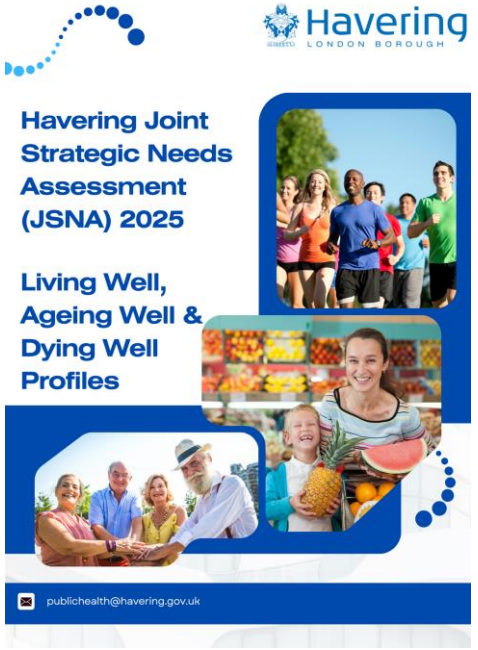
JSNA 2025:
Living Well, Ageing Well, Dying Well

Havering Health & Wellbeing Board

April 2025



Introduction

- This publication of JSNA covers the life courses of living well, ageing well, and dying well. Some areas overlap as no one situation is limited to one part of the life course.
- It includes all 4 pillars of health across the life course
  - Wider determinants of health
  - Places and communities
  - Lifestyle
  - Health and care
- It emphasises
  - The place shaping role of the council
  - The role of prevention in health and wellbeing outcomes
  - Health inequalities

Key findings: population

POPULATION & HEALTH OUTCOMES

According to the ONS 2023 mid-year population estimates, the Havering resident population is currently estimated to be **268,145**, an increase by **3.4**% in the last 5 years.

The Havering over 65 population (**16.7%**) remains higher than the London average (**12.2%**) but slightly lower than the England average (**18.7%**).

In 2024 there were an estimated **34** people aged 65 and over for **every 100** Havering residents of "working age" (20-64 years).

Non-communicable diseases make up approximately **79%** of the burden of disease experienced by Havering residents; the largest contributors of non-communicable disease being neoplasms (**17%** of the burden of DALYs), cardiovascular disease (**12%** of the burden of DALYs) and musculoskeletal disorders (**9%** of the burden of DALYs)

Havering is ranked near to the National average regarding an Active and Engaged Community (**14,510/33,755**), however has a higher score than the National average in the Loneliness Index (**Havering, 1.22; England 0.07**)

Key findings: Living Well

WIDER DETERMINANTS

As of 2023, the **Gross Weekly Pay** for full-time workers in Havering (**£781.90**) was lower than London average (**£796.30**)

As of December 2024, **7,655 people** in Havering (4.7% of the population, compared to 5.9% in London) were **claiming Job Seekers Allowance (JSA) or Universal Credit** for unemployment.

According to 2021 census, **20%** of residents in Havering **aged 16 and over** have **no formal qualifications**, higher than the proportion across London (**18.1%**) and England (**16.2%**), and the 7th highest rate in London.

In Havering, **19.7 per 1,000** households are owed a duty under the **Homelessness Reduction Act**, higher than in both London (**15.8**) and England (**12.4**).

Key findings: Living Well

PLACES AND COMMUNITIES

Domestic abuse in Havering has seen a steady increase over the past 3 years (668 per quarter in 2021 to 746 per quarter in 2022) and now constitutes **14% of reported crime**. This is the only crime type in Havering reported to reach a rate (34.5/1,000) similar to London average (34.5/1,000).

In 2024, Havering earned a combined score of **1.97** out of **10** in the overall **Healthy Street Score Card Assessment**- the **fifth lowest** in London.

In 2022, it was estimated that the equivalent of **6.4% of all-cause deaths** amongst adults aged 30 and over in Havering could have been attributable to exposure to **PM2.5 air pollution**.

