Royal Borough of Greenwich

Director of Public Health Annual Report

2017/18

Cabinet Member Foreword

As Cabinet Member for Public Health, I am delighted to be able to present this Annual Public Health report with its important focus on the challenges to the health of our residents.

Having a focus on Public Health in the local authority provides us with an opportunity to make a real difference to the health of the people living and working in Greenwich.

This report provides us with a useful summary of the health of people in Greenwich across the life course and of the socio-economic factors that can positively or negatively impact on health. This is helpful in understanding the challenges and opportunities to improve health over the next 5 years.

I look forward to the outcomes of the work on the emerging issues so that both within the Council and with our partners we can strive to help improve the health of our population.

Councillor Averil Lekau
Cabinet Member for Adult's Social Care,
Health and Anti-Poverty

ROYAL borough of GREENWICH

Director of Public Health Annual Report

Director's foreword

I am pleased to introduce my annual report for 2017/18.

It has now been five years since Public Health moved into the Council. Probably the biggest challenge we have faced over this time is that healthy life expectancy hasn't kept up with increasing life expectancy, meaning more people are living longer in poorer health. This is putting pressure on our health and social care services at a time of austerity.

Our Health and Wellbeing Board recognised this challenge and as part of its Health and Wellbeing Strategy (2015-2018) put a focus on how we all work together as a system to keep people in good health.

Health is not just about our individual choices. It is strongly influenced by our environment, housing, and culture, as well as the food that is available to us and how easy it is to be physically active in our daily lives. Physical activity has huge physical and mental benefits and we need to make sure we have safe and enticing parks, green spaces and roads.

As part of implementing the Health and Wellbeing Strategy, the Public Health team has worked with all partners to lead the development of a system that supports people to live well and stay independent into older age. The system is holistic, focusing not just on what individuals can do to stay healthy but recognising the role that the community and local organisations have to play to improve the public's health. Live Well Greenwich is that system.

We have spent time developing the infrastructure to support people to look after themselves - through the Greenwich Community Directory (online support), the Live Well telephone support line, and the Live Well Coaches who provide face-to-face support. We have introduced training – Making Every Opportunity Count (MEOC) – for front line staff and partners in the community to help them to recognise when someone might need help and know how to signpost them to our range of support services.

We need to ensure that this system is flexible and can respond to changing needs, so now is a good time to reflect on how health has improved, or not, and also what are the emerging issues to consider for the future.

I want to ensure that this annual report, and future such reports, is as helpful as possible to strategic partners, assisting them, for example, to prioritise and commission appropriate services to meet the health needs of the people of Greenwich. I have therefore decided to take a slightly different approach over the next two years.

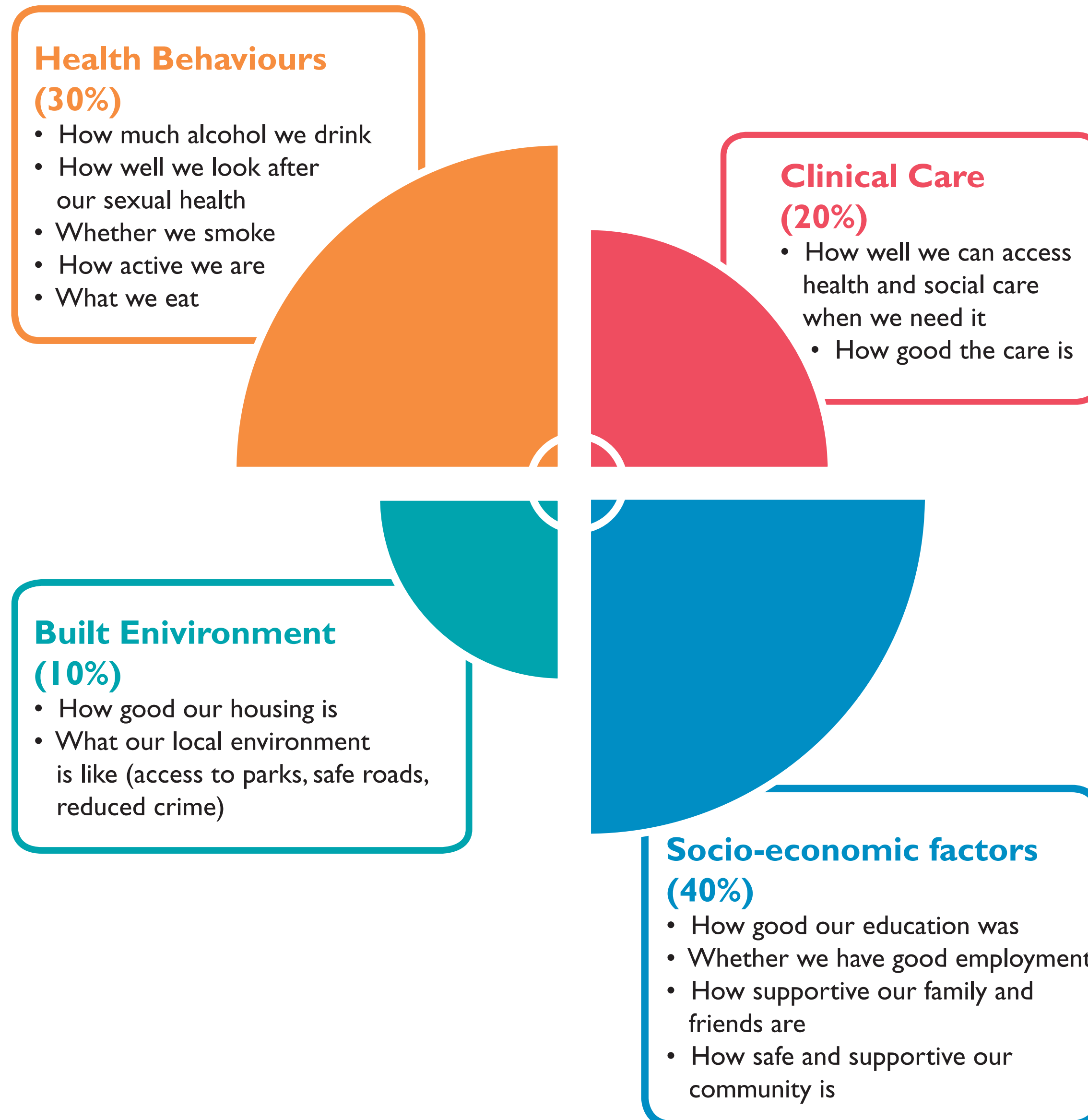
For my annual report this year, I will reflect on the changes in the health of people in Greenwich over the last five years and highlight emerging issues that require a better understanding and further investigation and analysis. For this report, I have taken a life course approach concentrating on health outcomes for children (Starting Well), adults (Staying Well), and older people (Ageing Well), and also look at the other factors that have a significant influence on health (Living Well) such as employment, housing, the environment and, in particular, poverty which over the last five years is increasingly becoming a more significant issue for our population.

For the annual report in 2018/19, I will take a less traditional approach, looking in more detail at some of the emerging issues from this year's report and publishing quarterly updates to support all partners within Greenwich to respond more quickly to changes in need.

Steve Whiteman
Director of Public Health

Introduction

Our health is influenced by many things;



When Public Health teams were relocated to local government in 2013, the aim was to ensure we were able to have a bigger impact on the wider influences of health – how we live, where we live and our socio-economic circumstances.

It is my duty as the Director of Public Health to review the health of the local population and to highlight which health needs should be addressed by local organisations working in partnership.

It has now been five years since we were relocated into the Council and is a good time to reflect on how health has improved, or not, and to identify the emerging issues for the future.

All data is taken from Public Health England Public Health Outcomes Framework https://fingertips.phe.org.uk/ unless otherwise stated.

Our Demography

Who are our Greenwich residents?

