TOWER HAMLETS HEALTH AND WELLBEING BOARD

Tuesday, 12 January 2016 at 5.00 p.m. Committee Room MP702, 7th Floor, Mulberry Place, 5 Clove Crescent, London E14 2BG

This meeting is open to the public to attend.

Members:	**Representing**
Chair: Mayor John Biggs	Mayor
Vice-Chair:	
Councillor Amy Whitelock Gibbs	Cabinet Member for Health & Adult Services
Councillor Rachael Saunders	Cabinet Member for Education & Children's Services
Councillor David Edgar	Cabinet Member for Resources
Jane Milligan	NHS Tower Hamlets Clinical Commissioning Group
Dr Somen Banerjee	Director of Public Health, LBTH
Luke Addams	Director of Adults Services
Debbie Jones	Director of Children's Services
Dr Amjad Rahi	Healthwatch Tower Hamlets Representative
Dr Sam Everington	NHS Tower Hamlets Clinical Commissioning Group
Co-opted Members	
Dr Ian Basnett	Barts Health NHS Trust
Karen Breen	Barts Health NHS Trust
DengYan San	Young Mayor
Steve Stride	Chief Executive, Poplar HARCA
Dr Navina Evans,	East London and the Foundation Trust
Suzanne Firth	Tower Hamlets Community Voluntary Sector

Quorum: The quorum of the Board is a quarter of the membership including at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group**.**
Questions: Before the formal business of the Board is considered, up to 15 minutes are available for public questions on any items of business on the agenda. Please send questions to the Officer below by **5pm the day before the meeting**.

Contact for further enquiries:
Elizabeth Dowuona, Democratic Services
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG
Tel: 02073644207
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Web: http://www.towerhamlets.gov.uk/committee

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Role of the Tower Hamlets Health and Wellbeing Board.

- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.
- To prepare the Joint Health and Wellbeing Strategy.
- To be involved in the development of any Clinical Commissioning Group (CCG) Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.
- To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.
- To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

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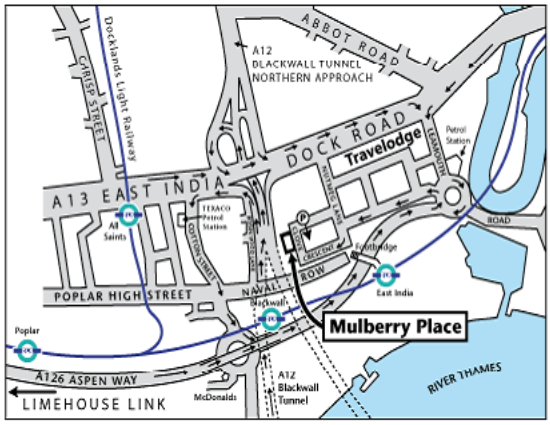

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PAGE NUMBER(S)

1. STANDING ITEMS OF BUSINESS

1 .1 Welcome, Introductions and Apologies for Absence

To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.

1 .2 Declarations of Disclosable Pecuniary Interests 1 - 4

To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer).

2. MINUTES OF THE MEETING HELD ON 17 NOVEMBER 2015 5 - 12

3. ACTIONS UNDER DELEGATED AUTHORITY

To note any actions by the Director of Public Health Under Delegated Authority since the last meeting of the Board on 17 November 2015.

4. FORWARD PROGRAMME 13 - 14

To consider and comment on the Forward Programme.
Lead Officer: Somen Banerjee, Director of Public Health

5. ITEMS FOR CONSIDERATION

5 .1 Health and Wellbeing Strategy 2016-2020 - Vision and Focus Workshop 15 - 68

Facilitated workshop exploring the vision of the Strategy and areas of focus for the next 4 years (Paper attached)
Lead Officer: Somen Banerjee, Director of Public Health

5 .2 Spatial Planning and Health - Refreshing the Local Plan for Tower Hamlets 69 - 98

Lead Officers: Tim Madelin, Senior Public Health Strategist ,
Adele Maher, Strategic Planning Manager

6. ANY OTHER BUSINESS

To consider any other business the Chair considers to be urgent.

Date of Next Meeting:
Tuesday, 15 March 2016 at 5.00 p.m. in Committee Room MP702, 7th Floor, Mulberry Place, 5 Clove Crescent, London E14 2BG

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:-

Meic Sullivan-Gould, Monitoring Officer, Telephone Number: 020 7364 4801

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD HELD AT 5.00 P.M. ON TUESDAY, 17 NOVEMBER 2015 MP701, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG.

Members Present:

Councillor Amy Whitelock Gibbs (Chair)	– Deputy Chair / Cabinet Member for Health and Adult Services
Councillor Rachael Saunders	– (Deputy Mayor and Cabinet Member for Education & Children's Services)
Dr Somen Banerjee	– (Director of Public Health, LBTH)
Debbie Jones	– (Interim Corporate Director, Children's Services)
Cath Scholefield	– (Service Head of Adult Social Care, LBTH)(Deputising for Luke Addams)
Dr Sam Everington	– (Chair, Tower Hamlets Clinical Commissioning Group)
Jane Milligan	– (Chief Officer, Tower Hamlets Clinical Commissioning Group)

Co-opted Members Present:

Sarah Castro	– (Poplar HARCA)(Deputising for Steve Stride)
Dr Navina Evans	– (East London and the Foundation Trust)
Carrie Kilpatrick	– Tower Hamlets Clinical Commissioning Group
Monsur Ali	– (Deputy Young Mayor)
Rushena Miah	– (Tower Hamlets Community Voluntary Sector)

Apologies:

Mayor John Biggs	- (Chair of the HWBB
Councillor Denise Jones	– (Non –Executive Majority Group Councillor)
Councillor David Edgar (Member)	- (Cabinet Member for Resources)
Luke Addams	– (Interim Director of Adult's Services)
Dr Ian Basnett	– (Public Health Director, Barts Health NHS Trust)
Karen Breen	(Barts NHS Trust)
Suzanne Firth	– (Tower Hamlets Community Voluntary Sector)
Steve Stride	– (Chief Executive, Poplar HARCA)
DengYan San	- (Young Mayor)

Officers in Attendance:

Dianne Barham	-	Chief Executive Officer, Healthwatch
Karen Badgery	–	Children's Commissioning Manager
Sarah Baker	–	Strategy - Partnerships and Performance
Shazia Hussain	–	Service Head Culture Learning and Leisure
Chris Lovitt	–	Associate Director of Public Health
Tim Madelin	–	Senior Public Health Strategist
Justin Morley	–	LBTH - Senior Solicitor
Simon Twite	–	Senior Public Health Strategist)
Jamal Uddin	–	(Strategy Policy & Performance Officer)
Martin Bould	–	(Senior Joint Commissioner, Mental Health and Joint Commissioning Team)
Nasima Patel	–	Service Head, Childrens Social Care
David Knight	–	(Senior Committee Services Officer)

1. STANDING ITEMS OF BUSINESS

1.1 WELCOME

The Chair informed the Board that tonight's meeting would focus on Young Peoples Mental Health.

1.2 DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of disclosable pencuniary interests.

1.3 Minutes of the Previous Meeting and Matters Arising

RESOLVED –

That the minutes of the meeting held on 29th September 2015 be agreed as a correct record.

2. ACTIONS UNDER DELEGATED AUTHORITY

None.

2.1 FORWARD PROGRAMME

The Board heard that as part of the next meeting on 12th January, 2016 there would be a workshop to focus upon the development on priorities around the Health and Wellbeing Strategy.

3. COMMUNITY INTELLIGENCE: HEALTHWATCH PERSPECTIVE - YOUNG PEOPLES MENTAL HEALTH

The Board heard that research had been undertaken to survey young people to better understand their awareness levels and attitudes towards mental health, and gather suggestions on how best to tackle issues related to young people and mental health. Healthwatch Youth Panellists received training through the Community Intelligence Bursary process to become peer researchers and undertake the fieldwork research.

It was noted that young people have greater access to their peers so they are in the best position to conduct this research. They had surveyed a total of 237 young people across LBTH aged between 15 and 24 years old. The main points of the discussion on this item are outlined as follows:

The Board noted that:

- More teenage young men had stated that mental health was an important issue to them than men aged over 20 years. Whilst the opposite trend can be seen for female respondents;
- The vast majority of young people were unaware of both the national and local mental health services available to them. Aside from GPs, hospitals, Childline and Talk to Frank, awareness of other services that were presented to respondents was extremely low. The Board therefore felt that regular workshops should be arranged so as to raise awareness of the strategies to challenge stressful situations;
- The biggest factor that may deter them from seeking support after experiencing mental health issues was the stigma (41%) attached to mental health illnesses, and fearing the possible adverse reaction of their loved ones (16%) if they were to discuss mental health issues with them;
- Twenty one percent of those surveyed stated that simply not knowing where to receive support would be a barrier for them in trying to access help;
- Noted that the issues outlined in this report would be addressed through the Child and Adolescent Mental Health Services (CAMHS) Transformation Plan, The Board also wanted to see closer working between Healthwatch and the Children in Care Council;
- Noted that referring to people with ‘mental health’ often is a barrier to tackling the stigma of mental health and that ‘wellbeing’ should be more pronounced in our conversations.

- Noted that Sheffield Safeguarding Children Board had produced a video addressing health and well being aimed at providing advice to young people;
- More use should be made of social media to provide advice digitally on where to access services;

As a result of consideration on this report the Board :

RESOLVED –

- To promote to young people the need to care for their mental as well as their physical wellbeing (e.g. through working in partnership with the Child and Adolescent Mental Health Services; Healthwatch and the Children in Care Council);
- To work with schools as an access point to empower parents and families to promote good wellbeing for young people; and
- To involve children and young people in co-producing a peer led health and wellbeing campaign to:

    1. Raise awareness of the importance of looking after your physical and mental health;
    2. Tackle the stigma around mental health;
    3. Tackle issues like exam pressure, bullying and family pressures;
    4. Build on existing resources and activities in other areas.

4. THEME - EARLY YEARS AND MENTAL HEALTH

4.1 Emotional Wellbeing in the Early Years and Childhood

The Board received a report that summarised a new public health work programme that is being developed to support emotional wellbeing during the early years and childhood. It provided a counter-balance to a focus on mental health disorders and highlighted the importance of building a preventive approach that promoted emotional wellbeing which is both important in its own right and can also help to prevent the development of mental disorders in the longer term.

The report also provided a summary of the evidence on key determinants of emotional wellbeing in the early years and childhood and some of the key themes that have been identified from local community and stakeholder engagement. It then provided an overview of public health commissioned services that aim to promote emotional wellbeing in the early years and childhood. The main points of the discussion maybe summarised as follows:

The Board:

- Noted that at the next stage of the Children and Adolescents Mental Health Outcomes Based Commissioning project, work is being undertaken to identify the appropriate outcomes to be introduced into

the contracts for both public health commissioned services. The aim being to promote emotional wellbeing in the early years and childhood and those with a wider focus. In addition, it is being planned that at a later stage of this work to introduce emotional wellbeing measures into a wider range of services for early years, children and young people;

- Heard that a future focus will be on supporting front line staff so as to develop and build upon their existing knowledge and skills to equip them with a sound evidence-base for practice along with skills to enhance psychosocial assessment of prenatal mental health and delivery of active listening approaches. In addition, joint training will be developed for midwives and health visitors, which will then be rolled out more widely to children's centre and social care staff. The programme it was noted will have a strong focus on restorative clinical supervision for staff and on working collaboratively to develop a joined up whole system approach;
- Was informed that bullying at school 'in the previous year' had been experienced by 22% of pupils (Tower Hamlets 2013 Pupil Attitude Survey), of which 26% saying that it occurred at least every week. With more than half of lesbian, gay and bisexual young people (national survey) reporting they had experienced homophobic bullying with over two in five gay pupils attempting or thinking about taking their own life as a direct consequence. Accordingly, a specific programme of work is being developed through the Healthy School Teams and the results of the Survey will be considered by OfSTED;
- Heard about the importance of promoting emotional health and wellbeing; the importance of developing peer support/peer led services; better communication and engagement;
- Noted that schools had been identified as having a key role as a setting for promoting emotional wellbeing with School Nurses being well placed to provide accessible support; advice and onward referral where appropriate;
- Agreed that it would like to receive details of the outcomes of the Pupil Attitude Survey together with more details on the incidences of bullying; and
- Noted that the impact upon families will be measured through the Local Transformation Plan.

As a result of consideration on this report the Board:

RESOLVED –

That the Board continue to receive regular updates on the progress of the Public Health Work Programme.

4.2 Local Transformation Plan for Children and Young People's Mental Health and Wellbeing

The Board heard that Tower Hamlets has an existing priority to improve the mental health of children and young people, through its Health and Wellbeing Strategy and other local mental health strategies. National guidance has been issued for all CCGs to submit Transformation Plans, based on joint work with partners, and signed off by Health and Wellbeing Boards. The local Transformation Plan is an opportunity to agree local priorities, and provide an additional CCG investment of £521,000 per year.

The priorities the Board noted included prevention, engagement, early intervention, tackling health inequalities, improving links with schools, and strengthening pathways for the most vulnerable children and for those with specialist mental health needs. They are tied together by a shared vision and by a local joint project to improve the outcomes that children, young people and families have said are most important for them. In addition, it was noted that the approval of the plan will endorse these priorities and the associated investment. A summary of the discussion is outlined as follows:

The Board:

- Wanted to see the involvement of young people in any consultation around the Local Transformation Plan and to consider their journey from childhood into adulthood;
- Wished to see how best to engage young people and their families in the delivery of the Plan; and
- Indicated that as this is a publically funded service it is important to identify other organisations with processes resulting in superior performance, with a view to their adoption.

As a result of consideration on this report the Board:

RESOLVED –

To approve the Local Transformation Plan for Children and Young People's Mental Health.

4.3 Update on the development of the Joint Health and Wellbeing Strategy

The Board received a report that provided an update on the development of the Joint Health and Wellbeing Strategy. It was noted that all Health and Wellbeing Boards have a duty to publish and deliver local health and wellbeing strategies. This strategy will be developed through a partnership approach, consulted on, presented to the CCG Governing Body, HWB and endorsed by the Council's Cabinet.
In addition, it was noted that formal approval of the Health and Wellbeing Strategy and its delivery plans will be sought in July 2016. Once this approval has been given, the Strategy will then be published.

As a result of consideration on this report the Board **:**

RESOLVED –

1. To note that the Health and Wellbeing Strategy (HWS) subgroup has established a Project Management Office (PMO) to project manage the development of the strategy; and
2. To note that a priority setting workshop for HWB members is planned for January and HWB members' availability is needed.

5. UPDATE ON THE MENTAL HEALTH CHALLENGE

The Board heard that the Mental Health Challenge is a set of 10 pledges that Local Authorities are asked to commit to in recognition of their role in implementing effective mental health strategy to improve the mental wellbeing of their communities. The Challenge is laid down in recognition of inconsistent approach nationally and is developed seven leading mental health charities.

It was noted that a motion to adopt the challenge had been presented to Cabinet by Cllr Whitelock Gibbs in October of this year, and was accordingly agreed with two additional pledges focusing on awareness training for both elected members and frontline staff so that they can support the local community more effectively.

The Board was advised that the report provided an overview of how well the Council is doing in meeting the 12 pledges of the Challenge, and makes a number of recommendations as to how the Health and Well Being Board (HWBB) and its partners can work together to further embed its principles.

In addition the report outlined the Time to Change Pledge commitment and highlights the support all partners of the HWWB can make in taking their' time to change' commitment to the next stage.

An outline of the discussion of this report is set out below:
The Board:

- Noted that a 'Time to Change Employers Forum' is being established to enable local partners across Tower Hamlets who have signed the pledge to come together and discuss the progress being made in this area, looking to share best practice and think about the lessons that can be can learned from each other. It will be an opportunity to unpick some of the challenges across the Borough and develop joint activities that reflect the ambitions of Time to Change and Mental Health Challenge;
- Noted that the first meeting will be held on Tuesday 15 December and would be held quarterly thereafter. The Forum would be linked to the Housing Forum and the East London Business Association;
- Noted that going forward consideration would be needed on the involvement of the Police Service in the work of the Forum; and

- Noted that the Third Sector also had an important role to play in the work of the Forum and that this role could be facilitated by the support of the larger partner agencies human resources teams.

As a result of consideration on this report the Board **:**

RESOLVED –

1. To endorse the progress made to date in implementing the key pledges;
2. To commit as individual HWBB member organisations to adopt the Time to Change Pledge; and
3. To support the 'Time to Change Employers Forum' by nominating a key lead from each HWBB member organisation to attend the forum.

6 ANY OTHER BUSINESS

Young Mayor

The Board noted that following a recent seminar in Youth Parliament, the issue of mental health had featured as one of the top five areas of concern for young people.

As a result of discussions on this issue the Chair Moved and it was:-

RESOLVED:

To request colleagues from Mental Health (CCG) to provide information on Mental Health Services across the Borough outlining the support they offer young people.

The meeting ended at 7.00 p.m.

Chair
Tower Hamlets Health and Wellbeing Board

Health and Wellbeing Board Forward Plan				
Date: 15 March 2016				
	Report Title	**Lead Officer**	**Reason for submission**	**Time**
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
	Community Insight - Healthwatch Perspective	Dianne Barham		10 mins
Health and Wellbeing Strategy - Priorities	**Theme** - Long term conditions and cancer; and Healthy Lives			
	Long term conditions and cancer/integrated care item to be confirmed by EOG	tbc		
	Air pollution	tbc		15 mins
	HWB Stratgey Refresh Update	Louise Russell		10 mins
Discussion Items	Community safety and Health	tbc		15 mins
Any Other Information		All		5 mins
Date: New date tbc				
	Report Title	**Lead Officer**	**Reason for submission**	**Time**
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
	Community Insight - Healthwatch Perspective	Dianne Barham		10 mins
Health and Wellbeing Strategy - Priorities	**Theme** - Early Years; and Mental Health			
	Update on Health Visiting	TBC		15 mins
	Mental Health item to be confirmed			
	HWB Stratgey Refresh Update	TBC		10 mins
Discussion Items	Barts' Health update	TBC	Update on the Barts Health improvement plan as agreed at July meeting	
	Update on Breast cancer screening	TBC	Regular updates agreed at the January 2015 meeting	
Any Other Information		All		5 mins

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Health and Wellbeing Board Tuesday 12 January 2016	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** [Unrestricted]
Health and Wellbeing Strategy 2016-2020 – vision and focus workshop	

Lead Officer	Somen Banerjee, Director of Public Health Kevin Kewin, Service Manager Strategy and Performance
Contact Officers	Somen Banerjee, Director of Public Health
Executive Key Decision?	No

Summary

The new Health and Wellbeing Strategy for 2016 to 2020 is currently being developed. This is a key partnership strategy setting out a shared vision of health and wellbeing in the borough and areas to focus on to improve and transform outcomes in Tower Hamlets.

In view of the importance of the strategy and the critical role of the Health and Wellbeing Board in developing, overseeing and owning it, the Board meeting has been extended and will focus on a facilitated interactive two hour workshop. This will explore the collective aspirations for 2020 and the areas of focus needed to make progress towards these aspirations.

It is not anticipated that there will be extensive presentations at the session and board members are recommended to read the Tower Hamlets JSNA summary document which is attached as Appendix A to this report.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Review the Tower Hamlets JSNA summary document for 2015 prior to the workshop.

1. REASONS FOR THE DECISIONS

1.1 The reason for the workshop is to identify areas of focus and vision for the new Health and Wellbeing Strategy.

2. ALTERNATIVE OPTIONS

2.1 The Board could choose not to consider the areas of focus and vision of the new Health and Wellbeing Strategy but this is not recommended as the Board has a key role to play in the development of the strategy and its objectives.

3. DETAILS OF REPORT

3.1 The details of the report are set out in the summary. This is a facilitated workshop aiming to establish ownership of the strategy by the Health and Wellbeing Board and identify areas of focus and vision.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 There are no direct financial implications arising from this report. The financial implications of the new Health and Wellbeing strategy will be identified alongside its development, to ensure it can be delivered.

5. LEGAL COMMENTS

5.1 The Health and Social Care Act 2012 ("the 2012 Act") makes it a requirement for the Council to establish a Health and Wellbeing Board ("HWB"). S.195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.

5.2 This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.

5.3 Further, it is a function of the HWB to identify the needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.

5.4 The review of the strategy provides the opportunity to refresh and update the focus of the HWB to reflect current and future needs within the borough. This review programme provides the basis for the HWB to collate the perspectives of all relevant and interested parties before agreeing any final strategy and plan.

5.5 When considering the recommendation above, and during the review itself, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 The purpose of the Health and Wellbeing Strategy is to improve health across the borough and reduce health inequalities.

7. BEST VALUE (BV) IMPLICATIONS

7.1 The strategy will need to take on the challenges of the financial context going forward for the health and social care system and so best value will be a paramount consideration.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 This is not directly relevant although sustainability may be a consideration in the strategy.

9. RISK MANAGEMENT IMPLICATIONS

9.1 A key element of the strategy will be addressing risks going forward that the health and social care economy face e.g. reducing funding, population growth, and increasing expectations.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 Levels of crime and fear of crime are determinants of health so this may be a consideration of the strategy

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Linked Reports, Appendices and Background Documents

Linked Report

- Tower Hamlets JSNA summary document

Appendices

- State NONE if none [and state EXEMPT if necessary].

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- State NONE if none.

Officer contact details for documents:

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Public Health England

Protecting and improving the nation's health

Tower Hamlets

Unitary Authority

This profile was produced on 2 June 2015

Health Profile 2015

Health in summary
The health of people in Tower Hamlets is varied compared with the England average. Deprivation is higher than average and about 37.9% (19,800) children live in poverty. Life expectancy for men is lower than the England average.

