



8. Health and Wellbeing

Residents in the borough experience some of the starkest health inequalities in London. This means fewer years of life spent in good health, poorer survival rates for cancer patients and there is a higher prevalence of risky behavioural factors such as drug and alcohol misuse and smoking.

Summary

- In 2014-16, healthy life expectancy was lower for men and women compared to London and England averages and particularly low for women. Disability-free life expectancy was significantly lower for men and women when compared to London and England averages.
- The borough also has a higher rate of deaths considered preventable or premature than rates in London and England.
- The infant mortality rate, in infants under 1 year old, in 2014-16 was 5 deaths per 1,000 live births. This was the highest of all London boroughs.
- 4 per cent of mothers were smoking during pregnancy which is lower than the England average of 11 per cent, but this masks differences in levels between mothers of different ethnicities.
- The rate of children with one or more decayed or missing teeth has gone down and in 2015 it was 36 per cent. However this was the third highest rate across all London boroughs.
- 43 per cent of children in year 6 were overweight or obese compared with 39 per cent in London and 34 per cent nationally.
- In 2016/17, the prevalence of diabetes in Tower Hamlets was 6.8 per cent, which was slightly higher than London (6.5 per cent), but similar to England (6.7 per cent).

Summary (continued)

- Infectious diseases including tuberculosis, sexually transmitted infections and HIV are all significantly higher in Tower Hamlets than in London, and nationally. HIV testing uptake in the borough (83 per cent) is higher than in London (79 per cent) and England (77 per cent).
- The prevalence of long term mental health problems is 6.4 per cent in the borough, compared with 5.7 per cent nationally.
- Tower Hamlets has the second highest rate of all London boroughs for potential years of life lost due to smoking-related illness with 1,733 years of life lost per 100,000 residents in 2014-16.
- In 2014/15, the rate of opiate and/or crack cocaine users in the borough was estimated to be 13 per 1,000 residents and was the joint second highest proportion amongst London boroughs.
- The rate of alcohol specific hospital admissions in the borough was 716 per 100,000 residents in 2016/17, significantly higher than the London and England rates of 523 and 563 per 100,000 respectively.
- The proportion of adults in the borough eating the recommended '5 a day' portions of fruit and vegetables were the lowest in London in 2015/16.
- 23 per cent of people are physically inactive, similar to London and England averages.

Introduction

The link between deprivation and poor health is well established. The position of the borough on the Index of Multiple Deprivation has improved but our residents still experience the highest rates of child and pensioner poverty in the country and linked to these challenges residents also experience significant health issues and inequalities.

In Tower Hamlets, the approach to tackling health needs and improving health outcomes are framed using Sir Michael Marmot's life course approach to health and its social determinants. This describes health challenges specific to different stages of life, from prenatal health through to end of life care and is the basis of the Joint Strategic Needs Assessment used for commissioning health and social care services.

The Tower Hamlets Health and Wellbeing Board is a statutory board with lead responsibility for health and wellbeing issues in the borough. It is a partnership of council representatives including elected members, partner organisations and community and advocacy groups, including Healthwatch and provides for democratic accountability across health and care services.

The board's purpose and priorities are set out in the Health and Wellbeing Strategy, which include:

- Communities Driving Change – so that change is led by and involves communities
- Creating a Healthier Place – improving our physical environment
- Employment and Health – helping people with poor working conditions or who are unemployed
- Children's Weight and Nutrition - helping children to have a healthy weight, encouraging healthy eating and promoting physical activity
- Developing an Integrated System – continuing work to join up services so they are easier to understand and access

These priorities and aspirations must also take account of the context of reduced public funding and the increasing demands on health and care services of a growing and aging population, and locally the overarching challenge of many more people having poorer health from an earlier age.

As can be seen in the Health and Wellbeing Strategy, these factors have contributed to a greater focus on prevention and the promotion of good health, better provision in the community as well as improving the integration between health and social care.

In 2015, Tower Hamlets was awarded 'Vanguard' status by NHS England for its multi-speciality community provider programme. This means the programme receives support from NHS England to develop innovative models of care which other parts of the country can then learn from and has been led by the Tower Hamlets

Together board which is the operational partnership for driving the integration of health and social care services with the ambition of improving the health and wellbeing of people living in Tower Hamlets.

Tower Hamlets Together have identified a number of priorities that will help to improve health and wellbeing in Tower Hamlets. These priorities are grouped into three main areas:

- Improving services for children and young people
- Improving services for adults, particularly those with a long-term health condition or who are vulnerable to illness
- A focus on prevention and supporting people to lead a healthy life

This chapter provides an overview of the needs and challenges that underpin the wide ranging priorities to improve the health and wellbeing of residents in the borough by the council and its partners.

