Joint Strategic Needs Assessment
Summary Document

Life, Health, and Wellbeing in Tower Hamlets

November 2016
Tower Hamlets JSNA Reference Group

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Preface

Welcome to the 2016 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 and wellbeing 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 a summary of considerations for the Health and Wellbeing Board, and an introduction (definition of health and wellbeing, background to JSNA and approach to JSNA within Tower Hamlets). This is then followed by a summary of key data in each of the seven main chapters. The first two chapters provide a summary of the **people** and **place** of Tower Hamlets and how these may change in the future. The five remaining chapters look at the specific needs of the local population by **life course**.

The JSNA can be found on the London Borough of Tower Hamlets website.

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.

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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, 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).

Summary

The purpose of a Joint Strategic Needs Assessment (JSNA) is to systematically review the health and wellbeing needs of a population. This document provides a summary of the needs of the people of Tower Hamlets. This information is used to inform the strategy of the Health and Wellbeing Board. It is presented in terms of **people**, **place**, and **life course**. Key headlines and considerations for the Health and Wellbeing Board are summarised below.

1. People in Tower Hamlets

Headlines:

- Healthy life expectancy is considerably lower than the national average.
- The population is young, ethnically diverse, and mobile.
- There is widespread deprivation, and many residents will be adversely affected by changes to the welfare system.

Considerations:

- Healthy Life Expectancy is in the bottom thirtieth in the country for both males and 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 reduced.
- 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 major determinants of health such as employment, income, and housing, there is a risk 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

Headlines:

- Air quality is poor across the borough, particularly around the main thoroughfares.
- There is a lack of open and green space.
- There is insufficient housing for the needs of the population.

Considerations:

- 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

Headlines:

- More babies are born with low birth weight than the national average.
- One in ten pregnancies is complicated by diabetes.
- There are relatively few teenage pregnancies.

Considerations:

- There have been significant improvements in maternity services over the past years (although there remain issues around patient experience) and this is crucial improving in health of both mother and baby.
- 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 to bring sustained improvement in maternal health.

4. Growing up in Tower Hamlets – Early Years

Headlines:

- A higher proportion of children live in poverty than anywhere else in England.
- Around a fifth of reception age children are overweight or obese.
- Cognitive development is improving but remains below the national average.

Considerations:

- 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) 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

Headlines:

- A higher proportion of children live in poverty than anywhere else in England.
- Around two fifths of children are overweight or obese at the end of primary school.
- The proportion of young people not in education, employment, or training locally is higher than in London but lower than in England.

Considerations:

- The extent of childhood poverty is the most important determinant affecting 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 importance of sustaining family income, improving 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 Hamlets 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 prevalence of childhood obesity is plateauing, but it remains too high. There have been improvements in health promotion 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

Headlines:

- There are generally high mortality rates from cardiovascular disease, respiratory disease, and cancers.
- Obesity, smoking, alcohol and drug use, and infectious diseases are all significant problems in the borough.

Considerations:

- 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, providing a healthy environment and supporting communities to take action to create better health and wellbeing for themselves are of vital importance.
- This provides a powerful rationale for stronger and broader joint working across health, social care, and wider council services (e.g. employment agencies, housing, parks, transport).

- The uneven distribution of deprivation across the borough at ward and sub-ward levels also makes the case for increasingly localised community-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. Older People in Tower Hamlets

Headlines:

- More older people have a long term limiting illness than the national average.
- Half of all older people live in poverty, and more live alone than in the UK as a whole.
- More deaths occur in hospital than the national average, despite most people wishing to die elsewhere.

Considerations:

- The speed of ageing varies from person to person as biological changes can be made worse by personal, social and environmental circumstances. Studies show that 25 % of this variability is explained by genetic factors and the other 75% is largely explained by the cumulative impact of behaviours and exposures during the person's life course. As such, healthy ageing requires a life course approach.
- Therefore, as for the other age groups, improvements in socioeconomic status, housing quality, social and family networks, lifestyle and provision of integrated health and social care built around their needs are all factors that will improve older peoples' health.
- From a clinical perspective, the prevalence of low uptake of cancer and diabetic eye screening programmes is of concern.
- Services and initiatives for older people should take into account what older people value and staff should be trained to deliver in a way which meets those values.

Introduction

What is Health and Wellbeing?

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"[1]. The Department of Health's definition of wellbeing is "a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment"[2]. These are the working definitions of health and wellbeing used in this document.

Health and wellbeing are 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. The effects of these factors accumulate throughout the life course. This was comprehensively summarised by Sir Michael Marmot's team in the 2010 Strategic Review of Health Inequalities Post 2010 (Fair Society, Health Lives).

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

[1] World Health Organisation
[2] Department of Health. No health without mental health. (2011).

What is a Joint Strategic Needs Assessment?

Background

The Local Government and Public Involvement in Health Act 2007 required local authorities and then-current Primary Care Trusts to collaborate on the production of a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local communities. The Health and Social Care Act 2012 transfers this responsibility to the new Health and Wellbeing Board.

Aims

The JSNA is a way for the local authority and CCG to systematically review the wider social factors that have an impact on health and wellbeing, such as housing, poverty, employment, and the environment. It uses data, including residents' and patients' insights, to highlight health inequalities and gaps in service provision, and to identify the current and future health and wellbeing needs of the community. It provides a baseline against which we can measure the success of healthcare interventions. Ultimately, the JSNA provides evidence to inform the development of the Health and Wellbeing Strategy[3].

Scope

The JSNA presents information that is available, and highlights potential gaps in information. Where possible we have tried to break it down by age, gender, and the other national protected characteristics: disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion, and sexual orientation[4]. There is limited data pertaining to these characteristics, in particular to sexual orientation, gender reassignment, and marriage/civil partnership. This is a significant barrier to addressing health inequalities and therefore to fulfilling the Public Sector Equality Duty[5].

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. This document will therefore evolve in step with the evolution of the Health and Wellbeing Board. It will be continually updated 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.

Further resources

Many of the issues discussed in this document can be explored in further depth in topic specific **JSNA factsheets** on the council website. These are co-authored by public health and research officers across the council. They 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.

[3] Health and Social Care Act 2012
[4] Equality Act 2010
[5] Equality Act 2010 specific duties (regulations) 2011, section 149

Tower Hamlets' approach to JSNA

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

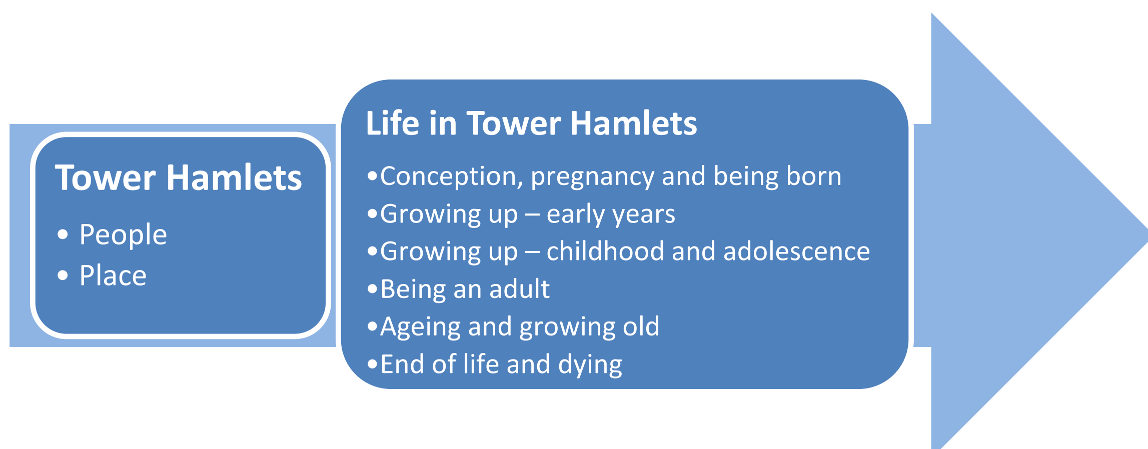
There are a number of factors about individual characteristics of **people** who live and work in Tower Hamlets that link to their health. These include the nine protected characteristics (age, disability, gender, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion, and sexual orientation) [6] 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. Examples include housing quality, green spaces, air quality, food environment, access to high quality public services, transport, community safety, leisure, and cultural facilities.

Taken together, the analysis of people and place provides the background for explaining health and the potential for improving the health of people in the borough. We have structured what we know about health status, determinants, evidence for effectiveness, and current strategy around the **life course** (conception and being born, early years, growing up, being an adult, and ageing and dying). Within each life course section relevant JSNA factsheets and relevant Public Health Outcomes Framework (PHOF) indicators are highlighted.

This approach is consistent with that 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' throughout the life course. 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. It makes clear that improving health and wellbeing in Tower Hamlets requires the concerted actions of a wide range of partners across the CCG, council, voluntary sector, community, and businesses.



[6] Protected Characteristics, Equality Act 2010

Strategic Plans

This summary of Joint Strategic Needs Assessments of health and wellbeing should be considered alongside the main strategic plans for Tower Hamlets:

- Tower Hamlets Health and Wellbeing Strategy 2016-2020 (currently under consultation)
- Tower Hamlets Partnership **Community Plan 2015**
- Tower Hamlets **Strategic Plan** 2015/16 (informed by the Mayor's Priorities)
- The Mayor's Priorities: Housing Delivery and Performance; Regeneration and the Creation of Sustainable Communities; Creating Jobs and Supporting the Growth of the Local Economy; Young People and Schools; Older People and Health; Community Safety and Community Cohesion; Environment and Public Realm; Arts, Heritage, Leisure, and Culture.Partnership work including:
  - NHS Sustainability and Transformation Plans (East London)
  - Transforming Services Together (East London)
  - Tower Hamlets Together NHS Vanguard Programme
- Tower Hamlets Public Health Aspirations
- Tower Hamlets **Mental Health Strategy 2014-2019**Tower Hamlets Ageing Well Strategy (currently in development)
  Tower Hamlets Ageing Well Strategy (currently in development)

1. Tower Hamlets People

Tower Hamlets has a diverse population, attracting communities from all over the country and the rest of the world. In 2016 the population is estimated to be 298,108[7]. It is expected to reach 345,360 by 2025[8].

Based on the most recent population projections from the Greater London Authority (GLA) [9]:

- 22,372 (7.6%) are aged 0 to 4 years old
- 50,099 (16.8%) are aged 5 to 19 years old
- 142,205 (47.7%) are aged 20 to 39 years old
- 65,463 (22.0%) are aged 40 to 64 years old
- 17,978 (6.0%) are aged 65 and over

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

In this chapter we cover healthy life expectancy; the health determinants (demographics, changes to the welfare system, employment); the evidence base; and recommendations for the health and wellbeing board.

Health headlines

Life expectancy

Tower Hamlets has one of the highest proportion of years spent in disability in the country for both males and females. Although overall life expectancy has improved in recent years, healthy life expectancy in the borough - the number of years a person may be expected to live in good health - remains significantly below the national level.

Healthy life expectancy at birth (2012-14)[10]:

- 55.4 years compared to 63.4 years nationally for males
  149th of 150 local authorities in England
- 56.5 years compared to 64.0 years nationally for females
  145th of 150 local authorities in England

13.5% of residents (34,300) state that they have a long-term health problem or disability that limits their day to day activities. This is slightly lower than the regional and national rates (14.1% in London and 17.6% in England)[11].

