Purpose

- This report provides an overview of the health needs of Borehamwood to help inform the commissioning of health services by NHS Herts Valleys Clinical Commissioning Group (HVCCG). It also gives consideration to the health of the wider Hertsmere district for context.
- This health needs assessment (HNA) is a comparative and epidemiological assessment that has made use of available local health and population data sources. Given the short time frame this HNA has not been able to seek the views of stakeholders (such as professionals, patients, etc.) in its development. Whilst further work needs to be conducted, including stakeholder engagement, this report provides the initial context in which these issues can be explored.

Authors

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Geography

This health needs assessment focuses on the town of Borehamwood and the nearby settlements of Radlett, Elstree and Letchmore Heath. These nearby settlements are included in the assessment as their proximity to the town of Borehamwood means some of their residents will be accessing Borehamwood based health services. In addition, their inclusion allowed for a wider range of data captured by different geographical measures. The Middle Super Output Areas (MSOAs) that are found within this geography are Hertsmere 005, Hertsmere 006, Hertsmere 007, Hertsmere 009, Hertsmere 010, Hertsmere 011. Within these MSOAs are a series of Lower Super Output Areas. For the purposes of this assessment this area will be referred to as ‘Borehamwood’.

Borehamwood lies within the county of Hertfordshire in the Hertsmere District. The main urban area of Borehamwood contains the wards of Brookmeadow, Cowley Hill, Hillside, and Kenilworth. It is bordered by the village of Elstree to the south west, and to the north and west by the hamlets of Letchmore Heath and Aldenham, and the village of Radlett which together make up the wards of Aldenham West and Aldenham East. Map 1 shows this area with the wards labelled.

Map 1: Borehamwood (including Elstree, Aldenham, Letchmore Heath and Radlett)
Summary of findings and conclusions

1. The number and proportion of older people living in Hertsmere is projected to increase significantly over the next 20 years.

The projected growth in the number and proportion of older people living in Hertsmere will generate additional demands for health services in the area. Health services will need to be able to accommodate this increased demand over the next 10 to 25 years.

Key to managing the future demand on health services and improving the health and wellbeing of Borehamwood and Hertsmere residents is a prevention strategy. This involves focusing health services on improving health and wellbeing rather than just treating illness and promoting healthy living and self-management.

As well as coping with additional demands, health services need to take into account the needs of an ageing population. This includes the development of services that encourage active ageing and independence (particularly for those with long term conditions), support people as close to home as possible and promote integration between health, social and community services.

2. Although the overall proportion of Borehamwood’s population that belongs to a minority ethnic group is similar to England, some ethnic groups are proportionally higher than England. There is also a substantial Jewish population in both Borehamwood and Hertsmere.

Health services need to be designed to be responsive to the needs of these minority ethnic and religious residents. Communities need to be included in the development of services to ensure they reflect local needs and preferences.

3. There are concentrations of deprivation and health inequalities, largely in the urban areas of Borehamwood.

Although Hertsmere has statistically significantly lower levels of deprivation than England, parts of Borehamwood have relatively high levels of deprivation, in particular Cowley Hill and Hillside wards which are correlated with having health outcomes that are significantly worse than those of England and Hertfordshire.

The relationship between deprivation and poor health as well as the high levels of health deprivation in the Cowley Hill and Hillside wards indicates that resources directed at improving the health of residents in these areas could help to reduce health inequalities.

The design of health services should also take into consideration the identification and impact of barriers to accessing housing and services, particularly if this includes access to health services. Consideration should be made, for example, of the ease to which residents who cannot drive can access health services via public or community transport.

4. There are significant inequalities in life expectancies and death ratios (including premature deaths) in Borehamwood.

Although measures of life expectancy in Hertsmere compare well against Hertfordshire and England, the variations in life expectancies in Borehamwood make improving them key to reducing health
inequality. There should be a particular focus on improving health and increasing life expectancy in those areas with the worst outcomes such as Cowley Hill and Hillside.

5. **Hertsmere has high levels of homelessness and concentrations of overcrowding. In Borehamwood, a large proportion of households live in social housing.**

The poor health outcomes for homeless people and the barriers they face in accessing health services should be reflected in the development of services. There are health benefits to be gained from using health services to support people who are homeless, particularly those with mental health and substance abuse needs.

Higher levels of social renting could present opportunities to deliver health services closer to home by working in partnership with housing providers. For example, research has indicated the potential of working with sheltered housing staff to help access hard-to-reach individuals by building on the trust they have with residents.

6. **Levels of obesity and excess weight in adults and children in Borehamwood are similar to Hertsmere, Hertfordshire and England, but are still a public health concern.**

Although levels of obesity and excess weight in adults and children in Borehamwood are similar to those of Hertsmere, Hertfordshire and England they still represent a high proportion of the population, with almost a quarter of adults estimated to be obese. In addition, the recorded prevalence of obesity at the Theobald and Fairbrook surgeries in Borehamwood is significantly higher than that of England.

The relationship between excess weight and a range of conditions, including circulatory disease and diabetes, make addressing this issue crucial to improving health and wellbeing. It is therefore imperative that patients have access to preventative interventions locally, such as weight management services.

7. **In Borehamwood, emergency hospital attendances and admissions are putting additional demand on acute health services.**

The ratio of overall adult emergency hospital admissions in Borehamwood is statistically significantly higher than Hertsmere, Hertfordshire and England. Although the ratios for child emergency admissions are statistically significantly below those of England, levels of A&E attendance are similar.

Reducing emergency hospital admissions and attendances at A&E can help to reduce the burden on acute health services. Measures to address these issues could include increasing the availability and use of community based health services, or out-of-hours primary care.

8. **Addressing the health impact of respiratory disease should be a priority for local health services**

Although the recorded prevalence of respiratory diseases in Borehamwood is not statistically significantly higher than Hertfordshire or England, the ratio of deaths from respiratory disease is statistically significantly higher. The ratio of emergency hospital admissions caused by Chronic

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Obstructive Pulmonary Disease (COPD; a respiratory condition) is also statistically significantly higher than Hertfordshire and England.

Residents with respiratory conditions such as COPD can be supported to manage their condition, in order to reduce the likelihood of death or hospital admission. This could include access to treatments such as pulmonary rehabilitation or services that support self-management and the reduction of risky behaviours such as smoking or not getting the winter flu vaccination. Addressing issues such as tobacco use can form the basis of a wider preventative strategy.

9. **Addressing the health impact of circulatory disease and cancer should be a priority for local health services**

In Borehamwood the recorded prevalence of circulatory disease is similar to that of Hertfordshire and England, (although the Schopwick surgery in Elstree has relatively high prevalence). However, there are relatively high death ratios and emergency hospital admissions caused by circulatory disease, particularly in certain wards in Borehamwood.

The incidence of most forms of cancer is statistically significantly lower in Borehamwood than Hertfordshire and England. However, death ratios are statistically significantly higher than Hertfordshire and similar to England.

This indicates that as well as taking measures to reduce the prevalence of circulatory disease and cancer, there are potential health benefits from supporting residents to minimise the health impact of their condition. These measures can include services that support early diagnosis, ongoing access to care, self-management and promote healthy behaviours such as healthy eating, exercise and reduced tobacco and alcohol use.

10. **Borehamwood and Hertsmere have similar or lower GP recorded prevalence for a number of conditions compared to England and Hertfordshire, although there are variations among GP practices**

Conditions that are similar or statistically significantly lower than Hertfordshire and England include; asthma, chronic obstructive pulmonary disease, atrial fibrillation, heart failure, stroke, diabetes, learning disabilities, depression, obesity, epilepsy and musculoskeletal diseases.

