

## Chapter 1

### Introduction

#### Aim of the Document

To provide descriptive overview of demographics and health needs of the population in the Church Street Masterplan area to inform health services planning. This area represents an important, and rare, opportunity to address health inequalities in the short, medium and long term. It is vital that *each* of these are considered before agreeing the final Masterplan. Future primary care and pharmacy services need to maximise opportunities for health promotion and health improvement if inequalities are to be addressed. This may include integration or co-location of Primary Care and Health Promotion/Improvement services and improved uptake of schemes which target the diseases which are the biggest contributors to health inequalities, namely cardiovascular disease, cancer and respiratory disease. These schemes include NHS Health Checks, MyAction, flu jabs and patient profiling.

#### Key Points

The Church Street Masterplan area is among the most densely populated and most deprived areas in London, with a highly diverse population comprising a large number of families with children and young people. This creates significant challenges to achieving effective service provision.

Overall health in the area is among the worst in both Westminster and London. The premature death rate (ie among those aged under 75 years) in the ward is more than 50% higher than the national average and results in around 13 additional early deaths each year beyond what would be expected.

Health outcomes appear to be particularly poor for men, across a range of different conditions.

Although health and mortality is poor across many conditions, cardiovascular disease (CVD) in the area is alarmingly high for both men and women. Early death is more than twice as common as the national average, with around 6-7 more premature deaths each year than would be typical, and around 9 more all age deaths.

The burden in hospitals from respiratory disease among men is much higher than would be expected and the prevalence of COPD in General Practice is also higher; this is likely to be linked to smoking.

Whilst cancer is less of an outlier than CVD, mortality rates are still poorer than average and account for a third of early death and quarter of all death in Church Street ward.

Mental ill-health appears to represent a significant burden in the Church Street area. Around 1 in 20-25 residents of Church Street claim incapacity benefit for mental health reasons, within the top 10 of any ward in London. Diagnosed prevalence of depression is a third higher than London and severe & enduring mental illness is 50% higher.

Not surprisingly, given the health status of the local population, the number of people at high risk of hospital admission is twice as high as is typical for the CCG. Unscheduled care forms a greater part of local resident's annual hospital costs, which across all hospital settings are one and a half times the CCG average.

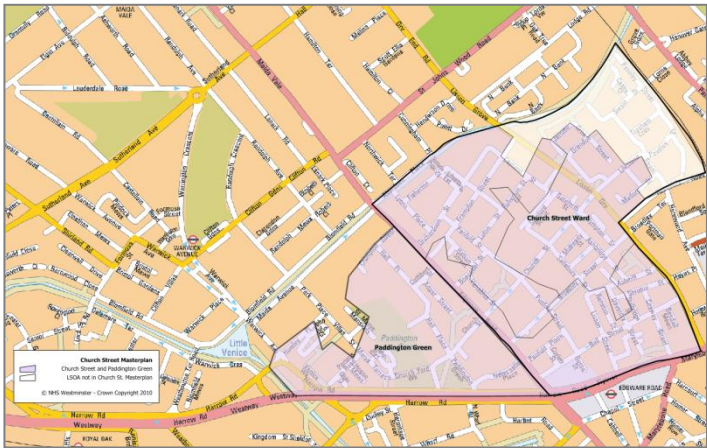
Health among children also appears to be poor, with among the highest rates of child obesity among Year 6 age children and higher than average numbers of accidents and injuries.

The national GP survey suggests the four local GP practices are popular among patients and the quality of clinical care, as measured by the Quality and Outcomes Framework (QOF), is generally high. Cancer screening rates are good for the CCG but fall short of national targets in some instances. Immunisation uptake among two year olds is high but lower for 1 and 5 year olds. There is scope for significant improvement around bowel screening.

## Chapter 2 Locality

The ward of Church Street is located within the northeast of Westminster. It is bordered to the north by Regent’s Park, the south east by Bryanston and Dorset Square, at its southernmost point by Hyde Park and to the west by Little Venice. Paddington Green area sits within Little Venice ward. The Church Street Master Plan area (see figure 1 below) comprises the large majority of the Church Street ward and a smaller portion of Little Venice ward.

Map 1: The Church Street and Paddington Green area



An approximation to the Masterplan area can be achieved using the Middle Super Output Area of E02000968 (Westminster 009) or six of the Office of National Statistics’s LSOAs, listed below.

|   |  |
|---|--|
| Definition of the Masterplan area in terms of ONS LSOAs | E01004670*<br>E01004671<br>E01004672<br>E01004673<br>E01004702 |
|---|--|

\*Only a small area of LSOA (E01004670) is included in the Masterplan. This LSOA has been left in the analysis as together with E0100471/2/3 it makes up the whole ward of Church Street. This is shaded white in Figure 1. E01004702 covers the whole of Paddington Green towards the south of Little Venice ward.

In many cases, the Church Street ward has been used to characterise the local population. This contains the majority of the population and is likely to be a reasonable description of the characteristics of the Masterplan population. By using the ward data, accurate comparisons with other wards can be made.

Population size

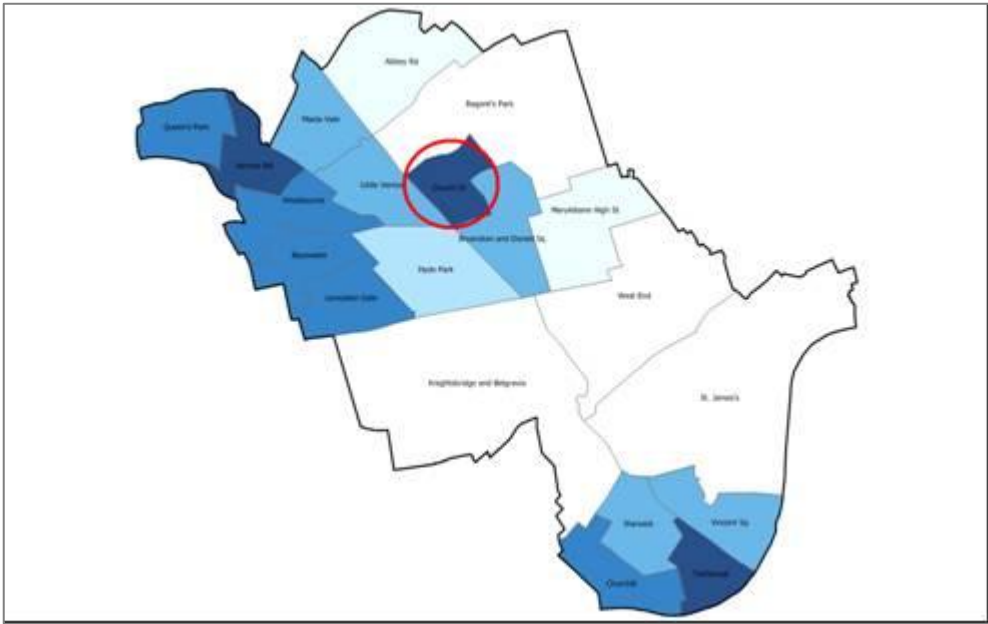
Estimates of population of the Church Street area have been summarised below:

| Area   | Population    |
|--|---------------|
| Resident population of Masterplan (MSOA Westminster 009) 2011 Census | 14,358 people |
| GP registered population of Masterplan Exeter April 2012             | 16,396 people |
| Resident population of Church Street ward 2011 Census                | 11,760 people |

Resident Population Density and overcrowding

High housing density is often a characteristic of areas of social housing. Infectious diseases and outbreaks, such as meningitis and tuberculosis, are more common among high density population areas. According to the 2011 Census, Church Street ward is the most densely populated ward in London, with 11,760 people living in 44 hectares. This is 264 people per hectare, compared to 102 people in Westminster and 52 people in London, five times the average London density. In addition, the Masterplan area is the 15<sup>th</sup> highest of MSOAs in London for overcrowding, as measured by the ONS Census Occupancy rating, with 41% of households having a rating of -1 or less.

Map 2: Population Density by Westminster ward, 2011 Census



## Daytime and working population

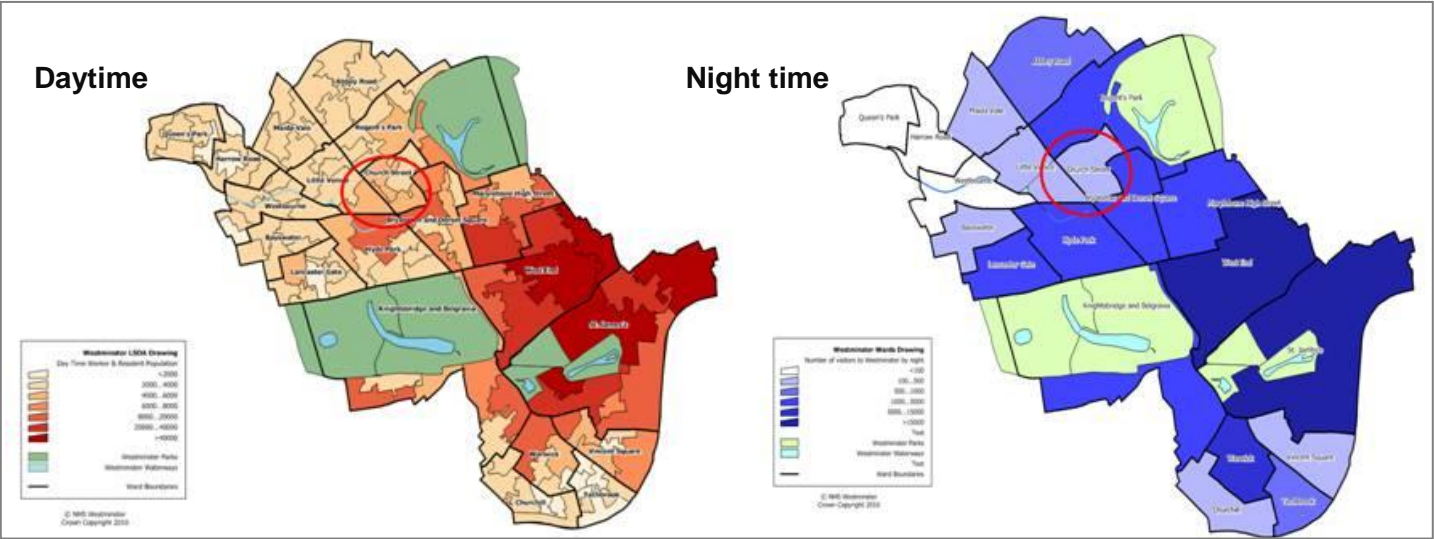
Daytime and working populations can have an impact on the type and volume of services required to meet needs, as well as accessibility of those services throughout the day. The daytime and working visitor population of Church Street is estimated to be between 2,000 and 6,000 people, and 4,000-6,000 people in Paddington Green area. This is relatively low compared to many other areas of the borough, which are more popular locations for retail and offices. *It is important to note that double counting may occur in Westminster residents who work in Westminster.*

## Night time visitor population

A large night-time population is largely a feature of popular entertainment areas and has impacts on levels of service need and use. In particular, ambulance call-outs and crime, particularly alcohol-related, are often influenced by the night time population.

The Church Street ward and Paddington Green area has a relatively low night-time visitor population, estimated to be 100-500 people. This contrasts strongly with the area to the south, which experiences substantial night-time volumes.

Map 3: Daytime and night time population – based on resident population (ONS mid year estimate (2008)) and working population



# Age

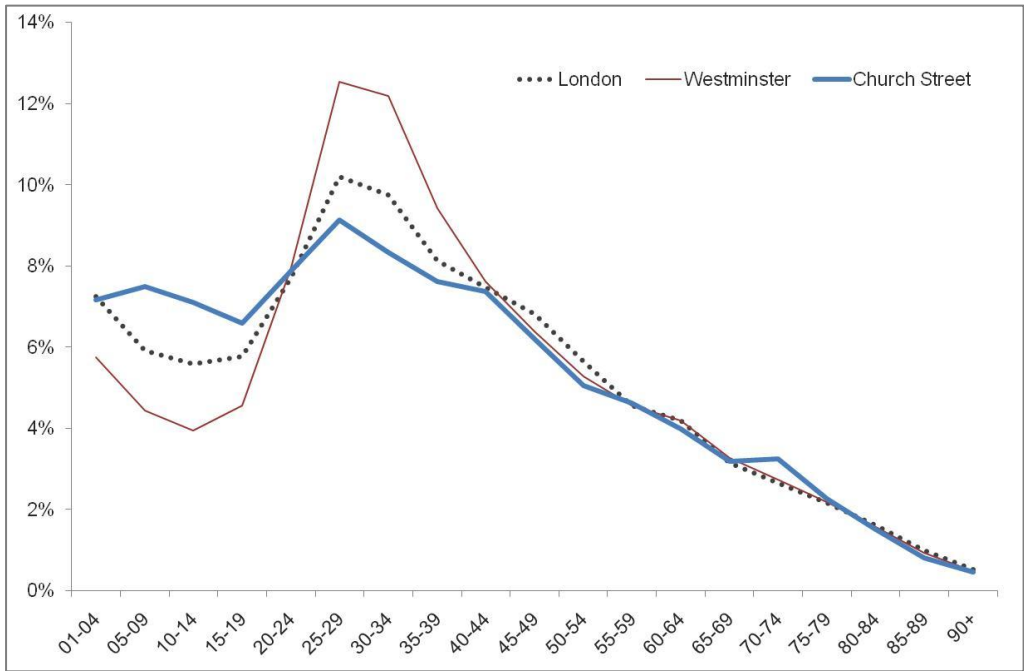
Age is a major determinant of the health need. Older age groups and youngest age groups are known to be highest users of health services. High rates of morbidity due to cancer, cardiovascular disease (CVD) and respiratory diseases are observed among older age groups, often along with high rates of A&E attendances and emergency admissions. Among the youngest age groups, asthma and allergies are often the commonest causes of unscheduled hospital use.

There is a much smaller proportion of working age adults (aged 20-64) in Church Street ward, in comparison to London, but particularly in comparison to Westminster (Church Street 60.2%; Westminster 70.1%; London 64.4%). The age group with the highest population for Church Street ward is 25-29 years. Although this is common among Westminster residents generally, there are far fewer people in this age band than the Westminster average.

Church Street ward has 50% more 0-19 year olds than is typical for Westminster and 15% more than London. In particular, there is a much higher proportion of 5-14 year olds. Children and young people constitute around 20% of the total population, compared to just over 12% for Westminster as a whole.

The proportion of older people is slightly higher than the Westminster and London average, with residents aged 65+ accounting for 11.4% of the total ward population. The proportion of older people locally is far smaller than nationally (England aged 65+: 16.3%).

Chart 1: Age breakdown for Church Street Ward, 2011 Census





## **Births and Deaths**

The number of births and deaths in a population are significant as this can determine the types of services needed for the population, for example health visiting resource or resource around supporting those in 'end of life' care.

The Church Street area has a higher number of births per population size than is typical for London and England: over 2010-2012, there were:

- 214 births a year on average in the Masterplan area, or around 18 a month, which is higher than the London average (the proportion of births of low birth weight is broadly similar to the London average)
- 84 deaths a year on average, or 7 deaths a month, which is slightly higher than the London average.

