

Joint Strategic Needs Assessment

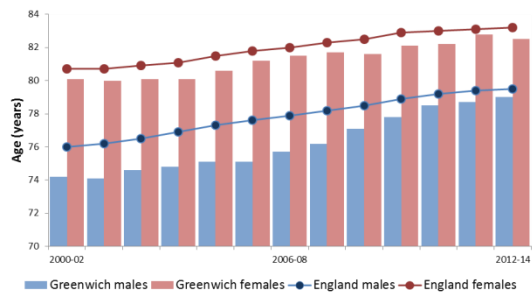
Health, quality of life and life expectancy in Greenwich

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Summary

LIFE EXPECTANCY

Trend in England and Greenwich life expectancy 2000/02 to 2012/14



- 4.8 years** Increase in Greenwich male life expectancy between 2000/02 & 2012/14
- 2.4 years** Increase in Greenwich female life expectancy between 2000/02 & 2012/14
- 3.5 years** Gap between Greenwich female and male life expectancy in 2012/14

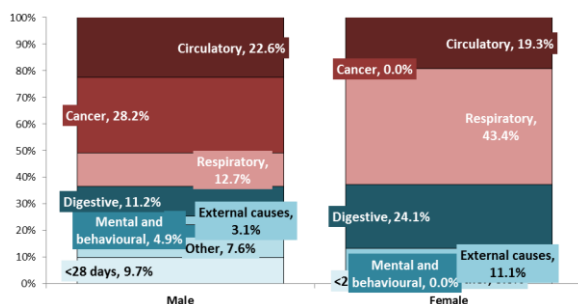
HEALTHY LIFE EXPECTANCY

Male	Female	Description
79	82.5	Life expectancy (years) at birth in Greenwich in 2012-14
60	63.5	Healthy life expectancy (years) at birth in Greenwich in 2012-14
19	19	Average number of years spend with a disease

Females have higher life expectancy and healthy life expectancy compared to males; however the number of years males and females are expected to live with a disease is the same for both genders.

LIFE EXPECTANCY AND DEPRIVATION

The gap in LE between Greenwich most and lest deprived, 2012/14



The difference in life expectancy (LE) between Greenwich least and most deprived in 2012/14 was 5.3 years for males and 1.1 years for females. The biggest impact on reducing inequalities can be achieved by targeting the most prevalent causes of death contributing to the life expectancy gap. For males the biggest causes for inequality in LE were circulatory, cancer and respiratory conditions and for females – circulatory, respiratory and digestive conditions.

HEALTH-RELATED QUALITY OF LIFE AND PERSONAL WELL-BEING

Health-related quality of life (QoL) drops once a person acquires a long-term condition. It reduces even further when a person has to live with multiple long-term health conditions.

Greenwich consistently ranks among worst London boroughs for happiness, life satisfaction and feeling worthwhile. These factors might affect mental health morbidity and mortality.

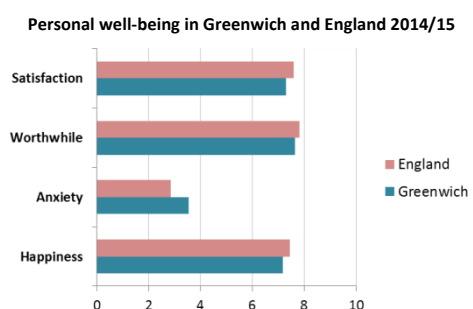
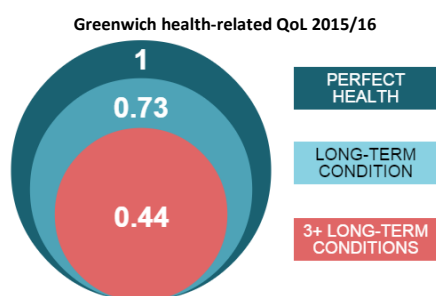


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Overview of the chapter

Health and quality of life are affected by numerous factors including genetic, physiological, psychological and environmental¹. The aim of this chapter is to provide an overview of the key summary measures of health and quality of life in Greenwich: life expectancy, healthy life expectancy, health-related quality of life and well-being. The indicators which were used to quantify these key measures are presented in Table 1.

Table 1 Indicators measuring health and quality of life

Key measures	Indicators
Life expectancy	Life expectancy at birth
	Life expectancy at 65
	Slope Index of Inequality in life expectancy at birth
	Life expectancy gap between Greenwich and England by cause of death
	Life expectancy gap between Greenwich most and least deprived quintile by cause of death
Healthy life expectancy	Healthy life expectancy at birth
	Deaths from causes considered amenable to healthcare
	Potential years of life lost
Health-related quality of life	Health-related quality of life for older people
	Health-related quality of life for people with long-term conditions
	Health-related quality of life for people with three or more long-term conditions
Well-being	Personal well-being
	Ward well-being score

Where applicable, Greenwich performance on the above indicators will be compared to the national and London averages as well as to the performance of six London boroughs with similar levels of deprivation. The Index of multiple deprivation (IMD) 2015 score² was used to determine London boroughs of similar deprivation as Greenwich. Three boroughs with scores above and three – with IMD scores just below Greenwich score were taken for comparators. The IMD comparator boroughs included: Croydon, Camden, Brent, Enfield, Hammersmith and Fulham and Westminster.

Life expectancy

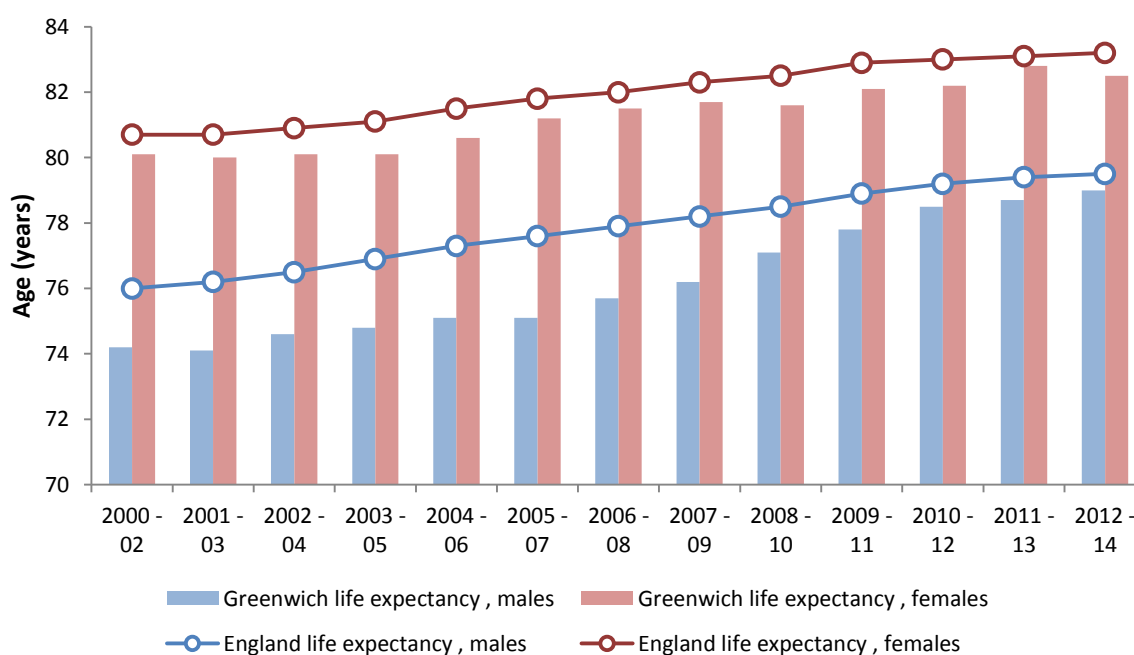
Life expectancy at birth

Life expectancy at birth is a measure of the average number of years a person would expect to live based on current mortality rates. In Greenwich and in England as a whole, life expectancy has been increasing over the last decade. However, life expectancy in Greenwich has remained below the England average for both males and females (Figure 1).

The most recent data (2012-14) show that female life expectancy in Greenwich is 82.5 years, 0.7 years below the national average of 83.2 years (Table 2). Female life expectancy in Greenwich has increased by 2.4 years compared to 2000-02, when life expectancy was 80.1 years.

The gap between Greenwich and the national male life expectancy has reduced significantly over the past 14 years. In 2000-02 male life expectancy in Greenwich was 74.2 years – 1.8 years shorter compared to male life expectancy in England. In 2012-14 male life expectancy in Greenwich has increased by 4.8 years to 79.0 years – 0.5 years below the national average (Table 2).

Figure 1 Life expectancy at birth, years 2002-02 to 2012-14



Source: Public Health England

Table 2 Life expectancy at birth, years 2012-14

Gender	Life expectancy at birth (years)			
	Greenwich	IMD Comparators	London	England
Males	79.0	80.8	80.3	79.5
Females	82.5	85.0	84.2	83.2

Source: Public Health England

Table 2 compares the 2012-14 life expectancy data for Greenwich, boroughs with similar level of deprivation (IMD comparators), London and England. For both genders, life expectancy at birth is shorter in Greenwich relative to all other comparators. There is a significant gender difference in life expectancy, whereby female life expectancy is higher compared to male. According to the 2012-14 Greenwich data, male life expectancy at birth was 3.5 years shorter compared to females. This is a reduction compared to 2000-02 data, when the gender gap in life expectancy in Greenwich was 5.9 years. The detailed data are presented in Appendix 1 Data Tables.

Life expectancy at 65 years

Life expectancy at the age of 65 is a measure of how many more years an individual can expect to live, on average, having reached their 65th birthday. The trend for life expectancy at 65 is similar to that of life expectancy in general: it has been rising over the past 14 years, however both males and females in Greenwich are expected to live shorter lives compared to the national average (Figure 2).

In 2000-02 Greenwich female life expectancy at 65 was 19.3 years, 0.07 years longer than England average and in 2012-14 the life expectancy has increased to 20.6 years, 0.5 years shorter compared to the England average. These differences indicate that nationally there was a greater improvement in female life expectancy at 65 compared to Greenwich.

Greenwich male life expectancy at 65 was 15.4 years in 2000-02, 0.73 years shorter compared to the national average. In 2012-14 male life expectancy in Greenwich has increased 2.5 years to 17.9, which was around 0.9 years shorter compared to the national average. The detailed data are presented in Appendix 1 Data Tables.

