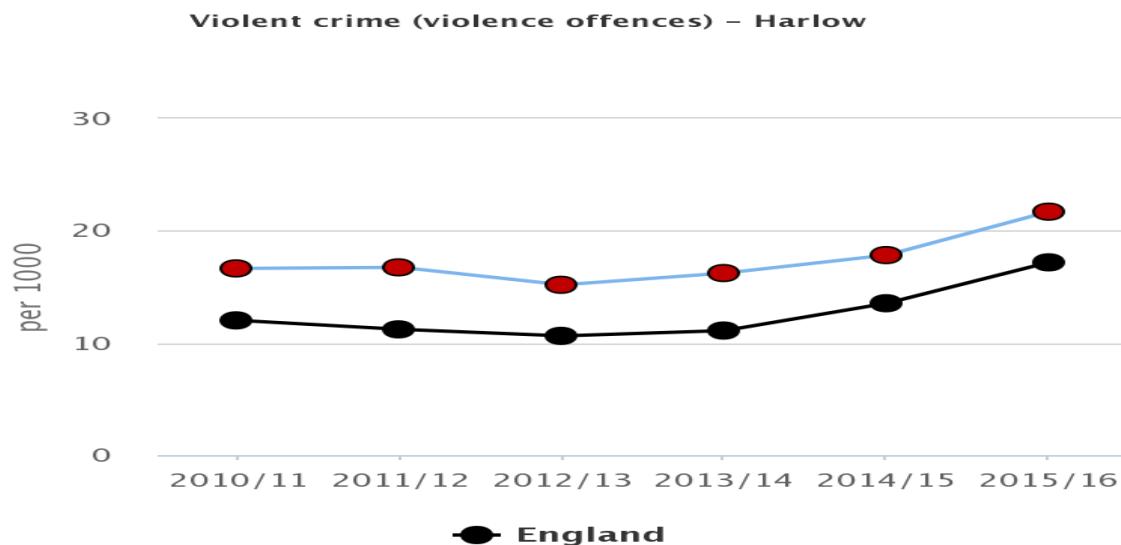


Evidence Base for Addressing Health Inequalities in Harlow

Health inequalities are differences in health outcomes between different population groups. To improve health and reduce inequalities, we need to consider all the factors that influence health, which are known as the wider determinants of health. The JSNA is a useful tool in identifying health and wellbeing priorities for the People of Harlow. However, it is not infallible as there are many ways in which we can challenge it. For example, it does not cover data regarding disability, social isolation, mental health or break down inequalities according to wards and super input/output areas. The following information has been collated from Public Health Profile (Public Health England 2016; Local Authority Harlow Portrait Harlow by Essex County Council, ECC Mental Health JSNA, Sport England and PHE).

There are several **deprived areas** with poor health and unemployment.

- Very high population density.
- Very high rate of **crime** scores above the England national average and is on the increase:



- Lower than average waste **recycling** levels

Reducing **smoking**, **drinking** and child/adult **obesity**, plus increasing the level of physical activity, are all areas for improvement.

- As well as Interventions needing to reach high risk groups, early intervention is key if we wish to reduce the number of preventable health conditions and service demand.

- Hospital admissions due to **alcohol** related conditions are worse than the England average.
- There is an increase in number of adults in **substance misuse** treatment.
- Harlow has the third highest rate of **diabetes** in the county.
- Higher rate of hospital admissions due to **hip fractures** than England.
- Both prevention and treatment are important to improving health outcomes.
- Poor **wellbeing** amongst adults but a lower than average percentage with **mental health** problems. – but is this just an indication for poorer levels of reporting? This is an especially pertinent question given that we are the 3rd most deprived area in the county and deprivation levels coincide with high rates for poor mental health as indicated in the Essex Mental Health JSNA March 2016.
- Increasing number of people with **dementia**. Unpaid carers require support to achieve their role.
- High proportion of **social tenants**, with fewer than average number of residents owning their own homes.
- Large rise in **house prices**.
- Very high proportions on the **housing waiting list** and in **temporary accommodation**.
- High rate of **homeless** households.
- Ageing population will impact on the availability of health services, housing and care homes

Health and Wellbeing factors which are not a key priority are:

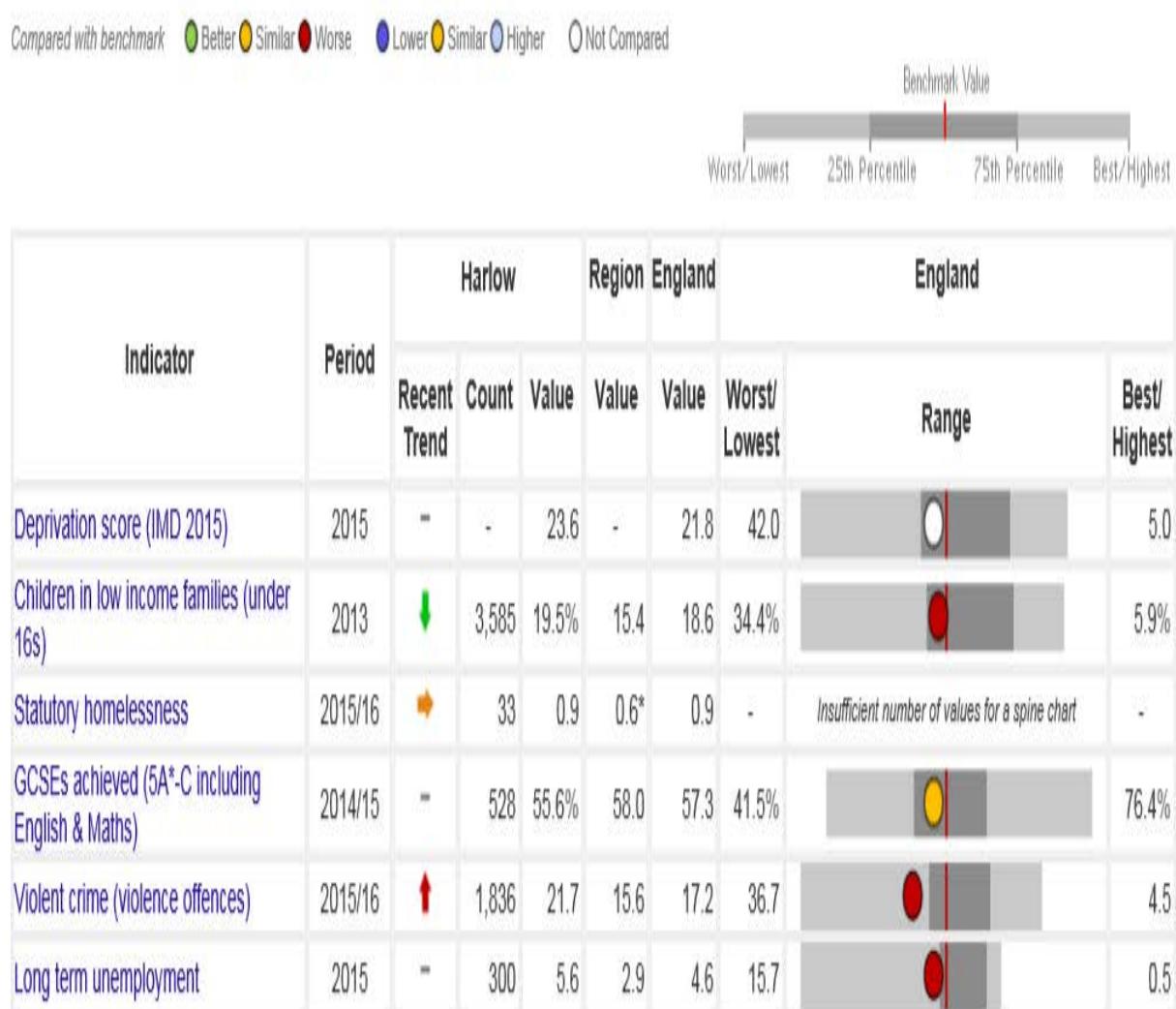
- 658 adults in Harlow were receiving **social care support** in 2014/15. 90% had personal budgets while 21% had Direct Payments, very close to the figures for the whole of Essex county average 90.%
- 74% of adults who had accessed **reablement services** during the year left as self-carers, i.e. being able to live independently, just above the county average of 71%.

(Reablement is a short-term service to help people with their daily living activities in order to regain or increase their independence following an illness, injury, disability or when people need some support in re-building confidence).

- 7.3% of Harlow households were deemed **fuel poor** in 2013, the third lowest district in Essex. Harlow scores well above the national average in regards to excess winter deaths.
- **Life expectancy for men** in the Harlow district is significantly worse than the national average, while life expectancy for women is similar to the national average.

So what are the facts saying are areas of concern?

- 980 people aged over 65 are thought to have **dementia** and this number is expected to rise by 29% to 1,390 by 2030, the lowest percentage increase in the county. There are all sort of vulnerabilities around dementia – safeguarding concern.
- 81.1 per 100,000 people (147) died prematurely from **cardiovascular disease** (2012-2014), the highest rate in the county. 48.5 per 100,000 (86) were preventable deaths from CVD.
- 618 per 100,000 (95) residents aged 65+ were admitted to hospital with **hip fractures** in 2014/15.
- Harlow has the third highest rate of **diabetes** in Essex at 6.7% (4,871) of the GP registered population. There was an increase in the number of recorded cases of diabetes in 2014/15, compared with the previous period, and the rate has been increasing over the last four years (as has the national figure). This may be due to higher levels of diabetes or improved detection by GPs. The rate is slightly above the national average.
- In addition the following indicators highlight some of the other areas where we are scoring below the England national average according to the Local profiles data from Public Health England:



