

Joint Strategic Needs Assessment Summary Document

Life and Health in Tower Hamlets

July 2015

Tower Hamlets JSNA Reference Group

Table of Contents

Life and Health in Tower Hamlets.....	1
Preface	4
Introduction	5
What is Health?.....	5
What is a Joint Strategic Needs Assessment?.....	6
Tower Hamlets’ approach to JSNA	7
1. Tower Hamlets People	8
Health headlines	8
Health determinants.....	9
Evidence base	10
Local Plan	10
Considerations for Health and Wellbeing Board	11
2. Tower Hamlets - Place	12
Health headlines	12
Health determinants.....	12
Evidence base	16
Local Plan	16
Considerations for the Health and Wellbeing Board	16
3. Pregnancy and Being born in Tower Hamlets.....	17
Health headlines	17
Health determinants.....	18
Evidence base	19
Local Plan	19
Considerations for the Health and Wellbeing Board	20
4. Growing up in Tower Hamlets – early years.....	21
Headlines	21
Health determinants.....	22
Evidence base	22
Local Plan	23
Considerations for the Health and Wellbeing Board	23
5. Growing up in Tower Hamlets – children and young people	24
Health Headlines.....	24
Health Determinants.....	25

Evidence base	27
Local Plan	27
Considerations for the Health and Wellbeing Board	28
6. Being an adult in Tower Hamlets	29
Health headlines	29
Health determinants	34
Evidence base	36
Local Plan	37
Considerations for the Health and Wellbeing Board	38
7. Growing old in Tower Hamlets	39
Headlines	39
Health determinants	41
Evidence base	42
Local Plan	43
Conclusions	43
Summary of considerations for Health and Wellbeing Board	44
1. People in Tower Hamlets	44
2. Tower Hamlets as a place	44
3. Pregnancy and being born in Tower Hamlets	44
4. Growing up in Tower Hamlets – Early Years	45
5. Growing up in Tower Hamlets – Children and Young People	45
6. Being an adult in Tower Hamlets	45
7. Older People in Tower Hamlets	46

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 characteristics². 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 website³. 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 characteristics⁴ (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.

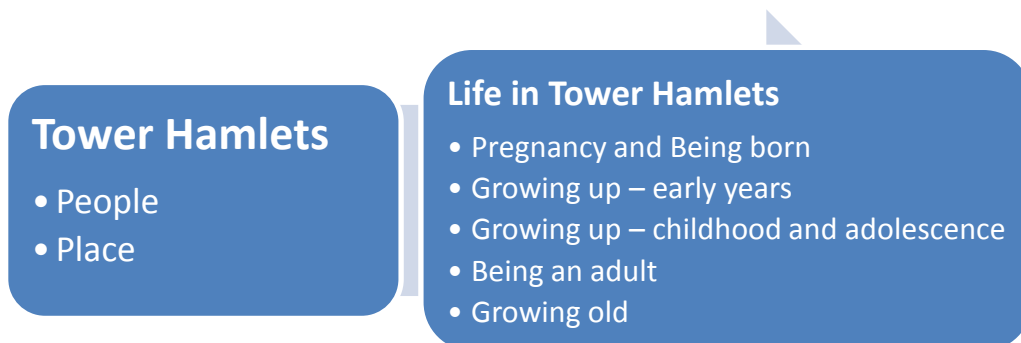
There are also features of Tower Hamlets as a **place** that impact on health e.g. housing quality, green spaces, food environment, access to high quality public services, transport, community safety, leisure & cultural facilities.

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 2025⁶ 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 287,167⁷.

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 females⁹

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 London¹⁴. 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 315,940¹⁶
- 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 Borough²¹
- 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 Plan²³ 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 NI No 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) alone²⁷

Housing

- 40% of the population live in social rented accommodation compared to 24% in London²⁸
- 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 2017³¹
 - 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.

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 London³⁵

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 LSOAs³⁹ in Tower Hamlets in the most deprived 20 per cent of Lower Super Output Areas nationally⁴⁰ (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 Density 2013