Causes of death have been examined in further depth later in this report.

## **Ethnicity**

Ethnicity is one of the determinants of health. For instance, South Asian population groups are known to be at high risk of cardiovascular disease. A high proportion of Middle Eastern population groups smoke shisha. White Other and Bangladeshi groups have a high proportion of cigarettes smokers. Alzheimer's diseases are high among white Caucasian groups. Also, ethnic minority populations tend to live in more deprived areas, predominantly in areas of social housing, further impacting on health. Unscheduled hospital care – emergency hospital admissions and A&E attendances – have also been found to be high nationally among Black, White other and Middle Eastern ethnic groups. Certain ethnic groups or nationalities, particularly first generation migrants, may experience significant barriers to accessing services or have more limited experience of using the NHS. Language barriers can impact on this further.

Church Street is an extremely culturally and ethnically diverse area, with 62% of residents coming from a Black or minority ethnic (BME) group, compared to 38% in Westminster and 40% in London. This is the highest proportion of any ward in the Tri-borough area.

Whilst the single largest ethnic group in Church Street ward is White British (22%), there is half the proportion from the White British group compared to the London average. The White Other ethnic group is second most common, although relative to Westminster, this group is small. The 'Arab' ethnic group, introduced for the 2011 Census, accounts for 1 in 7 of the local population, the second highest in Westminster after Hyde Park ward and ten times the London average. The ward also has a very large Bangladeshi population, comprising 1 in 10 of the population, 4 times higher than the borough and London averages.

Chart 2: Summary ethnicity breakdown for Church Street Masterplan area, Westminster and London, 2011 Census

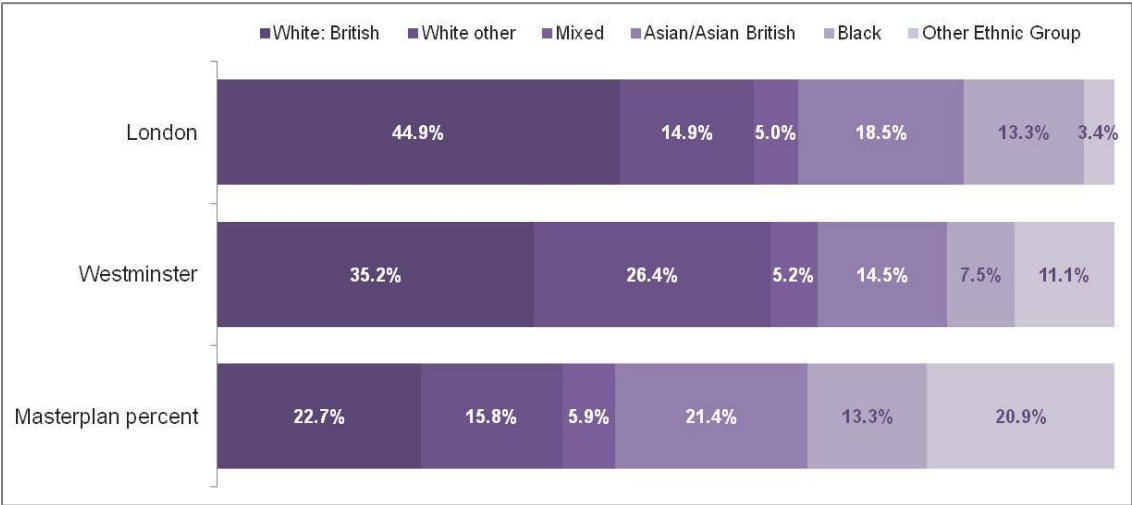


Table 1: Detailed ethnicity breakdown for Church Street Masterplan area, 2011 Census

| Ethnicity                                  | Masterplan numbers | Masterplan percent | Westminster | London |
|--|--------------------|--------------------|-------------|--------|
| White: British                             | 3,259              | 22.7%              | 35.3%       | 44.9%  |
| White: Irish                               | 277                | 1.9%               | 2.3%        | 2.2%   |
| White: Gypsy or Irish Traveller            | 2                  | 0.0%               | 0.0%        | 0.1%   |
| White: Other White                         | 1,983              | 13.8%              | 24.1%       | 12.7%  |
| Mixed: White and Black Caribbean           | 159                | 1.1%               | 0.9%        | 1.5%   |
| Mixed: White and Black African             | 202                | 1.4%               | 0.9%        | 0.8%   |
| Mixed: White and Asian                     | 232                | 1.6%               | 1.6%        | 1.2%   |
| Mixed: Other Mixed                         | 261                | 1.8%               | 1.8%        | 1.5%   |
| Asian/Asian British: Indian                | 292                | 2.0%               | 3.3%        | 6.6%   |
| Asian/Asian British: Pakistani             | 205                | 1.4%               | 1.1%        | 2.7%   |
| Asian/Asian British: Bangladeshi           | 1,505              | 10.5%              | 2.9%        | 2.7%   |
| Asian/Asian British: Chinese               | 323                | 2.2%               | 2.7%        | 1.5%   |
| Asian/Asian British: Other Asian           | 750                | 5.2%               | 4.6%        | 4.9%   |
| Black: African                             | 1,175              | 8.2%               | 4.2%        | 7.0%   |
| Black: Caribbean                           | 383                | 2.7%               | 2.0%        | 4.2%   |
| Black: Other Black                         | 349                | 2.4%               | 1.3%        | 2.1%   |
| Other Ethnic Group: Arab                   | 2,063              | 14.4%              | 7.2%        | 1.3%   |
| Other Ethnic Group: Any Other Ethnic Group | 938                | 6.5%               | 3.9%        | 2.1%   |
| All Usual Residents                        | 14,358             | 100.0%             | 100.0%      | 100.0% |

|                                    |  |
|------------------------------------|--|
| Higher than Westminster and London |  |
| Between Westminster and London     |  |
| Lower than Westminster and London  |  |



## Country of Birth

44% of the GP registered population who live in the Masterplan area were born outside of UK according to GP registrations. The area is highly diverse, with no one significant majority country of birth after UK.

After the UK-born population, the highest proportions of GP practice registered patients are from Iraq and Bangladesh. There are significant numbers from the Middle East and North Africa as well as from 'refugee' countries.

**Table 2: Most common countries of birth, Exeter GP registration data 2012. UK figure includes unknowns**

| Country of birth      | Number      | Percent      |
|-----------------------|-------------|--------------|
| UK                    | 9135        | 55.7%        |
| Iraq                  | 721         | 4.4%         |
| Bangladesh            | 622         | 3.8%         |
| Kuwait                | 395         | 2.4%         |
| Morocco               | 295         | 1.8%         |
| Lebanon               | 291         | 1.8%         |
| Kosovo                | 205         | 1.3%         |
| Sudan                 | 180         | 1.1%         |
| Italy                 | 176         | 1.1%         |
| Philippines           | 171         | 1.0%         |
| France                | 170         | 1.0%         |
| Former USSR           | 161         | 1.0%         |
| Egypt                 | 156         | 1.0%         |
| India                 | 154         | 0.9%         |
| Ireland               | 139         | 0.8%         |
| Pakistan              | 134         | 0.8%         |
| Somalia               | 131         | 0.8%         |
| Portugal              | 129         | 0.8%         |
| Algeria               | 128         | 0.8%         |
| Iran                  | 127         | 0.8%         |
| <i>Other mentions</i> | <i>2776</i> | <i>16.9%</i> |
|                       | 16396       | 100.0%       |

## Spoken Language

Some of the people in Church Street are likely to only speak their native language. In order to reduce barriers to care, health services need interpreters, and health promotion needs to be carried out in appropriate languages.

60% of residents of Church Street ward speak English as their main language at home, which is the lowest in the Tri-borough area and much lower than London (78%). The most common language spoken at home other than English is Arabic (12%), followed by Bengali (6%). There are more Arabic speakers in this ward than any other Tri-borough ward.

*Table 3: Main home languages spoken at home, Church Street ward, 2011 Census*

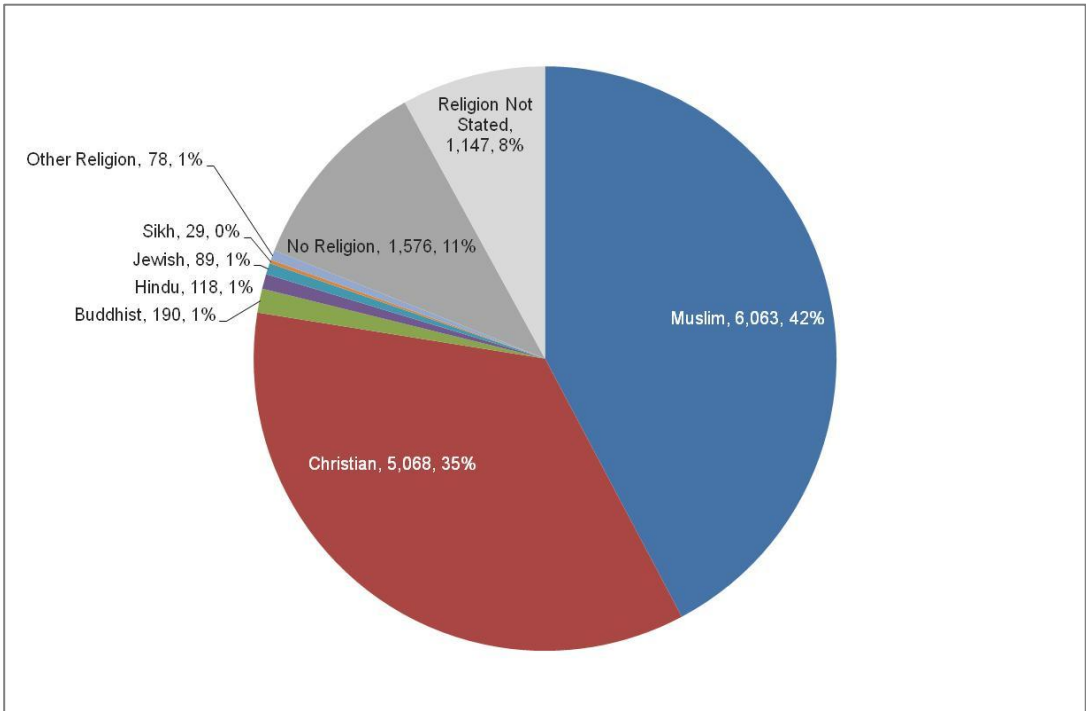
|                                     | Church Street | Percent |
|-------------------------------------|---------------|---------|
| English                             | 6724          | 60%     |
| Arabic                              | 1296          | 12%     |
| Bengali (With Sylheti and Chatgaya) | 641           | 6%      |
| Kurdish                             | 387           | 3%      |
| Other European Language (EU)        | 381           | 3%      |
| East Asian Language                 | 379           | 3%      |
| African Language                    | 300           | 3%      |
| Other European Language (Non EU)    | 219           | 2%      |
| Spanish                             | 204           | 2%      |
| French                              | 185           | 2%      |

## Religion

Health services may need to be sensitive towards certain religious beliefs and cultural backgrounds of individuals. Diverse ethnic and religious groups mean that services should consider the sensitivity to which patients expect to be treated based on personal belief and custom. For example a Muslim woman is more likely to expect female practitioners.

Four out of ten residents of Church Street Masterplan area are Muslims (42%, compared to 18% in Westminster), with Church Street Ward falling into the highest 3% in London. The number of Muslims (around 6,000) outweighs the number of Christians (around 5,000).

Chart 3: Breakdown of Religion in Church Street, Masterplan area, ONS census 2011

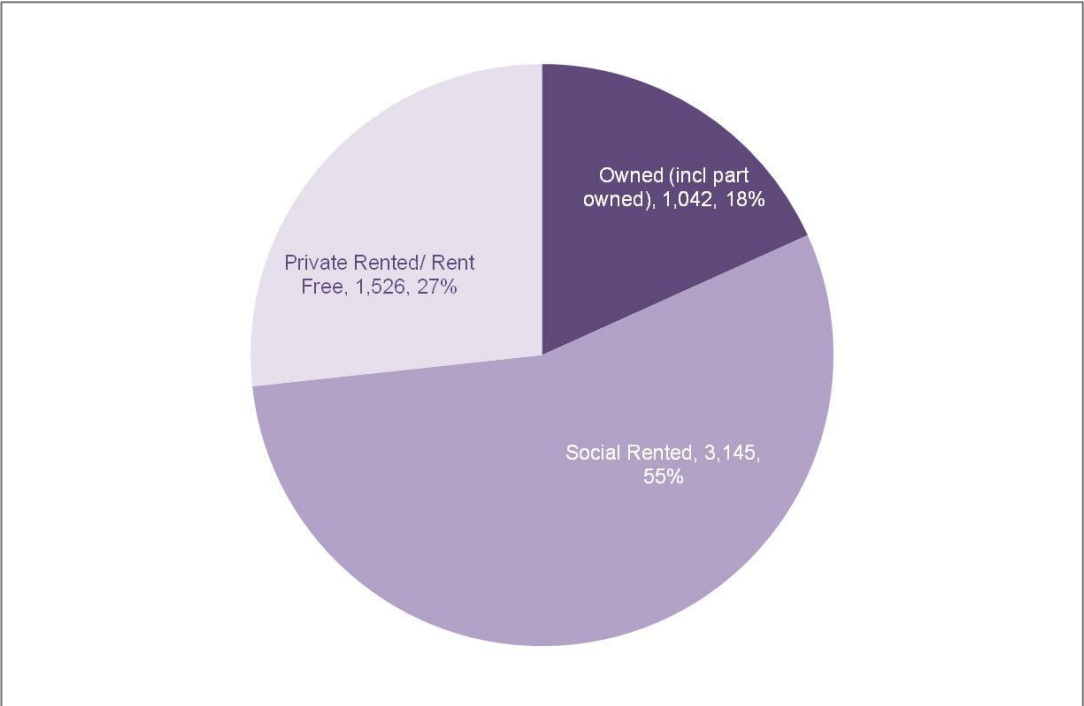


# Tenure

Those living in social housing tend to have greater health needs, either relating to material deprivation experienced and/ or because of underlying health conditions that have resulted in eligibility for social housing.

According to the 2011 Census, over half the households in the Church Street Masterplan area are classified as social housing, with just 1 in 5 households owned and a slightly higher proportion rented privately. Church Street ward falls within the highest 3% of wards in London for the proportion of social housing.

