Lifecourse JSNA for Middle Aged People 2019

Introduction

- Middle aged people are expected to make up an increasing proportion of the local population as young people
- Life expectancy, long term conditions, well being and health inequalities are strongly linked to wider determinants

Who are middle aged people?

- Residents aged 40 to 64 make up 23% of Tower Hamlets population
- There are 10.3% more males in this age group than females
- A third (34%) of middle-aged people are white British, 28% are Bangladeshi, 8% are black and 14% are “other white”

What is the local picture?

- Low healthy life expectancy, especially for women
- Rates of long term conditions increases with age and heart disease is highest in most deprived groups
- Although declining, smoking rates remain higher than England, especially amongst south Asian men
- Older working age people have low employment rates and high rates of disability; middle aged women with limited English language have very low employment rates

What is being done locally?

- Interventions to address the wider determinants of health, such as the Communities Driving Change programme, employment support and adult learning
- Prevention of ill health, by supporting people to live healthier lives by stopping smoking, being physically active, eat healthily and drink less.
- Early identification and management of long term health conditions
- Targeting groups at greatest risk of worse health and early death in order to reduce health inequalities

Considerations

- This is a broad age range which has differences in health and wider determinants between populations aged 40 to 49 and aged 50 to 64
- It is not always possible to separate age groups in published data, which covers all working age people
Setting the scene: The health of middle aged people in England

On average, middle aged people in England can expect to have good health until their 64th year:-

- Healthy life expectancy at birth in England is 63.4 years for men, and 63.8 years for women (2015-17)
- However there are marked geographical differences in healthy life expectancy e.g. 54.7 years for men in Blackpool, compared to 69.8 years for men in Wokingham

Long-term conditions (LTCs) such as diabetes, heart and respiratory disease become more common with age:-

- These conditions are linked to heart and circulatory disease leading to premature death (under 75)
- 42% of people in England aged 45-64 have at least one LTC
- With survival from cancer improving an increasing number of people are living with cancer as a LTC
- More than 70% of this group have at least 1 other LTC
- In London age people (20 – 64) make up 43% of the 231,740 people living with cancer (2017)

Some common LTCs, while not the main causes of early mortality, can have serious health and economic impacts:-

- Over 50% of people with a LTC say their health is a barrier to the type or amount of work they can do
- For those with 3 or more LTCs, this increases to 80%
- LTC rates are 60% higher amongst people in the poorest communities than those in the richest
- 53% of unskilled workers report at least 1 LTC compared to 33% of people in professional occupation

- 1 in 8 working age people in England report having a musculoskeletal (MSK) condition
- For those who report this as their main health problem, 60% are in work (2016)
- 9.5m days were lost to work related MSK conditions in England 2014/15 (PHE Health and Work 2018)
Setting the scene: Health and work amongst middle aged people in England

Work is an important determinant affecting the health and wellbeing of the population:

- As well as improving the quality of life of individuals, a healthy and happy workforce benefits workplaces, productivity and the economy.
- Supporting all people to have equal and meaningful opportunities and supporting them into fulfilling work or other activity should be a national priority.
- Promoting and protecting health at work is paramount, including healthy workplace initiatives and creating an environment free from stigma and discrimination (ADPH 2018).

There are health inequalities within the working age population between people who are unemployed and employed, and those who are in skilled as opposed to unskilled work:

- People who experience long term worklessness have lower life expectancy and worse health than those in work.
- People in ‘unskilled’ occupations are 20% more likely to have long-term conditions than those in ‘professional’ occupations.
- A quarter of people in routine/manual occupations smoke, twice the rate of people in professional roles.
- People with Black, Asian and Minority Ethnic (BAME) backgrounds have higher levels of unemployment. 63% of working age BAME people of are in employment, compared to 76% of white people.
- Women are more likely to have part-time, insecure work. There remains a substantial pay gap between genders.
Setting the scene: Health inequalities in middle aged people in England

Some population groups have particularly poor health outcomes:
- People with Learning Disabilities (LD), those with serious mental illness (SMI), people who are street homeless and those who misuse alcohol and/or drugs generally experience worse health and have much higher rates of premature death than the general population.
- A confidential enquiry into premature deaths of people with LD reported that every person in the general population who dies from a cause amenable to good quality care, 3 people with learning disabilities will do so.
- People with a SMI die between 15 and 25 years earlier than the average for the general population.
- People with Learning Disabilities (LD), those with serious mental illness (SMI), people who are street homeless and those who misuse alcohol and/or drugs generally experience worse health and have much higher rates of premature death than the general population.
- People with mental health problems are less likely to be in employment. Of those reporting mental health as their main health problem, 43% are in work compared to 74% of the general population (2016).
- Work can cause mental health problems: 9.9m days were lost to work-related stress, depression or anxiety in 2014/15.

Priorities for health in this age group are:
- Reduce environmental and behavioural risk factors, and increase opportunities for healthier lifestyles.
- Early identification and effective treatments for long term conditions.
- Target groups, especially the most deprived communities, at higher risk of poor health and early mortality.
- Increase health literacy, registration with primary care, uptake of preventive services including screening and effective use of health facilities.
- Improve health at work and embed preventive approach to MSK, promotion of mental and physical health.
Setting the scene: Lifestyle factors for middle aged people in England (1)

'Diseases of lifestyle' in which smoking, diet, alcohol, drug use and sedentary behaviours are significant contributory factors in the main causes of premature death in England among adults (PHOF).

**Poor diet** is a major risk factor for ill-health and premature death:-

- More middle aged adults in England eat the recommended amount of fruit and veg (5-a-day) compared to younger adults (56% of 45-54 year olds and 61% of 55-64 year olds, compared to 49.5% of 25-34 year olds in 2015/16)
- More people in the most affluent group eat 5-a-day (62.2%) compared to those in the most deprived (52.3%)
- White ethnic groups have higher rates of 5-a-day (58%) than people from Asian (49%) and black (46%) groups
- People are aware of the importance of healthy eating but cite barriers including mixed messages, cost and access

**Physical inactivity** is the 4th leading risk factor for global mortality accounting for 6% of deaths:-

- Active adults have a 20-35% lower risk of heart and circulatory disease compared to sedentary people
- Regular physical activity is associated with reduced risk of diabetes, obesity, osteoporosis, MSK conditions, bowel and breast cancer, and with improved mental health
- New guidance issued by the UK Chief Medical Officers advises adults to undertake strength-based exercise at least two days a week. This can help delay the natural decline in muscle mass and bone density that starts from around age 50
Setting the scene: Lifestyle factors for middle aged people in England (2)

