

Chapter 1 Introduction

Aim of the Document

This report provides a descriptive overview of the demographics and health and wellbeing needs of the population in the Ebury Masterplan area. The intention is for this to inform service development in the area and to ensure that the investment of resources through the masterplan secures optimal gain for residents' health and wellbeing. The findings are of interest to health, social care and other wellbeing service commissioners and providers. The renewal of a deprived neighbourhood represents an important, and rare, opportunity to address health inequalities in the short, medium and long term. It is important that the findings of this report are taken into account in developing and delivering the final Masterplan.

Key Messages

Ebury is a 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 local health and social care provision.

Ethnicity

- 1 A large proportion (47%) of the resident population of Ebury were born outside of UK (p.8) and some are likely to only speak their native language (p.9). In order to reduce barriers to care, health services need interpreters and health promotion needs to be provided in appropriate languages.
- 2 Health services need to consider the cultural background of the individual patient, e.g. Muslim woman is more likely to respond well to female practitioners (p.10). This has particular implications for breast screening, cervical screening, childhood immunisations and child oral health, all of which need remedial action (pp 38-39)

Household composition

- 3 A third of all households in the area are non-pensioner lone household. While this is similar to Westminster, it is much larger than the London average.
- 4 There is a high proportion of households with dependent children. The proportion of households which are lone parents living with dependent children is almost double the Westminster average (p.13).

Poverty

- 5 Over one third of the children in the area live in income deprived households (p.15). This is particularly pertinent given that the area has around 15% more 0-19 year olds than is typical for Westminster (p.6).
- 6 Nearly one fifth of the older people resident in the area live in income deprivation households (p.15). The proportion of the resident population aged 65+ is lower than the Westminster and London averages (p.6)

Work and skills

- 7 The proportion of the population claiming out of work benefits in the Churchill ward area in November 2012 was higher than the Westminster and national average. Half of all benefit claimants in Churchill ward claim incapacity benefit/ESA, with the claimant rate higher than the Westminster and national averages. Churchill ward falls into the highest 20% in London for the proportion of working age population on incapacity benefits/ESA for mental health reasons. The number of working age people claiming incapacity benefit for physical health reasons in Churchill ward is in the 40% highest in London.**
- 8 There are also higher rates of other key out of work benefits, such as Job Seekers Allowance (p.16). This can be in the light of the large proportion of residents in Ebury who have no qualifications at all, a proportion well above the Westminster and London averages (p.17).**

Children and families

- 9 Data from May 2011 identifies Churchill ward as having twice the Westminster average for children on protection plan (p.18).**

Air Pollution

- 10 Annual mean concentrations of PM2.5 in Churchill Ward were 16.34ug/m3 in 2008 (compared to 16.56ug/m3 for Westminster as a whole) placing it in the highest 6% of all wards in London.**

Road traffic collisions

- 11 Two major junctions near the estate have been identified as collision hotspots (p.20). The perception of road danger can prevent people from using the roads. In particular, vulnerable people such as children, older people or people with disabilities may feel unsafe and this can prevent them from being independent, physically active and engaging in the local area.**

Health

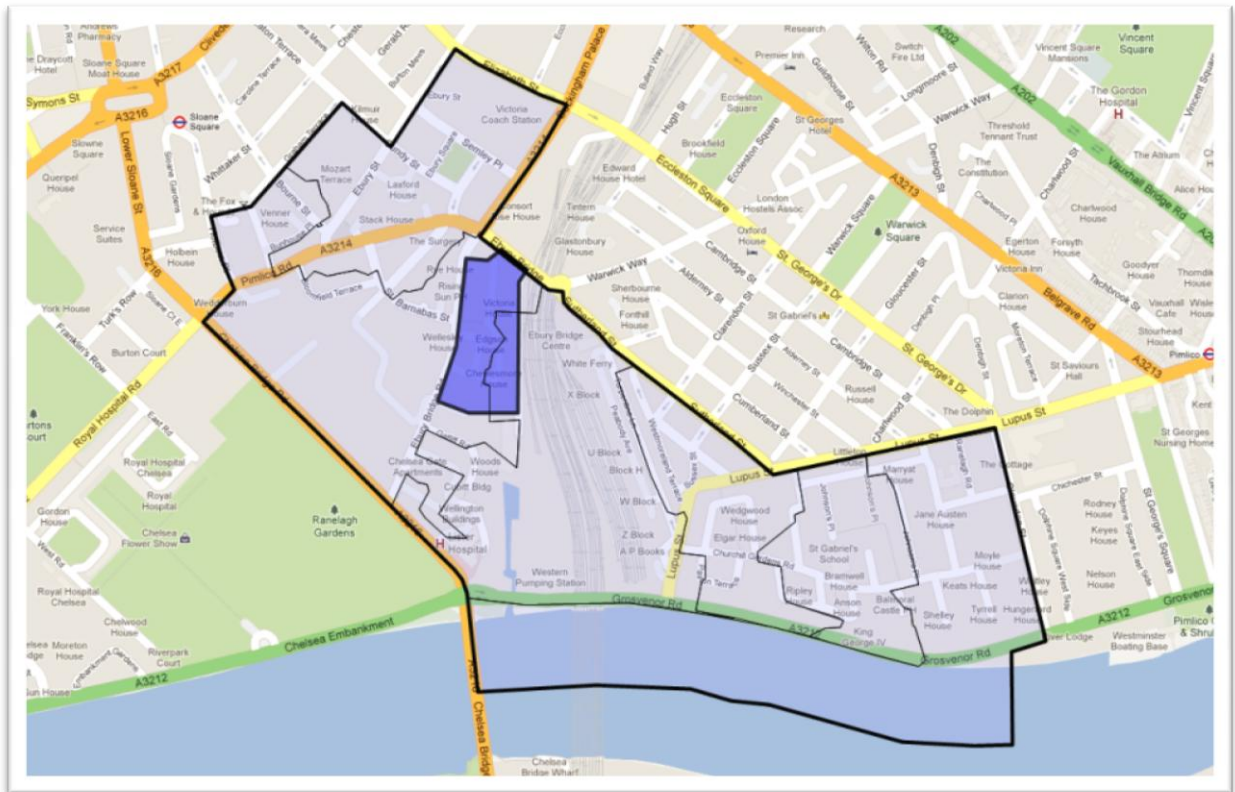
- 12 Churchill ward is among the 20% wards in London with the lowest life expectancy and life expectancy for men in Churchill ward is the second lowest in Westminster (p.22). The all age and under 75 death rates for Cardiovascular disease (CVD) in the ward are 30-40% higher than London and England for men and 10-20% higher for women (p. 25). Early deaths from cancer in Churchill ward for men are nearly twice the Westminster average (p.25). Indeed, the range of health and lifestyle data presented highlights a need to address the risk factors and promote the screening programmes for CVD, cancer and respiratory disease (pp.22-42).**
- 13 Mental ill-health appears to represent a significant burden in the area. As stated above, Churchill ward falls into the highest 20% in London for incapacity benefit claimants for mental health reasons. GP data shows the prevalence of severe and enduring mental illness to be close to twice the London prevalence (p.28).**
- 14 Residents in Churchill Ward had an average hospital cost more than 70% higher than the CCG average, reflecting hospital use in the area. In particular, emergency admissions and A&E attendances were twice as high as the Westminster average (p.32).**

Chapter 2 Locality

Ebury Bridge Estate (see figure 1 below) is within Churchill ward, which is located within the southwest of Westminster and is bordered to the north by Warwick ward; the east by Tachbrook, the south by Wandsworth Borough Council and the west by the Royal Borough of Kensington and Chelsea. The eastern edge of the estate runs along the train line from Victoria Station.

The estate fits into four 2011 Census output areas, which have been used to capture the area using census data. The estate does not fit neatly into Census super output areas, but two of them have been used to capture the Ebury area for analysis that is not available at output area. Churchill ward data has been used where smaller area data is not available; it is worth considering that Churchill ward also contains the Churchill Gardens Estate, an area of some deprivation, which will influence the overall ward figures.

Map 1: The Ebury area



An approximation to the Masterplan area can be achieved using the Middle Super Output Area of E02000982 (Westminster 023A) or two of the Office of National Statistics's LSOAs, E01004667 and E01004664 (which has become E01033599 since the Census), or the four output areas: E00023530, E00023531, E00023534 and E00023536.

Population size

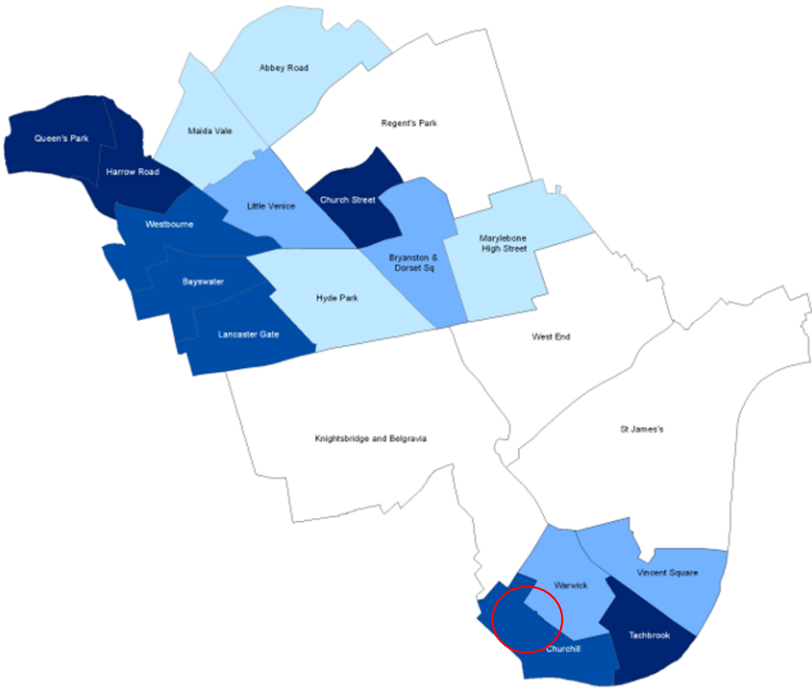
Estimates of population of the Ebury Bridge area have been summarised below:

Area	Population
Resident population (OA) 2011 Census	1,022 people
GP registered population Exeter April 2012	875 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, the Ebury Bridge area is one of the more densely populated areas in London, with 158 people per hectare. This figure compares to 102 people in Westminster and 52 people in London, i.e. it has three times the average London density. In addition, the area is the 11th highest of MSOAs in Westminster for overcrowding, as measured by the ONS Census Occupancy rating, with 32% of households having a rating of -1 or less.

Map 2: Population Density by Westminster ward, 2011 Census



Daytime and working population

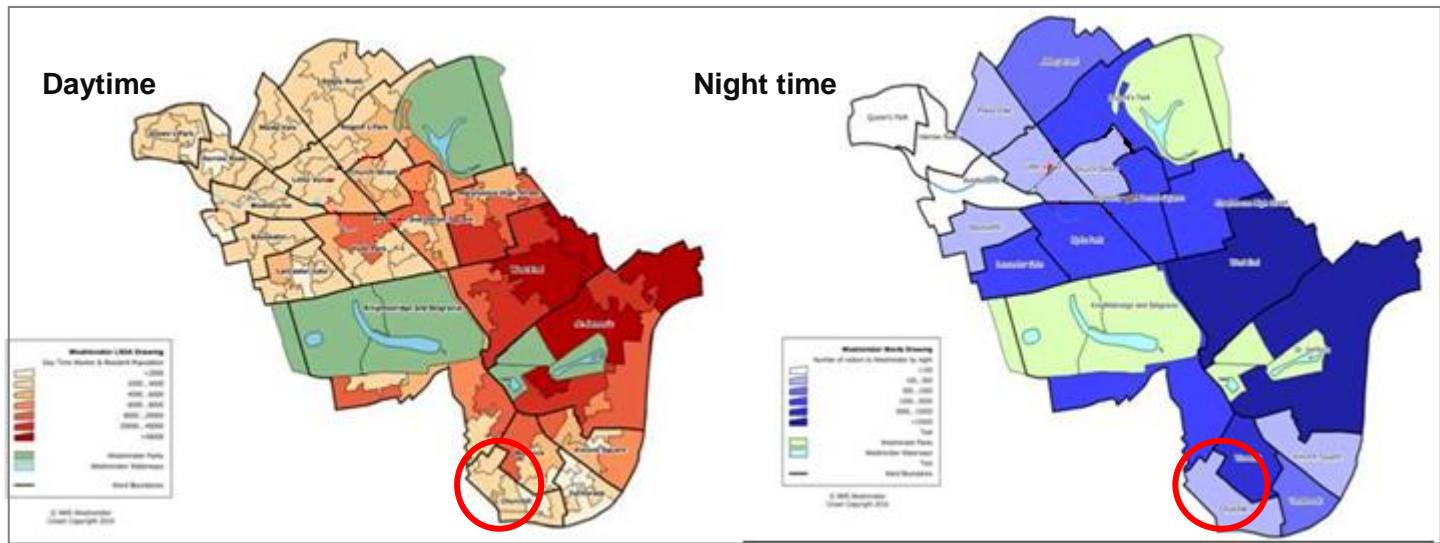
Daytime and working populations can have an impact on the type and volume of services required to meet needs, as well as accessibility of those services throughout the day. The daytime and working visitor population of Churchill ward is relatively low compared to many other areas of the borough, which 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 Churchill ward has a relatively low night-time visitor population compared with the Westminster average.

