Tower Hamlets Borough Profile 2010

Needs Summary

Population

The Tower Hamlets population in 2010 is estimated to be 242,000. It is a population characterised by diversity (50% of the population are non white and 34% Bangladeshi), mobility (19% move in or out of the borough per year), high growth (although this uneven across the borough) and a significantly higher proportion of young people than elsewhere (37% are aged 25-39 compared to 27% across London). Growth is predicted through a local planning model that links population growth with residential development and this suggests that the population will reach 264,000 by 2016.

Health headlines

Headline health indicators indicate significant health inequalities between Tower Hamlets and the rest of the country. Male life expectancy is 75.3 years compare to 77.82 nationally and female life expectancy is 80.4 compare to 81.95 (2006-8). The Borough has the highest or second highest mortality in London for the three major killers: cardiovascular disease, cancer and chronic respiratory disease (COPD). Trends indicate year on year improvement but with limited reduction in the gap.

Socioeconomic determinants of health

The most important factor accounting for health inequalities between Tower Hamlets and elsewhere is socioeconomic deprivation. The borough is ranked the third most deprived ward nationally. 78.5% of Tower Hamlets residents live in the 20% most deprived areas in England compared to around 26% of London residents. This is reflected in statistics indicating the highest levels of child poverty in the country, amongst the high unemployment rates in London, a high proportion of people with no qualifications, lower educational attainment compared to the rest of the country (but improving), higher levels of overcrowding and significant levels of housing classified as 'non decent' (in 2008 52% council housing fell below the decent homes standard compared to 32% in London).

Early years

The birth rate in Tower Hamlets is similar to the London average. 45% of births are to Bangladesh mothers. Although a higher proportion of newborns have lower birth weight (<2500g), infant mortality rates are not significantly different to London. Breast feeding initiation rates are higher than London. Tooth decay rates in five year olds have been improving but remain higher than London. Childhood obesity in 4-5 year olds is the 5th highest in London.

Children and Young People

60% of under 19s are Bangladeshi. Two thirds of under 16s live in low income households (the highest levels of child poverty in the country). 1 in 5 children under 15 have tried a cigarette (similar to national averages) and 4 out 10 retailers are selling cigarettes to under 18s.. Tower Hamlets has the 2nd highest prevalence of obesity in year 6 in the country. 3 in 10 children have ever had an alcoholic drink compared to 7 in 10 nationally (reflecting the large Muslim community in the borough). Teenage pregnancy rates are lower than England and London averages following a recent downward trend although recent data indicates that rates are expected to increase for 2009. Childhood immunisation uptake is higher than London and MMR uptake at 24 months and 5 years has increased significantly over the past year (most recent data indicates over 92% uptake of second MMR). The number of children on the Child Protection Register has increased sharply over recent years. This primarily reflects increases in ascertainment Prevalence of mental health disorders in children is similar to national averages (around 1 in 10)

Staying Healthy and Health Protection

27% of adults in Tower Hamlets smoke compared to 21% nationally with particularly high smoking prevalence in Bangladeshi males. 9 out of 10 adults eat less than five a day compared to 7 out of 10 nationally. A lower proportion of adults participate in sport and active recreation (15.5% compared to 21.2% nationally). 1 in 2 adults have not had an alcoholic drink in the past year but in the White population, 4 in 10 are classified as harmful drinkers compared to 2 in 10 nationally. Incidence of sexually transmitted infections (STIs) has increased significantly in the past few years. Tower Hamlets has the 8th highest rates of STIs per 100 000 population in the country (50% higher than the London rate). Prevalence rates of HIV have increased by 34% since 2005. 23% of HIV infections

were diagnosed late in 2009 compared to 31% in London. Prevalence rates for tuberculosis have been rising slowly over the past few years and reached 65.3 per 100 000 population in 2009, significantly higher than the London average of 45.1. Seasonal flu immunisation uptake is adequate in over 65s (76%) but lower in under 65s with long term conditions (55%) although this is above the national average (52%).

Long Term Conditions

Tower Hamlets has the highest or second highest mortality rates in London for the major long term conditions: coronary heart disease (CHD), stroke and chronic respiratory disease. Diabetes prevalence is higher than London and this is particularly linked with the high proportions of Bangladeshis in the population. Analysis of observed prevalence against expected for long term conditions indicates levels of underdiagnosis for most conditions but particularly hypertension, CHD, chronic kidney disease and COPD. In primary care, quality and outcome indicators are generally relatively good compared to London. Management of blood pressure and cholesterol in CHD and diabetic patients is generally well above the London average. Conversely, HbA1C has been in the bottom quadrant in London and for this reason, diabetes was the first priority for the care packages. Despite generally good outcomes overall there remain significant variations between practices and this has been a major driver to standardise care through the primary care investment programme. Secondary care admission rates (age standardised) for CHD, stroke, heart failure and COPD are the highest in London.