Understanding who makes up our population (age and ethnic diversity) helps in understanding the needs of our communities. This is important for understanding, for example, what facilities such as health services, housing, green spaces, transport links, employment and education opportunities might be required now and in the future.

Greenwich has a young and very diverse population.

From the most recent projections[1]

Currently, just under **283,500** *people live in Greenwich.*

Just over ***1 in 10*** *of our population are* ***over 65 years*** compared to just under 1 in 6 for England.

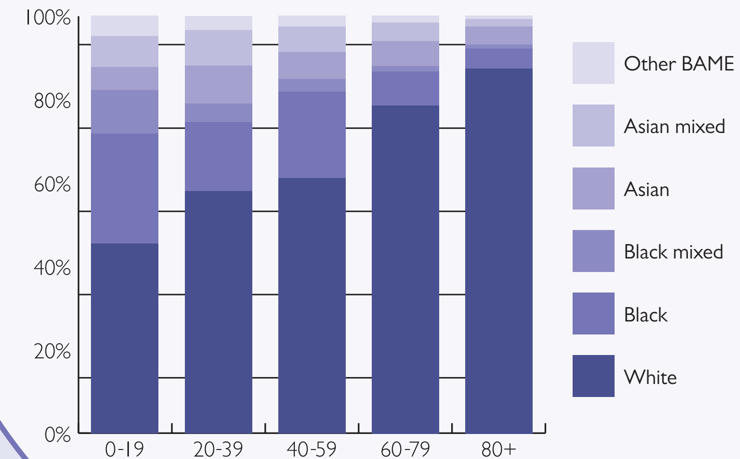
However this proportion is set to increase over the next 10-15 years.

Almost ***1 in 4*** *of our population are* ***under 19 years**** *reflecting a young and family orientated population*

*compared to 1 in 5 in England.

Of our over 65 year old population, nearly 1 in 2 are over 75 years reflecting the increasing life expectancy.

The ethnic makeup of our population is different depending on age group with more diversity seen in our children, young people and young adults.



Just less than ***2 in 5 people*** *in Greenwich are from* ***Black and Minority ethnic backgrounds*** compared to 1 in 7 in England.

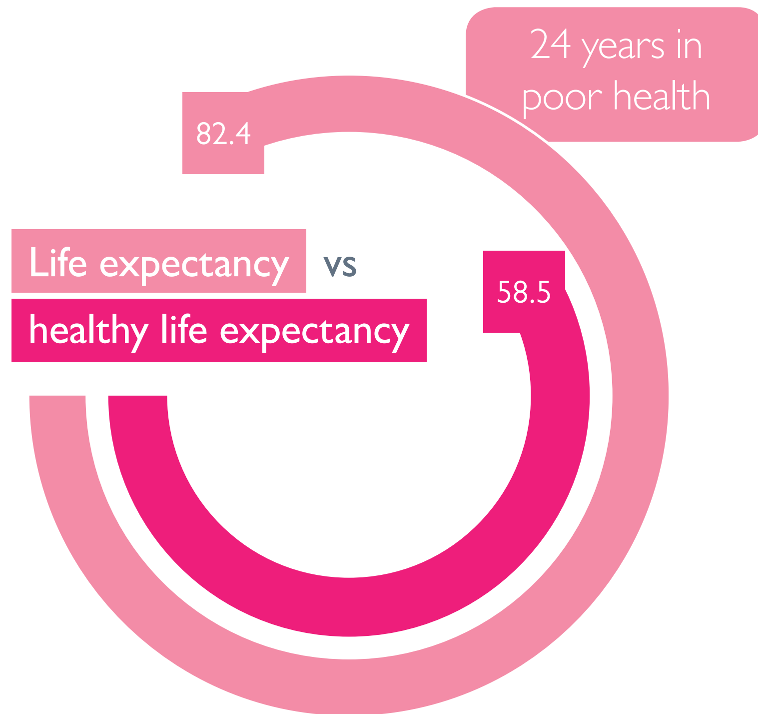
The two biggest ethnic groups being Black Caribbean/African and South Asian/Chinese.

Projected changes over the next 10 years show that our older population will also become more ethnically diverse.

1. *GLA 2016-based demographic projections https://data.london.gov.uk/dataset/projections/*

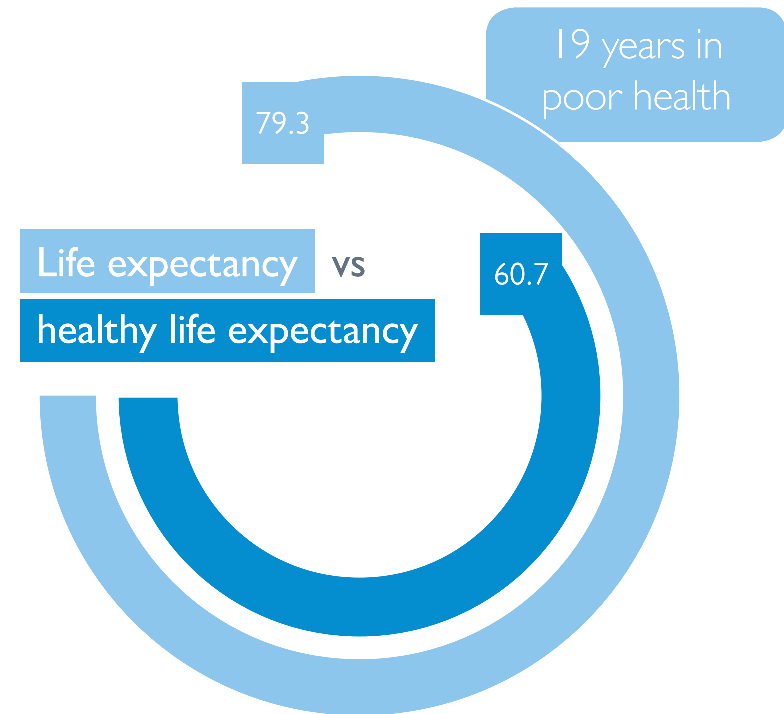
How long do we live?

Life expectancy of women in Royal Greenwich



- Life expectancy for women in Greenwich is currently **82.4 years** (eight months shorter than the average for England of 83.1 years). In the past five years life expectancy for women has increased by four months from **82.1 years** (which was just under 10 months shorter than the average for England).
- However, healthy life expectancy for women in Greenwich is currently **58.5 years** (nearly 5.5 years shorter than the average for England). In the past five years healthy life expectancy has got worse which means women can now expect to live for **24 years in poorer health.**

Life expectancy of men in Royal Greenwich



- Life expectancy for males in Greenwich is currently **79.3 years** (four months shorter than the average for England of 79.5 years). In the past five years life expectancy for men has increased nine months from **78.4 years** (which was eight months shorter than the average for England).
- However, healthy life expectancy for men in Greenwich is currently **60.7 years** (2.5 years shorter than the average for England). In the past five years, healthy life expectancy has stayed much the same which means a man will expect to live for nearly **19 years in poorer health.**