Life expectancy at birth in Tower Hamlets

In 2014-16 average life expectancy at birth was 78.7 years for men, third lowest in London where the average is 80.4 years and lower than the England average of 79.5 years.¹

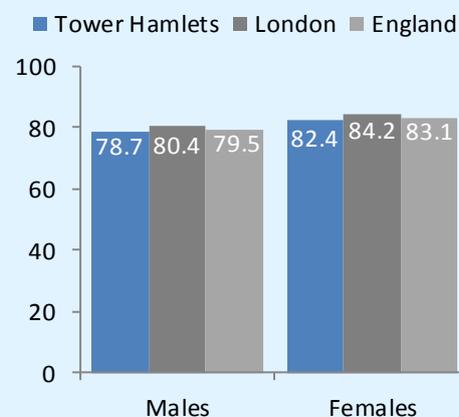
For females, average life expectancy at birth was 82.4 years, second lowest in London where the average was 84.2 years and lower than the England average of 83.1 years.² (See [Figure 8.1](#))

Healthy life expectancy rates

Healthy life expectancy measures look at the years of life that are spent in good health and provide insight into the quality of life of residents in the borough. [Figure 8.2](#) shows that between 2014 -16, men in Tower Hamlets had a healthy life expectancy of 61.3 years, compared with London and England averages of 63.5 years and 63.3 years respectively.³ For women in the borough this was 55.6 years, significantly lower than London (64.4) and England averages of 63.9 years.⁴

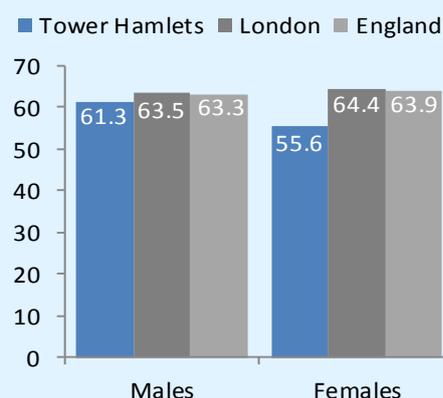
Disability-Free Life Expectancy (DFLE) provides an estimate of years of life free from any limiting,

Figure 8.1: Life expectancy at birth, 2014-16



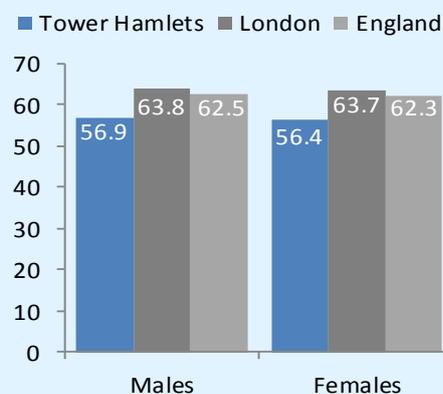
Source: Office for National Statistics, Health state life expectancy at birth and at age 65 by local areas, UK, 2017.

Figure 8.2: Healthy life expectancy at birth, 2014-2016



Source: Office for National Statistics, Health state life expectancy at birth and at age 65 by local areas, UK, 2017.

Figure 8.3: Disability-free life expectancy at birth, 2014-2016



Source: Office for National Statistics, Health state life expectancy at birth and at age 65 by local areas, UK, 2017.

persistent illness or disability. In Tower Hamlets this was 56.9 years for men and 56.4 years for women in 2014-16, the lowest among London boroughs. This is significantly lower than the London average of 63.8 years for men and 63.7 women, and the England average for men (62.8 years) and women (62.3 years).⁵ See [Figure 8.3](#).

Deaths in Tower Hamlets

In 2016, the age standardised rate of deaths registered in Tower Hamlets was 978 per 100,000 residents, compared with London (859 per 100,000) and England rates (960 per 100,000).⁶ See [Figure 8.4](#)

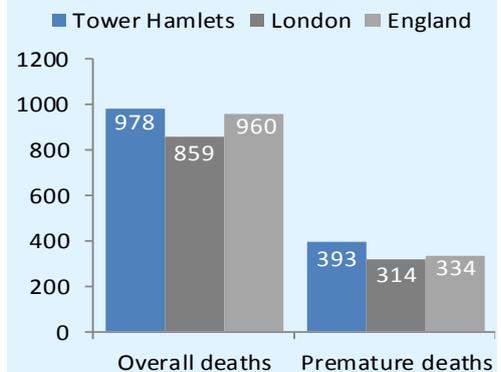
With 393 premature deaths per 100,000 residents in Tower Hamlets, the borough was joint second highest among London boroughs for overall premature deaths in 2014-16. This is higher than London (314 per 100,000) and England average of (334 per 100,000) in the same period.⁷

Tower Hamlets had the 6th highest under 75 mortality rate in London (25.2 per 100,000) for respiratory diseases considered preventable in 2014-16. This is significantly higher than London (16.5 per 100,000) and England (18.6 per 100,000).⁸ See [Figure 8.5](#).

Tower Hamlets had the 4th highest under 75 mortality rate in London (59.4 per 100,000) from cardiovascular diseases considered preventable in 2014-16. This is significantly higher than London (46.2 per 100,000) and England (46.7 per 100,000).⁹

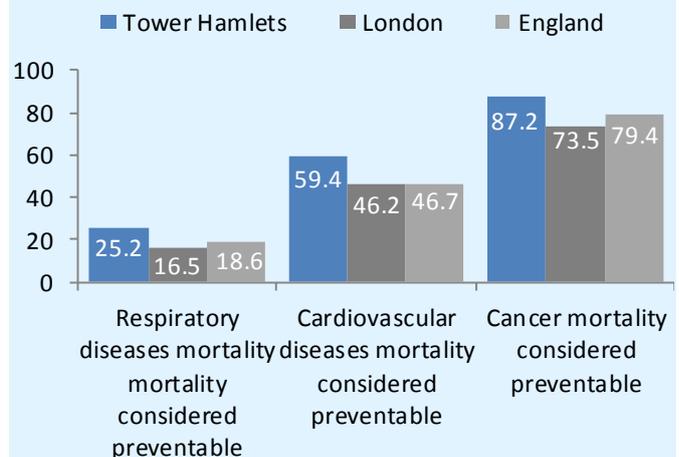
Tower Hamlets had an under 75 mortality rate of 87.2 per 100,000 from cancer considered preventable in 2014-16. This is higher than London (73.5 per 100,000) and England (79.4 per 100,000).¹⁰ With the 5th highest under 75 mortality rate from all cancers of all London boroughs (146.4 per 100,000) in 2014-16. This is higher than London (126.8 per 100,000) and England (136.8 per 100,000).¹¹