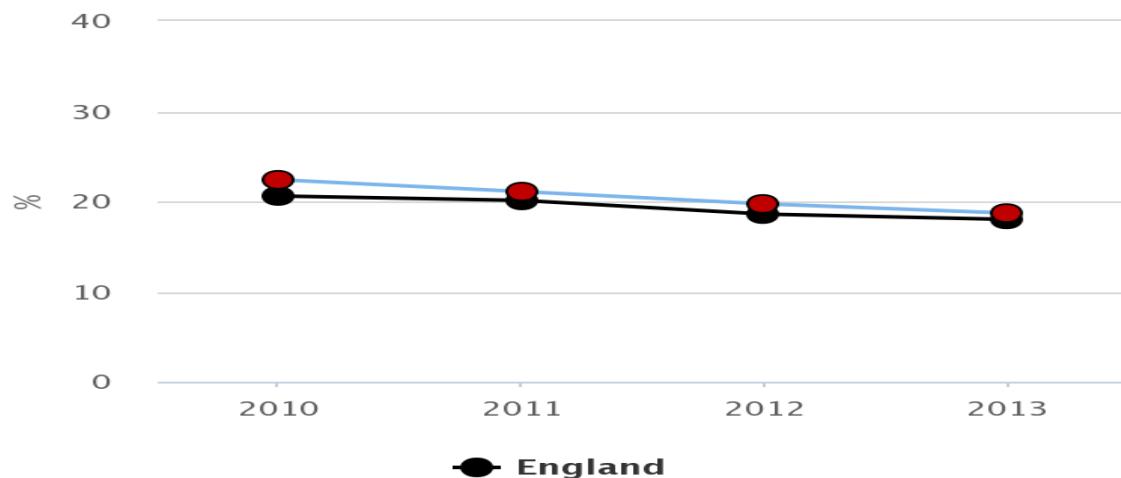
Alcohol

Local Alcohol Profile for Harlow: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/qid/1938132833/pat/6/par/E12000006/ati/101/are/E07000073>



Children in Poverty

Children in poverty (all dependent children under 20) – Harlow



Inactivity (Mid January 2014 – Mid January 2015 Sport England

<http://activepeople.sportengland.org/>)

Measure	Adult Population	
	Whole population (16+)	
Inactive	33.6%	
BMI (Body Mass Index) - Overweight [BMI range 25 - 29.9 kg/m ²]	36.8%	
BMI (Body Mass Index) - Obese [BMI range 30-39.9 kg/m ²]	16.9%	
BMI (Body Mass Index) - Morbidly obese [BMI > 40 kg/m ²]	*	
Nutrition - Eat 5 or more portions of fruit a day	44.8%	

* Data unavailable, question not asked or insufficient sample size.

Sport Participation Rates

Measure	Adult Population	
	Whole population (16+)	
Sports participation - At least once a week	33.0%	
Sports participation - Three (or more) times a week	15.6%	
Sports participation - Some, but less than three times a week	24.9%	
Sports participation - Any sport	43.4%	
Sports participation - No sport	56.6%	
Sport and active recreation (NI8) - Three (or more) times a week	22.5%	
Changes in sport participation levels in the last 12 months - More sport	*	
Changes in sport participation levels in the last 12 months - Same	66.2%	
Changes in sport participation levels in the last 12 months - Less sport	*	
Would like to do more sport - Overall latent demand	55.4%	
Would like to do more sport - Currently active	*	
Would like to do more sport - Currently inactive	*	
Participation in organised sport - Any organised sport	24.3%	
Participation in organised sport - Club membership	16.1%	
Participation in organised sport - Coaching or tuition	12.3%	
Participation in organised sport - Competition	*	

* Data unavailable, question not asked or insufficient sample size.

Long Term Unemployment (Local Profiles Public Health England)

