 1,000); Emerson Park Ward has the highest prevalence of CHD (48.0 per 1,000) but similar to Havering.

Figure 31: Prevalence of Coronary Heart Disease in patients registered with GP in Central Locality Wards compared with Havering CCG per 1,000 persons aged 30 and over, Census wards, as of February 2017

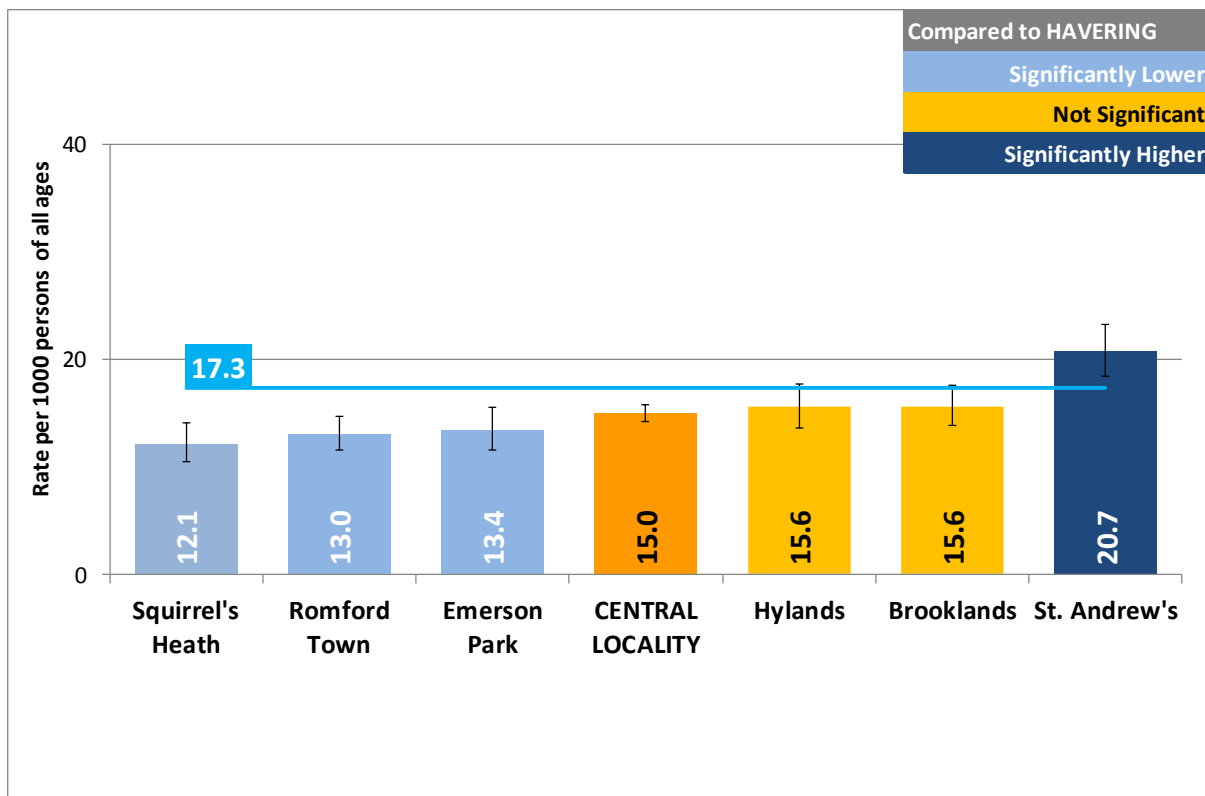


Data source: Health Analytics (accessed February 2017); Produced by Public Health Intelligence

7.2.3 Chronic Obstructive Pulmonary Disease

The prevalence of Chronic Obstructive Pulmonary Disease (COPD) appears to be statistically lower in the Central Locality (15 per 1,000 persons) compared with the Havering average (17.3 per 1,000 persons); Squirrel’s Heath Ward has the lowest prevalence of COPD (12.1 per 1,000); St Andrew’s has the highest prevalence (20.7 per 1,000) but statistically similar to Havering.

