

## OUTCOMES RELATED TO PEOPLE IN HOUNSLOW: HEALTH, WELLBEING, EMPLOYMENT AND LIFELONG LEARNING

This paper outlines some of the key evidence on ‘people-based outcomes’ defined as the information and evidence that indicate personal wellbeing and focuses on the following aspects of residents’ lives in Hounslow:

- Demographics
- Health, wellbeing and lifestyle
- Income, employment, poverty and welfare
- Lifelong learning

Personal wellbeing is closely correlated to the ability to cope with emotional, mental and physical shocks faced by individuals and communities. This has been called ‘personal resilience’. This paper adopts this lens to:

- Review key trajectories and the emerging issues in Hounslow;
- Identify which groups are particularly at risk or vulnerable to certain shocks
- Highlight some of the key challenges and opportunities, which might affect outcomes for people as we plan for the next 20 years.

### DATA ON OUTCOMES FOR PEOPLE AND THE MAIN TRAJECTORIES

#### Demographics

##### Quick overview

- Growing population with high fertility levels
- High population mobility and areas of rapid churn and change
- A diverse borough with emerging new communities
- An ageing population with changing needs and demands

In 2017, the population of Hounslow is estimated to be between 274,000 people (Based on 2011 Census projections) – 315,000 people (based upon GP Registrations) with approximately 104,500 households. Hounslow is one of the most **rapidly growing boroughs** in London. Between 2001 and 2011 the population increased by 20%. This compares to an overall increase of 8% nationally over the same time period. The resident population in Hounslow is projected to grow to between 309,000 (projection based on 2011 census) and 321,000 (projection based on GP registrations) by 2035.

The borough is characterised by high rates of fertility and **high population mobility churn and change**. Figures suggest a population turnover of 43,477 people every year which is approximately one in six residents. Since 2001, there are significantly more areas in the borough which are made up of new migrants and immigrants into the United Kingdom.

Hounslow is an increasingly **diverse borough**. In 2011, 49% of residents were from Black and Minority Ethnic (BME) backgrounds. 2016 estimates suggest residents from BME backgrounds make up 51% of the population, which is projected to rise further. New communities living in the borough include Afghan, Bulgarian, and Nepalese communities.

Similar to the national trend, the population in the borough is **ageing**. Currently only 11% of the population are over 65, which is relatively low compared to national averages. However, 32% of the population is over 45, which is projected to increase to 35% by 2021. This may also impact on the numbers of people with chronic long term illnesses, those requiring social care and the number of carers in the borough.

## Health and Lifestyle

### Quick overview

- Children's health improving, however, tooth decay and obesity remain issues
- Healthy lifestyle behaviours are poor and the trajectory is worrying
- Prevalence of chronic diseases are increasing
- Late diagnosis of disease remains an issue
- Mental health is a key contributory factor in personal resilience
- Complexity of health conditions in older years remains a challenge and is likely to grow

Healthy residents are not simply free from disease but enjoy physical, mental and social wellbeing. From an early age, healthy lifestyle behaviours can play a significant role in building resilience, preventing disease and developing physical and mental wellbeing throughout life into old age.

Generally, the **health of children in their early years** in Hounslow has improved. Infant mortality is low, low birth weights have decreased, rates of breast feeding are high and smoking in pregnancy rates are significantly lower than the rest of London and England. However, in 2015/16 there were poor levels of childhood vaccination and two and half year health development reviews. **Child tooth decay** was higher than the London (27%) and national averages (24%), with a third of children aged 5 with decayed, missing or filled teeth. Tooth decay persists as the child gets older and dental extractions remain the top cause for **hospital admissions** and General Anaesthetic in children under 10 years old.

Poor oral health in children corresponds to low rates of **healthy lifestyle behaviours** in the borough, such as healthy eating and physical activity. In 2015/16, the prevalence of **overweight children** (including obese) in Hounslow is 20.7% in reception rising to 39.3% in Year 6. Unhealthy eating habits persist into adulthood with approximately one in every 12 adults are obese. In 2015, it was estimated that less than half (48.5%) of adults eat the recommended fruit and vegetables which is below London and national averages. Over a quarter (27.6%) of residents do less than 30 minutes per week of physical activity and 41.7% do not meet recommended activity guidelines.

With poor health behaviours, residents of Hounslow are at risk from **chronic diseases**, such as cardiovascular diseases, strokes, cancer and diabetes. According to national statistics, if current trends persist, one in three people will be **obese** by 2034 and one in ten will develop Type 2 **diabetes**. This is a particular concern for Hounslow, which has the third highest prevalence of the eight North West London CCG's with diabetes prevalence greater than England. Further, the diabetes prevalence is predicted to increase to 11% in 2030. Also, deaths from heart failure that occur at home in 2013/14 and hospital admission rates for coronary heart disease in 2014/15 were significantly higher in Hounslow than the rest of England. Early mortality rate (under 75) due to strokes was significantly higher in Hounslow than England for the same period (17.8 and 13.8 respectively per 100,000).