[7] Greater London Authority (GLA), 2015, SHLAA Capped Population Projections (Round), Mar. 2016
[8] Greater London Authority (GLA), 2015, SHLAA Capped Population Projections (Round), Mar. 2016
[9] Greater London Authority (GLA), 2015, SHLAA Capped Population Projections (Round), Mar. 2016
[10] Office for National Statistics (ONS), Healthy Life Expectancy at Birth, 2012-2014, 2015
[11] Office for National Statistics (ONS), Census 2011 Second Release, Dec. 2012

Life expectancy in Tower Hamlets remains lower than the rest of the country but continues to improve. Since 2000, life expectancy has increased by 7% and 5% in males and females respectively[12].

Life expectancy (2012-14)[13]:

- 78.1 years compared to 79.6 years nationally for males 82.5 years compared to 83.2 years nationally for females. The life expectancy gap between Tower Hamlets and England has reduced significantly in the last 12 years[14]:

- 1.5 years in males in 2012-14 compared to 3.3 years in 2000-2
- 0.7 years in females 2012-14 compared to 1.8 years in 2000-2

Tower Hamlets residents have about 2 years shorter life expectancy at age 65 than London as a whole.

Life expectancy at age 65 (2012-14)[15]:

- 17.5 years compared to 19.2 years in London and 18.8 England average amongst males
- 20.6 years compared to 21.9 years in London and 21.2 England average amongst females

Wellbeing

6.3% of Tower Hamlets residents self-report a low happiness score[16], compared to 8.3% in London and 9% in England[17].

Health determinants

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

Population

- Tower Hamlets is the 10th most deprived borough in the country. 58% of the population reside in the 20% most deprived areas in England; 24% live in the 10% most deprived[18].
- Tower Hamlets has a young population. 48% are aged 20-39 compared to 36% across London. The borough has the lowest proportion of residents aged 65 and older in London and nationally, with only 6.0% of the total population in this age group[19].
- Tower Hamlets is the fastest growing borough in the country, with the population increasing by almost 30% between 2001 and 2011.[20] The population is expected to increase by a further 10% to 322,000 from 2015 to 2020[21].

[12] Compendium of Population health Indicators (HSCIC), Life Expectancy at Birth, Jan 2016, 2000-02 to 2012-14
[13] Public Health Outcomes Framework, Life Expectancy at birth, 2012-14, Aug 2016
[14] Compendium of Population health Indicators (HSCIC), Life Expectancy at Birth, Jan 2016, 2000-02 to 2012-14
[15] Public Health Outcomes Framework, Life Expectancy at 65, 2012-14, Aug 2016
[16] The proportion of residents who gave scores of 0-4 on a 0-10 scale of happiness
[17] Public Health England, PHOF indicator 2.23iii 2015
[18] DCLG English Indices of Multiple Deprivation Sept 2015
[19] Greater London Authority (GLA), 2015, Population Projections (Round), Jun 2016
[20] Office for National Statistics (ONS), Census 2011 First Release, Jul. 2012
[21] Greater London Authority (GLA), 2015,Population Projections (Round), Jun 2016

- The borough has the 11th highest rate of change in England and Wales. There is a total turnover of 224 per 1000 persons who move in or out of the borough per year (23%)[22].
- In 2014/15 the total number of National Insurance number registrations to adult 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%)[23].
- In 2014 there were over 14,000 migrant registrations with local GPs in Tower Hamlets, representing one of the highest rates in the country[24].
- Almost 69% of the borough's population are from a minority ethnic group: 45% white, 41% Asian (32% Bangladeshi, 3% Indian, 3% Chinese), 7% black, 4% mixed ethnic, and 2% other. In the last decade international migration has shaped the profile of the borough's communities; 38% (about 113,000) of the population were born outside of the UK[25]. In 2011 the single largest ethnic group was the Bangladeshi population, although this group has decreased slightly as a proportion from 33.4% in 2001[26].
- Since 2001 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)[27].
- The White Other population is one of the fastest growing ethnic groups in the borough: the population more than doubled between 2001 and 2011 from 12,825 to 31,550. The proportion grew from 7% to 12% in that period, mirroring trends regionally and nationally[28].
- English is not a main language in 19% of all households in the borough[29].

Income and welfare reform impact

Welfare reform is being phased in by the government, encompassing change to many means tested benefits such as Housing Benefit, Job Seekers Allowance, and Incapacity Benefits. It introduces a size criterion for housing payments (the "bedroom tax"), a new universal credit scheme, an overall benefits cap, and reallocation of people to employment related schemes.

A potential 40,000 families (about 45% of all working age households in Tower Hamlets) will be affected: the impact includes a reduction in housing payments by an average of £33 per week for about 4000 families[30], and benefits capped to £23,000 per year for about 500 families. About half of those affected will be workless, and three quarters will be aged over 45[31]. A summary of the impact is below:

- Benefit cap – 501 households affected, average weekly loss £72
- Bedroom tax – 2,100 households affected, average weekly loss £23
- Local Housing Allowance (LHA) cap – 1,878 LHA capped, average weekly loss £42 (dependent on number of bedrooms)
- Non-dependent deductions – 4,495 households affected, average weekly loss £45

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[22] Greater London Authority (GLA), 2012, LA Population Turnover Rates
[23] DWP National Insurance number allocations to adult overseas nationals entering the UK, Financial Year 2014/2015
[24] Office for National Statistics, Local Area Migration indicators Jan-Dec 2015.
[25] ONS – Local Area Migration Indicators Jan-Dec 2015
[26] LBTH, Census 2011 Second Release Headline Analysis, Dec. 2012
[27] LBTH, Census 2011 Second Release Headline Analysis, Dec. 2012
[28] LBTH, Census 2011 factsheet. Ethnic profile: White Other population in Tower Hamlets July 2015
[29] LBTH, Census 2011 Second Release Headline Analysis, Dec. 2012
[30] Tower Hamlets Welfare Reform Task Group update to overview and scrutiny committee Feb 2016 -
[31] Impact of Welfare reform in Tower Hamlets – Sept 2014 – Centre for Economic and Social Exclusion

- Incapacity Benefit changes to Employment Support Allowance (ESA) – majority of recipients (around 12,000) have moved onto ESA
- Universal Credit – 1,368 claims to date, 50% from 18-24 year olds

The council has established a Welfare Reform Task Group whose objectives include: ensuring all households have access to information on welfare reforms and how it may affect them, ensuring there is appropriate support to help those in crisis, and managing support for those at most risk. The strategy includes transitional support payments and means of increasing employment.

Employment

- There are 279,000 jobs in Tower Hamlets. Canary Wharf, the second largest business district in the country, now provides more than 112,000 jobs, 40% of all employment in the borough[32].
- In 2014/15, 45,400 residents in Tower Hamlets were economically inactive, of whom 69% were women[33].
- Income data from CACI (2015) suggest that 21.5% of families in Tower Hamlets have an annual household income of less than £15,000 compared to 18% in London[34]. 10.3% are unemployed compared to 7.0% in London[35].
- Unemployment varies amongst ethnic groups: from 7% in all White groups, to 19% in all Black and Minority Ethnic groups[36].

Evidence base

At a high level, the recommendations of the Marmot report 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

Related JSNA factsheets: 2011 Census factsheets; Population Estimates and Population projections; Deprivation (IMD 2015); Employment; Unemployment and Ethnicity; Household Income in Tower Hamlets; DLA reform and PIP; Refugees and new migrants
Related Public Health Outcome Framework Indicators: 0.1 Life expectancy at birth, Healthy life expectancy at birth, Life expectancy at 65; 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

[32] NOMIS Job Density 2013
[33] Tower Hamlets welfare reform update Feb 2016
[34] LBTH Research Briefing April 2013
[35] NOMIS Labour Supply, (Jul 2012-Jun 2013), Nov. 2013
[36] Office for National Statistics, Census 2011, unemployment

Local Plans

The Tower Hamlets Community Plan[37] 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, to build a fair and prosperous community, to create a safe and cohesive community, and to create a healthy and supportive community.

Considerations for Health and Wellbeing Board

- Healthy life expectancy is in the bottom thirtieth in the country for both males and females. Although the gap between life expectancy in Tower Hamlets and in England has decreased in recent years, local residents live significantly fewer years in good health than those in the country as a whole.
- 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 major determinants of health such as employment, income, and housing, there is a risk of health inequalities increasing in Tower Hamlets[38].
- 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.

[37] Tower Hamlets Community Plan, September 2015
[38] Centre for Economic and Social Inclusion. Impact of Welfare Reform in Tower Hamlets 2014

2. Tower Hamlets Place

Tower Hamlets is an inner London borough. It has undergone significant change from its industrial past in the former docklands, to a service-based economy and financial hub in Canary Wharf. Open space is provided by Victoria Park, Mile End Park, and the River Thames, but improving access to open, green, and water spaces continues to be a significant challenge.

In this chapter we cover the health determinants (physical environment, air quality, housing, business, crime); the evidence base; and recommendations for the Health and Wellbeing Board.

Health headlines

From a place perspective, the health inequalities within the borough are striking. Life expectancy varies across the borough by eight years in males (74.3 years in Whitechapel and 82.5 in Millwall), and by seven years in females (79.1 years in Whitechapel and 86.5 in Shadwell)[39]. These variations generally correlate with relative deprivation across the borough[40].

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 within and without the borough:

Physical environment

- Green space is limited: there are 1.04ha of open space per 1,000 residents. This is an increase on the previous year, but is half the national average of 2.4ha per 1,000 people. The total amount of open space in the borough is 264.98ha[41].
- Over 15% of the population are exposed to high noise levels from transport during the daytime. This is above the average for London but has decreased slightly over the past decade[42].

Air Quality

- In common with much of Inner London, Tower Hamlets suffers from poor air quality. An estimated 195 deaths per year are attributed to small particulates (PM2.5) and Nitrogen Dioxide (NO_2)[43].The World Health Organisation's mean annual limit for PM2.5 is 10µg/m^3; this limit is exceeded across all of Tower Hamlets[44].
- The European Union's mean annual limit for NO_2 is 40µg/m^3; this limit is exceeded on all main thoroughfares in the borough[45].
- The borough is declared as an Air Quality Management area and the council has a programme that regularly assesses air quality for the following pollutants: carbon monoxide, benzene, 1,3-butadiene, lead, nitrogen dioxide, sulphur dioxide and particles (PM10 and PM 2.5)[46].