Figure 2 Life expectancy at 65, years 2000-02 to 2012-14



Source: Public Health England

Table 3 presents the most recent data for life expectancy at 65. As evident from these data, Greenwich has the shortest male and female life expectancy compared to the boroughs with similar levels of deprivation, as well as to the London and England averages. In addition, there is a significant gender gap in life expectancy at 65, with females in Greenwich expected to live 2.7 years longer compared to males.

Table 3 Life expectancy at 65, years 2012-14

Gender	Life expectancy at 65 (years)			
	Greenwich	IMD Comparators	London	England
Male	17.9	19.8	19.2	18.8
Female	20.6	22.8	21.9	21.2

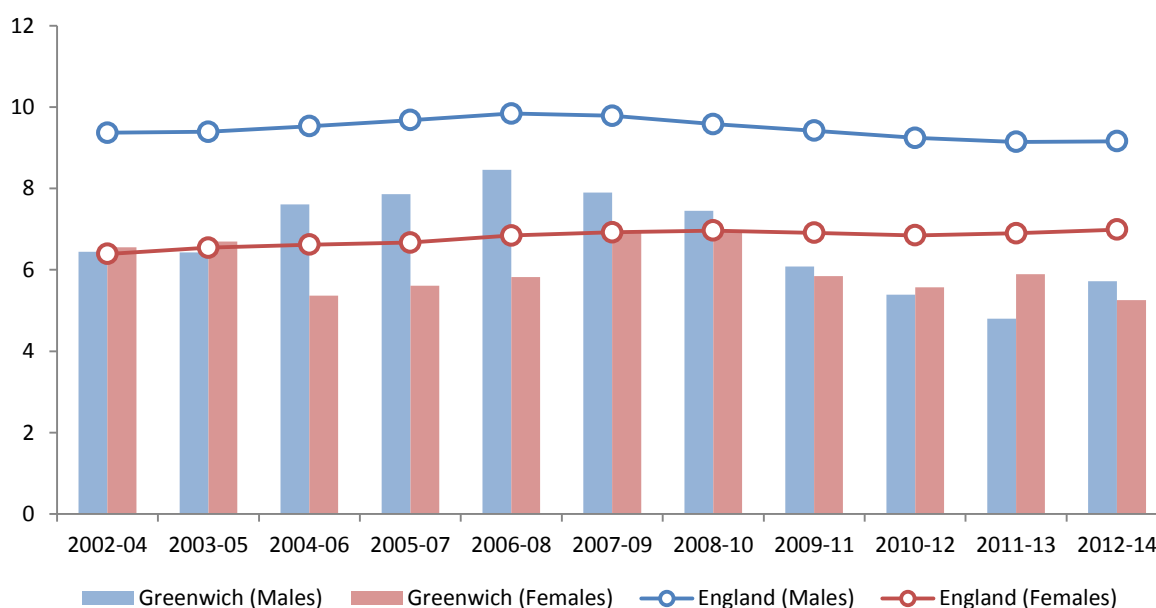
Source: Public Health England

Slope Index of Inequality in life expectancy

The slope index of inequality (SII) is a measure of the social gradient in life expectancy. Life expectancy at birth is calculated for each national deprivation decile of lower super output areas (LSOA) and then the SII is calculated based on these figures. The SII shows how much life expectancy varies with deprivation and represents the range in years of life expectancy across the social gradient from most to least deprived. A higher SII value indicates a larger gap, and therefore greater health inequalities.

Figure 3 presents the SII for Greenwich and England starting years 2002-04 through to 2012-14. The data show that the male and female SII were higher in England compared to Greenwich, indicating that for both genders there was less variation in life expectancy with deprivation compared to the national averages. The detailed data are presented in Appendix 1 Data Tables.

Figure 3 Slope Index of Inequality at birth, years 2002-04 to 2012-14



Source: Public Health England

In 2012-14 in Greenwich the SII was 5.7 years for males and 5.3 years for females, however these gaps in life expectancy were lower compared to the aggregate averages for the boroughs with similar levels of deprivation, London and the national data – with an exception of London SII for females (Table 4). London data were calculated by taking an average of all London boroughs.

Table 4 Slope Index of Inequality at birth, years 2012-14

Gender	SII (years)			
	Greenwich	IMD comparators	London	England
Male	5.7	8.8	7.1	9.2
Female	5.3	5.9	4.7	7.0

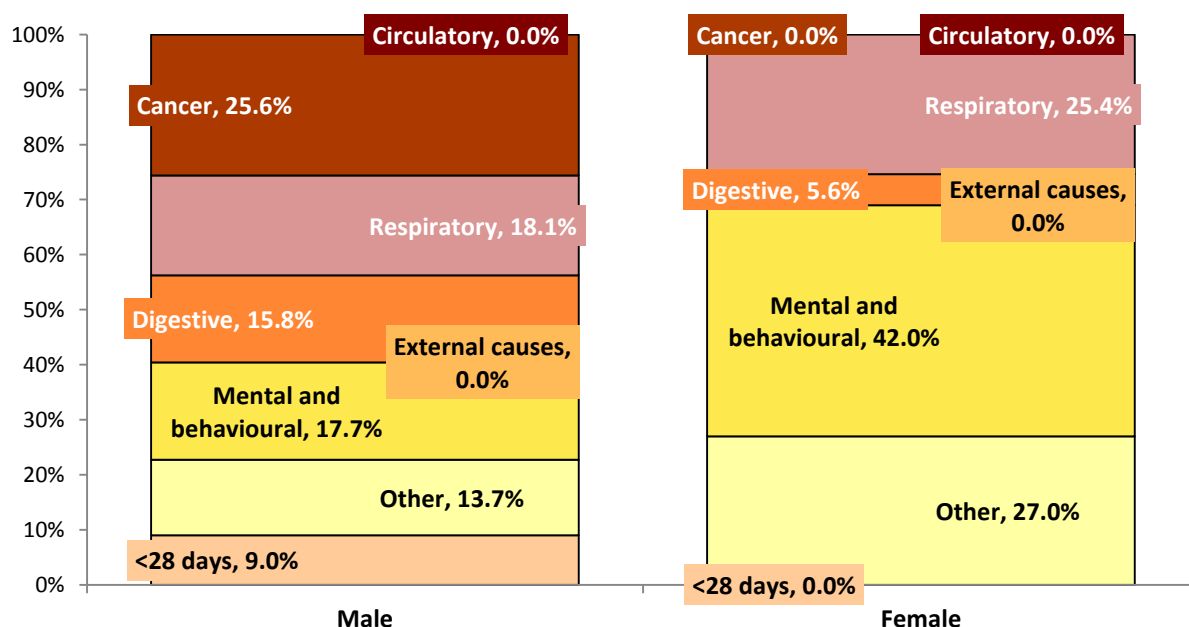
Source: Public Health England

Life expectancy gap between Greenwich and England by cause of death

Public Health England's (PHE) Epidemiology and Surveillance team has developed a Segment Tool, which provides information on the causes of death that are driving inequalities in life expectancy at a local area level³. The biggest impact on reducing inequalities can be achieved by targeting the most prevalent causes of death contributing to the life expectancy gap.

The difference in life expectancy at birth in Greenwich versus the national average in 2012-14 was 0.5 years and 0.7 years shorter for males and females respectively. Figure 4 shows the percentage contribution that each broad cause of death makes to the overall life expectancy gap between Greenwich and England. A 0 value means that the cause of death does not make any contribution to the life expectancy gap.

Figure 4 Life expectancy gap between Greenwich and England by broad cause of death, 2012-2014



Source: Public Health England Segment Tool

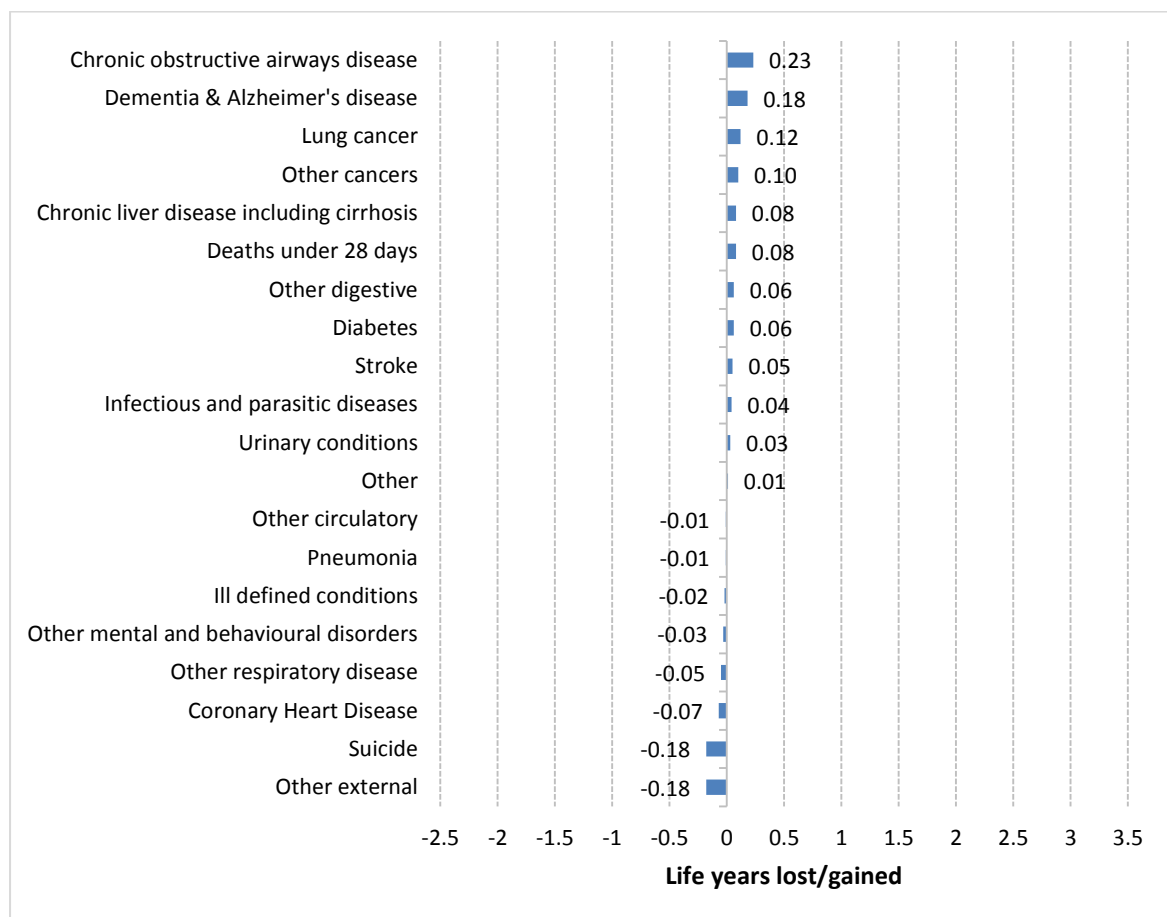
As seen from Figure 4 cancer, respiratory conditions and mental and behavioural conditions are the top three causes for lower male life expectancy at birth in Greenwich versus England. For females, the top three causes for lower life expectancy compared to England are mental and behavioural

conditions, respiratory diseases as well as other causes. Other causes include diabetes, infectious and parasitic diseases, urinary conditions, ill-defined conditions and other unspecified causes.