Figure 32: Prevalence of Chronic Obstructive Pulmonary disease in patients registered with GP in Central Locality Wards compared with Havering CCG per 1,000 persons of all ages, Census wards, as of February 2017

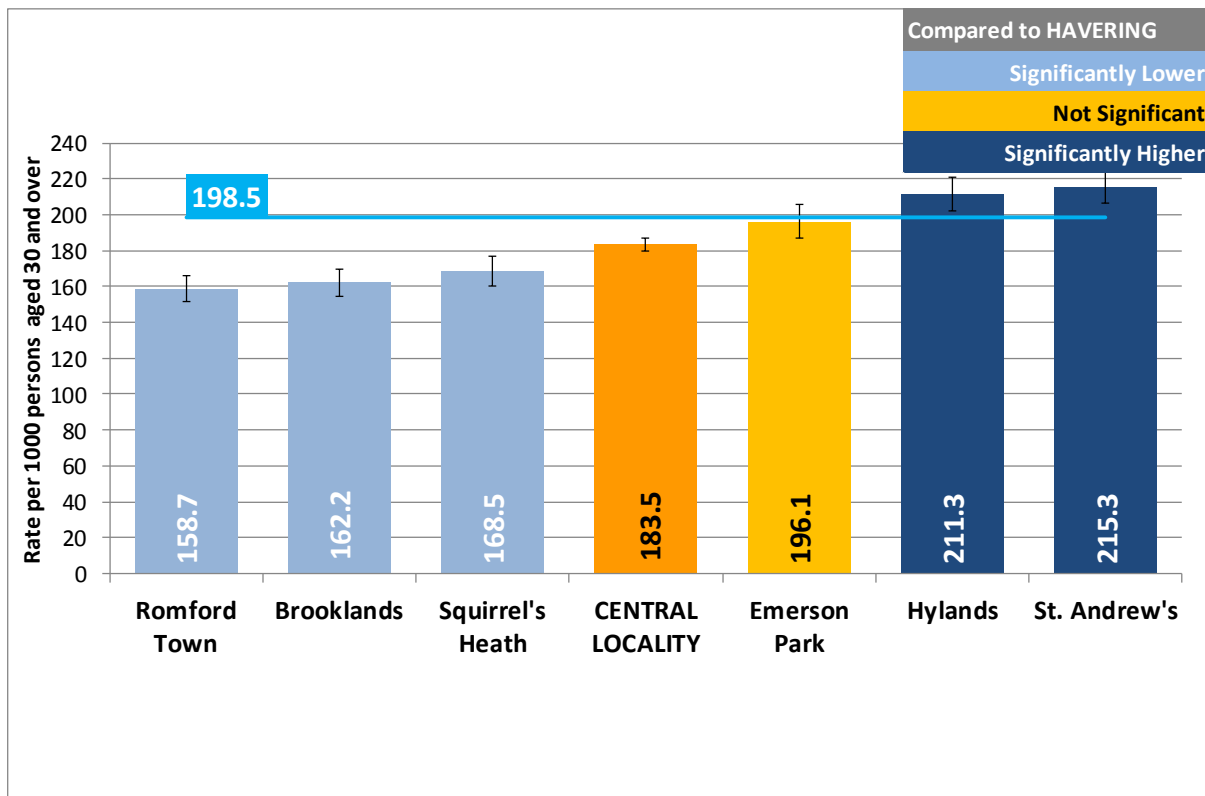


Data source: Health Analytics (accessed February 2017); Produced by Public Health Intelligence

7.2.4 Hypertension

The prevalence of Hypertension appears to be statistically lower in the Central Locality (183.5 per 1,000 persons) compared with the Havering average (198.5 per 1,000 persons); Romford Town has the lowest prevalence of Hypertension (158.7 per 1,000); St Andrew's ward has the highest prevalence (215.3 per 1,000) which is statistically higher than Havering.

Figure 33: Prevalence of Hypertension in patients registered with GP in North Locality Wards compared with Havering CCG per 1,000 persons aged 30 and over, Census wards, as of February 2017