**Smoking** is the leading cause of preventable ill health and premature mortality in the UK. It causes a very high proportion of lung cancers, chronic obstructive pulmonary disease (COPD) and heart disease. Smoking is also associated with other cancers including of the mouth, throat, bladder, kidney, stomach, liver and cervix:

- Nationally smoking rates, 2018, are declining although young adults (16-24yrs old) have the highest proportion of smokers, 24.5%, with middle aged adults having rates of 17.6% (35-49), 15.3% (50-59) and 9.5% aged over 60yrs old
- More men (16.7%) compared with women (15.8%) are smokers
- The gap in smoking prevalence has widened; 1 in 4 (25.9%) people in routine and manual occupations smoke, compared with 1 in 10 people (10.2%) in managerial and professional occupations
- More unemployed people smoke (29.6%) compared to employed (17%) and economically inactive people (13.7%)
- Smoking rates are higher in some ethnic groups, particularly amongst men
- Smokers are more likely to report having very bad health, when compared with those who have never smoked

**Substance misuse** (alcohol and drugs) is a causal factor in a range of health and social harms, leading to high rates of hospitalisation and premature mortality. It is particularly linked to acquisitive and violent crime and to domestic abuse:

- The standardised rate of deaths attributed to drugs misuse deaths is 43.9 per million population (2017). The London rate is lower (24.6) and North of England are higher (NE England 83.2)
- **Drug misuse deaths** are highest amongst people aged 40 to 49, more than 100 per million population (2016)
- The proportion of heroin users aged 40+ in treatment with poor health is increasing. There is an ageing cohort of heroin users who started using in the 1980s/90s with cumulative physical and mental health conditions
- **For people in treatment**, alcohol only and opiate only users are older on average than those who have problems with other substances (alcohol only 46 years; 12% (8,945) over 60. Opiate treatment average 40 years; 2017-18)
Policy context: National and London Priorities

**NHS Long Term Plan** (January 2019)
- Focus on service redesign; prevention and reducing health inequalities; care quality and outcomes; workforce development and support; digital enablement; cost effectiveness

**Prevention is better than cure** (Nov 2018)
- Aims “to improve healthy life expectancy so that, by 2035, we are enjoying at least 5 extra years of healthy, independent life, whilst closing the gap between the richest and poorest”

**Workplace Health: applying All Our Health** (April 2018)
- Good work is good for health and a bad working environment, characterised by low levels of job control and organisational fairness, and a high effort-reward imbalance, may contribute to poor health

**Green Paper Advancing our health prevention in the 2020s** (July 2019)
- Targeted support, tailored lifestyle advice, personalised care, greater protection against future threats

**The London Health Inequalities Strategy** (2018)
- Healthy children: adopt of The Healthy Early Years Programme particularly in the most deprived communities
- Healthy minds: more Londoners trained in mental health first aid informed approaches
- Healthy places: best air quality of any major global city targeting the most polluted places and benefitting the most vulnerable
- Healthy communities: support more Londoners in vulnerable or deprived communities to benefit from social prescribing
- Healthy living: all Londoners are doing the physical activity they need on a daily basis to stay healthy, with efforts focused on supporting the most inactive
Policy context: Local priorities

**Tower Hamlets Together objectives**
- Transform health and tackle inequalities
- Improve quality of care
- Commission and deliver high value services

**Tower Hamlets strategic plan priorities**
- People are aspirational, independent and have equal access to opportunities
- A borough that our residents are proud of and love to live in
- A dynamic outcomes-based council using digital innovation and partnership working to respond to the changing needs of our borough

**Tower Hamlets Health and Wellbeing strategy priorities**
- Communities Driving Change
- Creating a Healthier Place
- Employment and Health
- Children's Weight and Nutrition
- Developing an Integrated System

Public Health aspirations for a healthier Tower Hamlets are that middle age and older people have:
- Life skills for health and wellbeing through critical life stages e.g. separation, bereavement, retirement, coping with illness, maintaining family, social and sexual relationships
- Good emotional health and resilience with foundations for lifelong mental wellbeing
- Positive health habits built into daily life
- Freedom from behaviours harmful to health including tobacco, alcohol and substance misuse
- Good outcomes through early identification of need and access to early help to reduce or reverse progression of health conditions and maintain a good quality of life
- Freedom from abuse and neglect
- Dignity and a sense of control in the last years of life
### What works: Effective interventions (1)

#### 1. Wider determinants interventions
- Complex community interventions e.g. [Well Communities model (UEL)](https://vimeo.com/131850258) which enable disadvantaged communities and local organisations to work together to improve health and wellbeing, build community resilience and reduce inequalities. These lead to high levels of participation and empowered communities with increased knowledge, skills and confidence and greater capacity for working together to make a positive contribution to their community’s health and wellbeing.
- Adult education, training and employment support including language and literacy skills, work experience, help with CVs and interview preparation.

#### 2. Lifestyle interventions
- [Making every contact count](#): everyday interactions to encourage behaviour changes that improve individual and community health.
- Population specific interventions which work together and include messages that make desired behaviour e.g. healthy eating.
- [NICE Adult weight management](#) programmes.
- [Stop smoking interventions](#), behavioural support, nicotine replacement therapy, very brief advice.
- Embedding stop smoking support into treatment plans.
- [Physical activity](#) to prevent access weight gain.
- [Drug misuse treatment](#) services are effective in reducing mortality and dependence amongst users.
- [National Diabetes Prevention Programme](#): supporting behaviour change for people at higher risk of developing type 2 diabetes.

#### 3. Improving wellbeing and mental health
- [Promoting wellbeing](#) including adult learning, improving the quality of employment, tackling loneliness and isolation.
- Mental Health First Aid training.
- Suicide prevention training.
- [Identification and treatment](#) of adults with common mental health problems in primary care and.
- Improving physical health of people with Serious Mental Health Illness (SMI).
- “Talking therapies:” counselling, [Cognitive Behaviour Therapy (CBT)](#).
What works: Effective interventions (2)

4. **Improving workplace health**
   - Increase job control, organisational fairness and addressing effort-reward imbalances
   - Engage and provide opportunities for employees to improve their health and wellbeing especially MSK conditions and reduce work based accidents and illness