Figure 5 presents the number of male life expectancy years gained or lost in Greenwich if the mortality rates were the same as in England. The data are stratified by detailed cause of death. Positive values represent the potential for life years gained if the mortality rates from these conditions were the same as in England overall. Negative values indicate that mortality from these conditions is already lower compared to the national average.

The top three conditions which contribute to the largest proportion of male years of life lost are chronic obstructive airway disease, dementia and Alzheimer’s as well as lung cancer. Together these three causes of death add to 0.53 male life years lost. The detailed data are presented in Appendix 1 Data Tables.

Figure 5 Male life expectancy years gained or lost in Greenwich if the mortality rates were the same as England by detailed cause of death, 2012-2014

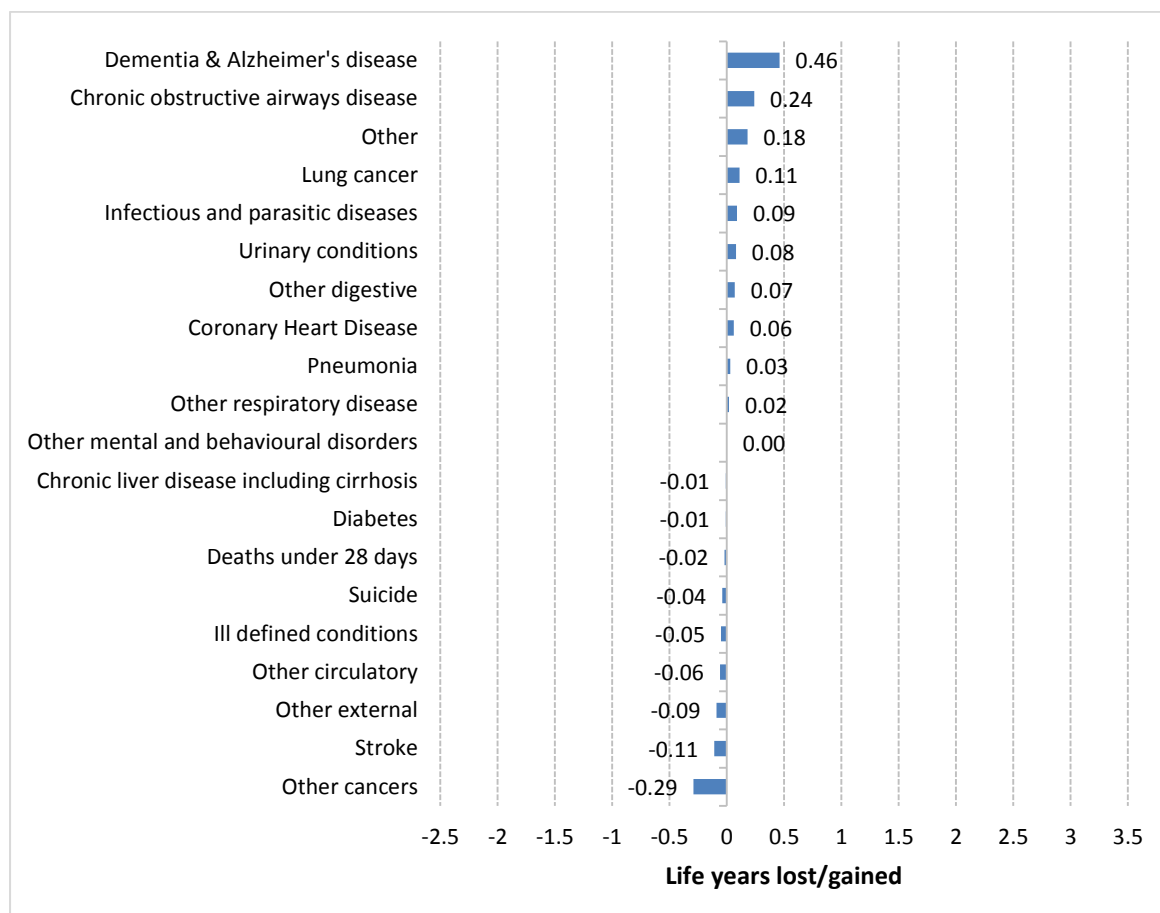


Source: Public Health England Segment Tool

Figure 6 presents the number of female life expectancy years gained or lost in Greenwich if the mortality rates were the same as in England. The data are stratified by detailed cause of death. Positive values represent the potential for life years gained if the mortality rates from these conditions were the same as in England overall. Negative values indicate that mortality from these conditions is already lower compared to the national average.

The top three conditions which contribute to the largest proportion of female years of life lost are dementia and Alzheimer’s, chronic obstructive airways disease as well as other conditions. Other causes include ICD-10 disease codes for conditions, which were not included in the detailed causes’ of death list. The detailed data are presented in Appendix 1 Data Tables.

Figure 6 Female life expectancy years gained or lost in Greenwich if the mortality rates were the same as England by detailed cause of death, 2012-2014

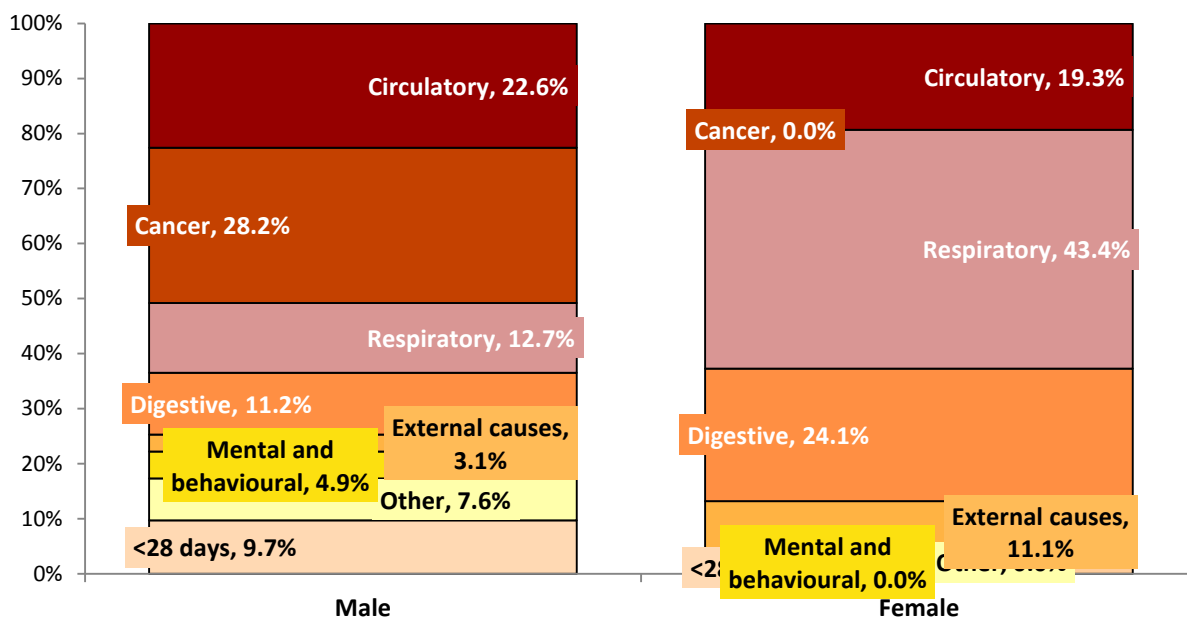


Source: Public Health England Segment Tool

Life expectancy gap between Greenwich most and least deprived quintile by cause of death

As discussed in one of the previous sections, life expectancy varies with deprivation. In Greenwich, the absolute gap between life expectancy in most versus least deprived quintile is 5.3 years for males and 1.1 years for females³. Figure 7 shows the percentage contribution that each broad cause of death makes to the overall life expectancy gap between most versus least deprived quintiles in Greenwich. A 0 value means that the cause of death does not make any contribution to the life expectancy gap.

Figure 7 Life expectancy gap between Greenwich most and least deprived quintile by broad cause of death, 2012-2014



Source: Public Health England Segment Tool

As seen from Figure 7 cancer, circulatory conditions and respiratory conditions are the top three causes contributing to lower male life expectancy in the most deprived quintile in Greenwich. For females in the most deprived quintile, the top three causes for lower life expectancy compared to least deprived quintile are respiratory diseases, digestive conditions and circulatory diseases.

Figure 8 presents the number of male life expectancy years gained or lost if the mortality rates in the most deprived quintile were the same as in the least deprived quintile. The data are stratified by detailed causes of death. Positive values represent the potential for life years gained if the mortality rates from these conditions were the same as in the least deprived Greenwich quintile. Negative values indicate that mortality from these causes in the most deprived quintile is already lower compared to the least deprived quintile.

There was only one health condition for which the mortality rate in the most deprived Greenwich quintile was lower compared to the least deprived quintile, namely infectious and parasitic diseases. The top three conditions which contributed to the largest proportion of male years of life lost in most versus least deprived quintiles were coronary heart disease, other cancers and lung cancer. Other cancers included all cancers with an exception of lung cancer (ICD-10 codes C33 and C34). The detailed data are presented in Appendix 1 Data Tables.

