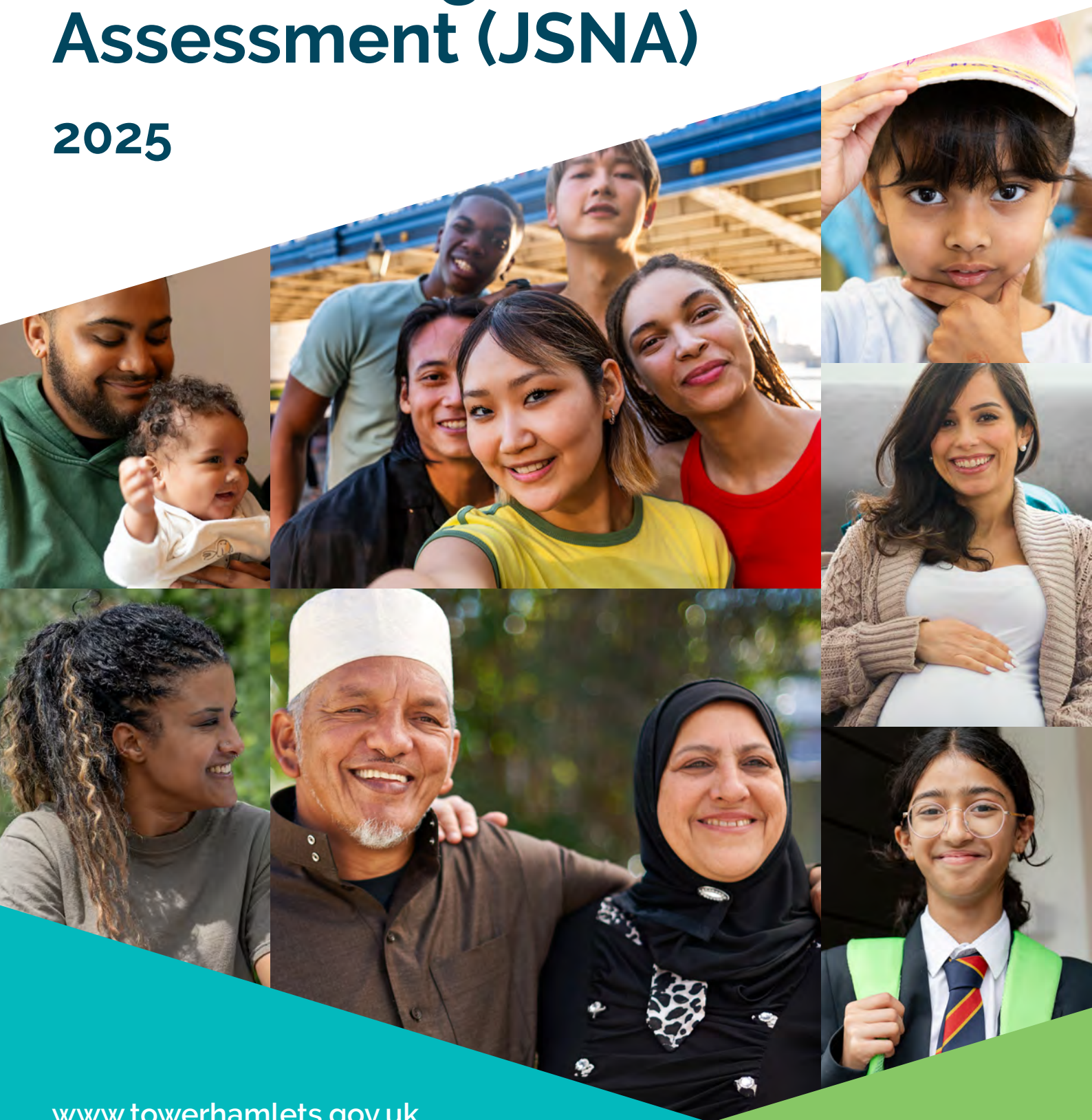


# Tower Hamlets Public Health Joint Strategic Needs Assessment (JSNA)

2025





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## Glossary

ABBREVIATION	DESCRIPTION
AAA	Abdominal Aortic Aneurysm
APS	Annual Population Survey
ASB	Anti-Social Behaviour
ASC/ASD	Autism Spectrum Condition/Autism Spectrum Disorder
BAME	Black, Asian, and Minority Ethnic
BCG vaccine	Bacillus Calmette-Guérin vaccine, used to treat TB
BFWS	Baby Feeding and Wellbeing Service
CAMHS	Children and Adolescent Mental Health Service
CFCs	Children and Family Centres
CFE	Children and Families Executive
CMI	Common Mental Illnesses
CMO	Chief Medical Officer
CSEAD	Community and Stakeholder Engagement, Assessment, and Design
CVS	Council for Voluntary Service
DESP	Diabetic Eye Screening Programme
DfE	Department of Education
EGDI	Ethnic Group Deprivation Index
EHCP	Education, Health, and Care Plan
ELDB	East London Database
FSM	Free School Meals
GBS	Group B Streptococcus
GCSE	General Certificate of Secondary Education
GIS	Geographical Information System
GLA	Greater London Authority
GPs	General Practitioners
HAF	Holiday Activities and Food
HDRC	Health Determinants Research Collaboration
HEYL	Healthy Early Years London
HIA	Health Impact Assessment
HLE	Healthy Life Expectancy
HMOs	Houses of Multiple Occupation



ABBREVIATION	DESCRIPTION
HPV	Human Papillomavirus
HUDU	Healthy Urban Development Unit
ICS	Integrated Care System
IDACI	Income Deprivation Affecting Children Index
IDAOP	Income Deprivation Affecting Older People Index
IHME	Institute for Health Metrics and Evaluation
IMD	Index of Multiple Deprivation
JCVI	Joint Committee on Vaccination and Immunisation
JET	Job, Enterprise, and Training
JSNA	Joint Strategic Needs Assessment
KS	Key Stage
LBTH	London Borough of Tower Hamlets
LGA	Local Government Organisation
LGBTQIA+	Lesbian ,Gay, Bisexual, Transgender, Queer, Intersex, Asexual, plus (also abbreviated as LGBT+ or LGBTQ+)
LIFT dashboard	Low-Income Family Tracker Dashboard
LMNS	Local Maternity and Neonatal System
LSOA	Lower Layer Super Output Areas
LTC	Long Term Condition(s)
MABCC	Mayor's Advisory Board for Climate Change
MHST	Mental Health Support Team
MMR	Measles, Mumps, and Rubella
MSDS	Maternity Services Dataset
NCMP	National Child Measurement Programme
NEL	North East London
NICE	National Institute for Health and Care Excellence
NMHTs	Neighbourhood Mental Health Teams
NRPF	Neighbourhood Mental Health Teams
NRPF	No Recourse to Public Funds
NTSs	Total Notifiable Offences
OFSTED	Office for Standards in Education, Children's Services and Skills
OHID	Office for Health Improvement and Disparities (formally PHE)
ONS	Office for National Statistics

ABBREVIATION	DESCRIPTION
PAS	Pupil Attitude Survey
PCN	Primary Care Networks
PE	Physical Education
PHE	Public Health England (now known as OHID)
PHSE	Personal, Social, Health and Economic education
QOG	Quality and Outcomes Framework
RLH	Royal London Hospital
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SLCN	Speech, Language and Communication Needs
SLT/ SaLT	Speech and Language therapy
SMI	Serious Mental Illness
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TfL	Transport for London
THCVS	Tower Hamlets Council for Voluntary Services
THEO's	Tower Hamlets Enforcement Officers
THEWS	Tower Hamlets Education Wellbeing Service
THT	Tower Hamlets Together
THTT	Tower Hamlets Talking Therapies
TNO	Trends in Notifiable Offences
TPI	Thriving Places Index
UKHSA	UK Health Security Agency
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
VAWG	Violence Against Women and Girls
VCS	Voluntary and Community Sector
VCSE	Voluntary, Community, and Social Enterprise
VCTH	Volunteer Centre Tower Hamlets
WHO	World Health Organization
WSA	Whole Systems Approach

## Foreword

### Somen Banerjee Director of Public Health

It has been five years since the COVID-19 pandemic reshaped the lives of Tower Hamlets residents.

The pandemic not only underscored the importance of our health and care system but also highlighted how underlying social, economic, and environmental conditions in our borough drive health inequities among our residents.

Since then, a lot has changed: from the cost of living crisis that has had huge impacts on physical and mental health, to the changes in how the NHS is organised across North East London.

Our population continues to change rapidly. Tower Hamlets has experienced the fastest population growth in the country and the highest population turnover rate: one in five residents on census day did not live in the borough a year earlier. Our borough continues to become increasingly ethnically diverse. While the two largest ethnic groups from 20 years ago (Bangladeshi and White British) remain the largest today, they now live alongside a much broader range of ethnic communities. Tower Hamlets' proud history as a "melting pot" persists as we welcome new residents from across London, the UK, and the world.



Amid these rapid changes, some constants remain. Despite the movement of some more affluent people into the borough, many residents continue to face extremely challenging conditions. Recent research using the census found that more than anywhere else, Tower Hamlets has extreme inequalities at the very local level. People in extreme deprivation here often live right alongside more affluent neighbours. As the population continues to change at pace, it is essential to prioritize the right of all residents to have the opportunity to be as healthy as possible, especially those in the most deprived areas.

In 2024 we have reassessed the health and wellbeing needs of our residents. The Tower Hamlets Joint Strategic Needs Assessment (JSNA) provides a comprehensive overview of our population and its health. Incorporating health data and new evidence, we provide a comprehensive assessment of how health outcomes have changed.

This JSNA serves as a critical tool to identify areas of greatest need, monitor trends, target interventions, and evaluate their impact. Its insights are invaluable for shaping strategies and priorities to improve health and address health inequalities across the Council; primary care and hospital services; voluntary, community and faith organizations; as well as educational institutions, workplaces, and businesses.

## Key Public Health Challenges

Tower Hamlets is a vibrant and diverse borough. Between 2011 and 2021, it had the fastest-growing population of any local authority in England, with an increase of 22.1%. This growth is projected to continue over the next 20 years, with the population expected to increase by a further 18.4%.

Our dynamic population faces a unique set of opportunities as well as challenges. The JSNA highlights a number of key public health issues that need to be addressed:

- **High levels of poverty and inequality:** Tower Hamlets has highly deprived groups living in close proximity to affluent neighbours. Income deprivation, particularly in older people, is amongst the highest in the country. The extent of deprivation in specific ethnic groups, including Bangladeshi, underpins the importance of addressing health inequalities based on an understanding of needs of those most affected. Census insights show that in 9 out of 10 small neighbourhoods (known as lower super output areas), the most deprived ethnic group – often the Bangladeshi group – is among the most deprived 10% nationally. This acute deprivation correlates with poorer health outcomes and lower life expectancy.
- **Healthy Life Expectancy:** Healthy life expectancy is a measure of how long people tend to live while describing themselves as healthy. Women in Tower Hamlets have unusually short healthy life expectancy compared to other areas, significantly lower than that of men. The borough has the lowest female healthy life expectancy across all London boroughs. As well as being bad for women, poor female health impacts on child health. Babies are significantly more likely to have a low birth weight in Tower Hamlets than in England and London as a whole.
- **Barriers to healthy living:** Many residents lack the fundamental “building blocks” for healthy lives, such as housing, quality employment, financial inclusion, access to healthy food, play spaces and clean air. Overcrowding, long-term economic inactivity (especially among women) and extremely low incomes (notably among older residents) are significant challenges.
- **Falling uptake of preventive services:** Participation in some screening programmes – particularly breast and cervical cancers – has declined. The same is true of immunisations across the life course – like Measles, Mumps and Rubella at age 2, or Flu vaccine for those over 65. Making these services accessible and suitable for residents is critical.
- **Barriers to accessing healthcare:** Vulnerable groups, including people who sleep rough, refugees, asylum seekers, and those with disabilities, face significant challenges accessing services. This has contributed to worsening physical and mental health for these populations. Inclusivity across health and care services is essential to meet their needs.
- **Health literacy challenges:** Nearly half of residents were born outside the UK, and for many, English is not their first language. This may limit their ability to access health and care services for themselves and their children.

## Opportunities for Improvement

Every Tower Hamlets resident has the right to have the opportunity to be as healthy as possible. However, as illustrated by this JSNA, the right to good health is not equally realised for, and experienced by, our residents.

There are many opportunities to improve and enable all residents to live long and healthy lives.

- **Community Assets:** Tower Hamlets has a strong community and voluntary sector. There are an estimated 1,300 community groups in the borough. This presents a valuable resource for improving health and wellbeing.
- **Partnership Working:** Several strong and established partnerships bring key stakeholders together to improve services and outcomes for residents.
- **Agreed and shared principles:** The Health and Wellbeing Board's six Improvement Principles (better targeting, stronger networks, equalities in all we do, better communications, community first in all we do, and making the use of our assets) continue to shape an aligned approach to addressing the borough's health needs.

- **Focus on Prevention:** This JSNA highlights the need for a greater focus on primary prevention of illness. There are a number of evidence-based preventative initiatives that could be implemented or scaled up in Tower Hamlets.

## Thank you

This is a fascinating and thorough report, and I hope that you will enjoy reading it. There are many people to thank. Chapter authors from across the public health team led on respective sections, bringing their expertise and engaging others across their teams. Partners from across the local health and care services provided essential input on priorities. The Health and Wellbeing Board and Tower Hamlets Together Board provided valuable input on an early draft in June 2024.

In particular I would like to thank Muslima Miah and Alex McLellan for setting out a clear process and enabling many elements to be brought together; and to Alex McLellan, Nick Payne and Hannah Choi for excellent analysis and presentation of quantitative data from a range of health sources. Their work has provided a comprehensive and in-depth assessment of the state of health in Tower Hamlets.

To conclude, the JSNA provides a clear evidence base for action – for all our partners in Tower Hamlets. I urge all stakeholders to use this information to develop and implement strategies that will improve the health and well-being of our residents. By working together, we can create a healthier, fairer, and more inclusive borough for all.

## How to read this JSNA:

In Tower Hamlets, our approach to the JSNA is made up of three strands, which can be used together:

1. This JSNA document, that presents a single point-in-time summary of the main health needs in Tower Hamlets, focusing on health inequalities.
2. Our newly-released EDITH tool (<https://lbthedith.shinyapps.io/edith/>) offers easily accessible up-to-date data and intelligence at different levels (e.g. Locality, Ward, Primary Care Network). EDITH allows end users to self-serve their own data, and is regularly updated with new data.
3. A range of more detailed topic-specific Health Needs Assessments and other health insights. These are available at: Joint Strategic Needs Assessment.

This JSNA document is interactive with links within the document to take you to whichever part is most useful. It is structured around the life course; with chapters focusing on maternity; early years; children and adolescents; and adults. A chapter on Demographics sets out what we know about who is in our population: their personal and social characteristics. Alongside these are a chapter on 'healthy environments' that sets out how wider determinants – like housing, employment, and income – affect health in Tower Hamlets; and a chapter on 'healthy communities' that sets out a strong evidence base for how community-centred approaches can improve health.







1.

# Demographics

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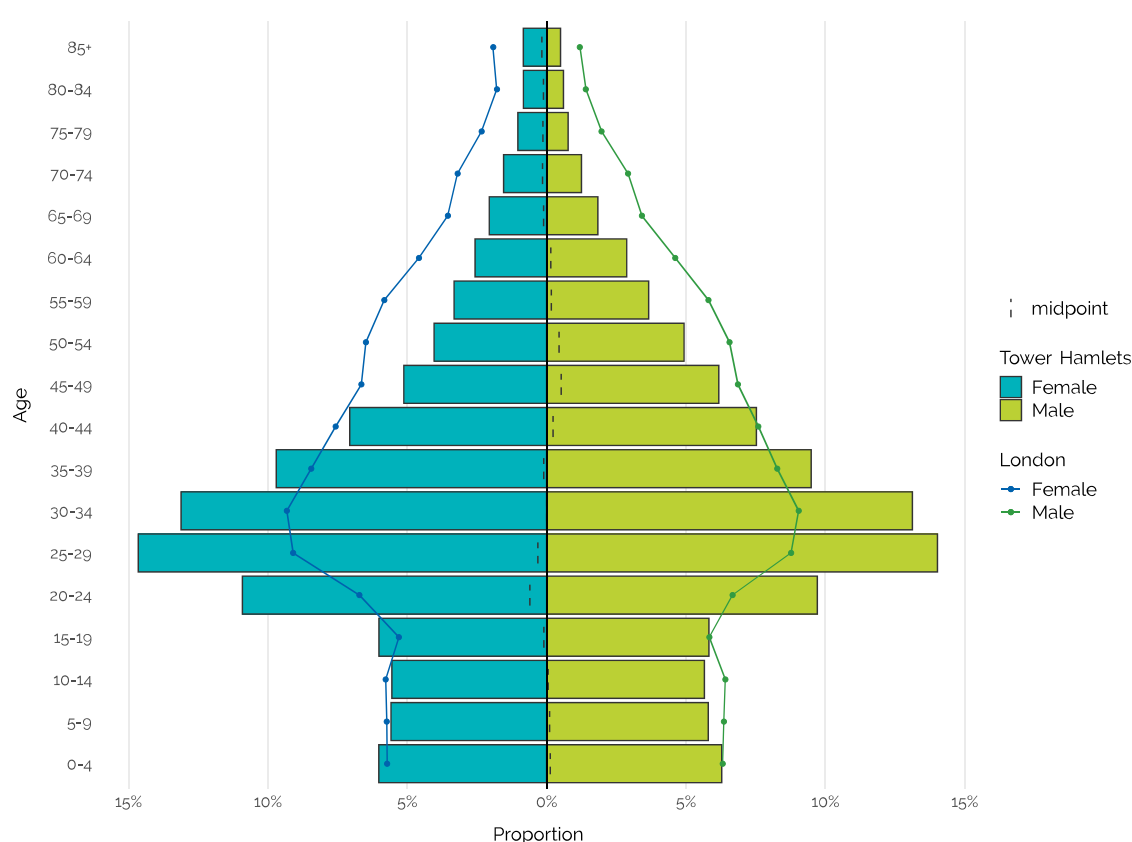
Action	Description
Prepared by	Hannah Choi, Alex McLellan, Nick Payne
Contributors	Stef Abrar, Liam Crosby
Approved by	Liam Crosby, Somen Banerjee

# 1.1 Population overview

## Population structure

An estimated 310,300 people live in Tower Hamlets, with a skew towards a younger population that is split evenly between sexes.<sup>1</sup>

Figure 1: Population by age and sex



Source: Census 2021

The median age is 30, making it one of the youngest boroughs in the country. Around half (47.4%) of the Tower Hamlets population are aged between 20-39 years, compared to 33.2% and 26.2% in London and England, respectively. People aged 20 and under make up 23.4% and those aged 65+ account for 5.6% of residents.

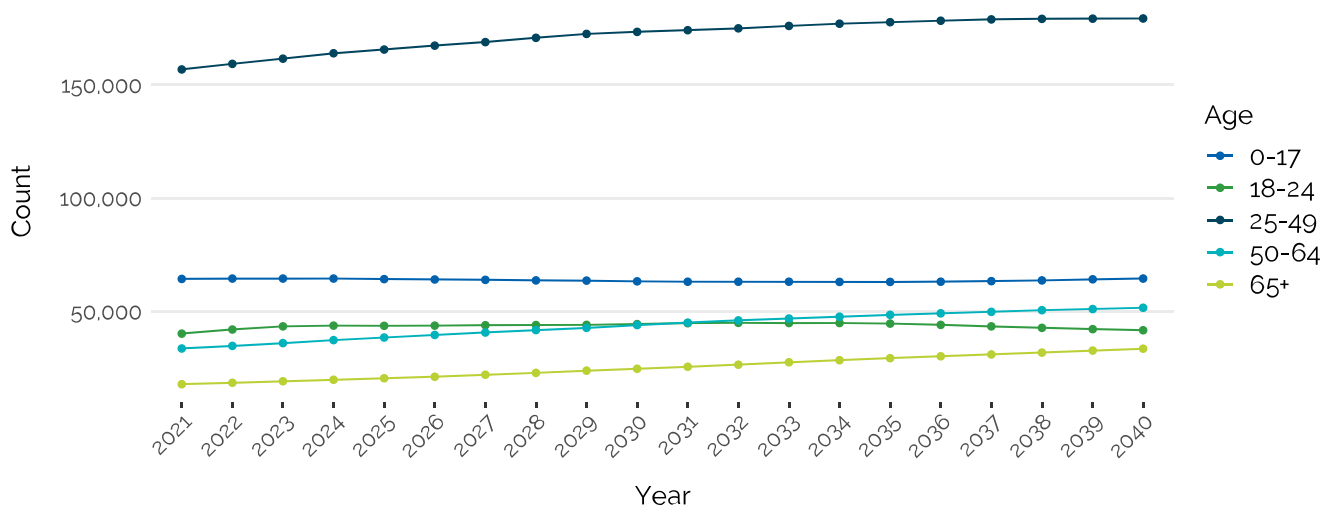
With a large young population in Tower Hamlets, encouraging healthy development from young age to prevent early onset of chronic disease and promote well-being is paramount.

## Population growth and projections

Tower Hamlets was the fastest growing population of any local authority in England between 2011 and 2021, increasing by 22.1% (56,000 people).<sup>2</sup>

Over the next 20 years, Tower Hamlets is projected to grow by a further 18.4% (57, 800 people). Those aged 25-49 are projected to contribute by far the largest number of people living in Tower Hamlets.<sup>3</sup>

**Figure 2: Population projections by age**



Source: GLA 2021-based demographic projections

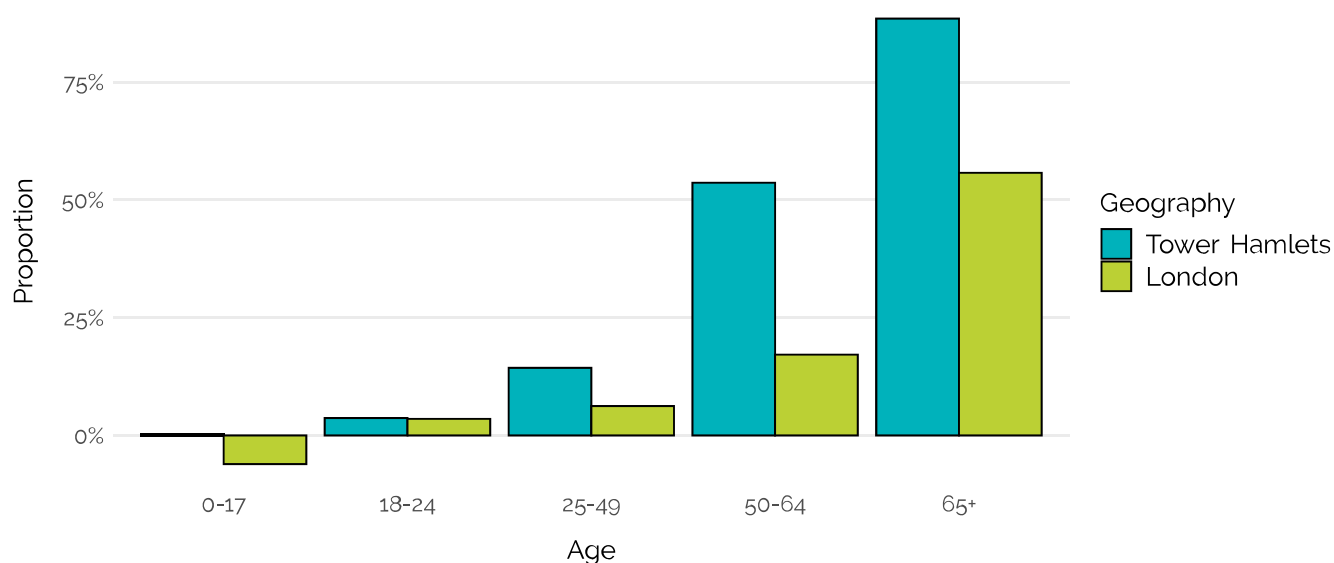
The rate of change is projected to be greatest in the middle aged and older adults. Those aged 50-64 are projected to increase by 53.6% whilst those aged 65+ are projected to rise by 88.5%, compared to 17.1% and 55.7%, respectively, for London.



Service provision will need to adapt to accommodate a larger ageing population that will bring an increase in both the complexity and intensity of health and social care needs.<sup>4</sup>

There are also implications for wider determinants of health, such as ensuring there is sufficient appropriate housing to accommodate the large projected population increase.

**Figure 3: Percentage population by change by 2040 (2021-based)**



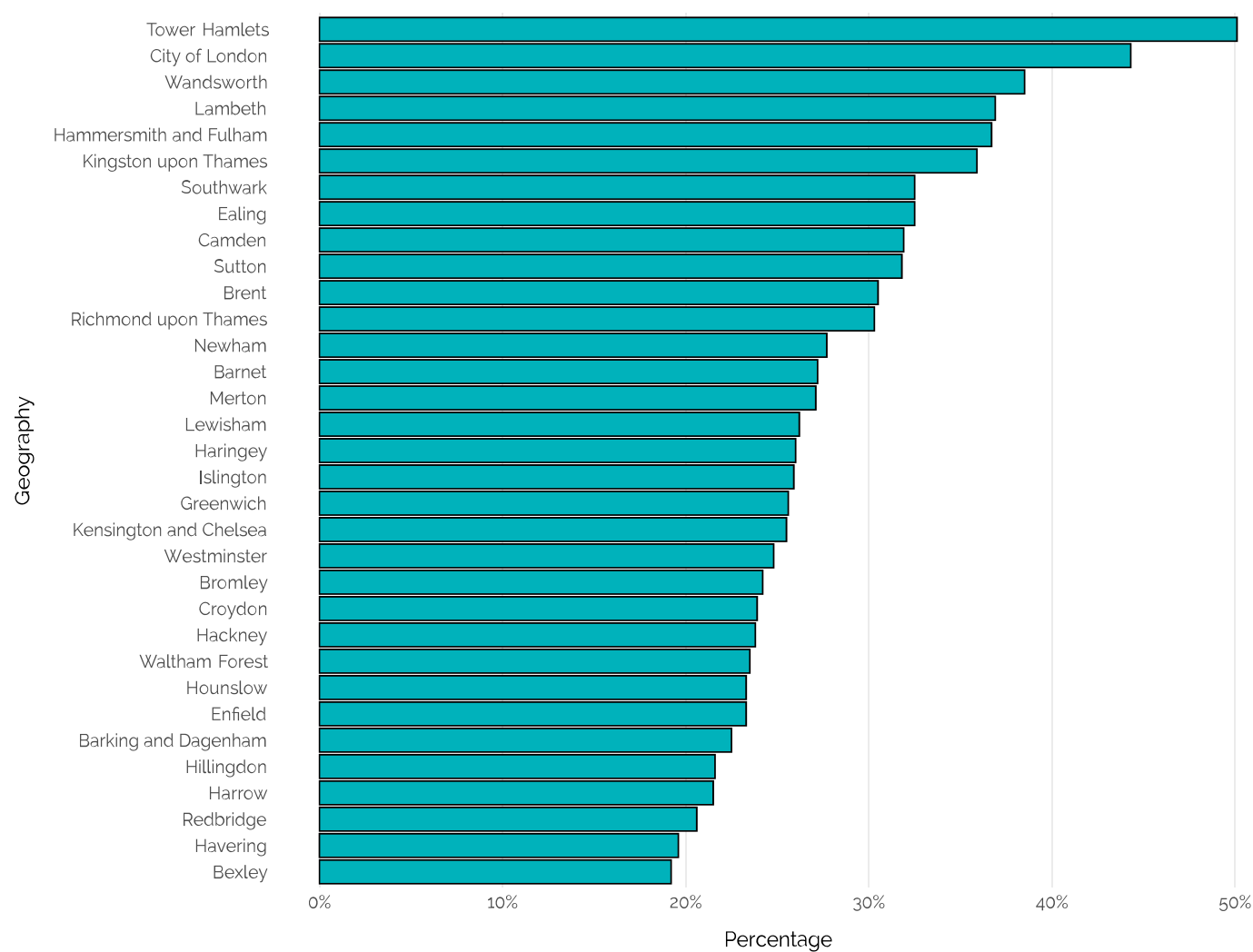
Source: GLA 2021-based demographic projections

# Population churn

Population churn represents the proportion of households that have changed since any year prior to 2023. Tower Hamlets has the highest population churn of any local authority in London.<sup>5</sup> In 2023, 40.5% of households had changed in the previous 3 years, rising to 50.1% in the previous 5 years.

The dynamic nature of Tower Hamlets' population implies service provisions need to be adaptable to the differing needs of high resident turnover.

Figure 4: Population churn after 5 years



Source: Consumer Data Research Centre Residential Mobility Index (2023)

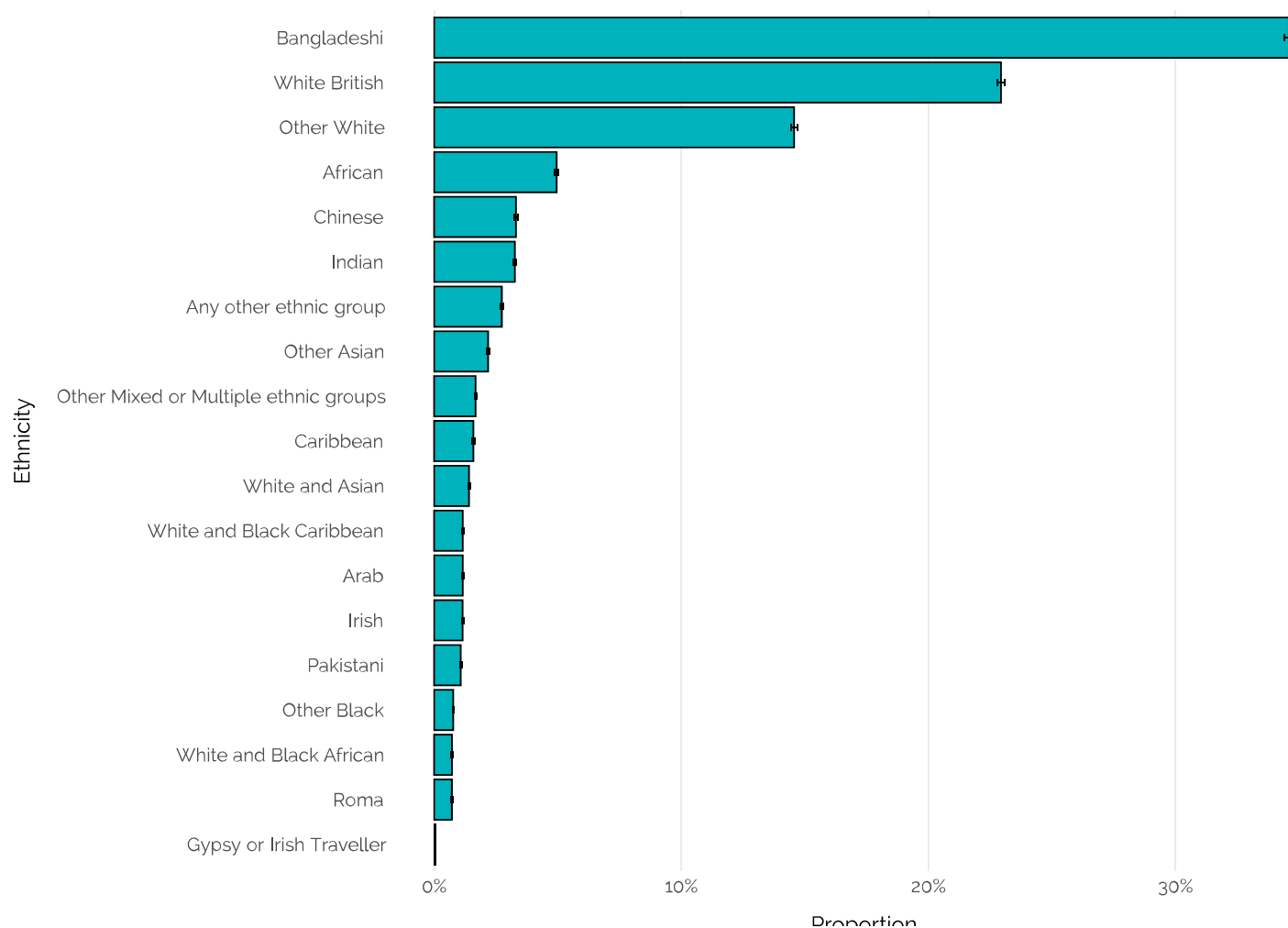
## Ethnicity

Tower Hamlets is one of the most ethnically diverse boroughs in the country. The majority of Tower Hamlets residents identify as Asian (44.4%), which contrasts greatly with London (20.7%) and England (9.6%). Conversely, there is a lower proportion of people who identify as White in Tower Hamlets (39.4%) compared to London (53.8%) and England (81.7%).

The largest Bangladeshi community in England reside within Tower Hamlets, making up 34.6% of the residents. White British (22.9%) form the second largest ethnic cohort, followed by Other White (14.6%), African (5.0%) and Chinese (3.3%).

Health and care services should be cognisant of ethnic differences in health risk, including for specific conditions which are more prevalent in certain ethnic groups such as cardiovascular disease and diabetes.<sup>6,7,8</sup> Ethnic diversity often comes hand-in-hand with cultural diversity, so it is important for services to operate in a culturally informed manner.

**Figure 5: Detailed distribution of ethnicity**



Source: Census (2021)

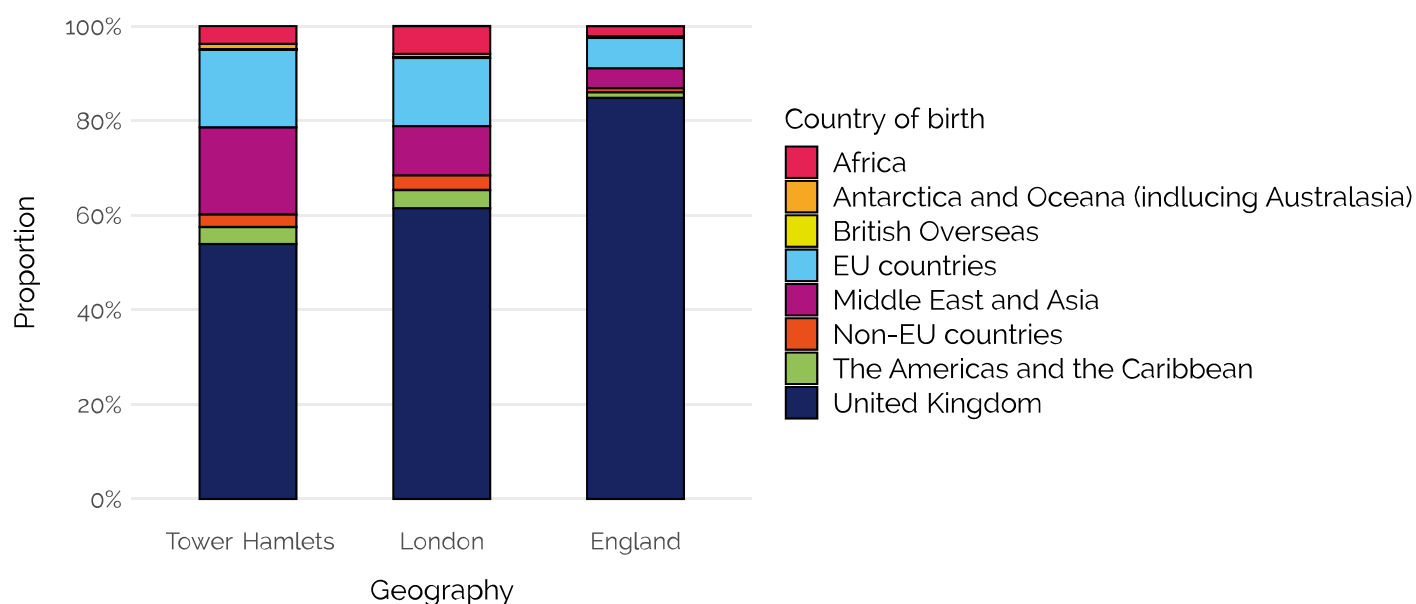
## Country of birth

There are a substantial number of residents born outside of the UK, contributing to the large migrant population in Tower Hamlets.

Whilst people born within the UK (53.9%) contribute the majority share, almost half (46.1%) of Tower Hamlets residents were born outside of the UK, which is higher than London (38.5%) and England (15.2%).<sup>9</sup> Over a third (34.8%) of Tower Hamlets residents were born in the Middle East and Asia and EU countries, correlating with the high prevalence of Asian and Other White ethnicities seen in the borough.

There may be significant need for health services for certain health conditions which are more prevalent in specific countries of origin, such as tuberculosis and living with HIV. Residents born abroad may benefit from catch-up vaccination programmes, as they may be missing vaccinations considered standard in the UK due to differences in routine vaccination schedules or lower levels of childhood vaccination coverage in their country of birth.

**Figure 6: Country of birth**



Source: Census (2021)

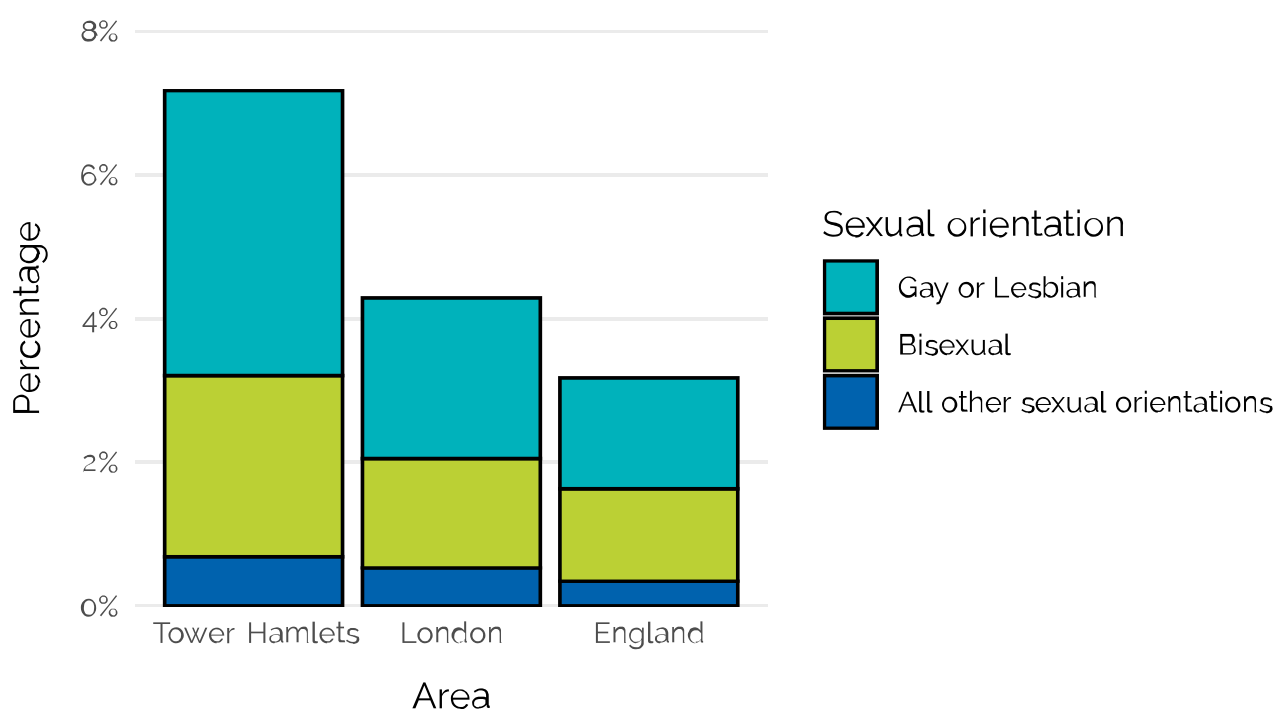
## Sexuality

Tower Hamlets has a significant lesbian, gay, bisexual, and other non-heterosexual population, making up 7.2% of the population. This is higher than both London (4.3%) and England (3.2%).<sup>10</sup>

Out of all the local authorities in the country, Tower Hamlets has the 9th largest proportion of residents that identify as either Gay or Lesbian (4%), Bisexual (2.5%) or other sexual orientations (0.7%).

This has implications on health service provision in addressing the specific health needs of this population, for example in sexual health and mental health services. It also highlights the importance of using inclusive language which avoids heteronormative assumptions and welcomes all people, relationships, and families.

**Figure 7: Non-hetrosexual population 2021**



Source: Census (2021)



## Gender identity

It is difficult to measure gender identity in the population. One preliminary estimate comes from the 2021 Census, where over 2,600 people in Tower Hamlets said that they have a gender identity which is different from their sex registered at birth.<sup>11</sup> This represents 1.0% of residents, which is higher than London (0.9%) and England (0.5%). Additionally, compared to London and England, a higher proportion of people in Tower Hamlets said that they have a gender identity other than “man” or “woman”.

These figures should be taken with caution as there is evidence that this question may have been confusing to some people, particularly people whose first language is not English.<sup>11</sup>

Nevertheless, it remains important to use gender-inclusive language in public health communications, administrative forms, and community events. Sensitive language should be used in targeting services based on sex registered at birth (e.g. screening for certain cancers). There may be significant need for gender-affirming healthcare in Tower Hamlets.

**Figure 8: People whose gender identity is different from their sex registered at birth, 2021**



Source: Census (2021)

## Disability

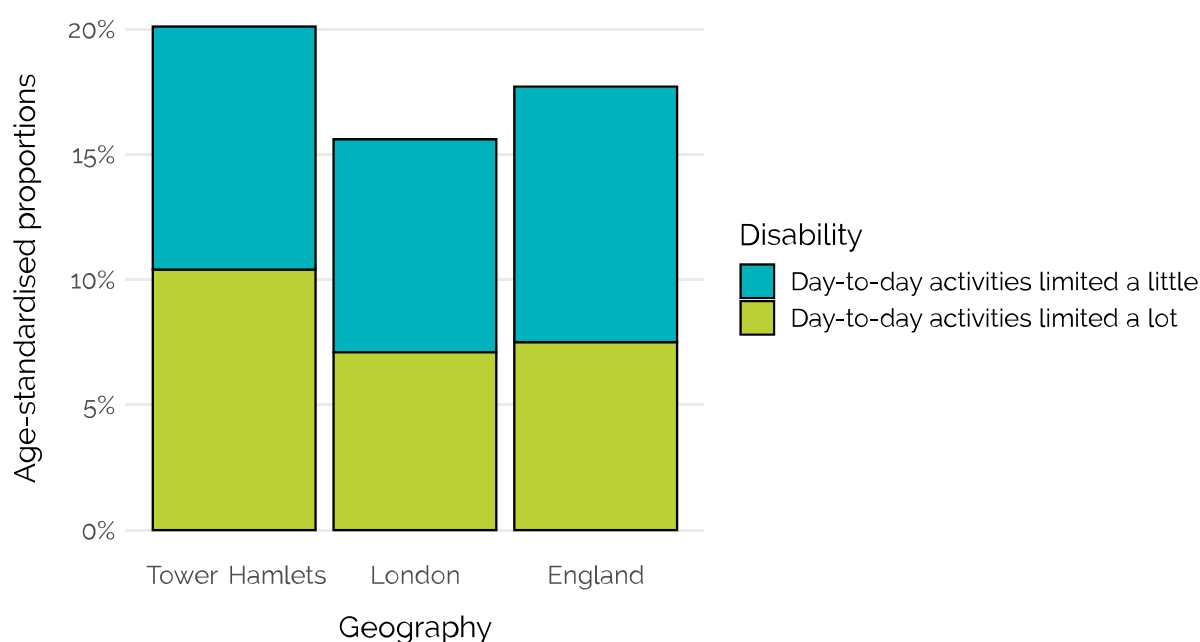
People with disabilities often face multiple barriers in daily living, including physical barriers to access as well as social and communication barriers.<sup>12</sup> They may also have a higher need for health and care services.

A fifth (20.1%) of the Tower Hamlets population are recorded as having some level of disability, higher than in London (15.6%) and England (17.7%).<sup>13</sup>

Half (10.4%) of the self-reported disabled population in Tower Hamlets are recorded as having a lot of difficulty with day-to-day activities.

This highlights the importance of providing accessibility support in health and care services, to meet the needs of users with mobility impairments, sensory impairments, neurodevelopmental conditions, and mental health difficulties, amongst others.

**Figure 9: Disability status**



Source: Census (2021)

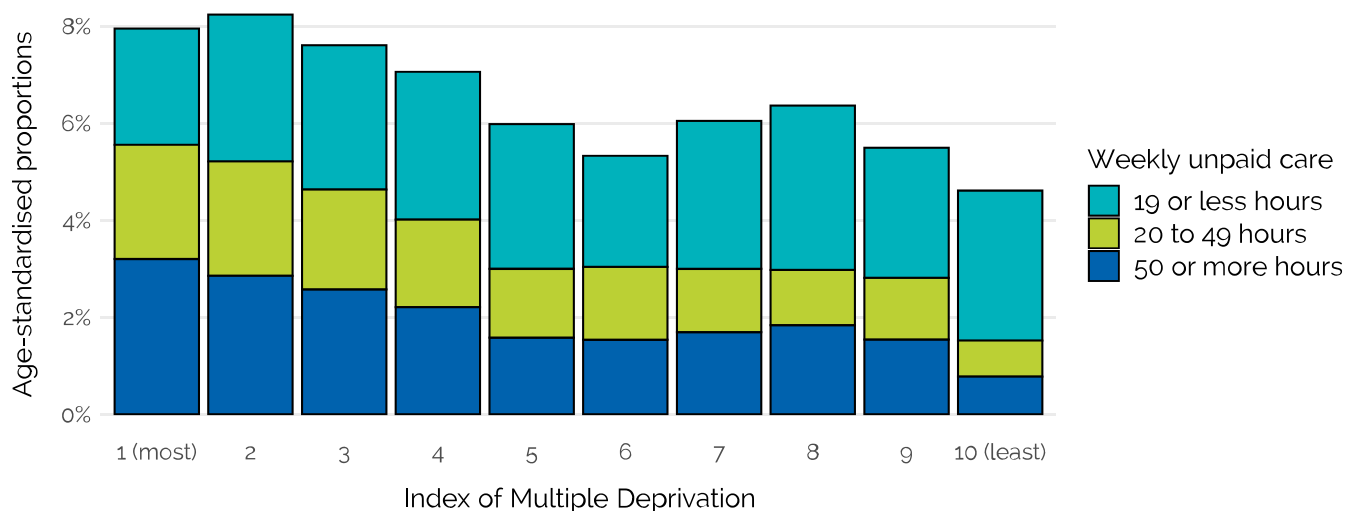
## Carers

Unpaid care has implications for poor health outcomes. Compared to those without caring responsibilities, unpaid carers have been shown to have more than double the risk of suffering from poor health.<sup>14</sup>

There is a similar proportion of unpaid carers in Tower Hamlets (7.6%) compared to London and England.<sup>15</sup> This amounts to around 18,500 people, of which a larger proportion are female (8.9%) compared to men (6.5%). And those aged 45-64 years old account for half (50.6%) of unpaid carers.

The scale and intensity of unpaid care varies by socio-economic position. The largest proportion of unpaid workers is observed in the second most deprived group (8.2%) whilst the least deprived group (4.6%) displays the smallest.<sup>16</sup> The proportion of unpaid carers working 20 hours or more is around 3.5 times greater in the most deprived group compared to the least deprived.

**Figure 10: Provision of unpaid care by deprivation, 2021**



Source: Census (2021)

# 1.2 Language

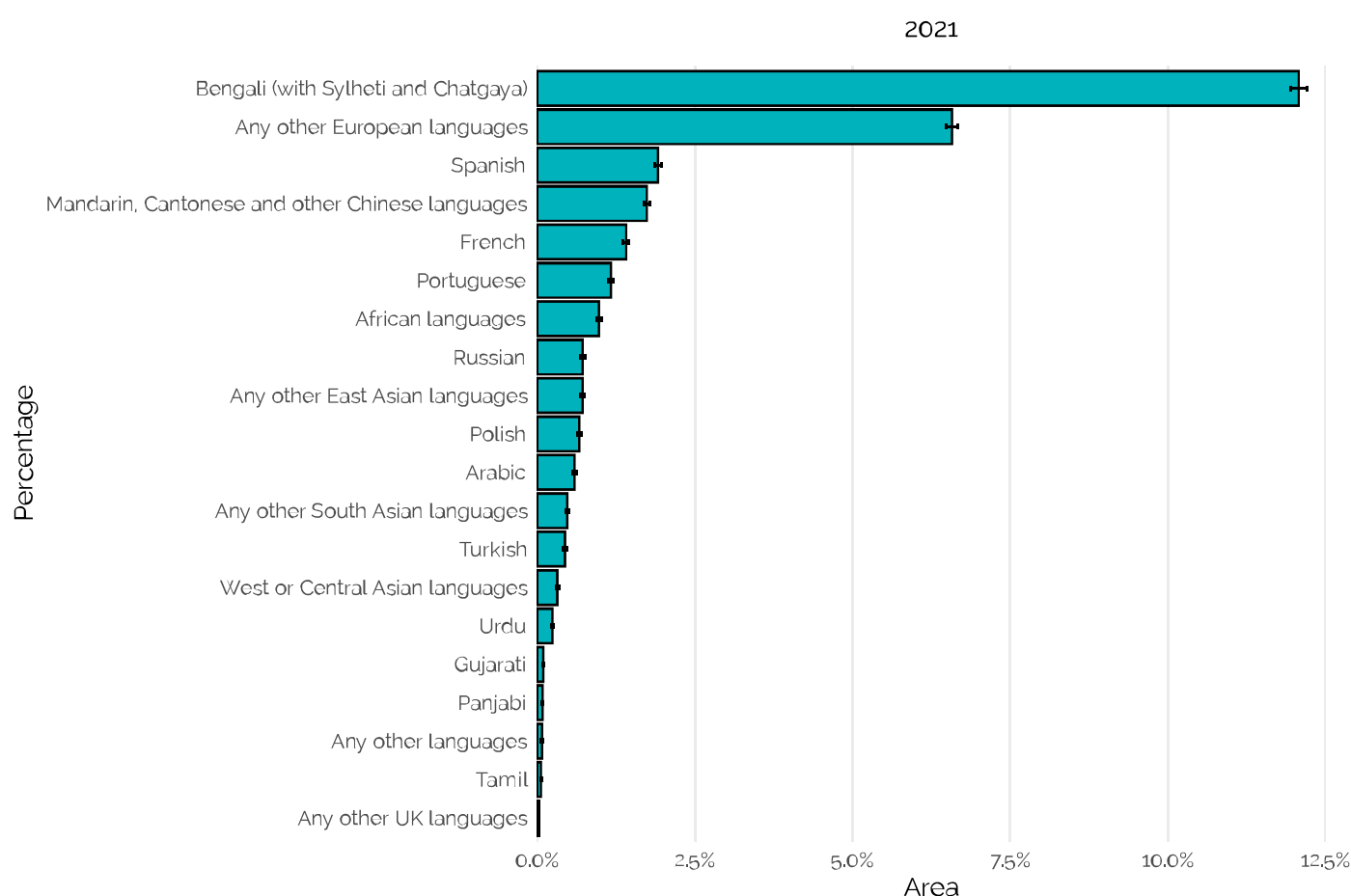
## Main language other than English

Tower Hamlets is highly multilingual. 30.4% of Tower Hamlets residents have a main language other than English, compared to 23.8% in London and 9.9% in England.<sup>17</sup>

Bengali (including Sylheti and Chatgaya) is the second most common main language after English, spoken by 12.1% of Tower Hamlets residents. Other common main languages include European Union languages and Chinese languages.

Producing communications in multiple languages may be an important means to reaching wider communities and making all residents feel welcome.

**Figure 11: Main language other than English, 2021**



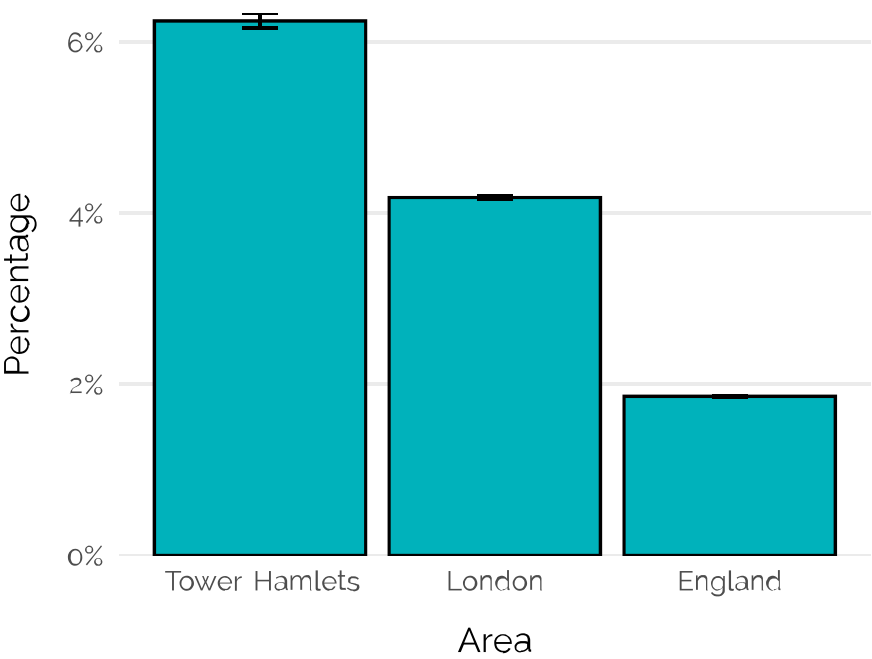
Source: Census (2021)

# English proficiency

A significant proportion of Tower Hamlets residents cannot speak English well or at all, at 6.2% compared to 4.2% in London and 1.9% in.<sup>18,19</sup>

This may present a barrier to accessing health and care services. It may be important for services to offer to provide an interpreter, use simple language and avoid jargon in health communications, and provide important information in multiple languages.

Figure 12: Cannot speak English well or at all, 2021



Source: Census (2021)

## 1.3 Inclusion health groups

Inclusion health groups are groups of people who are socially excluded and who often have higher exposure to health-related risk factors. They tend to have very poor health outcomes, as well as poor access to health and care services.<sup>20</sup>

### Homelessness and rough sleepers

Homelessness and rough sleepers refers to those who use rough sleeping services, are vulnerably housed, live in hostels with a history of rough sleeping or vulnerable migrants who have No Recourse to Public Funds (NRPF).

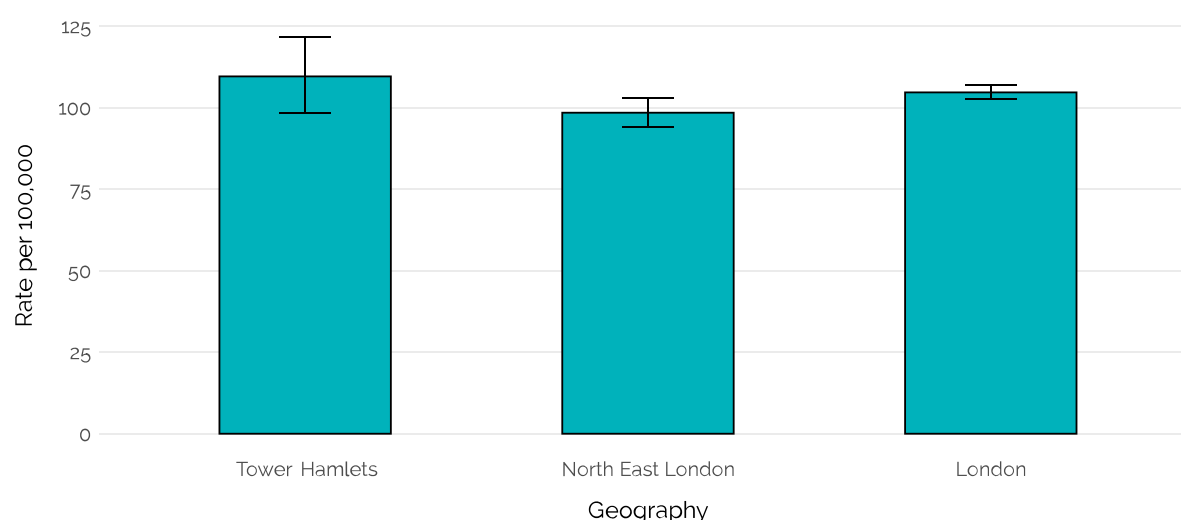
The rough sleeping population typically have worse physical and mental health compared to the general population and are more likely to have substance abuse needs.<sup>21</sup>

There is a large rough sleeping population in Tower Hamlets. The latest estimates indicate that there are around 110 rough sleepers per 100,000 population, which is similar to observations for North East London and London.<sup>22</sup>

Eighty-four per cent of the rough sleeping population in Tower Hamlets is male, 12% are female, less than 1% are non-binary and 3% have no known gender identity. The most common age group sleeping rough is 36-45 in Tower Hamlets and across London.

Rough sleeping is preventable. Addressing unaffordable and insecure accommodation, providing support during transitional periods in services and understanding people's individual circumstances are essential for prevention.<sup>23</sup>

**Figure 13: Crude rate of rough sleeping population**



Source: CHAIN (2022)

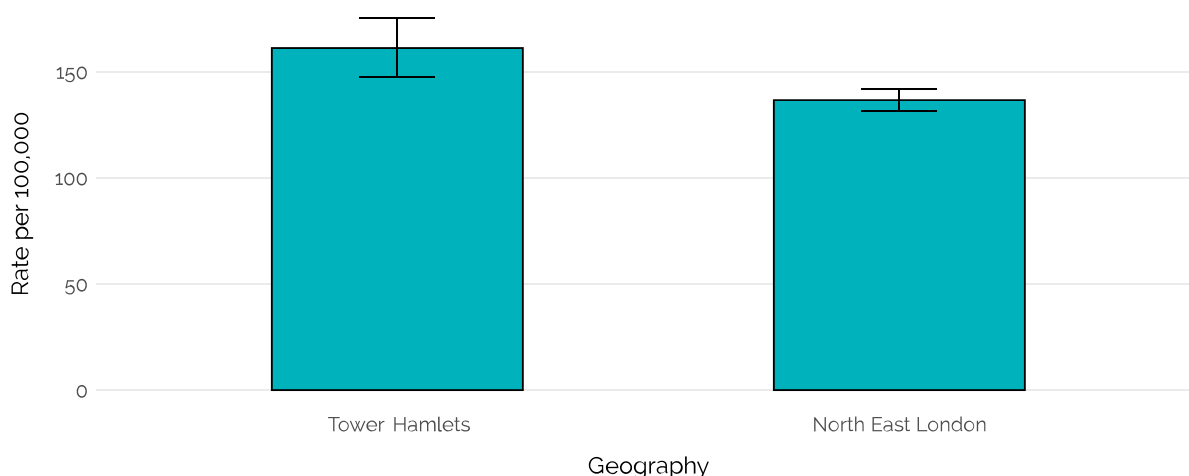
## Refugees and asylum seekers

Refugees and asylum seekers present a vulnerable cohort in the context of health. They may struggle to access health services and can often present complex health needs such as untreated communicable disease, poorly controlled chronic conditions, maternity care and mental health support.<sup>24</sup>

Many refugees and asylum seekers are welcomed and accommodated in Tower Hamlets. The latest data indicate that around 1000 single adults and 200 families from a variety of countries are in Tower Hamlets currently. More support is oriented towards families, suggesting single adults could be more susceptible to poor health outcomes.

An estimated 161 refugees and asylum seekers per 100,000 people are living in contingency hotels in Tower Hamlets, which is higher than the average for North East London (137 per 100,000).<sup>25</sup> The proportion of males living in contingency hotels is higher in Tower Hamlets (84%) compared to North East London (70%).

**Figure 14: Crude rate of refugee and asylum seeker population living in contingency hotels**



Source: Ready Homes (Feb 2024).



## 1.4 Deprivation

Tower Hamlets has high levels of inequality: it is home to some of the most deprived areas of the country, as well as some of the least deprived. Deprivation is associated with many adverse outcomes, including poorer health outcomes and lower life expectancy.<sup>26</sup> There is often higher need for health and care services in more deprived areas.

The **Index of Multiple Deprivation (IMD)** is a relative, local-level measure of deprivation comprised of 7 domains: income, employment, health and disability, education, barriers to housing and services, crime and living environment.<sup>27</sup> The 2019 IMD was developed using data from 2015-16, and shows that 30.6% of Tower Hamlets residents live in the most deprived areas in England, ranking 57th out of all 317 local authorities in the country. It also shows that areas in the south of the borough are generally less deprived than areas in the north.

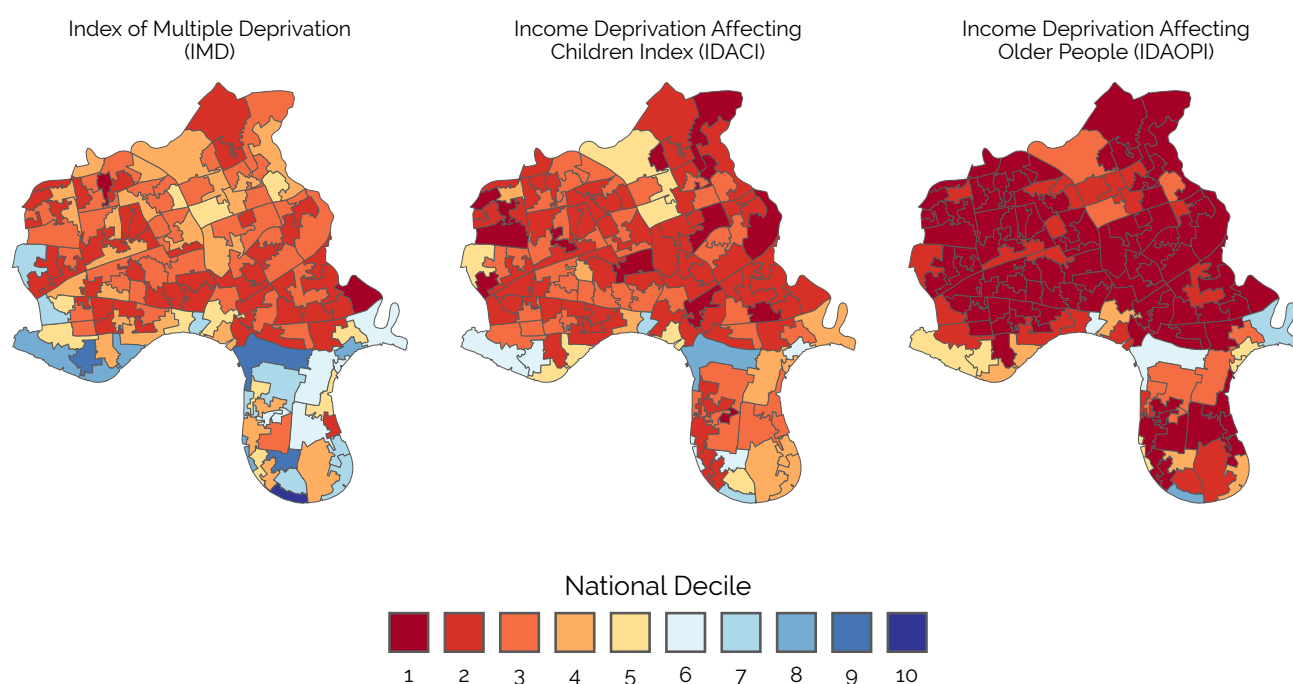
### Income deprivation

There is widespread income deprivation in Tower Hamlets, and children and older people are particularly affected by this compared to other parts of the country.

Income deprivation is measured by the income domain of the IMD. Income deprivation specifically affecting children and older people is represented by the Income Deprivation Affecting Children Index (IDACI) and the Income Deprivation Affecting Older People Index (IDAOPI) respectively, which are subsets of the income deprivation domain of the IMD.

Based on average deprivation score, Tower Hamlets ranks 23rd out of all local authorities in the country for income deprivation; 14th in the country for the Income Deprivation Affecting Children Index (IDACI), and 1st in the country for the Income Deprivation Affecting Older People Index (IDAOPI).

**Figure 15: Deprivation in Tower Hamlets**



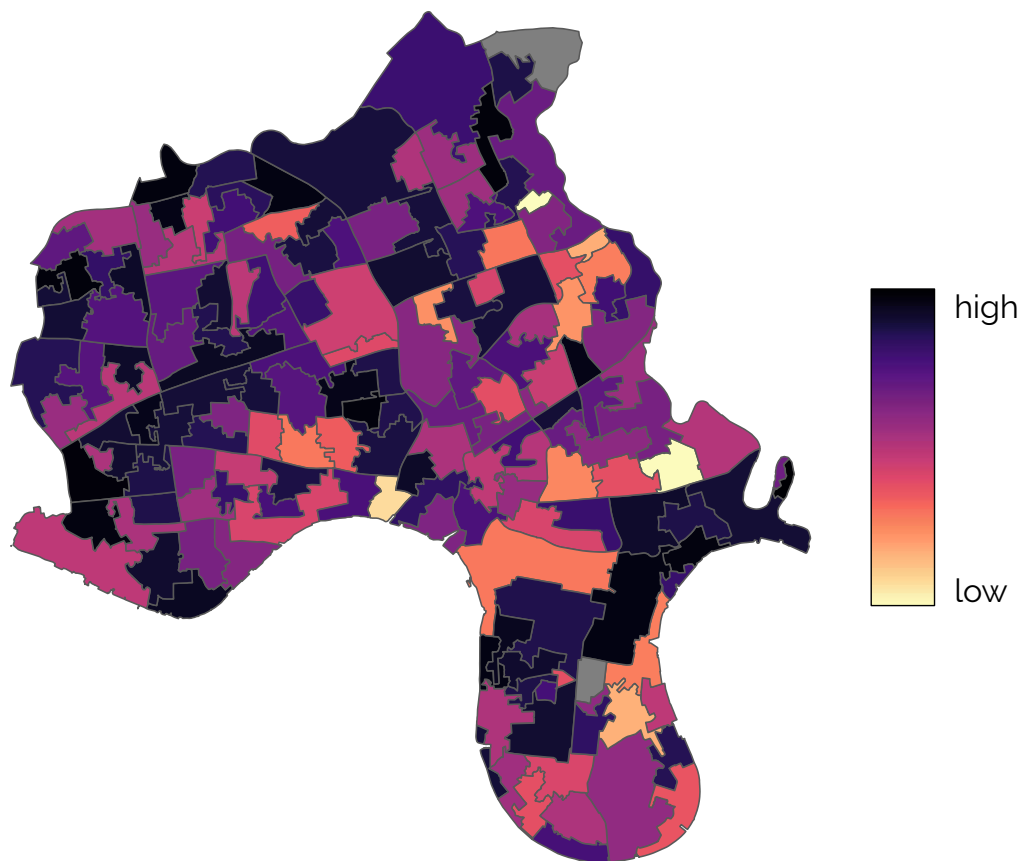
Source: 2019 Indices of Deprivation

## Ethnic Group Deprivation Index (EGDI)

The Ethnic Group Deprivation Index (EGDI) measures deprivation by ethnic group within each LSOA, using data from the 2021 Census.<sup>28</sup> It is comprised of 4 domains: economic activity, general (self-reported) health, highest level of qualification and occupancy (overcrowding).

The EGDI uncovers wide ethnic disparities in deprivation in Tower Hamlets: 67.7% of LSOAs have a difference of 6 or more EGDI deciles between the most and least deprived ethnic groups, and 41.9% have a difference of 8 or more EGDI deciles. This is the highest amongst all local authorities in England and Wales.

**Figure 16: Difference in EGDI Decile between most and least deprived ethnic group**

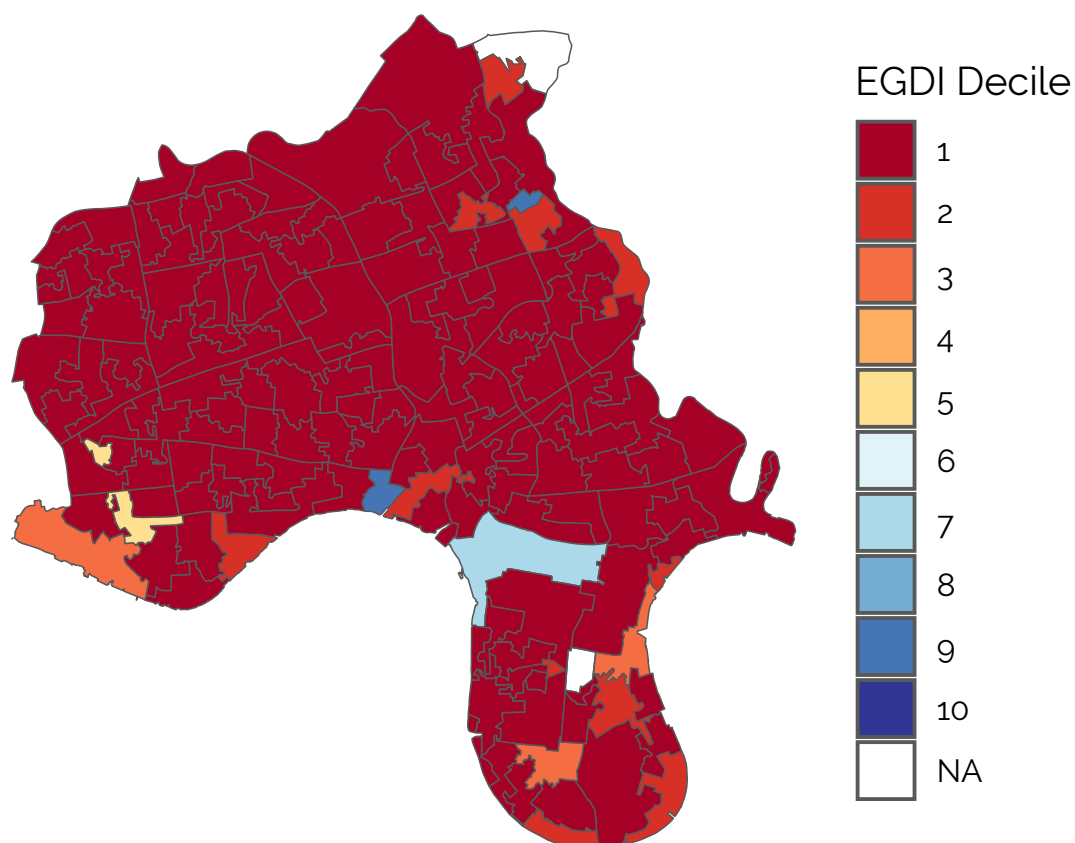


Source: Lloyd, C.D. et al. (2023) An ethnic group specific deprivation index for measuring neighbourhood inequalities in England and Wales.

This suggests that inequalities extend beyond the LSOA level in Tower Hamlets and that within very small areas there are people living in extreme deprivation alongside relative wealth.

The EGDI also shows that pockets of high deprivation are widespread across the borough, even in areas where overall deprivation levels are low.

Figure 17: Difference in EGDI Decile between most deprived ethnic group in each LSOA



Source: Lloyd, C.D. et al. (2023) An ethnic group specific deprivation index for measuring neighbourhood inequalities in England and Wales.

In 88.6% of LSOAs, the most deprived ethnic group in that LSOA is within the most deprived decile nationally. This rises to 95.2% of LSOAs when the 2nd most deprived decile is included.

In 93.5% of LSOAs, the most deprived ethnic group is Bangladeshi, amongst LSOAs where the most deprived group is Bangladeshi, 65.8% have Bangladeshi as the most populous ethnic group.

## 1.5 Housing

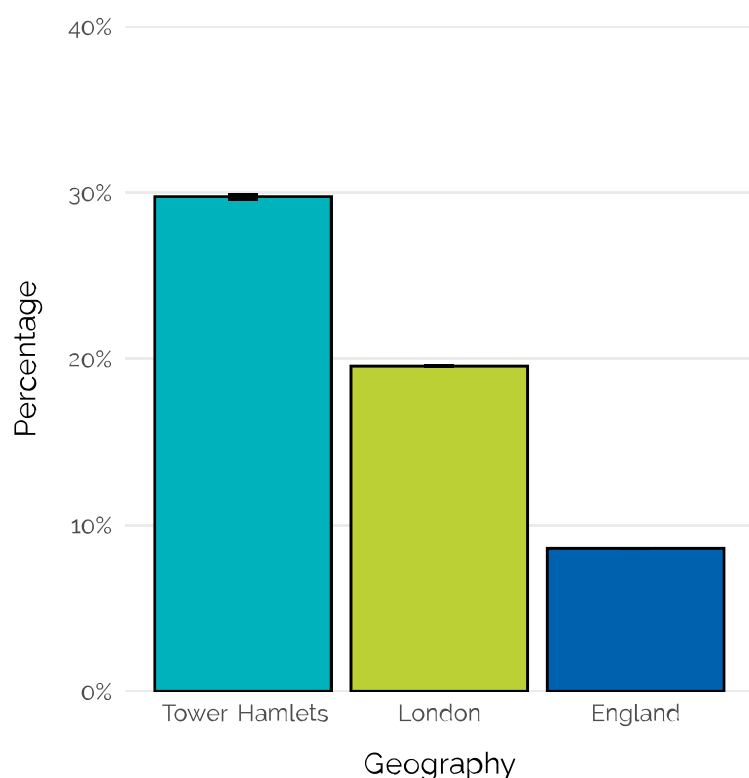
### Overcrowding

Overcrowding is defined as having insufficient bedrooms for all of members of a household based on their age, sex, and relationships with each other.<sup>29</sup>

It is associated with increased risk of poor physical and mental health via a range of impacts including poor sleep, frequent illness, and difficulties with personal relationships. Children living in overcrowded housing may also suffer from lack of space to do homework, and this may lead to poorer educational outcomes.<sup>30</sup>

It is a prevalent issue in Tower Hamlets: 29.8% of residents live in overcrowded housing, compared to 19.6% in London and 8.6% in England. In some wards, levels of overcrowding are as high as 40%.

**Figure 18: Proportion of residents living in overcrowded accommodation**



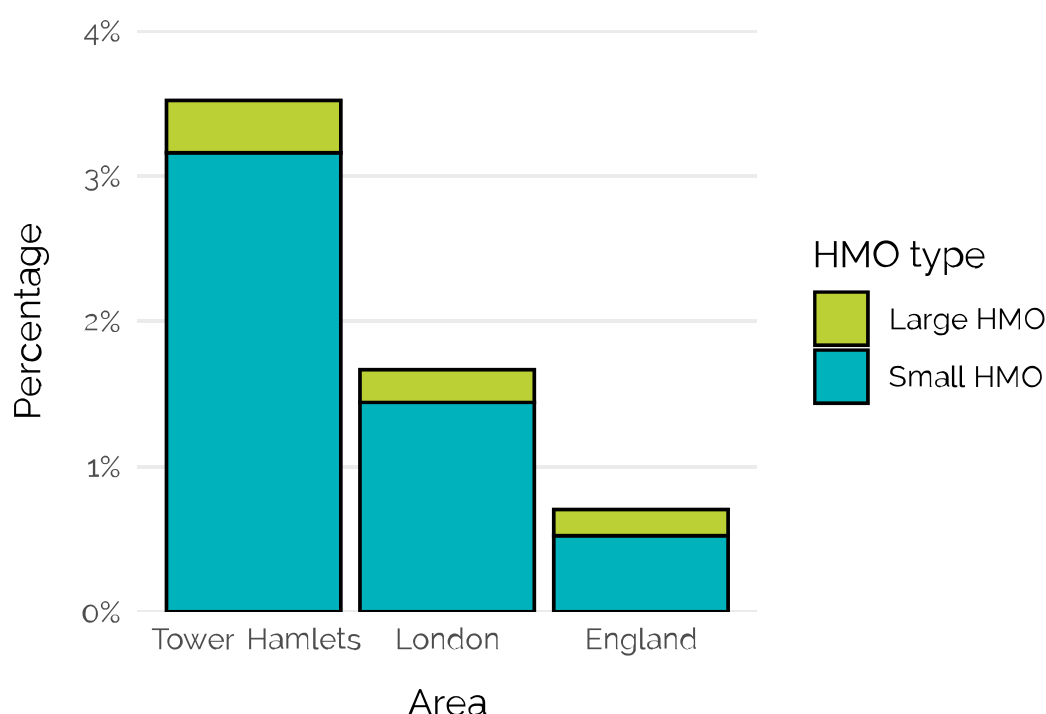
Source: Census (2021)

## Houses of Multiple Occupation (HMOs)

Houses of Multiple Occupation (HMOs) are dwellings where at least three unrelated tenants rent their home from a private landlord. They are associated with increased risk of fire due to higher density of occupants and health hazards such as damp and mould.<sup>31</sup>

HMOs are particularly common in Tower Hamlets: 3.5% of dwellings in Tower Hamlets are HMOs, compared to 1.7% in London and 0.7% in England.<sup>32</sup> The vast majority of these are small HMOs (3.1% in Tower Hamlets), comprised of up to 3 unrelated tenants. Large HMOs, comprising 5 or more unrelated tenants, make up 0.4% of all dwellings in Tower Hamlets.

**Figure 19: Proportion of dwellings which are HMOs, 2021**



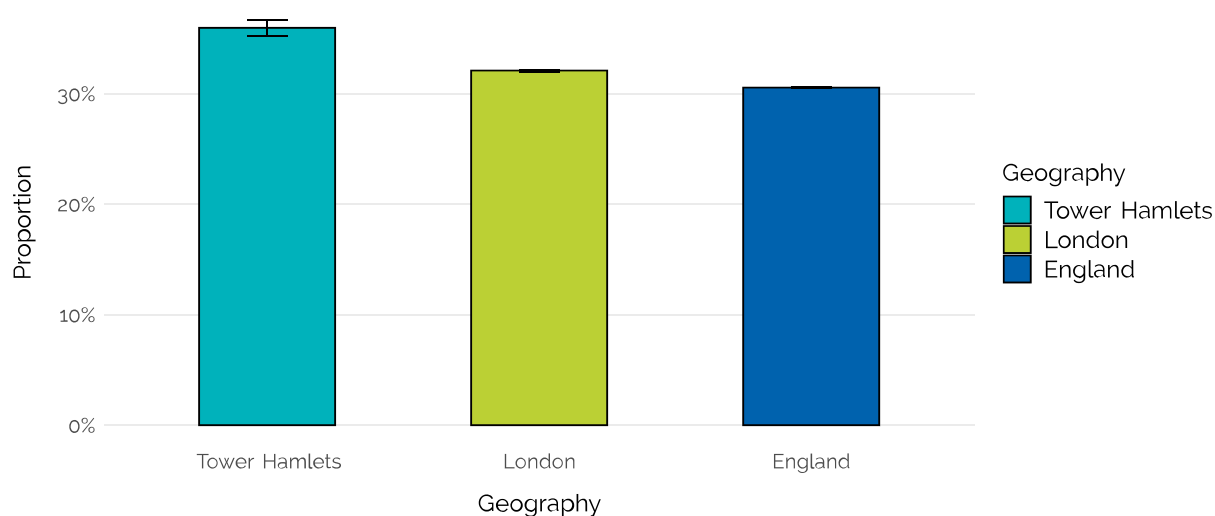
Source: Census (2021)

## Older people living alone

Tower Hamlets has a substantial proportion of older residents who live alone: over a third (36.0%) of residents aged 66 or over live alone, compared to 32.1% in London and 30.6% in England.<sup>33</sup>

Older people who live alone may be more vulnerable to loneliness and social isolation, which can have significant impacts on both physical and mental health. This highlights the importance of community groups for older residents and other initiatives to combat loneliness.

**Figure 20: Older adults (66+ years) living alone**



Source: Census (2021)

## 1.6 Overarching health indicators

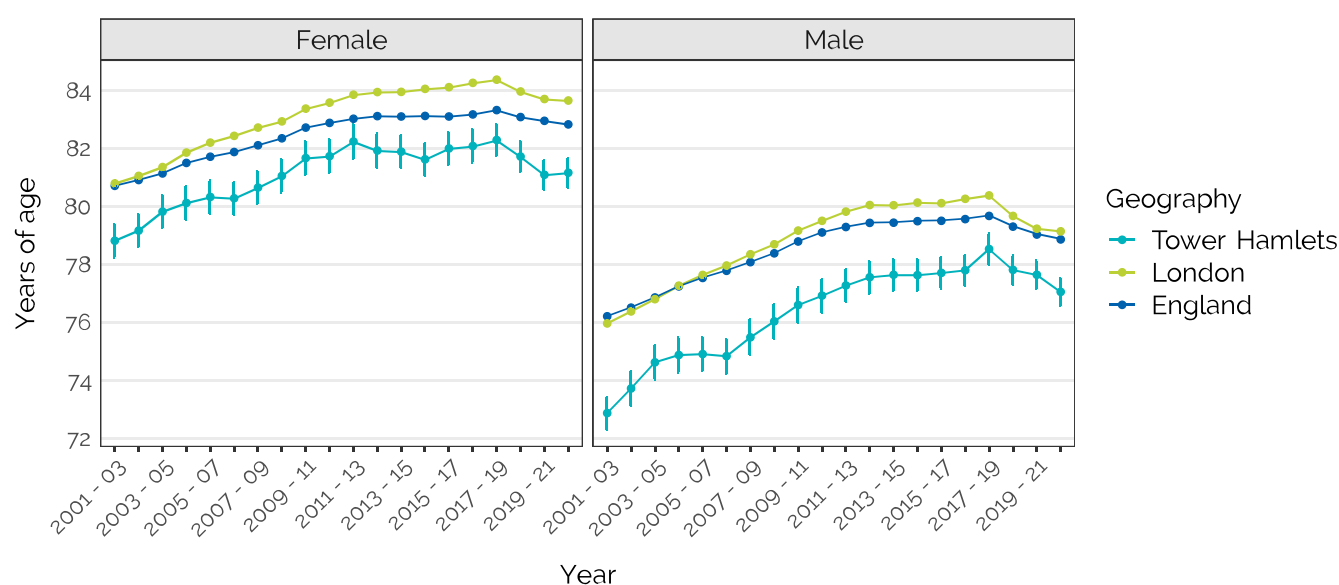
### Life expectancy

Life expectancy measures the number of years a person can expect to live, irrespective of health status.

Over the last 20 years, life expectancy has improved for both sexes in Tower Hamlets, increasing from 79 to 81 years for females, and from 73 to 77 years for males.<sup>34</sup>

However, life expectancy in Tower Hamlets has consistently been below London and England for both sexes. And in the last 10 years life expectancy has stagnated, with the most recent data indicating a decline.

**Figure 21: Life expectancy at birth by sex**

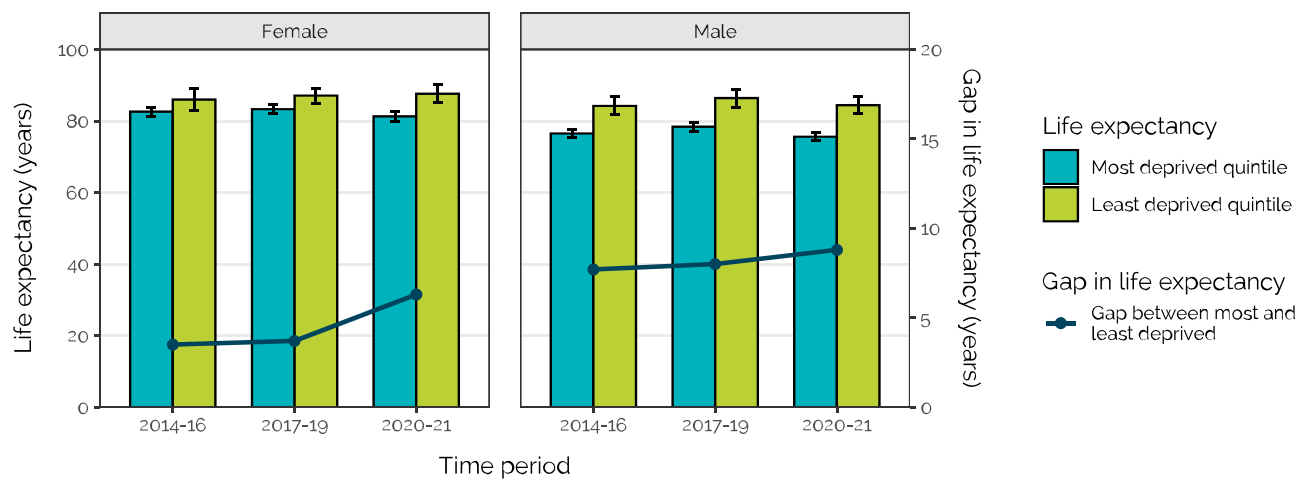


Source: Fingertips



The more deprived an area is, the worse life expectancy becomes.<sup>35</sup>Tower Hamlets experiences a high level of deprivation and subsequent inequalities in life expectancy as a consequence. The gap in life expectancy between the least and most deprived for females is 6.3 years, and for males is 8.8 years. The trend data suggest that this deprivation gap may be widening.