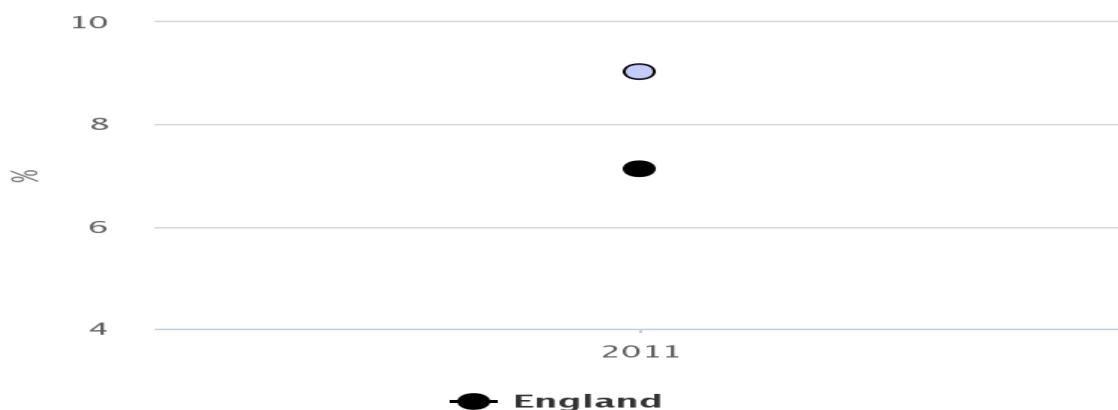


Children and Young People's Health and Wellbeing

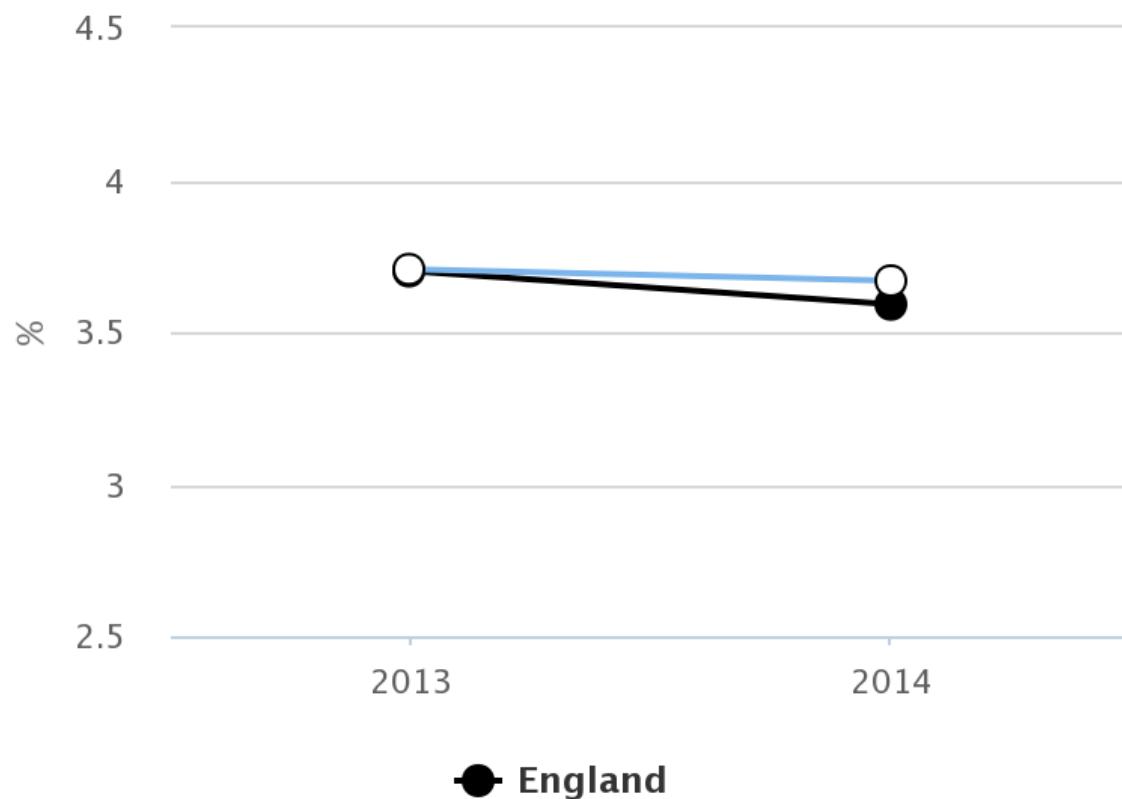
Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared

Indicator	Period	Harlow			Region		England		England	
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest	
Smoking status at time of delivery	2015/16	-	-	*	10.6*	10.6*	26.0%			1.8%
Breastfeeding initiation	2014/15	-	912	*	76.6	74.3	47.2%			92.9%
Obese children (Year 6)	2014/15	↓	215	21.0%	16.9	19.1	27.8%	●		9.2%
Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	-	17	28.7	26.3	36.6	104.4	●		10.2
Under 18 conceptions	2014	↓	53	36.3	20.2	22.8	43.0	●		5.2

