

Executive Summary

Introduction

The Tollgate Gardens Estate does not neatly fit into any existing functional area for which data is collected. The estate sits within the ward of Maida Vale situated in the North West of Westminster. This ward has pockets of affluence which might dilute any important observations and areas of deprivation. Where possible, data is broken down by LSOA, the estate spans much of E01004710 – however this LSOA covers a larger area than the estate. Due to the level of affluence found in the ward, and the fact that the estate sits in an area smaller than the LSOA it is informative to consider data relating to Kilburn. Kilburn is a ward in both Brent and Camden Local Authority areas, which is more akin to the estate itself, and information from this ward has been considered alongside the information from the LSOA / Maida Vale Ward wherever possible.

Aim of the Document

The aim of this document is to provide a descriptive overview of demographics and health needs of the population in the Tollgate Gardens Estate area, to inform both the Tollgate masterplan and any development of health and wellbeing services for the area. Masterplans represent an important, and rare, opportunity to address health inequalities in the short, medium and long term and the potential gain for these must be taken into account in the final plan.

Future health and social care services need to maximise opportunities for health promotion and health improvement if inequalities are to be addressed. This may include the integration or co-location of primary care and health promotion interventions with social care, and wellbeing services. Improved uptake of schemes which target those diseases which make the biggest contribution to health inequalities, namely cardiovascular disease, cancer and respiratory diseases is essential and can be facilitated through good planning. These schemes include NHS Health Checks, MyAction, flu jabs and patient profiling.

Headlines

LOCALITY

- **Compared with Westminster, there is a higher proportion of children aged 5-14, and a greater proportion of females. Just over a quarter of the population are children: children are known to be high users of health services (p.8).**
- **54% of Westbourne residents come from BME groups: BME groups characteristically have a high level of morbidity (p.9).**
- **Over half the population in Tollgate LSOA are Christian, and 16% are Muslim – both these figures are higher than the Westminster average. Health services need to be sensitive towards the religious beliefs and cultural backgrounds of individuals to improve accessibility and quality of care (p.10).**

BURDEN OF ILL HEALTH

- **Data suggests that the number of people with physical disabilities in the masterplan area falls within the top 20% of all areas in London (p.12).**
- **Data suggest that there are 37% more early deaths than nationally among males, and among females 5% more than nationally (p.14).**

- There is a greater number of deaths due to cancers in Maida Vale than across Westminster (p.15).
- Disability-free life expectancy is low in Tollgate LSOA, as would be expected in an area with deprivation (p.16).
- GP practice data shows a higher than average prevalence for learning disabilities in the relevant LSOA (p.17).
- There is a higher than average prevalence for dementia in Maida Vale ward (p.17).
- Emergency admissions for Tollgate residents are above average for circulatory diseases. The ethnic group “Other ethnic groups”, comprised mainly of Middle Eastern people, has the highest hospital admission rates (p.18).

PRIMARY CARE

- More than 45% of Tollgate Gardens Estate Residents are registered with GPs in Brent and Camden Clinical Commissioning Groups. The majority of these are registered with Kilburn Park Medical Centre in Camden (p.19).
- Screening uptake among residents is poor regardless of the practice they are registered with. This is similarly true across Westminster (p.20).

RISK FACTORS

- Data from Westminster PCT’s Major Health Campaign (MHC) shows higher rates of smoking in the Tollgate LSOA compared with other parts of Maida Vale ward and the rest of Westminster (p.23).
- Data from the MHC shows a similarly low rate of physical activity in the Tollgate LSOA compared with other parts of Maida Vale ward and Westminster as a whole (p.23).
- Among children in Reception year at school who are residents of the Tollgate Garden Estate, the prevalence of overweight and obese children is 33% compared with the Westminster schools average of 25%. Among Year Six children we see a prevalence of 39% among residents of the estate, the same as across Westminster (p.24).

WIDER DETERMINANTS

- Tollgate is situated in one of the more deprived areas in Westminster, and the LSOA sits within the Boroughs ‘second most deprived’ deprivation quintile (p.25).
- The proportion of children under 16 living in low income households in Tollgate LSOA and Kilburn is far higher than Westminster and London averages (p.25).
- Lower scores for air pollutants NOx, PM10 and SO2 are found in Tollgate MSOA than across Westminster (p.26).
- Over a quarter of residents in Tollgate LSOA and Kilburn LSOA have no educational qualifications at all. This is well above the Westminster and London averages (p.27).
- The percentage of Tollgate LSOA residents who receive Income Support and/or Disability Living Allowance and/or Pension Credits, is higher than the Westminster and London averages (p.28).
- Overall, there are fewer crimes in Maida Vale ward in comparison with Westminster as a whole and neighbouring Kilburn (p.28).

Recommendations

- 1 Given the prevalence of chronic disease and disabilities among residents on the estate, consideration needs to be given to ensuring that health services are appropriately targeted at the population of the area. This might be achieved through the provision of outreach clinics on the estate. Scope for the co-location of primary care with social care and voluntary and community sector services should also be considered.**
- 2 Health promotion programmes and interventions promoting access to services are required and need to be tailored appropriately including taking into account the great ethnic diversity of the area.**
- 3 Given the level of deprivation on the estate, and the low skill base, consideration might usefully be given to establishing outreach session to promote financial inclusion and skills development.**
- 4 Given the high level of density, the large proportion of children and the poor level of educational attainment, work might usefully be undertaken with the schools attended by resident children to establish interventions such as homework clubs either on the estate and/or on school premises.**
- 5 There should be active involvement of local communities in project design, development and delivery, with particular emphasis on engaging the most vulnerable communities to engage in these processes.**
- 6 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.**

Next Steps

The Public Health department will feed the findings of this needs assessment into the masterplanning process, providing advice and assistance to support subsequent action as appropriate.

Given that 45% of the residents of the Tollgate Gardens are registered with GPs in London boroughs of Brent and Camden, it is likely that they will also use other health services across the borough boundaries. The Public Health department will liaise with health and social care commissioners for those services in Brent and Camden as well as those responsible for services in Westminster.

Chapter 2 Locality

The Tollgate Gardens Estate (highlighted in figure 1) does not neatly fit into any existing functional area for which data is collected. The estate sits within the ward of Maida Vale situated in the North West of Westminster. This ward has pockets of affluence which might dilute any important observations and areas of deprivation. Where possible, data is broken down by LSOA, the estate spans much of E01004710 – however this LSOA covers a larger area than the estate. Due to the level of affluence found in the ward, and the fact that the estate sits in an area smaller than the LSOA it is informative to consider data relating to Kilburn. Kilburn is a ward in both Brent and Camden Local Authority areas, which is more akin to the estate itself. Information from this ward is presented for consideration alongside the information from the LSOA / Maida Vale Ward wherever available.

