



TOWER HAMLETS

Health Scrutiny Panel

Life Course

Middle aged 40 - 64yrs old

17th November 2013

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What we will cover today

- Middle aged in Tower Hamlets
- What will improve health and wellbeing?
- Priorities and challenges
- Good practice in LBTH
- What do we need to do more of
- Panel questions.

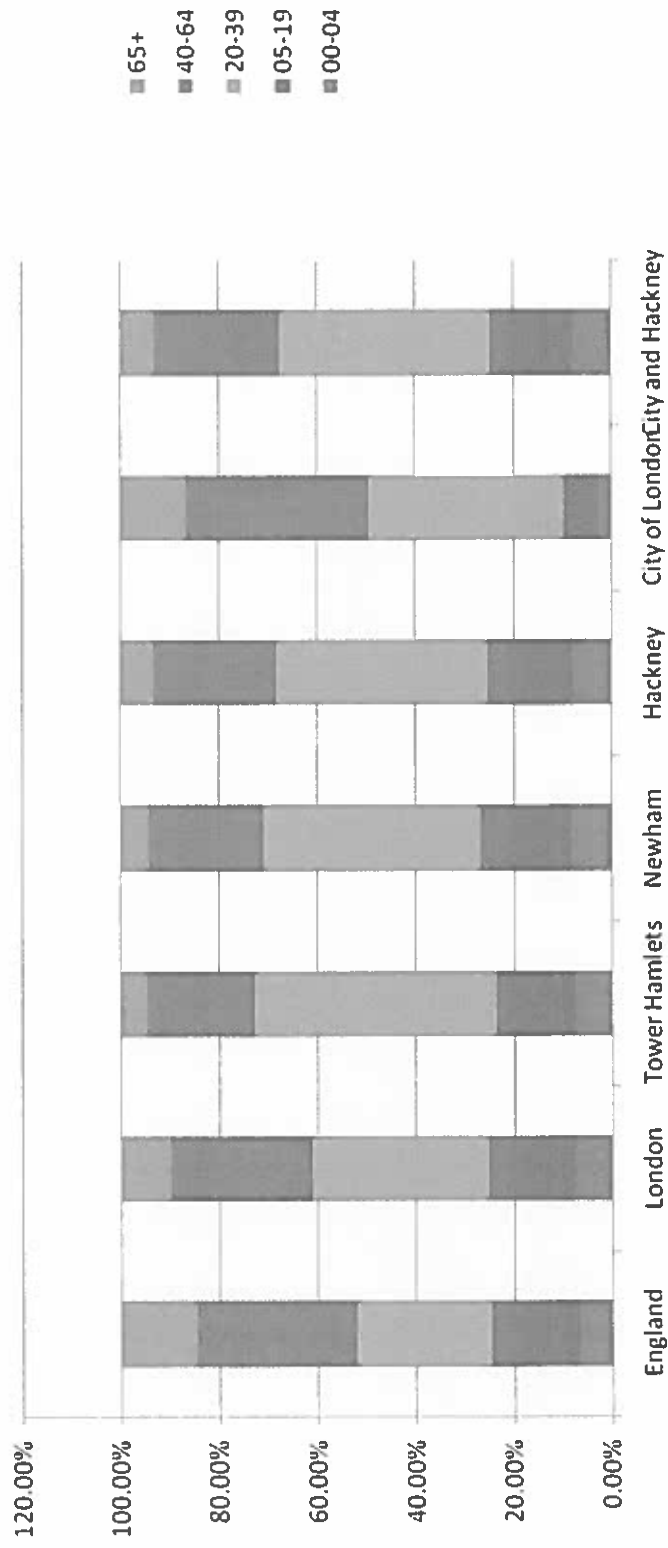
Middle aged in Tower Hamlets

- Younger middle aged (35-54) number 58,347
 - 55% live in households with no dependent children, compared with 48% in London and England as a whole
- Older middle aged (55- 64) number 13,582
 - 1 in 3 (33%) live on their own, compared with 22% in London and 18% in England
 - 50% live in Two or More Person Household; No Dependent Children. Compared with 64% London and 74% England
 - 17% live with dependent children, compared with 14% in London and 9% England.