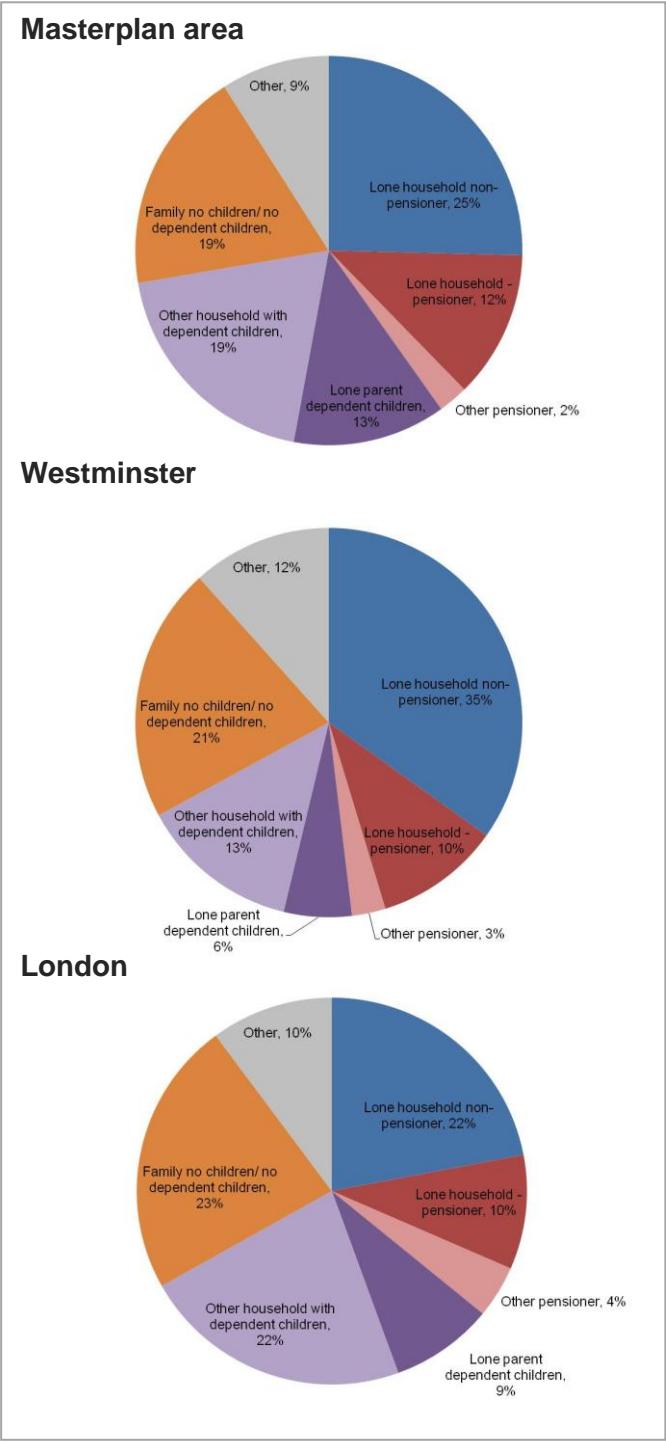
Chart 4: Breakdown of Housing Tenure in Church Street, Masterplan area, ONS census 2011



# Household composition

The Masterplan area has a very high proportion of lone parent households with dependent children compared to Westminster and London. There are also a greater proportion of lone pensioners compared to Westminster and London, and more families with dependent children compared to Westminster. These groups are known to require additional resource from health and social care services.

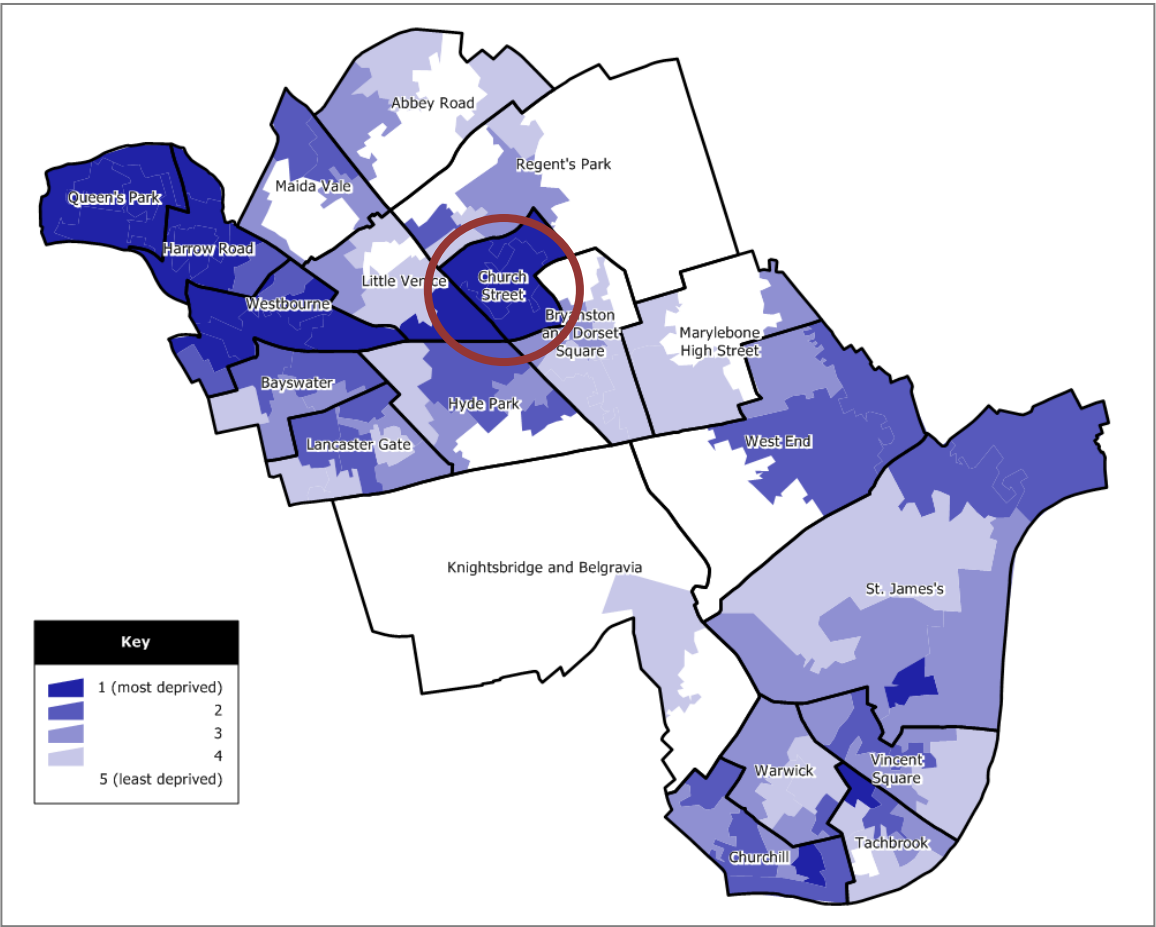
Chart 5: Household composition of Church Street Masterplan resident compared to Westminster and London, 2011 Census



# Deprivation

Those in the most deprived quintile of the population experience significantly poorer health than those who are more affluent and generally tend to be greater users of healthcare. Church Street ward is one of the most deprived wards in London and falls into the most deprived 10% nationally. All of the LSOAs in the ward fall within Westminster's most deprived deprivation quintile.

Map 4: Index of Multiple Deprivation by ward and Lower level super output area, 2010, national quintiles (groups of 20%)



## Children living in Poverty

The developing foetus and the growing child seem to be particularly vulnerable to the adverse effects of poverty. For example, infants in the lowest income families have a nine-fold increased risk of sudden unexpected death in infancy compared with those with a higher weekly income. Also, iron deficiency anaemia and asthma have been shown to be associated with lower socio-economic class.

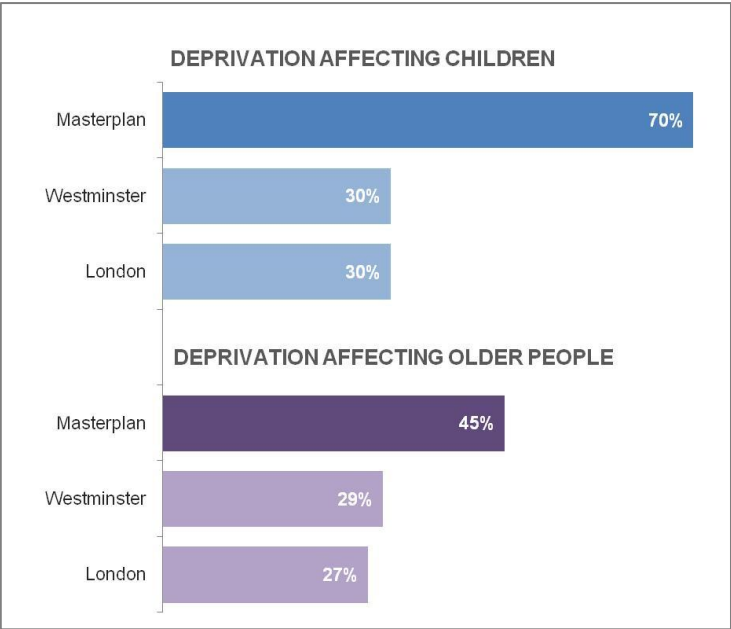
The income deprivation affecting children index (IDACI) indicates the proportion of children under 16 living in low income households. The proportion in Church Street is far higher than Westminster and London averages, with 70% of households with children living in income deprived conditions, more than twice the Westminster and London rates.

## Older people living in Poverty

Poverty can also have a profound effect on older people, such as through poorly heated homes, which can exacerbate emergency hospital use (for example for COPD). There is a direct link between poverty and premature death.

The income deprivation affecting older people index (IDAOPI) indicates the proportion of people aged 60+ living in low income households. The proportion in the Church Street Masterplan area is far higher than Westminster and London averages, with 45% of households with older people receiving means tested benefits, one and a half times the London average.

Chart 6: Index of deprivation affecting children and older people for Church Street Ward, 2010 (IDACI and IDAOPI)





## Benefit Claimants

The proportion of the population claiming out of work benefits in the Church Street ward area in May 2012 was almost twice as high as the Westminster average and 60% higher than nationally. This is a reflection of the level of need in the Church Street area.

Half of all benefit claimants in Church Street ward claim incapacity benefit/ESA, with the claimant rate twice as high as the Westminster and national averages. The rate for incapacity benefit is the third highest in London after Queen's Park and Westbourne (both in Westminster). There are also much higher rates of carers' benefits, lone parent benefits and job seekers allowance.

*Table 4: Out of work benefits for Church Street Ward, May 2012, NOMIS*

|                                   | Church Street numbers | Church Street % | Westminster  | Great Britain |
|-----------------------------------|-----------------------|-----------------|--------------|---------------|
| <b>Total claimants</b>            | <b>2,270</b>          | <b>23.1%</b>    | <b>13.0%</b> | <b>14.4%</b>  |
| Job seekers                       | 490                   | 5.0%            | 3.0%         | 3.7%          |
| ESA and incapacity benefits       | 1,145                 | 11.6%           | 6.8%         | 6.3%          |
| Lone parents                      | 230                   | 2.3%            | 1.3%         | 1.5%          |
| Carers                            | 220                   | 2.2%            | 0.9%         | 1.2%          |
| Others on income related benefits | 65                    | 0.7%            | 0.4%         | 0.4%          |
| Disabled                          | 110                   | 1.1%            | 0.6%         | 1.1%          |
| Bereaved                          | 10                    | 0.1%            | 0.1%         | 0.2%          |
| <i>Key out-of-work benefits</i>   | <i>1,930</i>          | <i>19.6%</i>    | <i>11.5%</i> | <i>11.9%</i>  |

## Incapacity Benefit for Specific Conditions

The number of incapacity claimants for mental and physical disorders gives an indication of the burden of mental and physical illness in the area.

Westminster has a particularly high burden of mental illness, with six wards falling within the highest ten in all London for claimants of incapacity benefit for mental health reasons, and a further 18 falling into the 20% highest. Church Street ward is the third highest in all London, with around 1 in 20-25 of its total working age population claiming incapacity benefit for mental health reasons, or 310 people. The number of working age people claiming incapacity benefit for musculoskeletal disorders in Church Street is among the highest in all London, with 120 claiming in the ward.

Many claiming incapacity benefit are in the process of migrating onto Employment Support Allowance (ESA).

## Education

There is a positive link between educational attainment and health. Evidence suggests that increased time in the educational system and higher educational attainment is associated with better overall health status and healthier lifestyle behaviours. As we can see in the table below, a large proportion of residents have no qualifications at all, which is well above the Westminster and London averages. The next highest category of residents is for those who have attained level 4/5, a certificate of higher education, which is also less than the Westminster average.

*Table 5: Level of qualification in Church Street Masterplan area, Census 2011*

|   | Church Street<br>Numbers | Church Street<br>% | Westminster | Great Britain |
|---|--------------------------|--------------------|-------------|---------------|
| No qualifications                             | 3,048                    | 28%                | 13%         | 23%           |
| Highest qualification attained<br>level 1     | 1,131                    | 10%                | 7%          | 13%           |
| Highest qualification attained<br>level 2     | 1,130                    | 10%                | 8%          | 15%           |
| Apprenticeship                                | 121                      | 1%                 | 1%          | 4%            |
| Highest qualification attained<br>level 3     | 991                      | 9%                 | 9%          | 12%           |
| Highest qualification attained<br>level 4 / 5 | 2,983                    | 27%                | 50%         | 27%           |
| Other qualifications / level<br>unknown       | 1,619                    | 15%                | 13%         | 6%            |

## Crime

Westminster has a very high crime rate of 259 incidents per 1,000 head of population; in contrast, Church Street sees a lesser 93 incidents per 1,000. Westminster has particularly high rates due to the large number of visitors in parts of the borough, such as St James ward (1,658 incidents of crime per 1,000\*) and the West End (2,100 incidents of crime per 1,000). Crimes involving drugs, criminal damage and violence against individuals in Church Street ward are higher than London averages, but lower than Westminster. No data is available on the fear of crime, which is known to have an impact on the wellbeing of local residents.

*Table 6: Crime Rates in Church Street, LASS site for crime analysts (GLA) 2010/11*

| Rate /1,000                 | Church Street | Westminster | London |
|-----------------------------|---------------|-------------|--------|
| Total Notifiable Offences   | 93            | 259         | 97     |
| Violence Against The Person | 29            | 36          | 21     |
| Robbery                     | 3             | 7           | 4      |
| Burglary                    | 7             | 14          | 12     |
| Theft And Handling          | 28            | 163         | 40     |
| Criminal Damage             | 12            | 12          | 11     |
| Drugs                       | 12            | 24          | 8      |
| Other Notifiable Offences   | 2             | 3           | 1      |

*\*Relatively low resident population but a massive visitor/working population, hence crime rates appear high.*

## Children with a Child Protection Plan

Data dating from May 2011 identifies a greater number of children with a child protection plan than any other ward in the Tri-borough area, with the exception of Golborne ward in Kensington and Chelsea.

## Air Pollution

According to the WHO, air pollution is a significant risk factor for multiple health conditions including respiratory infections, heart disease, and lung cancer. The majority of pollutants are less than the Westminster average with the exception of sulphur dioxide and particulate matter (PM10) especially from road transport. Because of their small size, particles on the order of ~10 micrometers or less (PM10) can penetrate the deepest part of the lungs such as the bronchioles or alveoli and cause health problems. Sulphur dioxide is a major air pollutant and also significant impacts upon human health. Inhaling sulphur dioxide is associated with increased respiratory symptoms and disease, difficulty in breathing, and premature death.