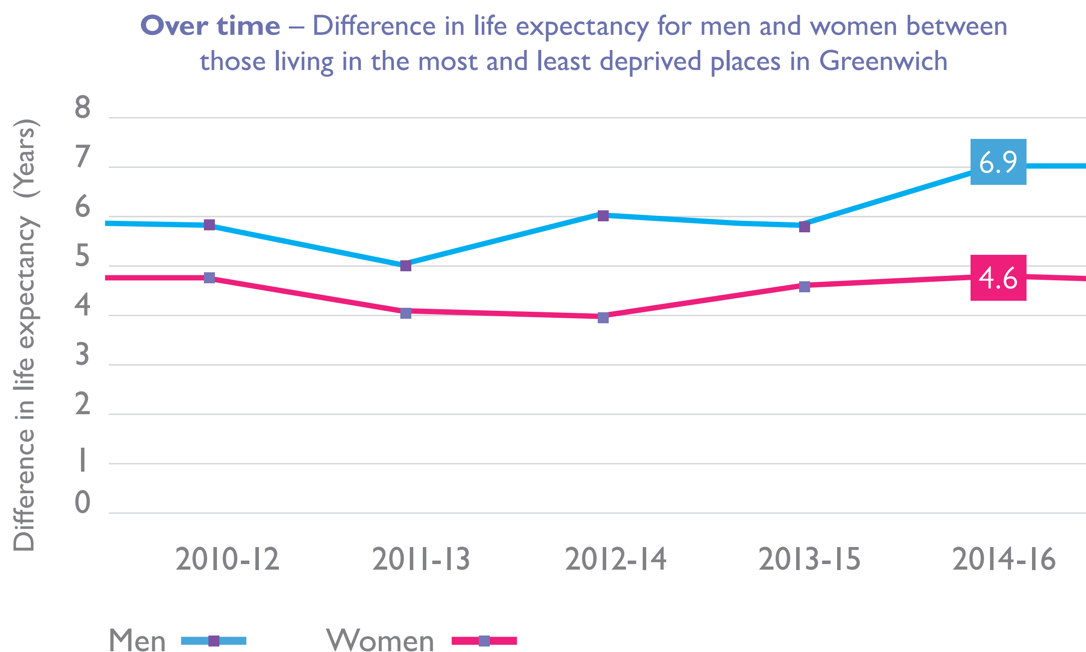
2. PHOF Indicator 0.1i & 0.1ii (2014-16).

How equal is our borough and how does that affect our health?

Health inequalities are differences in health between people or groups of people that may be considered unfair. In Greenwich, like all other areas of the country, there is not only a difference in life expectancy between men and women but also between the most and least deprived-people living in the more deprived areas on average have lower life expectancy.

The difference in life expectancy at birth between the most and least deprived is 4.6 years for women and 6.9 years for men[3]. Over the last five years there has been little change in this social gradient for women and an increase in inequality of over a year for men.

Over time – Difference in life expectancy for men and women between those living in the most and least deprived places in Greenwich



What contributes to the lower life expectancy in Greenwich (compared to England)?[4]

- For men it is cancer, lung disease, dementia/Alzheimer's and digestive diseases (including alcohol-related conditions).
- For women, it is dementia/Alzheimer's, lung disease and infectious diseases.

For most people, Greenwich is a good place to live, it has a young and diverse population. Life expectancy is increasing overall, but healthy life expectancy is not keeping up and the ill-health burden disproportionately falls on the more deprived and vulnerable people.

In the next sections I will concentrate on health outcomes (where we know them) across the life course from children (Starting Well) to adults (Staying Well) to older people (Ageing Well) and will also look at the other factors that have a significant influence on health such as employment, housing, the environment and particularly poverty (Living Well).

3. Slope index of inequalities, PHOF Indicator 0.2iii (2014-16).
4. Segment Tool.

Starting Well – what are the issues for our children?

How healthy are our children?

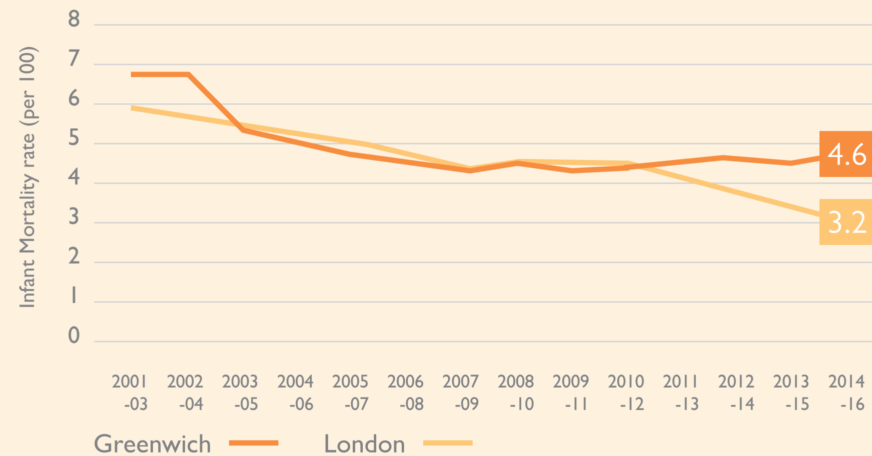
Infant and child mortality is an important indicator of good health and equality for our children.

In Greenwich, between 2014 and 2016

63 babies *died in their first year of life.*

(4.6 per 1,000 live births compared to 3.2 per 1,000 in London and 3.9 per 1,000 across England)

Infant mortality has increased since 2012-14 and is now significantly worse than London.

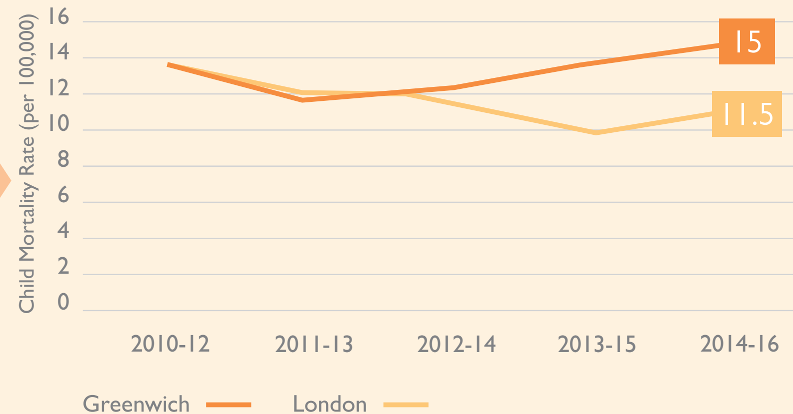


In Greenwich, between 2014 and 2016

27 children and young people *(aged 1-17 years) died prematurely.*

(15 per 100,000) which is higher than both London and England (11.5 and 11.9 per 100,000 respectively).

Child mortality has also increased since 2012-14 and is now significantly worse than London.



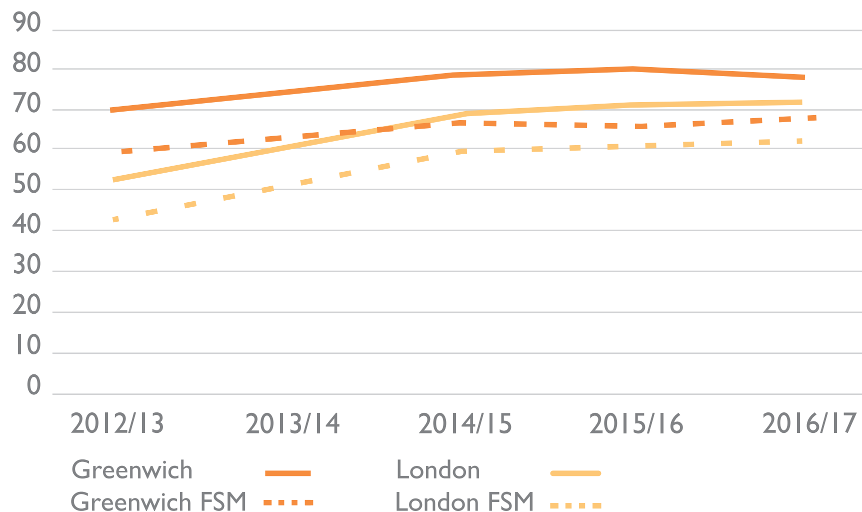
While the numbers are small, the increase in infant and child mortality needs to be better understood and will be the subject of further work and analysis in the coming year.

What are the life chances for our children?

How well a child does at school (educational attainment) is important for future employment and income. There are clear links between educational attainment and good health outcomes for children and young people.
Overall in Greenwich, the level of educational attainment at all stages of development are good.