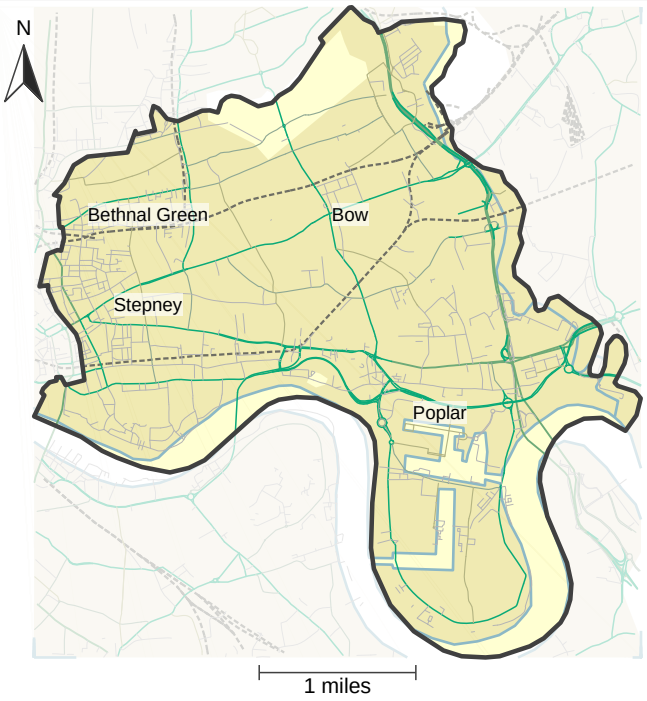
Living longer
Life expectancy is 8.8 years lower for men and 3.9 years lower for women in the most deprived areas of Tower Hamlets than in the least deprived areas.

Child health
In Year 6, 25.1% (687) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 44.9*. This represents 27 stays per year. Levels of teenage pregnancy, GCSE attainment and smoking at time of delivery are better than the England average.

Adult health
In 2012, 13.6% of adults are classified as obese, better than the average for England. The rate of alcohol related harm hospital stays was 570*, better than the average for England. This represents 1,026 stays per year. The rate of self-harm hospital stays was 97.9*, better than the average for England. This represents 282 stays per year. The rate of smoking related deaths was 381*, worse than the average for England. This represents 207 deaths per year. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections, people killed and seriously injured on roads and TB are worse than average.

Local priorities
Priorities in Tower Hamlets include maternity and early years, healthy lives, long term conditions (cancer and integrated care), and mental health. For more information see www.towerhamlets.gov.uk

* rate per 100,000 population



Population: 273,000

Mid-2013 population estimate. Source: Office for National Statistics.

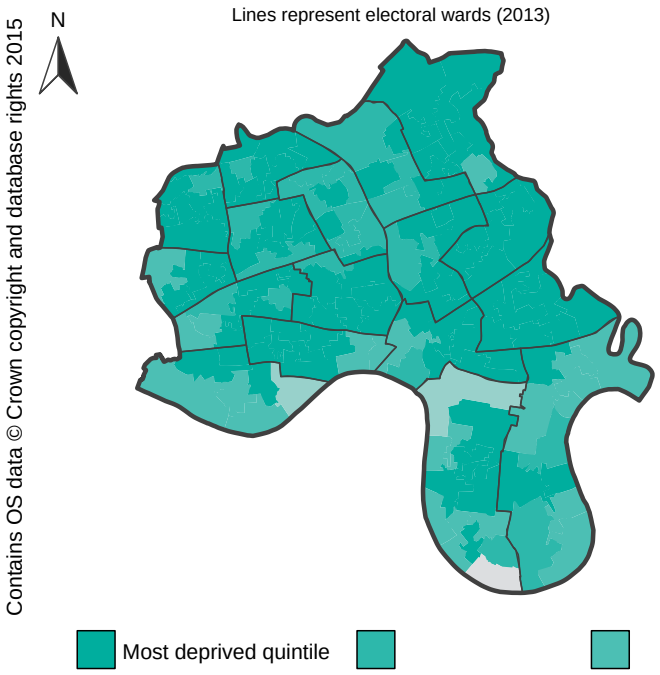
This profile gives a picture of people's health in Tower Hamlets. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

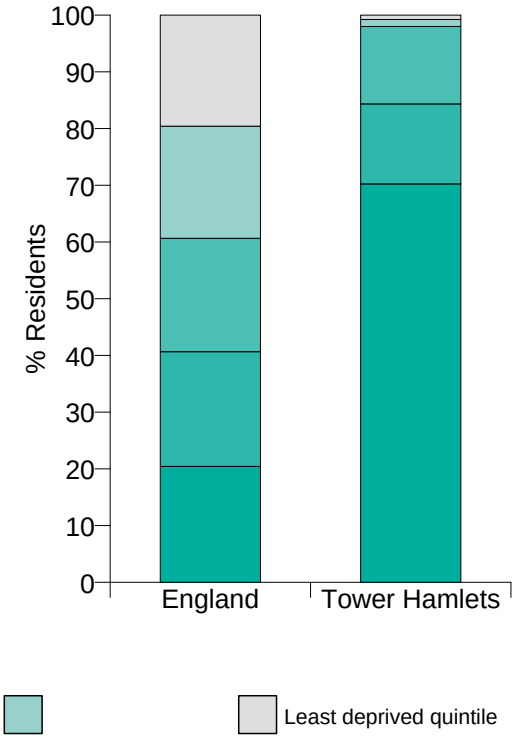
Follow @PHE_uk on Twitter

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2010, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



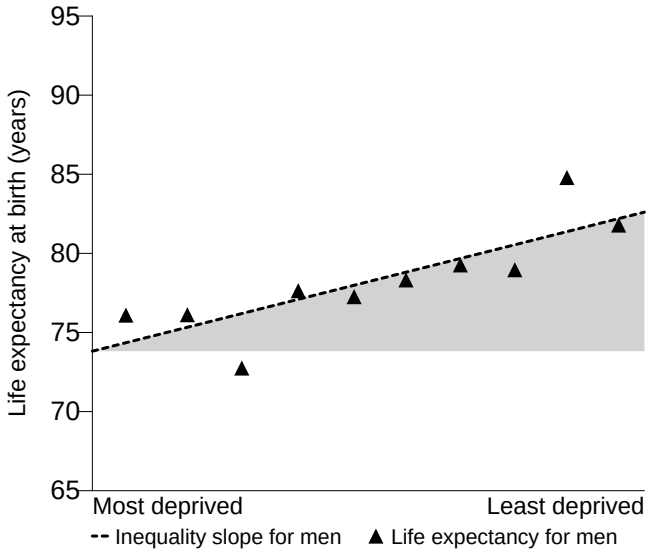
This chart shows the percentage of the population who live in areas at each level of deprivation.



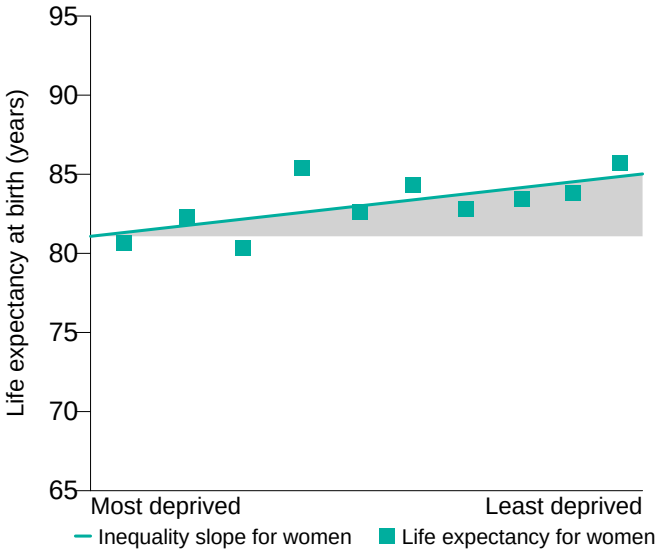
Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2011-2013. Each chart is divided into deciles (tenths) by deprivation, from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there were no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 8.8 years



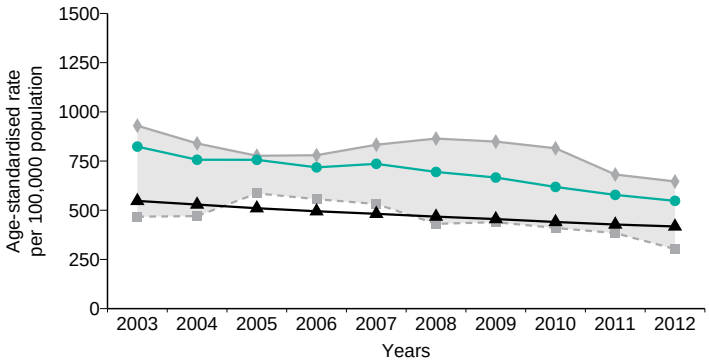
Life expectancy gap for women: 3.9 years



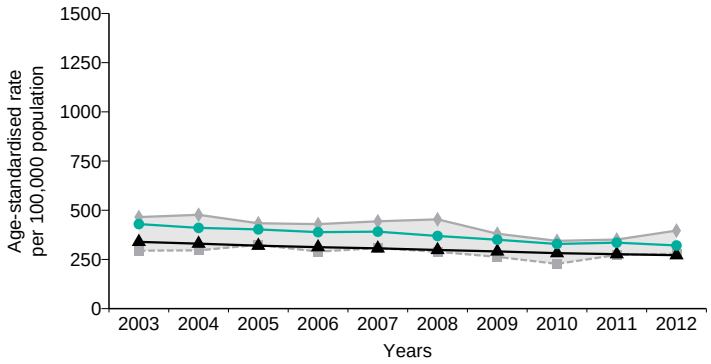
Health inequalities: changes over time

These charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).

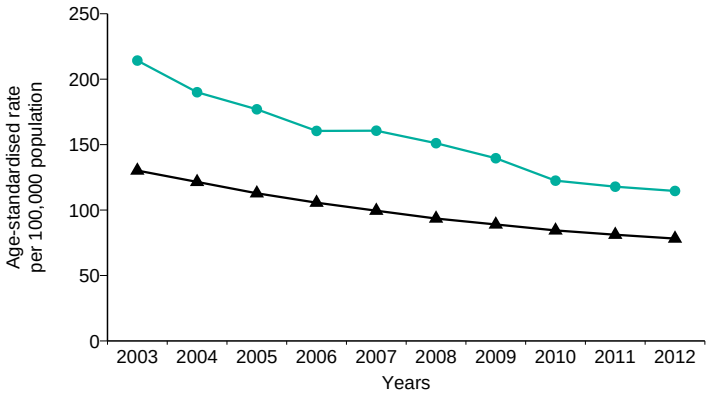
Early deaths from all causes: MEN



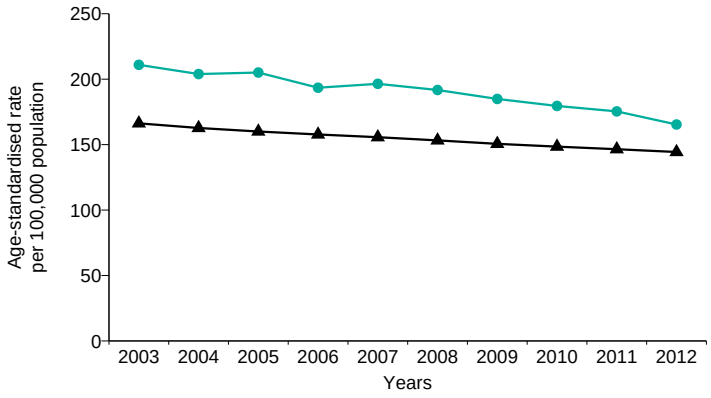
Early deaths from all causes: WOMEN

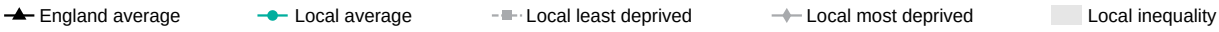


Early deaths from heart disease and stroke



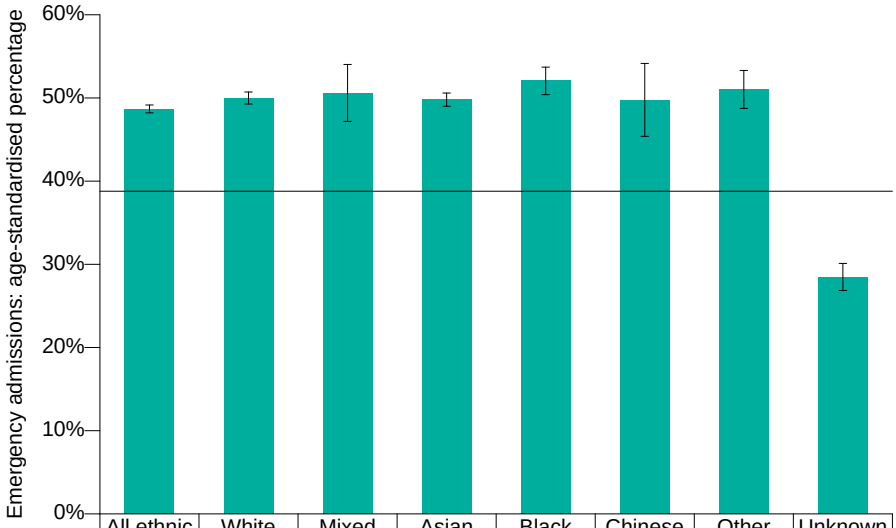
Early deaths from cancer





Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group, 2013



This chart shows the percentage of hospital admissions for each ethnic group that were emergencies, rather than planned. A higher percentage of emergency admissions may be caused by higher levels of urgent need for hospital services or lower use of services in the community. Comparing percentages for each ethnic group may help identify inequalities.

Tower Hamlets

England average (all ethnic groups)

95% confidence interval

Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

All ethnic groups	White	Mixed	Asian	Black	Chinese	Other	Unknown	
21,618	9,282	462	7,926	1,855	264	973	856	Local number of emergency admissions
48.7	50.0	50.6	49.8	52.1	49.8	51.0	28.5	Local value %
38.8	39.2	38.3	43.0	42.5	35.2	44.9	30.1	England value %

Health summary for Tower Hamlets

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average

Regional average^ | England Average | England Worst | England Best | 25th Percentile | 75th Percentile | England Range

Domain		Indicator	Local No Per Year	Local value	Eng value	Eng worst	Eng best
Our communities	1	Deprivation	191,675	70.2	20.4	83.8	0.0
	2	Children in poverty (under 16s)	19,830	37.9	19.2	37.9	5.8
	3	Statutory homelessness	557	5.1	2.3	12.5	0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)†	1,482	59.8	56.8	35.4	79.9
	5	Violent crime (violence offences)	5,580	21.2	11.1	27.8	2.8
	6	Long term unemployment	2,280	11.3	7.1	23.5	0.9
Children's and young people's health	7	Smoking status at time of delivery	133	3.2	12.0	27.5	1.9
	8	Breastfeeding initiation	n/a	-	73.9		
	9	Obese children (Year 6)	687	25.1	19.1	27.1	9.4
	10	Alcohol-specific hospital stays (under 18)†	26.7	44.9	40.1	105.8	11.2
	11	Under 18 conceptions	74	18.7	24.3	44.0	7.6
Adults' health and lifestyle	12	Smoking prevalence	n/a	19.3	18.4	30.0	9.0
	13	Percentage of physically active adults	288	54.2	56.0	43.5	69.7
	14	Obese adults	n/a	13.6	23.0	35.2	11.2
	15	Excess weight in adults	286	47.2	63.8	75.9	45.9
Disease and poor health	16	Incidence of malignant melanoma†	8.3	5.3	18.4	38.0	4.8
	17	Hospital stays for self-harm	282	97.9	203.2	682.7	60.9
	18	Hospital stays for alcohol related harm†	1,026	570	645	1231	366
	19	Prevalence of opiate and/or crack use	3,561	18.5	8.4	25.0	1.4
	20	Recorded diabetes	14,916	6.7	6.2	9.0	3.4
	21	Incidence of TB†	119.7	45.3	14.8	113.7	0.0
	22	New STI (exc Chlamydia aged under 25)	4,127	2093	832	3269	172
	23	Hip fractures in people aged 65 and over	108	630	580	838	354
Life expectancy and causes of death	24	Excess winter deaths (three year)	39.5	11.9	17.4	34.3	3.9
	25	Life expectancy at birth (Male)	n/a	77.5	79.4	74.3	83.0
	26	Life expectancy at birth (Female)	n/a	82.6	83.1	80.0	86.4
	27	Infant mortality	23	5.0	4.0	7.6	1.1
	28	Smoking related deaths	207	381.0	288.7	471.6	167.4
	29	Suicide rate	20	8.4	8.8		
	30	Under 75 mortality rate: cardiovascular	108	114.6	78.2	137.0	37.1
	31	Under 75 mortality rate: cancer	156	165.4	144.4	202.9	104.0
	32	Killed and seriously injured on roads	119	45.4	39.7	119.6	7.8

Indicator notes

1 % people in this area living in 20% most deprived areas in England, 2013 2 % children (under 16) in families receiving means-tested benefits & low income, 2012 3 Crude rate per 1,000 households, 2013/14 4 % key stage 4, 2013/14 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2013/14 6 Crude rate per 1,000 population aged 16-64, 2014 7 % of women who smoke at time of delivery, 2013/14 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2013/14 9 % school children in Year 6 (age 10-11), 2013/14 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2011/12 to 2013/14 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2013 12 % adults aged 18 and over who smoke, 2013 13 % adults achieving at least 150 mins physical activity per week, 2013 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2010-12 17 Directly age sex standardised rate per 100,000 population, 2013/14 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2013/14 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2011/12 20 % people on GP registers with a recorded diagnosis of diabetes 2013/14 21 Crude rate per 100,000 population, 2011-13, local number per year figure is the average count 22 All new STI diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population, 2013 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2013/14 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 01.08.10-31.07.13 25, 26 At birth, 2011-13 27 Rate per 1,000 live births, 2011-13 28 Directly age standardised rate per 100,000 population aged 35 and over, 2011-13 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2011-13 30 Directly age standardised rate per 100,000 population aged under 75, 2011-13 31 Directly age standardised rate per 100,000 population aged under 75, 2011-13 32 Rate per 100,000 population, 2011-13

† Indicator has had methodological changes so is not directly comparable with previously released values. ^ "Regional" refers to the former government regions.

More information is available at www.healthprofiles.info and http://fingertips.phe.org.uk/profile/health-profiles Please send any enquiries to healthprofiles@phe.gov.uk

Joint Strategic Needs Assessment
Summary Document

Life and Health in Tower Hamlets

July 2015
Tower Hamlets JSNA Reference Group

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Preface

Welcome to the 2015 Joint Strategic Needs Assessment (JSNA) Summary Document.

This is a 'living document' for the Tower Hamlets Health and Wellbeing Board. Its purpose is to provide the starting point for discussion and debate about the health and wellbeing of people in Tower Hamlets and what can be done together to protect and improve their health. The approach is to describe the health of people in Tower Hamlets, understand what influences it, set out the evidence base for action and explore what we are doing locally to make a difference.

The document starts with an introduction (definition of health, background to JSNA and approach to JSNA within Tower Hamlets). This is then followed by a brief summary of the key points in each of the seven main chapters. The first two chapters provide a summary of the *people* and *place* of Tower Hamlets and how it is anticipated this may change in the future. The five remaining chapters look at the specific needs of different sections of the local population.

The JSNA can be found on the London Borough of Tower Hamlets website
www.towerhamlets.gov.uk/jsna

We hope you find this helpful and interesting. We are grateful for any comments and feedback you might have on the JSNA in order to improve it in future years.
JSNA@towerhamlets.gov.uk

Tower Hamlets JSNA Reference Group

The Tower Hamlets JSNA Reference group is responsible for the authorship of this document. The group is made up of representatives from different services within the London Borough of Tower Hamlets council (including education, social care, public health, housing, leisure, and community services) and colleagues from outside the council representing the voluntary and third-sector (Tower Hamlets Healthwatch and Tower Hamlets Council for Voluntary Service) and healthcare services (Tower Hamlets CCG).

Introduction

What is Health?

Since 1948, the World Health Organisation has not amended its definition of health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. This is the working definition of health used in this document.

Health is fundamental to quality of life. Sustaining and improving the health of people living and working in Tower Hamlets is therefore integral to the core objective of the Community Plan to improve quality of life in the borough.

Whilst a person's health depends to a limited extent on 'fixed factors' such as age, gender and ethnicity, it is now widely accepted that the strongest determinants of health are social, economic and environmental. This is evident from what is known about health inequalities and the reasons for them. The body of knowledge on this issue was comprehensively summarised by Sir Michael Marmot's team in the 2010 Strategic Review of Health Inequalities Post 2010 (Fair Society, Health Lives).

The central finding was that differences in people's health are explained to a large extent by differences in the social, economic and environmental circumstances of their lives that impact from before birth and throughout life.

Based on the evidence from the Marmot Review, this document takes the approach that the main factors supporting a healthy life are:

- Access to high quality care and support for new mothers
- Good parenting
- High quality early education
- High quality educational and skills development provision
- A sense of control over one's life
- Secure employment
- Being in a workplace that supports health and wellbeing
- Having an income that is sufficient for healthy living
- Living in a physical environment that supports health (housing, public space)
- Having social and community support networks
- Evidence based programmes addressing behaviour risk factors for health
- Access to high quality health and social care services throughout life

The strategies of the local authority, local NHS, and other local partners have significant potential to impact on these factors although to some extent they are also subject to wider influences that are outside local control. The focus of the JSNA is what can be done at a local level to address them.

What is a Joint Strategic Needs Assessment?

The Local Government and Public Involvement in Health Act 2007 required local authorities and primary care trusts to collaborate on the production of a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community. The Health and Social Care Act 2012 transfers this responsibility to the new Health and Wellbeing Board. The JSNA provides key evidence to inform the development of the Health and Well Being Strategy.[1]

The document aims to not only present the information that is readily available but to also highlight potential gaps in information. Where data is available we have tried to break it down by age, gender and the other national protected characteristics[2]. However, as is often the case the analysis of information by protected characteristics is limited by the IT systems capturing the data.