Figure 8.4: Overall deaths and premature deaths



Sources: Office for National Statistics, Mortality Statistics: Deaths Registered by Area of Usual Residence, 2016 Registrations, 2016. Note: Age standardised rate per 100,000 population. Public Health England, Overall premature deaths (Persons), 2014-16. Note: Directly age standardised rate per 100,000 population.

Figure 8.5: Under 75 mortality rates considered preventable, 2014-16



Sources: Office for National Statistics, Mortality Statistics: Deaths Registered by Area of Usual Residence, 2016 Registrations, 2016. Note: Age standardised rate per 100,000 population. Public Health England, Overall premature deaths (Persons), 2014-16. Note: Directly age standardised rate per 100,000 population.

Conception, pregnancy and being born in Tower Hamlets

There were 4,592 live births in the borough in 2016. The birth rate or General Fertility Rate (GFR) has declined over time from 62.1 live births per 1,000 in 2012, to 53.5 live births per 1,000 in 2016.¹²

In 2016 Tower Hamlets had the thirteenth highest rate of births to non-UK born mothers in London making up 61.3 per cent of all live births. This is higher than the London figure of 58.2 per cent and England average of 29 per cent (Figure 8.6). 37.8 per cent of births were to mothers born in the Middle East or Asia compared to 18.8 per cent in London and 9.8 per cent in England.¹³

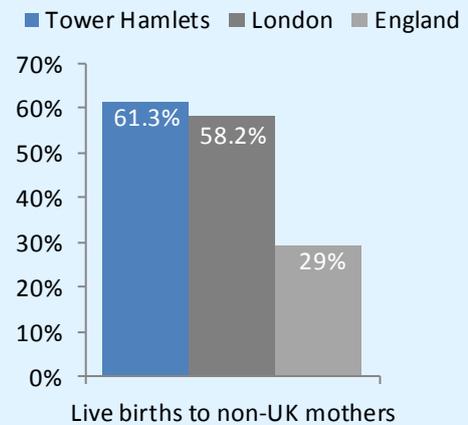
Key health challenges include low birth weights for 9 per cent of the 4,500 babies born each year and complications with gestational diabetes for 10 per cent of all pregnancies.¹⁴

Smoking during pregnancy can cause serious health problems such as complications during labour, an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. Figure 8.7 shows that in 2016/17, 4.2 per cent of female residents were smoking at time of delivery, slightly less than London (4.9 per cent), and significantly lower than that nationally (10.7 per cent).¹⁵ These figures mask significant differences between ethnic groups where Bangladeshi women have lower rates of smoking compared to other groups for example White British women who experience much higher rates of smoking prevalence.¹⁶

The borough has the highest infant mortality rate in London (Figure 8.8) with 5 infant deaths, under 1 year of age, per 1,000 live births between 2014 and 16. It is also higher than the London (3.2 per 1,000) and England average (3.9 per 1,000).¹⁷

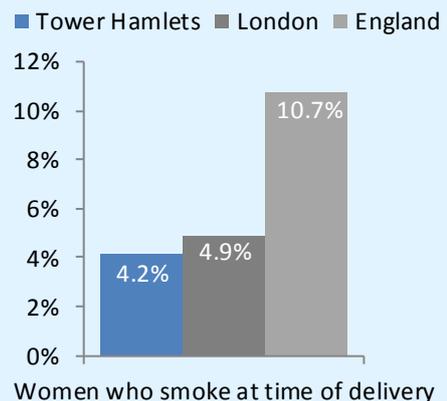
Low birthweight is a major factor in infant

Figure 8.6: Live births to non-UK mothers, 2016



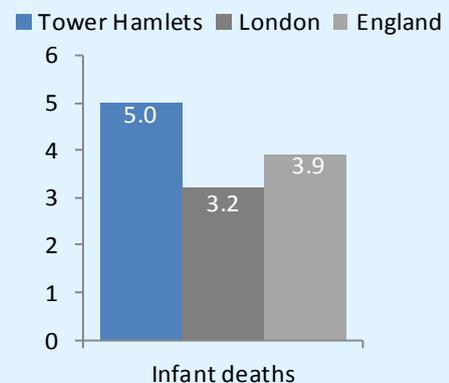
Source: Office for National Statistics, Births by Mother's Country of Birth, 2016.

Figure 8.7: Smoking status at time of delivery, 2016/17



Source: Public Health England, Smoking status at time of delivery (current method), 2016/17.

Figure 8.8: Infant mortality, 2014-16



Source: Public Health England, Infant Mortality, 2014-16.