*Table 7: Emissions, Neighbourhood Statistics 2005 – Intensity Score 1-8, 8 being the maximum*

| Theme                   | Proportion | Church Street | Westminster | London |
|-------------------------|------------|---------------|-------------|--------|
| NOx Intensity           |            | 8             | 8           | 7      |
| Industry                |            | 3             | 3           | 5      |
| Domestic and Commercial |            | 24            | 30          | 28     |
| Road Transport          |            | 65            | 59          | 57     |
| Other                   |            | 8             | 8           | 9      |
| SO2 Intensity           |            | 7             | 6           | 4      |
| Industry                |            | 4             | 7           | 7      |
| Domestic and Commercial |            | 3             | 2           | 7      |
| Road Transport          |            | 34            | 35          | 33     |
| Other                   |            | 59            | 56          | 54     |
| PM10 Intensity          |            | 8             | 8           | 6      |
| Industry                |            | 4             | 5           | 7      |
| Domestic and Commercial |            | 5             | 7           | 5      |
| Road Transport          |            | 78            | 74          | 65     |
| Other                   |            | 12            | 15          | 23     |

Generally, Westminster is one of the most polluted areas of London as it has high domestic, commercial and road transport activity. Sulphur dioxide intensity in Church Street is higher than the average Westminster emission intensity, with the majority coming from other sources (including waste, other transport, agricultural and natural). Particulate matter (PM10) levels, although similar levels to Westminster are higher than that of London. The PM10 from road traffic is higher than both Westminster and London. This could be an explanation to the high prevalence of respiratory disease here (see Appendix 3). Asthma rates, especially among children, and the related care provision at school, may need to be monitored.

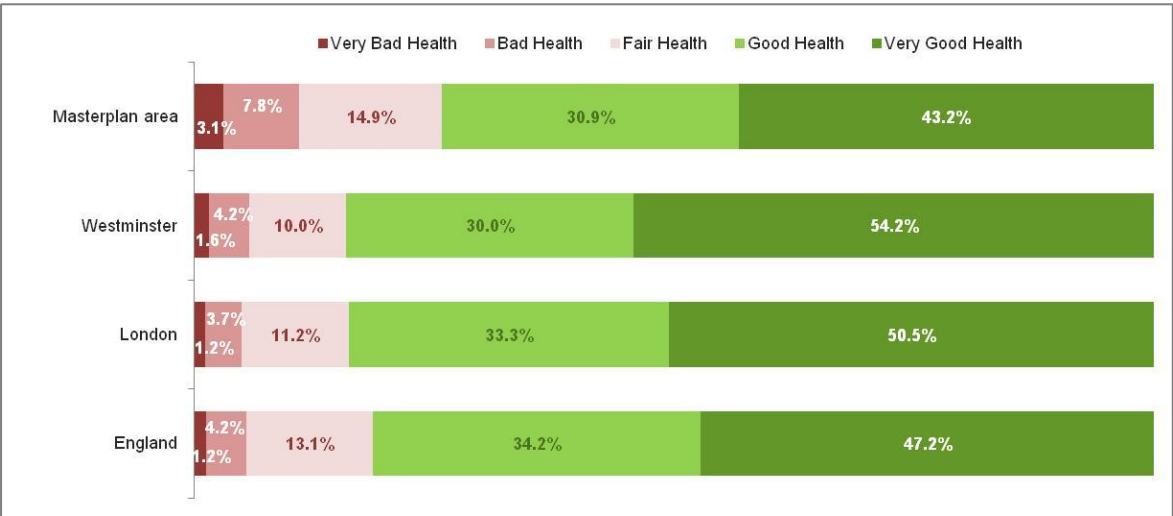
### Chapter 3 Burden of Ill Health

Church Street is a highly deprived, ethnically and culturally diverse area. The burden of long term conditions and disabilities is high in the area, leading to greater early death from potentially preventable causes, as well as greater pressure on the local health service provision.

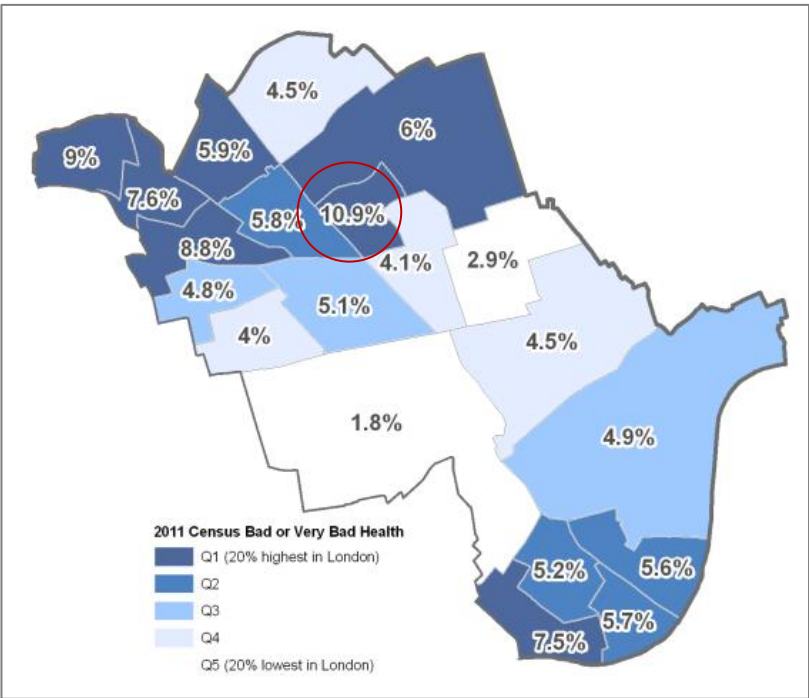
#### Self-reported health

According to the 2011 Census, the middle super output area encompassing the Masterplan area has the highest level of people reporting bad/ very bad health of any area in London, with 1,573 reporting bad or very bad health.

Chart 7: Self-reported bad/ very bad health by ward, 2011 Census



Map 5: Self-reported bad/ very bad health by ward, 2011 Census



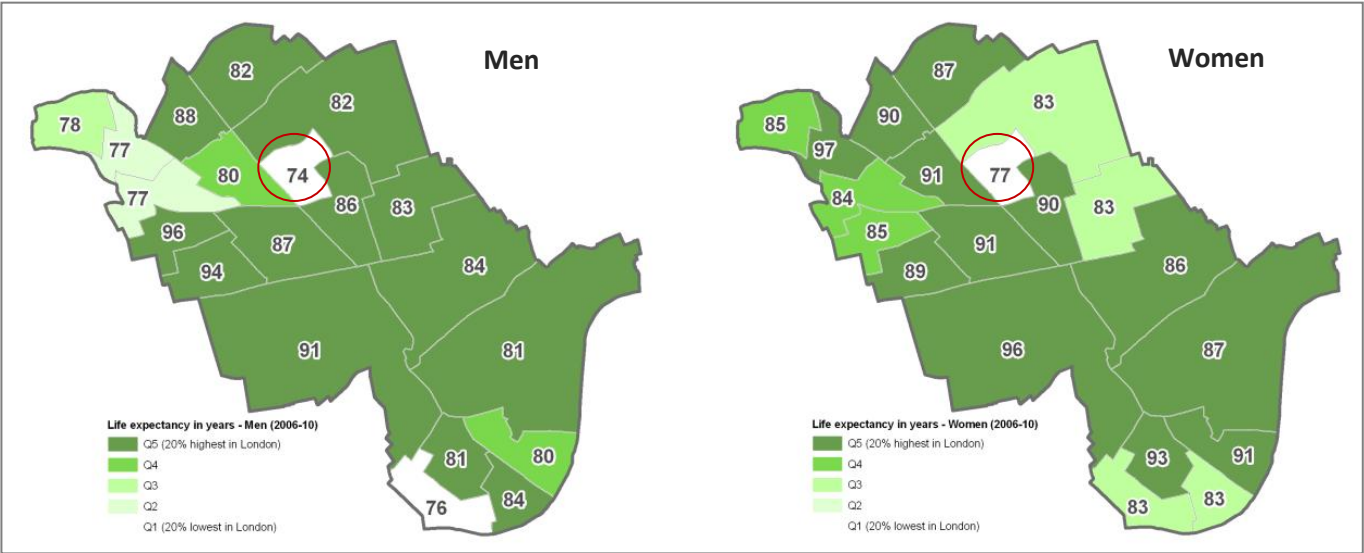
# Life Expectancy

Life expectancy is the expected number of years of life remaining from birth, based on current death rates in the local population.

Life expectancy in Westminster overall is currently the second highest in the country, for both men and women (men 83.8 years; women 86.7 years, 2008-10).

However, at 74 years for males and 77 years for females, life expectancy in Church Street is the lowest in Westminster and among the 20% lowest wards in London (time period 2006-10, Westminster 82.3 men, 86.3 women over this period).

Map 6: Life expectancy by ward, 2006-10, HNA Toolkit



## Disability Free Life Expectancy

Disability-free life expectancy is the average number of years an individual is expected to live free of disability if current patterns of mortality and disability continue to apply. Church Street is a highly deprived area with respect to the UK which translates to a very low age for disability free life years; less than 54 for males and 56 for females between 1999 and 2003. This has strong economic implications, given it is below the current retirement age.

Chart 8: Male DFLE for England at birth with Church Street marked, ONS 1999-2003

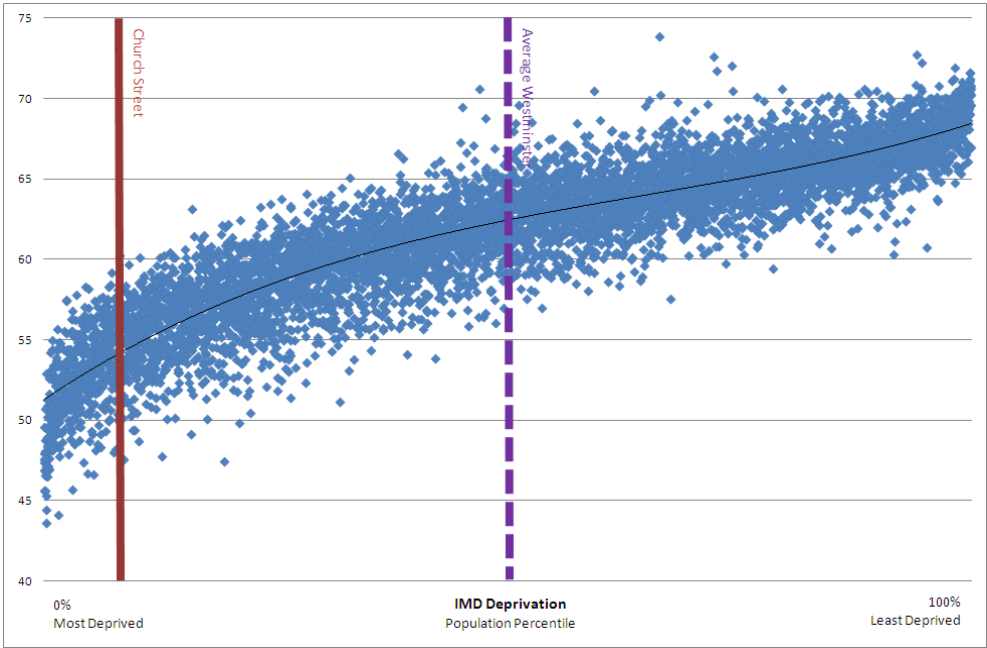
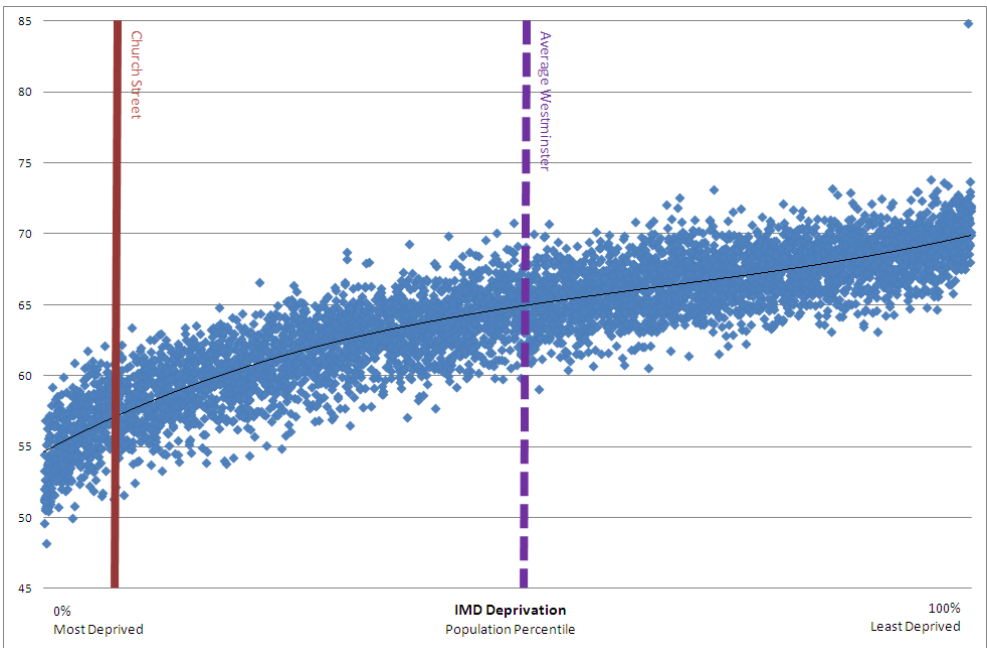


Chart 9: Female DFLE for England at birth with Church Street marked, ONS 1999-2003



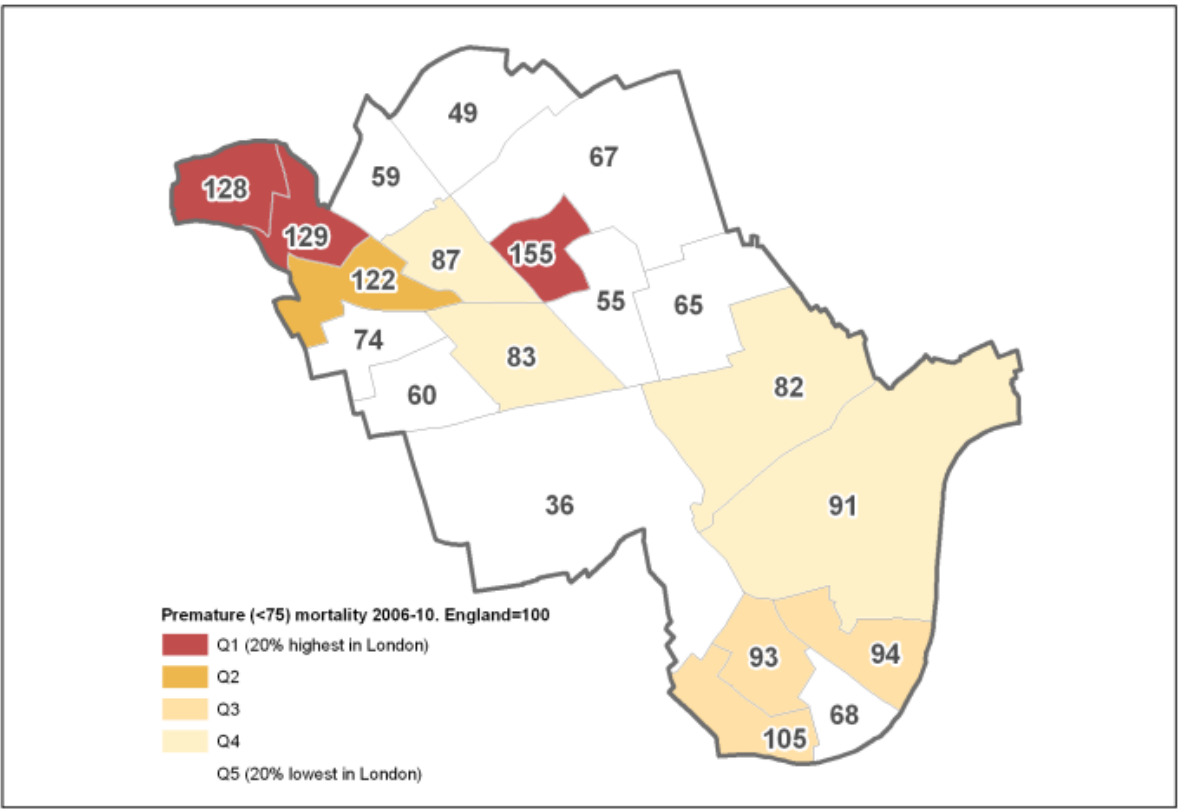


# Premature Mortality

Early, or premature, death is defined as death under the age of 75 years. The majority of deaths to people under the age of 75 after for cancer, cardiovascular disease, and respiratory disease - all potentially preventable to some degree.