However, a number of practices have prevalence of certain conditions statistically significantly higher than England:

- Schopwick has a higher prevalence of atrial fibrillation, coronary heart disease, peripheral arterial disease, stroke and transient ischaemic attack, learning disabilities, mental health disorders and dementia.
- The Grove has a higher prevalence of dementia, depression and mental health disorders.
- Theobald has a higher prevalence of obesity, depression and dementia.
- Fairbrook has a higher prevalence of obesity.
- Red House has a higher prevalence of atrial fibrillation.

In addition, it remains important that the growing prevalence of these conditions is addressed in order to prevent future poor health and wellbeing. This applies to all indicators in this HNA even if they appear to indicate that Borehamwood or Hertsmere have better health outcomes compared with Hertfordshire or England.
Part 1: Demographics and wider determinants of health

Summary of findings

An ageing population

- Hertsmere is projected to have substantial growth in the number and proportion of people aged 65 and over in the population.

A significant proportion of certain ethnic and religious minorities

- Although Borehamwood has a similar degree of ethnic diversity to England, it has a higher proportion of particular ethnic groups.
- There is also a substantial proportion of Jewish residents living in Borehamwood and Hertsmere compared with England and Hertfordshire.

Concentrations of deprivation

- Overall deprivation is largely concentrated in the urban areas of Borehamwood whilst barriers to housing and services are most severe in Aldenham West.
- Cowley Hill ward has high levels of deprivation and contains the most deprived neighbourhood in Hertfordshire.
- There are also high levels of deprivation across multiple domains in parts of Hillside, Brookmeadow and Kenilworth.

Differences in employment and housing

- Unemployment is generally lower in Borehamwood and Hertsmere than in England. However, in Cowley Hill ward it is statistically significantly higher than England.
- Overcrowding is a problem in urban areas of Borehamwood.
- Homelessness levels are statistically significantly higher in Hertsmere than both Hertfordshire and England. The urban areas of Borehamwood have levels of social renting statistically significantly higher than England, Hertfordshire and Hertsmere.

Introduction

Assessing the health needs of a community requires an understanding of local demographics. This includes a consideration of the population size, age structure, ethnic and religious make-up and language use. In addition, the health and wellbeing of individual people in communities is affected by a range of factors including income, employment, education, access to housing and services, and crime.

This section gives an outline of the key demographic information and wider health determinants and how they relate to the health needs of residents living in Borehamwood and Hertsmere.

Population

As of 2014 the population of Borehamwood was estimated to be 48,039, which represents 47% of the population of Hertsmere (the total population of Hertsmere is 102,427).
Age structure

The age structure of an area has an impact on the health needs of its residents. In particular, the annual costs of providing health and social care are much higher for older people than for the rest of the population.²

Although the age structure of Borehamwood is not substantially different from Hertsmere, Hertfordshire, and England, there are a few minor differences. As Table 1 indicates, compared with these areas Borehamwood has a slightly higher proportion of under 16 year olds, but a slightly lower proportion of people aged 16-24, 65 and over and 85 and over. In contrast Hertsmere has a percentage of those aged 65 and over (17.6%) which is higher than Hertfordshire and England.

Table 1: Age Structure in Borehamwood, Hertsmere, Hertfordshire and England (ONS 2014 Mid-Year Estimates)

<table>
<thead>
<tr>
<th>Area</th>
<th>% Population aged 0-15 years</th>
<th>% Population aged 16-24 years</th>
<th>% Population aged 25-64 years</th>
<th>% Population aged 65+ years</th>
<th>% Population aged 85+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borehamwood</td>
<td>22.3%</td>
<td>9.5%</td>
<td>53.4%</td>
<td>14.8%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Hertsmere</td>
<td>20.5%</td>
<td>10.0%</td>
<td>51.8%</td>
<td>17.6%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>20.2%</td>
<td>10.3%</td>
<td>53.0%</td>
<td>16.6%</td>
<td>2.4%</td>
</tr>
<tr>
<td>England</td>
<td>19.3%</td>
<td>11.8%</td>
<td>53.3%</td>
<td>15.7%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

Population projections

Population projections are not available for Borehamwood specifically, but as can be seen in Table 2, the population of Hertsmere is expected to grow by 9.7% between 2014 and 2024 and 22.8% from 2014 to 2039.

Table 2: 10 and 25 year projected population changes in Hertsmere, Hertfordshire and England, all ages (ONS 2014 based population projections)

<table>
<thead>
<tr>
<th>Year</th>
<th>England</th>
<th>Hertfordshire</th>
<th>Hertsmere</th>
</tr>
</thead>
<tbody>
<tr>
<td>% increase 2014-2024</td>
<td>9.4%</td>
<td>10.6%</td>
<td>9.7%</td>
</tr>
<tr>
<td>% increase 2014-2039</td>
<td>17.7%</td>
<td>23.9%</td>
<td>22.8%</td>
</tr>
</tbody>
</table>

As for England and Hertfordshire, population growth is projected to be greater amongst those aged 65 and over and 85 and over. In Hertsmere the number of people aged 65 and over is expected to grow by 21.9% between 2014 and 2024, and 67.7% between 2014 and 2039. For those aged 85 and over it is projected to grow by 32.2% between 2014-2014 and 135.0% between 2014 and 2039.

Table 3: 10 and 25 year projected population changes in Hertsmere, Hertfordshire and England, people aged 65+ and 85+ (ONS 2014 based population projections)

<table>
<thead>
<tr>
<th>Year</th>
<th>Aged 65+</th>
<th>Aged 85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>Hertfordshire</td>
<td>Hertsmere</td>
</tr>
<tr>
<td>% increase 2014-2024</td>
<td>38.6%</td>
<td>21.4%</td>
</tr>
<tr>
<td>% increase 2014-2039</td>
<td>82.3%</td>
<td>68.2%</td>
</tr>
</tbody>
</table>

By 2039 the proportion of those aged 65 and over in Hertsmere is predicted to increase from 17.6% in 2014 to 24.1%, whilst the proportion of those aged 85 and over will almost double from 2.9% in 2014 to 5.6% of the population.

Ethnicity, religion and language

Health services need to be responsive to the needs of the communities and individuals they serve and therefore need to take into account cultural, religious and linguistic differences. In addition, there is evidence that some ethnic minorities experience health inequality both in terms of outcomes and access to services. It is therefore an important consideration in the planning of health services and assessing need.

Ethnicity

In Borehamwood 72.0% of the population identified as being UK White (White British, English, Welsh, Scottish, or Northern Irish) compared with 70.8% for England, 80.8% for Hertfordshire and 75.7% for Hertsmere (2011 Census). Although the proportion in Borehamwood identifying as UK White is similar to England, there are a statistically significantly higher proportion of particular minority groups: White other, Black African, Asian Indian, Asian Other and White Irish as listed in Table 4.

Table 4: Most populous minority ethnic groups in Borehamwood (2011 Census)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>England %</th>
<th>Hertfordshire %</th>
<th>Hertsmere %</th>
<th>Borehamwood %</th>
</tr>
</thead>
<tbody>
<tr>
<td>White: Other</td>
<td>4.6</td>
<td>5.1</td>
<td>7.0</td>
<td>7.9</td>
</tr>
<tr>
<td>Black British; African</td>
<td>1.8</td>
<td>1.8</td>
<td>3.0</td>
<td>4.7</td>
</tr>
<tr>
<td>Asian British: Indian</td>
<td>2.6</td>
<td>2.6</td>
<td>3.7</td>
<td>3.6</td>
</tr>
<tr>
<td>Asian British: Other Asian</td>
<td>1.5</td>
<td>1.6</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>White: Irish</td>
<td>1.0</td>
<td>1.5</td>
<td>2.1</td>
<td>2.0</td>
</tr>
</tbody>
</table>

There is a degree of variation in the ethnic make-up of the individual wards in Borehamwood (see Chart 1). For example, Asian British: Indian makes up 9.6% of the population in Elstree, whilst the percentage of residents who are Black/British Black: African is more than three times the rate for England in the wards of Brookmeadow, Cowley Hill and Hillside at over 6%.