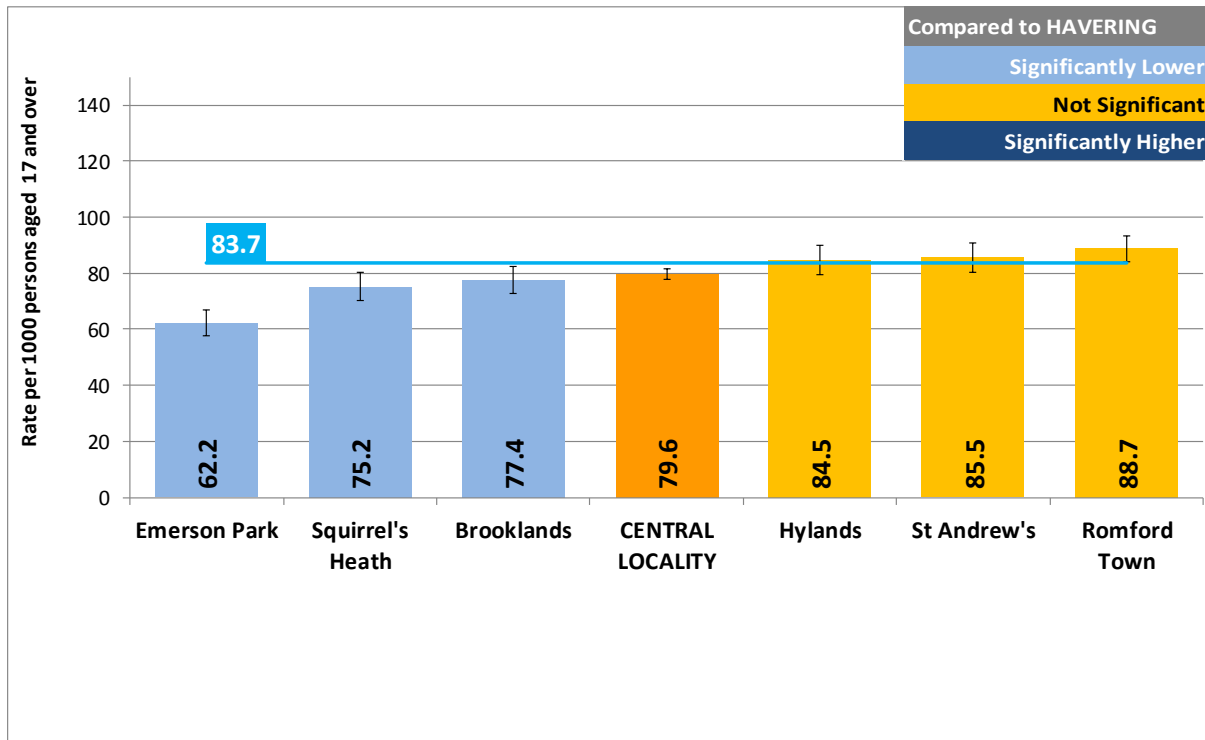


Data source: Health Analytics (accessed February 2017); Produced by Public Health Intelligence

7.2.5 Mental Illness

The prevalence of Depression appears to be statistically lower in the Central Locality (79.6 per 1,000 persons) compared with the Havering average (83.7 per 1,000 persons); Emerson Park has the lowest prevalence of Depression (62.2 per 1,000); Romford Town has the highest prevalence (88.7 per 1,000).

Figure 34: Prevalence of Depression in patients registered with GP in Central Locality Wards compared with Havering CCG per 1,000 persons aged 17 and over, as of February 2017