**Figure 22: Life expectancy by deprivation**



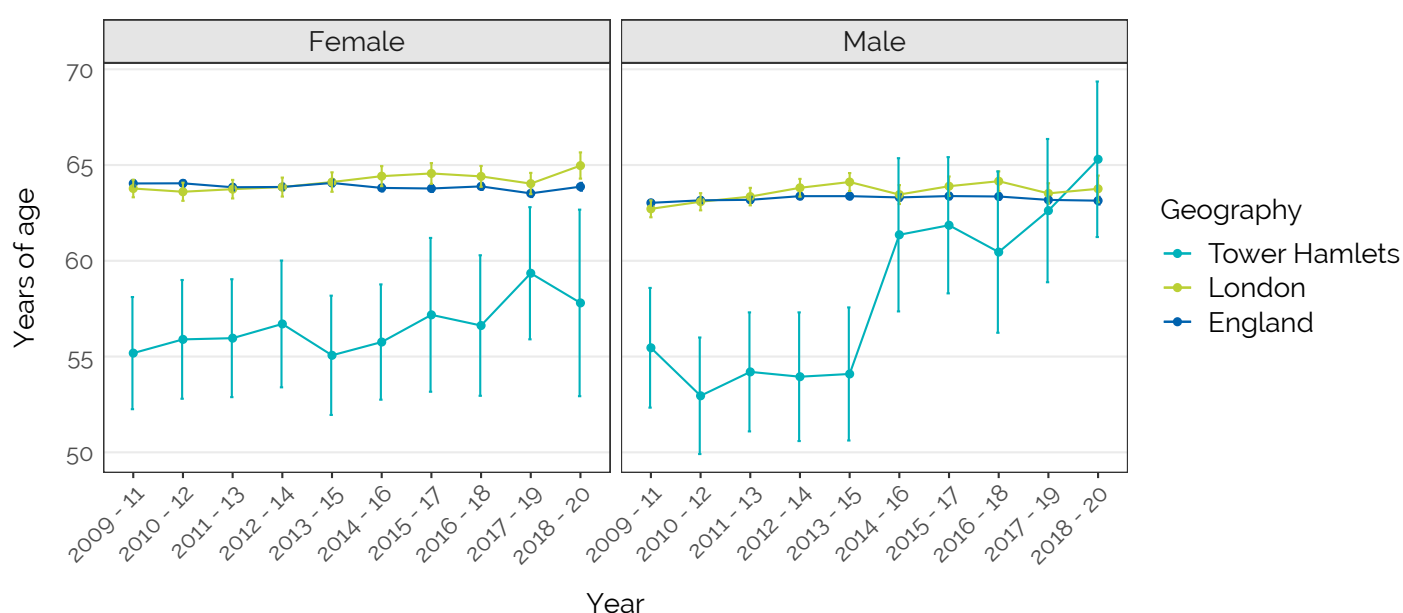
Source: Segment Tool, Office for Health Improvement and Disparities

## Healthy life expectancy (HLE)

Healthy life expectancy (HLE) refers to the number of years an individual can expect to live in good health. Low HLE implies a higher prevalence of morbidity and therefore greater need of healthcare support.

The data indicate a difference in improvement of HLE between sexes in Tower Hamlets. For males, HLE has increased by almost a fifth (17.7%) over the last 10 years to reach 65 years, similar to London and England.<sup>36</sup> For females, HLE has remained stable over the last and is currently at 58 years, lower than London and England.

**Figure 23: Healthy life expectancy at birth by sex**



Source: Fingertips

## 1.7 Summary

The population of Tower Hamlets is both dynamic and diverse, which poses a considerable number of challenges for public health.

Tower Hamlets has a large young population that will eventually contribute to the rapidly rising elderly population. It is important to influence healthy development from a young age by creating environments that promote health and well-being and prevent disease. In turn, this will encourage healthy ageing to better prepare for the increasing ageing population and the subsequent challenges this will bring for health and social care.



Tower Hamlets has a significant population of people who often face barriers to accessing health and care services, including people who sleep rough, refugees and asylum seekers, people with disabilities, and people who have limited English proficiency. It is important for services to recognise and work towards removing barriers to access, to ensure equitable access to health and care for all.



The population of Tower Hamlets is highly ethnically diverse with a large Bangladeshi community. Many residents were born outside the UK, and many have a main language other than English. There is also wide gender and sexual diversity in Tower Hamlets. This underscores the need for inclusivity and sensitivity across all domains of health and care services, to ensure that all residents in Tower Hamlets feel valued and have their specific health needs met.



Stark socio-economic inequalities exist within Tower Hamlets. While there are several areas of high wealth, particular cohorts of people experience high levels of deprivation. The income domain of the IMD indicate children and older people are particularly vulnerable, and the Ethnic Group Deprivation Index reveals that in nearly all areas there are ethnic minority groups living in high deprivation.



Other indicators of social deprivation such as overcrowding, living in HMOs, hours of unpaid care and elderly people living alone are prevalent issues within the borough.



These inequalities underpin the reasons behind poor outcomes for so many of our residents, illustrated by the large discrepancy in life expectancy between the least and most deprived. Targeting and reducing health inequalities is our primary focus because of the profound positive impact this will have on health outcomes for our population.



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2.

# Healthy Maternity

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Action	Description
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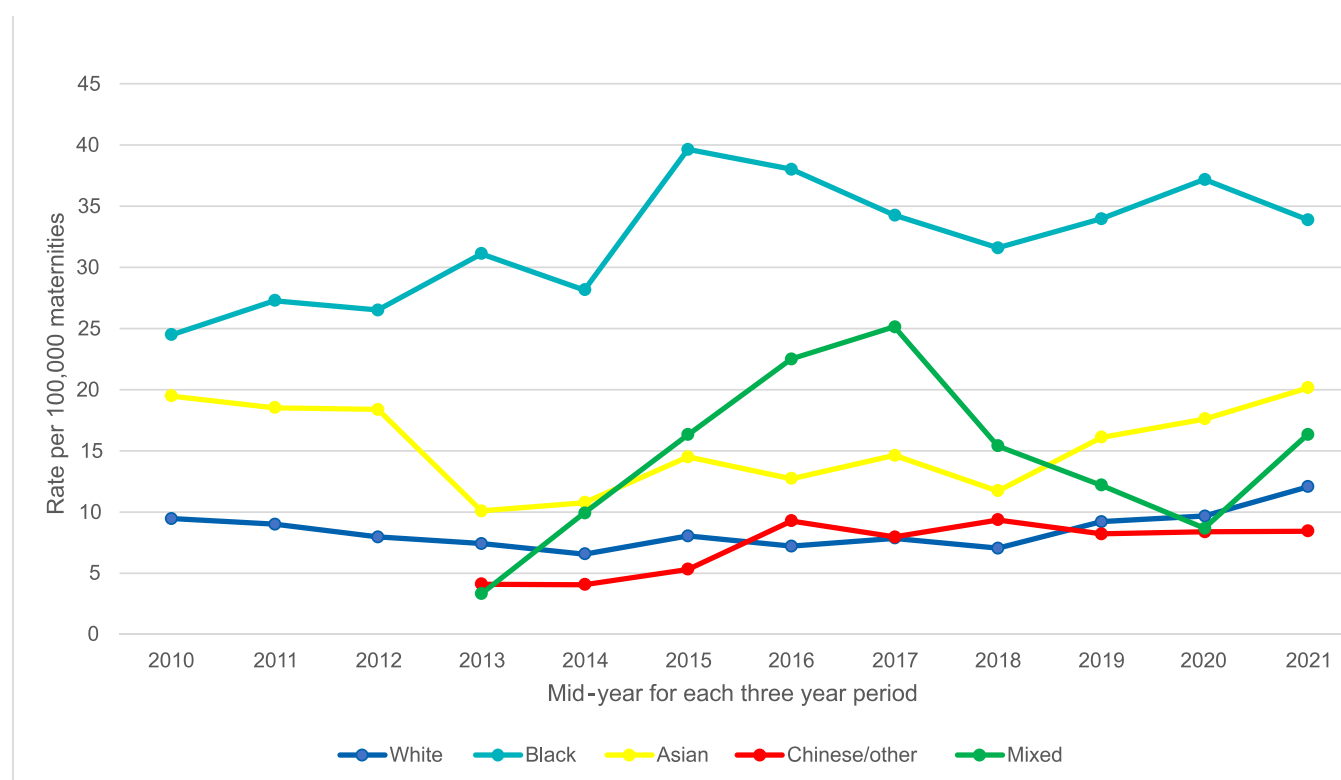
## 2.1 Key public health measures

The maternity period includes the period before becoming pregnant, pregnancy, childbirth and the first month of a baby's life. Good health and wellbeing in the maternity period impacts on women and birthing people (non-binary and transgender people who are pregnant), their babies and future generations. This chapter uses key data to describe the status of maternal and newborn health in Tower Hamlets. It looks at critical indicators including death rates (mortality), levels of common pregnancy and newborn conditions (morbidity) and some factors that influence these. Please note that while care has been taken to use inclusive language where possible, when referencing other pieces of work, the language in the original work is used in this chapter for consistency. When only terms such as mother or woman are used these should also be taken to include those who are pregnant but do not identify as a woman.

In Tower Hamlets there are high numbers of babies born each year, 4,127 born in 2022, meaning many residents will engage with maternity services<sup>1</sup>. This means that each year. Key indicators regarding maternity care in Tower Hamlets are highlighted below set out under three headings: mortality, morbidity, and risks and behaviours. These do not capture all relevant factors for this group, however act as a proxy measure for the overall functioning of the maternity system within the borough. Please note for many indicators the information is limited due to constraints in data the Council can access.

### Mortality - mortality

**Figure 1: Maternal mortality rates 2009-2022 among women from different ethnic groups in England**



Source: Saving Lives, Improving Mothers' Care 2024 - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22

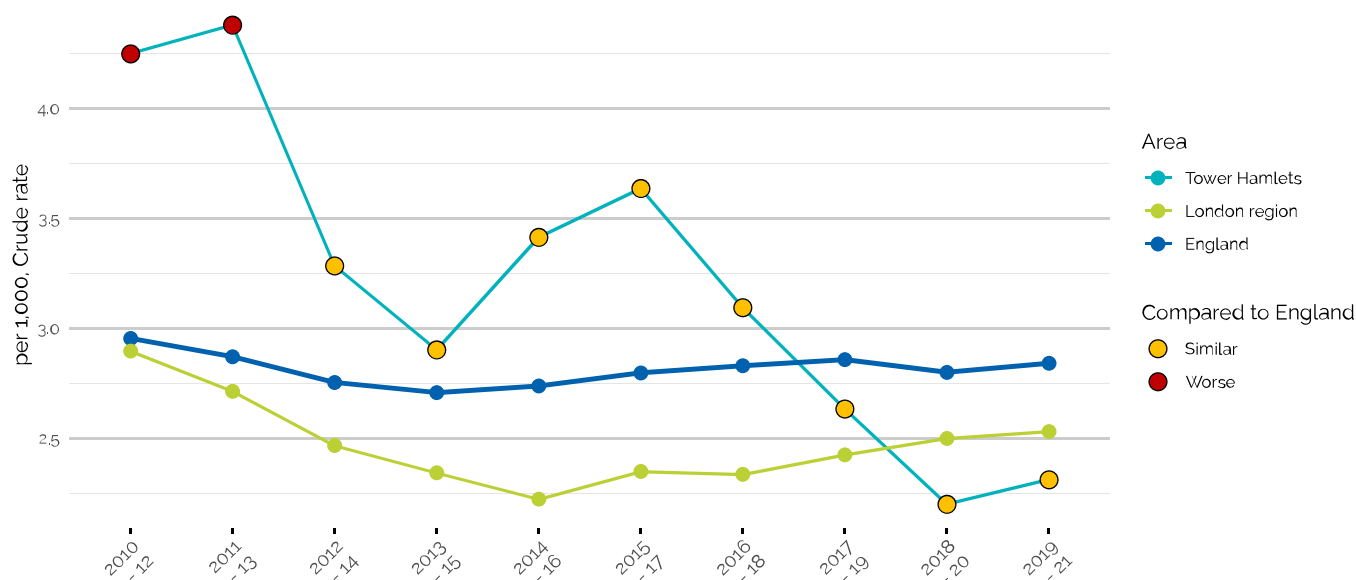
There are relatively small numbers of maternal deaths each year, therefore we have used national data to highlight the key points. In the three-year period from 2020-2022 there has been a statistically significant increase in the maternal death rate, even when accounting for deaths related to COVID-19<sup>2</sup>. The current maternal mortality rate is the highest rate since 2004<sup>3</sup>. The most common causes of maternal death in 2020-2022 were<sup>4</sup>:

1. Thromboembolism or thrombosis
2. Complications directly related to COVID-19
3. Maternal suicide or sepsis

When examined by ethnicity significant inequities in the maternal mortality rate are apparent (Figure 1). This is especially relevant to Tower Hamlets given the ethnic breakdown of the maternity population (Figure 11). Women with Black ethnic backgrounds experience nearly a three times greater risk of maternal death compared to White women, while women with Asian ethnicity (defined as Asian Bangladeshi, Asian Indian, Asian Pakistani, or Other Asian for the MBRRACE-UK report) experience nearly twice the risk of maternal death compared to White women<sup>5</sup>. Women experiencing greater levels of deprivation have a higher maternal mortality rate compared to those who are not experiencing material deprivation<sup>6</sup>.

## Mortality - neonatal and stillbirth

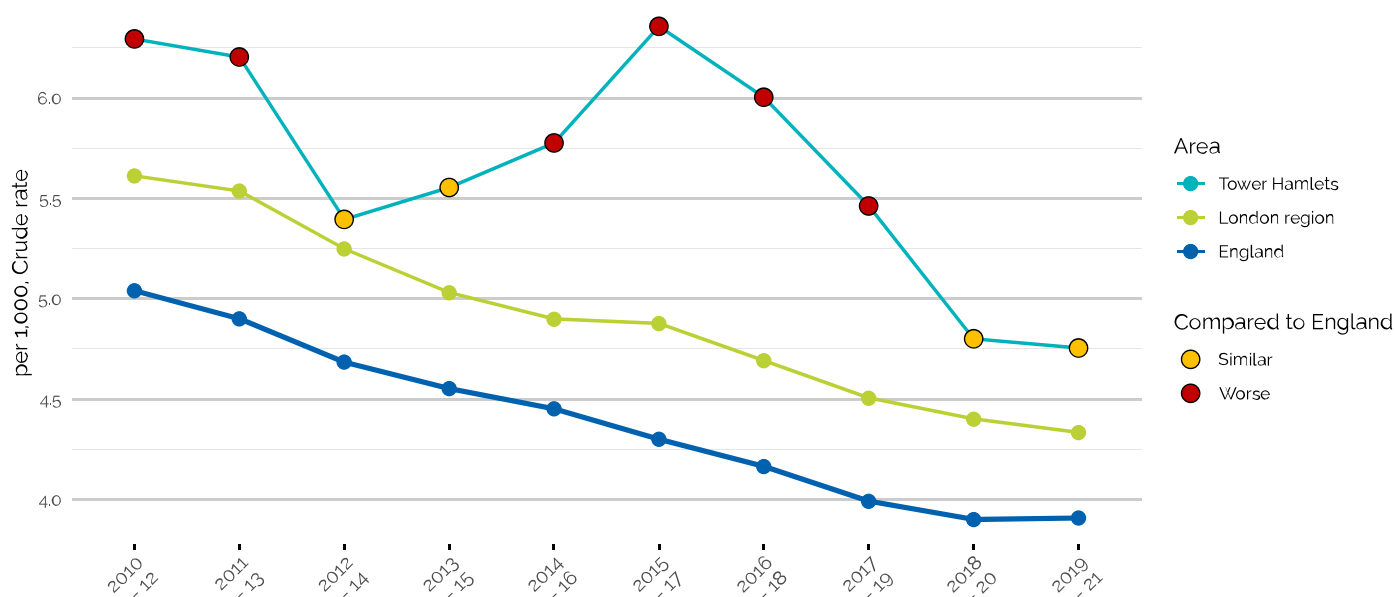
**Figure 2: Tower Hamlets neonatal mortality rate, persons, <28 days**



Source: Office for Health Improvement and Disparities (OHID) based on Office for National Statistics births and deaths data

In Tower Hamlets, overall neonatal mortality rate has been decreasing from 2015-2021 and is now similar to the England average (Figure 2), data from 2021-2023 is not yet available as investigation is ongoing. This data is unable to be broken down by ethnicity, however it is known at a national level that babies with Black or Asian ethnicity are more likely to experience neonatal death compared to White babies<sup>7</sup>. Given nearly 70% of births in the borough are by women from minority ethnic groups (Figure 11) there may be inequities that are not identifiable when only the overall neonatal mortality rate is given.

**Figure 3: Stillbirth rate, persons, 0 yrs**



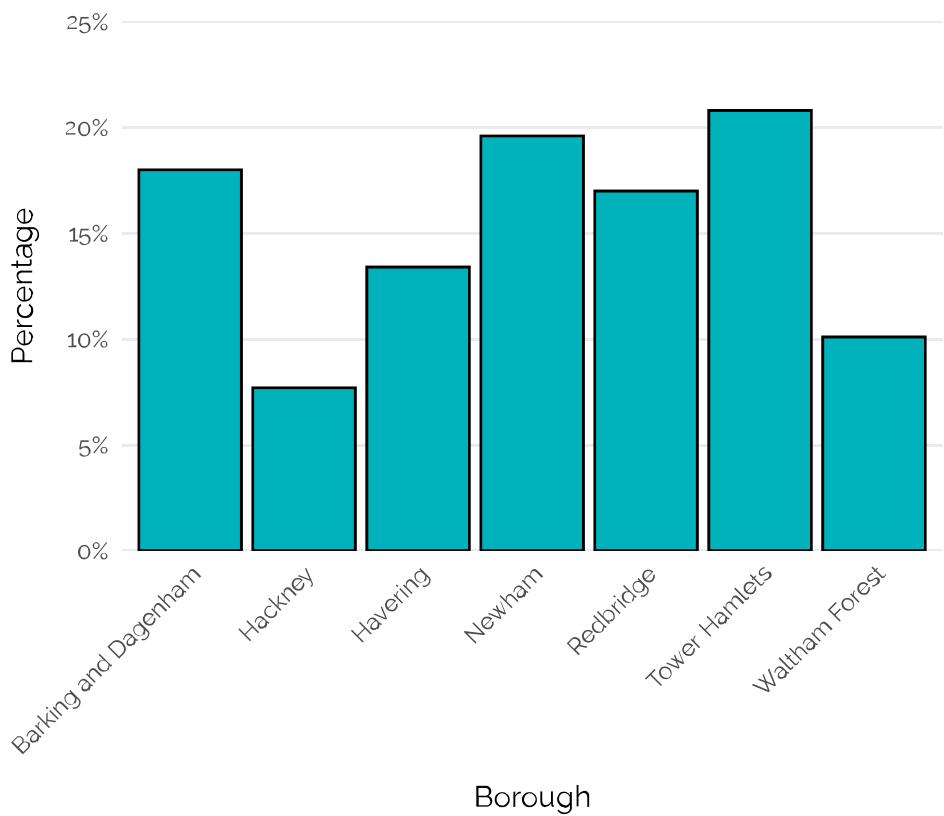
Source: Office for Health Improvement and Disparities (OHID) based on Office for National Statistics births and deaths data

Similar to the neonatal mortality rate, stillbirth rates have been falling in the borough (Figure 3). At a national level, babies with Asian or Black ethnicity have a greater likelihood of stillbirth compared to White babies<sup>8</sup>, but we do not have this detail at a local level. Babies born to mothers living in deprivation also experience higher rates of both neonatal mortality and stillbirth, and figures from 2021 suggest this inequity may be worsening, again we are unable to assess this at borough level<sup>9</sup>.

# Morbidity - maternal

## Gestational diabetes

Figure 4: Percentage of pregnancies complicated by diabetes

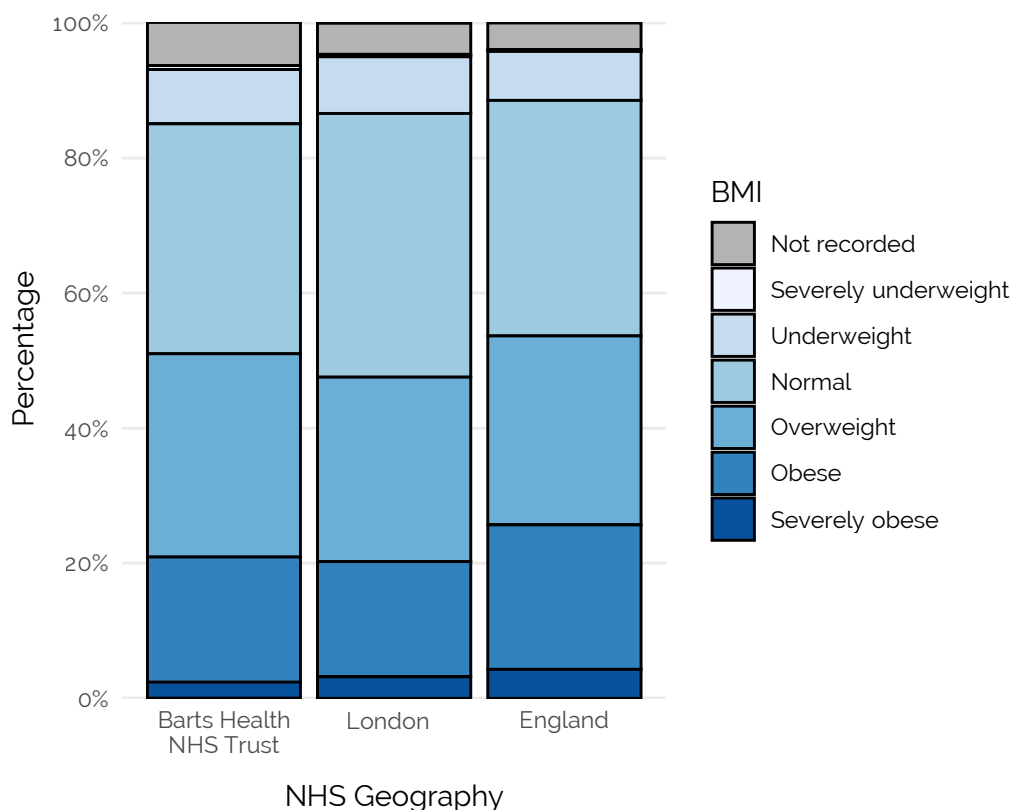


Source: NEL Maternity Services Equity and Equality needs assessment Nov 2021

Gestational diabetes is a type of diabetes that develops in pregnancy. Nationally data about gestational diabetes is poor. Figure 4 shows the percentage of pregnancies complicated by any type of diabetes in a single year which suggests Tower Hamlets has higher rates than surrounding boroughs. It is important to improve data collection about gestational diabetes as this can have lifelong consequences. Mothers with gestational diabetes have an increased risk of having a large baby that requires assistance during delivery, pre-eclampsia, premature birth and developing Type 2 diabetes<sup>10</sup>. Babies of mothers with gestational diabetes have an increased risk of needing admission to a neonatal unit and a lifelong increased risk of developing obesity and type 2 diabetes<sup>11</sup>.

## Maternal weight

Figure 5: Maternal BMI at 15 weeks' gestation



Source: Maternity Services Data Set FY 2022-23

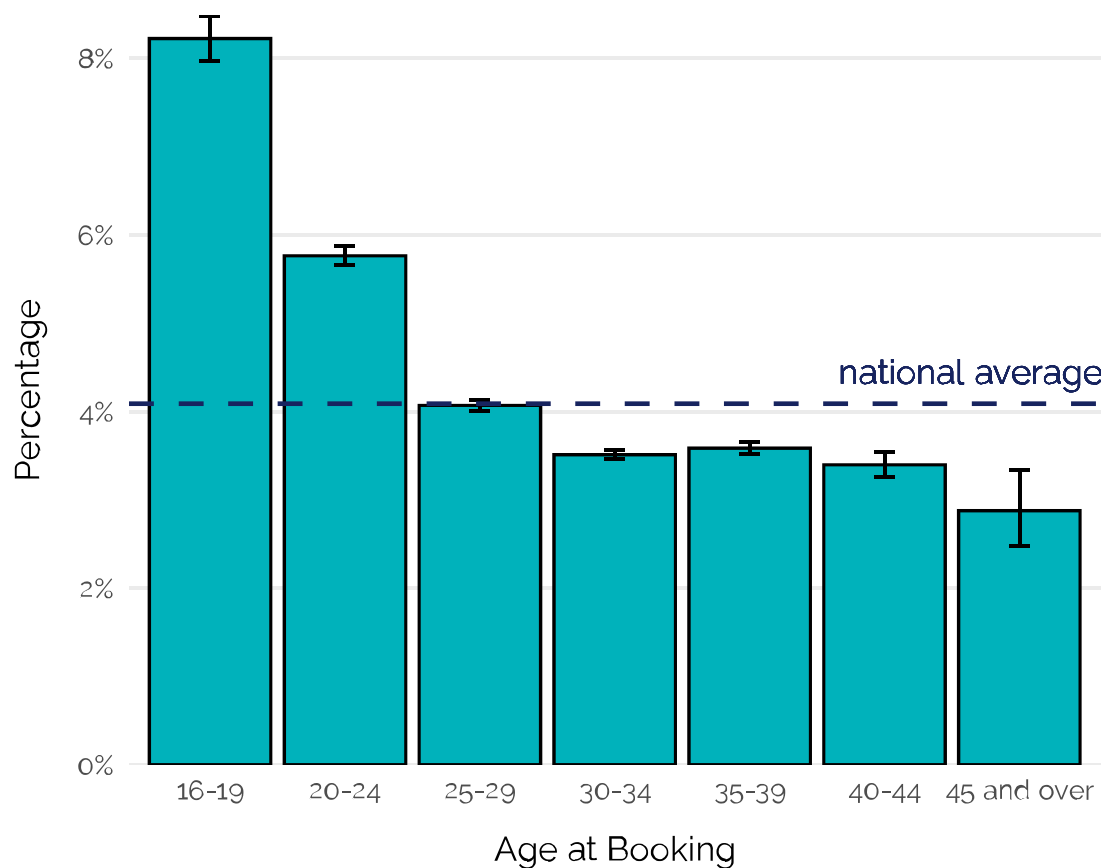
Although within Barts Health Trust rates are similar to England, over 50% of pregnancies are to mothers that are overweight or obese (Figure 5). Maternal obesity increases the risk of; pre-eclampsia, gestational diabetes, miscarriage, having a prolonged or difficult labour, slower wound healing and experiencing greater difficulty with breastfeeding. Babies born to obese women are at higher risk of being large for gestational age, stillbirth, and developing obesity in later life<sup>12</sup>.



## Perinatal mental health services

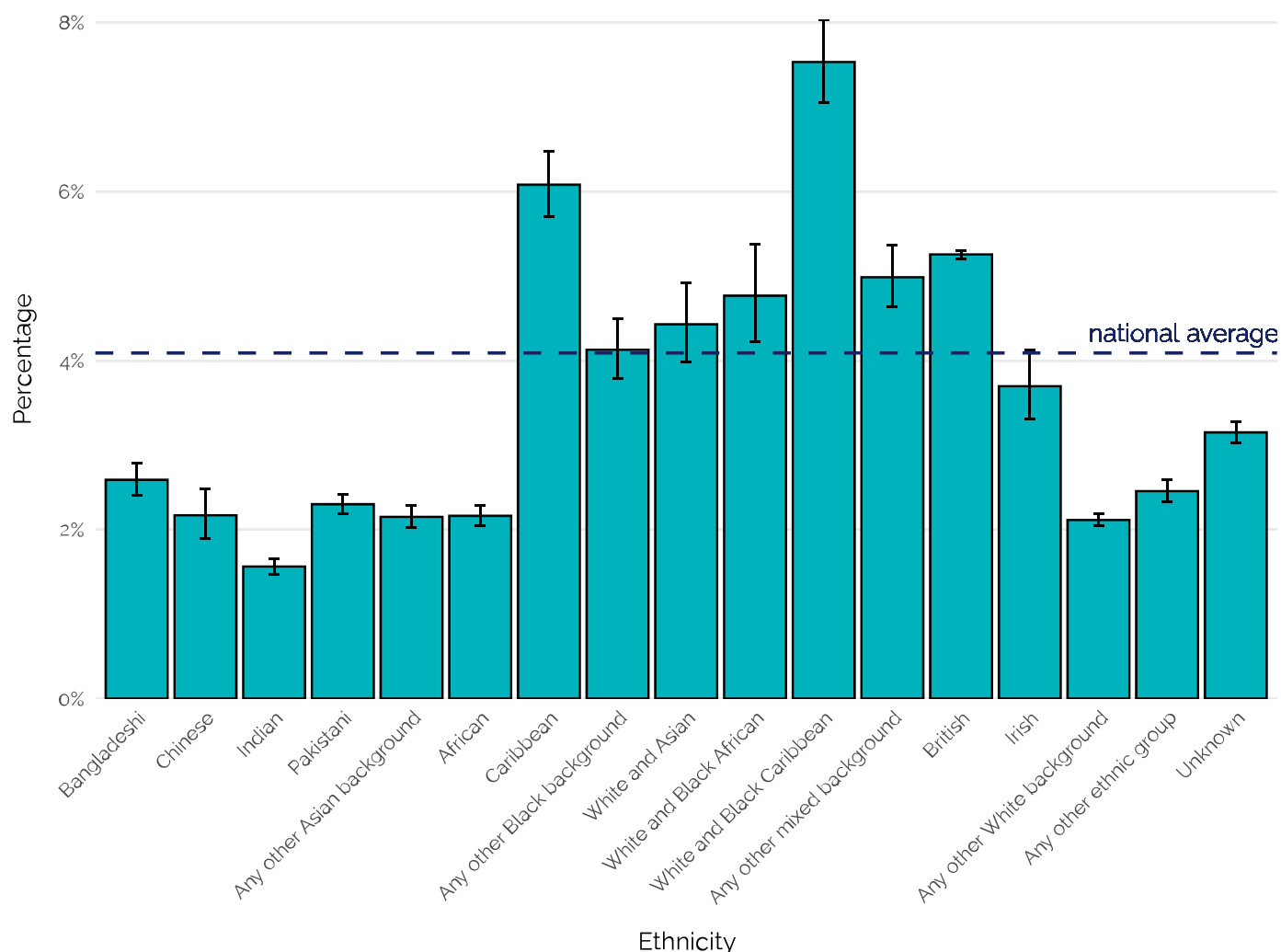
Figure 6 and Figure 7 show the proportion of women in contact with specialist community based perinatal mental health services in England from October 2022 to September 2023 by age and ethnicity.

**Figure 6: Perinatal mental health service users by age**



Source: Mental Health Services Monthly Statistics, Performance September 2023

Figure 7: Perinatal mental health service users by ethnicity



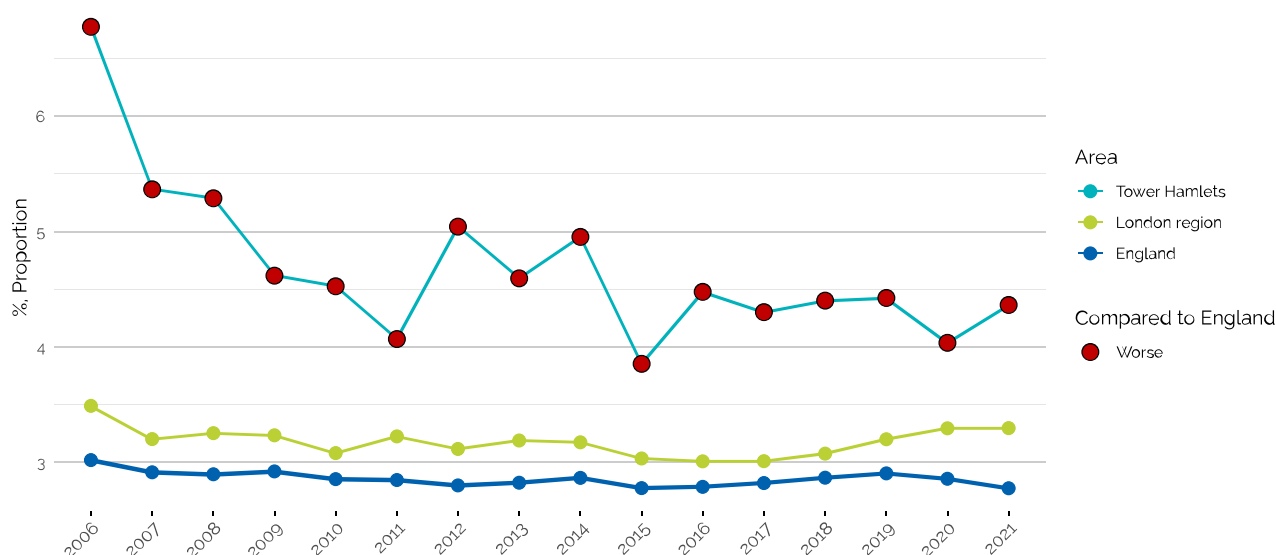
Source: Mental Health Services Monthly Statistics, Performance September 2023

There is no local data about access to specialist mental health services, however at a national level, younger parents, those experiencing greater deprivation and certain ethnicities have greater contact with this service (Figure 6, Figure 7). The perinatal mental health service support parents with moderate-severe mental ill-health; however, we have no information about numbers of parents with mild-moderate needs despite estimates suggesting 1 in 4 parents may experience mental ill-health<sup>13</sup>. Perinatal mental health issues can cause difficulty bonding with a new baby which can impact the baby's attachment and development<sup>14</sup>.

## Morbidity - neonatal

### Birth weight

Figure 8: Low birth weight of term babies, Persons,  $\geq 37$  weeks gestational age at birth

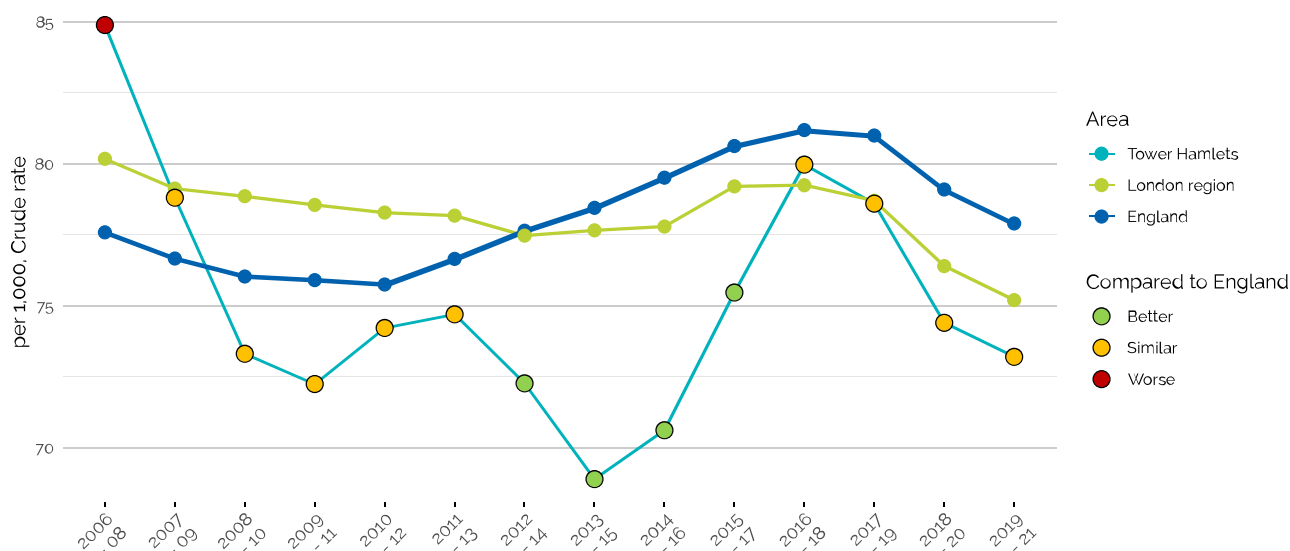


Source: Office for National Statistics

More babies born in Tower Hamlets have low birth weight compared to London and England and, despite a decrease in rates since 2005, rates have remained relatively static since 2008 (Figure 8). Many factors contribute to the risk of having a low-birth-weight baby including smoking during pregnancy, maternal infection, and lower socioeconomic status<sup>15</sup>. Babies with low-birth-weight experience higher perinatal mortality and morbidity rates and are more likely to experience long term growth delay and neurodevelopmental delay<sup>16,17</sup>.

## Premature births

Figure 9: Premature births (less than 37 weeks gestation), Persons, <37 weeks gestational age at births



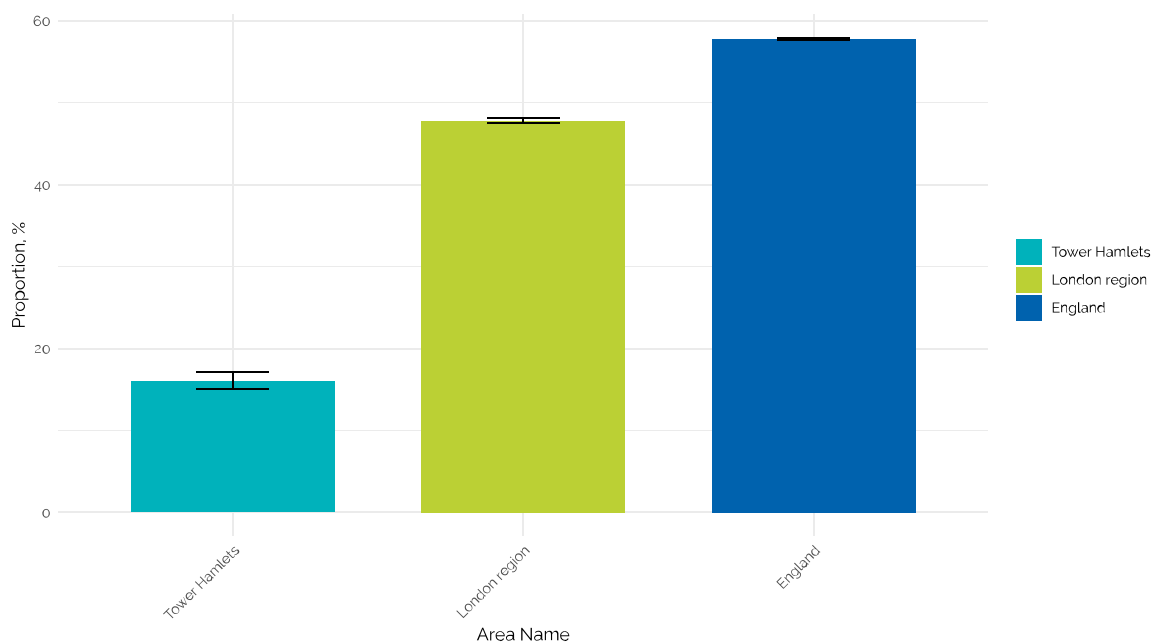
Source: Office for National Statistics

In Tower Hamlets between 2007 and 2021 similar numbers of babies were born prematurely compared to the England average (Figure 9). Prematurity increases the likelihood of a child developing many conditions including asthma, chronic kidney disease, heart disease, diabetes, and is associated with greater mortality rates even into later childhood<sup>18</sup>.

## Risks and behaviours

### Early booking

Figure 10: Early access to maternity care, Female, All ages, 2018/19



Source: Maternity Services Dataset (MSDS) v1.5

Early access to maternity care is defined as booking at or before 10 weeks gestational age.

#### IMPORTANCE

Earlier antenatal care can address health inequities and minimises pregnancy risk through; initiation of supplementation, early education, and screening tests, and allows women and birthing people to have greater choice about their pregnancy care<sup>19,20,21</sup>.

#### MOST AFFECTED

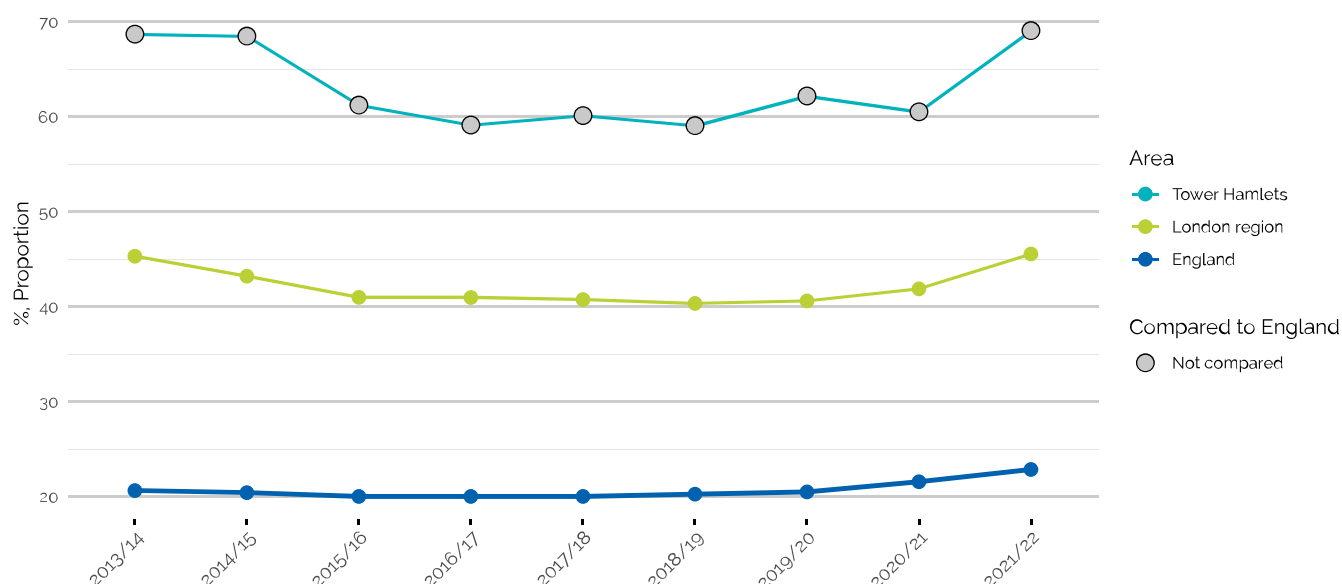
We do not the level of detail in the available data to accurately say who is most affected.

#### COMPARISON

As shown in Figure 10, a smaller proportion of women access early maternity care in Tower Hamlets compared to London and England. Improvement is needed to ensure women and birthing people in Tower Hamlets understand the benefits of booking early and are supported to do so.

## Ethnicity

Figure 11: Percentage of deliveries by women from ethnic minority groups, all ages



Source: Hospital Episode Statistics (HES), Copyright 2021. Reused with the permission of NHS Digital. All rights reserved.

### IMPORTANCE

People with different ethnicities have different experiences in the maternity system which can impact neonatal outcomes including low birth weight, prematurity, and neonatal death<sup>22,23,24</sup>.

### MOST AFFECTED

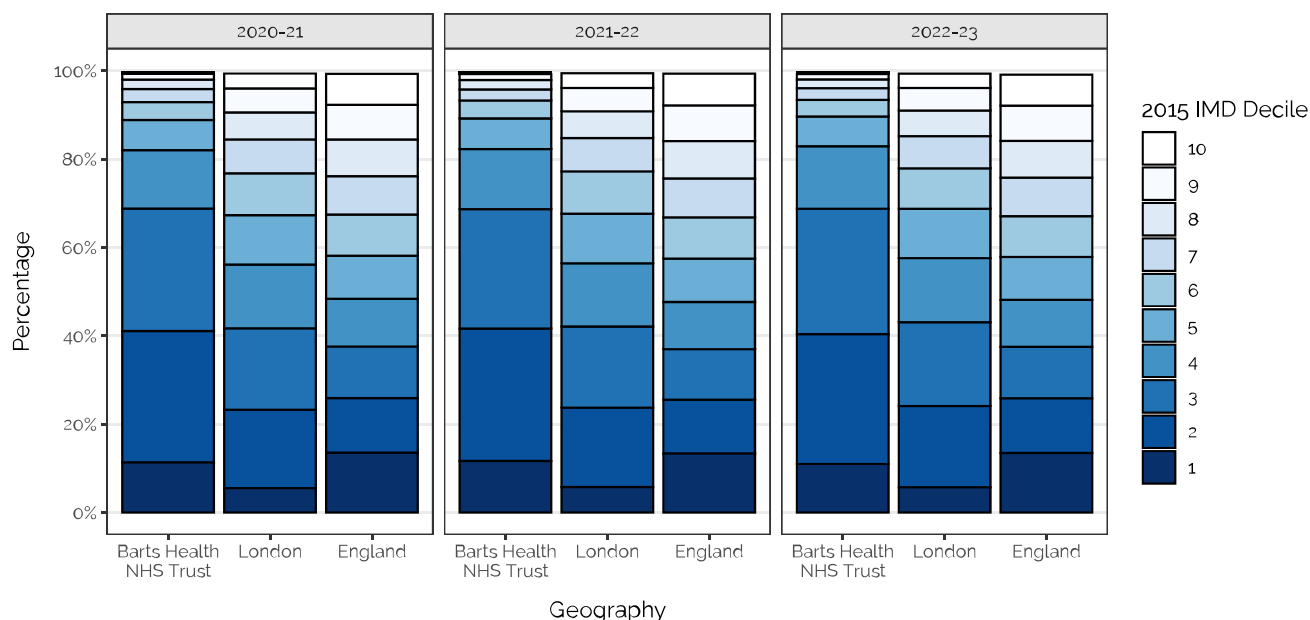
As shown in Figure 11 women with Black or Asian ethnicity experience 2-3 times greater maternal mortality rates<sup>25</sup>.

### COMPARISON

In Tower Hamlets significantly more babies are born to women or birthing people from ethnic minority groups compared to London and England (Figure 11).

## Deprivation

**Figure 12: 2015 IMD Decile of mother's residence at booking**



Source: Maternity Services Data Set

### IMPORTANCE

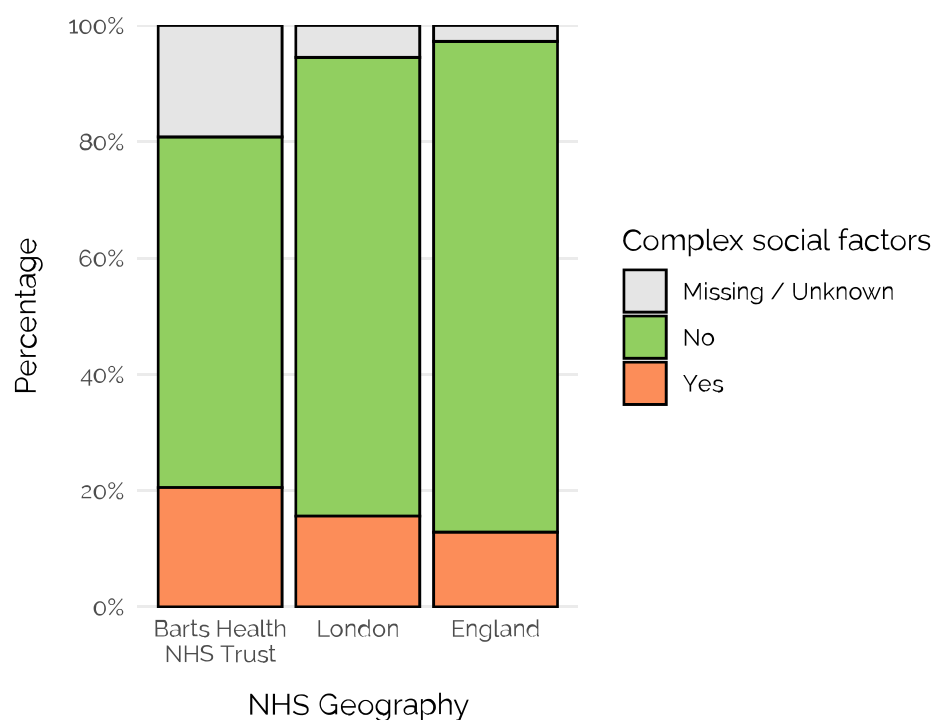
Mothers and parents living in areas with higher deprivation may have decreased engagement with antenatal care and be more likely to have perinatal mental ill-health both of which can negatively impact the baby's health<sup>26,27</sup>.

### COMPARISON

Within Barts Health NHS Trust (which covers five local hospitals, including the Royal London Hospital (RLH) in Tower Hamlets) greater numbers of women live in more deprived areas compared to London and England (Figure 12).

## Complex social factors

Figure 13: Mothers with complex social factors



Source: Maternity Services Data Set 2022-23

### IMPORTANCE

Exposure to complex social factors (these include substance misuse, refugee, or asylum seeker status, aged under 20-years-old, homelessness and experience of domestic violence) can impact the health and wellbeing of the mother/parent and baby and therefore require additional support during pregnancy<sup>28,29,30</sup>.

### MOST AFFECTED

The available data does not provide enough detail to know who is most at risk.

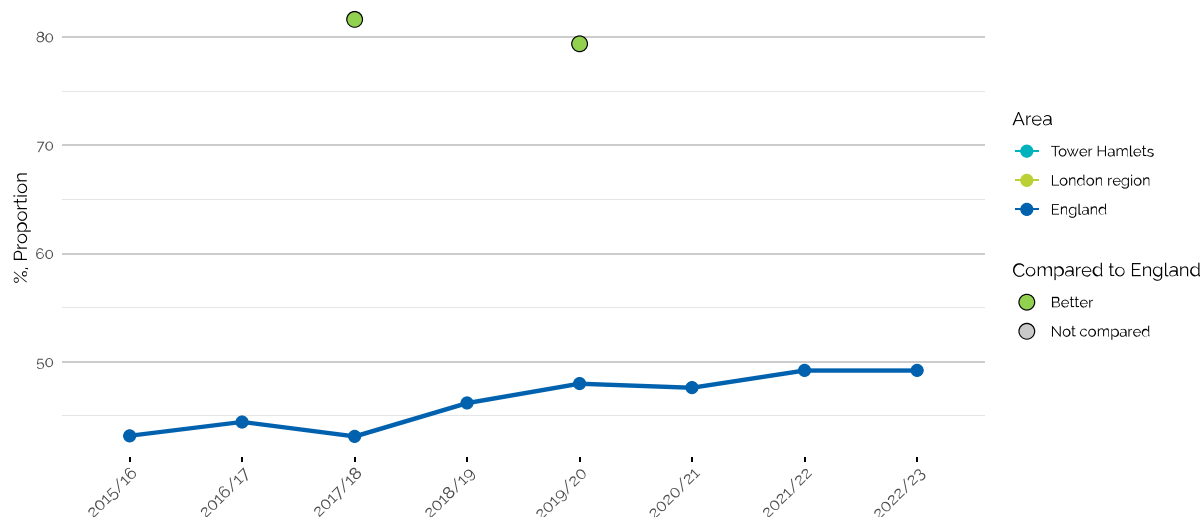
### COMPARISON

Slightly higher numbers of women in Barts Health Trust have complex social factors present at booking appointments compared to England (Figure 13)<sup>31</sup>. It is important to note that nearly 20% of the data is missing for our trust, which could mean the true number of women is even higher.



## Breastfeeding

Figure 14: Breastfeeding prevalence at 6 to 8 weeks - current method, Persons, 6-8 weeks



Source: OHID's (formerly PHE) interim reporting of health visiting metrics

### IMPORTANCE

Breastfeeding has many benefits for mothers and babies including improving attachment and bonding and providing immune support for the baby<sup>32</sup>. The World Health Organization (WHO) and UNICEF recommends exclusive breast feeding until 6 months old<sup>33</sup>.

### MOST AFFECTED

We are not able to examine breastfeeding statistics by demographic factors such as ethnicity and level of deprivation.

### COMPARISON

Figure 14 shows the percentage of women or birthing people partially or fully breastfeeding their baby at 6-8 weeks old. Tower Hamlets rates are significantly better than England, however the data sharing is poor with the last published data being from 2020 despite our health visiting service providing quarterly updates meaning we know the rate for 2023 was 82.95%. Although our rates are comparatively good in Tower Hamlets (40.5% in 2023), we should continue to strive for all babies to be exclusively breast fed where possible.

## Identified inequalities and risks

It is challenging to identify key inequalities and inequities in the data, given most indicators cannot be examined by differing demographics such as ethnicity or deprivation. Through meetings with key stakeholders and service user feedback it is suspected that women and babies from Black, Asian, or other minority ethnic groups experience inequity compared to the white British population in most, of the above key indicators.

Area	Why does it matter?	What is the situation in Tower Hamlets?
<b>Data Collection</b>	The incompleteness of maternity service data is a key risk <sup>34,35</sup> . Without adequate data, inequities are unable to be identified and evidence-based decision making and responses to emerging issues cannot occur <sup>36</sup> .	Poor data quality is not an isolated issue for Tower Hamlets, with national level data also missing or incomplete for many indicators; for example, data on perinatal mental health is particularly poor <sup>37</sup> . Incomplete data results in preventative care being planned in a way which is not responsive to the needs of our community, which could result in delayed access to care, gaps in community services, and missed opportunity for early intervention. Such risks could go on to impact lifelong health outcomes, particularly for babies and young children given the importance of the first 1,001 days from conception <sup>38</sup> .
<b>Data Sharing</b>	Information-sharing process between organisations in the borough are limited and often informal. This means that issues are identified late, or through fortuitous connections.	For example, hospital staff have recently raised concerns that midwives cannot access women's Group B Streptococcus (GBS) screening results. GBS can have serious consequences for newborn babies, however the risk of transmission is significantly reduced with antibiotics during labour <sup>39</sup> therefore this issue must be urgently addressed to ensure GBS results are not missed.
<b>Breastfeeding</b>	Breastfeeding is important for both maternal and infant health, including assisting bonding, babies' immunity, and reducing the likelihood of long-term health conditions such as diabetes and obesity <sup>40</sup> .	Although locally overall breastfeeding rates are higher than England, exclusive breastfeeding rates do not meet the WHO advice of 100% exclusive breastfeeding to six months with the national rate at 1% <sup>41</sup> and local rate 40%. Further, the council has little insight into the barriers and reasons women and birthing people do not feel able to initiate or continue breastfeeding.



## Summary

Greater numbers of women in Tower Hamlets have complex social factors at the time of booking, and a greater proportion of deliveries are to women from minority ethnic groups compared to local and England averages. Women and newborn babies in Tower Hamlets experience higher rates of low birth weight, diabetes in pregnancy and deprivation. These can have ongoing impacts for physical and mental wellbeing, while some factors such as exposure to gestational diabetes, can impact a child's lifelong risk of developing conditions such as obesity. Although we have highlighted known issues, there are significant gaps in data and data sharing processes with other local bodies, meaning there are health inequities we do not know about. Data sharing processes should be improved to enhance understanding of local needs, and development of evidence-based interventions.

## 2.2 Key evidence

### Overview

There are many reports and investigations as well as new research that provides key evidence around maternal health and identifies necessary actions to address health inequities. Three most current and relevant pieces of evidence are discussed below.

#### Ockenden Report

Published in 2022 following an investigation into the maternity system at The Shrewsbury and Telford Hospital NHS Trust which was commissioned following concerns raised by parents about unsafe maternity care leading to adverse maternal and neonatal outcomes<sup>42</sup>. The report reviewed 1,592 clinical cases and identified 15 'Immediate and Essential Actions' for all maternity units nationwide. These actions include measures such as improving funding, staffing, clinical escalation procedures and introduction of mandatory multidisciplinary staff training<sup>43</sup>.

The full report and detailed recommendations can be read at: [Final Ockenden Report](#)

#### Women's Health Strategy for England

The Ockenden report highlighted gaps in women's health services and planning which lead to the development of the first Women's Health Strategy for England in 2022<sup>44</sup>. The strategy acknowledges women generally experience longer life, however live a larger proportion of life with ill health or disability. The strategy outlines a 10-year plan to address issues across the life course for women. It identifies fertility, pregnancy, pregnancy loss and post-natal support as areas of particular need and discusses steps required to improve fertility care, bereavement support and access to contraception<sup>45</sup>.

The full report including six-point plan for action can be accessed at: [Women's Health Strategy for England](#)



#### North East London (NEL) Local Maternity and Neonatal System (LMNS) Equity and equality strategy and action plan

This action plan provides the NEL vision for achieving equitable health outcomes for women and babies from different ethnic backgrounds and who experience differing levels of socioeconomic deprivation<sup>46</sup>. The action plan follows on from a health needs assessment completed in 2021 which identified many inequities for pregnant women living in the region<sup>47</sup>. Feedback was sought from maternity service users and staff to identify key issues and, alongside the health needs assessment, informed the action plan. Recommendations include introducing trauma informed care, routinely collecting feedback, to improve accessibility of information for patients and improve cultural competence among maternity staff<sup>48</sup>.

The action plan can be accessed at: [LMNS Equity and Equality Strategy](#)

## Resident and stakeholder perspective

The following feedback is based on qualitative data and interviews with services. Although it does not address how they feel about the key evidence specifically, it provides some context into how services are experienced by residents and local partners.

Service	Feedback
<b>Healthwatch</b>	Feedback from residents about maternity services in the borough reflects concern about access to maternity care, quality of care received and how well-informed patients feel. More specific issues mentioned were around the length of waiting lists, staffing levels and poor attitudes of staff toward patients <sup>49</sup> .
<b>Baby feeding</b>	The Tower Hamlets Baby Feeding and Wellbeing Service (BFWS) is unique compared to other boroughs. Feedback from residents is generally positive and women appreciate the service often has more flexibility and time than other parts of the maternity system. The staff in this service voiced concern about staffing capacity and their ability to meet the needs of the community. They also felt more work could be done antenatally and on the maternity ward to support breastfeeding to reduce reliance on the BFWS to provide all breastfeeding support <sup>50</sup> .
<b>Maternity mates</b>	This service is well received by community members who appreciate having a consistent support person who can help them navigate the health care system. Staff feel they have a good relationship with hospital maternity services and appreciated being allowed on the ward during COVID-19 pandemic restrictions. However, staff report women continue to have negative experiences of the wider maternity system and feel they are not listened to, and culturally important considerations are not well incorporated into maternity care. For example, having male staff members involved in care is challenging and at times culturally inappropriate; different populations have different expressions of pain which can mean treatment of pain varies by ethnicity; and support for those with no childcare for older siblings during labour is an ongoing issue <sup>51</sup> .
<b>Neonatal intensive care</b>	Following the Ockenden Report, funding and information governance improved in the neonatal unit. This resulted in more specialist staff (occupational therapists, physiotherapists and speech and language therapists) being employed in the neonatal unit which has been beneficial to the holistic care of unwell newborns <sup>52</sup> .
<b>Primary care services</b>	Women report navigating the primary and secondary care services while pregnant can be confusing. Primary care staff report it is a struggle to keep up to date with interventions and services in the borough due to; frequent funding changes meaning services are short term; being unsure of the role of the community and voluntary sector and; having to navigate multiple information sources, many of which are not user friendly – a specific example given was the Tower Hamlets website <sup>53</sup> .

## Summary

In this section three key pieces of evidence for implementing maternity services are highlighted. A summary of feedback from residents and partners shows that, despite the evidence having resulted in some change in funding and processes, there are ongoing areas for improvement in the local maternity system.

### Suggested reading

There are many excellent resources and relevant research published around maternity care if you are interested in reading further about this topic:

- [No room at the inn](#): pregnancy and overcrowding this paper discusses overcrowding and the impacts this has on pregnant women in England<sup>54</sup>
- [Barriers and facilitators perceived by women while homeless and pregnant in accessing antenatal and or postnatal healthcare](#) Two key barriers identified were a lack of person-centred care, and the complexity of simply surviving for women in complex social situations<sup>55</sup>.
- [Maternity High Impact Areas](#) national guidance on priorities for commissioning maternity services<sup>56</sup>.
- [Delivery plan for maternity and neonatal services](#) recommendations on improving equity, safety, and personalisation of maternity care nationally<sup>57</sup>.
- [The Global Strategy for Women's, Children's, and adolescents' Health](#) international level roadmap for meeting sustainable development goals, decreasing preventable deaths of women and children and upholding the universal right of individuals to the highest attainable standard of health<sup>58</sup>.



## 2.3 Improving outcomes

### Key priorities - healthy maternity

The maternity period lays the foundation for life-long health and wellbeing and impacts on future generations. This JSNA has identified three priorities for the local system to improve maternal and newborn health outcomes.

#### Improve data collection and data sharing.

As discussed in [Key Public Health Measures](#), the council suspects there are high rates of gestational diabetes and maternal obesity in the borough, however the data is not collected or shared in a timely and collaborative way, meaning that preventative services cannot be effectively provided. It is particularly vital to improve collection of ethnicity data as poor ethnicity data allows for underestimation of health need in particular population groups and can widen health inequity<sup>59,60</sup>. Accurate ethnicity data allows for allocation of resources in an equity informed way<sup>61</sup>.

#### Achieve UNICEF Baby Friendly accreditation

The second outcome is to support maternity, neonatal, health visiting and children's services within the borough to achieve Gold-level UNICEF Baby Friendly accreditation<sup>62</sup>. Increasing breastfeeding rates has lifelong benefits for both mothers and babies<sup>63</sup>. Achieving accreditation for services would improve the care and outcomes for women and babies through providing patient centred and holistic care that prioritises supporting women to breastfeed and form strong and loving bonds with their baby<sup>64</sup>. Understanding barriers for women commencing and/or continuing to breastfeed, and providing adequate support to overcome these will assist in achieving accreditation.



#### Improve earlier booking

The third key outcome is crucial for providing effective antenatal care and decreasing maternal and neonatal morbidity and mortality<sup>65</sup>. Barriers to earlier booking may include women not knowing they are pregnant, cultural differences, language barriers, recent migration, and the mindset of the mother toward the pregnancy<sup>66</sup>. Accessing early antenatal care allows women and birthing people to learn about what to expect during pregnancy and be counselled on the importance of perinatal vitamins, screening tests, immunisations and optimising their own health<sup>67</sup>.

## Local partnerships and strategies

### Accelerate! Strategy (2023–2029):

The Accelerate! Strategy is a six-year plan developed by the Tower Hamlets Children and Families Partnership that outlines the borough's vision for improving the lives of children and young people from 2023 to 2029. 'A Great Start in Life' is the first ambition of the strategy and covers the maternity period. The strategy takes a responsive approach, acknowledging the impact of the COVID-19 pandemic on children and families and seeks to adapt to changing circumstances. The eight key ambitions have been coproduced with children, families and partners, as the vehicle in which the strategy will be delivered.

The table below provides an overview of how the key outcomes for the maternity people identified through this JSNA, align with the Accelerate! Strategy ambitions.

Accelerate! Strategy Ambitions	Key Outcome for Maternity
<b>Ambition 1: A Great Start in Life</b> – Led by the Maternity & Early Years working group	<ul style="list-style-type: none"> <li>• Breastfeeding initiation</li> <li>• Immunisations</li> <li>• Optimising maternal health and maternity care</li> <li>• Maternal and newborn health</li> </ul>
<b>Ambition 3: Supporting Good Mental Health and Wellbeing</b>	Perinatal mental health and wellbeing
<b>Ambition 4: The right support for children with special educational needs and disabilities and their families</b> - Led by the SEND Improvement Board	Antenatal and newborn screening programmes
<b>Ambition 5: Safe and secure</b> - Led by the Tower Hamlets Safeguarding Children Partnership	Health Protection
<b>Ambition 8: Champion co-production, equality and anti-racism</b> - Led by the Children and Families Partnership	Ensure all services collect data about protected characteristics in order to tackle inequities.

[Tower Hamlets Health and Wellbeing Strategy \(2021-2025\)](#): This strategy sets out system improvement principles to give every child the best start in life, including a healthy pregnancy, and feeling safe and loved, and having a nurturing network of family and friends.

The RLH are developing a local maternity strategy in response to the Ockenden Report and a Care Quality Commission inspection in 2022 showing the service requires improvement<sup>68,69</sup>. Likewise, the new strategy is yet to be published and **the impact on the identified key outcomes is unknown**.



## Data collection and sharing

The [Local Maternity and Neonatal System equity and equality strategy and action plan](#) discussed above is a key local strategy which acknowledges and aims to address inequities in outcomes for women and babies by identifying particular areas of need and responding to them using evidence-based practice<sup>70</sup>. The action plan was developed in partnership with local stakeholders, informed using resident feedback and is fluid to ensure it continues to meet the changing needs of the community. The strategy was published late 2022 and therefore the impact on outcomes is yet to be conclusively assessed, as some actions are not yet implemented. A follow up needs assessment is required to review the efficacy of the strategy.

## Health equity

**The Tower Hamlets Maternity and Early Years strategic group** brings together local leaders from secondary care, public health, primary care, and community services. A review of the local antenatal pathway is currently underway. Recommendations from this JSNA Summary will be incorporated into the updated pathway to ensure all clinical guidance is based on evidence and community need<sup>71</sup>. Furthermore, the RLH are developing a local maternity strategy in response to the Ockenden Report and a Care Quality Commission inspection in 2022 showing the service requires improvement<sup>72,73</sup>. Likewise, the new strategy is yet to be published and the impact on the identified key outcomes is unknown.



## Family Hubs

The development of **Family Hubs** aims to improve access to services by providing a single point of access for support and care from pregnancy until a child is 19 years old<sup>74</sup>. This work is ongoing, and the full impact of Family Hubs is unknown however initial feedback from service providers suggest more physical space within the Family Hubs is needed as they often struggle to book rooms.

### Key services and interventions

This section highlights three services that are critical to achieving key outcomes in the maternity period.

#### Achieve UNICEF Baby Friendly accreditation

The Tower Hamlets BFWS is collaborative between the council, RLH and the Breastfeeding Network. The service is unique compared to neighbouring boroughs as all women are contacted by the service, and breastfeeding specialists can visit women and birthing people in their homes. The BFWS assists services, such as Health Visiting and Barts Maternity, in the borough becoming UNICEF Baby Friendly and therefore achieving one of the identified key outcomes from this JSNA. Breastfeeding rates at six weeks old in Tower Hamlets are historically significantly higher than the England average and neighbouring boroughs, however improved reporting is required as the last published data was from 2020<sup>75</sup>. Feedback from the BFWS suggests that women from out of borough are aware of the excellent service available within Tower Hamlets and will travel to attend drop-in feeding groups<sup>76</sup>.

#### Improve earlier booking

Community midwifery and gateway midwifery provides universal and targeted support to all women and birthing people from conception through to the postnatal period. Improving access to midwifery care supports the key outcome of improving early booking, and in turn improving health outcomes for women, birthing people and babies in the borough. The gateway midwifery service is targeted and provides a greater level of support for women with additional vulnerabilities during pregnancy<sup>77</sup>. This again supports our goal of improving health equity by targeting support to those who need it most.

#### Health equity

The local Maternity Mates service supports pregnant women who have difficulty advocating for themselves and navigating the health system. The majority of women supported have recently arrived in England as asylum seekers or have refugee status, many do not speak English and have very limited local support. Maternity Mates provide holistic and adaptive care to ensure the wider needs of these women are supported such as arranging financial support, assisting with housing, and completing immigration paperwork. The service aims to improve health equity by supporting a group of women who often experience worse health outcomes<sup>78</sup>.

#### Summary

There are already good programmes, services, and strategies in place in the borough to support women and birthing people through pregnancy. A health equity approach should underpin all strategies and interventions to ensure our work in the borough is providing women and babies with the best quality care. More work is needed to improve data quality and collaboration to inform future priorities. Reviews following the introduction of the LMNS action plan and Family Hubs are specifically needed, to assess how well these services are meeting the community's needs.

## 2.4 Conclusion and Recommendations (Healthy Maternity)

### Gaps in evidence

#### Data collection and sharing

One of the key outcomes discussed above is to improve data collection, quality and sharing between organisations. Without accurate, current data we are unable to effectively implement services to meet the needs of residents. There are some key indicators that have particularly poor evidence and are worth noting:

- Centralised perinatal mental health diagnoses and service use data does not exist at borough level. From conversations with RLH, Talking Therapy, Maternity Mates and Primary care it is clear perinatal mental health is an ongoing issue in the borough with many parents requiring support. The council has information about secondary care service use at a national level, but this misses the larger cohort of parents experiencing mild-moderate mental illness.
- Similar to perinatal mental health, data about gestational diabetes rates is limited, particularly at borough level. There is a national diabetes in pregnancy audit underway which may help to address this in the future<sup>79</sup>. The lack of information regarding gestational diabetes has been discussed with clinical staff at RLH and the council hopes to improve data sharing agreements with RLH as a result of this JSNA.
- As discussed above, ethnicity data is not collected consistently. This is a major risk for service planning, as without good evidence about groups most in need, it is not possible to provide equitable services<sup>80,81</sup>. It is recommended that all services must clarify an individual's ethnicity using a standardised ethnicity question.



### Gaps in services

#### Health equity

- As mentioned above GBS is a bacteria which can colonise the genitourinary tract. It is generally asymptomatic and causes no issues for a mother, however during a vaginal birth the bacteria can be transferred and cause serious infection for newborns. GBS colonisation can be screened for during pregnancy, and if a result is positive, a woman should be treated with antibiotics during labour to decrease the risk of transfer to the baby<sup>82</sup>. In Tower Hamlets this screening does occur, however improvement is needed in how this information is shared to protect babies from contracting a preventable, but serious illness.
- Talking Therapy supports parents with mild – moderate mental illness in the perinatal period, however the service is often underutilised<sup>83</sup>. The voluntary sector also provides of mental health support which makes it difficult for GPs to keep up to date with who to refer to, as services frequently change<sup>84</sup>. In the current cost of living crisis following the COVID-19 pandemic it is suspected that more parents are struggling and could use mental health support<sup>85,86</sup>. A more streamlined referral process for mental health services may improve access to care. Permanent long-term funding is required for mental health services to decrease the uncertainty for primary care colleagues about which services are available.

### Achieve UNICEF Baby Friendly accreditation

A more cohesive approach to antenatal education is required<sup>87,88,89,90,91</sup>. Many services have mentioned the need for better antenatal education about breastfeeding, what to expect as a new parent, and what services are available to new parents within the borough. This should be considered when the strategic group redevelops the antenatal pathway, as it will also contribute to the achievement of an advanced standard of UNICEF Baby Friendly accreditation.

## 2.5 Key messages

### Summary of recommendations - Healthy Maternity

Each year thousands of babies are born in Tower Hamlets, and it is important that all new parents and babies have access to the best care. Our findings show there is room to improve the care that pregnant women, birthing people and babies receive in our borough.



Improved data is needed across all maternity services to effectively plan services and interventions. To support this, routine data sharing agreements between organisations such as the council and RLH should be formalised. Ethnicity data must also be collected as routine, and staff should have training on how to ask about ethnicity in a respectful way.



Using a more cohesive approach to data sharing and system planning will help to improve outcomes for mothers and babies in Tower Hamlets. It is recommended greater antenatal breastfeeding education is included in the updated antenatal pathway. The pathway should also include a process for checking and acting on antenatal GBS results and provide guidance on how organisations can achieve UNICEF Baby Friendly accreditations.



It is also recommended a repeat equity and equality needs assessment is completed by the LMNS to review the efficacy of the initial changes and identify ongoing gaps. Similarly, a review of the impact of Family Hubs should be completed to ensure this change is meeting expectations and the needs of the community. Findings from reviews of Family Hubs and the LMNS equity and equality strategy should both be used to inform the updated antenatal pathway.





### Key messages for residents

The health of a mother during pregnancy is related to the lifelong health of your baby. Improving nutrition, physical exercise and optimising your body weight will help with getting pregnant, having a healthy pregnancy and gives your baby the best start in life. If you are planning pregnancy, it is recommended you take folic acid supplements. Once you are pregnant, folic acid tablets are available free of charge in all local children and family centres.

To get the best care possible for you and your baby, you should book with a midwife as early in your pregnancy as possible. There is more information on the [Barts Health Maternity website](#) about how to choose where is best for you to have your baby, and you can use this [Self-referral form for antenatal care](#) to book in for pregnancy care.

It can be confusing to know where to get reliable healthcare information. It is best to be wary of some information on the internet, especially social media when the source of information is unknown. This NHS website has some useful information about pregnancy and early childhood [Start for Life](#). If you need health advice, contact a health professional such as a midwife, health visitor or primary care doctor. A trusted website such as the [NHS website](#) or [Care Confident](#) can be useful while you wait to see a health professional.

Sometimes health professionals will ask you questions that may feel personal, for example about your ethnicity and where you live. These are important questions and make sure we are providing the right services, in the right places in our community.

There are many services available to residents who are planning or currently pregnant, and who have recently given birth. These include free activities and educational sessions at local Family Hubs such as breastfeeding education, baby massage and play sessions. You can see what is available in your neighbourhood here [Tower Hamlets Family Hubs](#). Although one centre may be closest to you, you are welcome to visit any of the centres across the borough.

The transition to parenthood can be challenging, if you would like some more support, you can refer yourself to the Talking Therapy service using this [Referral Form](#). The service is free, confidential, and can provide some useful tips and support for new parents including online sessions, group sessions, one on one support, and parenting classes.

There are free yoga classes you can access during pregnancy and after birth on Mondays at the [Chrisp Street Children's Centre](#) and [Whitechapel Sports Centre](#).

Some families may be eligible for additional support through Healthy Start to buy healthy food during pregnancy and while children are under 5 years old. There is more information about the programme and an application form here [Applying for Healthy Start](#). If you would like some help to apply, please contact [LBTHResidentsupport@towerhamlets.gov.uk](mailto:LBTHResidentsupport@towerhamlets.gov.uk)

## Across other chapters

This chapter can be read beside [Healthy Early Years](#) and [Healthy Children and Adolescents](#). Improving overall maternal health improves health outcomes for babies and mothers in both the short and long term. The first 1,001 days of a baby's life, starting from conception is vitally important for their long-term health and wellness<sup>92</sup>. Breastfeeding can help with bonding, supports post-pregnancy weight loss, supports baby's immune system, and decreases a mother's risk of long-term conditions such as breast and ovarian cancer, cardiovascular disease, and diabetes<sup>93,94</sup>. Within Tower Hamlets we aim to have a baby friendly borough to allow new parents to be empowered to breastfeed their babies. By supporting women during pregnancy to be healthy, we are improving the long-term health and wellbeing of both parents and babies and investing in our future. Keeping well in pregnancy is a useful NHS website which has more information.



## Feedback

The Council wants to offer the best services for our community. Please use your voice and provide feedback on any local services you use or would like introduced so we can work to make things better. If you have feedback or would like to discuss local maternity services more, please contact the Tower Hamlets Maternity Voices Partnership via [eastlondon.mvp@bestbeginnings.org.uk](mailto:eastlondon.mvp@bestbeginnings.org.uk).





## 2.6 References

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Thank you to LBTH staff who contributed their time and expertise into this JSNA, to our local partners and residents for sharing your views on how we can continue to improve.

### Glossary

BFWS – Baby Feeding and Wellbeing Service

GBS – Group B Streptococcus

GP – General Practitioner

LBTH – London Borough of Tower Hamlets

LMNS – Local Maternity and Neonatal System

NEL – North East London

RLH – Royal London Hospital

UNICEF – United Nations Children's Fund

WHO – World Health Organization

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3.

# Healthy Early Years



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Action	Description
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Contributors	Georgia Ramirez, Emma Foord
Approved by	Katie Cole

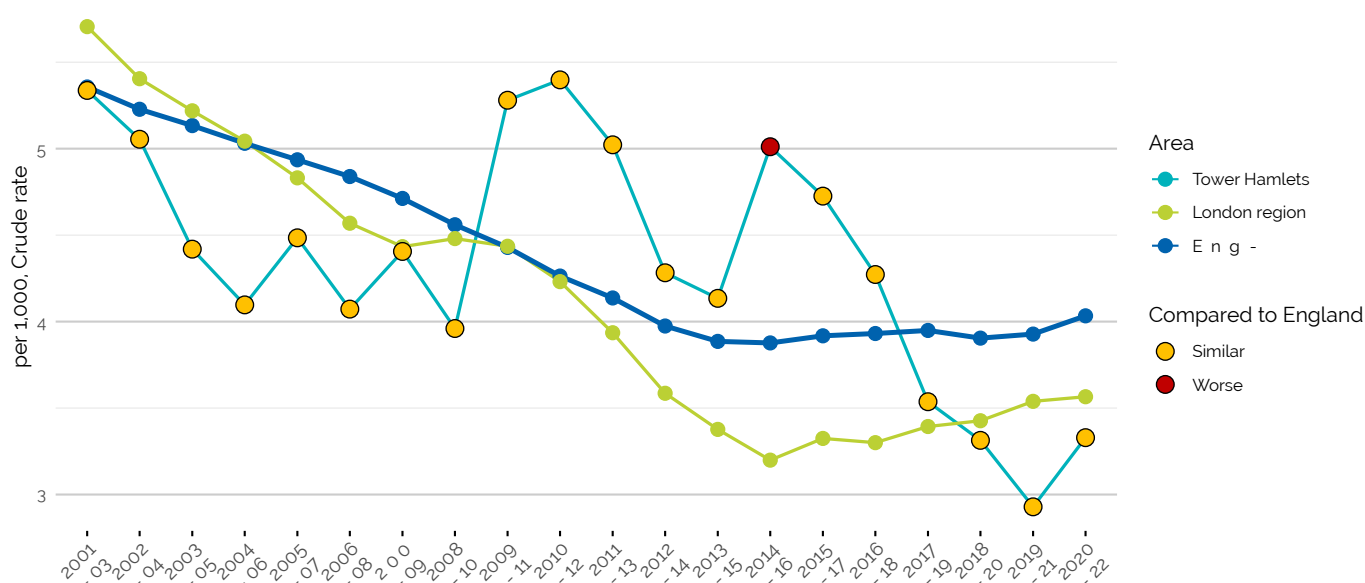
## 3.1 Key public health measures

In Tower Hamlets there are over 19,000 children under the age of four and over 27% of households have children<sup>1</sup>. Nearly half of all children in the borough live in poverty<sup>2</sup>.

Highlighted below are key indicators about children under five years old in Tower Hamlets, set out in three sections: mortality, morbidity, and risks and behaviours. These do not capture all relevant factors for the early years group, however act as a proxy measure for the overall functioning of the early years health, education and care system within the borough. Please note for many indicators the information is limited due to constraints in data.<sup>3</sup>

### Mortality

Figure 1: Infant mortality rate, persons, <1 yr

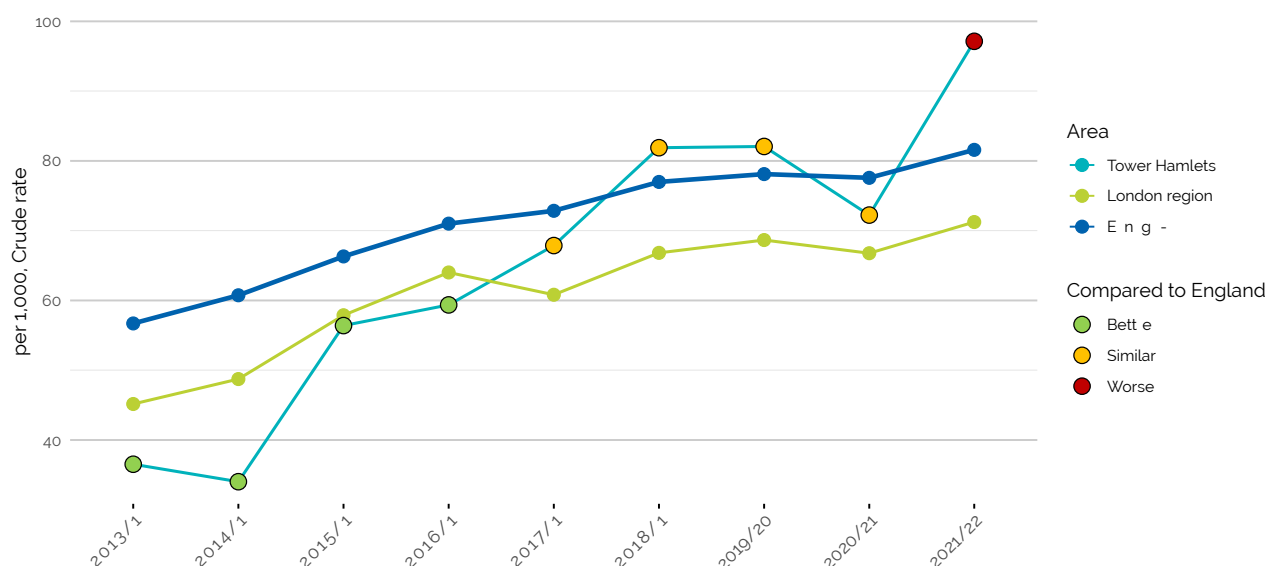


Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

Figure 1 shows the overall infant mortality rate in Tower Hamlets has been decreasing from 2014-2021 and is now similar to the England average, note that data from 2022 –2023 is not yet available as investigation is ongoing. Nationally the main cause of death in this age group is congenital malformation, chromosomal abnormalities and issues related to prematurity<sup>4,5,6</sup>. Risk of infant death varies by socioeconomic factors including poverty, with areas that experience higher levels of deprivation having higher rates of infant death<sup>7</sup>. Breastfeeding is protective against infant death in contrast to tobacco smoking exposure which also increases infant death risk<sup>8</sup>. It is important to highlight that despite a downward trend, England experiences higher infant mortality rates than other comparable European countries<sup>9</sup>.

## Morbidity

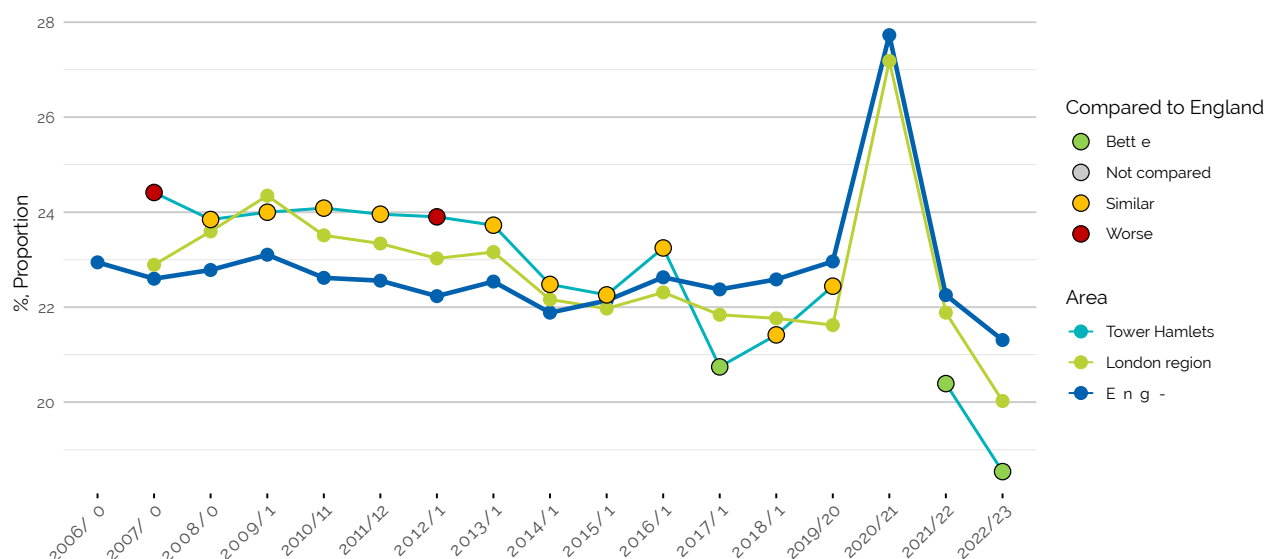
**Figure 2: Newborn admissions in Tower Hamlets**



Source: Hospital Episode Statistics (HES). Copyright 2021, reused with the permission of NHS Digital. All rights reserved.

More babies in Tower Hamlets are admitted to hospital under 14 days of age compared to England (Figure 2). Evidence suggests many of these admissions are for jaundice and feeding difficulties which can often be managed in the community<sup>10</sup>. Babies under 14 days old are more susceptible to infection than older children<sup>11</sup>, admission to hospital for non-infectious issues in this age group is a risk for developing infection.