The breadth and complexity of health issues in Tower Hamlets means that this summary document can only be high level. It also means that not everything will be covered, that some data will already be out of date and that there may be debate about interpretation of findings.

However, this is the nature of the joint strategic needs assessment. Understanding health and wellbeing and debating priorities for action is a dynamic process that takes place within a context of continual change. This document will therefore evolve in step with the evolution of the Health and Wellbeing Board. It will be continually updated and reshaped to reflect the discussions and input from Board members and partners as well as the publication of new evidence and studies locally, nationally and internationally.

Many of the issues discussed in this document can be explored in further depth in topic specific **JSNA factsheets** on the council website[3]. These are co-authored by public health and research officers across the council and are designed to concisely set out what is important to know about a particular issue in relation to the local picture, the evidence base, local action, impact of local action, public perspective, knowledge gaps and priorities.

The establishment of the Health and Wellbeing Board opens a new chapter in partnership working across the borough to improve the health of people in Tower Hamlets. As discussed at the first Board meeting there is much success to build on already but we also need to think in new ways and challenge ourselves to ensure that we use our finite resources wisely to have the greatest impact on improving health outcomes and addressing health inequalities in the borough.

[1] Department of Health
[2] Protected Characteristics, Equality Act 2010
[3] London Borough of Tower Hamlets JSNA Website http://www.towerhamlets.gov.uk/jsna

Tower Hamlets' approach to JSNA

The principle that underpins this document is that understanding health and wellbeing in Tower Hamlets requires understanding of people, place and life course.

There are a number of factors about individual characteristics of **people** who live and work in Tower Hamlets that link to their health. These include the nine protected characteristics[4] (e.g. age, gender, race, religion, disability, sexual orientation, marriage/civil partnership, gender reassignment, and pregnancy/maternity) as well as level of literacy, qualifications, income and employment status.

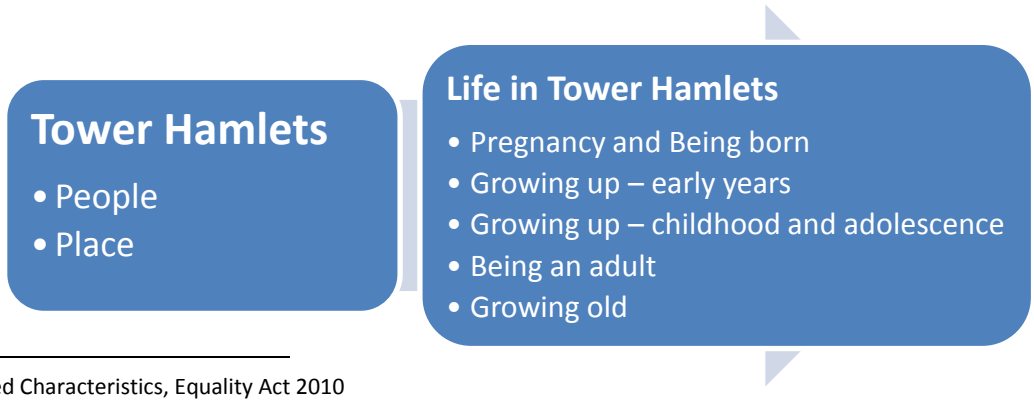
There are also features of Tower Hamlets as a **place** that impact on health e.g. housing quality, green spaces, food environment, access to high quality public services, transport, community safety, leisure & cultural facilities.

Taken together, these people and place factors provide the background for explaining health and the potential for improving the health of people in the borough. In understanding this more deeply, we have structured what we know about health status, determinants, evidence for effectiveness and current strategy around the **life course** (being born, growing up, being an adult and growing old in Tower Hamlets). Within each life-course section relevant JSNA factsheets and relevant Public Health Outcomes Framework (PHOF) indicators are highlighted.

This is a departure from previous JSNAs but is consistent with the approach recommended by the Marmot review which highlights how a person's health depends on the 'accumulation of positive and negative effects on health and wellbeing' through the life course and sets out the evidence for action from before birth and throughout the life course. In doing this, it particularly emphasises the critical importance of early years in shaping health in later life.

The benefit of the life course approach is that it encourages thinking around the broad range of factors that impact on health at different stages of life and promotes an integrated strategic approach across the partnership. In this way, it makes clear that improving health and wellbeing in Tower Hamlets requires the concerted actions of a wide range of partners across the PCT, council, voluntary sector, community and business.

For more detailed information on Tower Hamlets approach to JSNA (including background, structure, process, and governance) please see document on council website: **Tower Hamlets approach to the JSNA**.[5]



[4] Protected Characteristics, Equality Act 2010
[5] London Borough of Tower Hamlets JSNA Website http://www.towerhamlets.gov.uk/jsna

1. Tower Hamlets - People

The people of Tower Hamlets are the borough's greatest asset. The community that lives and works in the borough is as diverse as the landscape around it. Tower Hamlets has always been a diverse place, attracting communities from all over the country and the rest of the world. Our population is expected to reach 338,000 by 2025[6] with many new communities moving into the borough which will contribute to a changing community profile over the next fifteen years.

There are complexities around knowing exactly how many people are currently living in Tower Hamlets, but for the year 2015 figures were estimated to be 287,167[7].

Based on most recent population projections from the GLA:

- 21,843 (7.7%) are aged 0 and 4 years old
- 47,532 (17.0%) are aged 5 and 19 years old
- 145,487 (51.0%) between 20 and 39 years old
- 60,170 (21.0%) between 40 and 64 years old
- 16,742 (5.7%) aged 65 and over

This is a highly diverse, mobile, relatively young population and its composition is continually changing due to both population growth and trends in migration (both national and international). At aggregate level, the health of this population tends to be worse than elsewhere and this is linked primarily to the levels of socioeconomic deprivation experienced by a significant segment of the population.

Health headlines

Life expectancy in Tower Hamlets remains lower than rest of country but continues to improve.[8]
Life expectancy is

- 77.5 years compared to 79.4 years nationally for males (2011-13)
- 82.6 years compared to 83.1 years nationally for females (2011-13)

Since 2000, Life expectancy has increased 6% and 4% in males and females respectively.

The life expectancy gap between Tower Hamlets and England for 2011-13 is

- 1.9 years in males compared to 3.3 years in 2000
- 0.5 years in females compared to 1.8 years in 2000

Inequalities in this local authority is responsible for the life expectancy gap between the least and most deprived people in Tower Hamlets which is: 6.9 years in males and 3.3 years in females[9]

Whereas life expectancy is an estimate of how many years a person might be expected to live, 'healthy life expectancy' is an estimate of how many years they may live in good health (i.e. without

[6] Greater London Authority (GLA), 2014, SHLAA Capped Population Projections (Round), Mar. 2015
[7] Greater London Authority (GLA), 2014, SHLAA Capped Population Projections (Round), Mar. 2015
[8] Compendium of Population health Indicators (HSCIC), Life Expectancy at Birth, Jan 2015, 200-1993 to 2011-13
[9] Association of Public Health Observatory (APHO), Health Profiles, Aug. 2014

disabilities). Tower Hamlets has one of the highest proportion of years spent in disability in the country for both males and females.

Healthy Life expectancy at birth: [10]

- 53.6 years compared to 63.3 years nationally for males (2011-13)
  Healthy Life Expectancy for males ranks lowest (150th of 150) across local authorities in England.
- 57.1 years compared to 63.9 years nationally for females (2011-13)
  Healthy Life Expectancy for females ranks 145th of 150 across local authorities in England.

Healthy life expectancy at age 65:[11]

- 17.0 years compared to 18.9 years in London amongst males
- 20.2 years compared to 21.7 years in London amongst females

The Census 2011 results showed that 13.5% of residents stated that they had a long-term health problem or disability that limited their day to day activities (34,300 residents) This is slightly lower than the regional and national rates (14.1% in London and 17.6% England)[12]

Related Public Health Outcome Framework Indicators:
0.1 Life expectancy at birth; 0.2 The gap in years between overall life expectancy at birth in each English local authority and life expectancy at birth for England as a whole

Health determinants

There are a number of demographic and socioeconomic factors that affect current and future health and social care need in Tower Hamlets:

- Tower Hamlets is the 7th most deprived borough in the country and 70% of the population reside in the 20% most deprived areas in England.[13]
- Tower Hamlets has a young population - 51% are aged 20-39 compared to 36% across London[14]. The borough has the lowest proportion of residents aged 65 and older in London and nationally, with 6.0% in this age group.
- Population Growth – the recent Census 2011 showed that the borough was the fastest growing borough in the country, with the population increasing by almost 30% between 2001 and 2011.[15] From 2015 to 2020, the population is expected to increase by 10.0% to 315,940 [16]
- Population churn – There is a total turnover of 279 per 1000 persons move in or out of the borough per year (23%)[17]
- Almost 69% of the borough's population are from a minority ethnic groups (45% White, 41% Asian (incl. 32% Bangladeshi, 3% Indian, 3% Chinese), 7% Black, 4% Mixed Ethnic, and 2% other).

[10] Office for National Statistics (ONS), Healthy Life Expectancy at Birth, 2011-2013, Mar. 2015
[11] Public Health Outcomes Framework, Healthy Life Expectancy at 65, 2010-12, Oct. 2014
[12] Office for National Statistics (ONS), Census 2011 Second Release, Dec. 2012
[13] Association of Public Health Observatory (APHO), 2013, Health Profiles, Sep. 2013
[14] Greater London Authority (GLA), 2014, Population Projections (Round), Mar. 2015
[15] Office for National Statistics (ONS), Census 2011 First Release, Jul. 2012
[16] Greater London Authority (GLA), 2014,Population Projections (Round), Mar. 2015
[17] Greater London Authority (GLA), 2012, LA Population Turnover Rates 2008/09

In the last decade international migration has shaped the profile of the borough's communities, 43% of the population were born outside of the UK.[18]

- Ethnicity from the Census 2011 shows that the single largest ethnic group is the Bangladeshi population, although this group has decreased slightly as a proportion from 33.4% in 2001.
- Since the 2001 census, the White British population has decreased by 6% in the context of 30% population growth overall resulting in a significant decrease in the proportion of the borough that is White British (from 42.9% in 2001 to 31% in 2011).[19]
- In 2014/15, the number of new National Insurance Number registrations to adults overseas nationals in Tower Hamlets was 18,867, which was an increase of 23.74% from the previous year, there were also increases in London (37.36%) and the UK (36.6%).[20]
- Data on languages spoken showed that English was not a main language in 19% of all households in the Borough[21]
- The 2011 Census found that 19,356 residents provided some level of unpaid care in the borough, which accounted for 7.6% of all LBTH residents. Compared with London and England averages, the provision of unpaid care in the borough is significantly skewed towards the provision of more (20+) hours. While 56.5% of those providing unpaid care do so for 19 hours per week or less, the remaining 43.5% provided 20 hours per week or more. 18.1% of carers provide 20 to 49 hours of care per week, and over a quarter provide unpaid care for 50 hours or more per week (4,915 residents). [22]

Related JSNA factsheets:
Population; Income; Homelessness; Housing; Refugees and migrants; and Employment

Evidence base

At a high level, the recommendations of the Marmot report ('Fair Society, Healthy Lives, 2010) set out the evidence based policy goals to address health inequalities as follows:

- Give every child the best possible start in life
- Enable all to maximise capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen role and impact of ill-health protection

Local Plan

The Tower Hamlets Community Plan[23] is fundamental to improving the health and wellbeing of people in Tower Hamlets through its four key priorities: to make the borough a great place to live, building a fair and prosperous community, creating a safe & cohesive community, and a healthy &

[18] LBTH Housing Evidence Base, Aug. 2013
[19] LBTH, Census 2011 Second Release Headline Analysis, Dec. 2012
[20] DWP NINo allocations to adult overseas nationals entering the UK, Financial Year 2014/2015
[21] LBTH, Census 2011 Second Release Headline Analysis, Dec. 2012
[22] Office for National Statistics, Census 2011, Provision of unpaid care
[23] Tower Hamlets Community Plan, September 2015 (draft for consultation)

supportive community. This is clearly set out in the One Tower Hamlets vision: to reduce inequality, promote community cohesion and enable community engagement and leadership by giving people the tools and support to improve their lives.

Considerations for Health and Wellbeing Board

- Healthy Life Expectancy is in the bottom tenth in the country for both males and females (it is the lowest in the country for females). Life expectancy in Tower Hamlets has consistently been lower than the rest of the country and this is unsurprising in the context of the levels of social deprivation in the borough. However, over the past decade the gap between Tower Hamlets and the rest of the country has at least not widened.
- In the context of reduced public finances and changes to the welfare system, there is a risk that the health of those in greatest need may be most adversely affected through disproportionate impacts on the major determinants of health such as employment, income and housing. There is a potential risk therefore of health inequalities increasing in Tower Hamlets.
- The impact of the Community Plan as a whole in mitigating these risks to health is fundamental. It will therefore be important to continually evaluate the extent its health impact particularly in the context of economic downturn and welfare reform.

2. Tower Hamlets - Place

Tower Hamlets has a long and rich history, arising from the collection of Hamlets that grew along and around the trade and movement routes between the City of London and the hinterlands of Essex.

The greatest natural asset in the borough has been the River Thames and the network of inland waterways which transect the borough. Open and green spaces are dotted throughout the borough, with Victoria Park and Mile End Park providing the most significant contribution. Given the inner-London nature of the borough, improving access to open, green and water spaces continues to be a significant challenge.

There are many physical assets that put Tower Hamlets on the map, the most significant being the Tower of London - a UNESCO World Heritage Site - and the iconic Canary Wharf. Many of the places of Tower Hamlets, (Bethnal Green, Bow, and Whitechapel) are also well renowned as being the home of London's East End. Many places, from the former docklands to the Lower Lee Valley continue to be the focus for significant regeneration, with the shift in the economy away from manufacturing to a service-based economy.

Tower Hamlets plays a significant part in developing London as a successful, sustainable, global city. The borough has major regeneration potential which stems from the global economic hubs of Canary Wharf, the City and the Olympic Legacy.

Health headlines

From a place perspective, the health inequalities within the borough are striking. In males, ward life expectancy varies by ten years and in females it varies by 15 years.[24] These variations generally correlate with relative deprivation across the borough.[25]

Health determinants

There are a number of characteristics of Tower Hamlets as a place that affect health and social need and that impact on inequalities between Tower Hamlets and elsewhere and those within Tower Hamlets:

Physical environment

- Excellent public transport, a network of waterways, a high population density which supports a network of town centres and local services
- Green space is limited, the amount of open space (hectares) per 1,000 people in the monitoring period 2012/13 equates to 1.04ha which is an increase compared to the previous year.. This compares with 2.4 nationally . The total amount of open space in the borough to 264.98 ha.[26]

[24] London Health Programmes, Life expectancy at birth by sex and ward, 1999/03 - 2006/10, Jan. 2013
[25] Department of Communities and Local Government, 2010, Indices of Multiple Deprivation 2010
[26] Tower Hamlets council, Local Monitoring Report, 2012/13

- In common with much of Inner London, Tower Hamlets suffers from poor air quality with an estimated contribution to 102 deaths per year attributed to small particulates (PM 2.5) alone[27]

Housing

- 40% of the population live in social rented accommodation compared to 24% in London[28]
- Levels of overcrowding are significantly higher than London (35% compared to 22% in London)[29]
- The level of housing growth in parts of the borough will have impacts on the environment, housing conditions and the demographic mix of the population
- There are 105,000 households in Tower Hamlets and an average household size of 2.47(2012). The number of households is projected to increase by 2.8% per year to 136,000 by 2022. This is the second highest projected growth in the country.[30]
- Between 2008/9 to 2012/13 over 4,300 households approached the Council as homeless or at risk of being made homeless. The figures for each year have remained relatively stable. The number of statutory homelessness assessments (homelessness decisions) has fluctuated since 2008/9, but overall, there has been a reduction in homelessness assessments made by the Council (from 946 to 672 in 2014/15).
- The number of households accepted as homeless (homelessness acceptances) has also reduced from 713 in 2008/9 to 406 in 2012/13. This represents a reduction of over 40% over five years.

Income and welfare reform impact

- Welfare reform will be phased in by the government up to 2017[31]
    - 77% of Tower Hamlets private sector housing benefit claims are above the new Local Housing Allowance cap. The average weekly shortfall ranges from £11 for those in 1 and 2 bedroom accommodation to nearly £70 per week for 4-beds.Over 500 claimants aged 26-35 could be affected by the extension of the Shared Accommodation Rate.
    - Approximately 1,700 households will be affected by the introduction of Universal Credit from 2013. Larger families face the greatest hardship under Universal Credit; some six bed households in council homes may face a shortfall of up to £160 per week.
    - Over 3000 working age under occupying households will lose up to 25% of their Housing Benefit following the introduction of the Social Sector Size Criteria (SSSC), on April 1st 2013.

The 2012 Welfare Reform Act introduced radical changes to the welfare system which are having a significant impact on local residents. The welfare changes are designed to reduce the annual welfare bill by £15bn by 2015 and are targeted mainly at working age benefit claimants, and those with children. The Council's Welfare Reform Task Group has commissioned a programme of research to understand the extent and nature of the impacts on local residents.

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[27] Dr Brian G Miller, Institute of Occupational Medicine, Report on estimation of mortality impacts of particulate air pollution in London, (2010) Greater London Authority
http://www.london.gov.uk/sites/default/files/Health_Study_%20Report.pdf

[28] Office for National Statistics (ONS), Census 2011, Table KS402EW

[29] Office for National Statistics (ONS), Census 2011, Table KS403EW (based on number of households classed as having too few rooms)

[30] LBTH Housing Evidence Base, Aug. 2013 ONS household projections released June 2015

[31] LBTH Housing Evidence Base, Aug. 2013

The Centre for Economic and Social Inclusion (CESI)[32] has explored the financial impacts on residents and has estimated that:

•By 2015, the cumulative financial impact of welfare reforms in Tower Hamlets will mean that households claiming benefit will be on average £1,670 per year (£32 per week) worse off than would have been the case without the reforms.

•That these impacts will be felt by 40,600 households in Tower Hamlets, around 45 per cent of all households of working age. Around half will be households where someone is in work.

Employment

- There are 251,200 jobs in Tower Hamlets. Canary Wharf, the second largest business district in the country, now provides more than 100,000 jobs, 40% of all employment in the borough.[33]
- Income data from CACI (2015) suggest that 21.5% of families in TH have a household income of less than £15k compared to 18% in London.[34], 10.3% are unemployed compared to 7.0% in London[35]

Shops and Businesses

- In 2014 there were 14,945 businesses trading in the borough. Since 2010 the number of businesses has increased by 28.9% compared to a decrease of 17.4% in London as a whole.
- There is a high density of 'junk food' outlets (42 per secondary school – the 2nd highest in London). 97 per cent of Tower Hamlets residents live within ten minutes of a fast-food outlet.[36]
- Tower Hamlets Fairness Commission expressed concern about significant expansion of betting shops, pawnbrokers, and payday loan shops on the high street.[37]

Crime

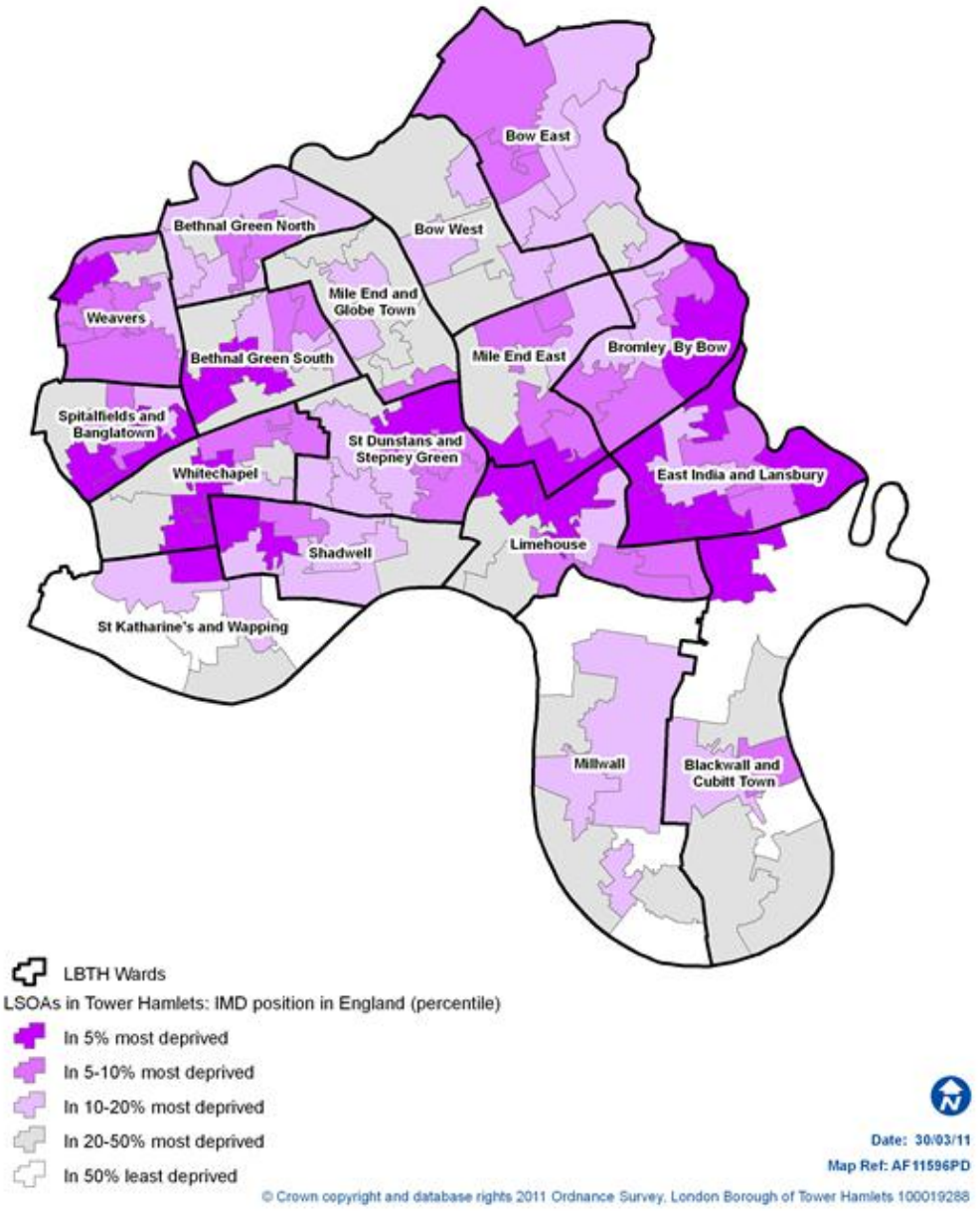
- 46% residents perceive high levels of antisocial behaviour (compared to 27% in London)[38]

Socioeconomic deprivation and place

Deprivation is widespread in Tower Hamlets and the majority (72 per cent) of LSOAs[39] in Tower Hamlets in the most deprived 20 per cent of Lower Super Output Areas nationally[40] (see Map 1 for distribution of deprivation in the borough)

[32] Impact of Welfare Reform on residents in Tower Hamlets, Centre for Economic and Social Inclusion, September 2014
[33] NOMIS Job Density2013
[34] LBTH Research Briefing April 2013
[35] NOMIS Labour Supply, (Jul 2012-Jun 2013), Nov. 2013
[36] Tackling the takeaways: A new policy to address fast-food outlets in Tower Hamlets
[37] LBTH Fairness Commission
[38] NI 17 Perceptions of Anti-social behaviour, 2008
[39] LSOAs (Lower Layer Super Output Areas: represent the lowest unit of geography - contain approximately 1500 people)
[40] Department of Communities and Local Government, 2010, Indices of Multiple Deprivation 2010

Map 1 - London Borough of Tower Hamlets and deprivation by index of multiple deprivation[41]



Related JSNA factsheets:
Housing; Homelessness; Indoor air pollution; Outdoor air pollution; Noise pollution; Programme budgeting

[41] ONS, Ordnance Survey and Department of Communities & Local Government, 2010, Indices of Multiple Deprivation 2010

Evidence base

The evidence base as set out in the Marmot review and a number of NICE guidance document highlights the importance of creating and developing healthy and sustainable places and communities through:

- Active travel
- Availability of green spaces
- Food environment
- Integration of planning, transport, housing, environmental and health systems to address social determinants of health in localities
- Community regeneration to increase participation and reduce isolation

Local Plan

Health and Wellbeing was central to the development of the council's Local Plan with a specific Core Strategy objective of 'Creating healthy and liveable neighbourhoods'. The Local Plan sets out the basis for the borough's Green Grid Strategy which aims to link green spaces across the borough, identifies sites for new health facilities and contains a detailed policy to control the number and location of hot food takeaways.