Figure 8 Male life expectancy years gained or lost in Greenwich most deprived quintile if the mortality rates were the same as least deprived quintile by detailed cause of death, 2012-2014

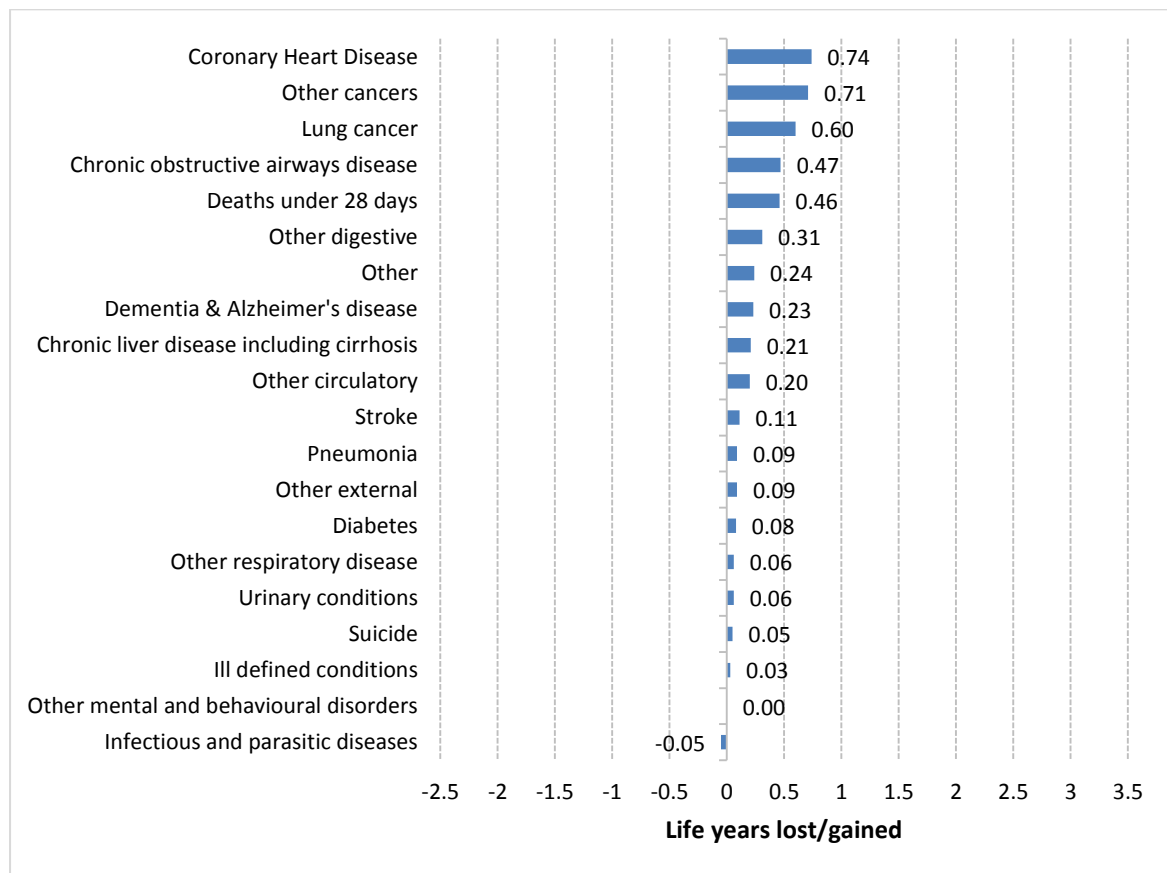
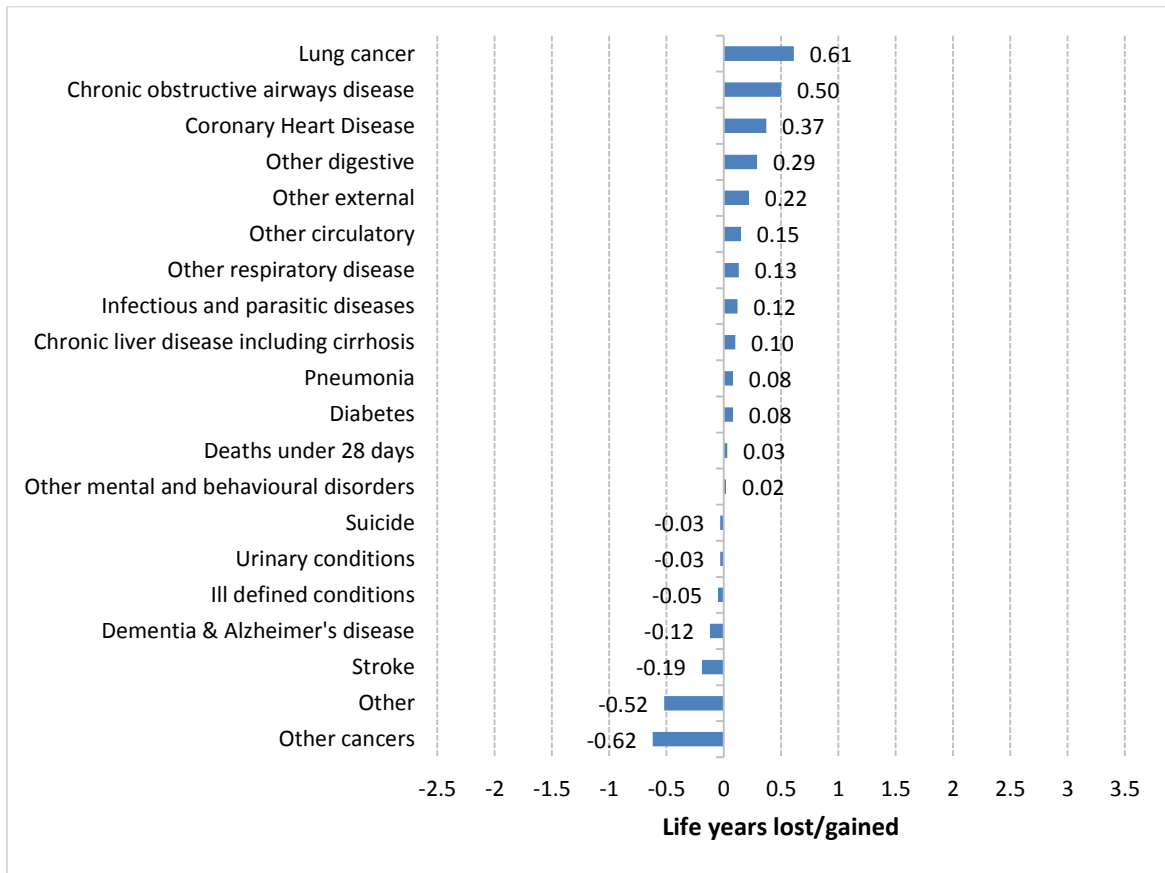


Figure 9 presents the number of female life expectancy years gained or lost if the mortality rates in the most deprived quintile were the same as in the least deprived quintile. The data are stratified by detailed causes of death. Positive values represent the potential for life years gained if the mortality rates from these conditions were the same as in the least deprived Greenwich quintile. Negative values indicate that mortality in the most deprived quintile is already lower compared to the least deprived quintile.

The top three conditions which contributed to the largest proportion of female years of life lost in most versus least deprived quintiles were lung cancer, chronic obstructive airways disease and coronary heart disease. Together these three conditions contributed to 1.48 life years lost. The detailed data are presented in Appendix 1 Data Tables.

Figure 9 Female life expectancy years gained or lost in Greenwich most deprived quintile if the mortality rates were the same as least deprived quintile by detailed cause of death, 2012-2014



Healthy life expectancy

Healthy life expectancy at birth

Healthy life expectancy (HLE) estimates the average number of life years lived without illness or disability. HLE at birth in Greenwich is shorter compared to England average and recently it has been reducing for both females and males with a more pronounced decrease in male HLE (Figure 10). Compared to the 2009-11 data HLE for males has reduced by 1.7 years, from 61.7 to 60 years. Female HLE has been increasing from 2009-11 to 2011-13, however in 2012-14 it has dropped by 0.8 years, from 64.3 to 63.5 years, compared to the previous year.

Figure 10 Healthy life expectancy at birth, years 2009-11 to 2012-14



Source: Public Health England

Table 5 presents HLE data for years 2012-14. Greenwich has the lowest HLE relative to all comparators' data. As with life expectancy at birth, there are clear gender differences in Greenwich HLE, with male HLE approximately 3.5 years shorter compared to females (Table 5). The detailed data are presented in Appendix 1 Data Tables.

Table 5 Healthy life expectancy at birth, years 2012-14

Gender	Healthy life expectancy at birth (years)			
	Greenwich	IMD Comparators	London	England
Males	60.0	64.9	64.0	63.4
Females	63.5	64.4	64.1	64.0

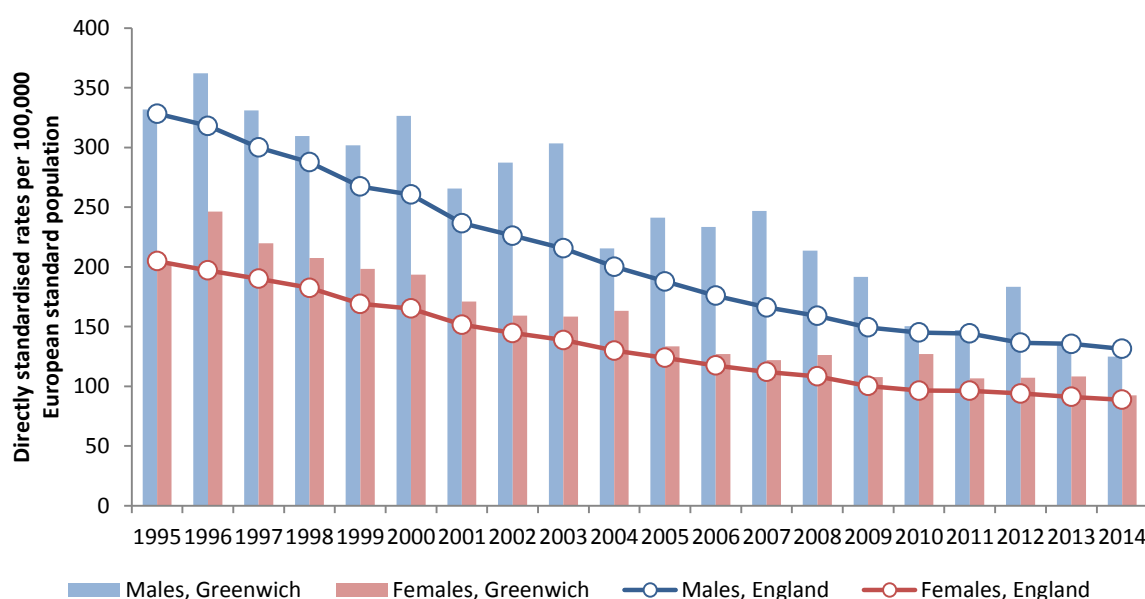
Source: Public Health England

Mortality from causes considered amenable to health care

Figure 11 presents the rates for mortality considered amenable to health care. Much progress has been made in the past 20 years to reduce this preventable mortality in Greenwich and nationally. The most recent male and female Greenwich mortality rates are similar to England, however the gender gap persists. In 2014 male and female mortality rates were around 125 and 93 per 100,000 European standard population (2013) respectively, which added up to around 32 per 100,000 higher mortality rate for males.