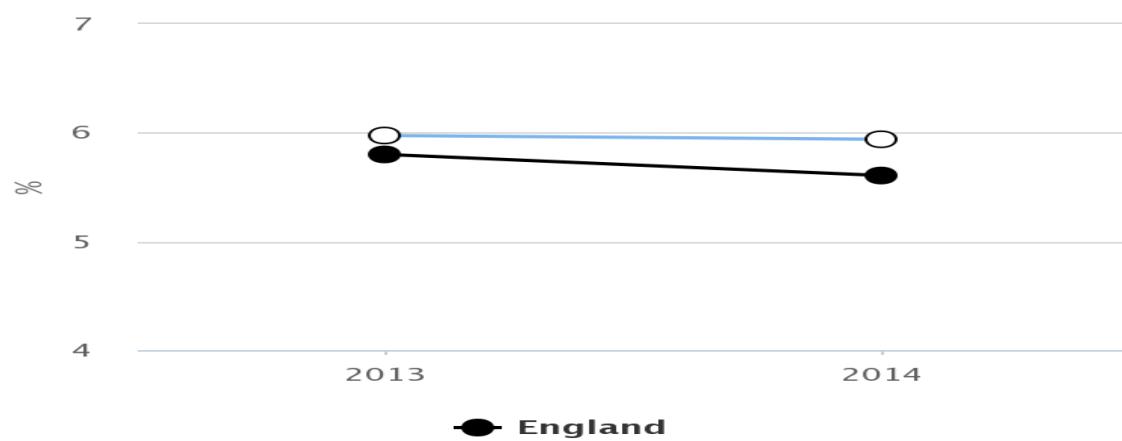
Lone parent households: % of households – Harlow



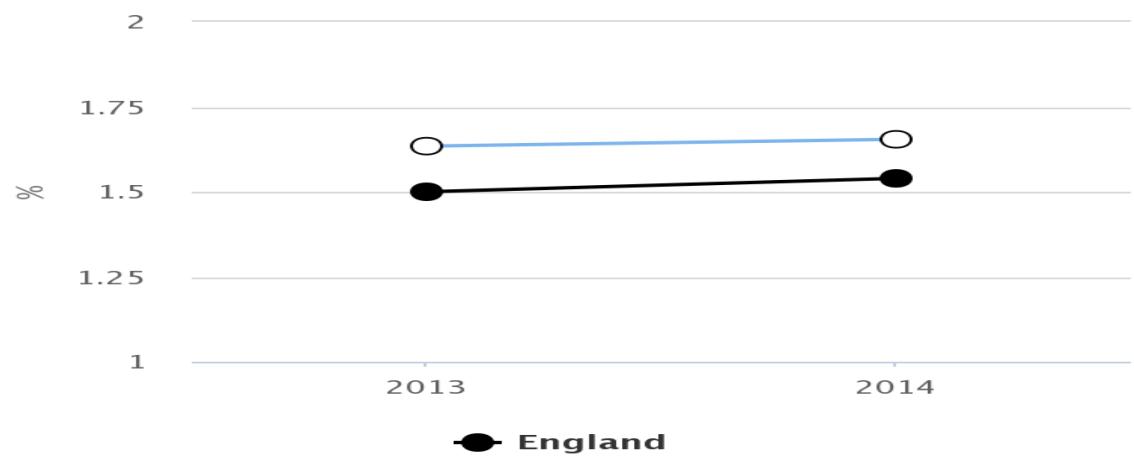
Estimated prevalence of emotional disorders: % population aged 5–16 – Harlow



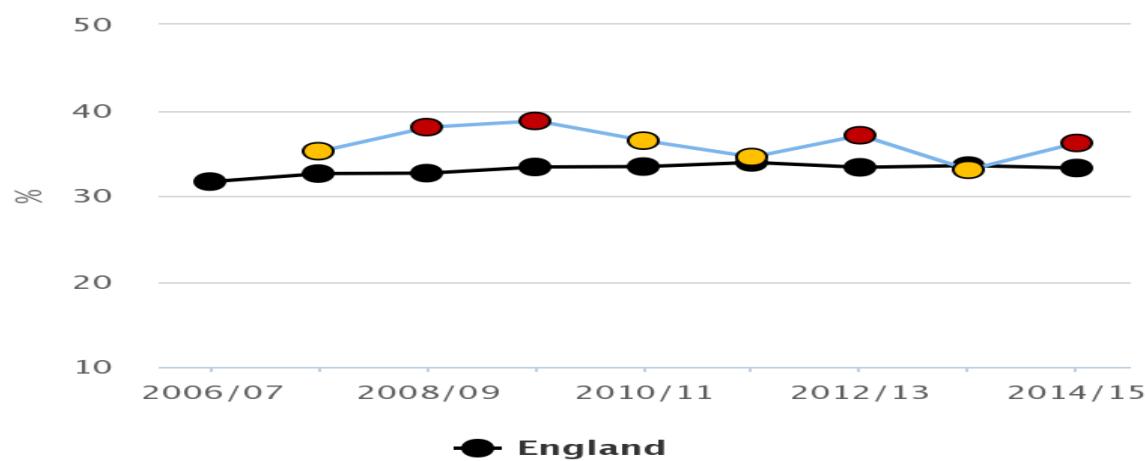
Estimated prevalence of conduct disorders: % population aged 5–16 – Harlow