Note: Crude rate of deaths in infants aged under 1 year per 1,000 live births.

mortality and has serious consequences for health in later life. 8.3 per cent of babies in the borough had low birth weight (birth weight under 2500g) in 2015, similar to London (7.6 per cent), but higher than that of England (7.4 per cent).¹⁸

Growing up in Tower Hamlets - early years

In 2015/16, there were 1,071.1 A&E attendances per 1,000 children aged less than 1 year in Tower Hamlets. This is similar to the London figure of 1,061.2 per 1,000 but much higher than the England rate of 798.6 visits per 1,000 children.¹⁹ (This includes multiple attendances by a single child)

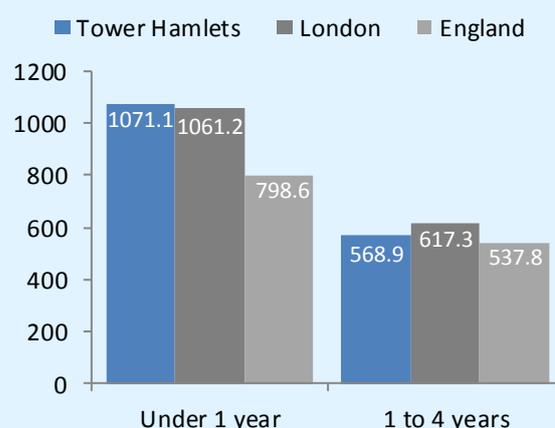
In the same year for 1-4 year olds there were 568.9 A&E attendances per 1000 children, this is less than London (617.3 per 1000), but higher than the England average (537.8 per 1000).²⁰ See [Figure 8.9](#)

Vaccination coverage in Tower Hamlets in 2016/17 (86.8 per cent) falls beneath the recommended threshold of 95 per cent of children immunised with two MMR doses by the age of 5. However, this rate was significantly higher than London (79.5 per cent), and in line with the England average (87.6 per cent).²¹

In 2014/15, the borough had the 3rd highest rate in London (35.5 per cent) of children with one or more decayed, missing or filled teeth. This is significantly higher than both London (27.3 per cent) and England (24.8 per cent) proportions. See [Figure 8.10](#). However, the rate has improved from the 2012 figure of 46 per cent.²²

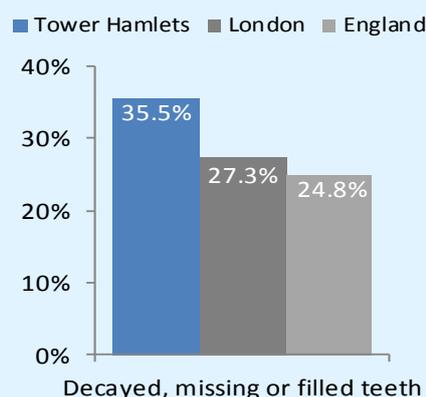
In 2017, 68.4 per cent of our children were achieving a good level of development at the end of reception. This is below the London (73.0 per cent) and England average (70.7 per cent).²³

Figure 8.9: 0-4 year olds A&E attendances, 2015/16



Source: Public Health England, A&E attendances (under 1 year, 1-4 years, 2015/16).
Note: Crude rate per 1,000 population aged under 1 year, and 1-4 years.

Figure 8.10: Children's decayed, missing or filled teeth, 2014/15

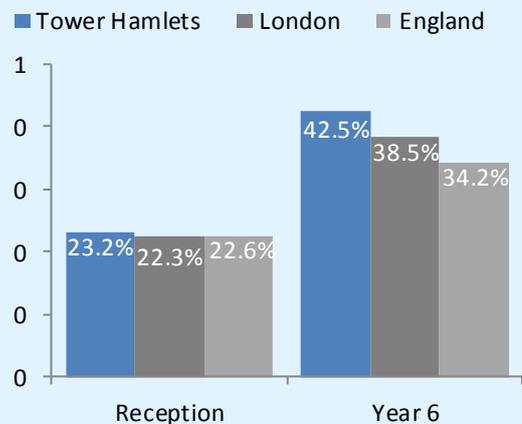


Source: Public Health England, Children with one or more decayed, missing or filled teeth, 2014/15.

Growing up in Tower Hamlets – children and young people

The National Child Measurement Programme (NCMP) shows that in 2016/17, 23.2 per cent of Tower Hamlets reception aged children were overweight or obese, similar to London at 22.3 per cent and nationally the figure was 22.6 per cent.²⁴ However at year 6, 42.5 per cent of children were overweight or obese and this is significantly higher than London at 38.5 per cent and England (34.2 per cent).²⁵ See [Figure 8.11](#). (NCMP only includes data from children attending state-maintained schools)

Figure 8.11: Overweight (including obese) children, 2016/17



Source: Public Health England, Prevalence of overweight (including obese), 2016/17.