Chart 1: Percentage of ethnic minority groups in Borehamwood wards compared to England

Source: Census, 2011

3 Kings Fund ‘Access to health care and minority groups’
Religion

People identifying as Jewish represent a significant percentage of the population in Borehamwood at 17.8% compared with 1.9% for Hertfordshire and 0.5% for England. Hertsmere has a lower proportion (14.3%) of Jewish residents than Borehamwood, but still has a proportion substantially higher than Hertfordshire or England (2011 Census).

Although each ward in Borehamwood has a percentage of Jewish residents far higher than the England or Hertfordshire average, there is a wide variation between the ward with the lowest percentage (Borehamwood Cowley Hill; 6.0%) and the highest (Elstree; 36.0%).

Chart 2: Residents identifying as Jewish in England, Hertfordshire, Hertsmere, Borehamwood and wards in Borehamwood

The proportion of people identifying as Hindu in Borehamwood is more than double the rate of England (3.1% compared to 1.5%), but similar to the rate for Hertsmere (3.2%).

Although all wards in Borehamwood have a statistically significantly higher proportion of Hindu residents than England and Hertfordshire there is variation between them with Elstree (7.2%) having a rate more than double the next highest ward, Aldenham East (3.2%).

English proficiency

In Borehamwood approximately 1.1% of the population (519 people) could not speak English well or at all which is significantly below the rate for England (1.7%) but statistically significantly higher than that of Hertfordshire (0.9%). In Hertsmere 1% of the population cannot speak English well or at all (2011 Census).
Although this is a small proportion of the population it is important that language and understanding of the health system, does not form a barrier to accessing services.

**Deprivation**

Analysing deprivation can help indicate health need in a community. Less deprived areas are usually associated with greater health and wellbeing outcomes. Deprivation is correlated with increased mortality, smoking prevalence, life expectancy and self-reported longstanding illness. There is also strong evidence to suggest that employment is generally good for physical and mental health, and wellbeing (taking into account the nature and quality of the employment).

This section will look at deprivation in neighbourhoods in Borehamwood and compare them against the rest of England, Hertfordshire and Hertsmere. It will look at overall deprivation and particular forms of deprivation.

**Indices of multiple deprivation 2015**

As of 2015, Hertsmere has a statistically significantly higher deprivation than Hertfordshire but statistically significantly lower than England. However, there are significant differences in the levels of deprivation between wards in Borehamwood.

The Cowley Hill ward has statistically significantly higher levels of deprivation than England. As Map 2 indicates, part of the Cowley Hill ward is amongst the 10% most deprived neighbourhoods in England, and is the most deprived in Hertfordshire. In contrast the Aldenham East ward has the lowest levels of deprivation and, along with Aldenham West and Elstree, has levels of deprivation statistically significantly below the rate for Hertfordshire.

The most deprived ward in Borehamwood is Cowley Hill followed by Brookmeadow, Kenilworth and Hillside all of which have higher levels of deprivation than the Hertsmere and Hertfordshire averages.

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**Other forms of deprivation**

- Cowley Hill ward has the greatest concentration of most forms of deprivation. It has neighbourhoods in the 10% most deprived in England for income, employment, barriers to housing and services, and income deprivation affecting older people and children. It also has neighbourhoods in the 20% most deprived for education and health.

- Brookmeadow ward has neighbourhoods amongst the 20% most deprived for income deprivation affecting older people, and the 30% most deprived for income, employment, education, health, barriers to housing and services and income deprivation affecting children.

- Kenilworth and Hillside wards both have neighbourhoods amongst the 30% most deprived for income, education, income deprivation affecting children, and the 20% most deprived for barriers to housing and services. Hillside ward is also among England’s most deprived 20% in terms of health.

- Elstree and Aldenham West wards have areas amongst the 10% most deprived for barriers to accessing housing and services.
Unemployment

Borehamwood had an unemployment rate of 2.8% for the year 2012/13 which is statistically significantly lower than the rate for England (3.8%). The long term unemployment rate for Borehamwood, at 5.7 per 1,000 people, was also statistically significantly lower than that of England (10.1 per 1,000).

Hertsmere had an unemployment rate of 2.4% and a long term unemployment rate of 5.2 per 1,000 people. Both of these rates are similar to Hertfordshire and statistically significantly lower than England.

Of the wards in Borehamwood, Cowley Hill has levels of unemployment and long term unemployment statistically significantly above the rate for England. Brookmeadow, Kenilworth and Hillside wards all have statistically significantly higher rates of unemployment and long term unemployment than Hertfordshire and Hertsmere.

Chart 3: Unemployment rate in Borehamwood wards compared to Hertsmere, Hertfordshire and England, 2012/13
Chart 4: Long term unemployment rate in Borehamwood wards compared to Hertsmere, Hertfordshire and England, 2012/13

Child educational development

Children achieving good level of development at age 5

In Borehamwood 70.4% of children achieved a good level of development\(^7\) at age 5 in 2011/12\(^8\). This is statistically significantly higher than the rate for England (63.5%) and similar to that of Hertfordshire (67.5%) and Hertsmere (73.9%).

None of the wards in Borehamwood have levels of child development statistically significantly below the England or Hertfordshire rate. Nevertheless, there is a 19.6% percentage point difference between the best and worst performing wards (Aldenham East 83.1%, Kenilworth 63.4%).

GCSE attainment

60.8% of students in Borehamwood gained 5 A-C grades at GCSE (including English and Maths) in 2011/12\(^9\) which is similar to the rate for England (58.8%) but statistically significantly lower than that for Hertfordshire (64.9%) and Hertsmere (66%).

However, there are significant differences between the wards in Borehamwood. Cowley Hill performs significantly worse than England with 48% gaining 5 A-C grades in 2011/12 whereas Aldenham East (89.2%) and Aldenham West (79.6%) have rates of attainment statistically significantly higher than England.

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\(^7\) Defined as having achieved 78 or more points across all 13 EYFSB scales
\(^8\) Department of Education 2011/12, data available from localhealth.org
Housing

Overcrowding

A report by Shelter found that overcrowding, defined in the census as households with at least one bedroom too few for the number and composition of occupants, is associated with increased levels of depression, stress and anxiety\(^9\). Studies have also indicated a link between overcrowding and an increased risk of meningitis in children, and TB in all age groups.

10.2% of households in Borehamwood lived in overcrowded accommodation (2011 Census), which is statistically significantly higher than Hertsmere (8.2%) Hertfordshire (7.7%) and England (8.7%). Concentrations of overcrowded housing can be found in the wards of Hillside (14.1%), Kenilworth (13.0%), Cowley Hill (11.8%) and Brookmeadow (11.3%), where rates are statistically significantly higher than England.

Homelessness

A survey by Homeless Link\(^10\) found that nationally 41% of homeless people had a long term health condition and 45% had been diagnosed with a mental health issue. Substance abuse is particularly problematic with 39% of homeless people either taking drugs or recovering from a drug problem.

People who live in temporary accommodation, or are sleeping rough, are much less likely to use community based health services despite the potential that these services have to reduce the need for acute care\(^12\). Accident and Emergency (A&E) attendance rates of homeless people are four times higher than the general population\(^11\), with 35% visiting A&E in the last 6 months. Homeless people are more likely to be admitted to hospital and stay for longer\(^12\).