The detailed data are presented in Appendix 1 Data Tables. Thorough analyses of the causes amenable to health care can be found in this JSNA [document](#).

Figure 11 Mortality from causes considered amenable to health care



Source: Office for National Statistics Deaths Registrations

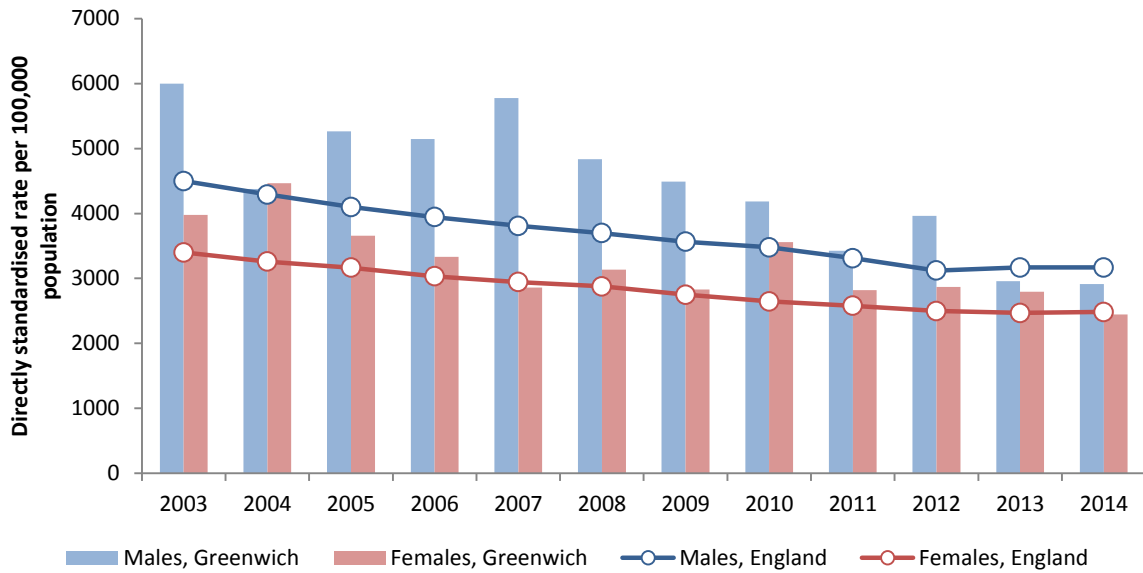
Potential Years of Life Lost from causes considered amenable to healthcare

Years of life lost (YLL) is a measure of premature mortality, it gives an estimate of the length of time a person would have lived had they not died prematurely (PHE fingertips). YLL can be used to compare the premature mortality in different populations and quantify its impact on society. PHE have developed the Potential Years of Life Lost (PYLL) tool⁴ in order to quantify the YLL from causes considered amenable to healthcare and to assist clinical commissioning groups (CCGs) in identifying the broad mortality groups that currently contribute to the PYLL rate.

Figure 12 presents the time trend for Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare in Greenwich and England for years 2003 through to 2014. Compared to the 2003 data when the PYLL rates for Greenwich males and females were 5996.9 and 3978.9 respectively, in 2014 the rates have fallen to 2913.6 for males and 2445.8 PYLL for females. These rates were lower than the national averages. For both Greenwich and England there was a large

gender gaps in PYLL from causes considered amenable to healthcare. In 2014 in Greenwich the PYLL gender gap was 467.8 years, down from 2018 years in 2003.

Figure 12 Potential Years of Life Lost from causes considered amenable to healthcare



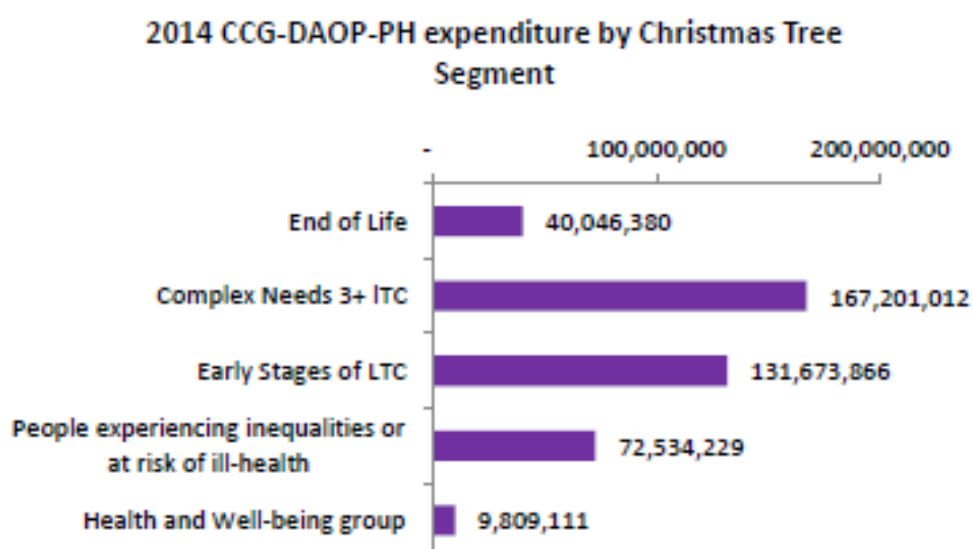
Source: ONS mid-year population estimates (rebased on Census 2011). Annual ONS mortality extract.

The detailed data are presented in Appendix 1 Data Tables. Thorough analyses of the causes amenable to health care can be found in this JSNA [document](#).

Health-related quality of life

Ill health can affect the quality of life due to both for physical limitations and psychological implications of having a health condition. In Greenwich, the highest proportion of total Clinical Commissioning Group, Department of Adults and Older People and Public Health spend goes towards services for people with three or more long-term conditions, people with early stages of long-term conditions and towards services for people experiencing health inequalities (Figure 13).

Figure 13 Greenwich CCG-DAOP-PH expenditure by population segment 2014/15



Preventing ill health, preserving independence and promoting well-being is the key to keeping health care and social care systems functioning and to ensure that the needs of Greenwich residents are addressed.

Health-related quality of life for older people

The GLA project that over the next ten years the Greenwich population will increase by around 17% (Table 6). The largest per cent increase is predicted for the age group 65 and older. Older people often have complex needs, which make them the highest cost and volume group of service users.

Table 6 Greenwich predicted population change years 2016 to 2026

Age group	2016	2026	Change (%)
0-15	60225	70070	16.3
16-64	186462	213693	14.6
65+	29181	37830	29.6
All age groups	275868	321593	16.6

Source: GLA SHLAA 2015-based Population Projections

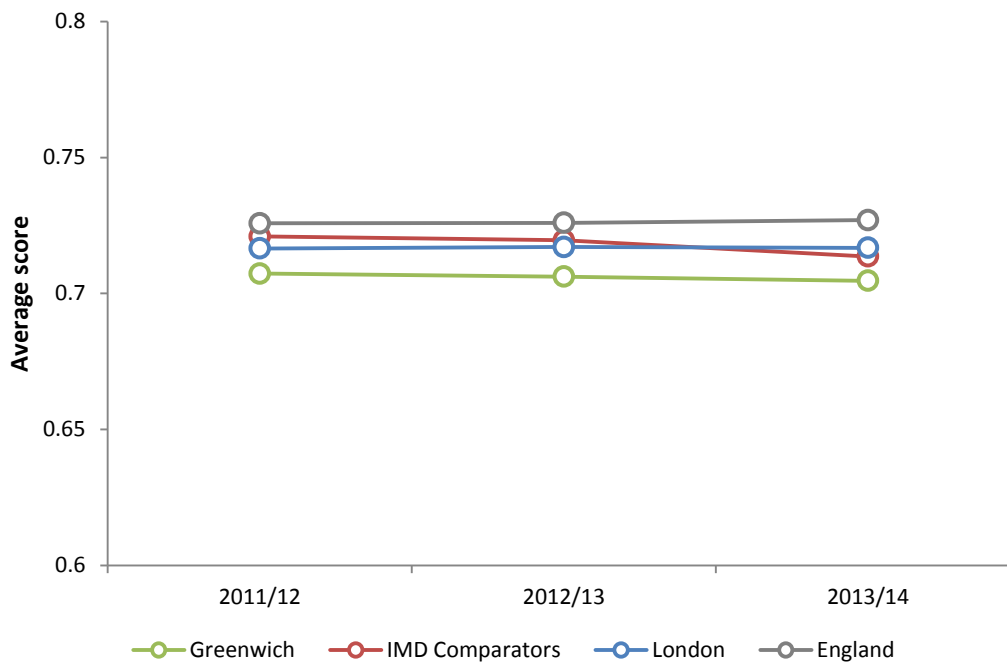
The indicator for health-related quality of life for older people assesses whether health-related quality of life is changing over time, while controlling for potential measurable confounders. Health status is derived from responses to Q34 on the GP Patient's Survey, which asks respondents to describe their health status using the five dimensions of the EuroQuol 5D (EQ-5D) survey instrument:

- Mobility
- Self-care
- Usual activities
- Pain / discomfort
- Anxiety / depression

It is accepted that the score value of 0 equals being dead, with score of 1 being allocated to patients who report the best possible health state. Negative score values indicate health states which are valued worse than being dead. More information about the survey methods can be found on the GP Patient's Survey [website](#).

Figure 14 presents the time trend for health-related quality of life for older people. There was little fluctuation in the quality of life scores over the last three years and Greenwich scores were consistently lower compared to the boroughs of similar levels of deprivation as well as London and national averages.

