Chapter 1 Introduction

Aim of the Document

Provide descriptive overview of demographics and health needs of the population in the Westbourne Masterplan area to inform health services planning. This area represents an important, and rare, opportunity to address heath inequalities in the short, medium and long term. It is vital that *each* of these are considering 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.

Recommendations

Scope for the co-location of primary care with social care and voluntary and community sector services should be considered.

Careful consideration needs to be given to ensuring that health services are appropriately targeted at the population of the area, based on demographic analysis and health need.

Particular attention needs to be paid therefore to supporting engagement with and access for those groups with the poorest health in the development of the masterplan.

There should be active involvement of local communities in project design, development and delivery, including a focus on developing the capacity of the most vulnerable communities to engage in these processes.

The opportunities to promote social networking across existing social groups as well as within them needs to be maximised upon.

Health responses to the consultation must take into account the extent to which proposals address the wider determinants of health, for example by promoting access to childcare and learning and training opportunities to reduce worklessness.

If the wider determinants of health are to be effectively addressed programmes such as 'Well at Home' need to be engaged.

A Health Impact Assessment (HIA) of the final Masterplan should be undertaken if a significant population and demographic change from the current status is projected. HIA will ensure that all opportunities for health gain and reduction of health inequality are identified. Any HIA must be based upon demographic projections for the area calculated from both the current population and the net gain of homes into the area, taking into account household size and socio-economic profile.

Key Points from Appendices:

LOCALITY

- **Compared with Westminster, there is a higher proportion of children aged 0-15. Children aged 0-4 years are known to be high users of health services. Infectious diseases and childhood asthma could be the main challenges for these groups. (2-8)**
- **BME groups have a high level of morbidity. 61% of Westbourne residents come from BME groups and the area has one of the lowest proportions of White British ethnicity in Westminster. (2-9)**
- **Some people in Westbourne only speak their native language. Health services need interpreters and tailored health promotion. (2-11)**

BURDEN OF ILL HEALTH

- **Westbourne has the highest number of people on the Westminster Learning Disability Partnership (WLDP) caseload of all the wards in the Borough. (3-12)**
- **The number of people with physical disabilities is very high in Westbourne compared with other wards in the Borough. (3-13)**
- **Westbourne has the second worst life expectancy in Westminster, mainly due to premature CVD, cancer and respiratory disease. (3-14)**
- **Deaths in Westbourne due to respiratory disease are two-fold and mental health/behavioural issues are three-fold higher than the Westminster average. (3-16)**
- **Disability-free life expectancy is very low, as would be expected in an area with this level deprivation. (3-17)**
- **There is a higher than average prevalence for respiratory conditions, mental health problems and most CVD diagnoses in Westbourne. The burden of these diseases can contribute greatly to the demands on the healthcare system. (3-18)**
- **Westbourne's admissions are above average for major disease chapters. "Other ethnic groups" have by far the highest hospital admission rates. This group comprises mainly of Middle Eastern people. Reasons may include accessibility to services, lack of knowledge around services, low physical activity, bad diet and smoking. (3-19)**

PRIMARY CARE

- **Around 5% of the Masterplan area's population are not registered with a GP. (4-20)**
- **Screening figures are low, as with the rest of Westminster. (4-22)**
- **20% of Westbourne patients have 2 or more CVD risk factors such as obesity; smoking; high blood pressure; diabetes; and high cholesterol. (4-25)**

RISK FACTORS

- **The Westminster Major Health Campaign showed that there were higher rates of smoking in the Masterplan area compared to other parts of Westbourne and the rest of Westminster. (5-29)**
- **Alcohol related conditions are a problem in Westbourne, with local GP practices showing above average levels of alcohol related inpatient admissions. (5-29)**
- **Data from Westminster PCT's Major Health Campaign showed that there was a similarly low rate of physical activity in the Masterplan area compared with other parts of Westbourne and Westminster as a whole. (5-30)**
- **For those Masterplan resident children in Reception the prevalence of overweight and obese children is 32% compared with the Westminster Schools average of 25%. Similarly for Year Six children we see 45% prevalence among residents versus 39% in Westminster. (5-30)**

WIDER DETERMINANTS

- **Westbourne is one of the most deprived wards in Westminster and in the most deprived 10% nationally. (6-31)**
- **The proportion of children under 16 living in low income households in Westbourne is far higher than Westminster and London averages. (6-31)**
- **Maximum scores for air pollutants NOx and PM10 intensity and relatively high levels of SO2. A high proportion of PM10 is from road transport. (6-32)**
- **There are a large proportion of residents who have no educational qualifications at all which is well above the Westminster and London averages. (6-34)**
- **Westbourne ward falls within the highest 10 in London for claimants of incapacity benefits for mental health reasons. 5.5% of the total working aged population here claim this. (6-35)**
- **Most casualties of RTAs were slightly injured, seven were seriously injured and nobody was killed. (6-36)**
- **Crimes involving drugs, robbery and violence against individuals are higher than London averages but not Westminster averages. (6-37)**

Chapter 2 Locality

The Westbourne Masterplan area (see figure 1 below) does not neatly fit any existing functional area for which data is collected. It spans much of Westbourne ward, which is located within the northwest of Westminster and is bordered to the north by Harrow Road ward; the east by Little Venice, the south by Bayswater and the west by the Royal Borough of Kensington and Chelsea. The northern edge of the Masterplan area runs along the Grand Union Canal, the southern edge along the Westway.

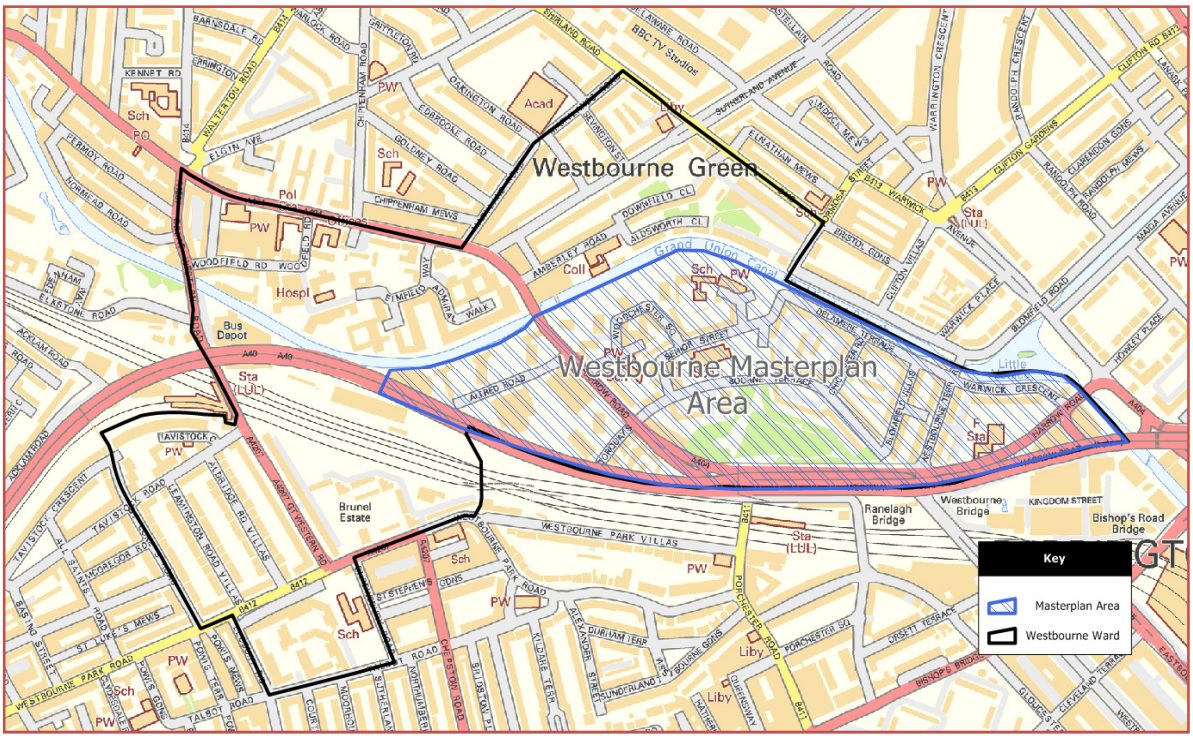

Figure 1: The Westbourne Masterplan area

Due to the way data is collected, there is a difference between the population area used for this report and that used by the Masterplanners. The smallest areas used for collecting and analysing health related data are Lower Super Output Areas (LSOAs). Each of these covers a population of 1,000-1,500 and the three listed below cover a slightly larger area than the Masterplan. This gives us a population of 6,600 compared to the Masterplanners estimation of 4,609. Furthermore, GP registration data shows that 6300 patients were registered with GP at the same time for those three LSOA areas. The difference between estimates given by Masterplanners and the GP registered/ONS estimations may be, as mentioned, due to the three LSOAs not exactly fitting the Westbourne masterplan area. This is the difficulty we have fitting small area to estimated populations.

Definition of the Masterplan area in terms of ONS LSOAs		
E01004754	E01004757	E01004758

Specific information regarding the Masterplan area is provided where it is available. LSOAs as a statistical geography can only be used in certain circumstances. Where data cannot be analysed at LSOA level, ward-level statistics are the best available approximation for the Masterplan area. While these statistics are not an exact indication of the current conditions of the Masterplan area they are a very good indication of the patterns and trends that have been observed in the area.

Resident population estimates vary depending on the data source. The 2010 Office for National Statistics (ONS) population estimates 14,401 people in Westbourne (in 2010); while according to the Greater London Authority (GLA), there are 12,040. These estimates equate to around 6% of the total population of Westminster. Using the LSOA data referred to above, there are around 6,600 people living in the Masterplan area, making up 2.6 % of the total population of Westminster.

Population Turnover

The Population Turnover Rate is calculated as the rate of migratory moves in or out of an area per 1,000 residents. A migrant is a person whose postcode of address differs from their postcode one year previously. Population turnover is important in public health because a high population turnover leads to new groups of people every year with different health needs. Due to the differing health need every year local health services should adapt to meet the demands of such a change.

The net change in population for Westbourne in 2008/09 is negative 10 per 1,000 population; meaning more people move out of Westbourne area rather than migrating into Westbourne. Such a negative net change is typical of the more deprived areas in Westminster.