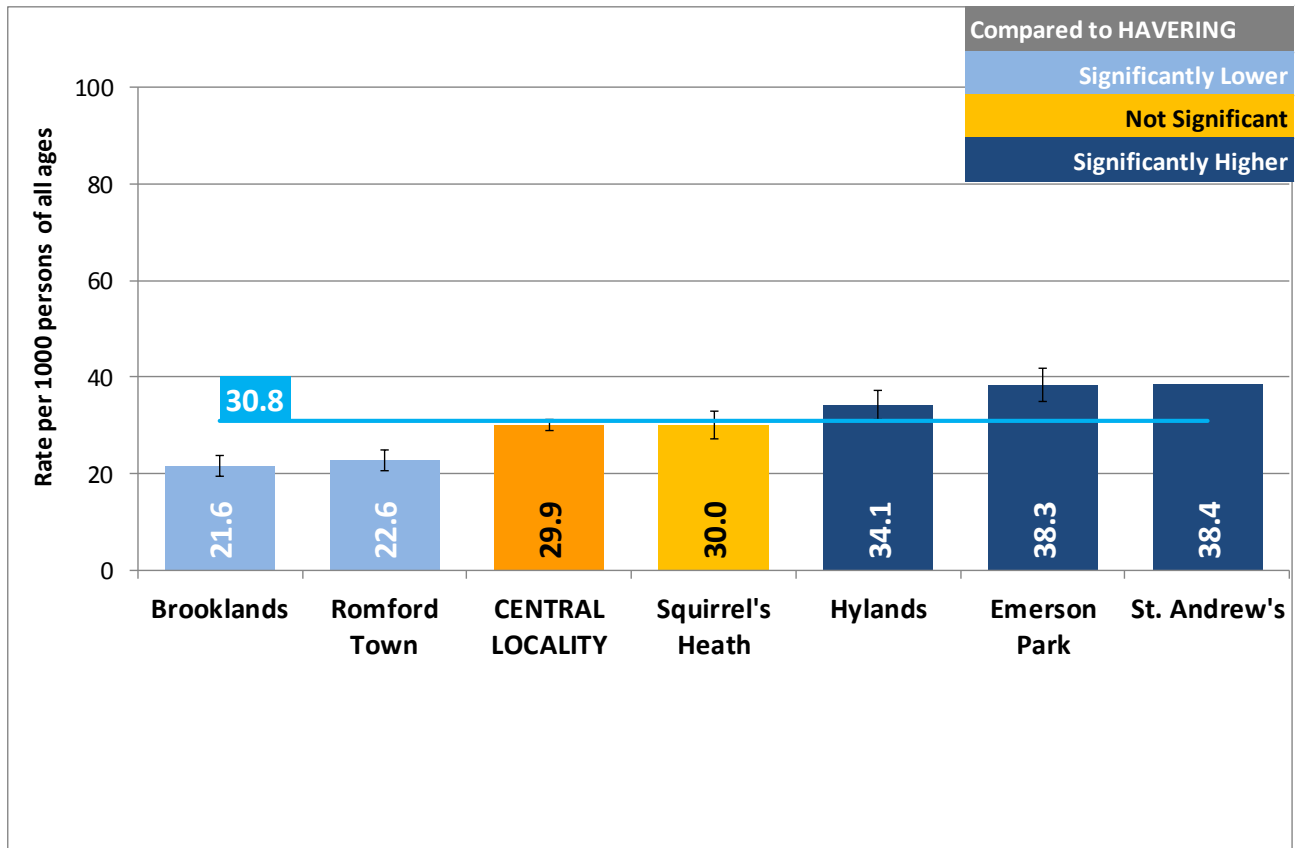


Data source: Health Analytics (accessed February 2017); Produced by Public Health Intelligence

7.2.6 Cancer

The prevalence of Cancer appears to be similar in the Central Locality (29.9 per 1,000 persons) compared with the Havering average (30.8 per 1,000 persons); Brooklands Ward has the lowest prevalence of Cancer (21.6 per 1,000); St Andrew's has the highest prevalence (38.4 per 1,000).

Figure 35: Prevalence of Cancer in patients registered with GP in Central Locality Wards compared with Havering CCG per 1,000 persons of all ages, Census wards, as of February 2017



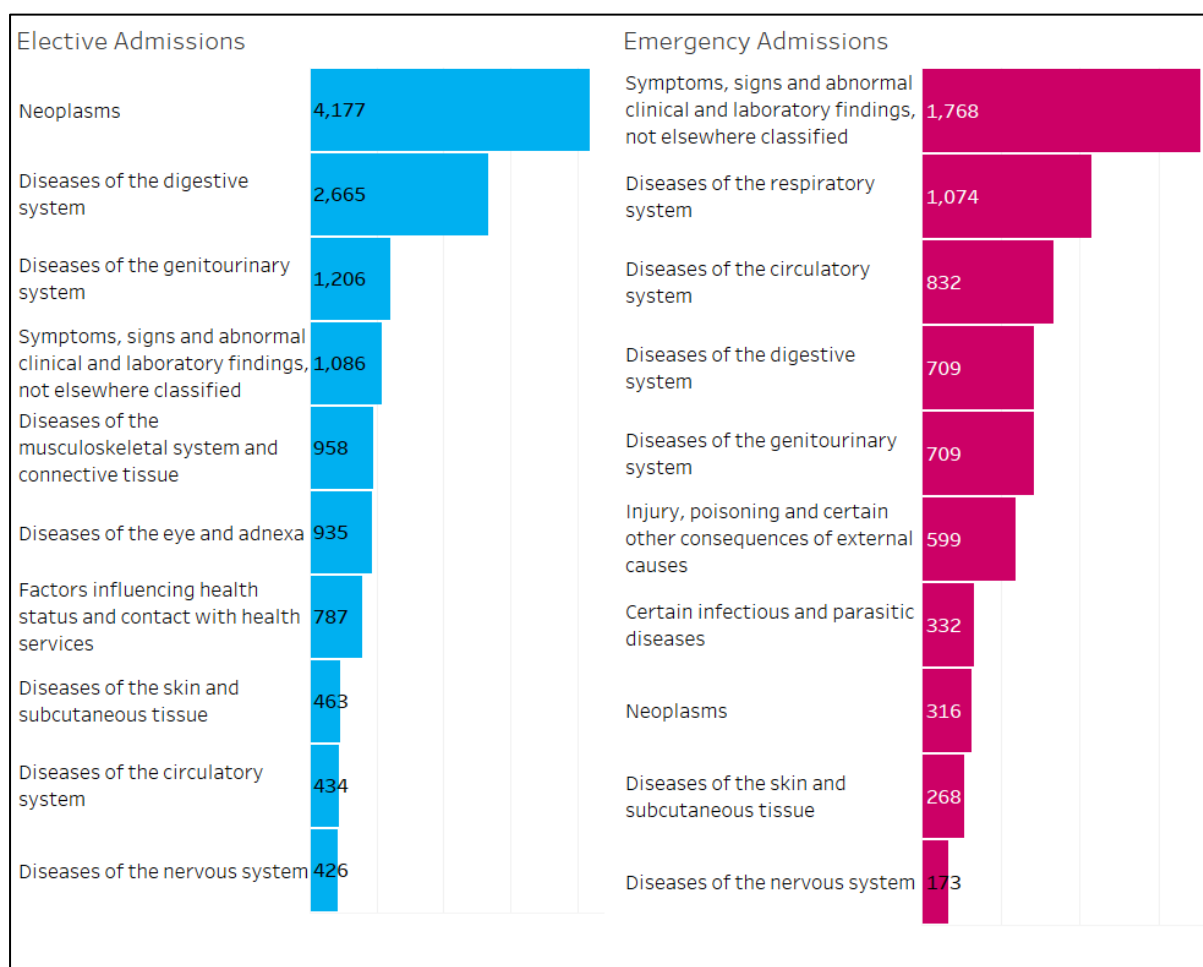
Data source: Health Analytics (accessed February 2017); Produced by Public Health Intelligence