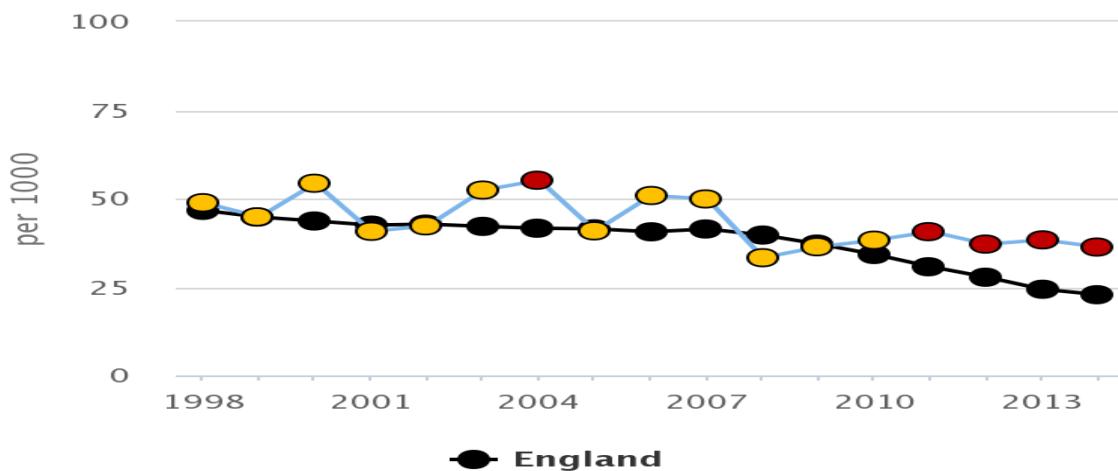


Estimated prevalence of hyperkinetic disorders: % population aged 5–16 – Harlow



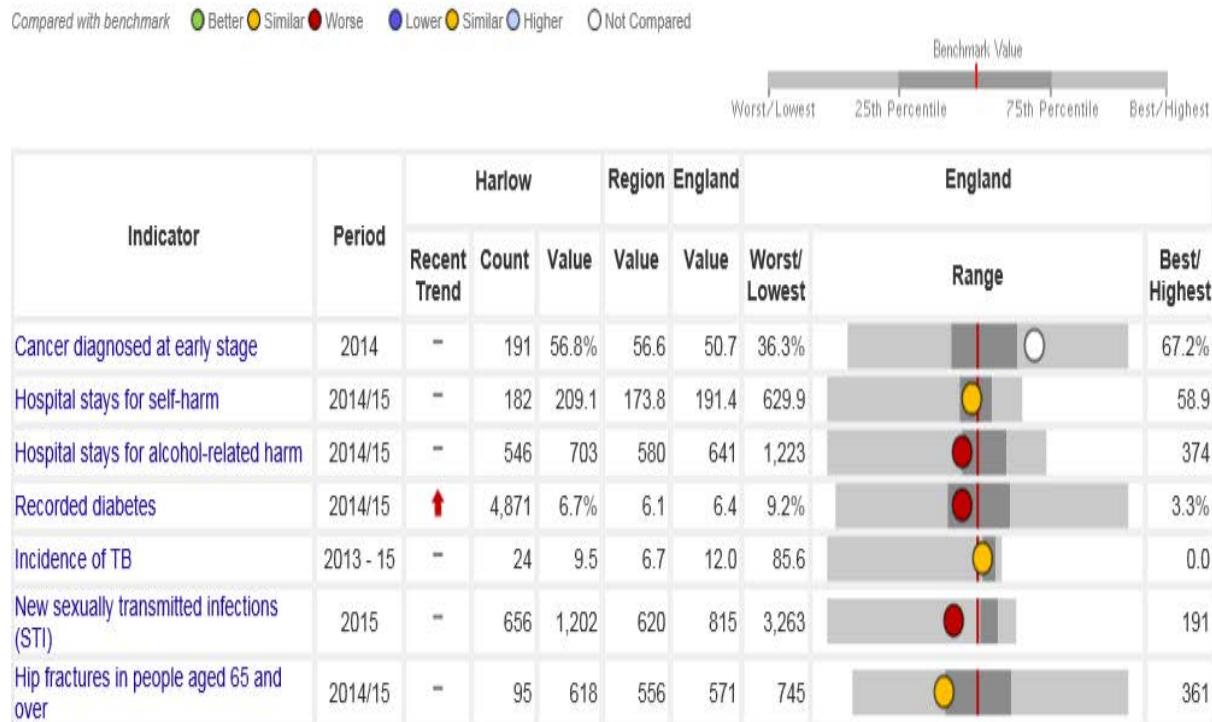
Year 6: Prevalence of overweight (including obese) – Harlow