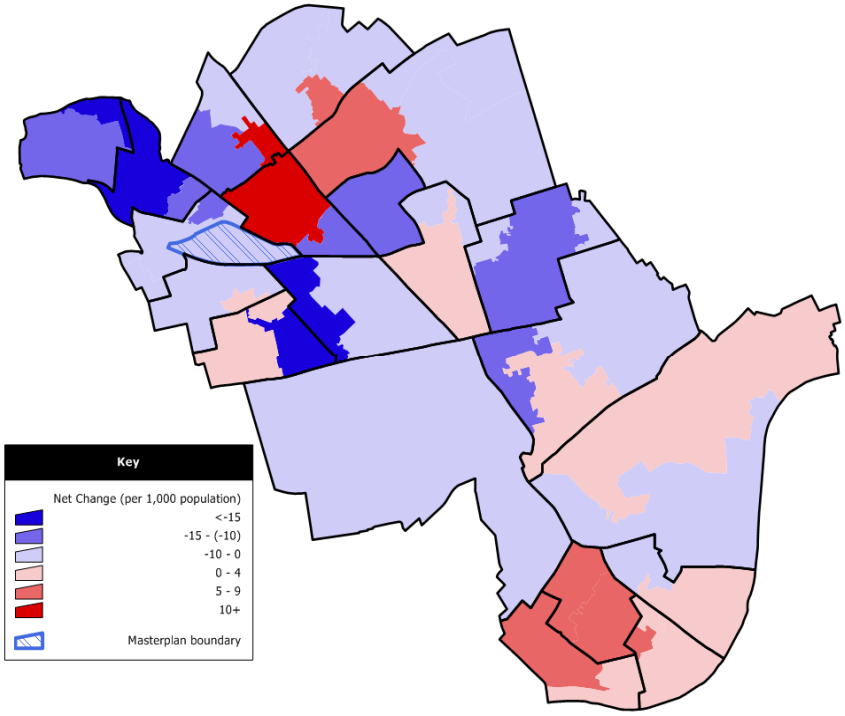

Figure 2: Population Turnover by Westminster ward, Population Turnover Rates, Mid-2008 to Mid-2009. Mapping data supplied by Ordnance Survey (Westbourne highlighted)

With a decrease in population turnover in Westbourne we can deduce that health need of the population may not be hugely different to previous years. However, with increase certain ethnic groups such as white other and Middle Eastern ethnic groups, health services may need to take into account such changes in demographics. In fact, according to ONS figures 2008-09, a rate of 77/1,000 people moved into the area and 88/1,000 moved out (both 76 nationally showing how the discrepancy is not a usual occurrence); with an added indication that this figure is even higher this year. Population turnover is one of the major barriers for successful screening and immunisation programmes in Inner North West London PCTs (see Appendix 3).

Population Density

Infectious diseases and outbreaks, such as meningitis and tuberculosis, are more common among high density population areas. Westbourne ward is more densely populated than Westminster as a whole; with an estimated 15,000 persons per square km. This is also higher than the population density for London (approx 5,000 persons per sq km).

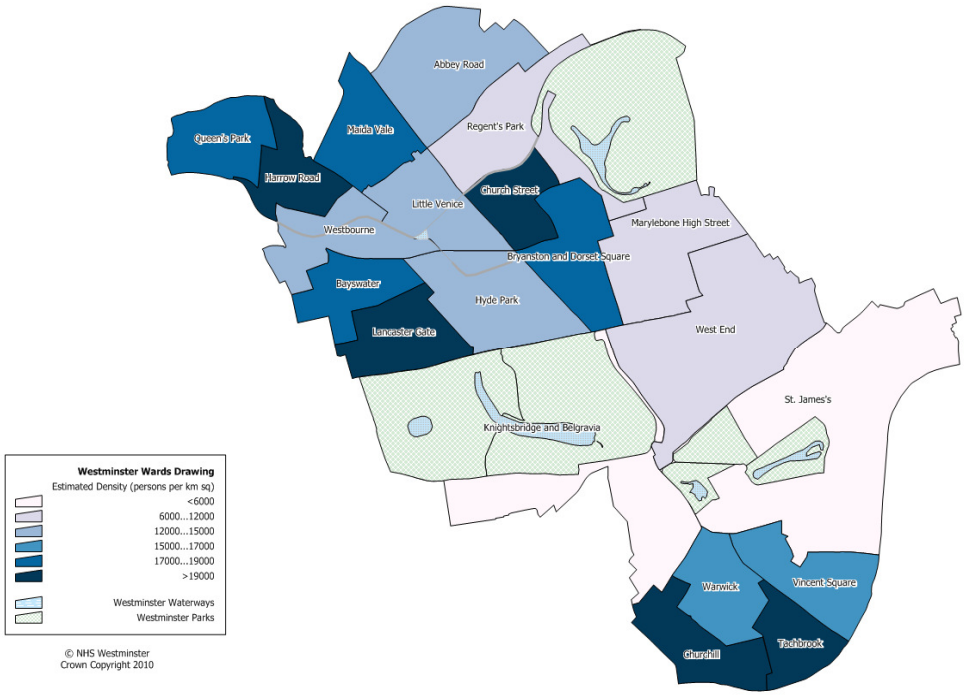

Figure 3: Population Density by Westminster ward, ONS 2008 Mid-year estimate

Age/Sex

Age and gender are major determinants 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 chronic obstructive pulmonary disorder (COPD) is observed among older age groups along with high rates of A&E attendances. Among the youngest age groups we observe asthma and allergy to be the commonest causes of A&E attendances.

The age group with the highest population for the Masterplan area is 30-44 years. There are more people in this age band than the Westminster average. More males than females are observed in this more dominant age group. This pattern differs from Westminster as a whole where females form a larger proportion than males. There is a much higher proportion of children in the area than Westminster as a whole; constituting around 20% of the total. This compares to Westminster as a whole where this proportion is just over 12%.

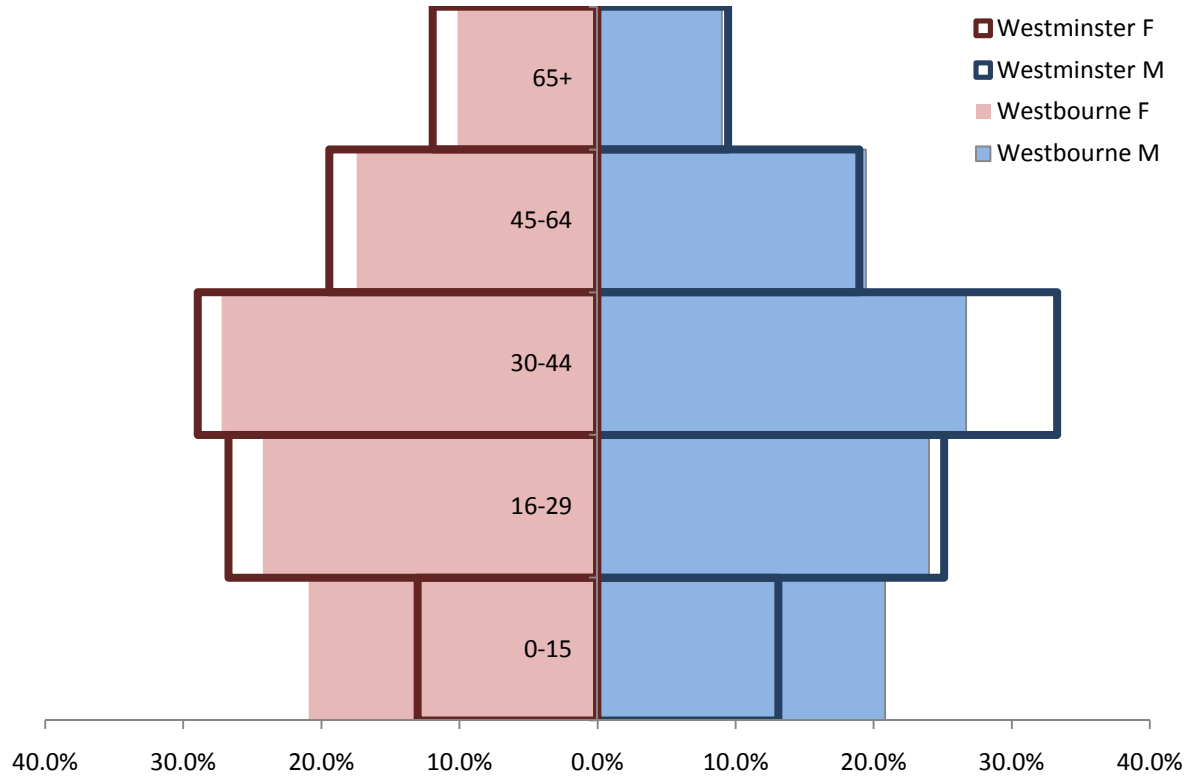

Figure 4: Age and Sex breakdown for Westbourne Masterplan area, ONS Mid-2010 LSOA broad estimates

It is known that among the highest users of health services are children aged 0- 4 years. Infectious diseases and childhood asthma could be the main challenges for these groups. Furthermore, midwives and school nurses are required to improve the health of population groups through a variety of activities including immunisation programmes.

Ethnicity

Ethnicity is one of the determinants of health. 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. In Westminster, ethnic minorities tend to live in most deprived wards. In addition, emergency hospital admissions and A&E attendances are generally high among Black, white other and Middle Eastern ethnic groups.

The Audit Commission have defined, Black and Minority Ethnic people to include the following census categories of ethnicity: White Irish, White Other (including white asylum seekers and refugees and Gypsies and Travellers), Mixed (White & Black Caribbean, White & Black African, White & Asian, any Other Mixed Background), Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background), Black or Black British (Caribbean, African or any Other Black Background), Chinese, and any Other Ethnic Group.

Westbourne is a culturally and ethnically diverse area, with 61% of residents coming from a black or minority ethnic (BME) group. The single largest ethnic group in Westbourne is White British (39%), followed by the White Other ethnic group (16%). However, this ward has one of the lowest proportions of White British ethnicity in Westminster. 15% of the population is from the Black ethnic group, and 12% from the Asian ethnic group.

Ethnicity	Westbourne	Westminster	Inner London
White: British	39%	55%	55%
White: Other White	16%	12%	9%
Black or Black British: Black Caribbean	7%	3%	5%
Black or Black British: Black African	7%	4%	7%
Asian or Asian British: Bangladeshi	6%	2%	4%
White: Irish	5%	2%	2%
Chinese or Other Ethnic Group: Other	5%	3%	2%
Asian or Asian British: Other Asian	3%	2%	2%
Mixed: White and Black Caribbean	2%	1%	1%
Mixed: White and Asian	2%	1%	1%
Mixed: Other Mixed	2%	1%	1%
Asian or Asian British: Indian	2%	6%	5%
Mixed: White and Black African	1%	1%	1%
Asian or Asian British: Pakistani	1%	2%	2%
Black or Black British: Other Black	1%	1%	1%
Chinese or Other Ethnic Group: Chinese	1%	4%	2%

Table 1: Ethnicity breakdown for Westbourne Masterplan area, ONS Mid-2010 population estimates

High proportion of White Other, Black (all), White Irish and Other Ethnic Group means there is high level of health need compared with average Westminster. These population groups have a high level of morbidity including cardiovascular diseases and comprise a high proportion of smokers; this leads to a high demand for such hospital services. There are also high known rates in maternity services for BME groups.

Religion

Health services may need to be sensitive towards certain religious beliefs and cultural backgrounds of individuals.

Over half of the population of Westbourne are Christian (55.1%); this is the similar to the average for Westminster (55%). 19.7% of the population are Muslim (the second highest proportion in Westminster) and 13.9% have no religion.