Nationally available data for homelessness is only available at district, county or national level. In Hertsmere the rate of statutory homeless acceptances in 2014/15 (3.4 per 1,000 people) was statistically significantly higher than the rate for England (2.4) and Hertfordshire (2.5). The rate in Hertsmere has grown from 2 per 1,000 in 2011/12.

The rate of households living in temporary accommodation\(^13\) (2.5 per 1,000 households) is statistically similar to that of England (2.8) but higher than the rate for Hertfordshire (0.8).

Housing tenure

Home ownership (2011 Census) is lower in Borehamwood (61% of households) than Hertfordshire (66.8%) and England (63.3%). In Borehamwood 23.1% of households are socially rented which is higher than the rate for Hertfordshire (18.2%) and England (17.7%). Hertsmere overall has a proportion of social renters (17.4%) statistically significantly below that of Borehamwood, Hertfordshire and England.

There is significant variation between Borehamwood wards in terms of housing tenure. The percentage of home owners is 81.8% in Aldenham East compared with just 43.1% in Cowley Hill. Conversely 46.3% of households in Cowley Hill are socially rented compared with just 3.6% in

\(^9\) ‘Full House? How overcrowding affects Families’.


\(^12\) St Mungos ‘Health and Homelessness: Understanding the Costs’

Aldenham East. The percentage privately renting is similar across Borehamwood (between 12 and 17%) apart from Cowley Hill which has just 7.6% of households renting privately.

**Chart 5:** Percentage of households living in socially rented accommodation in Borehamwood, Hertsmere, Hertfordshire and England

In Borehamwood almost a third (31.3%) of pensioners lived alone in 2011, similar to Hertsmere, Hertfordshire and England. However, rates varied across Borehamwood wards with Aldenham East, Aldenham West, and Elstree having rates statistically significantly below Hertsmere, Hertfordshire and England) and the remaining wards have rates significantly higher (see Chart 6).

**Chart 6:** Pensioners living alone in Borehamwood wards compared to Hertsmere, Hertfordshire and England
Carers

In 2011 9.7% of Borehamwood residents provided 1 hour or more unpaid care per week and 1.8% provided 50 hours or more (2011 Census). This is a statistically significantly lower rate than England (10.2% for 1 hour or more and 2.4% for 50 hours or more) and similar to that of Hertfordshire (9.7% for 1 hour or more and 1.9% for 50 hours or more) and Hertsmere (9.9% for 1 hour or more and 1.8% for 50 hours or more).

In Cowley Hill ward the rate of unpaid care of 50 hours or more (2.4%) is the highest in Borehamwood and double that of the Aldenham East Ward (1.2%), which has the lowest rate in Borehamwood. This indicates that residents of Cowley Hill with caring responsibilities may be in particular need for carer support services.
Part 2: Life expectancy and mortality

Measures of life expectancy and mortality give an insight into the health inequalities that exist within a community. Improving life expectancy, healthy life expectancy and disability free life expectancy, and preventing premature deaths should be an objective of any health care system. Identifying the most common causes of death in the population can help determine how both life expectancy and quality of life can be improved.

Summary of findings

There is variation in life expectancy between different parts of Borehamwood:

- Life expectancy, healthy life expectancy and disability free life expectancy vary between wards. Hillside has a statistically significantly lower life expectancy than England, as does Cowley Hill for healthy and disability free life expectancy.
- Hertsmere has life expectancy in line with Hertfordshire and statistically significantly higher than England.

In Borehamwood all age and premature death rates are similar to England but higher than Hertsmere and Hertfordshire with significant concentrations of high mortality:

- Elstree and Hillside wards have a statistically significantly higher death rate than England.
- Cowley Hill and Hillside wards have a statistically significantly higher rate of premature deaths than England.
- For premature deaths Borehamwood has a similar rate to Hertfordshire for cancer and coronary heart disease but a higher rate for circulatory disease.

There is a mixed picture of death rates by cause, with concentrations of high mortality rates in the urban areas of Borehamwood:

- Borehamwood has a similar death rate to England for all causes of death, apart from respiratory disease, which is statistically significantly higher.
- Cowley Hill ward has a statistically significantly higher rate than England for deaths from respiratory disease. Hillside ward has a higher death rate for all causes of death aside from cancer.
- Rates of premature deaths from cancer in Brookmeadow ward and circulatory disease in Cowley Hill and Kenilworth wards are statistically significantly higher than England.

Life expectancy and healthy life expectancy

Life expectancy, healthy life expectancy and disability free life expectancy in Hertsmere are statistically significantly higher than England and similar to Hertfordshire (see Table 5).
Table 5: Life expectancy, healthy life expectancy and disability free life expectancy in Hertsmere, Hertfordshire and England, 2009-13 (Local Health Profile)

<table>
<thead>
<tr>
<th>Area</th>
<th>Life expectancy (years)</th>
<th>Healthy life expectancy (years)</th>
<th>Disability-free life expectancy (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>England</td>
<td>79.1</td>
<td>83</td>
<td>63.5</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>80.4</td>
<td>83.8</td>
<td>66.9</td>
</tr>
<tr>
<td>Hertsmere</td>
<td>80.3</td>
<td>83.6</td>
<td>66.9</td>
</tr>
</tbody>
</table>

Although there is no measure for life expectancy in Borehamwood overall, there is data available for the individual wards. The data indicates that there is a degree of inequality between the wards for life expectancy, healthy life expectancy and disability-free life expectancy.

Males

Life expectancy

- Hillside ward has a life expectancy of 76.6 years, this is below the national average (79.1 years) and 7.2 years lower than Aldenham East (83.8 years) (see Chart 7).

Healthy life expectancy

- Cowley Hill has a healthy life expectancy of 60.2 years; statistically significantly below that of England (63.5 years).
- Aldenham East (72.9 years) and Elstree and Aldenham West (69.4 years) have a healthy life expectancy that is statistically significantly higher than Hertfordshire (66.9 years) and England (63.5 years).

Chart 7: Borehamwood wards by life expectancy at birth and healthy life expectancy for males compared to Hertfordshire and England, 2009-2013

Data is derived by using MSOAs and matching to wards.

*Aldeham West & Elstree wards make up one MSOA and therefore are combined.

Source: ONS via PHE Local Health Profiles
Females

Life expectancy

- Hillside ward (80.3 years) and Cowley Hill ward (80.6 years) have a life expectancy statistically significantly below England (83 years).

- Aldenham East has the highest female life expectancy of 89.8 years and is the only area in Borehamwood with life expectancy statistically significantly higher than that of England (see Chart 8).

Healthy life expectancy

- Cowley Hill has a healthy life expectancy of just 60.4 years which is significantly below that of England (64.9 years) and 14 years below Aldenham East (74.4 years).

- Aldenham West and Elstree (69.3 years) also has a rate statistically significantly above that of England (64.9 years).

Chart 8: Borehamwood wards by life expectancy at birth and healthy life expectancy for females compared to Hertfordshire and England, 2009-2013

Disability free life expectancy (male and female)

- Cowley Hill has a disability free life expectancy of 61.9 for males and 61.1 for females which is statistically significantly below that of Hertfordshire (67.5 for males and 67.9 for females) and England (64.1 for males and 65 for females).

- Aldenham East (72 for males and 73.4 for females) and Aldenham West and Elstree (70 for males and 69.7 for females) have rates statistically significantly higher than Hertfordshire.
Mortality and cause of death

Death rates have been calculated by Public Health England’s Local Health Profiles using the standardised mortality ratio (SMR), which measures the number of deaths against the expected number of deaths for the population. A lower ratio indicates fewer deaths relative to the expected number of deaths for the population. All data on mortality ratios from Local Health Profiles, Public Health England.

