

## **1.8 Barking and Dagenham's health profile 2015**

Health Profiles is a programme that aims to improve availability and accessibility for health and health-related information in England. The profiles are designed to help local government and health services make decisions and plans to improve local people's health and reduce health inequalities.

Each year, the profiles present a set of carefully selected public health indicators that show how the area compares to the national average. An overview of the differences between the 2013 and 2014 Health profiles is provided below.

Most of the indicators use the same methodology as the 2013 profiles but have been revised to display the most up-to-date data. However, some indicators are calculated using new methodologies so cannot be directly compared to the data in the Health profiles 2013.

### **1.8.1 Local priorities**

The health profiles for 2013 and 2014 both state that priorities for Barking and Dagenham include tackling health inequalities via decreasing smoking and obesity, and increasing physical activity. Interventions in pregnancy and early years are also priorities. The 2014 health profile has an additional priority of alleviating poverty.

### **1.8.2 Summary of updates to the Health Profile in Barking and Dagenham between 2014 and 2015**

#### **Population**

The population has grown by an estimated 3,000 people, from 191,000 in 2014 to 194,000 in 2015.

#### **Deprivation (our communities)**

16,245 (33.9%) children in Barking and Dagenham are living in poverty (this has fallen from the 2013 figure of 16,405 children (35.3%). This is significantly higher than the England average of 20.6%. It is hard to identify exactly what has caused the improvements in this indicator because poverty is an interconnecting social, economic and political cause which link together in a complex web and all need to be overcome. An improvement in this indicator reflects a general improvement in many areas.

Statutory homelessness in the borough has increased from 199 people in 2013 (2.9 per 1,000 households) to 1,188 in 2014 (17.0 per 1,000 households). This is significantly worse than the England average (2.4%).

Long term unemployment has improved from 2,040 people in 2013 (17.1%) to 1,914 in 2014 (15.9%), this is still significantly worse than the England average (9.9%). The improvement in unemployment levels could potentially be due to the Local Enterprise Growth Initiative which awarded The Barking and Dagenham Partnership £15.5

million over 3 years to boost business and enterprise in deprived areas<sup>1</sup>. Barking and Dagenham's Growth Strategy 2013-2023 aims to continue improvement in this area<sup>2</sup>.

GCSE achievement (5A\*-C inc. Eng & Maths) remains in line with the England average. 1,336 students in key stage 4 (60.2%) achieved 5A\*-C GCSEs in the 2014 profile compared to an England average of 60.8%. This is an improvement on the 2013 profile value of 1,232 pupils or 58.6%. Barking and Dagenham has raising educational performance as one of its top priorities and as a result GCSE achievement as been steadily improving since the 2009 health profile when 39.2% of key stage 4 pupils achieved 5A\*-C GCSEs.

### **Child health**

The 2014 profile states that 568 (24.4%) year 6 children in the borough are obese, this is an improvement on the 2013 figure of 589 (26.9%); however, this is still significantly worse than the England average (18.9%). Obesity is a priority in the borough and this improvement could be due to the rise in public health interventions in recent years. However it is likely this does not reflect the true improvement in the borough because the data in the 2014 profile is from 2012/13.

Teenage pregnancy remains significantly worse than the England average. The 2014 data shows there were 133 conceptions in teenagers aged 16-18 (25.4 conceptions per 1,000 compared to 27.7 nationally).

The rate of alcohol specific hospital stays among those under 18 remains better than the England average. In Barking and Dagenham there are 28.4 persons under 18 admitted to hospital due to alcohol related conditions per 100,000 population compared to 44.9 nationally.

483 (14.2%) mothers were smokers at time of delivery according to the 2014 health profile data which is significantly worse than the England average (12.7%).

2,501 (73.7%) mothers breastfed within 24 hours of delivery which is in line with the England average (73.9%).

In Year 6, 26.2% (648) of children are classified as obese, worse than the average for England. The rate of alcohol specific hospital stays among those under 18 was 20.4\*, better than the average for England. This represents 12 stays per year. Levels of teenage pregnancy are worse than the England average. Levels of smoking at time of delivery are better than the England average.