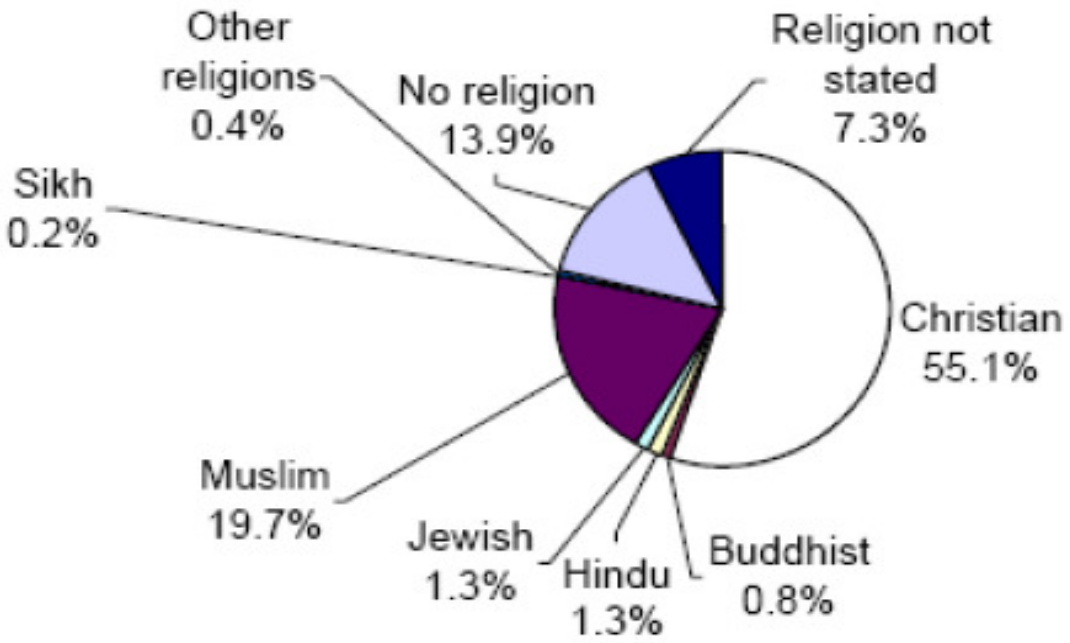

Figure 5: Breakdown of Religious grouping in Westbourne, ONS census 2001

It is important to note that this data is taken from the Census in 2001. This data may be seen as out of date and the breakdown is likely to have changed considerably. However, this is the best data available and still demonstrates the diversity of faiths in Westbourne.

High proportion of Muslim in Westbourne means health services needs to adapt to the appropriate cultural context. Diverse ethnic and religious groups in Westbourne suggest that Health 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.

Spoken Language

Some of the people in Westbourne 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. We do not have information related to common languages spoken at home by adults or parents. However, we have information on common languages spoken by school children.

The most common language spoken at home by school children in Westbourne is Arabic (28%), followed by English (23%) and Bengali/Sylheti (12%). There are more Arabic speakers in this ward than most other wards in Westminster which according to country of birth shows the likelihood of this information. This suggests a large Arabic community which is not necessarily reflected in the ethnicity breakdown.

Languages	Percentage
Arabic	28%
English	23%
Bengali / Sylheti	12%
Albanian	7%
Kurdish	5%
Portuguese	2%
French	2%
Somali	2%
Persian (Farsi/Dari)	2%
French Creole (Caribbean)	1%

Table 2: Main home languages in primary and secondary schools, pupil level annual school census 2009

Therefore, service planners need to take into account this high proportion of Arabic speakers in Westbourne area. This will effect health promotion and need for interpreters in Westbourne health services.

Country of Birth

44% of the Westbourne GP registered population who live in the Masterplan area were born outside of UK. We can also see that there is no one significant majority country of birth after UK, leading to the conclusion that this area is highly diverse. Furthermore, those who were born outside UK may well have different health needs to those born in the UK.

After the UK-born population, the highest proportions of GP practice registered patients are from Iraq and Kosovo. These people are most likely to be refugees settling in this area.

Country of Birth	Proportion	Westminster
UK	56%	54%
Iraq	3%	2%
Kosovo	2%	1%
Bangladesh	2%	1%
Lebanon	2%	1%

Table 3: Top 5 countries of birth, Exeter GP registration data 2011

Chapter 3 Burden of Ill Health

Westbourne is a highly deprived, ethnically and culturally diverse area. The burden from long term conditions and disabilities is high in Westbourne, leading to greater pressure on the local health service provision.

Learning Disabilities

The number of people on the Westminster Learning Disability Partnership (WLDP) caseload varies by ward. Westbourne has over 70 people, the highest number of people on the WLDP caseload of all wards in the borough.

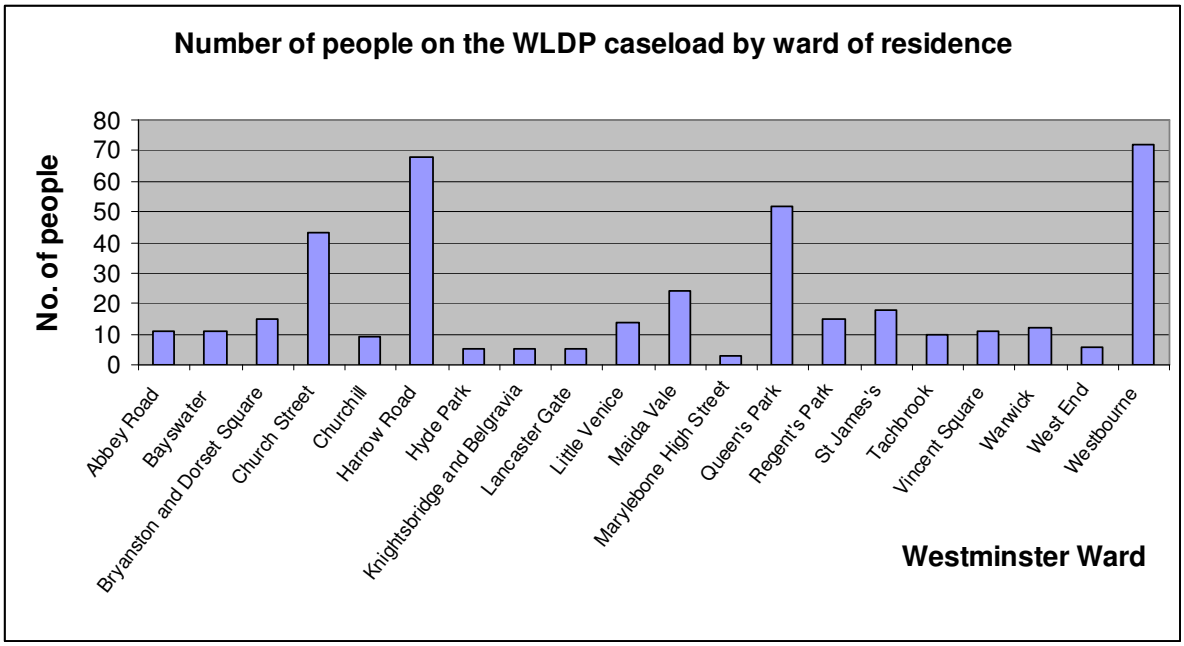

Figure 6: Number of people on the WLDP case load by ward, Westminster City Council 2009

Physicial Disibilities

The number of people with physical disabilities, as indicated by the number of people on incapacity benefits minus those with mental health problems, is very high in Westbourne compared with other wards across the borough. There are over 240 incapacity claimants in this ward.

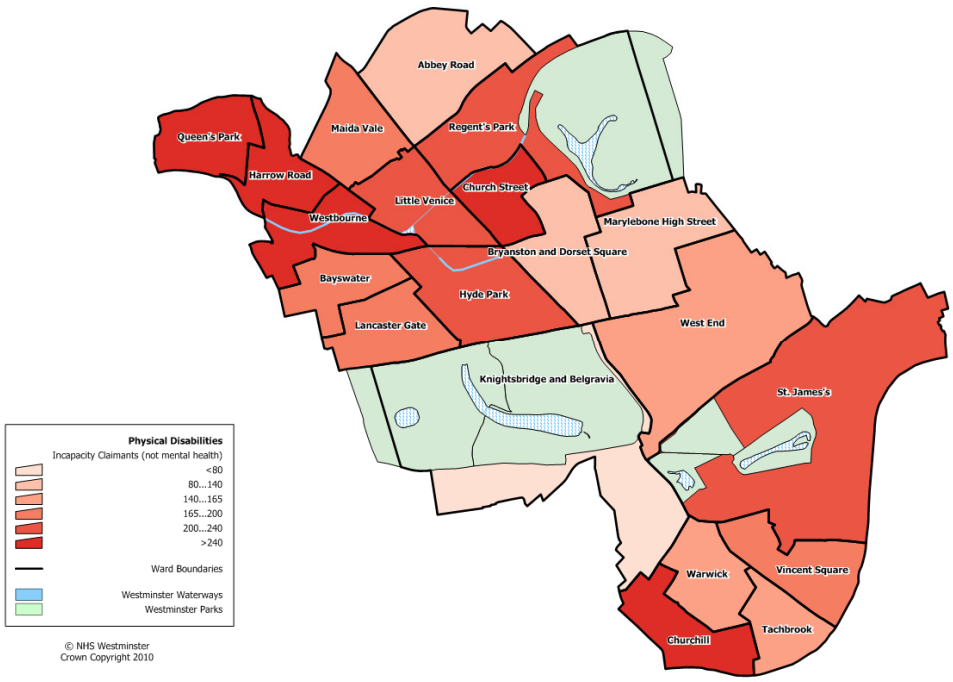

Figure 7: Number of people on incapacity benefits (less mental health problems) by ward, ONS and DWP 2010

Life Expectancy

Life expectancy is the expected number of years of life remaining from birth. This is derived from the mortality information for that area.

Life expectancy in Westminster is relatively high in comparison to London and England. However, at 74 years for males and 78 years for females, life expectancy in Westbourne is lower than for Westminster as a whole (82 for males and 86 for females). Westbourne has the second worst life expectancy in Westminster for men and for women. Lower life expectancy in Westbourne was mainly due to premature (below the age of 75) mortality for cardiovascular disease, Cancer and respiratory disease.