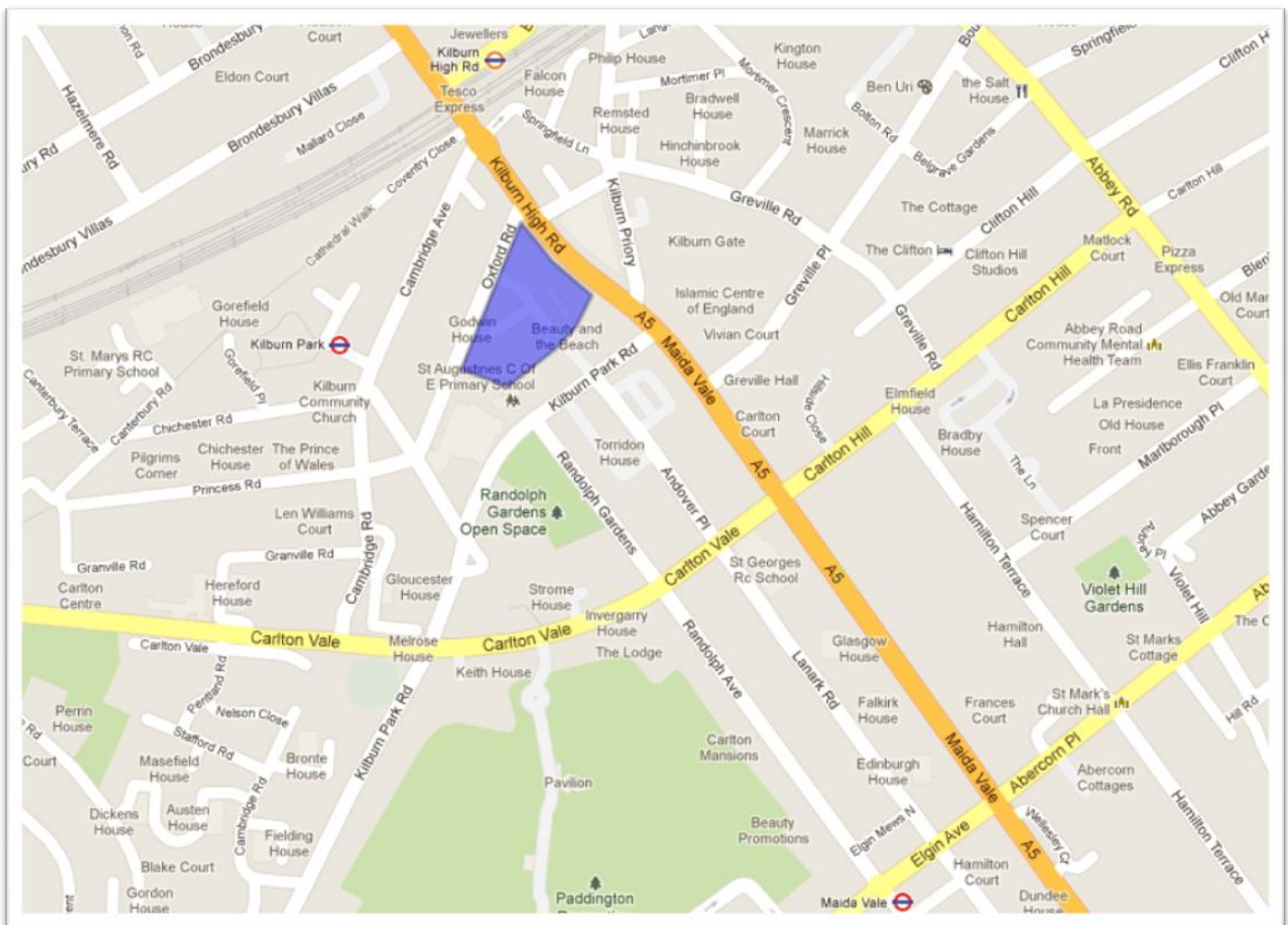


Figure 1: The Tollgate Gardens Estate

Due to the way data is collected, there is a difference between the population area used for this report and that used by the planners. The smallest area used for collecting and analysing health related data by using the GP practice registrations. For data not available through that source, Lower Super Output Areas (LSOAs) are used. The number of residents in Tollgate Gardens Estate who are registered with a GP is 345. These people live in 3 main postcodes on the estate (NW6 5SG, NW6 5SH, NW6 5SJ). There are also a small number in postcode NW6 5SQ.

Deprivation

Those in the most deprived quintile of any population experience significantly poorer health than those who are least deprived. Tollgate Gardens Estate is situated in one of the more deprived LSOAs in Westminster and sits within the Borough's "second most deprived" deprivation quintile. Maida Vale ward itself is the 9th least deprived ward in Westminster; showing the dilution of deprivation when solely using ward level data.

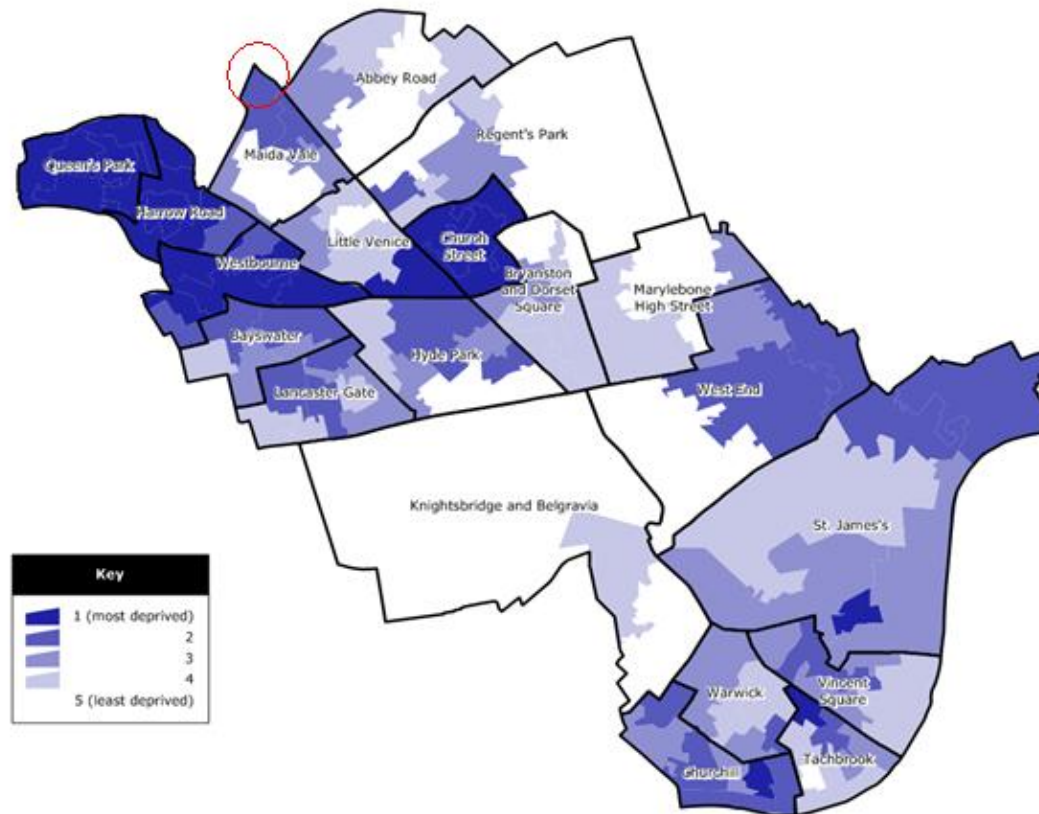


Figure 2: Deprivation by ward and LSOA, IMD 2010 – Estate Highlighted

Population Turnover

Population Turnover Rate is calculated as the rate of migratory moves in or out of an area per 1,000 residents from one year to the next. Population turnover is important as a high population turnover has implications for health services, in terms of access and the health issues presented, which need to be taken into account in service planning; population turnover is one of the major barriers for successful screening and immunisation programmes in Inner North West London PCTs (see Appendix 3).

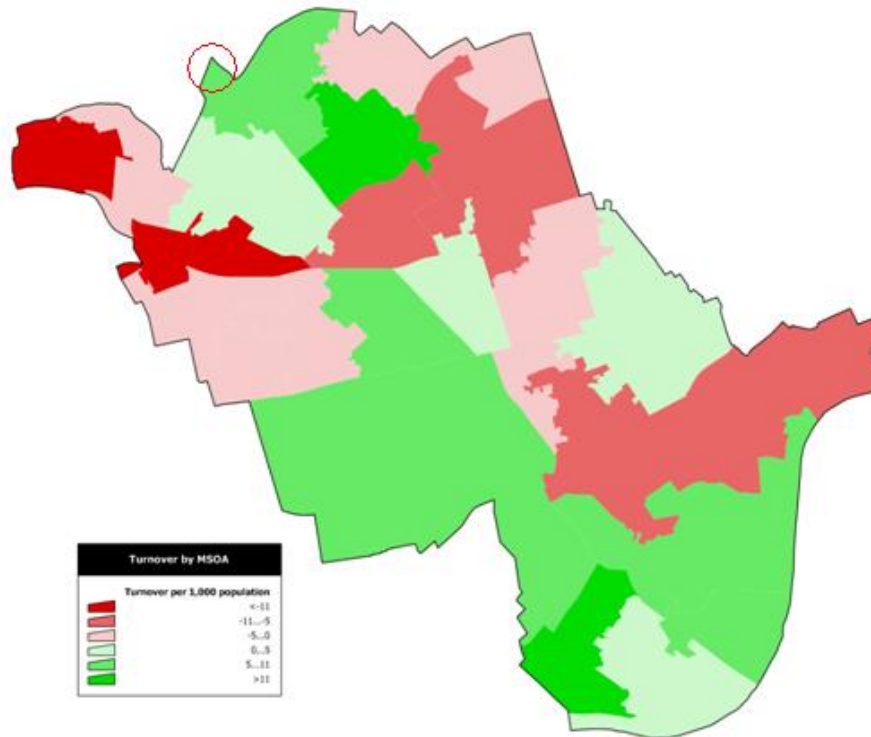


Figure 3: Population Turnover by Westminster ward, Population Turnover Rates, Mid-2009 to Mid-2010. Estate Highlighted.

According to ONS figures in 2009-10, a rate of 91 per 1,000 people moved into Maida Vale and 84 per 1,000 people moved out. The net change in population is therefore +7 per 1,000 population; more people moving into the area than moving out. As the number is quite small, it suggests that the health needs of the population may not differ too much from previous years. However given the recent welfare reform, there may be a difference in turnover rate in the longer term.

Population Density

It is important to consider population density as infectious diseases and outbreaks, such as meningitis and tuberculosis, are more common in high-density areas.

The population density for London is approx 90 persons per sq ha, compared with Westminster's significantly greater figure of 200 people per sq ha. The LSOA associated with Tollgate estate has an estimated 163 people per sq ha.