Church Street ward has among the highest standardised mortality ratios (SMRs) in London. The SMR is 155, meaning that there are 55% more early deaths than nationally (the 15<sup>th</sup> highest in London).

Map 7: Standardised mortality ratios (SMRs) for premature (<75) mortality, by ward, 2006-10, HNA Toolkit England=100



## Causes of Death

Each year, an average of 30 people in the Masterplan area die from cardiovascular disease (CVD), 12 of whom are below the age of 75. The proportion of deaths from CVD is particularly high in the Masterplan area and is in contrast to London as a whole, where cancer is now the leading cause of death.

Although cancer deaths form a smaller proportion of all deaths and premature deaths than typical for London, the actual *rate* of cancer death is higher than London, and cancer is the second most common cause of death, close behind CVD (the rate of new cases of cancer is lower than London, although lung cancer is higher).

Respiratory deaths also form a greater proportion of all deaths and premature deaths than typical for London, and are the third most common cause of premature and all age death. Some respiratory deaths, such as deaths from COPD, are primarily caused by smoking.

**Table 8: Annual average number and proportion of deaths by underlying cause of death, for Masterplan residents, based on 3 year average 2010-12, Primary Care Mortality Database**

|                      | Number    |           | Percent       |               |
|----------------------|-----------|-----------|---------------|---------------|
|                      | All ages  | <75       | All ages      | <75           |
| Cancer               | 21        | 11        | 25.0%         | 29.2%         |
| Mental & behavioural | 3         | 1         | 4.0%          | 2.7%          |
| CVD                  | 30        | 12        | 35.3%         | 31.9%         |
| Respiratory          | 12        | 5         | 14.3%         | 12.4%         |
| Digestive            | 4         | 2         | 5.2%          | 5.3%          |
| External             | 2         | 2         | 2.4%          | 4.4%          |
| other                | 12        | 5         | 13.9%         | 14.2%         |
| <b>Grand Total</b>   | <b>84</b> | <b>38</b> | <b>100.0%</b> | <b>100.0%</b> |

**Table 9: Proportion of deaths by underlying cause of death – comparison with London, based on 3 year average 2010-12, Primary Care Mortality Database**

|                      | Masterplan    |               | London        |               |
|----------------------|---------------|---------------|---------------|---------------|
|                      | All ages      | <75           | All ages      | <75           |
| Cancer               | 25.0%         | 29.2%         | 29.7%         | 39.7%         |
| Mental & behavioural | 4.0%          | 2.7%          | 5.9%          | 0.9%          |
| CVD                  | 35.3%         | 31.9%         | 28.8%         | 22.5%         |
| Respiratory          | 14.3%         | 12.4%         | 13.6%         | 8.6%          |
| Digestive            | 5.2%          | 5.3%          | 5.2%          | 7.0%          |
| External             | 2.4%          | 4.4%          | 4.1%          | 8.1%          |
| other                | 13.9%         | 14.2%         | 12.7%         | 13.2%         |
| <b>Grand Total</b>   | <b>100.0%</b> | <b>100.0%</b> | <b>100.0%</b> | <b>100.0%</b> |

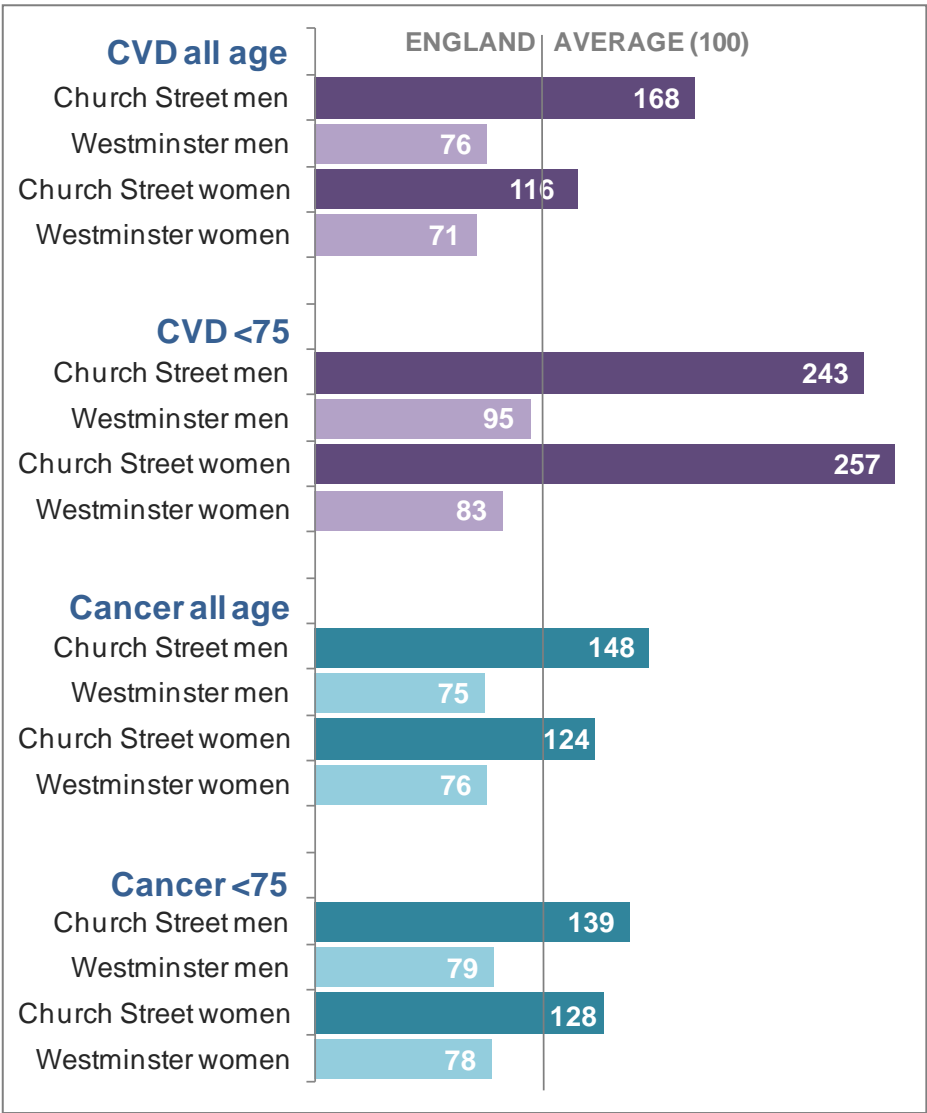
## Mortality by cause

The all age and under 75 death rates for Cardiovascular disease (CVD) in Church Street ward are higher than London and England for both men and women. Of particular concern is the very high rate of premature death, more than twice as high as the national average. There are around 6-7 more premature deaths (and around 9 more all age deaths) each year than is typical nationally.

Early deaths from cancer are between a quarter and a third higher than nationally, and this pattern is similar for all age deaths from cancer.

CVD and cancer incidence and mortality are highly influenced by lifestyle factors such as smoking, diet and physical activity and are associated with poverty and in some cases ethnicity.

Chart 10: Standardised mortality ratios (SMRs) for cardiovascular disease and cancer mortality for men and women, all age and premature (<75) by ward, 2006-10, HNA Toolkit England=100



# Long-term conditions

With an ageing population and improving life expectancy, the effective management of patients with existing long-term conditions has become one of the most important public health challenges today. According to the 2011 Census, residents of Church Street ward report higher levels of limiting long-term illness than any other ward in Westminster and among the highest in London. Almost a quarter of those in the Masterplan area (3,272 people) report a long-term condition, over half of whom (1,771 people) say it limits them a lot.

Map 8: Self-reported limited long-term illness by ward, 2011 Census

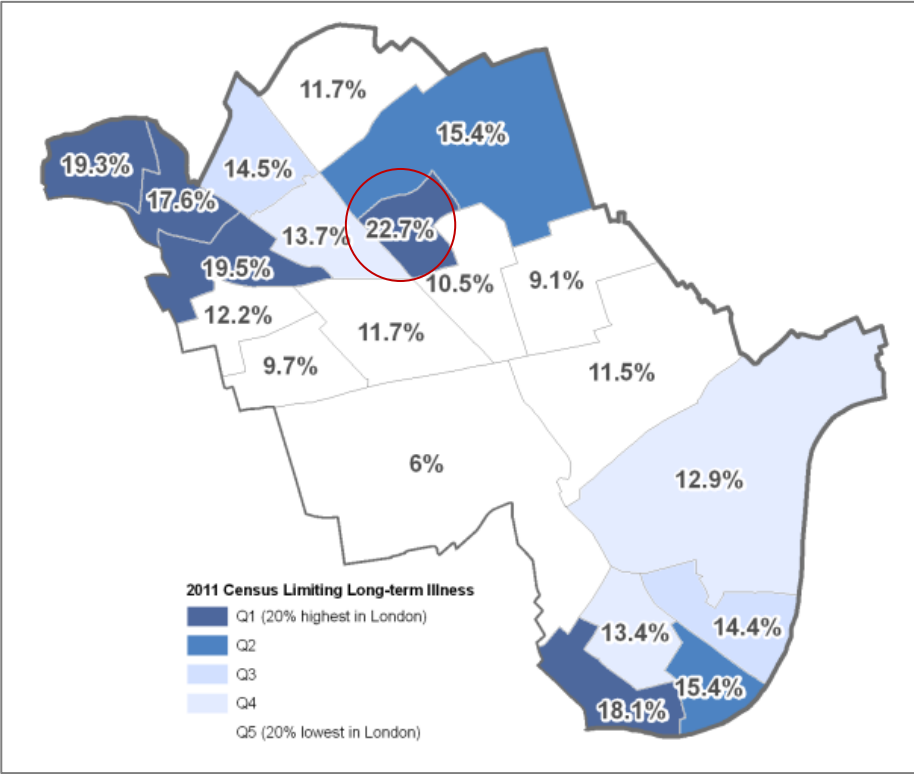
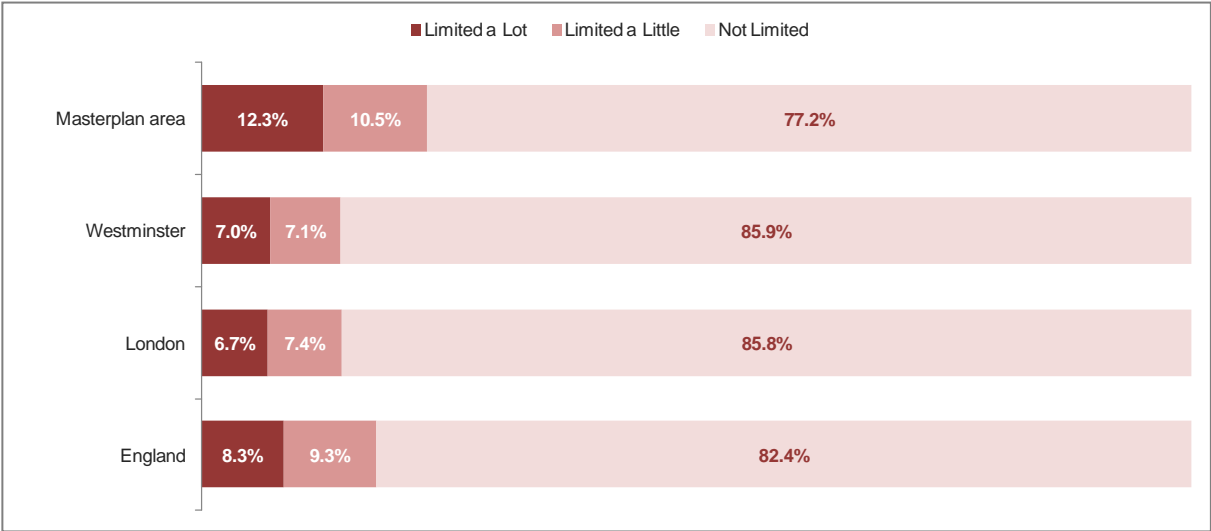


Chart 11: Self-reported limited long-term illness in Masterplan area, 2011 Census



## GP Disease Prevalence

This is the number of people in a GP registered population who are known by their GP to have a disease (listed below); the numerator is the number of existing cases of disease at a specified time and the denominator is the total population.

The estimated burden of disease for people living in Church Street ward is very high compared to Westminster, typical for an area of deprivation. It also tends to be high compared to the London average in most cases. Of particular note is the burden of mental ill-health, with depression a third higher and severe & enduring mental illness 50% higher. Also high are obesity and diabetes, as well as CHD and stroke and COPD. Unusually, cancer registers are lower than Westminster and London, even though the burden of cancer is known to be high. This may indicate poor survival rates from the disease.