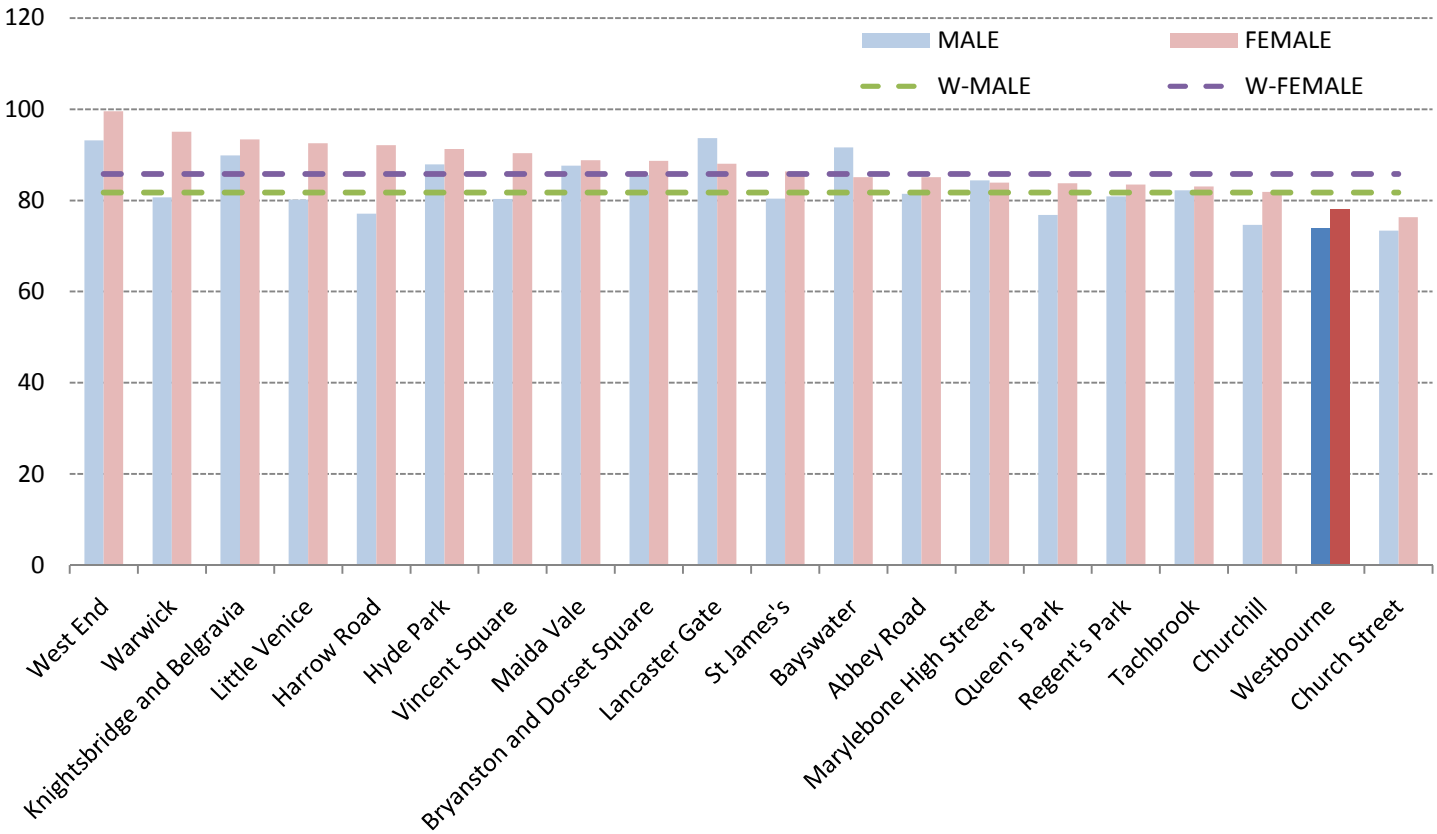

Figure 8: Life expectancy by ward, ONS life expectancy at birth 2005-09

Premature Mortality

Early, or premature, death is defined as death under the age of 75 years. Westbourne has among the highest standardised mortality ratio for males in London. The male SMR is 144.1, meaning that there are a staggering 44.1% more deaths than nationally (around 10% highest in London). For Females, there are 2.2% less deaths than nationally (SMR=97.8) and similar to London. The pattern for high mortality ratios is similar to that of deprivation in Westminster as is usually the case for males. This may well indicate a lifestyle difference between the genders.

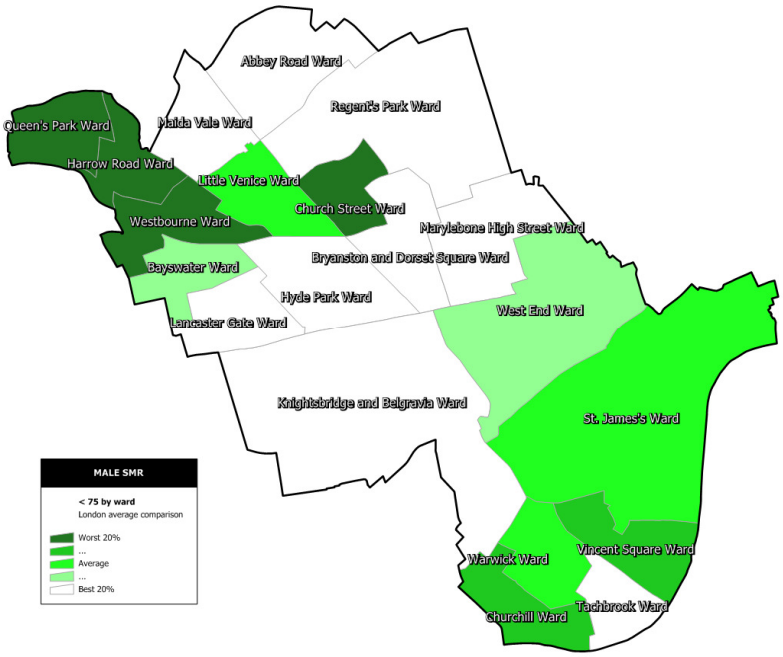

Figure 9: Male U75 SMR by ward, LHO 2006/10

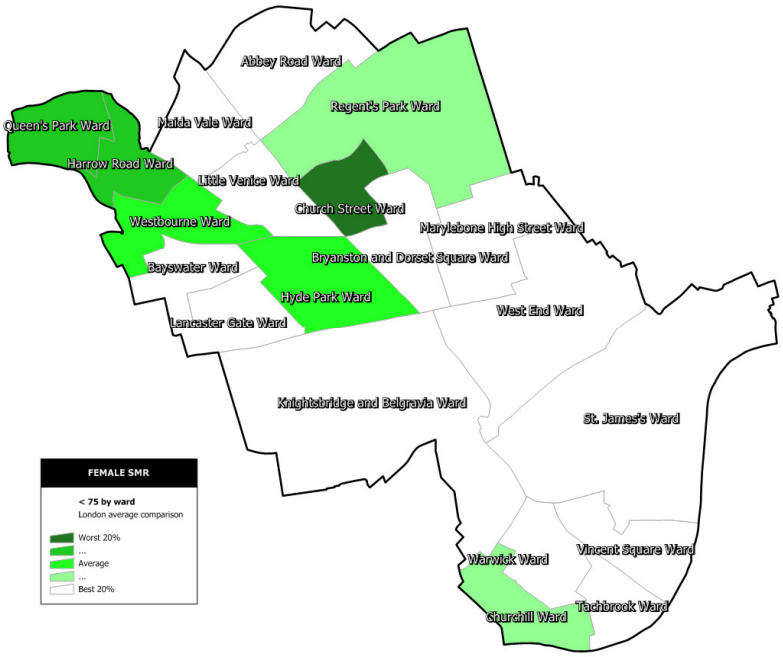

Figure 10: Female U75 SMR by ward, LHO 2006/10

When broken down by major causes of premature deaths in Westbourne respiratory diseases are two times and mental and behavioural deaths are nearly three times higher than the Westminster average. Circulatory premature mortality is also higher than Westminster.

Rate of premature death /100,000	Westbourne	Westminster
Cancers	319.59	346.28
Diseases of the circulatory system	335.57	232.52
Diseases of the respiratory system	159.80	70.42

Table 4: Premature death by disease type, Public Health mortality files 2007/08-2011/12

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. Westbourne is a highly deprived area with respect to the UK which translates to a very low age for disability free life years; less than 55 for males and 57 for females. This is an issue when we bear in mind the current retirement age of 65 for men and 60-65 for women.

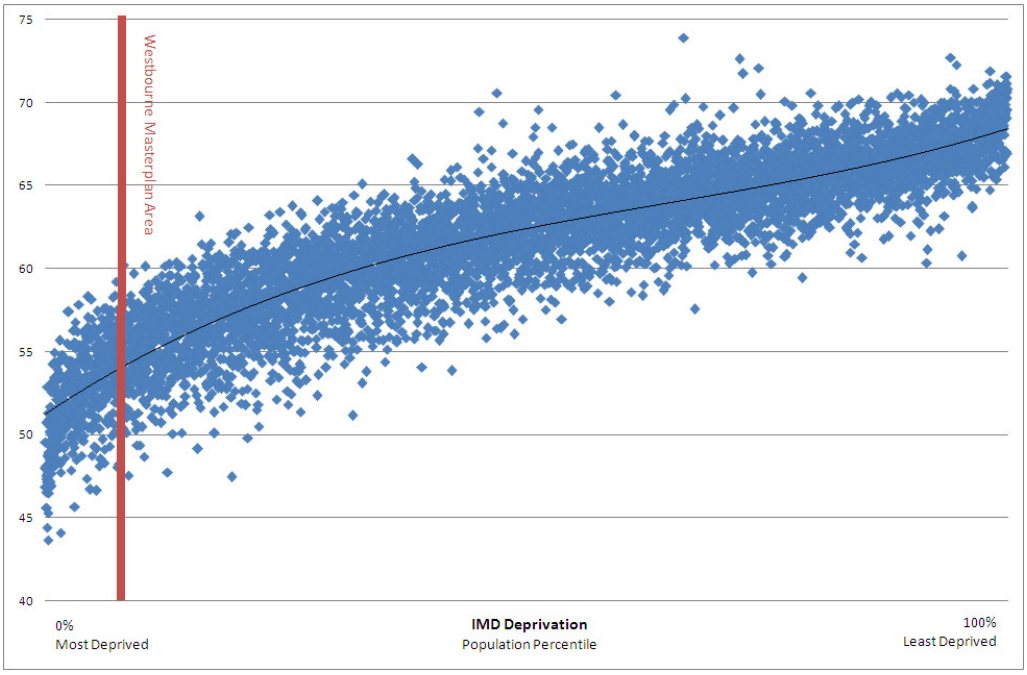

Figure 11: Male DFLE for England at birth with Westbourne marked, ONS 1999-2003

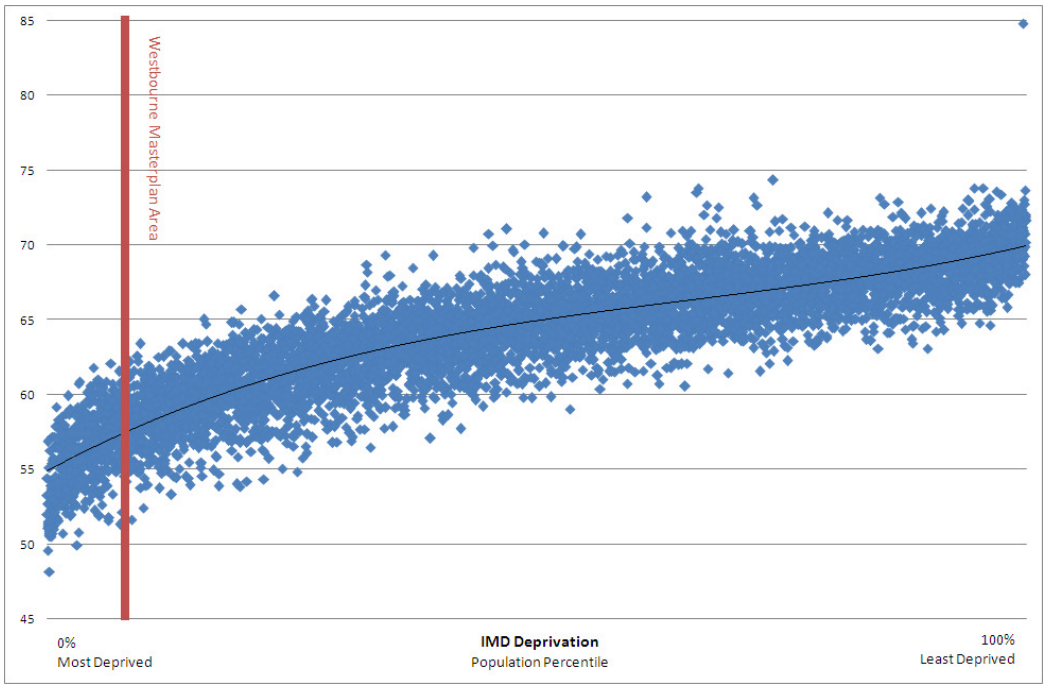

Figure 12: Female DFLE for England at birth with Westbourne marked, ONS 1999-2003

Disease Prevalence

This is the number of people in a GP registered population who have a disease (listed below) at a given time; the numerator is the number of existing cases of disease at a specified time and the denominator is the total population. There is a higher than average prevalence for respiratory conditions and mental health problems in Westbourne. The burden of these diseases in particular can contribute greatly to the demands on the healthcare system.