- 77.6% of our young children have a good level of development at the end of reception year (2016/17). Following the increasing regional and national trends since 2012/13, Greenwich children have achieved higher scores than London (73.0%) and England (70.7%). In addition, 69.0% of children eligible for free school meals (a measure of deprivation) have achieved the same standard (2016/17), and following the increasing trends since 2012/13, remain significantly better than London (63.6%) or England (56.0% averages). However, this still demonstrates some inequality in achievement between the most and least deprived children.

School Readiness % of children compared with those receiving free school (FSM) meals achieving a good level of development at the end of reception, Greenwich compared to London



- In the new 'Average Attainment 8' score per pupil, Greenwich children (16 year olds) do well (45.9% achieving the standard measure compared to 44.6% nationally in 2017) and 39.5% of pupils eligible for free school meals attain the required standard compared to 35.1% nationally.

Summer 2017 saw the implementation of the new GCSE grading system, which has introduced a new indicator for results for local authorities called Attainment 8.

- Average Progress 8[5] for all children in Greenwich in 2017 is -0.05. This is the lowest score in London and is lower than the 2016 score (-0.01) which suggests that our children are not showing the progression in attainment at age16 that would be expected from their earlier results.

Progress 8" aims to capture the progress a pupil makes from the end of key stage 2 to the end of key stage 4. Progress 8 is a relative measure with the national average score being zero. If a score is above zero (positive) then pupils are achieving better results than expected. If the score is below zero (negative) then pupils are not achieving the results expected.

5. In 2017 students received the new grades for maths, English literature and English language GCSEs (but still receive the current style grades in all their other subjects). By 2019, all GCSE results will use the new system. GCSEs will be graded from 9 to 1 (with 9 being the highest grade) instead of from A to G as they have been in the past. The change will be phased in over the three years, in line with the way the new style GCSEs have been introduced in England.*
Source: LAIT www.gov.uk/government/publications/local-authority-interactive-tool-lait

What are the risks for our children?

In terms of overall outcomes for children, there are a number of factors that can impact positively and negatively on their health. These include:

Living in poverty

1 in 4 children in Greenwich compared to 1 in 5 nationally are living in poverty, which is significantly worse than London and England and has been since 2006. Although the number of children living in poverty in Greenwich had been reducing, the most recent figure (2014) shows an increase.

Being homeless

1 in 250 families in Greenwich compared to 1 in 500 families nationally are homeless, and this has increased steadily since 2013.

Being born with low or very low birth weight

8.1% in of babies born in Greenwich have a low or very low birth weight compared to 7.4% nationally.

Children born to teenage mothers

0.9% of all births in Greenwich compared to 0.8% nationally are to teenage mothers. Over the past five years the number of new teenage mothers has fallen, although in 2016/17 there was an increase over the previous year. Overall under-18 conception rate has decreased significantly from 29.2 to 20.9 per 1,000 girls aged 15-17.

Fixed period exclusions[6]

Fixed period exclusions in Greenwich schools were higher in 2016 than nationally, 4.7% of all Greenwich pupils compared to 4.3% in England, but there was lower persistent absenteeism 9.4% in Greenwich compared to 10.5% nationally.

Immunisation uptake

In Greenwich, 5 out of 10 of the childhood vaccines are below 90% coverage which is lower than the national targets but better than the London average.

There are certain groups of children who are at increased risk of poor outcomes, although given the right support vulnerable children can thrive and develop, including those

- with long terms conditions
- in care
- with special educational needs and disabilities

6. www.gov.uk/government/publications/local-authority-interactive-tool-lait

Emerging Issues for Starting Well

Causes for concern

High stillborn rate – Greenwich is ranked 8th highest out of 32 in London (5.4 per1,000 compared to 4.9 per1,000 in London) but improving.

High admissions into hospital – Greenwich has higher hospital admissions and A&E attendances rates for children and young people (particularly for respiratory, dental and gastric conditions) compared to London.[7]

Unhealthy weight – there are high levels of obesity for 4-5 and 10-11 year olds in Greenwich (11.7% and 27.8%) compared to England (9.6% and 20.0%).[8]

Children and young people not in education employment or training (NEET) – 5.0% of 16-18 years olds in Greenwich are NEET (290 young people), compared to 6.0% nationally (2016).

Looked-after Children – higher rates of looked-after children in Greenwich (–78.7per10,000 of under 18 year olds compared to 60.3 per 10,000 nationally –) and higher levels of children started to be looked after due to neglect or abuse olds in Greenwich compared to 9.2% in England.

Children with special educational needs and disability (SEND) – there are higher rates of children with SEND in Greenwich compared to London (15.9% of all school children compared to14.8%). Communication difficulties is most common recorded reason for SEND.

Mental health and wellbeing – there are higher estimated prevalence of mental health disorders in children and young people (5-16 years) in Greenwich (9.6% compared to 9.2% for England).

Enquiry is needed to understand:

- What is driving poor child mortality (including stillbirth rates) focusing on the link to health behaviours of parents/children and families (including healthy eating, smoking, activity, alcohol and substance misuse)
- What is driving high use of health services (A&E attendances and admissions for specific conditions)
- How we can support our vulnerable children and young people to improve their life chances, identifying who our vulnerable young people are and what outcomes they are achieving (focusing on children with special educational needs and disabilities, children affected by domestic abuse, children who are neglected)
- The changing needs of mental health and wellbeing of children and young people.

7. In the latest figures (2015/16)
- *6th highest in London for Asthma admission rates.*
- *2nd highest for A&E attendances in the under 1 year olds.*
- *Highest for emergency admissions for under 18 year olds.*

8. Recent figures show small downward turn in 4-5 year olds (against the national trend).

Staying Well –
what are the issues for the health of our adult population?

How healthy are our adults?

Factors or conditions that cause poor health or early death can help us understand how healthy people are.

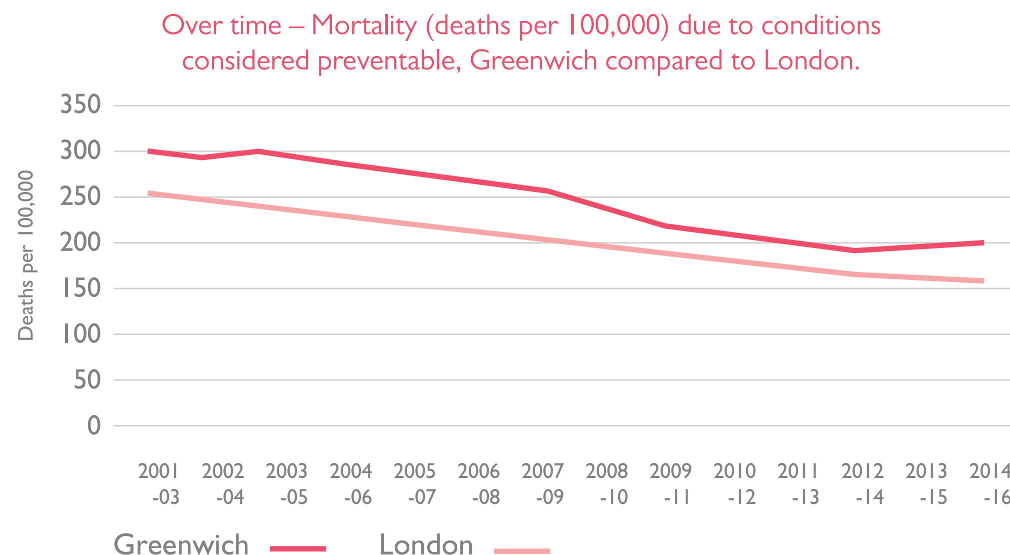
The rate of people dying under the age of 75 is often used as a proxy for avoidable or preventable death. Since 2000, the overall death rate from conditions considered to be preventable has been generally been declining (improving). However, since 2010 the rate of decline has slowed and for the people of Greenwich in 2013/15 the overall rate increased (worsened).