In 2021/22, the number of premises licensed to sell **alcohol per square km in Havering** (**5.2**) was higher than England average (**1.3 per square km**), but significantly below the London average (**13.7 per square km**)

Havering's resident **digital exclusion risk index (2.8)** is slightly higher than the London average (**2.7**).

In 2021, Havering had the highest age standardised proportion (ASP) of residents providing **unpaid care** (**8.7%, 20,637 residents**) among all local authorities in London (**London average, 7.8%**).

In Havering, 2% of the population identify with one of the **LGBTQ+** orientations.

3,645 residents in Havering previously served in UK regular **armed forces** and **1,243** in UK reserve armed forces.

Key findings: Living Well

LIFESTYLE & BEHAVIOURS

In 2022/23, based on the latest Sport England Survey data from OHID, **65.8% of adults in Havering (18+)** were classified as **overweight or obese** using self-reported height and weight. This is in line with the **England average (64%)**

Havering had one of the highest proportions of respondents reporting being **physically inactive, at 27.9%**, higher than both London (**22.9%**) and England (**22.3%**) averages

Havering's adult **smoking prevalence** over the latest 3-year period (2021 to 2023) was **12.4%**, similar to London (**11.6%**) and England (**12.4%**) averages.

In 2023/24, the percentage of **pregnant women smoking** at time of delivery in Havering was **3.7%**, similar to London average (**3.9%**), but lower than the England average (**7.4%**)

The latest data (2023) shows that for every 100,000 deaths in Havering, **36 are related to alcohol**. This death rate is similar to the London (**34/100,000**) and England (**41/100,000**) averages

Number of Havering residents in treatment for **substance misuse** has increased from **528 in 2020/2021** to **1,093 in Q2 2024**. This was facilitated by offering additional capacity using a supplementary grant which will end in April 2025

Key findings: Living Well

INTEGRATED HEALTH & SOCIAL CARE

During the 2021-23 period, the under 75 mortality rate from **all cancers** in **Havering** (**116/100,000**) was higher than London average (**110/100,000**) but lower than England average (122). Under 75 mortality rate for **colorectal cancer** in Havering over the same period (12.1/100,000) was higher than both London (10.5/100,000) and England (11.9/100,000) averages

It is estimated that **5,265 residents** in Havering could be having **diabetes** without knowing it. Around **14,000 residents** currently do not know they have hypertension and therefore cannot seek help to stop the consequences

In 2023/24, the number of adults who were registered to a GP practice in Havering and had **depression or anxiety disorder** was **17%** (**49,665**)

According to GP records, **0.8%** of the Havering adult population (**2,073**) have a **Severe Mental Illness (SMI).**

In 2023/24, **1,368 Havering** residents aged 18-64 received a total of **2,043 care packages** support from Havering Adult Social Care

Key findings: Ageing Well

WIDER DETERMINANTS OF HEALTH

The number of Havering residents aged **65-84** is predicted to increase from 41,550 in 2025 to **45,321 in 2030 (9.1%)**, age group **85+** from 6,946 in 2025 to **7,168 in 2030 (12%)**

Nearly **7,000 older people** in Havering are estimated to be **living in poverty**

The estimated number of people in Havering aged 65 and over **unable to manage at least one activity on their own** is estimated to be 9,408, a rate of **19,478 per 100,000** population (**equivalent to 1 in 5**). This rate is the highest in London (alongside Bexley) and significantly higher than the London and England averages

Key findings: Ageing Well

PLACES & COMMUNITIES

About 12.7% (12,838) of the Havering population aged 66 years and above were living in **one-person households**, occupying almost half (48%) of all one-person households in Havering. This is the highest proportion among London boroughs (**London average 9.1%**) alongside Bexley (12.8%)

7.9% of Havering residents are **unpaid carers** and 51% of them provide unpaid care for 20 hours or more a week

The percentage of adult carers (65+ years) who have **as much social contact as they would like (22.7%)** is lower than both London (27.7%) and England (28.8%) averages