5. **Health screening and immunisation**
   - Immunisation to help prevent spread of serious infectious diseases, particularly flu immunisation for “clinically at risk” adults under 65
   - Screening programmes to help early identification and effective treatment of
     - Cardiovascular disease (NHS Health Check for men and women 40-74, every 5 years)
     - Breast cancer (women aged 50 to 70 every 3 years)
     - Cervical cancer (women aged 25 to 49 every 3 years, and 49-64 every 5 years)
     - Bowel cancer (men and women aged 60 to 74 every 2 years; one-off bowel scope at age 55 years)
     - Lung health check (lung cancer screening) for people 50-77 through the SUMMIT research programme
   - There are inequalities in screening uptake. People from deprived groups and non-white populations generally have lower uptake. Participation is low amongst people with learning disabilities, mental health problems, vulnerable and marginalised groups e.g. prisoners, sex workers, homeless people and those who misuse substances
   - **Four interventions** increase screening participation, including in under-served populations:
     - pre-screening reminders, GP endorsement, more personalised reminders for non-participants and more acceptable bowel and cervical screening tests
Less than a quarter of Tower Hamlets population is aged 40-64 (23%; 72,938 people), a smaller proportion compared to London (30%) and England (32%). Young adults (18-39) make up 49% of Tower Hamlets population (ONS mid-year estimate 2018).

Over the next 10 years, Tower Hamlets population is expected to grow by 17%. The proportion of residents who are middle aged is expected to increase by 34%, to make up 27% of the population.

There are more middle-aged men (40,194) than women (32,744).

A third (34%) of middle-aged people are white British, 28% are Bangladeshi, 8% are black and 14% are “other white”.

8.7% adult residents (3,878) identify as gay, lesbian, bisexual or “other” (LGB), twice the London average. Nationally 27% of all LGB people are middle-aged (18% are 45 to 54, 9% are 55 to 64). There is currently no reliable data on the number of people who are transgender (PHE 2018).

Tower Hamlets has the highest rate of households living in poverty in England (39%), almost twice the national average (21%). It is the 3rd most deprived London borough and 10th most deprived in England.
The local picture: Common health conditions for middle aged people in Tower Hamlets (1)

- Long-term conditions (LTCs) such as diabetes, heart and respiratory disease become more common with increasing age.

  ![Common LTCs in Tower Hamlets 2018](chart1.jpg)

- Although some rates are improving, Tower Hamlets has high premature death rates (under 75) from common LTCs. Three LTCs cause 75% of all premature deaths:
  - Circulatory disease (93.8 per 100,000; England 72.5)
  - Cancer (135.9 per 100,000: now similar to England)
  - Respiratory disease (40.7 per 100,000; England 34.3)

- Other LTCs can lead to heart and circulatory disease over time and contribute to early death rates:
  - Hypertension (high blood pressure): 9% (3,472) people aged 40-49, 28% (8,809) aged 50-64
  - Diabetes: 8.5% (3,478) people 40-49 and 20% (6,503) 50-64

- 4,196 Tower Hamlets residents are living with a diagnosis of cancer (2017).

- Tower Hamlets has the lowest crude prevalence of cancer in London (1.4%), linked to its young age profile and lower cancer survival rates (highest Bromley 3.6%)

- 61% of residents with cancer were diagnosed 5 or more years ago.

- More than half (52%) of all residents alive with cancer are aged 20 – 60 years old (866 men and 1,308 women).
The local picture: Common health conditions for middle aged people in Tower Hamlets (2)

- **Early diagnosis** of a LTC generally means that it can be better managed and disease complications avoided or reduced
- In 2017/18, 17,658 adults had a diagnosis of diabetes. PHE estimates that there are another 2845 cases of diabetes that are not yet diagnosed
- In 2018, 3,934 adults had a diagnosis of Chronic Obstructive Pulmonary Disease (COPD)
- The proportion of cancers diagnosed early (at stage 1 or 2) in Tower Hamlets increased from 37.5% to 50.1% between 2013 and 2017 (England 52.2%). The NHS Long Term Plan includes the target for 75% of cancers to be diagnosed at an early stage by 2028

- Musculoskeletal (MSK) disorders are the largest cause of years lived with disability in working aged people (2013)
- A higher incidence of MSK disorders is associated with deprivation
- 20% of the population saw their GP about a MSK condition in 2017, most commonly for back pain or osteoarthritis
- 34.6% of people receiving Personal Independence Payment (2016) have a MSK disorder as their main disability condition
- In Tower Hamlets
  - 30,975 people registered with GPs have recorded back pain
  - 1,372 people have rheumatoid arthritis
  - 123 people in TH have osteoporosis.
  - 282 have long-term back pain.
  - 257 have arthritis or a long-term joint problem.
  - 30% with long-term MSK conditions also have depression/anxiety
  - 7% of those with an MSK condition have another chronic health condition

There is more about MSK conditions in the Tower Hamlets Musculoskeletal Health JSNA.
The local picture: Inequalities in common health conditions for middle aged people

There are inequalities in rates of LTCs between different population groups:

- People in the most economically deprived groups have higher rates of LTCs.
- Amongst middle aged people registered with Tower Hamlets GPs, those in the most deprived fifth (quintile) have more than twice the rate of heart disease than those in the least deprived fifth.
- Rates increase after the age of 50 across all population groups.

People with learning disabilities (LD) and serious mental health illness (SMI) often have higher rates of LTCs. The underlying factors behind this inequality are complex mix of wider determinants, genetics, health behaviour and access:

- 44% (of 994) adults recorded by GPs as having LD are aged 35 to 64 (Self-assessment framework Q1 2018/19).
- More than a third (34%) of all adults with LD are obese (BMI 30+); 13% have recorded diabetes.
- 82% of adults with LD had an annual health check (March 2019); 96% of these had an agreed ‘health action plan’.
- Cancer screening rates amongst people with LD are low. In March 2019, 37% of 81 women eligible for breast screening had been screened in the last 3 years; 39% of 290 women eligible for cervical screening had been screened in the last 3.5 or 5.5 years; 20% of 75 men and women eligible for bowel screening had been screened in the last 2.5 years.
- 4,527 people registered with Tower Hamlets GPs have a diagnosis of SMI (March 2019), of which 16% were “in remission”.
- Just under half (48.8%) had a physical health check in the previous 12 months which included all 6 recommended elements. Alcohol, smoking and blood pressure monitoring rates were high (81% to 88%) and lifestyle advice (diet/exercise) was lowest (43%).
The local picture: Mortality in middle aged people in Tower Hamlets

- On average residents can expect to live in good health only into later middle-age (women 57.2 years, men 61.9 years), after which they report poorer health. While healthy life expectancy for men is improving, for women the rate is the 6th lowest in England.
- Elsewhere in London people reach older age before they experience poor health e.g. for men in Sutton, healthy life expectancy is 69.8 years. In Southwark it is 70.8 years for women.