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[39] London Data Store, Life expectancy at birth by ward 2010-2014
[40] Office for National Statistics. Inequality in Health and Life Expectancies within Upper Tier Local Authorities: 2009 to 2013
[41] Tower Hamlets council, Local Monitoring Report 2013-2014
[42] Public Health England – PHOF 1.14ii Road Rail and Transport noise
[43] Walton H, Dajnak D, Beevers S, Williams M, Watkiss P and Hunt A, (2015), Understanding the Health Impacts of Air Pollution in London
[44] London Air Emissions Inventory 2013
[45] London Air Emissions Inventory 2013
[46] Tower Hamlets Air Quality. King's College London monitoring widget. Available:

Housing[47]

- There are now over 121,000 households in Tower Hamlets. The average household size is 2.48 which has remained stable over the past three years.
- The number of households is projected to increase by approximately 3% per year to 136,000 by 2022. This is the second highest projected growth in the country.
- 40% of the population live in social rented accommodation, compared to 24% in London[48].
- Overcrowding varies across the borough, from 23% in Mile End East, to 11% in St Katharine's and Wapping[49].
- There are over 19000 households on the housing waiting list, of which 7078 (37%) are currently overcrowded.
- 52.3% of households on the housing waiting list are families of Bangladeshi ethnic origin.
- 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 there was a 15% reduction in homelessness decisions between 2014/15 and 2015/16.
- The Housing Options Team made 672 homeless preventions in 2014/15.
- The number of households accepted as homeless has also reduced in recent years, from 713 in 2008/9 to 557 in 2013/14.
- There are 1996 households living in temporary accommodation.
- Although the general trend in homelessness has been downwards over the last four years, there has been a recent upturn across London, with a 10% increase in homelessness since the third quarter of 2015.
- The impact of welfare reform on housing is outlined in the section Tower Hamlets People above.

Shops and Businesses

- In 2015 there were 16,650 businesses trading in the borough. Since 2010 the number of businesses has increased by 43% compared to an increase of 29% in London as a whole[50].
- There is a high density of 'junk food' outlets (42 per secondary school – the 2nd highest in London). 97% of Tower Hamlets residents live within ten minutes of a fast-food outlet[51].
- There are 76 betting shops in the borough, generally in areas of high deprivation[52]. Tower Hamlets Fairness Commission expressed concern about significant expansion of betting shops, pawnbrokers, and payday loan shops on the high street[53].

Crime

- Around half of residents think that people using drugs and littering are big problems in their local area. However more than half agree that council staff and local police are successfully dealing with anti-social behaviour[54].

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http://www.towerhamlets.gov.uk/lgnl/environment_and_planning/pollution/air_quality/air_quality.aspx 2016

[47] LBTH Housing Evidence Base, June 2016

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

[49] Office for National Statistics (ONS), Census 2011, London's poverty profile map.

[50] Nomis LBTH 2010

[51] Tackling the takeaways: A new policy to address fast-food outlets in Tower Hamlets 2011

[52] LBTH Problem Gambling JSNA Facsheet

[53] LBTH Fairness Commission 2013

[54] Tower Hamlets Annual Residents' Survey 2016

- Violent crime has been rising. Tower Hamlets has among the highest rates of violence against the person offences, including gang, knife, and sexual crimes, with 24.2 per 1000 compared to 13.5 in England[55].

Community Cohesion

- Residents in the borough have a strong sense of community cohesion: the majority of residents (86%) think that people from different backgrounds get on well together, an increase from 69% in 2009[56].

Health services

- Residents report varied experiences with local health and social care services. The most common complaint is that waiting lists for GP, hospital, and dentist appointments are too long[57].
- People typically want care which is local, quickly accessed, and where they are treated holistically[58].

Socioeconomic deprivation and place

- Deprivation is widespread in Tower Hamlets and the majority (58%) of Lower Super Output Areas (LSOAs)[59] in Tower Hamlets are in the most deprived 20% of LSOAs nationally[60].
- See Map 1 for distribution of deprivation in the borough.

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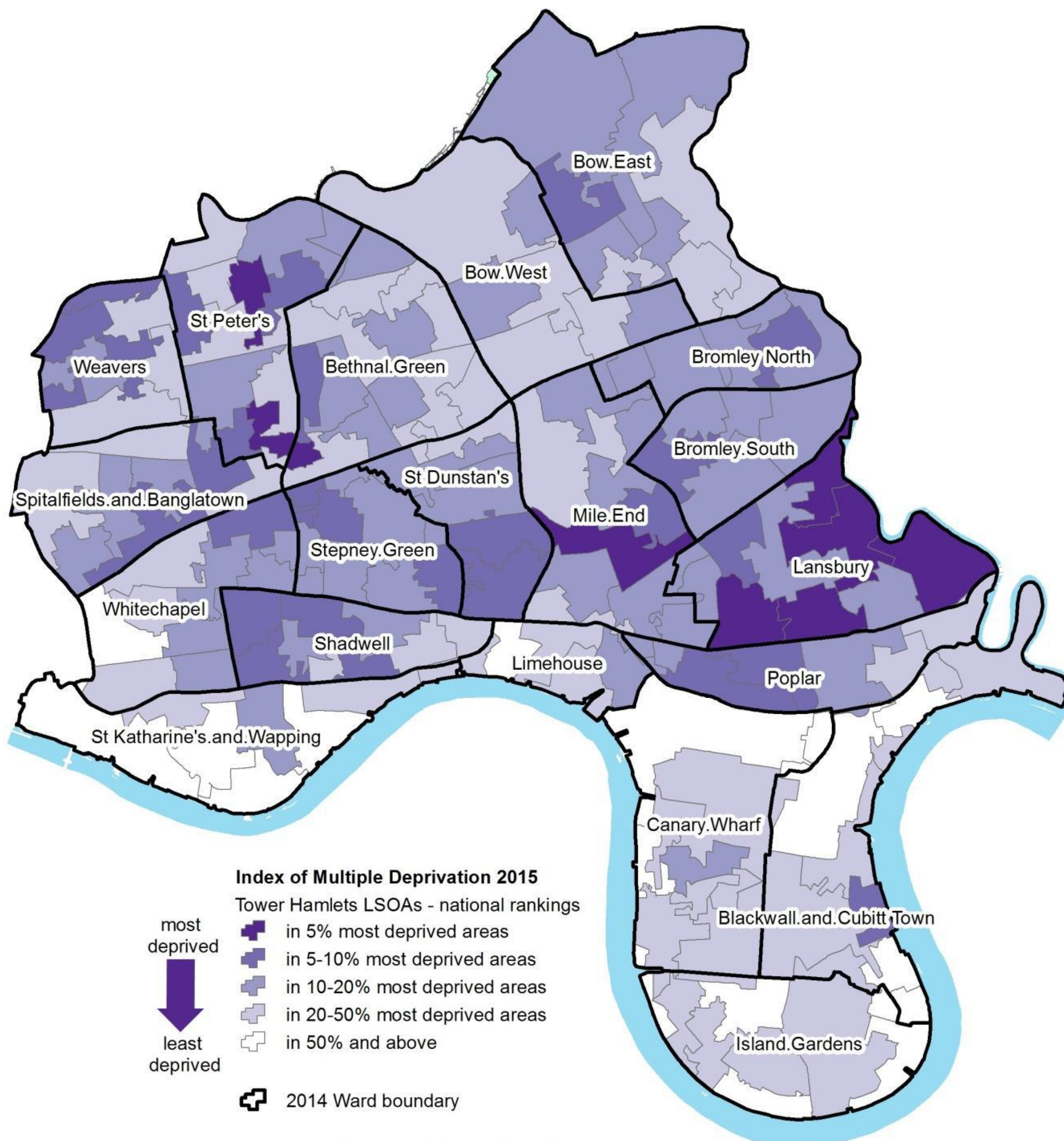
[55] PHE – PHOF 2016 -1.12ii - Crude rate of violence against the person offences per 1,000 population
[56] Tower Hamlets Annual Residents' Survey 2016
[57] HealthWatch Tower Hamlets. Your Voice Counts (draft report) 2016
[58] HealthWatch Tower Hamlets. Your Voice Counts (draft report) 2016
[59] LSOAs (Lower Layer Super Output Areas: represent the lowest unit of geography - contain approximately 1500 people)
[60] Department of Communities and Local Government, 2010, Indices of Multiple Deprivation 2010

Map 1 - London Borough of Tower Hamlets and deprivation by index of multiple deprivation[61].



Evidence base

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

- Active travel
- Availability of green spaces
- Food environment

[61] LBTH ONS IMD 2015 LSOA data 2015

- Integration of planning, transport, housing, environmental and health systems to address social determinants of health in localities

Related JSNA factsheets: LBTH Housing Evidence Base; LBTH Community Safety Partnership Plan 2013-2016
Public Health Outcome Framework indicators (2016): 0.2 Slope index of inequality; 1.10 Killed and seriously injured on roads; 1.08 Employment; 1.12 Violent crime; 1.14 Rates of complaints about noise, 1.15 Homelessness; 1.16 Utilisation of outdoor space; 3.01 Mortality due to Air pollution

Local Plans

Health and wellbeing was central to the development of the council's Local Plan which has 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 2008-12 had 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. These objectives will be incorporated into the work of the Health and Wellbeing Board.

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 Evidence Base, Statements and Policies
- Tower Hamlets Older Person Housing Statement
- Tower Hamlets CCG Integrated Care Programme

Considerations for the Health and Wellbeing Board

- If Tower Hamlets is to become an easier place to be healthy, consideration of health impacts will need to be at the heart of housing and planning strategies.
- 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 local level in a way that meaningfully engages local people in improving their local services.

- Gangs, violent extremism, and radicalisation are still particular risks in the area and action to address this is embedded in the Safeguarding policies and Community Safety Plans.

3. Conception, Pregnancy, and Being Born in Tower Hamlets

There were 4560 babies born to Tower Hamlets mothers in 2015, slightly fewer than the year before. This equates to a fertility rate of 54.2 per 1000 women aged 15-44 which is lower than the London average (63.9 per 1000)[62]. 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 wider family health, and maternal health during pregnancy, have significant impacts on a baby's chances of getting serious diseases in adult life such as diabetes, heart disease, stroke, and hypertension.

In this chapter we cover the health headlines (maternal health, low birth weight, breastfeeding); the socioeconomic and behavioural risk factors for poor health in mothers and babies; access to health services in this age group; the evidence base; and recommendations for the health and wellbeing board.

Health headlines

Low birth weight and infant mortality

Two high level indicators of the health of babies are the proportion with low birth weight (less than2500 grams), and the death rates at one year (infant mortality). Low birth weight is particularly associated with poorer health and educational outcomes. Tower Hamlets has a higher rate of low birth weight than London and England. Although infant mortality rates have tended to be similar to London average, they have recently increased.

- 9.0% of babies born to Tower Hamlets mothers have a low birth weight, compared to 7.5% in London. This is the second highest rate in England[63] .
- The low birth weight rate varies by ward from 4% in St Katharine's and Wapping to 11% in Bromley South; there is a small correlation between low birth weight and ward deprivation[64, 65].
- 22 babies died at under one year old in Tower Hamlets in 2014 (4.8 per 1000 live births). This is higher than the London rate (3.1 per 1000 live births) and those of neighbouring boroughs such as Hackney (4.1 per 1000 live births) and Newham (2.5 per 1000 live births)[66]. The three-year average number of infant deaths in Tower Hamlets is 19[67].

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[62] Office for National Statistics (ONS), Live Births by Area of usual residence, 2011, Dec. 2012
[63] Office for National Statistics (ONS), Low birth weight births, 2008-12 *(via PHE Local Health)*
[64] Office for National Statistics (ONS), Low birth weight births, 2008-12 *(via PHE Local Health)*
[65] Office for National Statistics (ONS), low birth weight births, 2014-15
[66] Office for National Statistics (ONS), Mortality Statistics: Death registered in England and Wales by Area of Usual residence, 2014
[67] Public Health England. PHOF indicator 4.01 - infant mortality. 2013-2015

- Of infant deaths investigated in 2015/16, two were attributable to consanguinity[68].