The main causes of premature death are cardiovascular (heart) disease, respiratory (lung) disease, cancer, liver disease and some infections (such as pneumonia and influenza).

The rate at which people under 75 years die in Greenwich is higher than both London and England for all of the main causes.

In Greenwich:

- **Cardiovascular Mortality** is above the national average and is decreasing for men but increasing for women (nationally the rate is decreasing).
- **Cancer Mortality** is above national rate and for both men and women, and increased in 2013-15 (nationally the rate is decreasing).
- **Mortality from Liver disease** is above the national rate and is increasing, particularly for women (nationally there is a slight increase).
- **Respiratory Mortality** is above the national average and is increasing for women (nationally there was a slight increase in 2013–15).
- **Mortality from preventable infectious diseases** is above the national rate and increasing, particularly for women (nationally the rate is relatively constant).



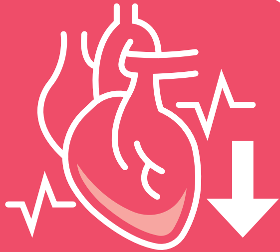
Although some diseases cause ill-health and lead to death, there are also other diseases that don't necessarily cause death but do cause significant ill-health and disability, such as mental illness, arthritis and skin disorders. These impact not just on the individual but also their family and on their ability to work, earn money and retain independence.

Information on conditions that cause early death does not give an indication of severity, complexity or level of disability. The Global Burden of Disease (GBD) study (2013)[9] provides estimates of morbidity (illness and disability) at a regional level. Although this study is not specific to Greenwich, it is useful when looked at with information on mortality and disease prevalence to help understand how and where to target resources.

9. vizhub.healthdata.org link from Health Profile for England PHE (July 2017).

Staying Well *– what are the issues for the health of our adult population?*

In Greenwich there are:



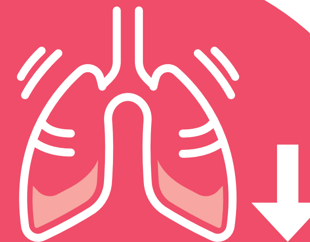
Lower levels of recorded heart disease, (2.1%) compared to 3.2% for England (ranging from 4.1% to 0.86%) which is at odds with the high mortality.

Slightly higher levels of recorded diabetes, 6.7% compared to 6.5% nationally, which might be linked to the higher levels of cardiovascular disease.

The GBD study also identifies musculoskeletal pain, mental health, skin disease, migraine, kidney disease, sense organ diseases, falls and diabetes as having a major impact on local people. By age, the highest burden of disease is for:

- **children** is malnutrition
- **adults** is mental health and musculoskeletal disorders
- **older people** is mental health including dementia, musculoskeletal disorders, unintentional injuries (falls) and complex long term conditions.

Higher levels of recorded serious mental illness (1.18%) compared to 0.9% nationally.

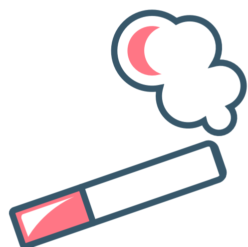


Lower levels of recorded Congestive Obstructive Pulmonary Disease (COPD) - a disease of the lungs,) 1.5% compared to 1.9% nationally at odds with high mortality.

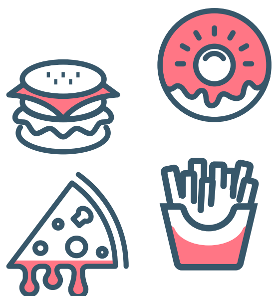
What are the factors that impact on our health?

Many of the conditions that cause early death and poor health are either caused by or made worse by our health behaviours. Smoking, poor diet, physical inactivity, drinking too much alcohol or taking drugs can influence the development of long-term conditions such as heart disease, cancer, respiratory (lung) or liver disease. However, these risky behaviours are themselves influenced by factors such as income, employment status, educational attainment, access to housing, and the quality of the built and green environment. Although risky behaviours such as smoking are more likely in lower socio-economic groups, evidence[10] suggests that there is no difference in the desire to achieve a healthy lifestyle across socio-economic groups.

In Greenwich it is estimated that:



Rates of smoking related deaths and lung cancer prevalence, although decreasing, are higher than London rates. Previous high levels of smoking are likely to be major contributory factors to the current high rates of cardiovascular, cancer and respiratory mortality. Overall 17.4% of the Greenwich population smoke compared to 15.5% nationally (2016) but this increases to 25.3% of people in routine and manual work and 45% of people with serious mental illness. 1 in 12 mothers are still smoking at the time of delivery (2016/17) compared to 1 in 20 across London.



Poor diet can contribute to increased mortality due to cancer and being physically inactive can contribute to making long-term conditions such as heart disease, diabetes and respiratory diseases worse. Only half of adults report having a healthy diet (five-a-day) (54.3%) and being active (64.2%) compared to 56.8% and 64.9% nationally.

The average number of portions of fruit and vegetables eaten a day in Greenwich is 2.74 which is higher than both the London (2.68) and England (2.63) values, but still lower than the five-a-day that is recommended.

Hospital admissions for alcohol-related conditions and alcohol-related mortality are generally lower or in line with national and regional rates. However, there have been increases in hospital admissions for older people, particularly women.

There are **higher rates of hospital admissions for people with mental illness** particularly relating to substance misuse (including alcohol). While this doesn't necessarily tell us about the prevalence for mental illness in Greenwich, it does reflect a level of need that requires further analysis.

There are **higher levels of drug use than London** but locally there is a good response to treatment.

10. www.gov.scot/Publications/2015/09/6648/318828
Scottish Health Survey 2014 (Chapter 9) demonstrated there was no less desire to quit smoking amongst more deprived population compared to the least deprived population

Emerging Issues for Staying Well

Causes for concern

The burden of ill-health across the Borough does not fall equally and is changing. The GBD Study has highlighted conditions that cause significant disability and poor health rather than mortality. These include poor mental health, musculoskeletal conditions and injury (falls).

Enquiry is needed to understand:

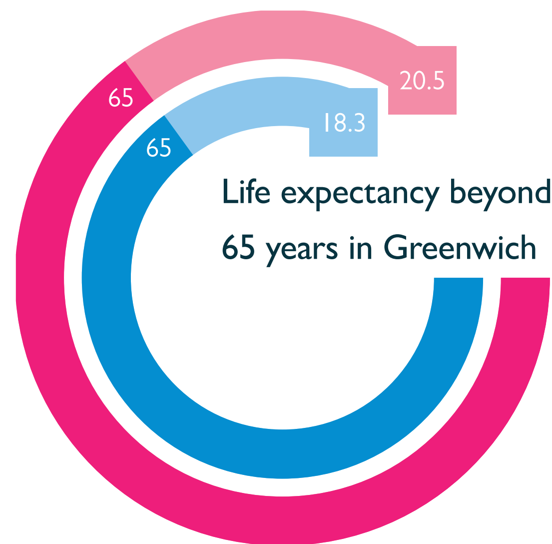
- What is driving the burden of disease in Greenwich – particularly what is driving increases in premature death due to heart disease, respiratory disease and infectious diseases and are these are preventable
- Why there is higher use of health services (hospital admissions) for certain conditions (Mental Health, Cardiovascular disease, Respiratory disease) than recorded prevalence would suggest
- How much of the burden can be explained by specific health behaviours (e.g. smoking), risk factors (e.g. high blood pressure) or wider environmental or social causes (e.g. poverty or social isolation)
- Whether there are differences in the burden of disease between different populations (such as ethnic minorities or those with physical or learning disabilities) specifically looking at the apparent disparity between mortality and disease prevalence and whether this is variance in different groups
- Why healthy life expectancy has fallen so dramatically for women.