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



Age

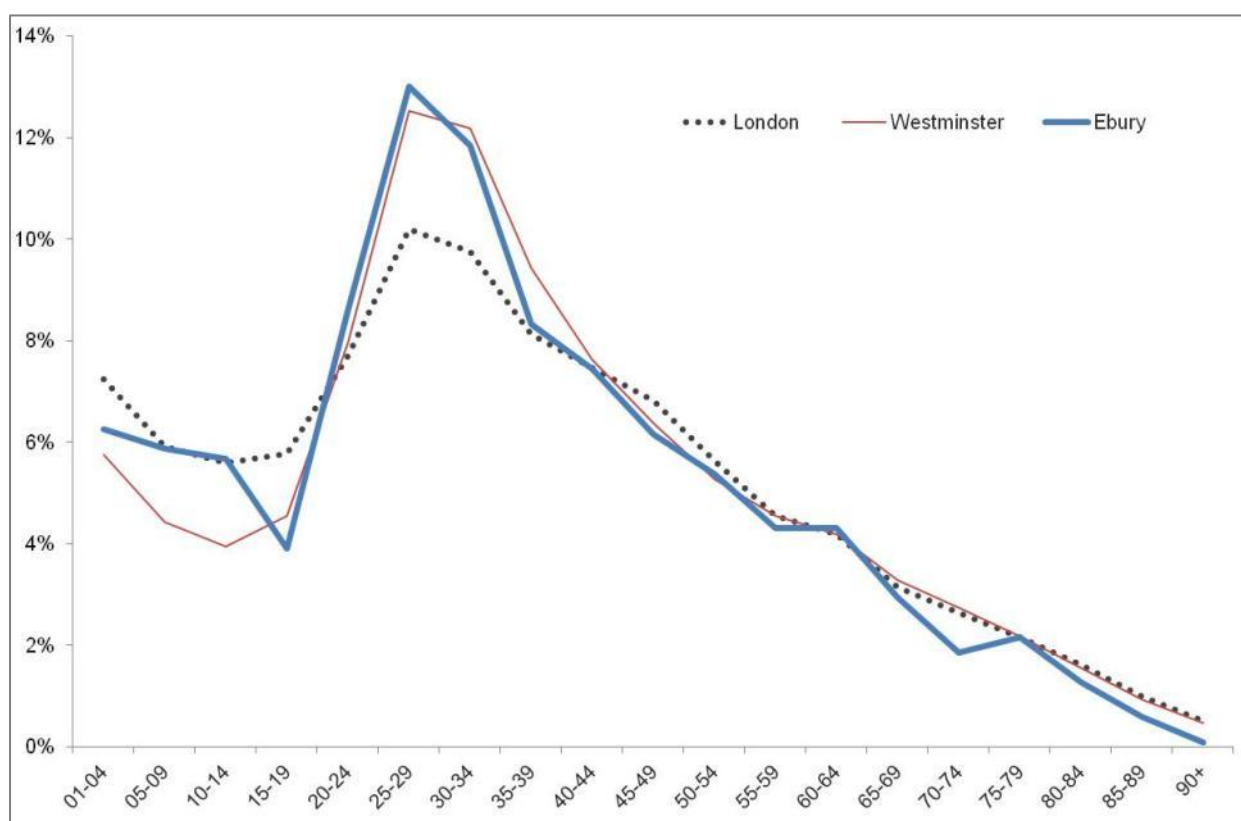
Age is a major determinant of the health need. Older age groups and youngest age groups are known to be highest users of health services. High rates of morbidity due to cancer, cardiovascular disease (CVD) and respiratory diseases are observed among older age groups, often along with high rates of A&E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

Like Westminster, there is a smaller proportion of working age adults (aged 20-64) in Ebury in comparison to London (Ebury 69.4%; Westminster 70.1%; London 64.4%). The age group with the highest population for Ebury is 25-29 years.

Ebury has around 15% more 0-19 year olds than is typical for Westminster but has a smaller proportion than London, particularly 15-19 year olds.

The proportion of older people is slightly lower than the Westminster and London average, with residents aged 65+ accounting for 8.9% of the total ward population, compared to 11.2% in Westminster and 11.1% in London.

Chart 1: Age breakdown for Ebury Bridge Area, 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.

Ebury is too small a population group to make reliable comparisons with other areas: However, over 2010-2012, there were:

- 12 births a year on average, or around 1 a month.
- 6 deaths a year on average, or 1 every 2 months.

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.

As in the rest of the borough and London as a whole, Ebury is an extremely culturally and ethnically diverse area, with 40% of residents coming from a Black or minority ethnic (BME) group (Westminster 38%; London 40%, 2011 Census). The profile in Ebury is very similar to the Westminster ethnic profile.

The single largest ethnic group in Ebury is White British (35%), three quarters the London level. The White Other ethnic group is second most common, slightly lower than Westminster but twice the proportion compared to London. The area also has a reasonably large Bangladeshi population, also comprising 1 in 20 of the population, almost 2 times higher than the borough and London averages. However, given Ebury is a small area, this amounts to just 57 people

Chart 2: Summary ethnicity breakdown for Ebury area, Westminster and London, 2011 Census

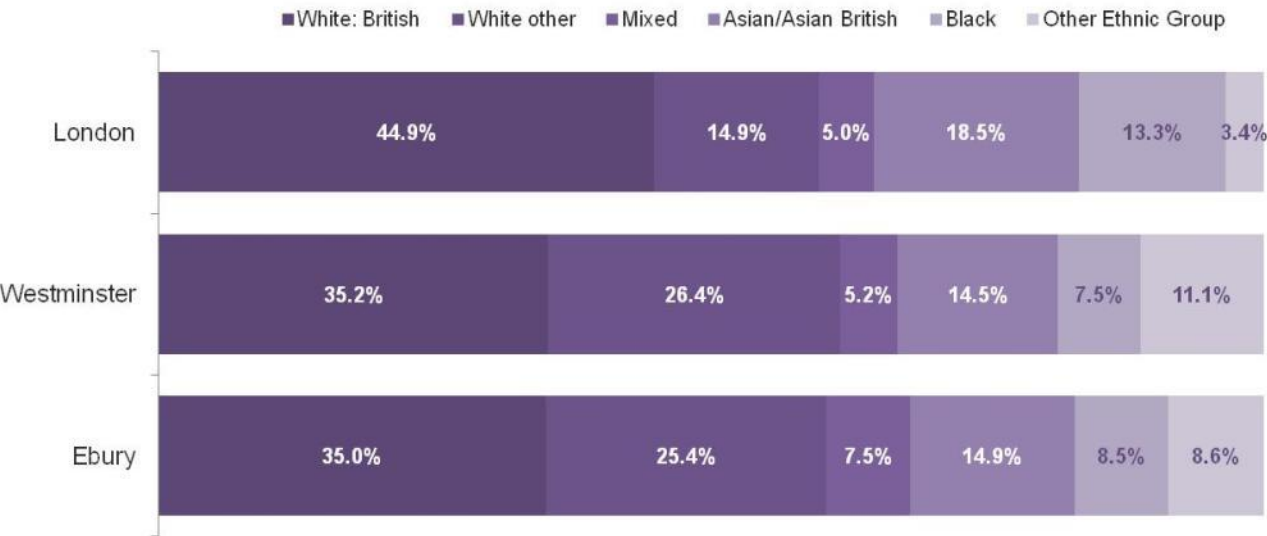


Table 1: Detailed ethnicity breakdown for Ebury area, 2011 Census

Ethnicity	Masterplan numbers	Masterplan percent	Westminster	London
White: British	358	35.0%	35.2%	44.9%
White: Irish	39	3.8%	2.3%	2.2%
White: Gypsy or Irish Traveller	1	0.1%	0.03%	0.10%
White: Other White	220	21.5%	24.1%	12.6%
Mixed: White and Black Caribbean	17	1.7%	0.9%	1.5%
Mixed: White and Black African	25	2.4%	0.9%	0.8%
Mixed: White and Asian	14	1.4%	1.6%	1.2%
Mixed: Other Mixed	21	2.1%	1.8%	1.5%
Asian/Asian British: Indian	14	1.4%	3.3%	6.6%
Asian/Asian British: Pakistani	13	1.3%	1.1%	2.7%
Asian/Asian British: Bangladeshi	57	5.6%	2.9%	2.7%
Asian/Asian British: Chinese	18	1.8%	2.7%	1.5%
Asian/Asian British: Other Asian	50	4.9%	4.6%	4.9%
Black: African	47	4.6%	4.2%	7.0%
Black: Caribbean	14	1.4%	2.0%	4.2%
Black: Other Black	26	2.5%	1.3%	2.1%
Other Ethnic Group: Arab	54	5.3%	7.2%	1.3%
Other Ethnic Group: Any Other Ethnic Group	34	3.3%	3.9%	2.1%
All Usual Residents	1022	100.0%	100.00%	100.00%

Higher than Westminster and London	
Between Westminster and London	
Lower than Westminster and London	

Country of Birth

47% of the resident population in the area were born outside of UK according to Census 2011. The area is highly diverse, with no one significant majority country of birth after England.

After the UK-born population, the highest proportions of GP practice registered patients are from North Africa. There are also significant numbers from the Middle East, Bangladesh, and Europe.

Table 2: Most common countries of birth, Census 2011, ONS.

Country of birth	Number	Percent
England	522	51.1%
North Africa	39	3.8%
Other Europe	35	3.4%
Portugal	33	3.2%
Other Middle East	30	2.9%
Bangladesh	28	2.7%
Ireland	27	2.6%
Spain	23	2.3%
Other South and Eastern Africa	23	2.3%
France	21	2.1%
Philippines	19	1.9%
Poland	18	1.8%
Other EU Accession Countries	14	1.4%
South America	13	1.3%
Australia	12	1.2%
Germany	11	1.1%
United States	11	1.1%
Italy	10	1.0%
Other EU Member Countries in March 2001	10	1.0%
Iran	10	1.0%
Other mentions	113	11.1%
	1022	100.0%

Spoken Language

Some of the people in Ebury 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.

70% of residents of Ebury speak English as their main language at home, which is lower than London (78%). 1 in 5 households (18%) have no English speakers in the household. The most common language spoken at home other than English is Arabic (5%), followed by 'Other European Language EU' (5%).

Table 3: Main home languages spoken at home, Ebury, 2011 Census

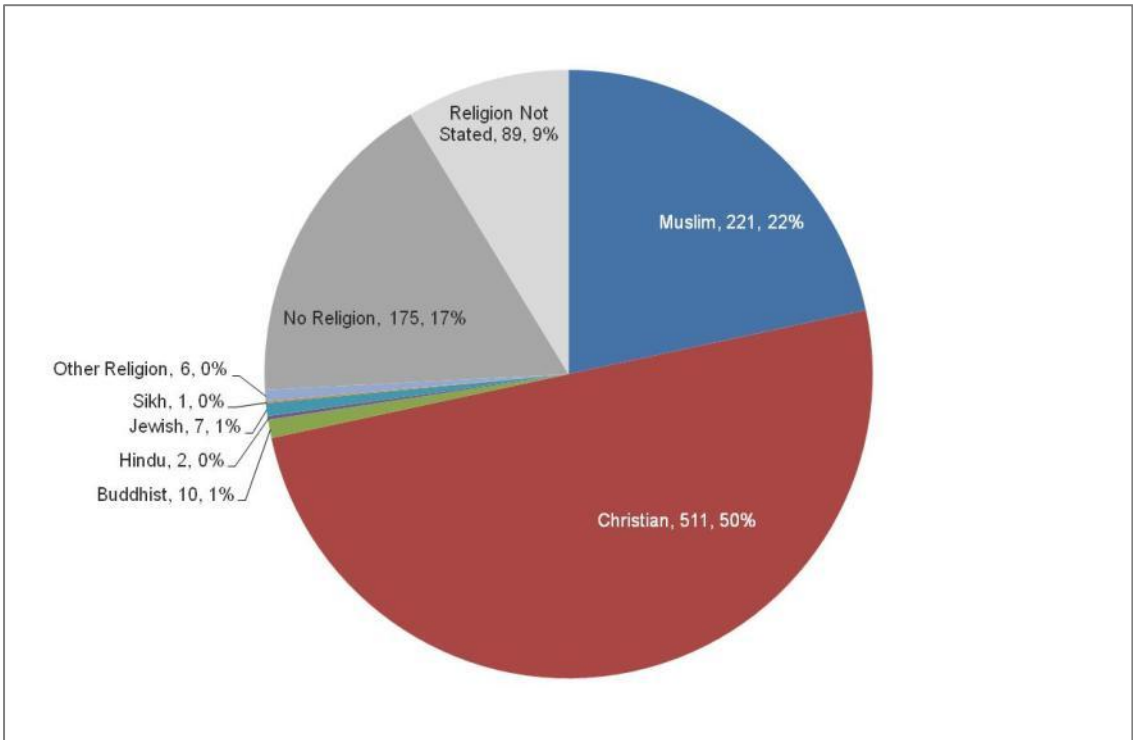
Language	Number	Percent
English (English or Welsh if in Wales)	686	70%
Arabic	48	5%
Other European Language (EU)	46	5%
Portuguese	33	3%
Spanish	32	3%
French	28	3%
South Asian Language	26	3%
East Asian Language	25	3%
West/Central Asian Language	21	2%
South Asian Language; Bengali (With Sylheti and Chatgaya)	21	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 respond well to female practitioners.