Maternal mental health

- Nationally, it can be estimated that 12% of mothers experience post-natal depression and 13% experience anxiety[69].
- National Institute for Health and Care Excellence estimates the number of mothers with common mental disorders during pregnancy at 20%, this equates to approximately 900 mothers in 2015. The prevalence of depression is estimated at 20% antenatally, and 10-22% postnatally[70].

Health determinants

Socioeconomic

- 34.4% of children in Tower Hamlets live in poverty (the highest in the UK). Following adjustment for housing costs, the figure rises to 49.2%[71].
- Deprivation is linked to higher levels of low birth weight[72] .Tower Hamlets has relatively low rates of teenage (age under 18 years) conceptions (18.1 per 1000) compared to England as a whole (22.9 per 1000)[73]. The rate has fallen sharply since 2010 both locally and nationally.
- Approximately 10% of pregnancies in Tower Hamlets are complicated by diabetes, of which the majority (81%) are gestational diabetes[74]. Nationally, up to 5% of pregnancies are complicated by diabetes[75].

Behavioural

- The percentage of mothers smoking at time of delivery is relatively low at 3.9%, compared to 4.9% in London and 10.6% nationally[76]. This has remained largely stable over the past five years, and was at its lowest in 2012/13 at 3.0%[77].
- The low percentage in Tower Hamlets may reflect the low smoking prevalence in mothers or Bangladeshi ethnic origin. 80.3% of mothers initiate breastfeeding (exclusively or partially)[78]. 74.1% are still exclusively or partially breastfeeding at the six-eight week check[79].
- Domestic violence impacts on maternal and child health[80]. There were 3101 reports of domestic crime (defined as threatening behaviour, violence or abuse between adults who are or who have been intimate partners or family members, regardless of gender) to the Metropolitan Police in

[68] Tower Hamlets Child Death Overview Panel Report, 2015-2016, published September 2016. Report includes mortality in children of all ages, and dates refer to year investigated rather than year of death.
[69] NICE Guideline CG192: Antenatal and Postnatal Mental Health 2014
[70] NICE Clinical Knowledge Summary. Depression – antenatal and postnatal, 2015. Local figures currently unavailable.
[71] Public Health England. Public Health Outcomes Framework indicator 1.01ii children under 16 in low income families 2013
[72] Dibben, C., Sigala, M. & Macfarlane, A. J. (2006). Area deprivation, individual factors and low birth weight in England: is there evidence of an "area effect"?. *Journal of Epidemiology and Community Health*, 60(12), pp. 1053-1059
[73] Office for National Statistics (ONS), Conception Statistics, England and Wales, Dec 2013
[74] Diabetes & Pregnancy, Pre-existing Diabetes at The Royal London Hospital (Pregnancy Outcomes for 2010). Nickey Tomkins. 2011 - More recent local data is awaited.
[75] NICE Guidelines. NG3: Diabetes in Pregnancy: Management from Preconception to the Postnatal Period 2015.
[76] Health and Social Care Information centre, Statistics on Women's Smoking Status at Time of Delivery, England - Quarter 4, 2014-15
[77] Public Health England. PHOF indicator 2.03 smoking status at time of delivery 2012/13
[78] Royal London Hospital. Maternity dashboard. 2015/16
[79] PHE Breastfeeding at 6-8 Weeks After Birth, 2015-16, released July 2016
[80] LBTH Domestic Violence JSNA Factsheet, 2010/11

2015/16[81]. There is an increased risk of domestic violence to women during pregnancy; over a third of domestic violence starts or gets worse during pregnancy[82].

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 CQC inspection did note steady improvement in the proportion of women booked into antenatal care by 12 weeks of pregnancy – now at 87% with a national target of 90%[83].
- Patient experience of maternity services locally has been highlighted as an issue by successive Care Quality Commission (CQC) Maternity Survey reports. The Royal London Hospital performed below the national average on Friends and Family scores for antenatal, birth, and postnatal care in the 2015 CQC inspection[84].

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.
- Ensuring women are of a healthy body weight, and have access to folic acid supplements.
- Access to effective antenatal care.
- Addressing behavioural risk factors in pregnant mothers such as smoking, poor diet and substance and alcohol 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.
- Disadvantage before birth and in the first year of life can have lifelong negative effects on a child's health and wellbeing. "The 1001 Critical Days" manifesto advocates a holistic approach to supporting families during pregnancy and the baby's first two years of life. This period is regarded as critical for a child's social and emotional development and brain development[85].

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 mortality; Safeguarding children; Child poverty
Related Public Health Outcomes Framework Indicators: 2.01 Low birth weight of term babies; 2.02 Breastfeeding; 2.03 Smoking status at time of delivery; 2.20 Pregnancy and Newborn test outcomes; 4.01 Infant Mortality

[81] London Metropolitan Police. Crime Figures. 12 months up to July 2016. Accessed October 2016.
[82] Refuge. Domestic Violence and Pregnancy.2016
[83] Care Quality Commission, The Royal London Hospital inspection report 2015.
[84] Care Quality Commission, The Royal London Hospital inspection report 2015.
[85] Wave Trust, From conception to age 2: the age of opportunity,2014

Local Plans

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

- Children and Families Plan
- Health and Wellbeing Strategy 2016-2020 (under consultation)
- Royal London Maternity Services response to CQC inspection

Considerations for the Health and Wellbeing Board

- Despite good clinical quality in maternity services, there remain issues regarding patient experience which need to be addressed.
- Infant mortality has fallen in London and England in recent years, but not in Tower Hamlets.
- There remains work to do with the local community and by frontline staff regarding consanguinity.
- Health during conception, pregnancy, and infancy continues to have a lifelong impact on health and wellbeing.

4. Growing up in Tower Hamlets – early years

There are around 22,000 infants aged under five in Tower Hamlets[86]. 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 early education, health, and parental support services to mitigate the profound impacts of deprivation on health in the borough
- the physical environment in which they grow up, including air quality and the availability of healthy food

In this chapter we cover the health headlines (development, obesity, oral health, immunisations); the socioeconomic and behavioural risk factors for poor health in children; access to health services in this age group; the evidence base; and recommendations for the health and wellbeing board.

Health 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:

Nutrition

- 75.3% of children in reception year (4-5 year old) are a healthy weight, compared to 76.3% in London and 77.2% in England[87].
- 11.8% of 4-5 year olds are obese (8th highest in the country), and a further 10.7% are overweight[88].
- 2.14% of 4-5 year olds are underweight[89].
- 33.5% of 5 year olds have experience of tooth decay compared to 27.4% for London and 24.8% nationally. Compared to previous years there is evidence of improvement in child oral health, but Tower Hamlets' decay rates are among the worst in London[90].

Immunisations

- The introduction of systematic call and recall programmes as part of the 'care package' approach to childhood immunisation in 2009/10 saw improvement in uptake of immunisation which has remained stable.
- 94.9% of two year olds have received three doses of DTaP/IPV/Hib (diphtheria, tetanus, pertussis, poliomyelitis, haemophilus influenza B). This is higher than the London and England rates of 90.6% and 94.2% respectively.

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[86] Greater London Authority (GLA), 2015, Population Projections (Round), Mar. 2016 *(estimates 0-4 population for Tower Hamlets at 22,372)*
[87] National Child Measurement Programme 2014/15, PHE Fingertips Local Authority data
[88] National Child Measurement Programme 2014/15, PHE Fingertips Local Authority data
[89] National Child Measurement Programme 2014/15, PHE Fingertips Local Authority data
[90] Public Health England (2015). Dental Health survey results

- 91.2% of infants have received the first MMR dose (measles, mumps, rubella), compared to 87.3% in London and 92.3% in England. Although this rate dropped below the national average in 2014/15, coverage has increased to 93.1% locally in 2015/16[91].

Health determinants

Socioeconomic

Emotional, social, and cognitive development is strongly linked to socioeconomic status. Child poverty in Tower Hamlets is therefore of major significance to the future health of its infants.

- 34.4% of children in Tower Hamlets live in poverty (the highest in the UK)[92].
- 61.6% of children in Tower Hamlets achieve a good level of cognitive development at age 5, compared to 68.1% in London and 66.3 % England[93].
- More children in receipt of free school meals achieve a good level of cognitive development at age 5 (5.8%) compared to their counterparts nationally (51.2%)[94].
- 40% of households living in over-occupied accommodation are households with dependent children[95]. 62% of households with dependent children live in social rented accommodation[96].
- In 2015, there were a total of 275 children looked after by local authorities; a rate of 43.8 per 10,000 children under 18[97]. 220 ceased to be looked after during the year, and of this 20 were adopted[98].
- Children are known to be in the household in 70-80% of all domestic violence cases in the borough[99].

Behavioural

Exclusive breast feeding is promoted as the best form of nutrition for infants during their first six months. It is therefore encouraging that 80.3% of mothers initiate breastfeeding at birth[100]. 74.1% are still breastfeeding either exclusively or partially at the six-eight week check[101].

Access to Services

- A&E attendance. There were over 14,600 A&E admissions for children under 5 in 2014-5, equating to 708.5 per 1000, equal to the London average but higher than that of England (540.5)[102]..

[91] LBTH CEG immunisations dashboard 2016
[92] Public Health England. PHOF Children in Poverty (all dependent children under 16) 2013
[93] Public Health England. PHOF School Readiness (children achieving good level of development by end of reception year 2014/15
[94] Public Health England. PHOF School Readiness (children with free school meal status achieving a good level of development by end of reception year) 2014/15
[95] Office for National Statistics, Census 2011, Occupancy Ratings by Household Types
[96] Office for National Statistics, Census 2011, Household Types by Tenure
[97] Public Health England. Children and young people's mental health and wellbeing profile. 2014-15
[98] Department of Education, Children looked after by local authorities in England 2014/15.
[99] Tower Hamlets Violence Against Women and Girls Strategy 2013-2016.
[100] Royal London Hospital. Maternity dashboard. 2015/16
[101] PHE Breastfeeding at 6-8 Weeks After Birth, 2015-16, released July 2016

Teenage pregnancy

- The Family Nurse Partnership service is offered in all teenage pregnancies.

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:

- Supporting families to achieve improvement in early child development
- Providing good quality early education and childcare
- Ensuring good nutrition for future health (breast feeding, appropriate weaning, and establish healthy eating practices)
- Childhood immunisation (far outweighing adverse effects)
- Tackling crime to create a safe environment for development

Related JSNA factsheets: Immunisation; Physical activity of young people; Children's mental health; Safeguarding children; Child poverty
Related Public Health Outcomes Framework indicators: 2.05 Child development at 2-2.5 years; 2.6i Child Excess weight - children aged 4-5 classified as overweight or obese; 3.03 Population Vaccination Coverage; 4.02 Tooth decay in children aged 5

Local Plans

As well as the Community Plan, key strategies are:

- Health and Wellbeing Strategy
- Children and Families Plan
- Tower Hamlets Family Wellbeing Model
- Early years elements of healthy lives strategies: Tobacco Control, 'Healthy Weight, Healthy Lives', Healthy Borough, Substance misuse
- Reducing Violence against Women and Girls Strategy

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) 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.