*Table 10: Estimated number and percentage prevalence of diagnosed chronic diseases in Masterplan area, compared to Westminster and London, based on QOF 2011/12*

|                       | Estimated number in Masterplan area | Church Street % | Westminster | London |                                    |
|-----------------------|-------------------------------------|-----------------|-------------|--------|------------------------------------|
| Smoking               | 3,017                               | 18.4%           | 15.5%       | 18.6%  | Higher than London and Westminster |
| Hypertension          | 1,642                               | 10.0%           | 8.7%        | 11.1%  | Between London and Westminster     |
| Obesity               | 1,338                               | 8.2%            | 6.3%        | 7.6%   | Higher than London and Westminster |
| Depression            | 1,382                               | 8.4%            | 5.4%        | 6.3%   | Higher than London and Westminster |
| Asthma                | 758                                 | 4.6%            | 3.8%        | 4.7%   | Between London and Westminster     |
| Diabetes              | 841                                 | 5.1%            | 3.6%        | 4.4%   | Higher than London and Westminster |
| Hypothyroidism        | 337                                 | 2.1%            | 2.0%        | 2.3%   | Between London and Westminster     |
| CHD                   | 416                                 | 2.5%            | 2.0%        | 2.2%   | Higher than London and Westminster |
| CKD                   | 278                                 | 1.7%            | 1.3%        | 2.1%   | Between London and Westminster     |
| CVD prevention        | 185                                 | 1.1%            | 1.4%        | 1.7%   | Lower than London and Westminster  |
| Cancer                | 197                                 | 1.2%            | 1.3%        | 1.3%   | Lower than London and Westminster  |
| Stroke TIA            | 228                                 | 1.4%            | 1.1%        | 1.1%   | Higher than London and Westminster |
| COPD                  | 203                                 | 1.2%            | 0.9%        | 1.1%   | Higher than London and Westminster |
| SMI                   | 252                                 | 1.5%            | 1.3%        | 1.0%   | Higher than London and Westminster |
| Atrial Fibrillation   | 170                                 | 1.0%            | 0.9%        | 0.9%   | Higher than London and Westminster |
| Heart Failure         | 91                                  | 0.6%            | 0.5%        | 0.5%   | Higher than London and Westminster |
| Epilepsy              | 96                                  | 0.6%            | 0.4%        | 0.4%   | Higher than London and Westminster |
| Dementia              | 65                                  | 0.4%            | 0.3%        | 0.4%   | Between London and Westminster     |
| Learning disabilities | 55                                  | 0.3%            | 0.2%        | 0.3%   | Between London and Westminster     |
| LVD                   | 33                                  | 0.2%            | 0.2%        | 0.2%   | Between London and Westminster     |
| Palliative care       | 21                                  | 0.1%            | 0.2%        | 0.2%   | Lower than London and Westminster  |

## Risk of Emergency Admission

Data which profiles the risk of emergency hospital admission identifies 86 patients in the Church Street Masterplan area registered with Central London CCG who have a risk score of 60 or more (which very broadly equates to a 60% risk of admission in the following year. This is almost twice as high as if the area was typical of the CCG as a whole (47 people). There are also almost twice as many patients as expected in the 10-60 risk score groupings; these patients also have a significant risk of emergency admission.

*Table 11: Number and proportion of patients in the Masterplan area by risk of emergency admission, compared to CCG, CLH data extraction June 2012*

| Risk score         | Number of patients in Church Street Masterplan area | % of total  | Number of patients in typical Central London CCG area | Difference | Difference % |
|--------------------|---|-------------|---|------------|--------------|
| 1-10               | 12,011  | 83.8%       | 13,063  | -1,052     | -8%          |
| 10-20              | 1,504   | 10.5%       | 824   | 680        | 82%          |
| 20-30              | 397   | 2.8%        | 221   | 176        | 80%          |
| 30-40              | 174   | 1.2%        | 97  | 77         | 80%          |
| 40-50              | 107   | 0.7%        | 53  | 54         | 100%         |
| 50-60              | 55  | 0.4%        | 28  | 27         | 94%          |
| 60-70              | 35  | 0.2%        | 20  | 15         | 73%          |
| 70+                | 51  | 0.4%        | 27  | 24         | 89%          |
| <b>Grand Total</b> | <b>14,334</b>                                       | <b>100%</b> | <b>14,334</b>   |            |              |

## Hospital activity

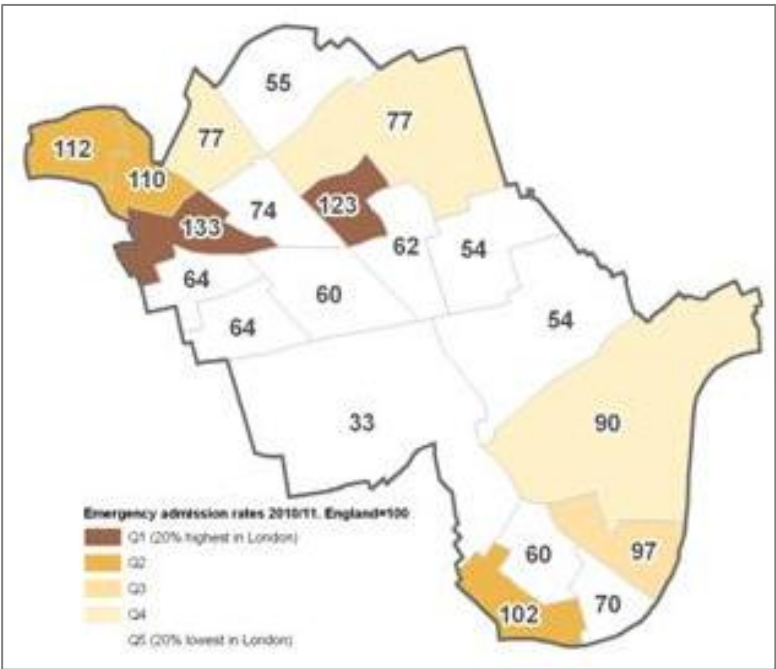
Annually in Church Street ward, there are around 1,700 elective hospital admissions, 1,400 emergency hospital admissions and 5,000 A&E attendances across all ages.

## Emergency Admissions

Nationally, emergency inpatient admissions have tended to rise over the last decade until recent years, partly due to a rise in short stay admissions. The cost of an emergency admission – generally over £2,000 - has been a major source of pressure for the NHS, and schemes are in place to support patients more effectively in a primary care setting, to avoid unnecessary admission (or A&E attendance).

After adjusting for age, Church Street had an emergency admission rate 23% above the national average in 2010/11, within the 20% highest of wards in London; this was the second highest rate in Westminster after Westbourne ward. According to data, the higher rate can largely be explained by the higher rate among men, although potential inaccuracies in underlying population data mean that this finding should be treated with some caution.

Map 9: Age standardised hospital emergency admission rate by ward, 2010/11, HNA Toolkit

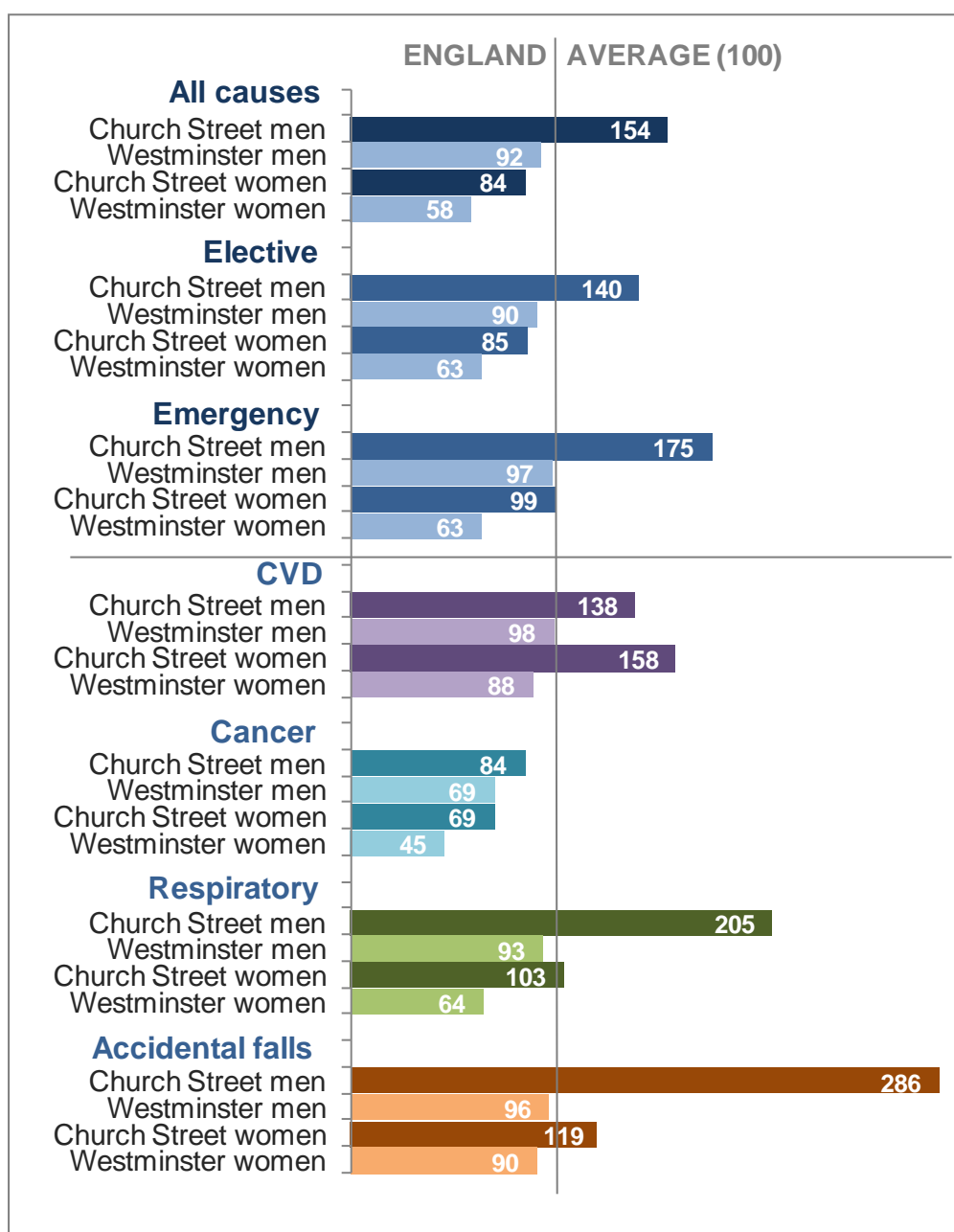




## Hospital Admission rates by cause

The burden of mortality and disease in Church Street ward is considerably higher than the borough and London averages (after adjusting for age differences); the burden of hospital use reflects this, particularly due to hospital attendance rates among men being considerably higher than London and England. Admissions for cancer were *lower* than nationally (as well as new cases of cancer), in contrast to mortality rates for cancer, which are higher. This may suggest poorer survival rates from cancer in the Church Street area.

**Chart 12: Age standardised hospital emergency admission rate by gender and selected conditions, 2010/11, HNA Toolkit**



## Hospital use among children and young people

The A&E attendance rate for children and young people in Westminster is high compared to London, and the rate in the Church Street area is the highest in Westminster, with around 900 A&E attendances a year or 17 a week for 0-4 year olds. This may be influenced by the proximity to St Marys Hospital, as well as the higher burden of disease. Cultural issues may also impact on A&E use.

The most common cause of hospital admission among children and young people in Westminster is dental caries. Oral health and dentistry have been discussed later in the report.

Over the last five years there have been around 35 emergency hospital admissions a year for accidents and injuries among 0-17 year olds in the Masterplan area. This is around 7 more than would be expected for a typical area in London, and falls into the 20% highest rates in the capital. Deprived areas tend to have higher rates than more affluent areas.

## Average Hospital costs

Residents in the Masterplan area had an average hospital cost of around £550 in the year July 2011 to June 2012. This was more than 50% higher than the average in the CCG as a whole, a reflection of the burden of ill-health in the area. The *proportion* of cost associated with unplanned care (emergency admissions and A&E attendances) was also higher in the Masterplan area (44%) than in the CCG as a whole (39%).

**Table 12: Annual average activity and hospital costs in hospital settings, based on July 2011-June 2012, INWL SUS**

|                        | Masterplan |             | Central London CCG |             | Difference |            |
|------------------------|------------|-------------|--------------------|-------------|------------|------------|
|                        | Activity   | Cost        | Activity           | Cost        | Activity   | Cost       |
| A&E attendances        | 0.43       | £43         | 0.25               | £25         | 70%        | 70%        |
| Emergency admissions   | 0.09       | £199        | 0.05               | £112        | 67%        | 78%        |
| Elective admissions    | 0.15       | £163        | 0.12               | £105        | 26%        | 55%        |
| Outpatient attendances | 1.62       | £141        | 1.23               | £107        | 32%        | 31%        |
| <b>TOTAL</b>           |            | <b>£545</b> |                    | <b>£349</b> |            | <b>56%</b> |

# Chapter 4 Lifestyles

## Smoking

Smoking is the single most important modifiable risk factor for CVD. The Westminster Major Health Campaign (MHC) showed that there were similar rates of smoking in the Masterplan area compared to Westminster as a whole (see below). However, some other sources suggest it may be higher than the rate identified in the Major Health Campaign, particularly for men. The higher than expected rates of COPD and lung cancer reinforce this.

Table 13: Proportion population with smoking status in Westbourne, Westminster MHC 2009

| Percentage of people who are current smokers<br>(cigarettes, Roll-ups, Cigars, Water-pipe, other pipe) |     |
|--|-----|
| Church Street Masterplan Area  | 16% |
| Westminster  | 17% |

## Alcohol

Chronic alcohol use is one of the major causes of liver cirrhosis (irreversible scarring of the liver). Binge drinking can also increase blood pressure which is a risk factor for heart attacks.

There is a higher burden of alcohol-related admission in Church Street compared to Westminster, and a similar rate of alcohol-specific admission (where the admission was completely a result of alcohol).

Table 14: Hospital admissions 2010/11 for alcohol specific and alcohol specific and related hospital admissions, Westminster City Council 2011. Rate per 100,000

| Number and rate (per 100,000) of<br>alcohol-related and specific hospital<br>admissions, 2011/12 | Alcohol-<br>related<br>admissions<br>(fraction) | Alcohol-<br>related<br>admissions<br>rate | Alcohol<br>-<br>specific<br>admissi<br>ons | Alcohol-<br>specific<br>admissions<br>rate |
|--|---|---|--|--|
| Church Street Masterplan Area  | 289   | 2222                                      | 72   | 553  |
| Westminster  | -   | 1752                                      | -  | 522  |

The MHC showed that almost half of those in the Masterplan area do not drink alcohol. This correlates with the high Muslim population. Of those who do drink, a higher proportion drink five or more units in a typical day.

*Table 15: Proportion population who drink alcohol, Westminster MHC 2009*

| <b>Percentage of people who has a drink containing alcohol more than 2-3 times a week</b> |     |
|---|-----|
| Church Street Masterplan Area   | 28% |
| Westminster   | 47% |
| <b>Percentage of people who consumes 5 or more drinks on a typical day of drinking</b>    |     |
| Church Street Masterplan Area   | 21% |
| Westminster   | 14% |
| <b>Percentage of people who never drink</b>   |     |
| Church Street Masterplan Area   | 44% |
| Westminster   | 21% |

## Physical Activity

People of all ages can improve the quality of their lives through a lifelong practice of moderate physical activity. Regular physical activity that is performed on most days of the week reduces the risk of developing or dying from some of the leading causes of illness and death such as heart disease, diabetes, high blood pressure, colon cancer, depression, anxiety and promotes psychological well-being.

Data from the MHC showed that there was a broadly similar rate of physical activity in the Masterplan Area compared to Westminster as a whole.