- Death rates for people in this age group have reduced although remain higher than the London average. Between 2013 and 2017, the age standardised mortality rate fell from 365.4 to 327.8 per 100,000 population (London 300.7).
- Cancer is the largest single cause of death in this age group (36%/average 79 deaths per year) followed by cardiovascular disease (25%/ average 55 deaths per year).
- Just over a fifth of all deaths in Tower Hamlets are of residents aged 40 - 64 (22%/232 of 1067 deaths in 2017).

Source: ONS via NomisWeb
The local picture: Mental health amongst middle aged people in Tower Hamlets

- Overall 4,527 adults registered with Tower Hamlets GPs have a diagnosis of Serious Mental Illness (SMI)
- Prevalence rates are highest in the most deprived quintile (25%) and lowest in least deprived (9%). 75% of the patients are in the 3 most deprived quintiles
- Men and women are similarly affected in this age group
- Prevalence is highest in black people; 0.9% middle aged black people have a diagnosis of SMI compared to 0.2% white people and 0.3% south Asian people. This profile is in line with evidence of high rates of diagnosed serious mental illness in black groups

- Depression affects 1 in 6 adults at some time in their lifetime
- Having a physical long term condition can lead to depression, or make depression worse, exacerbating their physical condition
- Overall around 2.5% (8,001) adults registered with Tower Hamlets GPs have a diagnosis of depression. Rates are higher in women than men, and higher amongst middle aged people compared to young adults and older people
- Amongst middle aged people 6.3% (1,982) women have recorded depression compared to 3.5% (1,422) men
- Rates in this age group are highest amongst white people and highest in white women; 8% (1,060) white middle aged women have recorded depression, compared to 5.5% (596) south Asian women and 5% (180) black women
The local picture: Wellbeing amongst middle aged people in Tower Hamlets

- The Office OF National Statistics (ONS) annual report 2017/18 on personal well-being in the UK shows estimates of people’s life satisfaction, feeling that the things done in life are worthwhile, happiness and anxiety. Many factors influence quality of life and well-being. How people view their health has been shown to be the most important factor in personal well-being, followed by employment and relationship status. Being in a positive relationship is also an important factor.

- Scores for life satisfaction, happiness and things being worthwhile amongst Tower Hamlets residents of all ages are classified as high, averaging 7.46 of 10 in 2017/18. London borough averages are 7.18 to 7.92. Anxiety scores are 3.26 (London borough range 2.44 to 3.71)

- 14% of middle aged people in Tower Hamlets live alone, similar to the London and England rate of 12.8% (2011 census)

- Living alone can increase the risk of experiencing loneliness, which is bad for both physical and mental health and wellbeing.

- However there is evidence that loneliness is more common in young adults with rates declining into middle age and only rising in old age, linked to bereavement and loss.

- Middle aged residents in Tower Hamlets identify the importance of strong family and social networks to their health and wellbeing.
The local picture: Health and social care services for middle aged people in Tower Hamlets

- Between 2014 and 2018, on average 176 residents aged 40 – 64 received support from social care each year in the form of a Direct Payment. An increasing number received a Personal Budget (411 in 2017-18) with a corresponding decrease in the number using services commissioned by adult social care (279 in 2017-18) (see Local Actions). On average 130 middle aged people each year were supported in nursing and residential care.

- 17% residents aged 50-64 (5,799) provide unpaid care, a third of these for more than 50 hours a week. Amongst residents aged 25-49, 13,781 (8.6%) are unpaid carers (2019 estimates based on 2011 census).

- In 2018 there were around 1,400 more middle aged people registered with Tower Hamlets GPs (72,605) than the number of borough residents (71,191); these may be people living in other boroughs, or who have moved and not registered with a new GP. Some residents may be registered with GPs outside Tower Hamlets, or may be unregistered.

- During 2017/18, there were 3,562 hospital admissions amongst middle aged residents. 60% of these were planned (elective); 40% were emergency admissions. The most common cause of emergency admission were respiratory conditions - pneumonia, COPD, chest infection and asthma (692 admissions combined; rate 977.8 per 100,000 population). In many cases these conditions are preventable, with underlying causes of smoking and air quality.

- Access to dentistry measured by registration with an NHS dentist, is relatively low amongst middle aged people in Tower Hamlets (42.6 per 100,000 population; England 50.6, London 44.5).

- Mouth cancer rates are high. Age standardised incidence (8.3 per 100,000; 2012-14) is higher than London (6.2) and England (5.4) and the mortality rate (4.1) is the highest in London (average 2.0; England 1.9).

- Mouth cancers are linked to tobacco use, and increasingly to HPV infection. Regular dental examination can identify mouth cancer.
The local picture: Housing and environment for middle aged people in Tower Hamlets

- In 2011, three quarters (75%) of residents of all ages lived in **rented accommodation** (44% social housing, 31% privately rented). 22% were owner occupiers.
- Measures of “**affordability of home ownership**” (comparing average earnings and house prices) show that Tower Hamlets is in the lowest fifth of all boroughs in England, along with most other London boroughs. There is increasing evidence of a direct association between unaffordable housing and poor mental health, over and above the effects of general financial hardship.
- More than a third of households (34.8%) were deemed to be **overcrowded**, along with Newham (34.9%) the highest rate in London (London average 21.5%).
- Statutory **homelessness** in Tower Hamlets is the sixth highest in London (14.6 per 1,000 households/437 in 2017/8). Homelessness is associated with severe poverty and is a social determinant of mental health.
- In 2017-18, **375 people were seen sleeping rough in Tower Hamlets**, most of which were male (83%). A quarter (23%) were 44-55 and 7% were over 55.

- There is strong evidence to suggest that **green spaces** have a beneficial impact on physical and mental wellbeing and cognitive function through both physical access and usage.
- Adults (all ages) in Tower Hamlets report low but increasing rates of using outdoor spaces for exercise and health reasons (15.7% in 2016), similar to London (17.9%) and England (18%) averages.
The local picture: Language and health literacy amongst middle aged people

- In 2011, 34% of Tower Hamlets residents used a main language other than English, the third highest rate nationally (London 22%, England 8%). In 19% of households, no one had English as a main language.

- 18% of the population spoke Bengali, the largest number and proportion in England; 8% of the population reported low or no English proficiency, which is likely to impact on employability and health literacy.

- One fifth (20%) of middle aged people in Tower Hamlets have no formal educational qualification compared to the averages for London (2%) and England (9%).