**Late diagnosis of diseases**, due to low referral rates and low uptake of screening, could also add to the complexity of treating chronic diseases and lower individual resilience. Rates of screening for cervical and bowel cancer were significantly lower in Hounslow than nationally. There is an estimated 2,000 people with undiagnosed atrial fibrillation (a known risk factor for strokes). Also, the number of residents receiving support for learning disability from Hounslow Council is about a fifth lower than the GP records. Coronary heart disease is a leading cause of death amongst people with learning disabilities with rates expected to increase due to lower reporting rates of illnesses and symptoms and less regular health checks.

**Mental health** also has an important impact on resilience to external stressors. Supporting mental health resilience on an individual and community level may assist to reduce the high levels of self-harm emergency admissions to hospital for both adults and young people aged between 10 and 24, which are significantly higher than London.

Although, Hounslow has one of the lowest percentages of people living alone in London or nationally, it is estimated that 3,000 residents experience chronic **loneliness**. Loneliness is particularly prevalent among residents over 65 years old and carers. Hounslow is ranked in the top 25 of local authorities in England on Age UK's predicted Loneliness Index.

Evidence suggests that feeling lonely or socially excluded can reduce our resilience, wellbeing and may have damaging consequences on physical health. However loneliness is not the same as **social isolation** but it may be associated. In 2014/5, the percentage of carers in Hounslow who reported that they had as much social contact as they would like was 26.3%, which was significantly lower than London (37.9%) and has decreased significantly over the last 3 years. (See Paper 3 for more work on social isolation)

In general, older people represent a high percentage of hospital admissions with longer stays due to the **complexity of their health conditions**. In Hounslow in 2015/16, there were significantly **high rates of falls** for people over the age of 65, resulting in 848 emergency admissions. The rate of falls is a concern for adults suffering from dementia, who are more likely to have complex long term rehabilitation problems. There are approximately 1,500 patients diagnosed with dementia in Hounslow, with a projected increase to 2200 patients by 2020.

## **Income, employment, poverty and welfare**

### **Quick overview**

- There is a shrinking working population
- Inequality in pay appears to be increasing
- There are rising numbers of low paid residents and workless households
- Child social care, lone households, child poverty and neglect remain worrying issues

In Hounslow, the proportion of the **working population** (ages 16-64) to overall residents is declining. While the proportion of the working population is just over two thirds of residents, this proportion has steadily declined since 2011 and will continue to decline as the population ages.

Initially, **unemployment and employment figures** in Hounslow look healthy. Unemployment (as a proportion of economically active residents) has decreased between 2011 and 2014 and is below the London average, employment levels are comparable to

London and national averages and the average gross weekly full time pay in Hounslow is actually significantly higher than the London and national averages. However, this masks growing inequality within the borough.

**Pay inequality** has risen between 2009 and 2014 and Hounslow is now ranked the 5<sup>th</sup> worst London borough in terms of 80:20 pay ratios. Inequality is particularly stark when comparing male and female employment and pay levels. While male full time pay in Hounslow is above the London average, female full time pay is significantly below. This trend is mirrored in fulltime employment levels. Low female fulltime employment levels may be partly attributable to the provision of unpaid care. Over two thirds of residents receiving the Carers' Allowance are female.

According to London's **poverty profile**, 27% of low-paid jobs are in the retail, wholesale and transport sector. Over a third of residents are employed in these industries and almost a quarter of employees living in the borough are low-paid, making Hounslow the 7<sup>th</sup> worst ranking London borough in terms of low-paid residents. Also, workless households in 2015 saw a 1.8% increase in Hounslow against a decrease in workless households in London and the rest of Great Britain.

Across London, adults with a disability and people from BME backgrounds are more likely to be in poverty than White British people and are disproportionately affected by unemployment, economic inactivity and low-paid jobs. Typically, Bangladeshi and Pakistani household incomes are lower (35%, 34% respectively) than the White British median. In 2015/16, 58% of White British families own their homes, accordingly the disposable income gap further increases, after accounting for housing costs, to 44% between White British households and Bangladeshi households.

In the 2011 Census, Hounslow recorded having 8,920 **lone parents** with dependent children, and 22% of households were classified as overcrowded. Increasing **child poverty** remains a concern. Hounslow has a child poverty rate of 30% (ranked 19 of the 33 London boroughs). The introduction of benefit caps and universal credit are placing more pressures on these lone parent households.

In Hounslow, the number of children who became the subject of a child protection plan rose from 235 to 243 in 2014/5 -15/16 and the highest proportion were initially identified with concerns of neglect and emotional abuse. An emerging issue, which could see a rise in child poverty is unaccompanied asylum seeking children, who made up 13% of looked after children in 2015/16.

## Education and lifelong learning

### Quick overview

- The gap of school readiness is closing
- There is generally good educational attainment
- Lower school performance for pupils with free school meals, young carers and pupils with SEN
- Hounslow has relatively low numbers of NEETs, but Looked after Children are overrepresented in this group

The majority of schools in Hounslow (94.3%) have received an Ofsted rating of Good or Outstanding, which has steadily improved since 2014. In terms of **school readiness**, in

2015/16 69.4% of children in Hounslow were achieving a level of development at the end of reception, compared to 71.2% for London. The gap between Hounslow and London/England has narrowed in recent years.