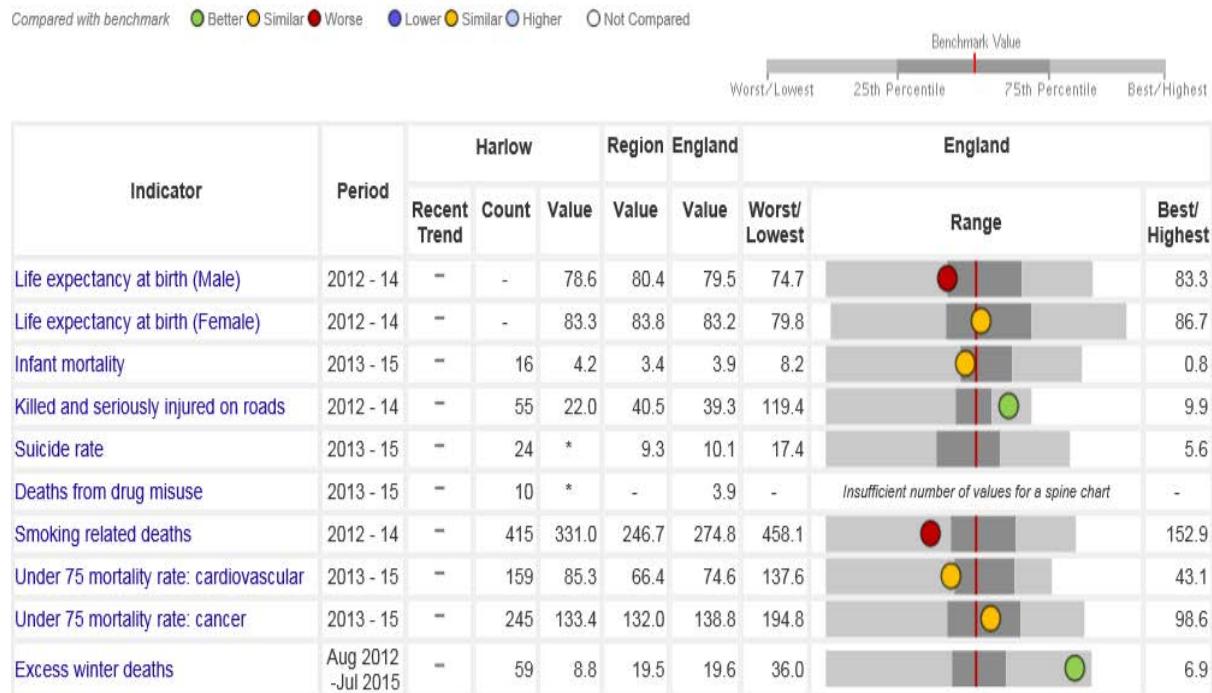
Under 18 conceptions – Harlow**Young people providing considerable care: % people aged 16–24 who provide 20 hours + of unpaid care per week – Harlow****Adults Health and Lifestyle**

Indicator	Period	Harlow			Region			England			Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range			
Smoking Prevalence in adults	2015	-	-	22.9%	16.6	16.9	32.3%	<div style="width: 22.9%; background-color: #ffffcc; border: 1px solid black;"></div>	<div style="width: 16.6%; background-color: #cccccc; border: 1px solid black;"></div>	<div style="width: 16.9%; background-color: #cccccc; border: 1px solid black;"></div>	7.5%
Percentage of physically active adults	2015	-	-	53.3%	57.8	57.0	44.8%	<div style="width: 53.3%; background-color: #ffffcc; border: 1px solid black;"></div>	<div style="width: 57.8%; background-color: #cccccc; border: 1px solid black;"></div>	<div style="width: 57.0%; background-color: #cccccc; border: 1px solid black;"></div>	69.8%
Excess weight in adults	2013 - 15	-	-	65.6%	65.6	64.8	76.2%	<div style="width: 65.6%; background-color: #cccccc; border: 1px solid black;"></div>	<div style="width: 64.8%; background-color: #ffffcc; border: 1px solid black;"></div>	<div style="width: 76.2%; background-color: #cccccc; border: 1px solid black;"></div>	46.5%