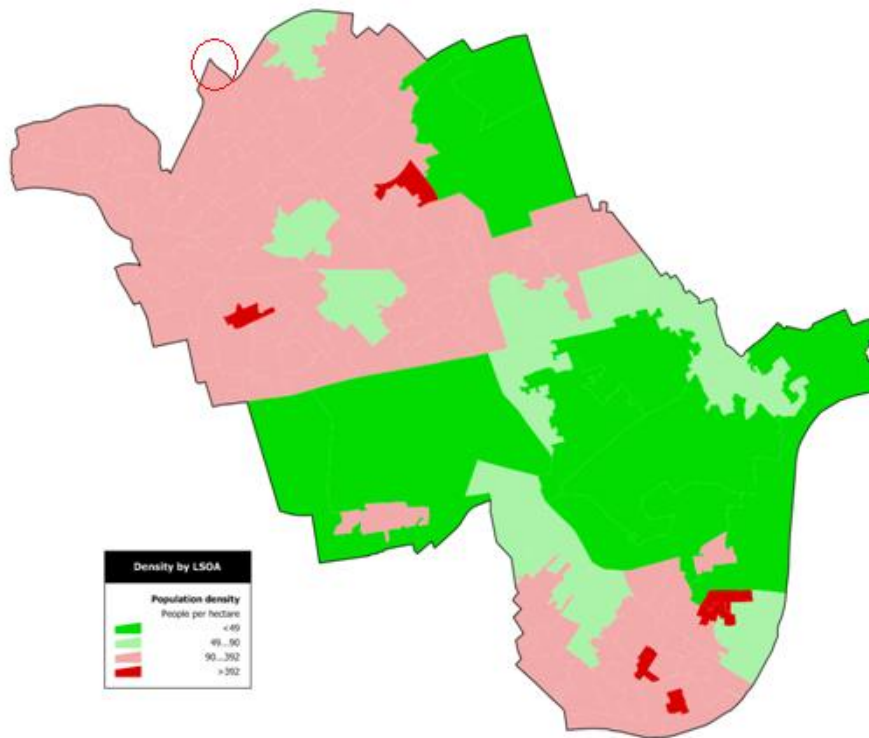


Figure 4: Population Density by LSOA, ONS 2009 Mid-year estimate – Estate Highlighted

Age/Sex

Age is a major determinant of health need. Older age groups and the 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) are observed among older age groups along with high rates of A&E attendances. Children aged 0- 4 years are among the highest users of health services, followed by the 5- 14 yr age group. This is largely due to the range of standard interventions during this period of the life cycle, e.g. development checks and immunisation programmes. Infectious diseases and childhood asthma are likely to be the main challenges; asthma and allergies are known to be the commonest causes of A&E attendances.

There is a much higher proportion of children in the Tollgate area than Westminster as a whole; just over a quarter of the population compared with just over 12% across Westminster. The age group in the Tollgate area with the highest population is 5-14 years, with many more people in this age band than the Westminster average. There is a lower proportion of over 65s compared with the Westminster average, which might suggest a reduced reliance on health and social care services. However data relating to disability free life expectancy (see 3-16) suggests otherwise.

The ratio of males to females in the Tollgate area also differs to Westminster averages. There are more males than females in the 5-14, 25-34 and 45-64 age groups. This pattern is contrary to Westminster as a whole where females form a larger proportion of the population. This has implications for the wellbeing of the area when coupled with benefit data (see page 28).

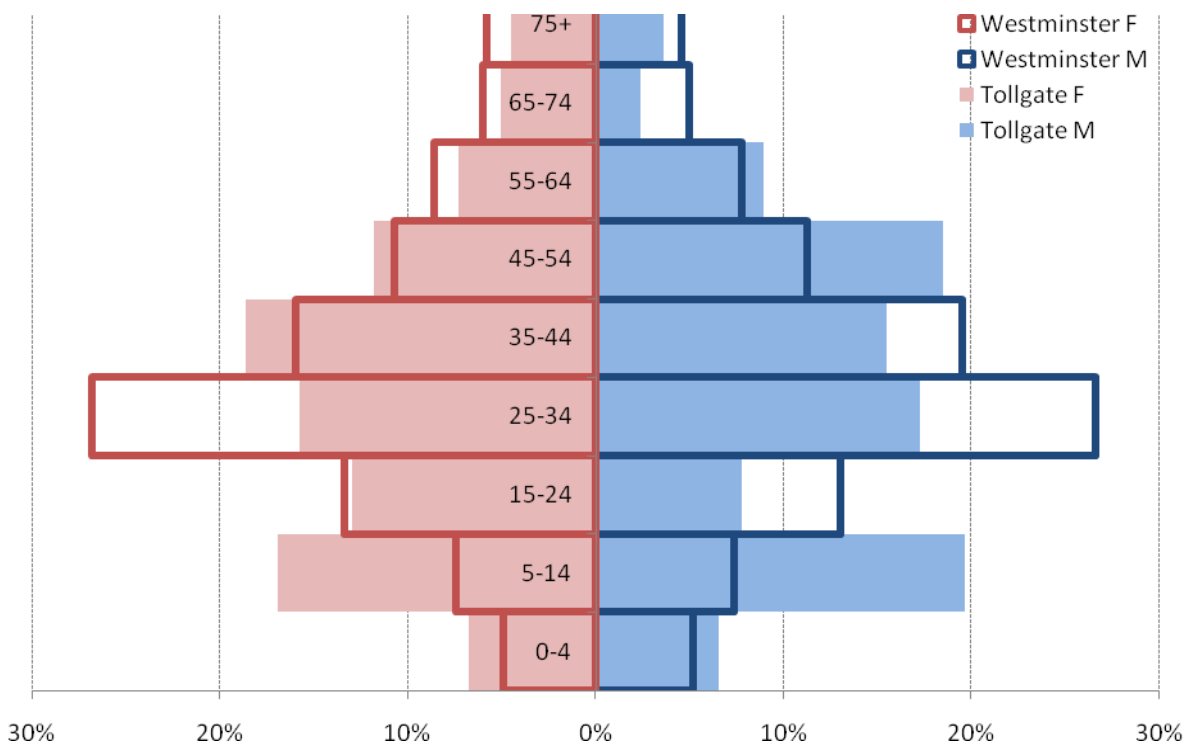


Figure 5: Age and Sex breakdown for Tollgate Residents, Exeter GP Database

Ethnicity

Ethnicity is also a major determinant of health, with some ethnic groups at a higher risk of certain diseases. For example, South Asian population groups are known to be at high risk of cardiovascular disease and Alzheimer's diseases are high among white Caucasian groups.

The Audit Commission have defined 'Black and Minority Ethnic' people as falling into 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.

In Westminster, ethnic minorities tend to live in the most deprived wards, which are mainly concentrated in the north and south of the borough. In addition to this, emergency hospital admissions and A&E attendances are generally high among Black, White Other and Middle Eastern ethnic groups.

Maida Vale is a culturally and ethnically diverse ward, with 54% of residents coming from a black or minority ethnic (BME) group. This is higher than for Westminster as a whole. The single largest ethnic group in Maida Vale ward is White British (46%), followed by the White Other ethnic group (14%) which are both lower than the average in Westminster. Asian (10%) and Black (15%) communities are high in this area in comparison with Westminster (9% and 7% respectively).

Ethnicity	Maida Vale	Kilburn	Westminster
White: British	46%	35%	49%
White: Other White	14%	12%	21%
Black or Black British: African	7%	11%	4%
White: Irish	6%	9%	4%
Black or Black British: Caribbean	6%	13%	3%
Asian or Asian British: Bangladeshi	4%	0%	3%
Chinese or Other Ethnic Group: Other Ethnic Group	4%	2%	4%
Asian or Asian British: Other Asian	3%	2%	2%
Asian or Asian British: Indian	2%	4%	3%
Black or Black British: Other Black	2%	3%	1%
Mixed: Other Mixed	2%	1%	1%
Mixed: White and Black African	1%	1%	1%
Chinese or Other Ethnic Group: Chinese	1%	2%	2%
Asian or Asian British: Pakistani	1%	3%	1%
Mixed: White and Asian	1%	1%	1%
Mixed: White and Black Caribbean	1%	1%	1%

Table 1: Ethnicity breakdown for Maida Vale, ONS Mid-2010 population estimates

The high proportion of White Other, Black (all), White Irish and Other Ethnic Groups in Tollgate could lead to a high demand for related services in both primary and secondary care.

Religion

The most up to date data relating to religion is available from the Census in 2001. Over half the LSOA population in Tollgate are Christian (58%), which is higher than the average for Westminster (55%). While the actual rates may differ in comparison to 2001, this data demonstrates the diversity of religion, and therefore faith and culture.