Half of the Ebury residents are Christian and one in five are Muslim (22%, compared to 18% in Westminster). There are also a relatively large proportion stating they have ‘no religion’.

Chart 3: Breakdown of Religion in Ebury area, ONS census 2011

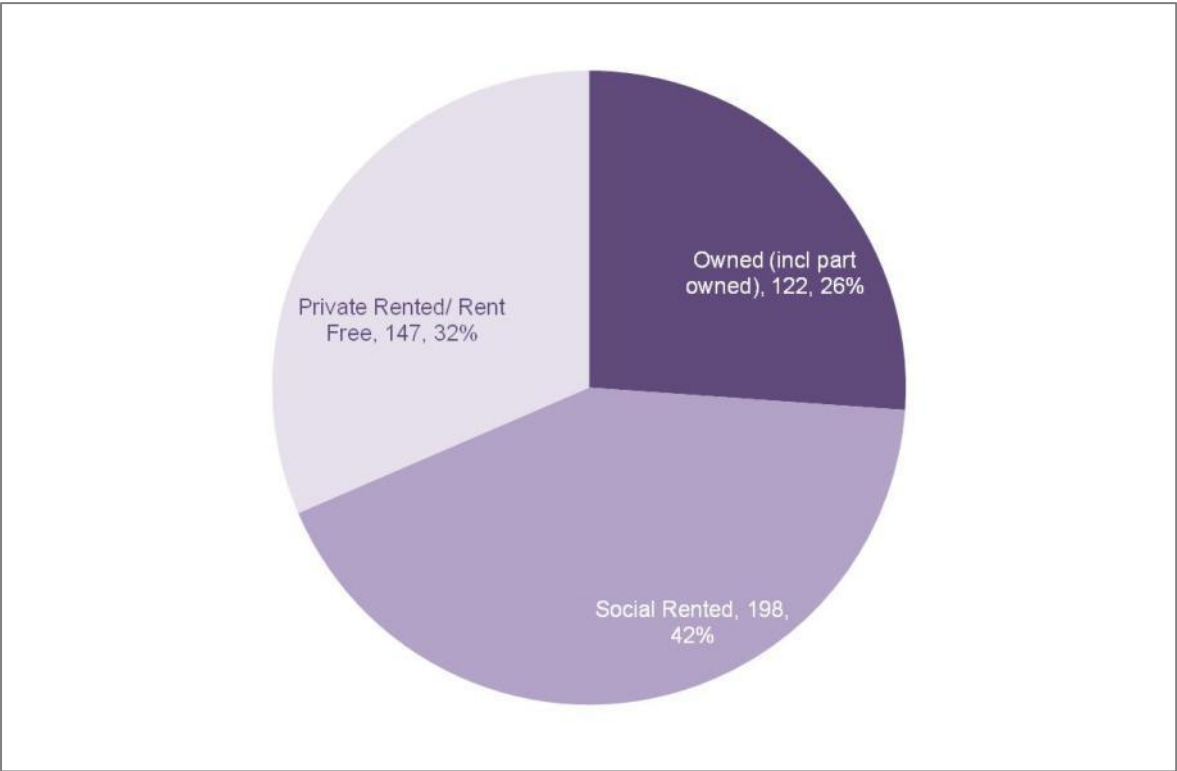


Tenure

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, 4 in 10 households in the Ebury area are classified as social housing, with just one quarter owned and third rented privately.

Chart 4: Breakdown of Housing Tenure in Ebury area, ONS census 2011

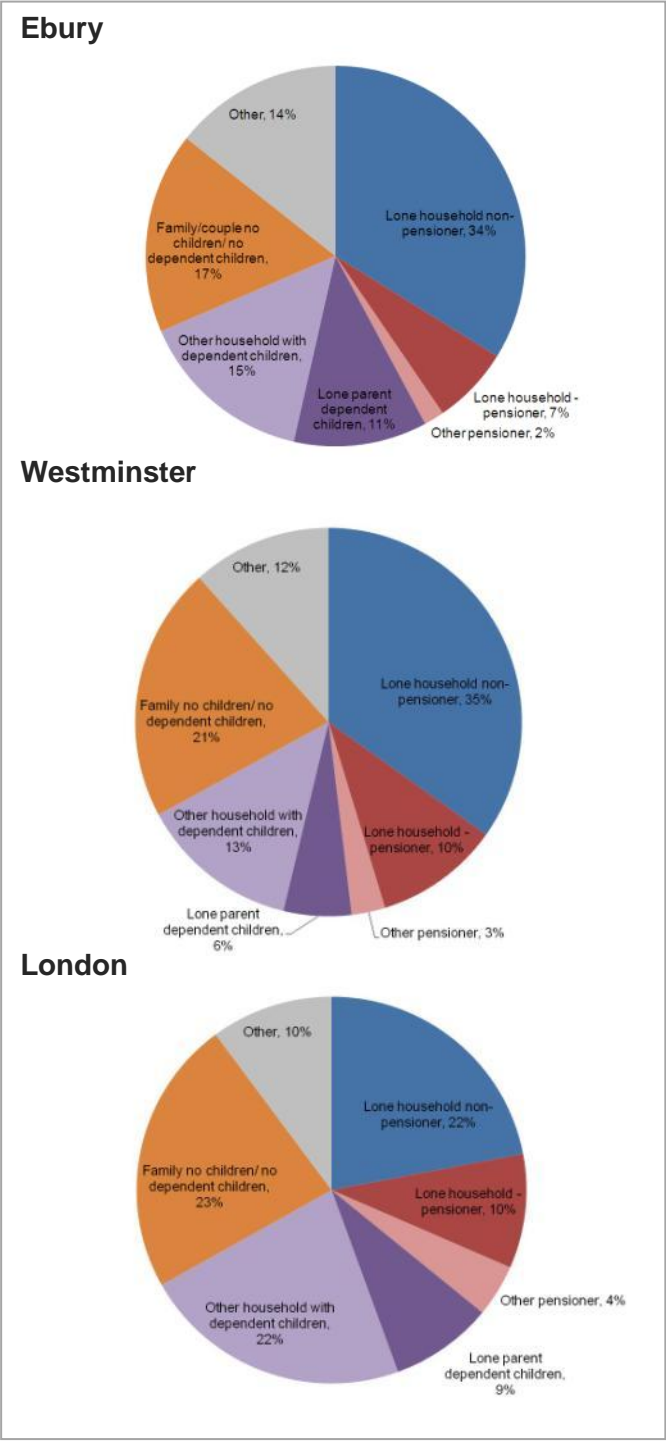


Household composition

A third of households in Ebury are non-pensioner lone households, which is similar to Westminster and much larger than London.

The area also has a higher proportion of lone parent households with dependent children (11%) compared to Westminster (6%) and London (9%). There are also more families with dependent children compared to Westminster (but much lower than London). These groups are known to require additional resource from health and social care services.

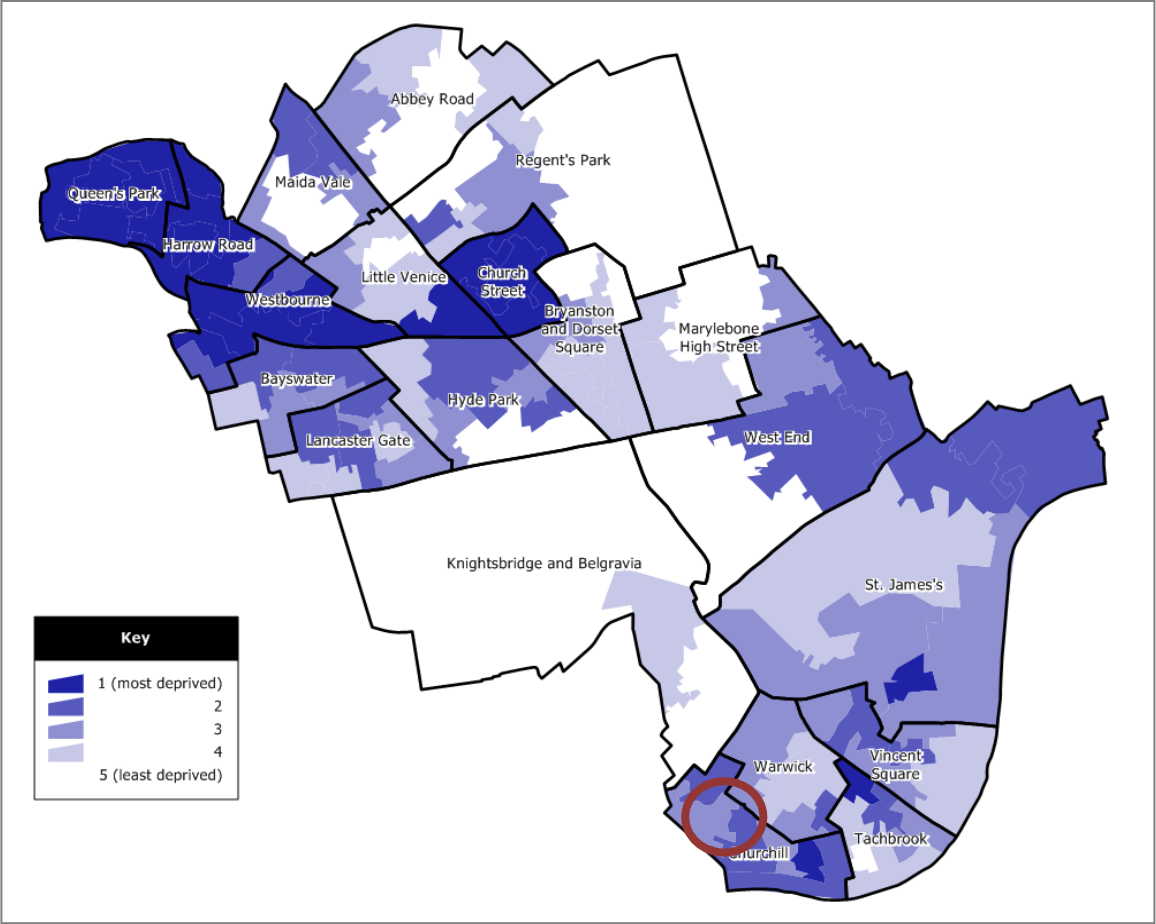
Chart 5: Household composition of Ebury residents compared to Westminster and London, 2011 Census



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. Much of the area surrounding the Ebury Bridge Estate falls into the 40% most deprived nationally, although some of the estate also falls into an area of average deprivation compared to nationally.

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.

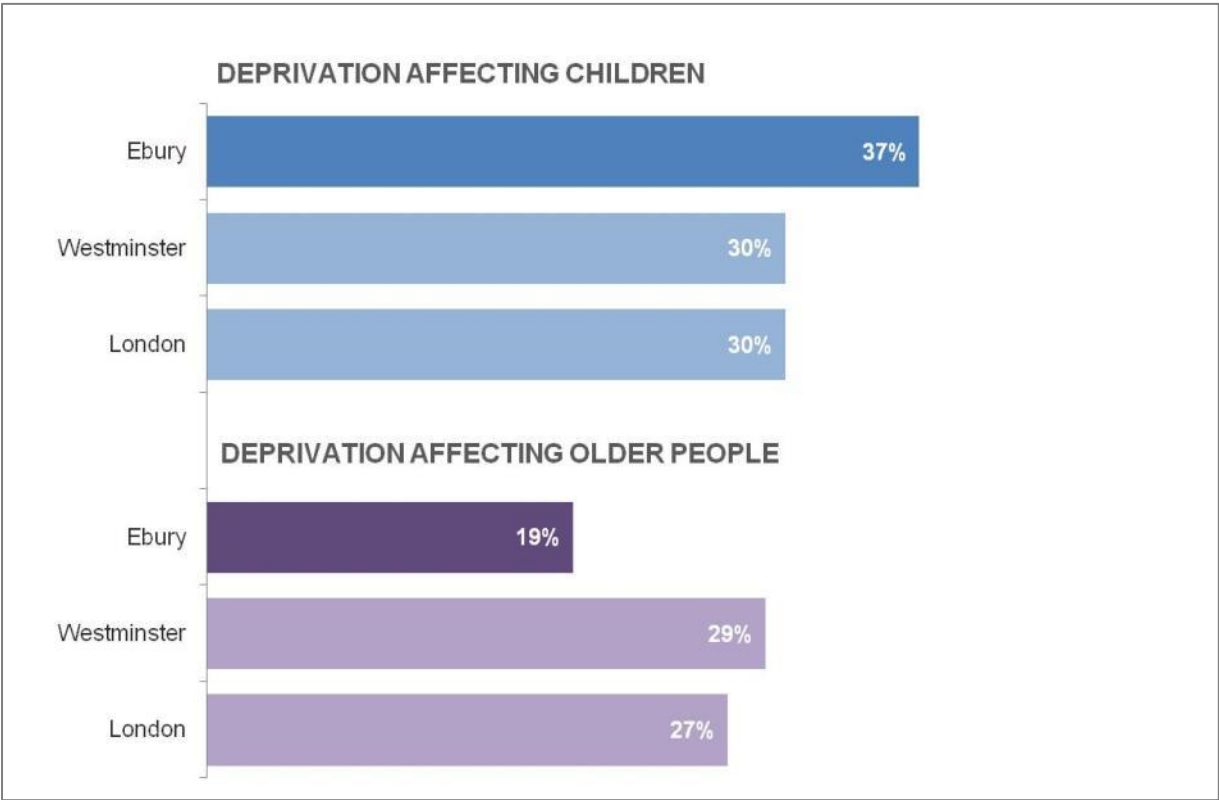
The income deprivation affecting children index (IDACI) indicates the proportion of children under 16 living in low income households is slightly higher in the Ebury area than the Westminster and London rates, with over a third of families living in income deprived households in the area.