Group	Prevalence	Westbourne	Westminster	London
Cancer	Cancer	0.9%	1.1%	1.2%
Cardiovascular	Coronary Heart Disease	1.7%	1.9%	2.2%
Cardiovascular	Stroke/TIA	1.0%	1.0%	1.1%
Cardiovascular	Hypertension	8.3%	8.2%	11.0%
Cardiovascular	Heart Failure	0.4%	0.5%	0.5%
Cardiovascular	Left Ventricular Disease	0.1%	0.2%	0.2%
Cardiovascular	Atrial Fibrilation	0.6%	0.9%	0.9%
Endocrine	Diabetes	3.7%	3.3%	4.3%
Endocrine	Hypothyroidism	1.5%	1.9%	2.2%
Genourinary	Chronic Kidney Disease	1.2%	1.1%	2.1%
Life style factors	Obesity	7.0%	5.6%	7.6%
Life style factors	Smoking	15.4%	14.6%	18.4%
Mental health	Serious Mental Illness	1.5%	1.3%	1.0%
Mental health	Dementia	0.4%	0.3%	0.3%
Mental health	Depression	6.7%	5.0%	6.1%
Mental health	Learning disabilities	0.5%	0.2%	0.2%
Nervous system	Epilepsy	0.5%	0.4%	0.4%
Other	Palliative care	0.1%	0.1%	0.1%
Other	CVD prevention	0.9%	0.9%	1.2%
Respiratory	COPD	1.1%	0.8%	1.0%
Respiratory	Asthma	4.0%	3.6%	4.7%

Table 5: Individual selected prevalence in descending order for Westbourne GP practices, QOF 2009-10

Among the GP registered population in Westbourne, Serious mental Illnesses (SMI), depression, and asthma shown to be higher than the Westminster average.

Emergency Admissions

A steady rise in the number of emergency inpatient admissions **has been a major source of pressure for the NHS over the past twenty years. The table below shows that, for the four major disease areas, Westbourne is well above average. Respiratory diseases are of particular interest with almost 50% more than the Westminster average.**

Rate of emergency admissions /10,000	Westbourne	Westminster
Cancers	30	29
Diseases of the circulatory system	124	107
Diseases of the respiratory system	192	129
Mental and behavioural disorders	56	49

Table 6: Major diseases rate of emergency admissions in the Masterplan area, SUS 2010/11-2011/12

When admissions rates were analysed by ethnicity it was shown that the 'Other' ethnic group has by far the highest hospital admissions rate (858.4). "Chinese and Other ethnic groups: Other" is an ONS definition and in Westminster comprises mainly of Middle Eastern people. This reflects the general trend of overrepresentation of this group in health outcomes across Westminster. Some of these were repeat admissions to hospital.

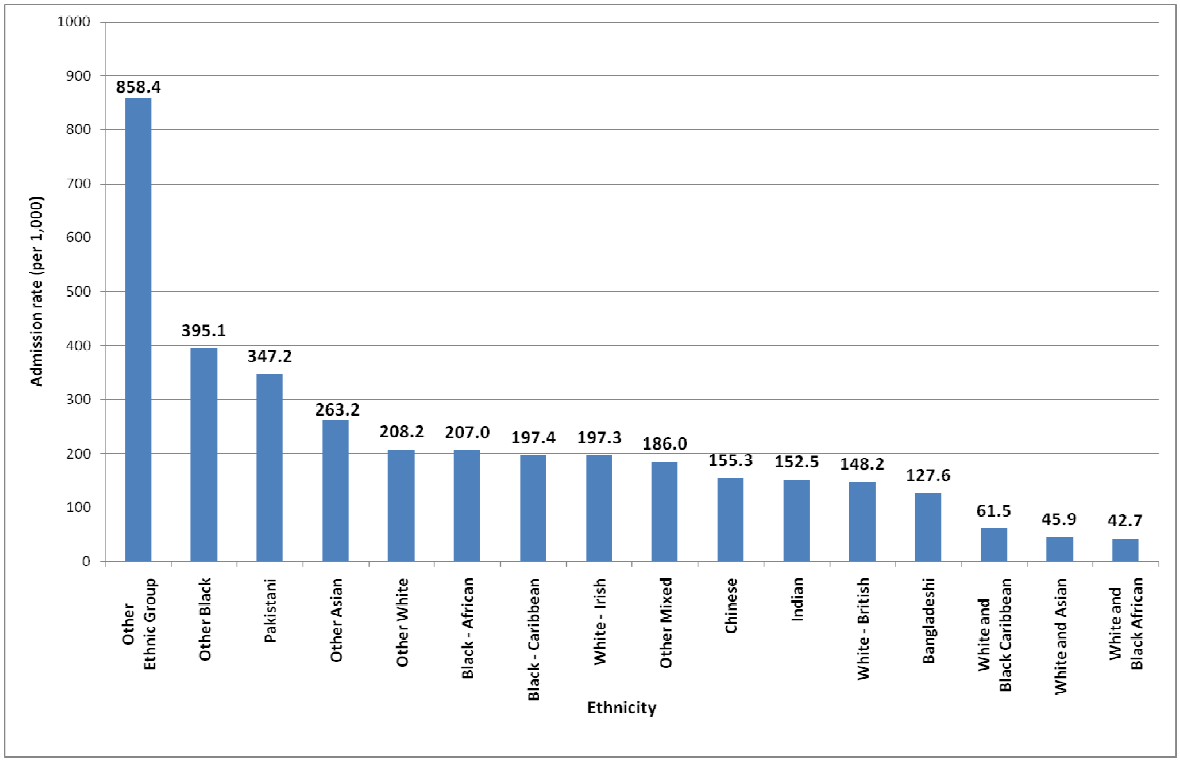

Figure 13: All hospital admissions by ethnicity for Westbourne residents, SUS 2009-11

Reasons for high admissions rates for the 'other' ethnic group might include issues around accessibility to GPs, unavailability of interpreters in primary care, unavailability of GPs in their own countries (hence not used for having a family practitioners), lack of physical activity, high shisha and cigarette smoking rates and an unhealthy diet.

Chapter 4 Primary Care

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

GP Practices

The majority of Westbourne residents are served by the Central London Healthcare (CLH) and West London Commissioning Consortium (WLCC) practices. There are four GP practices in Westbourne ward providing services for 12,652 patients. Further analysis also indicates that around 5% of the, Westbourne Masterplan area, population is not currently registered with a GP.

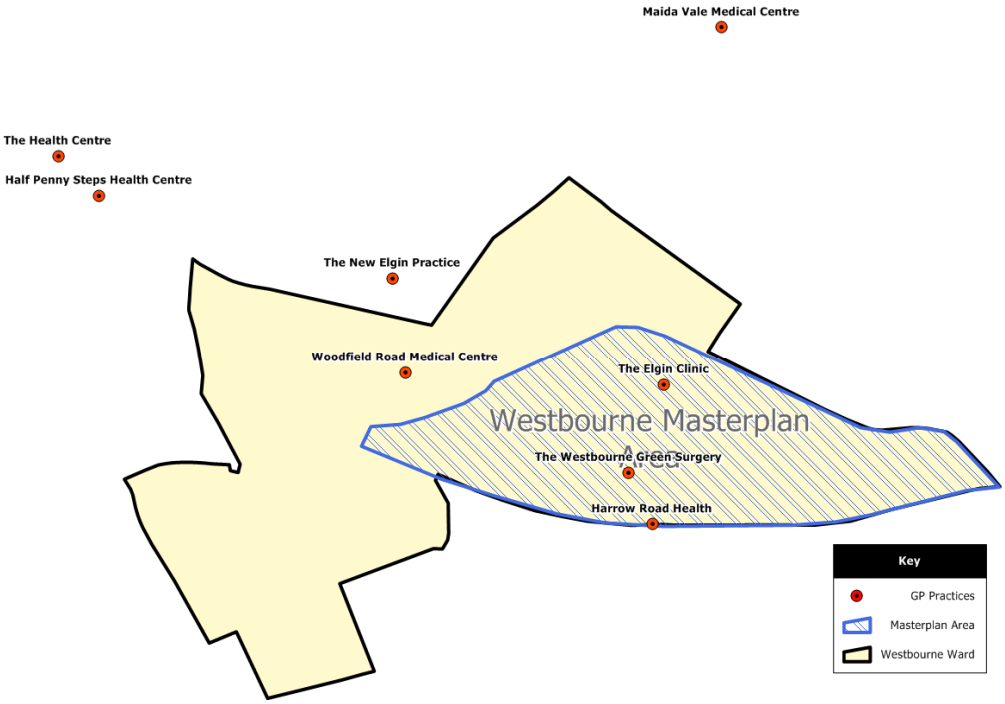

Figure 14: GPs in Westbourne, INWL Public Health Intelligence. Mapping data supplied by Ordnance Survey

Residents of Westbourne use a number of practices, the greatest numbers being found at the Westbourne Green Surgery; Harrow Road Health Centre; Woodfield Road Medical Centre; the Elgin Clinic and the Newton Medical Centre.

Practice code	Practice name	CCG	Percentage residents
Y00902	The Westbourne Green Surgery	CL	28%
E87637	Harrow Road Health Centre	WL	24%
E87741	Woodfield Road Medical Centre	CL	7%
E87038	Elgin Clinic	WL	6%
E87681	Newton Medical Centre	CL	6%

Table 7: Top 5 practices used by Masterplan residents, Open Exeter 2011

The combined age profile of the five practices with the greatest number of patients from the Masterplan area shows the age groups that represent a greater proportion of the population than in Westminster overall are 0-4, 5-14 and 35-44 years. The age groups that are noticeably smaller proportionally are 15-24 and 25-34 years.