The 'Healthy Weight, Healthy Lives in Tower Hamlets' strategy (to be incorporated into the Heatlh and Wellbeing Strategy) has high level objectives to integrate physical activity and access to healthy food into planning, developing a green grid, improving walking and cycling routes and promoting physical activity (eg in parks and open spaces).

There are other strategies and approaches that shape Tower Hamlets as a place and configure services which have the potential to significantly impact on health and wellbeing. These include:

- Tower Hamlets Housing Statements and Policies
- Tower Hamlets Older Person Housing Statement
- Plans for localisation of health and social care services (eg GP networks, Community Health Services localisation)

Considerations for the Health and Wellbeing Board

- If Tower Hamlets is to become an easier place to be healthy, consideration of health impact will need to be at the heart of housing and planning strategy
- Health and Wellbeing has been embedded in the Council's planning policies, it is important that this is reflected in decisions on individual planning applications.
- While the Tower Hamlets' Green Grid has been adopted as a Council strategy in its own right, it will be important for developers and registered providers to work with the council to ensure its delivery.
- In the context of the localisation agenda in the council, localisation of health services through GP networks and CHS services, locality based public health services and locality based community consultation and engagement strategies, there is a substantial opportunity to drive more integrated and innovative partnership working at a very local level in a way that meaningfully engages local people in improving their local services

3. Pregnancy and Being born in Tower Hamlets

There were 4608 babies born to Tower Hamlets mothers in 2013. This equates to a birth rate of 58.2 per 1000 women aged 15-44 and is lower than the London average (64.0 per 1000).[42] Approximately half of these births were to Bangladeshi mothers[43]. We know that the future health of these babies will be strongly influenced by:

- The health and wellbeing of the mothers before birth (stress, diet, drug, alcohol, tobacco use)
- Social deprivation of the household into which the baby is born
- Quality of maternity services locally

There is strong evidence that factors associated with maternal health have significant impacts on a baby's chances of getting serious diseases in adult life such as heart disease, diabetes, stroke and hypertension.

Health headlines

Two high level indicators of the health of babies born are the proportion with lower than average birth weight (<2500g) and the death rates at one year (infant mortality). Low birth weight is particularly associated with poorer health and educational outcomes. Tower Hamlets has higher levels of low birth weight than London and England although infant mortality rates have tended to be similar to London average, they have recently increased:

- Approximately, 9.0% of babies born to Tower Hamlets mothers have a low birth weight compared to 7.5% in London.[44]
- This high level may reflect the high ethnic mix of the population residing in Tower Hamlets and further work is required to qualify this within our local context.
- This varies by ward from 6.6% to 11.7% and is linked to the level of ward deprivation.[45]

Twelve babies died at under 1 year old in Tower Hamlets in 2013 (2.6 per 1000 live births). This is lower than the London rate (3.8 per 1000 live births) and neighbouring boroughs such as Hackney (6.3 per 1000 live births) and Newham (3.7 per 1000 live births).[46]

Related Public Health Outcomes Framework Indicators:
2.01 Low birth weight of term babies; 2.02i Breastfeeding Initiation; 2.02ii Breastfeeding prevalence at 6-8 weeks after birth; 2.03 Smoking status at time of delivery; 2.21 Screening (Pregnant women: i. HIV; ii. Syphillis, Heptatitis B, Rubella; Antenatal sickle cell and thalassaemia | Newborn: iv. Bloodspot; v. Hearing; vi. Physical examination); 4.01 Infant Mortality

[42] Office for National Statistics (ONS), Live Births by Area of usual residence, 2011, Dec. 2012
[43] Secondary Uses Services (SUS) Maternity Data, 2008/09
[44] Office for National Statistics (ONS), Live births by Area of Usual Residence, Dec.2013
[45] Office for National Statistics (ONS), Low birth weight births, 2008-10 *(via London HNA Toolkit)*
[46] Office for National Statistics (ONS), Mortality Statistics: Death registered in England and Wales by Area of Usual residence, 2013

Health determinants

Socioeconomic

- 39% of children in Tower Hamlets live in poverty (the highest in the UK).[47]
- Disadvantage before birth and in the first year of life can have lifelong negative effects on a child's health and wellbeing. Focusing on the social and emotional wellbeing of parents and their children provides a foundation for healthy development and helps offset the risk factors of disadvantage. "The 1001 Critical Days" manifesto advocates a holistic approach to supporting families during pregnancy and the baby's first 18 months of life. This period is regarded as critical for a child's social and emotional development and brain development[48]
- Deprivation is linked to higher levels of low birth weight
- Domestic violence impacts on maternal health and accounts for 30% of violent crime in Tower Hamlets. In 2009/10 a total of 3432 reports of domestic violence were made in Tower Hamlets, of these 1604 were then criminal offences. [49]
- Tower Hamlets has relatively lower rates of teenage (age under 18 years) conceptions (18.7 per 1000) compared to England as a whole (24.3 per 1000)[50]
- Approximately 10-12% of pregnancies in Tower Hamlets are complicated by diabetes.This is substantially higher than estimated average for England of 2-5% and is largely explained by local demographics as 81.7% of women with gestational diabetes are Bangladeshi.

Behavioural

- The percentage of mothers smoking at time of delivery is relatively low at 3.4% compared to 4.9% in London and 11.4% nationally[51]. The low percentage in Tower Hamlets reflects the low smoking prevalence in Bangladeshi mothers. However, the percentage is 16% in white mothers highlighting the need for a targeted approach.[52]
- Using national figures, it can be estimated that post-natal depression is at least 13%.
- National Institute for Health and Care Excellence estimates the number of mothers with common mental disorders during pregnancy at 20%, based on figures for 2013 this equates to approximately 922 births.[53]

The number of mothers initiating breastfeeding is higher than the national average,but the rate of mixing breastfeeding with formula feeds is higher than for England and London. Latest figures show that 90% of mothers initiate exclusive or mixed feeding within 48hours 72% are exclusive or mixed feeding.

[47] HMRC Children in low income families local measure, Aug 2013
[48] Wave Trust, From conception to age 2: the age of opportunity,2014
[49] LBTH Domestic Violence JSNA Factsheet, 2010/11
[50] Office for National Statistics (ONS), Conception Statistics, England and Wales, Dec 2013

[51] Health and Social Care Information centre, Statistics on Women's Smoking Status at Time of Delivery, England - Quarter 4, 2014-15

[52] Barts and the London NHS Trust (2007/08)
[53]Birth Summary Tables - England and Wales, 2011 (Final)

Access to services

- Early access to maternity services is an important factor in supporting the health of the mother and identifying any risks associated with the pregnancy as early as possible. The Care Quality Commission survey indicates that there have been improvements in the experience of maternity care at Barts and the London: 96% (2011/12) of mothers are now assessed within 12 weeks compared to 65% two years ago (2008/09)[54].
- As stated earlier, the wellbeing of the mother is strongly associated with the health of the baby. This is why the experience of pregnant women of using maternity services is so important. Patient experience of maternity services locally has been highlighted as an issue by successive Clinical Quality Commission (CQC) Maternity Survey reports.

Related JSNA factsheets:
Income; Teenage pregnancy; Locality maternity and child health; Adult substance misuse; Alcohol; Children's mental health; Mental health; Smoking in pregnancy; Infant and early years nutrition; Infant mortality; Safeguarding children; Child poverty

Evidence base

Early intervention before birth is strongly supported by the evidence base as a critical factor in improving the health of babies and their chances of leading a healthy life. This was highlighted in the Marmot review. The evidence base highlights the importance of:

- Ensuring women have adequate levels of income in pregnancy to enable them to maintain a good level of health and nutrition
- Access to effective antenatal care
- Addressing behavioural risk factors in pregnant mothers such as smoking, poor diet and substance misuse
- Intensive home visiting programmes during and after pregnancy in improving the health, well-being and self-sufficiency of low income, first-time parent and their children

Local Plan

As well as the Community Plan generally, key strategies are:

- Health and Wellbeing Strategy
    - Early Years
    - Healthy Lives
    - Mental Health
- Health Improvement Strategy for Maternity Services
- Children and Families Plan
- Teenage pregnancy Strategy

[54] CRS, Maternity Services, Barts and The London, NHS Trust

Considerations for the Health and Wellbeing Board

- 'Pregnancy and Being born in Tower Hamlets' has been separated out from 'Early years' in this document to emphasise the importance of the antenatal period in shaping the future health of babies born in Tower Hamlets
- There have been significant improvements in maternity services over the past years (although there remain issues around patient experience) and this is likely to be crucial improving health of both mother and baby
- However, the higher prevalence of low birth weight highlights that despite improvements in maternity services, the impacts of deprivation in driving health inequalities even before birth are evident
- If this cycle is to be broken, it will require targeted support where needed to bring sustained improvement in maternal health

4. Growing up in Tower Hamlets – early years

There are around 22,000 infants aged under five in Tower Hamlets[55]. We know that the current and future health of these infants will depend particularly on:

- the extent to which the social, economic and family environment in Tower Hamlets supports their emotional, social and cognitive development through their formative years
- the availability of high quality health, social care and parental support services to mitigate the profound impacts of deprivation on health in the borough

Headlines

The formative years from 0 to 5 are absolutely critical to the future health and wellbeing of infants in Tower Hamlets. This was highlighted in the Marmot review as a particularly important priority area in addressing health inequalities:

- In 2013/14 51.0% of children in Tower Hamlets achieved a good level of development at age 5 compared to 60.4% in London and 58.0% in England. There has been steady improvement in Early Years Foundation Stage, improving by 8 percentage points since 2009. However, we have not succeeded in closing the gap with the national average, and remain 7 percentage points below the national figure.[56]
- 12.2% of children in Reception Year (4-5 year old) are obese (Joint 10th highest in the country)[57]
- 45% of 5 year old children have experience of tooth decay compared to 33% for London and 28% nationally compared to the previous study there is evidence of deterioration of child oral health[58]
- Local evidence indicates particularly high levels of Vitamin D deficiency in both mothers and children.
- The childhood immunisation programme in Tower Hamlets has been very successful over the past two years. Coverage levels for Tower Hamlets in Quarter 3 2014/15: 95.8% for 1st year (DTaP/IPV/Hib), 89.0% 2nd year (MMR 1), 91.5% for 5th Year (MMR 2). Coverage levels for 1st year (DTaP/IPV/Hib) and 5th Year (MMR 2) were higher compared to London and England while the 2nd Year (MMR 1) coverage level was lower than England but higher than London . [59]

Related Public Health Outcomes Framework indicators:
2.05 Child development at 2-2.5 years; 2.6i Excess weight - children aged 4-5 classified as overweight or obese; 3.03 Population Vaccination Coverage; 4.02 Tooth decay in children aged 5

[55] Greater London Authority (GLA), 2014, Population Projections (Round), Mar. 2015 *(estimates 0-4 population for Tower Hamlets at 21,843)*
[56] Department for Education. Early Years Foundation Stage Profile Results in England, 2013/2014
[57] National Child Measurement Programme 2013/14, Information Centre for Health and Social Care (IC)
[58] Public Health England (2013). National Dental Epidemiology Programme for England: oral health survey of five-year old children in 2012
[59] DH, Cover Data Q3 2014/15

Health determinants

Socioeconomic

Emotional, social and cognitive development is strongly linked to socioeconomic deprivation. The levels of child poverty in Tower Hamlets are therefore of major significance to the future health of Tower Hamlets infants.

- 39% of children in Tower Hamlets live in poverty (the highest in the UK).[60]
- 51% of children in Tower Hamlets achieve a good level of cognitive development at age 5 compared to 60% in London and 58.0 % England
- 40% of households living in over-occupied accommodation are households with dependent children. [61] And, 62% of households with dependent children live in Social Rented accommodation.[62]
- In 2013, there were a total of 305 children looked after by local authorities: 170 ceased to be looked after during the year, and of this 15 were adopted. An increase from 5 to 8% in percentage of children adopted during the year.[63]

Behavioural

Exclusive breast feeding is promoted as the best form of nutrition for infants during their first six months. It is therefore encouraging that

- 90.0% mothers initiate breast feeding at birth and 64.8% are still breast feeding at 6-8 weeks (compared to 73.9% and 46.9% England)[64]

Access to Services

Immunisation in early years is a vital intervention to prevent the occurrence of infections such as measles, mumps, rubella and meningitis which have potentially devastating complications

- The introduction of systematic call and recall programmes as part of the 'care package' approach to childhood immunisation in 2009/10 has led to remarkable improvement in uptake of immunisation
- Immunisation coverage in under-5s continues to remain amongst the highest in the country for 2012/13. 93.4% had the second dose MMR in 2012/13 compared to 74% in 2007/8.[65]

Related JSNA factsheets:
Immunisation; Physical activity of young people

Evidence base

The evidence base highlights the extent to which 'early years' experience has lifelong effect on health and wellbeing. The Marmot review highlights the importance of:

60 HMRC Children in low income families local measure, Aug 2012
[61] Office for National Statistics, Census 2011, Occupancy Ratings by Household Types
[62] Office for National Statistics, Census 2011, Household Types by Tenure
63 Department of Education, Children looked after by local authorities in England 2012/13, Sep. 2013 2014 data available but have not found same stats
[64] Department of Health, Integrated Performance Measure Return, 2012/13, Jun. 2013. [NB Figure for 6-8 weeks has been calculated from statistics as original report did not calculate based on their validation criteria
[65] HSCIC, Immunisation Statistics 2012/13, Sep 2013

- supporting families to achieve improvement in early child development
- providing good quality early education and childcare
- ensuring good nutrition for future health (breast feeding, good feeding practices).
- childhood immunisation (far outweighing adverse effects)

Local Plan

As well as the Community Plan, key strategies are:

- Health and Wellbeing Strategy
    - Early Years
    - Healthy Lives
    - Mental Health
    - Long Term Conditions, Cancer and Integrated Care
- Children and Young People's Plan
- Teenage pregnancy Strategy
- Early years elements of healthy lives strategies: Tobacco Control, 'Healthy Weight, Healthy Lives', Healthy Borough, Substance misuse

Considerations for the Health and Wellbeing Board

- The Marmot review is unequivocal in stating the critical importance of and need to prioritise physical, emotional, social and cognitive development in early years.
- Despite some positive outcomes (e.g. breast feeding initiation and high immunisation uptake) there is good evidence that the health impacts of deprivation are already manifest in the early years of Tower Hamlets children.
- Good early education, access to childcare and support to families are evidence based interventions to give Tower Hamlets infants the best start in life and mitigate these impacts

5. Growing up in Tower Hamlets – children and young people

There are around 48,000 children and adolescents aged 5-19[66]. Overall, around 60% of all under 20s are Bangladeshi[67].

We know that the current and future health of children and young people in Tower Hamlets will depend on:

- the social, economic and family environment in which they grow up
- educational achievement
- the extent to which the physical environment supports healthy living
- habits and attitude they develop at an early stage around living a healthy life
- provision of high quality integrated health and social care services for children (and transition services)
- an effective child protection system

Health Headlines

The range of headline indicators giving insight into the health of children and young people tends to be limited due to small numbers and lack of comparators. However, we know that:

- 25.3% 10-11 year olds in Tower Hamlet are obese (9th highest in the country)[68] although levels have plateaued over the past three years
- The 2008-2010 under-18 conception rate for Tower Hamlets was 35.3 per 1000 females aged 15-17 – a decrease of 30% since 1998-2000 compared with a national decrease of 15%.[69]
- Overall Tower Hamlets has the 8th highest rate of sexually transmitted infections (STIs) in the country in all age groups - 30% of diagnoses of acute STIS were in young people aged 15-24 years
- Although there is a lack of local data available on the mental health and wellbeing of this age[70] around 1 in 10 children are estimated to have a mental health disorder (similar to national averages)[71]
- In Tower Hamlets in 2011, there were 308 children with Autistic Spectrum Disorder and 225 Behavioural Social and/or Emotional Difficulty with statements of Special Education Needs.[72]
- The largest category of abuse in Tower Hamlets as of 31st March 2011 was emotional (48%) followed by neglect (35.9%), physical (6.2%), multiple causes (6.6%) and sexual (3.3%). Across London, neglect was the largest category (39.2%) followed by emotional (29.9%), physical (7.7%), multiple causes (6.6%) and sexual (2.4%).
- In 2011 the data pooled for 2006/07-2009/10 indicated a rate for hospital admissions caused by injuries in children aged under 18 of 149.15 per 10,000 population (732 admissions), worse (but not significantly so) than the England average.

[66] Greater London Authority (GLA), 2014, Population Projections (Round), Mar. 2015 *(estimates* 5-19 *population for Tower Hamlets at 47,532)*
[67] GLA 2011 Round Ethnic Population Projections (pub Jun. 2012) using Year 2012 need to wait for 2015 round coming out shortly before updating these
[68] National Child Measurement Programme 2011/12, Information Centre for Health and Social Care (IC)
[69] Office for National Statistics, Conception Statistics, 1998-2000 to 2008-2010 via NHS IC Indicator Portal P01079
[70] Tower Hamlets Mental Health JSNA
[71] Office for National Statistics Mental health in children and young people in Great Britain, 2005
[72] Tower Hamlets Child and Adolescent Mental Illness and wellbeing JSNA Factsheet, 2010/11

Health Service Use

- Of those aged 0-18, respiratory-associated diseases are the major cause of inpatient admissions amongst the top ten conditions in 2010/11
- There were 162 elective admissions
    - Almost 85% of these admissions were related to the upper-respiratory tract.
- There were 799 non-elective admissions
    - Almost 96% of admissions were related to a Respiratory cause (41% for Other acute lower respiratory infections; 30% for acute respiratory infections; 13% Influenza and Pneumonia; Chronic Lower Respiratory disease)

Related Public Health Outcomes Framework Indicators:
1.01 Children in poverty; 1.02 School readiness; 1.03 Pupil absence (primary and secondary school); 1.04 First time entrants to youth justice system; 1.05 16-18 year olds not in education, employment or training; 2.04 Under 18 conceptions; 2.06ii Excess weight - children aged 10-11 classified as overweight or obese; 2.07 Hospital admissions caused by unintentional & deliberate injuries in under 18s; 2.08 Emotional wellbeing of looked after children; 2.09 Smoking prevalence - 15 year olds 2.6ii Excess weight - children aged 10-11 classified as overweight or obese; 3.02 Chlamydia diagnoses (15-24 year olds)

Health Determinants

Socioeconomic

The Marmot review highlighted the strong association between education and future health as well as the links between educational attainment and socioeconomic deprivation.