### **Adult health and lifestyle**

31.6% of adults in Barking and Dagenham are obese, which is significantly worse than the England average (23.0%) and has worsened from the 2013 value of 28.7%; in addition, 86,074 (63.5%) adults in the borough are classed as overweight or obese which is similar to the England average of 63.8%. Although obesity is a priority for

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<sup>1</sup> <http://www.lbbd.gov.uk/Business/Businesssupport/Pages/LocalEnterpriseGrowthInitiative.aspx>

<sup>2</sup> [http://www.lbbd.gov.uk/Regeneration/Regenerationvision/Documents/GrowthStrategy36pp2013\\_v3\\_print.pdf](http://www.lbbd.gov.uk/Regeneration/Regenerationvision/Documents/GrowthStrategy36pp2013_v3_print.pdf)

public health intervention in Barking and Dagenham and there is plenty of action being taken to correct the obesity issue in the borough, it can take time for data to reflect the changes being made.

Smoking prevalence is worse than the England average and has increased from 21.9% in 2014 to 23.1% in 2015. The national average is 18.4%.

The percentage of adults achieving at least 150 minutes of physical exercise a week has decreased from 48.9% in 2014 to 46.2% in 2015, which is significantly worse than the national average of 56.0%.

In 2012, 31.6% of adults are classified as obese, worse than the average for England. The rate of alcohol related harm hospital stays was 547\*, better than the average for England. This represents 856 stays per year. The rate of self-harm hospital stays was 126.3\*, better than the average for England. This represents 245 stays per year. The rate of smoking related deaths was 384\*, worse than the average for England. This represents 255 deaths per year. Estimated levels of adult smoking and physical activity are worse than the England average. Rates of sexually transmitted infections and TB are worse than average. The rate of people killed and seriously injured on roads is better than average.

### **Disease and poor health**

The rate of alcohol related harm hospital stays decreased from 552 per 100,000 population (843 stays) in 2014 to 247 per 100,000 population (856 stays) in 2015; this is significantly better than the England average (645 per 100,000 population).

The rate of self harm hospital stays has improved, from 286.0 in 2014 (147.7 per 100,000) to 126.3 per 100,000 in 2015. This has now brought it to better levels than the England average (203.2 per 100,000 population). Although the cause of this dramatic decrease in hospital stays is not known, schemes such as the Mental Health First Aid which trains people to use better coping mechanisms and support friends and family to do so have been set up in Barking and Dagenham and could have had an impact on this indicator<sup>3</sup>.

The rate of emergency admissions for hip fractures in people aged 65 and over has decreased from 696 per 100,000 in 2014 to 621 per 100,000 in 2015. This is worse than the England average of 580 per 100,000 people aged 65 and over although not significantly so. Recently Barking and Dagenham public health has done much to try and improve this indicator, so it is likely that the data has not caught up to reflect these changes.

Incidence of malignant melanoma remains significantly better than the England average (which is 14.8 per 100,000 population under 75). 11 people were diagnosed in the 2013 profile data and 13 in the 2014 profile data (7.0 and 8.8 per 100,000 population under 75 respectively).

Drug misuse (estimated user of opiate and crack cocaine aged 15-64) remains in line with the national average at 8.4 per 100,000 population (994 people). The

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<sup>3</sup> <http://www.lbbd.gov.uk/News/PressReleases/Pages/MHFAaward.aspx>

national average is 8.6 per 100,000 population aged 15-64. This has not been updated since the 2013 profile.

The number of people with diabetes has increased from 10,625 in 2013 (6.4%) to 11,418 (6.8%) in 2014, which is significantly worse than the England average (6.0%).

The rate of people with new cases of TB has worsened from 35.0 per 100,000 in the 2013 profile to 37.3 in 2014. This is significantly worse than the England value of 15.1 per 100,000 population.

Acute, sexually-transmitted infections (STIs) data has not been updated since the 2013 profile and are significantly worse than the England average, with 1,996 people contracting an STI (1,067 per 100,000 population). The national value is 804 per 100,000 population.

### **Life expectancy and causes of death**

The 2014 profile states that life expectancy for men in the most deprived areas of Barking and Dagenham is 4.1 years lower than the least deprived areas. This is a 1.1 year improvement from the 2013 profile (5.2 years). Overall life expectancy for men has increased by 0.4 years (from 77.2 in 2013 to 77.6 in 2014) and for women by the same amount (81.6 to 82.0). However, life expectancy for both males and females is still significantly worse than the England average (79.2 and 83.0 respectively). As with poverty, life expectancy is a complex indicator with many factors influencing it so it is hard to isolate a specific reason for an improvement in this indicator. An improvement in this indicator reflects a general improvement in many areas. Barking and Dagenham's life expectancy still needs significant improvements in order to bring the values in line with the national average.