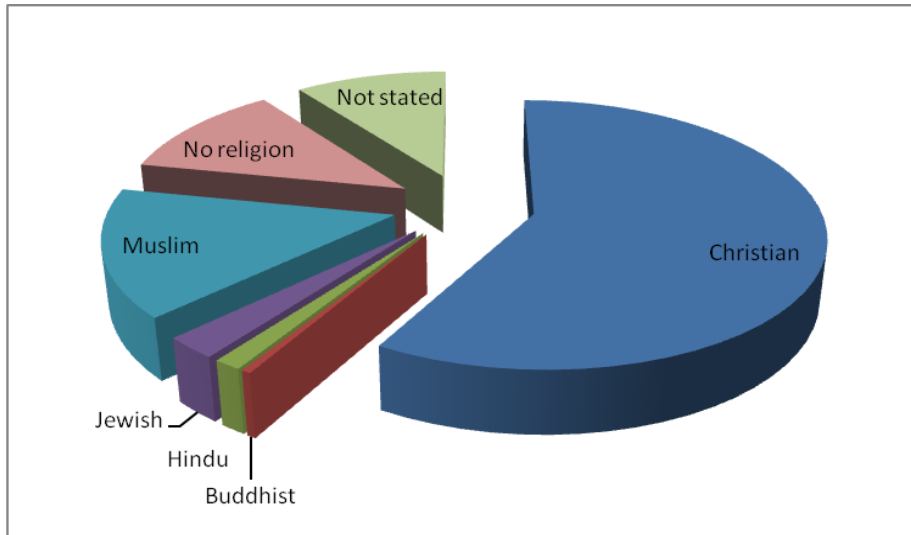


Figure 6: Breakdown of Religious grouping in the LSOA, ONS census 2001

Health services need to be sensitive towards religious beliefs and cultural backgrounds of individuals to improve accessibility and quality of care. For example, a Muslim woman may be more comfortable seeing female practitioners, leading to more fruitful consultation.

Spoken Language

Data on spoken language can be gathered from school registration data and local authorities. Further research needs to be undertaken regarding the languages spoken in the estate. In order to reduce barriers to care, health services need interpreters and health promotion resources need to be in the appropriate languages.

Country of Birth

Data from GP registered populations, shows that 36% of Tollgate’s GP registered population were born outside of the UK. Table 2 below shows that in this area, there isn’t a majority country after the UK. This highlights that 36% of the population are highly diverse which has implications for health service provision.

Country of Birth	Proportion	Westminster
UK	64%	54%
Iraq	3%	2%
Australia	2%	1%
Bangladesh	1%	1%
Kosovo	1%	1%

Table 2: Top 5 countries of birth, Exeter GP registration data 2012

Chapter 3 Burden of Ill Health

As previous chapters show, Tollgate is a highly deprived, ethnically and culturally diverse area. The prevalence of long term conditions and disabilities is high in the estate, placing pressure on local health service provision.

Learning Disabilities

The number of people on the Westminster Learning Disability Partnership (WLDP) caseload varies by ward. While Maida Vale has over 20 people, the fifth highest in any one ward, this is broadly in line with the average for Westminster.

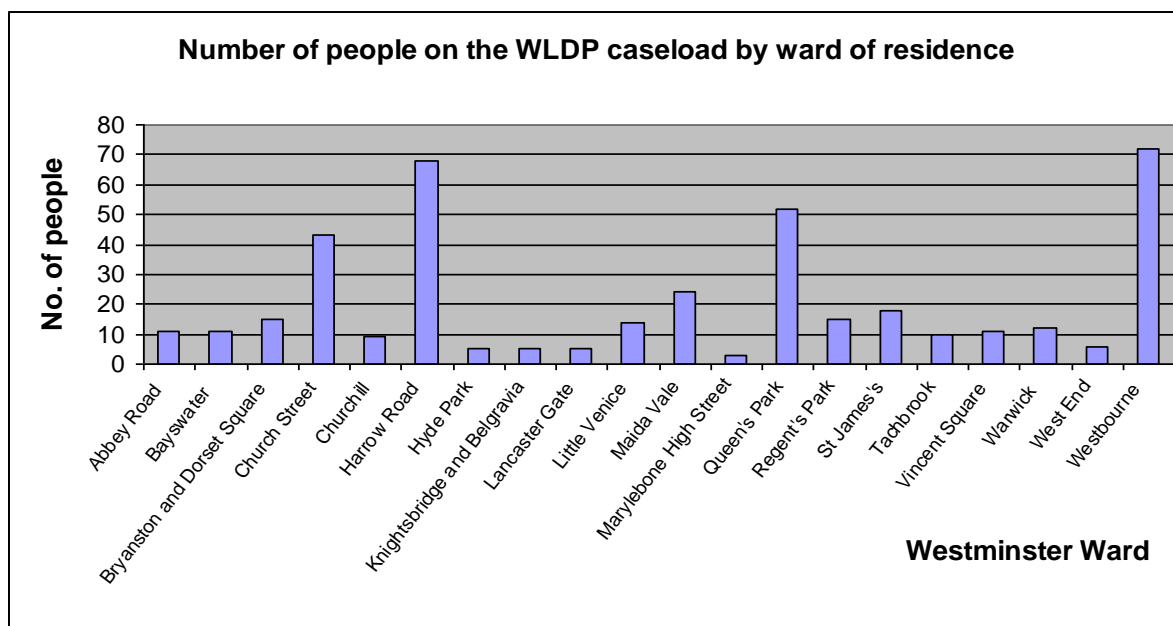


Figure 7: Number of people on the WLDP case load by ward, Westminster City Council 2009

Physical Disabilities

The best proxy for calculating physical disabilities is to calculate the number of people on incapacity benefits minus those with mental health problems. In Maida Vale, the rate of people with physical disabilities as calculated by the proxy is 1.6% which is equal to the average for London. By looking at the statistically similar wards of Kilburn (Brent and Camden) we notice the average rate to be 2.27% on average placing them, and probably the Tollgate area in the top 20% in London.

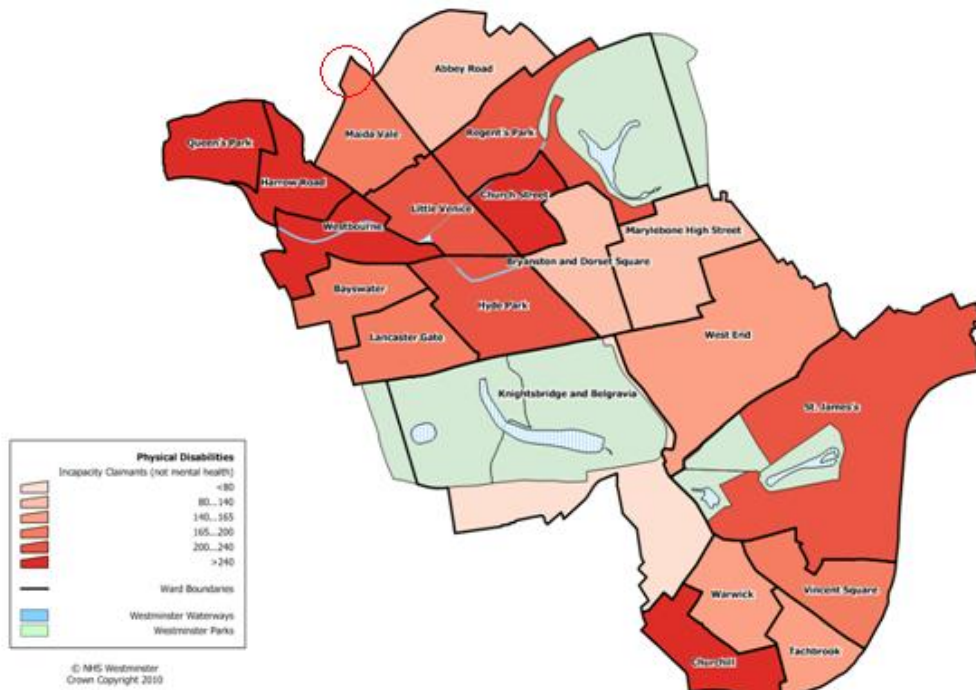


Figure 8: Number of people on incapacity benefits (minus mental health problems) by ward, ONS and DWP 2010 – Estate Highlighted

Life Expectancy

Life expectancy is the expected number of years of life remaining from birth, derived from the mortality information for that area. Overall in Westminster, life expectancy is 82 for males and 86 for females. This is relatively high in comparison to London and England.

The map of deprivation in Chapter One highlights the levels of disparity in deprivation across the borough. At 88 years for males and 89 years for females life expectancy in Maida Vale is higher than for Westminster as a whole, however the neighbouring Kilburn Ward has population characteristics more akin to those for Tollgate residents and offers a more appropriate comparison for life expectancy on the estate. It has a life expectancy of 76 for males and 84 for females, which drops below the Westminster average for both, especially for men.