**Educational attainment** across the years compares well with London and the nation. Key Stage 2 performance was better than national averages. Progress 8 and English Baccalaureate performance placed Hounslow in the top of local authorities in England. Also, English Baccalaureate performance improved in 2016 and was above London and national performance. A Level exam entries awarded A\* - B grades remain comparable to London and national performance levels and improved 2.8% in 2016 from the previous year.

Notable exceptions to good educational attainment, were **pupils who received free school meals, young carers** and **children with a Statement of Educational Need (SEN)**. Although performance in the early years stage has been improving, the 'social class performance gap' between pupils who are and those who are not eligible for **free school meals** is wider than London and national levels. This gap remains significant for Key Stage 2 and GCSE.

Young carers have significantly lower educational attainment at GCSE level and are more likely to miss school or experience educational difficulties. There are close to 400 identified Young Carers in Hounslow, however, national research suggests that this could be as high as 2000. Similarly, children with SEN do not achieve the same academic standards of their peers. While 75% of all 19 year olds qualified to Level 3, less than half (43%) 19 year olds with SEN achieved the same. This is particularly relevant for Hounslow with relatively high numbers of pupils with SEN.

Encouragingly, in Hounslow levels of people without any qualifications are low compared to the national average and the percentage of 16 - 18 year olds **not in education, employment or training (NEET)** has decreased from 4.4% in 2010 to 2.5% in 2015, which is below regional and national levels. However, it has been noted that Looked after Children are often overrepresented in this group. Interestingly, in 2016 as the level of qualification increased, Hounslow falls significantly below London averages. This may correspond to poor local tertiary education opportunities and higher levels of low paid jobs in the borough compared to the rest of London.

## **HORIZON SCANNING AND POTENTIAL CHALLENGES AND OPPORTUNITIES**

### **Quick Overview**

- Budgetary cuts across the public sector are affecting services and may risk impacting on outcomes for people particularly vulnerable groups
- A skill - employment mismatch in Hounslow potentially puts many households at risk
- The changing nature of work, the potential impact of Brexit on immigration and a declining working age population may demand further upskilling and retraining
- Impact of leaving the EU on adult and children health and social care
- New technologies provide opportunities to deliver services and meet the needs of a changing population.

The impact of exiting the European Union, increasing public cuts, stalling devolution of finances and an increasing and ageing population facing greater and more complex health

needs places pressures on the resilience of people and communities to deal with shocks and stressors.

It is expected that external financial pressures are likely to **reduce public spending** further. Among the world's 28 leading economies, the UK has the largest deficit at 4.4% of GDP. The IMF has called for Britain to save more, provide workers with extra skills and make its economy more competitive to reduce the deficit. This may have an impact on many public services. It is estimated that councils alone are facing a funding gap of £5.8 billion by 2020 with an additional £1.3 billion needed to stabilise the adult social care provider market. Growth in local tax revenue alone is unlikely to address this funding gap, placing services including those aimed at vulnerable children and families at risk at risk and affecting other local partners' delivery efforts.

Gaining skills and lifelong learning play an important role in securing higher paid jobs, reducing poverty and improving mental wellbeing. Hounslow is currently **heavily dependent on Heathrow** for employment where 11,000 Hounslow residents are directly employed, predominantly in lower skilled occupations. However, the structure of employment at the airport is likely to change over time with increased technology, creating both opportunities and a risk for resident employment in the future.

Despite a strong representation of large multinational businesses in the boroughs there is a growing skills mismatch. Traditionally, skills gaps have been filled by higher skilled migration. With the upcoming exit from the European Union, the declining working age population and the changing nature of work this may be further exacerbated. It will be increasingly important to address these gaps by **retraining and upskilling** the current workforce.

The impact of the UK's vote to **leave the EU** is predicted to affect health and social care services. Freedom of movement and mutual recognition of professional qualifications within the EU means that many health and social care professionals currently working in the UK are originally from other EU countries. This includes 55,000 of the NHS's 1.3 million workforce and 80,000 of the 1.3 million workers in the adult social care sector which places a risk on delivery.

However, **new technologies** may offer new ways to support an ageing population or residents with a disability or chronic illness and help them to live independently at home. Telecare and telehealth services already play a role in preventing or managing some health conditions. Automation and technology could provide a viable solution to future proof against public cuts. Conversely this is also likely to impact on local residents currently employed within those sectors witnessing automation.

## CONCLUSION

This paper focussed on those aspects that affect people's personal resilience. Overall the evidence suggests a mixed picture of resilience with certain areas of concern that might make people more vulnerable to personal or environmental shocks. Looking forward, Brexit, new technologies, the changing nature and demands of a growing population and increasing budgetary pressures affecting service delivery models will provide both challenges and opportunities to improving wellbeing in the borough over the next 10-20 years.