- In Tower Hamlets, 39% of children in Tower Hamlets live in poverty (the highest in the UK).[73]
- 48.5% of pupils are eligible for free school meals in state-funded secondary schools in 2012 (highest in country).[74]
- Over 9000 families are registered as experiencing overcrowding meaning children in these households are unlikely to have space for study or privacy[75]
- In 2011/12 the London Borough of Tower Hamlets was the 'corporate parent' for 295 children (a reduction on the previous two years where there were 325 children) – this is a group that is particularly vulnerable to mental health issues
- The number of children identified as being in need in Tower Hamlets increased from 379 per 10,000 of the population in 2008/09 to 580/10,000 in 2009/10. Rates also rose across London and England from 355 and 276 per 10,000 of the population in 2008/09 to 455 and 341 per 10,000 in 2009/10 respectively.
- The majority of Tower Hamlets' identified children in need were aged 10-15 years (30.6%), 49.8% were Asian/Asian British, 20.8% were White and 48.8% were male. In England the 10-15

[73] HMRC Children in low income families local measure, Aug 2012
74 Ofsted, Local authority attainment data for pupils eligible for free school meals in 2014, June 2014
[75] Tower Hamlets Common Housing Register data

years age group was also the largest, representing 31.5% of identified children in need with 53.3% being male.

- The rate per 10,000 of children subject to a protection plan has risen between 2006/07 and 2009/10 across Tower Hamlets (from 39 to 57.8), London (from 31 to 40.1) and England (from 25 to 35.5).
- Locally between 3000 to 4000 incidents of domestic violence reported to police every year (in 2009-10 this figure was 3432), with domestic violence accounting for 30% of violent crime in Tower Hamlets. There are children living in the household of about 70-80% of the domestic abuse cases.Average levels of young people not in employment, education or training is higher (3.5%) compared to London (3.5%) and England (4.8%)[76]
- Rates of first-time entrance to the criminal justice system in Tower Hamlets fell between 2001-02 and 2004-05, but increased by 53% between 2003-04 and 2007-08. Rates have fallen since 2007-08 by 37%, equating to 258 young people in contact with the criminal justice system for the first time in 2009-10.[77]
- A nationally commissioned report found that 18% of children and young people in contact with the Youth Justice System (YJS) had physical health needs, 42% had substance misuse issues and 44% had emotional or mental health needs.[78]
- The total number of bullying incidents recorded for 2012-2013 was 224. This is an 11% decrease in the number of incidents from the previous year.
- 61.5% of Tower Hamlets children achieved A*-C (incl. English and Maths) in GCSE compared to 58.2% in England (2011)[79]
- The Tower Hamlets Children and Families Plan reports there have been improvements in primary school education across Key Stages 1,2 and 3 - with Key Stages 2 and 3 demonstrating pass figures higher than national average.[80]

Behavioural

- 1 in 5 children under 15 have tried a cigarette[81]
- 3 in 10 have tried an alcoholic drink by age 15 (lower than the national average possibly due to the high proportion of Muslim children in the borough)[82]
- A lower proportion of pupils in years 1 to 13 participate in at least 3hrs high quality PE/Sport in week (49% compared to 69% nationally) although most recent data is not available (this is 2008/9 data)[83]
- In 2009/10 there were 2680 problem drug users aged 15-64 in Tower Hamlets. This is a rate of 15.3 per 1000 aged 16-64 compared to 9.5 in London (the highest in London based on 2009/10 data)[84] – this highlights that levels of drug use in adolescents and the risk of starting to use drugs is higher in this life course segment

[76] LBTH, Tower Hamlets Monthly Management Information Report, September 2015
[77] Ministry of Justice Statistics Bulletin, 2010, Youth Crime
[78] Commission for Healthcare Audit and Inspection, 2006, Let's Talk About It: A review of healthcare in the community for young people who offend
[79] Department of Education 2011
[80] TH Children and Families Plan 2012-15
[81] Ofsted Tell Us annual survey 2010
[82] Ofsted Tell Us annual survey 2010
[83] PE Sport Survey 2009/10, NB supporting data is no longer required to be collected by schools.
[84] North West Public Health Observatory via APHO Health Profiles 2012

Related JSNA factsheets:
Teenage pregnancy; Sexual health; Alcohol and substance misuse in children and young people; Mental health in children and young people; Diet and nutrition in children and young people; Obesity in children and young people; Oral health in children; Safeguarding children Income, Employment; Domestic violence; Children and young people locality profiles, Safeguarding children

Evidence base

Evidence from the Marmot review and NICE guidelines highlight the importance of

- extending the role of schools in support families and communities
- developing a schools-based workforce to support the health and wellbeing of children
- support and advice for 16-25 year olds on life skills, training and employment
- whole systems approaches to tackling childhood obesity
- peer led approaches in supporting behaviour change
- tailoring health and social care services to the needs of children and young people.

In relation to child protection, the Munro review[85] has set out its recommendations on improving the child protection system through changes around professional culture, serious case review, social work training, securing early help services for children, clarification of lines of accountability and strengthened monitoring by Safeguarding Boards.

Local Plan

As well as the Community Plan, key strategies are:

- Child Poverty Strategy
- Children and Young People's Plan
- Tower Hamlets Family Wellbeing Model (setting out a framework for receiving appropriate intervention from universal to progressively more targeted depending on need)
- Teenage pregnancy Strategy
- Children and young years elements of healthy lives strategies: Tobacco Control, 'Healthy Weight, Healthy Lives', Healthy Borough, Substance misuse, Sexual Health

[85] Department for Education, 2011, Munro Review of Child Protection

Considerations for the Health and Wellbeing Board

- The extent of childhood poverty in the borough is the most important determinant that will affect the current and future health of children and young people. The likelihood is that this will be exacerbated by currently rising levels of unemployment in young people. This highlights the self-evident importance of sustaining family income, raising skills and creating opportunities for local employment in those who are most vulnerable
- Educational attainment is a major determinant of health. The improvement in educational outcomes in Tower Hamlet to above England averages over the past few years is a fantastic achievement in the context of the levels of child poverty in the Borough.
- It is good news that the rise in childhood obesity is plateauing but it remains 1 in 4. There have been improvements in the extent to which schools have promoted health within schools but there remains significant scope for further improvement
- The high burden of sexually transmitted infections in young people highlights the importance of continuing to prioritise interventions to address risky sexual behaviour and promote good sexual health in this group
- Similarly, the relatively high levels of drug use in the borough highlight the importance of early intervention in preventing drug use in adolescents and young people and supporting those who are using drugs to quit
- Schools play a critical role in helping children and adolescents to value their current and future health and support their resilience in developing positive health habits and resisting health harming choices

6. Being an adult in Tower Hamlets

There are around 145,500 people aged 20-39 and 60,200 people aged 40-64 living in Tower Hamlets[86]. In the time that these people live in Tower Hamlets, we know that the factors that will influence their health and wellbeing and that of their families will be

- Their socioeconomic status: income, education, employment and type of employment
- The environment they live in: housing, physical environment, working conditions
- Their social/cultural networks: friends, family, culture, religion, sense of community
- The behavioural risk factors they adopt: smoking, diet, physical activity, alcohol, drugs
- Their use of local services and the quality of these services
- Predisposing factors: genetic predispositions, pre-existing conditions

Health headlines

Amongst the highest premature death rates from the major killers; cancer, cardiovascular disease and chronic lung disease

- Compared to London, Tower Hamlets has: the second highest premature death rate from circulatory disease (87 per 100,00), the second highest premature death rate from cancer (128.5 per 1000) and the second highest premature death rate (36.9 per 100,00) from respiratory disease (these conditions typically constitute 75% of all premature deaths)[87]
- These death rates vary across the borough and in general are higher in areas of higher deprivation

Particularly poor survival and high mortality from cancer

- Mortality and survival rate from cancer in Tower Hamlets are worse than elsewhere in England partly due to the high incidence of lung cancer reflecting the high prevalence of smoking in the borough
- Although improving, One year survival from cancer is in the lowest 10% in the country (65.2%, 69% England average)[88]. Survival is particularly poor for breast, colorectal and prostate cancer.[89]
- Evidence indicates that late diagnosis is a significant contributor to poorer survival. The proportion of cancers which are diagnosed at a stage when they are treatable is amongst the lowest 10% in the country (Tower Hamlets 41.6%, England 45.7%).
- More Cancers are diagnosed through emergency routes in Tower Hamlets than elsewhere. People diagnosed as an emergency generally have very poor survival (Tower Hamlets 28%, England 21%; 2012 data)
- Cancer screening programme coverage rates remain below the national minimum standards and are particularly low for bowel screening.

[86] Greater London Authority (GLA), 2014, Population Projections (Round), Dec. 2012 *(population for Tower Hamlets at 20-39 is 145,487 and 40-64 is 60,170)*
[87] Public Health England, Public Health Outcomes Framework 2009-11, Dec. 2013
[88] PHE Index of cancer survival for clinical Commissioning Group in England Adults diagnosed 1997-2012 and followed up to 2013.
[89] National Cancer Intelligence Network, 2007-9 (pub. May 2012)

- Breast screening coverage fell in 2013/4 to within the lowest 10% nationally: Tower Hamlets 61.5%, London 68.1%, England 75.9%[3]
- Cervical screening coverage 2013-14: Tower Hamlets 69.3%, London 70.3%, England 74.2[3].
- Bowel screening coverage 2013-14 Tower Hamlets: 38.6%, England 58.3%[90]

- Increasing the uptake of cancer screening, improving public awareness and early diagnosis are priorities to improve survival.

Evidence of improving outcomes of care in management of long term conditions

- Care package programmes were introduced in Tower Hamlets from 2010 and aimed to drive improvement in long term conditions management through the development of standardised packages of care that place the patient at the centre of their care plan

- The diabetes care package was introduced in April 2010 so there is sufficient data to begin to assess its impact
  - BP and cholesterol control in people with diabetes is critical to preventing the development of heart disease or stroke and these indicators have shown significant improvement
  - The percentage of patients on a diabetes register measured within last 15 months with blood pressure 140/80 or less as of October 2013 was 78.05%[91] compared to 73.08% in July 2012[92]
  - The percentage of patients on a diabetes register measured within last 15 months with total cholesterol 4 or less as of as of October 2013 was 61.61%[93] compared to 56.35% in July 2012[94]

- The NHS health check programme identifies people aged 40-74 at high risk of cardiovascular disease and was introduced as a care package in July 2010
  - The percentage of 'high risk' patients prescribed a statin increased from 50% to 62% between Sept 2010 and Aug 2011[95]
  - The percentage of 'high risk' patients who were smokers and quit increased from 10.1% to 11.7% [96]

The Chronic Obstructive Pulmonary Disease (COPD) care package was introduced in April 2011 and aims to ensure that, as recommended by best practice, patients receive regular reviews

- The percentage of very severe COPD patients (except housebound) who had two or more six month or annual reviews and self-management plan within the last 15 months as of October 2013 was 64.61%[97] compared to 39.7% in July 2012[98]

[90] NCIN General Practice Profiles https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Filters

[91] Clinical Effectiveness Group, Diabetes Dashboard October 2013
[92] Clinical Effectiveness Group, Diabetes Dashboard July 2012
[93] Clinical Effectiveness Group, Diabetes Dashboard October 2013
[94] Clinical Effectiveness Group, Diabetes Dashboard July 2012
[95] Clinical Effectiveness Group, NHS Health Checks Dashboard August 2011
[96] Clinical Effectiveness Group, NHS Health Checks Dashboard June 2013

Early evidence of an impact of care packages on secondary care admissions

- In financial year 2010/11 there were 172 fewer (10% decrease in) unplanned admissions in diabetic patients, compared with financial year 2009/10. This corresponded to cost savings of £836,953 in 2010/11, compared with 2009/10
- Network COPD register size increased by 10% in the first year. Between 2009 and 2013 completed care plans increased from 70% to 88%, pulmonary rehabilitation referrals rose from 30% to 70%, and rates of flu immunisation from 81% to 83%, exceeding London and England figures. Hospital admissions fell more rapidly in Tower Hamlets in comparison with London and England.[99]
- An East London wide evaluation indicated that the NHS Health Checks programme in East London as a whole had an uptake of 73% in 2011/12. 50,650 NHS Checks were carried out from 2009-12, equitably reaching the local South Asian community, the more socially deprived and those at older ages. At the NHS Check 15,876 (1 in 3 people) were found to be at increased CVD risk (10 year CVD risk ≥10%) and 4990 (1 in 10 people) were at sufficiently high risk (10 year risk ≥20%) to warrant treatment, either with a statin or for hypertension. The treatment of 3685 people at High CVD risk or with co-morbidity with a statin and/or antihypertensive for 3 years will have a major impact and is likely to have prevented 60 major CVD events (heart attacks or stroke) over this period.[100]

Evidence of need to support self-management for people with long term conditions

- A study developed by Healthwatch to understand a patient-centred vision for long term care in Tower Hamlets identified three areas of approach[101]:
  - Quality of care – an integrated and coordinated approach to long term care is linked to more effective care.
  - Human rights – a patient centred approach is one that takes into consideration the needs and rights of individuals as key decision-makers and full partners in their own care and treatment.
  - Value for money – this approach represents a more efficient use of resources and better value for money.

Long term care patients only represent a third of the population however they use more than half of all appointments for GPs and hospitals and account for 70% of the total health and social care spend in the country. If they are able to manage their condition better and are able to navigate the care system there is strong evidence that quality of care will improve and costs will fall.

A report conducted this year from the Tower Hamlets Inclusion Network following qualitative research with Tower Hamlets residents with long term conditions concluded that:

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[97] Clinical Effectiveness Group, COPD Dashboard Oct 2012
[98] Clinical Effectiveness Group, COPD Dashboard July 2012
[99] Hull S, Improving outcomes for COPD patients by developing networks of general practices: a quality improvement project in east London 2013
[100] Borstal I, Robson J | NHS Health Checks CVD risk, statin prescribing, co-morbidities, Nov 2013
[101] ThiNk report on Long-term conditions, A report on the barriers to self management for people in Tower Hamlets with a long-term condition(s), Sep 2011

- Patients need to feel more able to play a key role in their own care and in shared decision-making
- Patients want to be able to access coordinated and fully integrated care across health and social care (including between primary and secondary care)
- Patients value being able to support each and reduce feelings of isolation
- There remains work to do to change attitudes of health professional so that they see patients as a key partner in managing their care

Diabetes – high prevalence and increasing

- In 12/13, 14,282 adults in Tower Hamlets were on GP registers as diagnosed with diabetes equating to 6% of the GP registered population compared to 5% in London. The level of diabetes in the Bangladeshi population is significantly higher (8-10%)
- It is estimated that there are around 3000 people in Tower Hamlets with undiagnosed diabetes
- It is estimated that 16% of deaths in adults in Tower Hamlets are attributable to diabetes compared to 12% nationally
- Diabetes prevalence is increasing year on year and is driven primarily by increased levels of obesity in the population
- There is evidence that diabetes can be prevented by early identification of risk and healthy lifestyle intervention (particularly increased physical activity)

Liver disease – higher mortality than elsewhere

- In 2009-11, mortality from liver disease in those aged <75 per 100,000 population was 17.1 in Tower Hamlets (significantly higher than the England Average of 14.4)[102]

High levels of infectious disease compared to elsewhere

Sexual Health

- Typically for an inner city area with high deprivation, the prevalence of infectious diseases is high
- Tower Hamlets had the eighth highest rate of acute sexually transmitted infections (STI) in London in 2013 (2195 per 100,000) and there has been an upward trend in diagnosis or more testing for STIs locally[103]
- The prevalence rate of HIV is 5.9 per 1000 population aged 15-59 compare to 2.0 in England.[104]
- 70% of HIV cases were accounted for by men having sex with men (MSM), 20% in heterosexual and the remainder were through intravenous drug use or maternal-child transmission.
- 32% of people with HIV in Tower Hamlets were diagnosed late between 2009 and 2011 (CD4 count less than 350 cells/mm^3 within 3 months of diagnosis) this compares to 50% in England. Of these - 27% of MSM were diagnosed late compared to 37% in London and 67% of heterosexuals were diagnosed late compared to 62% in London.[105]

[102] Public Health Outcomes Framework
[103] Health Protection Agency via Sexual Health Balanced Scorecard, SWPHO (2011)
[104] Public Health England, Local Authority Sexually-transmitted infections and HIV Epidemiology Report (LASER), 2012
[105] Health Protection Agency

Tuberculosis (TB)

- TB incidence rates in Tower Hamlets have decreased from over 60 per 100,000 populations in 2006-8 to 45.3 per 100,000 populations in 2011-13. However, this is still higher than the London average rates of 39.6 per 100,000 and England's rates of 14.8 per 100,000 in 2011-13.[106]

High burden of mental health problems[107]

Assessing the burden of mental health problems in Tower Hamlets is not straightforward although modelling data indicates a high prevalence relative to London. Mental Health findings have been split across three areas: common mental illnesses, depression, and serious mental illness.

- Based on national estimates, about 33,500 people aged 16-74 are experiencing common mental disorders at any one time (16%)
- GP practices hold a register of people diagnosed with depression (as noted this figure is lower than estimated prevalence since some people are not diagnosed). In 2011/12 there were 15,906 people on the register. This shows that in 2010/2011 Tower Hamlets had one of the highest rates of observed prevalence of depression in London (at 10.0%) when looking at GP registers.
- Serious Mental Illness (SMI) is a term used to refer to mental illnesses such as schizophrenia and bipolar disorder. Tower Hamlets has the fourth highest incidence in London. This is likely to be related to the younger age structure of the population.
- Tower Hamlets has the seventh highest admission rate for hospital admissions for mental health in London (350 per 100,000 compared to a London average of 250 per 100,000 hospital admissions during the period of 2009/10 to 2011/12).

Higher levels of disability in the population

- The 2011 census data indicated that Tower Hamlets has a slightly higher rate of severe disability (day to day activities limited a lot) in its working age population (4.1%) compared to the average in London (3.4%) and England (3.6%).[108]
- In 2011/12 there were 685 people on the learning disability register. This was 0.32% of the GP registered population and similar to the London average (0.34%).[109]
    - In 2009/10 50% of adults with learning disability were in settled accommodation (one of the lowest in the county)[110]
    - The percentage of adults with learning disabilities in employment in 2009/10 was 3.4% which was lower than both the London and England averages (8.3% and 6.4% respectively)[111]
    - 20% of people registered on GP registers with a learning disability received a health check in 2009/10 compared to 41% nationally and a London average of 37%[112]

[106] National Tuberculosis Surveillance Team 2014
[107] Tower Hamlets Mental Health JSNA, 2013
[108] Office for National Statistics (ONS), Census 2011 Second Release, Dec. 2012
[109] Quality Outcomes Framework 2011/12, Oct. 2012
[110] NI 145, 2009/10
[111] NI 146, 2009/10
[112] Clinical Effectiveness Group, 2009/10

Health Service Use

- Emergency admission rates are strongly linked to the deprivation and Tower Hamlets has amongst the highest emergency admission and lowest elective rates in London
- Emergency admissions vary significantly across the borough with the highest rates seen in more deprived wards
- In 19-64 year olds, there were 1021 elective admissions in 2010/11
    - 29% were related to the upper-respiratory tract;
    - Approximately 10-13% were to do with the digestive system, cancer, stroke each
    - Almost 5% were as a result of nutritional anaemia
- In 19-64 olds, there were 1223 non-elective admissions in 2010/11
    - Almost 96% of admissions were related to a Respiratory cause (41% for Other acute lower respiratory infections; 30% for acute respiratory infections; 13% Influenza and Pneumonia; Chronic Lower Respiratory disease)

Related Public Health Outcomes Framework Indicators:
2.10 Hospital admissions as a result of self-harm; 2.11 Diet; 2.12 Excess weight in adults; 2.13i Adults achieving at least 150 minutes physical activity per week; 2.13ii Proportion of adults classified as ""inactive""; 2.14 Smoking prevalence - adults (over 18s); 2.15 Successful completion of drug treatment; 2.16 People entering prison w/ substance dependence issues no prev. known; 2.17 Recorded diabetes; 2.18 Alcohol-related admissions to hospital; 2.19 Cancer diagnosed at stage 1 & 2; 2.20i Breast cancer screening; 2.20ii Cancer screening coverage - cervical cancer; 2.21vii Non-cancer screening - Diabetic retinopathy; 2.22 Take up of the NHS Health Check Programme; 2.23 Self-reported wellbeing; 3.04 People presenting with HIV at a late stage of infection; 3.05 Treatment completion for tuberculosis; 4.03 Mortality from causes considered preventable; 4.04i Mortality from all cardiovascular disease in persons aged <75; 4.04ii Mortality that is considered preventable from all cardiovascular disease; 4.05i Mortality from all cancers for persons aged <75; 4.05ii Mortality that is considered preventable from all cancers;4.06i Mortality from Liver disease for persons aged <75; 4.06ii Mortality from liver disease that is considered preventable; 4.07i Mortality from respiratory disease in persons aged <75; 4.07ii Mortality from respiratory disease that is considered preventable; 4.08 Mortality from communicable diseases; 4.09 Excess u75 mortality in adults with serious mental illness; 4.10 Mortality from suicide and injury of undetermined intent; 4.11 Emergency readmissions within 30 days of discharge from hospital

Health determinants

High level indicators of factors affecting the health of adults are employment rates, income levels, educational attainment, housing quality, community cohesion, physical environment, levels of healthy behaviours and access to high quality health and social care services.