All causes

For all deaths between 2008-12, Borehamwood has a standardised mortality ratio (101.6) similar to England (100) but statistically significantly higher than Hertfordshire (93.5) and Hertsmere (93.3). However, Elstree (127.8) and Hillside (140.8) wards have rates statistically significantly higher than England.

Premature deaths

For premature deaths of those under 65 years of age, and those aged under 75 Borehamwood has a ratio similar to England but statistically significantly higher than Hertfordshire and Hertsmere (see Table 6).

For individual wards in Borehamwood:

- For those aged under 65, Brookmeadow, Cowley Hill and Hillside wards have a ratio statistically significantly higher than England.
- For those aged under 75, Cowley Hill and Hillside have a ratio statistically significantly higher than England.
Table 6: Premature deaths in Borehamwood, Hertfordshire and England (SMR 2008-2012) (Local Health Profile)

<table>
<thead>
<tr>
<th>Area</th>
<th>Deaths from all causes, under 65 years (SMR)</th>
<th>Deaths from all causes, under 75 years (SMR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>84.9</td>
<td>86.2</td>
</tr>
<tr>
<td>Hertsmere</td>
<td>94.7</td>
<td>92.3</td>
</tr>
<tr>
<td>Borehamwood</td>
<td>109.4</td>
<td>107.8</td>
</tr>
<tr>
<td>Aldenham East</td>
<td>69.5</td>
<td>64.7</td>
</tr>
<tr>
<td>Aldenham West</td>
<td>62.2</td>
<td>59.5</td>
</tr>
<tr>
<td>Brookmeadow</td>
<td>134</td>
<td>118.9</td>
</tr>
<tr>
<td>Cowley Hill</td>
<td>135.3</td>
<td>133.7</td>
</tr>
<tr>
<td>Hillside</td>
<td>143.5</td>
<td>147.4</td>
</tr>
<tr>
<td>Kenilworth</td>
<td>86.7</td>
<td>88.9</td>
</tr>
<tr>
<td>Elstree</td>
<td>85.7</td>
<td>106.1</td>
</tr>
</tbody>
</table>

Death rates by cause
Borehamwood has a similar death rate to England for all causes of death with the exception of respiratory disease which is higher. Hertsmere has a lower death rate compared with England for cancer, coronary heart disease, circulatory disease but a similar death rate for respiratory disease and stroke.

Chart 10: Deaths (SMR), all ages, by cause in Borehamwood, Hertsmere, Hertfordshire and England, 2009-13

Table 7 indicates how wards in Borehamwood compare with England for deaths by cause. For the individual wards in Borehamwood:
• Hillside has a statistically significantly higher ratio for all causes of death aside from cancer (which is similar).

• Cowley Hill has a statistically significantly higher ratio than England for deaths from respiratory disease.

**Table 7:** Borehamwood wards death ratio for specific causes of death (all ages SMR 2009-13) (Green = statistically significantly lower ratio than England, Yellow = similar ratio to England, Red = statistically significantly higher ratio than England) (Local Health Profiles)

<table>
<thead>
<tr>
<th>Area</th>
<th>Cancer</th>
<th>Circulatory Disease</th>
<th>CHD</th>
<th>Stroke</th>
<th>Respiratory Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aldenham East</td>
<td>79.1</td>
<td>58.3</td>
<td>57</td>
<td>44.9</td>
<td>51.4</td>
</tr>
<tr>
<td>Aldenham West</td>
<td>76.7</td>
<td>65</td>
<td>59.8</td>
<td>24.6</td>
<td>47.7</td>
</tr>
<tr>
<td>Brookmeadow</td>
<td>118.8</td>
<td>88.4</td>
<td>86.2</td>
<td>84.6</td>
<td>107.6</td>
</tr>
<tr>
<td>Cowley Hill</td>
<td>99.3</td>
<td>105</td>
<td>92.2</td>
<td>102.5</td>
<td>141.7</td>
</tr>
<tr>
<td>Elstree</td>
<td>99.6</td>
<td>122.4</td>
<td>95.7</td>
<td>129.8</td>
<td>128.5</td>
</tr>
<tr>
<td>Hillside</td>
<td>117.4</td>
<td>161</td>
<td>132.2</td>
<td>169.2</td>
<td>154.3</td>
</tr>
<tr>
<td>Kenilworth</td>
<td>99.4</td>
<td>81.7</td>
<td>82.6</td>
<td>92.9</td>
<td>125.9</td>
</tr>
</tbody>
</table>

**Premature deaths by cause**

In Hertsmere the ratio for all causes of premature deaths (under 75 years old) is statistically significantly lower than England. It is statistically similar to Hertfordshire cancer, circulatory and coronary heart disease.

In Borehamwood the ratio of premature deaths is not statistically different to that of England for both cancer, circulatory and coronary heart disease. It has a similar ratio to Hertfordshire for cancer and coronary heart disease but a statistically significantly higher ratio circulatory disease.

**Chart 11:** Death ratio (SMR) by cause in Borehamwood, Hertfordshire and England (2009-13) for those aged under 75

Source: ONS PCMD (via PHE Local Health)
For the individual wards:

- Brookmeadow ward has a cancer ratio statistically significantly higher than England,
- Cowley Hill and Hillside wards both have a ratio for circulatory disease statistically significantly higher than England.

Table 8: Borehamwood Wards Death Ratio for specific causes of death of those aged under 75 (SMR 2009-13) (Local Health Profile) (Green = statistically significantly lower ratio than England, Yellow = similar ratio to England, Red = statistically significantly higher ratio than England)

<table>
<thead>
<tr>
<th>Area</th>
<th>Cancer</th>
<th>Circulatory Disease</th>
<th>Coronary Heart Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aldenham East</td>
<td>82.3</td>
<td>50.3</td>
<td>50.7</td>
</tr>
<tr>
<td>Aldenham West</td>
<td>72.5</td>
<td>61.9</td>
<td>50.9</td>
</tr>
<tr>
<td>Brookmeadow</td>
<td>142.6</td>
<td>108.9</td>
<td>51.6</td>
</tr>
<tr>
<td>Cowley Hill</td>
<td>109.7</td>
<td>171.8</td>
<td>108.8</td>
</tr>
<tr>
<td>Elstree</td>
<td>99.5</td>
<td>135.4</td>
<td>124.1</td>
</tr>
<tr>
<td>Hillside</td>
<td>115.9</td>
<td>152.4</td>
<td>70.4</td>
</tr>
<tr>
<td>Kenilworth</td>
<td>97.1</td>
<td>58.9</td>
<td>74.5</td>
</tr>
</tbody>
</table>
Part 3: Child and adult health

This section gives an outline of the indicators for child and adult health in Borehamwood. This includes indicators on excess weight and obesity, self-reported health, healthy lifestyles\textsuperscript{14} and hospital admissions.

Summary of findings

Child health indicators for Borehamwood and Hertsmere compare well against Hertfordshire and England, but there are potential areas for improvement:

- Borehamwood has low levels of excess weight for children in reception year, compared against Hertfordshire and England. However almost a third of children in year 6 are overweight indicating the benefits of promoting healthy lifestyles to primary school aged children.
- Borehamwood has statistically significantly lower levels of hospital admissions in children aged under 5 years old than Hertfordshire and England. However, the rate of A&E attendance is similar to England, indicating that families with young children may benefit from increased use of community based health and care services.