*Table 16: Proportion population who partake in physical activity, Westminster MHC 2009*

| <b>Percentage of people who have undertaken physical activity at least 5 times per week</b> |     |
|---|-----|
| Church Street Masterplan Area   | 28% |
| Westminster   | 25% |

## Child Obesity

The National Child Measurement Programme (NCMP) measures the height and weight of all children in Reception and Year 6. A child who is obese has an elevated risk of developing CVD as an adult, amongst a range of other complications. Westminster state primary school children have among the highest rates of child obesity in the country. Rates of child obesity among Year 6 pupils living in Church Street are among the highest in Westminster and London.

*Table 17: Proportion of state school children classified as obese (95<sup>th</sup> percentile), NCMP 2008/09-2010/11*

| Percentage of children classified as obese (95 <sup>th</sup> percentile) | Reception | Year 6 |
|--|-----------|--------|
| Church Street Masterplan Area  | 14.1%     | 28.3%  |
| Westminster  | 12.9%     | 24.9%  |

## Adult Obesity

Estimates from GP practice data suggests that the Church Street area has approximately 40% higher levels of obesity compared to the borough as a whole – around 21% of the population, compared to 15% in Westminster generally (2010).

*Table 18: Proportion population known to be obese, GP extractions 2010*

| Percentage of adults with a BMI of 30 or over (obese) |     |
|---|-----|
| Church Street Masterplan Area                         | 21% |
| Westminster   | 15% |

## Fruit and vegetable consumption

Data from the MHC identifies a lower fruit and vegetable consumption than the borough average, with 42% having less than three pieces each day, compared to 34% in Westminster as a whole.

*Table 19: Proportion population who eat fruit and vegetables, Westminster MHC 2009*

| Daily fruit and vegetable consumption (where known) | Masterplan | Westminster |
|---|------------|-------------|
| None  | 3%         | 2%          |
| 1-2   | 39%        | 33%         |
| 3-4   | 41%        | 43%         |
| 5+  | 16%        | 23%         |

## **Sexual health and teenage conception**

HIV is a lifelong illness with significant impacts in terms of health and healthcare costs. Westminster had the 10<sup>th</sup> highest rate of HIV prevalence in the country in 2010. There are more than 60 people with HIV living in the Masterplan area, which is high for Westminster.

Westminster had the 11th highest rate of acute sexually transmitted infections (STIs) in the country in 2010/11. The rate in the Masterplan area is broadly similar to the borough average, meaning it is also high.

Teenage conception data has consistently identified Church Street ward as significantly higher than the national average for under 18 conceptions, per population.

## **Oral health**

Ensuring families have the necessary information and advice to promote good oral health from before children's teeth first appear is essential since establishing good habits early in childhood has an important impact on health in later life.

Despite a good number of NHS dentists in the borough, children and young people are not accessing NHS services to the same degree as elsewhere and dental health among children and young people in local state schools is poor.

Westminster school children have a higher rate of dental decay than those across London and England: the National Dental Epidemiology Survey of 5 year olds in 2007/08 found that 38% of children had experience of caries, compared with 33% in London and 31% in England (BASCD 2007/08). Only 14% of children were found to have dental caries that had been treated. In 2010/11, dental caries was the top reason for hospital admissions in the 1-18 year age group for Westminster, accounting for 20% of admissions in the 5-9 year age group (Source: SUS).

## **Breastfeeding**

Breastfeeding offers substantial health benefits to both mothers and infants. Annual breastfeeding data from 2009/10 to 2010/11 identified a high rate of breastfeeding (82%) at 6-8 weeks in Church Street, similar to the Westminster average (83%) and far higher than London (64%) and England (45%).

# Chapter 5 Primary Care

First point of health care contact for most of the patients is their local general practitioner.

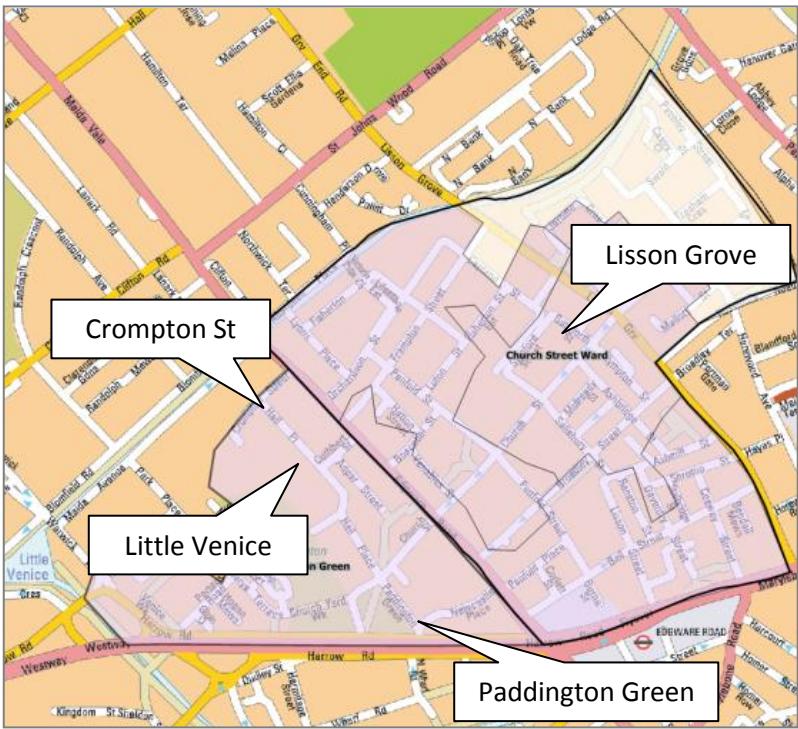
## GP Practices

The majority of Church Street residents are served by Central London Clinical Commissioning Group (CL CCG) practices. The greatest numbers of patients are found at the Paddington Green Health Centre and Lisson Grove Health Centre in particular, but also the Crompton Street Practice, and the Little Venice Health Centre (see below).

Table 20: Most common GP Practices used by Masterplan residents, Exeter 2012

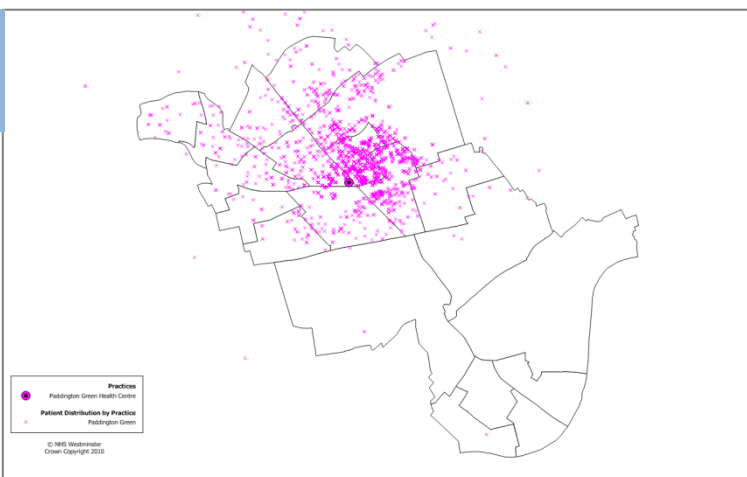
|                                | Number in Masterplan area | Percent of total Masterplan |
|--------------------------------|---------------------------|-----------------------------|
| Paddington Green Health Centre | 5,346                     | 33%                         |
| Lisson Grove Health Centre     | 5,111                     | 31%                         |
| Crompton Medical Centre        | 1,208                     | 7%                          |
| Little Venice Medical Centre   | 1,123                     | 7%                          |
| Non-INWL                       | 393                       | 2%                          |
| Marylebone Health Centre       | 388                       | 2%                          |
| West Two Health                | 325                       | 2%                          |
| The Lanark Medical Centre      | 251                       | 2%                          |
| Milne House Medical Centre     | 234                       | 1%                          |
| The Wellington Health Centre   | 219                       | 1%                          |
| Other (<200 patients)          | 1,798                     | 11%                         |
| Total                          | 16,396                    | 100%                        |

Map 10: Most common GP Practices used by Masterplan residents, Exeter 2012

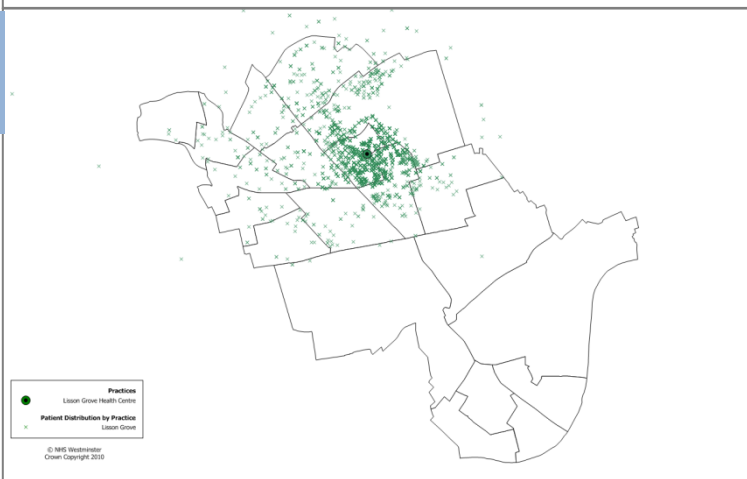




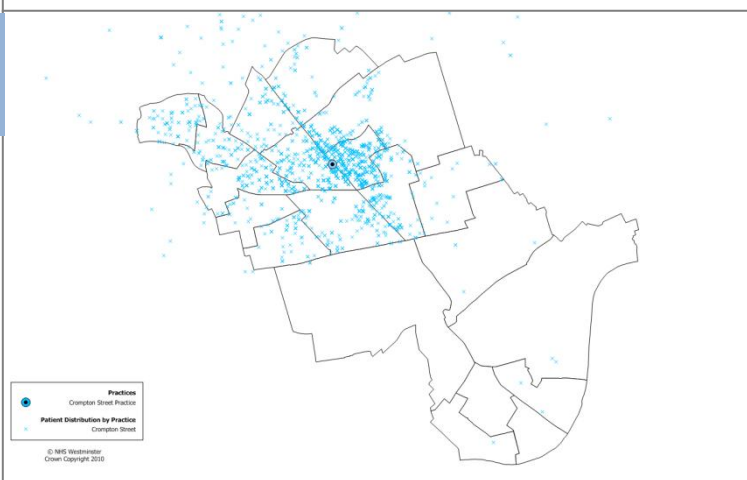
Paddington Green Health  
Centre, 8,510 patients



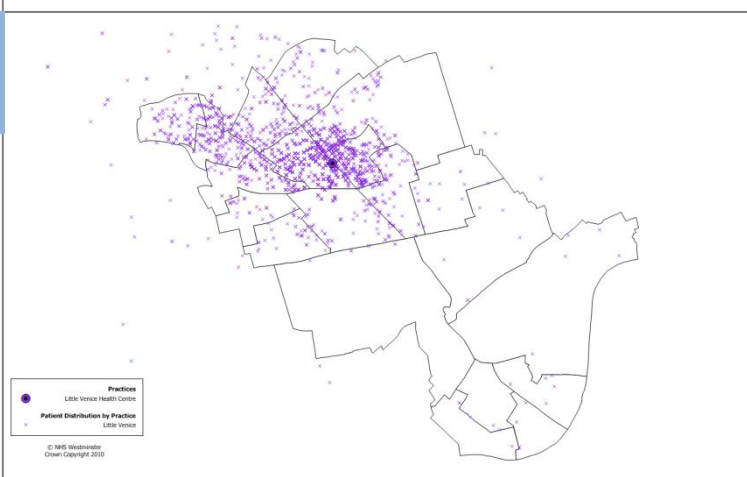
Lisson Grove Health  
Centre, 7,588 patients



Crompton Street Practice,  
3,142 patients



Little Venice Health  
Centre, 4,680 patients



## Cancer Screening

Breast cancer screening is offered via mammography at St Marys, Paddington and is currently monitored for women aged 50-70. Just one of the practices met the national target for coverage of 70% screened within the last 3 years, although three of the four were still higher than the CCG average.

**Table 21: Breast screening coverage, Q1 2012/13 Public Health Performance Reports**

| Practice Name                | Breast     |             |
|------------------------------|------------|-------------|
|                              | Target 70% |             |
|                              | Coverage   | Rank in CCG |
| Paddington Green Hlth Centre | 63.4%      | 7           |
| Lisson Grove Health Centre   | 65.2%      | 5           |
| Crompton Medical Centre      | 51.5%      | 29          |
| Little Venice Medical Centre | 71.4%      | 1           |

Cervical screening is not a test for cancer. It is a method of preventing cancer by detecting and treating early abnormalities which, if left untreated, could lead to cancer in a woman's cervix. All women between the ages of 25 and 64 are eligible for a free cervical screening test every three to five years. Rates of cervical screening among the four most commonly used practices are higher than the CCG average and meet the target, with the exception of one practice. However, for the younger age group, three of the four practices fall below the target. Overall, the practices perform better than the CCG average.

**Table 22: Cervical screening coverage, Q1 2012/13 Public Health Performance Reports**

| Practice Name                | Cervical 25-49 |             | Cervical 50-64 |             |
|------------------------------|----------------|-------------|----------------|-------------|
|                              | Target 70%     |             | Target 75%     |             |
|                              | Coverage       | Rank in CCG | Coverage       | Rank in CCG |
| Paddington Green Hlth Centre | 60.1%          | 17          | 68.7%          | 21          |
| Lisson Grove Health Centre   | 61.9%          | 11          | 80.6%          | 4           |
| Crompton Medical Centre      | 62.8%          | 10          | 77.2%          | 8           |
| Little Venice Medical Centre | 70.8%          | 4           | 84.0%          | 2           |

About 1 in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16 per cent. The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 69. None of the GPs in Church Street met the national targets and three also below the CCG average.