The rate of smoking related deaths was 384 per 100,000 aged 35 and over, a significant increase from 276 per 100,000 population aged 35 in the previous profile, and significantly worse than the England average (292 per 100,000). As with obesity, there are many public health interventions in place in the borough to help people to stop smoking (such as the Stoptober campaign).

Excess winter deaths have improved and are now in line with the national level, 83 additional people died in the 2013 profile (20.3 per 100,000 population under 75) but just 66 (16.4 per 100,000) in the 2014 profile. The national average is 16.5 per 100,000. The improvement in this indicator is likely to be credited to several council and national initiatives aimed at reducing fuel poverty and excess winter deaths in the borough. These include the Warm Front Scheme which offers home insulation grants, advice on the council website, a national winter fuel payment for over 60s and immunisation to protect older people with long term conditions against seasonal flu.

Infant mortality has also improved, with 17 deaths in the 2013 profile and 15 in the 2014 profile (4.6 & 4.0 per 1,000 live births respectively), which is in line with the national average (4.1 per 1,000 live births). The small numbers involved in this indicator make it less reliable however this indicator has been steadily declining since the 2011 health profile which. As with poverty and life expectancy, this indicator is dependent on a wide range of factors including deprivation and maternal

health, therefore it is difficult to identify one reason why we may have improved in this area.

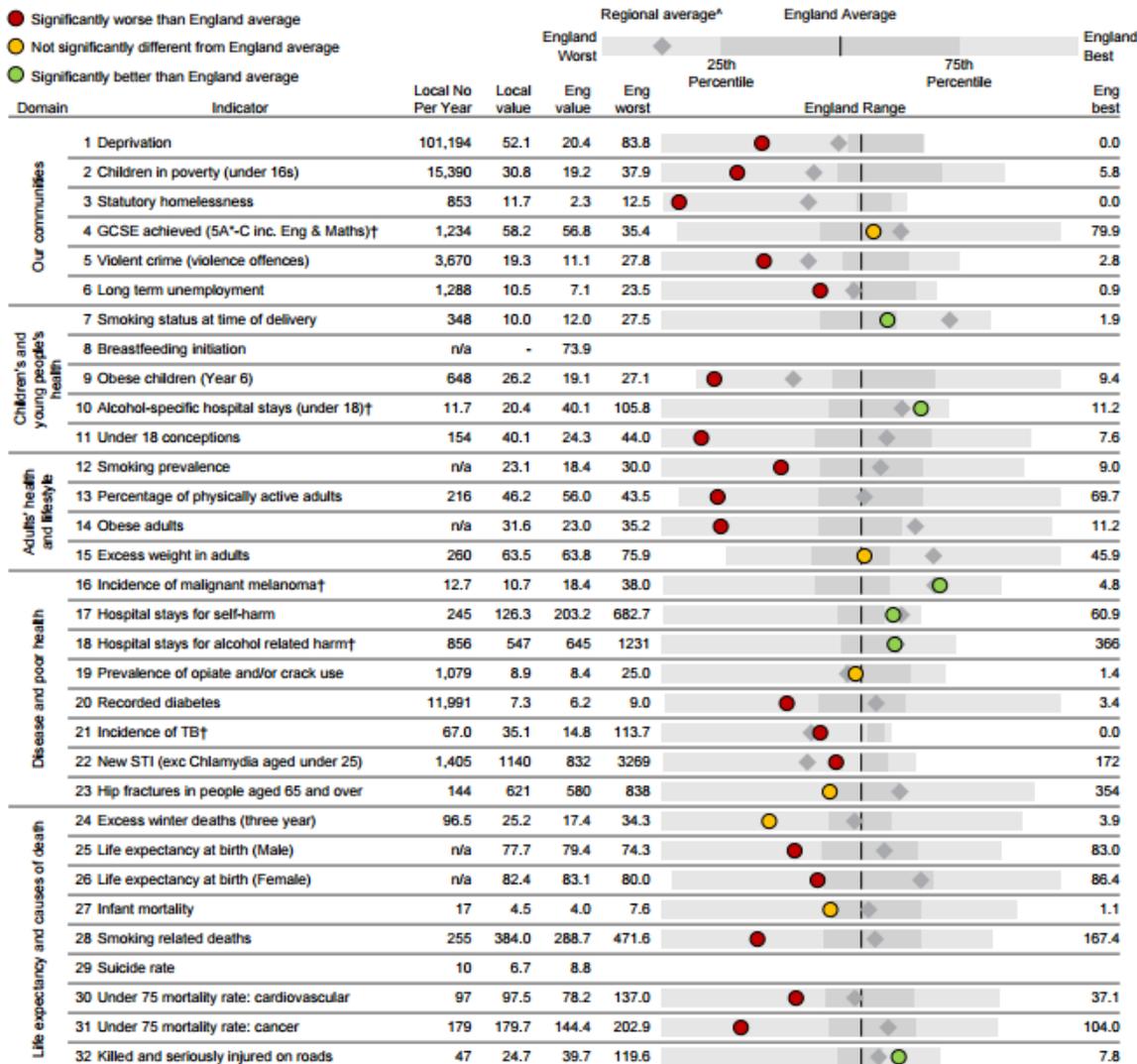
Early deaths by heart disease and stroke and early deaths by cancer are not comparable between the years due to change in indicator methodology. For both indicators Barking and Dagenham fare considerably worse than the England average. 100 people die early from cardiovascular diseases (101.0 per 100,000 population under 75) and 176 from cancer (180.0 per 100,000 population under 75).