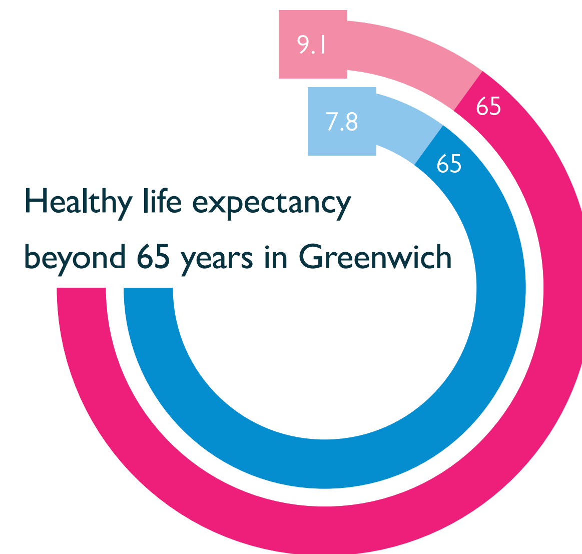
Ageing Well
what are the issues for our older generation?

How healthy is our older generation?

One of the biggest factors that promotes good health and wellbeing for older people is the ability to retain independence.
In terms of understanding the health of our older population, we can look at life expectancy and healthy life expectancy at 65 years old (how long someone who is 65 today can be expected to live on average and who can be expected to live on average in good health).

In Greenwich (the last published figures for 2014-16) suggest that





For life expectancy at 65 years, neither men nor women are expected to live for as long as the England average. Men can be expected to live for 18.3 years (compared to 18.8 years nationally) and women for 20.5 years (compared to 21.1 years nationally).

For healthy life expectancy at 65 years, neither men nor women are expected to live in good health for as long as the average for England. Men can be expected to live in good health for 7.8 years (compared to 10.6 years nationally) and women for 9.1years (compared to 11.5 years nationally).

Since 2009-11, while life expectancy at 65 years has increased slightly, healthy life expectancy at 65 has decreased particularly for women. This means that although men and women are living longer they are doing so in poorer health.

What are the factors that affect the health of our older generation?

Age is one of the biggest risk factors for developing long-term conditions which can significantly impact on independence and the need for care and support.

In Greenwich

Poorer health-related quality of life scores (0.714) (compared to 0.723 for London reflects more older people reporting

- poor (or less) mobility
- pain and discomfort
- poor mental wellbeing.

More specifically the factors that affect our older population include:

Dementia

One of the major challenges for health and social services for older people is dementia. Dementia is a progressive disease, and prospects following diagnosis are not good, although being mentally and physically active can reduce the speed of deterioration. Most people die within five to eight years of diagnosis. Dementia and for loss of carers' ability to care for their family member are the major causes of people needing social care.

- 4% of people over 65 years have been diagnosed (observed) with dementia which is less than London or England (2017). It is estimated (expected) that about a third of people with dementia have yet to be diagnosed which would suggest the real prevalence is closer to 6%.
- The rate of emergency admissions and inpatient hospital use for people with dementia is lower than for London but higher than England.
- The death rate for people with dementia is higher than London but less than England.[11]

Isolation and loneliness

Regardless of age, social relationships are vital for the maintenance of good health and wellbeing. However, many of the risk factors for isolation, such as bereavement and poor physical health, are more common amongst older people.

Social isolation and loneliness in older people are associated with an increased risk of death. The impact on health is as significant as more commonly understood risk factors such as smoking, high blood pressure and physical inactivity. There is good evidence on what can be done to prevent and reduce social isolation and loneliness, and the benefit of delivering programmes to prevent and reduce isolation and loneliness significantly outweighs the cost. In addition, for those that have the burden of caring, particularly for people with dementia, isolation is a growing problem.

11. Public Health Outcomes Framework: Deaths in Usual Place of Residence: People with dementia (aged 65+)

Ageing Well – what are the issues for our older generation?

Physical disabilities

Physically disabled people face social, environmental and attitudinal barriers, along with the reduction of independence.

A major cause of disability for older people is sight loss.

50% of sight loss is preventable if diagnosed and treated early.

The five leading causes of preventable blindness and partial sight loss are: age-related macular degeneration (AMD) for which smoking is a significant risk

- diabetic retinopathy which is a complication of diabetes
- glaucoma
- cataracts and refractive error.

In Greenwich, the levels of preventable sight conditions are in line with regional and national averages but as this relies on self-certification the data may not be very robust.

In Greenwich:

- The rates of emergency admissions for falls for over 65 year olds (particularly in 65-79 year age group) is increasing and is significantly higher than both London and England.
- The rate of hip fractures in 2016/17 was lower than London and reduced to 485/100,000 (from 664/100,000 the previous year) suggesting fewer falls have resulted in hip fracture, although preliminary hospital data for 2017/18 suggests this trend has reversed.

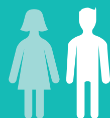
Reduced mobility and independence

Another major cause of disability in the elderly, mainly through reduced mobility and independence, is injury due to falling.

It has been estimated that 1 in 3 people over 65 years and 1 in 2 people over 80 years fall at least once a year.

Half of those with hip fracture never regain their former mobility and one in five dies within three months.

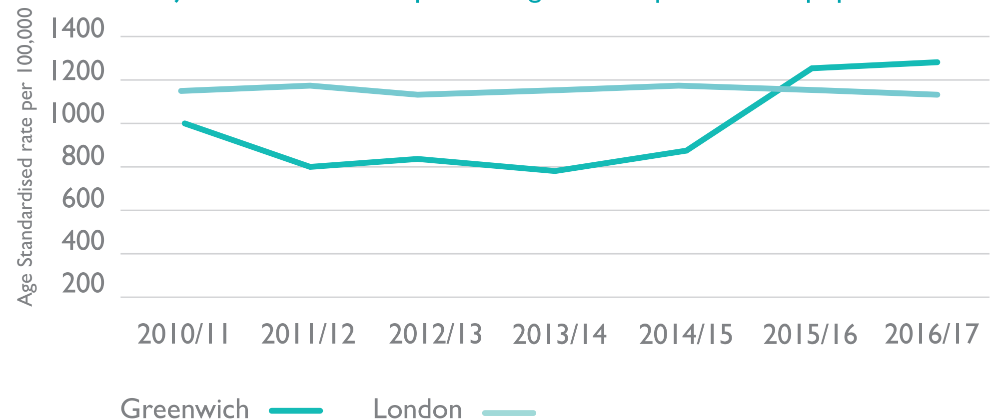
1 in 3 people over 65 years



1 in 2 people over 80 years

fall at least once a year

Over time – Age standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65-79 per 100,000 population



Emerging issues for Ageing Well

Causes for concern

The main causes of concern for our older population are the rate of increased injury and disability caused by falling, and the higher than expected rates of dementia and, in particular, the impact this is having on families, carers and the local care system.

Enquiry is needed to understand:

- What is driving the increase in falls and fractures for older people – focusing on what is being done, and can be done, to prevent falls – and if older people fall, what can minimise injury
- What is needed to prevent or help early identification of dementia, and what support is needed to reduce deterioration and improve social networks and independence
- Who our population of carers are and how that might be changing (as the population ages) and what impact that will have on needs and services.

Living Well – *what are the issues for the wider determinants of health?*

Our Housing

Where people live, the quality of their home, whether they live alone or in isolation or are in an overcrowded home, can all have a profound effect on health and wellbeing and a person's ability to be independent.