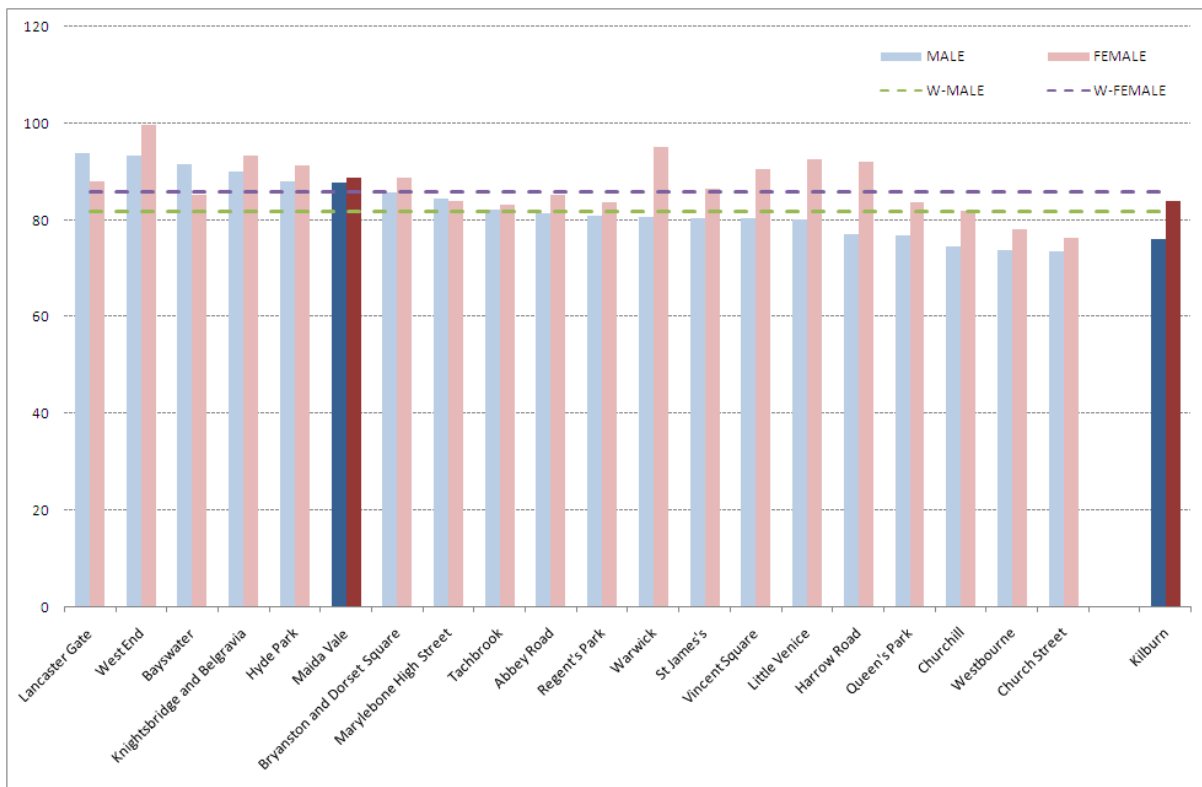


Figure 9: Life expectancy by ward, ONS life expectancy at birth 2005-09

Premature Mortality

Premature mortality, or early death, is defined as death under the age of 75 years. The standardised mortality ratio (SMR)¹ for males in Maida Vale ward is 53, which means that there are 47% (calculated by $100 - 53$) fewer early deaths than nationally; one of the lowest figures in London. Among females there are 33% fewer early deaths than nationally (SMR=67).

However Kilburn Ward again offers a more appropriate comparison and therefore what is probably a more accurate SMR. For males this is 137, indicating 37% more early deaths than nationally, and for females 105, 5% more than nationally.

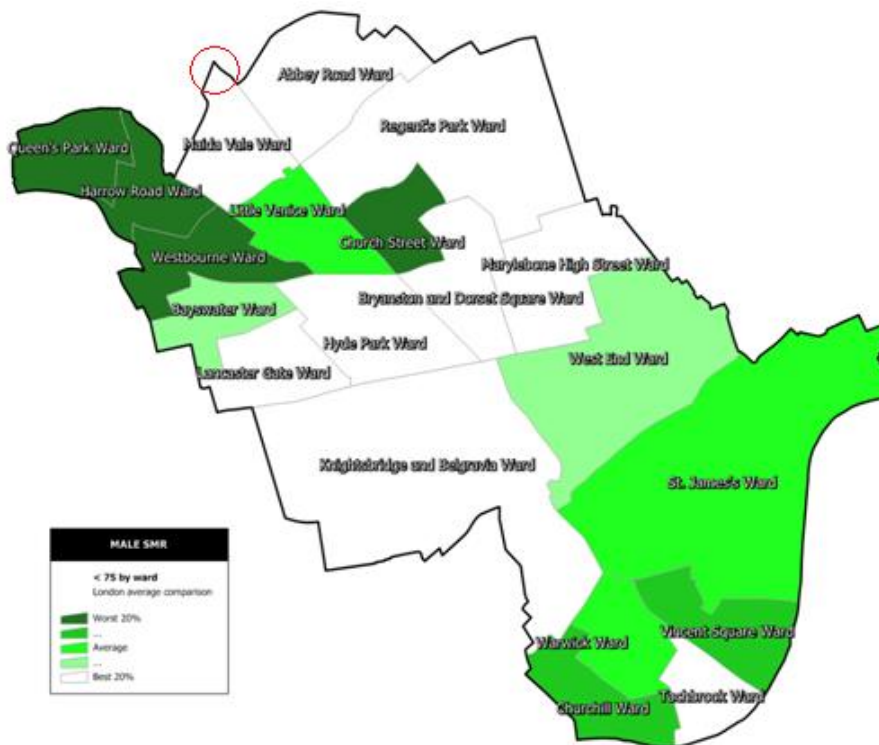


Figure 10: Male U75 SMR by ward, LHO 2006/10 – Estate Highlighted

¹ Standardised mortality ratio is the rate of observed deaths in comparison to the number of deaths expected, if the age specific rate is the same as England.

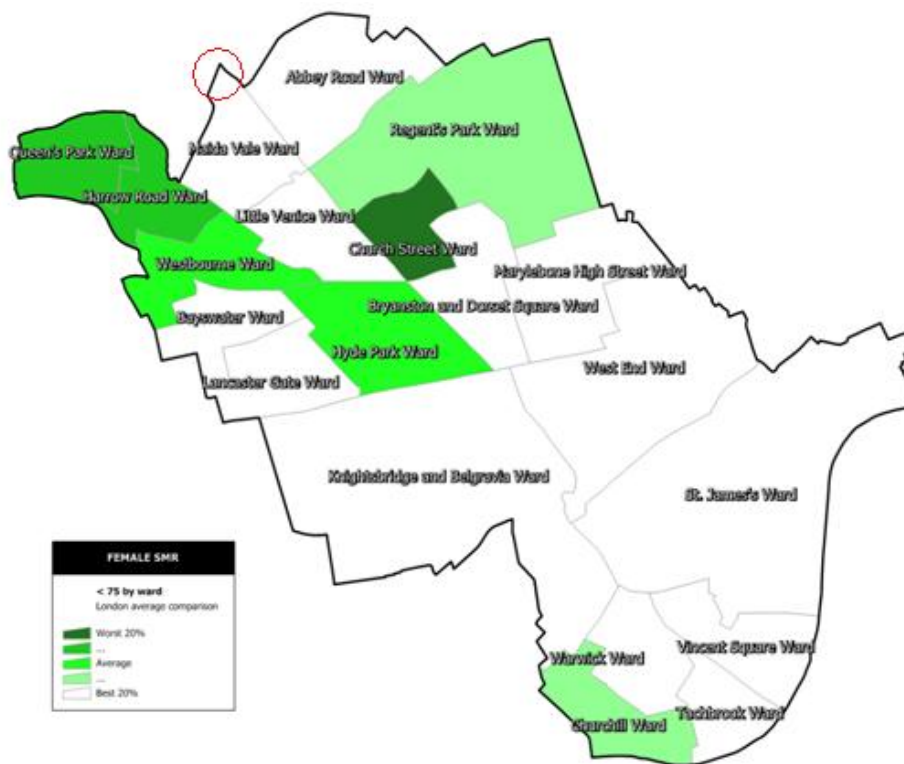


Figure 11: Female U75 SMR by ward, LHO 2006/10 – Estate Highlighted

Premature mortality can be analysed by ward to identify the major cause of death and can be compared to the Westminster average. Table 3 shows that the main causes of early deaths in Maida Vale ward are the same as the causes across Westminster. There are, however, a greater percentage of early deaths in this ward due to cancer.

No data is available from Kilburn Ward with which to make a comparison.

Rate of premature death /100,000	Maida Vale	Westminster
Cancers	50%	40%
Diseases of the circulatory system	22%	25%
Diseases of the respiratory system	4%	9%

Table 3: Premature death by disease type, Public Health mortality files 2007/08-2011/12

Disability Free Life Expectancy

Disability-free life expectancy (DFLE) 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 LSOA in which Tollgate Gardens can be found, is a deprived area when compared nationally and therefore individuals are expected to have a lower DFLE. The disability life expectancy is just over 60 for males and just under 65 for females. This may pose an issue when we bear in mind the current retirement age of 65 for men and 60-65 for women.