Figure 14 Health related quality of life for older people



Source: HSCIC NHS Outcomes Framework

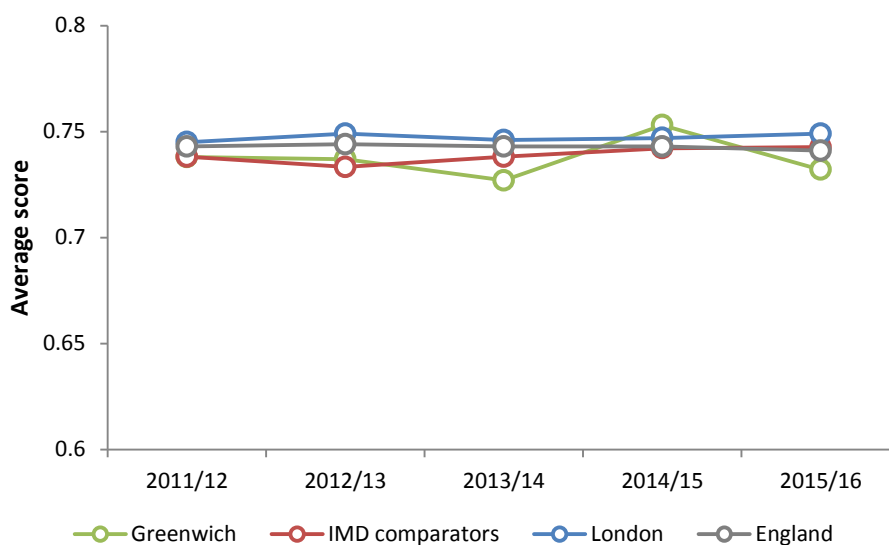
Health-related quality of life for people with long-term conditions

This indicator measures how successfully the NHS is supporting people with long-term conditions to live as normal a life as possible. It helps to understand whether health-related quality of life is improving over time for the population with long-term conditions (LCTs)⁵. Health-related quality of life for people with LCTs is the directly standardised average EQ-5D™ score for people self-reporting one or more LCTs in GP Patient Survey. Health-related quality of life refers to the extent to which people:

- have problems walking about
- have problems performing self-care activities
- have problems performing their usual activities
- have pain or discomfort
- feel anxious or depressed

Figure 15 presents a time trend for health-related quality of life for people with LCTs in Greenwich, boroughs with similar levels of deprivation, London and England. In 2015/16 in Greenwich, people with LCTs reported lower health-related quality of life relative to other comparators, around 0.73. It is accepted that the score value of 0 equals being dead, with score of 1 being allocated to patients who report the best possible health state. Detailed methodology for this indicator can be found on the data.gov [website](#). The detailed data for the Figure 15 are presented in Appendix 1 Data Tables.

Figure 15 Health-related quality of life for people with long-term conditions



Source: HSCIC NHS Outcomes Framework

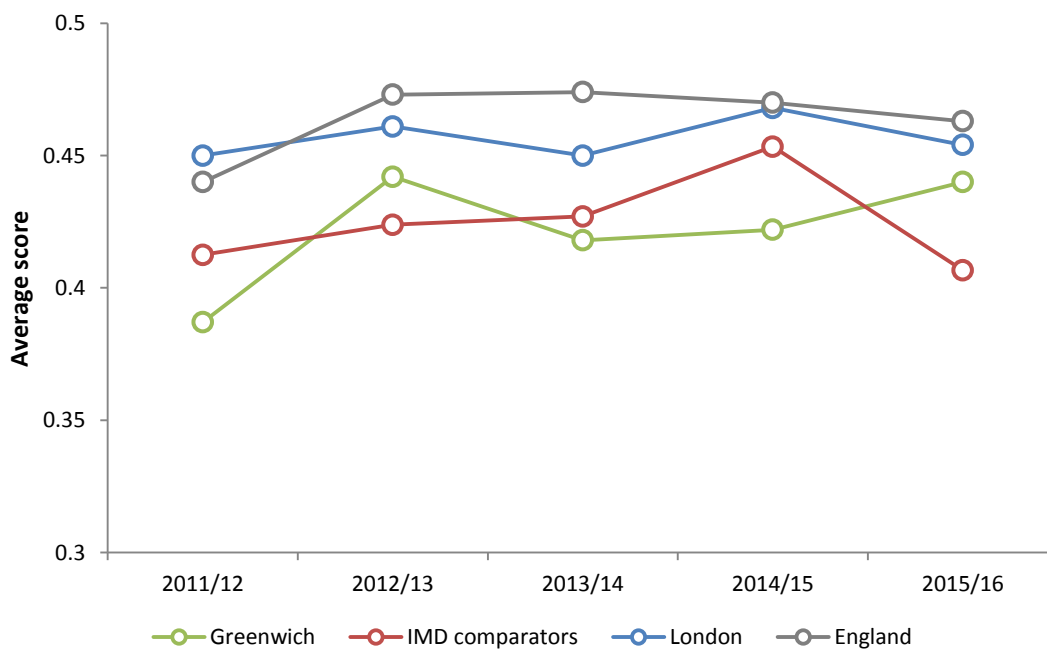
Health-related quality of life for people with three or more long-term conditions

Similarly to the previous indicator health-related quality of life for people with three or more long-term conditions (LCTs) looks at how successfully the NHS is supporting people with several LCTs to live as normal a life as possible.

Figure 16 presents the quality of life data from 2011-12 to 2015-16. Greenwich residents with three or more LCTs tend to report lower quality of life compared to the London and England averages, however these differences are not very large. In 2015-16 the reported quality of life in Greenwich was 0.44, compared to 0.45 in London and 0.46 in England. Health-related quality of life for people with three or more LCTs in the boroughs of similar levels of deprivation was reported at around 0.41. It is accepted that the score value of 0 equals being dead, with score of 1 being allocated to patients who report the best possible health state.

Compared to the previous indicator, health-related quality of life seems to drop significantly when people have three or more LCTs. The detailed data are presented in Appendix 1 Data Tables.

Figure 16 Health related quality of life for people with 3 or more long-term conditions



Source: HSCIC NHS Outcomes Framework

Well-being

Personal well-being

Personal well-being data can be used in a number of ways including to inform the policy-making process, both in central government and local government. These data can help policy-makers target policies at the groups or areas with the highest need in terms of personal well-being.

Since April 2011, the Annual Population Survey (APS) has included questions to monitor personal well-being in the UK. Personal well-being is assessed through 4 measures: life satisfaction, feeling worthwhile, happiness and anxiety. Well-being was measured on a scale from 0 to 10 and the data were collected using the following four questions:

1. Overall, how satisfied are you with your life nowadays?
2. Overall, to what extent do you feel the things you do in your life are worthwhile?
3. Overall, how happy did you feel yesterday?
4. Overall, how anxious did you feel yesterday?

Table 7 presents thresholds in defined response categories. Detailed information about the methods of estimating personal well-being can be found on the Office for National Statistics [website](#).

Table 7 Personal well-being components

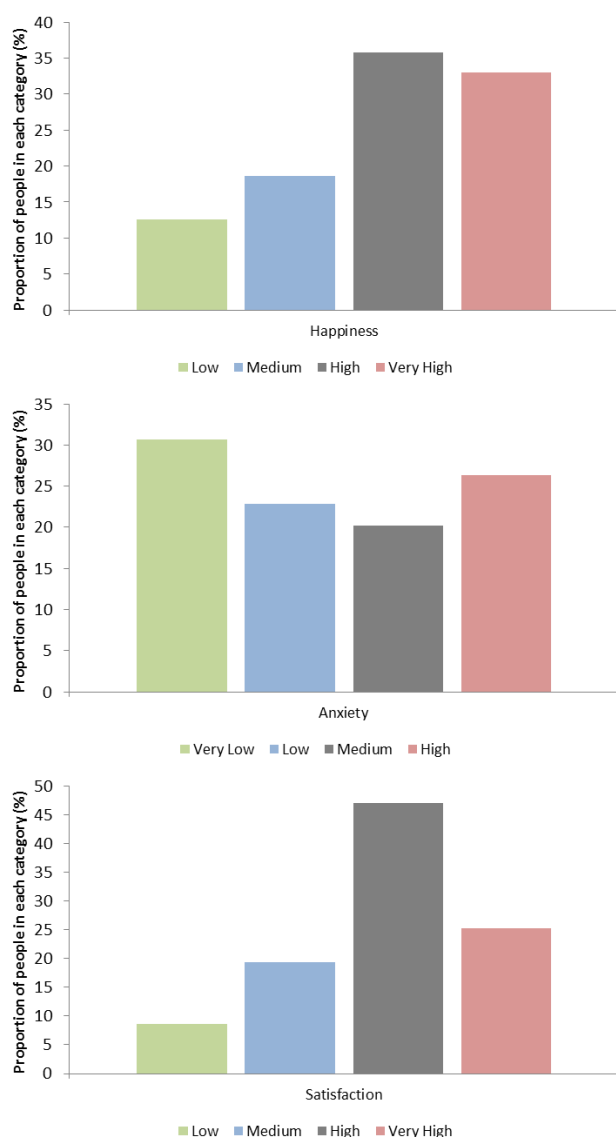
Life Satisfaction, Worthwhile, Happiness	Ratings	Anxiety	Ratings
Low	0 – 4	Very Low	0 – 1
Medium	5-6	Low	2 – 3
High	7 – 8	Medium	4 – 5
Very High	9-10	High	6-10

Source: Office for National Statistics

Because the APS well-being data were only given the status of National statistics from April 2013 to March 2014 onwards, there were not enough data points to build a meaningful trend graph. Therefore, only the most recent average scores for year 2014-15 are presented.

Figure 17 presents the proportion of Greenwich residents in each response category for Happiness, Anxiety and Satisfaction well-being components. Detailed data for feeling worthwhile were suppressed due to a small sample size.

Figure 17 Proportion of Greenwich residents in each well-being category, 2014-15



Source: Office for National Statistics

Table 8 presents average well-being scores for Greenwich, IMD comparators, London and England. The IMD comparators', London and England scores were compared to Greenwich scores and the per cent difference is presented in brackets. Anxiety scores have been reversed whereby high score means higher proportion of people with low anxiety. These data show that Greenwich residents have relatively lower life satisfaction, feeling worthwhile and happy compared to national, London and IMD comparators' scores. However, they are also less likely to feel anxious.

Table 8 Average well-being scores, 2014-15

	Life satisfaction	Worthwhile	Happiness	Anxiety
Greenwich	7.3	7.6	7.2	3.6
IMD comparators	7.5 (2.1% higher)	7.7 (1.1% higher)	7.4 (2.9% higher)	2.9 (19.5% lower)
London	7.5 (2.6% higher)	7.7 (1.2% higher)	7.4 (2.9% higher)	3 (15.2% lower)
England	7.6 (4% higher)	7.8 (2.2% higher)	7.5 (3.9% higher)	2.9 (19.4% lower)

Source: Office for National Statistics; Greater London Authority

Ward well-being score

The GLA have developed a more holistic measure of well-being at a Ward level. These Ward level well-being scores present a combined measure of well-being based on 12 different indicators. The indicators and the subject they belong to are presented in Table 9.