Health outcomes

In 2016/17, 6.8 per cent of residents aged 17 years and over recorded having diabetes, which is slightly higher than London (6.5 per cent), but similar to the England average (6.7 per cent).²⁶ Prevalence of Type 2 diabetes is particularly high amongst south Asian communities.²⁷

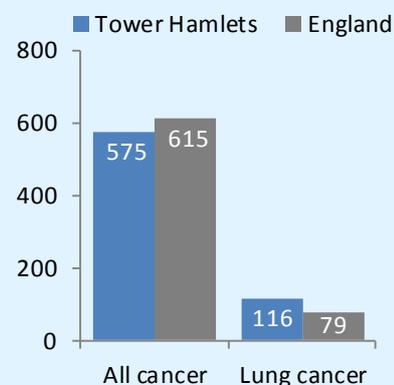
1.6 per cent of patients within the Borough were recorded as having coronary heart disease (CHD) in 2016-17, lower than both London (2.0 per cent), and England (3.2 per cent).²⁸

Age is a particularly important factor in cardiovascular disease, with the prevalence greatly increasing after the age of 40. In Tower Hamlets, South Asian men are more likely to develop CHD at a younger age, whereas Black residents have the highest stroke mortality rates.²⁹

Although overall cancer diagnosis in the borough is lower than that nationally, cancer is the largest cause of death in Tower Hamlets, and accounts for a third of deaths in people under 75 years. Cancer incidence and mortality increases with age, for example, men aged 75 years or older are most likely to die from cancer than any other group.³⁰

[Figure 8.12](#) shows that there were 575 cancers diagnosed for every 100,000 people in 2013-15, compared with 615 cases per 100,000 nationally.³¹ However, in the same period there were 116 lung cancer diagnoses per 100,000 people which is significantly higher than England which had 79 diagnoses per 100,000.³²

Figure 8.12: Cancer registrations, 2013-15

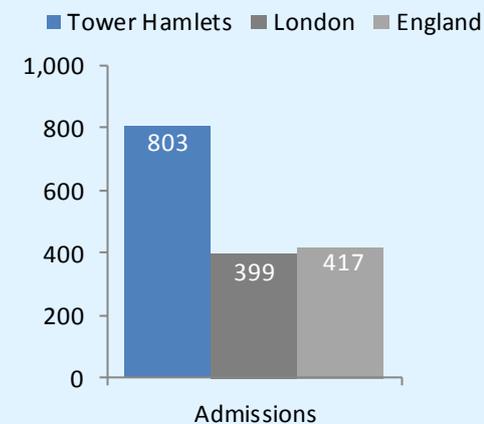


Source: Public Health England, Cancer data: Incidence rate, 2013-15.
Note: Age standardised rate per 100,000 population.

1.27 per cent of residents in the borough were recorded as having had chronic obstructive pulmonary disease (COPD) in 2016-17, compared to the London (1.15 per cent), and England prevalence (1.87 per cent).³³

In 2016/17, there were 803 emergency hospital admissions for COPD per 100,000 residents aged 35 and above, this is the highest in London, and significantly higher than the London average (399 per 100,000) and that nationally (417 per 100,000), see [Figure 8.13](#).³⁴ In Tower Hamlets, COPD is slightly higher in men, it increases with age and is higher in more deprived areas, as well as higher in the White population.³⁵

Figure 8.13: Emergency hospital admissions for COPD, 2016/17



Source: Public Health England, Emergency hospital admissions for COPD, 2016/17.
 Note: Directly age standardised rate per 100,000 population aged 35+.

Mental health

6.4 per cent of our residents reported a long term mental health problem according to the GP Patient Survey in 2017, compared with 5.7 per cent nationally.³⁶

6.8 per cent of residents were recorded as having depression similar to London (6.6 per cent) but significantly lower than that nationally (9.1 per cent).³⁷

Mental health in the borough tends to be lowest in the 45-54 age group, with other particular groups at risk in including people living in care homes, carers, looked-after children, people in prison and homeless people.³⁸ Individuals with learning disabilities are six times more likely to develop mental health conditions than individuals without learning disabilities.³⁹

In 2017, 5.3 per cent of patients aged 65 and over in the borough were recorded as having dementia, significantly higher than London (4.49 per cent) and England (4.33 per cent).⁴⁰

In the same year, the age standardised rate of prevalence of dementia in those aged under 65 years old in the borough was 3.36 per 10,000 residents, which is similar to London (2.83 per 10,000) and England (2.94 per 10,000).⁴¹

Infectious diseases

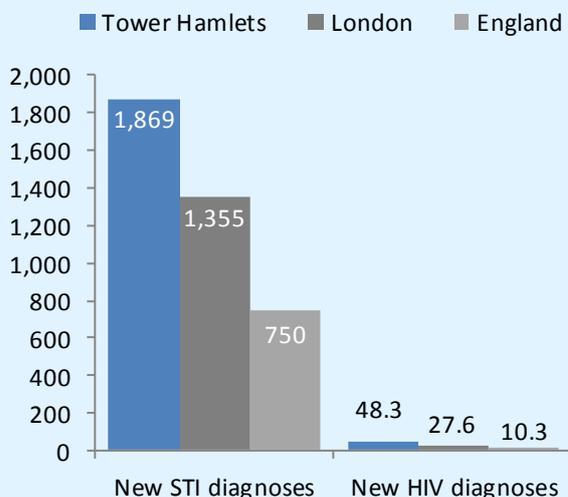
In 2014-16, the three year average for diagnosed incidences of tuberculosis (TB) was 30.1 per 100,000 residents, which was similar London (27.0 per 100,000) but significantly higher than England (10.9 per 100,000).⁴²

In 2016, there were 1,869 new diagnoses of sexually transmitted infections (STI) per 100,000 residents). This crude rate is significantly higher than London (1,355 per 100,000) and the England average (750 per 100,000).⁴³ The highest number of new infections was seen in male residents aged 20-44.⁴⁴

In 2016, the prevalence rate of HIV (human immunodeficiency virus) was 6.61 per 1,000 residents aged 15-59, higher than London (5.78 per 1,000) and England (2.31 per 1,000).⁴⁵ The rate of new HIV diagnoses was 48.3 per 100,000 in 2016, significantly higher, than London (27.6 per 100,000) and England (10.3 per 100,000) respectively.⁴⁶

When offered HIV testing, overall uptake by residents was better in the borough, at 82.6 per cent, than in London (78.8 per cent) or nationally (76.5 per cent) in 2016.