- The rate for achievement of the highest level of at least NVQ4 (37%) in this age group is close to the England average (40%) but lower than London (50%) (NOMIS Annual Population Survey 2018).

- The Healthy Foundations Segmentation (2010) looked at people’s motivation to adopt a healthy lifestyle, based on their values and beliefs about health and making positive changes. Based on their responses, people were segmented into 5 broad categories. This showed a link between poor motivation and coming from a more deprived area.

- This segmentation was used as part of the Cancer Awareness Measure in East London in 2013. Amongst 719 Tower Hamlets adults surveyed (weighted towards those aged 50+), 41% were “live for todays” and 41% were “unconfident fatalists” – both groups are less likely to be motivated and confident to make healthy changes. Nationally these groups account for smaller proportions of the population (18% and 25% respectively).

- 7% in Tower Hamlets were “health conscious realists” (England 21%).

- ‘Low motivation’ aligns with health literacy: “the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health” (WHO 2015).

- Lack of English language proficiency contributes to low health literacy.

- Increasing health literacy can enable people to take positive control of their health.
The local picture: Employment and income for middle aged people

- While the proportion of workless households fell from 28% to 15% (2006 to 2016) and is now similar to the national rate, the employment rate for older workers is low.
- 58% residents aged 50-64 are in work (London 69%; all working aged residents 68%).
- Older Bangladeshi and Somali women, particularly with low levels of English proficiency have the lowest employment rates (25%).
- The gap in employment rate between those with a long term condition and the overall employment rate in Tower Hamlets (19.5%) is the third highest in London (av. 12.2%).

- Residents earn less than people who work in the borough: more than half of the jobs based in the borough are in the finance and professional sectors (55%), but only 31% of resident workers are employed in these sectors.
- Although more people are in employment, more residents receive in-work benefits. The proportion of working age Housing Benefit claimants in employment rose from 21% to 45% (2009 to 2016), with similar trends for tax credit.
- In July 2018, 7,202 residents were claiming Personal Independence Payments (PIP) - above the London average of 5,864. PIP helps with some of the extra costs caused by long-term ill-health or disability for people aged 16 to 64.
- 5% of working age residents were out of work and in receipt of disability related benefits (61% of all residents receiving ‘out of work’ benefits, Nov 2016). Claim rates are highest (18%) for those aged 55-64, far higher than the national rate of 10%.
The local picture: Lifestyle factors for middle aged people in Tower Hamlets (1)

- Less than half of all Tower Hamlets adults (49%) report eating at least 5 portions of fruit and veg daily, lower than average rates for London and England (57%) (2016/17).
- Two thirds of adults in Tower Hamlets meet the recommended level for physical activity (66%) similar to the England average (66%) (2016/17). Nationally rates are similar across groups aged 25 to 54 (69%), declining in those aged 55-64 (66%). People from white ethnic groups have higher rates (67-68%) compared to Asian (55%) and black (56%) groups, where rates are significantly lower.

- Almost a fifth (19.7%) of Tower Hamlets adults are smokers, higher than London (14.6%) and England (14.9%) rates.
- Middle-aged people in Tower Hamlets have higher smoking rates than both younger and older adults. GP records show that 21% people 40-64 are smokers (young adults 17%, older people 14%). Nationally younger adults have the highest smoking rates.
- Smoking rates in middle aged people are highest in the most deprived fifth of the population (27%) and lowest in the least deprived fifth (16%).
- More middle aged men than women report being smokers.
- The widest gender differences are seen in the south Asian (mainly Bangladeshi) population. 35% of men smoke, compared to 6% of women.
The local picture: Lifestyle factors affecting middle aged people (2)

- A high proportion of adults in Tower Hamlets report that they never drink alcohol (48%), twice the proportion for London (24.3%) and more than three times the England percentage (15.5%)
- However rates of alcohol specific hospital admissions for men are consistently higher than London and England averages (although rates are better for women) and alcohol related disease and death rates are similar, suggesting that for those men who drink alcohol, they are drinking more than average
- An estimated 82.2% of dependent drinkers (2,818 people) were not in contact with alcohol support services in 2016/17, the 6th greatest number in London
- Tower Hamlets has higher rates of drug misuse than London and England. The estimated prevalence of opium and crack cocaine use in 15 to 64 year olds was 14.42 per 1,000 population (3,244 people) (London 9.31, England 8.85) (2016/17)
- The highest rate of drug misuse is amongst people aged 35 – 64 years (21.19 per 1,000 population; London 10.40, England 9.46). This group (2,057 people) makes up 63% of all drug misusers in the borough

- Tower Hamlets consistently has the amongst the highest number of people in London seen sleeping rough (375 individuals, 2017/18). More than 90% need support relating to drugs, alcohol, mental health or all three
- On average, street homeless people die around 44 years old
- Providing palliative and end of life care in this relatively young population is challenging. Many deaths are sudden although they are not unexpected; specialist services for homeless people cannot always access the necessary support and resources; while mainstream end of life care services can find it difficult to accommodate the needs of this group
The local picture: Health screening for middle aged people (NHS Health Check)

The NHS Health Check programme aims to help prevent heart disease, stroke, type 2 diabetes and kidney disease. Everyone aged 40 to 74 not already diagnosed with one of these conditions, is invited every 5 years to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

- There is good uptake of the NHS Health Check in Tower Hamlets, with the rate amongst the highest in London at 79.2% between 2014-2019. The average for London is 48.3% and for England is 48.7%
- In 2018/19, 9949 people were invited for a health check, of which 7920 people attended PHE
- Of those attending, around 2% (151 people) were identified as being at high risk of heart attack or stroke in the next 10 years and 20% (1513 people) at high risk of type 2 diabetes; they were offered further investigations, advice and treatment to prevent and manage their risk
- This data suggests that there are around 46 non-attenders each year at high risk of heart attack or stroke and 460 people at high risk of diabetes
- Around 20% of attendees reported smoking, up to 20% were drinking alcohol above recommended levels and around 19% were obese
- A local audit in 2019 showed that uptake of invitations was similar amongst men and women and across different population groups
The local picture: Cancer screening

Middle aged people are offered screening for breast cancer (women aged 50-70 every 3 years), cervical cancer (women aged 25-49 every 3 years; and 50-64 every 5 years) and bowel cancer (men and women 60-74 every 2 years):

- Low screening uptake is a factor in late diagnosis of cancer, which in turn contributes to poor survival
- Participation in all cancer screening programmes is low in Tower Hamlets
- Bowel scope (one-off flexible sigmoidoscopy at age 55) has not yet been introduced in Tower Hamlets
- Cervical screening coverage in middle-aged women has fallen from above the England average to significantly below (74.1% in January 2019). To reach the national 80% target, around 150 more women need to be screened each year

Evidence-based interventions to improve uptake are not always part of national programmes. Local implementation depends on funding and may be short-term; for example, phone calls to invited people offering personalised information

Source: PHE Fingertips
The local picture: The impact of long term conditions

- Having one or more LTC can affect people’s quality of life and their perception of their own health and wellbeing. It has an adverse impact on employment, living costs, mobility and social networks – all leading to an increased risk of economic deprivation, social isolation and poor mental and physical health.