Table 9 Ward well-being score indicators

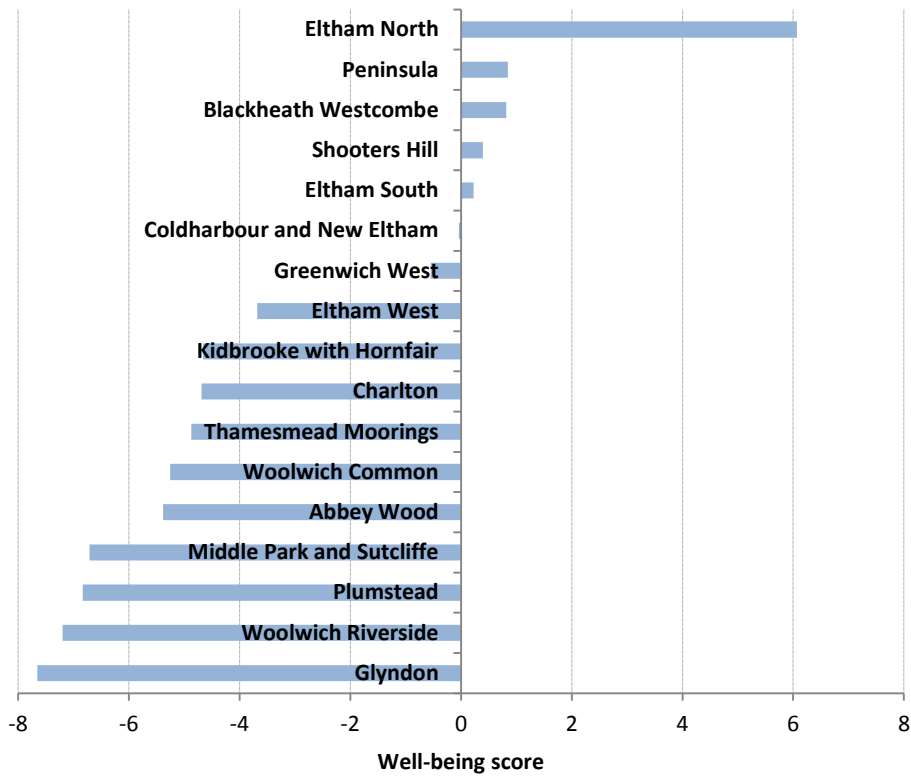
Indicator	Subject
Life Expectancy	Health
Childhood Obesity	
Incapacity Benefits claimant rate	
Unemployment rate	Economic security
Crime rate	Safety
Deliberate Fires	
GCSE point scores	Education
Unauthorised Pupil Absence	Children
Children in out-of-work households	Families
Public Transport Accessibility Scores (PTALs)	Transport
Access to public open space & nature	Environment
Composite Subjective Well-being Score (Life Satisfaction, Worthwhileness, Anxiety, and Happiness)	Happiness

Where possible each indicator score was compared to the England and Wales average, which is zero. Positive scores therefore indicate higher and negative scores indicate lower well-being on average. More detailed methods on Ward well-being scores can be found on the London Datastore [website](#).

Figure 18 presents well-being scores for Greenwich Wards. As evident from these data, only 5 out of 17 Greenwich Wards report relatively higher well-being compared to the England and Wales average.

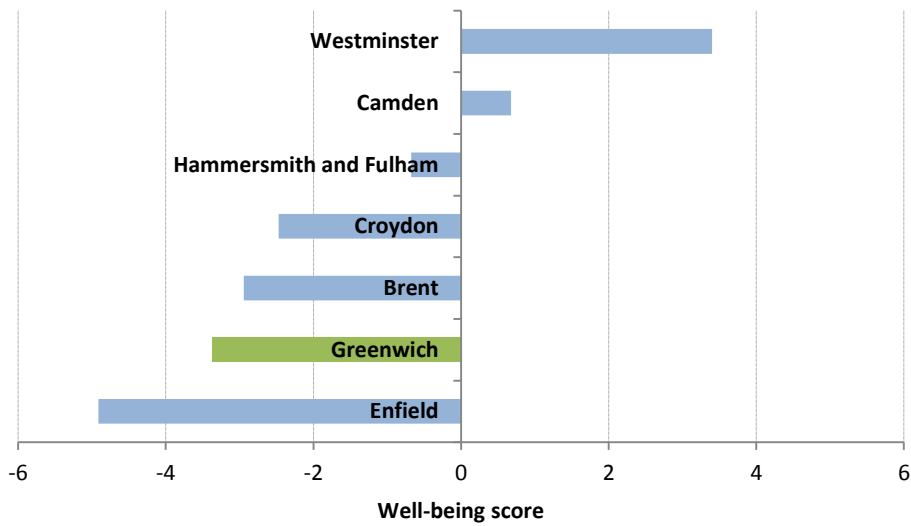
Figure 19 presents the average well-being score for Greenwich and the boroughs of similar level of deprivation. These scores were calculated using Ward well-being scores' data. According to these data, Greenwich has one of the lowest well-being scores when compared to areas with similar levels of deprivation. The only other borough where well-being score is lower than Greenwich was Enfield. Camden and Westminster well-being scores were higher compared to the England and Wales average.

Figure 18 Greenwich Ward well-being scores, 2013



Source: GLA London Datastore

Figure 19 Greenwich and IMD comparators well-being scores, 2013



Source: GLA London Datastore

Appendix 1 Data Tables

Table 1 Life expectancy at birth

Period	Life expectancy at birth (years) males				Life expectancy at birth (years) females			
	Greenwich	IMD Comparators	London	England	Greenwich	IMD Comparators	London	England
2000 - 02	74.2	76.1	75.8	76	80.1	81.3	80.8	80.7
2001 - 03	74.1	76.3	76.0	76.2	80.0	81.4	80.8	80.7
2002 - 04	74.6	76.6	76.4	76.5	80.1	81.7	81.1	80.9
2003 - 05	74.8	77.0	76.8	76.9	80.1	81.9	81.4	81.1
2004 - 06	75.1	77.8	77.3	77.3	80.6	82.5	81.9	81.5
2005 - 07	75.1	78.2	77.7	77.6	81.2	83.0	82.3	81.8
2006 - 08	75.7	78.7	78.1	77.9	81.5	83.4	82.6	82.0
2007 - 09	76.2	79.0	78.5	78.2	81.7	83.7	82.9	82.3
2008 - 10	77.1	79.3	78.8	78.5	81.6	83.8	83.2	82.5
2009 - 11	77.8	79.8	79.3	78.9	82.1	84.1	83.6	82.9
2010 - 12	78.5	80.1	79.7	79.2	82.2	84.3	83.8	83.0
2011 - 13	78.7	80.4	80.0	79.4	82.8	84.7	84.1	83.1
2012 - 14	79.0	80.8	80.3	79.5	82.5	85.0	84.2	83.2

Table 2 Life expectancy at 65

Period	Life expectancy at 65 (years) males				Life expectancy at 65 (years) females			
	Greenwich	IMD Comparators	London	England	Greenwich	IMD Comparators	London	England
2000 - 02	15.4	16.7	16.2	16.1	19.3	20.1	19.5	19.2
2001 - 03	15.3	16.8	16.4	16.3	19.0	20.1	19.5	19.3
2002 - 04	15.3	17.0	16.6	16.5	19.0	20.2	19.6	19.4
2003 - 05	15.2	17.3	16.9	16.8	19.1	20.4	19.8	19.6
2004 - 06	15.6	18.1	17.3	17.1	19.7	20.9	20.3	19.9
2005 - 07	15.9	18.3	17.6	17.4	19.9	21.3	20.6	20.1
2006 - 08	16.3	18.5	17.9	17.6	19.9	21.5	20.8	20.3
2007 - 09	16.6	18.5	18.1	17.9	19.9	21.8	21.1	20.5
2008 - 10	17.1	18.9	18.4	18.1	19.9	21.9	21.3	20.7
2009 - 11	17.4	19.3	18.7	18.4	20.4	22.2	21.7	21.1
2010 - 12	17.6	19.5	18.9	18.6	20.5	22.3	21.7	21.1
2011 - 13	17.6	19.6	19.1	18.7	20.9	22.6	21.9	21.1
2012 - 14	17.9	19.8	19.2	18.8	20.6	22.8	21.9	21.2

Table 3 Slope Index of Inequality at birth

Year	Male				Female			
	Greenwich	IMD comparators	London	England	Greenwich	IMD comparators	London	England
2002-04	6.4	9.4	7.3	9.4	6.6	5.0	4.6	6.4
2003-05	6.4	9.4	6.8	9.4	6.7	5.3	4.9	6.5
2004-06	7.6	9.6	6.9	9.5	5.4	5.3	5.0	6.6
2005-07	7.9	10.3	7.4	9.7	5.6	5.7	5.1	6.7
2006-08	8.5	10.4	7.7	9.8	5.8	5.9	4.9	6.8
2007-09	7.9	9.8	7.7	9.8	6.9	6.1	5.0	6.9
2008-10	7.4	9.0	7.5	9.6	6.9	6.3	4.9	7.0
2009-11	6.1	8.9	7.4	9.4	5.8	6.2	4.9	6.9
2010-12	5.4	9.1	7.2	9.2	5.6	6.6	5.0	6.8
2011-13	4.8	8.8	7.0	9.1	5.9	6.1	4.8	6.9
2012-14	5.7	8.8	7.1	9.2	5.3	5.9	4.7	7.0

Table 4 Life expectancy years gained or lost in Greenwich as a whole if it had the same mortality rates as England as a whole, by detailed cause of death, 2012-2014