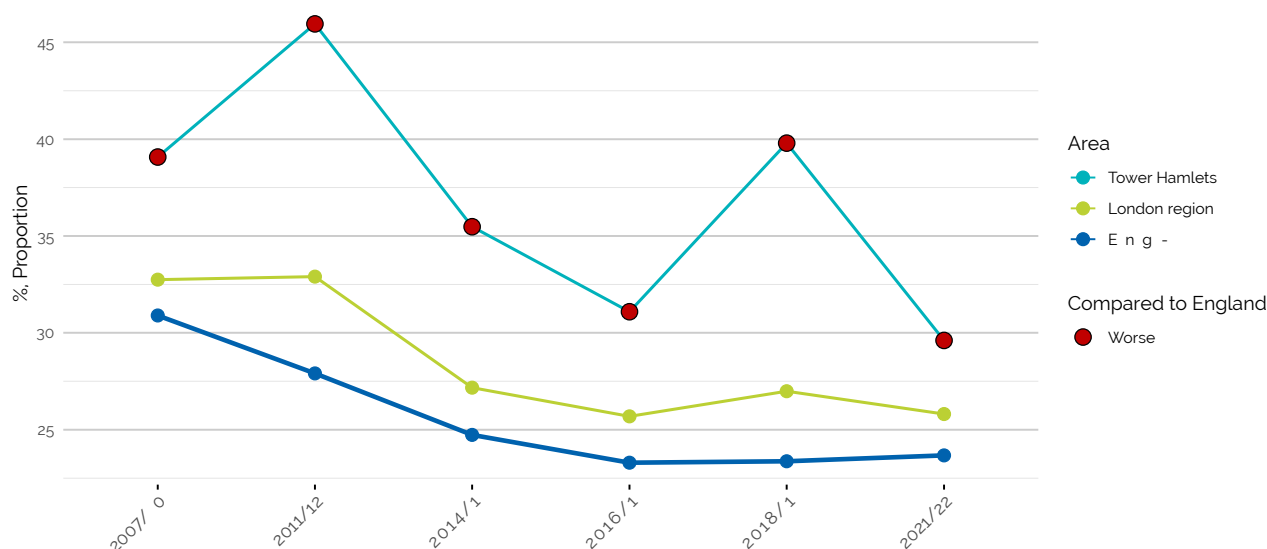
**Figure 3: Reception prevalence of overweight (including obesity), Persons, 4-5 yrs**



Source: OHID, using National Child Measurement Programme, NHS England

Childhood obesity is associated with a lifelong increased risk of obesity, high blood pressure, diabetes and cancer<sup>12</sup>. Obesity is a form of malnutrition and rates have risen steadily in the past 20 years providing a considerable public health challenge<sup>13</sup>. Combatting childhood obesity will require an ongoing systematic approach to address the food environment, physical inactivity and food marketing<sup>14</sup>. Compared to England, less children in reception are overweight or obese in Tower Hamlets (Figure 3). Over recent years there have been considerable public health efforts to address childhood excess weight including the [Food for Health Awards](#), [Healthy Early Years London](#) and [Healthy Start Scheme](#). Although there has been a decrease in the overall proportion of children with excess weight, when examined separately it is clear that rates of childhood obesity within Tower Hamlets remain higher than the England average with 11% of children in reception meeting the threshold for obesity<sup>15</sup>.

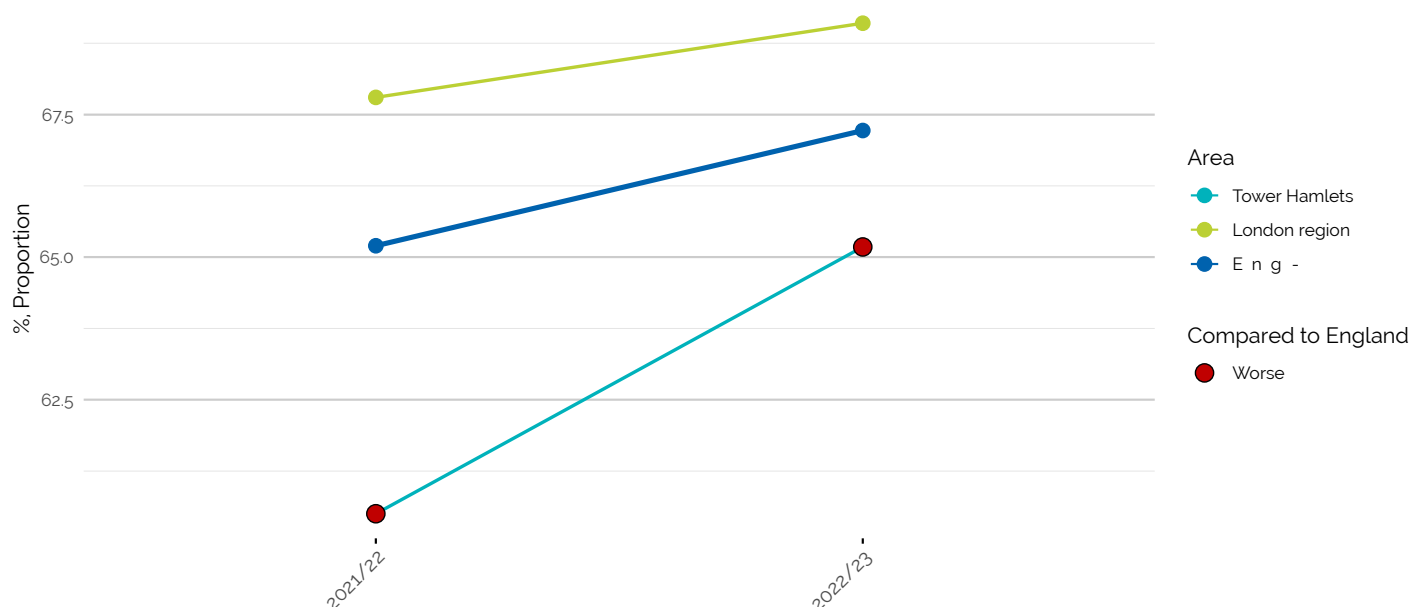
**Figure 4: Percentage of 5 year olds with experience of visually obvious dental decay, Persons, 5 yrs**



Source: Dental Public Health Epidemiology Programme for England: oral health survey of five year old children (Biennial publication - latest report 2022) <https://www.gov.uk/government/collections/oral-health#surveys-and-intelligence:-children>

Greater numbers of children in Tower Hamlets experience dental decay than the England average (Figure 4). Although a decrease in rates is seen in 2021/22 it is important to consider the impact of the COVID-19 pandemic, as evidence suggests access to dental care was severely limited during this period which may be masking the true level of dental decay in the community<sup>16</sup>. Dental decay disproportionately impacts children from lower socioeconomic groups which is a health equity issue given childhood dental decay can cause pain, feeding difficulty, school absence and lifelong dental health problems<sup>17</sup>.

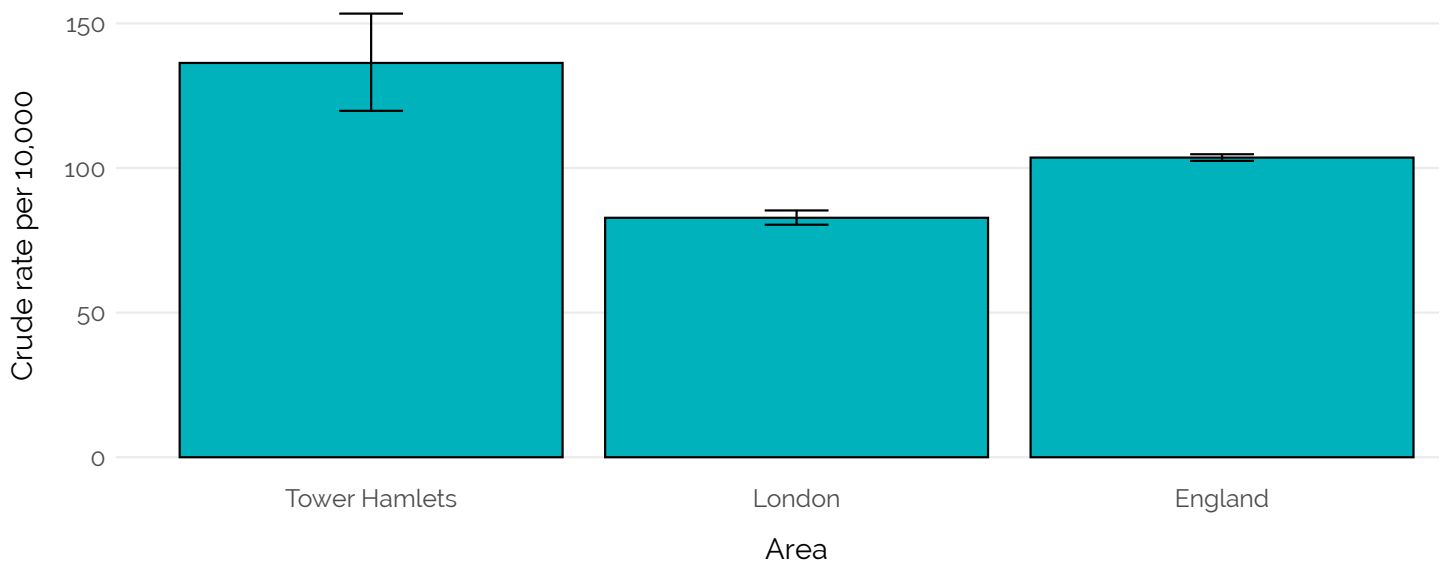
**Figure 5: School readiness: percentage of children achieving a good level of development at the end of Reception, Persons, 5 yrs**



Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

Fewer children in Tower Hamlets are achieving a good level of development at the end of reception compared to England (Figure 5). Nationally children in more income deprived areas have lower rates of achieving school readiness than higher income areas, and children eligible for free school meals are also less likely than their peers to meet expected rates of development<sup>18</sup> which are likely contributing factors in Tower Hamlets. It is also important to consider the ongoing detrimental impact of the COVID-19 pandemic on childhood development, as children had decreased exposure to social gatherings, outdoor experiences and may have been exposed to increased levels of familial stress during lockdowns; all of which can negatively affect development<sup>19</sup>.

Figure 6: Hospital visits due to injury (0-4 years), 2021-22

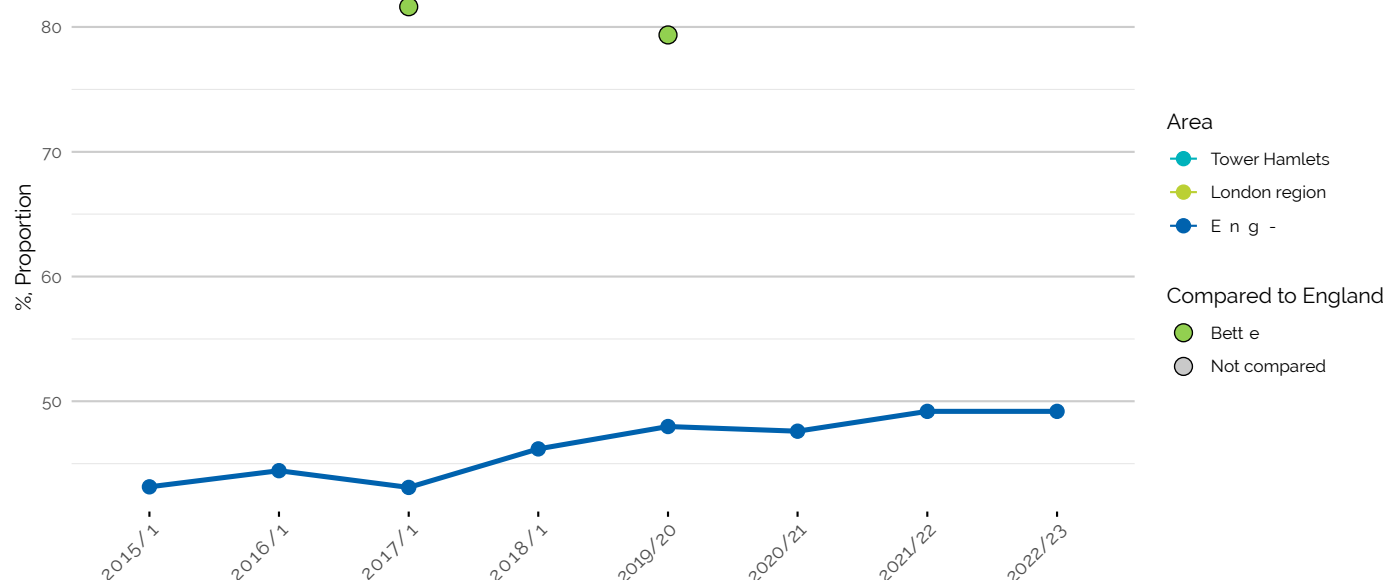


Source: OHID using NHS England Hospital Episode Statistics (HES) and Office for National Statistics (ONS) mid year population estimates

Greater numbers of children aged 0-4 years old in Tower Hamlets are admitted to hospital due to injury compared to the England average (Figure 6). Evidence suggests children in more deprived areas experience higher rates of unintentional injury<sup>20</sup>. More work is needed to prevent injuries in this age group.

## Risks and behaviours

Figure 7: Breastfeeding prevalence at 6 to 8 weeks - current method, Persons, 6-8 weeks



Source: OHID's (formerly PHE) interim reporting of health visiting metrics

### IMPORTANCE

Figure 7 shows the percentage of women partially or fully breastfeeding their baby at 6-8 weeks old. Breastfeeding has many benefits for mothers and babies including improving attachment and bonding and providing immune support for the baby. The World Health Organization (WHO) and UNICEF recommends exclusive breast feeding until 6 months old<sup>21</sup> and, although our rates are comparatively good in Tower Hamlets, we should continue to strive for all babies to be exclusively breast fed where possible.

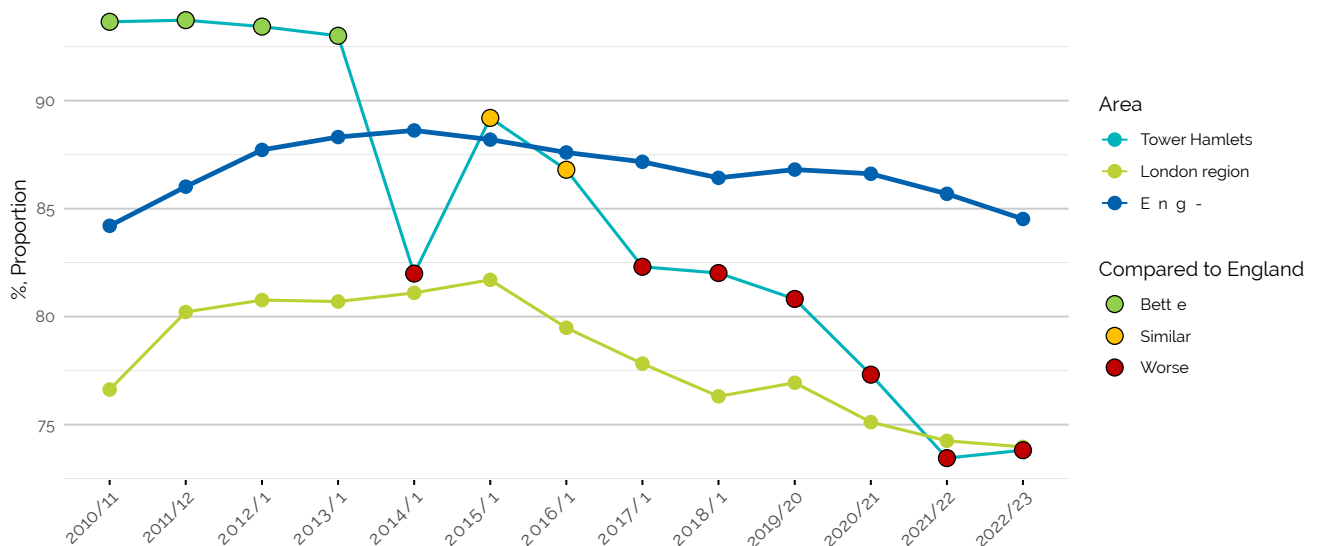
### MOST AFFECTED

Current data does not allow us to examine breastfeeding rates by different demographic features such as ethnicity.

### COMPARISON

Tower Hamlets rates are significantly better than the England average, however data sharing is poor with the last nationally published data being from 2020 despite our health visiting service providing quarterly updates.

Figure 8: Population vaccination coverage: MMR for two doses (5 years old), Persons, 5 yrs



Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA). Available from NHS Digital

#### IMPORTANCE

Measles can cause serious illness and even death in young children<sup>22</sup>. Measles cases are rising across the country and therefore low vaccination coverage is an issue which needs to be urgently addressed by providing easily accessible catch-up vaccination clinics and raising public awareness<sup>23</sup>.

#### MOST AFFECTED

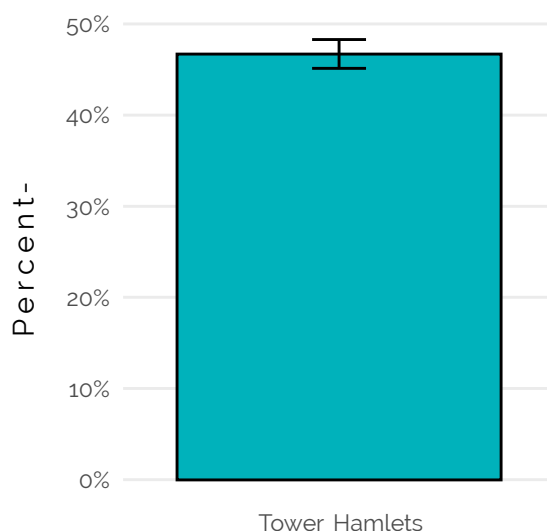
Current data does not allow us to examine MMR vaccination rates by different demographic features such as ethnicity.

#### COMPARISON

The WHO population vaccination targets are 95% to ensure herd immunity is reached<sup>24</sup>, however MMR vaccination rates in Tower Hamlets are significantly below this level (Figure 8) meaning the borough is susceptible to an outbreak.



Figure 9: BCG coverage at <1 years, 2021-22



Source: CEG Dashboard

### IMPORTANCE

The BCG vaccination protects against tuberculosis. The vaccination is offered to babies at higher risk of exposure to tuberculosis which may be due to the area they live in, or if they are in contact with relatives who are from a country with high rates of tuberculosis<sup>25</sup>.

### MOST AFFECTED

Current data does not allow us to examine BCG vaccination rates by different demographic features such as ethnicity.

### COMPARISON

In 2021, within Tower Hamlets, nearly half of babies were vaccinated with the BCG vaccine (Figure 9), however the council does not have access to data after this. Data sharing about BCG vaccination rates should be improved to ensure public health can identify if rates are decreasing and intervene where needed.

## Identified inequalities and risks

Area	Why does it matter?	What is the situation in Tower Hamlets?
<b>Poor Data Quality</b>	Without accurate data, the council is unable to prioritise need and implement effective interventions which could mean health inequalities and inequities rising in the borough <sup>26,27,28</sup> .	Much of the data is out of date and it is not possible to look at the indicators by different demographics such as ethnicity and deprivation meaning health inequities cannot be identified <sup>29,30</sup> . This was also an issue with maternity data, suggesting poor demographic data collection and dissemination is a systemic issue.
<b>Low Vaccination Rates</b>	For vaccinations to be effective and provide herd immunity, 95% of the population need to be vaccinated <sup>31</sup> . Under the United Nations Convention on the Rights of the Child (UNCRC), all children have the right to the best possible level of health <sup>32</sup> . Health and wellbeing as a child directly relates to an individual's health as an adult <sup>33</sup> . It is therefore important to ensure children are offered the best start in life and have access to vital preventative care such as vaccination	Currently we are not meeting that target in any of the routine childhood immunisations which increases the risk of an outbreak of vaccine preventable diseases such as measles or pertussis <sup>34</sup> . Vaccine hesitancy has increased since the COVID-19 pandemic, in part due to easily accessible misinformation spreading online and through social media <sup>35,36,37</sup> . The council and wider health system needs to respond to how people consume media and combat misinformation.
<b>Poverty and Deprivation</b>	Experience of poverty and deprivation is a large risk for our early years population with an estimated 48% of children in Tower Hamlets living in poverty <sup>38</sup> . Poverty is inequitable and associated with an increased risk of infant death, obesity, dental decay, inadequate school readiness and injury requiring hospital treatment <sup>39,40,41</sup> .	Ongoing action is needed to protect residents from the lifelong and intergenerational consequences of poverty.

## Summary

Despite new and ongoing public health interventions in the borough there are ongoing inequities in child health. Incomplete data limits the ability of public health to identify and respond to emerging areas of need. Better collaboration and data collection is needed to support children to have the best start in life. A key priority for Tower Hamlets must be to reduce the rates of children living in poverty, as rates in the borough are unacceptably high and experience of poverty has lifelong consequences for children.

## 3.2 Key evidence

### Overview

#### The Best Start for Life report

A review was commissioned in 2020 to investigate how to improve the health and development outcomes of babies in England. The Best Start for Life Report recognises the importance of the first 1,001 days of life and identifies key action areas (Figure 10) after hearing evidence from families, health care staff, academics and community organisations.

Figure 10: Best Start for Life action areas<sup>42</sup>

Theme	Action areas
Ensuring families have access to the services they need	<b>1. Seamless support for families:</b> a coherent joined up Start for Life offer available to all families.
	<b>2. A welcoming hub for families:</b> Family Hubs as a place for families to access Start for Life services.
	<b>3. The information families need when they need it:</b> designing digital, virtual and telephone offers around the needs of the family.
Ensuring the Start for Life system is working together to give families the support they need	<b>4. An empowered Start for Life workforce:</b> developing a modern skilled workforce to meet the changing needs of families.
	<b>5. Continually improving the Start for Life offer:</b> improving data, evaluation, outcomes and proportionate inspection.
	<b>6. Leadership for change:</b> ensuring local and national accountability and building the economic case.

The full report can be accessed here: [The Best Start for Life Report](#)








#### The United Nations Convention on the Rights of the Child (UNCRC)

Adopted in 1989, the UNCRC champions the rights of children globally and provides guidance on adopting a rights-based approach for all decision making that impacts children. It highlights that children have the right to the highest attainable standard of health and the right for their voices to be heard. The UNCRC should be at the forefront of all commissioning and running of children's services to ensure a child's rights approach to health and wellbeing is upheld<sup>43</sup>.

## Framework of modifiable factors: improving the mental health of babies, children and young people

Released in January 2024, this guidance highlights the range of risk factors that influence mental wellbeing of young people and provides a framework for mental wellness and mental illness prevention across a child's life course (Figure 11).

Figure 11: Approaches for mental health promotion and prevention across the life course<sup>44</sup>

Level	 Pre- conception	 Pregnancy	 Birth	 Early years and infancy	 Childhood	 Adolescence	 Young adulthood
Wider environment and society level	Global, national and local actions to reduce pollution, reverse climate change and prevent natural disasters						
	Accessible green and blue spaces						
	Reducing alcohol, drugs and tobacco related harm – including action on price, availability, marketing, licensing, screening and brief interventions						
	Tackling obesogenic environment						
	Tackling online harms						
	Social and economic development – education, food security, housing, financial security and income equality						
	Mass media anti-stigma campaigns tackling prejudice						
	Violence reduction strategies, programmes and interventions						
Local community level							Workplace mental health training and support
							Debt advice
	Community networks, engagement and volunteering						
					Approaches to reducing bullying		
					Whole education setting approaches to mental health		
					Programmes that promote school readiness, speech, language and communication		
	Suicide prevention						
	Promotion of use of community assets to encourage meaningful activities that promote wellbeing and build resilience						
Interpersonal relationships level	Family Nurse Partnership and Healthy Child Programme: Health visitor and school nursing						
	Early interventions to help address and prevent violence and abuse						
					Peer wellbeing ambassador programmes		
	Promotion of positive parent/caregiver to child relationships						
	Promotion of positive inter-parental/caregiver relationships						
	Parental mental disorder prevention, treatment and mitigation						
			Parenting programmes - universal and targeted				
			Promotion of attachment, including breastfeeding support				
Individual BCYP level	Preconception care						
					Efforts to help prevent teenage pregnancy and provide intensive support		
					Psychological interventions to help prevent depression and anxiety		
					Promotion of resilience and effective self-care		
	Promotion of balanced diet, sleep and physical activity						
	Promoting engagement in positive hobbies and leisure including arts, culture and play						

## Resident and stakeholder perspective

Please note this feedback was not collected with the key evidence specifically in mind, but represents views about services and priorities in the borough.

Service	Feedback
<b>Health visiting service</b>	Generally resident feedback for health visiting is positive though some users provided specific suggestions for improvement. Some residents reported concerns about privacy in group sessions and that checkups often felt too prescribed with staff not able to answer questions from parents, similarly others voiced concerns that appointments felt like a tick box rather than being genuinely helpful. Inconsistent messaging is highlighted as a concern, with different staff giving different advice which is understandably confusing for parents.
<b>Family Nurse Partnership</b>	There is generally very positive feedback for this service, with residents appreciating having continuity of care and having the time to develop a trusting relationship with staff.
<b>Primary care</b>	General practitioners (GPs) report challenges with interagency communication and find it difficult to know what services are available due to short funding cycles and high turnover of services <sup>45</sup> . GPs would appreciate a centralised database of current support services and recommended a centralised mental health referral pathway. GPs also noted increasing mistrust in the medical system and vaccine hesitancy amongst residents <sup>46</sup> . Given local low vaccination rates and rising cases of measles nationally this should be a priority area <sup>47,48</sup> .
<b>Baby feeding</b>	<p>The Tower Hamlets Baby Feeding and Wellbeing Service (BFWS) is unique compared to other boroughs. Feedback from residents is generally positive and women appreciate that the service has more flexibility and time than other parts of the maternity system<sup>49</sup>. Women like the ability to have home visits and voluntary drop-in community groups throughout the week.</p> <p>Staff voiced concern about capacity and their ability to effectively meet the needs of the community. They also felt more work could be done antenatally and on the maternity ward to support breastfeeding to reduce the reliance on the BFWS to provide all breastfeeding support and education<sup>50</sup>.</p>
<b>Children and Family Centres (CFCs)</b>	Families generally have positive feedback about services at the CFCs. However, partners are struggling to book spaces within the centres, meaning residents are missing out on services <sup>51</sup> .
<b>Healthy Start</b>	<p>Staff managing the Healthy Start vitamins report residents are generally appreciative of the service; however, some opt out as they prefer to buy commercial multi-vitamins<sup>52</sup>. Key challenges are around shelf life of stock and a lack of data from the Royal London Hospital (RLH) about numbers of vitamins given out in their clinics.</p> <p>Healthy Start vouchers are available to many families within the borough however uptake remains lower than rates prior to the digitalisation of the scheme. There is some suggestion from partners that the monetary amount does not incentivise families to overcome the barriers to apply. For example, the phone support line is a toll call and people can spend over 30 minutes on hold which is expensive<sup>53,54</sup>.</p>

### Summary

In Tower Hamlets we should be championing a child rights-based approach to support children to have the best start in life. Although many services receive good feedback, collaborative processes between organisations, and providing consistent information to parents and families could be improved. There also remain barriers to accessing preventative care, such as vaccination and Healthy Start, which should be addressed.

### Suggested reading

There are many excellent resources and relevant research published about early years services, if you are interested in reading further about this topic:

- [Making Every Contact Count](#) reminds all people in contact with children and families about the importance of providing health promotion and education at every encounter.
- [Casting Long Shadows](#) a health visiting report about the developmental impacts of COVID-19 on babies and children.
- [Early Years High Impact Areas](#) guidance on six high impact areas for commissioners of early years services.
- [Obesity in children and young people: prevention and lifestyle weight management programmes](#) National Institute for Health and Care Excellence (NICE) guideline about managing childhood obesity.
- [Global Strategy for Women's Children's and Adolescent's Health](#) international level roadmap for meeting sustainable development goals, decreasing preventable deaths of women and children and upholding the universal right of individuals to the highest attainable standard of health<sup>55</sup>.

## 3.3 Improving outcomes

### Key priorities - Healthy Early Years

An important risk in the early years community is low population vaccination coverage<sup>56</sup>, it is therefore imperative that strategies are implemented to improve coverage in the borough. To do this, the council needs to gather information about inequities in coverage and implement strategies in partnership with the local community to target groups with low coverage. Feedback from primary care suggests parents often need more information, and time with a health professional to talk through their concerns when deciding about vaccinating their child<sup>57</sup>.

There will likely be an ongoing developmental impact from COVID-19 and data collection about developmental outcomes must improve. It is suspected that development post COVID-19 is an issue in Tower Hamlets with increased referrals for speech and language therapy (SLT) however the council has no evidence about children's outcomes and ongoing needs. Early intervention for developmental difficulties is paramount for improved outcomes and therefore data about demand and waitlists is essential to effectively address staffing capacity issues<sup>58</sup>.

The final key outcome is to support healthy nutrition and weight for our early years population. There is substantial feeding support in infancy, and free school meals begin at age five, however there is limited education and support for parents of children aged 1-4. Given the reception childhood obesity rates in Tower Hamlets, there is clearly room for increased support in this age group<sup>59</sup>. Evidence suggests eating habits as a child can influence lifelong eating habits therefore it is crucial we support children to have a healthy diet and lifestyle<sup>60</sup>.

### Local partnerships and strategies

Accelerate! Is the updated Tower Hamlets children and family partnership strategy for 2024 – 2029<sup>61</sup>. It identifies eight priorities for every child in the borough:

1. to have a great start in life
2. to enjoy the best possible health (which supports the identified key outcomes of improving vaccination coverage and healthy nutrition and weight)
3. to get support for good mental health and wellbeing when they need it
4. to get the right support at the right time if they have special educational needs or a disability
5. to feel safe and secure
6. to achieve their best in education and have career development opportunities.

And for the council and partners to;

7. work together to support families to be resilient in the cost of living and child poverty crisis and
8. to champion co-production, equality and anti-racism.

#### Tower Hamlets Early Help Strategy 2023-2025

sets out a vision for improved coordination of early help services in the borough to ensure "Every child, young person and family feels included in their communities, is happy and healthy, and can easily get any help they need to thrive and reach their potential"<sup>62</sup>. It includes a focus on trauma informed practice and providing support that is flexible and accessible for families in order to improve health, wellbeing and educational outcomes<sup>63</sup>.

The North East London Joint Forward Plan is a system wide strategy that highlights babies, children and young people as one of four key system priorities. This focuses on tackling inequality, improving preventative care and co-production of interventions<sup>64</sup>.



### Key services and interventions

#### Health visiting

Provides a universal and targeted public health nursing service from pregnancy until a child starts school. Every family gets six checks starting from 28 weeks gestation and ending with the 2-2½-year-old check where a developmental questionnaire 'Ages and Stages' is completed. Families who would benefit from greater support can access more frequent visits<sup>65</sup>. The health visiting service provides key preventative and public health care and supports the council in achieving the key outcomes by providing early preventative care. Quarterly reports provide essential updates about breastfeeding rates, childhood growth and development.

#### Early education and childcare service

The early education sector is varied with many different options including private nurseries, childminders, pre-school playgroups and school nursery classes<sup>66</sup>. The council supports settings to achieve Healthy Early Years London (HEYL) Awards which covers many public health domains such as healthy eating, physical activity and oral hygiene<sup>67</sup> however it is currently unclear what impact HEYL is having on the key outcomes.

#### Children and Family Centres and Family Hubs

The local CFCs are largely funded by LBTH public health department and provide a range of services including play sessions, antenatal education, parenting courses and distribution of Healthy Start vitamins<sup>68</sup>. Other partners such as health visiting and midwifery also hold clinics at the CFC as a way to centralise services and improve access to healthcare for families. The council is working on feedback mechanisms to ensure the CFC are meeting the needs of our local families.



#### Summary

There are many available services for children and families available in the borough. To give all local children the best support and start in life a child rights approach should be used in future decision making. The process for collecting feedback should be improved to ensure services are meeting community needs.



## 3.4 Conclusion and Recommendations (Healthy Early Years)

### Gaps in evidence

As was found in the [Maternity chapter](#), ethnicity and demographic information is poorly collected for most early years data. Without accurate ethnicity and demographic information, services cannot be effectively planned to address needs and inequities<sup>69,70</sup>. It is recommended that services collect individual's ethnicity using a standardised ethnicity question in order to provide rights based, equitable services<sup>71</sup>.

Children have many contacts with health professionals under the age of two, however there is a gap in mandatory contacts between 2.5-5 years old. This has led to a gap in data collection of children's weight between 2 and 5 years old, however we know that Tower Hamlets has a high prevalence of childhood obesity in reception<sup>72</sup>. To identify the issues and intervene, growth measurements need to be recorded between 3-5 years old. Furthermore, it was noted nutrition and healthy eating support is limited from ages 1-4 and is another area that could be improved.

A final key evidence gap is paediatric admission data for the RLH. To improve cross-agency planning it would be useful for the council to receive up to date admission information in order to identify trends and implement preventative strategies early. It is recommended a data sharing process between LBTH and RLH is formalised.

### Gaps in services

Tower Hamlets struggles with meeting housing needs for our community<sup>73</sup>. There is a substantial wait list for the mother and baby unit, which can be exacerbated by a lack of next step housing for mothers who are ready to leave the unit. The housing prioritisation pathway could also be improved as vulnerable pregnant women have been sent to accommodation out of the borough where they have no support services and are disconnected from their healthcare team<sup>74,75,76</sup>.

Timely access to developmental assessments is an increasing issue in the borough, with current wait lists for a SLT assessment being over nine months<sup>77</sup>. Given the impact of the COVID-19 pandemic on childhood development this issue is likely to continue or increase over the coming years<sup>78</sup>. Outcomes for speech and language delays are improved by early intervention, therefore it is important that children can be seen quickly to improve their recovery and prevent further developmental delays<sup>79</sup>.

Development of early childhood nutrition services to close the current gap from 1-4 years old would be beneficial and could help to support reduction in childhood obesity rates at reception. There are many different interventions which could be considered such as online courses, in person education sessions or an additional health visitor contact around 3.5 years old. Early childhood nutrition habits are important for lifelong wellbeing, with children who have optimal nutrition during early childhood having improved cognitive abilities, healthier BMI, stronger bones and a reduced lifetime risk of T2DM, cardiovascular disease and mental illness<sup>80</sup>.

### 3.5 Key messages

#### Summary of recommendations (Healthy Early Years)

Each year thousands of babies are born in Tower Hamlets and it is important that all new parents and babies have access to the best care. The findings from this JSNA chapter suggest that there is room for development of new services and improvements to existing services in our borough.

To assist with developing the most beneficial services, better data collection and collaboration with partner organisations is needed. In particular, up to date data about breastfeeding rates, BCG vaccination and hospital admissions would assist the public health team in identifying trends and intervening early.

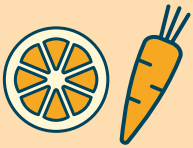
- Given Tower Hamlets has high rates of childhood obesity by reception<sup>81</sup>, the lack of local services supporting healthy growth and nutrition of older toddlers is a concerning gap.
- Due to the increasing need for developmental support after COVID-19, access to SLT should be improved to decrease wait times, where possible as, in our borough
- Also, the waitlist for housing is very long, leaving many residents in inadequate living situations<sup>82</sup>.
- It is recommended that vulnerable pregnant women, birthing people and families should be prioritised to stay within the borough, and work is done to meet the demand for council housing.
- Vaccination rates need to improve to meet WHO targets, accordingly it is recommended that more accessible vaccination clinics are provided, and information about vaccine safety is promoted to address vaccine hesitancy.



A common theme in this JSNA chapter was a need to improve communication and the process for receiving feedback. It is recommended a user friendly way of communicating current services is developed. Feedback from residents is important for ensuring our services are meeting needs and continuing to improve, it is recommended that all resident facing services have clear feedback processes and encourage service users to use their voice. Clear and consistent communication to families will help restore trust in the health system and work should be done to address current inconsistencies.

## Key messages for residents

More children in Tower Hamlets experience poverty, poor oral health, obesity and are less prepared for school compared to other areas of England<sup>83</sup>. These experiences can have lifelong consequences for children and cause health issues such as heart disease and diabetes into adulthood<sup>84,85,86</sup>. It is recommended that children are supported to:



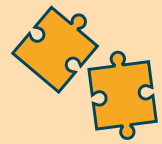
Eat a variety of fresh fruit and vegetables



Reduce intake of high sugar and fat foods such as fast food, crisps and sugary drinks



Have lots of movement everyday. This can be through lots of things such as tummy time for small babies and playing, using a bike or scooter, going to a playground, or dancing for older children



Develop fine motor skills by doing things like playing with blocks, drawing, doing crafts or puzzles



Have healthy teeth and gums by brushing twice a day with fluoride toothpaste



Develop language skills by reading stories, singing songs, talking together and having new experiences such as going to the park or a museum



Develop personal skills and learn to take turns, get dressed, use utensils and recognise emotions<sup>87</sup>.

It can be confusing to know where to get reliable healthcare information. It is best to be wary of some information on the internet, especially on social media when the source of the information is unknown. This NHS website has some useful information about pregnancy and early childhood [Start for Life](#). If you need health advice, contact a health professional such as a midwife, health visitor or primary care doctor. A trusted website such as the [NHS website](#) or [Care Confident](#) can be useful while you wait to see a health professional.

Sometimes health professionals will ask you questions that may feel personal, for example about your ethnicity and where you live. These are important questions and make sure we are providing the right services in the right places in our community.

There are many free activities and educational sessions at local Family Hubs such as play sessions, baby massage and support for starting solids. You can see what is available in your neighbourhood here [Tower Hamlets Family Hubs](#). Although one centre may be closest to you, you are welcome to visit any of the centres across the borough. The [Early Help Hub](#) is another great resource that can provide extra support for families experiencing stress or difficulties, you can self-refer to the service [Early Help Referral](#).

Toyhouse have many Toy Libraries across the borough, here you can borrow toys and resources to take home and some of the libraries hold stay and play sessions.

Your child may be eligible for funded childcare in the borough once they turn two years old, and from September 2024 this will be extended to children over nine months old. Find out more about [Early Learning and Childcare Funding](#). Some families may also be eligible for additional support through Healthy Start to buy healthy food during pregnancy and while children are under five years old. There is more information about the programme and an application form here [Applying for Healthy Start](#). If you would like some help to apply please contact [LBTHResidentsupport@towerhamlets.gov.uk](mailto:LBTHResidentsupport@towerhamlets.gov.uk)

Parenting can be challenging, if you are feeling overwhelmed, stressed or low and would like some more support, you can refer yourself to the Talking Therapy service using this [Talking Therapy Referral Form](#). The service is free, confidential, and can provide some useful tips and support for new parents including online sessions, group sessions, one on one support and parenting classes.

### Across other chapters

This chapter can be read alongside [Health Maternity](#), [Healthy Children and Adolescents](#), and [Healthy Adults](#) chapters. Improving health of young children improves health as adults. Investing in the health and wellbeing of our children is the best thing we can do to ensure they have the brightest future. Poverty is one of the greatest challenges in our community, with nearly half of children living in poverty<sup>88</sup>. Poverty increases the likelihood of infant death, dental decay, obesity and admission to hospital as a child<sup>89,90</sup>. These factors can have lifelong consequences, creating a cycle of poverty, with adults who experienced poverty in childhood more likely to have poor physical and mental health, lower educational attainment, and lower earning potential<sup>91,92</sup>. It is vital that support in the early years is prioritised to break the intergenerational cycle of poverty<sup>93</sup>.

### Feedback

The council wants to offer the best services for our community. Please use your voice and provide feedback on any local services you use or would like introduced so we can work to make things better. If you have feedback or would like to discuss local early years services further, please contact [healthintelligence@towerhamlets2.onmicrosoft.com](mailto:healthintelligence@towerhamlets2.onmicrosoft.com).

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### Acknowledgements

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# 4. Healthy Children and Adolescents

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Action	Description
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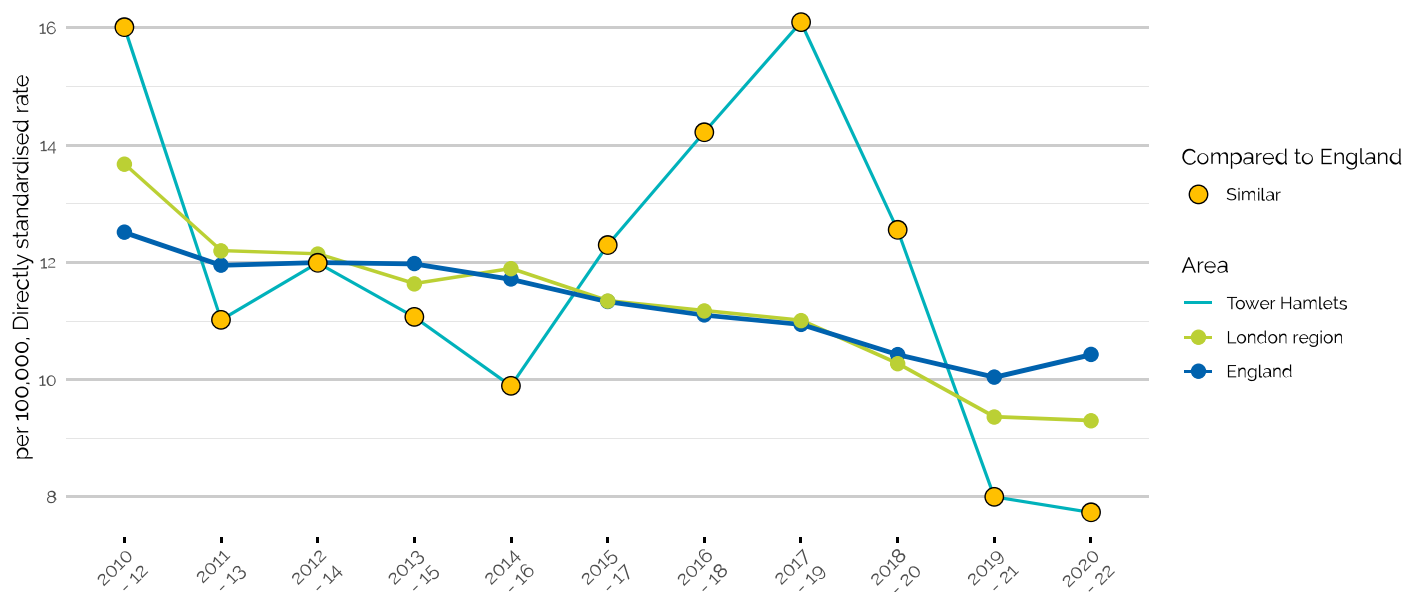
### 4.1 Key public health measures

There are over 53,400 children and adolescents aged 5 to 19 years, living in Tower Hamlets<sup>1</sup>. The Bangladeshi community is the largest ethnic group in the borough, accounting for 35% of the total population<sup>2</sup> and 62% of the child and adolescent population<sup>3</sup>. The data provided below highlights key indicators concerning children and adolescents in Tower Hamlets. These indicators are categorised under three headings: mortality, morbidity, and risks and behaviours. It is important to note that the indicators presented do not encompass all relevant factors relating to children and adolescents. Rather, they serve as a proxy measure to assess the overall health and well-being of children in Tower Hamlets.

## Mortality

### Child mortality

Figure 1: Child mortality rate (1-17 years)



Source: Office for National Statistics (ONS)

There has been an overall decline in child mortality rates in England and Wales since 2010, with 852 child deaths (aged 1 to 15 years) recorded in 2021<sup>4</sup>. This equates to a child mortality rate of 8 deaths per 100,000 population within the same age group. Although child mortality rates in Tower Hamlets rose between 2014 and 2019 (as shown in Figure 1), they have since followed a similar declining trend to that observed nationally. The overall decline in child mortality rates likely reflects improvements in healthcare, as well as more specific advancements in antenatal and neonatal care<sup>5</sup>.

The primary causes of death among children aged 5-9 years in England and Wales include<sup>6</sup>:

- Cancer
- Respiratory causes
- Accidents, including injuries and poisoning

Additionally, there is a strong correlation between deprivation and the risk of death throughout childhood<sup>7</sup>, with children living in deprived areas being more vulnerable to mortality. Data on national and local child poverty rates is discussed in section 3 below.

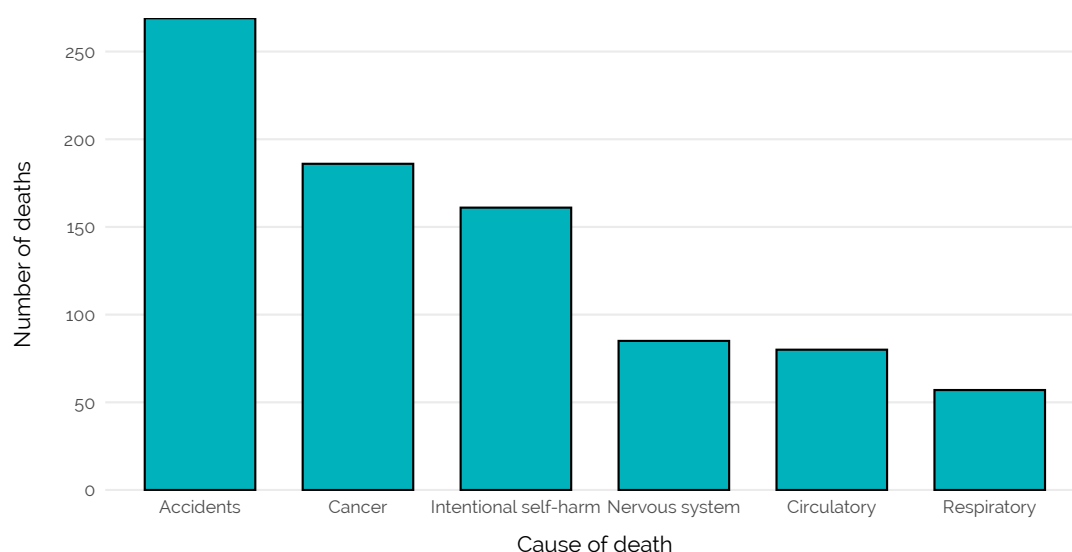
## Adolescent mortality

In 2021 over 35,700 adolescents were living in Tower Hamlets<sup>8</sup>. Adolescence, spanning ages 10 to 19 years, is a distinct and complex life stage between childhood and adulthood, characterised by rapid physical, cognitive, and psychosocial development<sup>9</sup>. These changes significantly affect how adolescents feel, think, make decisions, and interact with the world around them.

Adolescence ranks second highest in mortality rates among childhood stages, following infancy<sup>10</sup>. While other comparable wealthy countries have experienced a declining trend<sup>11</sup> the opposite is true in the UK. Since 2014, there has been an increase in adolescent mortality, rising from 17.5 to 18.0 per 100,000 young people aged 10 to 19 years. This increase is primarily due to higher rates of deaths from non-communicable diseases<sup>12</sup>, with cancer, accidental injury, and intentional self-harm (including suicide) being the most common causes<sup>13</sup>, as shown in Figure 2.

It is also worth noting that some of the leading risk factors for disease burden in adulthood, such as physical inactivity, obesity, smoking, and substance abuse, often develop during adolescence<sup>14</sup>.

**Figure 2: Leading causes of death in young people aged 10 to 19 years in England and Wales (2018)**



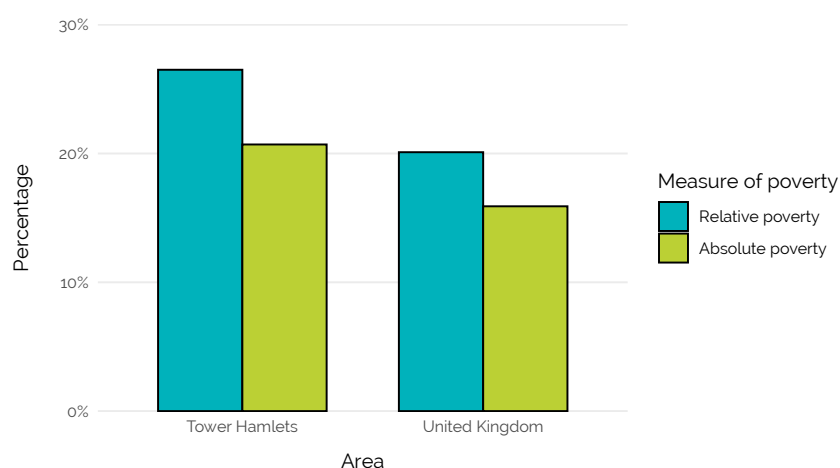
Source: Royal College of Paediatrics and Child Health (2020) State of Child Health

There is evidence of disparities in adolescent mortality rates, with 828 recorded deaths among older adolescents aged 15 to 19 years in 2021, compared to 273 deaths among those aged 10 to 14 years<sup>15</sup>. Moreover, the risk of mortality was notably higher among young men than young women.

Please note that national adolescent mortality rates are reported in this chapter, this is due to having small numbers at a local level in Tower Hamlets. The inclusion of national rates aims to provide a comprehensive overview of the issue.

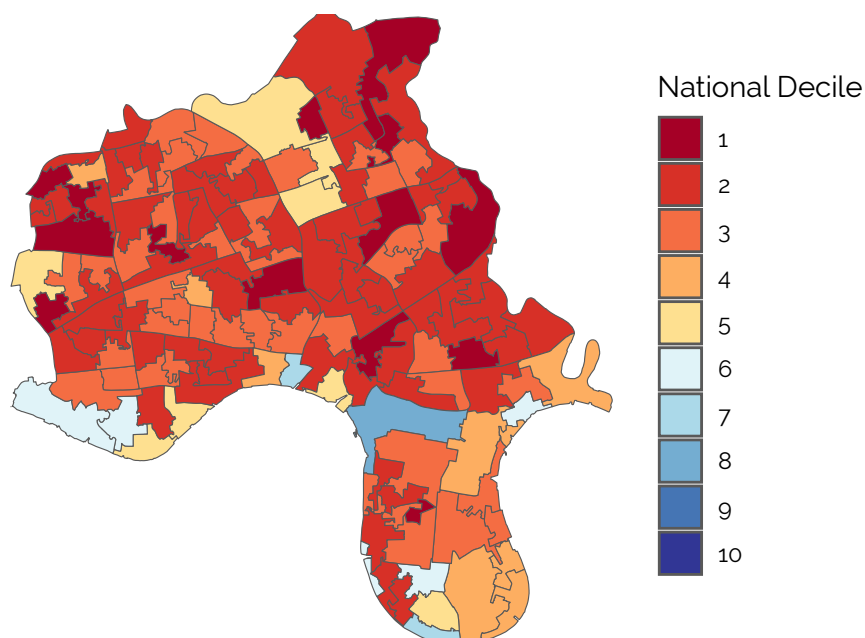
### Child poverty

**Figure 3: Children in Low Income Families**



Source: Department for Work and Pensions, 2024

**Figure 4: Indices of Deprivation based on Income Deprivation Affecting Children Index (IDACI) in Tower Hamlets**



Source: 2019 Index of Multiple Deprivation

Tower Hamlets has some of the highest child poverty rates in the country (Figure 3). According to the Department for Work and Pensions' Children in Low Income Families measure, 27.3% of children in Tower Hamlets reside in 'relative low-income families', while 21.4% live in 'absolute low-income families'<sup>16</sup>. These figures surpass the national averages of 18.4% and 15.2% respectively and rank among the highest rates across all London boroughs.



The Income Deprivation Affecting Children Index (IDACI) assesses the proportion of children aged 0 to 15 years living in income-deprived families. It is a subset of the Income Deprivation domain which measures the proportion of the population in an area experiencing deprivation relating to income. Tower Hamlets ranks 14th most deprived out of all local authorities in the country, further highlighting the high levels of deprivation across the borough (Figure 4).

There is a strong correlation between child deprivation and the risk of mortality throughout childhood<sup>17</sup>. Regardless of age group, residential area, or other demographic variables such as sex and ethnicity, children living in poverty have a lower likelihood of survival compared to their more affluent counterparts<sup>18</sup>. It is estimated that over one-fifth of child deaths could be prevented if the most deprived half of the population had mortality rates comparable to the least deprived. Therefore, reducing child poverty and deprivation by addressing environmental and societal factors that drive inequality is vital for the well-being and longevity of children and adolescents.



To achieve this goal, the Child Poverty Action Group has recommended a multifaceted approach that integrates immediate relief measures with long-term solutions<sup>19</sup>. This approach includes the following interventions:

- Adequate social security to ensure families can meet their basic needs
- Invest in high-quality, affordable childcare to enable parents to work and increase their earning potential<sup>20</sup>
- Access to affordable housing and support with housing costs. Housing is a major expenditure in the budgets of low-income families and a significant contributor to child poverty
- Education support and training opportunities for parents to help improve employment prospects and financial stability for families
- Expansion of free school meals (FSM) to all children at all stages of schooling. It's estimated that around 900,00 children in poverty miss out on FSM<sup>21</sup> due to the current means-tested eligibility criteria.

## Morbidity

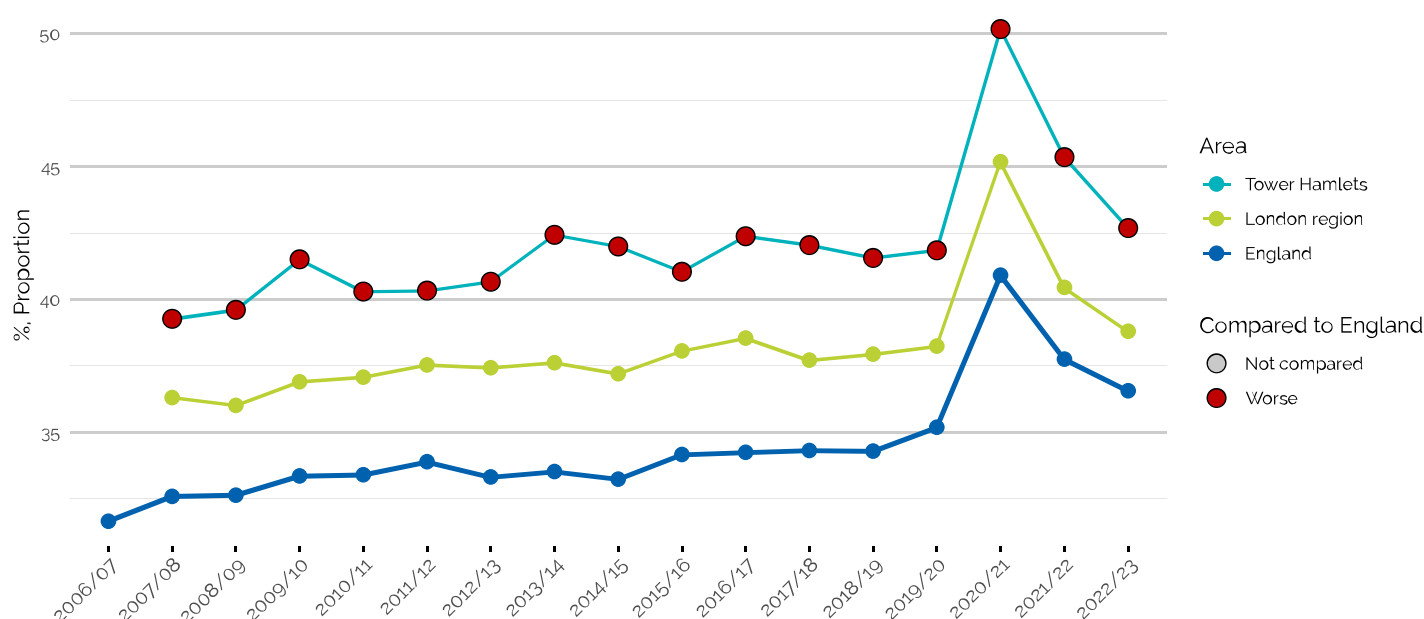
### Excess weight

The prevalence of overweight (including obesity) among children in Year 6 has consistently been higher in Tower Hamlets compared to London and England. Figure 6 illustrates this trend, which has persisted since 2006/07. In 2022/23, over 2 in 5 children in Tower Hamlets were either overweight or obese by the time they reached Year 6.

In 2020/21, there was a significant increase in overweight rates to 50.2% in Tower Hamlets, which mirrored regional and national trends. This increase has largely been attributed to the adaptations made to the National Child Measurement Programme during the Covid-19 pandemic when only a sample of children were measured due to the national 'stay at home' order. Since then, overweight rates have decreased, reflecting similar decreases in London and England, to 42.7% in 2022/23. However, rates remain above pre-pandemic levels.

Living with excess weight during childhood and adolescence has immediate health implications for children and young people. It is associated with an increased risk and early onset of various non-communicable diseases, such as type 2 diabetes and cardiovascular disease. Additionally, excess weight negatively affects emotional health, school performance, self-esteem and quality of life, often exacerbated by stigma, discrimination and bullying<sup>22</sup>. It is estimated that approximately 55% of obese children go on to become obese adolescents, and roughly 80% of obese adolescents will remain obese into adulthood<sup>23</sup>.

**Figure 5: Prevalence of overweight (including obesity) in Year 6 (10 to 11 year olds).**



Source: OHID, using National Child Measurement Programme, NHS England

Due to the complexity of the causal factors of obesity, Tower Hamlets has adopted best practices guidelines<sup>24</sup> and recommendations from the Office for Health Improvement and Disparities (OHID) by implementing a whole-systems approach (WSA)<sup>25</sup> to address child excess weight. OHID defines this approach as follows:

**"A local whole systems approach responds to complexity through an ongoing, dynamic and flexible way of working. It enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change".**

---

The Tower Hamlets whole system approach to promote healthy weight in children is underpinned by the Child Healthy Weight Action Plan, which is led by the council and implemented in partnership with a range of stakeholders. The action plan is delivered under three main themes: Healthy Places, Healthy Spaces, and Healthy Services.



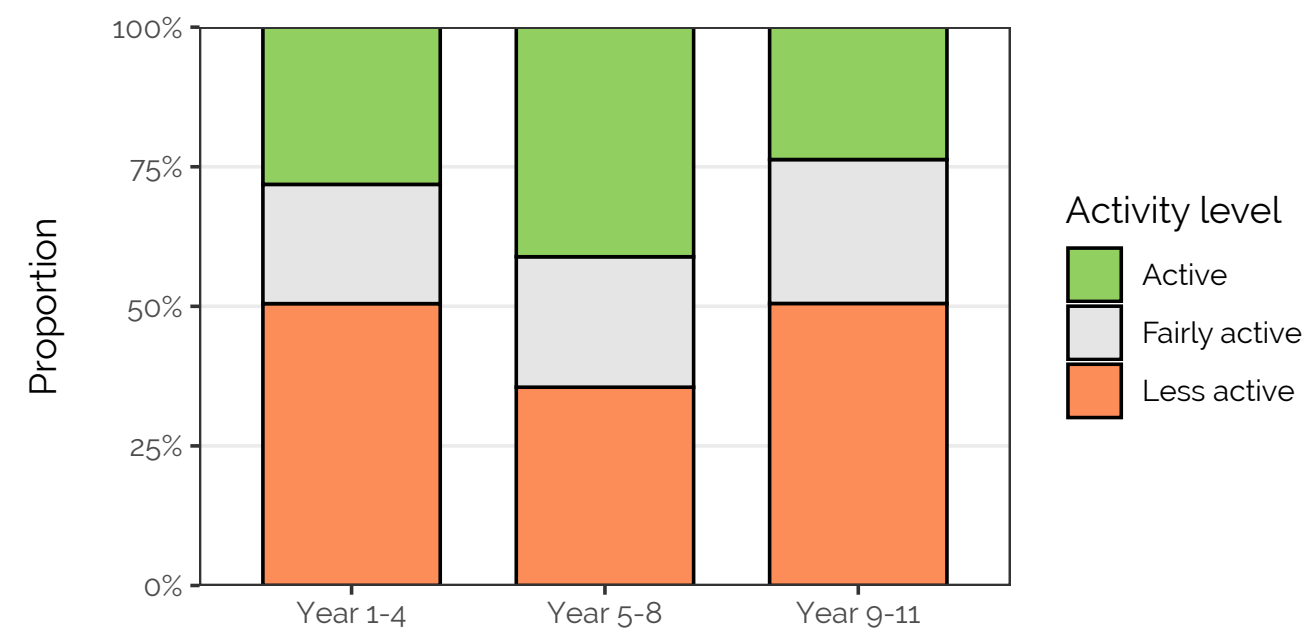
## Physical inactivity

Figure 6: Children and young people's activity levels by gender



Source: Active Lives Children and Young People Survey 2020-2022, Sport England. Please note there could be a low number of reporting schools within the LA.

Figure 7: Children and young people's activity levels by school year



Source: Active Lives Children and Young People Survey 2020-2022, Sport England. Please note there could be a low number of reporting schools within the LA.

The World Health Organisation (WHO) defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure<sup>26</sup>. This includes all movement during leisure time, for transport or as part of a person's work. The UK Chief Medical Officers' (CMO) recommend<sup>27</sup> that children and young people aged 5 to 18 years engage in moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day across the week. All forms of activity such as physical education (PE), active travel, after-school activities, play and sports, count towards the recommendation. The CMOs further recommend that time spent being sedentary should be minimised and broken up regularly with light activity.

The benefits of physical activity have been well documented<sup>28</sup>, in children it contributes to both good physical and mental development, from developing muscle and bone strength, increasing concentration and educational performance and learning, to boosting mood and reducing the risk of many lifestyle-related diseases<sup>29</sup>. However, despite these benefits, levels of participation in physical activity as recorded by Sport England's Active Lives Survey, are low among the borough's child and adolescent population. Only 22.7% of children and young people in Tower Hamlets school years 1- 11 (ages 5 to 16 years) met the CMOs guidelines, compared to 44.6% of children of the same age in England<sup>30</sup>. A decline in activity levels is noted as children move from primary to secondary school (Figure 7), and in keeping with national trends, girls were less active than their male counterparts (Figure 6).

While Tower Hamlets has a range of assets that can be utilised for physical activity, such as parks, active travel routes to and from school, physical education as part of the national curriculum, and a range of sporting opportunities offered through the Tower Hamlets Local Offer, barriers such as overcrowding, air pollution, a lack of safe spaces, and cost make it challenging for children and their families to engage in physical activity regularly.



Additionally, there is inequitable access to physical activity opportunities for children and young people with disabilities<sup>31</sup>. They engage in less activity compared to their peers without disabilities and face additional barriers to participation, including a lack of inclusiveness, negative societal attitudes towards disability and a shortage of instructor skills.

In May 2024, the council launched a new Leisure Service, called 'Be Well'. This service brings the management of the borough's seven leisure centres in-house. Insourcing the services will enable the council to better meet the needs and wellbeing of all residents, paying particular attention to increasing participation among residents with lower activity levels, such as women and girls, and making the service more inclusive and accessible by all residents.

This service provides a real opportunity to strengthen the offer to children and young people and address some of the barriers highlighted above, especially for children with additional needs.



### Mental health and emotional wellbeing

There is continued concern regarding the rise in poor mental health and emotional wellbeing among children and young people globally and locally in Tower Hamlets. The Mental Health of Children and Young People in England survey revealed a notable increase in the number of children aged 5 to 16 with a probable mental health disorder, rising from 1 in 9 in 2017 to 1 in 6, in 2020<sup>32</sup>. Moreover, there is evidence indicating that children and young people with specific characteristics, such as being female or coming from disadvantaged or low socio-economic backgrounds, experienced a greater negative impact on their mental health and wellbeing<sup>33</sup>. Diagnosis rates vary between different ethnic groups, with children of Asian and Black ethnicity being less likely to be diagnosed and therefore appropriately supported than White children. This is particularly concerning, given the large Asian and Black communities and significant levels of deprivation experienced by many children and young people in the borough.

The Tower Hamlets Pupil Attitude Survey, which collates the views and experiences of primary and secondary school pupils, on their health and well-being, staying safe, the use of technology and the local community, indicated a decline in the proportion of pupils reporting happiness in their lives<sup>34</sup>. This decreased from 75% among primary pupils and 65% among secondary pupils in 2017 to 68% and 48% in 2022, respectively.

The benefits of good mental health and wellbeing in childhood are widely recognised<sup>35</sup>. Children's emotional health and wellbeing play a crucial role in their cognitive development, learning, physical and social health, and resilience-building to navigate life's challenges and develop into well-rounded adults. Childhood and early adolescence provide

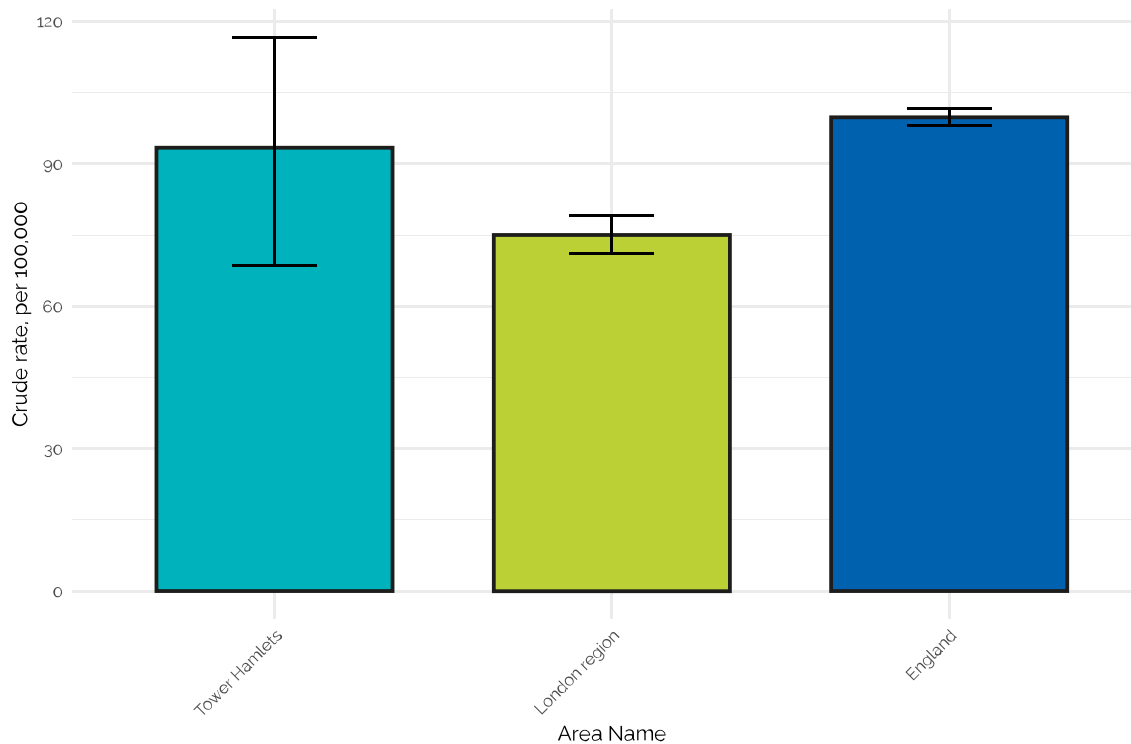


a critical window of opportunity for preventive interventions, given that half of mental health conditions in adulthood emerge before the age of 14, and 75% before the age of 24<sup>36</sup>.

Tower Hamlets has committed to supporting children and young people in achieving good mental health and well-being through policy initiatives such as the Accelerate! Strategy and through a range of support services designed to help those experiencing mental health issues. However, despite these efforts the rate of children aged 0 to 17 years, who are admitted to the hospital as a result of a mental health condition (Figure 8) remains elevated at 93.2 per 100,000 children and young people. This rate is significantly higher than the London average (75 per 100,000) and has continued to follow a similar trend to England (99.8 per 100,000) since 2018/2019.

**Half of mental health conditions in adulthood emerge before the age of 14, and 75% before the age of 24.**

**Figure 8: Hospital admissions for mental health conditions, Persons, <18 yrs, 2021/22s**



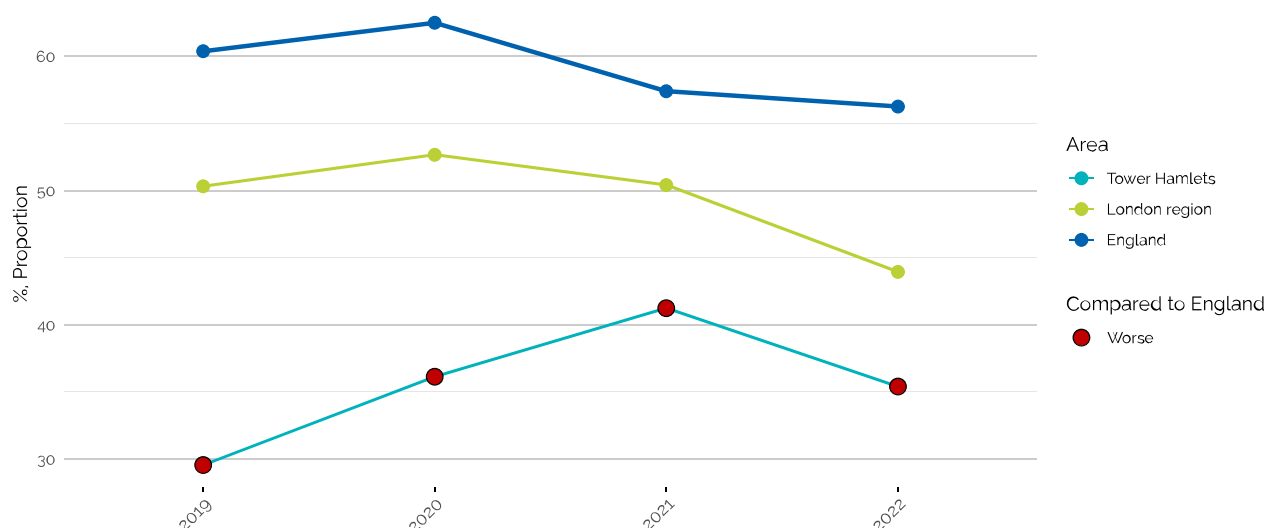
Source: Hospital Episode Statistics (HES)

Neglecting to address mental health issues can significantly impact a child's academic performance, social development, and overall wellbeing. These issues can have long-lasting consequences into adulthood, including reduced job opportunities and life expectancy. It is essential for support services to ensure that children and young people who are at increased risk of poor mental health—such as girls, those with disadvantaged backgrounds including low-income families, special educational needs and disabilities (SEND), children with care experience, and bereaved young people, are identified and supported. A deeper understanding and assessment of current and future needs regarding children and young people's mental health is needed to help identify existing gaps and inform future commissioning of services.

## Identified inequalities and risks

### Flu vaccination

Figure 9: Population vaccination coverage: Flu (primary school aged children), Persons, 4-11 yrs



Source: UK Health Security Agency (UKHSA), Seasonal flu vaccine uptake figures

#### IMPORTANCE

Seasonal influenza (flu) can be very serious, resulting in school absences, hospitalisations and in some cases, death<sup>37</sup>. The WHO recommends that vaccination is the most effective way to prevent infection and severe outcomes caused by influenza viruses<sup>38</sup>.

#### COMPARISON

In Tower Hamlets the School-Aged Immunisation Programme follows recommendations from the UK Health Security Agency (UKHSA), by offering a flu vaccination to all children in primary schools and some secondary school-aged children (Year 7 – 11)<sup>39</sup>. Vaccinating children against flu not only protects them against the virus, but it also protects the community as children often spread flu more easily.

There has been a decline in flu vaccination coverage amongst primary school-aged children (Figure 9) since 2022. This coincides with the COVID-19 pandemic where children were also being offered the COVID-19 vaccination. Just over 1 third (35%) of primary school aged children received a flu vaccination in Tower Hamlets in 2022. This is lower than London (44%) and England (56%).





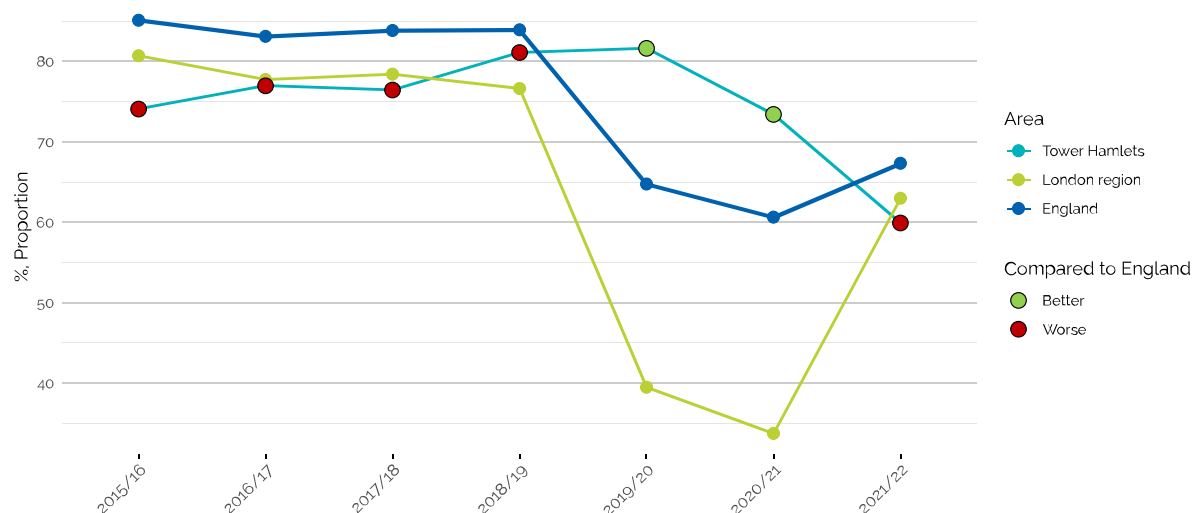
Local insight and feedback from the service provider and health partners attribute the decline to several factors. The effectiveness of vaccine system processes, including data sharing and call-recall systems, is the main driver of vaccine uptake rates and this was disrupted in the pandemic. Also, the main flu vaccine offered to children is a nasal spray which contains pork gelatine and is therefore not acceptable to Muslim, Jewish and other families. Work to improve the accessibility of an alternative, acceptable injectable vaccine has correlated with an increase in uptake rates locally against a national/London decline. Finally, COVID-19 message fatigue which may have resulted in parents no longer engaging with vaccination messages.

To address this concern, an alternative injectable flu vaccine that does not contain gelatine is offered to parents and carers who do not consent to the nasal spray vaccine, available through the GP and the School Age Immunisation Service.

Further community engagement work to reduce misinformation or misconceptions regarding the porcine content in vaccines, as well as promotion of the alternative injectable vaccination is needed to combat flu vaccine hesitancy and increase coverage rates.

## Human Papillomavirus (HPV) vaccination

**Figure 10: Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old), Female, 13-14 yrs**



Source: UK Health Security Agency (UKHSA)

### IMPORTANCE

The HPV vaccine provides protection against human papillomavirus (HPV) and protects against 9 types of HPV known to cause cancer and genital warts<sup>40</sup>. From September 2019, the HPV vaccination programme was expanded to include Year 8 boys. This decision was prompted by emerging evidence demonstrating that the HPV vaccine offers protection against HPV-related cancers for both boys and girls<sup>41</sup>.

In 2023, the delivery of the HPV vaccine shifted from a 2-dose schedule to a single-dose schedule. This change followed an announcement from the Joint Committee on Vaccination and Immunisation (JCVI) confirming that a one-dose vaccine schedule is equally effective as a 2-dose regimen in safeguarding against HPV infection<sup>42</sup>.

### COMPARISON

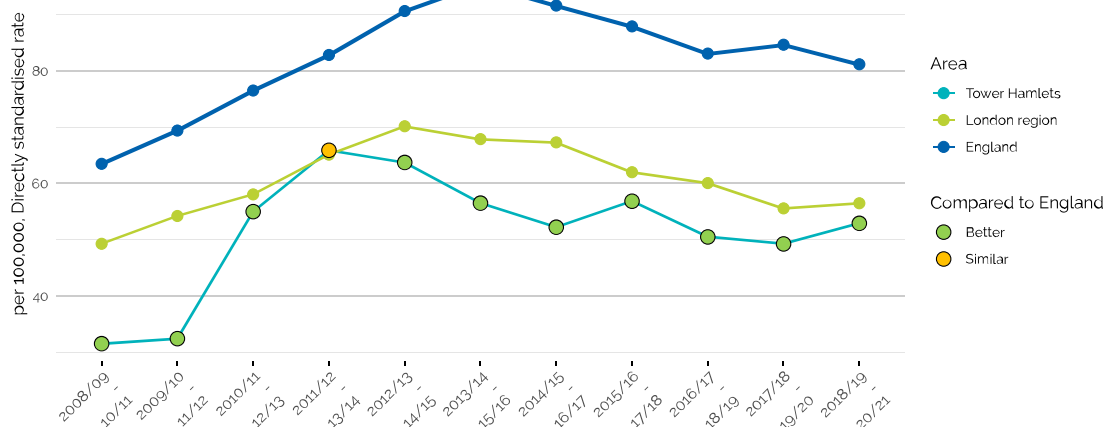
In Tower Hamlets, HPV vaccination coverage among girls has experienced a decline since 2019 (Figure 10). At 60%, vaccination coverage is similar to that of London (63%) and worse than England (67%). Several factors have been found to contribute to HPV vaccine hesitancy among parents<sup>43</sup>, these include:

- Safety concerns, particularly regarding potential side effects or long-term consequences related to fertility.
- Limited knowledge and lack of awareness of the benefits of the HPV vaccine.
- Cultural and religious beliefs related to sexual behaviour. Some parents find it difficult to acknowledge their child could be sexually active.
- Lack of access to information which contributes to distrust.

Addressing these factors through education and communication strategies can help mitigate HPV vaccine hesitancy and improve vaccine coverage rates to reach the WHO's goal of achieving 90% coverage for herd immunity.

## Substance misuse

**Figure 11: Hospital admission due to substance misuse (15 to 24 years)**



Source: Hospital Episode Statistics (HES)

### IMPORTANCE

Substance misuse or substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol, tobacco and illicit drugs<sup>44</sup>. It can have a major impact on young people's education, health, their families and their long-term chances in life. Substance misuse continues to rank as one of the five major challenges that young people face today<sup>45</sup>.

It is important to acknowledge that for the majority of young people, their drug use is experimental or recreational, often diminishing in early adulthood. However, some children and young people will use drugs or alcohol as a form of 'self-medication', using substances to cope with stress or manage difficult thoughts and experiences<sup>46</sup>. There is an increased likelihood of substance use among groups of children facing additional complexities in their lives, including youth offenders, children in care, those with poor mental and emotional health, and those experiencing child sexual exploitation and abuse<sup>47</sup>.

### COMPARISON

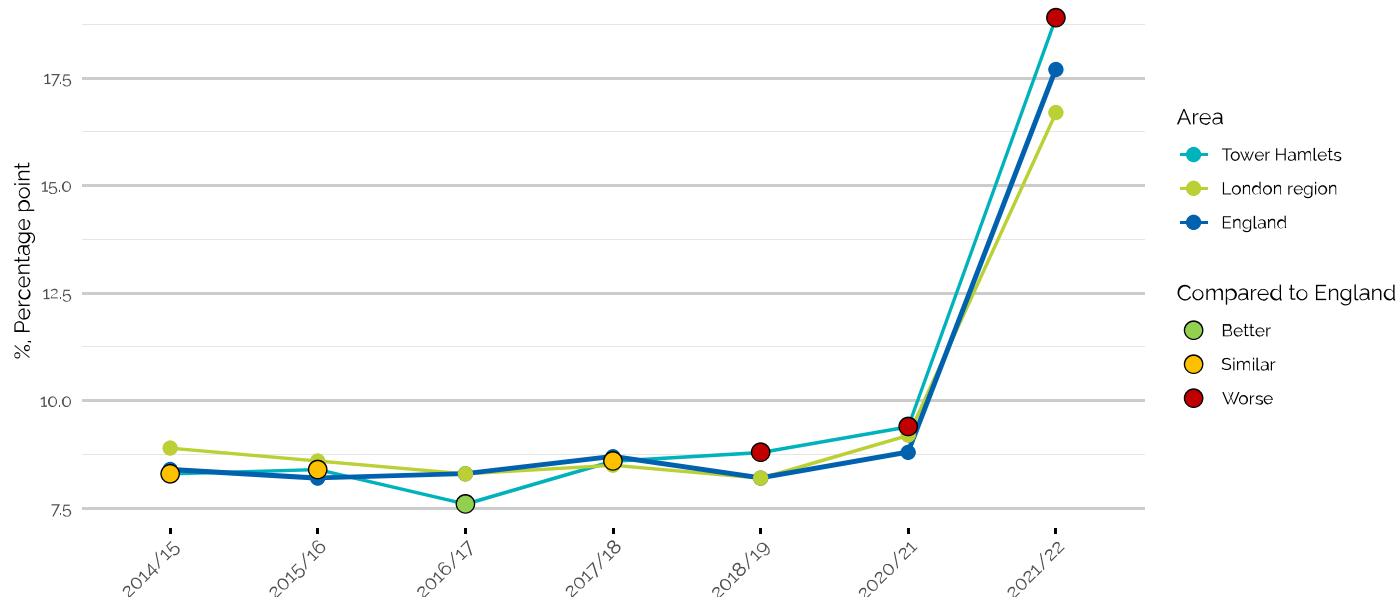
Figure 11 shows hospital admissions due to substance misuse (amongst 15 to 24 years) in Tower Hamlets is significantly lower than England rates and slightly lower compared to London. However, it is important to note that these rates may not provide a comprehensive picture of substance use among all children and young people in Tower Hamlets. Additionally, there is inadequate collection of demographic data within services, which could be masking high usage rates among specific groups of young people. Cultural and religious norms prevalent in Tower Hamlets could also be contributing to the lower rates of reported and actual substance misuse observed in the borough.

A growing concern in Tower Hamlets is the use of vapes among young people, which has tripled nationally in the last three years<sup>48</sup>. While there is limited local data on vape usage among young people, it is expected that Tower Hamlets has experienced a similar growth rate. Additionally, reports of illicit substances in vapes are also concerning. Vape pens containing a synthetic cannabinoid known as Spice have resulted in hospitalisation for some users.

Tower Hamlets has a range of services for children and young people who need support around drug and alcohol use.

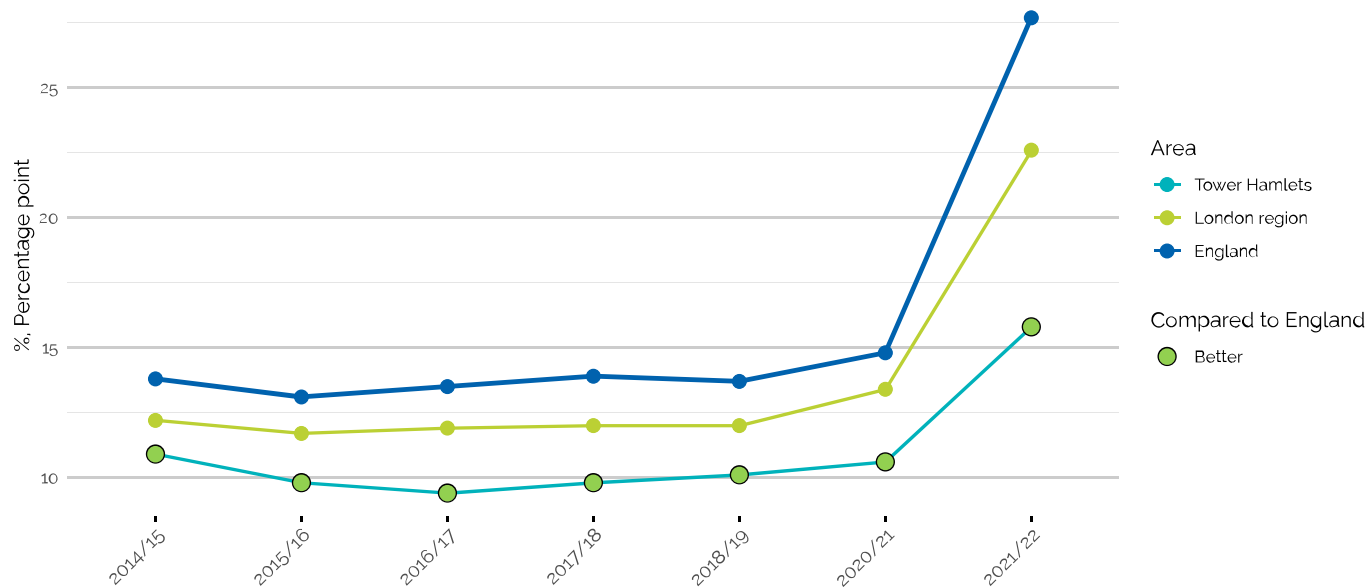
## School absence

Figure 12: Persistent primary school absentees.



Source: Department for Education (DfE)

Figure 13: Persistent secondary school absentees



Source: Department for Education (DfE)





## IMPORTANCE

When children are absent from school, they miss valuable opportunities to learn, play, and develop social skills. Older children who develop poor attendance habits may become vulnerable to exploitation and involvement in criminal behaviours within the community. In contrast, there is evidence<sup>49</sup> to suggest that regular school attendance is a key mechanism to support children and young people's educational, economic and social outcomes.

Primary school-aged children, pupils from white and mixed ethnic groups and pupils on FSM.