Middle aged in Tower Hamlets

Tower Hamlets population structure comparisons 2013

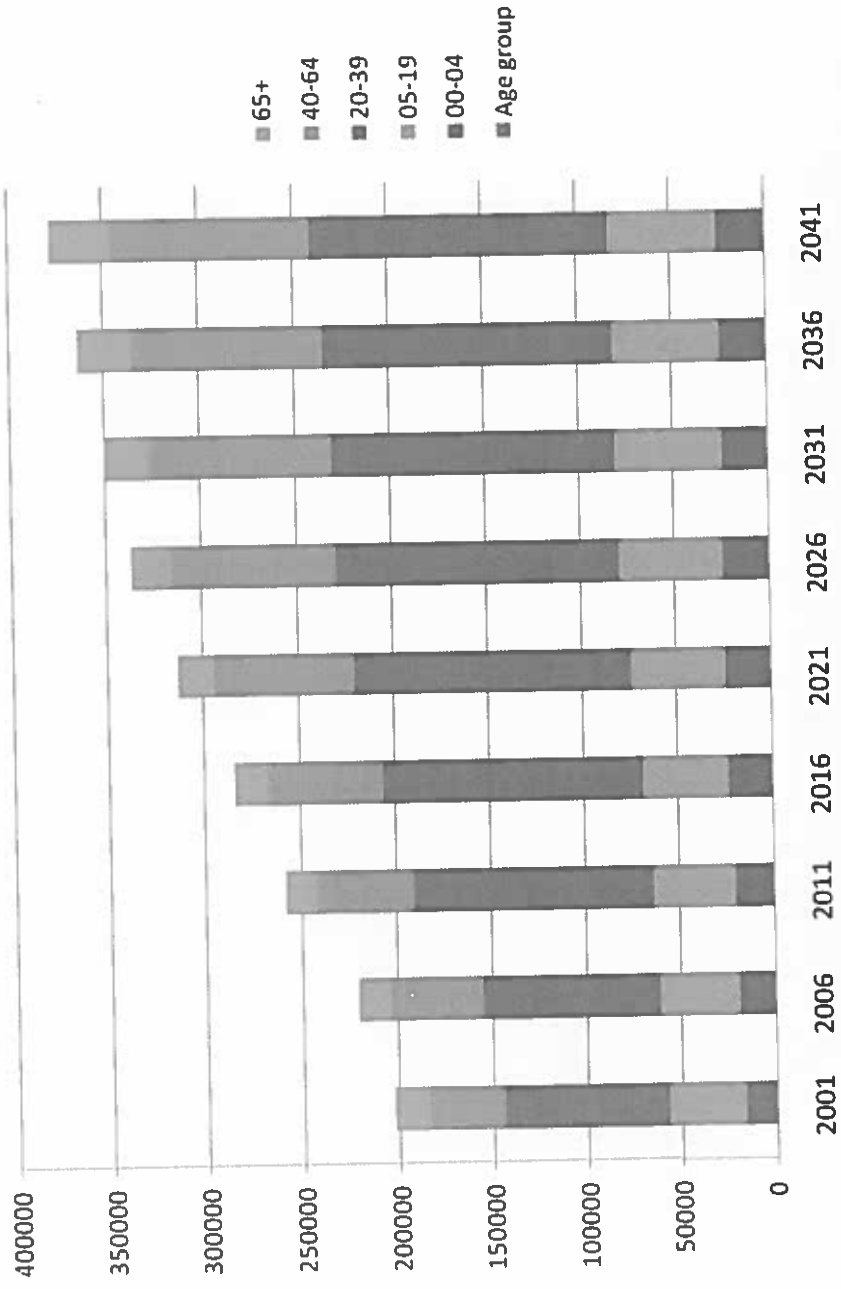
Source: ONS Subnational Population Projections, Interim 2011-based