- **Healthy Life Expectancy** is a combined measure of how many years people are expected live and how they rate their own health. Having one or more LTC is likely to contribute to lower self-rating.
- Healthy Life Expectancy has consistently been amongst lowest 5 areas in the country and suggests that people in Tower Hamlets experience poor health during their 50s.
- The most recent data (2015-17) shows that for Tower Hamlets women, healthy life expectancy is 57.2 years (5th lowest in England, England average 63.8 years). In affluent areas, women reach older age before experiencing poor health (in Wokingham, the highest it is 71.6 years).
- For men there has been an increase to 61.9 years bringing it closer to the England average (63.4 years). The reasons for this improvement are not yet fully understood.

- Of around 1,100 deaths each year, just over a fifth (22%; 232) are to residents aged 40 to 64 (70% are 65 and over).
- High quality end of life care should be available and accessible to everyone towards the end of life, including specialist palliative care (SPC) for those who need it. The highest proportion of St Joseph’s Hospice SPC service users are aged 19 to 64 (2014/15); 34% of all male and 41% of all female service users. The largest group (54%; 107 of 198 people) had cancer.
- When asked, most people would prefer not to die in a hospital, so ‘place of death’ has been used as a national measure of how well people’s wishes are being met.
- Compared to the England average, a higher proportion of all people who die in Tower Hamlets, do so in hospital (TH 53.3%; England 45.5%; London 52.3%) or in a hospice (8.4%; England 5.8%, London 6.0%) (**ONS 2018-19**).
- A small proportion (8.6%) of deaths in Tower Hamlets are in care homes compared to 22.5% in England and 15% in London.
- There are fewer care homes in Tower Hamlets than elsewhere (6 homes of which 2 offer nursing care). However, for middle aged people, a care home may not be the most appropriate place for end of life care.
Local actions: Community interventions

- **Communities Driving Change** aims to empower residents from all backgrounds and ages to identify health challenges and act on them. To embed a culture that focuses on enabling people to have control over their local environment, which evidence suggests leads to improvements in overall health and wellbeing. The 5 year programme started in 2017 in 4 Tower Hamlets neighbourhoods, each supported by a range of organisations working in partnership.

- **Community Navigators** offer information, signposting and support for residents to make healthy changes and to manage their own wellbeing.

- Navigators are based in [Idea Stores](#) across Tower Hamlets including Whitechapel Idea Store Health Zone, which offers one of the largest collections of health books in London’s public libraries.

- **The Wellbeing Wheel** helps people to identify their personal needs, set goals and find the right service or activity to make changes. Navigators can support people to use the [Wheel](#).

- **Social prescribing** enables GPs, nurses and other primary and social care staff to refer people to a range of local, non-clinical services through a link worker, who can help people to identify and access activities which meet their needs. Social prescribers are based in all 8 Tower Hamlets GP Networks. Evaluation in February 2019 showed:
  - Clinicians and patients report that the service fills an important gap in the health and care system by addressing patients’ social determinants of health and increasing the awareness of voluntary care services.
  - 9,000 referrals to the service; 12.3% reduction in GP appointments amongst a sample of people referred.
  - Social prescribers referred onwards or signposted people to around 400 different organisations in the borough.
  - Top concerns (Aug 2018): Exercise 34%; Weight Management 24%; Social Isolation 16%; Benefits 14%; Housing 10%.
Local actions: Education and employment

- **WorkPath** is a Council employment service for all residents with a particular focus on supporting people furthest from the labour market (long term unemployed, economically inactive, facing multiple barriers). In 2018/19, 21% of residents supported into work were aged 40 or above (144 people). A total of 606 residents from black and minority ethnic groups started jobs, of which 215 were women.

- **English for Speakers of Other Languages (ESOL)** is offered across the borough at all levels from beginners onwards through a range of providers, funded through different sources. Learners can progress to vocational pathways through WorkPath.

- Between 2012 and 2015, Idea Store provision was funded by both the Education and Skills Funding Agency (ESFA) and the Council, with an average of 1,024 learners accessing the service each year. Since 2015/16 funding has been from the ESFA only; an average of 624 learners accessed the service from 2015 to 2018.

- In 2017/18, 30% of Idea Store Learners were aged 45 to 64. 74% of all learners were women and 68% were Bangladeshi.

- **ESOL teaching packs with embedded health literacy** support learners to take more control of their health and wellbeing alongside increasing their language proficiency.

- **Access to internet use** is increasingly important. The annual residents survey recorded an increasing proportion of responders with internet access (from 83% in 2014 to 93% in 2018). A third (35%;194) of people who had access were aged 45-64.

- The Council is investing in 5 digital hubs in Idea Stores to enable and support more people to access services and complete transactions on line.

- Residents can use a range of **free local and national financial advice and information services** to help them to maximise their income, and to prevent and reduce debt.
Local actions: Lifestyle interventions (1)

- **Quit Right** support for residents to stop smoking. In 2017/18, 54% (1,203) of all service users were aged 40-64. Almost two thirds of this group quit smoking (63.6%; 763 people). The quit rate for all ages was 60.6%
- Similar numbers of successful quitters were supported through outreach (396; 52%) and pharmacists (367; 48%)
- The priority groups are routine and manual workers, pregnant women, people with mental health conditions, residents from deprived areas

- The **National Diabetes Prevention Programme** [NHS DPP](#) began in 2016. It supports people at highest risk of diabetes to be more active and achieve a healthy weight over a 9 month programme
- During the first 2 years, 892 people aged 40-69 registered with Tower Hamlets GPs had been assessed (72% of all 1,225 Tower Hamlets assessments). Men and women were equally represented (50% each). In neighbouring boroughs, more women than men were assessed. 70% of those assessed were from the most deprived fifth of the population
- In April 2018, 303 people in Tower Hamlets had completed the programme and 410 were still participating. Mean weight loss was 2.6kg
Local actions: Lifestyle interventions (2)

- Tower Hamlets adult weight management service aims to support obese adult residents to achieve a healthy weight.
- A new Tier 3 service, Way to Wellness, has been commissioned in 2019. The service is for very obese people or those with co-morbidities and is delivered over 12 month period. The service focuses on motivational coaching, physical activity and healthy eating; delivered as 1-1, group sessions and with digital offer.
- The new Tier 2 service will commence in late 2019.