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 shows the percentage of older people in each SOA that live in income deprivation (i.e. in receipt of income support). The proportion in the Ebury area is lower than both the Westminster and London averages.

Chart 6: Index of deprivation affecting children and older people for LSOAs surrounding Ebury, 2010



Benefit Claimants

The proportion of the population claiming out of work benefits in the Churchill ward area in November 2012 was higher than the Westminster and national average. This is a reflection of the level of need in the Churchill area (which also includes the Churchill Gardens Estate).

Half of all benefit claimants in Churchill ward claim incapacity benefit/ESA, with the claimant rate higher than the Westminster and national averages. There are also higher rates of other key out of work benefits, such as Job Seekers Allowance.

Table 4: Out of work benefits for Churchill Ward, November 2012, NOMIS

	Churchill numbers	Churchill %	Westminster	Great Britain
Total claimants	1,330	16.0%	12.6%	14.1%
Job seekers	335	4.0%	2.9%	3.6%
ESA and incapacity benefits	650	7.8%	6.7%	6.3%
Lone parents	150	1.8%	1.1%	1.3%
Carers	95	1.1%	0.9%	1.3%
Others on income related benefits	25	0.3%	0.3%	0.4%
Disabled	60	0.7%	0.6%	1.1%
Bereaved	15	0.2%	0.1%	0.2%
Key out-of-work benefits†	1,160	13.9%	11.0%	11.6%

Key out-of-work benefits includes the groups: job seekers, ESA and incapacity benefits, lone parents and others on income related benefits.

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. Churchill ward falls into the highest 20% in London for the proportion of working age population on incapacity benefits/ESA for mental health reasons. Based on local rates it is likely that there are around 30 working aged residents in the estate claiming this benefit. The number of working age people claiming incapacity benefit for physical health reasons in Churchill ward is in the 40% highest in London. Based on this there are likely to be a similar number (30 people) claiming the benefit for physical health reasons.

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.

A large proportion of residents in Ebury have no qualifications at all, well above the Westminster and London averages, but lower than Great Britain. Conversely, the area has a smaller proportion of residents attaining Level 4/5 qualifications compared to the Westminster average.

Data on GCSE achievement for Churchill ward suggests similar levels of achievement to Westminster and national averages.

Table 5: Level of qualification in Ebury area, Census 2011

	Ebury Numbers	Ebury %	Westminster	Great Britain
No qualifications	146	18%	13%	23%
Highest qualification attained level 1	78	9%	7%	13%
Highest qualification attained level 2	83	10%	8%	15%
Apprenticeship	9	1%	1%	4%
Highest qualification attained level 3	76	9%	9%	12%
Highest qualification attained level 4 / 5	322	39%	50%	27%
Other qualifications / level unknown	115	14%	13%	6%

Table 6: GCSE achievement (5A-C, incl Eng & Maths), 2010/11*

Churchill ward	Westminster	England
62%	60%	58%

Crime

Westminster has a very high crime rate of 253 incidents per 1,000 head of population; in contrast, Ebury sees a much lower 52 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). Crime in the lower super output areas surrounding the estate is generally low compared to Westminster and London. While violence against the person and drugs is similar to London, it is still lower than Westminster and London. No data is available on the fear of crime, which is known to have an impact on the wellbeing of local residents.

Table 7: Crime Rates in LSOAs in Ebury area, LASS site for crime analysts /1,000 (GLA) 2012/13

Rate /1,000	Ebury	Westminster	London
Total Notifiable Offences	52	253	84
Violence Against The Person	15	30	17
Robbery	1	10	4
Burglary	6	18	11
Theft And Handling	19	163	37
Criminal Damage	4	10	7
Drugs	5	20	6
Other Notifiable Offences	2	2	1

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

Children with a Child Protection Plan

Data from May 2011 identifies Churchill ward as having twice the Westminster average for children on protection plan, which is similar to the Queens Park area but significantly lower than Church Street. No more recent data is currently available at ward level.

Air Pollution

Long term and short term exposure to air pollution can have significant effects on health, particularly for vulnerable groups such as people with underlying heart and lung conditions. Air pollution may worsen symptoms of existing conditions such as COPD or Asthma, and is also linked to increased risk of diseases such as respiratory illness, heart disease and lung cancer.

Higher levels of particulate matter (PM) and nitrogen dioxide (NO₂) are often found in urban areas near to busy roads, particularly when traffic flows involve significant numbers of diesel vehicles. Particulate matter is measured as PM₁₀ (particles of approximately 10 microns) and PM_{2.5} (particles of approximately 2.5microns). The smaller particles (PM_{2.5}) are thought to have a more significant health impact as they can penetrate further into the lungs but the mechanism is not fully understood. Annual mean concentrations of anthropogenic (man-made) PM_{2.5} have been correlated with increased risk of death and this is reflected in the Public Health Outcomes Framework Indicator 3.1 which is listed as the 6th most significant burden on all cause mortality in the UK.

In 2008, the Ebury area had higher annual mean concentrations of both PM₁₀ and NO₂ than the London average but lower than Westminster as a whole.

Table 8: Standardised atmospheric concentration for Ebury LSOA area, GLA 2008, micrograms per cubic metre (µg/m³). London=100

	Ebury av	Westminster	London
PM10	108	111	100
NO2	124	133	100

Annual mean concentrations of PM_{2.5} in Churchill Ward were 16.34ug/m³ in 2008 (compared to 16.56ug/m³ for Westminster as a whole) placing it in the highest 6% of all wards in London.

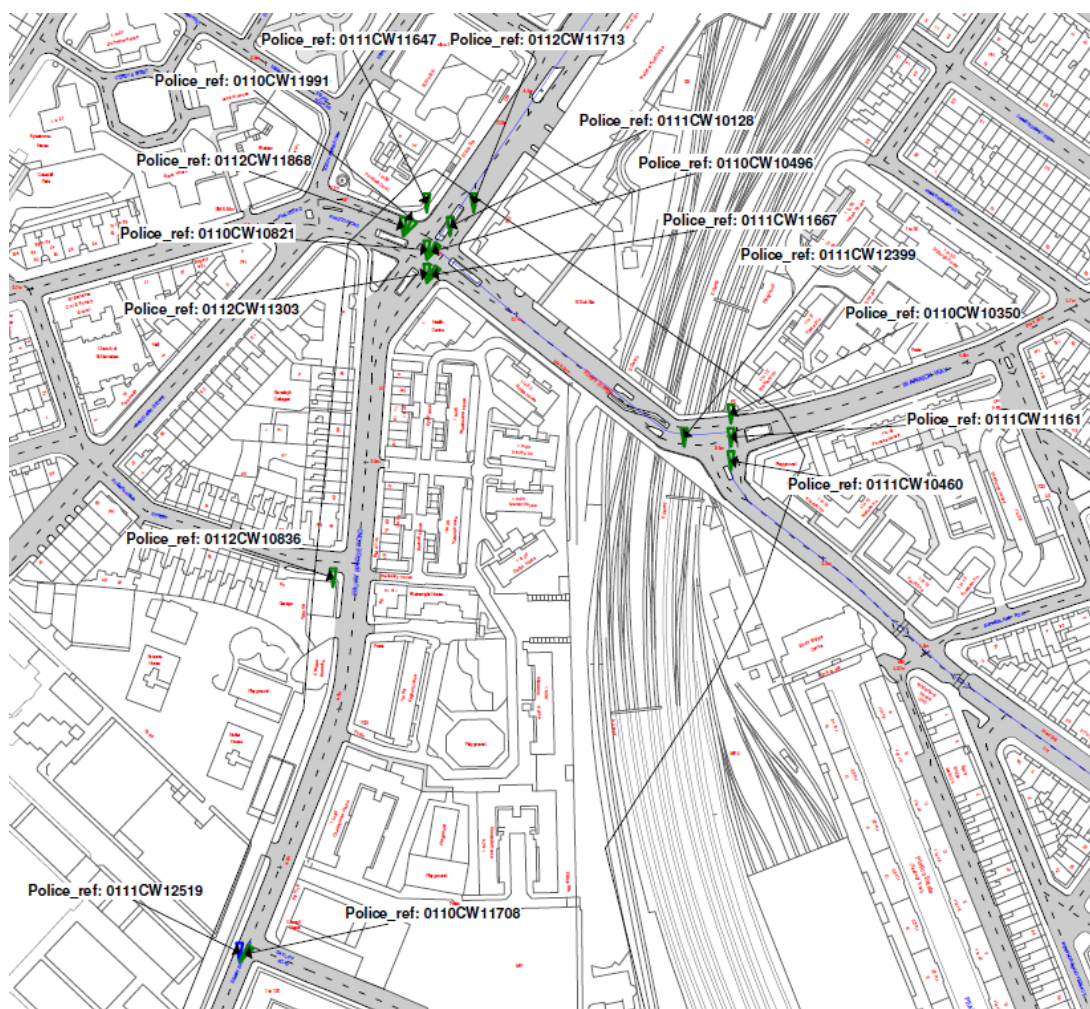
Road Traffic Collisions

Collisions reported to police and resulting in slight, serious or fatal injuries are recorded (Stats 19 data). This data includes information about vehicles and individuals involved, time and date, location and a brief description of the collision and potential contributory factors. Over the most recent 36 months (June 2009 to May 2012), 16 collisions occurred in Ebury, resulting in 18 casualties. Most of these casualties were slightly injured, one was seriously injured and nobody was killed. Overall, two pedestrians were injured and six cyclists were hurt.

Table 9: Number of road traffic collisions June 2009 to May 2012 in roads surrounding the Ebury Bridge Estate

Type	Fatal injury	Serious injury	Slight injury	All injuries
Pedestrian	0	0	2	2
Cyclist	0	1	5	6
Motorcyclist	0	0	2	2
Vehicle driver	0	0	6	6
Vehicle passenger	0	0	2	2
Total	0	1	17	18

Map 5: Collisions in Ebury from June 2009 to May 2012, slight injuries in green – serious injuries in blue



The map above shows that the majority of the collisions occurred at the two major junctions near the estate and these locations have indeed been identified as collision hotspots in Westminster. The collision data also show that most pedal cycle injuries occur on the crossroad between Buckingham Palace Road and Pimlico Road and observational data indicates that cyclists are not safe on this junction.

The perception of road danger can prevent people from using the roads. In particular vulnerable people such as children, older people or people with disabilities may feel unsafe and this can prevent them from being independent, physically active and engaging in the local area.

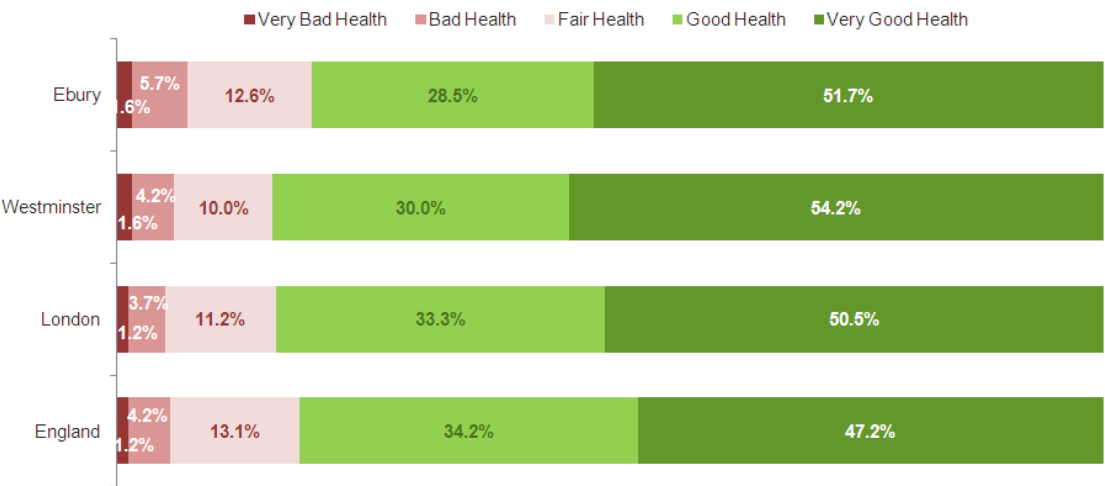
Chapter 3 Burden of Ill Health

Ebury is a 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 local health and social care provision.