Middle aged in Tower Hamlets

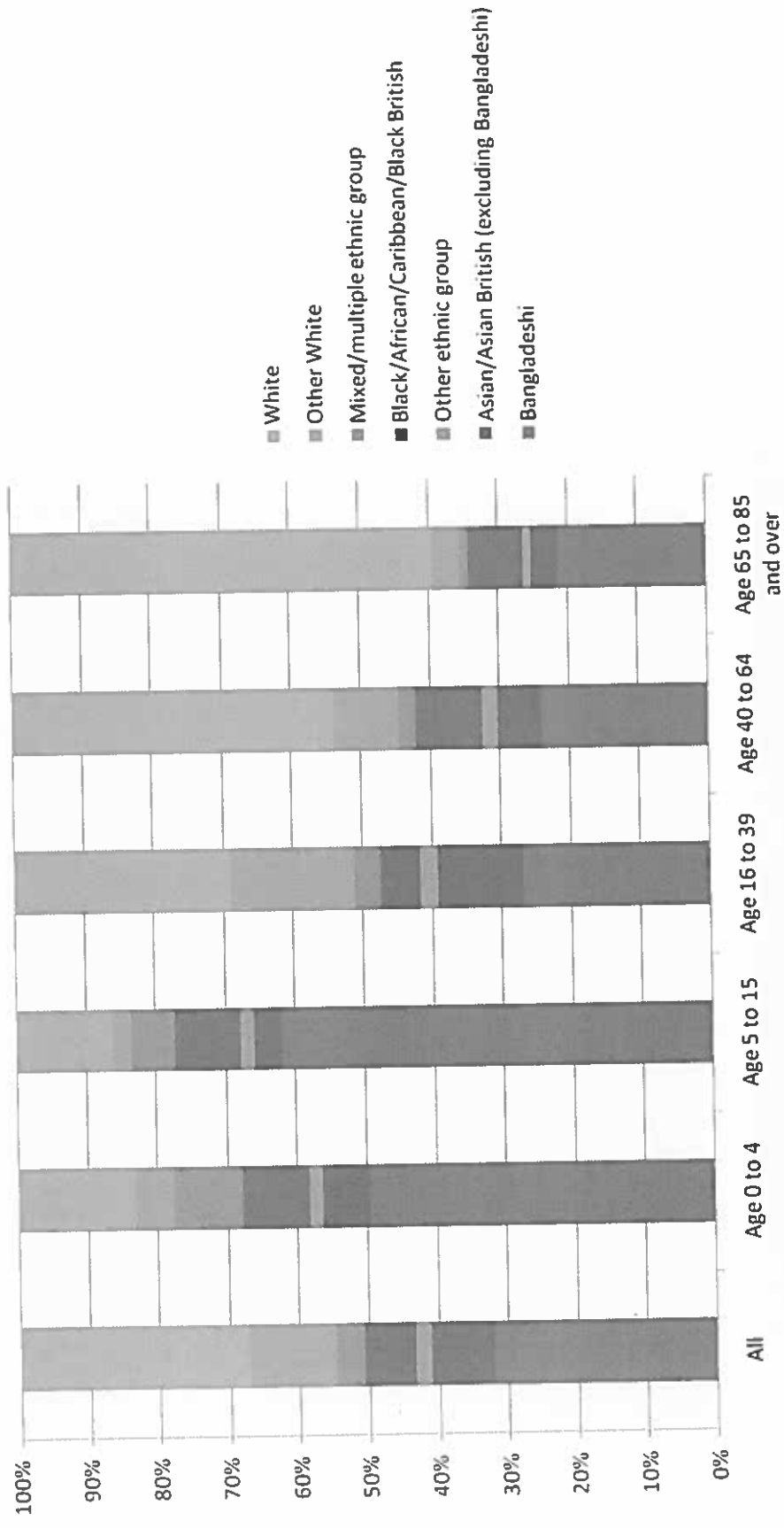
Tower Hamlets population projections

•Source: ONS Subnational Population Projections, Interim 2011-based and GLA Projections



Middle aged in Tower Hamlets

Tower Hamlets population structure by ethnic group 2011
 Source: ONS Census 2011



Health Headlines

Men

Life expectancy

- 76.7 (132/150)

Healthy life expectancy

- 55.7 (147/150)

Women

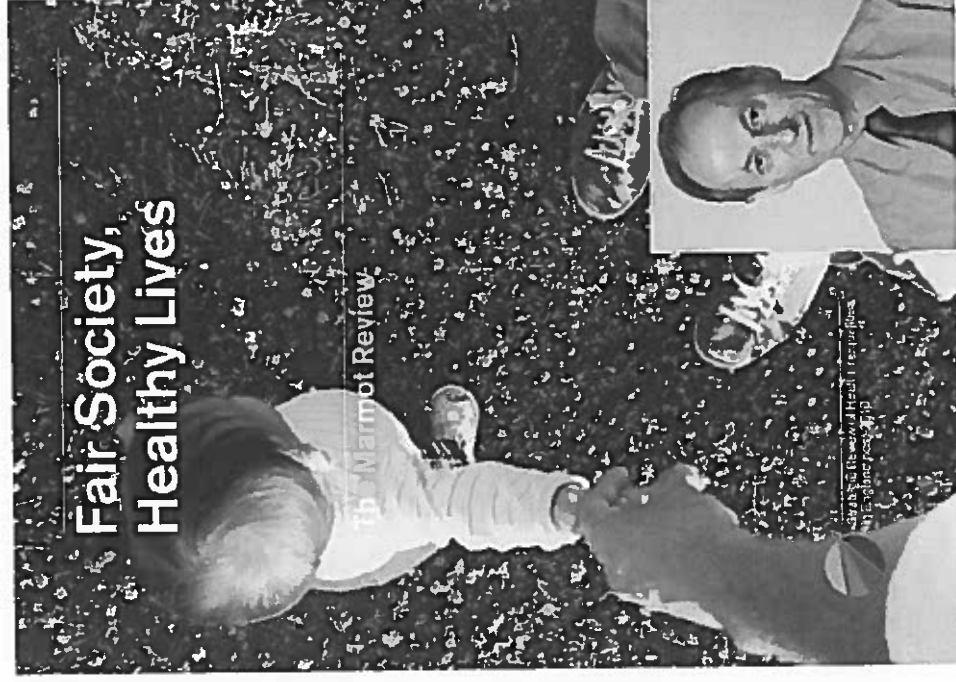
Life expectancy

- 81.9 (110/150)