Adult health:

- In Borehamwood the percentage of adults describing their health as bad or very bad, is statistically significantly lower than England but statistically significantly higher than Hertfordshire. However, Cowley Hill has a statistically significantly higher percentage for this than England alongside a statistically significantly higher rate of residents with a limiting long term illness or disability.
- Adult obesity is similar to Hertfordshire and England. However, data from two GP practices show a prevalence of obesity statistically significantly above that of England (see Part 4).
- Levels of binge drinking and healthy eating are similar to Hertsmere, Hertfordshire and England. However, there are concentrations of emergency hospital admissions from alcohol related illness in parts of Borehamwood (see below).
- Emergency hospital admissions are high in Borehamwood compared against England and Hertfordshire, particularly for heart attacks and chronic obstructive pulmonary disease (COPD).
- There are concentrations of high emergency hospital admission ratios. The following areas have a ratio statistically significantly higher than that of England for specific causes:
  - Brookmeadow and Cowley Hill (alcohol related illness, coronary heart disease (CHD) and chronic obstructive pulmonary disease (COPD))
  - Hillside (CHD)
  - Kenilworth (stroke, and COPD)

\textsuperscript{14} Levels of smoking were not included as the wide confidence intervals in the data made it difficult to make meaningful comparisons.
Cancer incidence:
- For specific cancers Borehamwood has a statistically significantly lower ratio than Hertfordshire and England for breast, colorectal, and prostate cancer and a similar ratio for lung cancer.
- None of the wards have cancer incidence rates that are significantly worse than England.

Child health

Low birthweight

In Borehamwood between 2008 and 2012 7.3% of babies were born with a low birthweight (less than 2,500 grams), which is similar to the rate for Hertsmere (7.5%) and England (7.4%), but statistically significantly higher than that for Hertfordshire (6.8%) (Local Health Profiles).

The wide variations in the data (confidence intervals) make it difficult to make meaningful comparisons between wards. Nonetheless, none of the wards have rates of low birth weight statistically significantly higher than the rate for England.

Excess weight reception and year 6

In Borehamwood between 2010/11 and 2012/13 17.5% of children in reception year (4-5 years old) had excess weight (National Child Measurement Programme, Local Health Profiles). This is statistically significantly lower than the rate for Hertfordshire (21.3%) and England (22.5%) and similar to that of Hertsmere (18.8%). None of the wards in Borehamwood have a rate that is statistically significantly higher than the rate for England or Hertfordshire.

30.2% of children in year 6 (10-11 years old) in Borehamwood have excess weight. This is a statistically significantly lower rate than England (33.5%) but similar to Hertfordshire (28.7%) and Hertsmere (29.7%). None of the wards in Borehamwood have a rate statistically significantly above the England average.

Children’s and young person’s admissions for injury

Between 2008/09 and 2012/13 the rate of children and young people’s (aged 0-17) emergency hospital admissions for injury in Borehamwood (829 per 100,000 people) was statistically significantly below that of England (1,181 per 100,000) and Hertfordshire (927 per 100,000) and similar to that of Hertsmere (845 per 100,000). All the wards in Borehamwood had a rate statistically significantly below England with the exception of Kenilworth where the rate (1,182) was similar (Local Health Profiles).

Emergency hospital admissions

In Borehamwood the rate of emergency admissions for children under 5, and the rate for emergency admissions caused by injury for children under 5, was statistically significantly lower than England and Hertfordshire but similar to that of Hertsmere (Local Health Profiles).

However, there is a variation between the wards. Kenilworth and Borehamwood Cowley Hill have rates similar to England whilst the remaining wards have statistically significantly lower rates than England.
In addition, the ratio of A&E attendances in children aged under 5 in Borehamwood (501.7) is statistically significantly higher than Hertfordshire (521.2), and similar to England (509.5).

**Table 9:** Emergency hospital admissions (children under 5) in Kenilworth and Cowley Hill Wards compared against Borehamwood, Hertsmere, Hertfordshire and England (Hospital Episode Statistics 2008/09 – 2012/13)

<table>
<thead>
<tr>
<th>Area</th>
<th>Emergency hospital admissions (rate per 1,000 children aged under 5)</th>
<th>Emergency hospital admissions cause by injury (rate per 10,000 children aged under 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>150</td>
<td>139.6</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>105.3</td>
<td>110</td>
</tr>
<tr>
<td>Hertsmere</td>
<td>92.6</td>
<td>94.1</td>
</tr>
<tr>
<td>Borehamwood</td>
<td>93.7</td>
<td>94.5</td>
</tr>
<tr>
<td>Cowley Hill Ward</td>
<td>113.2</td>
<td>141.7</td>
</tr>
<tr>
<td>Kenilworth Ward</td>
<td>127.7</td>
<td>133.2</td>
</tr>
</tbody>
</table>

**Adult health**

**General health**

In Borehamwood 4.4% of residents in 2011 described their health as bad or very bad which is significantly less than for England (5.5%) but statistically significantly higher than Hertfordshire (3.9%) and Hertsmere (4.2%). Cowley Hill (6.9%) had a rate statistically significantly higher than that of England (2011 Census).

**Chart 12:** Borehamwood ward residents describing their general health as ‘bad’ or ‘very bad’

Source: 2011 Census via PHE Local Health http://ph.intelligence@hertfordshire.gov.uk
Limiting long term illness or disability

In 2011, 14.3% of Borehamwood residents reported having a limiting long term condition or disability (2011 Census from Local Health Profiles). This is statistically significantly below the rate for England (17.6%) and Hertsmere (14.9%) but similar to that of Hertfordshire (14.3%).

However, Cowley Hill ward had a rate of 19.8% which is statistically significantly higher than that of England, Hertfordshire and Hertsmere.

Adult weight and lifestyle

Adult obesity

For the years 2006-2008, in Borehamwood 22.9% of adults were estimated to be obese which is similar to the rate for Hertsmere (22.3%), Hertfordshire (21.4%) and England (24.1%). None of the wards had rates statistically significantly higher than England (Local Health Profiles).

Adult binge drinking and healthy eating

For the years 2006-2008 approximately 19.9% of adults in Borehamwood were estimated to binge drink (Local Health Profiles). This is similar to the rate for Hertsmere (19.1%), Hertfordshire (19.2%) and England (20%). Binge drinking rates are fairly similar across Borehamwood wards (ranging from 16.7% to 21.2%).

Healthy eating is defined as those who eat 5 or more portions of fruit and vegetables a day. The rate for Borehamwood in 2006-2008 of 31.5% of adults is similar to that of Hertsmere (32.9%), Hertfordshire (32.7%) and England (28.7%).

Emergency hospital admissions

In a well-functioning health care service only those in genuine urgent need should be admitted to hospital for emergency care. The majority of patients should receive care from primary or community health services. Inappropriate emergency hospital admissions place a burden on hospitals, particularly A&E departments, and overcrowding can impact on patient care\(^\text{15}\).

Emergency hospital admissions were calculated by Public Health England’s Local Health Profiles using Hospital Episode Statistics to create a standardised admission ratio (SAR). The most recent ward level data is from 2008/09 to 2012/13. The data below indicates that the ratio of hospital admissions in Borehamwood is statistically significantly higher than both England and Hertfordshire, particularly in the urban areas of Borehamwood.

These emergency admission ratios indicate that further analysis is required to fully understand some of the underlying reasons, but also suggests the value of increasing residents’ usage of primary and community based health services. This is particularly so in areas with high admissions, and for conditions which are leading causes of emergency hospital admissions.

Emergency admissions (all causes)

The standardised admissions ratio for emergency hospital admissions in Borehamwood is statistically significantly higher than Hertsmere, Hertfordshire and England. The ratio in Hertsmere is statistically significantly lower than Borehamwood and England but statistically significantly higher than Hertfordshire.