## COMPARISON

Schools in Tower Hamlets are highly successful, with 97% rated as good or better by Ofsted<sup>50</sup>. In the academic year 2020/2021, schools in Tower Hamlets surpassed the England average in both average attainment 8 for GCSE and the proportion of children achieving strong and standard passes in Mathematics and English. There are disparities across various ethnic groups, with children from Asian/Asian British backgrounds generally outperforming those from White, Mixed, and Black

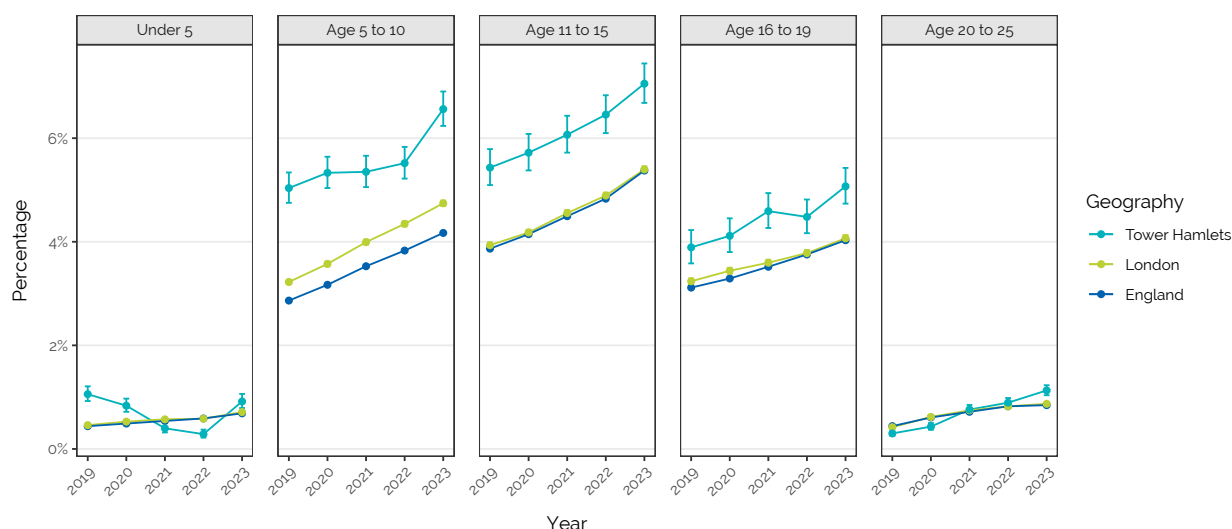
backgrounds. Notably, children from Chinese backgrounds excel academically<sup>51</sup>. However, despite these achievements, some children and young people are slipping through the cracks.

Pupils who have missed more than 10% of school sessions are considered persistently absent. Figure 12 shows the rate for persistent absentees in primary schools is slightly higher in Tower Hamlets compared to London and England. Government statistics have shown that Covid-19 has had a damaging effect on school attendance, lasting well beyond the period of restrictions relating to the pandemic<sup>52</sup>. National data showed higher rates of persistent absence for children on FSM, children with SEND and Children in Need<sup>53</sup>.

Unlike primary schools, the rate of persistent absentees among secondary schools (Figure 13) is lower in Tower Hamlets compared to both London and England. However, the rate of persistent absence (prolonged or recurring instances of absence e.g. missing a significant portion of a term or academic year) has increased and has not returned to pre-pandemic levels, a trend observed across both London and England.

## Special Educational Needs and Disabilities – Education Health Care Plans (EHCPs)

Figure 14: Proportion of children with EHCPs



Source: SEN2 survey. ONS mid-year estimates of population (up to 2022), 2023 EHCP proportion has been calculated using 2022 population estimates

An Education, Health, and Care Plan (EHCP) is a legal document that outlines a child or young person's special educational needs. It covers ages 0 to 25 years and is designed for those requiring more support than the standard Special Educational Needs (SEN) offer<sup>54</sup>.

### IMPORTANCE

Obtaining an EHCP is crucial for ensuring children and young people with special educational needs receive essential support, protections, resources, and transition planning to fulfil their potential. Yet, due to low confidence many parents and carers seek EHCPs<sup>55</sup> when their child's needs can be met through SEN support. Accurately identifying children needing EHCP is important to prevent delays for those who truly need it.

Children and young people with the SEND conditions Speech Language and Communication Needs (SLCN) and Autism Spectrum Disorder (ASD).

### COMPARISON

Figure 14 shows the proportion of children with an EHCP in Tower Hamlets is higher compared

to that in London and England. Since Covid-19, there has been a sustained increase in demand for SEND assessments, which has resulted in an unprecedented rise in the requests for EHCP assessments across all age groups.

Within the Tower Hamlets EHCP cohort, the most prevalent SEND conditions are 1) SLCN, which is evidenced by a 40% increase in Speech and Language Therapy (SaLT) referrals compared to pre-pandemic rates, and 2) ASD, which accounts for two-thirds of EHCPs. Of those children and young people with ASD as the primary need, 86% have an EHCP, significantly higher than the national figure of 56%.

Analysis suggests that the potential over-classification of SLCN may stem from delays in children and young people receiving an autism diagnosis, a challenge faced nationally. Additionally, it's important to recognise that social determinants of health impact disability conditions linked to special educational needs. For example Tower Hamlets has high levels of child poverty, deprivation, and poor air quality, which serve as risk factors for conditions such as autism and other neurodevelopmental disorders.



## Summary

Tower Hamlets faces unique challenges due to its demographic profile and socioeconomic factors. With widespread deprivation and some of the highest child poverty rates in the country, there's a clear link with poor health outcomes. While there are improvements like declining child mortality rates and lower rates of substance misuse, along with highly rated schools and a range of support services, more efforts are needed to mitigate the impact of inequalities affecting children and adolescents.

Key priority areas for health and well-being improvements for children and adolescents include: promoting healthy lifestyles by addressing excess weight, physical inactivity, and dental decay; enhancing health protection through improved immunisation coverage, particularly for flu and HPV, and supporting healthy relationships; improving mental health and emotional well-being, along with educational outcomes, are crucial areas needing attention, especially for marginalised children.

Lastly, a system-wide priority for Tower Hamlets needs to be the reduction of child poverty, as it underlies many of the issues discussed in this data.



### 4.2 Key evidence

#### Overview

**Marmot** – This review into health inequalities published in 2010 sets out a framework for action under two policy goals: to create an enabling society that maximizes individual and community potential; and to ensure social justice, health and sustainability are at the heart of all policies. Central to the Review is the recognition that disadvantage starts before birth and accumulates throughout life. This is reflected in the 2 children and young people policy objectives and to the highest priority: 1. giving every child the best start in life, 2. enabling all children, young people and adults to maximize their capabilities and have control over their lives.

Local councils have a vital role in building the wider determinants of good health and working to support individuals, families and communities. The report relates strongly to the core business of local councils as local leaders for health improvement and the reduction of health inequalities.

**Foresight report** – This report identified over 100 factors that contribute to the prevalence of obesity. These can be broadly clustered into groups of influences including societal, media related, food industry, biological, environmental and psychological factors. Research and policy guidance recognises that obesity is a highly complex issue. There is no simple solution but a whole system approach is clearly identified as key.

**i-THRIVE framework** – The i-THRIVE framework is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and families<sup>56</sup>. This means that mental health needs are defined by children, young people and their families, alongside professionals, through shared decision making.

Emphasis is placed on the promotion of mental health and wellbeing across the whole population. Children, young people and their families are empowered through active involvement in decisions about their care, which is fundamental to the approach.

**Healthy Child Programme** – The Healthy Child Programme is the evidenced based universal programme for children aged 0 to 19 years. It identifies the interventions and services that children and families need to receive to help achieve their best health and wellbeing outcomes including screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices. This is delivered four levels of support; community, universal, targeted and specialist.

They can give confidential advice, care and support to schools, children, young people and their parents. They are there to protect and promote the physical and emotional health of children and young people, to ensure that they get the most from their education.

**Healthy Schools London programme** – provides a framework for schools linking health, behaviours and achievement via a whole school approach focusing on four core themes; 1) personal, social and health education, 2) healthy eating, 3) physical activity, 4) emotional health and wellbeing.



## Resident and stakeholder perspective

**Pupil Attitude Survey** - The 2022 survey focused on pupils' views and experiences on health and well-being, staying safe, the use of technology, local community and plans for the future. Over 1,500 pupils aged 9, 10 and 11 years from 21 primary schools responded to the survey;

- 56% worried about school work and exams
- 37% worried about their parents and families
- 35% worried about friendships.

They would like more places to socialise with friends, organised activities and more interesting school lessons.

Through the **Adolescents Health Needs Assessment** and **YJS Health Needs Assessment** children and young people have asked for support that is

- Confidential, with confidentiality parameters fully understood
- Led by a single trusted professional
- Delivered by staff representative of the borough
- Supports the development of protective factors for offending behaviour
- Supports physical health e.g. swimming
- Supports healthy relationships
- Provided earlier in their lives e.g. early secondary school
- Visible – so children and families know what services are available
- Face-to-face, with phone and online as additional options
- Safe
- Available in both schools and community settings

Stakeholders have asked for a school health offer that is clearly communicated, consistent and streamlined minimising duplication and addressing gaps in service delivery.

## Summary

Children's and young people's wellbeing has been widely acknowledged as being a key driver to positive life course trajectories. All evidence speaks to:

- early identification and support
- complexity of determinants of health and wellbeing
- whole system approaches.

Investing in early years services can help address health inequalities and health outcomes including: early cognitive and non-cognitive development; social development; school readiness and educational outcomes.

Children, young people and families should have equitable access to cross-sector services, resources, advice and support within the local community to support their health and wellbeing. Services within the community may not be provided by health services but should seek to integrate where possible. Cohesive commissioning of children's health and wellbeing services can be challenging due to the split nature of funding across public health, local authority, ICBs and NHS, however, improvements in services can only be made through organisations working collaboratively looking at the need of their populations.

## Suggested reading

[Fair Society Report](#)

[Tackling Obesities](#)

[THRIVE Framework](#)

[Healthy child programme](#)

[State of Child Health 2020](#)

### 4.3 Improving outcomes

#### Key priorities (Healthy Children and Adolescents)

Tower Hamlets aspires to be a borough where every child can thrive and reach their full potential. This includes equipping them with life skill that promote wellbeing through various life stages, from puberty to adulthood. Key to this is supporting children to develop emotional resilience, build healthy habits that incorporate daily physical activity, healthy eating and good oral hygiene, as well as safeguarding them from harmful behaviours and ensuring they receive timely intervention when needed.

Based on the data presented in this chapter and feedback from children and families about what matters most to them, the key outcomes for children and adolescents are categorised under the four sub-headings below:

#### Healthy lifestyles

Increase the percentage of children and adolescents who achieve and maintain a healthy weight at all ages. By making improvements to the obesity-promoting environment, embedding healthy habits and providing additional support for those at a higher risk of developing excess weight (e.g. children with SEND, Bangladeshi boys and children from low-income families). Locally, excess weight prevalence in Year 6 children (42.7%) is higher than London (38.8%) and England (36.6%) averages (Figure 5).



#### Health protection

Achieve high and persistent immunisation coverage to safeguard children against vaccine-preventable diseases. Immunisation coverage rates in Tower Hamlets are below England and London averages, with specific gaps evident in HPV vaccination for girls (60% vs. 67% for England) (Figure 10) and flu vaccination (35% vs. 56% for England) (Figure 9).

Empower children and adolescents to build positive and fulfilling relationships, while reducing their vulnerability to risky behaviours (e.g. drug and alcohol, vaping, sexual health).

#### Mental health and emotional wellbeing

Improve mental health and wellbeing by promoting resilience and providing early and effective evidence-based interventions for those who need it. Children in Tower Hamlets are experiencing higher levels of mental health issues since the COVID-19 pandemic, with many of the contributing factors present within the borough.

## Educational outcomes

Strive for consistent improvement in educational attainment across all key stages (KS1-5), with a specific focus on closing the gap at KS5, as well as challenging the assumption that difficult circumstances (e.g. low-income and overcrowding) automatically lead to poor educational outcomes.

Address the high number of Education, Health and Care Plans (EHCPs) by implementing effective strategies for early identification, targeted interventions, and ongoing support for children with SEND. Additionally, provide effective support for children with Speech, Language and Communication Needs (SLCN), the most prevalent SEND primary need in the borough<sup>57</sup>.

Promote and create healthy environments that support the wellbeing of children and adolescents, including homes, schools, and other support services.

Failing to address challenges in the early years can have significant consequences for children's future development, leading to:

- Unhealthy weight and dental decay at reception age
- Undiagnosed Special Educational Needs and Disabilities (SEND), particularly Autism Spectrum Disorder (ASD). While formal diagnosis may not be possible before age 5, early support can significantly improve outcomes
- Lower school readiness
- Families not receiving their full entitlements, resulting in untapped income potential



### Local partnerships and strategies

#### Accelerate! Strategy (2023–2029)

The Accelerate! Strategy is a six-year plan developed by the Tower Hamlets Children and Families Partnership that outlines the borough's vision for improving the lives of children and young people from 2023 to 2029. It recognises that a healthy childhood is the foundation of a healthy future, and focuses on empowering children and families, improving wellbeing and ensuring that every child has the opportunity to thrive, achieve their best and be listened to. The strategy takes a responsive approach, acknowledging the impact of the COVID-19 pandemic on children and young people and seeks to adapt to changing circumstances. Eight key ambitions have been coproduced with children, families and partners, as the vehicle in which the strategy will be delivered.

Table 1 below provides an overview of how the key outcomes for children and adolescents identified through this JSNA, align with the Accelerate! Strategy ambitions.

**Table 1. Accelerate! strategy ambitions vs. children and adolescent key outcomes**

Accelerate! Strategy Ambitions	Key Outcome for Children and Adolescents
Ambition 2: A Healthy Childhood – Led by the Children & Young People Pathway Development Group: and Healthy Weight Programme	Healthy Lifestyles Health Protection
Ambition 3: Supporting Good Mental Health and Wellbeing – Led by the Children and Young People's Mental Health Group	Mental Health and Emotional Wellbeing:
Ambition 4: The right support for children with special educational needs and disabilities and their families - Led by the SEND Improvement Board	Educational outcomes
Ambition 5: Safe and secure - Led by the Tower Hamlets Safeguarding Children Partnership	Health Protection
Ambition 6: Achieve their best in education and opportunities to develop a career - Led by the 14 to 25 Learning and Achievement Group	Educational outcomes

#### Tower Hamlets Health and Wellbeing Strategy (2021-2025)

This strategy highlights the challenges faced by children and young people in the borough, such as higher childhood obesity rates and mental health difficulties. The strategy outlines actions to promote healthy lifestyles, including: making it easy to eat healthily and be physically active; reducing access to unhealthy food options near schools; and encouraging access to green spaces and safe play areas.

## Tower Hamlets Special Educational Needs and Disabilities Strategy (2020-2024)

This strategy outlines the borough's approach to supporting children and young people with special educational needs have to happy, healthy and safe childhoods with access to opportunities that set them up for success. The key priorities of this strategy include: strong leadership on SEND; early identification and assessment; commissioning effective services that respond to local needs; good quality education provision for all children; and supporting successful transitions and promoting independence. The strategy is currently in place and is due to expire in 2024. A new SEND strategy is being developed and will be published in Autumn 2024.

## Tower Hamlets Child Healthy Weight Action Plan (2022-24)

The Child Healthy Weight Action Plan sets out the borough's strategy for addressing excess weight and promoting healthy weight in children and adolescents. The action plan adopts OHID's recommended approach of taking a whole-systems approach to tackling obesity<sup>58</sup> and aligns with Marmot's review<sup>59</sup> by creating healthier environments, addressing inequalities, and empowering children and young people to develop healthy habits. The action plan is delivered under three themes: healthy places, healthy settings and healthy services. A new action plan is being developed and will be published in Autumn 2024.

## Key services and interventions

### School health

- The [School Health and Wellbeing service](#) is part of our Integrated 0 - 19 Service which also includes Health Visiting and delivers the [Healthy Child Programme](#). The service offers support and resources for school-aged children and young people in Tower Hamlets, working in partnership with all 90 state-funded primary and secondary schools in the borough and 36 GP practices.
- The [Asthma and Allergy Friendly Schools programme](#) sets out clear, effective partnership arrangements between health, education and local authorities for managing children and young people with asthma at primary and secondary schools.

### Healthy lifestyles

- The [National Child Measurement Programme \(NCMP\)](#) is a nationally mandated programme that measures the height and weight of children in Reception and Year 6 to inform the weight status of children in the borough.
- The [Healthy Lives](#) team works with all school staff, pupils, parents, and governors. They aim to support, encourage and enable children's health and wellbeing. They offer help with healthy eating, oral health, physical activity, mental health and resilience, PSHE and active travel to school.
- Tower Hamlets offers universal [free school meals](#) for all primary and secondary school children.
- The [Healthy Teeth in Schools programme](#) is delivered in primary schools and provides oral health screening and fluoride varnish application to prevent dental decay.
- Physical activity is embedded throughout the school day through initiatives like the [Daily Mile](#) and [Active Movement](#).



- Tower Hamlets has a broad offer of many fun and inclusive activities for young people such as [youth centres and after-school clubs](#).
- The [Healthy Families Programme](#) is a 5-week early help programme which aims to empower parents to make changes in the home and family life. The programme addresses parenting skills, eating behaviours, nutrition, physical activity, emotional wellbeing and oral health.
- [Docklands Outreach](#) offers support for parents and children aged 3-21 years with emotional and behavioural difficulties.
- [Early Help Hub](#) acts as a single point of access and works with families or young people who need extra support to deal with a difficult situation. Getting help early can stop things from getting worse and becoming harder to manage.

### Health protection

- The [Safe East Service](#) is an integrated sexual health and substance misuse service for young people. The service offers free, confidential and non-judgemental advice, support and treatment on drug and alcohol use, sexual health and smoking.
- The School Age Vaccination Programme is provided by [Vaccination UK](#). The immunisations take place in schools and include flu, HPV and MMR.

### Mental health and emotional wellbeing

- The [Child and Adolescent Mental Health Service \(CAMHS\)](#) offers assessment, help and support to children, young people, and their families who are experiencing emotional, behavioural or mental health difficulties.
- [Barnardo's Children & Young People's Emotional Wellbeing Service](#) in Tower Hamlets offer a range of therapeutic support for CYP with mild to moderate needs. This service supports children aged 10 – 25 years.
- [Tower Hamlets Education Wellbeing Service \(THEWS\)](#) THEWS is part of a national initiative to introduce Mental Health Support Teams (MHSTs) in schools across England. These teams help spot early signs of mental health problems and link children with services that can support them. They also help teachers to embed a 'whole school approach' to mental health to ensure that everyone is looking out for children's wellbeing.

### Summary

Tower Hamlets aims for every child to thrive and reach their full potential. Supporting children to develop life skills for wellbeing at different life-stages is crucial to this. The key outcomes for children and adolescents focus on promoting healthy lifestyles and health protection, and improving mental health and emotional wellbeing, as well as educational outcomes. While some areas show positive trends, others require improvement. The borough is implementing strategies like the [Accelerate! Strategy](#) and has commissioned evidence-based interventions to address these needs and improve the lives of children and young people.

## 4.4 Conclusion and Recommendations (Healthy Children and Adolescents)

### Gaps in evidence

#### Service user feedback from children

The UN Convention on the Rights of the Child, Article 12 states 'children and young people have a right to express their views, feelings and wishes in all matters affecting them and for these to be heard, considered and taken seriously'<sup>60</sup>. In Tower Hamlets the Pupil Attitude Survey (PAS) is the tool used by the council to gain insights into the views and experiences of children and young people.

While the survey provides useful local data that informs strategy and allows for children's voices to be heard, the response rate is low, meaning not all children and young people's voices are represented. The latest survey conducted in 2022, also found that there were inconsistencies in response rates across schools. For example, one of the four secondary schools surveyed contributed 79% of the responses for this age group<sup>61</sup>.

Increasing participation in the surveys is imperative as a higher response rate will ensure a more accurate reflection of the views and experiences of the wider pupil population and allow for stronger-evidence-based decision-making. Evidence suggests that monetary incentives can increase survey response rates and survey completeness<sup>62</sup>, so this should be considered by the council as a strategy for driving higher participation in the future delivery of the PAS.

### Data on protected characteristics

There is limited data collection on protected characteristics by children and adolescent services in Tower Hamlets, and a lack of understanding of how data, when collected is used to inform system change. Both factors create a critical gap in evidence, as without this data is difficult to assess whether the current service provision is equitable and beneficial for all residents. Furthermore, this lack of data can perpetuate existing inequalities if particular groups continue to be missed or misrepresented, with solutions created that do not meet their specific needs. Addressing this gap will help to ensure that evidence-based decisions that truly benefit all children in Tower Hamlets are made.

### Understanding of high levels of EHCPs

Data shows that Tower Hamlets has the highest number of EHCPs in England<sup>63</sup>. However, there is a limited understanding of the true factors contributing to the high prevalence. It is therefore difficult to determine whether the uniquely high prevalence in Tower Hamlets reflects genuine needs or an over-identifying system, or whether other areas across England are under-identifying children. Investigating this locally is important for ensuring that children with special educational needs receive the appropriate level of support and that resources are allocated effectively to improve their education and wellbeing outcomes.

### Gaps in services

#### Cultural competence

Tower Hamlets is proud to be a culturally and ethnically diverse borough, with at least 90 different languages spoken<sup>64,65</sup>. However, despite this diversity, there are concerns about gaps in service delivery relating to cultural competency. Individuals from diverse backgrounds may face barriers to accessing advice, support and services due to the limited availability of translated resources, cultural insensitivity and limited availability of culturally appropriate services.

#### Youth provision

While Tower Hamlets offers several youth services, a number of gaps exist that hinder these services from reaching and supporting all young people in the borough. Accessibility and inclusivity are key areas for improvement, as not all young people can easily access youth services, which are often located more centrally in the borough. Young people living in the South East Locality are particularly disadvantaged. Furthermore, services are not equally reaching young people from marginalised communities or those facing specific challenges such as disabilities, homelessness, or LGBTQ+ identity. The new Young Tower Hamlets service launching in 2024, aims to help address these gaps.

#### Targeted therapy offer

A range of universal and specialist therapy services (mental wellbeing) are available, however, there is a limited targeted therapy offer. This is resulting in higher demand for the specialist offer and is contributing to longer waiting times for services. A new therapies model that offers universal, target and specialist therapy would help to ensure that children with varying levels of needs are appropriately supported and without delay.

#### Diagnostic delays for SEND

Children and young people with SEND in Tower Hamlets are facing significant delays in receiving diagnoses, particularly for Autism Spectrum Condition (ASC) assessment, which currently has a waiting list of up to two years. Delays can negatively impact learning, development, and wellbeing.

A Joint Strategic Needs Assessment for SEND is currently being developed. It will delve deeper to understand the factors contributing to the delays in diagnosis and propose recommendations for improvement.

#### Young people's rights and confidentiality

Young people have a right to consent to treatment, confidentiality and feedback their thoughts on the services they use<sup>66</sup>. Children under the age of 16 who are assessed and found to be Gillick competent can also consent to their own treatment<sup>67</sup>. While these rights are in place, young people report that they don't fully understand their rights to confidentiality and services do not consistently uphold them.

#### Physical activity opportunities

Many children and young people in Tower Hamlets are inactive, especially outside of school hours. This is particularly concerning as Tower Hamlets has higher rates of child excess weight than the England and London averages (Figure 4). Limited access to physical activity opportunities through green spaces and safe play areas is likely a contributing factor<sup>68</sup>.



## 4.5 Key messages

### Summary of recommendations (Healthy Children and Adolescents)

#### Healthy lifestyles

At a borough level, partners should work together to improve the obesity promoting environment, support children and young people to develop embedding healthy habits and provide additional support for those at a higher risk of developing excess weight.



#### Health protection

With fluctuating immunisations coverage across the borough, system partnerships need strengthening to support high and consistent rates of vaccination in primary and secondary schools.



#### Mental health and emotional wellbeing

Children in Tower Hamlets are experiencing higher levels of mental health challenges since the COVID-19 pandemic, with many of the underlying factors contributing to this issue present in the borough. Partners across the system should work collaboratively to improve mental health and wellbeing by promoting resilience and providing early and effective evidence-based support for those who need it.



#### Educational outcomes

Tower Hamlets has the highest number of EHCPs in the country. A SEND JSNA and strategy is being developed to better understand needs and support planning of SEND resources to ensure there is an equitable offer that meets the needs of all children with SEND in a timely manner.



### Key messages for residents

Accessing services early from conception onwards will ensure your family receive the support they need at the right time. Early identification is key to improving health and wellbeing outcomes.

### Across other chapters

This chapter should be read alongside the [Healthy Maternity](#) and [Healthy Early Years](#) chapters. Investing in the first 1001 days is crucial to ensuring children are healthy when they become of school age. Children and young people sit in the centre of a society which is affected by familial circumstances (access to health service, income, food choices, housing, etc). Data consistently shows that poverty and inequality impact a child's whole life, affecting their education, housing and social environment and in turn impacting their health outcomes. Focusing on preventing and delivering early intervention services for families can support children and young people to enjoy good health across their life course.

### Feedback

The council wants to offer the best services for our community. Please use your voice and provide feedback on any local services you use or would like introduced so we can work to make things better. If you have feedback or would like to discuss the health offer for children and young people more, please contact [healthintelligence@towerhamlets2.onmicrosoft.com](mailto:healthintelligence@towerhamlets2.onmicrosoft.com).





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# 5. Healthy Adults

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## 5.1 Introduction

This Joint Strategic Needs Assessment (JSNA) Summary sets out what health is like for adults in Tower Hamlets. It looks at the make-up of our adult population, at the causes of death and disease, and at the risk factors, and behaviours that lead to the patterns of health and illness that affect our residents. To understand the population in more detail, this chapter should be read alongside the JSNA Demography summary chapter.

The JSNA Summary is intended to inform the strategies and programmes of the Health and Wellbeing Board and its partners, including all parts of the local NHS, the council, and many others that have a role to play in improving Adults' health.

Overall, Adults in Tower Hamlets on average live shorter lives, and die earlier, than people elsewhere in England and London. More people in our poorest neighbourhoods and among some ethnic groups live shorter lives than their less deprived neighbours, and there is some evidence that the gap is widening. Furthermore, many adult females in our borough spend too long living in poor health, especially for women in middle and older age. Their "healthy life expectancy," which is the amount of time they can expect to live in good health, is shorter than men and shorter than in other places. Tower Hamlets has the lowest healthy life expectancy for females across all London boroughs.

The poor health, and shortened lives, experienced by many in Tower Hamlets, are due to the building blocks for health not being in place. The 'building blocks for health' refer to the social, cultural, political, economic, commercial, and environmental factors that shape the conditions in which people are born, grow, live, work and age. Living in cold, damp homes can result in respiratory problems and other health issues. Constantly worrying about having enough money to pay the rent can also lead to chronic stress, anxiety and depression. For particular groups of residents – like people who experience homelessness, or vulnerable migrants – the absence of stable accommodation, jobs and



finances leads to particularly poor outcomes. While this current chapter focuses on health outcomes, and on issues in the health and social care system, it should be read in conjunction with other parts of the JSNA that focus on these wider building blocks. The Healthy Environments chapter sets out how building blocks like homes, jobs, air quality, and access to green spaces influence health in Tower Hamlets. The Healthy Communities chapter sets out how strong community issues influence health.

We know the main diseases that affect our residents. Rates of circulatory diseases, cancers and respiratory diseases are higher than elsewhere, and these diseases explain a large part of the inequalities within our borough. That makes tackling these diseases a priority for public health and for the health and care system.

There are things we can change to tackle these diseases. Rates of smoking, overweight, high blood pressure, mental illness, and alcohol intake are high in parts of our population, partly because of people's living situations. Helping people to understand and change these five 'risk factors' – 'the Vital 5' – could narrow the health inequalities within our population.

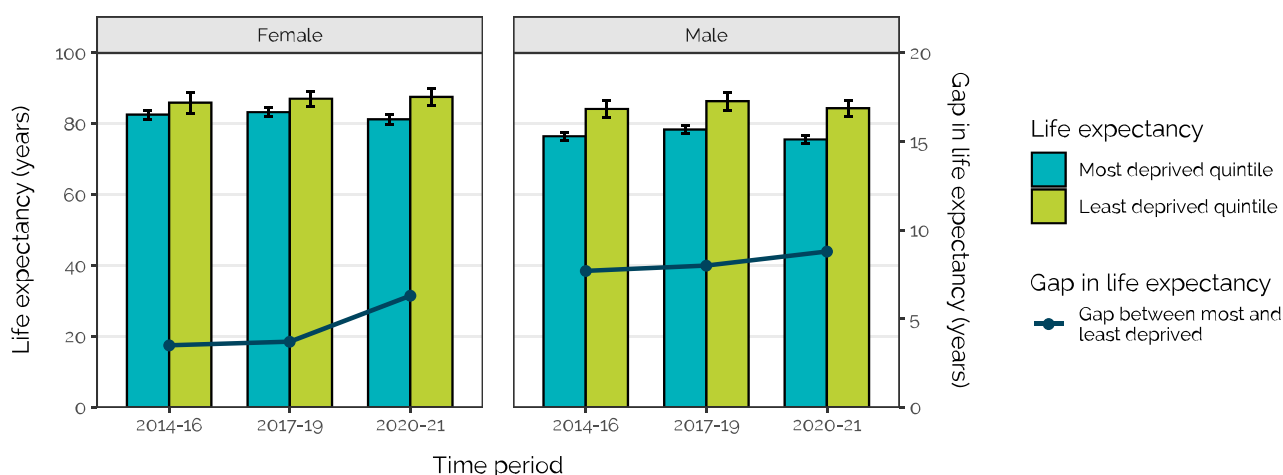
## 5.2 Key public health measures

### Mortality

How long people are likely to live – their life expectancy – is commonly used as an indicator of the health of a population<sup>1</sup>. Tower Hamlets residents are expected to live shorter lives, and die earlier, than people elsewhere in England and London. In 2020-22, life expectancy at birth for males in Tower Hamlets was 77.0 years (1.9 years below the England average); for females this was 81.2 years (1.6 years below the England average). Life expectancy at birth for both male and female residents of Tower Hamlets rose between 2000 and 2010, and has since remained relatively consistent since 2010.

More deprived people in Tower Hamlets tend to live shorter lives than less deprived, and this gap has widened in recent years. Males living in the most deprived 20% of areas in the borough have a life expectancy 8.8 years shorter than males living in the least deprived 20% of areas in 2020-21, an increase from a 7.7 year gap in 2014-16. For females, the gap was 6.3 years in 2020-21, up from 3.5 years in 2014-16; see Figure 1 and Figure 2.

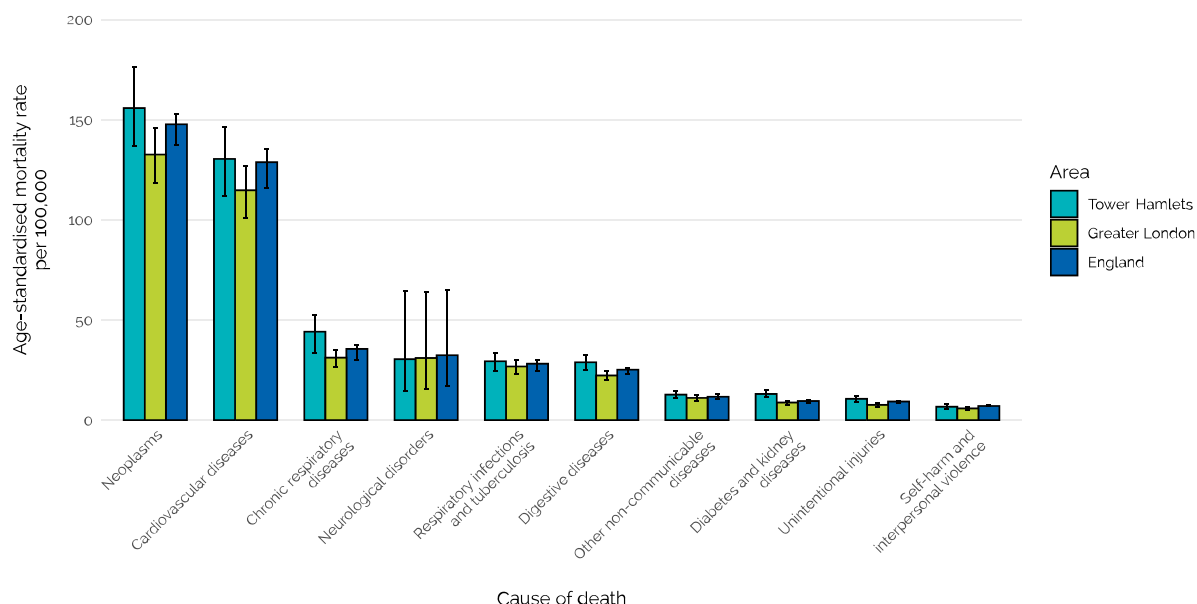
**Figure 1: Life expectancy for females and males in Tower Hamlets by deprivation over time and gap between most and least deprived**



Source: Segment Tool, Office for Health Improvement and Disparities

The main causes of death in Tower Hamlets are cancers and cardiovascular diseases. Figure 2 shows Tower Hamlets has a higher aged-standardised mortality rate from cancer and respiratory diseases compared with both London and England.

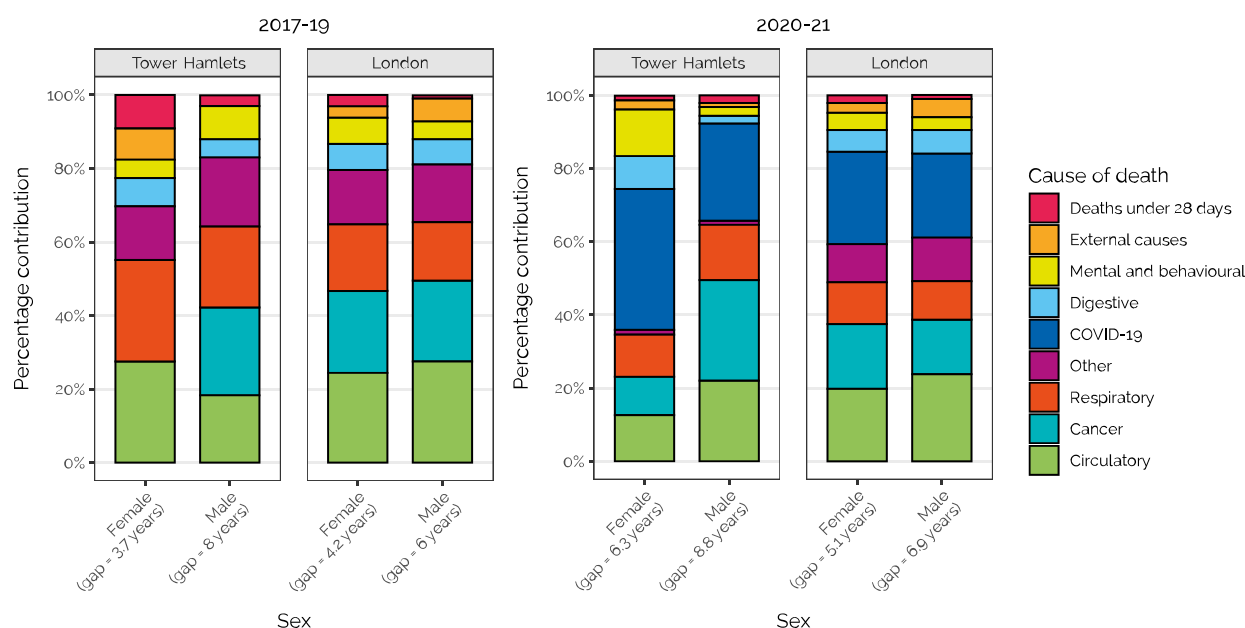
**Figure 2: Top ten causes of death by age-standardised mortality rate in Tower Hamlets compared to Greater London and England, for 2019**



Source: Global Burden of Disease Collaborative Network, Institute for Health Metrics and Evaluation (IHME)

Deaths from these conditions are not equally distributed across our population: these diseases drive inequalities in how long people live. As Figure 3 shows, in recent years, circulatory diseases, cancers and respiratory diseases have caused around 60% of the "life expectancy gap" (the gap in life expectancy at birth between individuals in the most vs least deprived 20% of areas) in Tower Hamlets for both males and females. In 2020-21, COVID-19 related mortality has had a greater impact on inequalities in life expectancy in Tower Hamlets compared with London. For example, COVID-19 makes up a greater proportion of the life expectancy gap for females in Tower Hamlets in 2020-21, compared to London overall.

**Figure 3: Causes of death contributing to the life expectancy gap seen between the most and least deprived quintiles in Tower Hamlets during 2017-19 to 2020-21, compared to London**



Source: Office for Health Improvement and Disparities



## Morbidity

### Healthy life expectancy

Overall, Tower Hamlets residents have historically tended to live shorter amounts of their life in good health. In recent years, that has changed for males, who now live longer in good health. But females in Tower Hamlets on average still live shorter periods of time in good health compared to elsewhere in London.

Healthy life expectancy (HLE) is a population measure of how long people can expect on average to live in "good health". It combines both (a) the burden of mortality – i.e how long people live, and (b) the burden of morbidity – i.e. how much of people's lives are spent in (self-reported) poor health<sup>2</sup>:

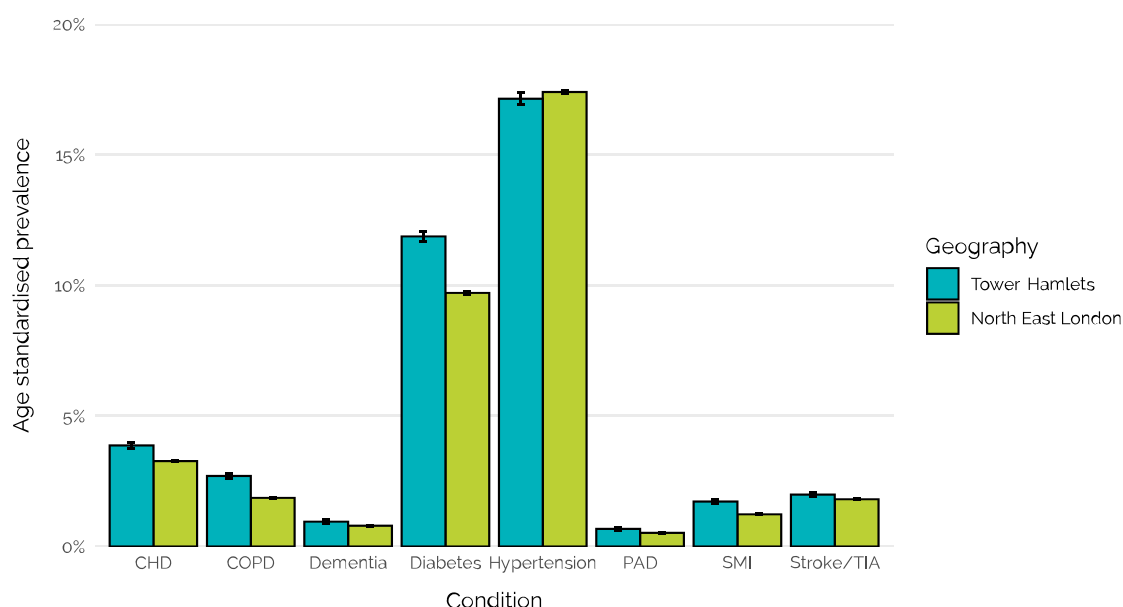
- For males, the gap in healthy life expectancy between Tower Hamlets residents and the rest of England has narrowed since 2009-2011, and in 2018-2020 male HLE in Tower Hamlets (65.3 years) was higher than the England average (63.1 years). However, this trend is not matched in females. For females, HLE in Tower Hamlets (57.8 years) in 2018-20 remains well below the England average (63.9 years). Comparatively, Tower Hamlets has the lowest HLE for females across all London boroughs, for 2018-20.
- Tower Hamlets is unusual in having shorter HLE for women than for men. This suggests some women in our borough live in unusually poor health<sup>3</sup>.



### Long-term conditions

Long-term conditions such as cardiovascular disease, stroke and respiratory disease are major drivers of health inequalities<sup>4</sup>. 22.7% of people in Tower Hamlets are on long-term conditions register, and many individuals live with multiple conditions<sup>5</sup>. This is relatively high proportion given our young population<sup>6</sup>. As Figure 4 shows, the most common long-term conditions in Tower Hamlets are diabetes and hypertension. For Diabetes, CHD, COPD and Serious Mental Illness (SMI), Tower Hamlets sees higher rates than elsewhere in London.

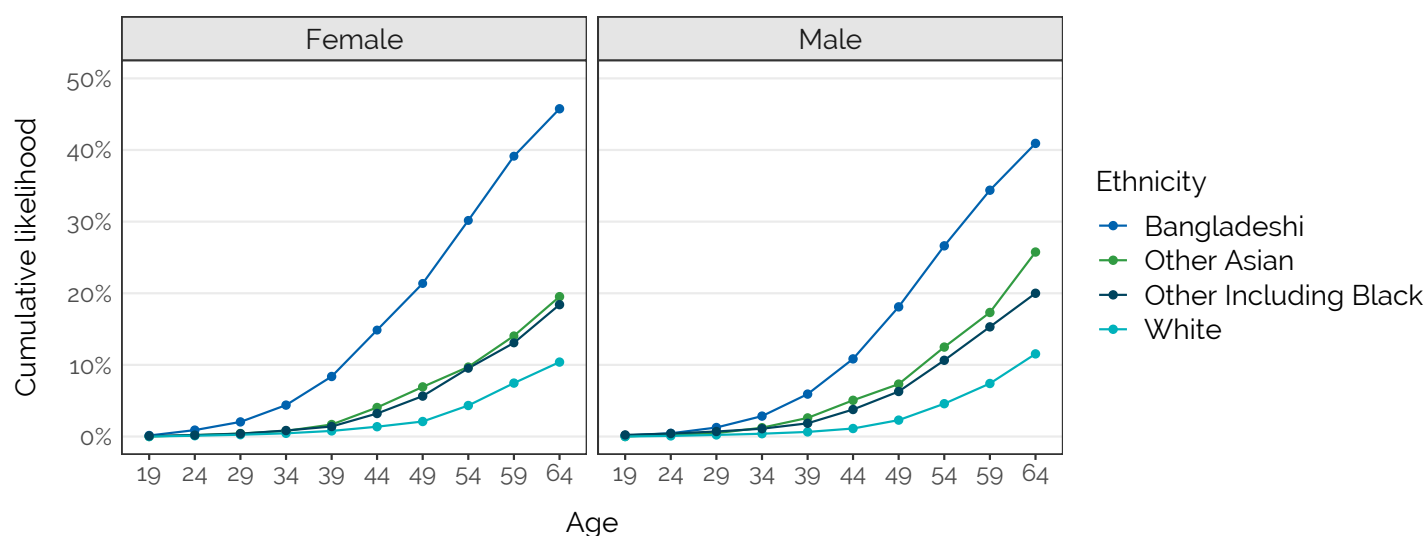
**Figure 4: The most common diagnosed long-term conditions in Tower Hamlets compared to North East London, 2023**



Source: CEG. Data extracted 01/04/2023

Poor health and diagnosed long-term conditions don't affect all Tower Hamlets residents equally. There are substantial inequalities between groups in those developing a long-term condition in Tower Hamlets. These conditions are much more prevalent in deprived communities, and among certain ethnic groups, particularly those who are more likely to experience poverty and poor housing<sup>7,8</sup>. For example, as Figure 5 shows, Bangladeshi males and females are more likely to receive a diabetes diagnosis when compared to other ethnic groups in the borough, with this gap widening as age increases.

**Figure 5: Cumulative likelihood of receiving a diabetes diagnosis (cumulative age-specific diagnosis rate) by age and ethnicity for males and females in Tower Hamlets, 2022.**



Source: ELDB (2022)

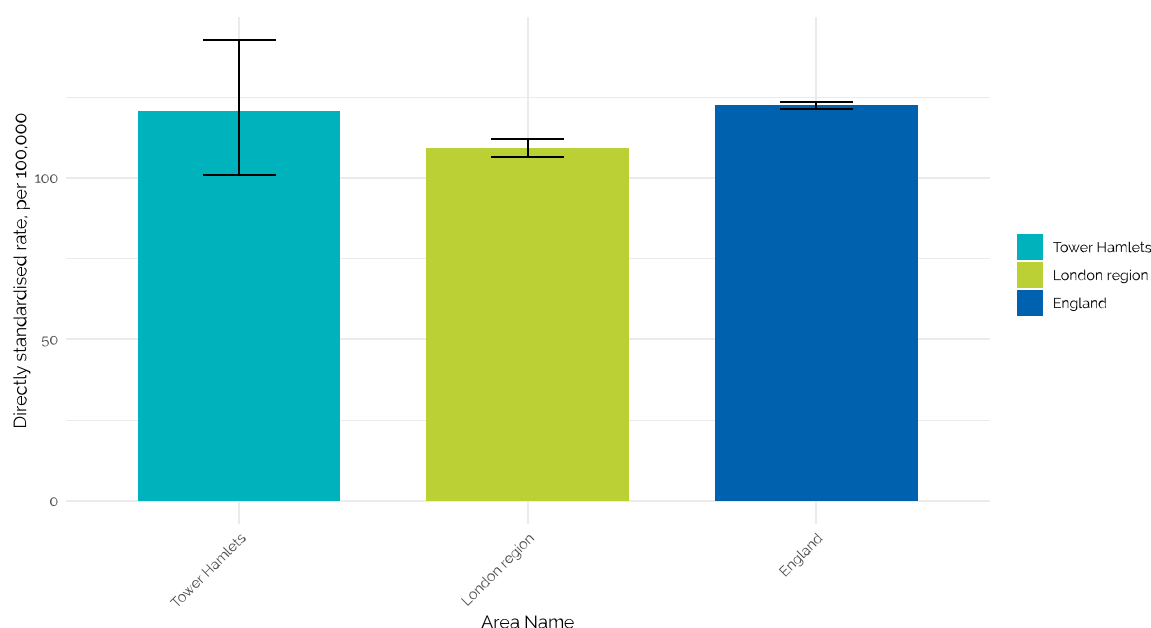
## Cancer

Over a third of cancers are preventable<sup>9</sup>. In Tower Hamlets, there is a higher rate of death and disease caused by cancer than elsewhere in London. This is illustrated by under 75 mortality rates from cancer which are higher than London, and similar to England in 2022 as shown by Figure 6.<sup>i</sup>

Breast, bowel (colorectal), lung, and prostate cancer are the most common types of cancers diagnosed in the UK<sup>10</sup>. In Tower Hamlets, under 75 mortality from lung cancer and breast cancer are higher than London and England averages (see Figure 7).

Early detection of cancer, through screening, is particularly important in improving cancer outcomes. In Tower Hamlets, uptake of breast, cervical and bowel cancer screening is lower than London and England averages (see Key services and interventions below). This increases the risk of poorer outcomes from these conditions.

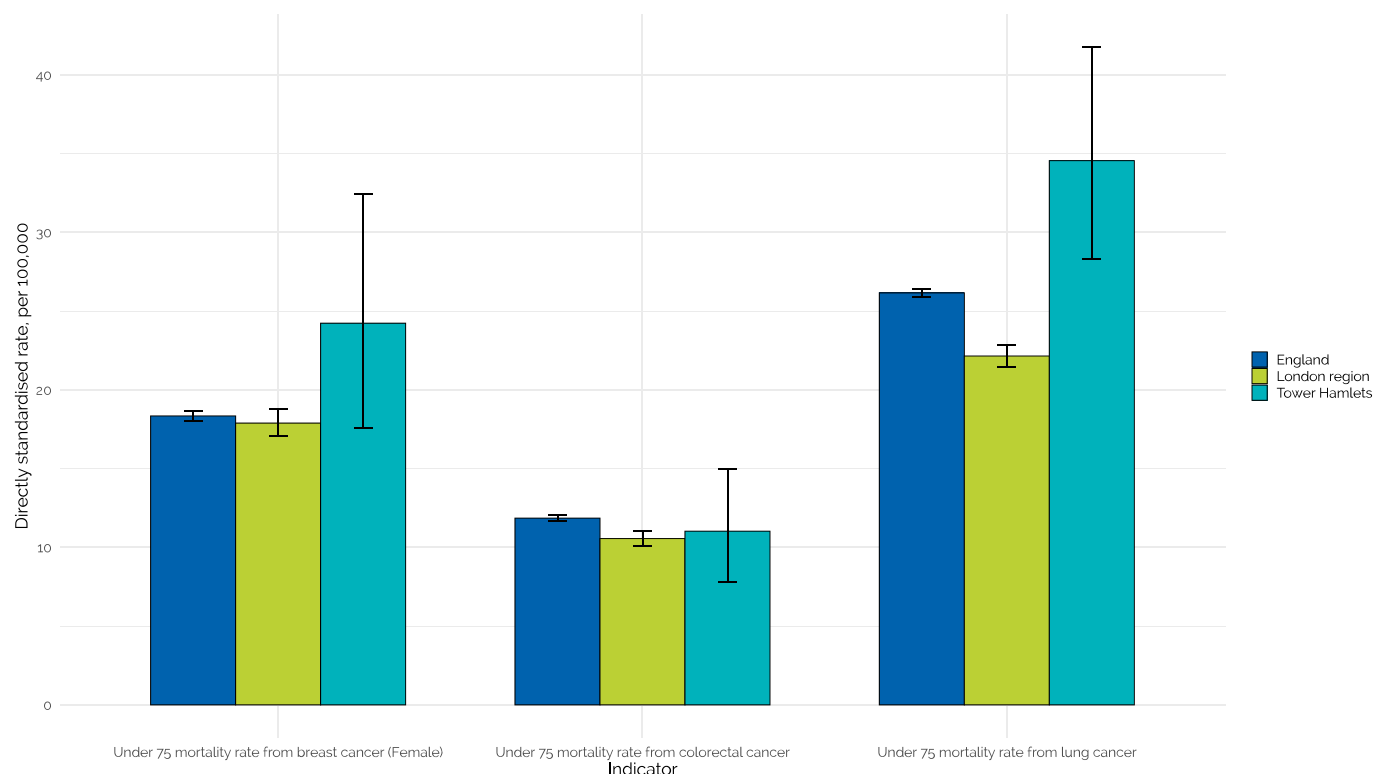
**Figure 6: Under 75 mortality rates from cancer for all-persons, in Tower Hamlets compared to London and England, 2022**



Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

<sup>i</sup> The wide confidence intervals for Tower Hamlets indicates a greater level of uncertainty in the confidence of this value.

**Figure 7: Cancer mortality rate (per 100,000) comparisons for different types of cancers: breast cancer (left), colorectal cancer (middle), lung cancer (right) in Tower Hamlets, London and England for 2022**

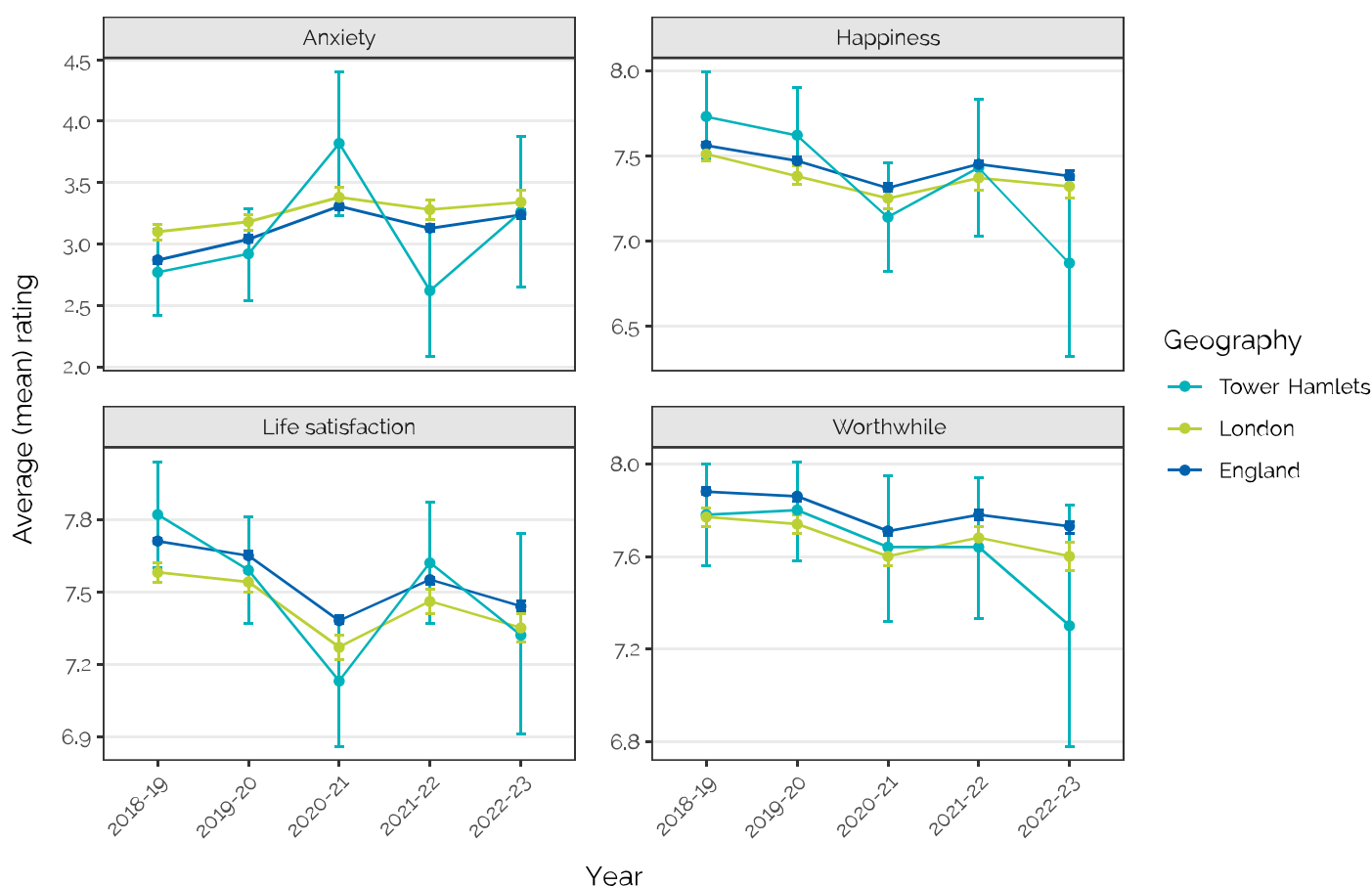


Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

## Mental health and wellbeing

Population-based survey measures of personal wellbeing give an indication of the levels of mental wellbeing in our population. In Tower Hamlets, the pattern of mental wellbeing as per the "ONS 4" metrics of personal wellbeing is broadly in line with that of London and England (see Figure 8). During the peak of the pandemic in 2020-21 levels of self-reported anxiety<sup>ii</sup> increased significantly from 2.7 to 3.8. The most recent data for 2022-23 suggests decreases in the proportion of residents who report happiness, or that life is worthwhile. These changes are not statistically significant.

**Figure 8: Personal wellbeing ratings reported by Tower Hamlets residents for anxiety, happiness, life satisfaction and worthwhile compared to London and England over time**

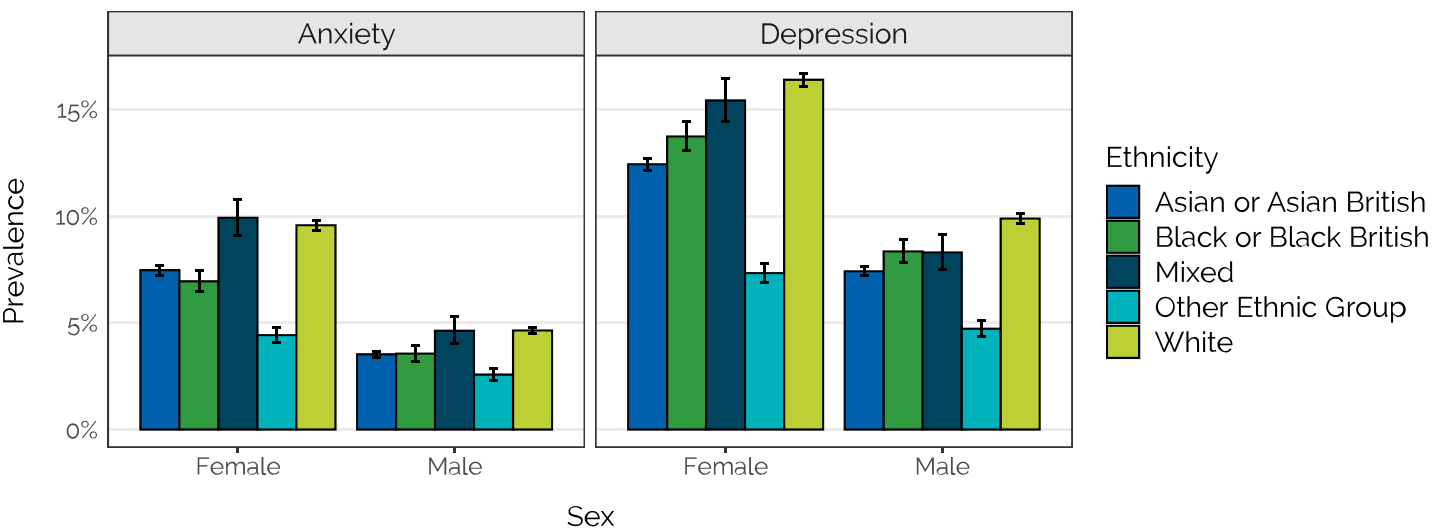


Source: Annual Population Survey

<sup>ii</sup> this is not a diagnostic measure

There are also higher rates of mental health needs among people who face particular barriers to poor health. These groups are called “Inclusion health groups”, such as people who experience homelessness, use drugs, or vulnerable migrants. For example there has been a rise in mental health needs of Tower Hamlets rough sleeping cohorts from 59% to 70% during 2020-2023<sup>11</sup>.

**Figure 9: Crude prevalence of diagnosed anxiety and depression in adults in Tower Hamlets by ethnicity and sex, 2023**

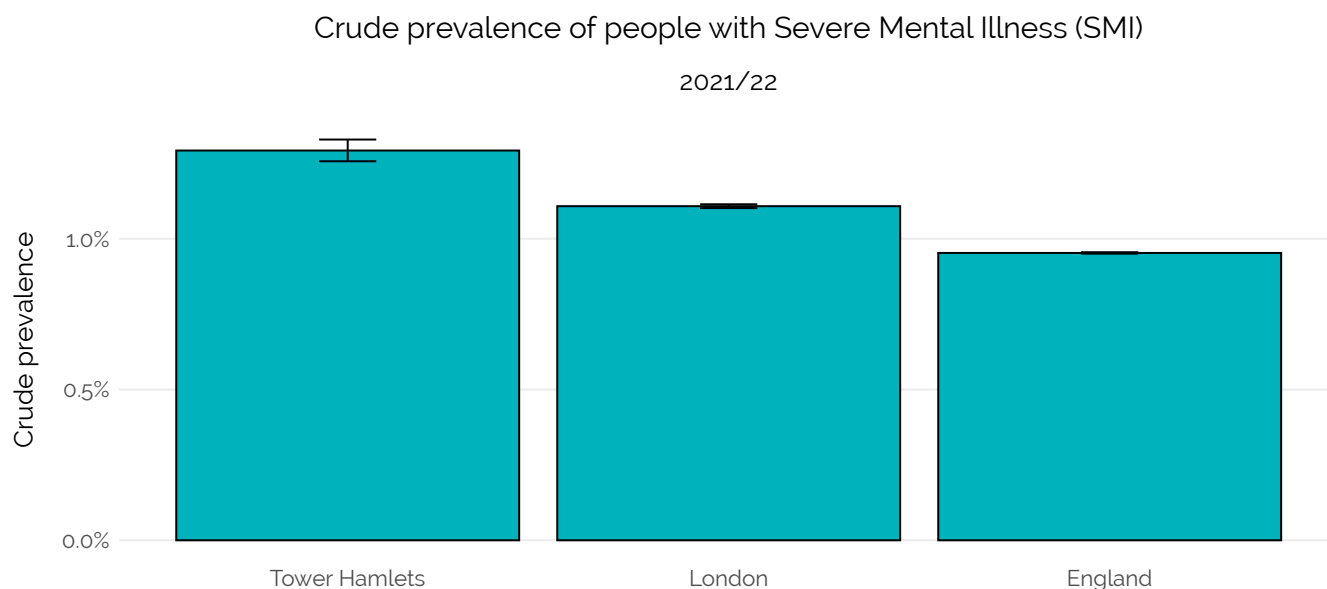


Source: ELDB (2023)

## Severe mental illnesses

In Tower Hamlets, there are nearly 5,000 adults aged 18-74 years old with severe mental illnesses, with a greater prevalence than London and England overall (see Figure 10). These SMIs include schizophrenia, bipolar disorder or other psychotic illnesses. People living with SMI tend to have a much shorter life expectancy than the general population, primarily due to social exclusion and preventable physical illnesses<sup>12</sup>. In Tower Hamlets, this group have had much higher rates of early death compared with London and England<sup>13</sup>. This difference is observed in both male and female adults in the borough, although males tend to have much higher rates of early death than females.

**Figure 10: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on GP registers in Tower Hamlets compared to London and England, 2021/22**



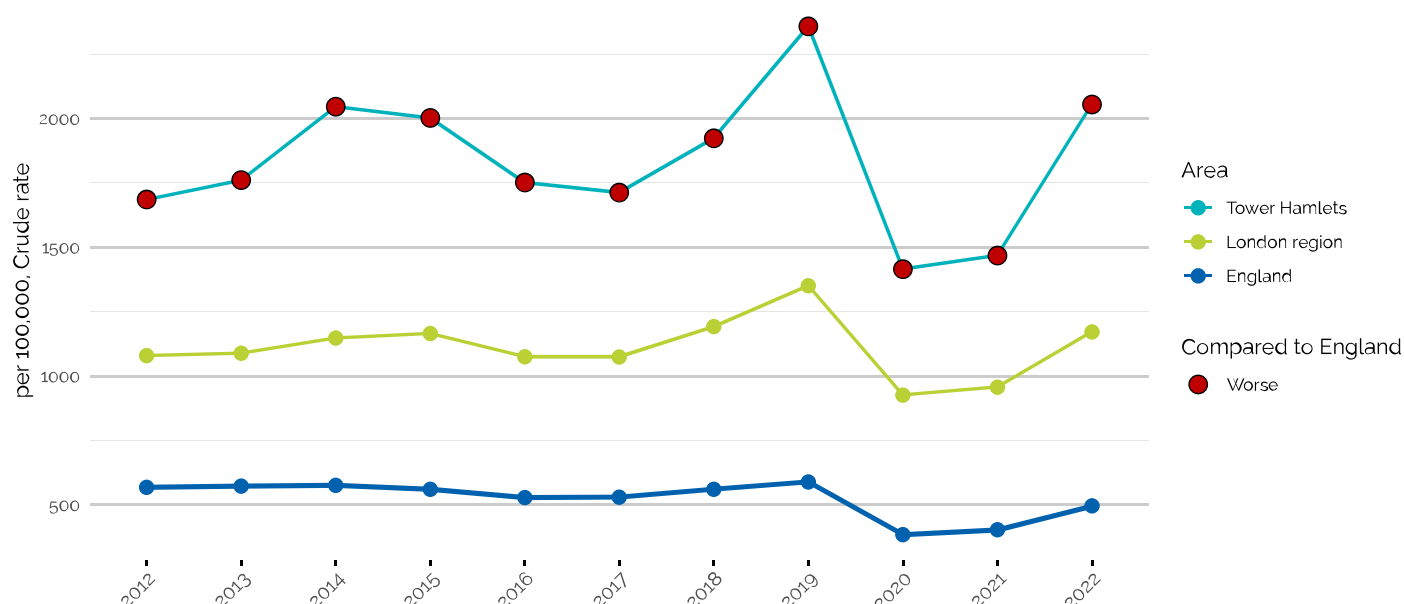
Source: Quality and Outcomes Framework (QOF) England



## Sexual and reproductive health

Sexual and reproductive health needs vary according to factors such as age, gender, sexual orientation and ethnicity<sup>14</sup>. Tower Hamlets has significantly higher rates of newly diagnosed STIs compared to London and England as shown by Figure 11. This is due in part to the borough's population including many groups that face high risk for STIs (such as young people, gay and bisexual men who have sex with men, and BAME groups<sup>15</sup>) and in part to the considerably higher testing rate in Tower Hamlets compared to London and England. There are around 3.5 times as many new STI diagnoses in males (~3,900 cases per year) compared to females (~1,100 cases per year) in Tower Hamlets.

**Figure 11: New STI diagnosis rate per 100,000, for all-persons in Tower Hamlets compared to London and England over time**



Source: UK Health Security Agency (UKHSA)

The rate of new HIV diagnoses in Tower Hamlets was 16.3 in 2022, higher than the rates in London (15.5) and England (6.7). Nationally and locally there has been a decrease in new HIV diagnosis over time.

The total abortion rate, as well as repeat abortion rate for individuals under the age of 25, may be indicators of lack of access to good quality contraception services and advice and/or with individual use of contraceptive methods. In Tower Hamlets, the total abortion rate has generally been declining over the last 10 years, however there was an increase of 8.5% in 2021.

## Identified inequalities and risks

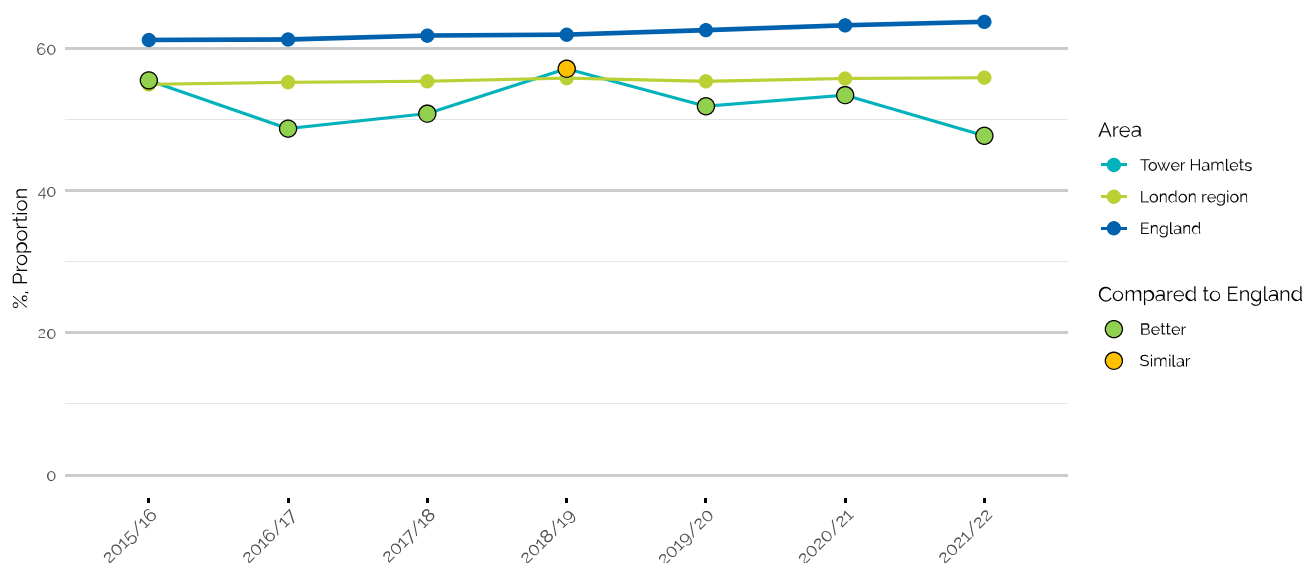
Cardiovascular disease, chronic respiratory disease and cancers are major causes of death in Tower Hamlets. Five modifiable factors explain a large amount the patterns of these diseases, and the inequalities in poor health faced by adults. These factors are known as the 'Vital 5' – obesity, smoking, blood pressure, alcohol intake, and poor mental health<sup>16</sup> (See Figure 12). These are known as the 'Vital 5' and are underpinned by structural 'building blocks' for health such as housing, employment and income. Acting on these across the system will make a big difference to our population's health and reduce health inequalities<sup>17</sup>.

**Figure 12: Illustration of the five factors principally responsible for inequalities in poor health in adults, Vital 5**



## Obesity

**Figure 13: Percentage of adults classified as overweight or obese in Tower Hamlets compared to London and England over time**



Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

### IMPORTANCE

Obesity and being overweight is associated with reduced life expectancy and a range of health conditions such as cardiovascular diseases, type 2 diabetes, liver and respiratory disease and cancer. It can also impact on mental health and wellbeing<sup>18</sup>. It is a complex public health issue with many drivers related to behaviour, environment, genetics, and culture<sup>19</sup>.

### MOST AFFECTED

In Tower Hamlets, almost half of all adults are overweight or obese (47.8% in 2021/22) as shown in Figure 13, and this is likely to grow, given current trends in child excess weight<sup>20</sup>. While the proportion of overweight or obese adults is slightly lower than London and England, this is likely due to our young population (younger people in general are less likely to be overweight).

20.5% of adults in Tower Hamlets were physically inactive in 2021/22, which is high given our population profile (see Healthy Environment chapter). Moreover, Tower Hamlets ranks in the lowest six local authorities for percentage of physically active adults compared to our 15 statistical neighbours.

Only 25.1% of adults in Tower Hamlets met the recommended 5 fruit and vegetables per day guidelines in 2021/22, which is worse than London (31.5%) and England (32.5%).

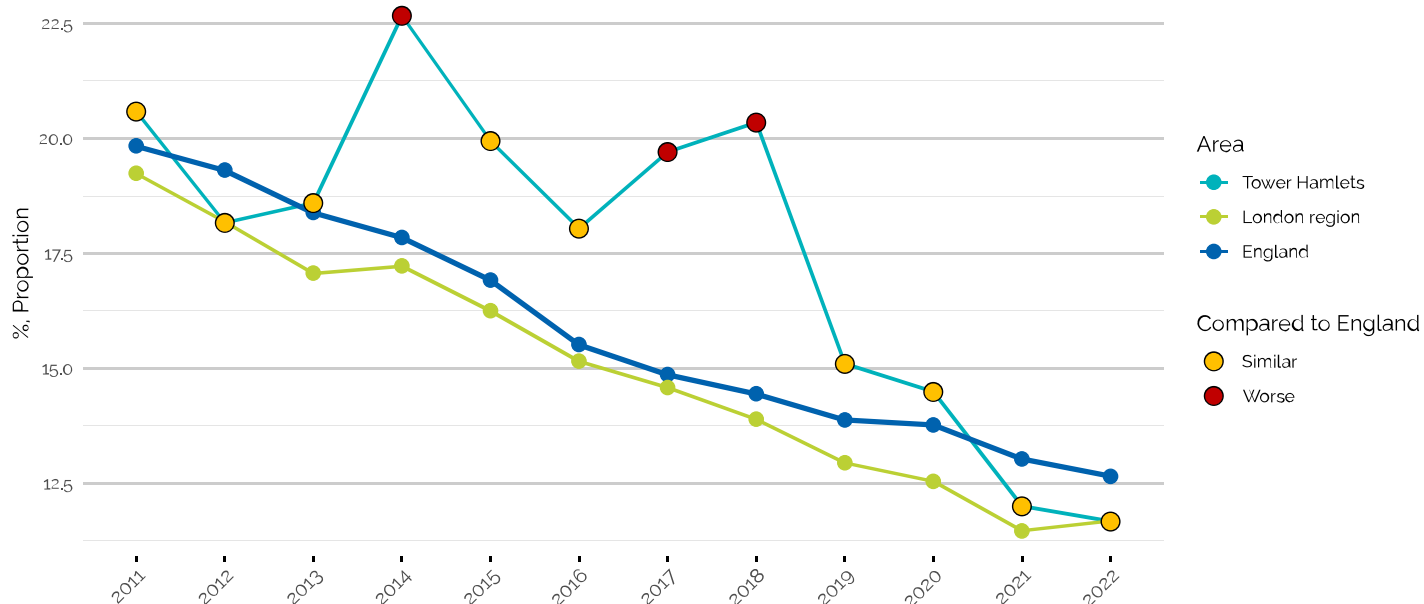


### COMPARISON

Older people as obesity rates increase almost linearly as you get older in Tower Hamlets. Females in Tower Hamlets are more likely to be classified as obese than males. It is also important to note that factors such as income, social deprivation, and ethnicity have a role in the likelihood of individuals becoming obese and consequently facing adverse health outcomes<sup>21</sup>. Black and Asian ethnic groups: The proportion of people aged 16-64 who have a BMI greater than 30 is greater in Black and Asian ethnicity groups than in other, in 2021/22.

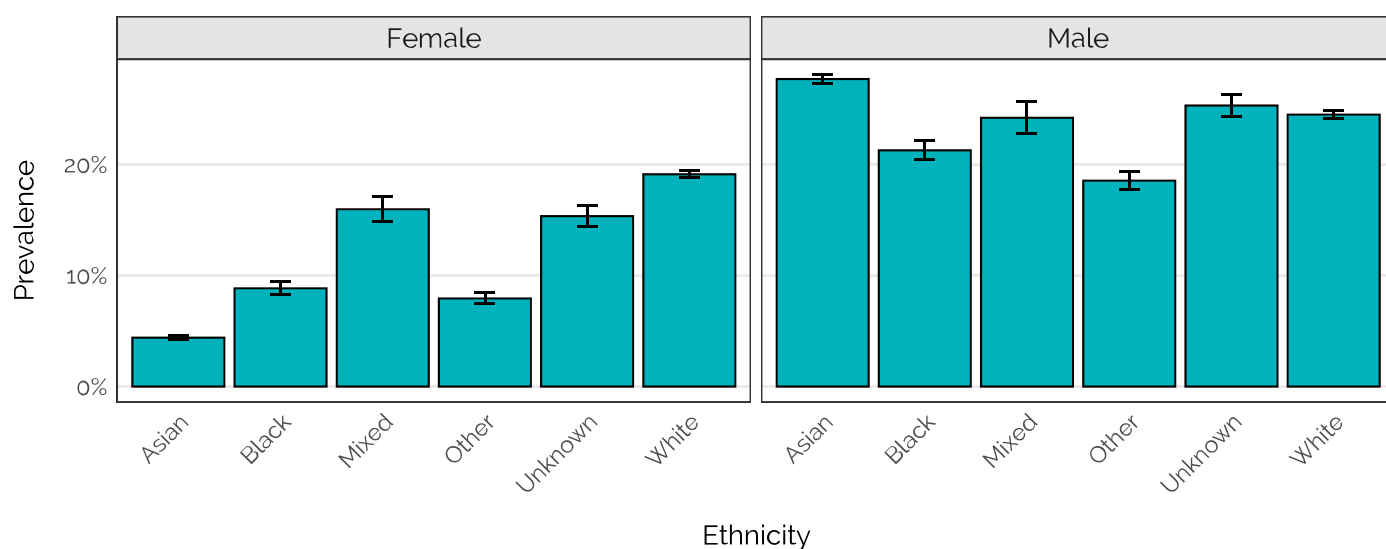
## Smoking

**Figure 14: Trends in smoking prevalence for adults in Tower Hamlets compared to London and England**



Source: Annual Population Survey (APS)

**Figure 15: Crude smoking prevalence in adults by sex and ethnicity in Tower Hamlets, 2023**



Source: ELDB (2023)



## IMPORTANCE

Smoking causes significant harm to individuals, and to people around them. It is the leading preventable cause of illness and premature death in England<sup>22</sup>.

## COMPARISON

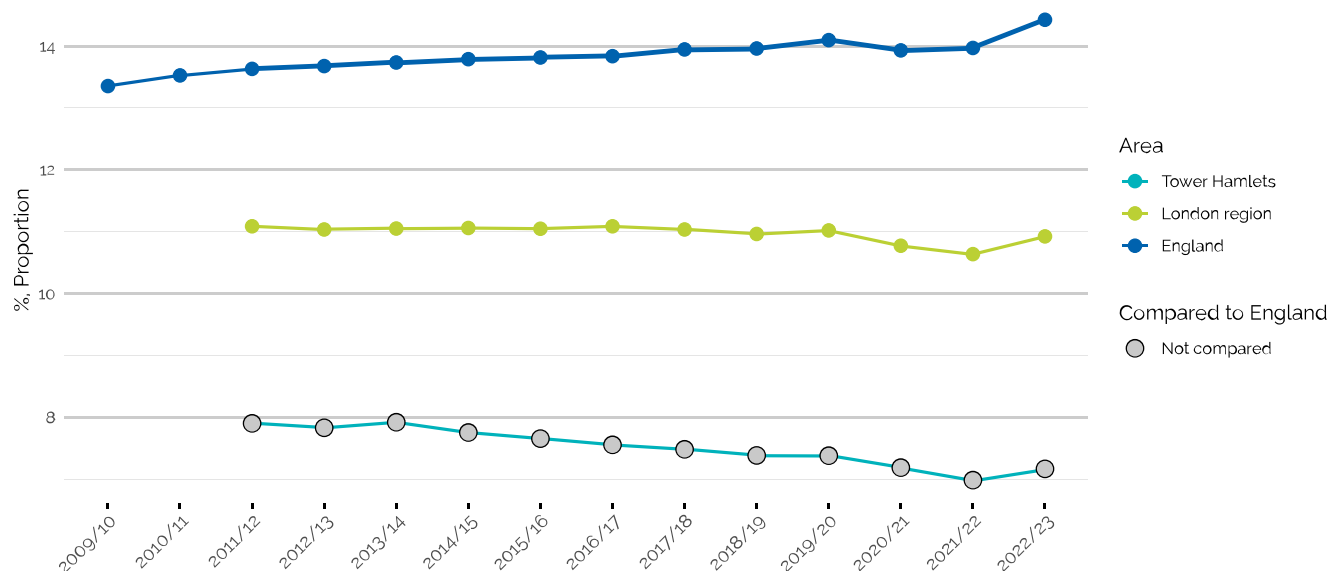
Estimates of smoking prevalence in adults from the Annual Population Survey (APS) for 2022 shows that in Tower Hamlets 11.7% of the population smoke, the same as London (11.7) but lower than England (12.7) as seen in Figure 14. There has been a decline in prevalence in Tower Hamlets, as elsewhere, over the last decade.

## MOST AFFECTED

Smoking prevalence is estimated to be higher in males than females in Tower Hamlets, and for males this is highest between 35-54. Males across various ethnic groups have high smoking prevalence, with males of Asian ethnicity being most likely to smoke. In females, smoking prevalence is highest in White and Mixed ethnic groups as shown in Figure 15. Some communities are at risk of harm from other forms of tobacco including paan, bidi, shisha<sup>23</sup>.

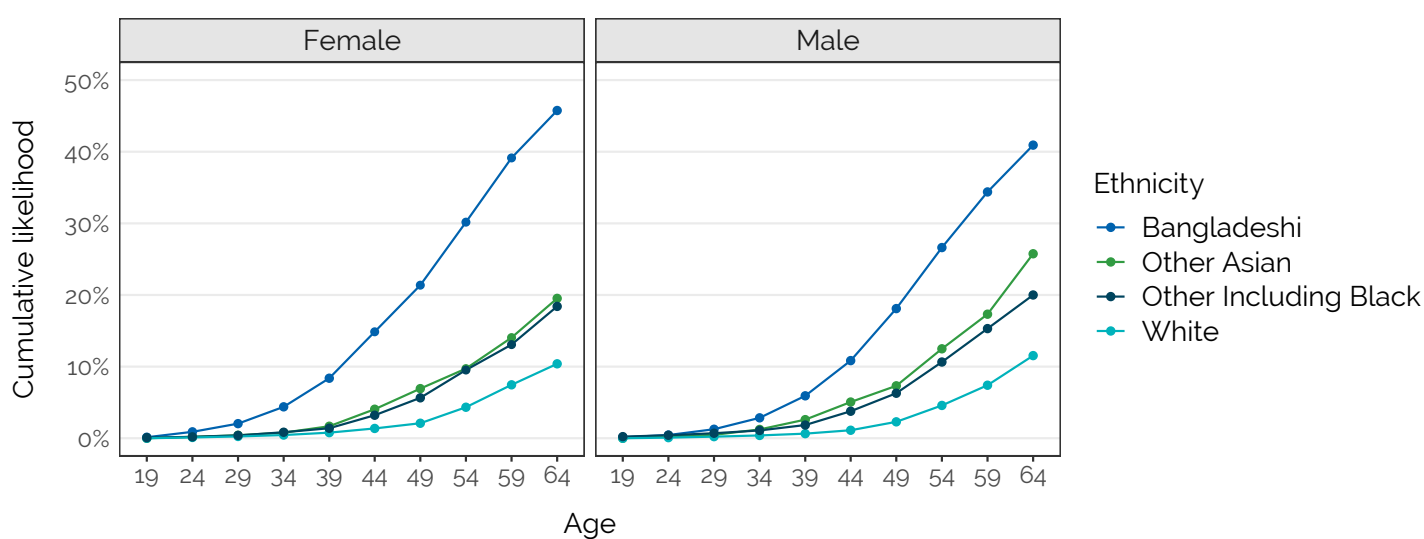
## Blood pressure

**Figure 16: Prevalence of diagnosed hypertension in Tower Hamlets compared to London and England over time**



Source: Quality and Outcomes Framework (QOF), NHS England

**Figure 17: Cumulative likelihood of receiving a hypertension diagnosis (cumulative age-specific diagnosis rate) by age and ethnicity for males and females in Tower Hamlets, 2022**



Source: ELDB (2022)



### IMPORTANCE

High blood pressure is associated with half of all CVD cases such as heart attacks, strokes, heart failure, kidney failure and contributes to dementia. It is often symptomless and therefore can go undetected or poorly controlled<sup>24</sup>.

### MOST AFFECTED

In Tower Hamlets, as you get older the cumulative likelihood of receiving a hypertension diagnosis is greatest for Bangladeshi followed by Black or Black British ethnic groups (see Figure 17).

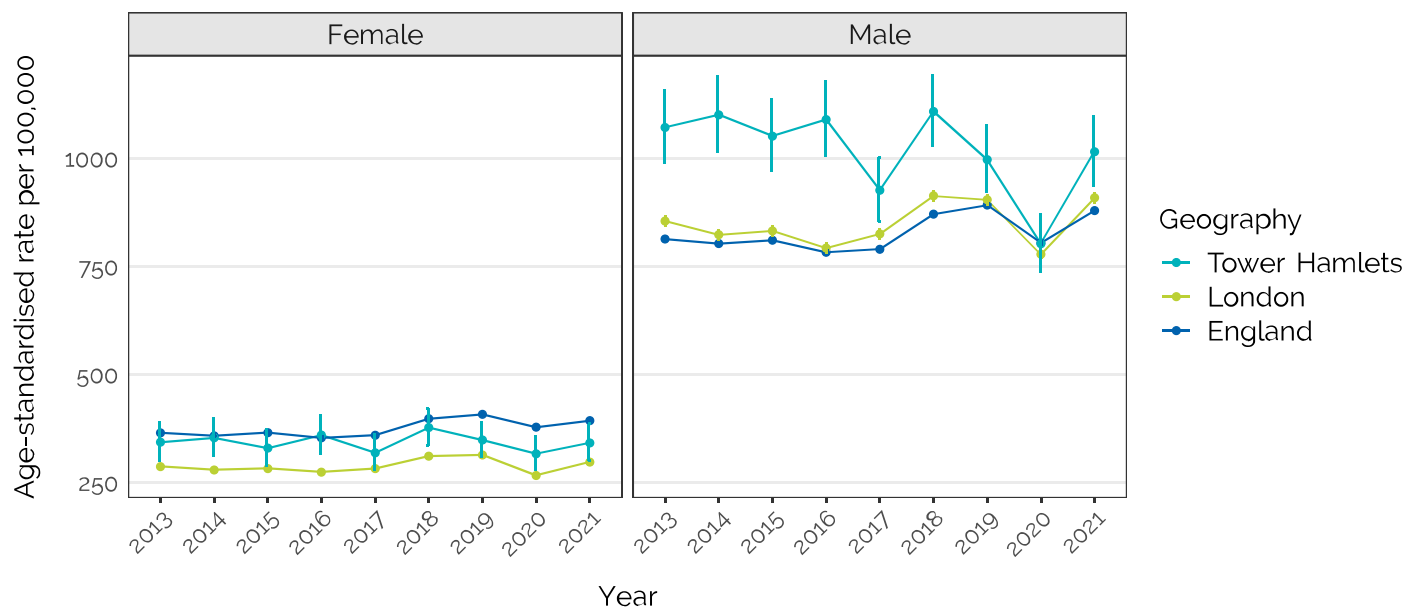
### COMPARISON

In Tower Hamlets, 27,566 patients are recorded as having high blood pressure, lower than its geographic neighbours but this is likely because our population is young. GP-recorded rates of hypertension have been reducing in Tower Hamlets over the past decade, whereas at the same time national average recorded prevalence has been slowly rising as shown by Figure 16. 22% of people on the hypertension register in Tower Hamlets are defined as 'uncontrolled'<sup>25</sup>.