Health life expectancy

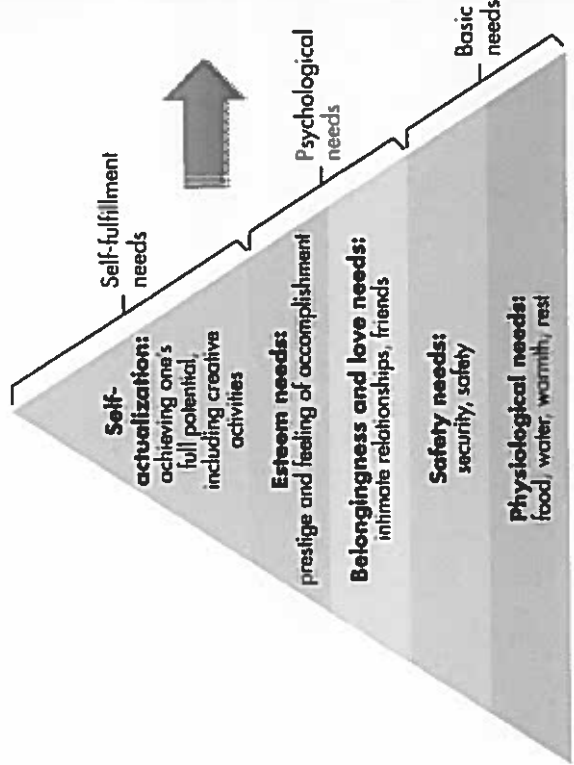
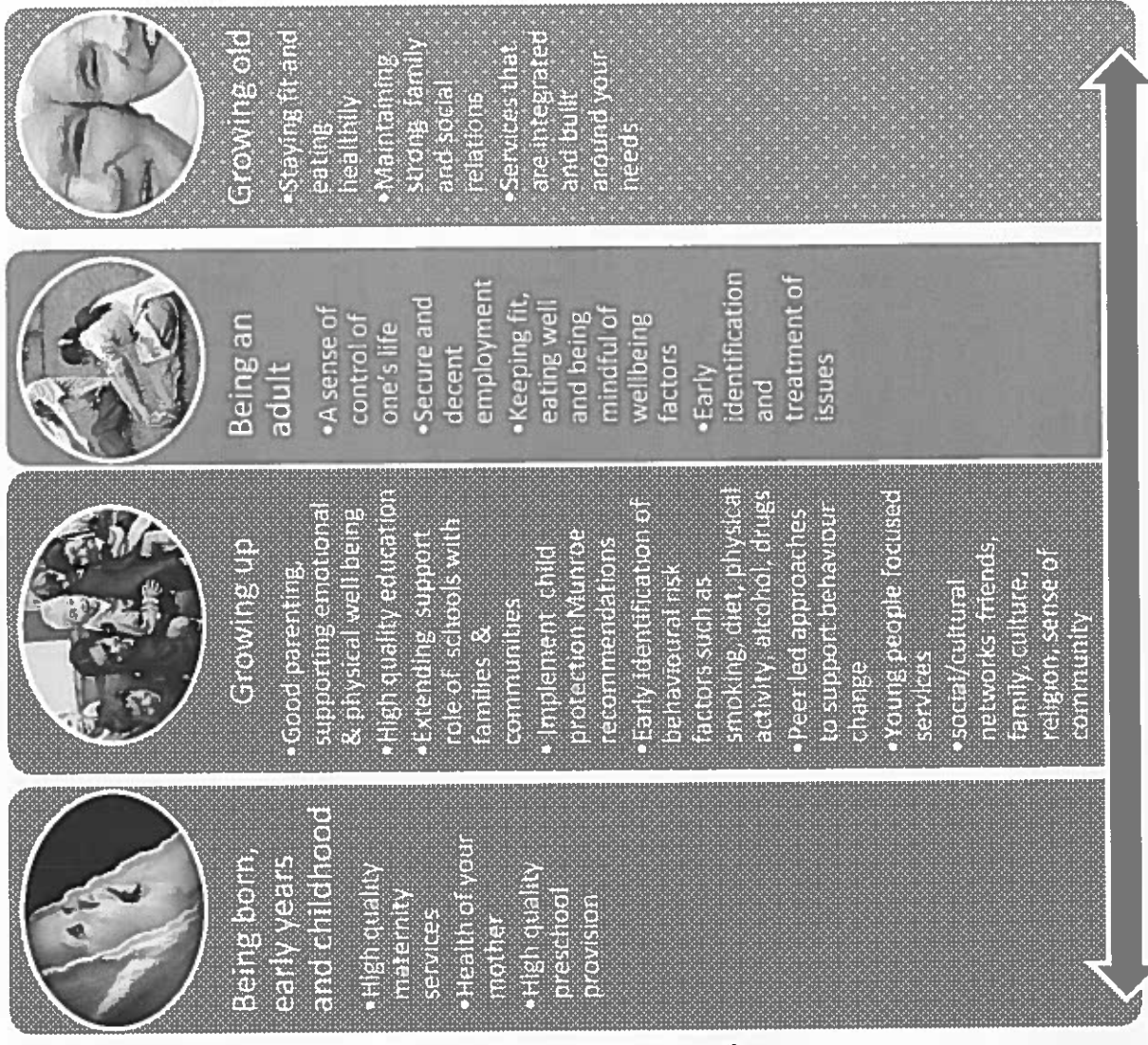
- 54 (150/150)

What will improve health and wellbeing?



- Giving every child the best possible start in life
- Enabling all to make the most of their capabilities and have control over their lives
- Creating fair employment and good work for all
- Ensuring a healthy standard of living for all
- Creating and developing healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

What makes for a healthy life?



An income for healthy living, quality housing, an environment that supports health, strong social networks, a sense of community, living healthily, high quality services

Age and ethnicity breakdown Bad health (self reported)

	Age 0 to 15	Age 16 to 49	Age 50 to 64	Age 65 +	Grand Total
Asian	2.2	1.5	3.5	2.9	2.2
Black	2.0	1.5	1.6	1.8	1.6
Mixed	1.7	1.1	2.1	1.4	1.4
Other Ethnic	2.8	1.3	2.9	2.2	1.7
White	1.4	0.9	1.9	1.6	1.3
Grand Total	2.0	1.2	2.3	1.9	1.6

This table shows how Tower Hamlets compares to England on the Census 2011 statistic of self reported 'bad or very bad health'. So, for example, the percentage of 50-64 years olds reporting bad or very bad health is 2.3x higher than England and for Asians in this age group it is 3.5x higher.