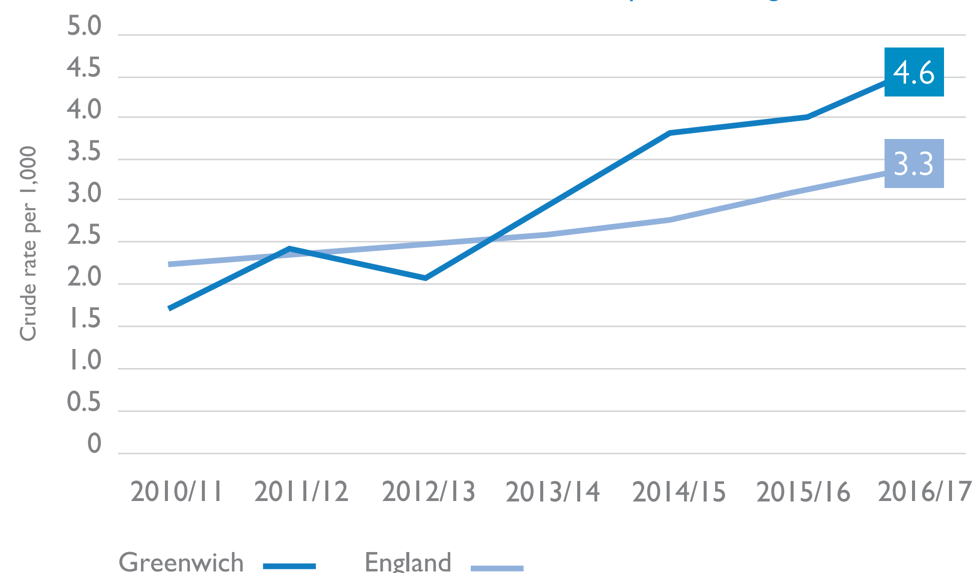
The situation in Greenwich is complex. Significant areas of regeneration are having a positive impact for many but there are also some less positive trends emerging:

- **People in temporary accommodation:**
  The number of households living in temporary accommodation[12] has increased significantly since 2012 (from 2.1 to 4.6 per1000) which is higher than England overall (3.3 per1000) but less than London (15.1per1000).
- **Accommodation for Vulnerable people**

  People with poor mental health: The proportion of adults in contact with mental health services in stable and appropriate accommodation has increased[13] (72.1%) in line with London (73.5%) and higher than England (58.6%).

  People with learning disabilities: The proportion of adults with a learning disability in stable and appropriate accommodation[14] has decreased in recent years (now at 72.2%) and although in line with London (71.3%) it is less than England (76.2%).

  People affected by domestic abuse: Living in a household where there is abuse can have a profound affect the health and wellbeing of the victims and can lead to witnesses (usually children) becoming part of a future cycle of victims and perpetrators. There is little comparative data to help us understand the impact locally, but we know we have high rates of domestic violence and abuse.



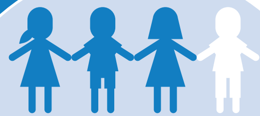
12. London Datastore: Homelessness Provision, Borough (2016/17)
13. PHOF 1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation 2015/16 (Data quality issue with 2016/17 data)
14. PHOF 1.06i - Adults with a learning disability who live in stable and appropriate accommodation (2016/17)

What is the impact of poverty on health?

There is a strong relationship between health, health inequalities, deprivation and poverty that starts before conception and continues throughout life. Improving life expectancy and reducing health inequalities is not just an issue for health. It is estimated that 85% of inequalities in health arise from socio-economic factors such as poverty and poor attainment. A child's health is influenced by the socio-economic status of its parents and the most deprived are more likely to suffer poor health. Poor health can be both a cause and a consequence of disadvantage.

Poverty can affect and influence many aspects of a person's life and includes food and fuel poverty. The situation in Greenwich is changing:

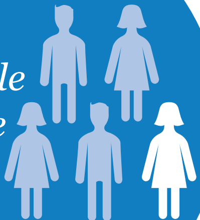
The number of children in low income families was higher than the England average, and although the gap has narrowed, between 2013 and 2014 there was an increase; meaning more children living in poverty.



*Over **1 in 4** of our dependent children under 16 years live in relative poverty (low income)* compared to 1 in 5 nationally.

*The level of fuel poverty **9.9%** is lower than England and London (10.6%), but since 2011 the level in Greenwich has increased.*

***1 in 5** older people are income deprived*

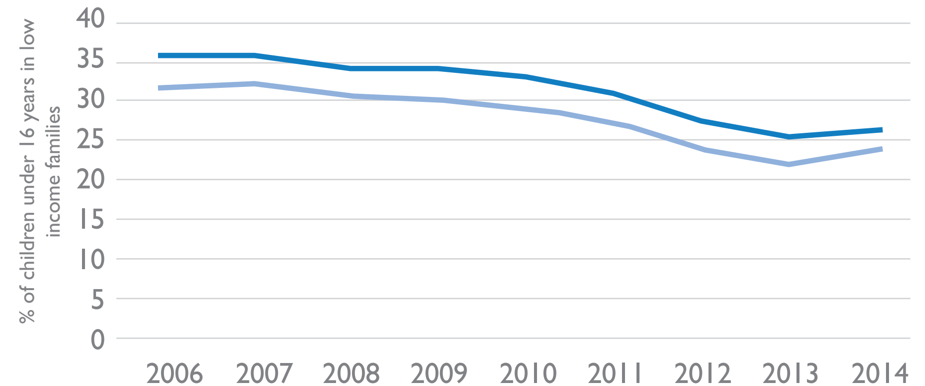


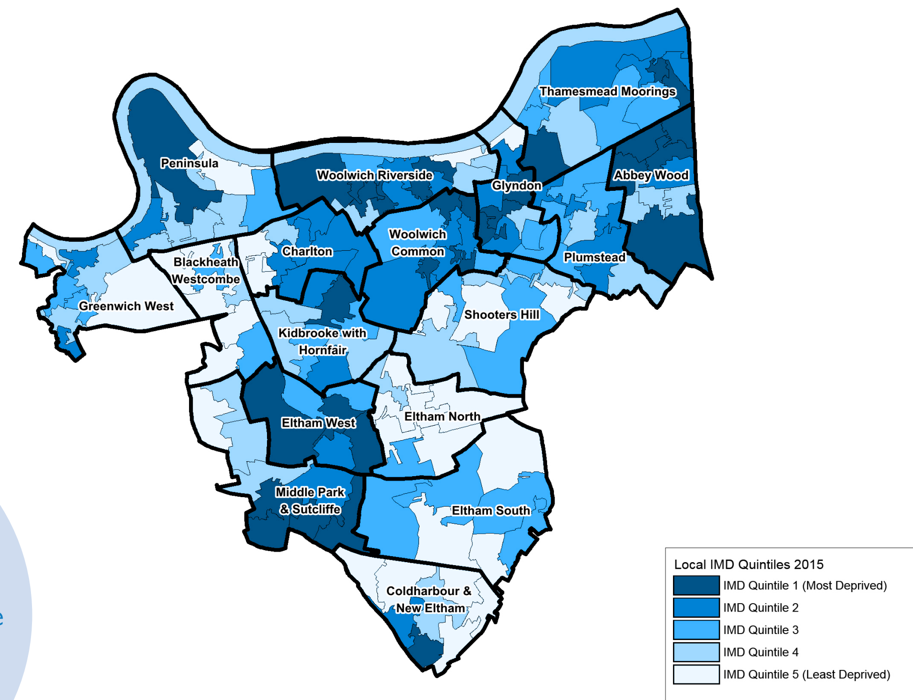
compared to over 1 in 6 nationally.