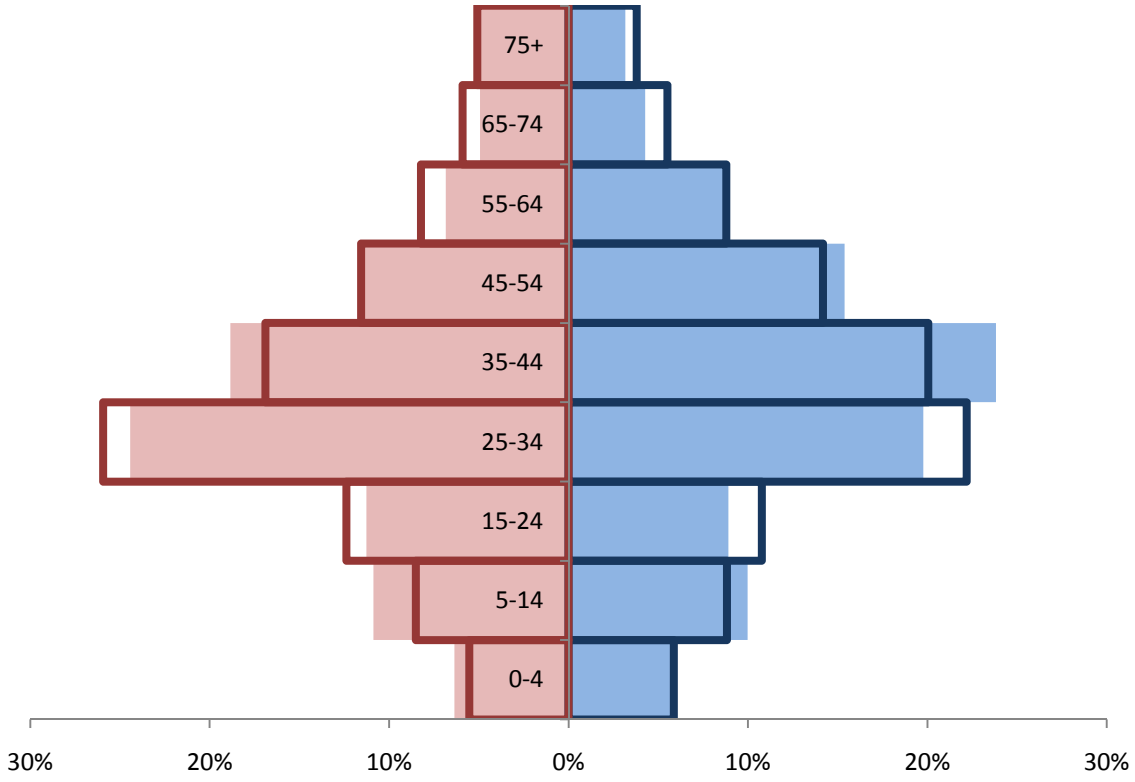

Figure 15: Top 5 GP age and sex of the population, Open Exeter 2010-11

Cancer Screening

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.

The top five used GPs in Westbourne are not meeting the national targets; however, they are no worse than the average for the sub-cluster. By not reaching these targets it may not be providing effective care to those who need it in a timely manner leading to emergency hospital admissions and premature death.

Bowel Cancer Screening	Uptake Target	Current Uptake
E87038	60%	41%
E87637	60%	33%
E87681	60%	38%
E87741	60%	49%
Y00902	60%	27%
Westminster	60%	41%

Table 8: Percentage adult population aged 60-74 who have received bowel cancer screening, Open Exeter 2011

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. Based on Exeter data the GPs are not meeting national targets also no worse than the sub-cluster. As with bowel cancer this can lead to poor patient care and a burden on the system. The QMAS performance gives a different impression and this is due to the approach used in exception reporting.

Cervical Cancer Screening	Target	Current Performance Exeter	Current Performance QMAS
E87038	80%	62%	82%
E87637	80%	73%	81 %
E87681	80%	66%	83%
E87741	80%	76%	88%
Y00902	80%	65%	81%
Westminster	80%	69%	78%

Table 9: Proportion of women aged 25-64 who have received cervical screening in the last 5 years, Open Exeterr and QMAS 2011

Breast screening is a method of detecting breast cancer at a very early stage. The programme is aimed at women between the ages of 50 and 70 years. As with the other two screening programmes the national targets are not being met by the GPs in this area and in Central London CCG.

Breast Cancer Screening	Target	Current Performance
E87038	70%	68%
E87637	70%	66%
E87681	70%	64%
E87741	70%	66%
Y00902	70%	60%
Westminster	70%	67%

Table 10: Percentage women aged 50-70 screened for breast cancer in the last 3 years, Open Exeter 2011

Health Checks

The NHS Health Check is for adults in England between the ages of 40 and 74 years. The check aims to assess the risk of cardiovascular disease looking at a person's risk factors. It is a range of tests of blood pressure, cholesterol and BMI as well as well as assessing lifestyle factors. The five GP practices in question are falling short of the 5 year national targets for both offering the tests and receiving patients. This is comparable with Westminster and as we are at the end of the first year of a 5year scheme may not be an issue.

Health Checks	5 year Target	Progress to final target
E87038	100%	14%
E87637	100%	54%
E87681	100%	33%
E87741	100%	40%
Y00902	100%	0%
Westminster*	100%	48%

Table 11: The percentage of healthy population aged 40-74 offered NHS Health Check

Health Checks	5 year Target	Progress to final target
E87038	75%	9%
E87637	75%	35%
E87681	75%	28%
E87741	75%	27%
Y00902	75%	0%
Westminster*	75%	31%

Table 12: The percentage of healthy population aged 40-74 recieved NHS Health Check

Cardiovascular disease Risk Factors

Cardiovascular disease risk factors include smoking, obesity, ethnicity, gender, diet and physical activity. Clinical risk factors include cholesterol level and hypertension.

No of CVD risk factors	Proportion of the population
1	17%
2	12%
3	6%
4	2%
5	<1%
6	<1%

Table 13: Number cardiovascular disease risk factors in the Westbourne registered population, CDRintel 2010

20% of Westbourne patients have 2 or more cardiovascular disease risk factors such as obesity; smoking; high blood pressure; diabetes; and high cholesterol. Using GP databases, it has been estimated that 17% of the Westbourne GP registered population have a BMI over 30, compared with 14.7% of the Westminster population.

Immunisations

Childhood immunisations are important for protecting youngsters during their early years. It is one of the factors that could lead to a healthy adult life. On the whole the practices are falling below national targets aside from the Elgin Clinic that has managed to reach 100% on 4 of the 6 vaccinations.

Immunisations	E87038	E87637	E87681	E87741	Y00902	INWL
Target	95%	95%	95%	95%	95%	**95%**
1 yr - 3rd dose DTAP/IPV/HiB	100%	100%	80%	86%	82%	**89%**
2yr - PCV Booster	100%	92%	57%	100%	53%	**84%**
2yr - HiB/MenC Booster	100%	92%	79%	93%	93%	**85%**
2yr - 1st dose MMR	100%	92%	64%	93%	67%	**85%**
5yr - DTAP/IPV Booster	93%	100%	80%	80 %	83%	**80%**
5yr - 2nd dose MMR	93%	100%	70%	80%	83%	**80%**

Table 14: Proportion of children immunised, INWL public health information 2012

Pharmacies

There are two pharmacies within Westbourne ward; of which one is in the Masterplan area.

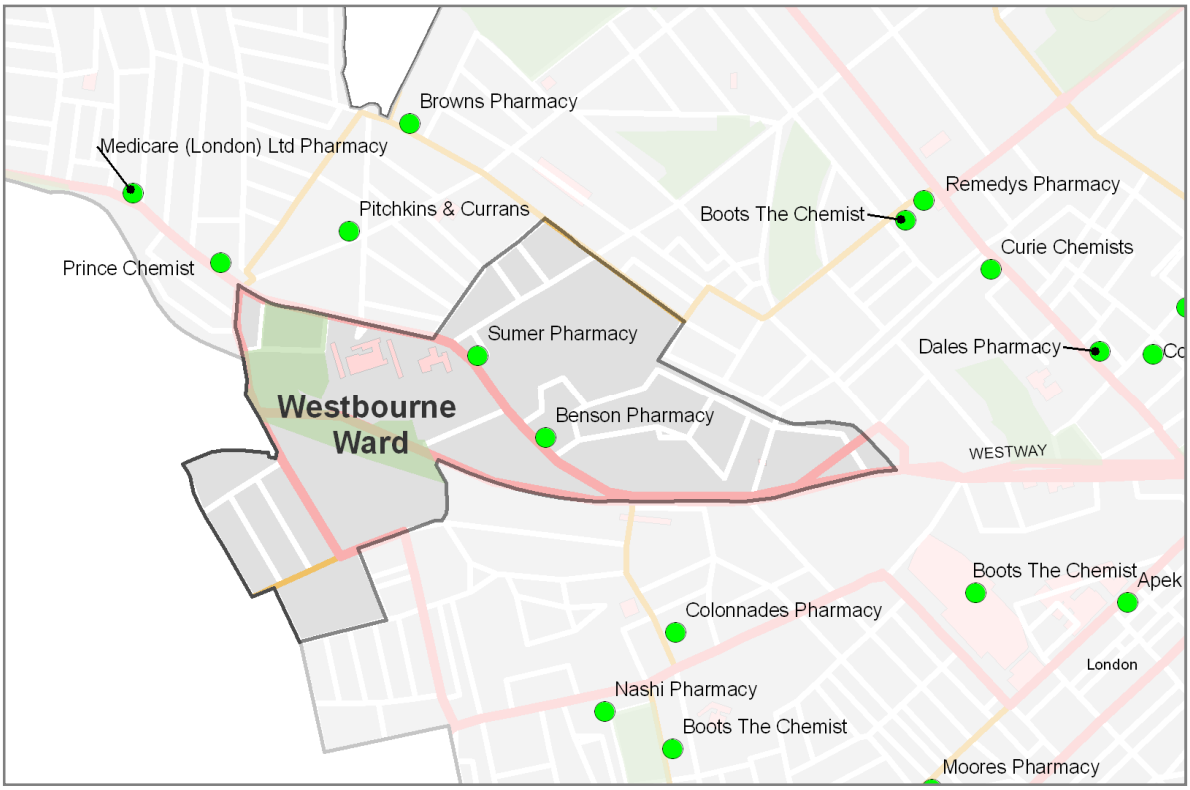

Figure 16: Pharmacies in the Masterplan area

Each pharmacy provides a number of enhanced services:

Service	Benson Pharmacy	Sumer Pharmacy
Stop Smoking	Yes	Yes
Seasonal flu vaccine	Yes	No
Supervised administration of methadone	Yes	Yes
Minor Ailments Service	Yes	No
Needle exchange Service	Yes	Yes
Chlamydia	No	No
HPV	No	No
Breast Screening	No	No
Health Checks	Yes	No

Table 15: Services provided by local pharmacies

Prescribing

Cardiovascular disease is the major cause of premature mortality and disability in Westbourne. There are several drugs (table 16) that shown to be effective for either primary prevention or secondary prevention of CVD. The greatest proportion of prescribed drugs in the 5 GP practices is for statins. Statins are used to lower cholesterol and shows us the need to be aware of cardiovascular disease.