Priorities and challenges

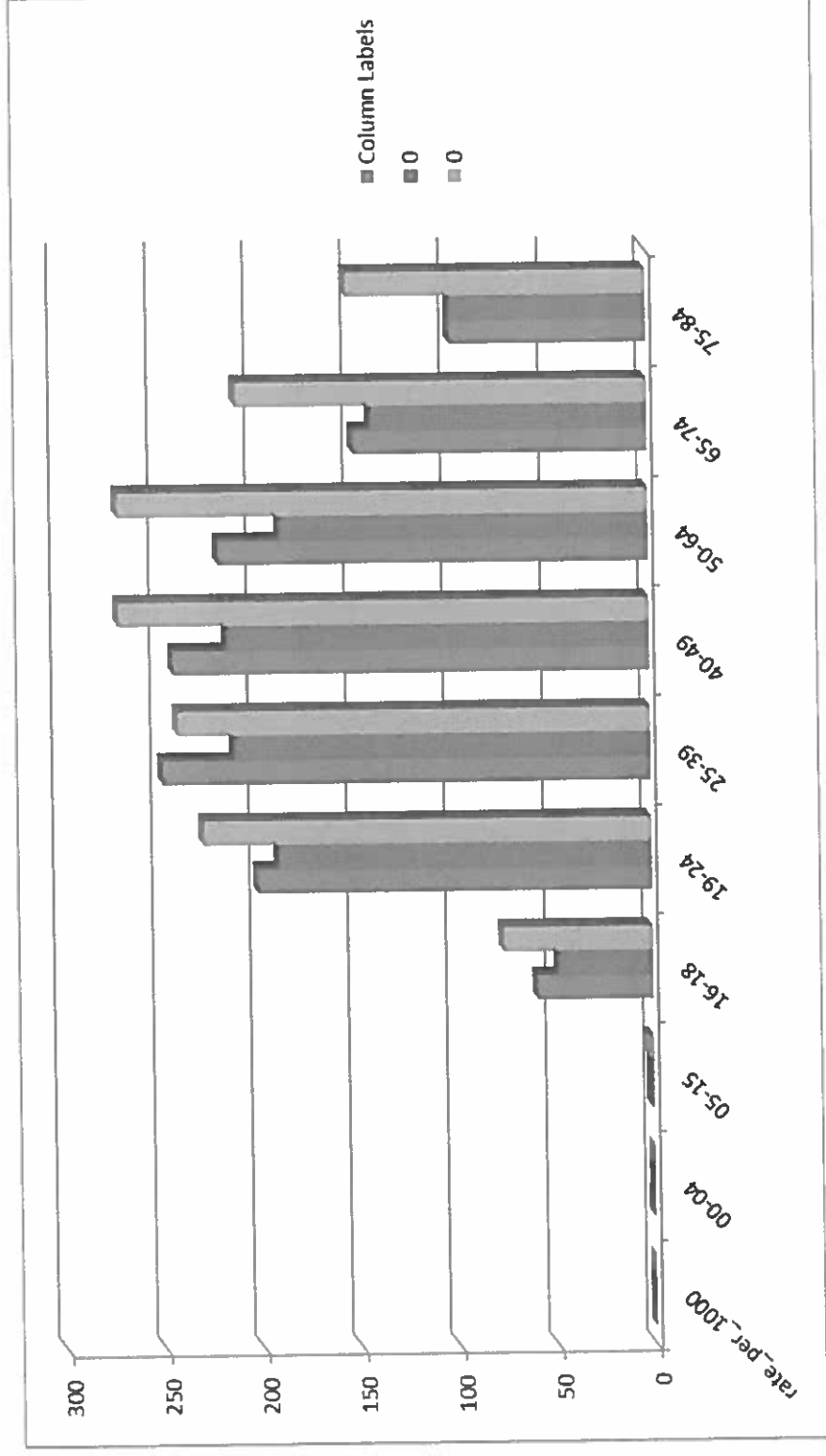


My Weigh programme class,
Social Action for Health

- 34% higher level LT illness
- 12,000 diagnosed with diabetes (8% Bangladeshi, 4% White)
 - 3000 undiagnosed
- 3rd highest premature death rates CVD
- Highest cancer death rates
- 5th highest TB incidence (50% Bangladeshi)
- 5th highest admissions for mental health problems
- High prevalence behavioural risk factors
 - 27% smoke (43% Bangladeshi men)
 - 90% eat < 5 a day
 - 70% do less than recommended physical activity
 - 36% drinkers drink at harmful levels