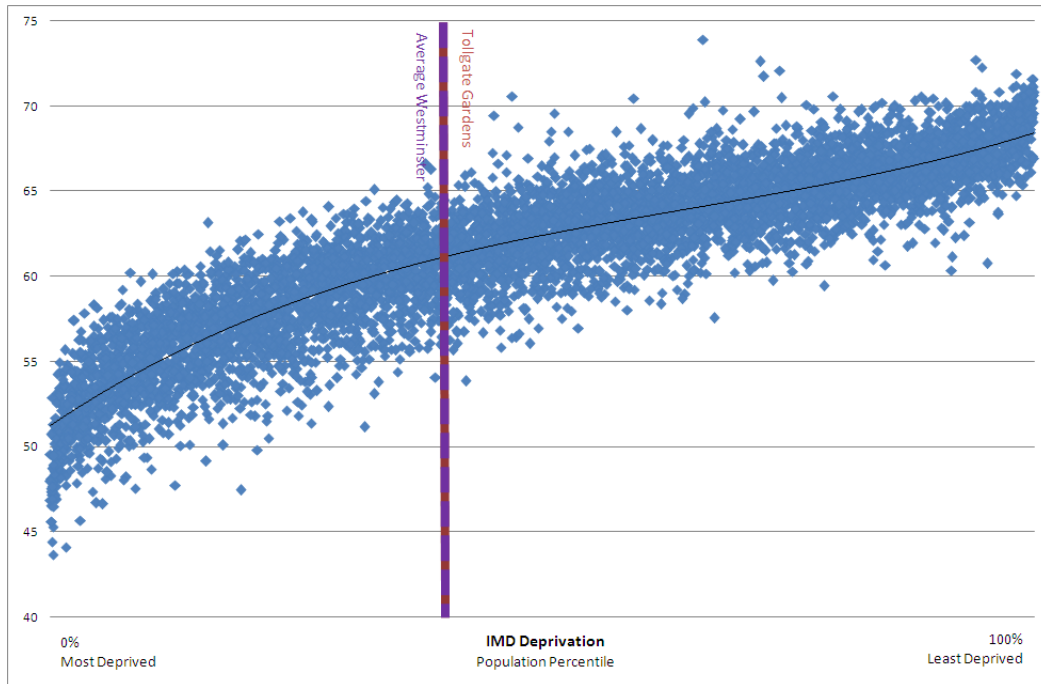


Figure 12: Male DFLE for England at birth with Tollgate marked, ONS 1999-2003

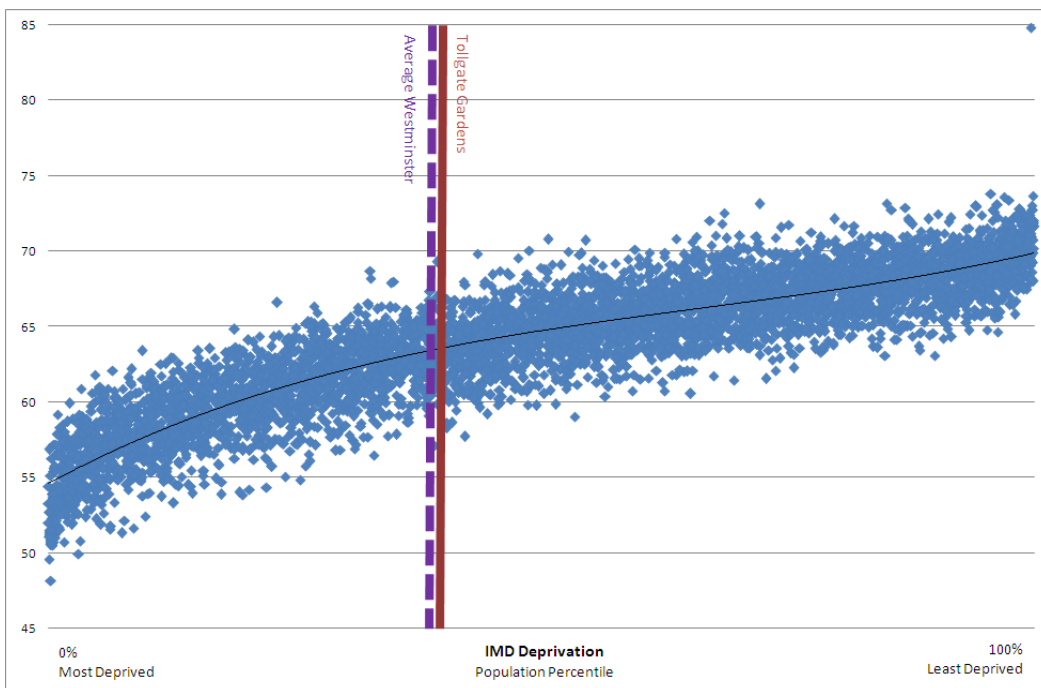


Figure 13: Female DFLE for England at birth with Tollgate marked, ONS 1999-2003

Disease Prevalence

Disease prevalence is the number of people in a GP registered population who have one or more diseases (listed below) at a given time.

There is a higher than average prevalence (compared with both Westminster and London) for dementia and learning disabilities in the LSOA surrounding Tollgate Gardens Estate. The burden of these diseases in particular can contribute greatly to the demands on the healthcare system.

Group	Prevalence	Tollgate LSOA	Westminster	London
Cancer	Cancer	1.01%	1.14%	1.20%
Cardiovascular	Coronary Heart Disease	2.11%	1.89%	2.20%
Cardiovascular	Stroke/TIA	1.00%	0.99%	1.10%
Cardiovascular	Hypertension	7.80%	8.20%	11.00%
Cardiovascular	Heart Failure	0.37%	0.46%	0.50%
Cardiovascular	Left Ventricular Disease	0.14%	0.18%	0.20%
Cardiovascular	Atrial Fibrillation	0.83%	0.87%	0.90%
Endocrine	Diabetes	3.54%	3.26%	4.30%
Endocrine	Hypothyroidism	1.69%	1.86%	2.20%
Genourinary	Chronic Kidney Disease	1.30%	1.15%	2.10%
Life style factors	Obesity	6.52%	5.60%	7.60%
Life style factors	Smoking	14.62%	14.59%	18.40%
Mental health	Serious Mental Illness	1.14%	1.26%	1.00%
Mental health	Dementia	0.34%	0.28%	0.30%
Mental health	Depression	4.35%	4.96%	6.10%
Mental health	Learning disabilities	0.26%	0.20%	0.20%
Nervous system	Epilepsy	0.40%	0.39%	0.40%
Other	Palliative care	0.19%	0.11%	0.10%
Other	CVD prevention	0.76%	0.94%	1.20%
Respiratory	COPD	0.81%	0.84%	1.00%
Respiratory	Asthma	3.69%	3.55%	4.70%

Table 4: Individual selected prevalence in descending order for LSOA, QOF 2009-10

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. Table 5 shows that, for diseases of the circulatory system, Tollgate is well above average for the number of emergency admissions for circulatory disease per 10,000 population.

Rate of emergency admissions /10,000	Tollgate Gardens	Westminster
Cancers	-	29
Diseases of the circulatory system	157	107
Diseases of the respiratory system	94	129
Mental and behavioural disorders	-	49

Table 5: Major diseases rate of emergency admissions for Tollgate Residents, SUS 2010/11-2011/12

When admissions rates were analysed by ethnicity it was shown that the 'Other' ethnic group has the highest hospital admissions rate (351/1,000) for all ethnic groups. "Chinese and Other ethnic groups: Other" is an ONS definition and in Westminster comprises mainly of Middle Eastern people. It is important to note that some of these may be repeat admissions to hospital.

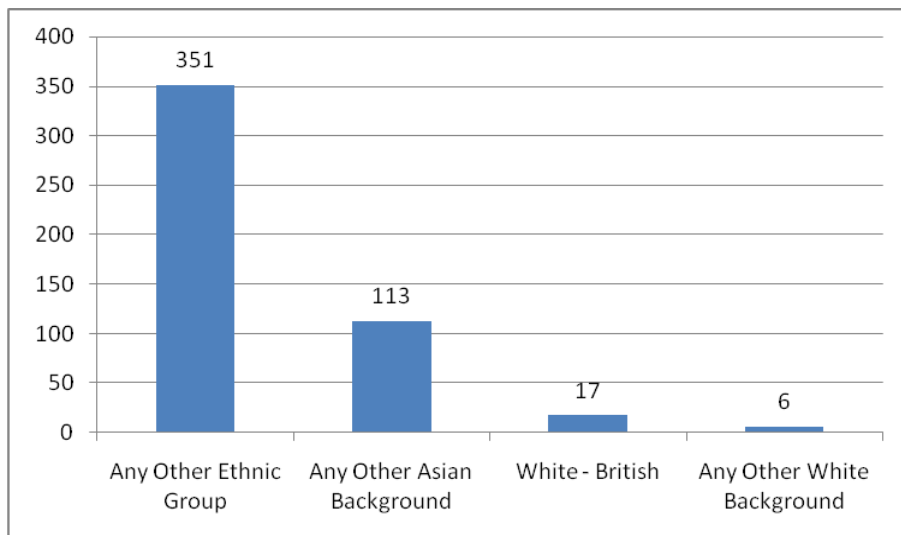


Figure 14: Rate of all hospital admissions (per 1,000) by ethnicity for Tollgate residents, SUS 2011-2012

Reasons for high admissions rates for the 'Other' ethnic group might include issues around accessibility to healthcare services. Evidence² suggests that three factors in particular may be contributing to inequitable access; language needs, experience of racial discrimination and cultural insensitivity.

² Department of Health. Vulnerable groups and access to health care. Briefing Paper 2006.