Prescription drug	Percentage of population
ACE inhibitors	8%
Anticoagulants	1%
Aspirin	9%
Beta-blockers	9%
Calcium channel blockers	8%
Diuretics	8%
Statins	13%

Table 16: Drugs (alphabetical) prescribed to Westbourne registered patients

Oral Health

The oral health of children has been identified by the Government as a priority area within public health and a new public health outcome measure has been developed around tooth decay in children aged 5 years. In line with this, in 2011 a Child Oral Health Improvement Strategy was developed for the eight North West London boroughs (including Westminster), with associated action plans and the new Westminster Health and Wellbeing Board has prioritised oral health in its forthcoming strategy for 2012-15.

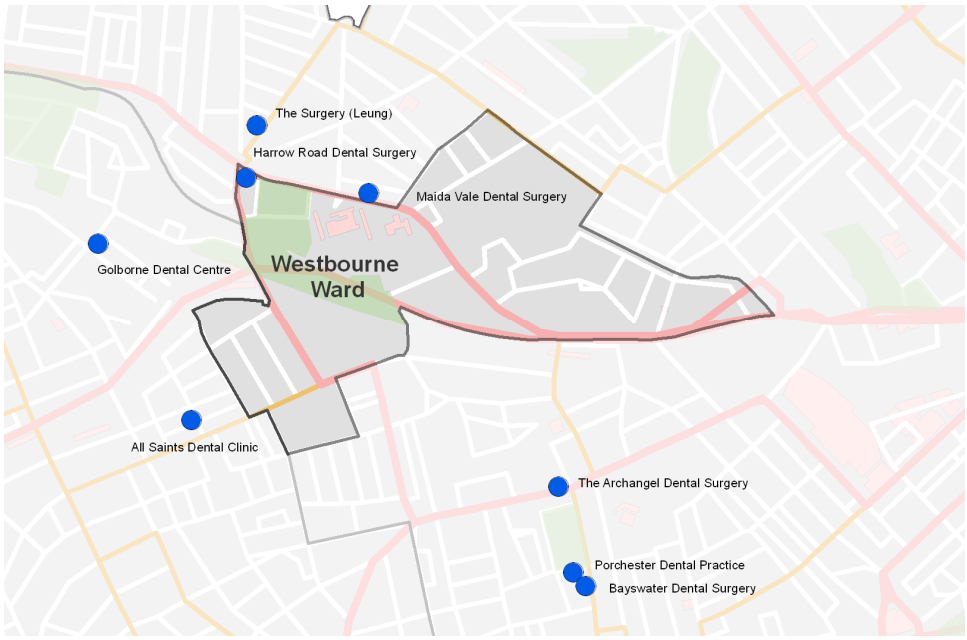

Figure 17: Dental practices in and around Westbourne

The oral health of children in Westminster reflects persistent inequalities: despite a good number of NHS dentists in the borough, children and young people are not accessing services and dental health among children and young people is poor. 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 Westbourne 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.

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). Alongside other chronic diseases dental decay is highest in areas of deprivation as both share common risk factors. The three primary schools within the Westbourne Masterplan area are ranked within the 15 schools in Westminster with the highest proportion of pupils eligible for free school meals; two are within the top 10 schools. The proportion of pupils eligible for free school meals is taken as a proxy measure for oral health need, since poor oral health is associated with deprivation and poor diet.

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.

Chapter 5 Risk Factors

Smoking

Smoking is the single most important modifiable risk factor for CVD. The Westminster Major health Campaign (MHC) showed that there were higher rates of smoking in the Masterplan area compared to other parts of Westbourne and the rest of Westminster.

Percentage of people who are current smokers (cigarettes, Roll-ups, Cigars, Water-pipe, other pipe)	
Westbourne Masterplan Area	27%
Other Westbourne	23%
Other Westminster	17%

Table 17: Proportion population with smoking status in Westbourne, Westminster MHC 2009

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.

Alcohol related conditions are a problem in Westbourne, with local GP practices showing above average levels of alcohol related inpatient admissions.

Code	GP Practice Name	Alcohol-specific admission		Alcohol-specific and related admission	
		Numbers	Rates 100=INWL avg	Numbers	Rates 100=INWL avg
Y00902	The Westbourne Green Surgery	33	201	81	159
E87038	The Elgin Clinic	44	194	115	163
E87637	Harrow Road Health Centre	22	128	65	122

Table 18: Hospital admissions 2010/11 for alcohol specific and alcohol specific and related hospital admissions, Westminster City Council 2011

The Westminster Major Health Campaign showed that the Masterplan area also had higher rates of daily and heavy alcohol intake compared to the rest of Westbourne and Westminster as a whole, but less moderate drinking.

Percentage of people who has a drink containing alcohol more than 2-3 times a week	
Westbourne Masterplan Area	29%
Other Westbourne	36%
Other Westminster	47%

Percentage of people who consumes more than 5 drinks on a typical day of drinking	
Westbourne Masterplan Area	17%
Other Westbourne	9%
Other Westminster	11%
Percentage of people who drink daily	
Westbourne Masterplan Area	2%
Other Westbourne	1%
Other Westminster	1%

Table 19: Proportion population who drink regularly (2-3 times a week), Westminster MHC 2009

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 Westminster Major Health Campaign showed that there was a similarly low rate of physical activity in the Masterplan Area to other parts of Westbourne and Westminster as a whole.

Percentage of people who have undertaken physical activity at least 5 times per week	
Westbourne MasterplanArea	26%
Other Westbourne	25%
Other Westminster	24%

Table 20: Proportion population who partake in physical activity, Westminster MHC 2009

Child Obesity

The National Child Measurement Programme (NCMP) measures the height and weight of all children in Reception and Year Six. For those Masterplan resident children in Reception the prevalence of overweight and obese children is 32% compared with the Westminster Schools average of 25%. Similarly for Year Six children we see 45% prevalence among residents versus 39% in Westminster. It is also important to add that Westminster is one of the highest for child obesity in the country further stressing the results. A child who is obese has an elevated risk of developing CVD as an adult among other complications.

Chapter 6 Wider Determinants

Deprivation

Those in the most deprived quintile of the population experience significantly poorer health than those who are more affluent. Westbourne is one of the most deprived wards in Westminster and in the most deprived 10% nationally. Five of the seven LSOAs in the ward fall within Westminster's most deprived deprivation quintile. The other two, one in the north east and another in the south west are slightly less deprived; these areas sit within Westminster's second most deprived deprivation quintile.

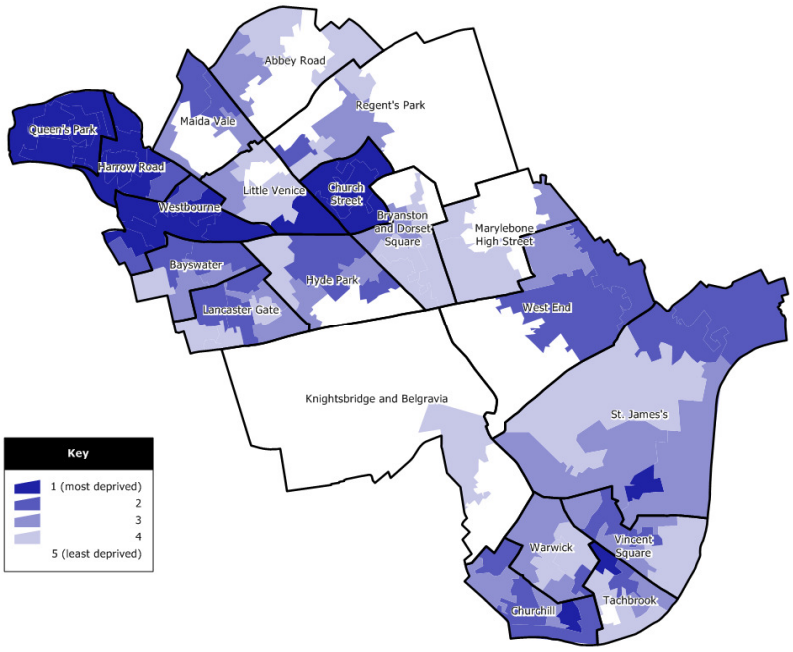

Figure 18: Deprivation by ward and LSOA, IMD 2010

Child Poverty

The developing foetus and the growing child seem to be particularly vulnerable to the adverse effects of poverty. Specific chronic illnesses, such as iron deficiency anaemia and asthma, have been shown to be associated with lower socio-economic class. 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.

The income deprivation affecting children (IDACI) gives is the proportion of children under 16 living in low income households. The proportion in Westbourne is far higher than Westminster and London averages.

	Westbourne	Westminster	London
IDACI score	70%	30%	30%

Table 21: Income deprivation affecting children (IDACI) score 2010

Further, the overall lowest child deprivation (Child Wellbeing Index) was observed in Westbourne. It is known that wider determinants such as environment, education, deprivation, employment and housing all have an effect the health of the population.

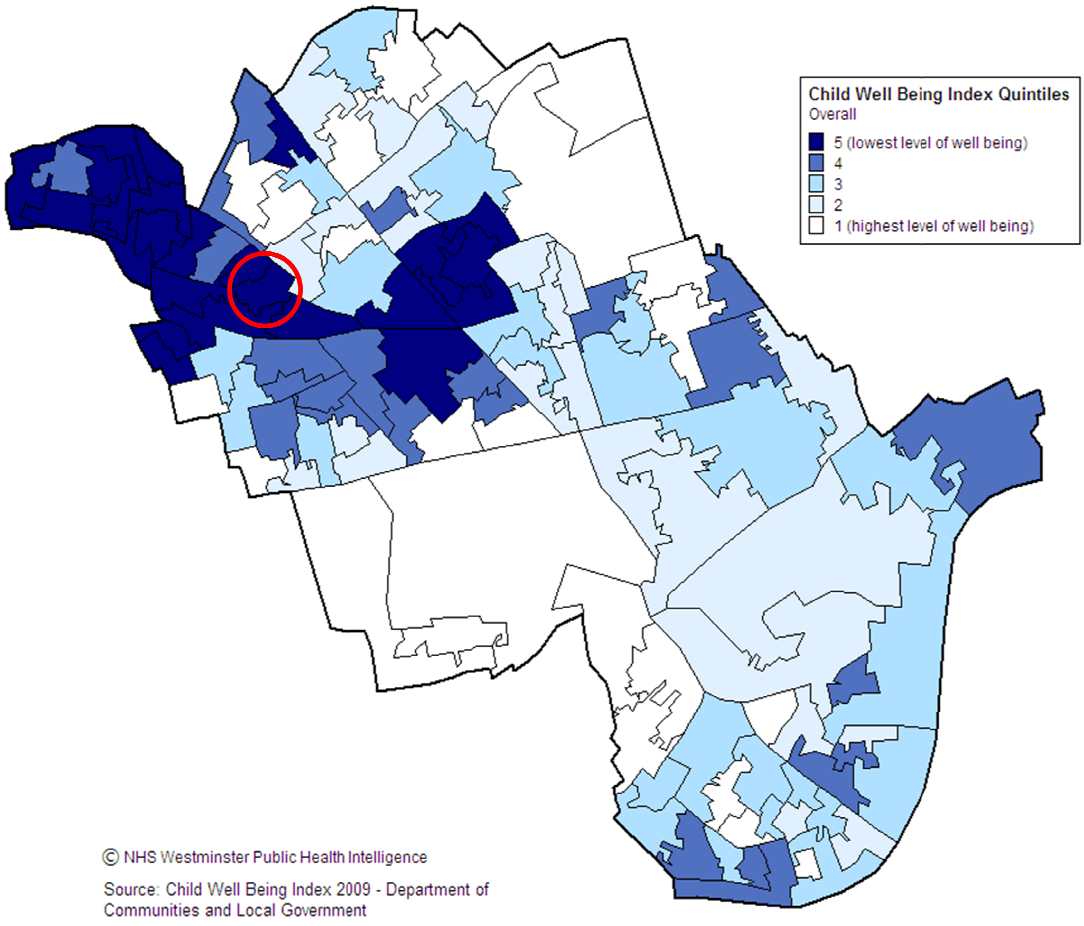

Figure 19: Child Wellbeing Index by LSOA, Department of Communities and Local Government 2009

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.