[102] PHE Child Health Profiles 2016, CHIMAT uses HES data from 2014-5.

- The Violence Against Women and Girls Strategy recommends increasing efforts to identify victims of violence and abuse, making support services more accessible, and increasing the number of cases that are referred to the Specialist Domestic Violence Court.
- Tower Hamlets Together Children's Programme is focusing on developing integrated early years services.

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

There are around 50,000 children and adolescents aged 5-19[103].

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, such as the availability of healthy food and access to safe open space
- habits and attitude they develop at an early stage around living a healthy life
- provision of high quality integrated health education and social care services for children and transition services
- an effective child protection system

In this chapter we cover the health headlines (obesity, sexually transmitted infections, mental health, crime); the socioeconomic and behavioural risk factors for poor health in young people; access to health services in this age group; the evidence base; and recommendations for the health and wellbeing board.

Health Headlines

Nutrition

- 55.9% of children aged 10-11 are a healthy weight, compared to 61.1% in London and 65.3% in England[104].
- 27.1% 10-11 year olds are obese (3rd highest in the country) and 14.8% are overweight[105].
- 2.24% of 10-11 year olds are underweight, compared to 1.70% in London and 1.42% in England[106].

Mental health

- Local data on the mental health and wellbeing of this age is limited[107]. Around 1 in 10 children are estimated to have a mental health disorder of any kind, similar to national averages[108].
- There are 565 children in all schools with Autistic Spectrum Disorder and 1420 with Social/Emotional/Mental Difficulty[109]. Rates of children with Learning disabilities are among the lowest in the country, according to the schools statement in 2014 (5.7 cases per 1000, vs England average of 33.7 England), but 4% of pupils have a plan for education support, the highest level in London[110].

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[103] Greater London Authority (GLA), 2016, Population Projections (Round), Mar. 2015 *(estimates* 5-19 *population for Tower Hamlets at 50,099)*
[104] National Child Measurement Programme 2014/15, PHE Fingertips
[105] National Child Measurement Programme 2014/15, PHE Fingertips
[106] National Child Measurement Programme 2014/15, PHE Fingertips
[107] Tower Hamlets Mental Health JSNA
[108] Office for National Statistics Mental health in children and young people in Great Britain, 2005
[109] Public Health England. Learning disability profiles 2014/15.
[110] Department for Education. Special Educational Needs in England 2016

Sexual health

- The 2014 under-18 conception rate for Tower Hamlets was 18.1 per 1000 females aged 15-17 – The rate has decreased a further 30% since 2010 in line with national reductions[111].
- The diagnostic rate for chlamydia in 15-24 year olds is 1,947/100,000 population. This is comparable to the England rate (1,887/100,000), and lower than the London rate (2,200/100,000)[112].
- However, there is a higher diagnostic rate for STIs in adults over the age of 25 (see section on adults).

Violent crime

There were 3101 reports of domestic crime (defined as threatening behaviour, violence, or abuse between adults who are or who have been intimate partners or family members, regardless of gender), and 9587 reports of violence against the person made to the Metropolitan Police in 2015/16[113].

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.

- Over a third of children in Tower Hamlets live in poverty (the highest rate in the London)[114]. This has steadily decreased over the past seven years[115].
- 41.6% of pupils in state-funded secondary schools are eligible for free school meals (the highest rate in the country)[116].
- Around 7000 families are registered as overcrowded, meaning children in these households are unlikely to have space for study or privacy[117].
- London Borough of Tower Hamlets is the 'corporate parent' for 275 children. This is a group that is particularly vulnerable to mental health issues[118].
- The rate of "children in need"[119] in Tower Hamlets is 785.8/10,000. This is higher than the London rate of 688/10,000 and the England rate of 680.5/10,000[120].
- 50.9 per 10,000 children are subject to a protection plan, compared to 40.6/10,000 in London, and 42.9/10,000 in England. This figure has been falling over the last few years, from 58.2/10,000 in 2012/13[121].
- Domestic abuse rates as reported to the police have risen over the past five years. In 2014/15 there were 21.6/1,000 population incidents of reported domestic abuse in over 16s[122]. There

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[111] Office for National Statistics, Conception Statistics, 1998-2000 to 2008-2010 via NHS IC Indicator Portal P01079
[112] Public Health England. PHOF indicator 3.02 chlamydia detection rate 15-24 2014-2015
[113] London Metropolitan Police. Crime Figures. 12 months up to July 2016. Accessed October 2016.
[114] Public Health England. PHOF Children in Poverty (all dependent children under 16) 2013
[115] Public Health England, PHOF Children in Poverty – 63.3% in 2007, 34.4% in 2013
[116] Ofsted, Local authority attainment data for pupils eligible for free school meals in 2014, June 2014
[117] Tower Hamlets Common Housing Register data
[118] Public Health England. Child Health Profiles. Children in Care 2014-2015
[119] Children Act 1989 - "Children in need" are those who are unlikely to achieve or maintain a reasonable standard of health or development without the provision of services by a locally authority, whose health or development are likely to be significantly impaired or further impaired without the provision of services, or who are disabled.
[120] Tower Hamlets Safeguarding Children JSNA Factsheet 2015, data from 2013/14
[121] Public Health England. Public Health Profiles. Child Protection Cases. 2014/15. Accessed October 2016.
[122] Public Health England. Public Health Outcomes Framework indicator 1.11 domestic abuse >16s. 2014/15. Accessed October 2016.

were 3101 incidents of domestic crime reported to the police in 2016[123]. The definition of domestic crime varies from source to source, and the number of children affected is unclear.

- The percentage of young people not in education, employment, or training (NEET) is high (3.8%) compared to London (3.1%) but low for England[124].
- The rate of first time entrance to the youth criminal justice system has fallen over the past five years. In 2014 there were 102 new entrants, a rate of 458/100,000 population 10-17s[125].
- 18% of children and young people in contact with the Youth Justice System have physical health needs, 42% have substance misuse issues, and 44% have emotional or mental health needs[126].
- 22% of pupils state they have experienced bullying in the past year[127].
- 61.5% of Tower Hamlets children achieved A*-C (including English and Maths) in GCSE compared to 58.2% in England (2011)[128].
- 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[129].
- Around 55% of children aged 5-19 are of Bangladeshi ethnic origin[130].

Behavioural

- 4.3% of 15 year olds currently smoke cigarettes to some extent, lower than the national average. 24.6% have tried other tobacco products such as shisha, higher than the national average[131].
- 14.6% of 15 year olds have tried an alcoholic drink, considerably lower than the England rate of 62.4%[132]. This may be reflective of the high proportion of Muslim children in Tower Hamlets.
- 9.3% of 15 year olds are physically active for more than one hour each day of the week, and under half (47.0%) think they are the right body size[133].
- 5.6% of 15 year olds have tried cannabis, compared to 10.9% in London. 0.8% have taken a drug other than cannabis in the past month[134].

Health Service Use

- Emergency admissions (all causes) for under-18s occur at a rate of 26.6 per 1000 population, compared to 69.5/1000 in England[135].
- The most common cause of emergency admission is injury (3.4 per 1000 population), followed by respiratory (1.1 per 1000 population)[136].

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[123] London Metropolitan Police. Crime Figures. 12 months up to July 2016. Accessed October 2016
[124] DFE – NEET data for Local Authority 2015 figures.
[125] Public Health England. Public Health Outcomes Framework indicator 1.04 first time entrants to the youth criminal justice system 2014. Accessed October 2016.
[126] Commission for Healthcare Audit and Inspection, 2006, Let's Talk About It: A review of healthcare in the community for young people who offend
[127] Tower Hamlets Pupil Attitude Survey 2013
[128] Department of Education 2011
[129] TH Children and Families Plan 2012-15
[130] GLA 2014 Round Ethnic Population Projections (pub Nov 2015)
[131] Public Health England. What About YOUth Survey 2014/15. Accessed October 2016.
[132] Public Health England. What About YOUth Survey 2014/15. Accessed October 2016.
[133] Public Health England. What About YOUth Survey 2014/15. Accessed October 2016.
[134] Public Health England. What About YOUth Survey 2014/15. Accessed October 2016.
[135] Public Health England. National General Practice Profiles, Tower Hamlets CCG. 2011/12-2013/14. Accessed October 2016

- The rate of hospital admissions caused by injury in children under 14 is 79.4/10,000 population, compared to the England average of 109.6/10,000[137].35% of hospital admissions in under-18s are non-elective, and 65% are elective[138].

Evidence base

Evidence from the Marmot review, the Munro review of child protection, and NICE guidelines[139] highlight the importance of

- extending the role of schools in supporting 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
- clear accountability on safeguarding boards

Related JSNA factsheets: Teenage pregnancy; Sexual health; Alcohol and substance misuse in children and young people; Mental health in children and young people; Oral health in children; Safeguarding children; Domestic violence
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)

Local Plans

As well as the Community Plan, key strategies are:

- Child Poverty Strategy
- Children and Young People's Plan
- Tower Hamlets Family Wellbeing Model

[136] Public Health England. National General Practice Profiles, Tower Hamlets CCG. 2011/12-2013/14. Accessed October 2016
[137] Public Health England. Public Health Outcomes Framework indicator 2.07 Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14. 2014/15. Accessed October 2016.
[138] Public Health England. National General Practice Profiles, Tower Hamlets CCG. 2011/12-2013/14. Accessed October 2016
[139] National Institute for Clinical Excellence. Social and emotional wellbeing for children and young people 2012

- Children and young years elements of healthy lives strategies: Tobacco Control, 'Healthy Weight, Healthy Lives', Healthy Borough, Substance misuse, Sexual Health

Considerations for the Health and Wellbeing Board

- The extent of childhood poverty is the most important determinant affecting the current and future health of children and young people. This highlights the importance of sustaining family income, improving skills, and creating opportunities for local employment in those who are most vulnerable.
- Educational attainment is a major determinant of health. The continuing improvement in educational outcomes in Tower Hamlets 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.
- Prevalence of obesity in 4-5 year olds is falling, but is increasing amongst 10-11 year olds.
- 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.
- 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.
- The Violence Against Women and Girls Strategy recommends increasing efforts to identify victims of violence and abuse, making support services more accessible, and increasing the number of cases that are referred to the Specialist Domestic Violence Court.

6. Being an adult in Tower Hamlets

There are around 142,200 people aged 20-39 and 65,500 people aged 40-64 living in Tower Hamlets[140]. 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 include:

- 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, risky sex
- Their use of local services and the quality of these services
- Predisposing factors: genetic predispositions, pre-existing conditions

In this chapter we cover the health headlines (cardiovascular and respiratory disease; cancer; diabetes; liver disease; sexual health; infectious disease; mental health; disability); as well as health service use and the management of long-term conditions; the socioeconomic and behavioural risk factor for poor health in adulthood; the evidence base and recommendations for the health and wellbeing board.

Health headlines

Premature Mortality

Tower Hamlets has amongst the highest premature death rates from the major killers: cancer, cardiovascular disease, and chronic lung disease:

- High premature death rates from circulatory disease (112 per 100,000), from cancer (157 per 1000, 7th highest in England) and respiratory disease (45.5 per 100,000). These conditions typically constitute 75% of all premature deaths[141].
- These death rates vary across the borough and in general are higher in areas of higher deprivation[142].