In 2022/23, the prevalence of **osteoporosis** among those aged 50 years and over in Havering (0.9%) was higher than the London average (0.6%)

Key findings: Ageing Well

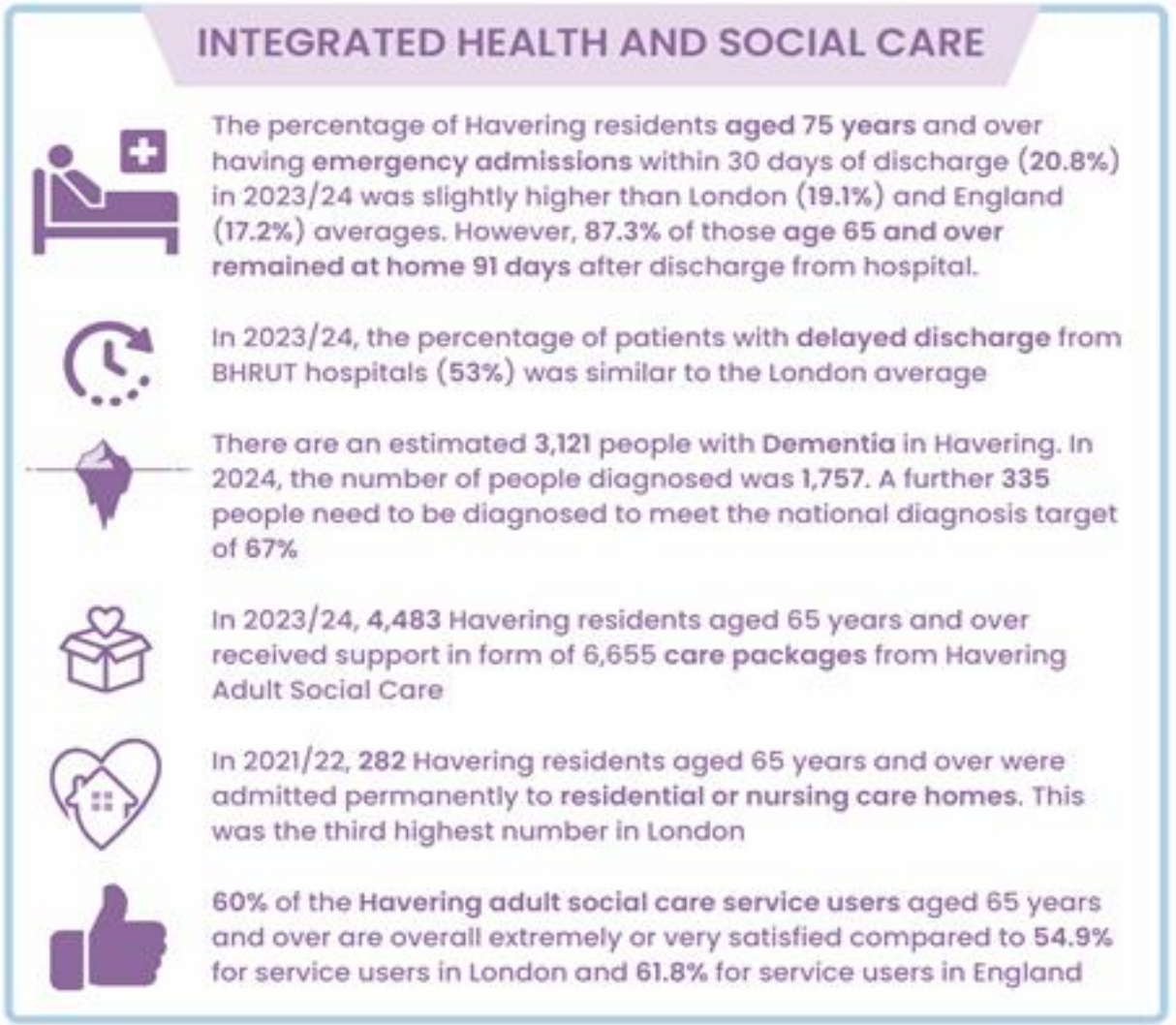
LIFESTYLE & BEHAVIOURS

In 2023/24, all Havering PCNs achieved the **bowel screening coverage** target of **60%**. Nonetheless, latest available data on cancer staging (2019-21, NDRS) found that nearly **70% of rectal cancers** and over **50% of colon cancers** in Havering were diagnosed in later stages