Broad cause of death	Detailed cause of death	Male			Female		
		Number of deaths in local authority	Number of excess deaths in local authority	Number of years of life gained/lost* in local authority	Number of deaths in local authority	Number of excess deaths in local authority	Number of years of life gained/lost* in local authority
Circulatory	Coronary Heart Disease	295	-20	-0.07	224	3	0.06
	Stroke	129	11	0.05	153	-31	-0.11
	Other circulatory	154	-1	-0.01	184	-21	-0.06
Cancer	Lung cancer	168	24	0.12	145	23	0.11
	Other cancers	529	19	0.10	431	-58	-0.29
Respiratory	Pneumonia	97	-1	-0.01	139	4	0.03
	Chronic obstructive airways disease	161	49	0.23	160	49	0.24
	Other respiratory disease	48	-14	-0.05	68	1	0.02
Digestive	Chronic liver disease including cirrhosis	58	15	0.08	21	-3	-0.01
	Other digestive	79	11	0.06	103	12	0.07
External	Suicide	27	-26	-0.18	8	-7	-0.04
	Other external	63	-29	-0.18	47	-16	-0.09
Mental and behavioural	Dementia & Alzheimer's disease	174	44	0.18	399	110	0.46
	Other mental and behavioural disorders	2	-4	-0.03	5	1	0.00
Other	Infectious and parasitic diseases	32	9	0.04	46	20	0.09
	Urinary conditions	34	6	0.03	62	18	0.08
	Ill-defined conditions	24	-4	-0.02	55	-19	-0.05
	Diabetes	36	14	0.06	20	-4	-0.01
	Other	130	10	0.01	156	28	0.18
Deaths under 28 days	Deaths under 28 days	28	7	0.08	15	-1	-0.02

Table 5 Life expectancy years gained or lost in Greenwich most deprived quintile if it had the same mortality rates as Greenwich least deprived quintile, by detailed cause of death, 2012-2014

Broad cause of death	Detailed cause of death	Male			Female		
		Number of deaths in most deprived quintile	Number of excess deaths in most deprived quintile	Number of years of life gained/lost* in most deprived quintile	Number of deaths in most deprived quintile	Number of excess deaths in most deprived quintile	Number of years of life gained/lost* in most deprived quintile
Circulatory	Coronary Heart Disease	71	31	0.74	54	16	0.37
	Stroke	23	4	0.11	23	-5	-0.19
	Other circulatory	32	8	0.20	39	-3	0.15
Cancer	Lung cancer	47	25	0.60	39	22	0.61
	Other cancers	119	27	0.71	70	-27	-0.62
Respiratory	Pneumonia	16	3	0.09	26	1	0.08
	Chronic obstructive airways disease	35	20	0.47	38	16	0.50
	Other respiratory disease	11	1	0.06	15	2	0.13
Digestive	Chronic liver disease including cirrhosis	17	7	0.21	6	3	0.10
	Other digestive	22	12	0.31	24	11	0.29
External	Suicide	5	2	0.05	2	-2	-0.03
	Other external	10	2	0.09	10	6	0.22
Mental and behavioural	Dementia & Alzheimer's disease	42	14	0.23	94	-3	-0.12
	Other mental and behavioural disorders	0	0	0.00	1	0	0.02
Other	Infectious and parasitic diseases	6	-2	-0.05	12	4	0.12
	Urinary conditions	8	3	0.06	10	-1	-0.03
	Ill-defined conditions	5	3	0.03	11	-2	-0.05
	Diabetes	7	3	0.08	4	3	0.08
	Other	29	5	0.24	27	-17	-0.52
Deaths under 28 days	Deaths under 28 days	10	9	0.46	2	1	0.03

Table 6 Healthy life expectancy at birth

Period	Healthy life expectancy at birth (years), males				Healthy life expectancy at birth (years), females			
	Greenwich	IMD comparators	London	England	Greenwich	IMD comparators	London	England
2009 - 11	61.7	63.1	63.0	63.2	63.0	64.5	63.8	64.2
2010 - 12	62.1	63.6	63.2	63.4	63.3	64.2	63.6	64.1
2011 - 13	61.0	62.6	63.4	63.3	64.3	63.7	63.8	63.9
2012 - 14	60.0	64.9	64.0	63.4	63.5	64.4	64.1	64.0

Table 7 Mortality from causes considered amenable to health care, directly standardised rates per 100,000 European standard population

Year	Males			Females		
	England	London	Greenwich	England	London	Greenwich
1995	328.26	345.19	331.72	204.74	201.34	202.93
1996	318.1	334.08	362.09	197.01	200.52	246.25
1997	300.01	305.32	330.92	190	190.69	219.62
1998	287.64	294.22	309.44	182.43	182.21	207.34
1999	267.28	275.11	301.78	169.01	172.29	198.19
2000	260.55	276.84	326.57	165.11	172.5	193.52
2001	236.55	248.85	265.47	151.63	159.32	170.94
2002	226.13	239.92	287.21	144.57	146.99	159.25
2003	215.58	232.14	303.27	138.7	145.61	158.24
2004	200.08	209.77	215.48	129.82	136.21	163.15
2005	187.76	193.63	241.15	123.82	124.97	133.44
2006	175.8	185.39	233.36	117.39	113.89	127.05
2007	165.98	175.74	246.75	112.02	109.79	121.98
2008	158.92	167.29	213.68	108.32	111.06	126.2
2009	149.34	152.36	191.62	100.2	100.33	107.71
2010	144.96	147.31	150.4	96.27	95.16	127.04
2011	144.15	142.27	147.19	96.25	93.42	106.46
2012	136.41	145.27	183.34	93.89	93.01	107.04
2013	135.46	140.06	136.45	91.16	89.82	108.24
2014	131.36	132.53	124.86	88.67	90.46	92.51

Table 8 Potential Years of Life Lost from causes considered amenable to healthcare, directly standardised rates per 100,000 population

Year	Male			Female		
	England	Greenwich	London	England	Greenwich	London
2003	4498.9	5996.9	4885.2	3400.1	3978.9	3533.6
2004	4291.1	4379.2	4497.4	3259.4	4466.1	3472.9
2005	4099.3	5261.8	4315.2	3165.7	3656.3	3165.9
2006	3944.5	5145.7	4143.3	3032.4	3331.6	2925.2
2007	3809.8	5777	4029.2	2944.5	2857.9	2874.3
2008	3698.9	4837.7	3855.8	2877.2	3136.6	2903.7
2009	3564.8	4492.1	3576.4	2749.3	2827.8	2709.2
2010	3478.6	4183.4	3485.9	2646.3	3556.8	2579.8
2011	3311.5	3426.8	3219.2	2580.5	2819.2	2443.1
2012	3122	3962.1	3264.6	2498.8	2870.6	2436
2013	3167.8	2960	3219.2	2470	2797.7	2387.5
2014	3168.5	2913.6	3130	2484	2445.8	2462.6

Table 9 Health related quality of life for older people

Year	England	London	IMD Comparators	Greenwich
2011/12	0.726	0.717	0.721	0.707
2012/13	0.726	0.717	0.720	0.706
2013/14	0.727	0.717	0.714	0.705

Table 10 Health-related quality of life for people with long-term conditions

Year	Greenwich	IMD comparators	London	England
2011/12	0.738	0.738	0.745	0.743
2012/13	0.737	0.733	0.749	0.744
2013/14	0.727	0.738	0.746	0.743
2014/15	0.753	0.742	0.747	0.743
2015/16	0.732	0.743	0.749	0.741

Table 11 Health-related quality of life for people with three or more long-term conditions

Year	Greenwich	IMD comparators	London	England
2011/12	0.387	0.413	0.450	0.440
2012/13	0.442	0.424	0.461	0.473
2013/14	0.418	0.427	0.450	0.474
2014/15	0.422	0.453	0.468	0.470
2015/16	0.440	0.407	0.454	0.463

Table 12 Annual Population Survey Personal Well-being National Statistics: average ratings and proportion of residents in each category of personal well-being

Area Name	Happiness				Anxiety				Worthwhile				Satisfaction			
	Low	Medium	High	Very High	Very Low	Low	Medium	High	Low	Medium	High	Very High	Low	Medium	High	Very High
Greenwich	13	19	36	33	31	23	20	26	x	x	x	x	9	19	47	25
Brent	7	21	46	27	42	27	16	14	x	x	x	x	x	x	x	x
Camden	8	22	42	27	28	34	17	21	x	x	x	x	5	17	60	18
Croydon	11	17	37	35	41	20	19	20	x	x	x	x	x	x	x	x
Enfield	x	x	x	x	46	31	13	10	x	x	x	x	x	x	x	x
Hammersmith and Fulham	10	18	39	33	35	25	21	19	x	x	x	x	x	x	x	x
Westminster	x	x	x	x	28	28	23	20	x	x	x	x	x	x	x	x
London	8	18	42	31	36	26	19	19	4	14	50	32	5	17	53	25
England	9	17	40	34	41	23	17	19	4	13	49	34	5	15	52	28

Table 13 Greenwich and IMD comparators well-being scores

Borough name	Well-being score 2013
Enfield	-4.91112616
Greenwich	-3.36927392
Brent	-2.94490018
Croydon	-2.47206395
Hammersmith and Fulham	-0.67323326
Camden	0.679455014
Westminster	3.402054308

Table 14 Greenwich Ward well-being scores

Ward name	Well-being score 2013
Glyndon	-7.65577363
Woolwich Riverside	-7.19685329
Plumstead	-6.83238349
Middle Park and Sutcliffe	-6.7128728
Abbey Wood	-5.38162187
Woolwich Common	-5.25556123
Thamesmead Moorings	-4.8718674
Charlton	-4.6888959
Kidbrooke with Hornfair	-4.66143811
Eltham West	-3.68049121
Greenwich West	-0.54493708
Coldharbour and New Eltham	-0.04001526
Eltham South	0.227736248
Shooters Hill	0.392160682
Blackheath Westcombe	0.815188312
Peninsula	0.845226605
Eltham North	6.068202805

Table 15 Quintiles for well-being score ranks for London boroughs: dark red – the worst 20%, dark green – the best 20%

London boroughs	Life satisfaction	Worthwhile	Happiness	Anxiety
Greenwich	30	22	31	1
Barking and Dagenham	29	26	27	14
Barnet	10	2	10	31
Bexley	13	12	17	15
Brent	32	31	20	30
Bromley	1	1	7	26
Camden	31	26	29	9
Croydon	26	15	17	25
Ealing	4	7	7	7
Enfield	21	19	13	32
Hackney	24	26	30	3
Hammersmith and Fulham	13	20	21	11
Haringey	25	25	25	24
Harrow	19	26	3	29
Havering	10	15	24	22
Hillingdon	5	7	23	20
Hounslow	5	10	1	9
Islington	26	31	32	8
Kensington and Chelsea	3	14	10	17
Kingston upon Thames	15	13	6	13
Lambeth	23	23	21	19
Lewisham	28	30	28	11
Merton	8	11	3	5
Newham	12	4	1	28
Redbridge	9	4	12	23
Richmond upon Thames	17	6	7	3
Southwark	22	20	14	6
Sutton	5	2	3	21
Tower Hamlets	15	23	26	15
Waltham Forest	2	9	15	27
Wandsworth	19	15	17	18
Westminster	17	18	16	2

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