**Table 23: Bowel screening uptake, Q1 2012/13 Public Health Performance Reports**

| Practice Name                | Bowel      |             |
|------------------------------|------------|-------------|
|                              | Target 60% |             |
|                              | Uptake     | Rank in CCG |
| Paddington Green Hlth Centre | 42.5%      | 16          |
| Lisson Grove Health Centre   | 34.4%      | 28          |
| Crompton Medical Centre      | 26.5%      | 32          |
| Little Venice Medical Centre | 35.1%      | 27          |

## Immunisations

Childhood immunisations are important for protecting children during their early years. Based on most recent annual data, all four practices do not meet the target for 3<sup>rd</sup> dose DTAP/IPV/HiB, although the Lisson Grove Health Centre falls just 2% short:

**Table 24: Immunisation uptake among 1 year olds, Q1 2012/13 Public Health Performance Reports**

| Practice Name                | 1 year                              |      |
|------------------------------|-------------------------------------|------|
|                              | 3rd dose DTAP/IPV/HiB<br>Target 95% |      |
|                              | Uptake                              | Rank |
| Paddington Green Hlth Centre | 88.5%                               | 20   |
| Lisson Grove Health Centre   | 93.0%                               | 12   |
| Crompton Medical Centre      | 84.8%                               | 24   |
| Little Venice Medical Centre | 0.0%                                | 29   |

All four practices perform well against 2 year old immunisations and are higher than the CCG average:

**Table 25: Immunisation uptake among 2 year olds, Q1 2012/13 Public Health Performance Reports**

| Practice Name                | 2 year      |      |                  |      |              |      |
|------------------------------|-------------|------|------------------|------|--------------|------|
|                              | Target 85%  |      |                  |      |              |      |
|                              | PCV Booster |      | HiB/MenC Booster |      | 1st dose MMR |      |
|                              | Uptake      | Rank | Uptake           | Rank | Uptake       | Rank |
| Paddington Green Hlth Centre | 87.6%       | 13   | 90.3%            | 15   | 90.3%        | 12   |
| Lisson Grove Health Centre   | 86.0%       | 15   | 94.0%            | 6    | 92.0%        | 8    |
| Crompton Medical Centre      | 93.0%       | 7    | 86.0%            | 19   | 88.4%        | 15   |
| Little Venice Medical Centre | 0.0%        | 28   | 0.0%             | 28   | 0.0%         | 28   |

With the exception of the Little Venice Medical Centre, all other practices perform worse than the CCG average on 5 year old immunisations, and do not meet the national target:

**Table 26: Immunisation uptake among 5 year olds, Q1 2012/13 Public Health Performance Reports**

| Practice Name                | 5 year           |      |              |      |
|------------------------------|------------------|------|--------------|------|
|                              | Target 85%       |      |              |      |
|                              | DTAP/IPV Booster |      | 2nd dose MMR |      |
|                              | Uptake           | Rank | Uptake       | Rank |
| Paddington Green Hlth Centre | 77.6%            | 24   | 78.6%        | 23   |
| Lisson Grove Health Centre   | 80.9%            | 22   | 79.8%        | 20   |
| Crompton Medical Centre      | 79.4%            | 23   | 79.4%        | 21   |
| Little Venice Medical Centre | 94.1%            | 5    | 92.2%        | 7    |

## QOF Clinical Achievement

In 2011/12, the four practices in the Church Street area all achieved higher Quality and Outcomes Framework clinical scores than the CCG, London and England averages. Clinical areas where the practices scored lower than the London average have been highlighted below and include: CHD for the Paddington Green Health Centre; Severe & Enduring Mental Illness for the Crompton Medical Centre; Epilepsy for the Lisson Grove Health Centre; and Dementia for the Little Venice Medical Centre.

**Table 27: Achievement of QOF clinical outcomes, 2011/12, NHS Information Centre scores lower than London average marked red**

| Practice Name          | Maximum points | Paddington Green Hlth Centre | Lisson Grove Health Centre | Crompton Medical Centre | Little Venice Medical Centre |
|------------------------|----------------|------------------------------|----------------------------|-------------------------|------------------------------|
| Total Clinical         | 661            | 98.0%                        | 99.0%                      | 97.1%                   | 98.5%                        |
| Diabetes               | 92             | 99.6%                        | 98.2%                      | 98.0%                   | 100.0%                       |
| Hypertension           | 79             | 100.0%                       | 100.0%                     | 100.0%                  | 100.0%                       |
| CHD                    | 76             | 86.8%                        | 100.0%                     | 98.8%                   | 100.0%                       |
| Smoking                | 60             | 100.0%                       | 100.0%                     | 100.0%                  | 100.0%                       |
| Asthma                 | 45             | 100.0%                       | 100.0%                     | 100.0%                  | 100.0%                       |
| SMI                    | 40             | 96.8%                        | 100.0%                     | 86.2%                   | 97.7%                        |
| Chronic Kidney Disease | 38             | 98.2%                        | 98.2%                      | 100.0%                  | 100.0%                       |
| Depression             | 31             | 97.8%                        | 100.0%                     | 91.4%                   | 100.0%                       |
| COPD                   | 30             | 100.0%                       | 100.0%                     | 100.0%                  | 100.0%                       |
| Heart Failure          | 29             | 100.0%                       | 100.0%                     | 98.6%                   | 100.0%                       |
| Atrial Fibrillation    | 27             | 100.0%                       | 100.0%                     | 100.0%                  | 100.0%                       |
| Dementia               | 26             | 100.0%                       | 100.0%                     | 100.0%                  | 76.9%                        |
| Stroke/TIA             | 22             | 100.0%                       | 100.0%                     | 98.8%                   | 100.0%                       |
| Epilepsy               | 14             | 100.0%                       | 71.4%                      | 87.1%                   | 100.0%                       |
| CVD Primary Prevention | 13             | 100.0%                       | 100.0%                     | 100.0%                  | 100.0%                       |
| Cancer                 | 11             | 100.0%                       | 100.0%                     | 100.0%                  | 100.0%                       |
| Obesity                | 8              | 100.0%                       | 100.0%                     | 100.0%                  | 100.0%                       |
| Hypo-thyroidism        | 7              | 100.0%                       | 100.0%                     | 100.0%                  | 100.0%                       |
| Learning Disabilities  | 7              | 100.0%                       | 100.0%                     | 57.1%                   | 57.1%                        |
| Palliative Care        | 6              | 100.0%                       | 100.0%                     | 50.0%                   | 100.0%                       |

Patient satisfaction

Overall quality of care, as measured by the GP Patient Survey, falls into the middle 50% of London practices, with the exception of the Compton Medical Centre, which falls slightly below (although the practice does not score below on any of the individual indicators). The practices overall are rated highly for the quality of consultation.

Table 28: Patient satisfaction and access ratings, NHS National Patient Survey, DATE

|                              | Quality of overall care | Satisfaction with access | Quality of consultation | Able to see preferred doctor |
|------------------------------|-------------------------|--------------------------|-------------------------|------------------------------|
| Paddington Green Hlth Centre | 173                     | 245                      | 423                     | 65%                          |
| Lisson Grove Health Centre   | 153                     | 206                      | 449                     | 55%                          |
| Crompton Medical Centre      | 146                     | 226                      | 449                     | 68%                          |
| Little Venice Medical Centre | 164                     | 207                      | 435                     | 73%                          |
| Westminster                  | 163                     | 225                      | 421                     | 70%                          |

Highest 25% in London

Middle 50% in London

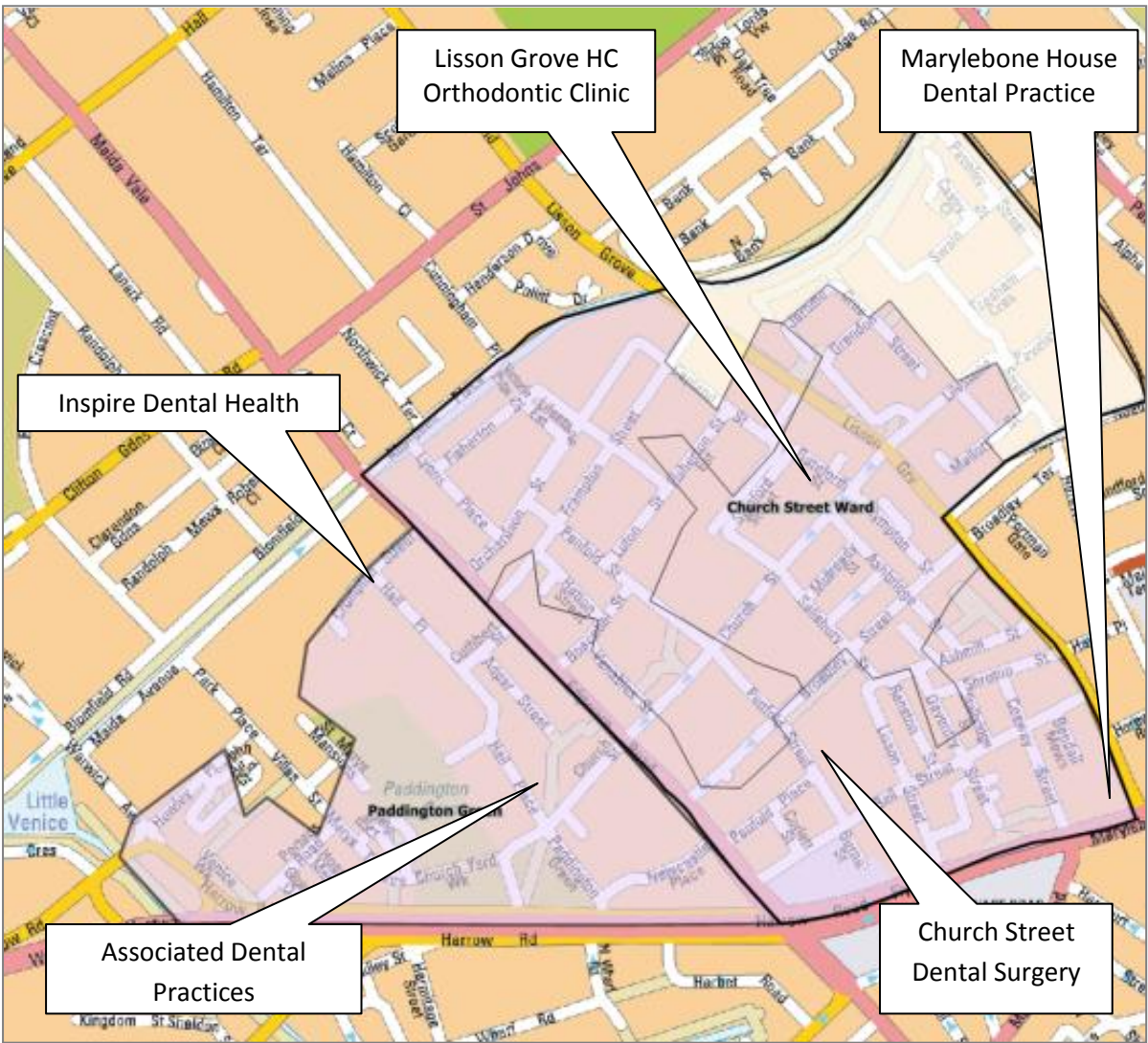
Lowest 25% in London

Dentists

The proportion of children in Westminster who had seen an NHS dentist in the previous 24 months at 20 June 2012 (60.4%) was lower than London (66.8%) and England (70.7%). A similar pattern was seen in adults, with only 41.1% adults having an NHS dentist in the previous 24 months at 20 June 2012 compared to London (48.8%) and England (52.8%). These figures relate to dental access across the whole of Westminster, rather than relating specifically to Church Street ward. As such, the low access figures may relate to the fact that a slightly higher than average proportion of the population in Westminster as a whole use private dentists whose activity is not included.

There are five dentists located within the Masterplan area

Map 11: Most common dentists in the Masterplan area, NHS Choices 2013

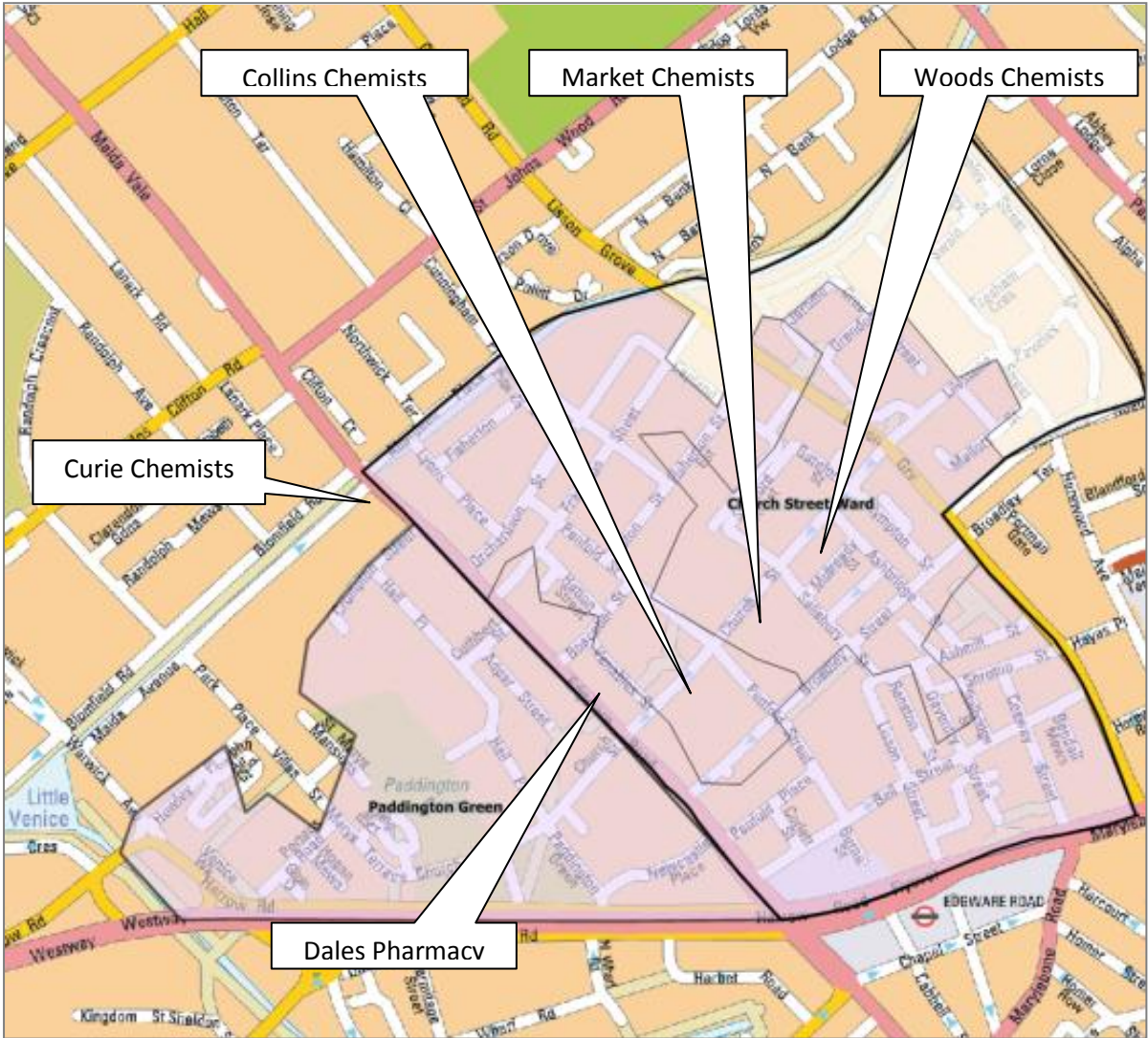




Pharmacies

There are 4 pharmacies within the Church Street Masterplan area and one just outside.

Map 12: Most common pharmacies in the Masterplan area, PCT data 2012



## Report Authors:

Sinan Rabee, Tri-borough Public Health Analyst

[srabee@westminster.gov.uk](mailto:srabee@westminster.gov.uk)

James Hebblethwaite, Tri-borough Senior Public Health Analyst [jhebblethwaite@westminster.gov.uk](mailto:jhebblethwaite@westminster.gov.uk)

Anna Waterman, Tri-borough Strategic Public Health Advisor

[awaterman2@westminster.gov.uk](mailto:awaterman2@westminster.gov.uk)