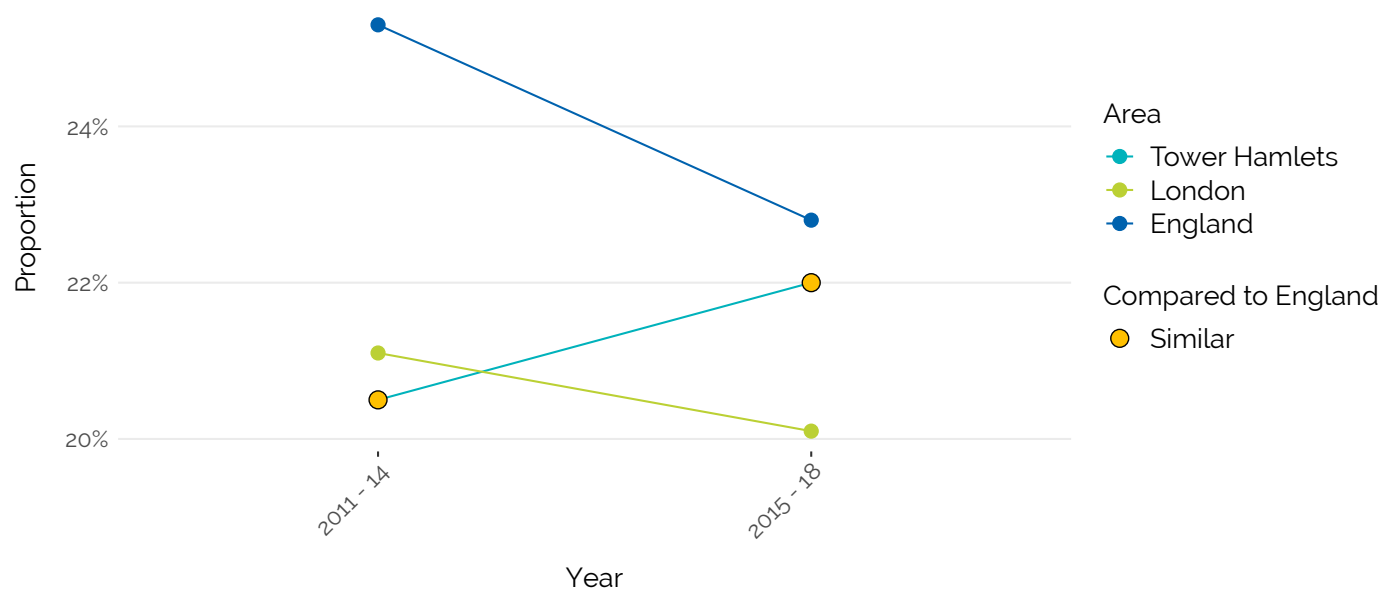
## Alcohol intake

**Figure 18: Hospital admissions for alcohol-specific conditions for males and females in Tower Hamlets compared to London and England over time**



Source: Hospital Episode Statistics

**Figure 19: Percentage of adults drinking over 14 units of alcohol a week, 2011-14 to 2015-18, Tower Hamlets, London, and England**



Source: Health Survey for England



### IMPORTANCE

Despite high rates of alcohol abstinence, Tower Hamlets has high levels of need around alcohol-related harms<sup>26</sup>. This is shown for example in the high numbers of hospital admissions related to alcohol, especially among men in Tower Hamlets (see Figure 18).

### COMPARISON

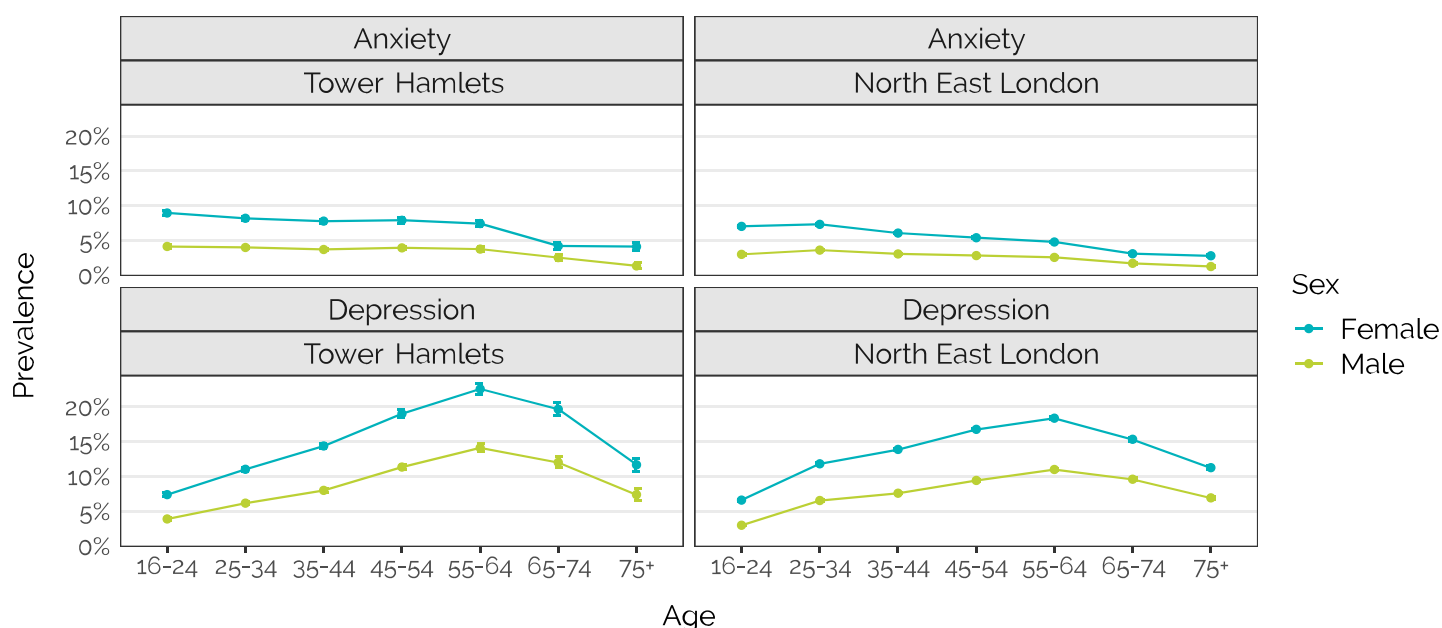
The proportion of Tower Hamlets residents who reported drinking 14 or more units per week increased from 20.5% in 2011-14 to 22% in 2015-18. This is in contrast to decreases in drinking patterns across London (21.1 to 20.1) and nationally (25.3 to 22.8) – see Figure 19. The majority of those drinking above 14 units per week will not require structured treatment but suggests there is a cohort of alcohol users in Tower Hamlets that would benefit from some form of intervention.

### MOST AFFECTED

Data on emergency hospital admissions for alcohol-specific conditions show that alcohol-related harms are higher among men, those aged over 50, and those from White, Other and Black ethnic groups<sup>27</sup>. Substance misuse is the most commonly cited chief complaint in Inclusion health groups such as homeless cohorts accounting for 11% of North East London (NEL) A&E attendances<sup>28</sup>.

## Common mental illnesses

**Figure 20: Crude prevalence of anxiety and depression in adults in Tower Hamlets by age and sex in Tower Hamlets compared to North East London, 2023**



Source: ELDB (2023)

### IMPORTANCE

Common mental illnesses (CMI) include depression and different forms of anxiety disorders<sup>29</sup>. Many factors influence the occurrence of common mental illnesses in the population, including exposure to adverse conditions including poverty, unemployment, experience of discrimination and negative social relationships<sup>30</sup>.

### COMPARISON

Tower Hamlets has slightly higher rates of diagnosis of CMI compared with North East London, with depression being the most common. Differences in access to health services and social stigma against mental illness can influence the levels of diagnosis of these conditions between different population groups<sup>31</sup>.

### MOST AFFECTED

CMI diagnosis rates are higher among female adults than male adults in Tower Hamlets. White and Mixed ethnic groups have the highest rates of diagnosis compared with other ethnic groups (see Figure 9, above). Rates of depression are highest among people aged 45-74 years old, while anxiety is slightly more common among younger adults compared with adults aged 65 years or older (see Figure 20).

### Health needs of our homeless population



People who experience the most severe forms of homelessness (rough sleeping and living in homeless hostels) have worse health compared to the general population.

In 2022/3 460 individuals were counted as sleeping rough which marks a 55% increase from the previous year according to CHAIN data.

Males account for majority of rough sleepers in Tower Hamlets, although women are often undercounted in rough sleeping figures. Majority were between 26-55 years old: 28% from White British backgrounds, 24.3% were from other White backgrounds, and 12.6% from Black African backgrounds.

CHAIN data shows that 16.6% of rough sleepers had mental health problems, 11.4% had drugs problems; 2.6% had problems with alcohol, 57.7% had multiple support needs and 9.6% had no additional problems. Local survey with rough sleepers highlighted a vast range of physical health conditions ranging from musculoskeletal, dental, eye problems, feet problems and chronic breathing problems.

Primary care data shows that 52% of homeless patients have at least 1 Long-term condition in Tower Hamlets whereas roughly 25% of the general Tower Hamlets population have at least 1 LTC. The most common conditions are depression (30%), hypertension (10%), mental health (10%) and diabetes (8%) amongst homeless patients in Tower Hamlets highlighting the importance of addressing the Vital 5.

### Health needs of our refugee and asylum seeker population



Tower Hamlets hosts large hotels which provide temporary accommodation for asylum seekers. A snapshot taken between April-June 2022 found that there are approximately 6,600 persons seeking sanctuary in contingency and dispersed accommodation in North East London, of which approximately 1,142 persons in Tower Hamlets. Stakeholders report that our rough sleeping population is becoming increasingly made up of Asylum Seekers who have not been granted leave to remain.

Men (84.5%) account for majority of asylum seekers in Tower Hamlets, compared to women (12.6%). Most were adults aged 18 and above (87.5%).

By their very nature they are 'hidden' and so often do not show up in datasets to determine health needs. Regional reports from London and NEL highlight that there are multiple health needs faced by this group including poor mental health and trauma, social isolation, infectious diseases and outbreaks, injuries, vulnerability to abuse and exploitation. Often poorer health outcomes can be exacerbated from structural causes such as type of accommodation placed in, and conditions such as overcrowding, inadequate and inappropriate provision of food and food hygiene standards.

## Wider determinants of health

The reason for the poor health experienced by our population is the fact that many residents don't have things they need, like warm homes, healthy food, and enough money to make ends meet. To address gaps in life expectancy and prevent lives from getting shorter, we need to create a borough where everybody can thrive. We need everyone to have the right building blocks in place such as stable jobs, good pay, quality housing, good education. Having these in place are strongly linked to better health outcomes<sup>32</sup>. This means that addressing these issues, and making Tower Hamlets a healthier place to live, will result in health benefits and greater health equality for our residents.

Wider determinants of health are covered in greater detail in the chapter on [Healthy Environments](#). As these interrelate with the other issues presented in this chapter, a short summary is set out here.

TOPIC	IMPORTANCE	IN TOWER HAMLETS
<b>Living conditions</b>	Homes that are warm, safe, ventilated, not overcrowded, affordable, accessible and provide a sense of security and community enable people to live healthy lives and these factors are associated with positive physical and mental health outcomes <sup>33</sup> . When people live in poor quality conditions, it means they are more prone to respiratory problems and other health issues and constantly worrying about your housing situation can lead to stress, anxiety, and depression hence poorer health. Improving living conditions is a vital part of improving the health of our residents.	In terms of overcrowding, Tower Hamlets has a higher proportion of residents living in overcrowded accommodation compared to London and England, particularly highest in those from an Asian background.
<b>Food insecurity</b>	Food insecurity - the inability to access or afford enough healthy food to meet nutritional needs and - has serious implications for people's health, influencing risk of chronic conditions, and common mental health conditions <sup>34</sup> .	There are currently 4799 low-income households living in food insecurity and this is likely an underestimate.
<b>Air pollution</b>	Poor air quality causes the development of coronary heart disease, stroke, respiratory disease, lung cancer, exacerbates asthma, and contributes to mortality <sup>35</sup> .	Tower Hamlets has a higher concentration of fine particulate matter (concentrations of total PM <sub>2.5</sub> ) than London and England.

TOPIC	IMPORTANCE	IN TOWER HAMLETS
<b>Built and natural environment</b>	A built and natural environment that supports health such as physical activity is vital to prevent and manage long-term conditions, diseases related to both physical and mental health <sup>36</sup> .	The proportion of adults who do any walking or cycling for leisure at least three times per week is lower in Tower Hamlets compared to the London and England. This is particularly pertinent for some groups such as females, those living in the most deprived areas, older people, and people from some ethnic groups such as Asian.
<b>Education and skills</b>	There are strong links between education, health and quality of life. Education provides knowledge and capabilities that contribute to mental, physical and social wellbeing <sup>37</sup> .	Census 2021 results highlighted that 50.3% of Tower Hamlets residents (aged over 16) had a level 4 qualification. This was higher than London (46.7%) and substantially higher than England and Wales (33.8%). However, there is still 16.2% of residents with no qualifications locally.
<b>Work and income</b>	Increasing the quality and quantity of work can help reduce health inequalities as this issue tends to be concentrated in those in more disadvantaged socioeconomic groups <sup>38</sup> .	Census 2021 highlighted Tower Hamlets had a higher proportion of adult residents classified as never worked and long term unemployed (13.7% in Tower Hamlets compared with 10.3% in London and 8.5% in England and Wales).
<b>Social and community networks</b>	Feeling socially connected to family, friends and your local communities is linked to lower risks of various physical and mental health conditions and premature mortality <sup>39</sup> .	Levels of loneliness in Tower Hamlets are higher than the averages for London and England, with disabled people, those aged 16-34, those over 85 years and women most at risk.



## 5.3 Key evidence

### Overview

In Tower Hamlets like elsewhere, we are seeing increasing rates of chronic disease meaning that people are living longer, but in poorer health – particularly among more deprived parts of our population. The Marmot report “Health Equity in England - The Marmot Review 10 Years On (2020)”<sup>40</sup> highlights that people can expect to spend more of their lives in poor health, improvements to life expectancy have stalled and declined for women in the most deprived 10% of areas, and that the gap between wealthy and deprived areas has grown.

There are several strategies at national level that try to address these trends:

- **The NHS Long-term plan (2019)**<sup>41</sup> details plans for improving care for patients over the next decade. There is a focus on preventing illness and tackling health inequalities e.g.: improving effectiveness of approaches such as the NHS health check, supporting more people to attend weight management services and quit smoking. It also provides commitments to delivering world-class care for both physical and mental health.
- **The Core20PLUS5 framework (2021)**<sup>42</sup> – sets out the NHS’s approach to reducing healthcare inequalities through focusing on most deprived 20% of the population, plus particular vulnerable groups. Core20PLUS5 identifies five clinical areas for improvement: severe mental illness, chronic respiratory disease, early cancer diagnosis, hypertension case-finding and optimal management, and lipid optical management. It highlights the importance of smoking cessation throughout.
- **Major Conditions Strategy (2023)**<sup>43</sup> – prioritising changes in areas related to six major conditions by managing personalised risk factors, embedding early diagnosis and treatment in the community, aligning generalism and specialism to manage multiple conditions effectively, integrating physical and mental health services and providing more choice and control to people over their care.
- **Fuller stocktake report ‘Next steps for integrating primary care’ (2022)**<sup>44</sup> – provides recommendations and steps to reorientate the current health and care system to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay healthy



There are several evidence summaries that set out what we can do to address the key modifiable risk factors that shape people’s health outcomes. Many of these strategies agree that we need to invest more in supporting people to improve these risk factors, while also providing behavioural support to action on the underlying ‘structural’ and wider determinants that shape these risk factors.



TOPIC	RESOURCE
Obesity	<ul style="list-style-type: none"> <li>The government report <b>Tackling Obesity: Empowering adults and children to live healthier lives (2020)</b><sup>45</sup> outlines the health challenges associated with obesity and sets out a series of evidence-based actions that can reduce the number of adults living with obesity and reduce inequalities.</li> <li><b>Get Active: a strategy for the future of sport and physical activity (2023)</b><sup>46</sup> sets out the approach to tackling physical inactivity through working with the physical activity sector, driving participation and inclusivity, and developing the integrity and sustainability of sport.</li> </ul>
Smoking	<b>The Khan Review: making smoking obsolete (2022)</b> <sup>47</sup> , reviewed evidence on the current trends in smoking and concluded more action is needed to achieve 'smokefree' (<5% smoking prevalence) by 2030. The report makes recommendations which the government supports, including increased investment in stop smoking services and support, raising the age of sale, promoting vaping and improving prevention.
High blood pressure	<b>NICE guidelines [NG136]</b> <sup>48</sup> covers identifying and treating high blood pressure in adults. It aims to reduce the risk of cardiovascular problems such as heart attacks and strokes by helping healthcare professionals to diagnose hypertension accurately and treat it effectively. It also provides guidance for commissioners and providers.
Alcohol	<b>NICE public health guidelines [PH24]</b> <sup>49</sup> covers prevention and identification of alcohol-use disorders as early as possible using a mix of policy and practice such as screening and advice, price, availability and marketing.
Mental health	<b>The Public Mental Health: Evidence, Practice and Commissioning (2019)</b> <sup>50</sup> report sets out of evidence-based interventions such as improving health literacy and early detection, training for professionals, settings-based approaches such as in workplaces. It recommends areas conduct local mental health needs assessments and sets out ways that coverage of evidence-based interventions can be increased.
Drugs	<b>The independent review of drugs by Professor Dame Carol Black report</b> <sup>51</sup> examines the harm that drugs cause and looks at prevention, treatment and recovery. This led to development of the government's 'From harm to hope: a 10-year drugs plan to cut crime and save lives' <sup>52</sup> .
Sexual health	<b>A framework for sexual health improvement in England (2013)</b> <sup>53</sup> - Sets out the government's ambitions for improving sexual health through effective partnership working to ensure that accessible high-quality services and support are available to everyone. Highlights key principles of best practice in commissioning as prioritising the prevention of poor sexual health, joined-up working, commissioning high-quality services with clarity about accountability and meeting the needs of more vulnerable groups and more.
Health and social care needs for people experiencing homelessness	<b>NICE guideline [NG214]</b> <sup>54</sup> sets out evidence-based actions such as greater targeted approaches to ensure health and social care is available and accessible; care should be trauma-informed and person-centred; health, social care and housing services commissioners should fund and plan integrated services together; incorporate co-production into design and delivery of services; and provide multidisciplinary outreach care in non-traditional settings.

## Resident and stakeholder perspective

Below is a summary of pieces of evidence we have about what our residents and other stakeholders think we should focus on to improve health.

### Annual Resident's Survey (2023)<sup>55</sup>

Highlights key personal concerns, monitors changes over time and areas for improvement from Tower Hamlets residents. The 2023 survey highlighted cost of living crisis and concerns with crime and Anti-Social Behaviour as top two personal concerns. Residents are positive about life in the borough and satisfaction with almost all services has improved since 2019; however, access to NHS services remains a key priority.

### Healthwatch 'Healthy Neighbourhoods' report (2023)<sup>56</sup>

Feedback from residents in Tower Hamlets on how well current services support their needs highlighted that 34% would like to have access to healthy and affordable food, 27% to better access and better quality and affordable gyms and leisure centres, and 45% would like to improve GP services.

### Healthwatch 'Locality Community Voice' report (2019)<sup>57</sup>

Residents highlighted the need for prevention and healthy neighbourhoods, co-locating health services under the same roof, and extending use of NHS GP app. Residents feel that Tower Hamlets is a healthy place to live, but those with chronic illness or mental health issues had a more negative view. Prioritising hospital and GP services was identified as a priority with the limited budgets available.

### Community insight about weight management services (2019)<sup>58</sup>

Identified that time is the biggest barrier to managing weight followed by eating out and drinking alcohol with friends and colleagues. It highlighted the need for a range of options to enable people to maintain healthy weight – from intensive behavioural support, to more 'self-serve' options like access to leisure and sport services, or online offers.

### Mental health and wellbeing (2024)<sup>59</sup>

Insight from engagement with Bangladeshi men about mental health led by Social Action for Health has indicated there are barriers with trust, stigma, awareness of options, perceived opportunities for change, and having the skills for talking about it. The project also identified religion and community as both barriers and facilitators for improving men's mental health in the borough.

### Culturally appropriate health communication and engagement (2022)<sup>60</sup>

Evidence reviews and interviews with residents highlighted importance of community involvement as a crucial to the ethos of culturally appropriate health communication. Health messages need to be co-designed. We should use multiple media, translations, trusted settings and messengers to disseminate health messages.

### Community Engagement Consultation by Tower Hamlets Together (2023)<sup>61</sup>

Series of workshops with residents and professionals to determine what is required to make co-production happen. Barriers to co-production that were identified include time and capacity, feedback, reward and recognition whereas opportunities to co-produce include building trust through power sharing, making engagement everyone's business, greater focus on health inequalities. Findings will help shape the co-production guidance framework developed in accordance with the ActEarly principles, THT engagement strategy, and local programmes.

## 5.4 Improving outcomes

### Key priorities for Adults in Tower Hamlets

Based on the data and evidence that is set out in this JSNA, there are several areas that require focus to improve adults' health in Tower Hamlets:

**1. Addressing inequalities in healthy life expectancy, and the large gap in self-reported good health in Tower Hamlets.** The data presented here shows that women, particularly long-term unemployed women, and women of Bangladeshi ethnicity, are much more likely to live in poor health in Tower Hamlets than elsewhere. Additionally, the gap in healthy life expectancy between more and less deprived parts of our population has grown.

**2. To address this, we must improve the wider determinants of health for all residents:** and provide the right support to ensure all residents can benefit from good work, education, an adequate income, good housing, a healthy food environment and a borough that is safe and healthy.

**3. Improving modifiable risk factors to prevent long-term conditions like cardiovascular, respiratory disease and cancer.** Tower Hamlets has higher rates of long-term conditions than elsewhere in London (Figure 5). We need to reduce the rates of modifiable 'risk factors' that lead to these diseases. The whole systems of support for residents can support with addressing these:

RISK FACTOR	RESPONSE
Obesity	High levels of overweight among our residents is caused by a complex set of issues. We need a 'whole system' response to enable residents to eat well, be active and get support to manage their weight when they need to.
Smoking	We have an aim to achieve 'Smokefree Tower Hamlets' by 2030. Supporting smokers to quit, and preventing others from starting, remains the most important action to improve health.
High blood pressure	Increasing diagnosis and management can lead to big reductions in risk of illnesses like stroke, heart attack. We need to increase opportunities for residents to get checked in several settings.
Alcohol	While many of our residents are abstinent, there are many others who drink at harmful levels – this is often hidden. Enabling people to reduce their drinking, and to get support if they need it, is essential.
Mental health	Reducing levels of stress, anxiety and depression is crucial to enabling people to live healthy lives. We must focus on making Tower Hamlets a mentally healthy place for our residents – promoting self-care, building community capacity, and ensuring early intervention.

**4. Improving provision and uptake of preventative initiatives.** Much evidence-based preventative initiatives have relatively low uptake in Tower Hamlets. Levels of cancer screening coverage, or vaccination uptake, are lower than elsewhere, and this leaves our residents vulnerable to illness. Other preventative initiatives – like NHS Health Checks, or STI screening – have better uptake, but we must continue to ensure they reach the most vulnerable residents.

**5. Ensuring support for the most vulnerable and excluded groups.** Tower Hamlets' population includes many groups who experience particularly high risk of poor health - like people who experience homelessness, refugees and asylum seekers, sex workers, people who inject drugs, people with physical and learning disability. All health and preventative services should ensure they are meeting the needs of these groups, and bespoke interventions need to be in place to address their needs

We aim to improve our understanding of the needs of our local homeless and rough sleeping population through the Homeless Health Needs Audit which identifies health needs and residents' experiences of accessing health services. This will increase access to specialist primary care provision for inclusion health groups such as people experiencing homelessness, by working with stakeholders who commission specialist primary care services.

**6. Continuing to strengthen mental health and wellbeing.** Poor mental health and wellbeing is a key driver of substantial health inequalities in life expectancy. We need to continue to raise awareness and understanding of the importance of good mental health and wellbeing, and ensure residents have the right foundations to be mentally well.



### Local partnerships and strategies

In July 2022 the **North East London Integrated Care Partnership** was formally established. The Interim NEL Integrated Care Strategy<sup>62</sup> sets out a collective ambition for partners across North East London to improve health, wellbeing and equity. Among its four priorities, mental health and long-term conditions are particularly relevant to adults.

The **Tower Hamlets Partnership Plan (2023 – 2028)**<sup>63</sup> sets out how the major public, voluntary and private institutions in Tower Hamlets will improve the borough in coming years. The 2023 to 2028 plan sets out five calls to action for the Partnership – four of which are relevant to the health of adults:

- Tower Hamlets will be a fair, inclusive and anti-racist borough
- Everyone in Tower Hamlets should be able to enjoy good mental health and wellbeing
- Everyone in Tower Hamlets should feel safe and live in good-quality homes and healthy, inviting neighbourhoods
- Everyone in Tower Hamlets should have access to good work and skills and in income that meets their needs

**Tower Hamlets Health and Wellbeing Board and Strategy (2021 – 2025)**<sup>64</sup> outlines system-wide improvement principles and ambitions for a healthy borough, reflecting the health and wellbeing outcomes that matter most to residents. The ambitions most relevant for adults are:

- Young adults have the opportunities, connections, and local support to live healthy lives
- Middle aged and older people are supported to live healthy lives, and get support early if they need it

**Tower Hamlets Together**<sup>65</sup> - brings together health and care partners in Tower Hamlets to provide a coordinated approach to commissioning and delivering services. Its refreshed priorities include several that are particularly relevant to adults:

- Improving access to primary and urgent care: Ensuring residents can equally access high quality primary and urgent care services when and where they need them
- Building resilience and self-care to prevent and manage long term conditions: Working across services and with residents and communities to build greater resilience and self-care to prevent long term conditions more effectively from occurring and to better manage existing conditions to prevent deterioration.
- Implementing a locality and neighbourhood's model: Ensuring that every resident can access the health and care services they need to support their continued health and wellbeing within their local area or neighbourhood, including GP, pharmacy, dental and leisure facilities.
- Facilitating a smooth and rapid process for hospital discharge into community care services.
- Providing integrated mental health services and interventions to promote and improve the mental wellbeing of our residents.

Additionally, several strategies are important for areas of adult health in Tower Hamlets:

- The **NEL Sexual and Reproductive Health Strategy** is a jointly developed vision for the NEL sexual health system focusing on priorities linking to healthy and fulfilling sexual relationships; good reproductive health across the life course; high quality and innovative STI screening and treatment; towards zero HIV.



- The **Tower Hamlets Suicide Prevention Strategy 2023-2026** is aligned with the national strategy priorities and aims of reducing rates of suicide as well as improving support for people who have self-harmed or who have been bereaved by suicide. This strategy is coordinated by Public Health and actions are being delivered by members of the Tower Hamlets Suicide Prevention Steering Group, who represent a wide range of organizations in the borough that work with people across all ages.
- The **Adult Mental Health Strategy** focuses on prevention and promotion of mental health and wellbeing for residents.
- The **Physical Activity and Sport Strategy** provides a strategic response to local challenges in relation to sport and physical activity, with a view to improving health outcomes adults across Tower Hamlets.
- The **Substance Misuse Strategy** focusing on providing early intervention and prevention, evidence-based treatment, and recovery support, and reducing drug and alcohol-related crime and anti-social behavior.
- The **Homelessness and Rough Sleeping Strategy** is currently being updated for the borough which will be in place between 2024 to 2029, with further plans for a NEL wide Homeless Health Strategy due to be published this year.

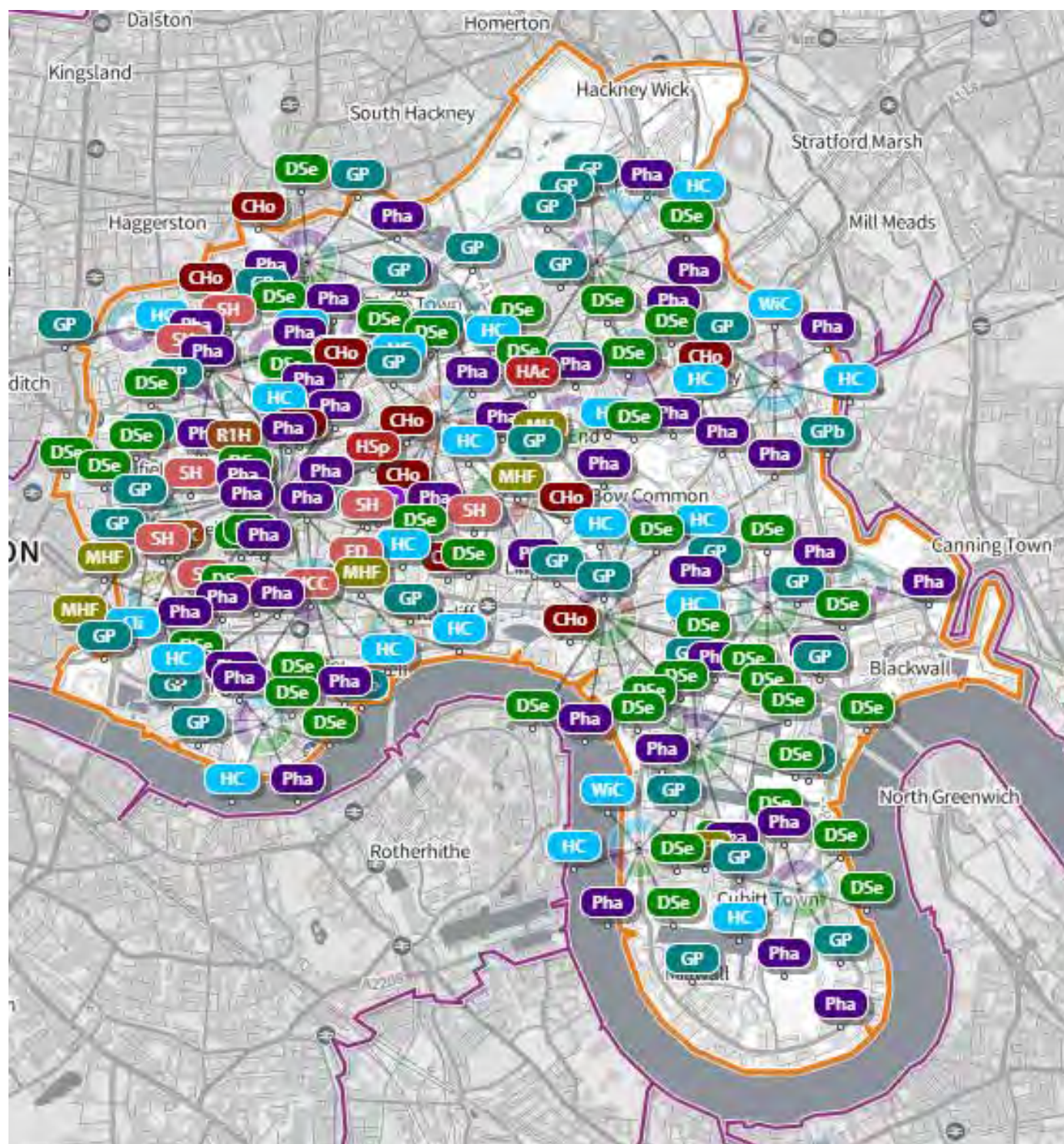
## Key services and interventions

To meet the range of health and care needs of adults, and we have an expansive health and care infrastructure across primary, secondary, and tertiary care as shown in Figure 21. This includes:

- 47 GP practices, health centres and walk in centres
- 48 community pharmacies
- 44 dental practices/services
- 2 acute hospitals and urgent care centres
- 6 sexual health service settings
- 9 residential care homes
- 18 mental health service settings
- Substance misuse treatment and recovery services
- Specialist healthcare services across primary, secondary care and preventative services for the rough sleeping population

As well as healthcare infrastructure, there is a wide range of community, transport and built infrastructure that impact the health of adult residents in Tower Hamlets. This includes things like green spaces, community centres, leisure facilities and transport services. This is covered in the other JSNA chapters.

Figure 21: Healthcare settings in Tower Hamlets are shown in the map below, which includes GP practices, NHS Walk In centres, community pharmacies, secondary care settings, and other relevant health infrastructure



Source: SHAPE Atlas



## Prevention in Tower Hamlets

A range of interventions across Tower Hamlets, led by organisations across the Health and Wellbeing Board's membership, seek to enable adults to stay well when they are in good health, and prevent worsening health for those with existing needs. These can be summarised as actions in four domains of 'prevention'.

### Strengthening the "building blocks" for health

To create a Tower Hamlets where everybody can thrive, we need the right building blocks in place: stable jobs, good pay, quality housing and good education. But right now, in too many of our communities, blocks are missing. Many organisations have a role to play in filling the gaps. These "building blocks" are covered in other JSNA chapters – notably [Healthy Environments](#) and [Healthy Communities](#). Initiatives from across the Tower Hamlets Together partnership – such as social prescribers, welfare rights provision in health settings, and strengthened pathways between health and housing support – seek to ensure that these underlying 'building blocks' are addressed, where they are driving poor health.

### Community-centred prevention and promotion of healthy lives

A wide range of preventative interventions delivered across health and care, as well as wider community interventions, seek to work with communities to enable them to live healthy lives. This includes:

- Many initiatives in primary care – such as social prescribing services, health and wellbeing coaches, community connectors and many other link worker roles, seek to link patients with the support they need
- New Neighbourhood Forums, which strengthen patients' ability to shape their local health and care services, and wider healthy Neighbourhoods

- Communities Keeping Well, a new community-focused initiative supporting residents to stay healthy and prevent Long Term Conditions
- Advice and information relating to health, wellbeing, and social care, for example through Tower Hamlets Connect
- The Connection Coalition, bringing together organisations to address loneliness and social isolation

### Detection of elevated risk factors and enabling people to reduce their risks

Supporting early detection and intervention of conditions significantly improves health outcomes. These services are typically delivered by primary care, and through other health services focused on detection (including screening services). This includes:

- Primary care services, delivered across general practice, pharmacy, and dentistry services. In Tower Hamlets, enhanced additions within these services seek to further strengthen the management and prevention of risk factors for illness
- Health improvement services, including stop smoking and weight management services
- NHS Health Checks, delivered by general practice across Tower Hamlets: these seek to identify elevated risk for a number of cardiovascular risks. Additionally, hypertension case finding, through community pharmacies and outreach in communities
- Screening programmes – three cancer screening programmes (breast, bowel and cervical) and additional screening programmes such as Abdominal Aortic Aneurysm (AAA) and Diabetic Eye Screening (DESP).
- Sexual and reproductive health services – including those delivered in primary care and specialist services

### Active management

These interventions focus on meeting the healthcare and wider needs of those in ill-health, across health, care and community services. These can be specialist services for those recovering from a major health event (such as cardiac rehabilitation), or more generic services supporting routine management of conditions.

- Proactive management of long-term conditions, led by primary care, with pathways linked to secondary care in place
- Drug and alcohol treatment and recovery services
- Mental health services, including Tower Hamlets Talking Therapies, community psychology, Neighbourhood mental health services, Mental health crisis services
- Sexual and reproductive health services – particularly specialist services e.g. for HIV
- Adult Social Care services, including home care and residential care
- Community health services that deliver rehabilitative interventions, for example cardiac rehab
- Dementia services



## Mental health promotion and services

### SERVICES

In Tower Hamlets, a wide array of statutory and voluntary and community sector organisations have delivered training and community engagement activities to increase awareness of and support for mental health and wellbeing, using preventative and inclusive approaches.

There are a range of services available for adults with different mental health needs in the borough. Tower Hamlets Talking Therapies (THTT) provides evidence-based support for people with common mental illnesses like anxiety or depression.

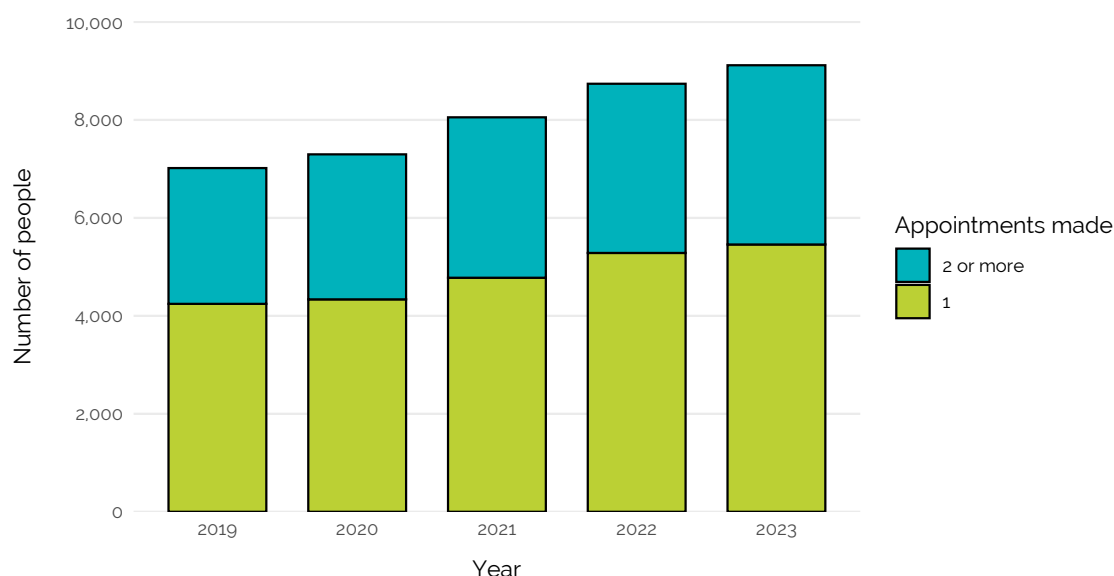
There are also more intensive specialist mental health services, for people with more severe or complex mental illnesses such as schizophrenia, bipolar disorder, other psychotic illnesses as well as severe depression or complex emotional needs (i.e. personality disorders).

### UPTAKE AND OUTCOME

Numbers of people accessing Tower Hamlets Talking Therapies have increased in recent years; in 2022/2023, more than 9,000 residents accessed THTT. THTT has also been meeting outcomes targets, with over 50% of people completing treatment showing signs of recovery. Access to and outcomes of THTT varies for different groups of people, with lower uptake among men and older people and slightly poorer outcomes among Bangladeshi patients. There are projects in progress to address these inequalities.

Neighbourhood Mental Health Teams (NMHTs) involve multi-disciplinary professionals working with people living with mental illness to manage their mental health conditions, physical health, and issues like housing and employment. Since 2019, there has been an ongoing transformation programme to increase the quality of provision and the integration between different professionals; and the number of people accessing NMHT services has increased substantially, as has the proportion that requires 2 or more appointments (see Figure 22).

**Figure 22: Number of people accessing Neighbourhood Mental Health Team services, by number of appointments made in Tower Hamlets from 2019-2023**



Source: East London NHS Foundation Trust 2023

## Specialist drug and alcohol support services

### SERVICES

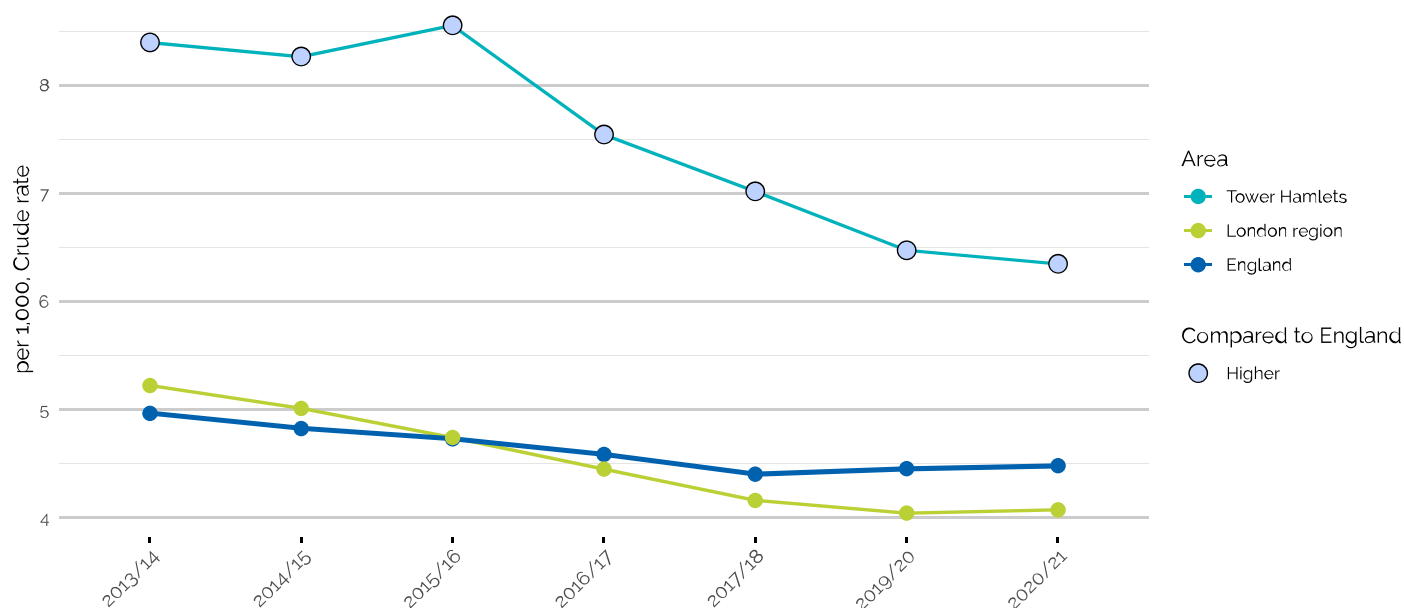
Commissioned specialist drug and alcohol treatment and recovery services including outreach and referral function into key areas such as hostels. Online screening and intervention tool available for all residents called Drink Coach.

### UPTAKE AND OUTCOME

Tower Hamlets has high levels of need for drug and alcohol treatment. The adult population requiring specialist drug treatment service is ageing and have a complex set of intersecting needs such as housing or mental health need or use of other substances such as crack, alcohol etc.

The estimated prevalence rate of adults in treatment at specialist drug misuse services in Tower Hamlets is higher than the rates for England and London as shown by Figure 23. However, trends show that numbers in treatment have decreased over time, although there is no indication that this is due to reduction in need related to illicit drug use. Rates of successful completion from treatment among opiate users (who account for ~65% of the local treatment population) have been in decline for several years and now stands at 2.5% below London and England.

**Figure 23: Adults in treatment at specialist drug misuse services, rate per 100,000, in Tower Hamlets compared London and England**



Source: National Drug Treatment Monitoring System

## NHS Health Check

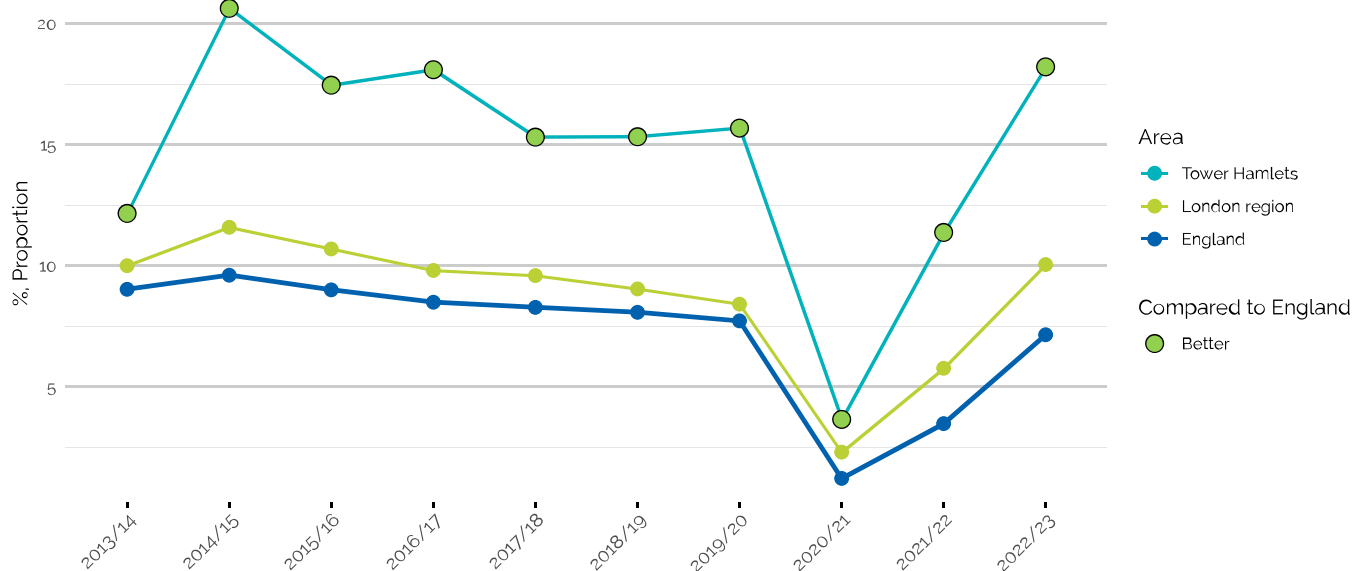
### SERVICES

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. It is for everyone aged 40 to 74 who have not already been diagnosed with one of these conditions or have certain risk factors to receive support and advice to help them reduce or manage their risk.

### UPTAKE AND OUTCOME

Tower Hamlets performs strongly in terms of NHS health checks, it has a higher percentage of people receiving a health check out of those eligible than London and England over time, despite the decrease seen during the Covid-19 pandemic – see Figure 24.

**Figure 24: People receiving an NHS Health Check per year in Tower Hamlets, compared to London and England over time**



Source: Local authorities collect information on the number of NHS Health Checks offered and the number of NHS Health Checks received each quarter and return this data to OHID.

## Physical health support for people with SMI

### SERVICES

People living with a severe mental illness have multiple risk factors for developing long-term conditions. GP practices invite all adults with SMI in Tower Hamlets to an annual physical health check to enable management of any long-term conditions and risk factors like smoking.

### UPTAKE AND OUTCOME

The percentage of people with SMI on the GP register receiving all six physical health checks during the year 2022-2023 was 58.7% in Tower Hamlets, below the national target of 70%. There are new staff and projects in place to support improved uptake of physical health interventions.

## Cancer screening programmes

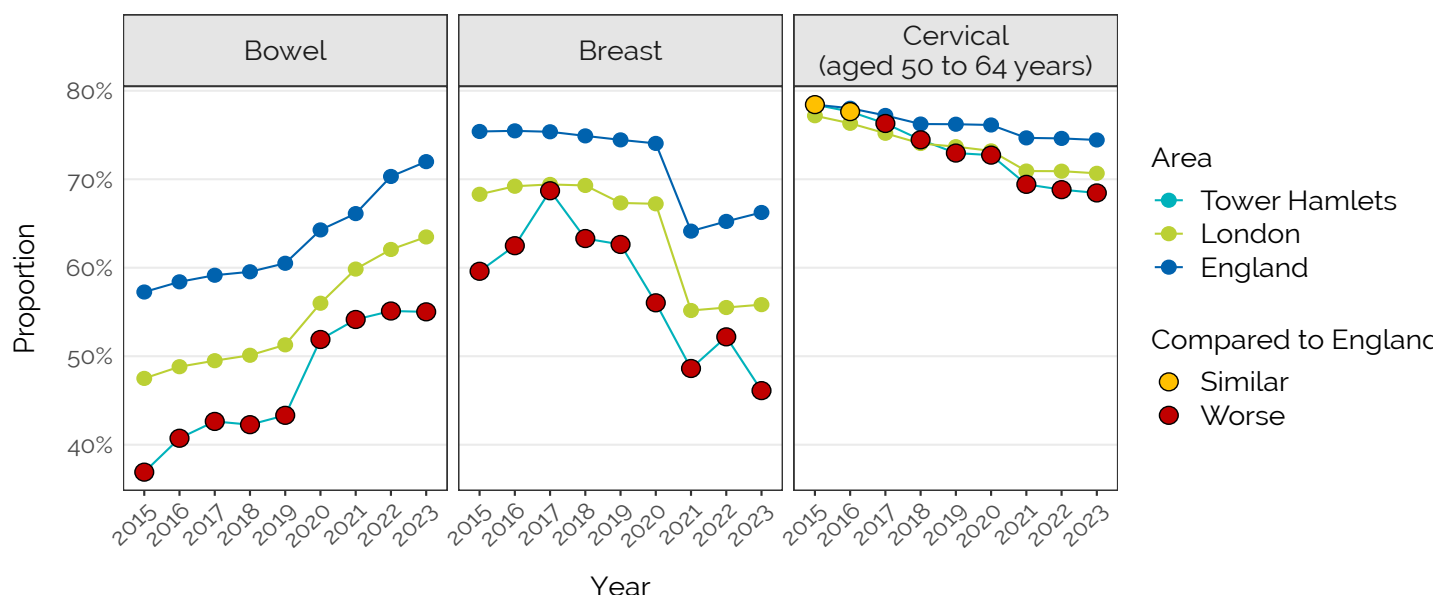
### SERVICES

Screening programmes are a vital way of identifying diseases early, including cancers, enabling early intervention and treatment that improves outcomes for patients, and it is estimated screening saves 10,000 lives per year in England.

### UPTAKE AND OUTCOME

Tower Hamlets has had consistently lower uptake in cancer screening (breast, bowel and cervical cancer) compared with London and England averages. Concerningly, the gap between Tower Hamlets and the England average has widened in recent years – particularly for cervical and breast cancer as shown in Figure 25.

**Figure 25: Cancer screening rates for bowel (left), breast (middle), and cervical (right) cancer in Tower Hamlets compared to London and England over time**



Source: NHS Digital





## Immunisations

### SERVICES

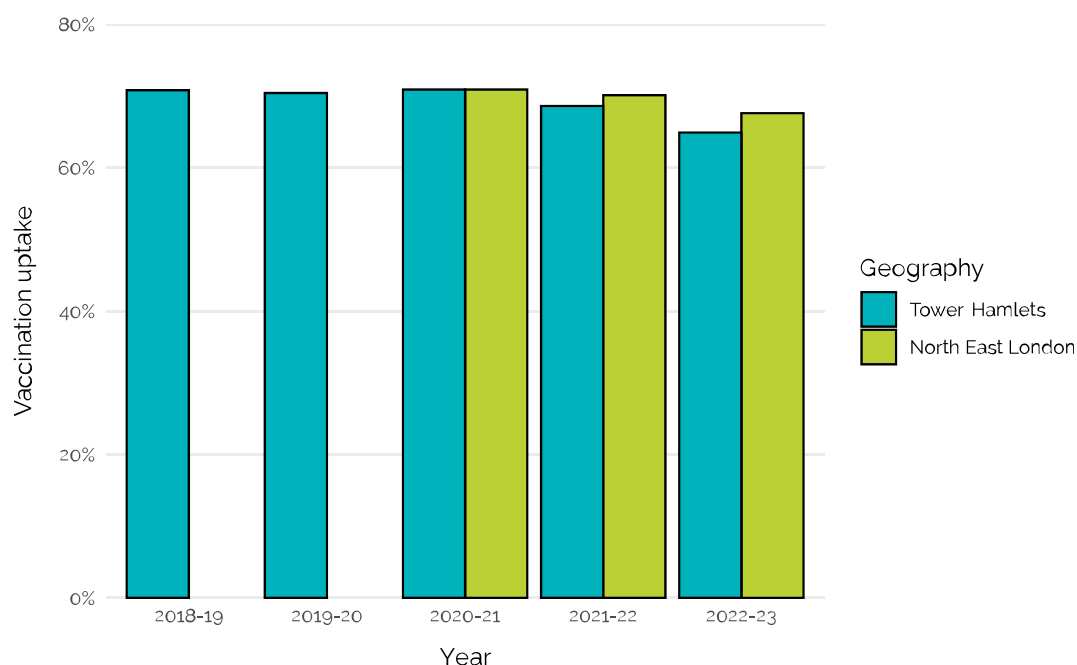
Immunisations are an essential public health intervention to protect against infectious diseases. Adult vaccination programmes include COVID-19, flu and pneumococcal vaccinations, with eligibility dependent on age and other risk factors.

### UPTAKE AND OUTCOME

Flu vaccination uptake in adults aged 65+ in Tower Hamlets has remained broadly consistent over the previous 5 years, with only a slight fall in uptake in the last two years, however this is still similar to North East London – see Figure 26.

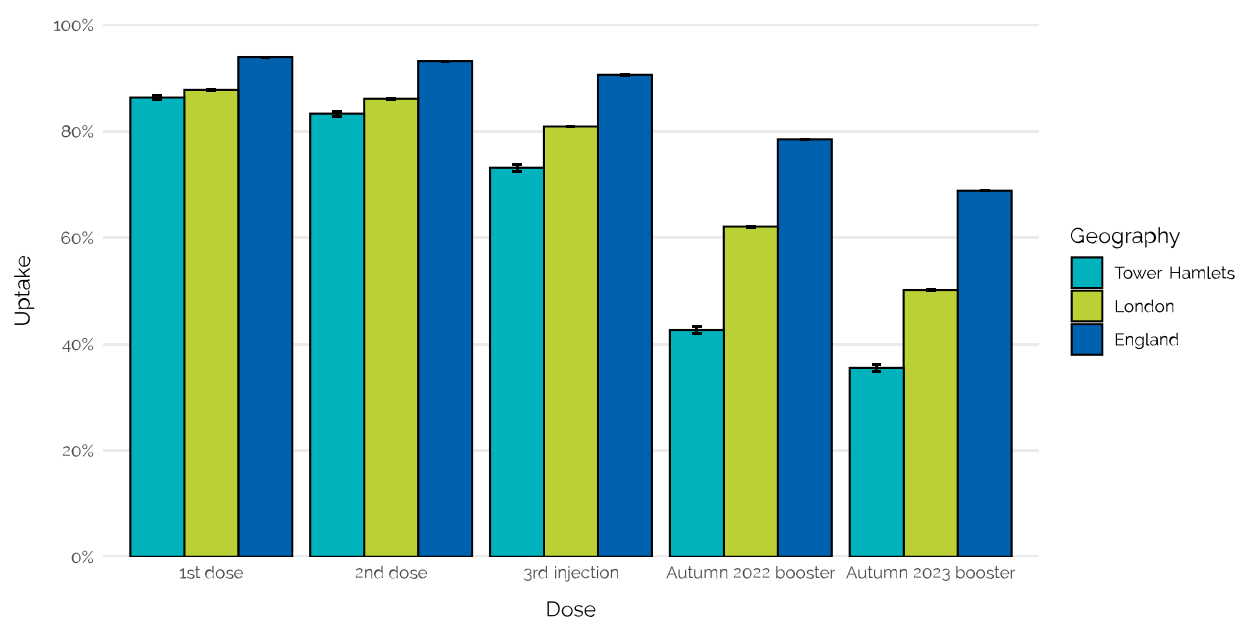
For COVID-19, however, uptake of later vaccine doses has fallen at a faster rate in Tower Hamlets compared with both North East London and England, despite being relatively similar (80%+) for the first two doses – Figure 27. Uptake of COVID-19 vaccinations is lower among Bangladeshi and Black ethnic groups. This is an issue as we know uptake of all recommended vaccination doses boosts immunity and prevents serious illness and hospitalisations, particularly in the most vulnerable cohorts.

**Figure 26: Flu vaccination uptake in patients aged 65 years and over in Tower Hamlets compared to North East London, over time**



Source: ImmForm Flu Monthly GP Main Collection

**Figure 27: Covid vaccination uptake in people aged 65+ by dose in Tower Hamlets compared to London and England**



Source: UK Coronavirus Dashboard. Data extracted 30/01/2024

## 5.5 Conclusion and Recommendations (Healthy Adults)

### Overview

This JSNA chapter sets out what we know about health of adults in Tower Hamlets. Overall, large parts of our population continue to live lives that are too short, and too much of their lives are in poor health. Women in Tower Hamlets, particularly Bangladeshi women and women who are been out of work, have unusually short healthy life expectancy and report high levels of poor health. The leading causes of death and disease – cardiovascular diseases, cancer, diabetes and respiratory disease – affect our residents unequally, so poorer residents are much more likely to live in poor health than their wealthier neighbours. This is in part due to higher rates of modifiable 'risk factors' among poorer residents – smoking, overweight, high blood pressure, alcohol and poor mental health.

In addition, particular groups in Tower Hamlets have particularly high health needs. This can be seen in our high rates of STIs and other infectious diseases, as well as large cohorts of people who experience homelessness, use harmful drugs, and whose immigration status makes them unwell. We need to ensure services are in place to prevent and address health protection risks across the borough, and the wider needs of these Inclusion health groups.

As this chapter has shown, there is strong evidence that an increased focus on primary prevention of illness – stopping people from getting unwell in the first place – is what's needed to enable our residents live longer, healthier lives. At the moment, Tower Hamlets health and care system provides many services and interventions to support people to live healthier lives. A strategic focus on the Vital 5 can take this further, improving peoples lives and bringing benefits to the health and care system.

Overall, many preventative services in Tower Hamlets perform well – for example we have very high rates of coverage of NHS Health Checks and many people are supported to quit smoking. However, some others – like cancer screening and uptake of adult vaccines – are less successful.

### Gaps in evidence

This JSNA chapter has highlighted several gaps in evidence, which future Insight work or research could usefully seek to address:

1. We don't fully understand the reasons behind Tower Hamlets' unusual gender inequalities in healthy life expectancy: which women live in poor health, which risk factors and which conditions explain much of this change. Improving our understanding here is important for addressing this..
2. We don't know enough about inequalities in detection and prevention of the Vital 5 in the borough, to understand the prevalence, inequalities, impact and identify those at risk in the borough to provide early support.
3. We don't know enough about the changing epidemiological landscape and needs around sexual and reproductive health in the borough. This is required to inform the future of SRH services.
4. We don't know enough up-to-date information about cancer and respiratory disease: needs assessments on these areas will help plan, organise and deliver health services that meet the needs of the local population.
5. We don't know enough about the profile and needs of our inclusion health groups.
  - There is a need to improve data collection across services regarding inclusion health groups such as Refugee and Asylum seekers, Gypsy, Roma, Traveller communities and sex workers.
  - Further engagement with stakeholders who work with these groups and residents' part these groups is needed. This should examine the holistic needs of these groups not just health but employment, housing, social inclusion etc with the view to developing a whole-system strategy to address the building blocks of health.

### Gaps in services

The main issues with services that arise from the information presented in this JSNA include:

1. A need to improve timely access to primary and urgent care, for when residents need them: this is highlighted in a number of resident insights.
2. A need for a greater join-up between community initiatives, interventions to improve wider determinants of health, with health promotion. Alignment between these domains should enable people to improve their health, and for the foundational "building blocks" to support this.
3. Improving uptake of key preventative services, including Cancer Screening services.
4. Ensuring services are culturally appropriate, equitable, anti-racist and are made accessible to those who face additional barriers such as those with communication needs.

## Summary of recommendations (Healthy Adults)

Based on the findings of this JSNA, the following recommendations emerge for the health and care system in Tower Hamlets:

### Data

Improve identification, recording and sharing Vital 5 data between all health partners and patients, and ensure strong pathways are in place to enable people to get evidence-based support.



### Co-production

Continue to co-produce approaches to prevent and detect risk factors for poor health, working with local communities – especially those in the most deprived areas and other at-risk groups to do so.



### Inequalities

Address inequalities seen in physical health outcomes for at risk groups particularly people with SMI.



### Prevention

Improve uptake of preventative interventions, such as cancer screening programmes and vaccinations.



### Mental health

Strengthen preventative approaches to mental health including within mental health services.



### Inclusion

Provide improved offer for Inclusion Health groups – such as primary outreach and in-reach provision for people who experience homelessness, rough sleepers, and vulnerable migrants.



## 5.6 Key messages for residents

This section sets out key messages that services across THT may wish to use to inform residents.

### For all adults

- There is information and support available if you need help with [employment and training](#), [housing](#), [money management](#), and if you are [caring for someone else](#). You can find more information & advice including local events and community services through [Tower Hamlets Connect](#) or by booking an appointment at one of our [Residents' Hubs](#).
- There is a range of [information and support available on keeping yourself warm is important during winter](#), such as our warm hubs, support with costs if you are struggling to pay for energy, and tips to keep and stay warm that you can make.

Improve the 'vital 5' – five modifiable risk factors that cause a large amount of poor health:



#### 1. Maintain a healthy weight (eat well and be active)

- Managing your weight is one way of reducing your risk of developing long-term health problems. There is [free weight management support](#) available nationally and in Tower Hamlets such as our weight management services to help you to achieve a healthy weight.
- Having a healthy diet is important for people of all ages. It reduces the risk of a large number of preventable conditions and improves our physical and mental health. There is a range of [information and support available for you to eat well](#).
- Being active can help your mental and physical health. Find ways to fit activity into your day-to-day life, such as cycling or walking to work, taking the stairs, cleaning or moving around in your home. Finding things you enjoy can make it easier to keep going, and there is a range of [free local activities](#) such as [walking groups](#) that are available. Try to follow the [recommendations about how much exercise to do as an adult](#), including if you have a disability.



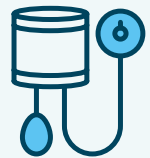


## 2. Quit smoking



- The earlier you quit smoking, the more you're likely to benefit. But it's never too late, quitting will improve your health whatever your age and no matter how long you have smoked. There is [information and support](#) available on stopping smoking including from our expert support services.
- Vaping or e-cigarettes can be useful to help stop smoking if you are smoking cigarettes, but they are not recommended for non-smokers. Find out more [information on vapes](#) including their potential risks. If you need help to quit smoking, please seek help from our [smoking cessation support services](#).

## 3. Get checked for high blood pressure and other issues:



- If you are between 40-74 years old, you can access free NHS Health Checks to help keep you well and check-up on your overall health. This can help tell you if you're at higher risk of certain health problems. See here for more [information about eligibility and what happens at a health check](#).
- Many pharmacies across Tower Hamlets are also able to do blood pressure checks and advise if further action is needed. Find a pharmacy near you.

## 4. Cut down on alcohol and get help with drugs or alcohol if you need it.



- Regularly drinking more than the recommended limits is harmful to your health, so try to reduce where you can. Get to know your alcohol risk using our quick and confidential [online alcohol test - Drinkcoach](#). If you're worried about your alcohol use or are impacted by someone else's use, please seek support from our local alcohol support services.
- Drugs can have negative effects on your health and others around you. If you are struggling with addiction you can access free, non-judgemental, confidential support through our local alcohol support services or by talking to your GP. There is [alcohol support for families](#) if you are affected by someone else's use.

## 5. Take care of your mental health and wellbeing



- There are things we can do on a regular basis to keep our minds well - connecting with others, being active, learning, giving, and taking notice of our thoughts and feelings - these are known as the '[five ways to wellbeing](#)'.
- If you are finding it hard to cope with difficult feelings, thoughts or events, you are not alone. There is help available for you to take care of your mental health and wellbeing through our [local mental health support services](#) or speak to your GP about getting help.
- Everyone can feel lonely and isolated, this can happen at any time in your life and can have a big impact on your health. Try to make connecting with others a priority. This might be regular phone calls to family or friends or getting involved in a social activity in your community. [Local support to help stay connected](#) is also available.

### Register with a GP

- [Registering with a GP](#) near where you live as soon as possible, even if you don't need them right now, will help with accessing the health services you need when you need them.

### Identify problems early, and get support if you need it

- If you need confidential advice or information about contraception, sexually transmitted infections or pregnancy you can talk to your GP or our [local sexual health services](#).
- If you're sexually active, you can access free sexual health testing from local pharmacies, [online self-testing](#), your GP or by visiting our [local sexual health services](#).
- Finding cancer early is important, as this can make cancers easier to treat. There are [NHS screening programmes for bowel, breast and cervical cancer](#). These spot signs that you might be at risk of or have early signs of these cancer, even if you otherwise feel well.

## Older adults and people who have certain health conditions

For older adults and those who have particularly poor health, there are some additional things you can do:

### Get vaccinated to protect yourself against infectious diseases

- Getting vaccinated for Covid and Flu helps to protect against infections and severe illness. People who are more at risk of infections are eligible for free [COVID-19 vaccinations](#) and [Flu jabs](#) from the GP or pharmacy.

### Prevent falls

- If you've fallen or are worried about falling, making simple changes to your home, and doing exercises to improve your strength and balance will help make you stronger and feel more confident on your feet. There is a range of information and support available on [preventing falls at home and what to do if you have a fall](#).

### Look out for memory problems and dementia

- If you're worried about your memory, or think you may have dementia, please see your GP. With treatment and support from healthcare professionals, family, and friends, many people are able to lead active, [fulfilling lives with dementia](#). There is more [advice and support available including on living with dementia](#).

## 5.7 References

### Acknowledgements

This JSNA has been completed with collaboration across the public health team with residents views and data being provided from organizations across the health and wider system to inform the recommendations made in this JSNA.

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## 6. Healthy Environments

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Action	Description
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## 6.1 Introduction

Each year, lives are cut short because the 'building blocks' for good health and wellbeing are not in place. Access to a decent income and job, a suitable home, affordable healthy food, clean air and safe spaces to play, be active and socialise are all fundamental for good health and wellbeing.

This chapter highlights the current state of these building blocks in Tower Hamlets and outlines what needs to happen to ensure all residents have access to these foundations to enable a long and healthy life.

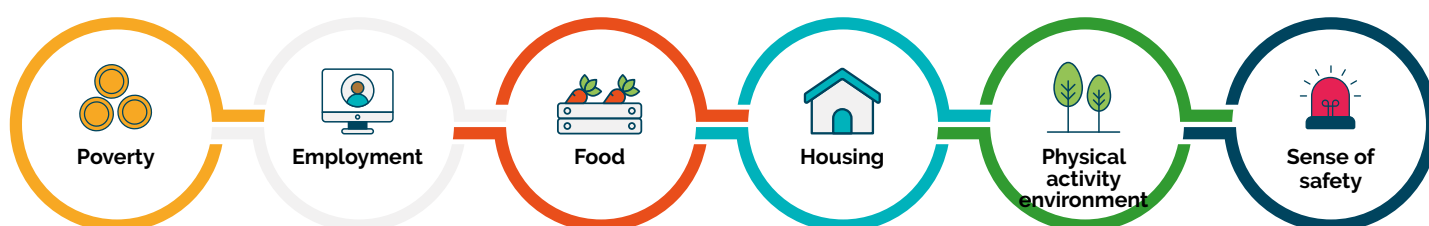
## 6.2 Key public health measures

### The building blocks for health

The 'building blocks for health', or the 'social/wider determinants of health', refer to the social, cultural, political, economic, commercial, and environmental factors that shape the conditions in which people are born, grow, live, work and age. These are areas beyond the health and social care system where there is untapped potential to support healthier lives.

The diagram below (see Figure 1) illustrates the building blocks for health this chapter will be focusing on. Other important building blocks, such as strong community networks, are covered in the [Healthy Adults](#) and [Healthy Communities](#) chapters.

**Figure 1: Outlining the building blocks to health this chapter focuses on**





## Poverty

### IMPORTANCE

Poverty may mean people lack access to basic goods or services in ways that can damage health, such as being unable to consistently heat their home<sup>1</sup> or experiencing food insecurity (also referred to in this chapter as food poverty)<sup>2</sup>. People living in poverty often face chronic stress and continuous strain of financial insecurity, which adversely affects their health. Both the length of time someone is in poverty and the number of episodes of poverty they experience are associated with worse health<sup>3,4</sup>. Persistent poverty is more strongly associated with worse health than shorter exposures to poverty<sup>5</sup>. At neighbourhood level, healthy life expectancy is higher where the percentage of households living in relative poverty—when income is below 60% of the median—is lower. An increase of 1% in the percentage of households living in relative poverty is associated with a 6 month decrease in male healthy life expectancy<sup>6</sup>. Poverty cannot be understood separately from social exclusion, discrimination, and racism.

### MOST AFFECTED

Systemic inequalities disproportionately affect some Londoners living in poverty, particularly in Tower Hamlets. 48% of children are living in poverty after housing costs (2021/22), and older people, with 44% living in income-deprived households in 2019, are particularly vulnerable. Additionally, 72% of households in poverty in Tower Hamlets are working families<sup>7</sup>. Research also highlights disparities based on ethnicity, homeownership status, employment<sup>8</sup>, disability, and lone parenthood (the majority of whom are women)<sup>9</sup>. The most deprived areas in the borough are mainly in the East of the borough and include Lansbury, Poplar, Stepney Green, St Dunstan's and Bromley North, in contrast with least deprived areas which include St. Katharine's and Wapping, and the Island Gardens wards along the riverside<sup>10</sup> (see Figure 2).

### COMPARISON

Tower Hamlets is one of the country's most deprived boroughs. In 2022, 39% of households in Tower Hamlets were in poverty, the highest among the London boroughs.<sup>11</sup> The borough has the highest proportion of children in poverty before and after Housing Costs, (48% in 2021/22) of all London boroughs (see Figure 3). Tower Hamlets is on average the most income deprived borough compared to other London boroughs (see Figure 4). The average neighbourhood is 2.03 times more income-deprived than the average in London, and 2.67 times more income-deprived than the average in the rest of England<sup>12</sup>. Tower Hamlets is 10th of all London boroughs in terms of percentage of people on out of work benefits (14.4% in April to June 2022 and 2023) (see Figure 5).

**28% of adults living in persistent poverty are in poor health compared with 19% of adults living in poverty and 15% of adults not living in poverty<sup>13</sup>**



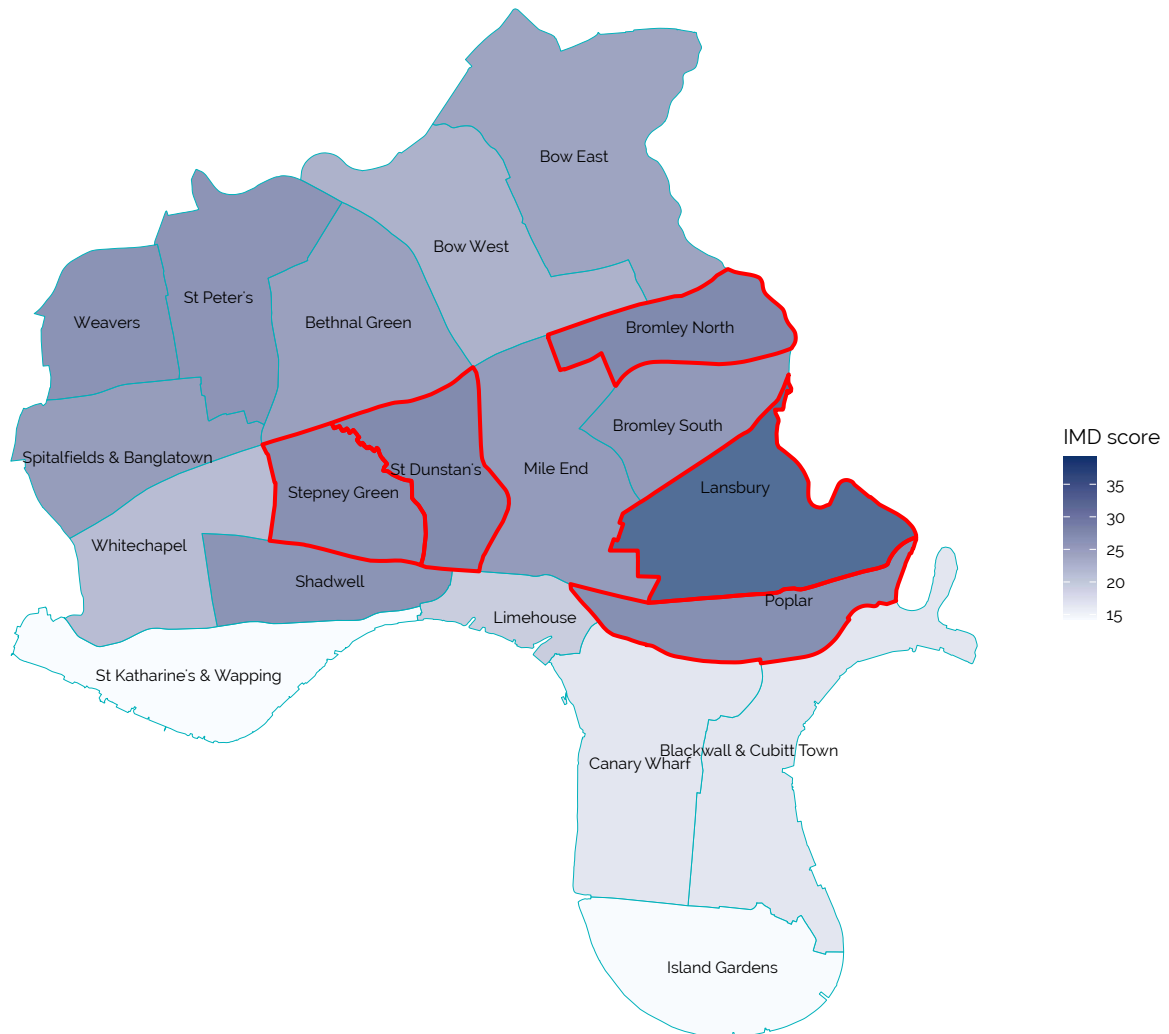
**69% of local neighbourhoods in Tower Hamlets (100 out of 144) are in the 10% most deprived in England, according to the 2019 income deprivation affecting older adults' index**



<sup>1</sup> Food poverty is defined as when a household's total minimum acceptable food expenditure (based on the Minimum Income Standard) is higher than their income after 'priority costs'. In this chapter this phrase will be used interchangeably with 'food insecurity'



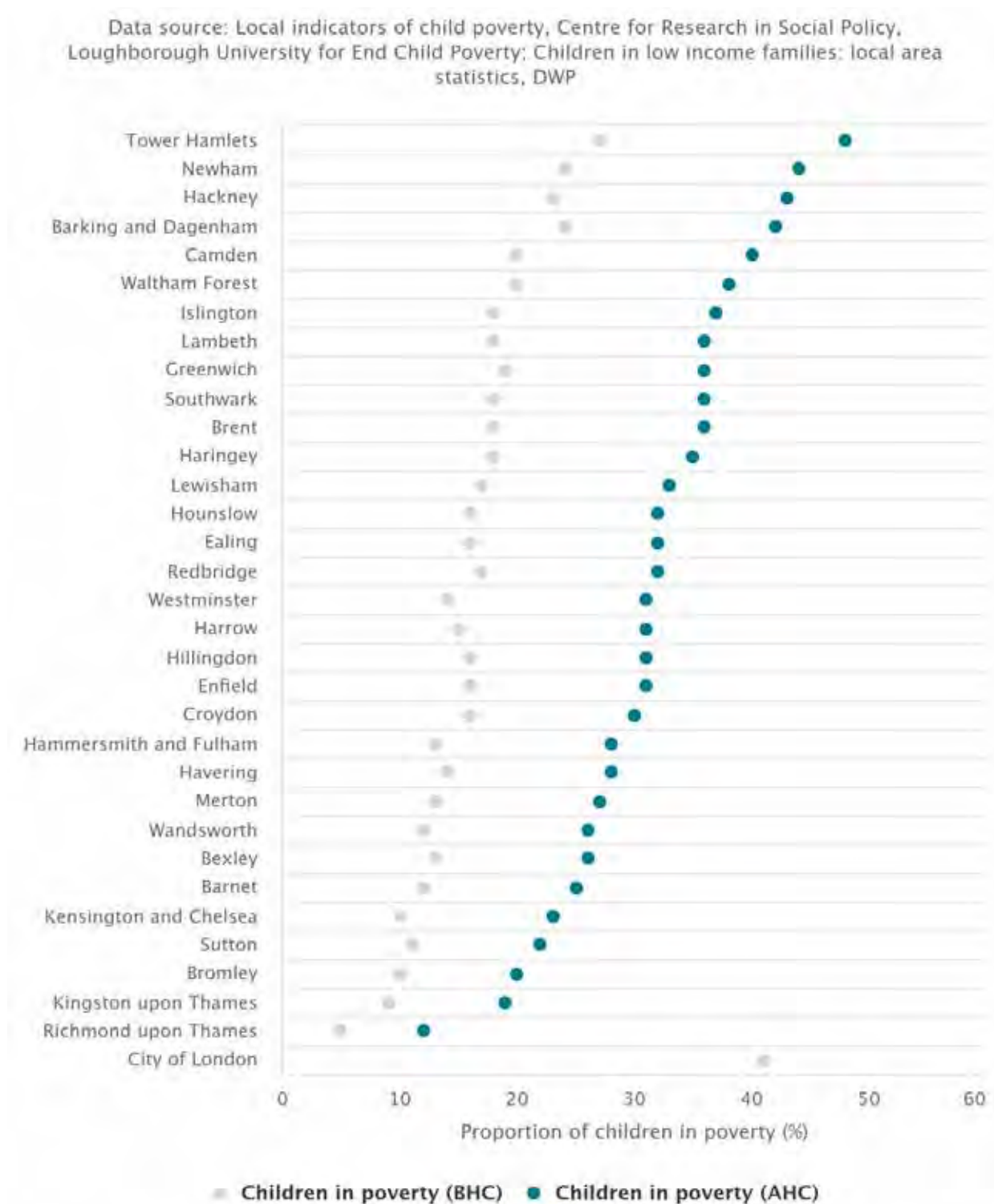
Figure 2: Top 5 most deprived wards



Source: 2019 Index of Multiple Deprivation

Figure 2 shows deprivation by wards in Tower Hamlets graded by the 2019 Index of Multiple Deprivation. The darker the colour, the more deprived the ward. The most deprived wards are outlined in red: Stepney Green, St Dunstan's, Bromley North, Lansbury, and Poplar.

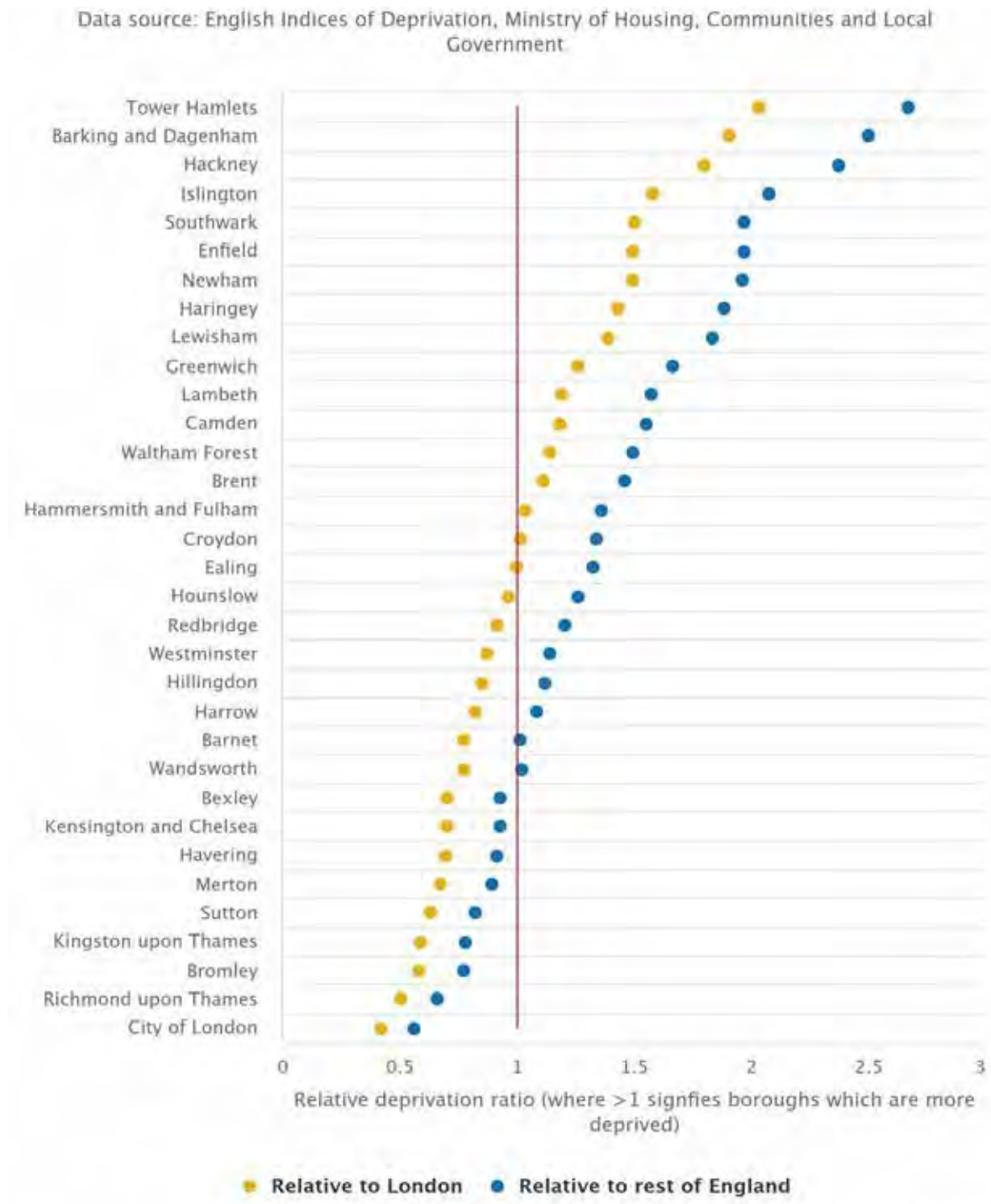
**Figure 3: Proportion of children in poverty before and after housing costs by London borough<sup>14</sup>**



Source: Trust for London, London's Poverty Profile (2023), data retrieved from local indicators of child poverty, Centre for Research in Social Policy, Loughborough University for End Child Poverty; Children in low-income families: local area statistics, DWP.

Figure 3 shows Tower Hamlets is the borough with the highest rate of child poverty (after housing costs). Almost half (48%) of children are growing up in poverty in Tower Hamlets, compared to 12% in Richmond upon Thames.

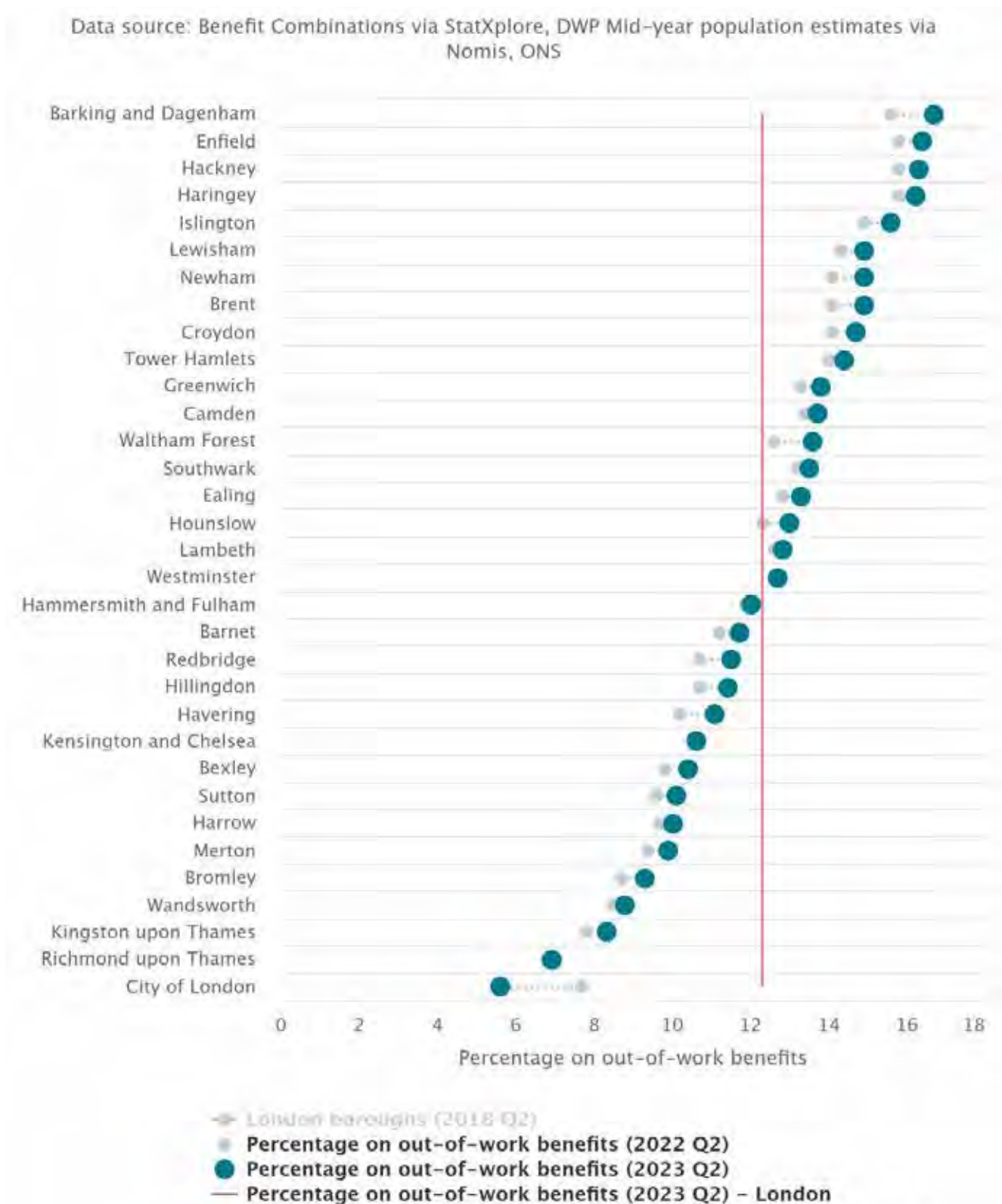
Figure 4: London boroughs' median income deprivation ranking relative to London and rest of England (2019)<sup>15</sup>



Source: Trust for London, London's Poverty Profile (2020), data retrieved from English Indices of Deprivation, Ministry of Housing, Communities and Local Government

Figure 4 shows Tower Hamlets is on average the most income-deprived in comparison to the other London boroughs. The average neighbourhood in the borough is 2.03 times more income-deprived than the average in London, and 2.67 times more income-deprived than the average in the rest of England.