Tower Hamlets has high rates of drug and alcohol misuse, particularly in people aged 35 – 64 years. 2,057 people in this age group are recorded as using opium and crack cocaine (63% of all drug misusers in the borough).
- There are high rates of hospital admission for alcohol related problems amongst men.
- Reset is an integrated service which provides drug and alcohol treatment to Tower Hamlets resident adults and support to their family and friends.
- In 2018/19, Reset provided treatment to 1,042 clients aged 40 to 64, representing 51% of all clients in treatment.
- Tower Hamlet’s Drugs and Alcohol Action Team (DAAT) also commissions primary care to conduct annual health checks on residents with misuse issues in order to identify health related issues and address these at an earlier stage.
### Local actions: Improving outcomes from LTCs (1)

- **Personalised care** means people have choice and control over the way their care is planned and delivered. It is based on ‘what matters’ to them and their individual strengths and needs. It features throughout the NHS England Long Term Plan.

- **Personal budgets** enable people to use allocated funding in ways that they (and their carers) choose, to achieve planned and agreed outcomes. Amongst middle aged residents who receive social care support from the council, an increasing proportion now receive this as a personal budget (411 people in 2017-18).

- Since 2015, Tower Hamlets has been one of 22 areas in England demonstrating how **personal health budgets** can work. The focus was initially for people with learning disabilities, mental health problems and long term conditions; children with special educational needs and wheelchair users. It is being extended to a wider range of health service users.

- **Personal independence payments** (PIP) help with some of the extra costs caused by long-term ill-health or disability for people aged 16 to 64. PIP started to replace Disability Living Allowance from 2013. In July 2018 7,202 residents were claiming PIP, above the London average (5,864).

- Tower Hamlets **Integrated Care Programme** (ICP) began in 2013, aiming to provide personalised and co-ordinated care for people with complex health and social care needs.

  - The most recent evaluation (2018) identified 6 areas for improvement:
    - Barriers between acute and community services
    - Cultural and organisational differences between health and social care professionals
    - Patients’ expectations
    - Multidisciplinary ethos
    - Investment in permanent staff to help build mutual trust within and across teams
    - Frontline professionals’ efforts to foster dialogue and create connections

- In April 2019, 3,090 people registered with Tower Hamlets GPs were identified with complex needs and requiring co-ordinated care, including multi-functional assessment and care planning. Although most are likely to be frail elderly, some are aged 40 to 64.

  - There is some evidence that currently only 50% of people with complex needs who need care co-ordination are identified.
Local actions: Improving outcomes from LTCs (2)

- Late diagnosis of cancer is linked to low survival rates and poor patient experience. Early diagnosis offers more treatment options, a better chance of survival of better experience
- NHS Cancer Transformation Funding to increase the number of cancers diagnosed at an earlier stage is supporting:
  - The small c campaign in Tower Hamlets aims to increase public awareness of cancer through community engagement
  - Telephone and text reminders for cancer screening by primary care, shown to be effective in increasing participation
  - Testing a simpler, more acceptable cervical screening method using self-sampling in 5 CCGs including Tower Hamlets
  - A new early diagnostic centre at Mile End Hospital
  - A new rapid multi-disciplinary diagnostic centre for patients with “vague symptoms”
- A large population-based lung cancer screening study (SUMMIT) led by UCLH Cancer Alliance

- The NHS is making changes to cancer screening tests to make them more acceptable
  - Introducing the Faecal Immunochemical Test (FIT), shown to increase bowel screening uptake by 8-10% especially in the most deprived populations
  - Primary HPV screening in the cervical screening programme (HPV causes almost all cases of cervical cancer)
  - Using FIT in primary care to improve bowel cancer diagnosis and avoid unnecessary colonoscopies
- The interim report of an independent review of cancer screening in England highlights three challenges to be addressed
  - Out of date IT systems, impeding access
  - Lack of clarity about governance since the 2013 Health and Social Care reforms, linked to delays in implementation and serious incidents
  - Low and declining uptake, with inequalities between different population groups and failure to implement widely evidence based interventions
Local actions: Improving outcomes from LTCs (2)

The Tower Hamlets Living with Cancer Programme is one of four Macmillan Local Authority Partnership pilots in the UK. It aims to develop and test a model of service delivery which addresses the psychosocial needs of people with cancer. The partnership includes local health partners, third sector, communities and people affected by cancer.

Although there are several existing cancer support services in the borough, people may not always know about them, or know how to access them. These include:

- Barts Health, the main cancer treatment provider offers
  - A recovery package including holistic needs assessment (HNA), treatment summary and a health and wellbeing event
  - The Cancer Transitions Programme (post-treatment courses to support physical and psychological recovery)
  - Maggie’s Centre (free practical, emotional and social support to people with cancer and their families and friends)
  - Psychological support; managing cancer workshops
- GP cancer care review within 6 months of completing treatment. Work to improve GP cancer coding in Tower Hamlets in since 2017 has led to a 25% increase in the number of people recorded with a cancer diagnosis to 4,252 in 2019
- The Macmillan Cancer Social Prescribing service (support and signposting to services)
- The Macmillan Benefits Advice service at Toynbee Hall

People with Chronic Obstructive Airways Disease (COPD) often have poor quality of life with multiple unplanned hospital admissions and high rates of premature mortality. These rates are not improving in Tower Hamlets.