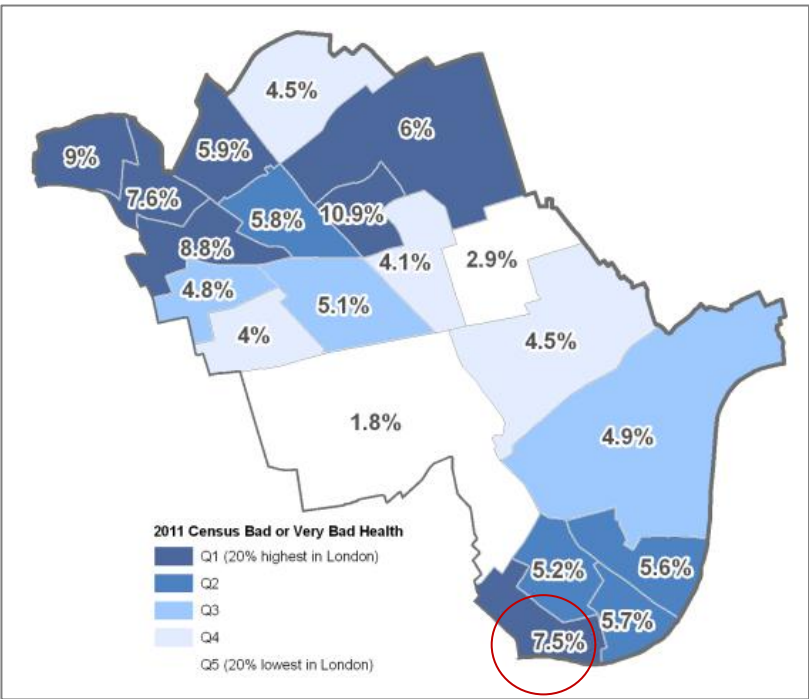
Self-reported health

According to the 2011 Census, the Ebury Bridge Estate has a higher level of people reporting bad/ very bad health compared with Westminster and London. Just over 70 residents reported bad or very bad health. The Churchill ward area as a whole - which also captures the Churchill Gardens Estate – falls into the highest 20% in London for the proportion reporting bad/ very bad health.

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



Map 6: Self-reported bad/ very bad health by ward, 2011 Census



Life Expectancy

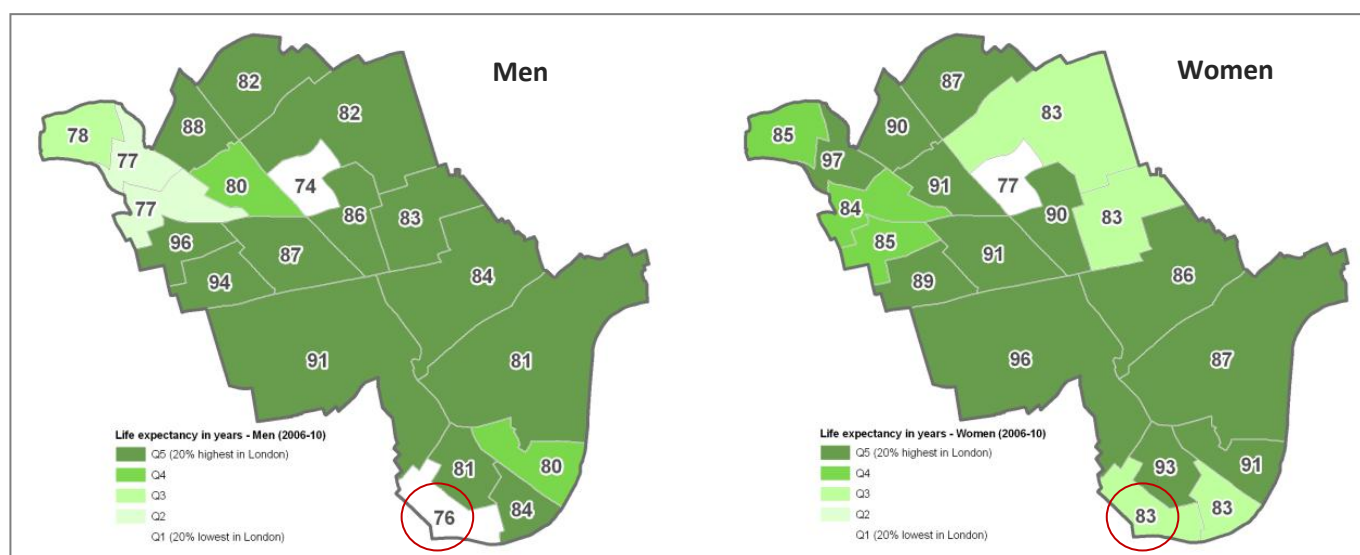
Life expectancy is the expected number of years of life remaining from birth, based on current death rates in the local population.

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 76 years for males and 83 years for females, Churchill is among the 20% wards in London with the lowest life expectancy (time period 2006-10, Westminster 82.3 men, 86.3 women over this period). Life expectancy for men in Churchill ward is the second lowest in Westminster.

It is not possible to calculate the life expectancy for the Ebury Bridge Estate due to small numbers.

Map 7: 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. The super output areas surrounding the estate tend to be more deprived than the UK average, so the estimated disability free life expectancy would be around 60 for males and 63 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 Ebury area marked, ONS 1999-2003

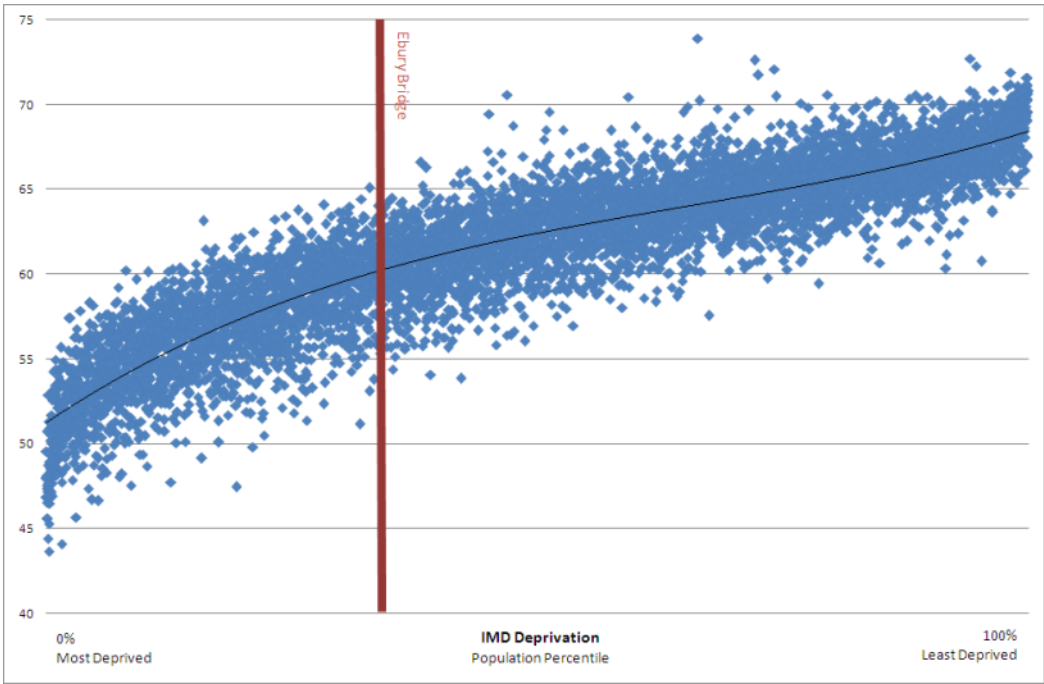
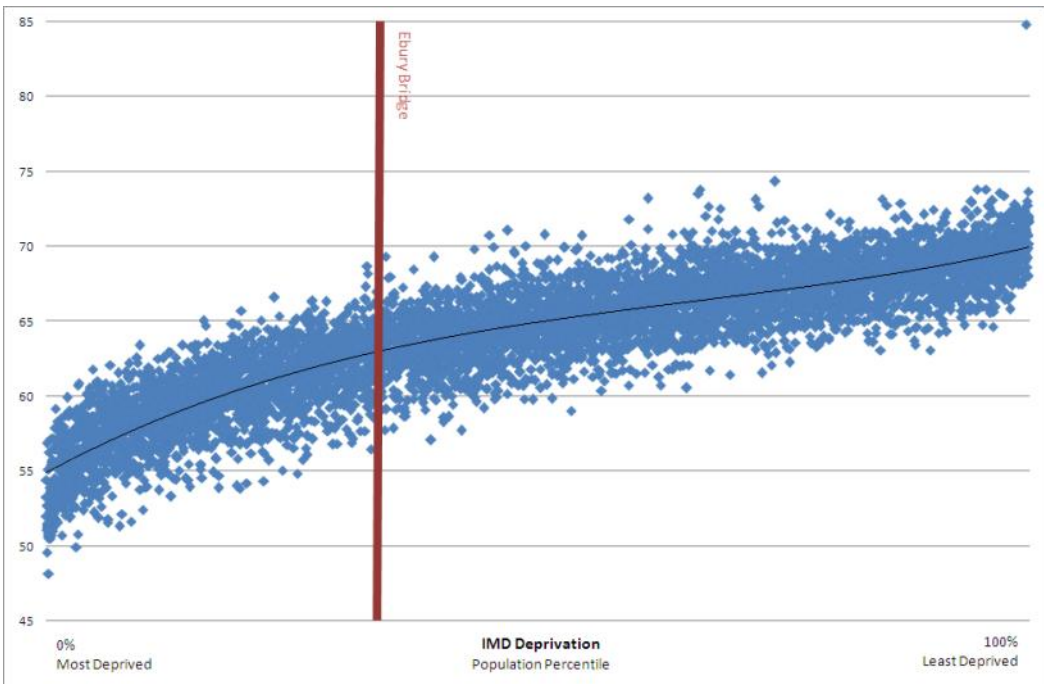


Chart 9: Female DFLE for England at birth with Ebury area marked, ONS 1999-2003

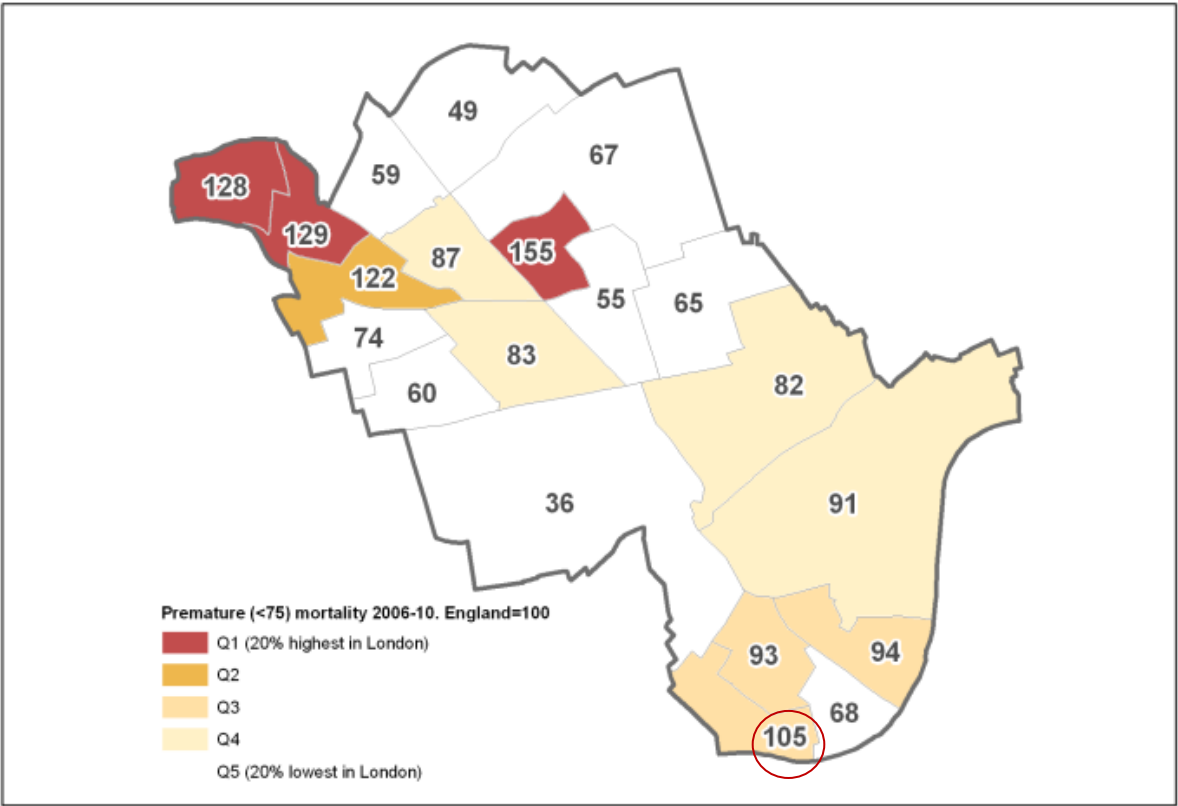


Premature Mortality

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 are for cancer, cardiovascular disease, and respiratory disease - all potentially preventable to some degree.