Figure 8.14: New STI and HIV diagnoses, 2016



Sources: Public Health England, All new STI diagnosis rate, 2016.
Public Health England, New HIV diagnosis rate, 2016.
Note: Crude rate per 100,000 population.

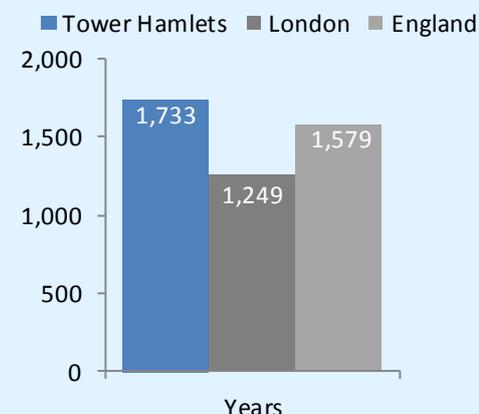
Smoking, drug and alcohol abuse

The World Health Organisation identifies smoking as the greatest single global cause of preventable morbidity and mortality, with smoking accounting for 1 in 6 of all deaths across England. Figure 8.15 shows in 2014-16, that the potential years of life lost due to smoking-related illness was 1,733 years per 100,000 residents aged 35-74, this is the 2nd highest in London, and significantly higher than the London (1,249 per 100,000) and England estimate (1,579 per 100,000).⁴⁷

The number of residents who set a quit date through NHS Stop Smoking Services is the 8th highest in London, with 6,383 instances per 100,000 smokers in 2016/17. However this was a decrease on the previous years' figures by 27 per cent.⁴⁸

In 2016/17, 1,354 residents reported successfully quitting smoking. This is the 5th highest in London, but a decrease of 9 per cent from the previous year.⁴⁹

Figure 8.15: Potential years of life lost due to smoking-related illness, 2014-16



Source: Public Health England, Potential years of life lost due to smoking related illness, 2014-16.
Note: Directly age standardised rate per 100,000 population aged 35-74 years.

In 2016, 18 per cent of residents over the age of 18 were smokers, compared with 15 per cent in London and 16 per cent in England.⁵⁰

The misuse of drugs and alcohol presents a wide range of social and health issues. It can have serious consequences for individuals, their families and whole communities including crime, domestic abuse, child abuse and neglect, homelessness and physical and mental health problems. While considerable progress has been made in Tower Hamlets in reducing the harm of drug and alcohol misuse, the borough and its partners continue to support children, young people, adults and their families to maximise their health and wellbeing whilst reducing the negative impact of drugs and alcohol.⁵¹

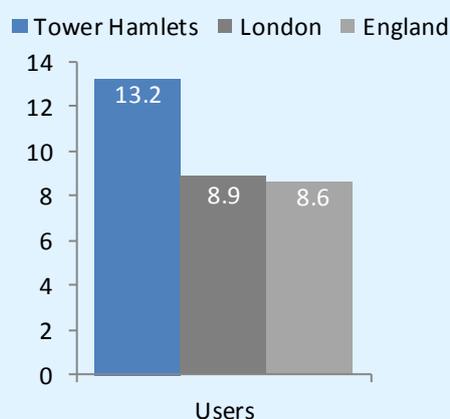
Figure 8.16 indicates that in 2014/15, 13.2 per 1,000 residents aged 15-64 years were estimated to be opiate and/or crack cocaine users (OCUs), this is joint 2nd highest in London, and significantly higher than both the London (8.9 per 1,000) and England (8.6 per 1,000) averages.⁵²

In 2016/17, 1,768 residents received treatment at a specialist drug misuse service. This is the highest in London, but a 10 per cent decrease from the previous year.⁵³

Hospital admissions for alcohol-specific conditions have been significantly higher in the borough compared to London and England since 2009. In 2016/17, there were 716 alcohol-specific admissions per 100,000 residents, compared to London (523 per 100,000) and nationally (563 per 100,000), see Figure 8.17.⁵⁴

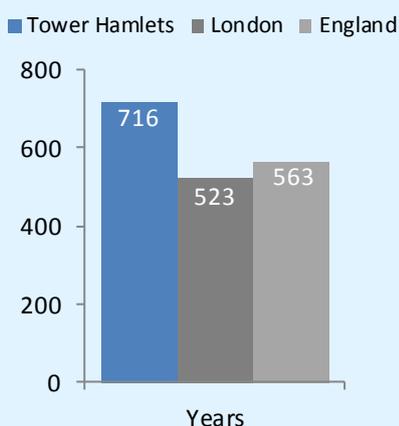
Tower Hamlets had the 7th highest rate of estimated alcohol-dependent adults aged 18 and above.⁵⁵ This rate of dependency is high when taking into account that a large proportion of adults aged 18 and above in the borough (47.6 per cent) were reported as abstinent in 2011-14.⁵⁶ An estimated 3,427 of our residents were dependent drinkers in 2014/15.⁵⁷

Figure 8.16: Opiate and/or crack cocaine users (OCUs), 2014/15



Source: Public Health England, Estimates of use of opiates and/or crack cocaine, 2014/15.
Note: Crude rate per 1,000 population aged 15-64 years.