8 Service Use

8.1 Hospital Admissions

In 2015/16, there were 14,870 elective and 7,628 emergency hospital admissions (spells) for Havering CCG-registered patients¹⁸ within a Central Locality Practice. The top 10 causes of admissions of elective and emergency admissions are displayed in Figure 36. Only the top 5 causes of Elective Admissions and Emergency Admissions account for 68% and 67% respectively.

Figure 36: Top 10 causes of admissions, by primary ICD-10 chapter, Havering CCG registered population, 2015/16



Data source: Secondary Uses Services (SUS)

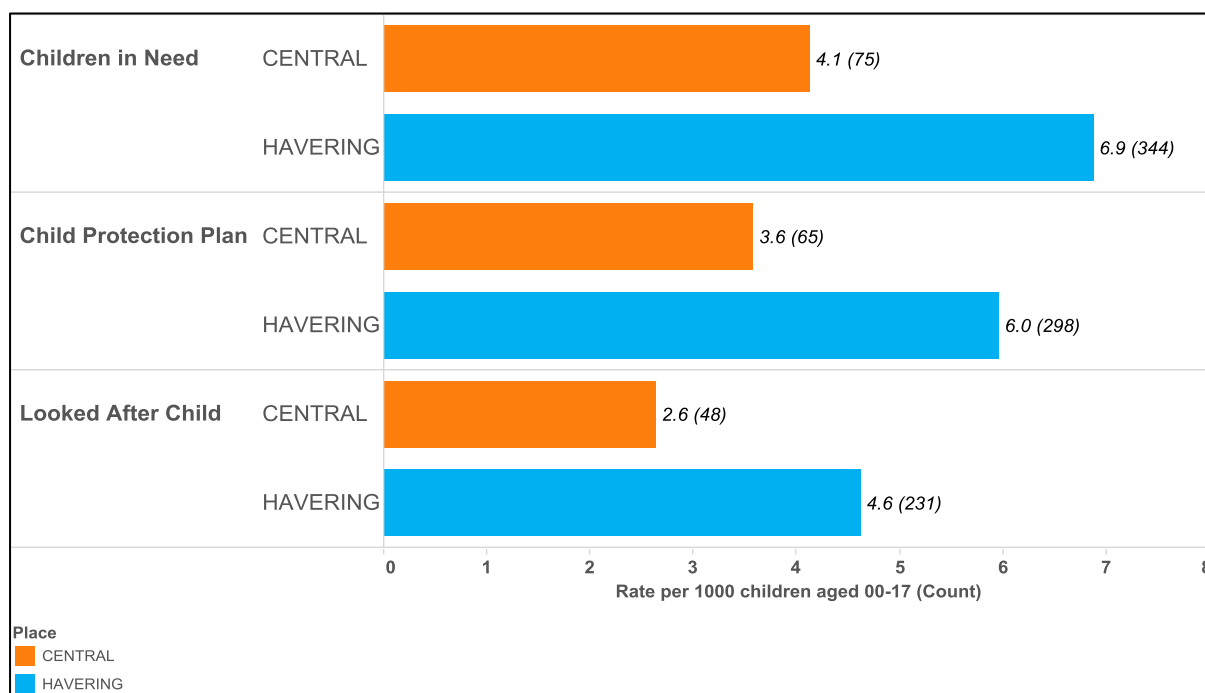
¹⁸ Secondary Uses Services (SUS)