Priorities and challenges: lifestyles and identifying at risk patients

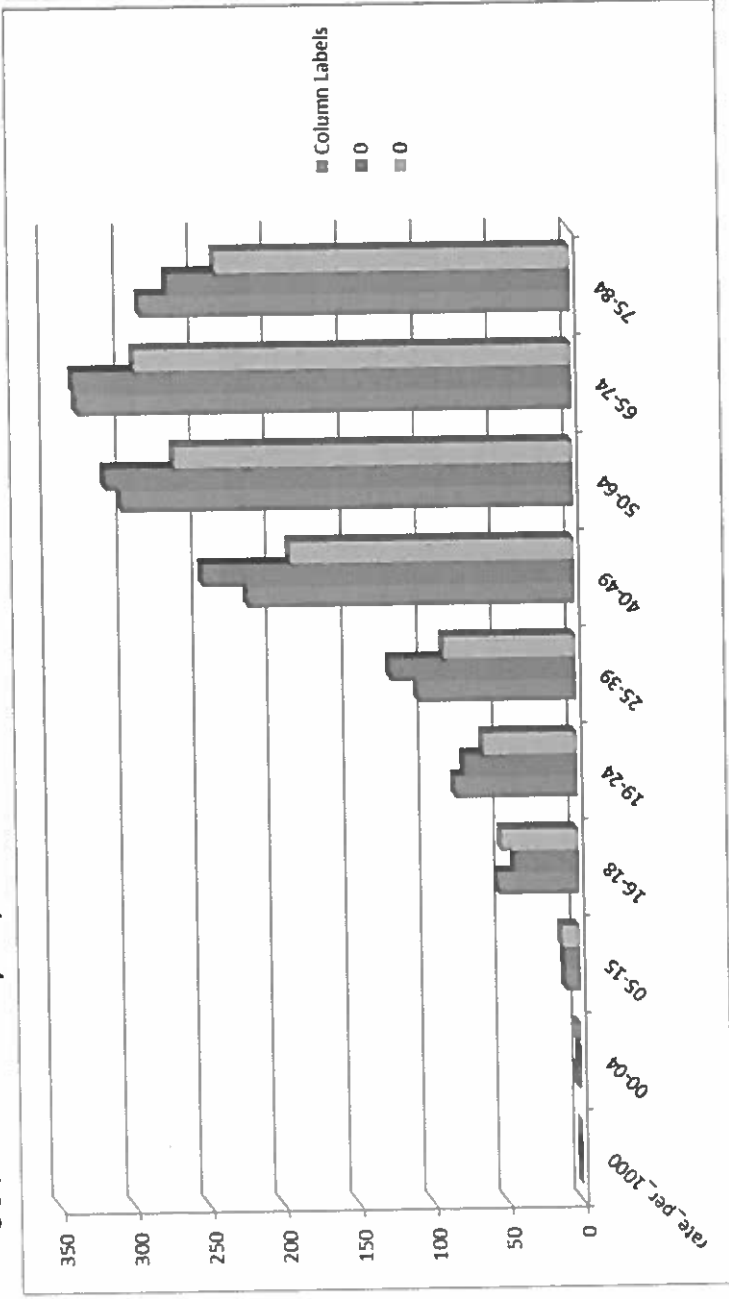
Current Smokers Number registered per 1000 patients
CEG data April 2013



Priorities and challenges: lifestyles and identifying at risk patients

CEG patients on register for Obesity (BMI of 30 or more) rate per 1000 of all registered patients