Churchill ward has a slightly above average standardised mortality ratios (SMRs). The SMR is 105, meaning that there are 5% more early deaths than nationally. It is not possible to calculate premature mortality in the Ebury Bridge Estate specifically because of small numbers.

Map 8: Standardised mortality ratios (SMRs) for premature (<75) mortality, by ward, 2006-10, HNA Toolkit
England=100



Causes of Death

There are, on average, 6 deaths a year in the Ebury area. Based on ten years of data, half of all deaths were for cardiovascular disease (heart disease and stroke) and cancer. Given the small area covered by the estate, it is not possible to establish whether the breakdown of disease is typical of elsewhere.

Table 10: Number of deaths in the Ebury Bridge Estate over ten years

	Number over ten years	Percent
CVD	16	27%
Cancer	14	24%
Respiratory	11	19%
Digestive	2	3%
mental	2	3%
External	0	0%
Other	14	24%
Total	59	100%

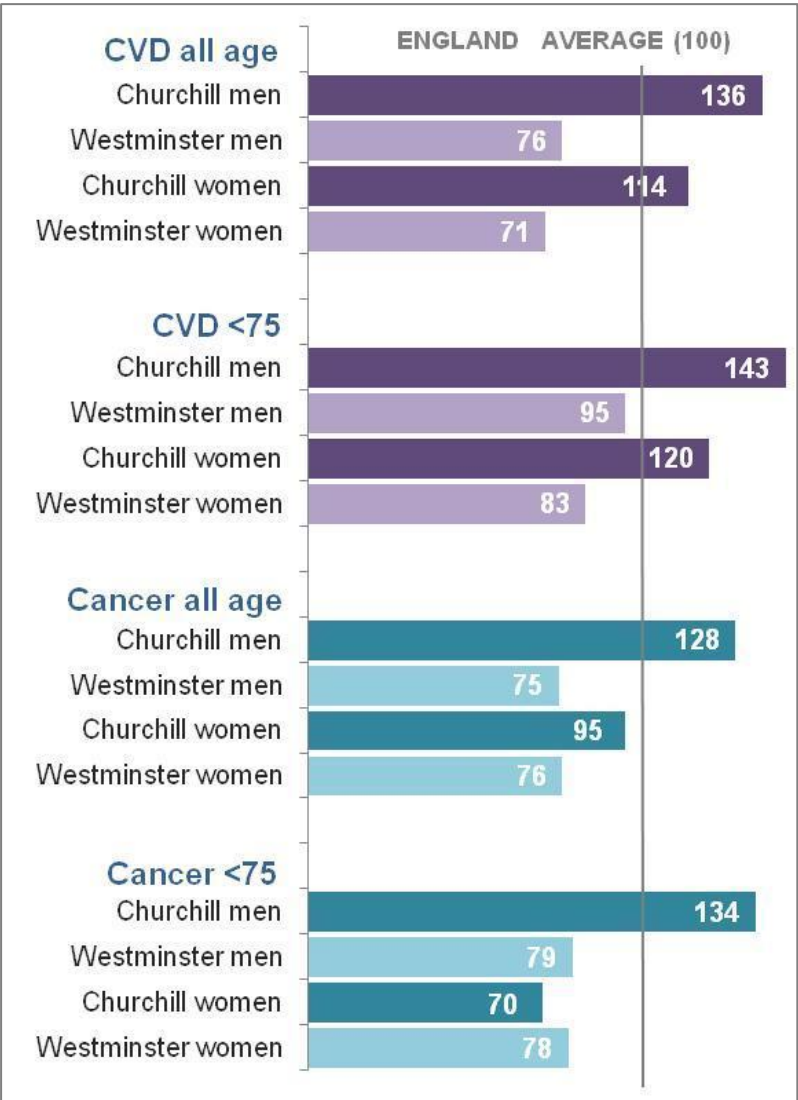
Mortality by cause

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.

The all age and under 75 death rates for Cardiovascular disease (CVD) in Churchill ward are 30-40% higher than London and England for men and 10-20% higher for women. Rates tend to be one and a half times the Westminster rate. The high rate may in part be influenced by the inclusion of the Churchill Gardens Estate in the ward data.

Early deaths from cancer in Churchill ward for men are nearly twice the Westminster average and a quarter to a third higher than London and England.

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

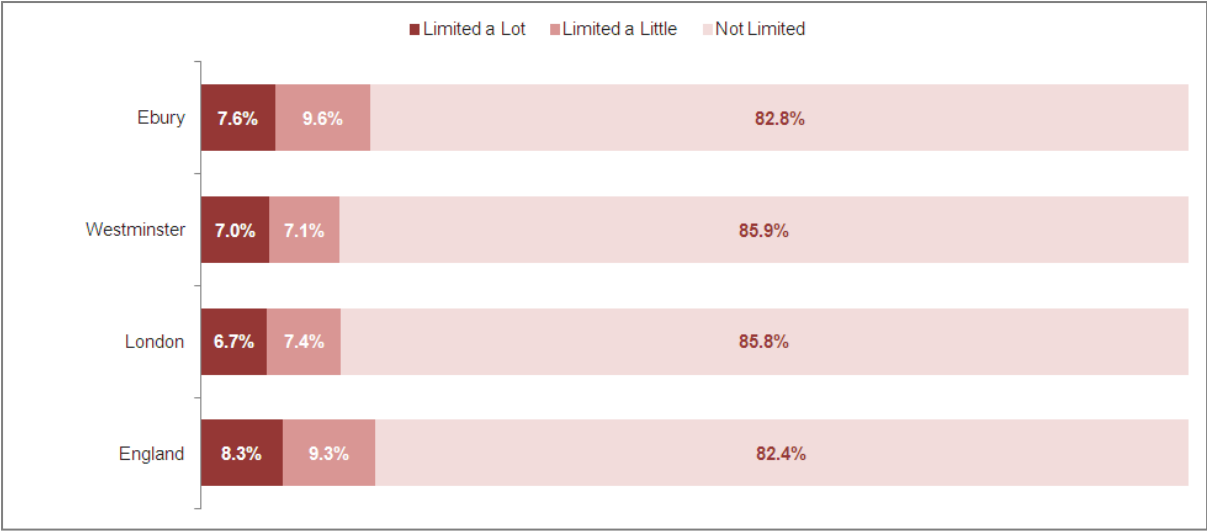


Long-term conditions

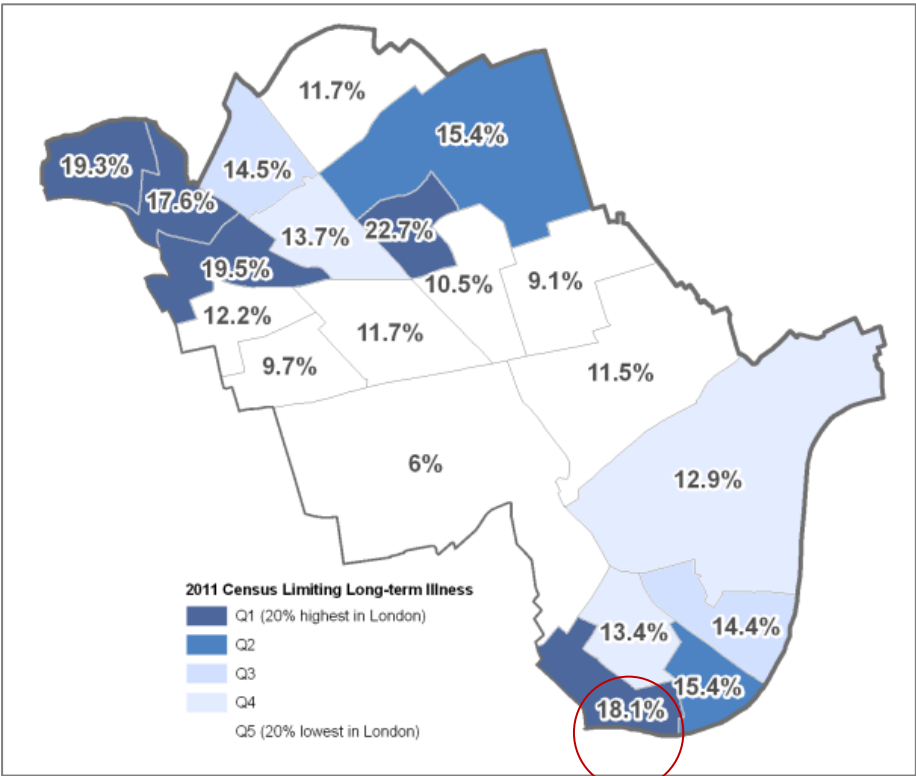
With an ageing population and improving life expectancy, the effective management of patients with existing long-term conditions has become one of the most important public health challenges today. According to the 2011 Census, nearly 1 in 5 Ebury residents (176 people) report a long-term illness, just under half of whom (78 people) say it limits them a lot; this is higher than Westminster and London.

The level of limiting long-term illness in Churchill ward falls into the 20% highest in London, the 4th highest of wards in Westminster.

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



Map 9: Self-reported limited long-term illness by ward, 2011 Census



GP Disease Prevalence

The PG prevalence data 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 Churchill ward is, on average, higher than Westminster, but lower than London for some of the more common conditions like hypertension and diabetes. Of particular note is the burden of mental ill-health, with severe & enduring mental illness almost twice as high as London, and cancer, which is around a third higher.

Table 11: Estimated number and percentage prevalence of diagnosed chronic diseases in Churchill Ward area, compared to Westminster and London, based on QOF 2011/12

	Churchill ward numbers	Churchill ward percent	Westminster	London
Smoking	1691	17.4%	15.5%	18.6%
Hypertension	899	9.3%	8.7%	11.1%
Depression	608	6.3%	5.4%	6.3%
Obesity	582	6.0%	6.3%	7.6%
Asthma	452	4.7%	3.8%	4.7%
Diabetes	310	3.2%	3.6%	4.4%
CHD	211	2.2%	2.0%	2.2%
CKD	131	1.4%	1.3%	2.1%
Hypothyroidism	231	2.4%	2.0%	2.3%
Cancer	167	1.7%	1.3%	1.3%
Stroke TIA	114	1.2%	1.1%	1.1%
CVD prevention	189	2.0%	1.4%	1.7%
COPD	121	1.2%	0.9%	1.1%
Atrial Fibrillation	120	1.2%	0.9%	0.9%
SMI	184	1.9%	1.3%	1.0%
Heart Failure	68	0.7%	0.5%	0.5%
Epilepsy	45	0.5%	0.4%	0.4%
Dementia	43	0.4%	0.3%	0.4%
LVD	28	0.3%	0.2%	0.2%
Learning disabilities	19	0.2%	0.2%	0.3%
Palliative care	69	0.7%	0.2%	0.2%

Higher than London and Westminster	
Between London and Westminster	
Lower than London and Westminster	

Risk of Emergency Admission

Data which profiles the risk of emergency hospital admission identifies a slightly higher level of risk of emergency admission in the super output areas surrounding the estate compared to the CCG average. There were 14 residents in the local area with a risk score of 60 or above; if the area was typical of the CCG as a whole, there would have been 11.

Table 12: Number and proportion of patients in the super output areas neighbouring Ebury 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	% of total
1-10	2,993	91.6%	2,977	91.1%
10-20	168	5.1%	188	5.8%
20-30	49	1.5%	50	1.5%
30-40	29	0.9%	22	0.7%
40-50	8	0.2%	12	0.4%
50-60	6	0.2%	6	0.2%
60-70	7	0.2%	5	0.1%
70+	7	0.2%	6	0.2%
Grand Total	3,267	100%	3,267	100.0%

Hospital activity

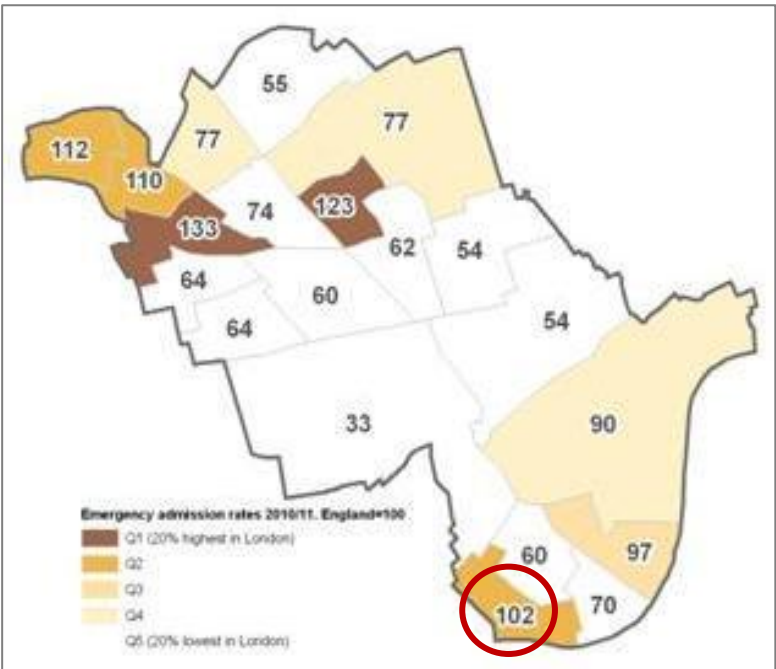
Annually in the Ebury estate, there are in the region of 300 hospital admissions, of which around 170 are elective, 100 are emergency and 20 maternity. There were also estimated to be around 380 A&E attendances across all ages.