Figure 5: Percentage of people on out-of-work benefits by London borough (2022 Q2 and 2023 Q2)<sup>16</sup>



Source: Trust for London, London's Poverty Profile (2023), data retrieved from Benefit Combinations via StatXplore, DWP Mid-year population estimates via Nomis, ONS.

Figure 5 shows Tower Hamlets is the London borough with the tenth highest percentage of people on out-of-work benefits.

## Employment

### IMPORTANCE

Both employment and unemployment can impact health positively or negatively, with job characteristics playing a crucial role in health outcomes. Employment benefits include a stable income and social connections, while risks involve workplace hazards and stress<sup>17</sup>. Conversely, unemployment can lead to health issues via stress, unhealthy behaviours (such as smoking and drinking), poverty, and negative impacts on future job prospects<sup>18</sup>. Low-quality jobs, characterised by low security, satisfaction, or pay, can adversely affect health<sup>19</sup>. Moreover, a strong correlation exists between income and health, where higher income levels generally correspond to better health. This gradient is not limited to those in poverty; health improves across all income levels<sup>20</sup>. Areas with higher economic inactivity have lower life expectancy, indicating the broader impact of employment status on public health<sup>21</sup>.

### MOST AFFECTED

In Tower Hamlets, there's a significant disparity in economic activity between genders, with almost double the proportion of females (24.02%) being economically inactive compared to males (12.50%) (see Figure 6). White ethnic groups have the highest proportion of economically active (excluding full-time students) individuals in employment (over 74%), while Asian and Black ethnic groups have lower proportions at 49.2% and 54.7% respectively (see Figure 7). About 35.8% of residents with disabilities (excluding full-time students, and as per the Equality Act) are economically active, contrasting with 66% of those without disabilities (see Figure 8). Many of our residents work in sectors with insecure employment, with 19% employed in distribution, hotels, and restaurants<sup>22</sup>.

### COMPARISON

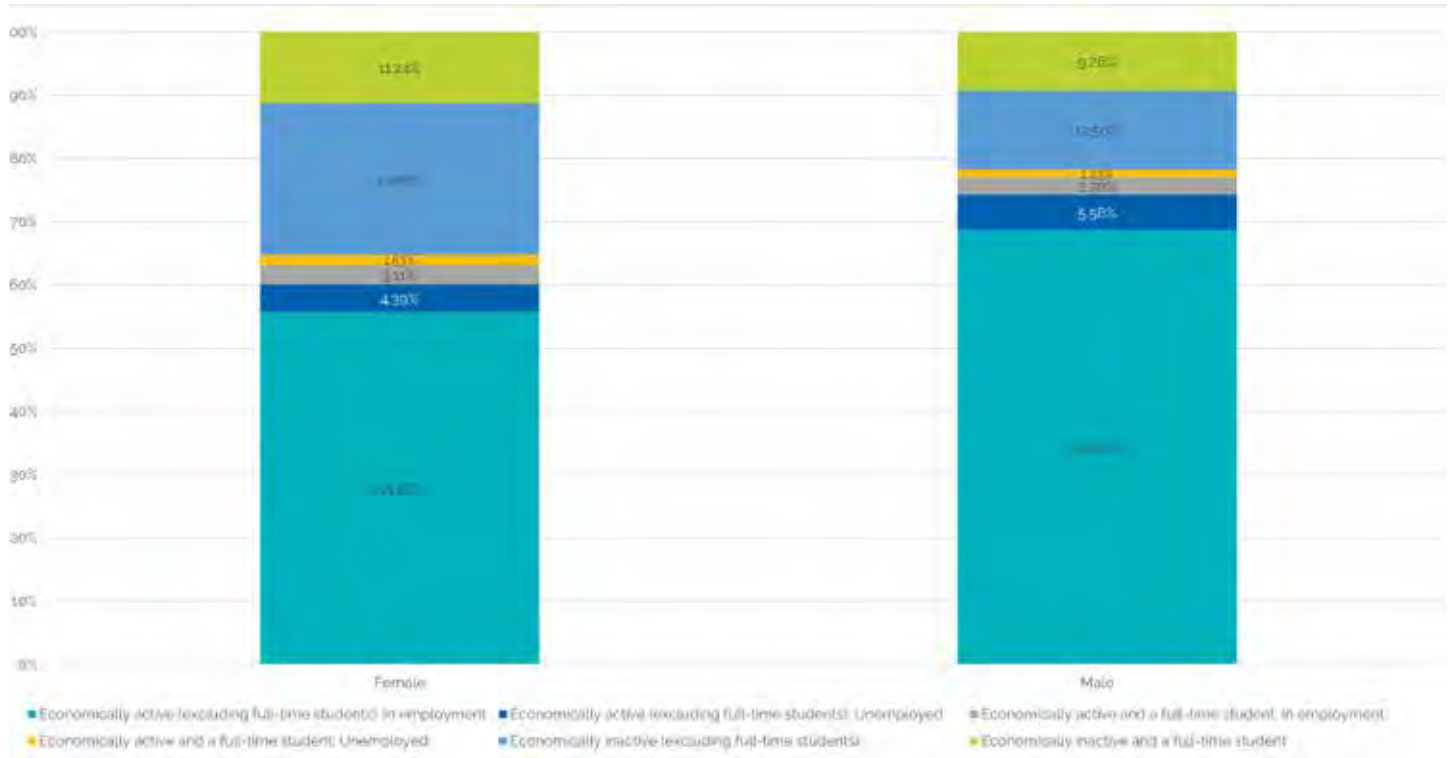
Tower Hamlets faces challenges with unemployment, ranking 5th highest among London boroughs (see Figure 9), with a 5.8% unemployment rate in 2023, higher than both London (4.8%) and Great Britain (3.7%) averages (see Figure 10). Additionally, 10.1% of residents' jobs paid below the London Living Wage, lower than the London average of 16.4%<sup>23</sup>. The percentage of economically active residents in Tower Hamlets stands at 75.3%, below London (78.5%) and Great Britain (78.8%) averages<sup>24</sup>. While the percentage of economically active men in Tower Hamlets (84.1%) exceed London (82.5%) and Great Britain (82.7%), the percentage of economically active women (66.6%) in Tower Hamlets is significantly lower than London (74.5%) and Great Britain (74.9%) (see Figure 11). The unemployment rate three-year change (2020) in Tower Hamlets is the joint lowest in London (-3.8) (see Figure 12).

**31% of people on the lowest incomes say they are not in good health, compared to 12% of people on the highest income.<sup>25</sup>**





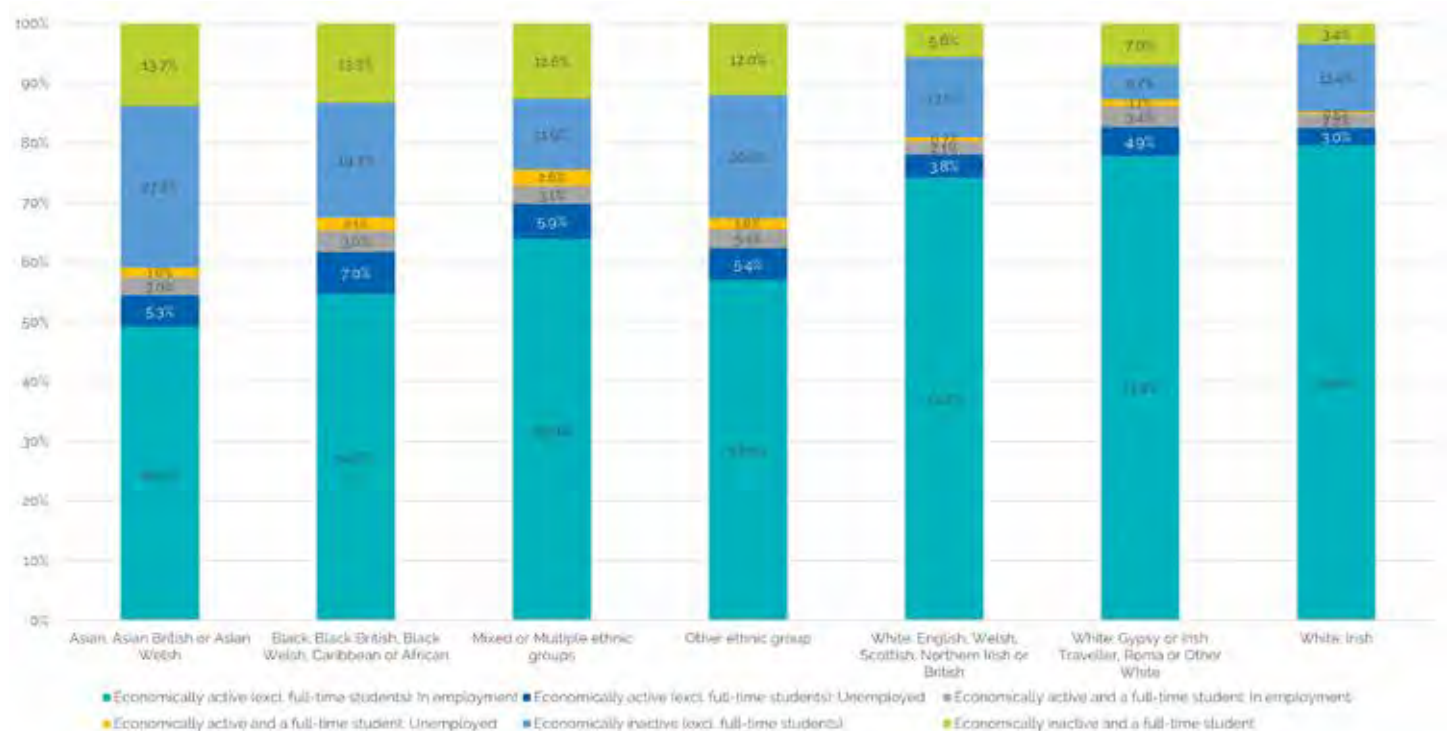
**Figure 6: Economic Status by sex**



Source: Census 2021

Figure 6 shows a notable gender disparity in economic activity. In Tower Hamlets, nearly twice the proportion of females (24.02%) are economically inactive compared to males (12.5%).

**Figure 7: Economic Status by ethnic category**

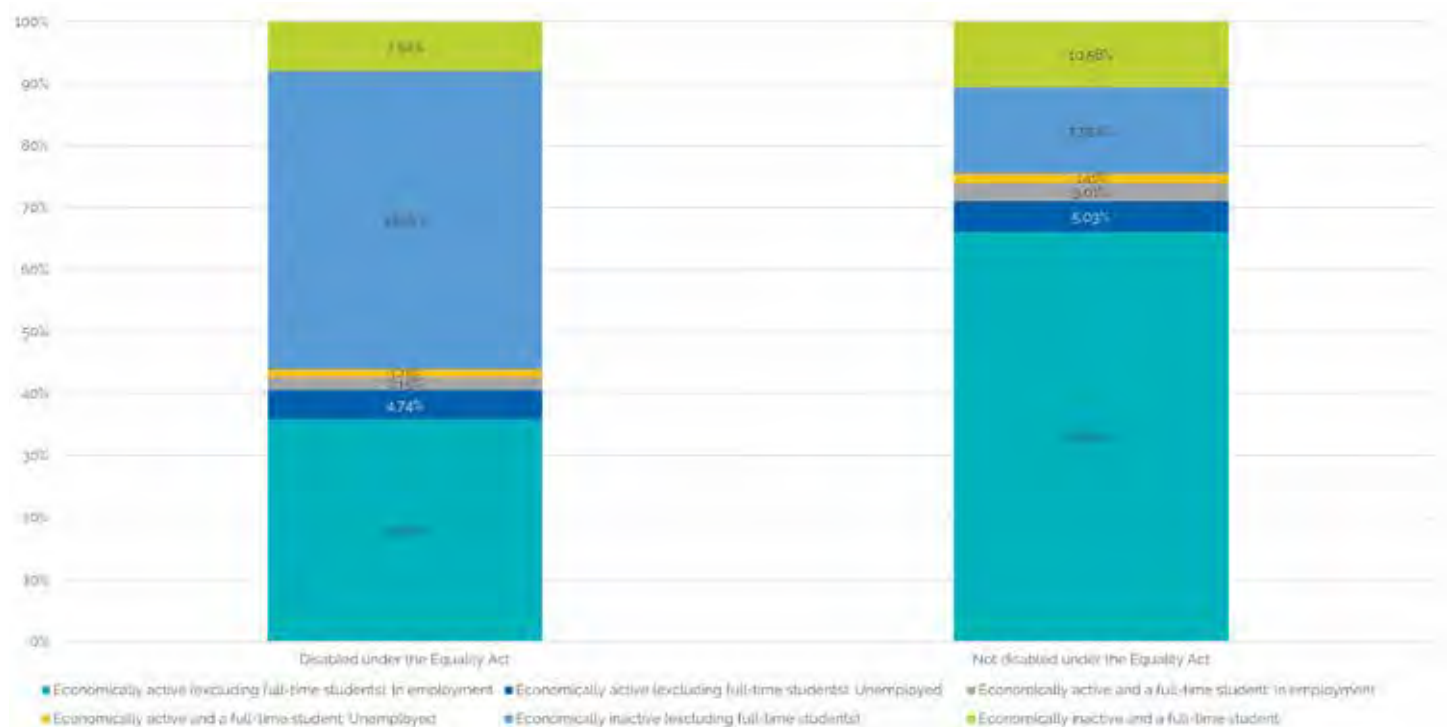


Source: Census 2021



Figure 7 shows White ethnic groups have the highest proportion of economically active individuals (excluding full-time students) in employment, exceeding 74%. In comparison, the proportions are lower for Asian and Black ethnic groups, at 49.2% and 54.7% respectively.

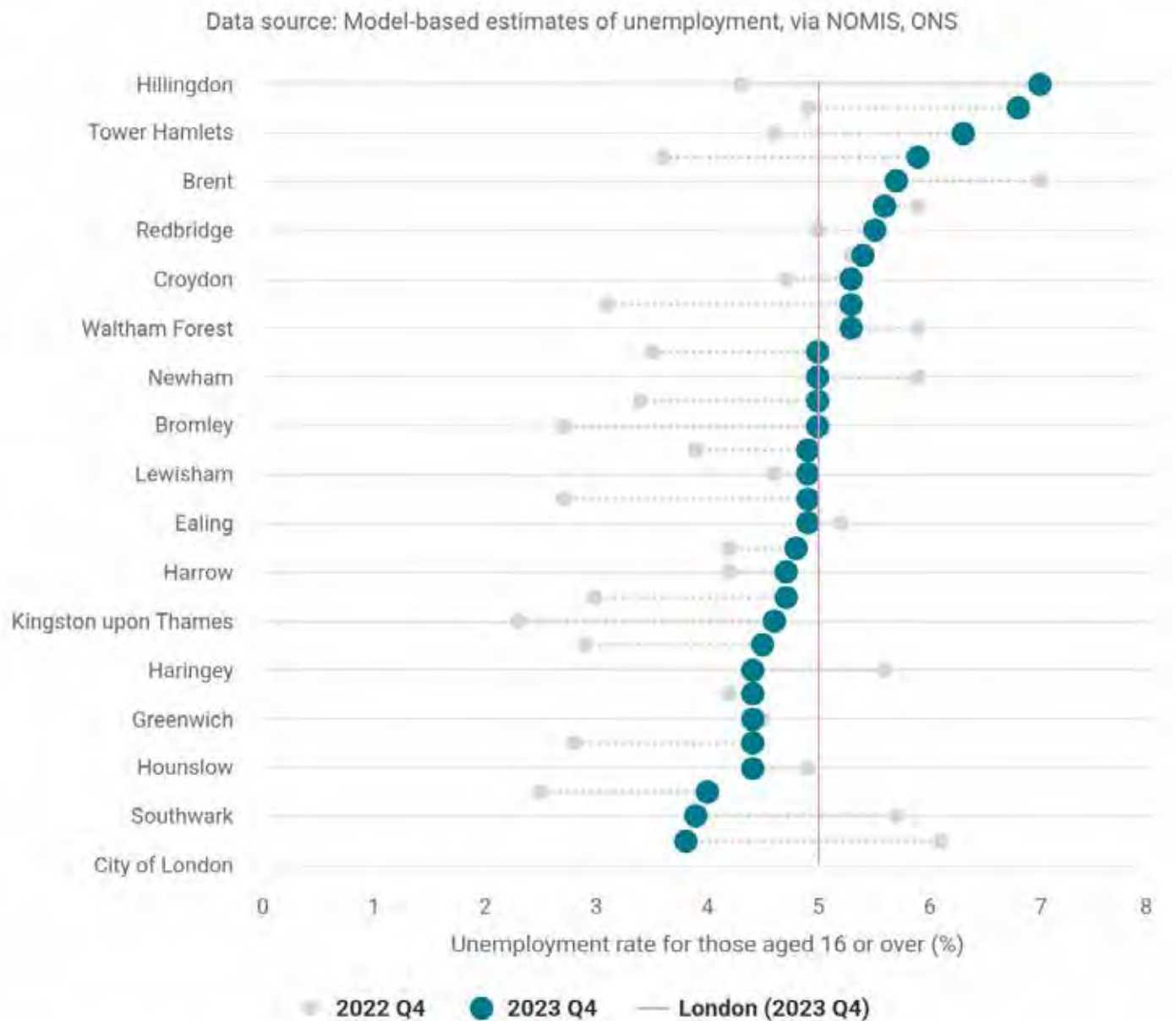
**Figure 8: Economic status by disability status**



Source: Census 2021

Figure 8 shows 35.8% of residents with disabilities (excluding full-time students, as defined by the Equality Act) are economically active. In contrast, 66% of residents without disabilities are economically active.

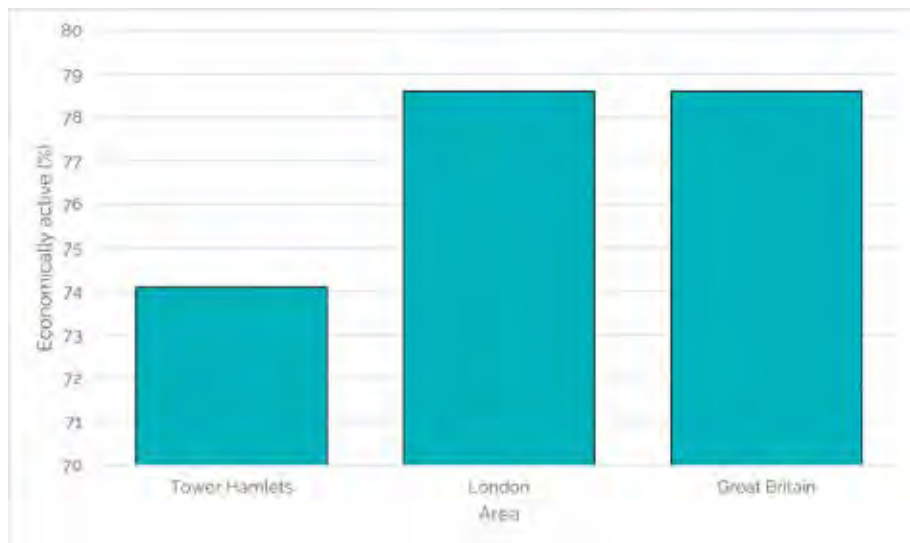
Figure 9: Unemployment rate by London borough (2022 Q4 and 2023 Q4)<sup>26</sup>



Source: Trust for London, London's Poverty Profile (2024), data retrieved from Model-based estimates of unemployment, via NOMIS, ONS

Figure 9 shows Tower Hamlets is the London borough with the third highest unemployment rate. The unemployment rate shows the proportion of economically active people (that is those who are either employed or unemployed) aged 16+ who are unemployed.

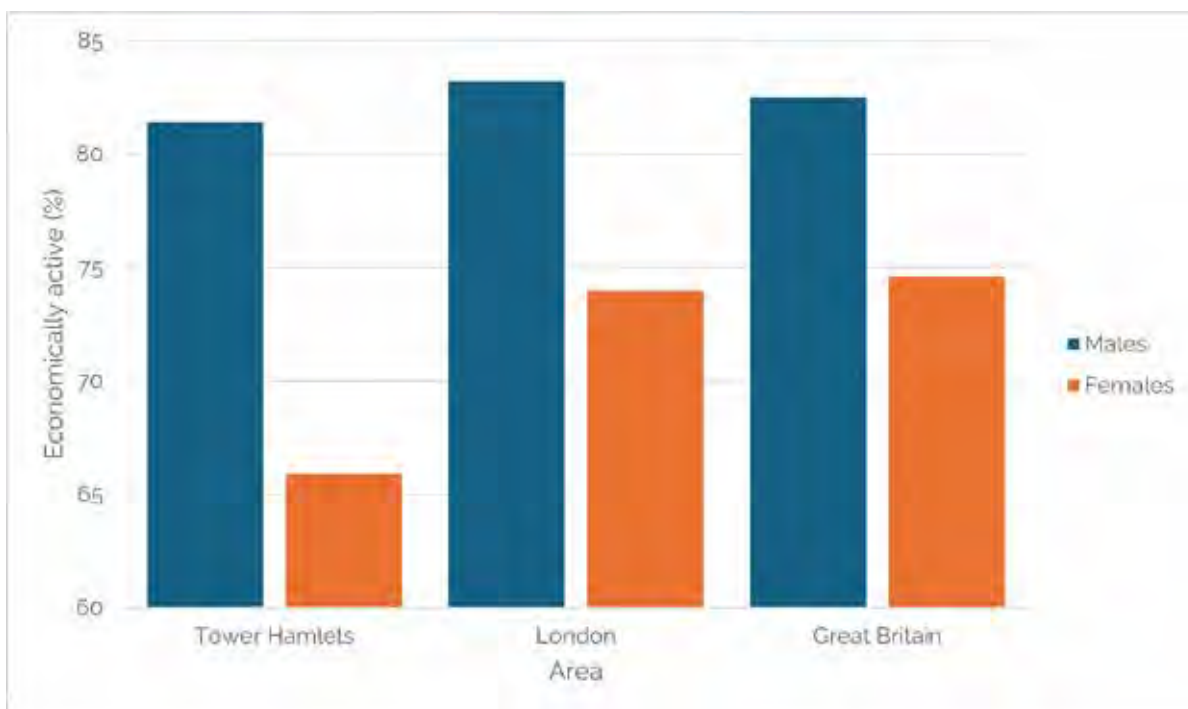
**Figure 10: Economic activity in Tower Hamlets compared to London and Great Britain<sup>27</sup>**



Source: ONS NOMIS, Labour market profile- Tower Hamlets. Data from ONS Annual Population Survey

Figure 10 shows the percentage of economically active residents in Tower Hamlets is 74.1%, below London (78.6%) and Great Britain (78.6%) averages. 'Economically active' refers to individuals who are either employed or unemployed but actively seeking work and available to start work within a specified period.

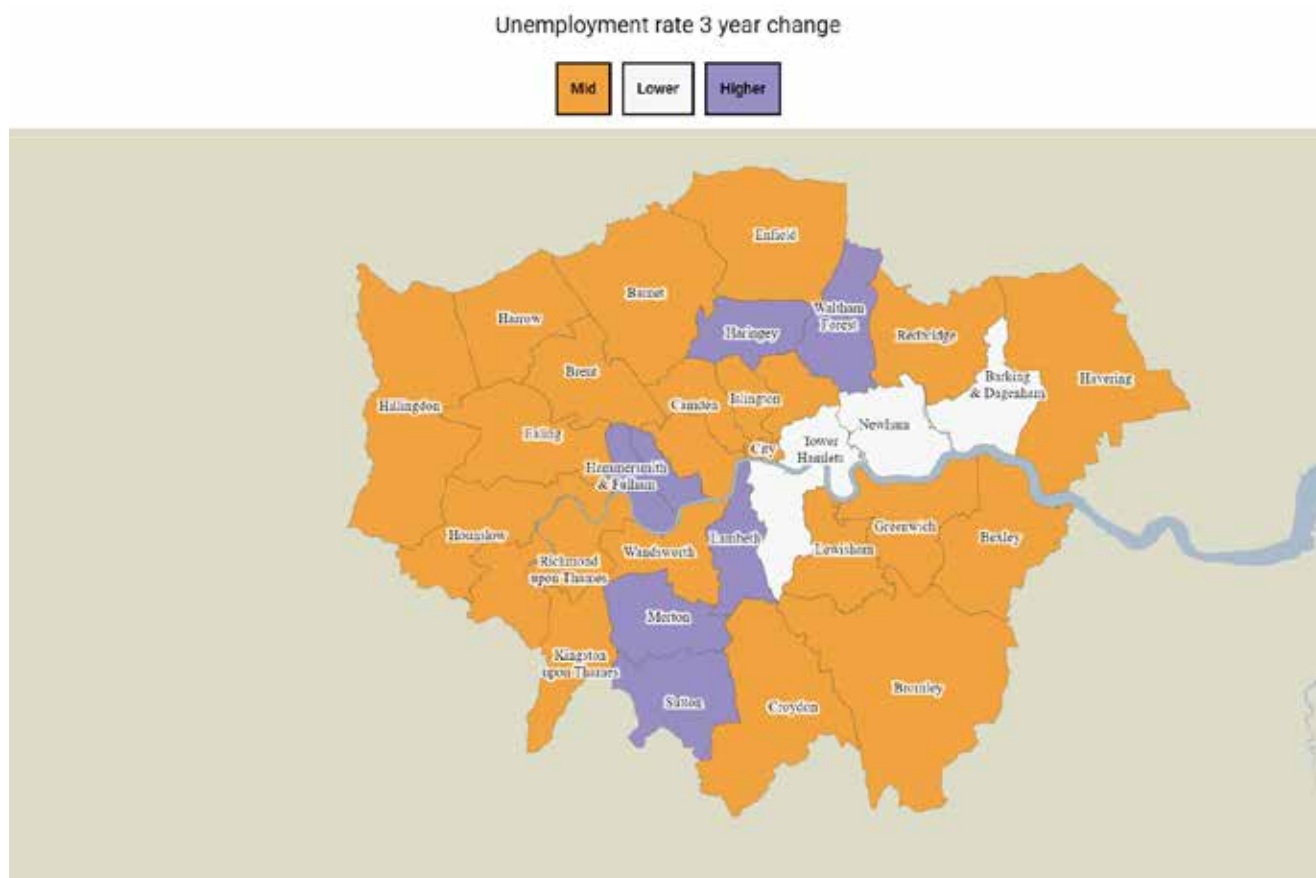
**Figure 11: Percentage of economically active women and men in Tower Hamlets, London, and Great Britain<sup>28</sup>**



Source: ONS NOMIS, Labour market profile- Tower Hamlets. Data from ONS Annual Population Survey

Figure 11 shows the percentage of economically active men and women aged 16-64 in Tower Hamlets. There are more economically active men (81.4%) than women (65.9%) in Tower Hamlets.

Figure 12: Unemployment rate 3-year change in London (2020), Trust for London data<sup>29</sup>



Source: Trust for London, London's Poverty Profile (2020) Unemployment rate change (2020).

### Food

#### IMPORTANCE

A healthy food environment extends beyond what we eat, encompassing factors like advertising, availability of healthy options, and policies shaping access to nutritious food. Food insecurity, the inability to access enough healthy food<sup>30</sup>, contributes to health inequalities and affects social well-being<sup>31</sup>. It leads to poorer diet quality, impacting both physical and mental health<sup>32</sup>. Healthier foods are often more expensive<sup>33</sup>, making it challenging for lower-income individuals who may rely on cheaper, less nutritious options<sup>34</sup>. In Tower Hamlets, 97% of residents live near fast-food outlets, associated with obesity risk<sup>35</sup>. Additionally, exposure to adverts for unhealthy foods increases the risk of excess weight.<sup>36</sup>

#### MOST AFFECTED

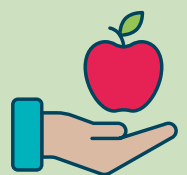
Groups at high risk of food insecurity include those on benefits, people with disabilities, households with children<sup>37</sup>, single parents, young people, those living with someone in poor health<sup>38</sup>, and ethnic minorities<sup>39</sup>. Unhealthy food adverts are often aimed at low-income groups<sup>40,41</sup>. In Tower Hamlets, young people aged 16-24 are most affected by food insecurity (see Figure 13), along with single individuals, lone parents, and couples with or without children (see Figure 14). The top 5 wards experiencing food poverty are Spitalfields, Banglatown, Canary Wharf, Poplar, Lansbury, and Bromley North (see Figure 15 and Figure 17). Both fast food outlets<sup>42</sup> and unhealthy food adverts are more common in deprived areas<sup>43</sup>.

#### COMPARISON

In Tower Hamlets, adults aged 16 and over consume fewer fruits and vegetables (25.1%) compared to the London (31.5%) and England (32.5%) averages (see Figure 16). Only 25% of adults in Tower Hamlets eat enough fruits and vegetables, while in wealthier areas like Kensington and Chelsea, it's 41% (see Figure 16)<sup>44</sup>. **More children in Tower Hamlets qualify for free school meals compared to the London and England averages.**

Although fewer adults in Tower Hamlets are classified as overweight or obese compared to the averages for London and England, nearly half still fall into these categories<sup>45</sup>. There are higher rates of dental decay among 5-year-olds and overweight or obese Year 6 pupils in Tower Hamlets compared to the London and England averages (see Figure 3 and Figure 4 in the [Healthy Early Years](#) chapter or Figure 5 in the [Healthy Child and Adolescents](#) chapter). In 2014, Tower Hamlets had a higher ratio of fast-food (41.8) outlets to school's ratio compared to the national<sup>46</sup> and inner London averages (36.7)<sup>47</sup>.

**In Tower Hamlets there are currently 4,799 households, (including 3,356 children) who are living in food insecurity, and this is likely an underestimate.<sup>48</sup>**

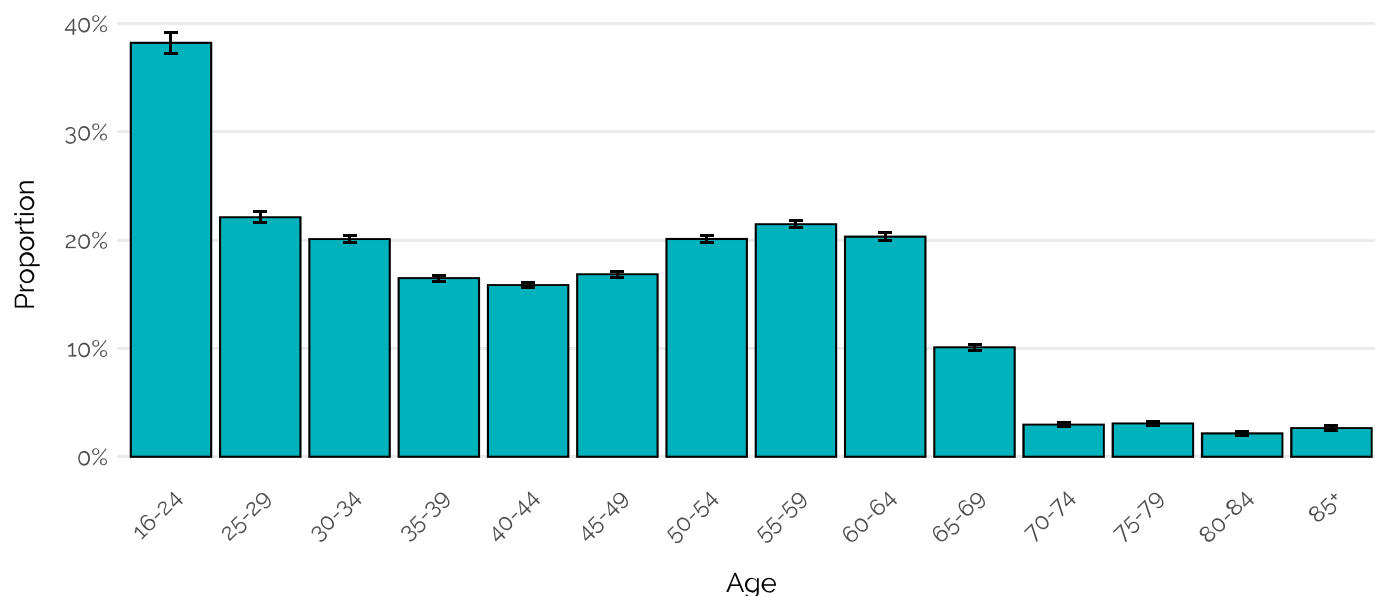


**There is 6 times more advertising in the most deprived decile of England than the least deprived.<sup>49</sup>**



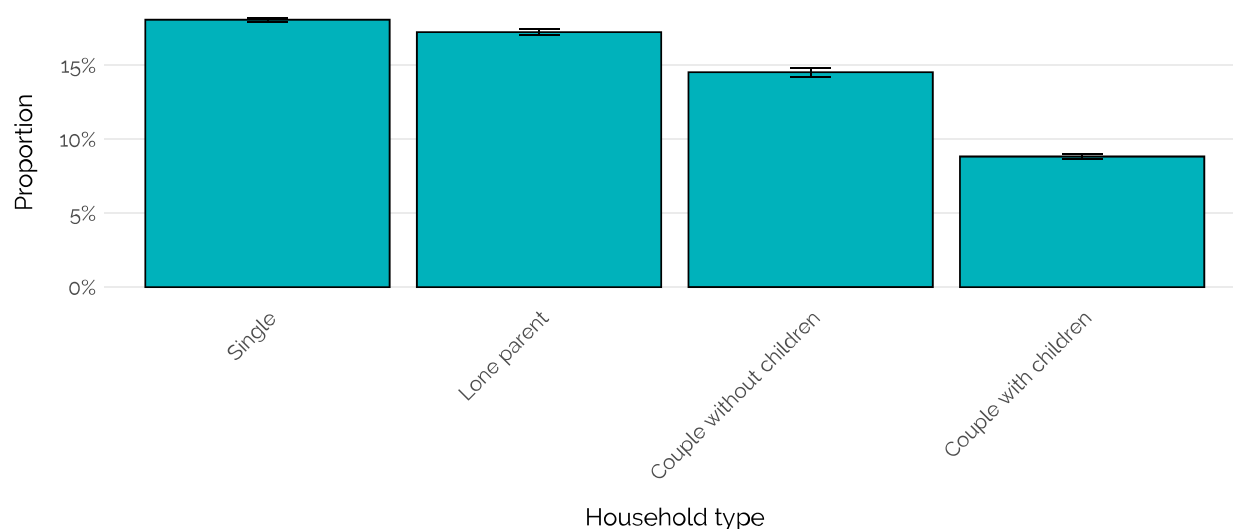
**Figure 13: Proportion of Tower Hamlets residents experiencing food poverty by age**

Figure 13 shows that among our low-income households, young people aged 16-24 are the most likely to experience food insecurity.



Source: Low Income Family Tracker (2022-23)

**Figure 14: Proportion of Tower Hamlets residents experiencing food poverty by household type**

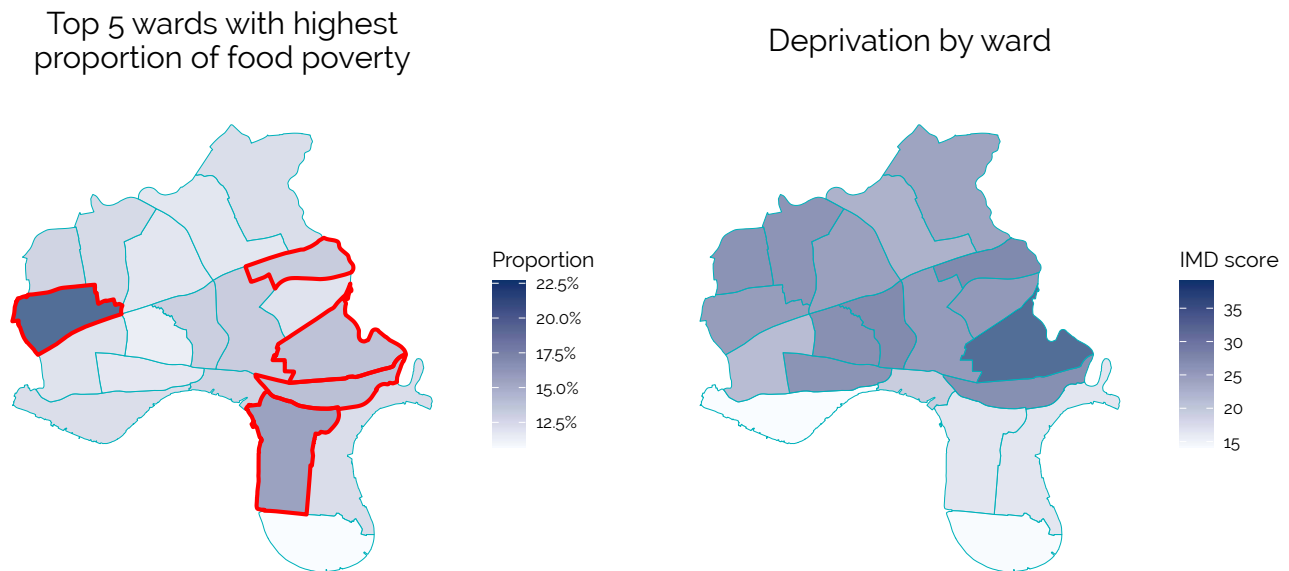


Source: Low Income Family Tracker (2022-23)



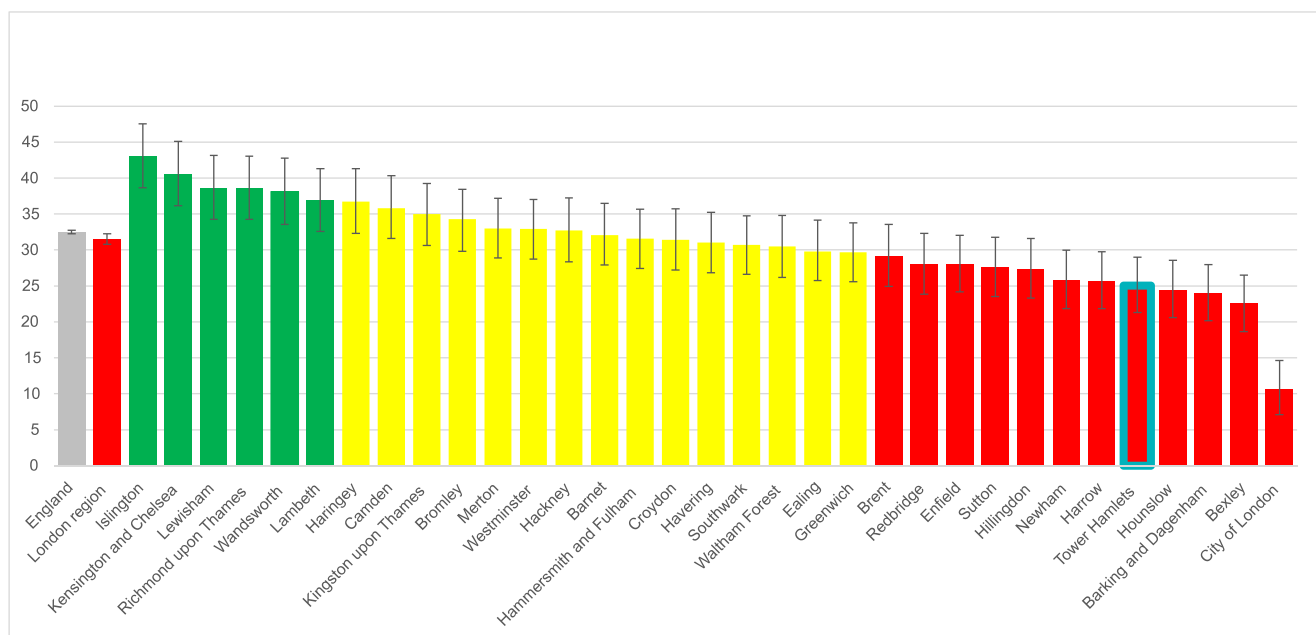
**Figure 15: Wards by deprivation and food poverty**

Figure 15 shows the top 5 wards experiencing food poverty\* are Spitalfields and Banglatown, Canary Wharf, Poplar, Lansbury, and Bromley North. This figure shows there are pockets of food poverty even in less deprived wards.



Source: Low Income Family Tracker (2022-23), 2019 Index of Multiple Deprivation

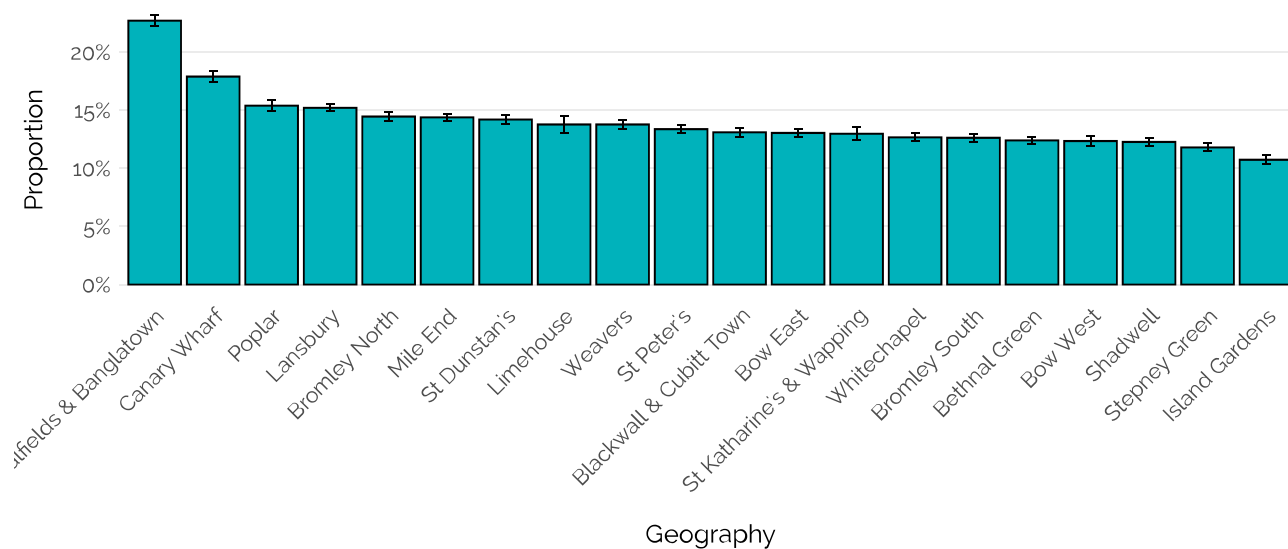
**Figure 16: Percentage of adults, 16+, meeting 5-a-day consumption recommendation, RAG rated by statistical comparison to England, the London region and other London Boroughs<sup>50</sup>**



Source: Public Health Outcomes Framework , data retrieved from OHID, Sport England data

Figure 16 shows Tower Hamlets has a lower proportion of adults meeting the recommended fruit and vegetable intake compared to the national average and London average.

**Figure 17: Proportion experiencing food poverty by ward**



Source: Low Income Family Tracker (2022-23)

Figure 17 shows the ward with the highest level of food insecurity is Spitalfields and Banglatown, and the ward with the lowest is island Gardens.

For additional information relevant to food insecurity, see **Figure 'X'** free school meal eligibility in the Healthy Children and Adolescents chapter.

### Housing

#### IMPORTANCE

The right home environment can lessen the demand for healthcare services, avoid hospitalisations, support timely hospital discharges, prevent re-hospitalisations, and facilitate recovery from illness or surgeries<sup>51</sup>. It is estimated that the cost of poor housing to the NHS is £1.4 billion per year<sup>52</sup>. Homes should be warm, safe, ventilated, not overcrowded, affordable, accessible, and provide a sense of security and community<sup>53</sup>. Physical and mental health is at risk if people live in homes that are cold, damp, or hazardous; do not accommodate a household's needs due to issues like overcrowding or lack of accessibility; or fail to provide safety and stability, including precarious living situations or homelessness<sup>54</sup>. Substandard housing is a cause of health inequalities<sup>55</sup>.

#### MOST AFFECTED

Children and their families, people with long-term conditions, people with mental health issues, people with learning disabilities, people recovering from ill health, older people, people who spend a lot of time at home, low-income households and people who experience multiple inequalities are most impacted by poor housing<sup>56</sup>. Issues such as overcrowding are more common in ethnic minority households compared to White British households<sup>57</sup>. Overcrowding in Tower Hamlets is highest among residents from an Asian background, followed by residents from Black, White British, and all other White groups (see Figure 18). Wards with the highest proportion of residents living in overcrowded accommodation are Shadwell, Stepney Green, Poplar, St Dunstan's, and Lansbury (see Figure 19).



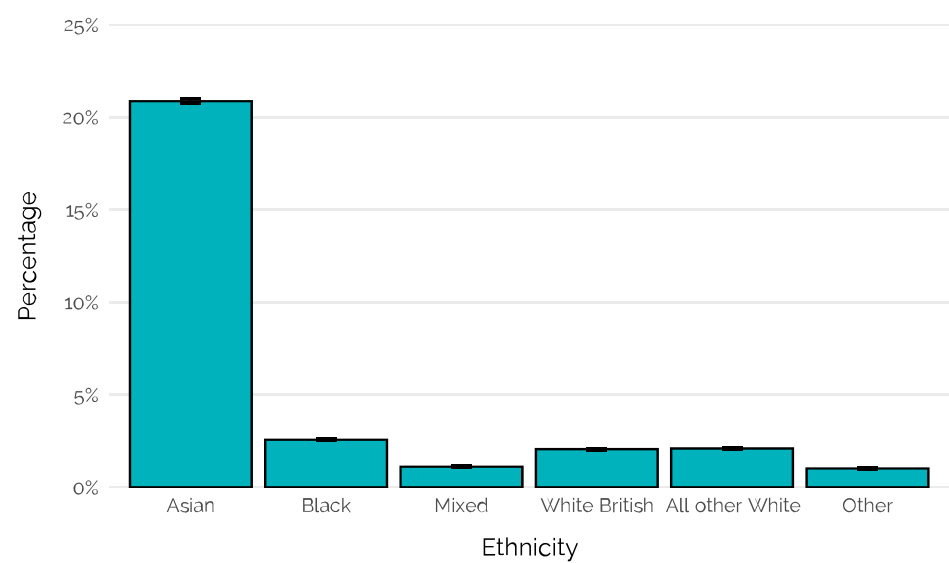
#### COMPARISON

Tower Hamlets has a higher proportion of residents living in overcrowded accommodation compared to the London and England average (see Figure 20). In Tower Hamlets the highest levels of overcrowding in the England, second only to the London Borough of Newham, at the local authority level in the Census of 2021 (see Figure 21).

**In Tower Hamlets, of the 32,720 low-income households identified by the Low-Income Family Tracker in October 2023, 13,307 (41%) are living in fuel poverty**



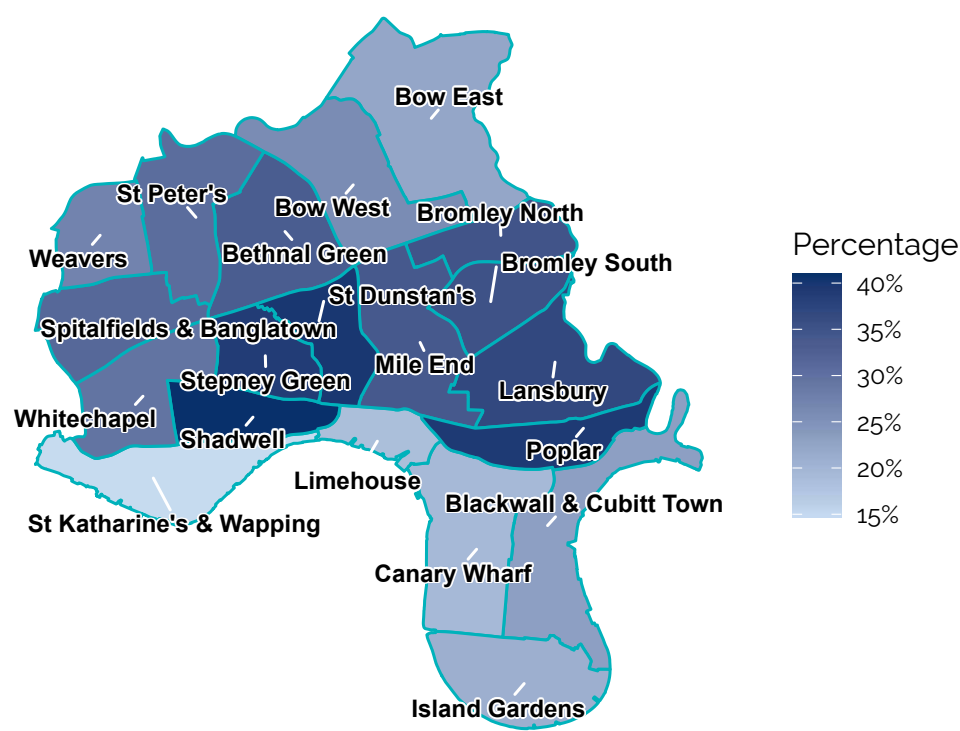
**Figure 18: Proportion of residents living in overcrowded accommodation, Tower Hamlets 2021**



Source: Census 2021

Figure 18 shows overcrowding is highest among residents from an Asian background, followed by residents from Black, White British, and All other White groups.

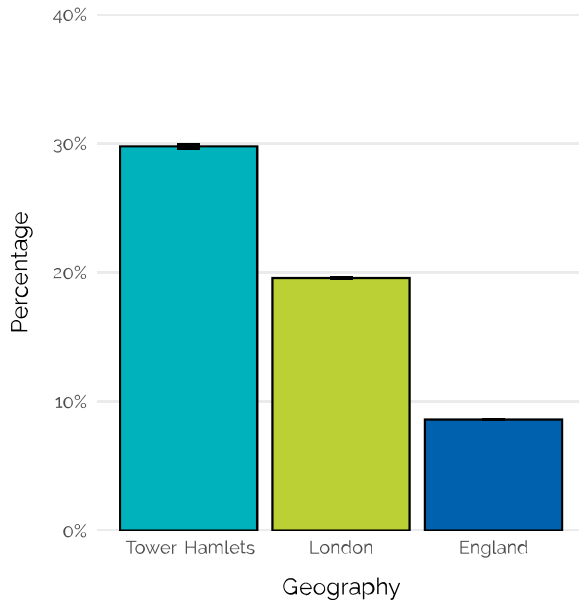
**Figure 19: Proportion of residents living in overcrowded accommodation**



Source: Census 2021

Figure 19 shows the wards with the highest proportion of residents living in overcrowded accommodation are Shadwell, Stepney Green, Poplar, St Dunstan's, and Lansbury.

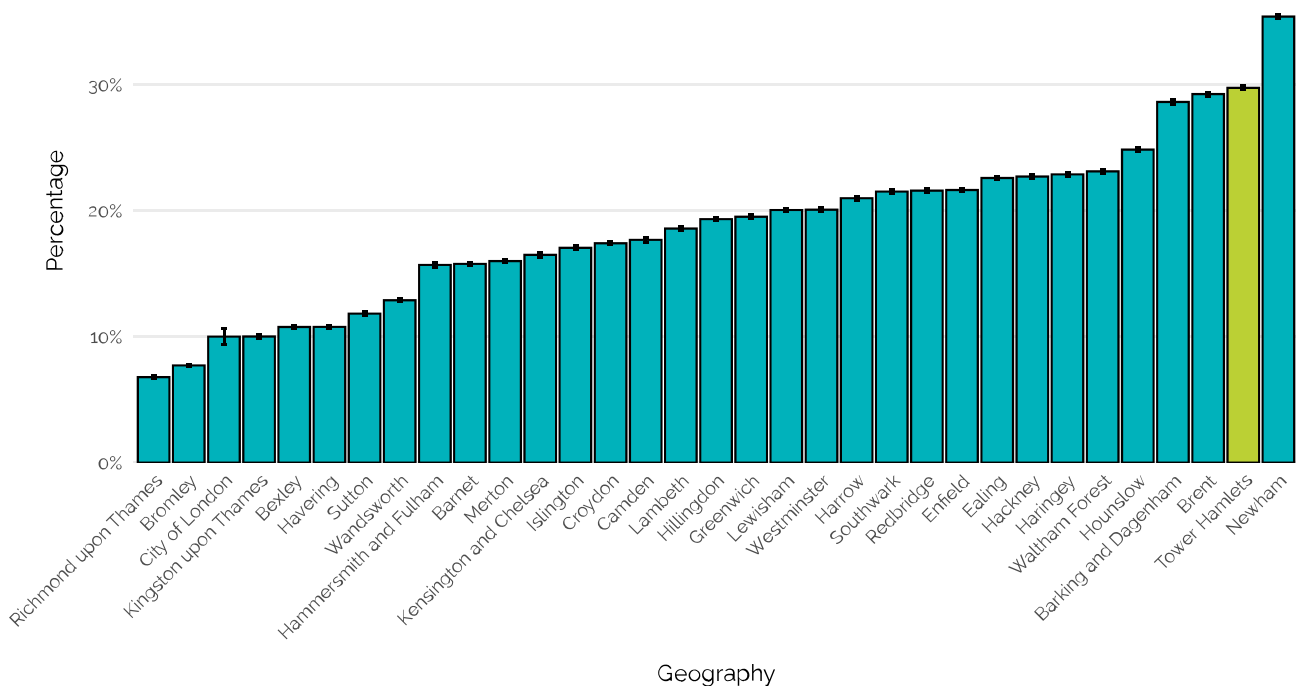
**Figure 20: Proportion of residents living in overcrowded accommodation**



Source: Census 2021

Figure 20 shows Tower Hamlets has a higher proportion of residents living in overcrowded accommodation compared to London and England average.

**Figure 21: Proportion of residents living in overcrowded accommodation**



Source: Census 2021

Figure 21 shows Tower Hamlets has the second highest proportion of residents living in overcrowded accommodation amongst London boroughs.

## Physical activity environment

### IMPORTANCE

Physical activity is important for good health, as outlined elsewhere in this document, and therefore creating an environment that makes it easy to be active, is extremely important<sup>58</sup>. This includes making it easy to cycle, walk, and wheel<sup>ii</sup>, which can also address significant societal challenges such as improving air quality, combating climate change, and alleviating road congestion. However, the societal cost of road transport remains high, leading to both immediate and long-term health risks and inequalities (see Figure 22)<sup>59</sup>. Ensuring there is equitable access to high quality play, green and open spaces can also make it easier for people to be active, as well as supporting good mental health.

### MOST AFFECTED

In Tower Hamlets, there are notable differences in physical activity levels among adults and children by age, ethnicity, and income level, as outlined elsewhere in this document. Looking specifically at active travel, 67% of residents walk or wheel at least five days a week, while 23% cycle at least once a week<sup>60</sup>. Residents' choices and perceptions of active travel vary across different groups, with 70% of those in professional or managerial roles walking or wheeling at least five days a week, compared to 54% of those in semi-skilled or unskilled manual jobs, homemakers, or unemployed individuals<sup>61</sup>.



Living near green space, such as parks and other open spaces can improve health, regardless of social class<sup>62</sup>. Large parts of the borough, where significant population increase is expected, are beyond walking distance (400 m) from parks above 2 hectares (ha<sup>iii</sup>). The following areas will be particularly affected by this: Whitechapel, Fish Island, Bromley-by-Bow, Poplar Riverside, and the Isle of Dogs<sup>63</sup>. Some of the most deprived wards, mainly in the Whitechapel area and along the eastern borough boundary, have low levels of accessibility to and quantity of open space whilst also projected to see some of the most intense population growth.

There is consistent evidence that having access to recreational infrastructure, such as parks and playgrounds, is associated with reduced risk of obesity among adolescents and increase in physical activity<sup>64</sup>. Areas of deficiency for play are located centrally within Mile End Park, to the west of Limehouse Basin, Canary Wharf, and directly to the west of Mudchute Park, and Farm on the Isle of Dogs. Further deficiencies are found at the far northern, western, and eastern corners of the borough<sup>65</sup>.

ii Walking, wheeling, and cycling can decrease congestion, air and noise pollution, and both are linked to health and economic benefits.

iii A metric unit of square measure, equal to 100 ares (2.471 acres or 10,000 square metres).



### COMPARISON

The percentage of physically inactive residents in Tower Hamlets is 20.5%, compared to 22.9% in London and 22.3% in England (see Figure 27). Whilst the proportion of adults who do any walking or cycling for leisure, at least three times per week, is lower in Tower Hamlets (21.3%) compared to the London (25.1%) and England (29.7%) average (see Figure 24), the proportion of adults who do any walking or cycling for travel at least three times per week is higher in Tower Hamlets (39.7%) compared to the London (30.7%) and England (19.36%) average (see Figure 25). Fewer children (41%) walk to school compared with the rest of London (53.7%) and England (51.3%) (see Figure 27)<sup>66</sup>. Furthermore, fewer children (41%) walk to school compared with the rest of London (53.7%) and the nation (51.3%) (see Figure 27)<sup>67</sup>. Tower Hamlets is both the most densely populated borough and the fastest growing borough in London (see )<sup>68</sup>. Some of the most deprived wards, mainly in the Whitechapel area and along the eastern borough boundary, have low levels of accessibility to and quantity of open space, whilst also projected to see some of the most intense population growth.

The physical activity landscape in Tower Hamlets presents a complex picture. While the borough has a lower percentage of physically inactive residents compared to the London region and England as a whole, various factors contribute to this situation. Tower Hamlets ranked 7th out of 33 London Boroughs in the Healthy Streets Scorecard<sup>iv</sup> in 2023, with a score of 5.93 out of 10<sup>69</sup>. This value combines scores for ten Healthy Streets indicators such as Low Traffic Neighbourhoods, traffic-free School Streets, Controlled Parking Zones and 20mph speed limits. The borough has the second lowest average distance to nearest park, public garden or playing field in the country. However, the borough

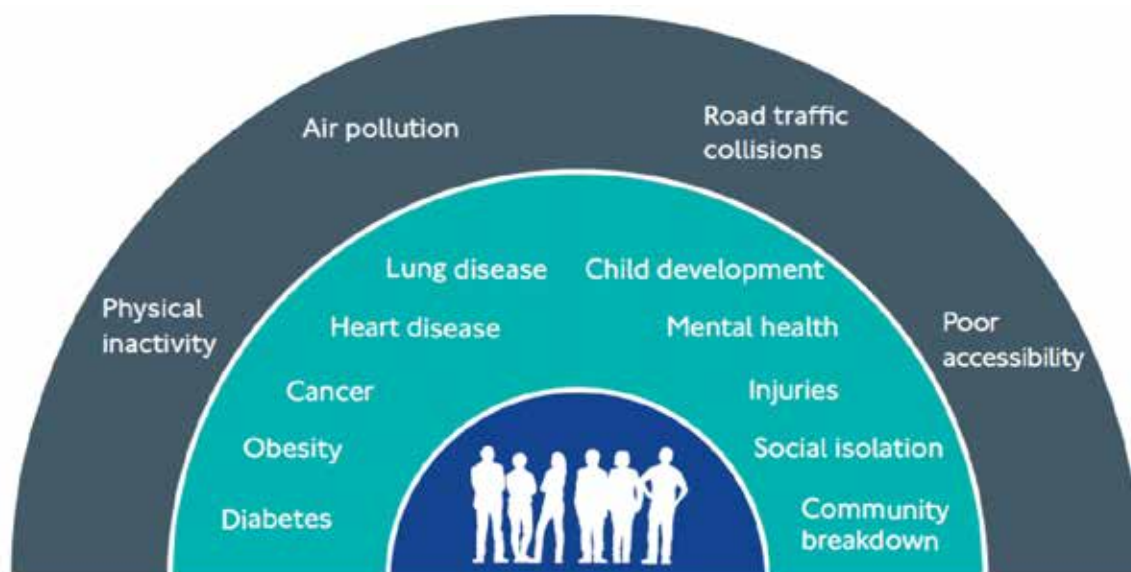


is 319th out of 371 boroughs when it comes to the average size of the nearest park for each resident<sup>70</sup>. Tower Hamlets is ranked 24th out of 33 London Boroughs in the percentage of open space of the total area of the borough. However, the borough is ranked 11th when assessing the percentage of open space with access in relation to the total area of the borough<sup>71</sup>.

The borough recently commissioned a Play Space Audit which identified 433 publicly accessible or restricted access (e.g.: Residents only) sites of play allocation in the borough. Unfortunately, other London boroughs are yet to audit their play spaces therefore we cannot draw a comparison on quality or quantity of play spaces with other boroughs.

<sup>iv</sup> The London Boroughs Healthy Streets Scorecard was launched in July 2019 and reflects key Mayoral Transport Strategy targets and interventions.

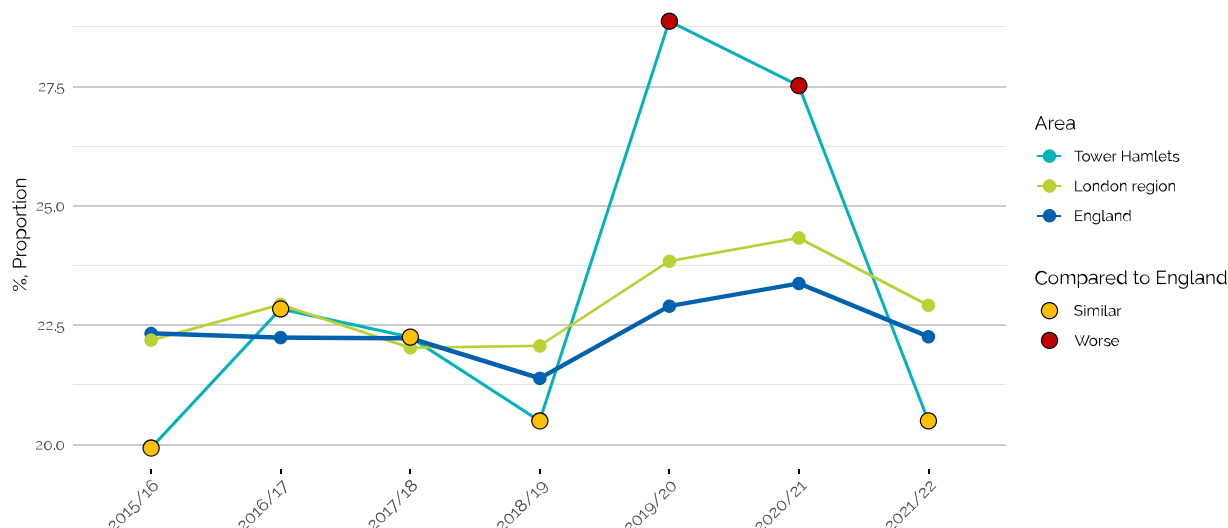
**Figure 22: Key adverse links between motorised road transport and health**



Source: Mayor of London & Transport for London 'Valuing the health benefits of transport schemes' Transport for London 2015 (p5)<sup>72</sup>

Figure 22 illustrates the various impacts of road transport on health and quality of life. Some of these impacts are direct, such as injuries and pollution, while others are indirect, like the effect of reduced physical activity on obesity.

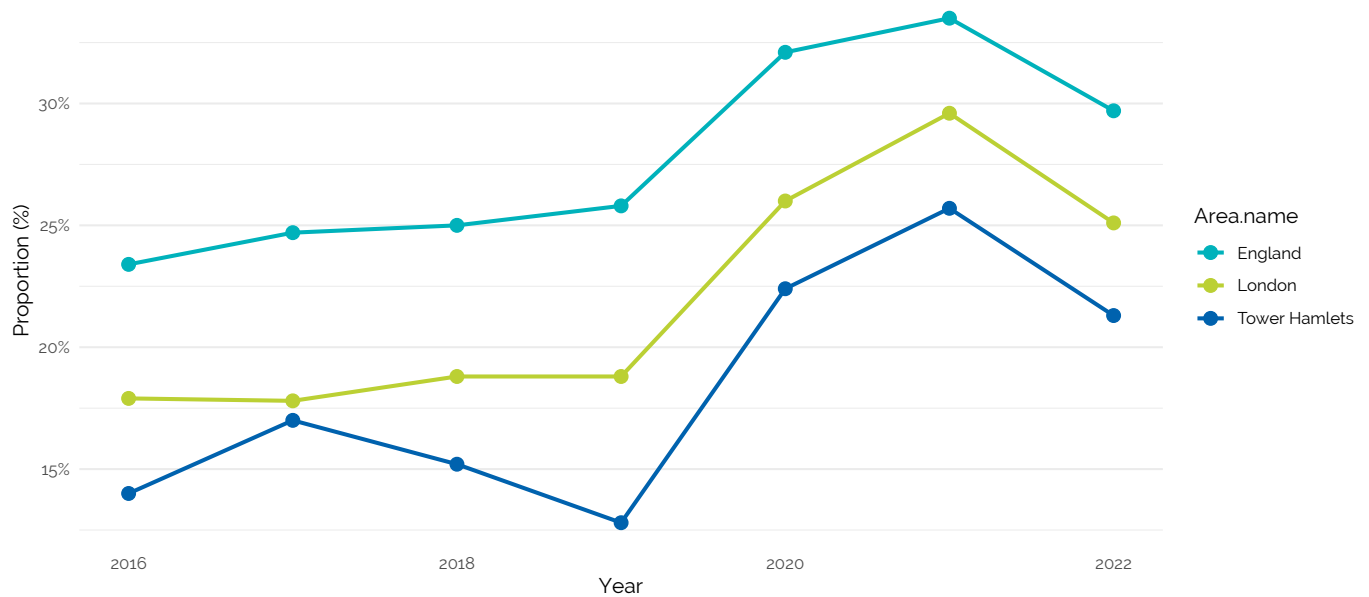
**Figure 23: Percentage of physically inactive adults, persons 19+ years**



Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

Figure 23 shows the percentage of physically inactive adults in Tower Hamlets is similar the England and London average, having been worse during the COVID-19 epidemic.

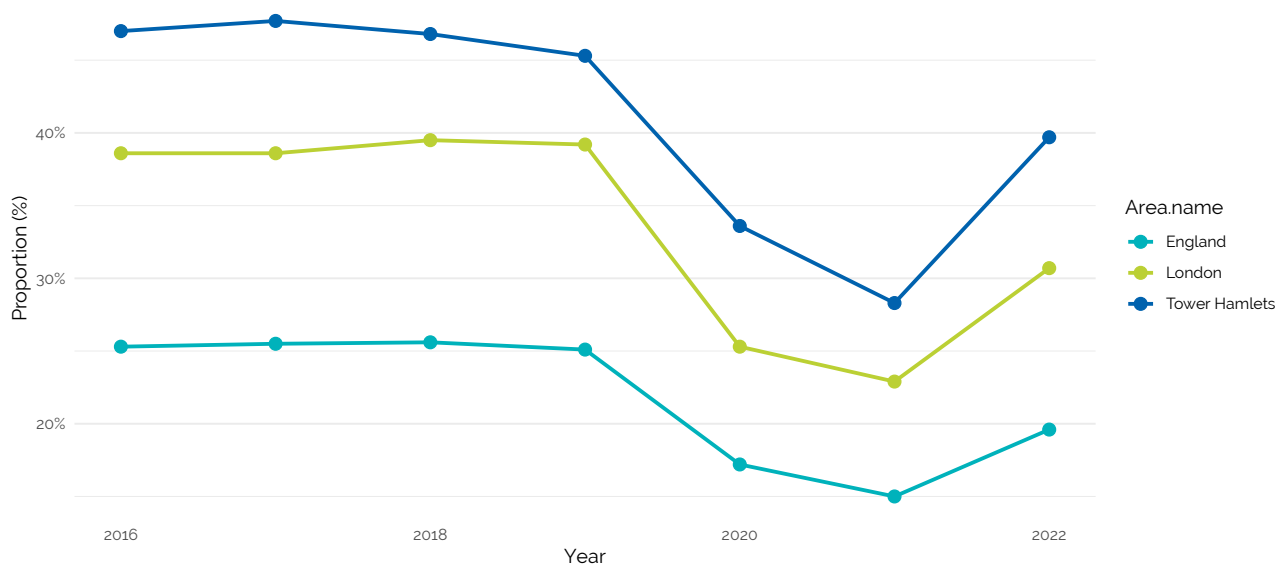
**Figure 24: Proportion of adults who do any walking or cycling for leisure at least three times per week**



Source: Active Lives Survey, Department for Transport

Figure 24 shows the proportion of adults who do any walking or cycling for leisure at least three times per week is lower in Tower Hamlets compared to the London and England average.<sup>73</sup>

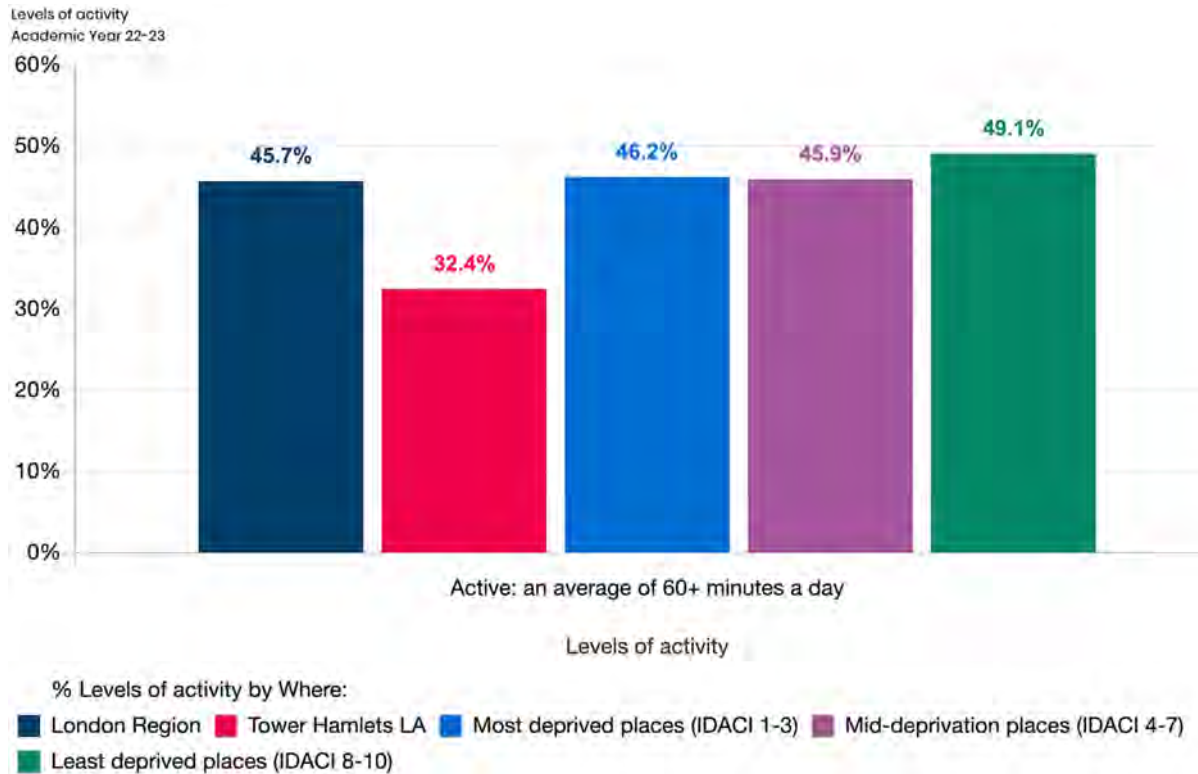
**Figure 25: Proportion of adults who do any walking or cycling for travel at least three times per week**



Source: Active Lives Survey, Department for Transport

Figure 25 shows the proportion of adults who do any walking or cycling for travel at least three times per week is higher in Tower Hamlets compared to the London and England average.

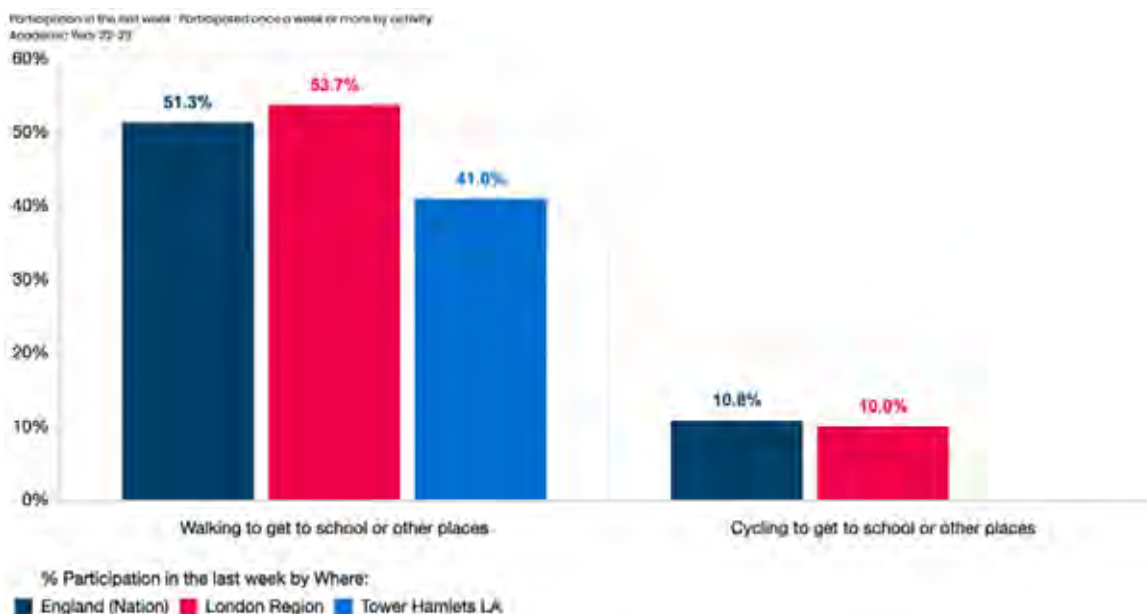
**Figure 26: Percentage of children and young people deemed active (Active (> 60 mins/day physical activity, comparing region and areas of deprivation)**



Source: Active Lives Survey for Children and Young People

Figure 26 shows Tower Hamlets has significantly lower physical activity levels (32.4%) in children and young people compared with the most deprived areas in the UK (46.2%)<sup>74</sup>.

**Figure 27: Percentage of children walking and cycling to school by region**



Source: Active Lives Survey for Children and Young People

Figure 27 shows in Tower Hamlets, fewer children (41%) walk to school compared with the rest of London (53.7%) and the nation (51.3%)<sup>75,76</sup>.

**Figure 28: Model showing density of Tower Hamlets population<sup>77</sup>**



Source: Tower Hamlets population change, Census 2021 – ONS

Figure 28 shows that Tower Hamlets was home to around 112.1 people per football pitch-sized piece of land, compared with 91.8 in 2011. This area was the most densely populated local authority area across England.



## Air quality



### IMPORTANCE

We all need clean air to have good health, grow and thrive. Air pollution poses the most significant environmental threat to public health in the UK, with long-term exposure leading to chronic conditions like cardiovascular and respiratory diseases, as well as lung cancer, thereby reducing life expectancy<sup>78</sup>. This pollution, a blend of natural and human-derived particles and gases, includes particulate matter (PM)<sup>v</sup> and nitrogen dioxide (NO<sub>2</sub>), major components of urban air pollution.

Activities like transportation, industry, farming, energy generation, and heating contribute to air pollution. Presently, no safe exposure level exists, underscoring the importance of reducing PM and NO<sub>2</sub> concentrations below UK air quality standards to yield health benefits<sup>79</sup>. While outdoor air pollution is decreasing and expected to continue declining with sustained efforts, indoor air pollution will become more critical as most adults spend over 80% of their time indoors. Mitigating emissions of harmful pollutants remains the most effective strategy for improving health in any environment<sup>80</sup>.

<sup>v</sup> Sometimes, PM is denoted with a number, such as PM<sub>10</sub> or PM<sub>2.5</sub>—these numbers refer to the particle's diameter in micrometres.



### MOST AFFECTED

Air pollution impacts individuals of all ages and backgrounds. Its health effects span from prenatal development to old age, with conditions such as respiratory ailments, cardiovascular diseases, and lung cancer being prominent. Emerging evidence suggests links to dementia, low birth weight, and type 2 diabetes<sup>81</sup>. Vulnerability to these effects varies, with certain groups, like the young, elderly, and those with pre-existing health issues, being more susceptible (see Figure 29). Exposure levels tend to be higher for individuals residing or working in areas with elevated pollution concentrations, often overlapping with socioeconomically deprived communities where pollution sources like traffic and industrial activities are prevalent<sup>82</sup>. Children, due to their developing organs and higher inhalation rates, face heightened risks. Pregnant women and their babies are also vulnerable. In London, a correlation exists between air pollution exposure and factors like area-level deprivation and ethnicity, with marginalised communities experiencing higher pollution levels<sup>83,84</sup>. Although this exposure gap reduced somewhat between 2013 and 2019, disparities persist. Addressing these disparities requires concerted efforts to mitigate pollution sources and protect vulnerable populations, emphasizing the importance of equitable environmental policies and interventions<sup>85</sup>.

### COMPARISON

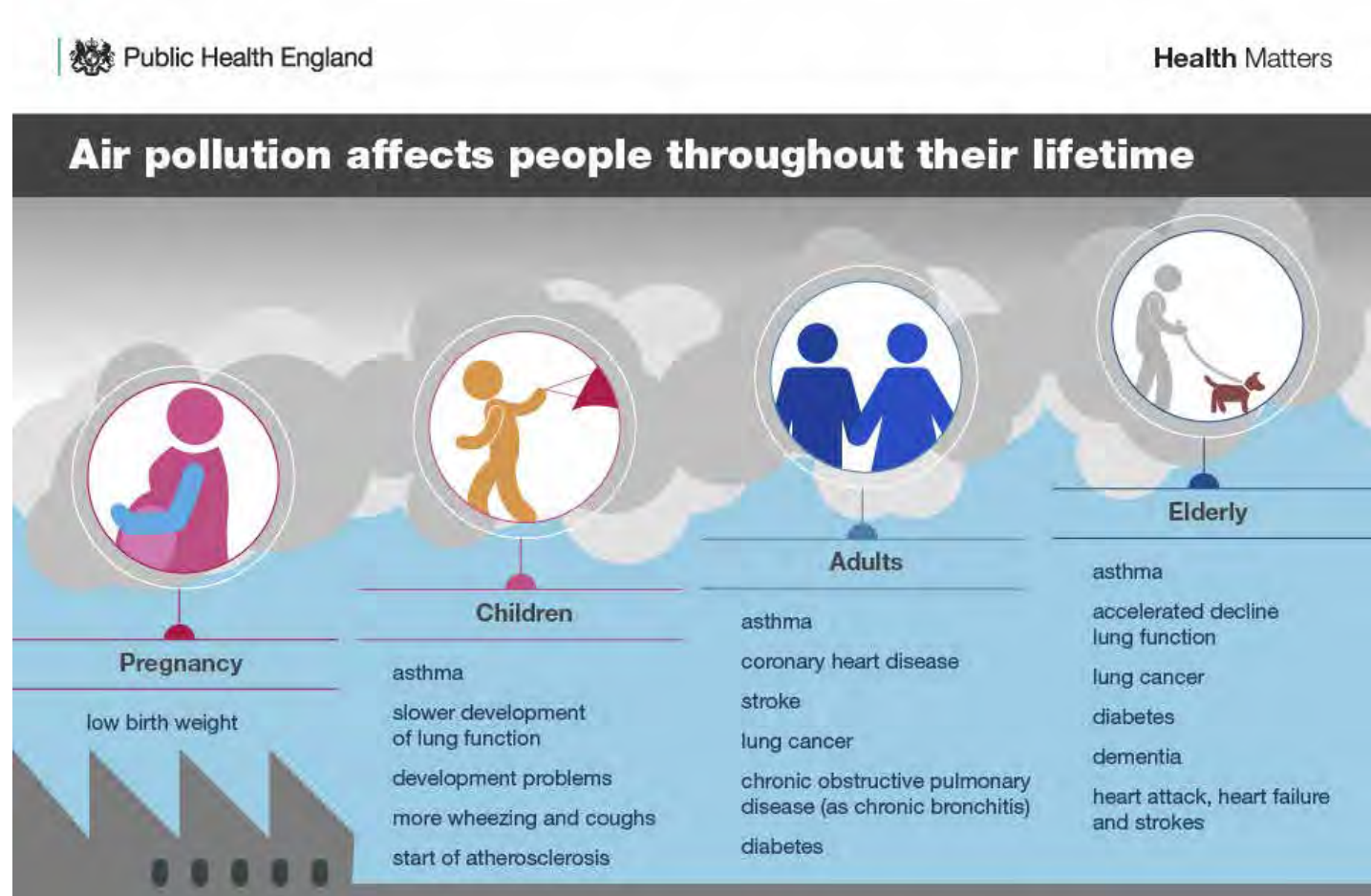
Tower Hamlets complies with all national Air Quality Objectives and Air Quality Standards Regulations except for NO<sub>2</sub> levels. However, while the current objectives for PM<sub>10</sub> are being met (see Figure 30 and Figure 31)<sup>86,87</sup>, PM<sub>2.5</sub> remains a concern due to its health impacts (see Figure 32). NO<sub>2</sub> levels remain elevated in certain areas, with approximately 7.5% of the population exposed to concentrations above the Air Quality Strategy objective of 40µg/m<sup>3</sup> based on 2019 modelled concentrations. It is worth noting that Tower Hamlets does not meet the World Health Organization's recommended 2021 annual Air Quality Guidelines for PM<sub>2.5</sub> (5µg/m<sup>3</sup>), PM<sub>10</sub> (15µg/m<sup>3</sup>), and NO<sub>2</sub> (10µg/m<sup>3</sup>)<sup>88,89</sup>.

In recent years, there has been a nationwide decrease in particulate matter (PM) air pollution<sup>90</sup>. However, Tower Hamlets consistently experiences higher annual average concentrations of fine PM compared to London and England averages. Specifically, Tower Hamlets has recorded an average of 9.5µg/m<sup>3</sup>, while London and England have averages of 8.7µg/m<sup>3</sup> and 7.4µg/m<sup>3</sup> respectively (see Figure 33)<sup>91</sup>. Additionally, Tower Hamlets ranks third among all London Boroughs for the average proportion of deaths attributed to particulate air pollution in 2022 (see Figure 34) having consistently recorded higher values than both London and England over the past 34 years (see )<sup>92</sup>.