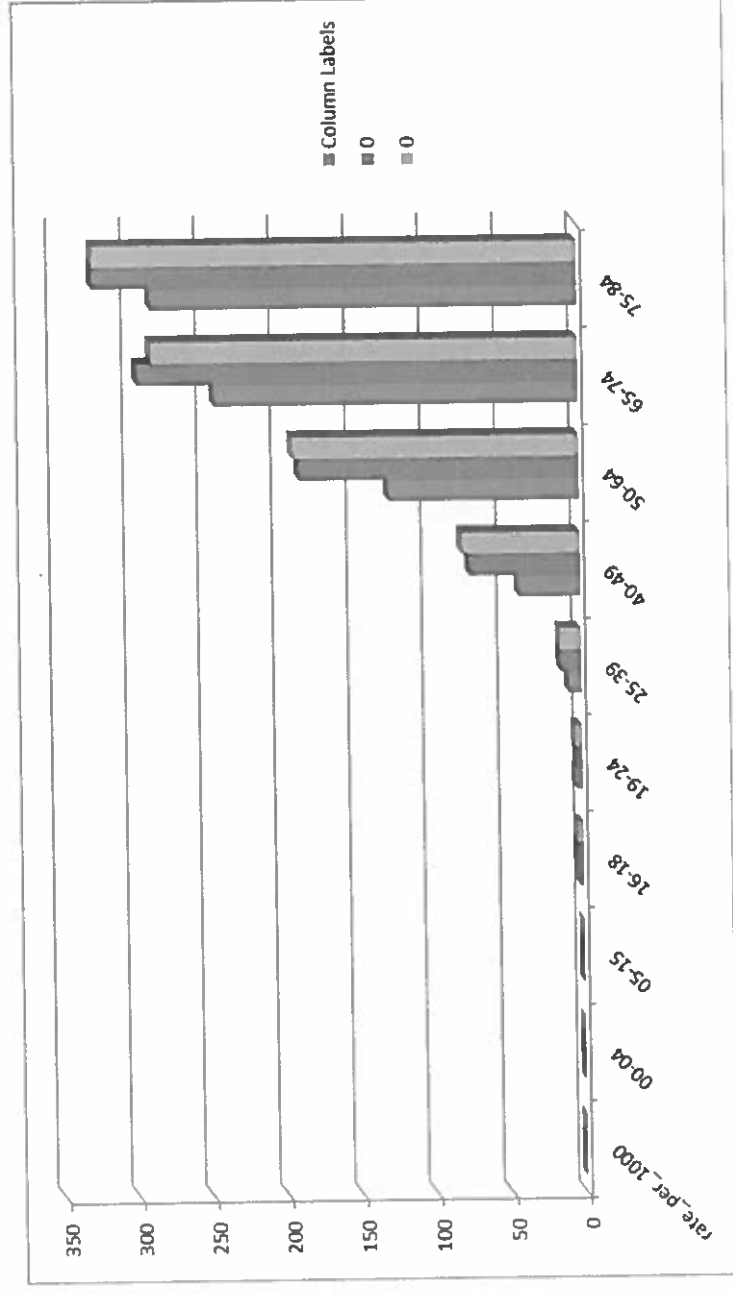
•Source CEG 01/04/2013



condition	Obesity (BMI of 30 or more)	<--Choose condition
rate_per_1000		
00-04	2.6	1.1
05-15	9.5	10.0
16-18	53.5	42.5
19-24	81.8	75.3
25-39	105.9	124.0
40-49	219.0	249.1
50-64	303.1	313.5
65-74	332.1	334.2
75-84	289.0	270.3
85+	170.4	167.9
registered with condition		
00-04	52	32
05-15	336	507
16-18	446	539
19-24	1696	2774
25-39	9585	15520
40-49	8683	12344
50-64	10347	13747
65-74	3502	4399
75-84	1769	2048
85+	346	401