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, Churchill ward had an emergency admission rate 2% above the national average in 2010/11, falling within the 40% highest of wards in London. 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.

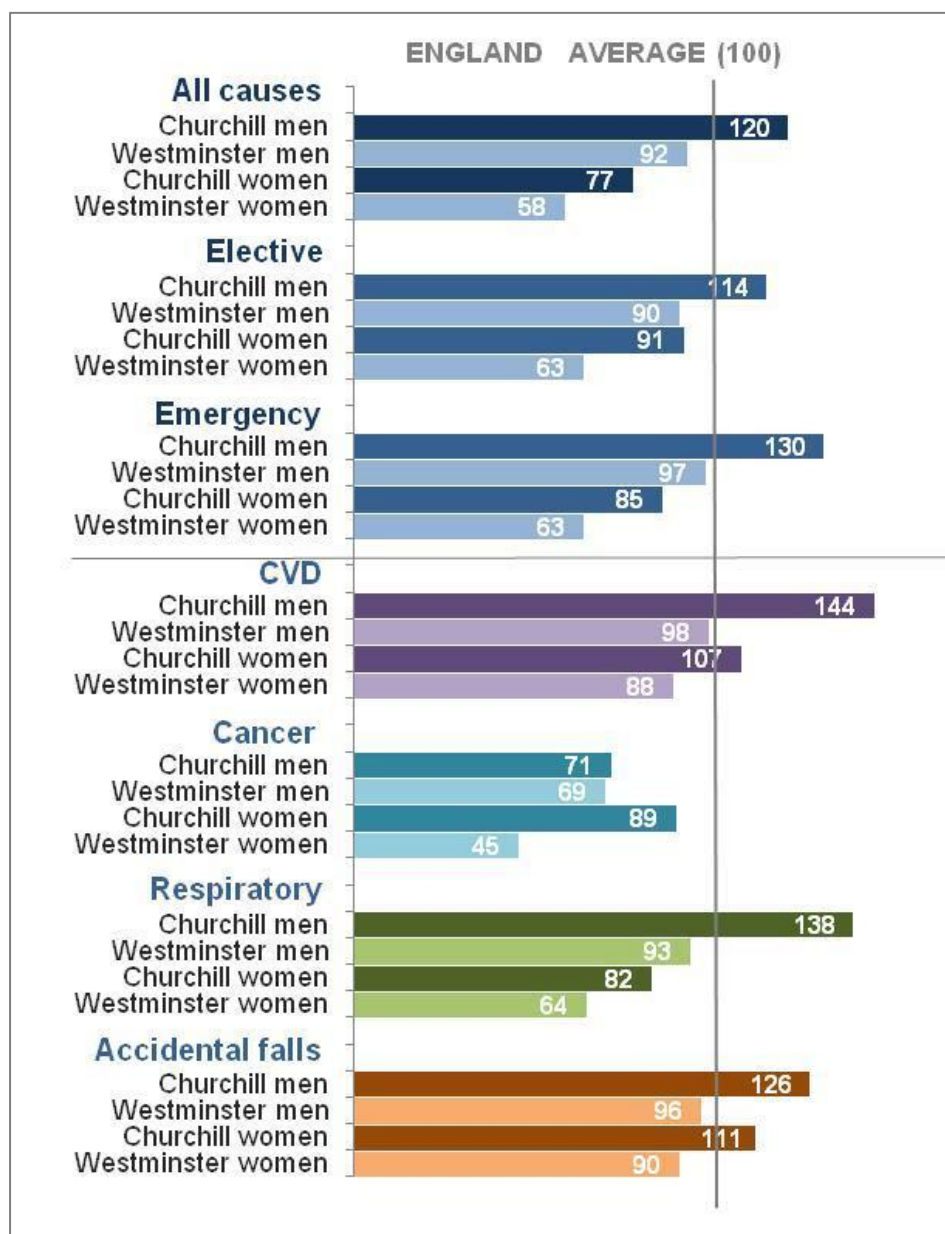
Map 10: Age standardised hospital emergency admission rate by ward, 2010/11, HNA Toolkit



Hospital Admission rates by cause

The burden of mortality and disease in Churchill ward is 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, which is considerably higher than London and England.

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. The rate in Churchill ward was around 12% higher than the Westminster average (the 4th highest in Westminster), with just under 500 A&E/ UCC attendances a year for 0-4 year olds. The relatively close proximity to A&Es in central London may influence the high rate, as might cultural issues among certain communities.

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 23 emergency hospital admissions a year for accidents and injuries among 0-17 year olds in the Ward. This is broadly in line with what would be expected for a typical area in London.

Average Hospital costs

Residents in Churchill Ward had an average hospital cost of around £600 in 2012/13. This was more than 70% higher than the average in the CCG as a whole, a reflection of the burden of hospital use in the area. In particular, unscheduled care use (emergency admissions and A&E attendances) were twice as high as the Westminster average. It is important to note that Ebury Bridge Estate occupies a small proportion of Churchill ward only (analysis cannot be carried out on the estate area).

Table 13: Annual average activity and hospital costs in hospital settings for Churchill Ward, based on July 2012-June 2013, INWL SUS

	Churchill Ward	Central London CCG	Difference
	Cost	Cost	Cost
A&E attendances	£48	£25	91%
Emergency admissions	£212	£112	89%
Elective admissions	£175	£105	67%
Outpatient attendances	£171	£107	60%
TOTAL	£606	£349	74%

Chapter 4 Lifestyles

Smoking

Smoking is the single most important modifiable risk factor for cardiovascular disease and some types of cancer. Estimates show that there were higher rates of smoking in the area compared to the rest of Westminster.

Table 14: Estimate of the proportion population with smoking status in middle super output area within Ebury, (2007/08) SEPHO 2011

Percentage of people who are current smokers (cigarettes, Roll-ups, Cigars, Water-pipe, other pipe)	
Ebury area	28.9%
Westminster	21.6%

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.

Binge drinking in the area is slightly higher than both Westminster and England (19.9%) averages.

Table 15: Estimate of the proportion of population who binge drink in middle super output area within Ebury, (2006/08) SEPHO 2011

Percentage of people who binge drink (more than 8 units for males and 6 for females)	
Ebury area	22.9%
Westminster	21.9%

Alcohol related hospital admissions

Alcohol related admissions in Churchill ward were around 40% higher than the borough average in 2011/12. However, the Westminster rate tends to be lower than London and England. Within this figure there were 61 alcohol-specific admissions which is 20% higher than the Westminster average.

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 shows that there was a low rate of physical activity in the estate compared to other parts of Churchill and Westminster as a whole.

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

Percentage of people who have undertaken physical activity at least 5 times per week	
Ebury area	5%
Westminster	8%

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 Churchill are higher than Westminster, London and England.

Table 17: Proportion of state school children classified as obese and overweight, NCMP 2008/09-2010/11

Percentage of children classified as obese and overweight	Reception	Year 6
Churchill ward 2008/09-2010/11	25.9%	41.2%
Westminster 2011/12	23.5%	40.3%
London 2011/12	23.4%	37.5%
England 2011/12	22.6%	33.9%

Adult Obesity

Estimates suggest that the Ebury area has approximately 20% higher levels of obesity compared to the borough as a whole.

Table 18: Proportion population estimated to be obese, (2006/08) SEPHO 2011

Percentage of adults with a BMI of 30 or over (obese)	
Ebury area	17.7%
Westminster	14.9%

Healthy eating

Estimates identify the area to consume a lower fruit and vegetable diet compared with the borough average.

Table 19: Proportion population estimated to eat enough fruit and vegetables, (2006/08) SEPHO 2011

Healthy diet (consumes more than 5 fruits and vegetables a day)	
Ebury area	39.4%
Westminster	44.9%

Sexual health and teenage conception

HIV is a lifelong illness with significant impacts in terms of health and healthcare costs. There are a slightly lower proportion of people with HIV living in the Ebury area than the borough. However, Westminster had the 10th highest rate of HIV prevalence in the country in 2010.

Westminster had the 11th highest rate of acute sexually transmitted infections (STIs) in the country in 2010/11. The rate in the Ebury area is lower than the borough average.

Churchill ward is not 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. Historical breastfeeding data from 2009/10 to 2010/11 identified a lower rate of breastfeeding (72%) at 6-8 weeks in Churchill, compared to the Westminster average (83%). However, this is still higher than London (64%) and England (45%) averages.

Chapter 5 Primary Care

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

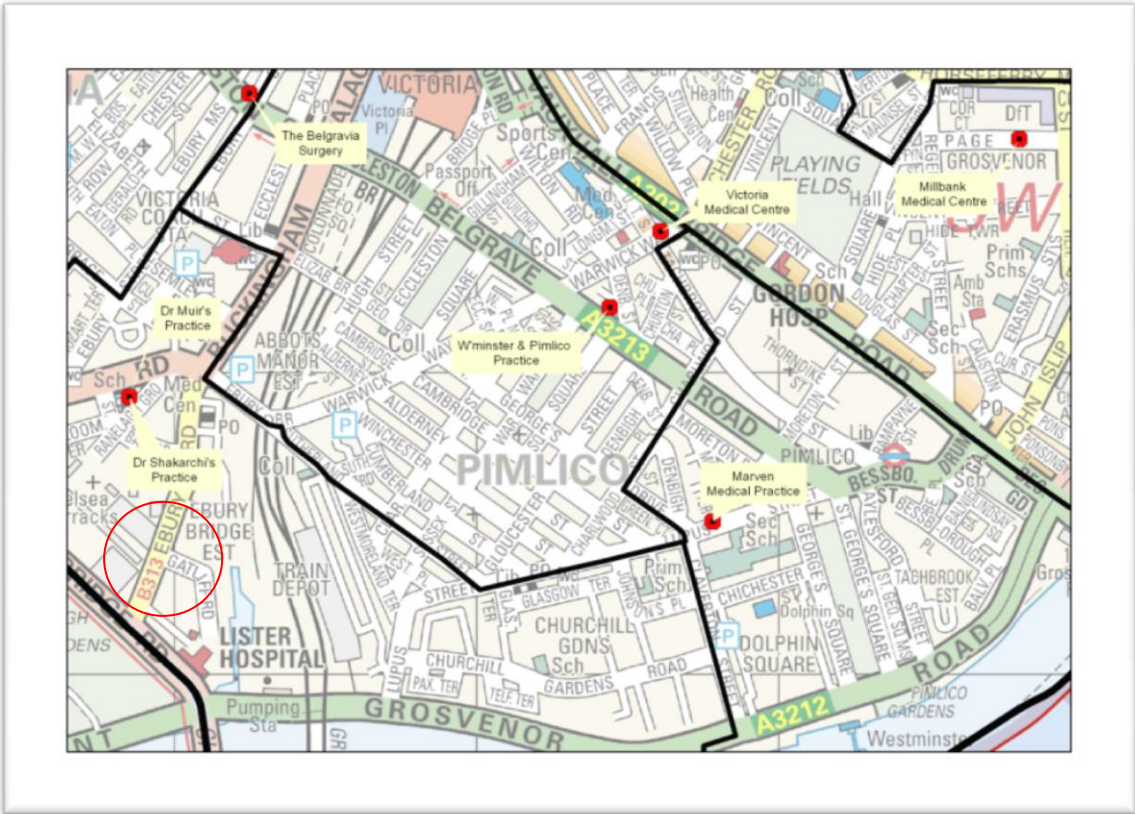
GP Practices

The majority of Ebury residents are served by the Central London Clinical Commissioning Group (CLCCG). There are five GP practices providing services for 739 patients (86%). Residents of Ebury Bridge Estate use a number of practices, the greatest numbers being found at the Dr Muir's Practice and Dr Shakarchi's Practice.

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

Practice code	Practice name	Percentage residents
E87753	DR VICTORIA MUIR'S PRACTICE	31%
Y02260	DR MAHER SHAKARCHI'S PRACTICE	26%
E87005	THE BELGRAVIA SURGERY	12%
E87014	WESTMINSTER AND PIMLICO HEALTH CENTRE	10%
E87739	MILLBANK MEDICAL CENTRE	7%

Map 11: Most common GP Practices used by Masterplan residents, Exeter 2012



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. Three of the remainder were ranked below average for the CCG.

Table 21: Breast screening coverage, Q2 2012/13 Public Health Performance Reports

Practice Name	Breast	
	Target 70%	
Practice Name	Coverage	Rank in CCG
THE BELGRAVIA SURGERY	56.6%	25
WESTMINSTER AND PIMLICO HEALTH CENTRE	56.4%	26
MILLBANK MEDICAL CENTRE	58.0%	21
DR VICTORIA MUIR'S PRACTICE	70.0%	3
DR MAHER SHAKARCHI'S PRACTICE	60.7%	13

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 five most commonly used practices do not meet the target, with the exception of one practice (Dr Muir).