Figure 8.17: Alcohol specific admissions, 2016/17



Source: Public Health England, Admission episodes for alcohol-specific conditions (Persons), 2016/17.
Note: Directly age standardised rate per 100,000 population.

Wellbeing and healthy lifestyles in Tower Hamlets

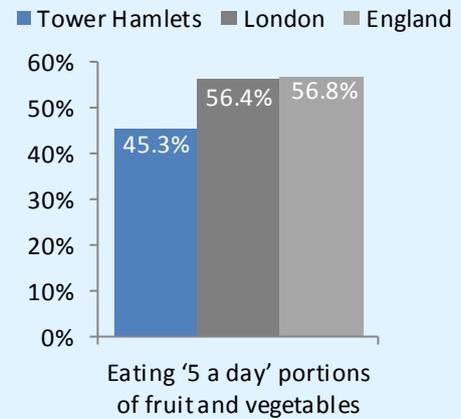
The Annual Population survey tracks wellbeing by asking about life satisfaction, happiness, feelings about worthwhile activities and levels of anxiety. The survey asks respondents to rate levels of wellbeing on a scale of 0 to 10 (with 10 indicating the highest levels of wellbeing). When asked about life satisfaction, our residents were joint 5th highest in London with an average life satisfaction score of 7.5 in 2012-2015, which is similar to the London (7.4) and England average (7.5).⁵⁸

In 2015/16, Tower Hamlets had the lowest rate in London for adults having the recommended '5 a day' for portions of fruit and vegetables (45.3 per cent). This is significantly lower than the London (56.4 per cent) and England average (56.8 per cent), see [Figure 8.18](#).⁵⁹

67.6 per cent of adults aged 19 and above in 2015/16 met the Chief Medical Officer recommendations for physical activity (150+ moderate intensity equivalent minutes per week). This compares to a London average of 64.6 per cent and England average of 64.9 per cent.⁶⁰ 41.0 per cent of adults aged 16 and above participated in sport (at least once a week). This is higher than in London (37.8 per cent) and nationally (36.1 per cent), see [Figure 8.19](#).⁶¹

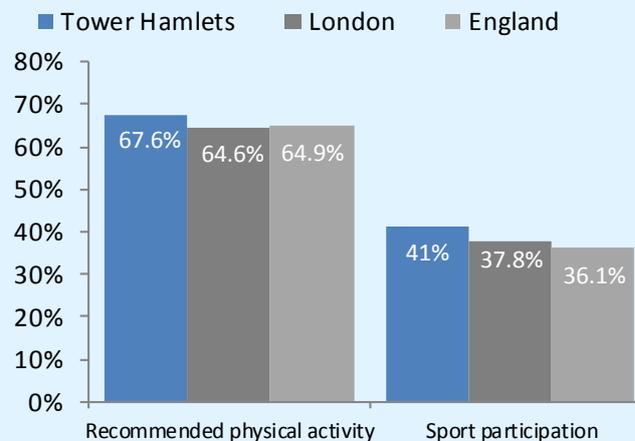
In contrast in 2016/17, 22.8 per cent were classified as physically inactive (less than 30 moderate intensity equivalent minutes per week), similar to the London average (22.9 per cent) and England average (22.2 per cent).⁶²

Figure 8.18: Eating '5 a day', 2015/16



Source: Public Health England, Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) - current method, 2015/16.

Figure 8.19: Physical activity and sport participation, 2015/16



Sources: Public Health England, Percentage of physically active adults - current method, 2015/16. Sport England, Local Sport Profile: Tower Hamlets, 2015/16.