Priorities and challenges: Early intervention

Diabetics Number registered per 1000 patients
CEG data April 2013

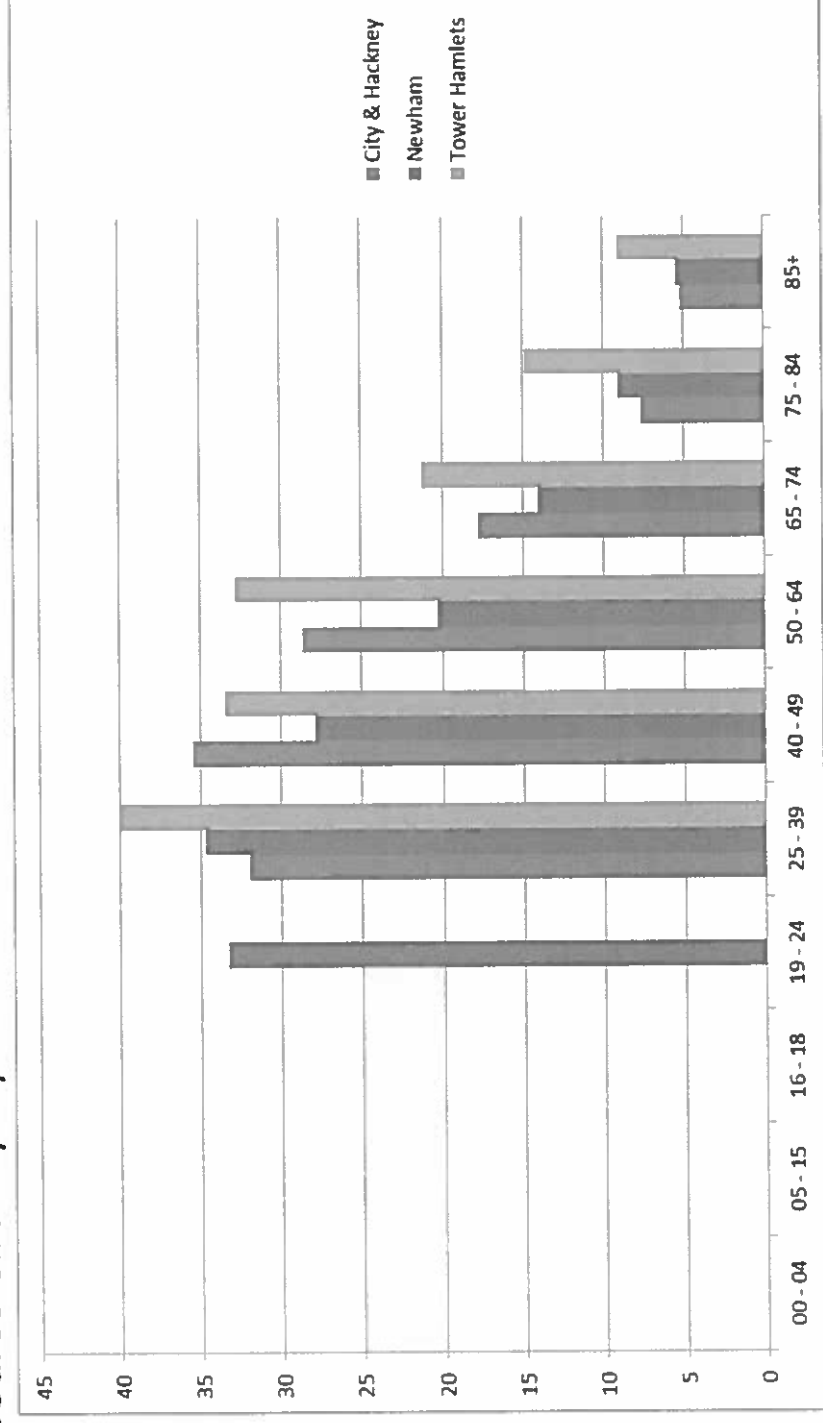


Row Labels	City & Hackney	Newham	Tower Hamlets
rate_per_1000			
00-04	0.0	0.0	0.0
05-15	0.0	0.0	0.0
16-18	2.3	3.0	3.2
19-24	3.9	3.5	4.5
25-39	8.2	13.6	13.8
40-49	41.6	74.0	79.0
50-64	127.5	187.6	192.3
65-74	243.8	296.0	286.4
75-84	286.3	325.9	325.5
85+	204.8	208.1	196.0
registered with condition			
00-04	0	0	0
05-15	0	0	0
16-18	19	38	26
19-24	81	130	133
25-39	739	1697	1554
40-49	1648	3666	2569
50-64	4352	8226	5092
65-74	2571	3896	2553
75-84	1753	2470	1971
85+	416	497	390

Priorities and challenges: Early intervention

% of CHD patients registered as current smoker

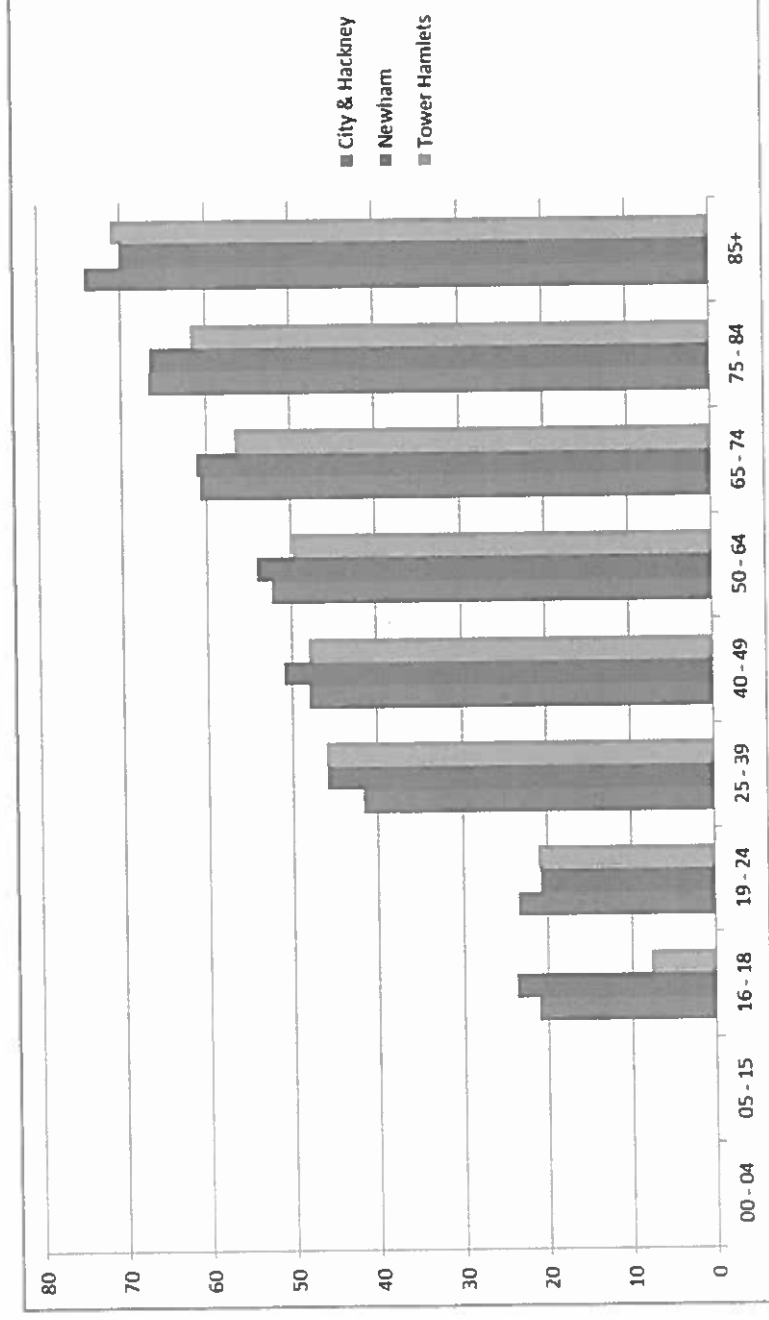
Source CEG 01/04/2013



Good practice: Early intervention

Diabetes: HbA1c < 75% (<58mmol/mol)

CEG April 2013 Rate per 100 registered with condition



Research has also shown that people with type 2 diabetes who reduce their HbA1c level by 1% are: ^[1]
19% less likely to suffer cataracts
16% less likely to suffer heart failure
43% less likely to suffer amputation or death due to peripheral vascular disease
Source: <http://www.diabetes.co.uk/what-is-hba1c.html>
accessed 5 Nov 2013

What do we need to do more of

- Supporting vulnerable residents through austerity
- Promoting healthy lifestyles
 - 5 ways
 - Diet and exercise
 - Reducing smoking and alcohol drinking
 - Working with residents to do this
- Building on the care package approach and ensuring commissioned services develop to be even more cost-effective
- Ensuring local health and social care services meet the needs of our population.