8.2 Children's Social Care

8.2.1 Children's Centres

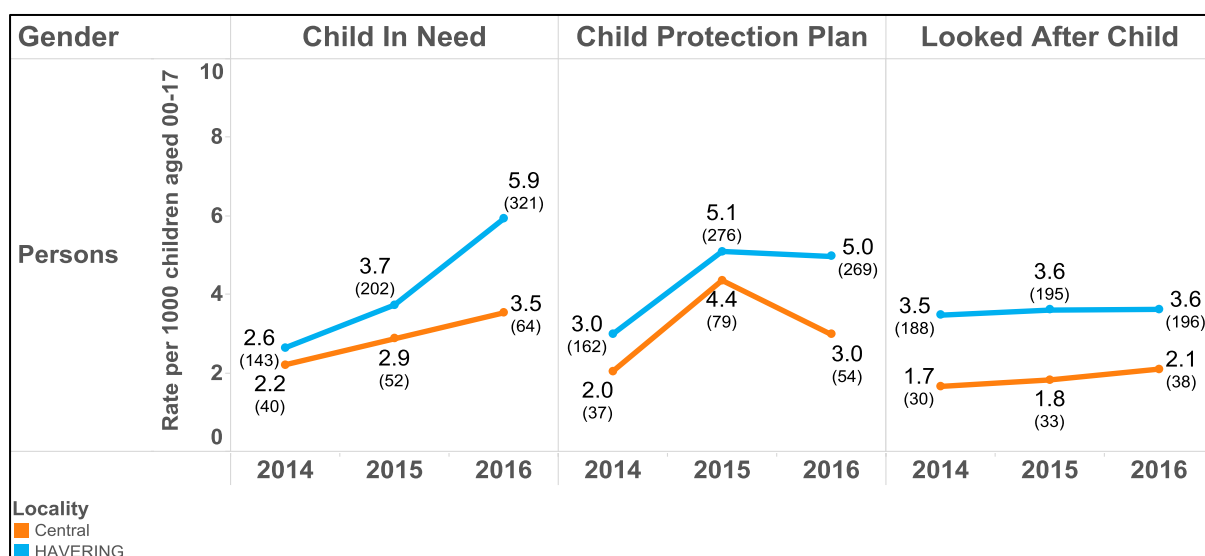
The rate of children's social care activity appears to be noticeably lower than the Havering average across all three types of plans in the Central Locality.

Figure 37: Rate of children's social care activity by type of plan per 1,000 children aged under 18 years, Central Locality and Havering 2014-2016



Data source: Children's Social Care Case Management System; Produced by Public Health Intelligence

Figure 38: Rate of children's social care activity by type of plan and Gender per 1,000 children aged under 18 years, Central Locality and Havering 2014 to 2016



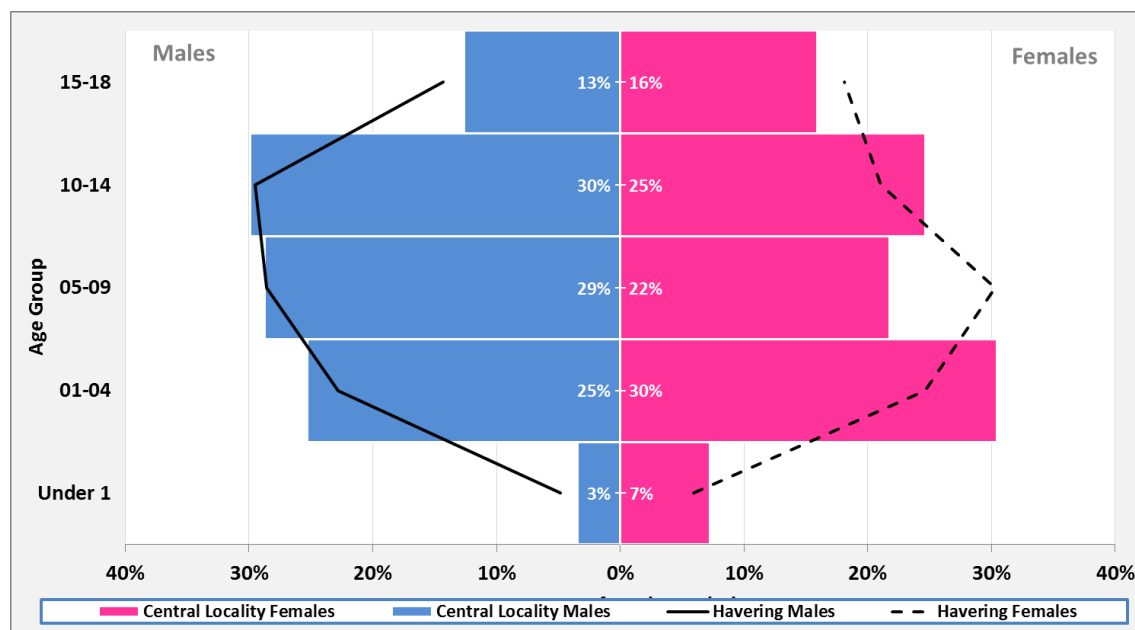
Data source: Children's Social Care Case Management System; Produced by Public Health Intelligence