Poor survival and high mortality from cancer

- Despite relatively low incidence of cancer in the borough (593/100,000 population compared to 615/100,000 in England), mortality in Tower Hamlets is worse than the national average, with a one year survival rate of 66.5% compared to 70.2% for England[143].
- Around 40% of cancers can be linked to modifiable factors including smoking, excess alcohol, obesity and low levels of physical activity[144].
- Tower Hamlets has particularly high rates of premature mortality from ‘cancer considered preventable’ (102.6 per 100,000; London 78.2; England 83)[145].

[140] Greater London Authority (GLA), 2015, Population Projections (Round), Dec. 2014 *(population for Tower Hamlets at 20-39 is 142209 and 40-64 is 64543)*
[141] Public Health England, Public Health Outcomes Framework indicators 4.04,4.05, 4.07, 2012-14, Sept 2016
[142] Public Health England. Local Health map.
[143] NHS Cancer Data dashboard 2013
[144] http://www.cancerresearchuk.org/about-cancer/causes-of-cancer/can-cancer-be-prevented Sept 2016
[145] Public Health England, Public Health Outcomes Framework indicators 4.04,4.05, 4.07, 2012-14, Sept 2016

- Although improving, one year survival from cancer is significantly worse than the national average (66.5% compared to 70.2% in England). Survival rates are worse for breast, colorectal and prostate cancer. For lung cancer, the rate is similar to the England average[146].
- Late diagnosis is a significant contributor to poor survival. The proportion of common cancers diagnosed at a stage when they are treatable (stages 1 and 2) is improving locally and nationally; The most recent data shows that Tower Hamlets' rate (44.4%) is not significantly lower than the England rate of 48.2%[147].
- More cancers are diagnosed through emergency routes in Tower Hamlets than elsewhere. (Tower Hamlets 27%, England 20%; 2015 data[148]). People diagnosed as an emergency generally have very poor survival and worse experience.
- Cancer screening can prevent some cancers (by removing pre-cancerous cells) and detect cancer early before symptoms are noticed. Cancer screening programme coverage in Tower Hamlets remains below the national minimum standards:
    - The breast screening coverage rate for women aged 53 to 70 (national minimum standard 70%) declined between 2013 and 2015 from 67.8% to 59.6% (London 68.3%, England 75.4%[149]) and is within the lowest 10% nationally
    - Cervical screening coverage for women aged 25 to 64 (national target 80%) has also declined to 64.7%, London 68.4%, England 73.5[3] (2015 rates)
    - Bowel screening coverage rates for people aged 60-74 are low, though no standard target for coverage has been published. Intensive work using GP endorsement has helped to increase participation but Tower Hamlets rate remains amongst the lowest nationally at 37.3% (London 47.8%, England 57.1%)[150].
- Increasing the uptake of cancer screening, improving public awareness, and early diagnosis are priorities to reduce mortality and improve survival from cancer.

Cardiovascular Disease – Identification of "at risk" patients through NHS health checks

- 4,927 adults (1.6%) in Tower Hamlets are recorded as having coronary heart disease, and 22,807 (7.7%) as having hypertension. These are higher crude prevalence rates than national levels[151].
- The NHS health check programme identifies people aged 40-74 at high risk of cardiovascular disease (CVD). Below are the results for Tower Hamlets[152] :
    - There are 47,173 eligible patients
    - 27.5% were offered health checks. This is the 7th highest rate in London and higher than the national average of 19.7%
    - 20.6% of eligible people received health checks. This is the highest rate in London, and is more than double the national average of 9.6%.
    - 77% of 'high risk' patients are prescribed a statin, compared to 68% nationally.
- Health checks across Tower Hamlets, Hackney, and Newham appear to be equitably reaching the local South Asian community, the more socially deprived, and those at older ages. In these

[146] Cancer survival rates: data at Cancerdata.nhs.uk – Dashboard accessed 2016 – data from 2013.
[147] PHE Cancer Data https://www.cancerdata.nhs.uk/dashboard#?tab=Trends&ccg=08V
[148] NCIN 2014/5 data – via CRUK: Local Cancer Statistics for Tower Hamlets CCG – Early diagnosis – Emergency Presentations THCCH: 26.2% - England 20.1%
[149] Cancer Screening rates – PHOF accessed Sept 2016 – Data from 2014-5
[150] NCIN General Practice Profiles https://www.cancertoolkit.co.uk/Profiles/PracticePublic/Filters
[151] NICE Quality Outcomes Framework 2014-15
[152] NICE Quality Outcomes Framework. CVD-PP001 2014-2015

boroughs 1 in 3 people are at increased CVD risk (10 year CVD risk ≥10%), and 1 in 10 people are at sufficiently high risk (10 year risk ≥20%) to warrant treatment, either with a statin or for hypertension.

- The treatment of 3685 people at high CVD risk or with co-morbidity with a statin and/or antihypertensive for 3 years will have a major impact and is likely to have prevented 60 major CVD events (heart attacks or stroke) over this period[153].

Diabetes – high prevalence and increasing

- 15,874 adults in Tower Hamlets are on the general practice diabetes register, equating to 6.8% of the GP-registered population, compared to 6.4% in London[154]. The prevalence of diabetes in the Bangladeshi population is significantly higher (8-10%)[155].
- It is estimated that there are around 4000 people in Tower Hamlets with undiagnosed diabetes[156].
- 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[157].
- There is evidence that diabetes can be prevented by early identification of risk and healthy lifestyle intervention, particularly increased physical activity.

Respiratory Disease – Chronic Obstructive Pulmonary Disease (COPD)

The crude prevalence of COPD, based on the general practice register, is lower than the national average. There are about 3800 patients with COPD; 1.3% of the population[158].

- There are likely to be up to 3000 cases of COPD (2.9% of the local population) that are undiagnosed[159].
- The rate of emergency hospital admissions for COPD is among the highest in London[160].
- Tower Hamlets has the second highest rate in London of under-75 mortality from respiratory disease: 36.7/100,000 population compared to 25.1/100,000 in London[161]. This high rate may reflect the comparatively high numbers of smokers and ex-smokers in the population aged over 40.
- GP reported outcomes for COPD (diagnosis, care plans, and regular assessment) are good compared to England.

[153] Blizard Inst: Nov 2013 NHS Health checks CVD risk. New data due for publication late 2016.
[154] Public Health England. Public Health Outcomes Framework indicator 2.17 recorded diabetes 2014-15
[155] Clinical Excellence Group. Distribution of diabetes 2015
[156] National Cardiovascular Intelligence Network. Diabetes prevalence model for local authorities 2016
[157] Public Health England. Adult Obesity and Type 2 Diabetes. 2014
[158] Public Health England. INhale. COPD QOF Prevalence 2014-15
[159] Public Health England. INhale. Estimated COPD prevalence 2014-15.
[160] Public Health England. INhale. Emergency COPD admissions per 100 patients on the register 2014-15
[161] Public Health England. INhale. Age-standardised mortality respiratory disease 2014-15

Liver disease – higher mortality than elsewhere

Mortality from liver disease in those under-75s is 25.3/100,000 population was 25.3 (based on 89 deaths over 3 years) in Tower Hamlets, significantly higher than the England average of 17.8[162].High levels of infectious disease compared to elsewhere

Sexual Health

- There is a high rate of sexually transmitted infection (STI) diagnoses in adults. The rate of STI diagnoses, excluding chlamydia in under 25s, is 2245/100,000 population. This is significantly higher than the national rate of 815/100,000[163].
- The chlamydia diagnostic rate in adults over 25 is 1359/100,000, higher than the equivalent rate in adults aged 15-24 of 818/100,000[164].
- The prevalence of HIV is 6.5 per 1000 population aged 15-59 compared to 2.2 in England[165].
- 20.3% of people with HIV in Tower Hamlets are diagnosed late, compared to 40.3% in England. This is now the lowest rate in London and the second lowest in England[166].
- In London, 63% of new HIV cases are in men who have sex with men (MSM), and of these 25% were diagnosed late[167].
- The syphilis diagnostic rate is 68.7/100,000, compared to 32.9/100,000 in London, and 9.3/100,000 in England[168].
- The prescription rate for long acting reversible contraceptives (LARCs) is 28.9/1,000 women, compared to 35.3/1,000 in London and 50.2/1,000 in England[169].
- 30.0% of women who are in contact with sexual and reproductive health services choose to use LARCs as their main form of contraception. This figure is comparable to the rate in London (31.3%) and England (35.2%)[170].

Tuberculosis (TB)

- The TB incidence in Tower Hamlets has decreased from 64.7 per 100,000 populations in 2010 to 32.5 per 100,000 population in 2013-15. It remains higher than the incidence in London (30.4 per 100,000) and England (10.5 per 100,000)[171].

Viral hepatitis

- Mortality in under-75s from end stage liver disease from hepatitis B and C is higher than the national average. Hepatitis B related end stage liver disease accounts for 0.377 deaths per

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[162] Public Health England. Public Health Outcomes Framework – Liver Disease profiles – directly standardised rate per 100000 population 2012-13
[163] Public Health England. Sexual and Reproductive Health Profiles. STI diagnoses excluding chlamydia in under 25s. 2014-2015
[164] Public Health England. Sexual and Reproductive Health Profiles. 2014-2015.
[165] Public Health England, (Fingertips) diagnosed HIV prevalence 2014
[166] Public Health England. Public Health Outcomes Framework indicator 3.04 HIV late diagnosis 2013-15
[167] Public Health England. Inequalities in Sexual Health: Update on HIV and STIs in men who have sex with men in London. February 2016
[168] Public Health England. Sexual and reproductive health profile. Syphilis diagnostic rate 2015
[169] Public Health England. Sexual and reproductive health profile. Total prescribed LARC excluding injection rate 2014
[170] Public Health England. Sexual and reproductive health profile. Over 25s choosing LARC excluding injections at sexual and reproductive health services. 2014
[171] LBTH Tuberculosis factsheet

100,000 population, compared to 0.130/100,000 in England, and hepatitis C accounts for 1.26/100,000 compared to 0.65/100,000[172].

High burden of mental health problems

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 illness (anxiety disorders), depression, and serious mental illness (psychoses and bipolar).

- Based on national estimates, about 32,600 people aged 18-64 in Tower Hamlets are experiencing common mental disorders at any one time (16%)[173].
- There are 13,287 people registered with a diagnosis of depression, though actual prevalence is estimated to be higher than this. Tower Hamlets' recorded depression prevalence (5.7%) is similar to that of London (5.2%)[174].
- Tower Hamlets has the fifth highest prevalence of serious mental illness in London: 1.32%, 3431 cases in Q4 2014-5. This is likely to be related to the younger age structure of the population.
- Tower Hamlets' quarterly hospital admission rate for mental health is similar to that of London: 91.8 per 100,000 compared to 86.1 per 100,000 during Q2 2014/15. England's admission rate is 69.8 per 100,000[175].
- There were 68 deaths by suicide in Tower Hamlets between 2012 and 2014. This equates to a rate of 10.9 deaths per 100,000 population per year, slightly higher than that of London (7.8/100,000) and similar to that of England (10.0/100,000)[176].
- Locally the number of suicides has fluctuated over the past decade, with the most (33) in 2008, and the fewest (10) in 2005. The local rate has only been significantly higher than the national rate in 2008.