***23%** our population live in the most deprived areas in England* (improved since 2010).

Three of the borough's small areas are within the top 10% most deprived nationally, these are located in **Abbey Wood, Glyndon** and **Middle Park and Sutcliffe.**

Over time – Children in low income families, Greenwich compare to London



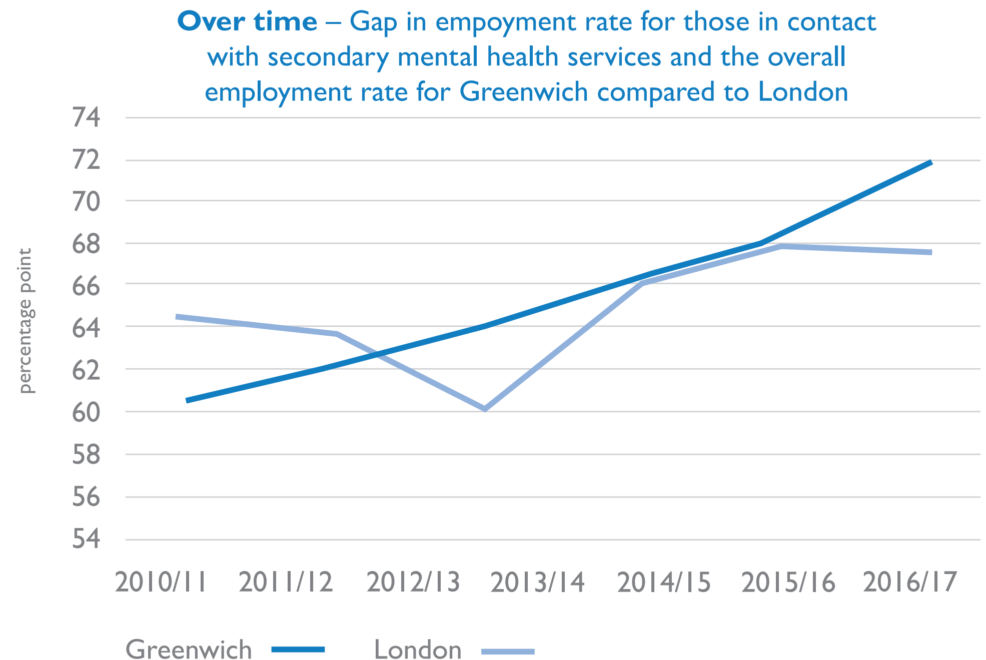


What is the impact of employment or unemployment?

Generally people in employment enjoy better levels of health than those not employed (being in work is seen as a health outcome). People who are not in employment are more likely to have poorer mental and physical health including anxiety and depression. Supporting people to be productive, in paid or unpaid work (volunteering) can have a beneficial affect, particularly if unpaid work is a transition to support people into employment.

The picture for Greenwich is mixed with some improvements in employment rates overall, but a worsening position for more vulnerable groups.

- The overall employment rate for those aged 16-64 years has been increasing since 2013/14 at 73.0%[15] but is still lower than London (73.8%) and England (74.4%).
- The level of unemployment has fallen in recent years but at 6.2% in 2016 it has continued to be greater than London (5.7%) and England (4.8%).
- Levels of unemployment and long-term claimants of job seekers allowance are higher than national averages (8.0% and 4.2% in Greenwich compared to 5.1% and 3.7% in England) and 5% of our 16-18 year olds are NEET[16] compared to 6.0% nationally.
- The gap in employment rate between vulnerable groups, such as those in touch with mental health services and people with learning disabilities, and the overall employment rate is worsening and greater than the gap across London and England.



15. PHOF: 1.08iv - Percentage of people aged 16-64 in employment 2016/17
16. PHOF: 1.05 - 16-17 year olds not in education, employment or training (NEET) or whose activity is not known - current method

How healthy and safe is our environment?

Feeling safe where you live and having access to green space have been shown to be beneficial for long-term health and wellbeing. Feeling unsafe can arise from the fear of or living with the effects of crime, abuse or having unsafe roads. Excessively hot or cold weather or adverse events such as flooding can cause illness (including mental health problems) and death. Long-term exposure to air pollution can contribute to increased mortality through exacerbating heart disease and respiratory illnesses.

Crime	Violent Crime	Higher rates of violent offences, (25.8 per1000) compared to England (20.0 per1000) and London (22.2 per 1000) in 2016/17.
	Impact on health	Lower rates of admissions to hospital[17] for violent crime for Greenwich (42.2/100,000) compared to London (43.3/100,000).
	First Time Offending	Higher rates of first time offending (for all offenders (275.8 per100,000) compared to England (218.4 per100,000) and for young offenders(441.9 per100,000) compared to England (327.1 per100,000).
	Domestic Abuse	Higher rates of domestic abuse offences (11.4 per1000) being reported in Greenwich compared to other London areas.
Environment	Road Safety	Road safety is good with a lower rate of people killed or seriously injured (including children) (17.2 per 100,000) in Greenwich compared to London (26.0 per100,000)[18]
	Clean Air	Death due to particulate air pollution is higher, than England although improving from 2011-2015 (6.9% to 5.5%).
	Green Spaces	Only 16.4% of people in Greenwich report using green spaces for exercise or health reasons[19] which is lower than London (18.0%). But 57.2% of adults report walking at least five times a week (2014/15) and 19.5% report doing 30-149 minutes of exercise per week (greater than the England average (in 2015).

17. PHOF: 1.12i - Violent crime (including sexual violence) - hospital admissions for violence 2014/15-2016/17
18. 2014-16
19. PHOF: 1.16 - Utilisation of outdoor space for exercise/health reasons Mar 2015-Feb 2016

Emerging issues for Living Well

Causes for concern

Our communities and environment and how safe people feel can have a major impact on health and wellbeing.

Regeneration is likely to have a significant impact on both the demography and availability of homes in Greenwich. While this impact may well be positive, we do need to review the changes and investigate the impact on the health and wellbeing of local people.

National pressures on public services and austerity is being seen in local areas with the rise in families living in poverty, poorer employment chances for vulnerable people. There are more incidences of domestic abuse being reported.

Enquiry is needed to understand:

- The impact of austerity on families and children with the rise in the number of children living in relative poverty and what mitigations can be put in place
- The changes in employment particularly for vulnerable groups (those with mental health conditions and people with learning disabilities)
- The levels of domestic abuse in Greenwich, its impact particularly on children, who is affected and what support there is across all organisations and partners.

Tackling the challenges; making opportunities

Over the last five years there have been improvements, notably educational attainment particularly in early development and for our more deprived children. There are fewer young people smoking or drinking alcohol, more cases of HIV diagnosed early, fewer cases of people dying prematurely from preventable cardiovascular disease, and improvements in life expectancy for men in particular.

However the biggest challenges are:

- poorer healthy life expectancy, particularly for women,
- the impact of austerity on employment (particularly for those with mental illness and those with disability),
- the impact of austerity on housing, with more families living in temporary accommodation.

We live in a complex world. Helping people remain healthy is not only about individual choices, it requires looking at our environment, housing, education, employment. Complex problems require complex solutions and while many people are able and do look after themselves and their families, there are those that need more help and support.

In Greenwich, working in partnership through the Health and Wellbeing Board, we have lead the development of a system that supports people to live well. The system is holistic, focusing not just on what individuals can do to stay healthy but recognising the part that the community and the borough partners, united and working together need to do to improve the public's health.

Live Well Greenwich is that system.

We have spent time developing the infrastructure to support people to look after themselves – through the Greenwich Community Directory (online support), the Live Well telephone support line, and Live Well Coaches who provide face-to-face support. This infrastructure is still developing (and improving) through the help of people using the support. We are also working with partners to increase the expertise and help people can access to make the best use of all our resources.

There is action we are taking supporting communities, including training local people to champion good health and working together to support people within their own communities. We have introduced training (Making Every Opportunity Count) for front line staff, partners and residents in the community to help them to recognise when someone might need help and signpost them to our range of support services.

However, Live Well Greenwich needs to take action to help tackle the root causes of poor health. This requires a shared responsibility and joint action across all organisations and groups in the borough. We are making health an important part in all our policies and working with colleagues within the borough and across London to ensure we have a consistent approach and messages.

What next?

For the annual report in 2018/19, I will take a less traditional approach, looking in more detail at some of the emerging issues from this year's report and publishing quarterly updates to support all partners within Greenwich to respond more quickly to changes in need.