Table 5 Table of count of children in need activity, Central Locality, 2014-2016

AGEBAND	GENDER	
	M	F
Total	87	69
Under 1	3	5
01-04	22	21
05-09	25	15
10-14	26	17
15-18	11	11

Data source: Children’s Social Care Case Management System; Produced by Public Health Intelligence

Figure 39 Population Pyramid of children in need activity, Central Locality and Havering, 2014-2016



Data source: Children’s Social Care Case Management System; Produced by Public Health Intelligence

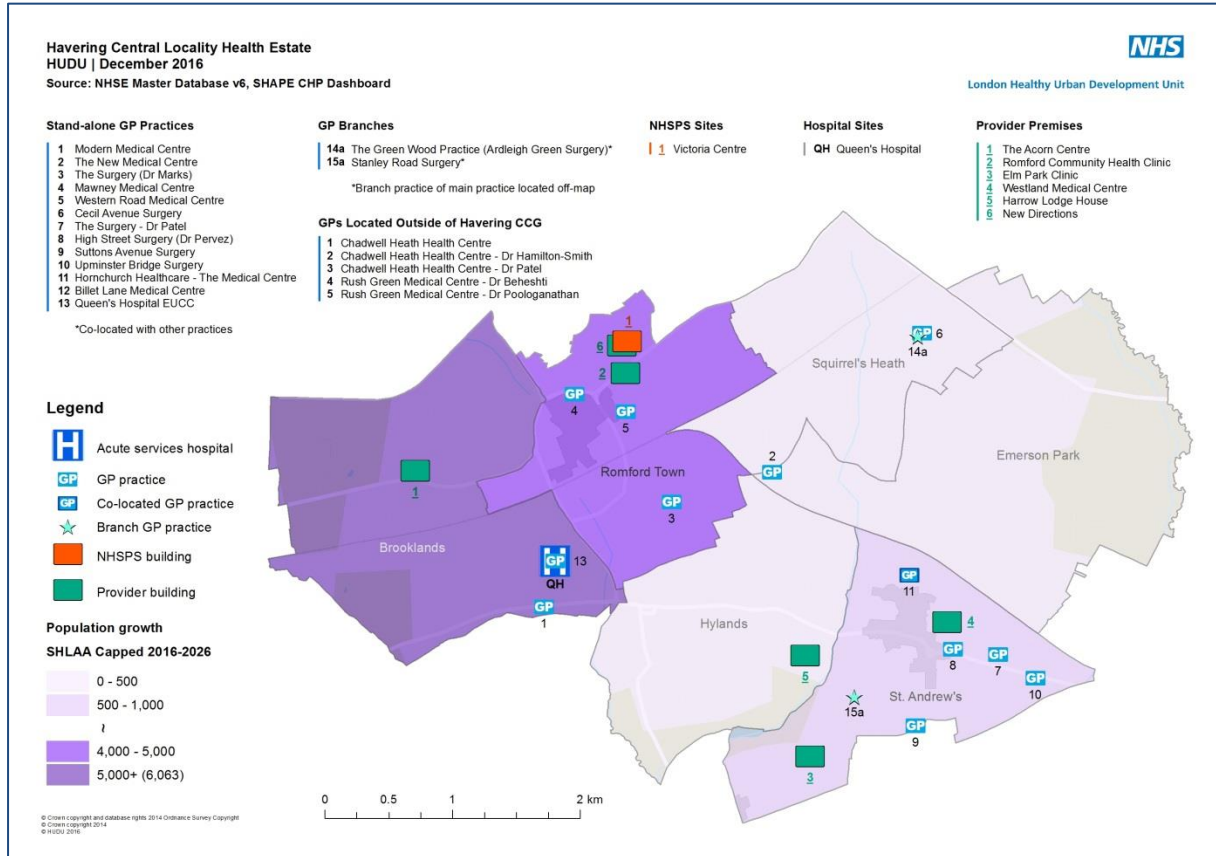
The children in need activity in Central Locality appears to generally follow a similar pattern to Havering across all age groups in males but slightly different in females; the highest proportion of activity is shown within the age group 10 – 14 among both males (30%) and ages 1 – 4 in females (30%).

8.3 Adult Social Care

Information and recent data are not immediately available at locality level (or smaller geographical level); this section will be updated if it becomes possible to do so.