Levels of disability in the population

- Tower Hamlets has a slightly higher rate of severe disability[177] in its working age population (4.1%) compared to that of London (3.4%) and England (3.6%)[178].
- There are 892 adults on the GPs' learning disability register. This is 0.3% of the GP registered population and similar to the London average[179]. 575 people with learning disabilities are registered with the council for support.
  - 67% of adults with learning disability are in settled accommodation, similar to London, but lower than national rates[180].
  - 5.2% of adults with learning disabilities are in paid employment, similar to England's rate (5.9%), but below that of London (7.7%)[181].
  - 46.5% of people on GP learning disability registers received a health check in 2014/5 compared to 44% nationally and a London average of 49%[182].

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[172] Public Health England. Liver disease profiles 2014
[173] PANSI 2016
[174] Public Health England. Crisis care profile. Depression; recorded prevalence (aged 18+) 2014-15
[175] PHE Fingertips derived from from MHMDS monthly data http://fingertips.phe.org.uk/
[176] Public Health England. Public Health Outcomes Framework indicator 4.10, 2012-14
[177] Defined as those who answered 'yes' to the Census 2011 question: "do you have any long term illness, health problem, or disability which limits your daily activities or the work you can do?"
[178] Office for National Statistics (ONS), Census 2011 Second Release, Dec. 2012
[179] Quality Outcomes Framework 2011/12, Oct. 2012
[180] PHE, Improving Health and Lives - 2016
[181] Public Health England. Learning disability profiles. Supported adults with learning disability in paid employment 2014-15.

- There are 1070 people registered with sight loss in Tower Hamlets, but the Royal National Institute for the Blind estimates there are about 3500 people in the borough who have some visual disability. The prevalence appears low compared to the national average, but this may reflect the higher proportion of young people in the population. Incidence of preventable sight loss from glaucoma, diabetic eye disease, and macular degeneration are low in frequency, and there are lower than average numbers of sight loss certifications[183].
- 457 per 100,000 adults are recorded by their GP as having epilepsy. This represents a lower prevalence than that of England (780 per 100000)[184].

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

- 71.9% of the population aged 16-64 in Tower Hamlets are in employment, compared to 73.2% in London[185].
- 6.8% of the population aged 16-64 in Tower Hamlets are unemployed compared to 6.0% in London in[186].
- The proportion of the population claiming Job Seekers Allowance and similar benefits has significantly decreased from 5.3% in January 2013 (3.8% in London) to 2.4% in July 2016 (1.8% in London)[187].
- The median annual household income by ward ranges from £25,397 in St Dunstan's & Stepney Green to £47,426 in St Katherine's and Wapping[188].
- People on low incomes are more likely to experience common mental disorders. 72% of those registered as having serious mental illnesses reside in areas in the lowest two deprivation quintiles. Higher numbers of recorded cases in Tower Hamlets are to be expected due to its young working age population, deprivation, homelessness, and substance misuse.
- 27.9% of Tower Hamlets dwellings 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%)[189].
- 10,000 households in Tower Hamlets were living in dwellings that had an occupancy rating of -2 (i.e. two rooms too few) which was the 7th highest in London.
- 19,356 Tower Hamlets residents (7.6%) provide some level of unpaid care. 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.

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[182] Public Health England. Learning disability profiles. Proportion of eligible adults with a learning disability having a GP health check. 2014-15
[183] PHE – PHOF Indicators 4.12 Preventable sight loss
[184] PHE – fingertips – neurology profiles – accessed 2016
[185] NOMIS, Annual Population Survey 2015/16 accessed Sept 16
[186] NOMIS, Annual Population Survey, 2015/6 Labour market Sept 2016
[187] NOMIS, JSA Claimant Count, Labour Market Report, Sept 2016
[188] CACI Paycheck 2015
[189] CLG Dwelling stock: Number of Dwellings by Tenure and district: England; 2014

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)[190].

Behavioural

The Tower Hamlets health and lifestyle survey highlighted the high prevalence of behavioural risk factors for poor physical health in people with poor mental health, such as smoking, poor diet, and little physical activity[191].

Nutrition and activity

- 52.5% of adults are classified as overweight or obese, compared to 58.8% in London, and 64.8% in England[192].
- 32% of the adult population do not do the recommended level of physical activity of at least 30 minutes per week in the last 28 days, a little worse than London and England (28.1% and 28.7% respectively)[193].
- 44.9% of the adult population do not consume the recommended five portions of fruits and vegetables a day compared to 52.3% nationally[194].

Amongst the highest smoking prevalence in the country

- 20% of residents report that they are current smokers. This is higher than the London average of 16.3% and the national average of 16.9%[195].
- It is unsurprising therefore that Tower Hamlets has the second highest smoking attributable mortality rate in London (595 deaths between 2012-4)[196].
- For the past three years, over 3,500 people have accessed stop smoking services annually, with a quit rate of 50-65%.
- The target number of people stopping smoking for the current year is 1300.

Drug and alcohol use

- 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)[197].
- The alcohol-specific mortality rate is 11.0/100,000 population, which is higher than the London rate of 9.0/100,000 and similar to the national rate of 11.6/100,000[198].
- There are 3561 users of opiates or crack cocaine aged 15-64 in Tower Hamlets. This is a rate of 18.5/1000 population compared to the rate of 8.4/1000 in England; the third highest local authority rate in the country[199].

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[190] Office for National Statistics, Census 2011, Provision of unpaid care
[191] Ipsos MORI. Tower Hamlets Health and Lifestyle Survey, August 2009
[192] Public Health England. PHOF indicator 2.12 2015
[193] Public Health England. Public Health Outcomes Framework indicator 2.13ii 2014-15
[194] Public Health England. PHOF indicator 2.11i proportion of the population meeting the recommended '5-a-day' 2015
[195] Prevalence in Adults – current smokers Annual Population Survey, 2015 (via Public Health Outcomes Framework)
[196] 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)
[197] Tower Hamlets Health and Lifestyle Survey 2009
[198] Public Health England. Local Alcohol Profiles. Alcohol-specific mortality 2012-2014.
[199] Public Health England. Drugs and Alcohol Profiles. Estimates of use of opiates and/or crack cocaine 2011-12

Oral Health in Adults

- 39% of adults in Tower Hamlets have tooth decay, and 77% have gum disease, higher than national rates. Fewer adults in the borough use dental services than in London or England[200].
- Oral cancer incidence has risen by a third in the last decade; possibly caused by drinking, smoking, and Human Papilloma Virus infection. The age standardised rate for oral cancer registrations per 100,000 population in Tower Hamlets is 23.1, compared to 15.0 for London and 14.2 for England[201].
- Use of chewing tobacco, betel quid, and paan in the South Asian ethnic community is also likely to have increased risk of oral cancer.

Access to Services

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 by the Tower Hamlets Inclusion Network following qualitative research with Tower Hamlets residents with long term conditions concluded that:

- 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
- A number of patient education and health literacy programmes, which include elements of peer support, are currently provided to help those with Long-Term Conditions to better self-manage.

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

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

- Providing a healthy environment that enables people to make healthy choices

[200] LBTH Oral Health in Adults 2015
[201] Public Health England. Tobacco Profiles. Oral cancer registrations 2012-14

- Supporting communities to use existing assets to improve community health and wellbeing
- 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

Related JSNA Factsheets
Cancer; Breast Cancer; Lung Cancer; Cervical Cancer; Colorectal Cancer; Chronic Obstructive Pulmonary Disease; Type 2 Diabetes Mellitus; Heart Failure; Health Equity in Primary Care; Learning disabilities; Tuberculosis; Mental Health; Mental Wellbeing; Tobacco control; Alcohol (adults); Substance Misuse; Cardiovascular disease; Problem Gambling; Sexual Health; Oral Health of Adults; Offender Health
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

Local Plans

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

- Tower Hamlets Partnership Community Plan (2015)
- The Health and Wellbeing Strategy (2016-2020 – under consultation)
- Tower Hamlets Public Health Aspirations
- Tower Hamlets Mental Health Strategy 2014-19
- NHS Sustainability and Transformation plans (under consultation)
- Supporting people strategy (2011-2016)
- Tower hamlets Integrated Provider Partnership (THIPP)
- Care Closer to Home
- Tower Hamlets Cancer Strategy
- Tower Hamlets Carers Strategy

- Fit for Life Programme
- Health trainers programme

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 and unhealthy behaviours, 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, providing a healthy environment and supporting communities to take action to create better health and wellbeing for themselves are of vital importance.
- This provides a powerful rationale for stronger and broader joint working across health, social care, and wider council services (e.g. employment agencies, housing, parks, transport).
- The uneven distribution of deprivation across the borough at ward and sub-ward levels also makes the case for increasingly localised community-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 improvement in coverage of the bowel cancer screening programme, and steady performance of smoking cessation services.
- However, the areas of concern remain poor survival from cancer, low uptake for cancer screening programmes, 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. Ageing, growing old, and dying in Tower Hamlets

There are around 17,000 people who are 65 or over living in Tower Hamlets, of whom 4,800 are aged over 80[202]. Of persons aged 65 and over, 63% are white and 21% are of Bangladeshi origin[203]. The number of residents aged over 65 is projected to increase by 39% between 2016 and 2026[204]. 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 be 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

In this chapter we cover the health headlines (long-term illness; mental health; falls) as well as health service and social care use; residential and nursing homes; last years of life; the socioeconomic and behavioural risk factor for poor health in adulthood; the evidence base and recommendations for the health and wellbeing board.

Health Headlines

Long-term limiting illness

- 56% of 65-84 year olds report long term activity-limiting illness compared to 48% nationally[205].
- Over 80% of over 65s have at least one chronic condition, of whom 40% have at least 3 'comorbid' conditions[206].
- Stroke is predominantly a condition of older age; patients aged over 65 account for 63% of all stroke diagnoses in the borough[207]. Tower Hamlets has a high stroke mortality for under 75s; the 9th highest in England. Hospital admission rates for stroke are higher than the national average[208], and three times higher than those of the local authority with the lowest stroke admission rate[209].

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[202] Greater London Authority (GLA), 2015, Population Projections (Round), Mar. 2016 *(population for Tower Hamlets at 65 and over population at 17,978 and 80 and over is 4,653)*
[203] Office for National Statistics. Custom Age Tool. 2016
[204] GLA 2015 round SHLAA-based capped household size model population projection 2016
[205] Census 2011
[206] Tower Hamlets Integrated Care dataset
[207] Tower Hamlets CCG data 2015
[208] Tower Hamlets Stroke Pathway 2012
[209] NHS London Health Profiles. Tower Hamlets Stroke Profile. 2012

- The local age-standardised prevalence of COPD shows that Tower Hamlets has a higher burden of COPD than neighbouring boroughs, although the crude prevalence rate is lower than national average[210]. Under-75 mortality from respiratory disease is similar to that of England, but significantly higher than that of London[211]. The percentage of deaths from respiratory disease in adults aged 65 and over is similar to that of London and England[212] .
- Tower Hamlets has lower proportions of older people with a diagnoses of diabetes (33%) and coronary heart disease (56%) than City and Hackney, but similar to those in Newham[213].
- Nearly half of those with hypertension are aged 65 and over (45%). This is similar to City and Hackney, but higher than in Newham (39%)[214].