Cancer

Tower Hamlets has the highest cancer mortality in London. This is driven to a significant extent by high incidence and mortality from lung cancer and reflects the high prevalence of smoking in the Borough. However, one year survival from cancer is in the bottom 10% nationally and this is particularly poor for breast, colorectal and prostate cancer. Cancer screening uptake is lower than national averages (breast, cervical and bowel). Evidence indicates that late diagnosis is a significant contributor to poorer survival. Increasing screening uptake, early awareness of symptoms and early diagnosis of cancer are major priorities to improve survival.

Mental Health

Suicide is a high level indicator of mental health need in a population and Tower Hamlets has the fourth highest rate in London. Schizophrenia prevalence is just under three times the national average reflecting factors such as homelessness and substance misuse. Overall prevalence of dementia is lower than London due to the younger population. However, 7% of over 65s are estimated to suffer from dementia and there is evidence of significantly levels of underreporting or underdiagnosis in primary care.

End of Life Care

Around 1140 Tower Hamlets residents will die per year. It is estimated that around 870 will need some form of palliative care. Based on national findings, most people when asked, state a preference for dying at home. However, Tower Hamlets has a higher hospital death rate compared to national (68% compared to 58%) and a significantly lower home death rate (17% compared to 19%). The percentage of deaths in hospitals has been slowly falling with a corresponding increase in hospice deaths. The percentage dying at home has remained relatively static.

Planned and Unscheduled Care

Tower Hamlets has amongst the lowest standardised first attendance rates in London. However, a lower percentage of outpatients are discharged at first appointment and the percentage of those not attending is amongst the highest in London. Elective admission rates are the lowest in London. Conversely, Tower Hamlets has amongst the highest emergency admission rates in London (particularly heart attacks, stroke, falls, accidents and fracture neck of femur). Local analysis has indicated a significant relationship between the ratio of elective to non elective admissions and deprivation. This ratio is substantially lower in higher deprivation deciles.

Internal inequalities within Tower Hamlets.

Although there are significant health inequalities between Tower Hamlets and the rest of the country, there are also substantial inequalities within the borough. Life expectancy at ward level varies by around 8 years in males and 6 years for females and variation is strongly correlated with deprivation (more strongly for males than females). These differences are also reflected in deprivation related patterns of prevalence of and mortality from cardiovascular disease, chronic respiratory disease and, to a lesser extent, cancer across the borough. Disease prevalence and mortality also varies significantly by ethnicity. Observed diabetes prevalence is higher in Bangladeshis compared to the white population (7% compared to 5%). Conversely, crude prevalence of hypertension and COPD is higher in the white population (reflecting the older age profile of the white population). Primary care quality and outcome indicators also vary by ethnicity. Age adjusted mortality rates are significantly higher in the White population compared to the Bangladeshi population for deaths from all causes, cardiovascular disease (under 75) and cancer (under 75). Health inequalities between men and women are frequently overlooked. However, it is striking that the life expectancy gap between men and women is 5 years compared to 4 years nationally. This is consistent with a higher gap in areas of high deprivation.

Recent analysis to understand local health inequalities in greater depth has focussed on analysis of health and wellbeing data by deprivation deciles. This has highlighted that the secondary care costs of those living in the most deprived deciles in Tower Hamlets are almost twice those living in the least deprived (£227 per head compared to £117 per head). Furthermore, the ratio between elective and non elective admissions is around three times higher in the least deprived decile compared to the most deprived. The analysis has identified the importance of understanding health inequalities at below ward level (e.g. lower super output area) to inform locality and LAP level clinical commissioning as well as service integration a very local level (e.g. estate, neighbourhood).

Community Perspectives

Findings from the Place Survey and Annual Residents Survey highlight Tower Hamlets as a place where residents feel less satisfied with their local area, have less of a sense of community cohesion and perceive higher levels of crime. Social marketing qualitative research has provided insights into resident perceptions of services and has identified strong cultural differences between ethnic groups in relation to knowledge, attitudes and belief that lead to differences in how services are used. The Tower Hamlets Involvement Network have identified the following priorities issues from a patient/public perspective: quality of patient consultation with GPs, links between GPs and acute care, staff attitude at Royal London Hospital, integration of community care services, integrating mental health care and use of personal budgets by social care users. The Improving Health and Wellbeing consultation in 2009 and other local surveys suggest that residents have seen improvement in services over the past three years. Integration of services through health centres is welcomed, although there is a concern about ensuring that local access is not lost.