Chapter 4 Primary Care

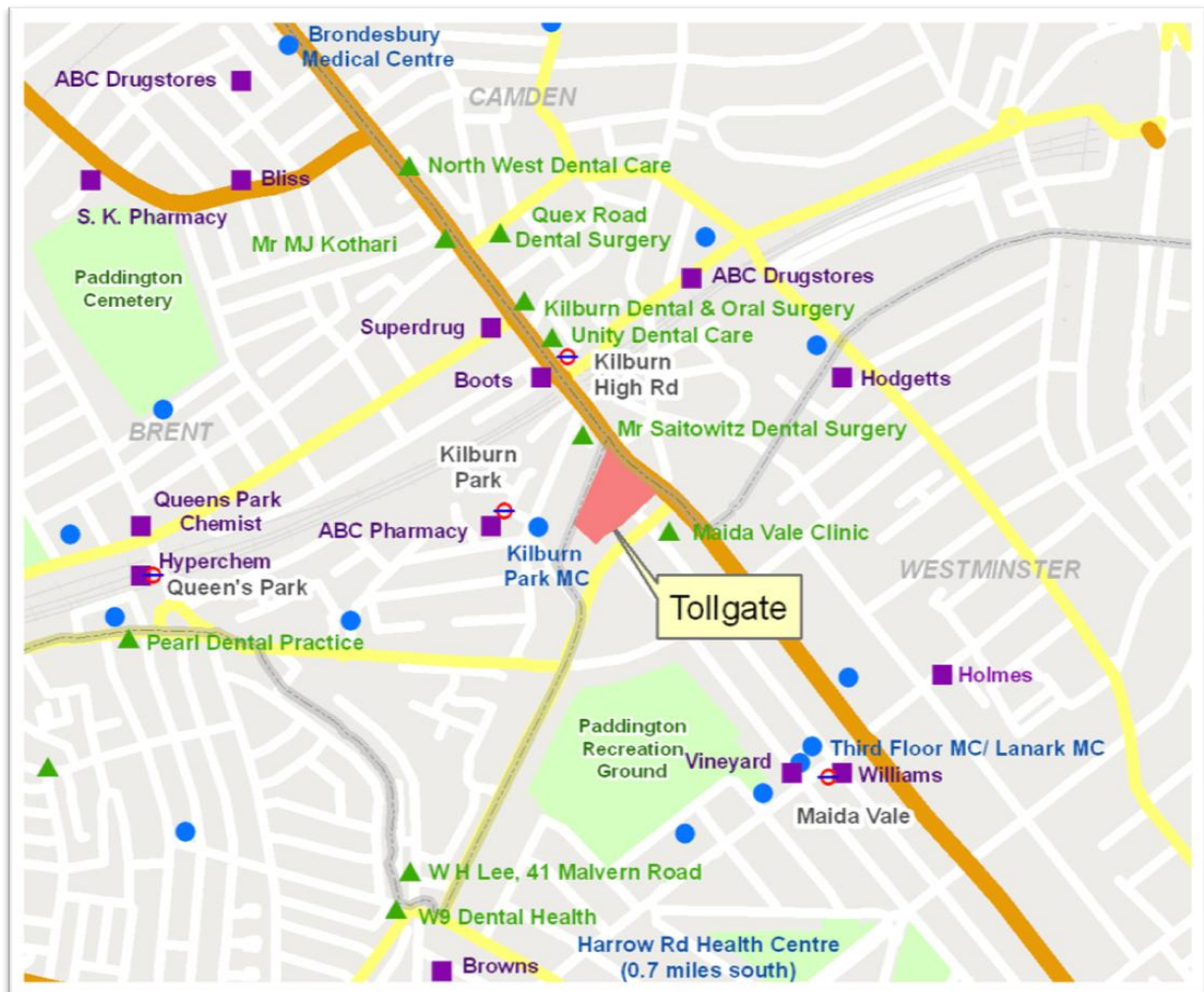


Figure 15: Primary care services near Tollgate Gardens Estate, INWL Public Health Intelligence

GP Practices

The largest proportions of residents in Tollgate are registered with Kilburn Park Medical Centre, in Brent, followed by Brondesbury Medical Centre in Camden. More than 45% of Tollgate residents are registered with GPs within Brent and Camden Clinical Commissioning Groups (CCGs).

Practice code	Practice name	CCG	Percentage residents
E84042	Kilburn Park Medical Centre	Brent	38%
F83059	Brondesbury Medical Centre	Camden	6%
E87663	3rd Floor Medical Centre	C London	6%
E87756	Lanark Medical Centre	C London	5%
E87637	Harrow Road Health Centre	W London	5%

Table 6: Top 5 practices used by Masterplan residents, Open Exeter 2011

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 main five GP practices used by Tollgate Estate residents are not meeting the national targets. Patients who are not screened might not receive care at the most opportune time, which can lead to emergency hospital admissions and premature death.

Bowel Cancer Screening	Uptake Target	Current Uptake
Kilburn Park Medical Centre	60%	31%
Brondesbury Medical Centre	60%	-
3 rd Floor Medical Centre	60%	19%
Lanark Medical Centre	60%	27%
Harrow Road Health Centre	60%	33%

Table 7: Percentage of adult population aged 60-74 who have received bowel cancer screening, Open Exeter 2011

Cervical screening is not a test for cancer but 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 GP practices are not meeting national targets, nor are their respective CCGs as a whole. As with bowel cancer this can lead to poor patient care and a burden on the system.

Cervical Cancer Screening	Target	Current Performance Exeter
Kilburn Park Medical Centre	80%	57%
Brondesbury Medical Centre	80%	-
3 rd Floor Medical Centre	80%	53%
Lanark Medical Centre	80%	64%
Harrow Road Health Centre	80%	73%

Table 8: Proportion of women aged 25-64 who have received cervical screening in the last 5 years, Open Exeter 2011

Breast screening is a method of detecting breast cancer at a very early stage and targets women aged 50 - 70 years. As with the other two screening programmes the national targets are not being met by the GPs (apart from Shirland Road) in this area and in West London CCG.

Breast Cancer Screening	Target	Current Performance
Kilburn Park Medical Centre	70%	53%
Brondesbury Medical Centre	70%	-
3 rd Floor Medical Centre	70%	52%
Lanark Medical Centre	70%	60%
Harrow Road Health Centre	70%	66%

Table 9: Percentage women aged 50-70 screened for breast cancer in the last 3 years, Open Exeter 2011

Cardiovascular disease: prevalence of risk factors

Cardiovascular disease risk factors include smoking, obesity, ethnicity, gender, diet and physical activity. Clinical risk factors include cholesterol level and hypertension. Cardiovascular disease is generally higher in BME Groups. As there is a high proportion of BME groups in Maida Vale there is likely to be a high prevalence of these risk factors. It has not been possible to collect any data on the prevalence of risk factors for Tollgate LSOA, Maida Vale or Kilburn.

Health Checks

The NHS Health Check is for adults in England between the ages of 40 and 74 years and aims to assess the risk of cardiovascular disease by looking at a person's risk factors. It is a range of tests including 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 the rest of their respective CCGs. However, as data is only available for the first year of a 5 year scheme, this may not be an issue of concern. Note that there is no information for Brent CCG.

<u>Health Checks</u>	<u>5 year Target</u>	<u>Progress to final target</u>
Kilburn Park Medical Centre	100%	-
Brondesbury Medical Centre	100%	-
3 rd Floor Medical Centre	100%	35%
Lanark Medical Centre	100%	29%
Harrow Road Health Centre	100%	54%

Table 10: The percentage of healthy population aged 40-74 offered NHS Health Check

<u>Health Checks</u>	<u>5 year Target</u>	<u>Progress to final target</u>
Kilburn Park Medical Centre	75%	-
Brondesbury Medical Centre	75%	-
3 rd Floor Medical Centre	75%	35%
Lanark Medical Centre	75%	25%
Harrow Road Health Centre	75%	35%

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

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.

Immunisations	Target	KPMC	Brond.	3 rd Floor	Lanark	HRHC
1 yr - 3rd dose DTAP/IPV/HiB	95%	96%	-	100%	100%	100%
2yr - PCV Booster	95%	85%	-	100%	91%	92%
2yr - HiB/MenC Booster	95%	90%	-	100%	91%	92%
2yr - 1st dose MMR	95%	87%	-	100%	91%	92%
5yr - DTAP/IPV Booster	95%	94%	-	100%	82%	100%
5yr - 2nd dose MMR	95%	92%	-	100%	91%	100%

Table 12: Proportion of children immunised, INWL public health information 2012

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 Westminster's Health and Wellbeing Board has prioritised oral health in its forthcoming strategy for 2013-16.

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 five primary schools closest to the Tollgate Estate have at least 30% of pupils in receipt of free school meals. Two are ranked within the top 10 schools in Westminster with the highest proportion of pupils eligible for free school meals; a third is in the top 5 schools within neighbouring Brent. 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 health inequalities. The Westminster Major Health Campaign (MHC) showed that there were higher rates of smoking in the LSOA compared to the rest of Westminster.

Percentage of people who are current smokers (cigarettes, Roll-ups, Cigars, Water-pipe, other pipe)	
Tollgate LSOA	30%
Other Westminster	17%

Table 13: Proportion population with smoking status in Tollgate (LSOA), 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.

The Westminster MHC showed that the Tollgate LSOA also had higher rates of daily and heavy alcohol intake compared to Westminster as a whole, and more moderate drinking.