- A CCG coordinated COPD group aims to address poor outcomes from COPD, by optimising resources including multi-disciplinary team approaches to care
- Barts Health Respiratory Care and Rehabilitation Service (ARCaRe), a specialist community based service
- In addition to finding early lung cancer, the SUMMIT study is likely to identify COPD, enabling earlier treatment
Local actions: Reducing inequalities

Psychological support for people with LTCs is a local priority. Tower Hamlets CCG is working to embed psychology into physical health pathways:

- ‘Thrive’ groups are run in GP surgeries for people with LTCs using the “increasing access to psychological therapies” model (IAPT)
- A health psychology pilot for people with diabetes and COPD evaluated well. There are plans to introduce this across the borough, with training for more health professionals
- An IAPT LTC lead clinical psychologist is focusing on developing a range of bespoke psychology interventions across a range of pathways, including respiratory, diabetes and MSK/pain
- The IAPT service is taking part in the Surecan trial (Survival Rehabilitation Evaluation after cancer) to identify the best quality of life measure for people living with and beyond a cancer diagnosis

- The Tower Hamlets Adult Learning Disabilities Strategy uses feedback from people with LD and their carers. It aims to meet government targets for people with Learning Disabilities to have better health, to live in their community, to have greater community support and more employment opportunities
- Tower Hamlets is participating in the national Learning Disabilities Mortality Review (LeDeR) (2015-2020). By reviewing all LD deaths (age 4+) it aims to:
  - support improvements in the quality of health and social care service delivery for people with LD
  - help reduce premature mortality and health inequalities for people with learning disabilities

- Tower Hamlets is participating in a pilot to develop multidisciplinary, person-centred care and support for sick homeless people. Working in partnership with several organisations including St Joseph’s Hospice, St Mungo’s, Marie Curie and researchers at UCL, the project will bring palliative care support into homeless hostels and day centres.
Impact on indicators: Evidence we are making a difference

- **Life expectancy** at birth is increasing in Tower Hamlets. For males it is 79 years (2015-17), statistically lower than the England average of 79.6 years.
- For women life expectancy at birth reached 82.9 years in 2015-17, similar to the England average of 83.1 years.

- **Healthy life expectancy** at birth has increased for men from 53 years in 2010-12 (lowest in England) to 61.9 years (2015-17) and is now similar to the England average of 63.4 years.
- For women, it remains significantly lower than England (57.4 compared to England 63.8 years), and is the 5th lowest in the country; this suggests that although living longer, women in Tower Hamlets spend more years experiencing poor health, starting in middle age.

- **Premature mortality rates** (deaths before the age of 75) from all causes are reducing in Tower Hamlets - but remain statistically higher for both males and females compared to England rates. Between 2015 and 2017, an average of 297 males and 184 females died prematurely each year. Age standardised rates: males 452 per 100,000 (England 403); females 297 (England 264).
- This is largely driven by higher rates of premature mortality from cardiovascular and heart disease; rates are declining (particularly for male heart disease) but remain significantly higher than England.
- Rates for premature mortality “considered preventable” also remain higher for cardiovascular and respiratory disease.
- The gap between Tower Hamlets and England in ‘smoking attributable’ mortality persists despite a slow decline in rates.
- The largest overall improvement is in premature mortality from cancer, which is now similar to the England rate (135.9 per 100,000 population; England 134.6 2015-17). The rate from ‘cancer considered preventable’ is now also similar to the England rate (79.5: England 78).

Source: PHE Mortality Profile
Public perspective

Community researchers spoke to middle aged residents about their health needs.

They asked them these questions:
1. What supports/helps your need to stay healthy and well? (Positive aspects)
2. What gets in the way of you staying healthy and well? (Barriers)
3. How do you think your behaviours now will impact on your health and wellbeing in your life in future? (Future perspectives)

The responses were:

Positive aspects
• “Stopping drinking has helped me understand more about my emotions”
• “I feel like my old self again thanks to my PHB (personal health budget) allowing me to become independent and supported how I want to be supported. I felt part of the process which was great”
Public perspective

Barriers
- “Eating healthy is very expensive. Fruits are pricey”
- “Junk food is very cheap. Healthy food cost a lot. For a family of five spending is too much”
- “Expensive gym- monthly payment”
- “Too much junk, fast food, sugary treats”
- “Can’t eat too much salt and sugar. A lot of Fast Food shops around here”
- “My long term life threatening sickness (cancer). Lot of side effect of treatment (chemo, radio therapy). Feel depressed and loneliness”
- Hostel staff: “…In the past we have tried to put people into hospice ... one person [in his 40’s] we did get in there. And he was asked to leave because of his behaviour when drunk. And in the end he died in the hostel, he had cancer”

Future Perspective
- “Being healthy from my long term illness this is my wish”
- “I try and exercise and swim to feel good in the future”
Knowledge gaps: what more do we need to know?

- MSK rates and outcomes
- Multi-morbidity data (whole systems database)
- Estimated undiagnosed cases of long term conditions i.e. COPD
- Sub group analysis of uptake of services e.g. by demographics etc through equity audits
- A detailed population insight into identifying their needs, priorities and barriers for taking up services in particular screening services
## Priorities: what are the priorities for improvement?

### MIDDLE AGED PEOPLE

**Context:** There are estimated to be 70,772 residents aged 40-64 years in Tower Hamlets but this is projected to increase to nearly 94,000 by 2030.

<table>
<thead>
<tr>
<th>Priority Recommendation</th>
<th>Reason for this recommendation</th>
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<tbody>
<tr>
<td>Adult learning and employment support particularly for women with low levels of English proficiency and those from BAME backgrounds including Bangladeshi and Somali</td>
<td>Low education and employment rates especially among BAME women including Bangladeshi and Somali women in the borough. One of the lowest levels of healthy life expectancy among women in UK (57.2 years in TH, 63.8 in UK).</td>
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<tr>
<td>Early identification and management of long term conditions including cancer, diabetes, cardiovascular conditions, HIV, chronic liver disease and respiratory disease</td>
<td>Low uptake rates of cancer screening in the borough. High number of undiagnosed cases of diabetes and hypertension. High rates of hospital admissions and premature deaths due to long term conditions.</td>
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<td>Target &amp; develop accessible interventions for resident groups with greater risk of poor health by strengthening the involvement of communities in commissioning and service delivery</td>
<td>High rates of premature mortality and low uptake of services among most economically deprived, BAME, people with learning disabilities, serious mental health illness, substance misuse and homeless people.</td>
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<tr>
<td>Provide opportunities and support for people to live healthier by achieving a healthy weight, quitting smoking, drinking less and being physically more active</td>
<td>Obesity and physical inactivity are the most common risk factors for developing type 2 diabetes and cardiovascular conditions. In Tower Hamlets, there are high rates of alcohol related hospital admissions especially among men. High rates of smoking in the borough especially among routine and manual workers and men from Bangladeshi background.</td>
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<td>Strengthen psychosocial support pathway for people with long term conditions</td>
<td>Having one or more long term conditions can affect people’s quality of life and lead to poor mental health and social isolation. Adults in Tower Hamlets have reported having the highest levels of depression and anxiety in London.</td>
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Key contacts and stakeholder involvement

- This publication was produced by Judith Shankleman with additional material provided by Ibrahim Khan, Siva Chandrasekara and Sophia Wang
- Publication was reviewed by Chris Lovitt September 2019
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About the JSNA process
Appendices

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