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

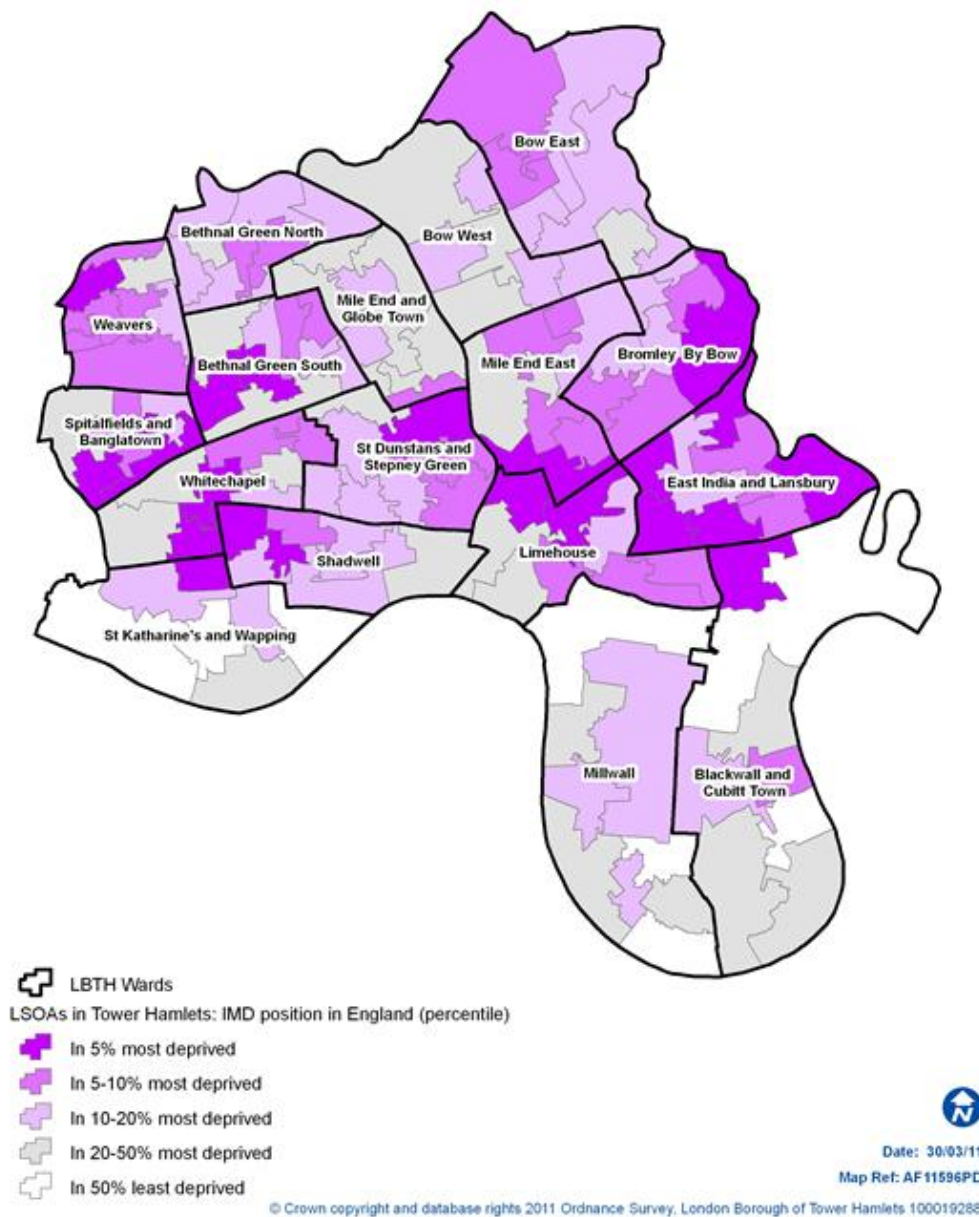
³⁷ LBTH Fairness Commission

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 deprivation⁴¹



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 documents 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 Health 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 mothers⁴³. 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. Syphilis, Hepatitis 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 development⁴⁸
- 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% nationally⁵¹. 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 48 hours 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 Hamlets⁵⁵. 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 health⁵⁸
- 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 5-19⁶⁶. Overall, around 60% of all under 20s are Bangladeshi⁶⁷.

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 age⁷⁰ 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 privacy⁷⁵
- 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 cigarette⁸¹
- 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 review⁸⁵ 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 Hamlets⁸⁶. 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 2012⁹²
 - 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 2012⁹⁴
- 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 2011⁹⁵
 - 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 2012⁹⁸

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 $\geq 10\%$) and 4990 (1 in 10 people) were at sufficiently high risk (10 year risk $\geq 20\%$) 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 approach¹⁰¹:
 - 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:

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 locally¹⁰³
- 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/mm³ 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 problems¹⁰⁷

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 London¹¹³
- 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 Wapping¹¹⁶
- 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 London¹¹⁹

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 illness¹²²

- 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 Health¹²⁵

- 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 transport¹³² 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 benefit¹³⁶
- 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 day¹³⁸
- 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 malnutrition¹³⁹.
- 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 care 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 health 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 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

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 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

- 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.