Barking and Dagenham fare considerably better than the England average for people killed and seriously injured on roads. The rate for this indicator has decreased from 25.9 per 100,000 population to 25.7. The national average is 40.5 per 100,000 population.

## 1.8.3 Health summary for Barking and Dagenham 2015

### Health summary for Barking and Dagenham

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.



#### Indicator notes

**1** % people in this area living in 20% most deprived areas in England, 2013 **2** % children (under 16) in families receiving means-tested benefits & low income, 2012  
**3** Crude rate per 1,000 households, 2013/14 **4** % key stage 4, 2013/14 **5** Recorded violence against the person crimes, crude rate per 1,000 population, 2013/14  
**6** Crude rate per 1,000 population aged 16-64, 2014 **7** % of women who smoke at time of delivery, 2013/14 **8** % of all mothers who breastfed their babies in the first 48hrs after delivery, 2013/14 **9** % school children in Year 6 (age 10-11), 2013/14 **10** Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2011/12 to 2013/14 (pooled) **11** Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2013 **12** % adults aged 18 and over who smoke, 2013  
**13** % adults achieving at least 150 mins physical activity per week, 2013 **14** % adults classified as obese, Active People Survey 2012 **15** % adults classified as overweight or obese, Active People Survey 2012 **16** Directly age standardised rate per 100,000 population, aged under 75, 2010-12 **17** Directly age sex standardised rate per 100,000 population, 2013/14 **18** The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2013/14 **19** Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2011/12 **20** % people on GP registers with a recorded diagnosis of diabetes 2013/14 **21** Crude rate per 100,000 population, 2011-13, local number per year figure is the average count **22** All new STI diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population, 2013 **23** Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2013/14 **24** Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 01.08.10-31.07.13 **25**, **26** At birth, 2011-13 **27** Rate per 1,000 live births, 2011-13 **28** Directly age standardised rate per 100,000 population aged 35 and over, 2011-13 **29** Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2011-13 **30** Directly age standardised rate per 100,000 population aged under 75, 2011-13 **31** Directly age standardised rate per 100,000 population aged under 75, 2011-13 **32** Rate per 100,000 population, 2011-13

† Indicator has had methodological changes so is not directly comparable with previously released values. <sup>a</sup> "Regional" refers to the former government regions.

More information is available at [www.healthprofiles.info](http://www.healthprofiles.info) and <http://fingerprints.phe.org.uk/profile/health-profiles> Please send any enquiries to [healthprofiles@phe.gov.uk](mailto:healthprofiles@phe.gov.uk)

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#### **1.8.4 Summary of indicator changes**

Most of the indicators use the same methodology as the 2013 profiles but have been revised to display the most up-to-date data. Two indicators (*drug misuse* and *acute STIs*) were not updated and are so use the same data as the 2013 profile.

Seven indicators are calculated using new methodologies. These are *violent crime*, *breastfeeding initiation*, *smoking status at time of delivery*, *under 18 conceptions*, *obese adults*, *hospital stays for alcohol related harm* and *alcohol specific stays (under 18s)*. Some further indicators have had changes in their name to be compatible with other PHE profiles. Therefore, most of these indicators cannot be directly compared to the data in health profiles 2013.