Havering has around **8,061 residents** who are recorded to be **frail.** Havering South PCN (3,758), Liberty PCN (1,587) and Havering North PCN (1,530) have the highest number of patients of age 65+ who have a frailty diagnosis

In 2023/24, the Havering coverage of both **pneumococcal and shingles vaccines** was above the London and England averages. Flu vaccine coverage of those aged 65 and over was **72.7%** (**below England average 77.8%**)

Key findings: Ageing Well



Key findings: Ageing Well

DYING WELL

In 2023, **11.3%** of people of pension age in Havering were **living in poverty** in their last year of life

The percentages of people **dying at hospitals** across all age groups in Havering were significantly lower than London averages. In addition, the percentages of people **dying at home** across all ages were marginally lower than London averages in 2022. Nonetheless, the percentages of the residents **dying at care homes** across all ages in Havering were significantly higher than London average

In 2024, **61%** of the service users at **Saint Francis Hospice** in Havering, were **cancer patients**, and **39%** had **dementia, frailty, COPD, heart failure, Parkinson's disease** and other **neurological conditions**

The **ethnicity** composition of those receiving **palliative care** at Saint Francis hospice (**White 85.7%, Asian 5.1%, Black 3.8% and others 5.5%**) reflects underlying population distribution of Havering residents

Havering's achievement of the **preferred place of death** in 2024 was just above **80%** in care homes and hospice sector.

Recommendations

The Havering JSNA steering group recommends that HWB members support the implementation of the following published strategies that will have a positive impact on Havering's population health:

- Poverty Reduction Strategy
- Serious Violence Strategy
- Healthy Weight Strategy
- Tobacco Harm Reduction Strategy
- Combating Substance Misuse Strategy
- North East London Sexual and Reproductive Health Strategy
- Suicide Prevention Strategy

The following recommendations are also made to the Health and Wellbeing Board by the JSNA steering group (Adults Delivery Board):

- To improve early diagnosis of cancers through further improving screening coverage, raising awareness of cancers with highest numbers of late diagnosis among the residents (lung, colorectal, upper GI, prostate), working with GPs to review opportunities for early detection and appropriate referrals, and strengthening diagnostic capacity including the use of the RDC (rapid diagnostic clinic) and targeted lung health check.
- To strengthen the community infrastructure and awareness to improve the detection of hypertension, obesity, atrial fibrillation and prediabetes and to use transformation and innovation (which includes digital health/medical technologies) to speed up diagnosis and management of LTCs.
- To review and improve where necessary the current approach to the delivery and monitoring of long-term conditions (e.g., diabetes, long-covid) to ensure access to effective care, self-management and peer support.
- To support individuals with mental health conditions to live, fulfilling, meaningful and healthy lives, and ensure equitable access to mental health services, and doing so in a timely manner to prevent deterioration of mental health to crisis presentations
- To support implementation of plans developed by the BHR Planned Care Transformation Board to reduce waiting times for planned care.
- To enable same day access to urgent care in the community whenever possible, and, if a visit to the Emergency Department is needed, to provide a positive experience
- To use Population Health Management (PHM) approach to identify the avoidable risk factors for learning disability and other care packages; and to recommend most effective mental health and physical support interventions, including the use of technology for better and efficient care.
- To empower older people to live independently in their own homes with appropriate care and support and to facilitate social connectivity.
- To support residents by ensuring that the last stages of their life happens in the best possible circumstances, receiving the right help at the right time from the right people, and place.

Thank you!