Within Borehamwood there are significant differences between the Aldenham East and Aldenham West wards, which have a statistically significantly lower ratio than England and Hertfordshire, and the Hillside, Cowley Hill, Kenilworth and Brookmeadow wards, which have a statistically significantly higher ratio.

Table 10: Emergency hospital admissions for all causes, Borehamwood and wards, Hertsmere, Hertfordshire and England, (Hospital Episode Statistics 2008/09 – 2012/13)

<table>
<thead>
<tr>
<th>Area</th>
<th>Emergency hospital admissions ratio (SAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>100</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>80.9</td>
</tr>
<tr>
<td>Hertsmere</td>
<td>92.6</td>
</tr>
<tr>
<td>Borehamwood</td>
<td>104.2</td>
</tr>
<tr>
<td>Cowley Hill</td>
<td>133.5</td>
</tr>
<tr>
<td>Brookmeadow</td>
<td>119</td>
</tr>
<tr>
<td>Hillside</td>
<td>113.7</td>
</tr>
<tr>
<td>Kenilworth</td>
<td>110.1</td>
</tr>
<tr>
<td>Elstree</td>
<td>86.8</td>
</tr>
<tr>
<td>Aldenham West</td>
<td>69</td>
</tr>
<tr>
<td>Aldenham East</td>
<td>60.2</td>
</tr>
</tbody>
</table>

Map 3: Borehamwood wards by emergency hospital admissions for all causes (2008/09 – 2012/13)
Emergency hospital admissions by cause

In Borehamwood, emergency hospital admission ratios for coronary heart disease and stroke were similar to England but statistically significantly higher than Hertfordshire. The ratio of chronic obstructive pulmonary disease (COPD) admissions was statistically significantly higher than both Hertfordshire and England.

Hertsmere has a statistically significantly lower ratio than England for coronary heart disease and COPD, but a similar ratio for strokes and heart attacks.


As shown in Table 11, there are significant variations in the emergency hospital admission ratios across Borehamwood.

Table 11: Borehamwood wards emergency hospital admissions by cause, compared against Hertfordshire and England (SAR 2008/09 – 2012/13) (Local Health Profiles); (Green = ratio statistically significantly lower than England, Yellow = ratio similar to England, Red = ratio statistically significantly higher than England)
Hospital stays for self-harm and alcohol related harm

Between 2008/09 to 2012/13 Borehamwood had a standardised admission ratio for self-harm (73.9) that was statistically significantly lower than England (100) but statistically significantly higher than Hertfordshire (51.2) and Hertsmere (63). None of the wards had a ratio statistically significantly higher than England.

For alcohol related harm between 2008/09 to 2012/13 the ratio (95.4) is also statistically significantly lower than England (100) and statistically significantly higher than Hertfordshire (76.6) and Hertsmere (85.5). However, Brookmeadow (109.4) and Cowley Hill (129.5) wards have a ratio statistically significantly higher than both Hertfordshire and England.

Hospital admissions for emergency hip fractures, and elective hip and knee replacements

The emergency hospital admissions ratio between 2008/09 to 2012/13 for hip fractures in those aged 65 years and over in Borehamwood (109.7) was not statistically significantly different to ratios for England (100) or Hertsmere (99.6) but was statistically significantly higher than Hertfordshire (95.2). None of the wards have a ratio that is statistically different from England, Hertfordshire or Hertsmere.

For elective admissions for hip replacements during the same time period, Borehamwood had a statistically significantly lower ratio (67.8) than Hertsmere (78.7), Hertfordshire (91.1) and England (100). All of the wards have a ratio that is statistically significantly lower than England apart from Brookmeadow (100.4), which has a ratio similar to England.

For elective admissions for knee replacement during 2008/09 to 2012/13, Borehamwood has a statistically significantly lower ratio (80.2) than England (100) and a similar ratio to Hertfordshire (86.4) and Hertsmere (83). None of the wards have a statistically significantly higher rate than either Hertfordshire or England.

Cancer incidence

ONS data from Local Health Profiles shows that between 2007 and 2011 Borehamwood had a statistically significantly lower overall cancer incidence ratio (76.9) than both Hertfordshire (92.4) and England (100) and similar to that of Hertsmere (78.2).

For specific cancers Borehamwood had a statistically significantly lower ratio than England for breast, colorectal, and prostate cancer and a similar ratio for lung cancer. Hertsmere had a statistically significantly lower incidence of each kind of cancer compared with Hertfordshire and England.
All the wards have an overall cancer incidence ratio statistically significantly lower than England, apart from Brookmeadow, where the rate was similar to that of England. Table 12 indicates there are some variations in the ratios for individual cancers across the Borehamwood wards.

Table 12: Cancer incidence in Borehamwood wards and Hertsmere (2007-11) (Local Health Profiles) (Green = ratio statistically significantly lower than England, Yellow = ratio similar to England)

<table>
<thead>
<tr>
<th>Area</th>
<th>All cancer</th>
<th>Breast</th>
<th>Colorectal</th>
<th>Lung</th>
<th>Prostate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hertfordshire</td>
<td>92.4</td>
<td>97.7</td>
<td>91.8</td>
<td>85.3</td>
<td>100.8</td>
</tr>
<tr>
<td>Hertsmere</td>
<td>78.2</td>
<td>84.4</td>
<td>80.5</td>
<td>79.3</td>
<td>72.9</td>
</tr>
<tr>
<td>Borehamwood</td>
<td>76.9</td>
<td>76.5</td>
<td>67.7</td>
<td>99.3</td>
<td>64.7</td>
</tr>
<tr>
<td>Aldenham East</td>
<td>68.7</td>
<td>98.1</td>
<td>70.2</td>
<td>53.9</td>
<td>48.7</td>
</tr>
<tr>
<td>Aldenham West</td>
<td>68.8</td>
<td>90.8</td>
<td>60.7</td>
<td>71.3</td>
<td>52.8</td>
</tr>
<tr>
<td>Brookmeadow</td>
<td>96.1</td>
<td>79</td>
<td>74.7</td>
<td>88.3</td>
<td>78</td>
</tr>
<tr>
<td>Cowley Hill</td>
<td>79.8</td>
<td>81.8</td>
<td>64.6</td>
<td>138.8</td>
<td>80.3</td>
</tr>
<tr>
<td>Hillside</td>
<td>74.6</td>
<td>55.2</td>
<td>64.8</td>
<td>118.8</td>
<td>68.7</td>
</tr>
<tr>
<td>Kenilworth</td>
<td>76.1</td>
<td>63.6</td>
<td>105.4</td>
<td>89.8</td>
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<td>39.5</td>
<td>111.1</td>
<td>61.5</td>
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</table>
Part 4: Disease prevalence

Summary of findings

- GP recorded prevalence of respiratory disease in Borehamwood and Hertsmere is similar to or statistically significantly lower than Hertfordshire and England. Prevalence of asthma is statistically significantly lower than that of Hertfordshire and England. COPD prevalence is similar to Hertfordshire and lower than England.

- GP recorded prevalence of cardiovascular disease (also known as circulatory disease) in Borehamwood is broadly in line with Hertfordshire aside from statistically significantly higher rates of peripheral arterial disease (PAD) and coronary heart disease (CHD), and statistically significantly lower rates of hypertension.