Socioeconomic

- 68.7% of the population aged 16-64 in Tower Hamlets were in employment 2013/14 compared to 71.2% in London[113]
- 8.9% of the population aged 16-64 in Tower Hamlets were unemployed compared to 7.0% in London in 2013/14 (the rate was particularly high in females 10.1% compared to 7.5% in London)[114]
- The percentage of the population claiming Job Seekers Allowance increased from 4.5% in May 2008 (2.5% in London) to 6.1% in May 2012 (4.2% in London) April 2015 LBTH 2.4% London 2.1% [115]
- The median household income by ward ranges from £25,397 per year in St Dunstan's & Stepney Green to £47,426 per week in St Katherine's and Wapping[116]
- People on low incomes are more likely to experience common mental disorders. 72% of the recorded Serious Mental Illness patients reside in areas in the lowest two deprivation quintiles (range of 1-5). Higher numbers of recorded cases in Tower Hamlets are to be expected due to higher risk factors such as a young (working age) population, deprivation, homelessness and substance misuse.
- 27.9% of Tower Hamlets dwelling are Resident Social Landlord (RSL) stock compared to 11.4% in London, 11.3% are Local Authority stock compared to a similar figure in London (11.9%)[117]
- 10,000 households in Tower Hamlets were living in dwellings that had an occupancy rating of -2 (implying two rooms too few) which was the 7th highest in London

Behavioural

Amongst the highest smoking prevalence in the country

- 21.5% of residents report that they are current smokers. This is higher than the London average of 18.9% and the national average of 20%. [118]
- It is unsurprising therefore that Tower Hamlets has the highest smoking attributable mortality rate in London[119]

High levels of problem drinking in those who drink

- Of the 50% of the adult population who are drinkers, 43% had alcohol consumption patterns that were either hazardous or harmful to their health (around twice the national average)

Most of the adult population do not do enough physical activity

- 68% of the adult population do not do the recommended level of physical activity of 30 minutes of moderate activity at least five days a week (similar to national averages)

[113] NOMIS, Annual Population Survey 2013/14 accessed June 2015
[114] NOMIS, Annual Population Survey, 2011/12 Labour market June 2015
[115] NOMIS, JSA Claimant Count, Labour Market Report, June 2015
[116] CACI Paycheck 2015
[117] CLG Dwelling stock: Number of Dwellings by Tenure and district: England; 2014
[118] Integrated Household Survey, 2011/12 (via Public Health Outcomes Framework)
[119] ONS mortality file, ONS LSOA single year of age population estimates and smoking status from Integrated Household Survey, relative risks from The Information Centre for health and social care, Statistics on Smoking, England 2010. (via Tobacco Control Profile)

Lower levels of healthy eating

- 88% of the adult population do not consume the recommended level of fruit and vegetable consumption of five portion a day compare to 70% nationally

Amongst the highest number of problem drug user in London

- There are 2680 problem drug users aged 15-64 in Tower Hamlets. This is a rate of 15.3 per 1000 aged 16-64 compared to 9.5 in London (the highest in London based on 2009/10 data)[120]

Unhealthy lifestyles are generally linked to high levels of socioeconomic deprivation

The Tower Hamlets health lifestyle survey in 2009 highlighted the significantly higher prevalence of behavioural risk factors for poor physical health in people with worse mental health eg higher smoking, poorer diet and lower physical activity.

- In general, higher levels of behavioural risk factors are associated with higher levels of deprivation, lower educational attainment, higher unemployment, literacy (either first language or English), living in social housing and having mental health problems.
- Alcohol consumption is an exception to this picture with high levels of risky drinking across socioeconomic groups (even when taking ethnicity into account)
- Specific ethnicity variations include high smoking levels in Bangladeshi males, lower levels of fruit and vegetable consumption in Asian and Black population and higher level of risky drinking in the White population
- Specific gender variations include higher levels of smoking, poor diet and risky drinking in males

Related JSNA factsheets:
Adult carers; Learning disabilities; Autism; Adult substance misuse; Domestic violence; NHS Health Checks; Heart failure; Stroke; Coronary heart disease; Chronic obstructive pulmonary disease; Diabetes; Adult carers; Tobacco use; Housing; Homelessness; Income; Employment; Adult carers; Mental health; Adult substance misuse; Mental health of children and young people; Immunisations; HIV; Tuberculosis; Sexual health; All cancers; Cervical cancer; Lung cancer; Breast cancer; Diabetes

Evidence base

Although the Marmot report highlights the importance of early years in shaping future health, it also emphasises the importance of influences throughout life on health and the need to:

- Enable all to maximise capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure health standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen role and impact of ill-health protection

[120] North West Public Health Observatory via APHO Health Profiles 2012

Based on NICE guidance and national policy, the important interventions in preventing poor health and improving the outcomes of those with disease are:

- Structured behavioural change programmes
- Screening /early awareness programmes
- At risk/ disease registers providing systematic, person centred care
- Structured rehabilitation programmes
- High quality health and social care services

Local Plan

There are a wide range of strategies that impact on wider determinants of health, healthy lives, early identification of illness and services for people living with illness including

- Community Plan
- Health and Wellbeing Strategy
    - Healthy Lives
    - Mental Health
    - Long Term Conditions, Cancer, Integrated Care
- Transforming Adult Social Care,
- Primary Care Investment Programme
- Care Closer to Home
- Cancer Strategy
- Mental Health Whole System review inform Mental Health Strategy
- Carers Strategy

Considerations for the Health and Wellbeing Board

- The three major causes of premature death in Tower Hamlets (cancer, cardiovascular disease and chronic lung disease) are strongly linked to socioeconomic deprivation as well as gender and ethnicity
- In the current economic climate, the impact of unemployment, poverty, housing conditions on these conditions and on mental health (which in turn is linked to physical health) will potentially worsen health outcomes or slow the improvement we have seen over the past year
- Maintaining income, providing opportunities for skills developing, sustaining good quality employment and providing affordable high quality housing are in themselves critical health interventions
- In addition, those at greatest risk of unemployment, low income and worsening housing conditions are therefore also those at greatest risk of poor health and have greatest need for prevention, health and social care services
- This provides a powerful rationale for stronger and broader joint working across health, social care and wider council services (eg employment agencies, housing)
- The uneven distribution of deprivation across the borough at ward and subward levels also makes the case for increasingly localised targeted joint partnership working (and further highlights the importance of the localisation agenda)
- From a NHS perspective, there is encouraging evidence that the care package approach is having an impact. There is also continued improvement in uptake of cancer screening programmes and sustained performance of smoking cessation services.
- However, the areas of concern remain poor survival from cancer, the continued increase in diabetes, high prevalence of behavioural risk factors (particularly smoking), and a more general concern from patients around the need for greater integration of services. Liver disease is an area where premature mortality is high but has not been an issue where there has been strategic focus
- In addition, the diversity of the Tower Hamlets population as well as the differences in population composition across the borough highlight the need to balance both universal and targeted approaches to achieve equity of access and, where appropriate, equity of outcomes around the protected characteristics: age, gender, race, religion, disability, sexual orientation, marriage/civil partnership, gender reassignment, and pregnancy/maternity.

7. Growing old in Tower Hamlets

There are around 16,700 people who are 65 or over living in Tower Hamlets. 4,700 of these are 80 or over.[121] Overall for persons aged 65 and over, 63% are white and 23% Bangladesh. As elsewhere, the number of older people is expected to increase as people live longer and this will have an impact on demand for health and social care services in the borough. We know that the factors influencing their health will be those outlined in the section on adults. In particular it will depend on:

- Economic circumstances
- Housing quality
- Social and family networks
- Extent to which they have led and continue to embed healthy lifestyles into their everyday lives
- Provision of integrated health and social care built around their needs

In the last years of life, a 'good death' is considered by many to one which involves

- Being treated as an individual, with dignity and respect
- Being without pain and other symptoms
- Being in familiar surroundings
- Being in the company of close family and/or friend

Headlines

Long-term limiting illness[122]

- 56% of 65-84 year olds report long term limiting illness compared to 48% nationally
- 80% of 65+ have at least one chronic condition of which 35% have at least 3 'comorbid' conditions
- A larger proportion of 65+ used social services in 2009/10 compared to London (20% compared to 15%)
- Stroke is predominantly a condition of older age and Tower Hamlets has the second highest stroke mortality in London
- Older people account for 70% of strokes and 90% of caseloads of community heart failure services in the borough
- The age-standardised prevalence of COPD shows that Tower Hamlets has a higher burden of COPD than nationally.[123] Mortality from COPD is also significantly higher than the London and England average (Tower Hamlets SMR 172 (95% CI 151-195), compared to London SMR 98, England SMR 100).[124]

[121] Greater London Authority (GLA), 2014, Population Projections (Round), Mar. 2015 *(population for Tower Hamlets at 65 and over population at 16,742 and 80 and over is 4,653)*
[122] Older People's JSNA Factsheet
[123] COPD factsheet
[124] NCHOD, cited in COPD factsheet

Mental Health[125]

- In 2009, the Tower Hamlets Older People's Mental Health Strategy, based on a locally developed model, calculated that there were 1,532 people with dementia in Tower Hamlets.
- In March 2012 dementia registers recorded 575 patients, at best still less than 60% of the estimated population with dementia.
- The number of older people with dementia in Tower Hamlets is set to double in the next 30 years.
- Depression is estimated at 10-15% of the population (1,580-2,370) and severe depression is estimated at 3% (474)
- Approximately 11.4% of the SMI register is made up of people aged 65 and over. However, very little is known about the uptake of services by older people with psychosis, since they have traditionally been counted either with all users of older people's mental health services (i.e. including dementia), or with people of all ages with functional (i.e. non-organic) mental illness.

Falls

- Approximately 4,000 people aged 65 and over are expected to have a fall in Tower Hamlets in 2015 (1,900 men and 2,400 women).[126] Falls can lead to long hospital stays, costly social care packages, long term nursing or residential care and premature death. Falls can often result in bone fractures, and sometimes death.

Health and Social Care

- A larger proportion of those aged 65 and over in Tower Hamlets used social services in 2009/10 (20%) than in Hackney (17% of older people); in Newham (16% of older people) and compared to the Greater London average (15%).[127]

Residential and Nursing Homes

- Depression is a 'major health problem' among nursing home residents without cognitive impairment, especially younger residents.[128] It is estimated that depression affects 30% to 40% of all nursing home residents. Rates in these nursing home studies are substantially higher than rates for community-dwelling elderly individuals.[129]

Last Years of Life

- Between 2010 and 2012, 59% of deaths of Tower Hamlets GP registered patients occurred in hospital, 21% in their usual place of residence and 9% in a hospice. The proportion of deaths in hospital is higher than the England average of 51%.[130]
- The proportion of people with palliative care need identified by Primary Care in Tower Hamlets in 2010/11 was higher than the England average (35% compared to 26%). The proportion of people who died between 2008 and 2010 and whose palliative care need was identified by primary care was slightly higher than the England average (around a fifth).[131]

[125] Tower Hamlets Mental Health JSNA 2013
[126] POPPI data
[127] NHS Information Centre, NASCIS 2009/10
[128] Nursing Times, 2011.
[129] Blazer DG. Depression in late life: review and commentary. J Gerontol A Biol Sci Med Sci. 2003;58(3):249–265.
[130] National End of Life Care Intelligence Network, 2010-12
[131] Marie Curie End of Life Care Atlas, 2010/11

Health Service Use

- In 65+, there were 1057 elective admissions in 2010/11 – the top three causes were
    - Cancer (29%)
    - Eye problems (24%)
    - Nutritional anaemias (7%)

- In 65+, there were 1809 non-elective admissions in 2010/11
    - 60% were related to Respiratory (27% Chronic lower respiratory diseases; 23% Pneumonia; 8% other acute lower respiratory infection)
    - Approximately 20% were related to Cardiovascular (11% other forms of heart disease and 7% Ischaemic Heart disease)

Related Public Health Outcomes Framework Indicators:
1.19 Older people's perception of community safety; 2.24 Falls & fall injuries in the over 65s; 4.12 Preventable sight loss; 4.13 Health-related quality of life for older people; 4.14 Hip fractures in over 65s; 4.15 Excess winter deaths; 4.16 Dementia and its impacts

Health determinants

Socioeconomic

- Older people living in Tower Hamlets experience multiple forms of disadvantage which increase their need for health and social care: half of older people live below the poverty line; approximately 11.9% live in fuel poverty; over two thirds of lone pensioners have no access to transport[132] and over 5,500 people aged 65 and over live alone in Tower Hamlets (around 37%).[133]
- Half of older people live below the poverty line in Tower Hamlets, and more people live alone compared to national averages (47% compared to the UK average of 33%).[134]
- There is a shortage of good quality housing accommodation in the borough that is appropriate to older peoples' needs.[135]
- According to the Tower Hamlets Health and Lifestyle Survey 2010: 87% of people aged 65 and over receive a state retirement pension; 19% receive a pension from a previous employer; 10% receive a personal pension; 22% receive pension credit; 37% receive housing benefit[136]
- Older people living alone are more likely to be depressed, lonely and unhappy and to be less satisfied with life than those living with others.[137]

[132] Tower Hamlets Over 65s Needs Assessment, 2008 (cited in Community Health Services Health Needs Assessment)
[133] Mayhew Harper Associates, 2010.
[134] London Borough of Tower Hamlets, 2011/12, Local Account
[135] Older People's Housing Strategy Needs Assessment 2010)
[136] Ipsos MORI. Tower Hamlets Health and Lifestyle survey, 2010
[137] Grundy, E. & Young, H (2009).Living arrangements, health and wellbeing. In 'Fertility, living arrangements, care and mobility Understanding population trends and processes - Volume 1' Stillwell, J.; Coast, E.; Kneale, D. (2009) Springer (London): 127-150.

Behavioural

- 80% of older people do not meet recommended physical activity levels
- 90%of older people eat less than the recommended 5 fruit and vegetables a day[138]
- Analysis of secondary care data showing reason for hospital admission from 2011/2012 indicated 9% of people over the age of 65 years admitted to hospital had a micronutrient deficiency, of which 14% had a nutritional deficiency as the primary reason for admission to hospital. This is likely to be an underestimation as not all patients are likely to have their micronutrient status assessed during their hospital stay. In addition this data does not include patients with protein energy malnutrition [139].
- 27% of older adults in Tower Hamlets had decayed teeth. White and Black older adults are more likely to have decayed teeth than Asians.[140]

Related JSNA factsheet:
End of life care; Parkinson's; Oral health of older people; Falls; Stroke

Evidence base

The National Service Framework for Older People sets out evidence based recommendations for improving health outcomes in older people as follows:

- Rooting out age discrimination – ensuring older people are not unfairly discriminated against in accessing NHS or social care services as a result of their age
- Person centred care – ensuring that older people are treated as individuals and receive integrated care meeting their needs (regardless of health and social car boundaries)
- Intermediate care – provision of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge and maximise independent living
- General hospital care – ensuring that older people receive the specialist help they need in hospital and receive the maximum benefit from having been in hospital
- Stroke – reducing incidence of stroke and ensuring that those who have had stroke have prompt access to integrated stroke services
- Falls – reducing the number of falls which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen
- Mental health in older people – to promote good mental in older people and to support those older people with dementia and depression through integrated mental health services
- Promotion of health and active life in older age – to extend the healthy life expectancy of older people through a coordinated programme of action led by the NHS and council

The DH End of Life Strategy sets out the importance of a whole system and care pathway approach to end of life care involving identification of people approaching the end of life, discussing

[138] Ipsos MORI. Tower Hamlets Health and Lifestyle survey, 2010
[139] SUS, 2011/12 (via JSNA Factsheet on Nutrition in Older People)
[140] Marcenes W, Muirhead V, Wright D, Evans P, O'Neill E, Fortune F (2012) The oral health of older adults in East London & the City

preferences for end of life care, care planning, care coordination, management of the last days of life, care after death and support for carers.

Local Plan

- The Community Plan is fundamental to addressing the wider determinants impacting on health and wellbeing of older people such as income, housing, fuel poverty, crime and community cohesion.
- Health and Wellbeing Strategy
    - Healthy Lives
    - Mental Health
    - Long Term Conditions, Cancer and Integrated Care
- The Older Peoples Housing Strategy aims to meet the challenges of providing good quality housing to older people and this will therefore have a significant impact on health and wellbeing.
- The Promoting Independence Strategy aims to promote independence through information, social support/healthy living (Linkage Plus), reablement programmes, telecare and support to carers.
- The Older People's Delivery Group aims to set out a more integrated model of care for older people.
- The Community Virtual Ward aims to identify those at most risk of repeat A and E admissions, high bed occupancy and high health and social care costs and to manage these as far as possible through integrated care in the community.
- The Tower Hamlets End of Life Strategy seeks to implement locally the approach set out in the DH strategy

Conclusions

- As an urban area of high deprivation, the issues around social isolation, poverty and housing quality for older people in Tower Hamlets are particularly acute.
- There is considerable work currently happening to address this and some of the key workstreams are relatively recent and direction of travel is more focused towards prevention and integration eg reablement, community virtual ward, older peoples housing strategy and, to some extent, Linkage plus.
- There is currently no overarching strategy for improving the health and wellbeing of older people in Tower Hamlets but there are a number of strategies that underpin a prevention approach.
- It may be that these need to joined up and integrated to a greater extent to ensure that resources are being used most effectively to meet the needs of older people in Tower Hamlets

Summary of considerations for Health and Wellbeing Board

1. People in Tower Hamlets

- Healthy Life Expectancy is in the bottom tenth in the country for both males and females (it is the lowest in the country for females). Life expectancy in Tower Hamlets has consistently been lower than the rest of the country and this is unsurprising in the context of the levels of social deprivation in the borough. However, over the past decade the gap between Tower Hamlets and the rest of the country has at least not widened.
- In the context of reduced public finances and changes to the welfare system, there is a risk that the health of those in greatest need may be most adversely affected through disproportionate impacts on the major determinants of health such as employment, income and housing. There is a potential risk therefore of health inequalities increasing in Tower Hamlets.
- The impact of the Community Plan as a whole in mitigating these risks to health is fundamental. It will therefore be important to continually evaluate the extent its health impact particularly in the context of economic downturn and welfare reform.

2. Tower Hamlets as a place

- If Tower Hamlets is to become an easier place to be healthy, consideration of health impact will need to be at the heart of housing and planning strategy.
- Health and Wellbeing has been embedded in the Council's planning policies and it is important that this is reflected in decisions on individual planning applications.
- While the Tower Hamlets' Green Grid has been adopted as a Council strategy in its own right, it will be important for developers and registered providers to work with the council to ensure its delivery.
- In the context of the localisation agenda in the council, localisation of health services through GP networks and CHS services, locality based public health services and locality based community consultation and engagement strategies, there is a substantial opportunity to drive more integrated and innovative partnership working at a very local level in a way that meaningfully engages local people in improving their local services.

3. Pregnancy and being born in Tower Hamlets

- 'Being born in Tower Hamlets' has been separated out from early years in this document to emphasise the importance of the antenatal period in shaping the future health of babies born in Tower Hamlets.
- There have been significant improvements in maternity services over the past years and this is likely to be crucial improving health of both mother and baby.
- However, the high prevalence of low birth-weight highlights that despite improvements in maternity services, the impacts of deprivation in driving health inequalities even before birth are evident.
- If this cycle is to be interrupted, it will require targeted support where needed to bring sustained improvement in maternal health.

4. Growing up in Tower Hamlets – Early Years

- The Marmot review is unequivocal in stating the critical importance and need to prioritise physical, emotional, social and cognitive development in early years.
- Despite some positive outcomes (eg breastfeeding initation and high immunisation uptake) there is good evidence that the health impacts of deprivation are already manifest in the early years of Tower Hamlets children.
- Good early education, access to childcare and support to families are evidence based interventions to give Tower Hamlets infants the best start in life and mitigate these impacts.

5. Growing up in Tower Hamlets – Children and Young People

- The extent of childhood poverty in the borough is the most important determinant that will affect the current and future health of children and young people. The likelihood is that this will be exacerbated by currently rising levels of unemployment in young people. This highlights the self-evident importance of sustaining family income, raising skills and creating opportunities for local employment in those who are most vulnerable.
- Educational attainment is a major determinant of health. The improvement in educational outcomes in Tower Hamlet to above England averages over the past few years is a fantastic achievement in the context of the levels of child poverty in the Borough.
- It is good news that the rise in childhood obesity is plateauing but it remains 1 in 4. There have been improvements in the extent to which schools have promoted health within schools but there remains significant scope for further improvement.
- The high burden of sexually transmitted infections in young people highlights the importance of continuing to prioritise interventions to address risky sexual behaviour and promote good sexual health in this group.
- Similarly, the relatively high levels of drug use in the borough highlight the importance of early intervention in preventing drug use in adolescents and young people and supporting those who are using drugs to quit.
- Schools play a critical role in helping children and adolescents to value their current and future health and support their resilience in developing positive health habits and resisting health harming choices.

6. Being an adult in Tower Hamlets

- The three major causes of premature death in Tower Hamlets (cancer, cardiovascular disease and chronic lung disease) are strongly linked to socioeconomic deprivation as well as gender and ethnicity.
- In the current economic climate, the impact of unemployment, poverty, housing conditions on these conditions and on mental health (which in turn is linked to physical health) will potentially worsen health outcomes or slow the improvement we have seen over the past year.
- Maintaining income, providing opportunities for skills developing, sustaining good quality employment and providing affordable high quality housing are in themselves critical health interventions.

- In addition, those at greatest risk of unemployment, low income and worsening housing conditions are therefore also those at greatest risk of poor health and have greatest need for prevention, health and social care services.
- This provides a powerful rationale for stronger and broader joint working across health, social care and wider council services (eg employment agencies, housing).
- The uneven distribution of deprivation across the borough at ward and sub-ward levels also makes the case for increasingly localised targeted joint partnership working (and further highlights the importance of the localisation agenda)
- From a NHS perspective, there is encouraging evidence that the care package approach is having an impact. There is also continued improvement in uptake of cancer screening programmes and sustained performance of smoking cessation services.
- However, the areas of concern remain poor survival from cancer, the continued increase in diabetes, high prevalence of behavioural risk factors (particularly smoking), and a more general concern from patients around the need for greater integration of services. Liver disease is now also an area where premature mortality is high and requiring strategic focus.
- In addition, the diversity of the Tower Hamlets population as well as the differences in population composition across the borough highlight the need to balance both universal and targeted approaches to achieve equity of access and, where appropriate, equity of outcomes around dimension of age, gender, ethnicity, religion, disability, sexual orientation and deprivation (this applies across the life course).

7. Older People in Tower Hamlets

- As an urban area of high deprivation, the issues around social isolation, poverty and housing quality for older people in Tower Hamlets are particularly acute.
- There is considerable work currently happening to address this and some of the key work streams are relatively recent and direction of travel is more prevention and integration eg reablement, community virtual ward, older peoples housing strategy and, to some extent, Linkage plus.
- There is currently no overarching strategy for improving the health and wellbeing of older people in Tower Hamlets but there are a number of strategies.
- These need to be joined up and integrated to a greater extent to ensure that resources are being used most effectively to meet the needs of older people in Tower Hamlets.