Theme	Proportion	Westbourne	Westminster	London
NOx Intensity		8	8	7
	Industry	1%	3%	5%
	Domestic and Commercial	27%	30%	28%
	Road Transport	57%	59%	57%
	Other	15%	8%	9%
SO2 Intensity		7	6	4
	Industry	0%	7%	7%
	Domestic and Commercial	1%	2%	7%
	Road Transport	26%	35%	33%
	Other	73%	56%	54%
PM10 Intensity		8	8	6
	Industry	4%	5%	7%
	Domestic and Commercial	5%	7%	5%
	Road Transport	78%	74%	65%
	Other	13%	15%	23%

Table 22: Emissions, Neighbourhood Statistics 2005 – intensity score 1-8, 8 being the maximum

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 Westbourne 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. It is worth mentioning that 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 is worth considering especially among children and care provision at school.

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 who have no qualifications at all; which is well above the Westminster and London average. Most Westbourne residents have attained level 4/5, a certificate of higher education, which is also less than the Westminster average.

Theme	Westbourne	Westminster	London
People aged 16-74 with: No qualifications	30%	16%	24%
People aged 16-74 with: Highest qualification attained level 1	11%	7%	13%
People aged 16-74 with: Highest qualification attained level 2	14 %	13%	17%
People aged 16-74 with: Highest qualification attained level 3	10%	12%	10%
People aged 16-74 with: Highest qualification attained level 4 / 5	31%	48%	31%
People aged 16-74 with: Other qualifications / level unknown	5%	4%	5%

Table 23: Level of qualification in Westbourne, Neighbourhood statistics April 2001

Benefits

Generally, benefit claimants have poorer life contributing to poor health. Most Westbourne residents who claim benefits claim for Income support. The proportion claiming income support is higher than Westminster and London averages. Income support is extra money to help people on a low income. It is for people who do not have to 'sign on' as unemployed. There is also a large proportion of claimants receiving incapacity benefits; again higher than Westminster and London average. Incapacity benefit is for those who cannot work because of illness or disability before 31 January 2011. Since 31 January 2011 no new Incapacity Benefit claims have been accepted.

Type	Westbourne Masterplan	Westminster	London
Disability Living Allowance Claimants	7%	4%	4%
Incapacity Benefit/Severe Disablement Allowance Claimants	7%	4%	3%
Income Support Claimants	9%	4%	4%
Jobseekers Allowance Claimants	3%	2%	3%
Pension Credit Claimants	6%	3%	4%

Table 24: Benefits by type of claim as a percentage of total population, Neighbourhood statistics 2010

The majority of claimants are between the ages of 25-49, more than the Westminster and London average. This is ultimately a reflection on the poverty of the area and resulting ill-health.

Year	Theme	Westbourne	Westminster	London
August 2011	Claimants Aged 16-24	1%	1%	2%
August 2011	Claimants Aged 25-49	57%	56%	50%
August 2011	Claimants Aged 50-59	35%	33%	35%
August 2011	Claimants Aged 60 and Over	7%	10%	12%

Table 25: Benefits by age of claimant, Neighbourhood statistics 2011

Westminster has six wards falling within the highest ten in all London for claimants of incapacity benefit for mental health reasons, and a further 18 fall into the 20% highest. The Westbourne ward falls into the highest 10 in London, with 5.5% of its total working age population claiming incapacity benefit for mental health reasons, or 1 in 18 people. In Feb 2012, 185 people of working age were claiming incapacity benefit for mental health reasons, or 4.2% of the population.

Road Traffic Collisions

Type	Fatal injury	Serious injury	Slight injury	All injuries
Pedestrian	0	2	8	10
Cyclist	0	0	5	5
Motorcyclist	0	3	6	9
Vehicle driver	0	2	19	21
Vehicle passenger	0	0	3	3
Total	0	7	41	48

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), 42 collisions occurred in Westbourne Green, resulting in 48 casualties. Most of these casualties were slightly injured, seven were seriously injured and nobody was killed. Overall, ten pedestrians were injured in Westbourne Green.

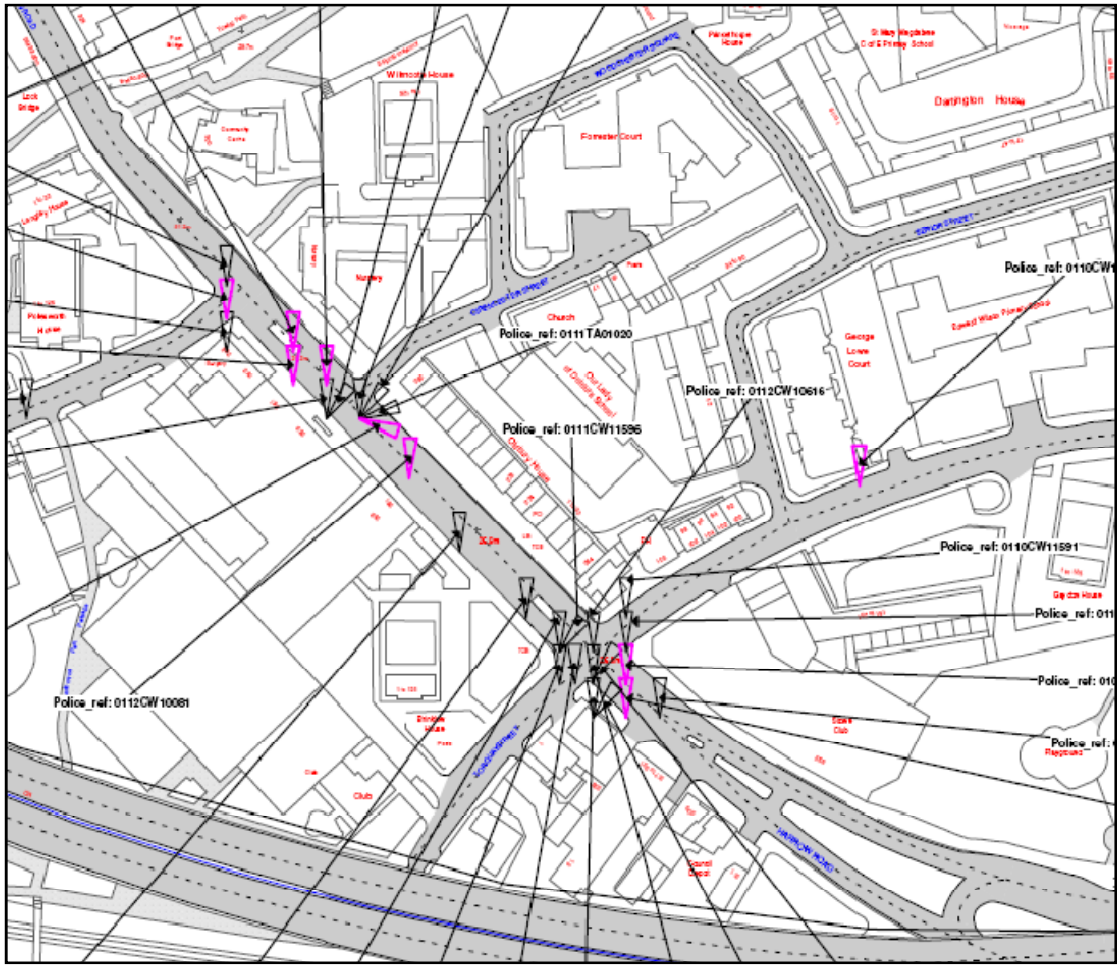

Figure 20: Collisions in Westbourne Green from June 2009 to May 2012, pedestrian collisions in pink

The map shows that the majority of the collisions occurred on the Harrow Road and this location has indeed been identified as a collision hotspot in Westminster. The collision data also show that most pedestrian injuries occur outside the Westminster Academy and observational data indicate that pedestrians are not safe on this stretch of the Harrow Road.

In addition, 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.

Crime

Westminster has a very high crime rate of 307 incidents per 1,000 head of population; in contrast Westbourne sees a lesser 99 incidents per 1,000. We know Westminster to be high due to the large number of visitors especially in St James (1,658 incidents of crime per 1,000*) and the West End (2,100 incidents of crime per 1,000), in which sense it would be more interesting to review this figure to find out the residents' fear of crime. Crimes involving drugs, robbery and violence against individuals are higher than London averages but not Westminster averages. Although this is the case we have no current indication of the fear of crime which can have an impact on the wellbeing of local residents.

**Relatively low resident population but a massive visitor/working population hence crime rates seem inflated.*

Chapter 7 Data and Methods

Area Approximations

There are seven lower super output areas (LSOAs) in Westbourne ward and three LSOAs belong to Westbourne Masterplan area. Where there is data at lower super output area level, we produced analysis for the Westbourne Masterplan area. However, certain items of information such as benefit data, ethnicity population estimates, life expectancy, disability information, and mortality data are not available at LSOA level and only available at ward level. In these circumstances full ward level information was used.

Locality Data

Population estimates were obtained from the Office of national statistics (ONS). ONS produces LSOA level population estimates by age and gender. Ethnicity specific population estimates are available at ward level and no smaller.

Data from census 2011 is not available at the time of the final reprort. Therefore, we used the ONS census 2001 data.

Open Exeter supplies patient level data for place of birth as GO registered patients supply this information to the respective practices. The patient's postcode allows us to aggregate by country of birth for the given locality.

Disease Data

Life expectancy and mortality information is taken from the ONS, further adjustments by the London Health Observatory. The ONS also supply disability free life expectancy information for the most recent 4 year period (1999-2003).

Prevalence information comes from the Quality Outcomes Framework (QOF) devised by the NHS Information Centre (IC). Hospital activity is collected by the Secondary Uses Service (SUS) which again is NHS IC.

Primary Care Data

The majority of primary care information is supplied by the Open Exeter database along with organisation collected data relating to screening and immunisations.

Risk factor Data

The 2009 Westminster Major Health Campaign (MHC) holds information relating to lifestyle factors (Smoking, Alcohol and Activity).

Wider determinants Data

Neighbourhood Statistics formed by ONS and the Neighbourhood Renewal Unit (NRU) gives us useful data relating to wider determinant factors such as population density, pollution, education and benefits. However, the caveat applies here as some of this information is based on the 2001 census. The London Datastore supplies recent information on policing and local environment.