Table 22: Cervical screening coverage, Q2 2012/13 Public Health Performance Reports

Practice Name	Cervical 25-49		Cervical 50-64	
	Target 70%		Target 75%	
Practice Name	Coverage	Rank in CCG	Coverage	Rank in CCG
THE BELGRAVIA SURGERY	57.9%	23	63.6%	29
WESTMINSTER AND PIMLICO HEALTH CENTRE	62.3%	15	62.6%	31
MILLBANK MEDICAL CENTRE	59.8%	21	64.2%	27
DR VICTORIA MUIR'S PRACTICE	74.0%	1	82.1%	3
DR MAHER SHAKARCHI'S PRACTICE	60.9%	19	72.0%	13

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 the area met the national targets, although rankings tended to be higher than average within the CCG.

Table 23: Bowel screening uptake, Q2 2012/13 Public Health Performance Reports

Practice Name	Bowel	
	Target 60%	
Practice Name	Coverage	Rank in CCG
THE BELGRAVIA SURGERY	41%	15
WESTMINSTER AND PIMLICO HEALTH CENTRE	45%	5
MILLBANK MEDICAL CENTRE	39%	18
DR VICTORIA MUIR'S PRACTICE	44%	10
DR MAHER SHAKARCHI'S PRACTICE	30%	31

Immunisations

Childhood immunisations are important for protecting children during their early years. Based on most recent data from four quarters combined, two of the five practices (Dr Muir and Millbank) meet the target for 3rd dose DTAP/IPV/HiB.

Table 24: Immunisation uptake among 1 year olds, Q2 2012/13 Public Health Performance Reports

Practice Name	1 year	
	3rd dose DTAP/IPV/HiB	
	Target 95%	
Practice Name	Coverage	Rank in CCG
THE BELGRAVIA SURGERY	86.0%	22
WESTMINSTER AND PIMLICO HEALTH CENTRE	89.3%	18
MILLBANK MEDICAL CENTRE	100.0%	3
DR VICTORIA MUIR'S PRACTICE	98.7%	4
DR MAHER SHAKARCHI'S PRACTICE	92.9%	12

Three of the five practices (Dr Muir, Millbank and Dr Shikarchi) perform well against 2 year old immunisations:

Table 25: Immunisation uptake among 2 year olds, Q2 2012/13 Public Health Performance Reports

Practice Name	2 year					
	Target 85%					
	PCV Booster		HiB/MenC Booster		1st dose MMR	
Practice Name	Coverage	Rank in CCG	Coverage	Rank in CCG	Coverage	Rank in CCG
THE BELGRAVIA SURGERY	70.2%	29	70.2%	31	74.5%	29
WESTMINSTER AND PIMLICO HEALTH CENTRE	72.2%	28	73.6%	29	73.6%	30
MILLBANK MEDICAL CENTRE	96.8%	4	95.2%	4	96.8%	4
DR VICTORIA MUIR'S PRACTICE	98.6%	3	100.0%	3	98.6%	3
DR MAHER SHAKARCHI'S PRACTICE	87.5%	13	87.5%	17	87.5%	18

With the exception of two practices (Dr Muir and Millbank), all other practices do not meet the national target:

Table 26: Immunisation uptake among 5 year olds, Q2 2012/13 Public Health Performance Reports

Practice Name	5 year			
	Target 85%			
	DTAP/IPV Booster		2nd dose MMR	
Practice Name	Coverage	Rank in CCG	Coverage	Rank in CCG
THE BELGRAVIA SURGERY	71.9%	27	68.4%	30
WESTMINSTER AND PIMLICO HEALTH CENTRE	73.6%	26	72.5%	29
MILLBANK MEDICAL CENTRE	93.0%	7	93.0%	7
DR VICTORIA MUIR'S PRACTICE	100.0%	2	98.4%	3
DR MAHER SHAKARCHI'S PRACTICE	84.6%	14	80.8%	17

QOF Clinical Achievement

In 2011/12, the three of the five practices in the Ebury area achieved more clinical points than the National and London averages. All practices performed better than the Westminster average. Clinical areas where the practices scored lower than the London average have been highlighted below and include: CHD, severe & enduring mental illness, chronic kidney disease, depression, COPD and dementia.

Table 27: Achievement of QOF clinical outcomes, 2011/12, NHS Information Centre

		Belgravia Surgery	The Westminster & Pimlico HC	Millbank Medical Centre	Dr Victoria Muir's Practice	Dr Shakarchi's Practice	Westminster
Total Clinical	661 points	99.9%	95.2%	94.5%	98.0%	98.1%	93.6%
Diabetes	92 points	99.0%	96.3%	99.4%	100.0%	96.4%	95.2%
Hyper-tension	79 points	100.0%	100.0%	100.0%	100.0%	97.6%	98.7%
CHD	76 points	100.0%	96.4%	87.5%	86.4%	93.3%	93.7%
Smoking	60 points	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%
Asthma	45 points	100.0%	100.0%	100.0%	100.0%	100.0%	95.2%
SMI	40 points	100.0%	90.8%	96.0%	100.0%	97.1%	90.2%
Chronic Kidney Disease	38 points	100.0%	99.4%	81.9%	100.0%	100.0%	94.8%
Depression	31 points	100.0%	73.0%	100.0%	100.0%	100.0%	81.0%
COPD	30 points	100.0%	100.0%	83.3%	100.0%	100.0%	92.0%
Heart Failure	29 points	100.0%	100.0%	100.0%	100.0%	100.0%	96.0%
Atrial Fibrillation	27 points	100.0%	100.0%	100.0%	100.0%	100.0%	96.0%
Dementia	26 points	100.0%	76.9%	76.9%	100.0%	100.0%	84.6%
Stroke/TIA	22 points	100.0%	100.0%	99.4%	100.0%	93.7%	96.8%
Epilepsy	14 points	100.0%	75.8%	73.4%	100.0%	100.0%	82.0%
CVD Primary Prevention	13 points	100.0%	100.0%	98.3%	100.0%	100.0%	93.7%
Cancer	11 points	100.0%	90.1%	100.0%	100.0%	100.0%	94.4%
Obesity	8 points	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hypo-thyroidism	7 points	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%
Learning Disabilities	7 points	100.0%	57.1%	57.1%	57.1%	100.0%	70.5%
Palliative Care	6 points	100.0%	100.0%	100.0%	100.0%	100.0%	79.2%

	Higher than London and England
	In between London and England
	Lower than London and England

Patient satisfaction

Two of the practices are rated higher than London for the overall experience of the surgery, and a further two are higher than Westminster. The Millbank Medical Centre has lowest scores of all five practices, except for recommendation. Ease of getting through on the phone for this practice is substantially worse than London and England, as is satisfaction with opening hours.

Table 28: Patient satisfaction and access ratings, NHS National Patient Survey, 2012/13

General Practice	Sample size	1. How easy is getting through to someone at the GP surgery on the phone (% very or fairly easy)	2. Are you satisfied with surgery opening hours? (% very or fairly satisfied)	3. Would you recommend the surgery to someone in the area? (% saying 'yes')	4. Overall, how would you describe your experience of your GP surgery? (% reporting 'good')
National		75%	80%	80%	87%
London		72%	77%	75%	82%
Westminster	5000	82%	78%	77%	84%
Belgravia Surgery	122	90%	91%	96%	94%
Dr Victoria Muir's Practice	116	90%	90%	85%	92%
The Westminster & Pimlico HC	125	89%	78%	76%	86%
Dr Shakarchi's Practice	106	94%	87%	73%	85%
Millbank Medical Centre	122	61%	74%	79%	82%

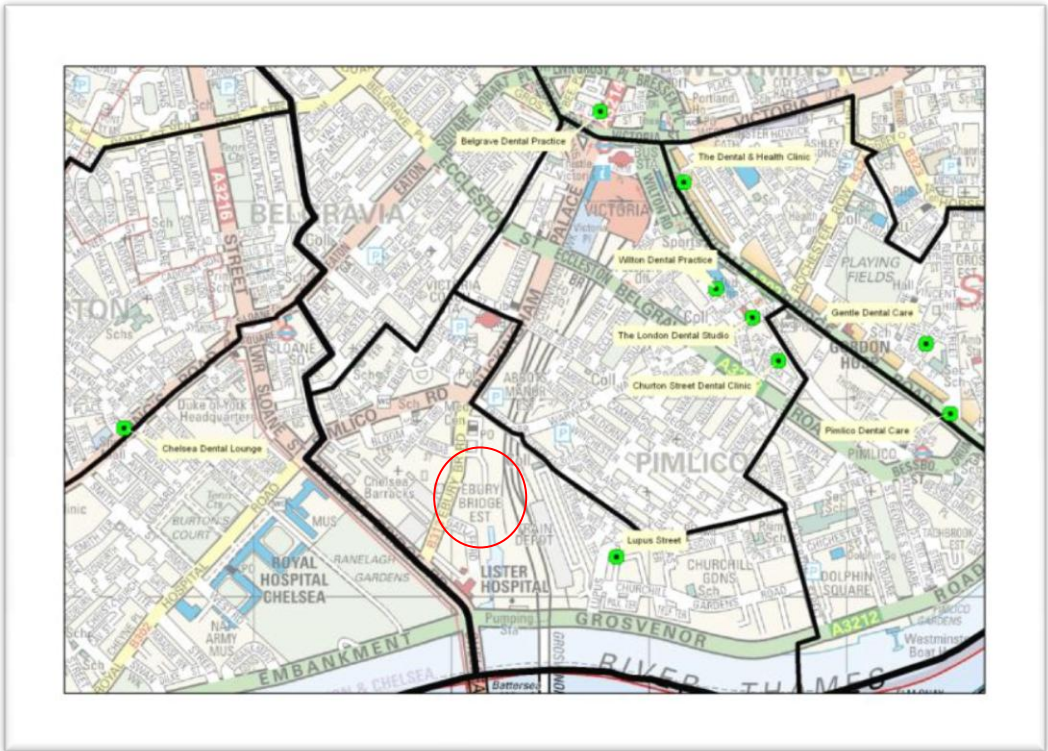
	Higher than London and England
	Between London and England
	Lower than London and England

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 Ebury. 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 nine dentists located within the Ebury area.

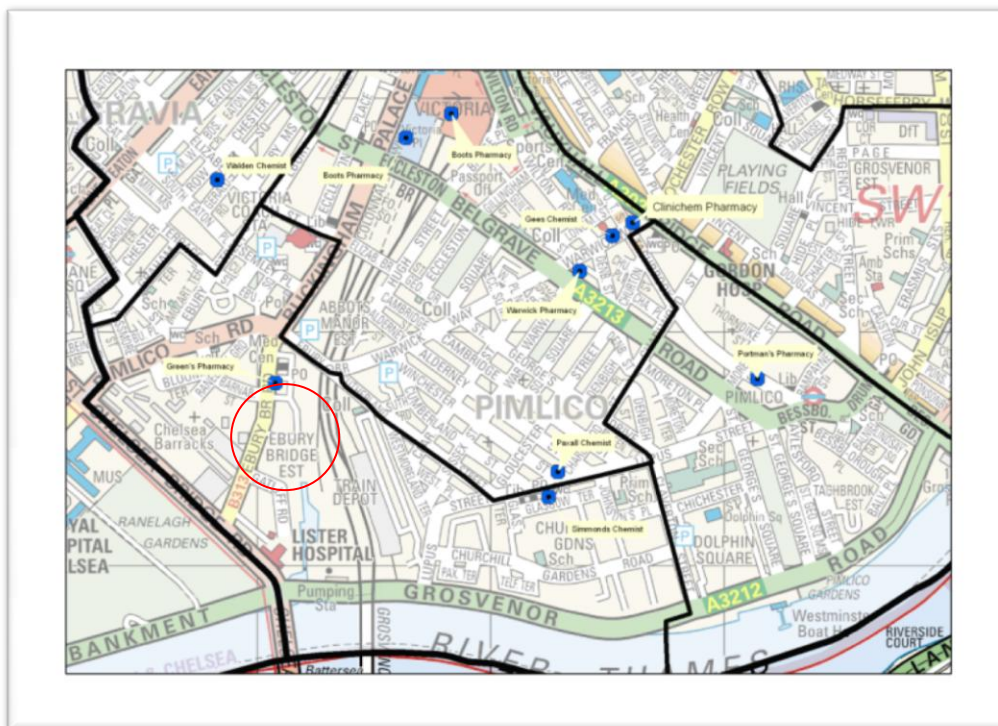
Map 12: Most common dentists in the Ebury area, NHS Choices 2013



Pharmacies

There are 10 pharmacies within the Ebury area, including one - Green's Pharmacy – very close to the estate.

Map 13: Most common pharmacies in the Ebury area, PCT data 2012



Report Authors:

Sinan Rabee, Tri-borough Public Health Analyst

srabee@westminster.gov.uk

James Hebblethwaite, Tri-borough Senior Public Health Analyst jhebblethwaite@westminster.gov.uk

Anna Waterman, Tri-borough Strategic Public Health Advisor

awaterman2@westminster.gov.uk