Health and Wellbeing Board Tuesday 12th January 2016	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Spatial Planning and Health – refreshing the Local Plan for Tower Hamlets	

Lead Officer	Somen Banerjee, Director of Public Health
Contact Officers	Tim Madelin, Public Health - Healthy Environments and Communities Lead Adele Maher, Strategic Planning Manager Elle Kuper Thomas, Strategic Planning – Plan Making Team
Executive Key Decision?	No

Summary

1.1. To outline the importance, timescales and process for the refresh of the Tower Hamlets Local Plan.

1.2. To briefly outline the key importance of the wider physical and socio-economic environment on health. To summarise the key issues and actions for public health in the ongoing refresh of the Tower Hamlets Local Plan.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note the scope, process and timescales for the new Local Plan.
2. Note the impact of the wider physical and socio-economic environment on health.
3. Consider and discuss the key health issues that should be addressed in the new Local Plan.

1. REASONS FOR THE DECISIONS

To outline the key importance of the wider physical and socio-economic environment on health. To summarise the key issues and actions for public health in the ongoing refresh of the Tower Hamlets Local Plan.

2. ALTERNATIVE OPTIONS

The Board could choose not to consider how the draft Local Plan can support health and wellbeing, but this is not recommended as the Board has a key role to play in informing the development of the Local Plan.

3. DETAILS OF REPORT

The Local Plan

3.1 The new Local Plan will set out a vision, strategic priorities and a planning policy framework to guide and manage development in the borough for the next 10 to 15 years, in line with the planning policy requirements set out by national and regional government.

3.2 It is important for the borough to have an up to date plan in place with a clear vision, objectives and planning policies to guide development decisions. Together with the London Plan, the Local Plan is a critical tool for a planning authority to plan proactively and positively for development by focusing on the community needs and opportunities in relation to places, housing, economy, infrastructure, local services and other areas. It also seeks to safeguard the environment, adapt to climate change and enhance the natural and historic environment.

3.3 A short summary of the development of the new local plan is located in appendix A.

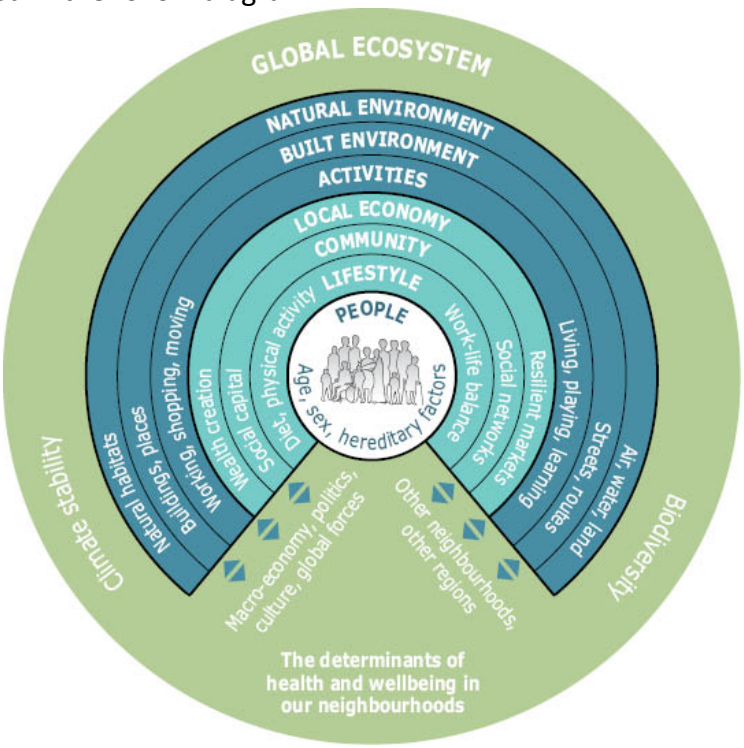
Spatial Planning and Health

3.4 The links between the physical and socio-economic environments and health has long been clear with the earliest national Public Health Act in 1848 bought in to tackle issues of poor housing, sanitation and unwholesome food. The first planning act in 1907 which bought in town planning had the aim of creating '... the home healthy, the house beautiful, the town pleasant, the city dignified, and the suburb salubrious.'

3.5 In recent years much more evidence has accumulated which reinforces just how important the physical, social and economic environment in which we live and work is for our health. Studies looking at the contribution to overall health of different factors estimate environment and socio-economic factors contributing 60% whilst healthcare only accounts for up to 25%i.

3.6 The Marmot review[ii] to address health inequalities had as one of its six strategic priorities to create and develop healthy and sustainable places and communities.

3.7 The relationship between health and wellbeing in relation to local neighbourhoods is represented in the follow diagram.iii



3.8 A more detailed summary of the how planning affects health can be found in appendix B.

Key Issues for new local plan

3.9 The current Local Plan has strengthening Health and Wellbeing as a key strategic cross cutting objective; this should be retained and reiterated in the new plan. Specific issues for consideration in the new Local Plan in relation to health and wellbeing are (details in Appendix B);

- Open and Green Space:
- High Streets which promote wellbeing
- Healthcare Infrastructure
- Housing Design
- Active travel and air quality

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 There are no direct financial implications arising from this report

5. LEGAL COMMENTS

5.1 The National Planning Policy Framework, published in March 2012, is the overarching guidance for local authority planners in making plans and assessing development proposals. It requires planners to promote healthy communities, use evidence to assess health and wellbeing needs, and work with public health leads and organisations.

5.2 The Health and Social Care Act 2012 (the 2012 Act) transfers the responsibility for public health to upper-tier local authorities from April 2013.

5.3 The 2012 Act makes it a requirement for the Council to establish a Health and Wellbeing Board ("HWB"). S.195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.

5.4 This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety, and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.

5.5 Further, it is a function of the HWB to identify the needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment so that future commissioning/policy decisions are based on evidence.

5.6 The Localism Act 2011 (the 2011 Act) gives more power to neighbourhoods, including provisions for neighbourhood planning. The 2011 Act also introduces a raft of other changes that have implications for improving health.

5.7 The review of the Local Plan provides the opportunity to refresh and update the focus of the HWB to reflect current and future needs within the borough.

5.8 When considering the recommendation above, and during the review itself, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 Amongst other key equalities considerations, health inequalities are of particular importance in Tower Hamlets as residents in the borough have lower life

expectancies than average. There are significant health inequalities amongst residents in the borough. This is reflected in the variation of life expectancies between the most and least deprived residents. Health outcomes for children in the borough are particularly bad and under the London average.

6.2 A full equalities screening and if required Equalities Assessment will be prepared alongside the Draft Local Plan in autumn 2016. Officers will work with Equalities team to make sure that actions will be undertaken to mitigate the likely impacts on the equality profile of those affected by the Draft Local Plan. This will form part of the Integrated Impact Assessment, which will also include a Health Impact Assessment.

7. BEST VALUE (BV) IMPLICATIONS

7.1 A new Local Plan will enable the Council to continue to ensure that the delivery of housing and infrastructure is optimised, and that benefits continue to be secured for the wider community. The development of sites following the policies and guidance of the new Local Plan will generate section 106 and Community Infrastructure Levy (CIL) contributions where relevant. This may include the delivery of new affordable housing, local enterprise and employment opportunities, public realm enhancements and infrastructure.

7.2 Undertaking a range of consultations with council services and partners, as well as residents, will ensure the new Local Plan incorporates a full range of local priorities and is underpinned by a full and thorough evidence base. This will improve the likelihood of the plan being found sound when examined.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 A Sustainability Appraisal (SA) is a legal requirement for the preparation and development of the Local Plan. Under the Planning and Compulsory Purchase Act 2004, a Sustainability Appraisal must comply with the requirements of a Strategic Environmental Assessment (SEA). A SEA ensures that environmental issues are incorporated and assessed in decision-making throughout the entire plan making process. The SA report is prepared alongside the draft of the new Local Plan and submitted to the Secretary of State alongside the new Local Plan.

9. RISK MANAGEMENT IMPLICATIONS

9.1 Progress on the new Local Plan is being regularly reported through a number of internal groups that consider risk management issues and mitigation measures. These include:

- Local Plan Internal Stakeholders' Group
- Development and Renewal Directorate Management Team
- Council Corporate Management Team

9.2 A Project Initiation Document (PID) was approved by Corporate Management Team in May 2015. Officers are working collaboratively across the relevant Services on the development of the new Local Plan and its evidence base through Corporate Management Team and the Local Plan Internal Stakeholder Group. There are on-going discussions between Strategic Planning Manager and the service heads on resourcing. Furthermore, the Mayor of Tower Hamlets and Lead Member for Strategic Development have been briefed on the new Local Plan on a regular basis and have provided significant input into the development of "Our Borough, Our Plan: A New Local Plan First Steps".

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 "Our Borough, Our Plan: A New Local Plan First Steps" is not considered to have any implications for crime and disorder reduction at this stage. However the next draft of the new Local Plan will contain policies that will seek to ensure that the design of developments minimise opportunities for crime and create a safer and more secure environment.

Linked Reports, Appendices and Background Documents

Linked Report

- Our Borough, Our Plan: A new Local Plan first steps (summary) http://www.towerhamlets.gov.uk/Documents/Planning-and-building-control/Strategic-Planning/Local-Plan/Booklet_FINAL.pdf
- Our Borough, Our Plan: A new Local Plan first steps http://www.towerhamlets.gov.uk/Documents/Planning-and-building-control/Strategic-Planning/Local-Plan/Booklet_FINAL.pdf
- A new Local Plan http://www.towerhamlets.gov.uk/lgnl/council_and_democracy/consultations/Local_Plan.aspx
-

Appendices

- Appendix A - Developing a new Local Plan for Tower Hamlets
- Appendix B - Healthy Planning – Refresh of the Local Plan

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- None

Officer contact details for documents:

- Appendix A – Ellie Kuper Thomas 020 7364 3648

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- Appendix B - Tim Madelin 0207 364 7388
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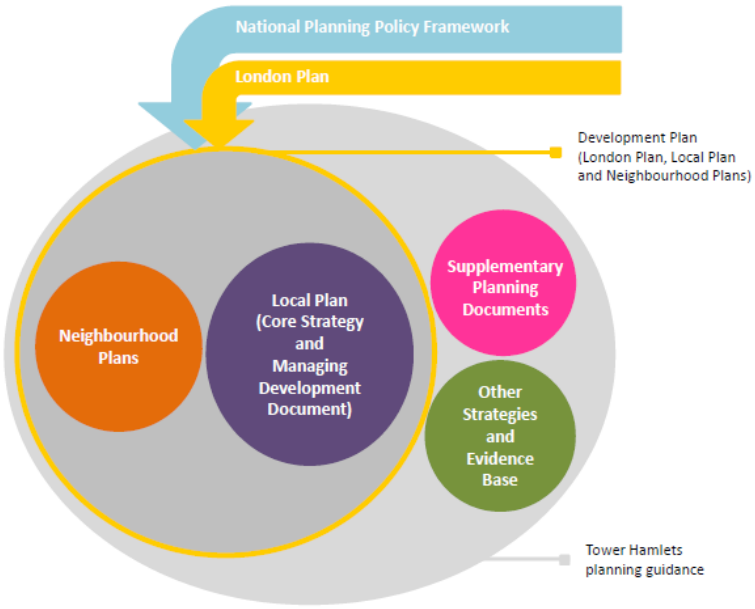
Developing a new Local Plan for Tower Hamlets

What is the Local Plan?

The new Local Plan will set out a vision, strategic priorities and a planning policy framework to guide and manage development in the borough for the next 10 to 15 years, in line with the planning policy requirements set out by national and regional government.

Why is it important to have a Local Plan?

It is important for the borough to have an up to date plan in place with a clear vision, objectives and planning policies to guide development decisions. Together with the London Plan, the Local Plan is a critical tool for a planning authority to plan proactively and positively for development by focusing on the community needs and opportunities in relation to places, housing, economy, infrastructure, local services and other areas. It also seeks to safeguard the environment, adapt to climate change and enhance the natural and historic environment.



Why do we need a new Local Plan for Tower Hamlets?

There are a number of main reasons for the council to prepare a new Local Plan, including:

- Since the adoption of the Core Strategy (2010) and Managing Development Plan Document (2013), Tower Hamlets has experienced significant changes, in particular, continued population growth and increasing demand for homes, jobs and infrastructure. Information from the Greater London Authority (GLA) showed that the population of Tower Hamlets was 280,474 in June 2014, and expected to increase by 23per cent to reach 364,804 by 2024[1]. Tower Hamlets is the fourth largest employment location in London with 240,000 jobs based in the Borough

[1]2014 Round of Demographic Projections; Local authority population projections - SHLAA-based ethnic group projections, Capped Household Size, short-term migration scenario; October 2015

in 2012. The Greater London Authority (GLA) estimates that the number of jobs in the borough will increase by 169,000 between 2010 and 2031.

- Significant planning changes have also taken place in recent years at both a national and regional level. Amongst others, this includes the National Planning Policy Framework (2012) and Planning Practice Guidance, the Localism Act and the Community Infrastructure Levy (CIL) from the Government. The London Plan has also been further altered to provide new policy directions for London boroughs to follow. The Further Alterations to the London Plan was adopted in March 2015 (FALP)[2]. The Mayor of London has increased Tower Hamlets minimum ten year housing target from 28,850 to 39,314. The new housing target means that the borough will potentially accommodate 10 per cent of London's population growth in just 1.3 per cent of its land area[3]. There will also be a 41 per cent increase in jobs[4].

- These combined changes will have significant implications for the council's planning policies, in particular the need to plan for sufficient additional infrastructure to support the increasing population. The council is proactively responding to these changes by preparing a new Local Plan that, when adopted by autumn 2017 will replace the current Core Strategy (2010) and Managing Development Document (2013). This will help ensure that the needs of the borough residents can continue to be met through the provision of affordable housing, jobs, community facilities and infrastructure.

How will we prepare this new Local Plan?

The preparation of the London Borough of Tower Hamlets new Local Plan is regarded as a priority for the council and the Mayor, as set out in the Community Plan 2015.

The council is working hard to make the best use of resources to produce the new Local Plan for adoption by autumn 2017. A summary of the indicative Local Plan preparation timetable is setout below:

Milestone	Indicative Date
First engagement and consultation	**Winter 2015/2016**
Preparing the Draft Local Plan	Spring - Summer 2016
Draft Local Plan formal consultation	Autumn 2016
Amending the Draft Local Plan for Submission	Winter 2016

[2]https://www.london.gov.uk/priorities/planning/london-plan/further-alterations-to-the-london-plan

[3]The estimated figures were represented on behalf of the Council during the Examination in Public of the Further Alterations to the London Plan in 2014.

[4]The estimated figures were presented on behalf of the Council during the Examination in Public of the Further Alterations to the London Plan in 2014.

Milestone	Indicative Date
Publication of the Local Plan for Submission	Winter 2016 - Spring 2017
Preparing the Local Plan for Submission	Spring 2017
Submission to the Secretary of State	Spring 2017
Examination by a Planning Inspector	Spring/Summer 2017
Adoption by Full Council	Autumn 2017

Following the preparation of the Local Plan, the council must submit it to the Government for examination. As part of this examination, an independent planning inspector will assess the Local Plan and consider:

- Whether the plan has been prepared in accordance with the Duty to Cooperate[5];
- Legal and procedural requirements; and
- Whether it is sound – positively prepared, justified, effective and consistent with national policy.

A number of key factors contributing to preparation of a Local Plan are included in the diagram below:

[5]A legal duty on planning authorities in England and public bodies to engage constructively and actively and on an on-going basis to maximise the effectiveness of preparation in the context of strategic cross boundary matters.

Current Milestone:

The Council is currently consulting on **Our Borough, Our Plan: A New Local Plan First Steps:** This document provides an overview of the current and emerging challenges and opportunities for the borough and how we can best approach these through our planning policies.

It is not a draft Local Plan – this will be consulted on in autumn 2016. As the borough is undertaking a full redraft of the Local Plan, not just a refresh, we wanted to ensure our first draft was based on a full new evidence base, including consultation responses.

The document is currently focused on a series of eight key topics and two cross cutting themes:

Health and Well-being

Town Centres
Vibrant and varied town centres which bring communities together, as places for retail, leisure and social enjoyment.

Housing
New homes, in particular affordable and family homes which meet the needs of existing and future residents.

Economy and Jobs
Strong and diverse employment base, which delivers our regional role and with a focus on small and medium sized enterprise (SMEs), which provides employment opportunities for local residents.

Community Facilities
Mixed community neighbourhoods supported by high quality and accessible education, health, leisure and community facilities, to help promote community cohesion.

Design and Historic Environment
Distinct and high quality built environment which protects and enhances the places and assets that make the borough unique and promotes high quality and safe public spaces.

Transport and Connectivity
An improved and sustainable transport network to ensure people living, working and visiting the borough are able to get around easily.

Open Space and Green Grid
Improved existing open spaces so they are better connected, more accessible and of higher quality. Provide more open spaces, to meet the needs of our growing population.

Environmental Sustainability
Protecting, enhancing and promoting sustainable development to achieve wider social, economic and environmental benefits. Including waste management, reducing flood risk, enhancing biodiversity, improving air quality and decreasing carbon emissions.

Preventing and Mitigating Climate Change

We consider that there are two cross cutting themes running through all eight topics. These will need to be taken into account when we are developing all Local Plan policies.

- **Improving residents health and well-being**

This topic goes beyond improving access to health facilities and includes a range of measures to improve the wider determinants of health, including employment, high quality housing, and access to open space and leisure facilities.

- **Preventing and mitigating climate change**

This topic requires policy interventions across all topics, from promoting low carbon transport, to improving the energy efficiency of homes to incorporating flood reducing design.

Current Consultation:

We are currently engaging with statutory consultees, residents, businesses, partners and all others with an interest in the borough on:

- **Our Borough, Our Plan: A New Local Plan First Steps**
- **Sustainability Appraisal** Scoping document, which also includes the Health Impact Assessment.

This consultation is currently underway and us running until the 8th of February 2016.

You will be able to find all information on this consultation on the council's website:
www.towerhamlets.gov.uk/localplan

Please contact the Plan Making team for further details via:
E:**planmaking@towerhamlets.gov.uk** (please enter "Our Borough, Our Plan consultation" in the subject)
T: **020 7364 5009**
Twitter: @**TowerHamletsNow**

The council would like to encourage the use of our **e-form** for electronic responses. The form is published on the council's website.

Any written comments should be sent to the following freepost address:

FREEPOST
Our Borough, Our Plan Consultation
D&R Strategic Planning
London Borough of Tower Hamlets
PO BOX 55739
London
E14 1BY

Public consultation events are also taking place across the borough.

Ongoing Consultation with Health Colleagues:

1. Internal Stakeholder Group:

This meets every month to discuss the progress of the Local Plan and to ensure that the Local Plan captures and co-ordinates wider Council Objectives. Public Health are represented on this group.

2. External Stakeholder Group:

This meets regularly to discuss the progress of the plan and to ensure neighbouring boroughs, statutory consultees and key partners can provide specialist input. The Tower Hamlets Clinical Commissioning Group are represented on this group.

3. Future Statutory Consultation:

There will be a further two opportunities for comments and representations to be made on the Local Plan:

- Draft Local Plan formal consultation in autumn 2016. This is a full public consultation on the draft proposed plan.

- Publication of the Local Plan for Submission to the Planning Inspector in winter 2016 to spring 2017. Submissions on this draft can only be made to the Planning Inspector.

Appendix B

PUBLIC HEALTH DEPARTMENT, ADULT SERVICES DIRECTORATE	
Briefing Note for:	Health and Wellbeing Board
Subject:	Healthy Planning – Refresh of the Local Plan
Author:	Tim Madelin, Healthy Communities and Environments Lead

1 Purpose:

1.3. To briefly outline the key importance of the wider physical and socio-economic environment on health. To summarise the key issues and actions for public health in the ongoing refresh of the Tower Hamlets local plan.

2 Tower Hamlets Local Plan

2.1 The Community Plan sets out the strategic vision for the future of the borough and the local plan is the spatial representation of this plan. It provides a 15 year plan which will shape the planning policy and subsequently design, scale and location of development required to deliver the community plan.

2.2 The spatial planners and Public Health have a long history of working collaboratively, and worked closely on the local plan (formerly known as the local development framework) which was adopted by the council in 2010.

2.3 The local plan is now being refreshed with a target of having new local plan adopted in 2017 and public health is working with our planning colleagues to ensure the new plan fully encompasses health and well-being issues.

3 Background:

3.1 The links between the physical and socio-economic environments and health has long been clear with the earliest national Public Health Act in 1848 bought in to tackle issues of poor housing, sanitation and unwholesome food. The first planning act in 1907 which bought in town planning had the aim of creating '... the home healthy, the house beautiful, the town pleasant, the city dignified, and the suburb salubrious.'

3.2 In recent years much more evidence has accumulated which reinforces just how important the physical, social and economic environment in which we live and work is for our health. Studies looking at the contribution to overall health of different factors estimate environment and socio-economic factors contributing 60% whilst healthcare only accounts for up to 25%iv.