Percentage of people who has a drink containing alcohol more than 2-3 times a week	
Tollgate LSOA	30%
Westminster	28%

Table 14: 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 establishing a physically active lifestyle. Regular physical activity on most days of the week reduces the risk of developing or dying from 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 MHC showed that there was a similarly low rate of physical activity in Tollgate to other parts of Westminster as a whole.

Percentage of people who have undertaken physical activity at least 5 times per week	
Tollgate LSOA	13%
Westminster	8%

Table 15: 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. Among Tollgate Estate resident children in Reception, the prevalence of overweight and obese children is 33% compared with the Westminster Schools average of 25%. Similarly for Year Six children in Tollgate Gardens Estate a prevalence of 39% is found, equal to that of the Westminster average. Westminster has one of the highest child obesity rates among local authorities in the country. A child who is obese has, amongst other complications, an elevated risk of developing CVD as an adult.

Chapter 6 Wider Determinants

It is known that wider determinants such as environment, education, deprivation, employment and housing all have an effect the health of the population.

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 index (IDACI) gives the proportion of children under 16 living in low income households. The proportion in Tollgate and in neighbouring Kilburn (LSOA: E01000550) is far higher than Westminster and London averages.

	Tollgate LSOA	Kilburn	Westminster	London
IDACI score	50%	55%	30%	30%

Table 16: Income deprivation affecting children (IDACI) score 2010

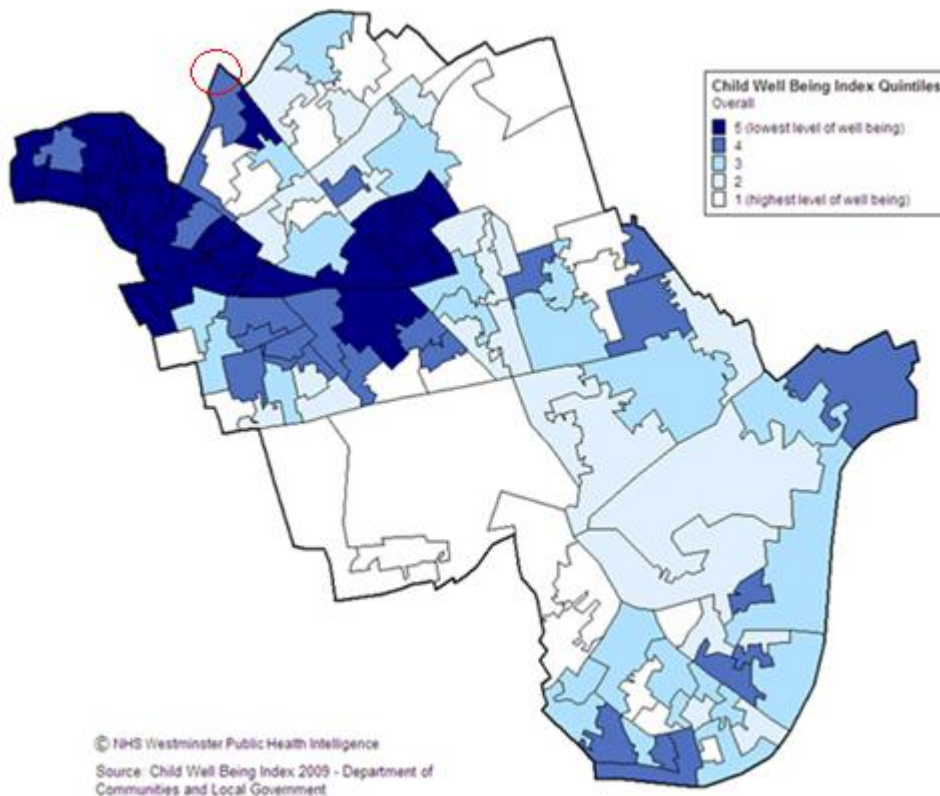


Figure 16: Child Wellbeing Index by LSOA, Department of Communities and Local Government 2009 – Estate Highlighted

Air Pollution

According to the World Health Organisation (WHO), air pollution is a significant risk factor for multiple health conditions including respiratory infections, heart disease, and lung cancer. 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	Tollgate MSOA ³	Westminster	London
NOx Intensity		8	8	7
Industry		1%	3%	5%
Domestic and Commercial		32%	30%	28%
Road Transport		57%	59%	57%
Other		10%	8%	9%
SO2 Intensity		4	6	4
Industry		6%	7%	7%
Domestic and Commercial		0%	2%	7%
Road Transport		36%	35%	33%
Other		58%	56%	54%
PM10 Intensity		8	8	6
Industry		6%	5%	7%
Domestic and Commercial		5%	7%	5%
Road Transport		72%	74%	65%
Other		16%	15%	23%

Table 17: 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. The majority of pollutants are present to a lesser extent in Tollgate than the Westminster average. Nitrogen oxide levels in Tollgate MSOA are similar to those for Westminster as a whole, however more is attributed to domestic, commercial and other sources (including waste, other transport, agricultural and natural). Sulphur dioxide intensity in Tollgate MSOA is lower than the average Westminster emission intensity, with the majority coming from road transport. Particulate matter (PM10) levels, although similar to Westminster, are higher than those for London. It is worth mentioning that the PM10 level found that is related to road traffic is higher than for London.

³ Middle Layer Super Output Areas (MSOA) are broadly equivalent to electoral wards in size with populations of around 9,500, the majority in the range of 8,500 to 10,000 population.

Education

There is a positive link between educational attainment and health. Evidence suggests that increased time in the educational system and higher educational attainment are associated with better overall health status and healthier lifestyle behaviours. As we can see in the table below, a quarter of residents in Tollgate have no qualifications at all; well above the Westminster and London averages. Most Tollgate residents have attained level 4/5, a certificate of higher education, but this is still lower than the Westminster and London averages.

Theme	Tollgate LSOA	Kilburn LSOA	Westminster	London
People aged 16-74 with: No qualifications	25%	29%	16%	24%
People aged 16-74 with: Highest qualification attained level 1	12%	14%	7%	13%
People aged 16-74 with: Highest qualification attained level 2	14%	15%	13%	17%
People aged 16-74 with: Highest qualification attained level 3	10%	9%	12%	10%
People aged 16-74 with: Highest qualification attained level 4 / 5	33%	28%	48%	31%
People aged 16-74 with: Other qualifications / level unknown	6%	6%	4%	5%

Table 18: Level of qualification in Tollgate, Neighbourhood statistics April 2001

Benefits

Generally benefit claimants have a poorer life, contributing to poor health. Westminster has six wards falling within the highest ten in London as a whole for number of claimants of incapacity benefit for mental health reasons. A further 18 Westminster wards are among the 20% of all wards with the highest number.

Most Tollgate residents who claim benefits are claiming Income support; the proportion claiming is higher than the Westminster and London averages. Income support is extra money to help people on a low income and it is for people who do not have to 'sign on' as unemployed. There is also a large proportion of claimants receiving disability living allowance; again higher than the Westminster and London averages. Disability living allowance (DLA) is not only for those who cannot work because of illness or disability it is meant for those with care and mobility needs. Finally, there is also a high proportion of pension credit claimants (for those who fall below a certain weekly pension income).

Type	Tollgate LSOA	Kilburn LSOA	Westminster	London
Disability Living Allowance Claimants	5%	7%	4%	4%
Incapacity Benefit/Severe Disablement Allowance Claimants	4%	7%	4%	3%
Income Support Claimants	6%	8%	4%	4%
Jobseekers Allowance Claimants	2%	5%	2%	3%
Pension Credit Claimants	5%	8%	3%	4%

Table 19: Benefits by type of claim as a percentage of total population, Neighbourhood statistics 2010

Analysis of the age of claimants shows that the largest proportion are older than 50. This is true for Westminster and London also, but not to such an extent. This is ultimately a reflection of the poverty of the area and resulting ill-health and dependency before the age of retirement (see DFLE).

Theme	Tollgate LSOA	Kilburn LSOA	Westminster	London
Claimants Aged 16-24	14%	15%	9%	13%
Claimants Aged 25-49	24%	28%	16%	15%
Claimants Aged 50 and Over	26%	57%	24%	22%

Table 20: Benefits by age of claimant percent of relevant population, Neighbourhood statistics 2011

Road Traffic Collisions

The Local Authority holds information on Road Traffic collisions and therefore fatalities in the Borough, however, it has not been possible to obtain this information for Maida Vale and the Tollgate Gardens Estate within the timeframe of this report.

Crime

Westminster has a very high crime rate of 307 incidents per 1,000 head of population. Neighbouring Kilburn ward has a much lower rate of 123 per 1,000 and Maida Vale sees fewer again, 79 per 1,000. We have no current indication of the fear of crime which can have an impact on the wellbeing of local residents.

Chapter 7 Data and Methods

Area Approximations

Tollgate is located within one lower super output areas (LSOAs) in Maida Vale ward. Where there is data at lower super output area level, we produced analysis for the estate. 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 report. Therefore, we used the ONS census 2001 data.

Open Exeter supplies patient level data for place of birth as GP 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.