Disease and Poor Health



Life Expectancy and causes of Death

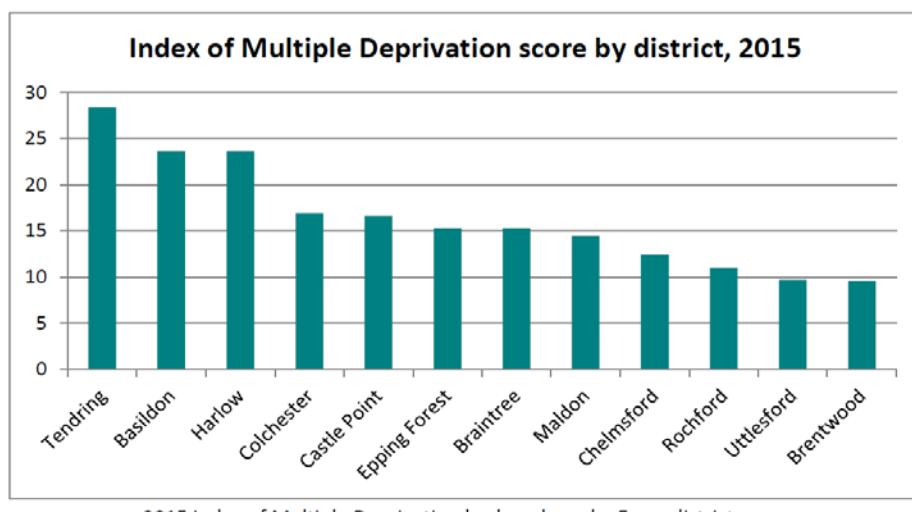


Deprivation, Poverty and Mental Health

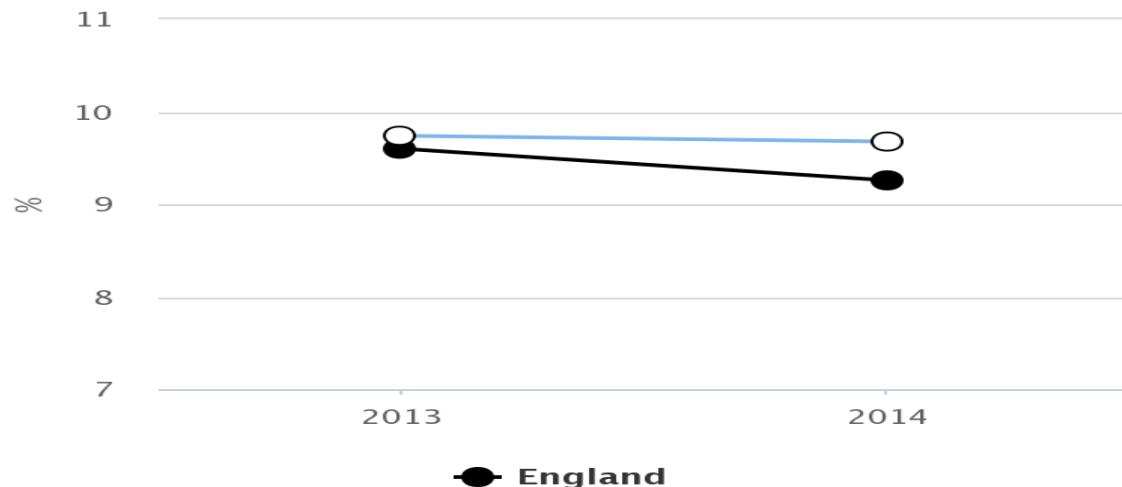
The Essex County Council Mental Health JSNA March 2016 provides intelligence regarding **Mental Health** across Essex and is framed around four key themes outlined in The Five Year Forward View and Mental Health:

- Mental health should be a priority for all as it can affect any person at any age and intersects all aspects of life (relationships, education, work, etc.)
- Mental health illness affects approximately 1 in 4 people in Essex and Nationally
- Early intervention and prevention is vital to mental health well-being and its sustainability
- Childhood is an important time for good mental health development and well-being
- Essex is experiencing increased demand for mental health services along with financial cutbacks, resulting in many challenges.

Deprivation can often be an indicator of mental health need, as it is related to many associated risks (housing, employment, poverty). Some of the most deprived and affluent areas of England are located within Essex, suggesting that mental health need may vary greatly across the county. The official measure of relative deprivation for small areas or communities in England is called the Index of Multiple Deprivation. Essex's 2015 IMD score is 17.2 compared to 21.8 nationally. When broken down further, certain areas in Essex stand out as having much higher deprivation scores. For example, the IMD for Tendring is 28.4-significantly higher than the countywide average, whilst Brentwood is significantly lower at 9.6



Estimated prevalence of any mental health disorder: % population aged 5-16 – Harlow



To summarise we are scoring below the national average on the following:

- Smoking and smoking related deaths
- Alcohol and substance misuse
- Diabetes
- Obesity
- Dementia
- Hip Fractures
- Homelessness
- Life expectancy for men
- Cardio Vascular Diseases
- Children from low income families (which has got worse over time)
- Long term unemployment (which has got worse over time)
- Under 18 conception rates
- STIs

Appendix B

- Lone parent households
- 2nd highest rate of multiple deprivation in the county after Tendering (which is a strong indicator that links to mental health)
- Violent Crime

Appendix B