Endnotes

- ¹ Public Health England, [Life expectancy at birth \(Male\)](#), 2014-16.
- ² Public Health England, [Life expectancy at birth \(Female\)](#), 2014-16.
- ³ Public Health England, [Healthy life expectancy at birth \(Male\)](#), 2014-16.
- ⁴ Public Health England, [Healthy life expectancy at birth \(Female\)](#), 2014-16.
- ⁵ Office for National Statistics, [Health state life expectancy at birth and at age 65 by local areas, UK](#), 2017.
- ⁶ Office for National Statistics, [Mortality Statistics: Deaths Registered by Area of Usual Residence](#), 2016 Registrations, 2016.
- ⁷ Public Health England, [Overall premature deaths \(Persons\)](#), 2014-16.
- ⁸ Public Health England, [Under 75 mortality rate from respiratory disease considered preventable, 2014-16](#).
- ⁹ Public Health England, [Under 75 mortality rate from cardiovascular diseases considered preventable, 2014-16](#).
- ¹⁰ Public Health England, [Under 75 mortality from cancer considered preventable, 2014-16](#).
- ¹¹ Public Health England, [Under 75 mortality from cancer, 2014-16](#).
- ¹² Office for National Statistics, [Births by mothers' usual area of residence in the UK](#), 2012-2016.
- ¹³ Office for National Statistics, [Births by mothers' usual area of residence in the UK, 2014-2016, Parents' country of birth](#), 2016.
- ¹⁴ Tower Hamlets Together, [The challenge: Maternity and Early Years](#), 2016.
- ¹⁵ Public Health England, [Smoking status at time of delivery \(current method\)](#), 2017.
- ¹⁶ Tower Hamlets Council, [Tower Hamlets Joint Strategic Needs Assessment: Smoking and Pregnancy: Factsheet](#), 2010-2011.
- ¹⁷ Public Health England, [Infant mortality](#), 2014-16.
- ¹⁸ Public Health England, [Low birth weight of all babies](#), 2015.
- ¹⁹ Public Health England, [A&E attendances \(under 1 year\)](#), 2015/16.
- ²⁰ Public Health England, [A&E attendances \(1-4 years\)](#), 2015/16.
- ²¹ Public Health England, [Population vaccination coverage - MMR for two doses \(5 years old\)](#), 2016/17.
- ²² Public Health England, [Children with one or more decayed, missing or filled teeth](#), 2014/15.
- ²³ Department for Education, [Early years foundation stage profile \(EYFSP\) results: 2017 \(SFR60/2017\)](#).
- ²⁴ Public Health England, [Reception: Prevalence of overweight \(including obese\)](#), 2016/17.
- ²⁵ Public Health England, [Year 6: Prevalence of overweight \(including obese\)](#), 2016/17.
- ²⁶ Public Health England, [Diabetes: QOF prevalence \(17+\)](#), 2016/17.
- ²⁷ Tower Hamlets Council, [Tower Hamlets Joint Strategic Needs Assessment: Type 2 Diabetes Factsheet](#), November 2015.
- ²⁸ NHS Digital, [Recorded disease prevalence, achievements and exceptions, cardiovascular group, coronary heart disease](#), 2016-17.
- ²⁹ Tower Hamlets Council, [Cardiovascular disease Tower Hamlets health profile](#), 2013.
- ³⁰ Tower Hamlets Council, [Tower Hamlets Joint Strategic Needs Assessment for Cancer](#), 2016.
- ³¹ Cancer data, [Incidence](#), 2013-15.
- ³² Public Health England, [Lung cancer registrations](#), 2013-15.
- ³³ NHS Digital, [Recorded disease prevalence, achievements and exceptions, respiratory group, COPD](#), 2016-17.
- ³⁴ Public Health England, [Emergency hospital admissions for COPD](#), 2016/17.
- ³⁵ Tower Hamlets Council, [Tower Hamlets Joint Strategic Needs Assessment: Chronic Obstructive Pulmonary Disease Factsheet](#), 2015.
- ³⁶ NHS England, [The GP Patient Survey: CCG report](#), July 2017.
- ³⁷ NHS Digital, [Recorded disease prevalence, achievements and exceptions, mental health and neurology group, depression](#), 2016-17.
- ³⁸ Tower Hamlets Council, [Tower Hamlets Joint Strategic Needs Assessment: Mental Wellbeing Factsheet](#), 2016.
- ³⁹ Local Government Association, [Being Mindful of Mental Health](#), 2017.
- ⁴⁰ Public Health England, [Dementia: Recorded prevalence \(aged 65+\)](#), 2017.

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- 41 Public Health England, [Dementia: Indirect Age-Standardised Recorded Prevalence \(aged under 65 years\) per 10,000](#), 2017.
- 42 Public Health England, [TB incidence \(three year average\)](#), 2014-16.
- 43 Public Health England, [All new STI diagnosis rate](#), 2016.
- 44 Tower Hamlets Council, [Tower Hamlets Joint Strategic Needs Assessment: Sexual Health Factsheet, 2010-11](#).
- 45 Public Health England, [HIV diagnosed prevalence rate](#), 2016.
- 46 Public Health England, [New HIV diagnosis rate](#), 2016.
- 47 Public Health England, [Potential years of life lost due to smoking related illness](#), 2014-16.
- 48 Public Health England, [Number setting a quit date](#), 2016/17.
- 49 NHS Digital, [Statistics on NHS Stop Smoking Services](#), 2017.
- 50 Public Health England, [Smoking Prevalence in adults - current smokers \(APS\)](#), 2016.
- 51 Tower Hamlets Council, [Tower Hamlets Substance Misuse Strategy](#), 2016-2019.
- 52 Public Health England, [Estimates of use of opiates and/or crack cocaine](#), 2014/15.
- 53 Public Health England, [Number in treatment at specialist drug misuse services](#), 2016/17.
- 54 Public Health England, [Admission episodes for alcohol-specific conditions \(Persons\)](#), 2016/17.
- 55 Public Health England, [Estimates of alcohol dependent adults](#), 2014/15.
- 56 Public Health England, [Percentage of adults who abstain from drinking alcohol](#), 2011-14.
- 57 Public Health England, [Estimates of alcohol dependent adults](#), 2014/15.
- 58 Annual Population Survey (APS), [Personal Well-being dataset](#), April 2012 to March 2015.
- 59 Public Health England, [Proportion of the population meeting the recommended '5-a-day' on a 'usual day' \(adults\)](#), 2015/16.
- 60 Public Health England, [Percentage of physically active adults - current method](#), 2015/16.
- 61 Sport England, [Local Sport Profile: Tower Hamlets](#), 2015/16.
- 62 Public Health England, [Percentage of physically inactive adults - current method](#), 2016/17.