8.4 Primary Health Care

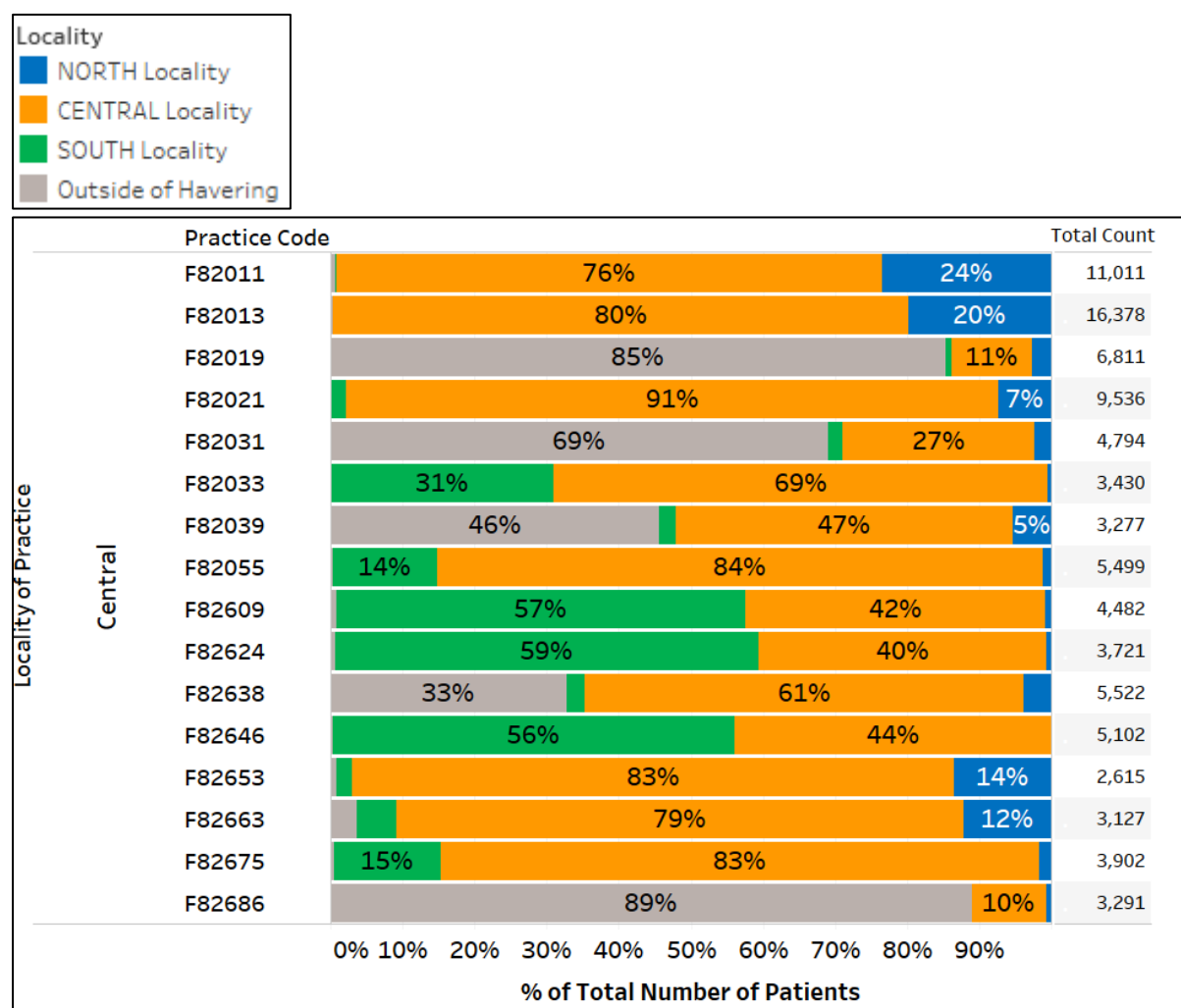
8.4.1 Map of Health Estates



8.4.2 Health Services

GP practices within the Central locality appear to have the greatest variety with regards to the origin of the locality of the registered patients with 7 out of 16 practices having less than half of their registered population from the Central locality. Practices F82686 and F82019 have the lowest proportion of population who are residents at the Central location at 10% and 11% respectively; the rest of the patients from these two practices are residents outside of Havering.

Figure 40: Proportion of GP practice population by locality of residence within the Central Havering locality



Source: Health Analytics, December 2016

Primary Care

The average number of patients registered with North Locality (Havering CCG) practice per GP (Full Time Equivalent, FTE) is 2,222, which is higher than Havering (2,079 patients per GP-

FTE), London average (6825 patients per GP-FTE) and the England average (5252 patients per GP-FTE) (Figure 41).

The workload per GP will vary not only because of the number of registered patients but also the level of ill health amongst registered patients. GPs based in areas with higher levels of deprivation are also more likely to have increased demand for services.

Figure 41: Number of registered patients per GP, Havering Clinical Commissioning Group (HCCG) GP practices, Havering CCG, London average, England Average 2016



Data source: NHS Digital (Numerator: number of patients registered at a GP Practice as at December 2016; and denominator: number of GPs (FTE) linked to a GP practice as at January 2017); Produced by Public Health Intelligence