The Greater London Authority estimated that in 2019 there were between 3,600 and 4,100 premature deaths linked to air pollution in London<sup>93</sup>



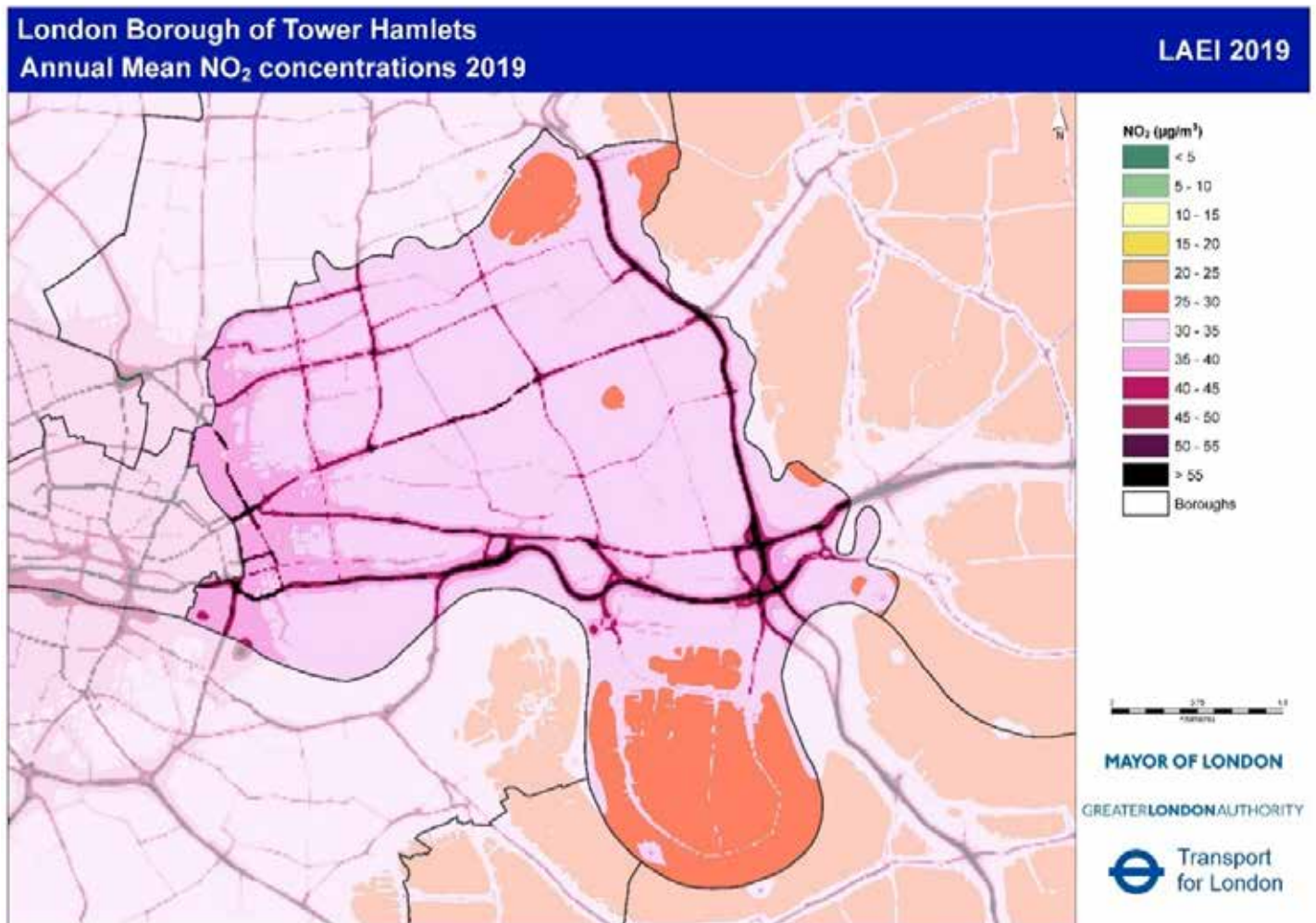
Figure 29: Health effects of air pollution throughout life<sup>94</sup>



Source: Adapted from Public Health England (2018)

Figure 29 highlights how air pollution has both direct and indirect effects on health throughout a person's life, starting from pregnancy and continuing into old age. The icons represent different life stages and associated health conditions.

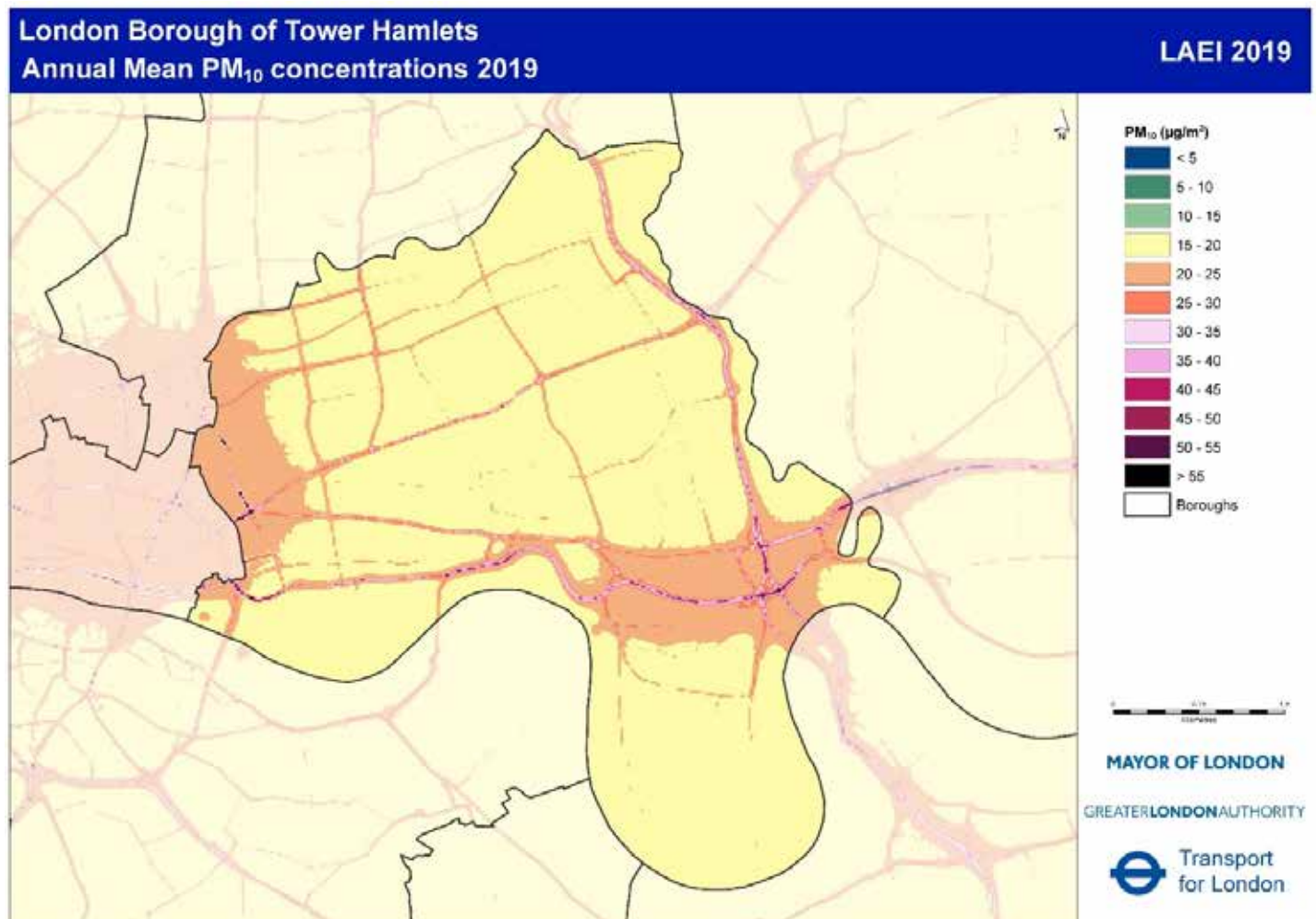
Figure 30: Map showing NO<sub>2</sub> levels



Source: <https://data.london.gov.uk/dataset/london-atmospheric-emissions-inventory--laei--2019>

Figure 30 shows that NO<sub>2</sub> levels above the UK legal limit (greater than 40 µg/m<sup>3</sup>) are common along major roads in the borough, with higher concentrations in the West and East areas. These elevated levels also affect residential areas.

Figure 31: Modelled map of annual mean PM<sub>10</sub>

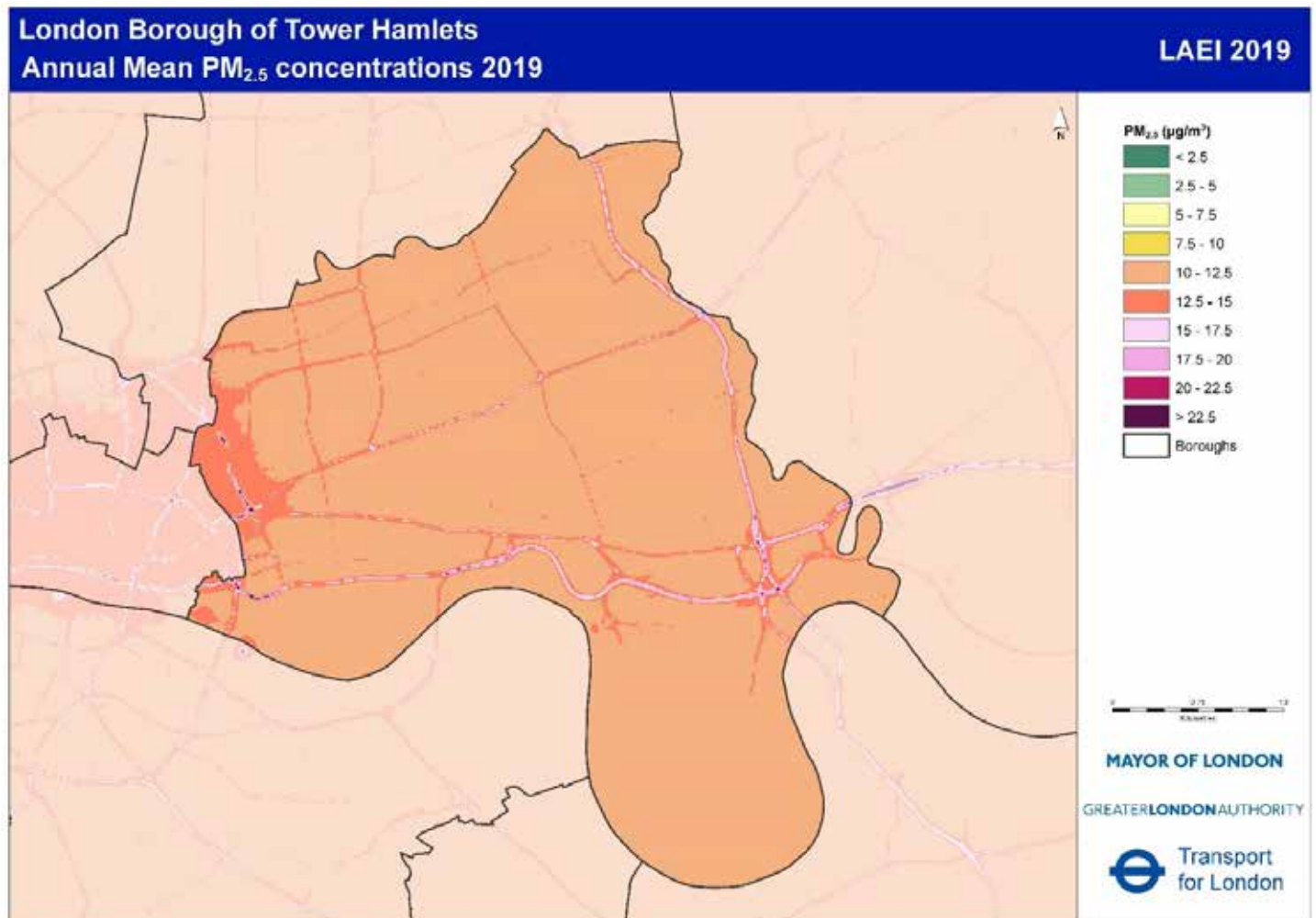


Source: <https://data.london.gov.uk/dataset/london-atmospheric-emissions-inventory--laei--2019>

The PM<sub>10</sub> map (from LAEI 2019) generally stays below the UK limit of 40 µg/m<sup>3</sup>, except for some major roads. However, it exceeds the WHO 2021 guideline of 15 µg/m<sup>3</sup> along these roads, reaching building facades like Bethnal Green Road, Commercial Street, Mile End Road, Cambridge Heath Road, and the Highway.



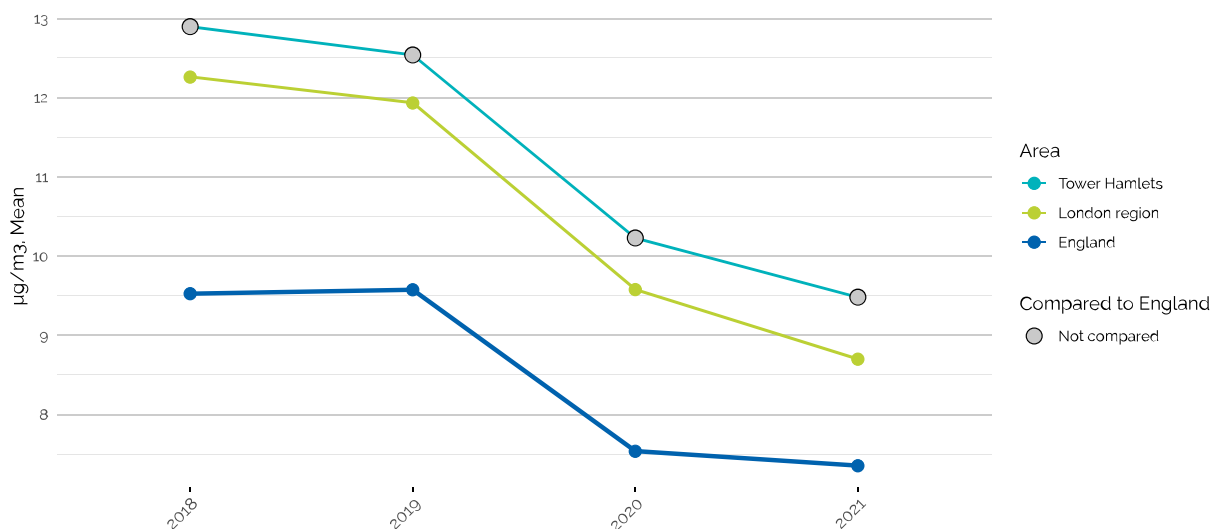
Figure 32: Modelled map of annual mean PM<sub>2.5</sub> (from the LAEI 2019)



Source: <https://data.london.gov.uk/dataset/london-atmospheric-emissions-inventory--laei--2019>

Figure 32 shows the whole of the borough experience exceedance of the WHO 2005 limit (>10 µg/m³) but only a small number of major roads exceed the UK annual limit (25 µg/m³) and it remains mainly at the road centrelines (e.g. in East Smithfield, Aspen Way, the A12).

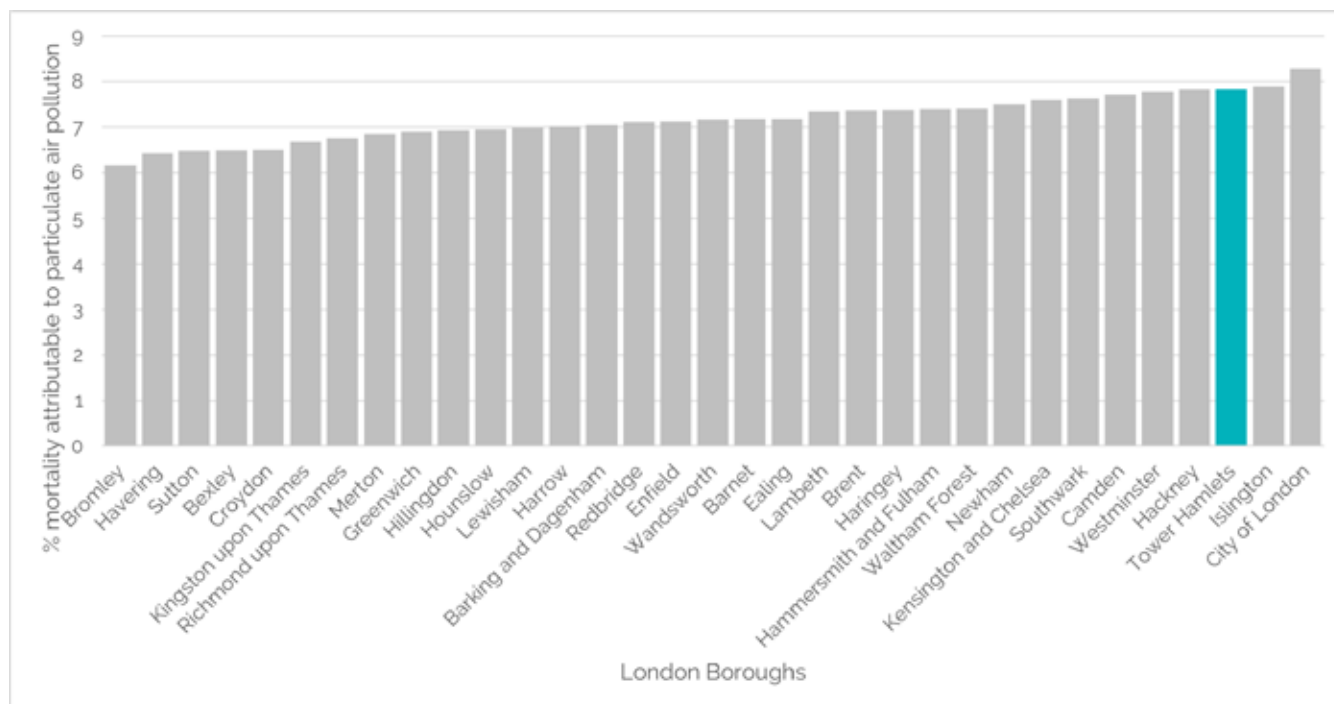
**Figure 33: Annual average concentration of fine PM<sub>2.5</sub>**



Source: DEFRA & Air Quality and Public Health - UK Health Security Agency(2008/50/EC)

Figure 33 shows the annual average concentration of fine PM<sub>2.5</sub> in the area has consistently exceeded both London and England averages, but it has been steadily decreasing in line with regional and national trends.

**Figure 34: Fraction of mortality attributable to particulate air pollution 2022<sup>95</sup>**

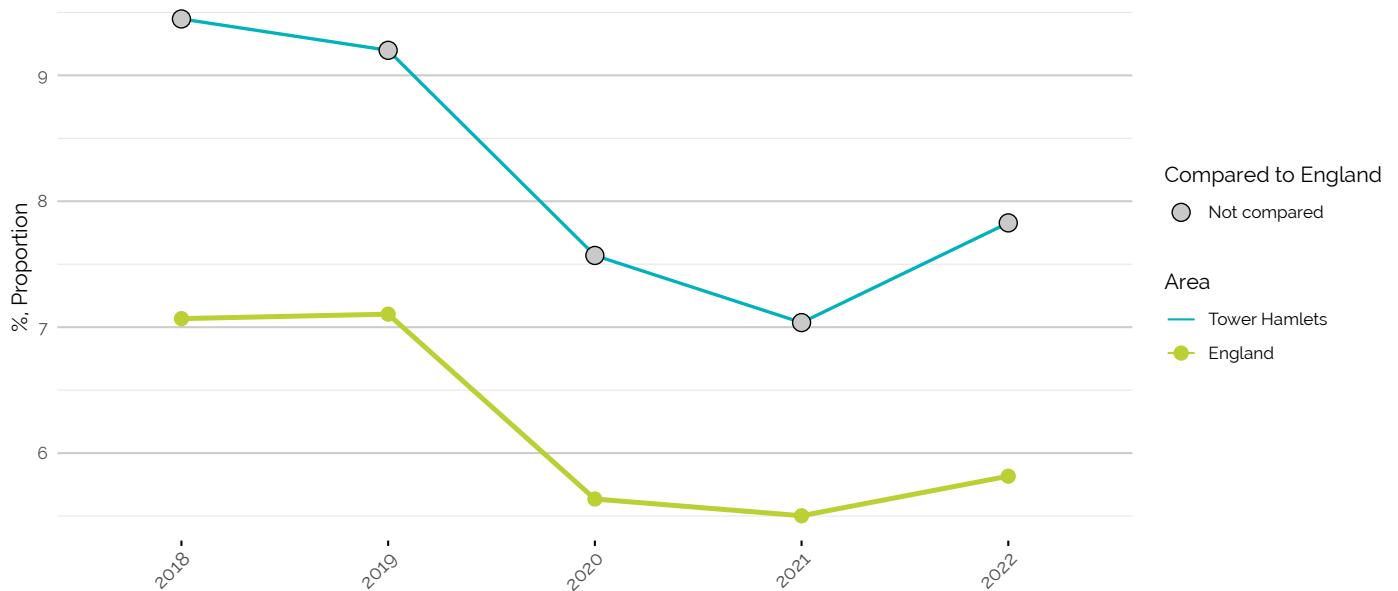


Source: DEFRA & Air Quality and Public Health, UK Health Security Agency

Figure 34 shows that Tower Hamlets ranks third among all London boroughs for the average proportion of mortality attributed to particulate air pollution.



Figure 35: Fraction of mortality attributable to particulate air pollution (old method), Persons, 30+ yrs



Source: DEFRA & Air Quality and Public Health, UK Health Security Agency

Figure 35 shows the percentage of all death attributed to human-made particulate air pollution in adults over the age of 30 years<sup>96</sup>.

## Sense of safety

### IMPORTANCE

Sense of safety can affect both physical and mental wellbeing. Directly, violence against individuals constitutes the most immediate threat, while the psychological aftermath of crime, or fear of safety, can also have far reaching consequences. Indirectly, the fear of crime not only causes psychological distress but also diminishes health-promoting behaviours like physical activity and social engagement. Moreover, the economic implications of crime, impacting both individuals and public services, can deplete resources for health improvement. Additionally, perpetrators of crime often show poorer health across various conditions compared to the general population<sup>97</sup>. It is important to recognise that experiences of crime, disorder, safety, and access to services vary significantly among different demographics. Factors such as gender, ethnicity, sexual orientation, disability, gender identity, age, and more all play a role in shaping individuals' encounters with crime and its consequences<sup>98</sup>.

### MOST AFFECTED

Whole communities can be affected by sense of safety regardless of whether individuals are direct victims of crime or not. Anti-social behaviour can impact on perceptions of safety and have negative impacts on the local environment, while fear of crime can limit social functioning and impact community cohesion. Recorded crime in London is more prevalent in neighbourhoods with higher levels of income deprivation<sup>99</sup>.

- Overall, in London, 40% more crimes were recorded in the most income-deprived areas in 2023, compared to the least income-deprived
- Violence, robbery, and sexual offences are 2.1 times more prevalent in the top 10% of income-deprived areas compared to the lowest 10% of income-deprived areas.

- Drugs and weapons offences, as well as anti-social behaviour, public order, and miscellaneous offences, are 2.2 times more prevalent in the top 10% of income-deprived areas compared to the lowest 10% of income-deprived areas<sup>100</sup>.

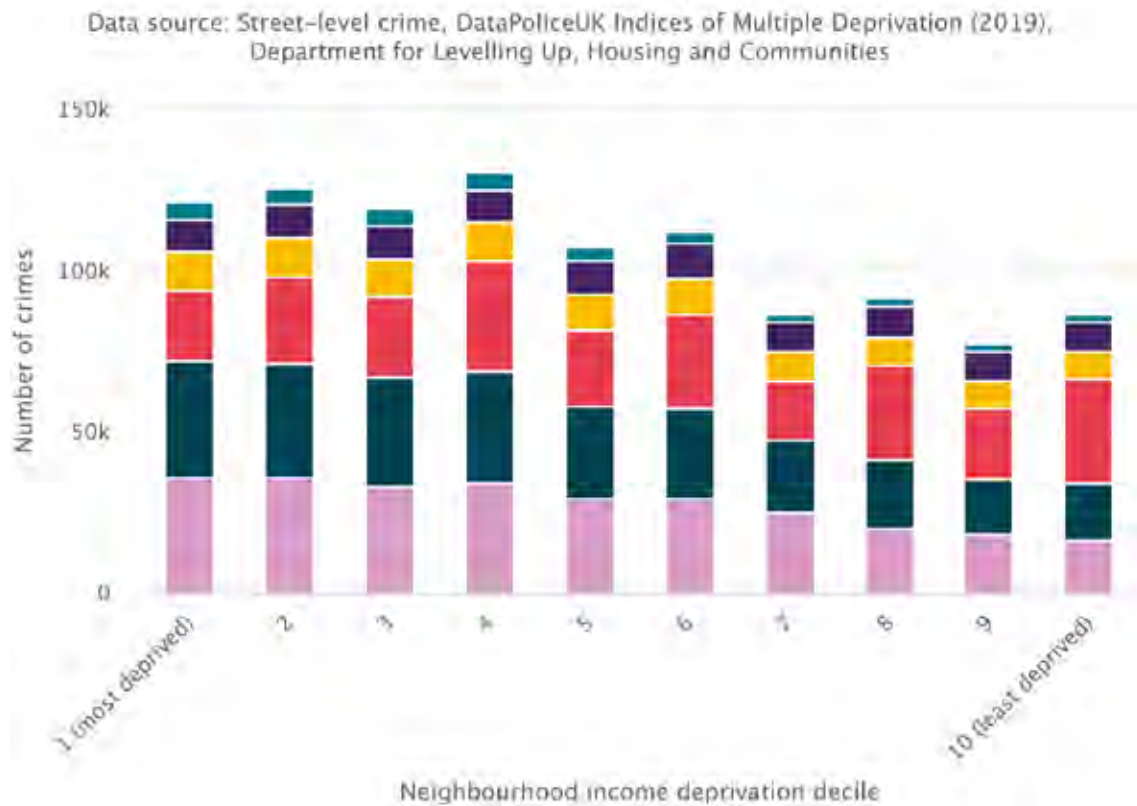
### COMPARISON

Tower Hamlets recorded 35,249 Total Notifiable Offences (NTSs) in 2022-2023, marking a 2.3% increase compared to the previous year (see Figure 37). However, when excluding the Covid-19 pandemic period (2020-21), the number of offenses has remained consistent over the past five years, with seasonal peaks (see Figure 38).

Tower Hamlets consistently exceeds the London average for NTSs, averaging 93 offenses per day over the last five years, compared to London's daily average of 75. Tower Hamlets ranks 10th in London for NTSs in 2022-23, both in raw count and when weighted for population size, showing a slight decrease from the previous year (see Figure 39). The three primary offense categories—Violence against the Person, Theft, and Vehicle Offences—comprise 65% of all offenses in 2022-23 (see Figure 40).

The wards with the highest offense volumes include Spitalfields and Banglatown, Bethnal Green West, Whitechapel, and Bethnal Green East, with the northwest wards collectively contributing to 32% of total offenses (see Figure 41).<sup>101,102</sup>

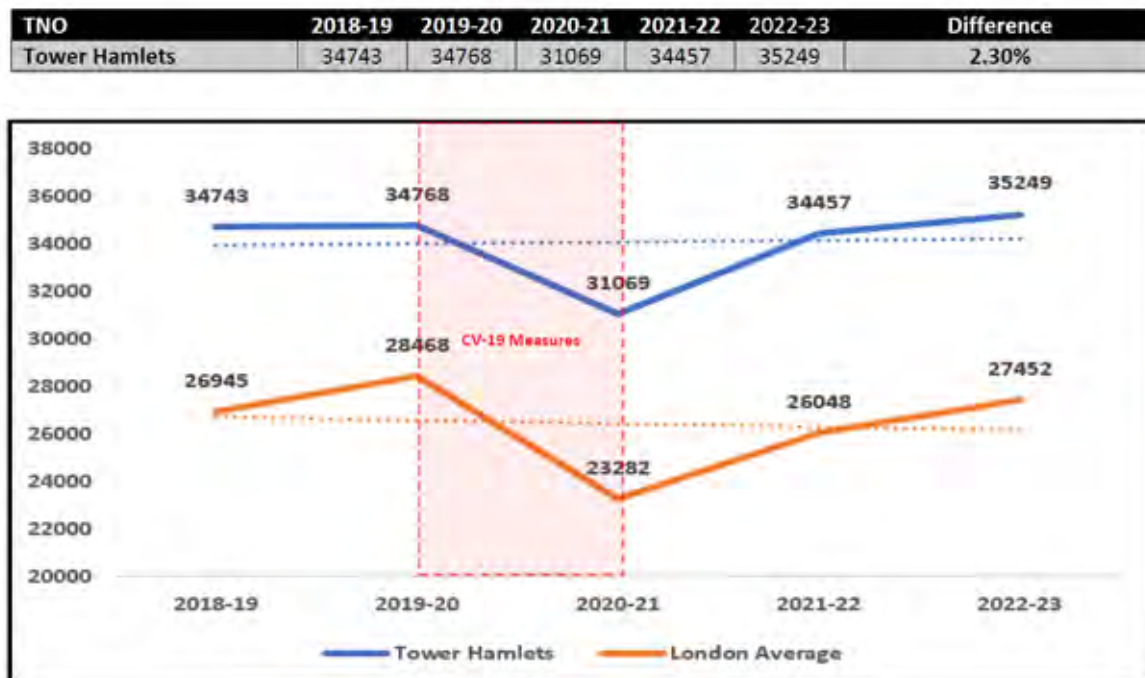
Figure 36: Street-level crime, DataPoliceUK Indices of Multiple Deprivation (2019)



Source: Trust for London (2023), data retrieved from street-level crime, DataPoliceUK Indices of Multiple Deprivation (2019), Department for Levelling Up, Housing and Communities, chart source London's Poverty profile 2024

Figure 36 shows recorded crime in London is more prevalent in neighbourhoods with the higher levels of income deprivation. Overall, over 40% more crimes were recorded in the most income-deprived areas in 2023, compared to the least income-deprived 10%.

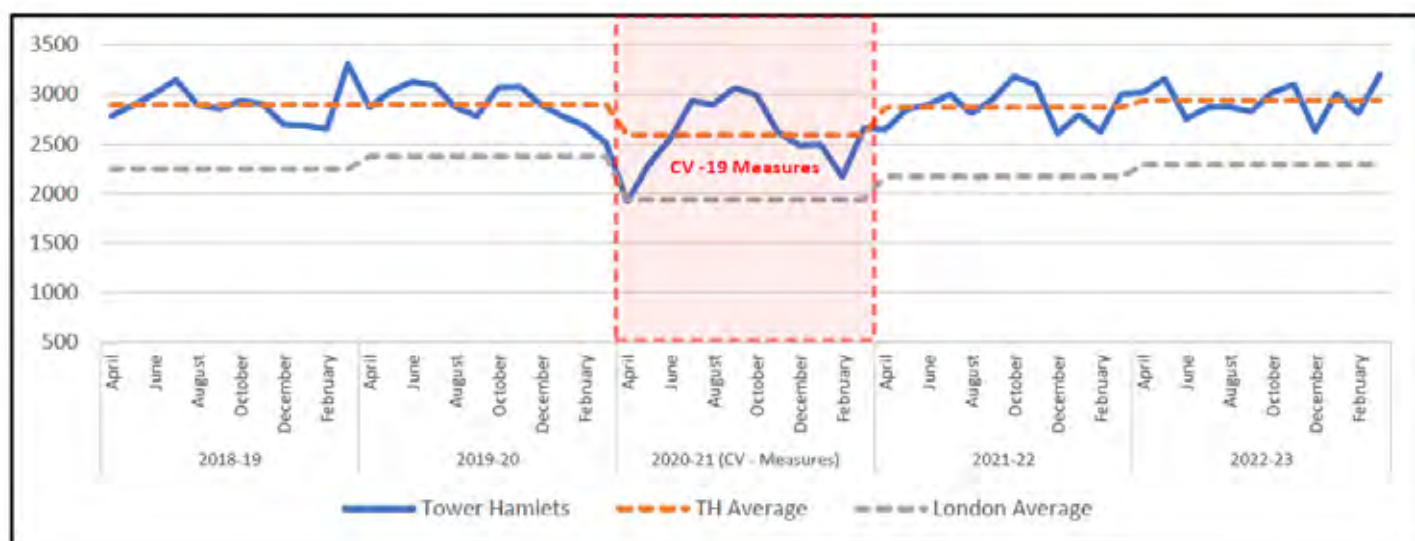
**Figure 37: Total Notifiable Offences for the period between 2018-2023, adapted from Tower Hamlets CSP, Community Safety Strategic Assessment 2022-2023<sup>103</sup>**



Source: Chart adapted from Tower Hamlets Community Safety Strategic Assessment

Figure 37 highlights the impact of Covid-19 measures on crime rates, with a noticeable reduction in offences during 2020-21 and a subsequent rise as restrictions were lifted. Tower Hamlets consistently reports higher offence numbers compared to the London average throughout the period 2018-19 to 2022-23. The post-pandemic recovery in crime rates was more pronounced in Tower Hamlets, with offences in 2022-23 exceeding pre-pandemic figures.

**Figure 38: Total Notifiable Offences over the last 5 years has remained consistent with seasonal peaks, adapted from Tower Hamlets CSP, Community Safety Strategic Assessment 2022-2023**



Source: Adapted from Tower Hamlets CSP, Community Safety Strategic Assessment 2022-2023

Figure 38 illustrates the monthly trends in notifiable offences (TNO) in Tower Hamlets compared to the London average from April 2018 to February 2023. The impact of Covid-19 measures is clearly visible, with a sharp decrease during the pandemic and a subsequent recovery. Tower Hamlets consistently reports higher offence numbers compared to the London average, indicating localised factors influencing crime rates.

**Figure 39: Total Notifiable Offences for the period 2022-23**

Total Notifiable Offence (offences per 1000 pop)	2022-23	Rank
Westminster	303.2	1
Kensington & Chelsea	137.5	2
Camden	133.9	3
Hammersmith & Fulham	117.3	4
Islington	114.3	5
Hackney	113.8	6
Southwark	112.9	7
Haringey	111.7	8
Lambeth	107.2	9
Tower Hamlets	106.1	10

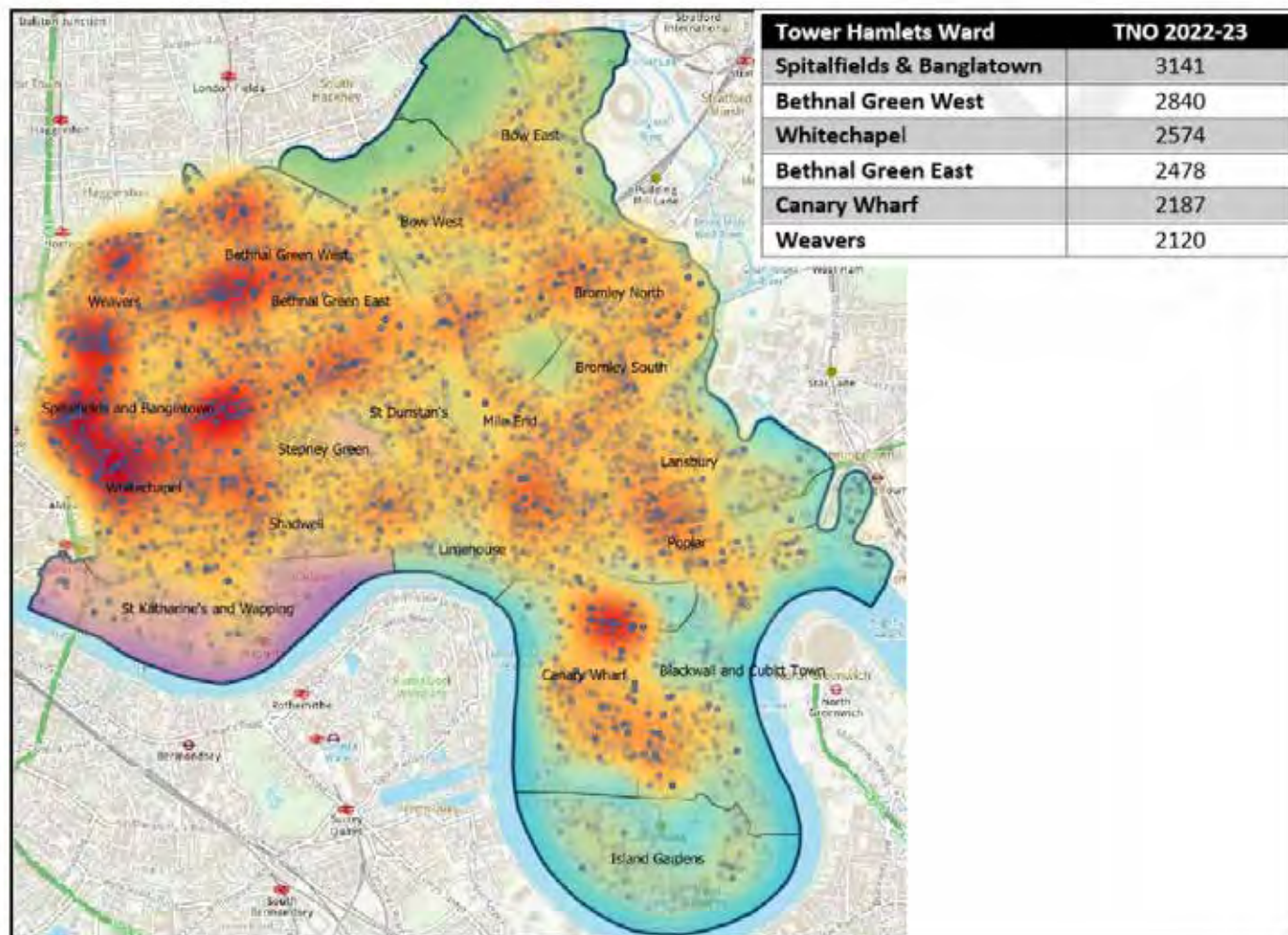
Figure 39 shows Tower Hamlets is ranked 10th for Total Notifiable Offences for the period 2022-23, adapted from Tower Hamlets CSP, Community Safety Strategic Assessment 2022-2023.

**Figure 40: Breakdown of Total Notifiable Offences by category for the 5-year period 2018-19 to 2022-23, adapted from Tower Hamlets CSP, Community Safety Strategic Assessment 2022-2023**

TNO Breakdown	2018-19	2019-2020	2020-21	2021-22	2022-23	Difference
Arson and criminal damage	2125	2160	1897	2169	2115	-2.49%
Burglary	3100	3172	2672	2505	2484	-0.84%
Drug offences	2444	2476	3263	2362	2143	-9.27%
Miscellaneous crime against society	411	433	479	470	438	-6.81%
Possession of a weapon	367	282	264	280	270	-3.57%
Public order offences	2228	2253	2333	2573	2559	-0.54%
Robbery	1474	1464	890	1062	1136	6.97%
Sexual offences	793	813	746	1150	1041	-9.32%
Theft	9232	8812	6597	8123	9247	13.84%
Vehicle offences	3771	4342	3251	3851	3758	-2.41%
Violence against the person	8798	8561	8677	9911	10058	1.48%



**Figure 41: A heatmap with the highest volume of Total Notifiable Offences in Tower Hamlets, adapted from Tower Hamlets CSP, Community Safety Strategic Assessment 2022-2023**



Source: adapted from Tower Hamlets CSP, Community Safety Strategic Assessment 2022-2023

Figure 41 shows that the highest concentrations of Total Notifiable Offences in Tower Hamlets for 2022-23 are in Spitalfields & Banglatown, Bethnal Green West, and Whitechapel, indicating these areas as crime hotspots.



### 6.3 Key evidence

#### The wider determinants of health

Numerous studies show that the social determinants of health account for between 30-55% of health outcomes and may be more important than healthcare or lifestyle choices in influencing health.<sup>104</sup>

Various key documents and organisations have contributed to this area:

- [Fair Society, Healthy Lives. \(The Marmot Review\) 2010](#) is a seminal paper providing a comprehensive strategy for reducing health inequalities in England. It outlines six policy objectives to achieve this: ensuring every child has the best start in life; enabling all ages to maximise capabilities and have control over their lives; creating fair employment and good work for all; ensuring a healthy standard of living for everyone; developing healthy and sustainable communities; and prioritising prevention of ill health<sup>105</sup>.
- [Health Equity in England: The Marmot Review 10 years on \(2020\)](#) provides a follow up report and recommendations<sup>106</sup>.
- [The NHS Long Term Plan \(2019\)](#) outlines a comprehensive strategy for the NHS for the next decade. It acknowledges the significant impact of the social determinants on health outcomes and makes commitments to work collaboratively to address these<sup>107</sup>.
- Organisations highlighting the need to address the social determinants of health, and advancing our understanding of them include the **World Health Organisation**; **The Health Foundation**; the **Robert Wood Johnson Foundation**; the **King's Fund**; the **Office for Health Improvement and Disparities** (OHID, formerly PHE); **Nuffield Trust**; the **Local Government Association** (LGA).

There are numerous evidence documents that provide detailed insights into how we can effectively address the building blocks to health. The ones below cover the five key areas for this chapter:

#### Poverty

[The Marmot review: 10 Years On \(2020\)](#)<sup>108</sup>: This review notes that since the Marmot Review in 2010, there have been increases in poverty, particularly child poverty, and these increases are strongly associated with worsening health and health inequalities. Key recommendations on addressing poverty are made covering: more progressive funding and social security systems; investing in children; fair employment and good working conditions; strengthening communities; promoting healthy and sustainable environments (the creation of healthy and sustainable places to live and work, with access to green spaces and healthy food, is highlighted as a priority); and system wide action across all levels of government and sectors.

A collaboration between the **King's Fund** and the **Centre for Progressive Policy** underscores the health and care system's potential in mitigating and reducing the impact of poverty and health by leveraging and acting upon data more effectively, and systematically integrating poverty reduction into health and care strategies.<sup>109</sup>

## Employment

[Fair Society, Healthy Lives, \(the Marmot Review\) \(2010\)](#)<sup>110</sup> calls for policies that promote good quality work for all as a means to reduce health inequalities. This includes measures to ensure job security, improve working conditions, promote work-life balance, and support people in entering and re-entering the workforce. Addressing unemployment, particularly long-term unemployment, is crucial for health equity. Recommendations relating to employment and health include creating healthy work environments, ensuring job security, promoting skill development and lifelong learning, and implementing policies to reduce unemployment and underemployment.

In the [Marmot Review, 10 years on \(2020\)](#), the report notes that health inequalities have widened over the past decade in part due to precarious employment (rise in zero-hours contracts) an increase in work-related stress, and unemployment and underemployment. The report calls for attention to the quality of work, not just the quantity. It stresses the importance of good working conditions, including job security, fair pay, opportunities for advancement and protection against discrimination and unsafe working conditions, as essential for good health.<sup>111</sup>

**'Local Supported Employment: guidance for local authorities' (2022)** outlines specific strategies and stages local authorities can undertake to support individuals into employment. This includes vocational profiling, engaging employers, job matching, and providing in-work support and career development. The guidance emphasises personalised support, advice on reasonable adjustments, and leveraging schemes like Access to Work to aid individuals and employers.

## Food

In 2021 an independent review by Henry Dimbleby<sup>112</sup>, informed the government's subsequent **Food Strategy response (2022)**. Key recommendations include expanding free school meals and the Healthy Start Scheme, and introducing a 'Community Eatwell' Programme for GPs to prescribe fruits and vegetables. These measures aim to reduce diet-related inequality and support children and families in accessing nutritious food.<sup>113</sup>

**The London Food Strategy (2018)** sets out a framework to help all Londoners, London boroughs and partners adapt our city's food system and meet the challenges that lie ahead. It focuses on the link between food choices and health, targeting food insecurity and unhealthy eating by addressing poverty, promoting the London Living Wage, and enhancing access to healthy options in schools, hospitals, and community spaces. It also aims to support boroughs with Good Food Retail Plans and ensure children from low-income families receive healthy food during school holidays, while highlighting the challenge of finding healthy options for all, especially night-time and shift workers, in a food environment that often promotes less healthy choices.

Sustain's **Good Food for All Londoners** annual reports assess what London borough councils are doing to address broad food system issues in London. Evidence-based actions centre around the themes of: food poverty action plans; cash first approaches; improving healthy food access; healthier advertising; children's food; and promoting healthy eating<sup>114</sup>.



### Housing

**Evidence Review: Housing and Health Inequalities in London<sup>115</sup>** highlights the significant impact of housing conditions on health inequalities across London and makes recommendations for action.

The **Homes for Health collection** from the Office for Health Improvement and Disparities<sup>116</sup> provides strategies, plans, advice, and guidance on the relationship between health and housing.

**Improving health and wellbeing through housing: A High Impact Change Model** by the LGA<sup>117</sup> emphasises the integration of housing delivery with local health and care services. The model has two overarching goals, to improve population health through good quality housing and to support people to live independently in the community. To achieve these goals, it emphasises change in five areas: providing a wide range of housing types and choices; influencing and improving local housing markets; improving and adapting existing homes; tackling housing and associated health inequalities; and the use of technology to support people to live independently at home.

### Physical activity environment

Creating healthier environments should be an important component of most disease control strategies<sup>118</sup>.

**The World Health Organization (WHO)** and various other **United Nations (UN)** organisations have produced a compilation of guidance that addresses all major areas of health and the environment into one resource. It presents a repository for policymakers and other key target audiences on health and the environment<sup>119</sup>.

**Spatial planning for health: evidence review (OHID formerly PHE, 2017)**, provides public health planners and local communities with evidence informed principles for designing healthy places. This review shows the links between health, the built, and the natural environment<sup>120</sup>.

**Active Design: Creating Active Environments Through Planning and Design (2023)** – sets out how the design of our environments can help people to lead more physically active and healthy lives. It's about helping to create 'active environments'<sup>121</sup>.

**The National Institute for Health and Care Excellence** released a guideline in 2018, called NG90, on physical activity and the environment. It suggests ways to enhance the physical environment to promote and facilitate physical activity, with the goal of boosting overall physical activity levels among the population<sup>122</sup>.

**Tower Hamlets: Walking and Cycling Index 2023 (2024)** – The walking and cycling index is the biggest assessment of walking, wheeling and cycling in urban areas in the UK and Ireland<sup>123</sup>.

The Greater London Authority (GLA) **'Making London Child Friendly'** report has made a series of best practice recommendations to improve the built environment<sup>vi.124</sup> by making it more playful and child friendly, which would also contribute to improving a child's health and wellbeing<sup>125</sup>.

vi The phrase "built environment" refers to the human made or modified physical surroundings in which people live, work and play. These include our homes, communities, schools, workplaces, parks/recreations areas, transportation systems, and can vary in size.

## Air quality

The **WHO Global Air Quality Guidelines (2021)** The guidelines provide health-based recommendations for air quality, underscoring the risks of surpassing them. While not legally binding, they inform legislation and policy with evidence-based insights, supporting global air quality initiatives to reduce the global health impact of air pollution<sup>126</sup>.

The **Air Quality Strategy (2007)** – for England, Scotland, Wales, and Northern Ireland, outlines objectives and policies to enhance air quality in the UK both presently and in the future. These measures aim not only to improve public health but also to enhance quality of life and safeguard the environment.<sup>127</sup>

The **Chief Medical Officer's Annual Report on Air Pollution (2022)** on air pollution emphasises solutions across various sectors and underscores the importance of ongoing efforts to reduce outdoor air pollution. While it outlines a clear path to better outdoor air quality, the report also notes the growing significance of indoor air pollution as outdoor conditions improve<sup>128</sup>

The **National Institute for Health and Care Excellence (NICE) (2019)** released guidelines on air pollution, focusing on road-traffic-related air pollution and its health effects. The guidelines advocate for implementing multiple actions together, as even small individual interventions can add up to create meaningful overall improvements<sup>129</sup>.

## Sense of safety

**Public Health approaches to reducing violence (GLA, 2018)** highlights that addressing violence is not a single agency issue, as it is the culmination of many different issues. It is only by pursuing a strategic, coordinated approach involving a range of agencies, including partnership between statutory and voluntary organisations, that violent crime can be effectively addressed<sup>130</sup>.

### **A whole-system multi-agency approach to serious violence prevention (2019).**

The Government's Serious Violence Strategy, advocates for a comprehensive approach merging prevention and law enforcement, calling for collaboration across sectors to adopt a 'public health approach' at the local level. It emphasises implementing measures such as statutory duties on public sector agencies and investments in Violence Reduction Units to address root causes and foster safer communities, with principles like collaboration, data sharing, and community consensus forming integral parts of its implementation<sup>131</sup>.

The **Police and Health (2023) document** provides a comprehensive overview of implementing a public health approach to policing, offering links to additional resources and detailed materials. It emphasizes proactive, preventative measures to address root causes of crime, highlights the importance of data sharing and multi-agency collaboration, and underscores the role of Police and Crime Commissioners in fostering partnerships and setting priorities to achieve shared outcomes in tackling crime and social issues<sup>132</sup>.



### 6.4 Resident and stakeholder perspective

Below is an overview of our residents' perspectives on the five central themes highlighted in this chapter:

#### Poverty and employment

As part of the **Tower Hamlets Poverty Review 2021**, residents attribute poverty to multiple causes, notably unemployment, low wages, inadequate welfare benefits, high housing costs, disability, and mental health issues, emphasising the role of systemic and structural factors<sup>133</sup>. Resident experiences of poverty highlight stigma, dignity, social isolation, and barriers to support due to digital and language gaps. Suggestions for improvement focus on community-centred solutions, accessible information, service affordability, and the recognition that employment should not be viable for all, stressing the importance of financial literacy and support tailored to diverse needs<sup>134</sup>.

**"Our parents wouldn't just randomly go to a community organisation, there's lots of pride and lots of gossip from others".**

Resident, LBTH Poverty Review 2021<sup>135</sup>

**"Structural racism, aka top jobs go to white public school educated MALES."**

Resident, LBTH Poverty Review 2021<sup>136</sup>

**"I was in incredible amounts of debt and the transition from being on benefits for a long period of time frightened me but gaining a paid employment position supported me immensely."**<sup>137</sup>

Resident supported by Workpath through the Women and Health Programme, currently employed in the NHS, feedback to Workpath team as part of evaluation

#### Easy access to affordable healthy food

- Through the **2023 Food Insecurity in Tower Hamlets Scrutiny Review** the council found that rising living costs are severely impacting residents' ability to afford essentials, leading to increased reliance on emergency food aid, meal skipping, and the consumption of cheaper, unhealthy food. Stigma, shame, language barriers, and loneliness hinder access to food support, with disabled individuals facing higher risks due to additional costs.
- In the **Healthwatch Healthy Neighbourhoods Report**<sup>138</sup>, just over a third (34%) of respondents reported that having better access to healthy and affordable food such as fresh fruit and vegetables within their local area, instead of the multitude of fast-food shops on the high streets, would help them to eat better.
- In 2023/24, engaging with 100+ residents, 91% supported restricting unhealthy food adverts on council spaces, and 90% were concerned about such adverts targeting children.

**"If we are aiming for a healthy borough, it should start with the borough taking the lead in advertising only healthy food and drinks."**

Member of Tower Hamlets Women's Network, March 2023

**"Only thing [I] can reduce is food money - energy and council tax arrears take priorit.y"**  
Fruit & Vegetable on Prescription pilot participant, 2023



## Housing

- In 2023, a quarter of residents told Healthwatch that housing in the borough currently does not meet their needs, and a quarter (26%) reported that it does. Residents commented on a lack of affordable housing in the borough and the poor condition of social housing<sup>139,140</sup>.
- A survey and panel study of families in Tower Hamlets in 2021 examined the mechanisms by which overcrowding affects mental health. Respondents described the impacts of not enough living space on their families, with 82.6% reporting it meant a lack of privacy for adults, 80.5% said there was no space for children to play, 64.1% reported that there was no space for children to do homework and 65.4% said that this caused arguments in the family<sup>141</sup>.

**"One of the biggest concerns in our area is overcrowding. And children just not having enough space for study, for play within their homes, that is a huge concern."**

Tower Hamlets resident, 2021, panel study

**"We can't have her friends around because I have to be careful of the hazards in the house because obviously it's such a small space."**

Tower Hamlets resident, 2021, panel study

## Physical activity environment

- In the **Healthwatch Tower Hamlets Annual report 2022-23**, the Bangladeshi community rated having a bus station as the most important service to have near their home. Residents also stated that the most important services to have close to home were a GP, green space, a post office, a community pharmacy, underground station, and supermarket. When compared by age, it seems that younger people are less likely to feel that they have good access to spaces for play and recreation opportunities, with 45% of young people aged 16-24 saying they 'fully' or 'mostly' have access to spaces with opportunities for play and recreation compared to 54% of people aged 65-74. 29% of respondents would like to see a reduction in motorised traffic with residents telling us it is having a negative impact on their health and wellbeing through pollution and the inability to safely travel around the borough by cycling or walking. This was more important to residents from White backgrounds whereas people of Bangladeshi ethnicity saw it as less of a priority with only 8% saying they would like to see a reduction in traffic and more walking/cycling opportunities.
- An engagement by the Hackney Wick and Fish Island Community Development Trust was carried between June 2023 and October 2024 to input into the **Hackney Wick and Fish Island Public Realm Framework** report. Priorities identified by the engaged stakeholders included improving public realm, the connectivity and greening throughout the area which is undergoing transformation through new development.
- The **Tower Hamlets Accessible Transport Forum** has been running for over 30 years, bringing together transport providers and local users with disabilities. Engagement of the group took place during 2023-24 on shaping priorities for the new borough Local Plan, as well as influencing the local transport and highways schemes and Transport for London (TfL) bus network, resulting in improved provision.



- The **Walking and Cycling Index (2023)** found 63% are in support and 18% oppose more cycle paths along roads, physical separated from traffic and pedestrians. It also found that 64% were in support and 14% opposed shifting investment from road building schemes to fund walking, wheeling, cycling and public transport<sup>142</sup>.
- The **2022 Tower Hamlets Pupil Attitude Survey** asked 1,516 Primary School and 271 Secondary School pupils about their local parks and play areas. 65% of primary school (67% in 2017), and 46% of secondary school (44% in 2017) respondents reported that the parks and play areas in their area are good<sup>143</sup>.
- The **Tower Hamlets Annual Resident Survey 2023** interviewed 1,117 Tower Hamlets residents across 100 locations. When asked their opinion of Tower Hamlets' parks and open spaces, 67% responded 'good' and 23% responded 'average'. When only service users were asked for their opinions, 73% responded 'good' and 21% responded 'average'. This represents a 3% increase in 'good' responses since the last survey in 2019.<sup>144</sup>

**"Walking is great for my health. I love to walk my neighbours. They come walking when I tell them I'm going – the social aspect is like magic in keeping away stress and anxiety".**  
Shaheda<sup>145</sup>

### Air quality

- In the most recent **Tower Hamlets Annual Residents' Survey 2023**, the level of air pollution in our borough remained one of our residents' top ten personal concerns with a significant drop observed from 16% to 11% since the 2019 annual residents' survey.
- During the **Climate Emergency Consultation** in Feb/Mar 2021, concern was greatest for loss of biodiversity (94.8%) and air pollution (94.2%) and least for climate refugees (76.8%). 9 out of 10 people (90%) scored their anxiety levels about climate change between 6-10 out of 10.

### Sense of safety

- The **Tower Hamlets Annual Residents' Survey 2023** results showed that crime remains at the top of personal concern for residents. 38.8% of all participants chose crime and anti-social behaviour as one of the topics they were personally most concerned about. Concern about crime is higher in wards in the South of the borough, and less in the West. There were no differences by gender, and younger people were less concerned than those who were older (35-54 years).
- Over 9 in 10 people reported feeling safe during the day: 51.53% of residents feel "very safe" and 42.90% feel "fairly safe" (0.88% feel "fairly unsafe", 0.25% feel "very unsafe", 3.79% feel 'neither safe or unsafe' and 0.65% 'don't know'). These figures change after dark, when less people feel safe : 16.54% of residents feel "very safe" and 49.77% feel "fairly safe", while 17.20% feel 'neither safe or unsafe', 4.8% feel "fairly unsafe", 4.8% feel "very unsafe", and 2.09% 'don't know'.<sup>146</sup>

### Summary

Health and wellbeing fundamentally depend on several key building blocks: economic security and quality employment, access to nutritious food and adequate housing, a built environment conducive to active travel, clean air and sustainability, and a sense of safety.

## 6.5 Improving outcomes

### Key priorities (Healthy Environments)

Based on the data and evidence presented in this chapter, there are several areas that require focus to address some of the wider determinants of health that are contributing to poor health and health inequalities:

#### Poverty

Tower Hamlets is one of the country's most deprived boroughs. As both short- and long-term exposure to poverty lead to poor health and worsening health inequalities, residents experiencing poverty must be supported through system wide action in multiple areas.

#### Employment

Tower Hamlets has the 5th highest unemployment rate compared to other London boroughs, a lower percentage of economically active residents compared to London, and a higher percentage of economically inactive residents compared to London. Employment and income are key determinants of health, and addressing these is crucial in order to raise healthy life expectancy. Residents must be supported to access quality employment and enhanced job security, particularly for marginalised groups.

#### Food

The data shows we face significant food related health challenges in Tower Hamlets, including high rates of preventable illness such as excess weight, type 2 diabetes and poor mental health. We also have residents who experience food insecurity, with our food environment exacerbating the issue due to the high density of fast-food outlets, unhealthy



food adverts, and the fact that healthy food is more expensive than unhealthy food. Food is an important determinant of health, and we must support all our residents to easily access affordable, culturally appropriate, healthy food, creating a healthier food environment through measures such as healthier advertising and reducing hot food takeaways whilst increasing healthier alternatives.

#### Housing

Tower Hamlets has a higher proportion of residents living in overcrowded accommodation compared to the London and England average, and for many residents, the housing in the borough does not meet their needs: there is a lack of affordable housing and homes can be in poor condition. In order to protect residents from the harmful health consequences of poor housing, we must ensure homes are warm, safe, ventilated, not overcrowded, affordable, accessible, and provide a sense of security and community.

### Physical activity environment

There are notable differences between physical activity levels among different groups within Tower Hamlets, with active travel choices also differing by economic status. Similarly, whilst evidence shows that living near green or open space is good for health, access varies across the borough. To promote good health and consequently address disparities in health, we must design the borough in a way that promotes physical activity and play for everyone.

### Air quality

Whilst poor air quality can impact everyone, some groups are more vulnerable to ill effects than others. Good progress has been made towards cleaner air but Tower Hamlets' levels are still above the WHO recommendations. The Air Quality Action Plan should be prioritised, with recommendations from the Air Quality JSNA also progressed. Measures to protect the most vulnerable need to be at the forefront of action,

### Sense of safety

Tower Hamlets has higher rates of notifiable offences compared to the London average, with figures varying between different parts of the borough. Most residents report feeling safe during the day but this figure drops at night. Taking a whole system multi-agency approach to addressing safety is recognised as important, with the Community Safety Partnership Plan detailing how this will be achieved locally. Priorities going forward need to include addressing anti-social behaviour, using profiling to inform operational tactics; tackling hate crime, community tensions and extremism; tackling the drivers of crime and progressing work to prevent violence against women and girls.





## 6.6 Local partnerships and strategies

A wide range of organisations – across government, the voluntary sector, the private sector, media, advertising and local communities – have it within their power to improve people's health. By acknowledging and acting on this, it is possible to harness a multitude of opportunities to overcome the big health challenges of today.

### Local partnerships

The **Tower Hamlets Partnership Plan (2023 – 2028)**<sup>147</sup> sets out how the major public, voluntary and private institutions in Tower Hamlets will improve the borough in coming years. The 2023 to 2028 plan sets out five calls to action for the Partnership – four of which are relevant to healthy environments:

- Tower Hamlets will be a fair, inclusive and anti-racist borough
- Everyone in Tower Hamlets should be able to enjoy good mental health and wellbeing
- Everyone in Tower Hamlets should feel safe and live in good-quality homes and healthy, inviting neighbourhoods
- Everyone in Tower Hamlets should have access to good work and skills and in income that meets their needs



**Tower Hamlets Health and Wellbeing Board and Strategy (2021 – 2025)**<sup>148</sup> outlines system-wide improvement principles and ambitions for a healthy borough, reflecting the health and wellbeing outcomes that matter most to residents. As the wider determinants of health operate across the life-course, all the ambitions are relevant to healthy environments:

- Everyone can access safe, social spaces near their home to live healthy lives a community
- Children and families are healthy happy and confident
- Young adults have the opportunities, connections, and local support to live healthy lives
- Middle aged and older people are supported to lived healthy lives and get support early if they need to it
- Anyone needing help knows where to get it and is supported to find the right help

### Employment

- The **Greater London Employment Forum** is part of London Councils and serves as a joint forum including representatives from London authorities. It provides a platform for employer and employee representatives in London to discuss employment-related concerns
- The **Training, Employment and Enterprise Forum** is an independent organisation of agencies that support the development and delivery of employment and enterprise support initiatives in Tower Hamlets
- **Central London Forward** is a strategic partnership of central London local authorities (including Tower Hamlets) whose goal is to work together to drive inclusive growth.
- The **London Anchor Institutions Network** is a collaborative effort aimed at tackling long-standing social and economic inequalities within London, issues that were both highlighted and worsened by the Covid -19 pandemic. Additionally, the network focuses on addressing the climate emergency and its effects on the city. LAIN brings together various stakeholders, including public, private, faith-based, educational, and cultural organizations, to work together towards creating a fairer, greener, and more prosperous London.
- **Workpath** is the brand name of the council's employment & skills service and works in collaboration with employers, training providers, businesses, schools, universities, colleges and other partners to deliver an integrated service that helps residents into good work.
- The **Growth and Economic Development Partnership Board** is one of five thematic boards which comprise the Tower Hamlets Partnership. The overall strategic document of the Tower Hamlets Partnership is the Tower Hamlets Plan. The Board's remit is derived from this Plan and aligned to one of its themes – 'good jobs and employment'

### Food

- The **Tower Hamlets Food Partnership** brings organisations and individuals together to create an equitable, sustainable, and inclusive food system.
- The **Tower Hamlets Fair Food for All Action Group** (a sub-group of the Tower Hamlets Food Partnership) is a food community focussing on wrap-around support services for residents in our borough.

### Housing

- The Tower Hamlets Housing Forum brings together local housing providers who have made a commitment to work together in partnership to deliver high-quality homes and services to residents.
- The Tower Hamlets' **Health Determinants Research Collaboration (HDRC)** are making housing their first research priority and will be supporting joint working between academics and partners both within the council and externally.

### Physical activity environment

- The **Play Charter Working Group** is a partnership group that works to improve access to high quality play opportunities for all children. This reports to the Children and Families Executive (CFE) which is subgroup of Tower Hamlets Together.
- The Healthy Urban Development Unit (NHS HUDU), and Health Impact Assessment (HIA) working group is a cross-London group working collaboratively to update the **HUDU HIA Guidance and Toolkit**, which is often used to assess the health impacts of planning applications.



## Air quality

- The **Mayor's Advisory Board for Climate Change (MABCC)** - provide strategic direction and oversight in order to achieve the Mayor's pledges relating to climate emergency and the environment, as well as monitor the **Council Net Zero Carbon Action Plan**.
- The **Tower Hamlets Climate Partnership** is a group of partners from across Tower Hamlets which consider what more can be done to support climate resilience and cut emissions.
- **North-East London (NEL) Integrated Cares System (ICS) Air Quality Action Group** has been setup following the publications of the **NEL ICS Air Quality Action Plan** and the **NEL ICS Green Plan** for partners across the system to share best practices and work toward achieving the outcomes that have been set in collaboration and shared resources.

## Sense of safety

- The **Community Safety Partnership Board** has the responsibility to deliver the priorities that are set out within the Community Safety Partnership plan. They are also responsible for delivering the strategies that flow from this plan, including the **Violence Vulnerability and Exploitation Strategy, the Substance Misuse Strategy and Violence Against Women and Girls (VAWG) Strategy**.
- The **Safer Neighbourhood Board** operates in every London borough, bringing police and communities together to decide local policing and crime priorities, solve problems collaboratively, and make sure that the public are involved in a wide range of other community safety decisions.
- The **Tower Hamlets Community Safety Partnership** is made up of representatives from the police, local authorities, fire and rescue authorities, health services, and probation services (known as the 'responsible authorities'). Overall, the partnership aims to:
  - Create a safer borough for people to live in, work in, and visit,
  - Work in partnership to deliver local priorities that address crime and disorder,
  - Deliver local, regional, and national priorities.
- To support this, every year a review of crime, anti-social behaviour, and the drugs market is undertaken, known as a Strategic Assessment. This is used to help inform what commitments are made in the **Community Safety Plan**.



### Local strategies

#### Poverty

- The **London Borough of Tower Hamlets: Poverty Review 2021** makes various recommendations for action to reduce poverty in the short and long term<sup>149</sup>. An action plan based on this review is currently being delivered.

#### Employment

- The **Tower Hamlets Poverty Review 2021** has a focus on creating a strategic approach to increase access to employment opportunities, address insecure work, and enhance skills and training, particularly for women, disabled residents, and those with caregiving responsibilities<sup>150</sup>.

#### Food

- The **Tower Hamlets Food Poverty JSNA (2019)** recommends actions across several areas to combat food insecurity, which are being taken forward.
- The **Scrutiny Review report of food insecurity in Tower Hamlets (2023)** makes a series of recommendations to reduce food insecurity, also being progressed<sup>151</sup>.



#### Housing

- The **Tower Hamlets Overcrowding Action Plan** (unpublished) includes various actions including supporting residents with damp and mould problems, a knock-through scheme, and updating the allocations policy.
- The Housing statements and strategies **council webpage**<sup>152</sup> provides a selection of the main policies and strategies linked to housing, including:
  - Homelessness and Rough Sleeping Strategy (2018-2023)
  - Tower Hamlets allocation scheme (currently being updated)
  - Older persons housing statement
  - Overcrowding and under occupation statement
  - Private sector housing renewal and empty properties policy framework
  - Strategic housing and needs assessment
  - Tenancy strategy<sup>153</sup>.

## Physical activity environment

- The **Tower Hamlets Local Plan 2021: Managing Growth and Sharing Benefits** - provides spatial policies, development management policies and site allocations to guide and manage development in the borough<sup>154</sup>.
- **Spatial Planning and Health Joint Strategic Needs Assessment** supplements the policies of the Tower Hamlets Local Plan 2031: Managing Growth and Sharing Benefits (London Borough of Tower Hamlets, 2020) which was adopted on 15 January 2020, but more importantly intends to inform the future Local Plan, currently in development, due to be adopted in 2025<sup>155</sup>
- The **Tower Hamlets Green Grid Strategy: Update 2017** provides information on the main site-specific opportunities where it is recommended that Green Grid investment should be targeted<sup>156</sup>.
- The **Tower Hamlets Transport Strategy 2019-2041**- sets out our vision and priorities for travel in Tower Hamlets from 2020 – 2041 and draws upon and supports a range of borough and London plans and strategies<sup>157</sup>
- **Tower Hamlets Cycling Strategy** – The strategy aims for Tower Hamlets to be one of the easiest and safest places to cycle in London, making cycling the natural choice of transport for most people so they can be healthier and benefit from a less congested and polluted road network<sup>158</sup>
- **Tower Hamlets Together's Accelerate Strategy** includes the following commitment on play: "As individual organisations and as a partnership, we will be advocates for children and families and the funding, good housing, play spaces and high quality workforce that they need to thrive"
- **London Borough of Tower Hamlets Play Charter** - sets out our vision for play in Tower Hamlets<sup>159</sup>.
- **Tower Hamlets Children's Play Spaces Audit and geographical information system (GIS) Mapping** will show underused playable spaces on housing estates to increase the number of accessible and inclusive playable spaces in the borough.

## Air quality

- The **Tower Hamlets Air Quality Action Plan 2022-2027** sets out action the council is taking to improve air quality in the borough. The action plan is published as part of our duty to London Local Air Quality Management<sup>160</sup>.
- **NEL ICS Air Quality Action Plan 2023 -2025** plan outlines what programmes of work are taking place across NEL ICS and outlines the opportunities and benefits to develop a system-wide strategy on air quality education and improvement.

## Sense of safety

- **Community Safety Partnership Plan 2021-2024** sets out how we will make Tower Hamlets a safer and more cohesive place to live (currently under review).
- **Tower Hamlets Community Cohesion Plan 2020-2025** shows a plan for a more cohesive community.
- **Tower Hamlets Children and Families Strategy 2019- 2024** sets out the strategic direction for Tower Hamlets to deliver the best outcomes for children, young people and families.
- **PREVENT Strategy** - focusses on keeping people and communities safe from the threat of terrorism.
- **Safeguarding Adults Board Strategy 2019-2024** has commitment from partner agencies to prevent and tackle adult abuse and neglect (currently under review).

### Key services and interventions

Various services and interventions in the key focus areas of this chapter are outlined below:

#### Poverty

- The Resident Support Outreach team helps residents in Tower Hamlets make single or joint Universal Credit applications.
- Cost of living payments are available for pensioners, free school meal eligible children, households eligible for Healthy Start scheme, working age residents on lowest incomes, residents with high energy-use medical equipment, residents not receiving central government support.
- The [Residents' Support Scheme](#) helps residents who are either in, or at risk of being in, crisis; or are in need of immediate help and have no source of financial support available to them.
- [Warm hubs](#) are available at ideas stores, libraries and community centres for residents who may be struggling to heat their homes due to soaring energy prices.
- Energy saving packs are available to residents.
- Cost of Living Help campaign aims to support people through high costs of living with information.
- Food pantries ([FOOD Stores](#)) are food stores that are there to support people who cannot afford enough food for themselves or their families.
- [The Holiday Activities and Food \(HAF\) programme](#) provides free school meal eligible children with food and activities in the school holidays.
- The low-income family tracker dashboard (LIFT) identifies specific groups to whom targeted support is then offered.



#### Employment

- [WorkPath](#) service works with employers, training providers, businesses, and partners to deliver an integrated service that helps residents reach their full potential.
- [JET](#) (Job, Enterprise & Training) is a service for disabled people and people with health conditions
- A variety of organisations offer employment support including [PoplarHarca](#), the [Limehouse Project](#), [MIND](#), the [Princes Trust](#) and [Careers Young WorkPath](#).

#### Food

- The council funds a [local fruit & vegetable voucher schemes](#) in select areas that provides residents experiencing food insecurity with vouchers for fruits and vegetables, to be spent in local fruit and vegetable stalls.
- [Tower Hamlets Healthier Advertising Policy](#) -The council adopted this policy in May 2023. Existing advertising contract holders are being invited to adopt the policy before their contract end date. The policy is being applied to all new council advertising contracts.

- Planning Strategies to restrict new hot food takeaways - Between 2019 and 2021 56% (9) of all (16) hot food takeaways planning applications were refused. Out of those, 66% (6) were refused using Policy D.TC5 in the Local Plan.
- [Food for Health Programme](#) - We currently have 55 FFH businesses; 42 bronze awards, 9 silver awards, and 4 gold awards.
- Universal [Free School Meals](#) are available to all primary school and secondary school pupils up to the age of 16 years.
- The School Food Improvement Programme -works with local primary schools to create a healthy food environment.
- [Food Hub](#) collates and distributes food to more than 60 voluntary and community sector organisations in the borough. It has delivered more than 2,000 tonnes of food to date (equivalent to 4.8 million meals)
- [Healthy Start Cards](#) and campaign support people who are 10 weeks pregnant or have a child under 4 to buy healthy foods and get free vitamins. The Public Health division are promoting uptake of the scheme.
- [Food banks](#) – there are number of food banks available across the borough.
- Cash first schemes- this scheme has provided supermarket vouchers to free school meal eligible children and those identified as vulnerable in the holidays since 2020.
- [Holiday Activities and Food \(HAF\) programme](#) and food pantries (FOOD Stores)–as mentioned in the poverty section.

## Housing

- [Fuel poverty support](#): Tower Hamlets council provides advice and support for residents struggling to pay their energy bills, including financial support, operating warm hubs and practical tips
- Cost of living support: Tower Hamlets has developed a [Cost of Living Handbook](#); a guide to the help and support available for Tower Hamlets residents during the cost of living crisis.
- Support with damp and mould: Tower Hamlets provides [advice for residents experiencing damp and mould in their homes](#). This is both practical tips to prevent mould and advice on reporting damp and mould to landlords, both private and social.
- [Housing charity Shelter](#) provide advice and support to people with housing issues, including homelessness and people in rent arrears.
- [Citizen's Advice Bureau](#) provides advice on a wide range of housing issues, including council tax, renting privately and from a social landlord, homelessness, and mortgage problems.
- [St Mungo's](#) is a homelessness and rough sleeping charity.
- [Government Guidance on private renting](#) includes support and guidance around topics such as repairs, rent increases, rent arrears, deposits, antisocial behaviour etc.



### Physical activity environment

- **HIAs for planning applications** - Tower Hamlet's Public Health Division provides support to review HIAs for large planning applications in the borough, ensuring the likely health impacts of major and strategic planning applications are considered as part of the planning process.
- **Schools Superzones Tower Hamlets**- This is a Greater London Authority (GLA) and Tower Hamlets Council initiative to support children's health and wellbeing by delivering place-based interventions in the school's environments and 400m radius.
- [Play Estates](#) - This project support residents and community groups to makes use of communal public spaces for the purpose of play on selected estates in the Borough.
- **Inclusive Play** - Through consultation with residents and stakeholders this project will co-produce an activation plan to support more families with Special Education Needs and Disabilities (SEND) to access play spaces in the borough.
- **Play Space Audit and GIS Mapping** - this audit will map, assess, and score all play spaces in our borough for quality and value. The audit will provide a benchmark for quality plays-pace in the borough, highlight area of need and provide recommendations for present and future improvements.
- [Bike It Plus programme](#) - This is a 2-year programme of targeted interventions in schools to promote an increase in active travel participation, run by Sustrans. The programme creates long term behaviour change by working closely with school staff, parents, and pupils in schools to identify and overcome the barriers that exist to walking and wheeling. Programme interventions include balance bike training, bike maintenance sessions, bike clubs, school assemblies and coffee mornings.



- [All Ability Cycling Club](#) - Bikeworks provides inclusive cycling programme catering for residents with both physical and learning disabilities. Using specialised cycles, the programme runs weekly, all year round in Victoria Park and enables residents with disabilities the opportunity to cycle in a safe and controlled environment.
- [Healthy Walk programme](#) - There are weekly walks from health and community centres from across 8 locations in the borough, delivered by Walk East. Objectives of the walks are to increase physical activity and wellbeing, whilst also tackling loneliness.
- **Community Cycle Hubs** - Grassroots cycling hubs exist in the community that feature a mix of cycle training, cycle maintenance workshops, bike loans and social cycle rides, particularly focused on seldom-heard groups delivered in one easily accessible location in the heart of the community. Delivery partners include Poplar Hara (Chrip Street Community Cycle Hub, Aberfeldy Community Cycles and Teviot Community Cycles) and Mile End Community Project (On Yer Bike project).

## Air quality

- **Air Quality Action Plan** - sets out action the council is taking to improve air quality in the borough over the period 2022-27. The action plan is published as part of our duty to London Local Air Quality Management.
- **Air Quality Monitoring** - Air quality in Tower Hamlets is measured with an extensive monitoring network of 92 NO<sub>2</sub> diffusion tubes and five automatic reference monitoring stations. Our automatic monitoring stations measure a wide variety of pollutants, including NO<sub>2</sub>, NO, NO<sub>x</sub>, PM<sub>10</sub>, PM<sub>2.5</sub> and O<sub>3</sub>. For data analysis and historical data, please visit our '[Action plan and reports](#)' page<sup>161</sup>. There is also a network of 14 small sensors installed around the borough by community groups in Tower Hamlets as part of the Breathe London Community sensing network operated by Imperial College London. These will be supplemented by 5 additional sensors operated by the council. The sensors measure NO<sub>2</sub> and PM<sub>2.5</sub>.
- **Air pollution and idling** - Engine idling is an unnecessary source of local pollution. The council can issue fixed penalty notices to drivers who idle their engine unnecessarily. Anti idling signs have been deployed to hotspot locations and offered to primary schools to install. [Idling Action London](#) has more information on idling and air pollution<sup>162</sup>.
- **Zero Emissions Network** - is an air quality initiative supported by Tower Hamlets, Hackney, City of Westminster, and Newham councils. The scheme, funded by the Mayor's Air Quality Fund and Tower Hamlets, is set up to help businesses save money, reduce emissions, and improve air quality by making changes in transport and building use and adopting more sustainable business practices.
- **Green Infrastructure**- Living green walls installed correctly and at right location can reduce exposure to air pollution. Living green walls have been installed at 3 primary schools funded by the council.

## Sense of safety

- **Safer Neighbourhood operations** - which includes the Tower Hamlets Enforcement Officers (THEO's), safer communities' officers and CCTV. This team works in partnership with the police to tackle crime and those local issues that are of concern to residents in our neighbourhoods such as ASB, drug dealing and violence. The CCTV unit provides wider resource to prevent and detect crime in the borough but also wider reassurance and security for residents.
- **Substance Misuse Service** - Provides the wider support for drug users to access treatment and works in partnership with the police, public health, and other agencies to achieve this.
- **Community Safety Service** - Comprising of the following service areas: Domestic Abuse, Violence Against Women and Girls, Hate Crime, Prevent/Protective Security and Crime Reduction teams. These specialist areas of business manage high risk casework involving some of the most vulnerable residents who have complex needs.

## Summary

There is clear evidence highlighting the importance of creating environments that support good health and wellbeing for everyone, alongside guidance on how this can be achieved. There are also some fantastic examples in Tower Hamlets of places that promote good health, from award-winning parks to well-designed new homes; the key now is to make these examples the norm. The council has many services and levers in their control that can strengthen the building blocks for health, from planning powers and housing policies to public realm design and employment support: if these resources can be used in a way that maximises health benefit, alongside essential support from wider partners and meaningful involvement from residents, we will have achieved the foundations for residents to have long and healthy lives.



# 6.7 Conclusion and Recommendations (Healthy Environments)

## Gaps in evidence

The following has been identified as gaps in evidence:

1. Our understanding of the intricate relationship between poverty, employment and health in Tower Hamlets could be strengthened.
2. There are opportunities to update and expand the data and research on food poverty and health to accurately capture the latest evidence.
3. In the context of a national housing crisis, it's important to identify what solutions are effective to improve people's lives in the short and medium-term. Actionable strategies need to be explored.
4. Key gaps in the spatial planning and health agenda have been identified, leading to the publication of a Spatial Planning and Health Needs Assessment in 2023. Additionally, a Play Space audit is currently being conducted to evaluate the quality, access and utilisation of play spaces in the borough. The findings from this audit will inform the design and improvement of future play spaces.
5. A Joint Strategic Needs Assessment (JSNA) on air quality is currently being developed and is expected to be finalised and approved by the end of this year.

## Gaps in services

1. There are potential opportunities to enhance ongoing efforts in addressing poverty and employment, by further integrating a health-focused perspective.
2. Taking action to address the lack of available and appropriate homes is an ongoing priority for the borough. Given this is unlikely to be fully resolved in the near future, work needs to be undertaken in the short and medium term to identify effective actions which will mitigate some of the worst effects of housing issues such as overcrowding.
3. There is an opportunity to expand upon the healthier advertising policy adopted in May 2023, which restricts advertising of unhealthy foods. This expansion could include additional categories such as alcohol and breast milk substitutes.
4. Working with council and local stakeholders to strengthen the principles of behaviour change to raise awareness of the harms of poor air quality and to empower residents to make sustainable lifestyle choices to reduce.
5. Informed by the Accelerate Strategy, and associated action plan, we will work with stakeholders across Tower Hamlets to raise awareness of the benefits of play.

## 6.8 Key messages

### Summary of recommendations (Healthy Environments)

Consider undertaking a JSNA to understand the complex interplay between poverty, employment, and health in Tower Hamlets.



The Food Poverty JSNA (2019) could benefit from an update in the next 1 to 3 years that incorporates the latest data and research. Alongside this, continue delivering recommendations from the current Food Poverty JSNA, the Food Poverty Scrutiny Action Plan, and improving our scores for the Sustain award.



Work in partnership with housing, HDRC and others to identify key actions which can mitigate some of the housing challenges faced by people living in Tower Hamlets, particularly overcrowding.



Continue to work closely with strategic planning functions to improve physical activity, promote an active environment and reduce sedentary behaviours.



Continue to progress action on air quality, ensuring work to protect those most vulnerable to its effects is prioritised. Build on the work undertaken to ensure sufficient high quality play spaces are available for all children in the borough.



### Key messages for residents

#### Poverty and employment

Tackling poverty is a key priority for the borough. Poverty and poor health are interrelated. This means lower income levels are linked to worse health and also that health inequalities perpetuate poverty. For example, ill health can prevent you from working or force you into lower-paid, less stable jobs, which maintains or worsens poverty. Employment and health outcomes are connected: job security and quality affect health, with unemployment and precarious work linked to poor health.

For more information:

- [Cost of living website](#)
- [Money saving tips](#)
- [Energy saving tips](#)
- [LBTH benefits calculator](#)
- ['Worrying about money' resource](#)
- <https://helpforhouseholds.campaign.gov.uk>
- [Energy Advice London](#) or call them at 0808 196 8260
- [Workpath website](#)

#### Healthy food

Eating healthy food is key to living a healthy life. However, in Tower Hamlets, only 1 in 4 of us are getting the fruit & vegetables we need each day, and 15% of low-income families are experiencing food insecurity. The council have number of initiatives to support people to eat healthy food by offering services like Healthy Start Cards, universal free school meals and fruit and vegetable vouchers. We are also supporting businesses through our Food for Health programme to help residents eat more healthily, such as swapping chips for a fresh salad or choosing a sugar-free drink. We've also recently adopted a healthier advertising policy to help promote healthier foods, because research shows people who see unhealthy food adverts are more likely to eat unhealthy food.

For more information:

- [Healthy Start Cards](#)
- [Free School Meals](#)
- [Fruit & Vegetable Vouchers](#)
- [Holidays and Food](#)
- [Support with Food](#)
- [Healthier Advertising Policy](#)

## Housing

Good quality housing is essential for our health. Our homes should be safe, warm, ventilated, not overcrowded, affordable, accessible, and provide us with a sense of security and community. With the right home environment, we can reduce the need for healthcare services, avoid hospitalisations due to things like falls, support timely hospital discharges and facilitate recovery from illness and surgeries. However, we appreciate there are significant housing-related challenges in Tower Hamlets, with inequalities in terms of who is affected. The council are working in partnership with others to explore how we can best support residents experiencing housing-related challenges.

For more information:

- [Support with cost of living](#)
- [Support with damp and mould](#)

## Physical activity environment

Well-designed spaces don't just look good, they make us want to move more, gather with friends and family, and enjoy the convenience of having everything close-by. These things can influence how active we are and how we feel. One way to use your surroundings to get more active is by walking, wheeling, or using public transport instead of taking the car.

It is also really important to give children opportunities to play for both their physical and mental health, as well as cognitive development. Research shows spending time in parks and playgrounds can boost happiness and health. It's also a great way to spend quality time with the people you love.

Find out about:

- [Weekly wellbeing walks](#)
- [Advice for walking and cycling to school](#)
- [The council's 16 outdoor gyms](#)

## Air quality

The air we breathe is very important for our own health and wellbeing as well as for our family and community. Working together, we can ensure we can avoid spending time in polluted areas and reduce air pollution, to prevent ill health and improve our quality of life. For example, air pollution can worsen health conditions such as asthma. The council have worked with GPs, the climate charity Global Action Plan, young people with asthma and their families, to put together some resources to help residents learn about practical actions they can take to reduce exposure to air pollution.

For more information:

- [Sign up to air text](#) (air pollution forecast and alert system) to plan your day
- Visit the [council's air quality webpage](#)
- Visit the North-East London Health and Care Partnership website and [learn about air quality](#)

## Sense of safety

- Report crimes and anti-social behaviour (ASB) in an emergency by dialling 999. Look out for those around you -If you see something that you are concerned about or doesn't seem right, report it.
- Safeguard valuables and access resources on the [Crimestoppers website](#). You can also visit the council's [website](#) for further information on what to do if you are experiencing anti-social behaviour.

If you are worried about someone's safety as a result of homelessness, Visit our webpage for help and advice about homelessness or [substance misuse strategy](#) page.

- Work with us and get involved -there are a range of ways you can actively work with us and the police to tackle crime and ASB. Joining your local [Safer Neighbourhood Ward Panel](#) is a great starting point and a useful way to find out more.

### 6.9 References

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## 7. Healthy Communities



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### 7.1 Introduction

This Joint Strategic Needs Assessment (JSNA) Summary chapter focuses on Healthy Communities.

Here we look at measures of community wellbeing and set out how we can help build healthier more resilient, connected and empowered communities in Tower Hamlets. Strengthening communities is recognised as an important way of reducing widening and persistent health inequalities and improving the health of the population. It builds control and resilience, can help buffer against disease and influences health-related behaviour.<sup>1</sup>

Communities can be thought about as 'communities of place/geography' as well as 'communities of interest or identity'<sup>2</sup> and people can belong to multiple communities which can shift over time. Our definition of communities includes 'the relationships, bonds, identities and interests that join people together or give them a shared stake in a place, service, culture or activity.'<sup>3</sup> There are many communities in Tower Hamlets with estimates of upwards of 1,300 voluntary and community groups, resident associations and religious groups. Understanding some of the social, environmental and physical health drivers is important context for this chapter.

This chapter should be read after the [Demography chapter](#), which explores the data from 2021 Census and Indices of Deprivation. The chapter looks at the diversity of residents in Tower Hamlets, and benchmarks health indicators against England and London. The Demography chapter also considers population churn, inclusion health groups, and housing.



On average, residents are living shorter lives and are dying earlier than people in England and London, with health inequalities between those living in the most and least deprived areas widening. For example, amongst the women living in London, women in Tower Hamlets have the lowest healthy life expectancy. To understand the wider determinants of health, which underpin these health outcomes, it is encouraged to read this chapter alongside [Healthy Adults](#) and [Healthy Environments](#), where further detail is provided.