- In Borehamwood and Hertsmere there is a GP recorded prevalence of a number of conditions that are similar to or statistically significantly lower than England and similar to Hertfordshire including:
  - Diabetes
  - Learning disabilities
  - Depression
  - Obesity
  - Epilepsy
  - Musculoskeletal diseases
  - Asthma
  - Chronic obstructive pulmonary disease,
  - Atrial fibrillation
  - Heart failure
  - Strokes

- However, regardless of how prevalence compares against England or Hertfordshire, it remains important that the growing prevalence of these conditions is addressed in order to prevent future poor health and wellbeing.

- In addition, there are individual GP practices in Borehamwood have a recorded prevalence statistically significantly higher than England for the following:
  - Schopwick has a higher prevalence of atrial fibrillation, coronary heart disease, peripheral arterial disease, stroke and transient ischaemic attack, learning disabilities, mental health disorders and dementia
  - The Grove has a higher prevalence of dementia, depression and mental health disorders
  - Theobald has a higher prevalence of obesity, depression and dementia
  - Fairbrook has a higher prevalence of obesity
  - Red House has a higher prevalence of atrial fibrillation
**Introduction**

Data on disease prevalence is taken from the 2014/15 GP practice Quality Outcomes Framework (QOF). The data is based on the recording of disease amongst patients registered at GP practices. It can provide useful data on the prevalence of circulatory and respiratory disease, diabetes and kidney disease, obesity, mental illness, epilepsy and musculoskeletal disease. However, the data may be affected by recording practices or accuracy of diagnosis. In addition, those patients registered at a particular GP practice do not necessarily live in the same ward as the practice, making it difficult to assign outcomes by geographical area.

Map 4 shows the five GP practices in Borehamwood, and the ward in which they are located. Theobald, Fairbrook and Grove practices are based in the main Borehamwood urban area. There is also a practice based in Radlett (Red House) and one in Elstree (Schopwick).

**Map 4:** GP practices in Borehamwood (with ward boundaries (lighter colour) and CCG locality boundaries (darker colour) highlighted)

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**Respiratory disease**

In Borehamwood approximately 5.3% of patients (3,612 people) registered have an asthma diagnosis recorded by their GP, which is a statistically significantly lower rate than that of Hertfordshire and England, and similar to the rate for Hertsmere (5.4%) as shown in chart 15. All of the GP surgeries in Borehamwood have rates that have been relatively stable since 2009/10 and have statistically significantly lower rates than England apart from Red House and Schopwick surgeries which have similar rates to England.

GP recorded prevalence of Chronic Obstructive Pulmonary Disease (COPD) in Borehamwood (1.3%) and Hertsmere (1.4%) is similar to that of Hertfordshire but statistically significantly lower
than England (chart 15). Comparing individual surgeries for COPD in Borehamwood is difficult to compare due to the low numbers involved, but the rate of COPD has remained stable since 2009/10

**Chart 15**: Prevalence of Respiratory Disease in Borehamwood, Hertfordshire and England (2014/15)

Cardiovascular disease

Borehamwood has varying levels of cardiovascular disease when compared against Hertfordshire and England.

- In comparison to Hertfordshire, Borehamwood has similar levels of atrial (AF) fibrillation, heart failure, stroke and transient ischaemic attack prevalence (TIA), and statistically significantly higher levels of both peripheral arterial disease (PAD) and coronary heart disease (CHD), but statistically significantly lower levels of hypertension.

- When compared against England, the rates of cardiovascular disease are statistically significantly lower, with the exception of atrial fibrillation and peripheral arterial disease which are similar.

For Hertsmer, the prevalence of atrial fibrillation, heart failure, and stroke and transient ischemic attack prevalence are similar to Hertfordshire and England. However, the prevalence of coronary heart disease is statistically significantly higher than Hertfordshire (although similar to England). Prevalence of hypertension is similar to Hertfordshire and statistically significantly lower than England.
Individual GP surgeries in Borehamwood generally have rates of cardiovascular disease similar or statistically significantly lower than England. The exceptions to this are Red House surgery, which has rates of atrial fibrillation (2.4%) statistically significantly higher than England, and Schopwick surgery, which has statistically significantly higher rates than England of atrial fibrillation (3.1%), coronary heart disease (3.9%), peripheral arterial disease (0.9%), stroke and transient ischaemic attack (1.9%).
The prevalence of cardiovascular disease across the GP surgeries in Borehamwood has been stable since 2009/10. However, Schopwick has seen a growth in hypertension (from 12.4% in 2010/11 to 13.4% in 2014/15) percentage point and heart failure (from 0.4% in 2010/11 to 0.8% 2014/15)

**Diabetes and chronic kidney disease**

Of those registered at GP practices in Borehamwood, 2,937 have been recorded as having diabetes which equates to 5.5% of registered patients. 2,034 patients have Chronic Kidney Disease which equates to a rate of 3.8%. Both of these conditions have a statistically significantly lower prevalence than that of England, but statistically significantly higher than Hertfordshire (chart 18). None of the GP surgeries have prevalence statistically significantly higher than England.

Hertsmere has a prevalence of diabetes similar to Hertfordshire and statistically significantly lower than England. However, the prevalence of chronic kidney disease is statistically significantly higher than Hertfordshire and statistically significantly lower than England.


<table>
<thead>
<tr>
<th>Condition</th>
<th>Borehamwood</th>
<th>Hertfordshire</th>
<th>Hertsmere</th>
<th>England</th>
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</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>6.4</td>
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<td>5.4</td>
<td>5.5</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>4.1</td>
<td>3.5</td>
<td>4.1</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Source: QOF, HSCIC

**Obesity**

Approximately 8% of those registered to a Borehamwood GP have been recorded as being obese. This rate is similar to that of Hertfordshire (8.1%) and Hertsmere (8.2%) but statistically significantly lower than England (9%). However, the rate for the Fairbrook Medical Centre is statistically significantly higher at 14% (1,583 people) as is that of Theobald Surgery at 9.1%) 736 people).

The prevalence of obesity recorded by GP practices is different from the levels of obesity recorded by Public Health England (22.9% see page 33). This is likely reflective of the widespread under reporting of obesity, and indicates the value of services such as GP health checks, which can help to increase diagnosis of conditions such as this.
**Mental health**

**Depression**

In Borehamwood, 3,930 of patients registered were recorded as having depression. This equates to a rate of 7.5% which is similar to Hertfordshire (7%) and England (7.3%). However, The Grove (9.1%) and Theobald (9.9%) medical centres have rates of depression statistically significantly higher than both Hertfordshire and England.

Hertsmere has a prevalence of 7.8% which is statistically significantly higher than Hertfordshire and England.

**Dementia, mental health disorders and learning disabilities**

In Borehamwood and Hertsmere, the prevalence of dementia, learning disabilities and mental health disorders is similar to England. However, a number of surgeries in Borehamwood have prevalence which is statistically significantly higher than England:

- Schopwick surgery has a higher prevalence of learning disabilities, mental health disorders and dementia
- The Grove has a high prevalence of mental health disorders, dementia and depression
- Theobald has a higher prevalence of depression and dementia

**Chart 19:** Prevalence of mental illness in Borehamwood, Hertfordshire and England (2014/15)

**Epilepsy**

357 people of patients registered in Borehamwood have been recorded as having epilepsy. This equates to a rate of 0.7% which is the same as the rate for Hertsmere and Hertfordshire (both 0.7%) but statistically significantly lower than England (0.8%).
Musculoskeletal disease

Osteoporosis and Rheumatoid arthritis

Of those registered over the age of 50, 48 were recorded as having osteoporosis. This equates to 0.2% of total patients aged over 50 and is similar to the rate for England, Hertsmere and Hertfordshire (all 0.2%). 332 people had rheumatoid arthritis which represents a rate of 0.6% which is similar to that of Hertsmere (0.6%) Hertfordshire and England (both 0.7%).