Mental Health

- Tower Hamlets is estimated to have over 1100 people with dementia[215].
- Currently GP registers record 846 patients with a diagnosis of dementia; at best still less than 60% of that estimated. The prevalence of dementia in patients aged 65+ in Tower Hamlets was significantly higher (4.87%) than in London (4.45%) and England (4.27%)[216].
- In 2014-15, there were 759 emergency admissions for residents aged 65 and over with a mention of dementia, and the age standardised rate of emergency admissions was significantly higher (4,478 per 100,000 population) than for London (3,721) and England (3,306). However, the age-standardised mortality rate in residents with a recorded mention of dementia (752 per 100,000 population) was similar to London (687) and England (750) in 2014[217].
- The proportion of hospital deaths in those with dementia, rather than deaths at home or in a hospice, is significantly higher than national and local averages[218].
- An estimated 1412 people over the age of 65 suffered from depression in 2015, and this is projected to increase to 2060 by 2020. This will represent 8.6% of the population aged over 65[219].
- Approximately 11.4% of the serious mental illness 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 included 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[220].

Falls

- Approximately 4,300 people aged 65 and over had a fall in Tower Hamlets in 2015 (1,700 men and 2,600 women)[221]. 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.

[210] CEG JSNA prevalence dataset 2015, PHE Fingertips – respiratory data 2015.
[211] PHE Inhale – Interactive health atlas of Lung conditions accessed 2016.
[212] PHE Inhale – Interactive Health Atlas of Lung Conditions 2014/15
[213] CEG JSNA prevalence dataset 2015
[214] CEG JSNA prevalence dataset 2015
[215] National dementia prevalence tool 2016
[216] Public Health England. Dementia Profile. Dementia: recorded prevalence. 2014-15
[217] PHE – Fingertips – dementia profile 2016.
[218] PHE – fingertips – dementia profile – dying well
[219] POPPI mental health projection data
[220] CEG JSNA data reports 2015
[221] POPPI data

- In 2014-15 there were 394 emergency admissions for injuries due to falls in over-65s in Tower Hamlets. This represents a standardised admission rate of 2,292 per 100,000 population, similar to rates in London (2,253) and England (2,125)[222].
- In the same year, there were 105 emergency admissions (72 women and 33 men) for hip fractures in older people. This represents a standardised admission rate of 606 per 100,000 people which is not significantly different to rates in London (517) and in England (571). 73% of admissions were for people aged 80 and over[223].

Health determinants

Socioeconomic

Older people living in Tower Hamlets experience multiple forms of disadvantage which increase their need for health and social care:

- Tower Hamlets ranks the highest nationally (worst for income) on the Income Deprivation for Older People index[224].
- 8.1% of older people in Tower Hamlets experience fuel poverty (measured by both low incomes and high fuel costs). This is lower than the England average probably because the availability of gas supply in London adjusts the figures favourably for the area[225].
- There is a shortage of good quality housing accommodation in the borough that is appropriate to older people's needs[226].
- 87% of people aged 65 and over receive a state retirement pension; 19% receive a pension from a previous employer; 10% receive a personal pension; 22% receive pension credit; 37% receive housing benefit[227].

Loneliness and Isolation

- 5,948 people aged 65 and over are living alone in Tower Hamlets. This represents 36% of the older population and it compares to 37% in London and 36% in England. It is projected that this figure will increase to 8,482 by the year 2030, an increase of 41.8%[228].

Excess Winter Deaths

- The three year period Excess Winter Death index is 8.8, compared to 16.1 in London and 15.6 in England[229]. Although the index in Tower Hamlets is lower than that of England, the figures are limited in reliability[230] and probably reflect the much lower proportion of older people in the local population.

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[222] Public Health England. Public Health Outcomes Framework indicator 2.24i 2014-15
[223] Public Health England. Public Health Outcomes Framework indicators 4.14i, 4.14iii 2014-15
[224] CLG via LGA Inform–Income Deprivation Affecting Older People Index (IDAOPI) (2015) Tower Hamlets 49.7 Greater London 23.6 England 15.3
[225] 2014 subregional data https://www.gov.uk/government/collections/fuel-poverty-statistics
[226] Older People's Housing Strategy Needs Assessment 2010)
[227] Ipsos MORI. Tower Hamlets Health and Lifestyle survey, 2009
[228] POPPI
[229] PHE – PHOF – 4.15i Single Year – All ages Excess Winter deaths index 2011-14
[230] Confidence intervals range reported by PHE: –are from low 1.1 to High 17.1 (reported value of 8.8 assumes 88 excess winter deaths in three years)

Behavioural

- 90% of older people eat less than the recommended five fruit and vegetables a day[231].
- 9% of people over the age of 65 years admitted to hospital have a micronutrient deficiency, of whom 14% had a nutritional deficiency as the primary reason for admission to hospital. This is likely to be an underestimation as not all patients have their micronutrient status assessed during their hospital stay. This data does not include patients with protein energy malnutrition[232].
- 27% of older adults in Tower Hamlets have decayed teeth. White and Black older adults are more likely to have decayed teeth than Asians[233].

Service use

- The hospital admission rate for those aged over 65 is 91.76/100 population, compared to 84.1/100 in London and 80.3/100 in England[234].
- In Tower Hamlets 63% of people using Adult Social Care services are over the age of 65[235].

Residential and Nursing Homes

- There are six care homes in Tower Hamlets with a total of 339 beds. As of February 2016 there were 310 people aged 50 and over living in care homes.
- Depression is a 'major health problem' among nursing home residents without cognitive impairment, especially younger residents[236]. 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[237,238].

Last Years of Life

- National and local strategies for improving people's experience at the end of life focus on person-centred care. When asked, most people would choose to die in their own home; increasing the proportion of deaths which occur in "usual place of residence" is a key quality measure of care in the last years of life.
- In 2014 26.4% of deaths in Tower Hamlets were in "usual residence" (London 37.2%; England 44.7%). Significantly fewer die in a residential care home (5.8%; London 14.3%; England 21.7%) and more people die in hospital (59.4%; London 53.9%; England 47.4%)[239].
- Identifying people who are in their last years of life is essential in supporting them to exercise choice in their care. The proportion of people with palliative care need that was identified by primary care in Tower Hamlets in 2013 was higher than the England average (48.4% compared to 37%)[240].

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[231] Ipsos MORI. Tower Hamlets Health and Lifestyle survey, 2010
[232] SUS, 2011/12 (via JSNA Factsheet on Nutrition in Older People)
[233] 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
[234] HSCIC Hospital episode statistics 2014-15
[235] TH Adult Social Care Department, strategic Commissioning – Internal communication
[236] Nursing Times, 2011.
[237] Blazer DG. Depression in late life: review and commentary. J Gerontol A Biol Sci Med Sci. 2003;58(3):249–265.
[238] CEG JSNA data factsheets 2015
[239] PHE End of Life Care Profiles http://fingertips.phe.org.uk/profile/end-of-life September 2016
[240] Marie Curie End of Life Care Atlas, 2010/11

- 30.7% of bereaved carers rate the quality of end of life care as outstanding or excellent, below the England average of 43.2%. However very low response rates in the borough make comparisons unreliable and differences should be treated with caution[241].

Evidence base

The National Service Framework for Older People (2001) sets out evidence based recommendations for improving health outcomes in older people as follows:

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

The Department of Health End of Life Strategy (2008) set 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 preferences for end of life care, care planning, care coordination, management of the last days of life, care after death and support for carers[242]. Ambitions for Palliative and End of Life Care, a national framework for local action, brings together a range of previously published guidance into six priority ambitions, which aim to achieve high quality care for all people nearing the end of life, and their families and carers[243].

Related JSNA factsheets:
Last Years of Life; Parkinson's; Oral health of older people; Falls; Stroke; Food and Nutrition in people over 65;

[241] ONS 2014 National Survey of Bereaved People (VOICES) 2011-12

Related Public Health Outcomes Framework Indicators:
0.1 Life Expectancy at 65; 1.18 Social Isolation; 2.20 Cancer screening coverage; 2.24 Falls & fall injuries in the over 65s; 3.03 Vaccination/Flu coverage; 4.12 Preventable sight loss; 4.03 to 4.09 Mortality rates 4.11 Emergency readmissions; 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

Local Plans

There are a wide range of strategies that impact on the health and wellbeing of older people, including:

- LBTH Ageing Well Strategy (currently being developed)
- The Health and Wellbeing Strategy 2016-2020 (currently being consulted on)
- LBTH Mental Health Strategy 2014-2019
- Tower Hamlets Partnership Community Plan 2015
- LBTH Strategic Plan 2015/16 (informed by the Mayor's Priorities)
- The Mayor's Priorities: (Housing delivery and performance; Regeneration and the creation of Sustainable Communities; Creating Jobs and supporting the growth of the Local Economy; Young People and Schools; Older People and Health; Community Safety and Community Cohesion; Environment and Public Realm; and Arts, Heritage, Leisure and Culture.
- LBTH Public Health Aspirations
- Housing: "Towards a new Tower Hamlets Housing strategy" under consultation.
- TH Fuel Poverty strategy & Action Plan 2013-16
- TH Vision Strategy and Vision Plan 2013-2016
- Partnership work including:
    - NHS Sustainability and Transformation Plans (East London)
    - Transforming Services Together (East London)
    - Tower Hamlets Together NHS Vanguard Programme
    - Interventions to address loneliness based on the Campaign to End Loneliness
    - Integrated Care Programme (I cannot remember the new name)
    - TH Safeguarding Adult Board
    - LinkAge Plus Partnership
    - Older People Reference Group

Considerations for the Health and Wellbeing Board

- The speed of ageing varies from person to person as biological changes can be made worse by personal, social and environmental circumstances. Studies show that 25 % of this variability is explained by genetic factors and the other 75% is largely explained by the cumulative impact of behaviours and exposures during the person's life course. As such, healthy ageing requires a life course approach.

- Therefore, as for the other age groups, improvements in socioeconomic status, housing quality, social and family networks, lifestyle and provision of integrated health and social care built around their needs are all factors that will improve older peoples' health.
- From a clinical perspective, the low uptake of cancer, diabetic eye screening, and abdominal aortic aneurysm screening programmes is of concern.
- Services and initiatives for older people should take into account what older people value and staff should be trained to deliver in a way which meets those values (from studies and stakeholders consultations):
    - Older people value independence so that they are able (i) "to do what they want, when they want and getting out and about" (ii) to have community interactions and control over the amount of social contact they have; (iii) to retain choice and control of decision making but also want for clear guidance and support from professionals and family.
    - Older people with high support needs value to: (i) people knowing and caring about them (ii) feeling they belong and have links to local communities; (iii) be able to contribute (to family, social and community life), and being valued for what they do, (iv) being treated with dignity, as an equal and as an adult; have and retain their sense of self, their personal identity – including being able to express views and feelings.
    - Older residents find access to health and social care information difficult and confusing and would like to have this information in a central place. They are keen to have more training and support with accessing and using information technology. However, the private cost of internet access is prohibitive for a majority of older people in Tower Hamlets. Initiatives to access IT facilities in the borough for use by older people are underway and should be supported.