3.3 The Marmot review to address health inequalities had as one of its six strategic priorities to create and develop healthy and sustainable places and communities. It identified the following key areas:

Open and green Spaces
- Link to mental health
- Children's play
- Social links
- Link to obesity

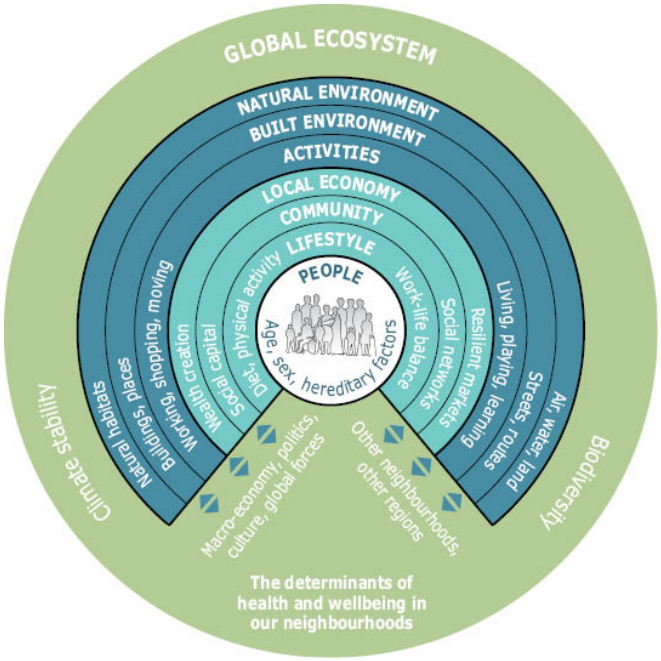
Housing conditions, Fuel poverty and inequality
- Existing built environment
- How to change through time
- Tenure (renting)
- Social infrastructure including GP access/health centres
- Cooling and shading
- Food growing
- Insulation and energy efficiency

Safety and Security on streets – anti-social behaviour
- Broken windows
- Social and community activities

Density, Noise, Traffic, "Urban Stress"
- Social isolation and interaction caused and foster by design and its impacts
- Public transport

Public Health (inc violet incidents) (crosscutting theme)
- Childhood
- Pathogens
- Physically active old age

3.4 The relationship between health and wellbeing in relation to local neighbourhoods is represented in the follow diagram.v



3.5 A more detailed summary of the how planning effects health can be found in Annex A.

4 Key Issues for new local plan

4.1 The current local plan has strengthening Health and Wellbeing as a key strategic cross cutting objective; this should be retained and reiterated in the new plan.

4.2 **Open and Green Space**: Tower Hamlets has long had a deficiency in open and green space, given the likely scale of development it is unlikely that sufficient land is available to be designated as green space to rectify this deficiency. The current local plan addresses this by the Green Grid strategy (developed with support and funding from Public Health then in the NHS) which had the following aims to;

- Create new public open spaces
- Protect existing open spaces
- Enhance existing open spaces
- Connect and link public open spaces and waterways

As part of the local plan refresh the Green Grid should be revised in line with the above principles but with emphasis on;

- ensure the revised strategy fits with the open space strategy, which gives type and quality of open space required, which is also been revised as part of the local plan refresh
- better promotion the green grid principles to registered providers to try and ensure that housing amenity land can play maximum part in the green grid
- have a clearly process for ensuring requirement of green grid principles (e.g. layout of a site) are better addressed by individual developments

4.3 High Streets which promote wellbeing: The current local plan has a policy which sought 'to reduce the over-concentration of any use type where this detracts from the ability to adopt healthy lifestyles.' This was then complemented by detailed planning rules restricting new A5 (hot food takeaway) uses in the borough. For the new local plan the evidence basis supporting the A5 restriction should revised to ensure it is still robust as

other boroughs have recently face objections from fast food operators when proposing local plans with similar A5 restriction policies. The proliferation of betting shops payday loan shops on high streets have long been a concern but prior to a change in use classes in 2015 they were treated as A2 Financial and professional services which limited scope for action. Since the change in 2015 away from A2 use class to Sui Generis this gives the opportunity to limit any new betting shops or payday loan outlets as these now require planning permission to convert to other uses. Public Health will to ensure that there is a sufficiently robust evidence base for such a rule and the recently completed JSNA on gambling will form part of this.

4.4 **Healthcare Infrastructure**: There is currently a review underway of the existing NHS estate and NHS Tower Hamlets CCG is required to produce a new estates plan by the end of 2015 which will outline where new or expanded facilities may be required to meet population demand. Public Health has long worked closely with the NHS in Tower Hamlets and previously was very successful in supporting new facilities via s106 (planning contributions) funding. Public Health will continue to work closely with the NHS and ensure any estates plan is included as part of the infrastructure deliver plan and if necessary where new sites are required these properly reflected in the local plan.

4.5 **Housing Design**: The new plan needs to ensure adequate provision of specialist housing especially as although as a proportion of the population the older people will decrease the absolute numbers will increase. Consideration needs to be given to higher standards e.g. enhanced levels of sound insulation to mitigate the impact of increasing housing density. The provision of private play space in developments needs to be clearly defined in policy both in quantity but also quality and typology given the importance of play in child development. Space for urban growing should be required on all new major residential developments.

4.6 **Active travel and air quality**: The green grid will potentially help to provide a network of accessible route that promote cycling and walking. The new plan should consider reducing car parking allocations and increasing use of travel plans to help promote active travel from new developments. Car free developments should be encouraged and mandated where there is high accessibility by public transport.

4.7 Public health will continue to work with colleagues across the council to address these and other less key issue to ensure health and wellbeing is embeded throughout the new local plan.

How planning effects health

1. Housing quality and design

Issues to consider

- Accessible and adaptable dwellings
- Internal space standards, orientation and layout
- Affordable housing and dwelling mix
- Energy efficiency.

Potential health impacts

Access to decent and adequate housing is critically important for health and wellbeing, especially for the very young and very old. Environmental factors, overcrowding and sanitation in buildings as well as unhealthy urban spaces have been widely recognised as causing illness since urban planning was formally introduced. Post-construction management also has impact on community welfare, cohesion and mental wellbeing.

Possible effects of planning

Negative effects	Positive effects
A lack of affordable housing within communities may compromise the health of low-income residents as they are likely to spend more on housing costs and less on other health needs.	Making provision for affordable housing has the potential to improve wellbeing, while housing quality can be improved by use of appropriate construction methods. This includes use of good materials for noise insulation and energy-efficiency, and detailed design considerations to make sure that homes are accessible, adaptable and well oriented.
Poor choice of location, design and orientation of housing developments can be detrimental to physical and mental health. Housing that is overcrowded can also affect mental health, and lead to physical illness and accidents.	Providing a sufficient range of housing tenures with good basic services is also essential. Adaptable buildings for community uses such as health, education and leisure can contribute towards a sustainable community.
The quality of design, including internal sound insulation, daylighting and provision of private space can influence the health and wellbeing of occupiers.	Providing adaptable homes allows residents to remain in their home despite changing accommodation requirements. In this context, adaptable housing more easily permits care to be provided in the community.

2. Access to healthcare services and other social infrastructure

Issues to consider

- Needs and demand for services
- Capacity of existing facilities and services
- Timing, location and accessibility and developer contributions
- Reconfiguring health and social care services

- Multipurpose buildings and co-location of services
- Access and use of buildings by disabled and older people.

Potential health impacts

Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Access to social infrastructure and other services is a key component of Lifetime Neighbourhoods. Encouraging the use of local services is influenced by accessibility, in terms of transport and access into a building, and the range and quality of services offered. Access to good quality health and social care, education (primary, secondary and post-19) and community facilities has a direct positive effect on human health. Opportunities for the community to participate in the planning of these services has the potential to impact positively on mental health and wellbeing and can lead to greater community cohesion.

Possible effects of planning

Negative effects	Positive effects
Failing to plan for the social infrastructure needs in an area can exacerbate pressure of existing services and worsen health outcomes and inequalities.	The provision of accessible healthcare services and other social infrastructure to support population growth and change is an essential component of creating sustainable, healthy communities.
The under-provision of key services can contribute towards unnecessary extra travel, which can damage the environment and social cohesion.	The planning system can help modernise facilities and improve the quality of services. Developer contributions can help provide and fund new facilities.
For those with mobility problems, including older people, poor access to local services could limit opportunities for social interaction and lead to isolation and depression.	Co-locating some services can improve the effectiveness and efficiency of service delivery, for example, primary health and social care, dentistry and pharmacies.
	Access to a range of education, primary, secondary and post-19 improves self-esteem, job opportunities and earning capability.

3. Access to open space and nature

Issues to consider

- Opportunities for physical activity
- Access to open and natural space
- Formal and informal outdoor play spaces
- Maintenance of open space and sports facilities
- Integration with other outdoor uses such as food growing.

Potential health impacts

Providing secure, convenient and attractive open/green space can lead to more physical activity and reduce levels of heart disease, strokes and other ill-health problems that are associated with both sedentary occupations and stressful lifestyles. There is growing evidence that access to parks and open spaces and nature can help to maintain or improve mental health.

The patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour; a growing number of children are missing out on regular exercise, and an increasing number of children are being diagnosed as obese. Access to play spaces, community or sport facilities such as sport pitches can encourage physical activity. There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation.

Possible effects of planning

Negative effects	Positive effects
Failing to protect local green spaces and playing fields near to communities can limit opportunities for physical activity.	The provision of publicly accessible green spaces and play spaces can encourage physical activity and maintain or improve mental health.
Green spaces that are of poor quality, feel unsafe, or are inaccessible will discourage physical activity and social interaction.	A growing population, particularly an increase in children will require a range of formal and informal play spaces and equipment.
Failing to provide a range of different types of open and play spaces may place pressure on existing spaces where formal and informal activities may conflict with each other.	Natural spaces and tree cover provide areas of shade and can improve the air quality in urban areas.
	There may be opportunities to integrate play spaces with other related health and environmental programmes such as food growing and increasing biodiversity.

4. Air quality, noise and neighbourhood amenity

Issues to consider

- Construction impacts
- Air quality
- Land contamination
- Noise, vibration and odour
- Quality of the local environment
- Provision of green space and trees.

Potential health impacts

The quality of the local environment can have a significant impact on physical and mental health. Pollution caused by construction, traffic and commercial activity can result in poor air quality, noise nuisance and vibration. Poor air quality is linked to incidence of chronic

lung disease (chronic bronchitis or emphysema) and heart conditions and asthma levels of among children. Noise pollution can have a detrimental impact on health resulting in sleep disturbance, cardiovascular and psycho-physiological effects. Good design and the separation of land uses can lessen noise impacts.

Possible effects of planning

Negative effects	Positive effects
Construction can result in exposure to land contamination, deterioration in air quality and nuisance from noise, dust, vibration and odours.	The use of construction management plans can lessen construction impacts, particularly hours of working and construction traffic movements.
High levels of road traffic and congestion generated by new developments can result in higher levels of air pollution and noise.	Reduced levels of car parking and travel plans which encourage the use of public transport, cycling and walking will result in better local environmental conditions.
The close proximity of residential units to industrial uses or uses generating late night noise can cause nuisance.	Good design and the sensitive location and orientation of residential units can lessen noise impacts.
	Natural spaces and trees can improve the air quality in urban areas.

5. Accessibility and active travel

Issues to consider

- Streetscape
- Opportunities for walking and cycling
- Access to public transport
- Minimising the need to travel
- Discouraging car use
- Road traffic injuries.

Potential health impacts

Convenient access to a range of services and facilities minimises the need to travel and provides greater opportunities for social interaction. Buildings and spaces that are easily accessible and safe also encourage all groups, including older people and people with a disability, to use them. Discouraging car use and providing opportunities for walking and cycling can increase physical activity and help prevent chronic diseases, reduce risk of premature death and improve mental health.

Possible effects of planning

Negative impacts	Positive impacts
Greater traffic volumes and speeds have increased the risk of road traffic injuries, with pedestrians and cyclists being particularly vulnerable.	Combining active travel and public transport options can help people achieve recommended daily physical activity levels
Poor urban planning has prioritised the car over pedestrians and increased community	By attending to inclusive design, access, orientation and streetscape planners can

Negative impacts	Positive impacts
severance.	make it easier for people to access facilities using public transport, walking or cycling.
Over provision of car parking in a development can undermine other travel modes such as public transport and cycling.	Reduced levels of car parking and travel plans which encourage the use of public transport, cycling and walking will result in increased opportunities for active travel.
	Planning can promote cycling and walking by connecting routes and public to wider networks, providing safe junctions and calming traffic and providing secure cycle parking spaces.

6. Crime reduction and community safety

Issues to consider

- Designing out crime
- Security and street surveillance
- Mix of uses
- Community engagement.

Potential health impacts

Thoughtful planning and urban design that promotes natural surveillance and social interaction can help to reduce crime and the 'fear of crime', both of which impacts on the mental wellbeing of residents. As well as the immediate physical and psychological impact of being a victim of crime, people can also suffer indirect long-term health consequences including disability, victimisation and isolation because of fear. Community engagement in development proposals can lessen fears and concerns.

Possible effects of planning

Negative effects	Positive effects
Poor urban design can exacerbate crime and community safety by creating under-used, isolated spaces without natural surveillance and segregate places by creating barriers such as roads.	The detailed design and layout of residential and commercial areas can ensure natural surveillance over public space. This can be assisted by creating places which enable possibilities for community interaction and avoiding social exclusion
Where the local pedestrian environment is intimidating and inconvenient people are more likely to use cars more or go out less. This reduces social interaction and increases the potential for crime.	Active use of streets and public spaces, combined with effective lighting, is likely to decrease opportunities for anti-social behaviour or criminal activity.
A 24 hour or 'evening' economy could generate anti-social behaviour and disturbance.	Planners can work with the police to get their advice on making development proposals 'secured by design'. They can also involve communities to foster a sense of ownership and empowerment, which can

Negative effects	Positive effects
	also help to enhance community safety.

7. Access to healthy food

Issues to consider

- Healthy localised food supply
- Hot food takeaways
- Social enterprises
- Allotments and community food growing spaces.

Potential health impacts

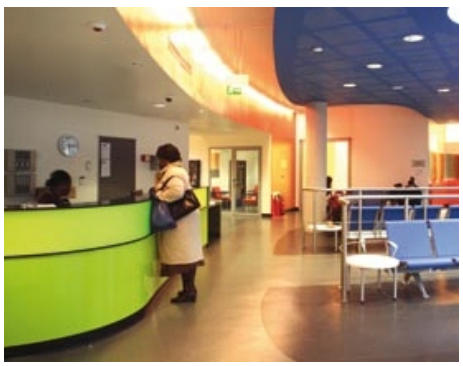
Access to healthy and nutritious food can improve diet and prevent chronic diseases related to obesity. People on low incomes, including young families, older people are the least able to eat well because of lack of access to nutritious food. They are more likely to have access to food that is high in salt, oil, energy-dense fat and sugar.

Opportunities to grow and purchase local healthy food and limiting concentrations of hot food takeaways can change eating behaviour and improve physical and mental health.

Possible effects of planning

Negative effects	Positive effects
The centralisation of shopping facilities and growth of large supermarkets can reduce the variety of foods available locally and disadvantage those on limited income to afford a healthy diet.	By considering food access, location and how to facilitate social enterprises planners can help to create the conditions that enable low income people to have better and affordable access to nutritious food.
Redevelopment local allotments, gardens or agricultural land can also reduce the potential for locally grown food.	Planning can assist by preserving and protecting areas for small-scale community projects and local food production, including allotments.
An overconcentration of hot food takeaways can restrict healthy eating choices.	Planning can promote an increase in the diversity of shopping facilities in local centres, restrict large supermarkets, and limit concentrations of hot food takeaways.

8. Access to work and training



Issues to consider

- Access to employment and training
- Job diversity
- Childcare
- Business support.

Potential health impacts

Employment and income is a key determinant of health and wellbeing. Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Works aids recovery from physical and mental illnesses.

Possible effects of planning

Negative effects	Positive effects
Locating employment in inaccessible locations or failing to provide a diversity of local jobs or training opportunities can negatively affect health and mental wellbeing both directly and indirectly.	Urban planning linked to clear strategies for economic regeneration, allocation of appropriate sites and coordination of infrastructure provision can help to facilitate attractive opportunities for businesses, encourage diversity in employment and ensure that local jobs are retained.
A poor quality environment and lack of infrastructure can make places less competitive or attractive to business investment.	Equitable transport strategies can play an important part in providing access to job opportunities. The provision of local work can encourage shorter trip lengths, reduce emissions from transport and enable people to walk or cycle.
A lack of business and employee support through affordable business space and childcare provision can hinder economic and growth and employment opportunities.	Access to other support services, notably childcare, can make employment opportunities easier to access.

9. Social cohesion and lifetime neighbourhoods

Issues to consider

- Social interaction
- Mixed communities
- Access to community facilities
- Voluntary sector involvement
- Community severance
- Lifetime neighbourhoods.

Potential health impacts

Friendship and supportive networks in a community can help to reduce depression and levels of chronic illness as well as speed recovery after illness and improve wellbeing. Fragmentation of social structures can lead to communities demarcated by socio-economic status, age and/or ethnicity, which can lead to isolation, insecurity and a lack of cohesion. Voluntary and community groups, properly supported, can help to build up networks for people who are isolated and disconnected, and to provide meaningful interaction to improve mental wellbeing.

Lifetime Neighbourhoods places the design criteria of Lifetime Homes into a wider context. It encourages planners to help create environments that people of all ages and abilities can access and enjoy, and to facilitate communities that people can participate in, interact and feel safe.

Possible effects of planning

Negative effects	Positive effects
Social cohesion can be undermined by insensitive housing redevelopment and dispersal of resident communities.	Urban planning can help to facilitate social cohesion by creating safe and permeable environments with places where people can meet informally.
Community cohesion can also be affected by infrastructure such as roads or other development that severs community links. Large schemes may disrupt familiar walking routes, or create a barrier to movement.	Mixed-use developments in town centres and residential neighbourhoods can help to widen social options for people.
Poor planning may also result in the loss of community facilities.	The provision of a range of diverse local employment opportunities (paid and unpaid) can also improve both social cohesion and mental wellbeing.
Planning does not directly affect income but it does have many indirect effects. The planning system can be used, for example, to hinder or to help the process of providing a range of facilities and providing opportunities for improving levels of equity.	

10. Minimising the use of resources

Issues to consider

- Making the best use of existing land
- Recycling and reuse
- Sustainable design and construction
- Waste management
- Potential hazards.

Potential health impacts

Reducing or minimising waste including disposal, processes for construction as well as encouraging recycling at all levels can improve human health directly and indirectly by minimising environmental impact, such as air pollution.

Possible effects of planning

Negative effects	Positive effects
If left unchecked, disposal of significant hazardous waste can have a serious impact on the health of those communities living	Planning can impose standards and criteria on hazardous waste disposal, recycling and domestic waste and that linked to

Negative effects	Positive effects
near to collection or disposal sites.	development. It can ensure that hazardous waste is disposed of correctly, as well as ensure that local recycled and renewable materials are used whenever possible in the building construction process.
Sending out waste from a redevelopment site to be sorted or disposed can increase vehicle movements, emissions and cause significant disruption including noise and dust which can contribute towards health problems for residents	Redevelopment on brownfield sites or derelict urban land also ensures that land is effectively used, recycled and enhanced
There are also ecological impacts (stripping of materials, mining for minerals etc) through excessive use of resources from a scarce global environment.	Through encouraging reduction, reuse and recycling, resource minimisation can be better realised and contribute towards a better environment. Examples of various standards to consider include BREEAM (Building Research Establishment Environmental Assessment Method) and CEEQUAL (Civil Engineering Environmental Quality Assessment), which are benchmarking tools for non-residential buildings and infrastructure projects.

11. Climate change

Issues to consider

- Renewable energy
- Sustainable transport
- Building design
- Biodiversity
- Flood risk and drainage.

Potential health impacts

There is a clear link between climate change and health. The Marmot Review is clear that local areas should prioritise policies and interventions that 'reduce both health inequalities and mitigate climate change' because of the likelihood that people with the poorest health would be hit hardest by the impacts of climate change.

Planning is at the forefront of both trying to reduce carbon emissions and to adapt urban environments to cope with higher temperatures, more uncertain rainfall, and more extreme weather events and their impacts such as flooding. Poorly designed homes can lead to fuel poverty in winter and overheating in summer contributing to excess winter and summer deaths. Developments that take advantage of sunlight, tree planting and accessible green/brown roofs also have the potential to contribute towards the mental wellbeing of residents.

Possible effects of planning

Negative effects	Positive effects
Planning can exacerbate the impacts of climate change by failing to consider relevant influences such as location, materials, designs or technologies that could help to reduce energy consumption or reduce the environmental impact of energy generation.	Urban planning can help to reduce greenhouse gas emissions by requiring lower energy use in buildings and transport, and by encouraging renewable energy sources.
Building in flood plain areas or a lack of local sustainable urban drainage measures may lead to greater flood risk.	Planning can address sustainability and environmental considerations through the use of standards that will help to reduce energy demands and increase the amount of renewable energy.
Neglecting to consider the microclimate for the siting of a proposed development, and the influence the development might have on that microclimate, could lead to new buildings that are neither suitable nor adaptable to their environment.	Design techniques can ensure that new housing and public realm can adapt to changes in temperature.
	Flood risk can be reduced through a sequential approach to locating development and by introducing mitigation measures, such as sustainable urban drainage systems in new developments.

[i] Canadian Institute of Advanced Research, Health Canada, Population and Public Health Branch. AB/NWT 2002, quoted in Kuznetsova, D. (2012) Healthy places: Councils leading on public health. London: New Local Government Network. Accessed 06-11-2015 at http://www.nlgn.org.uk/public/wp-content/uploads/Healthy-Places_FINAL.pdf

[ii] Marmot M, Allen J, Goldblatt P et al (2010) *Fair society, healthy lives: strategic review of health inequalities in England post 2010*. London: Marmot Review Team.

[iii] Barton H, Grant M. 2006. A health map for the local human habitat. *The Journal for the Royal Society for the Promotion of Health* 126(6): 252–261

[iv] Canadian Institute of Advanced Research, Health Canada, Population and Public Health Branch. AB/NWT 2002, quoted in Kuznetsova, D. (2012) Healthy places: Councils leading on public health. London: New Local Government Network. Accessed 06-11-2015 at http://www.nlgn.org.uk/public/wp-content/uploads/Healthy-Places_FINAL.pdf

[v] Barton H, Grant M. 2006. A health map for the local human habitat. *The Journal for the Royal Society for the Promotion of Health* 126(6): 252–261