## 7.2 Key public health measures

### Overview

Community wellbeing is how people's relationships with each other and with the places where they live create a shared experience of living well. While the importance of social capital, social cohesion and community resilience have been acknowledged for some time, understanding and measuring community wellbeing is an emerging area. The University of Birmingham's review of community wellbeing metrics<sup>4</sup> highlights a number of initiatives. For example, a scoping review carried out by the What Works Centre for Wellbeing identified community wellbeing as being primarily "about strong networks of relationships and support between people in a community" and being able to "improve things in, and influence decisions about, their community". This found 43 indicators of community wellbeing<sup>5</sup>. The Thriving Places Index (TPI)<sup>6</sup> includes a Thriving Communities Scorecard with three domains: sustainability, local conditions and equality. The Index includes a range of health, economic, social and spatial dimensions. Another group of measures has been coproduced by the Bromley By Bow Centre - these include outcomes such as 'basic needs met', 'connection to others', 'connected to place and community', 'strengthened personal resources', 'build knowledge skills and opportunity' and 'contribute to the community'<sup>7</sup> and is designed for use with individual service users.

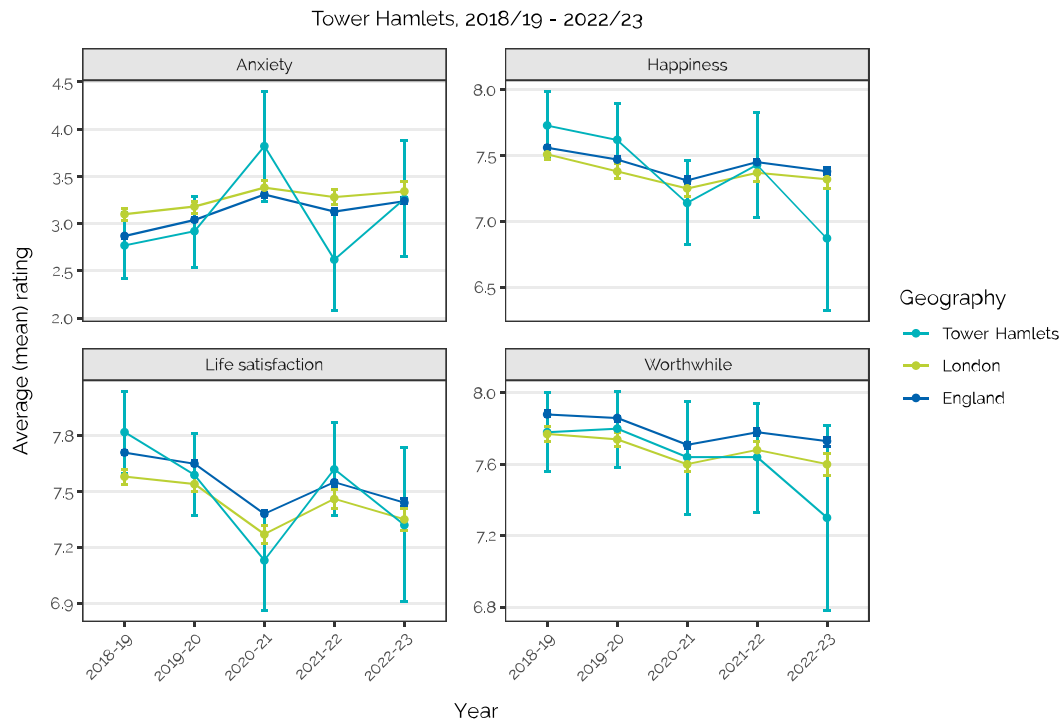


Here we have selected a largely pragmatic set of metrics aligned to a conceptual model developed by What Works Centre for Wellbeing<sup>8</sup> to measure Thriving Communities. This comprises four main domains:

- Individual wellbeing and resilience – people are enabled to live fulfilled lives
- Relationships and connections – people and communities connect with, understand and support one another
- Places and spaces – communities have physical places and spaces they can use to make good things happen
- People in the lead – people are meaningfully involved in matters that affect their lives and communities.

## Individual wellbeing and resilience

Figure 1: Personal Wellbeing in Tower Hamlets compared to London and England



Source: Annual Population Survey

### IMPORTANCE

The Annual Population Survey (APS)<sup>9</sup> uses ONS 4 to measure anxiety, feelings of happiness, life worth while and satisfaction which can be used to describe how we are doing in terms of our overall wellbeing and resilience both as individuals and communities.

### COMPARISON

The APS (Figure 1) shows evidence of poorer than average levels of wellbeing in Tower Hamlets compared to London and England over the last five years. Levels of anxiety increased significantly and life satisfaction decreased significantly between 2018-19 and 2020-21. This corresponds with peaks in the COVID-19 pandemic which had a particularly severe impact on Bangladeshi and deprived populations in England<sup>10</sup>. There was another reduction in happiness and life worthwhile in 2022-

23 which is indicative evidence of the increasing impact of the cost-of-living crisis on the population and high levels of insecurity due to income insufficiency, housing precarity and entrenched unemployment which are known to impact on mental wellbeing<sup>11</sup>.

### MOST AFFECTED

Data collected by the Office for Health Improvement and Disparities (OHID, formally Public Health England) during the pandemic<sup>12</sup> shows that women, minority ethnic groups and other vulnerable groups are more susceptible to declines in mental wellbeing from external shocks.

## Social support networks

### IMPORTANCE

People with strong social relationships are likely to remain alive longer than similar individuals with poor relationships<sup>13</sup> and such relationships are a buffer against disease.

### COMPARISON

There is no quantitative data collected locally on social support networks. The national Community Life Survey 2021/22<sup>14</sup> collects a wide range of data on social relationships including communication with friends, family and support networks. On average 95% of respondents agreed that if they needed help there would be people who would be there for them and 92% agreed that if they wanted company or to socialise there are people to call on. There were no significant regional variations. However, the survey found lower levels of social connections at the local neighbourhood level for Londoners compared to England. Only 65% of Londoners were likely to chat to their neighbours compared to a range of between 72-76% who were likely to chat to neighbours in other regions of England.

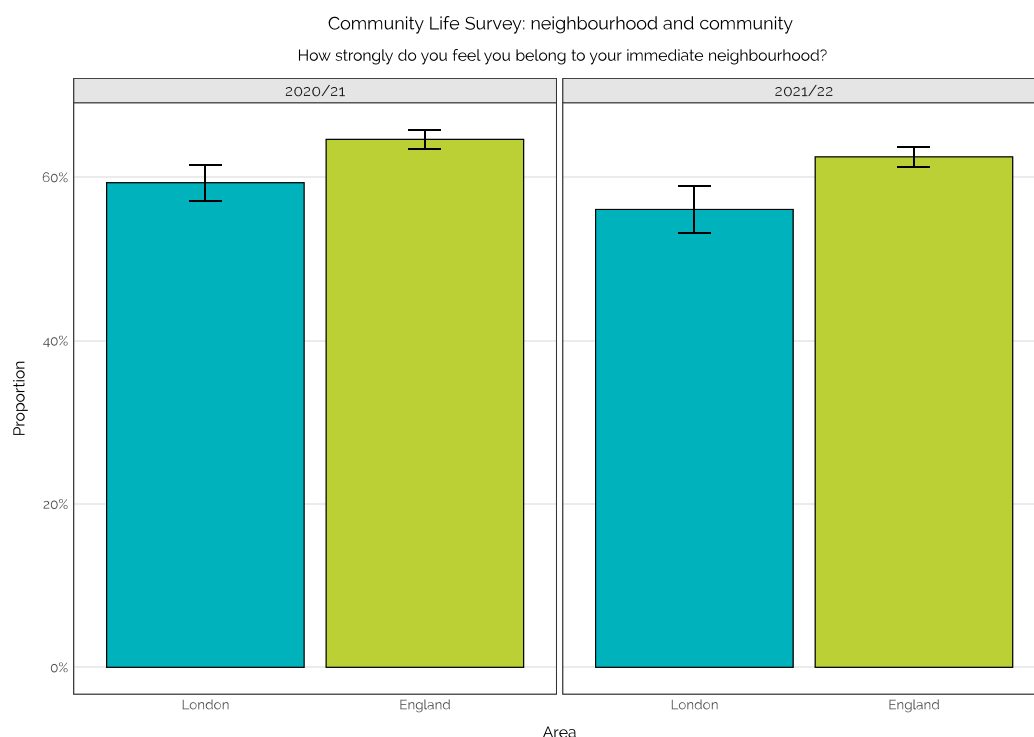
### MOST AFFECTED

Respondents from Black ethnic groups had lower agreement that if they needed help there would be people who would be there for them (90% compared to 96% for White ethnic groups). Respondents identifying as being from White ethnic groups were more likely (75%) to chat to their neighbours than other ethnic groups (54-67%). Those with long-term limiting illness had less agreement on access to social support networks generally.



## Community cohesion and feeling of belonging to the local neighbourhood

Figure 2: Feelings of belonging to the local neighbourhood comparing London and England



Source: Department for Culture, Media and Sports (2021-22)

### IMPORTANCE

Wellbeing is positively associated with community cohesion<sup>15</sup> and neighbourhood belonging<sup>16</sup>.

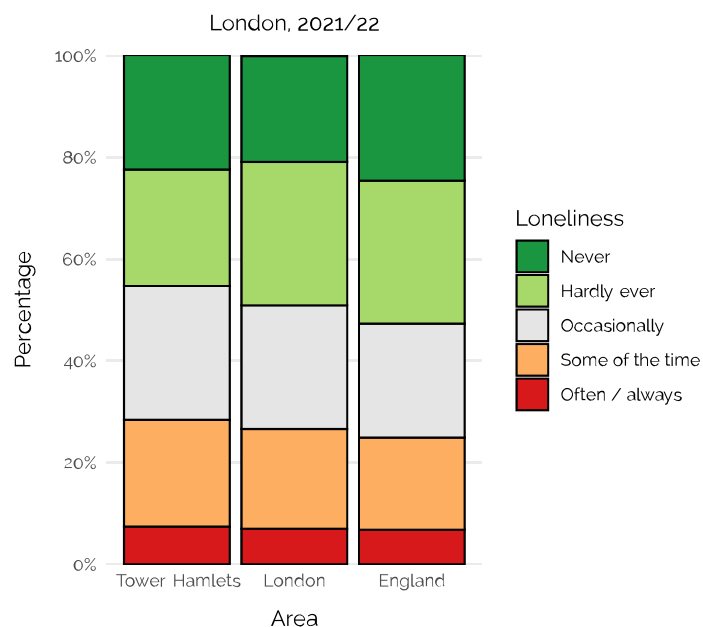
The Council's Annual Residents Survey (2023) found that 87% of respondents agreed that the local area was a place where people of different backgrounds got on well together. This compares with an average of 84% in the national Community Life Survey in 2021/22<sup>17</sup>. However, the Community Life Survey also indicates that there are lower feelings of belonging at the neighbourhood level for Londoners compared to England. In London only 56% of those surveyed felt they belonged to their immediate neighbourhood compared to 63% in England (Figure 2). There was a reduction in feelings of belonging in 2021/22 compared to the previous year. There is no similar data collected at a local level although a high levels of resident turnover in the borough, would suggest lower feelings of neighbourhood belonging might be expected<sup>18</sup>.

### MOST AFFECTED

The Community Life Survey finds that for England, those who were living in the most deprived areas were less likely to agree that those from different backgrounds got on well together (77%) compared to those in least deprived areas (89%). It also found that respondents identifying as being from 'other' ethnic groups were less likely to report they strongly or fairly strongly belonged to their neighbourhood (49%) than respondents from Asian ethnic groups and White ethnic groups (both 63%). Those with a long term-limiting illness or disability were less likely to agree that they belonged to their immediate neighbourhood than those without such conditions.

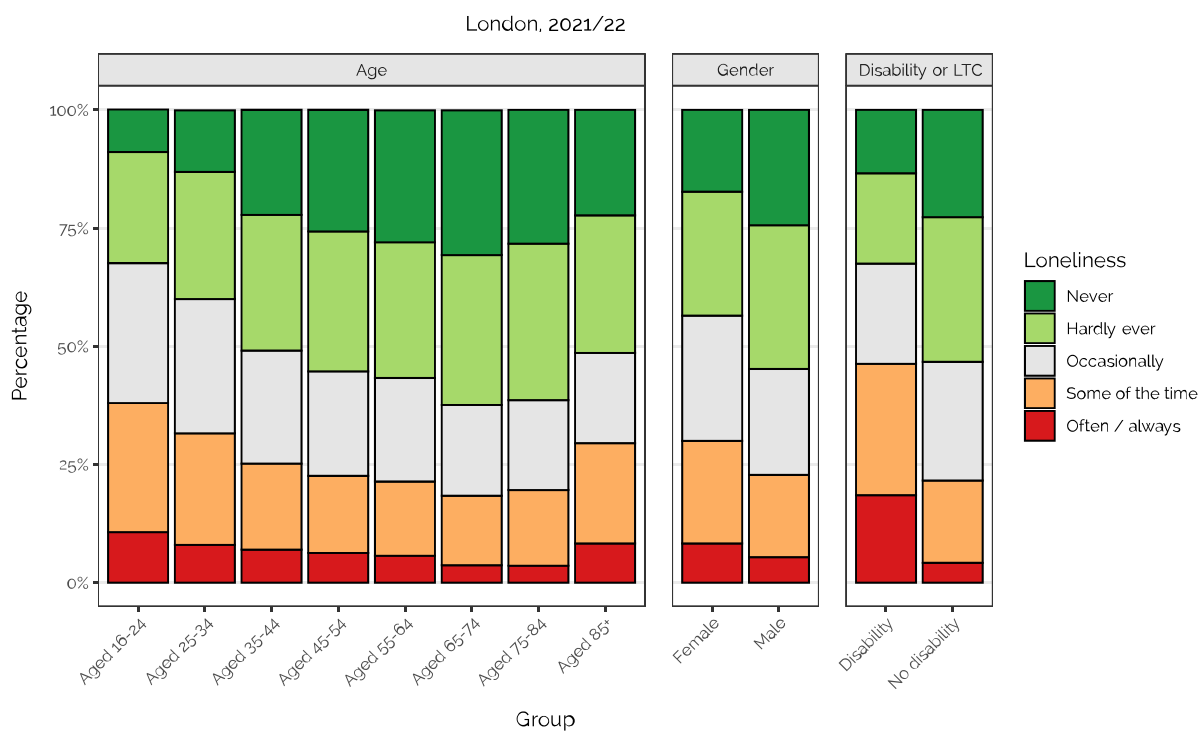
## Loneliness

Figure 3: Loneliness by geography



Source: Active Lives Survey Nov 21-22

Figure 4: Loneliness by age, gender, disability status



Source: Active Lives Survey Nov 21-22





### IMPORTANCE

Feeling lonely is an indicator of social isolation and is 'a subjective unwelcome feeling of lack or loss of companionship'<sup>19</sup>. It constitutes a major risk factor for physical as well as mental health and wellbeing<sup>20</sup>.

### COMPARISON

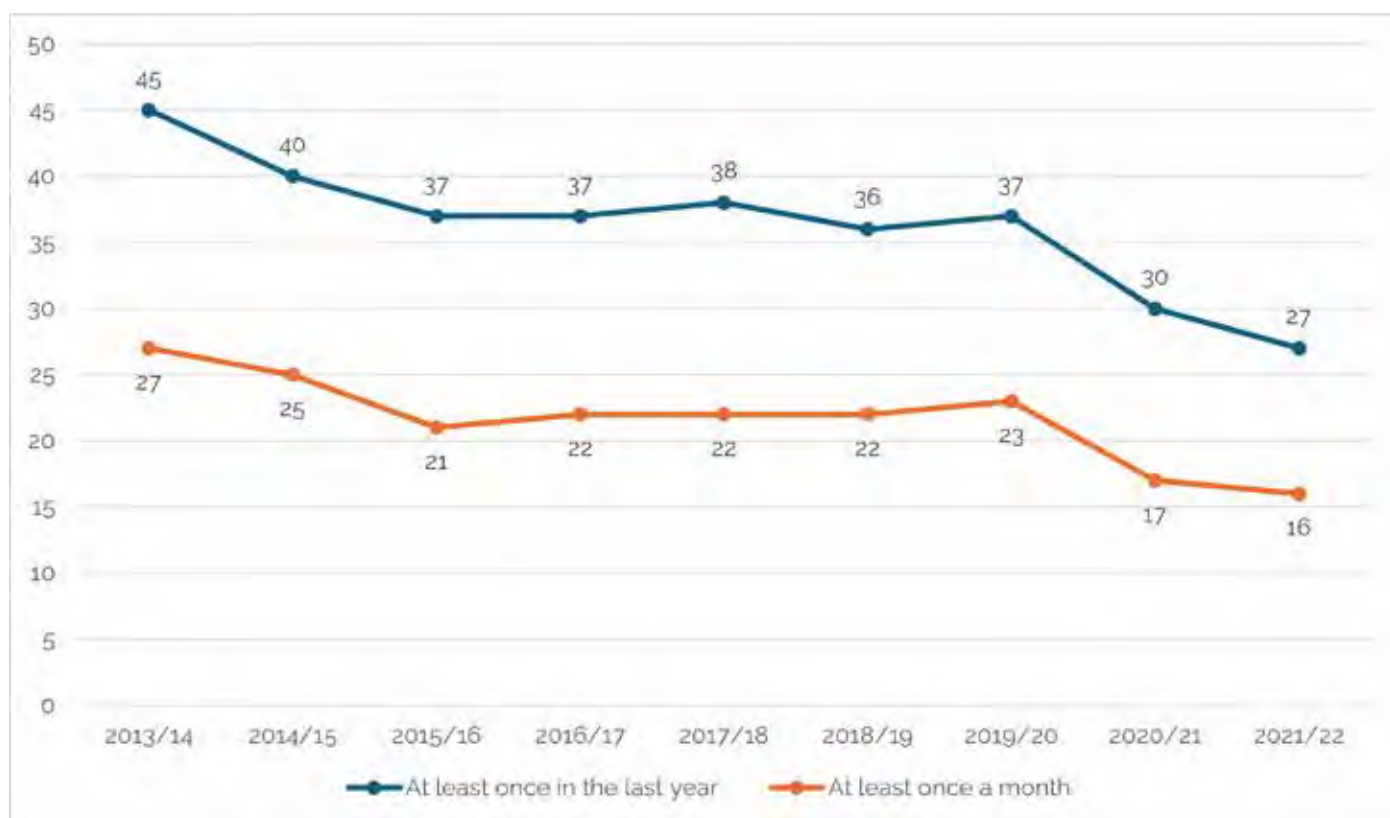
Data collected by Tower Hamlets Council's Annual Residents' Survey<sup>21</sup> in 2023 shows that 2% of residents feel lonely 'often/always' and 11% 'some of the time'. This is broadly in line with the Council's pre-pandemic data. However, the Active Lives Survey 2021-22 (Figure 3)<sup>22</sup> shows higher levels of loneliness in Tower Hamlets than in London and England with 7.4% residents in Tower Hamlets saying they feel lonely 'often/always' and 21% saying they feel lonely 'some of the time'; this data may have been affected by the pandemic.

### MOST AFFECTED

The Council's Annual Residents' survey (2023) shows high rates of loneliness among disabled people and those with financial problems with limited ethnic difference in severe loneliness and no detected age difference. However, the Active Lives Survey (2021-22) (Figure 4), shows a wider range of groups in London are more at risk of severe loneliness compared to the average. For example, disabled people (18.5%), young people aged 16-24 (10.7%), adults aged 25- 34 (8%), people aged 85 plus (8.3%) and women (8%). The Greater Local Assembly's report Reconceptualising Loneliness<sup>23</sup> found an even greater number of at risk groups for severe loneliness - while 8% of Londoners were affected, this was higher for young people (12%); low-income (18%); LGBTQ+ (15%) single parents (12%) deaf and disabled Londoners (18%); and some ethnic minority groups (14%). This data may be skewed due to its proximity to the pandemic though many reports also find greater variability in the experience of loneliness. Data from the Community Lives Survey<sup>24</sup> suggests general risk factors for loneliness are being unemployed, recent relocation (more likely in younger age groups); living in an area of higher deprivation, having caring responsibilities especially among older individuals and women; not living with a partner (widowed, separated, divorced, or never married); people with long term health conditions or disabilities and those in the lowest and middle income quintiles.

## Volunteering levels

Figure 5: Volunteering rates in England 2013/14 – 2021/22



Source: [Community Life Survey 2021/22](#)

### IMPORTANCE

Volunteering is an important source of social support, sense of community and belonging for both older and younger people<sup>25,26</sup>. According to the NCVO Time Well Spent research<sup>27</sup>, the most common areas or causes for volunteers nationally are local community and neighbourhood groups (21%), health, disability and social welfare (17%), hobbies, recreation arts and social clubs (16%).

### COMPARISON

In 2021, the Council's Annual Residents Survey found that 25% of respondents had volunteered at least once over the previous year which may reflect higher rates of volunteering seen during the pandemic. More recent local data is not available. The Community Life survey which includes data for London, finds an overall decline in formal volunteering over the last nine years (See Figure 5 below). In 2021/22 it found that 16% of respondents in London and England took part in formal volunteering at least once over the previous month and 30% once in the previous 12 months. There are higher rates of informal compared to formal volunteering. Informal volunteering is defined as giving unpaid help to individuals who are not a relative. The Community Life Survey data for 2021/22 in England shows 26% of respondents had taken part in informal volunteering at least once in the last month. This proportion is lower than at the height of the pandemic but in line with levels seen in 2019/20 (28%). NCVO's UK Civil Society Almanac 2023<sup>28</sup> also finds that informal volunteering has dropped back to pre-pandemic levels.



### MOST AFFECTED

There is no current local data on volunteering numbers or by protected characteristic. The national Community Life Survey finds the lowest participation rates in formal volunteering are for those aged 25-34 years and those identifying as Asian compared to other ethnic and White groups. By contrast, there are no ethnic differences in informal volunteering with slightly higher rates for those who are economically inactive and those with a disability. National data collected by the Time Well Spent research indicates that people from the most deprived areas are also less likely to volunteer and there are long-established concerns about the ethnic diversity of volunteers<sup>29,30</sup>. Time Well Spent research finds that the satisfaction levels of global majority volunteers are lower than the average and disabled volunteers are more likely to feel excluded compared to non-disabled people.

## Thriving voluntary and community sector

### IMPORTANCE

Community organisations, and the wider Voluntary, Community and Social Enterprise (VCSE) sector play an important role in tackling health inequalities. Their role as trusted organisations embedded within the communities they serve means that they are well-placed to provide and support the design of services which are accessible for, acceptable to and available to people in their communities<sup>31</sup>. This unique position enables the VCS to provide information and insight into the local experience, provide a voice for under-represented, disengaged or marginalised groups<sup>32</sup>, provide holistic approaches to health and care and contribute to service design and adaption, including cultural competence. Consequently, local networks and community voluntary organisations can be used to support collaborations and partnerships to encourage local communities to take part in initiatives to improve their health and wellbeing<sup>33</sup>. A thriving voluntary sector is a key element for a whole systems approach to community-centred public health<sup>34</sup>.

### COMPARISON

The Council calculates there are around 1,300 community groups in the borough engaged in a range of community, economic, housing, culture and social support. These comprise registered charities, faith groups, unregistered and informal community groups, including mutual aid groups, social enterprises, Tenants and Residents' Associations, co-operatives, Community Interest Companies with charitable elements<sup>35</sup>. Tower Hamlets has a huge diversity of such organisations, for example, an active multi-faith sector, a Council of Mosques (47 Mosques), significant lived experience groups such as Real (an organisation run by disabled people for disabled people), Toynbee Hall which has a specific remit to tackle poverty and injustice, Social Action for Health whose mission is to eradicate avoidable health inequalities and Bromley By Bow Centre, a national blueprint for integrated health and community services. According to the Tower

Hamlets Community and Voluntary Sector (THCVS) 'State of the Sector Report 2023'<sup>36</sup> 551 registered charities exist currently in the borough, many of which are small and micro-organisations. Around 50% of local voluntary sector organisations have a turnover of less than £100,000; this is 80% for the UK as a whole<sup>37</sup>. Of the 84 organisations responding to the THCVS State of the Sector survey, a large proportion worked on health-related topics and with communities experiencing known health inequalities eg: 71% worked with minority ethnic populations, 32% working with people from faith groups, 37% working with the LGBTQ communities and 54% with disabled people. The THCVS survey indicated that people who have recently moved to the UK, with English as a second language, and people with no recourse to public funds may be less likely to use voluntary sector services.

### MOST AFFECTED

There is a lack of robust data on community organisations. Whilst the majority of wards in the borough have lower rates of charities per 1,000 people compared to the England average of 2.4 charities per 1,000 people, it is also the case that many community organisations in Tower Hamlets are not charities. Furthermore, there is evidence that voluntary sector organisations in the borough, particularly smaller ones, are facing a serious funding crisis that may result in significant closures<sup>38</sup>. There is a similar trend at a national level; NCVO's UK Civil Society Almanac 2023 shows an overall decline in voluntary sector income, with the greatest impact on smaller organisations which are less likely to receive statutory funding and are more exposed to the cost of living crisis<sup>39</sup>. Charity closures may have significant impact on communities in areas which already have fewer charity services and where communities are more likely to experience exclusion and deep poverty such as global majority communities, women, disabled people<sup>40</sup> and in the case of Tower Hamlets, also older people.

### Community places and spaces

#### IMPORTANCE

The What Works Centre for Wellbeing has produced a summary of positive and negative associations with thriving communities for the domain of Places and Spaces<sup>41</sup>. This shows that individual and community wellbeing is positively associated with the physical attributes of a place, the design and use of physical spaces (including walkability), place based activities (including access to spaces), local relationships, perceptions and experience (eg: neighbourhood satisfaction), housing (quality and provision), place-based services and infrastructure. It is negatively associated with high levels of deprivation, low income, unemployment, poor housing and aspects of demography such as resident turnover in the last year, recent migration, language barriers, crime, litter and poor neighbourhood governance.

#### COMPARISON

Neighbourhood satisfaction is a key summary indicator for this domain. 78% of respondents to the Council's Annual Resident Survey said they were satisfied with their local area as a place to live in 2023 which compares with 76% of respondents to the Local Government Association's (LGA) survey of residents across England for the same year<sup>42</sup>. The last national Community Life Survey in 2021/22 found similar levels of neighbourhood satisfaction in England (76%).

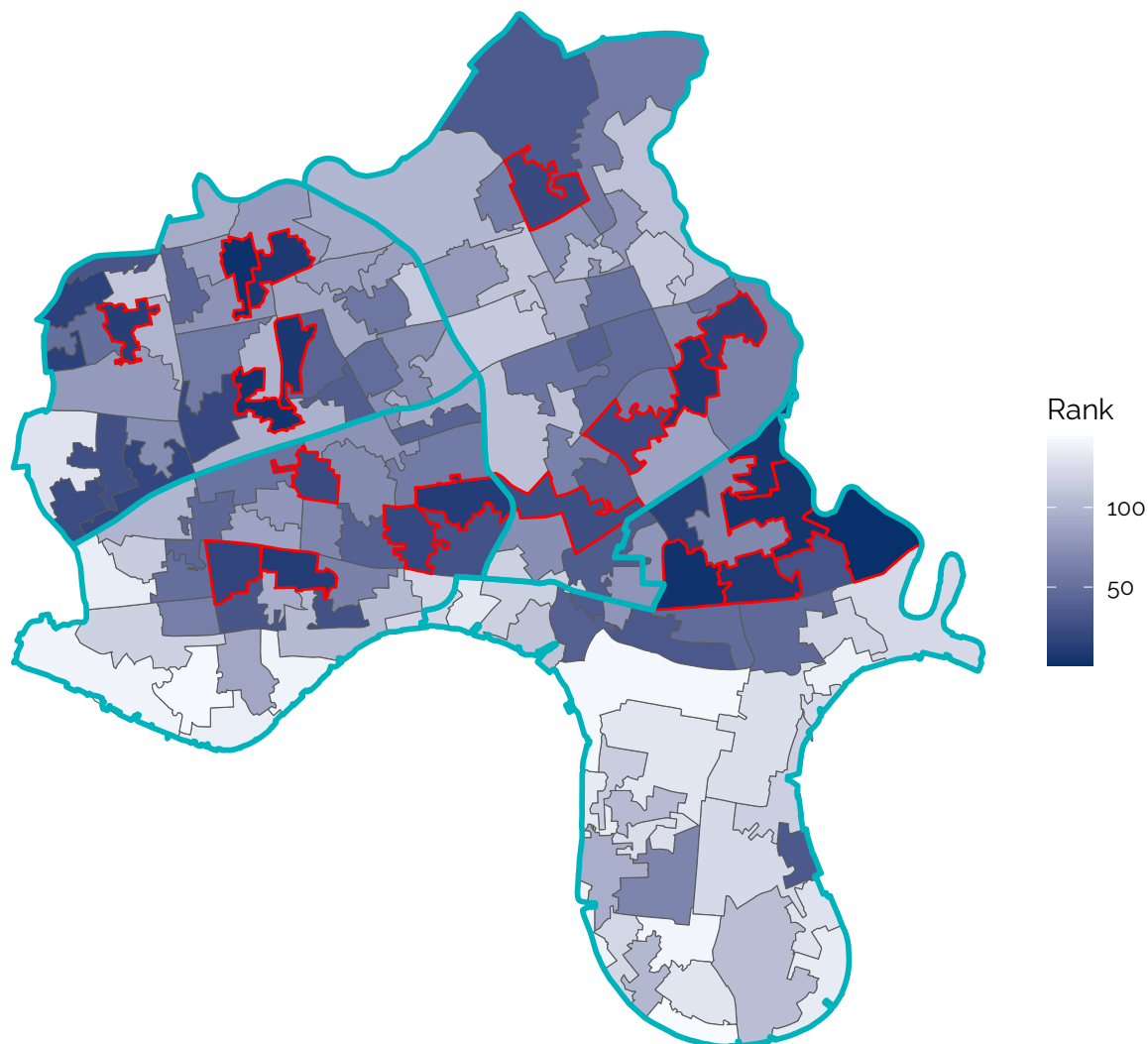
#### MOST AFFECTED

There is no published demographic breakdown for neighbourhood satisfaction in Tower Hamlets. However, the Community Life Survey finds that a lower proportion of those from deprived backgrounds, Black and other ethnic minority groups were satisfied with their local neighbourhood compared to other groups in England.

Further detail and commentary on indicators for community places and spaces such as access to green space, community safety, crime, noise, poverty and the wider determinants of health can be found in our JSNA chapter on [Healthy Environments](#); demographic indicators can be found in our JSNA chapter on [Demographics](#). To illustrate how community spaces and places shape wellbeing in hyper-local pockets of deprivation, where we find the greatest health inequalities, we have included a case study drawn from participatory research undertaken by the Well Communities Research Consortium<sup>43</sup> (2023). This involved over 250 residents in one of the most deprived neighbourhoods in the North East of the Borough (see Figure 6). It shows the interaction between a number of factors that shape wellbeing including community spaces, assets, community cohesion, poverty, housing and community safety.



Figure 6: Top five most deprived Lower Super Output Areas in each locality in Tower Hamlets



Source: 2019 Index of Multiple Deprivation LSO as have been re-ranked within Tower Hamlets only



### Community life at the neighbourhood level - participatory research in a hyper-local area of high income deprivation



The area is one of Tower Hamlets' oldest neighbourhoods. It has high levels of income deprivation and higher than average levels of disability and long term condition prevalence. One fifth of the population is disabled and 8.7% of the population provide unpaid care. Around half of the residents are from a White ethnic background, a third from an Asian background, 12% from Black backgrounds and 8% from mixed or other ethnic groups. The Well Communities project identified the following key themes for the community: erosion of community assets and a need for better access to community spaces; more events to help bring the community together; community safety and cleanliness; improved housing and better communication about what services and activities are offered by statutory services. In addition, there were feelings of loss and change in the neighbourhood and issues around social cohesion were raised. This related to tensions between different ethnic and religious groups and how 'a lack of community' contributes to feelings of isolation, especially for older adults.

Many residents felt that "COVID killed everything" and were frustrated by the recent closures of assets such as youth clubs, children's centres, community spaces and essential services such as a bank or a post office. They expressed a need to build back a sense of community through more face-to-face events, both indoors and outdoors for all parts of the community and for every age including intergenerational activities. There was a need to consider affordability of activities and the need for single sex spaces especially for Bangladeshi and Muslim women but also for men. Events such as community fun days, football matches, and opportunities to share food and cook together were suggested. As well as a need for new spaces, residents expressed a need to better use existing space, especially secular spaces. Residents explained that the many green spaces in the area



were unusable due to cleanliness and safety issues; such as excessive amounts of rubbish and dog waste. They called for more bins, bin collection, and finding better ways to encourage people to clean up after their dogs. Residents also explained how lack of transport options in the local area cut them off from other areas in Tower Hamlets. Other themes were antisocial behaviour and drug use, poor housing conditions (e.g., damp/mould), pollution and poor air quality, and the need to share information about local services and events.

A world cafe event with arts, culture, environment voluntary and community organisations wanting to work with very deprived communities in deprived areas such as this, highlighted the lack of sustainable funding for voluntary and community sector organisations. Suggested improvements included facilitating better trust and collaboration between the Integrated Care System (ICS) service providers, community organisations and residents; adopting a hyper-local focus for policy; funding decisions which put local needs at the centre; redefining who offers 'care' and what 'care' includes, and how the work of community organisations in such areas can be better and more sustainably funded.

Many residents who took part in the research felt sceptical of anything concrete coming from community engagement by service providers.



There were suggestions from stakeholders regarding how the Council can engage and collaborate with residents better by mobilising active residents (e.g., enabling 'community navigators' to engage with and represent the community). Residents suggested that community navigator volunteers should receive training and vouchers; offering 'resident grants' that could fund work the residents want to do and lead as well as ensure that the council and community organisations interface more with local residents.

All stakeholders felt that the activities and services offered should specifically address the needs of hyper-local communities and be "where the people are". Access to assets and activities were identified as a problem for many residents and a hyper-local approach could help bring more assets and activities to the people who need them.

**"Empty halls are going to waste."**  
Resident

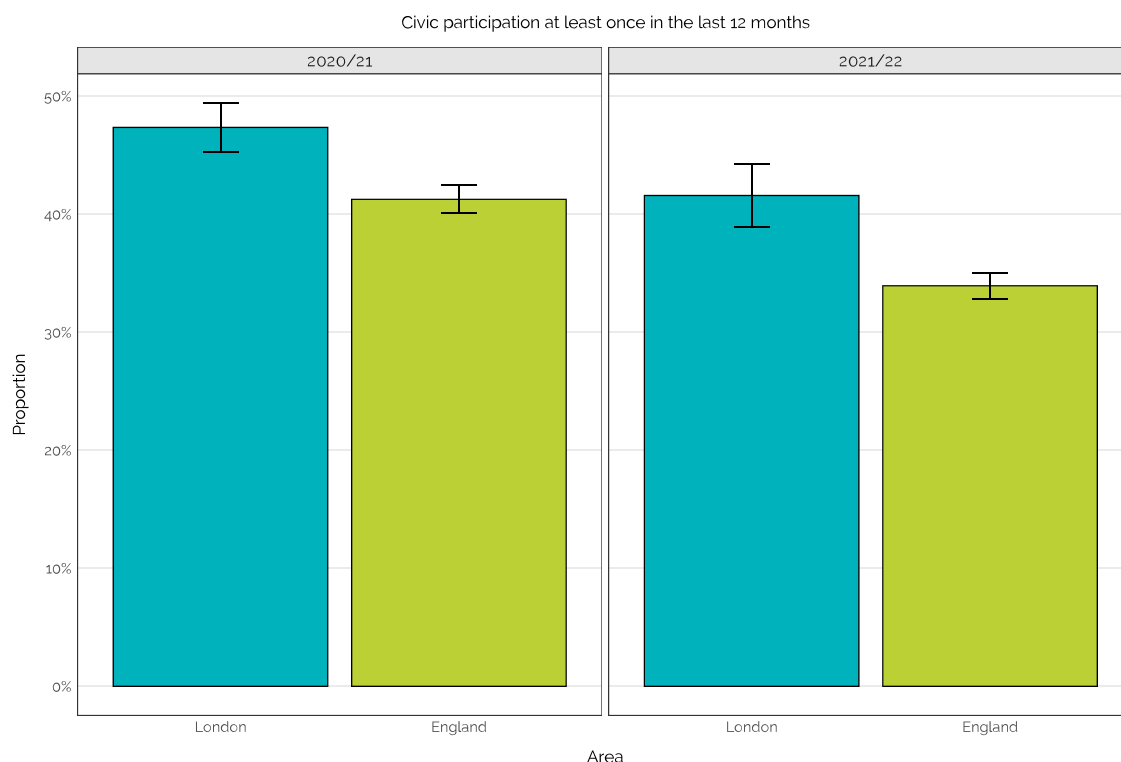
**"If these [community events] are going to go on, we want to know about them!"**  
Old Ford resident

**"To work effectively on health and wellbeing we need capacity, financial resources and backing."**  
Community voluntary sector organisation

**"We will act' really means 'putting on a show.'"**  
Old Ford resident

## People in the lead - people are meaningfully involved in matters that affect their lives and communities

Figure 7: Civic action in London compared to England 2021/22



Source: Department for Culture, Media and Sports (2021-22)

### IMPORTANCE

Community and social capital is shaped both by the ability of communities to define and organise themselves, and by the extent to which national and local organisations seek to involve and engage communities in decision-making<sup>44</sup>. The Community Life Survey defines civic participation as engagement in the democratic process (including being or contacting a local official but excluding voting), civic consultation is taking part in a local consultation, civic activism is the participation in decision-making groups. There is an additional measure 'feeling able to influence decisions in the local area'.

### COMPARISON

There are few measures of civic engagement in Tower Hamlets. Locally, the Council's Annual Residents Survey<sup>45</sup> shows feelings of involvement in the Council's decision-making have been declining in recent years. In 2023 42% of respondents felt the Council involved residents when making decisions, with 48% feeling listened to. Levels of trust in the Council (65%) were above average for the Local Government Association. Only 36% of VCS respondents to the THCVS State of the Sector Survey felt that the Council involved the sector in decision-making<sup>46</sup>. No similar participation or trust measures exist for other statutory bodies including the NHS.



The Community Life Survey (2021/22) found levels of civic participation (47%) and civic consultation (23%) for London as a whole were higher compared to England but with lower levels of civic participation in deprived groups (see Figure 7). Levels of civic activism across the country were low generally (7%) and only around a quarter felt able to influence decisions in their local area (27%).

### **MOST AFFECTED**

The Community Life Survey found that people from a Black background were more likely to be involved in civic consultation and civic activism in 2021/22 compared to other ethnic groups although overall differences are small.



## **Summary**

Five key priorities emerge from this data. There is a need to:

1. Build social, community capital and mental wellbeing at a hyperlocal level to strengthen our most vulnerable communities; this can help provide protection against both long-term conditions and infectious diseases.
2. Reduce social isolation among those who are severely lonely and promote social integration across the social gradient with proportionately more focus on those living in poverty and with disabilities.
3. Support volunteering and participation in local neighbourhoods as well as a greater need to understand the role of, and participation in, local voluntary, community and religious groups unique to Tower Hamlets which represent particular global majority communities.
4. Increase involvement in decision-making at the local level to ensure policies are owned by those most affected and shaped by their experiences.
5. Agree a set of indicators and collect local data to measure healthy communities more effectively.

## 7.3 Key Evidence

### Overview

Figure 8: Why communities matter for health



Source: [Community-centred practice: applying All Our Health](#)

There is a range of evidence supporting approaches to improving health and wellbeing and reducing health inequalities through strengthening social relationships, reducing social isolation and putting people in the lead.

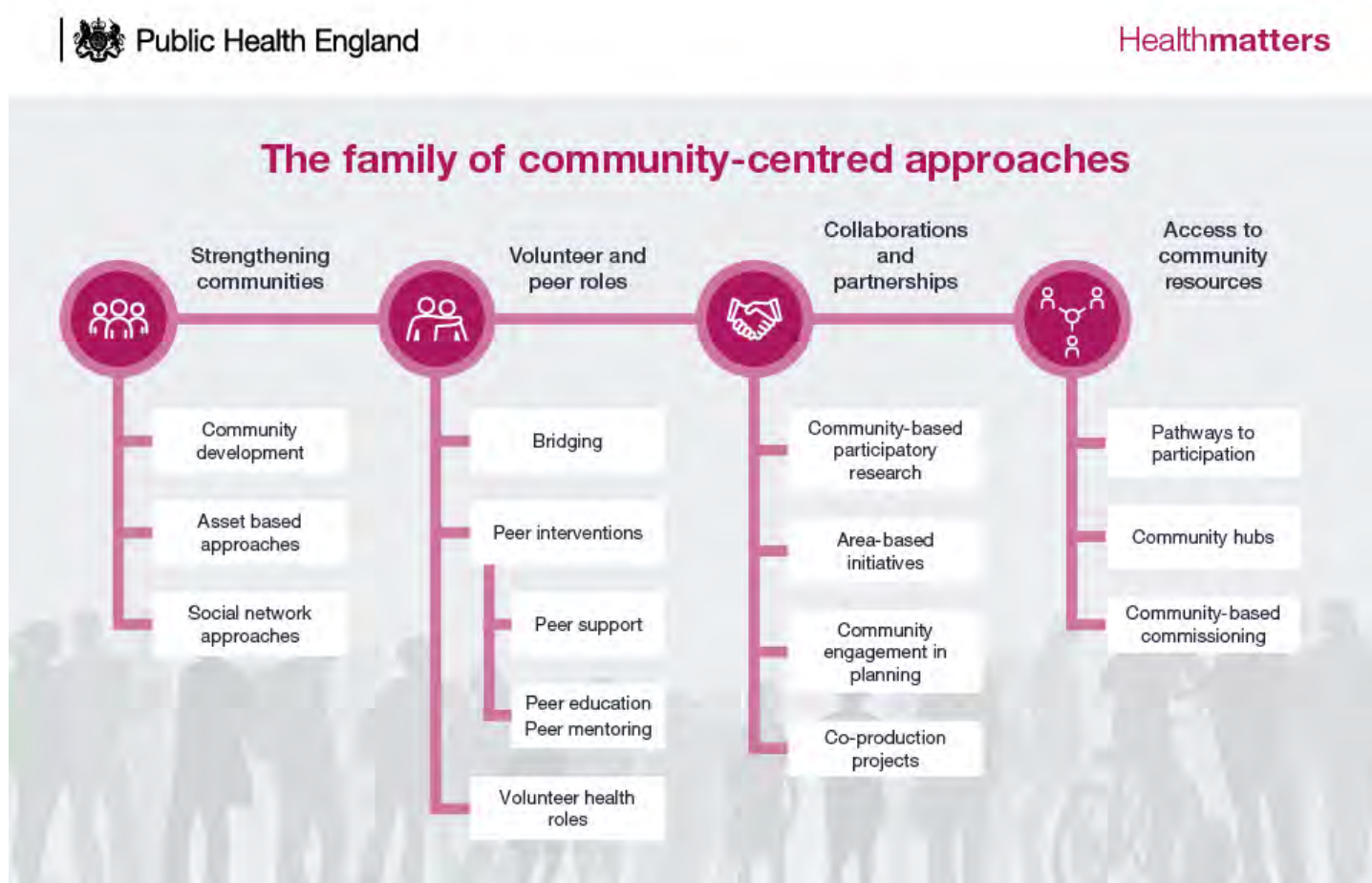
The **Marmot Review**<sup>47</sup> provides evidence that in order to reduce health inequalities in England along with addressing the wider determinants we need to improve community capital and reduce social isolation across the social gradient. Critical factors include how much control people have over resources and decision-making and how much access people have to social resources, including social networks, and community capabilities and resilience.

### Community-centred approaches to improve health and wellbeing

The **Office for Health Improvement and Disparities** (formerly Public Health England) has published a series of reports outlining a number of approaches available to councils and the health sector to strengthen communities.

A key report is **Public Health England & NHS England's guide to community-centred approaches for health and wellbeing (2015)**<sup>48</sup>. This sets out in more detail the building blocks for good health in communities including asset-based approaches. These emphasise skills and knowledge, social networks and the role of community organisations including volunteering, representation, community leadership and activism. The report outlines a 'family of community-centred approaches' which represent some of the practical, evidence-based options that can be used to improve community health and wellbeing. These are grouped into four areas: strengthening communities, volunteer and peer roles, collaborations and partnerships and access to community resources and illustrated by Figure 9. The report underlines the important role of NHS, local government and partners in fostering community resilience and enabling individuals and communities to take more control over their health and lives. A repository of asset-based and community centred approaches across the UK is held by UKHSA<sup>49</sup>.

Figure 9: The family of community centred approaches



Two further reports highlight how community assets were mobilised during the pandemic<sup>50</sup> and contribute to the evidence base for how to effectively engage with global majority communities<sup>51</sup>. The first is **OHID's Rapid Scoping Review** of community champions approaches for the pandemic response and recovery<sup>52</sup> which shows that champions can strengthen social connections in disadvantaged communities and be a link between those communities and services. Building a supportive infrastructure, offering training that builds skills as well as knowledge, and long-term community engagement are important enabling factors.

The second is the **London Legacy and Healthy Equity Partnership Evaluation and Impact report (2024)**<sup>53</sup> which provides valuable insights into a number of pandemic related partnerships and community-centred work including micro-grants, community-led communications, faith health networks and health literacy programmes. Three key pillars of learning include 'Community first and community driven initiatives' ie. ensuring the experiences, views and needs of communities inform delivery, communication and engagement; second, 'Engaging the workforce' which builds a sustainable model to support health literacy and trust; and lastly embedding new ways of working – piloting, testing and evaluating to embed ways of working into 'business as usual' across partners.



### Tackling loneliness

The **What Works Centre for Wellbeing's Rapid Systematic Review of loneliness evaluations**<sup>54</sup> in 2023 outlines the most recent evidence for a range of different loneliness interventions. These include offering activities that people are interested in doing and meeting people with common interests through group-based activities, which are affordable and accessible to all. For those unable to access group-based activities, one-to-one befriending is effective in targeting those with a loss of confidence or lack of social skills. There is evidence that psychological support to people experiencing loneliness also helps address patterns of thinking which exacerbate loneliness. Finally, connector services can offer structured support to identify and overcome practical barriers to connection and to link into available support and activities in the community.

The **Tower Hamlets' Public Health's Befriending Needs Assessment (April 2022)** also concluded that befriending services are both an effective and cost-effective intervention in addressing loneliness and social isolation.

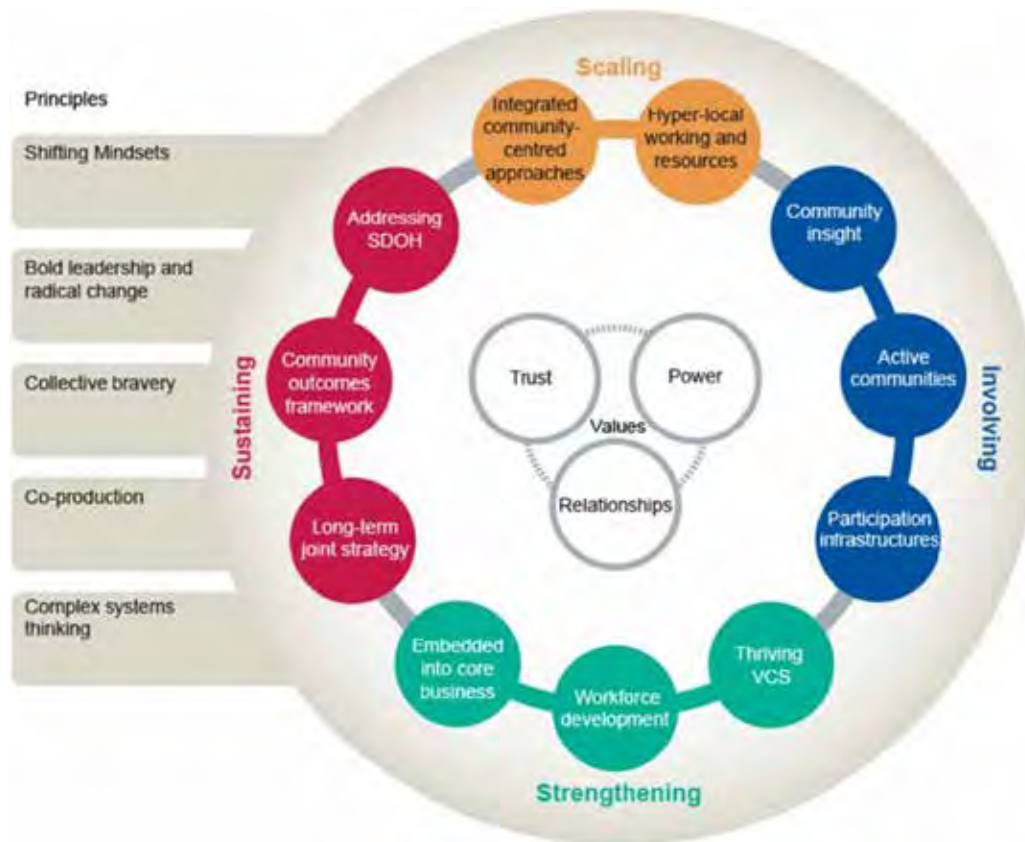
The **Reconceptualising Loneliness Report**<sup>55</sup> (2022) recommends focusing efforts in London on people who experience severe loneliness. Five associated factors are identified for Londoners experiencing severe loneliness: people who are acutely poor, people who are single or living alone, people who are Deaf or disabled, people going through life changes or who are new in London, and people who feel different or experience prejudice. Measures such as increasing social connectedness (having high quality relationships with others) and a sense of belonging (feeling integrated into the world with a sense of purpose) are noted as crucial to preventing loneliness. Other protective factors include a strong support network and psychological resilience.<sup>56</sup>

### Putting people in the lead – people are involved in matters that affect their lives and communities

The **National Institute for Health and Care Excellence (NICE) guidance**<sup>57</sup> on community engagement to reduce health inequalities emphasises that community involvement leads to services that better meet the community members' needs. The guidance sets out best practice in relation setting priorities with communities, including them in monitoring and evaluation, identifying the skills, knowledge, networks, relationships and facilities available including the use of peer and lay roles.

**Public Health England's Community-centred public health: taking a whole system approach**<sup>58</sup> report recommends place-based, radically different leadership for strategic, large scale transformational change in community-centred working across local government, communities, NHS and the VCS. The report identifies key elements of the change required which is underpinned by core values of power, trust and relationships. The 11 key elements shown in Figure 10 include scaled up community-centred prevention approaches, neighbourhood based working at hyper-local level, community insights to provide a better understanding of people's lives, community capacity building, participation structures, a thriving voluntary and community sector, workforce development to build core skills in community-centred working, a shared strategic, long-term ambition for strengthening communities, community outcome frameworks and action to address the social determinants of health which directly impact on people's resilience and ability to participate.

Figure 10: Community centred whole system approach



Source: Community-centred public health: taking whole system approach, Public Health England (2020)

A further report, the **Local Government Association's report 'A glass half full: ten years on review'**<sup>59</sup> also takes whole system approach. This includes taking a place-based rather than a service-based lens, making sure communities are equal decision-makers, that VCSE are viewed as co-commissioners, devolving commissioning to the lowest practical level to enable neighbourhood commissioning. The report notes that while most councils are embracing community-centred ways of working, many projects have time-limited political support, short timeframes and are small scale; the challenge is scale up to a whole-system and asset-based approaches. Policy makers should ensure supportive environments are in place to ensure success, in particular economic foundations which support residents' ability to engage with programmes that are supposed to help them. Questioning and challenging power dynamics remains crucial and those adopting asset-based approaches need to be continually reflective and recognise challenges of community control.

### Resident and stakeholder perspective

#### Developing and supporting local social networks and social support

A number of reports highlight the importance of social capital including social resources to residents. The **Bromley By Bow Centre's Community Partnerships health improvement delivery plan (2023)**<sup>60</sup> finds that as well as addressing basic needs, important factors were found to be mutual support through informal networks, peer support, personal confidence as well as access to suitable venues and provision for non-English speakers.

**"I think an important factor in people living healthy lives is having good informal local support networks; people who can provide informal advice and support and give someone a sense of belonging. This could be local extended family, neighbours and friends, religious communities such as churches or within mosques or other local groups. I think these kinds of connections ground people and are even more valuable than provision of more formal community services."**

Dr Rebecca Scott, GP, Bromley by Bow Health.

**Healthwatch's Healthy Neighbourhoods report (2023)**<sup>61</sup> found that residents from some protected groups felt there was a lack of community cohesion in the borough, in particular those from a LGBTQ+ background.

**"I live in the area, particularly due to its cultural diversity. Sometimes, however, this can make it harder to meet neighbours and form true communities due to how different cultures naturally spend their time. Each year we have a community 'big lunch' street party, and this is one of the few times everyone really gets to meet everyone else. More of these events would be great."**

Male resident, 55-64, White British



Under a third (32%) of respondents said they did not have good access to spaces where they could meet people. An earlier **Health Watch Community Insights report: a focus on disabled people (2020)**<sup>62</sup> found that disabled residents were less likely to think their local area was a good place to feel safe in their local area and to be satisfied with their home and where they lived. Disabled residents reported lower levels of happiness and well-being; some of them felt helpless and disempowered in relation to their conditions.

#### Cultural needs, addressing racism and discrimination, building strong and effective relationships

The Black, Asian and Minority Ethnic Inequalities Commission<sup>63</sup> and the University of East London's research '**Exploratory conversations on vaccine uptake, mistrust in services, and rebuilding trust amongst different Black communities in Tower Hamlets**' noted a reduction of trust in services as a result of cultural insensitivity and discrimination and the impact on communities of wider determinants including structural racism. The report '**Culturally appropriate health and community engagement**

**(2022)**<sup>64</sup> found a need to use translation for health messaging, reflecting local realities, coproduction including the use of credible messengers and culturally trusted settings, bi-directional communication coproduced with local communities and the avoidance of technical language. During the pandemic, disabled people in the borough reported experiencing significant exclusion and discrimination<sup>65</sup>. More recently, the **North East London Integrated Care System's Health and Care Partnership's Big Conversation (2023)**<sup>66</sup> with residents across North East London found evidence of a lack of cultural sensitivity in health and social care service provision and a desire for more person-centred and accessible care.

## Volunteering and the voluntary sector

Feedback from voluntary and community organisations reflects concerns with participation both in terms of volunteering and community engagement. The **Tower Hamlets CVS' state of the sector review (2023)**<sup>67</sup> reported the continuing impact of the cost-of-living crisis and shortages in funding for voluntary and community sector groups. A major barrier for organisations to take part in statutory stakeholder engagement and networks was capacity and time and there was no universal agreement by groups on what constituted co-design and co-production.

Reflections on the evidence from Tower Hamlets Volunteering Centre finds that VCS organisations are struggling to recruit and retain both volunteers and paid staff. The cost-of-living crisis has meant that whilst demand for charities' services has increased, volunteers are scarcer. Potential volunteers face barriers to participation including; lack of free childcare, being out-of-pocket if expenses are not reimbursed, and needing to prioritise paid work over volunteering.

Members of the Tower Hamlets Together's (THT) Engagement leads group (March 2024) reflecting on this Chapter suggest there is insufficient understanding of voluntary and community

organisations representing different demographic groups in the borough. Gaps in current community engagement include a lack of provision for non-English language speakers, a lack of representative staff and insufficient interventions at a hyper-local level. There was also a recognition of the current economic crisis affecting volunteering and voluntary and community sector capacity and a concern that some VSC organisations were closing or reducing activity due to lack of funding. The THT leads group also found there is an over-reliance on quantitative rather than qualitative data by statutory services undermining effective coproduction, and a continuing lack of feedback to residents resulting in engagement fatigue.

## Enablers of community engagement and barriers to participation

The Co-production Task force workshops organised by THT with residents and professionals in the borough in 2023 explored what is required to make co-production happen. Barriers to co-production that were identified include time and capacity, timely feedback, and reward and recognition whereas opportunities to co-produce include building trust through power sharing, making engagement everyone's business, and greater focus on health inequalities. Findings helped to shape THT's co-production guidance framework and principles.

The Council's recent Community Engagement Strategy Consultation with over 300 stakeholders and residents identified key barriers to engagement to be resources, especially around reward and remuneration, allowing sufficient time for participation and staff having sufficient expertise. Important principles were openness and transparency, the need for feedback to residents, the importance of good communication including Plain English, interpretation and translation, cultural sensitivity and better use of social media. Residents wanted to be consulted on issues where there would be significant investment.



### Summary

The evidence sets out the building blocks for strengthening communities through asset-based, neighbourhood approaches and identifies what good community engagement looks like. While the data shows that more could be done to build social capital and reduce loneliness.

Lack of investment in community-level determinants and the cost of living crisis, means that there are significant barriers to participation. Gaps in the national evidence base for community engagement in relation to global majority and other protected groups have started to be filled through reflections on what worked during the pandemic, particularly in relation to trust and institutional discrimination.

Available data and local insight from local people produced during the pandemic in Tower Hamlets, shows the need for greater cultural competence in any form of engagement and the need to build trust with global majority communities.

A range of feedback points to the current funding crisis affecting voluntary and community sector organisations and a lack of financial support for groups working at a hyper-local level. There is a need for statutory services to develop a whole system approach to community engagement with strong economic foundations and supportive environments to enable both resident and VCS participation.

### Suggested reading

- [Marmot M, 2010, Fair Society, Healthy Lives: Strategic review of health inequalities in England post 2010 London: The Marmot Review](#)
- [Psychosocial pathways and health outcomes: informing action on health inequalities \(publishing.service.gov.uk\)](#)
- National Institute for Health and Care Excellence. Community engagement: improving health and wellbeing and reducing health inequalities. London: National Institute for Health and Care Excellence, 2016.
- [Public Health England & NHS England 2015. A guide to community-centred approaches for health and wellbeing. Public Health England: London](#)
- [Public Health England. Health matters: community-centred approaches for health and wellbeing. 2018](#)
- [Public Health England. 2020. Community-centred public health: taking a whole system approach](#)
- [Community Partnerships Health Improvement Delivery Plan Bromley By Bow Health partnership. 2023](#)
- [BAME Inequalities Commission Report and Recommendations 2021](#)
- Eshareturi C, 2022 [Culturally appropriate health communication and engagement](#)
- [The Tower Hamlets CVS State of the Sector Report 2023](#)
- [Tackling loneliness interventions](#) What Works Centre for Wellbeing 2023

## 7.4 Improving outcomes

### Key priorities (Healthy Communities)

Based on the data and evidence set out in this JSNA there are several priority areas relevant to strengthening social support and putting people in the lead that require improvement to support healthier communities:

- 1. Integrated and scaled community-centred approaches focusing on the hyperlocal, neighbourhood level.** The evidence shows low levels of social capital and community involvement in deprived neighbourhoods and the need for further development of asset-based, co-produced approaches in small geographies. There is a need for a whole system strategic vision and action plan for scaling community-centred hyperlocal approaches across a range of partners and places.
- 2. Measured outcomes show an improvement in social capital, wellbeing, loneliness, people in the lead.** There is a lack of routine local data measuring social capital, social support, loneliness, volunteering, civic participation and other aspects of community health. There are no consistent measures of the degree of community involvement in programmes and levels of trust across the system. There is a need to develop and implement shared outcome measures for these domains.
- 3. Reduced social isolation, loneliness and improved social integration at a neighbourhood level.** The evidence presented here suggests that loneliness is highly prevalent in the borough, and is higher than the London average. There is a need to focus on those at risk of severe loneliness in particular affecting those experiencing financial hardship and poverty, disabled people, younger adults (16-24) and the very elderly but also residents from other protected groups eg: LGBTQ+, new migrants, people living alone. To maximise impact, loneliness interventions need to be mainstreamed across the system, including through Council and NHS services. There needs to



be greater alignment to anti-poverty and also to other approaches which strengthen social capital at both neighbourhood level and with communities of identity and interest. For example, through community events and activities while addressing barriers to participation such as cost, community spaces and safety.

- 4. Working with trusted voluntary and community sector partners, trusted leaders and trusted settings.** Voluntary and community groups are an important conduit for involving residents. There is evidence of financial pressures affecting the sector, resulting in a closure of some organisations and a decline in volunteering. There is also evidence of a lack of trust by communities in statutory service initiatives and a need for better community engagement and communication, especially with global majority community organisations including faith organisations. Sustained and funded partnership working with voluntary and community sector organisations improves trust in statutory sector bodies and supports the delivery of hyper-local as well as identity-based community-centred programmes for health promotion and health protection.



5. There is a need for capacity building particularly small organisations, VCS infrastructure, a coherent VCS commissioning and funding framework.

**6. Health and social care programmes are more community-centred and take steps to involve residents in design and delivery of programmes.**

There is a lack of involvement by residents in the development of statutory programmes and policies designed to meet their needs. Improvement areas can be summarised as follows:

- There is a need to develop stronger community insight processes including qualitative and participatory approaches such as resident research, street interviews, community conversations such as those used by Public Health's Well Communities CSEAD method and the Health Determinants Research Collaboration.
- The Tower Hamlets Together coproduction principles and values should be used to clarify what is meant by coproduction for all partners.
- There is a need to pay attention to equity, anti-racism and anti-discrimination generally in the design and delivery of services to ensure marginalised communities and those most at risk from health inequalities are properly involved and benefit from programmes. This includes adopting accessible and culturally appropriate communication methods and messages; working through community-led organisations. Residents should also be represented at every level of programme design including evaluation.
- There is a need to develop better participation infrastructure to reduce barriers to participation and involvement and a volunteering model.
- There is a need build on the 'family of community-centred approaches' when commissioning services eg: asset-based approaches, programmes using volunteer and peer roles, partnership approaches using coproduction and improving access to community resources in particular community spaces and hubs.
- There is a need for a learning programme to support a workforce skilled in community-centred approaches.



**7. Improved health services.** Working with trusted voluntary and community sector partners, the Council through its Health Protection function aims to improve equity of vaccination coverage for all childhood and adult immunisations, to reduce the number of outbreaks and the burden of infectious diseases. The Council also aims to improve outbreak and pandemic preparedness across the Borough.

## 7.5 Local partnerships and strategies

### Local partnerships

There are a number of existing partnerships which are able to take a leading role in implementing improvement outcomes to promote social capital, social integration and community engagement for health.

**Tower Hamlets Together (THT)** - a partnership of health and social care organisations including NHS providers, Primary care, North East London Integrated Care Board (NEL ICB), the Council, Healthwatch and voluntary and community sector works to implement the Health and Wellbeing strategy and the NEL ICB strategy. There are three Boards which are important for this agenda - The Living Well Board, the Localities and Neighbourhoods Board and the Anti-Racist and Equalities Steering Group (a VCS-led Board representing a wide range of groups with protected characteristics in the borough). THT also has an 'Engagement Leads Group' chaired by a community leader.

**The Health Determinants Research Collaboration** - a five-year partnership programme between Public Health, the Council and the VCS, funded by the National Institute of Health Research. It aims to strengthen research support and partnerships across the system to ensure that council decisions are informed by evidence and that local people are involved in research.

**Tower Hamlets Partnership Executive Group** - responsible for the Tower Hamlets Partnership Plan and oversees the VCS partnership structures. These are the VCS health and wellbeing forum, Voluntary sector children and youth forum, the Interfaith forum and the Housing Forum which are important forums for collaborative working with the VCSE sector.

**Cooperate – the main VCS Partnership structure** brings together representatives of the wider VCS with key anchor institutions in the borough to take the strategic lead on delivering against VCS Strategy priorities. A number of VCS forums report to Cooperate.

**The Tower Hamlets' Connection Coalition Network.** This supports over 100 local organisations tackling loneliness in the borough. The Connection Coalition Strategic group which includes Council, VCS and statutory health partners oversees the borough's loneliness action plan.

Other important partnerships are:

- Tower Hamlets Community and Voluntary Sector Health and Wellbeing Forum
- Well One Partnership, a Lottery funded network of local and national partners who share a vision of promoting fairer health in Tower Hamlets.
- The Interfaith forum and the Council of Mosques
- Equalities Networks
- The newly formed London Bangladesh Health Partnership
- The London Inspire Programme developed to raise awareness of targeted interventions to reduce disparities experienced by Black People in London.

### Local strategies

Three strategies can support the delivery of these improvement outcomes:

- **The Health and Wellbeing strategy**<sup>68</sup> sets out system wide improvement principles including better targeting, stronger networks, equalities and anti-racism in all we do, better communications and 'community first in all we do'. The strategy has a number of shared outcome statements which are relevant including 'I have a good level of happiness and wellbeing', 'I understand the ways to live a healthy life', 'Regardless of who I am I am able to access care services', 'I believe the trust and confidence and relationships are in place to work together with services to decide the right next steps for a whole community'.
- **North East London's Integrated Care Partnership Strategy (2023)**<sup>69</sup> which aims to "Work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity." Cross-cutting themes include tackling health inequalities, greater focus on prevention, holistic and personalised care, co-production with local people, creating a high trust environment that supports integration and collaboration, operating as a Learning System driven by research and innovation.
- **Tower Hamlets Together's objectives** which includes 'building resilience and wellbeing of our communities'. A number of priorities support this including: building resilience and self-care to prevent and manage long term conditions, implementing a localities and neighbourhoods model and building an anti-racist and equity driven health care system. THT has also developed system wide coproduction values and principles set out in box 2 below. The Tower Hamlets Together's Place Plan is forthcoming in 2024.

Existing strategies and plans which could also be mobilised to deliver these outcomes are as follows:

The Tower Hamlets' Partnership plan<sup>70</sup> '[A Tower Hamlets for all](#)' brings together key stakeholders to improve services and outcomes for residents. The partnership includes a commitment 'Community first and coproduction: Everything we do is driven by community needs and has coproduction and co-design at its core – supported by resources and built on trust, power sharing, and effective communications'.

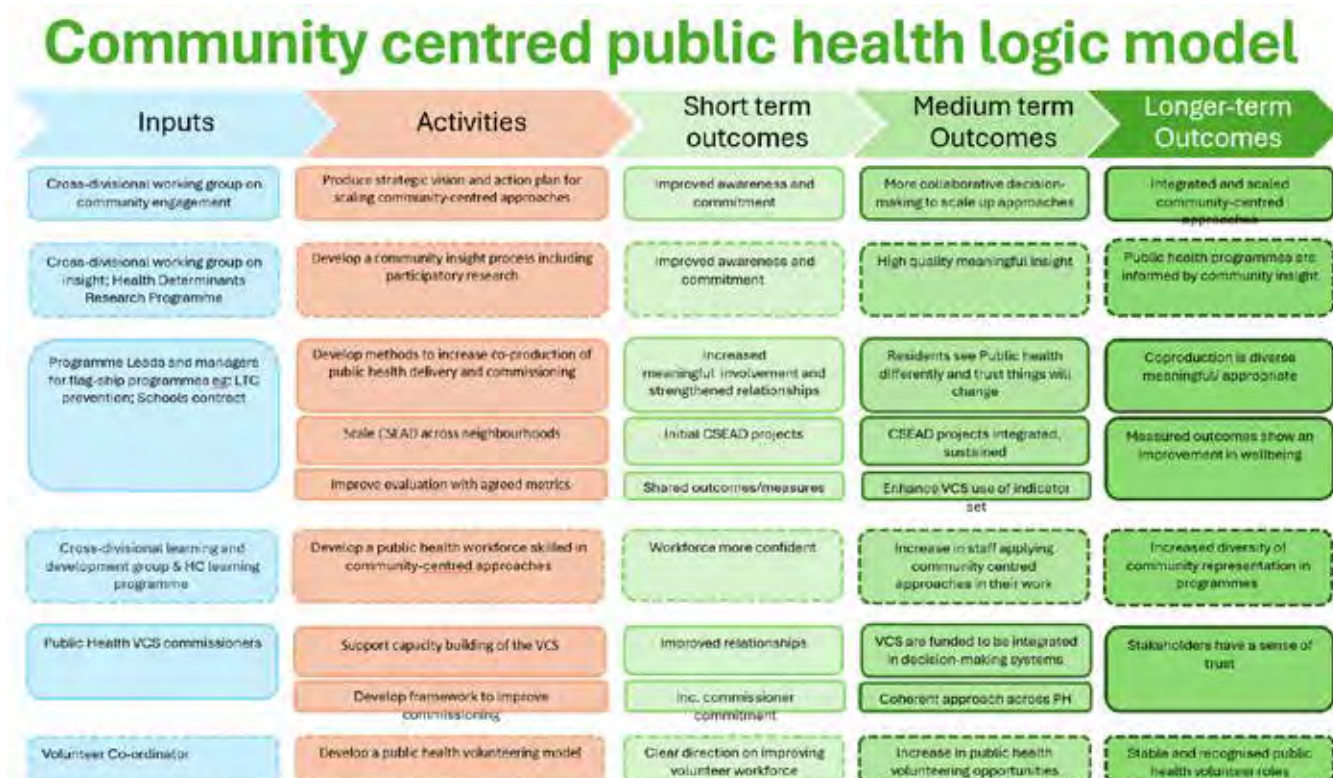
Two key priorities in the Council's **Strategic plan 2022-26**<sup>71</sup> are relevant: first to be 'a council that listens and works for everyone' so that residents benefit from accessible, high-quality services and are involved in decisions that affect them. Second, 'Empowering communities and Fighting crime'. Under this are actions related to social cohesion, equality and anti-racism including a commitment to protecting equality and diversity in all circumstances, bringing people from different backgrounds together to promote understanding, developing dedicated programmes and spaces for women from ethnic minority backgrounds, and meeting the needs of faith communities. Throughout the Strategic Plan there is a focus on community cohesion and commitments to the provision of community spaces which meet the needs of diverse communities. One of the commitments is for a Women's Strategy for Tower Hamlets which will be developed by the Women's Commission (March – October 2024). The Mayor's commitment to tackling loneliness sits in this workstream and focuses on tackling the loneliness and isolation of those in poverty especially families with children and the elderly.

The Council's refreshed **Local Plan** (forthcoming) will set out commitments to investment in public spaces including the provision of community spaces as part of Social Value requirements for developers based on a recent needs assessment and audit.

Tower Hamlets Public Health has developed a **strategic vision and action plan (2023- 2028)** to implement 'Communities First in all that we do' in collaboration with stakeholders. This includes a wide range of strategies and actions which could be used across the whole system

including scaling community-centred and asset-based approaches to meeting the needs of our communities; a community-centred approach to insight gathering including participatory research; empowering communities through co-production and empowering community organisations through capacity building; improved evaluation of community-centred approaches through agreed shared outcome metrics; a workforce skilled in community-centred approaches; support for a coherent and funded public health volunteering model.

**Figure 11: Community centred public health logic model**



Source: Logic model summary; Healthy Communities Team facilitated workshops (2023)



The **Mayor's Community Engagement Strategy** (April 2024) sets out the Council's commitment to improving civic participation. The strategy's objectives include a joined up approach to co-ordinating and planning community engagement in the council and with partners, involving communities in decisions that improve the borough, improving knowledge on reaching communities and enabling seldom heard groups to participate, improving staff skills and resources to engage the community effectively, feeding back to communities on their involvement and greater involvement of residents in their communities and supporting the next generation of community leaders.

The Council's **Grants Policy and Outcomes framework** sets out the Council's approach to grant-making for the voluntary and community sector from November 2023-March 2027. It sets out priorities for three funds: the Mayor's Community Grants Programme, the Mayor's Small Grants Programme and the Emergency Fund. Funding is aligned to the Council's Strategic Plan priorities and includes objectives around community cohesion and improved partnership working between local VCS organisations and many initiatives contribute to health improvement.

The **Tower Hamlets Voluntary and Community Sector strategy 2020-2024**<sup>72</sup> sets out the current partnership arrangements with the Council and key priorities. The refreshed Voluntary and Community Sector Strategy (due in January 2025) will outline the council's future vision and plan for supporting a thriving voluntary sector that improves residents' lives.

Building on learning from the Covid-19 pandemic, a **Pandemic Plan** is currently being developed for the Borough, incorporating insights from residents and stakeholders. The 10-year plan sets out a number of key action areas to improve preparedness and resilience to work in partnership to protect our communities.

### Tower Hamlets Together Co-production values and principles

#### Values

- **Equality:** people make as equal a contribution to design and delivery of services as staff
- **Agency:** people's values should be respected and enabled by co-production and not defined by staff
- **Reciprocity:** all parties are supported to contribute and thereby benefit from the coproduction

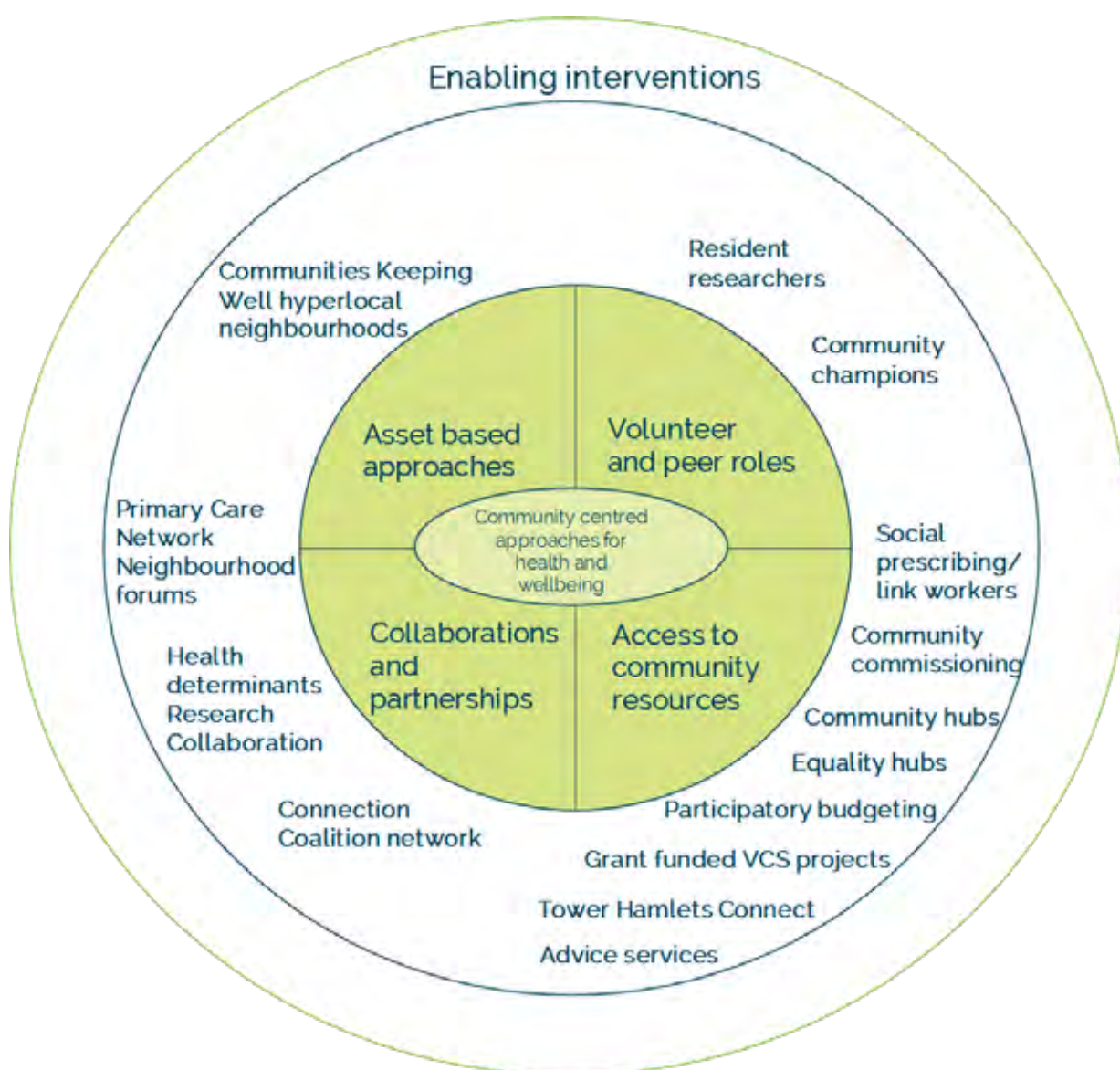
#### Principles

- Power should be shared among all partners
- Embrace a wide range of perspectives and skills to ensure these are represented in the project
- Respect and value the 'lived experience' and how different forms of knowledge can be expressed and transmitted
- Ensure there are benefits for all parties involved in co-production activities
- Go to communities, do not expect communities to come to you
- Work flexibly
- Avoid jargon and ensure communities have access to the right information at the right time
- Relationships with communities should be built for the long-term and not for the short-term
- Co-production activities with communities must be adequately resourced

## 7.6 Key services and interventions

Here we set out in more detail current and proposed interventions to both strengthen communities, reduce loneliness and increase community-centred decision-making using the Family of community-centred approaches developed by the Office for Health Improvement and Disparities (formerly Public Health England). These are: asset-based approaches, collaborations and partnerships, volunteer and peer roles, access to community-based resources. We also set out the enabling interventions we are planning in the future to give communities greater decision-making and control. These are summarised in Figure 12 below.

**Figure 12: Tower Hamlets' family of community centred approaches**



Source: Mapping of community-centred approaches in Tower Hamlets; Healthy Communities Team (2024)



## Asset-based approaches

The borough's Communities Keeping Well programme, a collaboration between Public Health, THT and Primary Care Networks, aims to reduce health inequalities through preventing long term conditions such as diabetes, cardiovascular disease, and chronic respiratory disease in eight of our most deprived and at risk communities. This uses the Well Communities approach, to empower people to build their individual and community capacity for health, well-being and resilience as well as take action through what is known as the Community and Stakeholder Engagement, Assessment and Design (CSEAD) coproduction method (Figure 13 below). Action on specific needs is taken forward through a portfolio of themed activities and projects for example: local action to improve healthy eating, physical activity, mental health, local environments and cultural and arts activity. Processes that stimulate on going community engagement, grow participation, volunteering, community networks and community cohesion are built. Outputs may include participatory budgeting or community chests to increase community control over resources as well as stimulate community-led activities. The Well Communities approach has shown evidence of effectiveness over 15 years<sup>73</sup> and has been recognised as a model of good practice.

**Figure 13: The Community Stakeholder Engagement Asset-based Design (CSEAD) model**



Source: Communities Keeping Well Programme Planning Materials (2024)

## Collaborations

As part of its Localities and Neighbourhoods workstream, Tower Hamlets Together will be developing a model for VCS and resident involvement within Primary Care Networks (PCN)/neighbourhoods to facilitate and empower residents to be more involved within the community. Neighbourhood forums will be key to the development of partnership and delivery structures in each PCN/neighbourhood. Forums will enable residents, communities and services to come together with a focus on residents' agendas around population health, access, healthy communities and other wider determinants of health. The work will initially start as a 12-month pilot in two PCN areas to test the process and assess whether a full-scale approach is viable.

There will be an increased focus on participatory research and co-production through the Health Determinants Research Collaboration. This is a five-year NIHR funded project supporting community engagement and participatory research methods to support evidence-based decision-making in the council through research. Its work includes training residents in research methods.

Public Health will continue to develop the Connection Coalition network of 100 organisations to reduce loneliness in the borough. This includes funding a dedicated webpage and three network meetings each year to share good practice. The network supports a social movement campaign called 'Just Say Hello' to encourage local residents to have conversations and connect with those at risk of loneliness.

## Volunteering

The Volunteer Centre Tower Hamlets (VCTH) helps organisations with managing and recruiting volunteers. They offer training, advice and resources on all aspects of volunteer management. There is no current research and data on volunteering in Tower Hamlets in relation to health and social care.

While a number of statutory organisations across health and social care use volunteers this is an area for development for the system as a whole. Healthwatch has a rolling volunteer programme to support patient data collection and Integrated commissioning have a small group of volunteers supporting the co-production of the TH Connect advice and information resources. Public Health also co-ordinates a small monthly online Covid-19 champions legacy group.

A number of stakeholders have plans to develop community health and wellbeing champions. Public Health and Primary Care's Communities Keeping Well programme will be recruiting resident community health champions to take a leading role in supporting activity to prevent long-term conditions in our most deprived areas. Public Health also has plans to develop a borough-wide champions' programme. The Council is also planning to recruit community champions. Lastly, the Health Determinants Research Consortium will be recruiting citizen researcher volunteers.

### Access to resources

#### Social Prescribing and link workers

There is a well developed Social Prescribing service in the borough which refers and signposts residents to services (often provided by the voluntary, community and social enterprise sector) but increasingly around the wider determinants of health (e.g., housing, welfare needs, social isolation, employment). A social prescribing dashboard is available monitoring activity and referrals. A number of additional roles such as Health Coaches, Mental Health Community Connectors, Occupational therapists and Community Navigators also provide signposting to VCS services. There is uneven development of this offer across the borough and increasing levels of need for such services, particularly in relation to housing and welfare advice.

#### Community commissioning

The Council and the NHS are significant commissioners of VCS services. Adult health and social care, Housing, Tower Hamlets Together, Integrated Commissioning, Public Health Division, and Strategy and Communities team commission a number of voluntary sector organisations to deliver a range of services. Examples of this are the Tower Hamlets Connect Information and Advice Service delivered through Age UK East London which leads a consortium of local charities to deliver the service. Linkage Plus, a borough-wide outreach and activities service commissioned by Integrated Commissioning provides to help people aged 50 year plus to increase their wellbeing, social networks and tackle isolation and loneliness. It is based out of five hubs – Age UK East London, Neighbours in Poplar, Peabody at Sundial, Sonali Gardens and Toynbee Hall. The Council also commissions the Council of Mosques to provide links with communities through a network of 47 mosques. This includes requirements to promote and protect health.

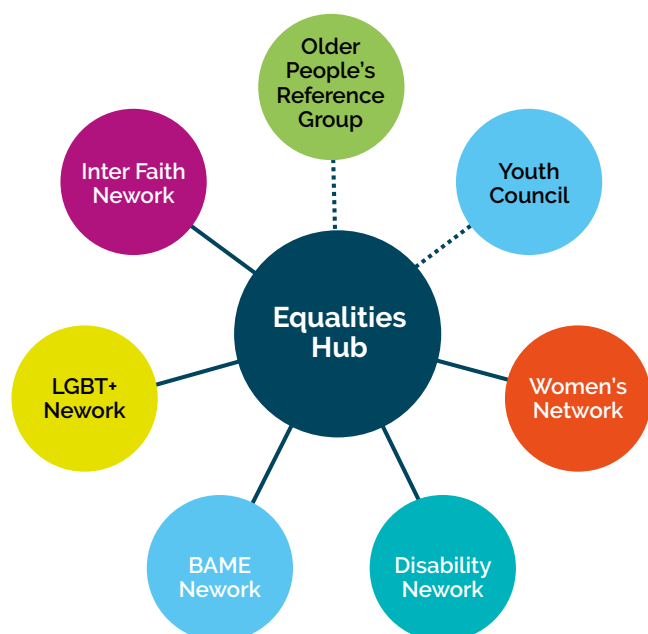
As part of its Anti-racism and Equity workstream, THT funds a small number of projects targeting communities experiencing health inequalities across Tower Hamlets. This includes global majority/ethnicity, LGBTQ, physical disability, homelessness, unpaid carers, people with mental health problems and learning disabilities. However, this is a very small proportion of the VCS sector. The Council estimates that there are around 1,300 community groups in the borough<sup>74</sup> including a range of smaller unconstituted groups, residents' associations and others providing a wide range of services. There are also a large number of faith groups. There is no clear picture on overall commissioning of the VCS across the statutory sector. It is not possible to easily and quickly commission small organisations to support health and communication programmes using the Council's current procurement systems.

#### Community hubs and centres

Community equality hubs have recently been established to provide a focal point for the council's Equality Duty to reduce inequalities and foster good relations between those sharing protected characteristics. The hubs are commissioned to enable the council to respond to communities' needs and issues by engaging and representing residents with shared protected characteristics. The Council's new Community Engagement aims to strengthen the role of the community equality networks to enable residents with protected characteristics to influence decision-making and enable the council to maximise its funding by identifying gaps and overlaps in service provision. It also aims to strengthen organisational capacity, promote good practice including shared measurement/monitoring as well as ensure high priority and intersectional needs are met. The hubs include the Older People's Reference Group, the Inter Faith Network, the LGBT+ Network, the Black Asian and Minority Ethnic (BAME) network, the Disability Network, the Women's Network and the Youth Council. There are also plans for a Somali hub and a new Resource Centre for Women.

Community spaces provide a vital role in creating and sustaining healthy neighbourhoods. A needs assessment and audit of community spaces is currently being developed by the Council's Infrastructure Planning team. Preliminary estimates are that there are 93 community centres and five community hubs in the borough with a range of sizes and capacity. 53 are standalone community centres and 10 are co-located with places of worship; 30 are managed by tenants and residents' associations. There are five Ideas Stores and three libraries which act as free community spaces for activities such as ESOL programmes, council services, after school programming and computer services as well as providing venues for council services such as warm hubs in the winter.

**Figure 14: Council Equality Hubs 2021/22**



## Participatory budgeting

There are two examples of participatory budgeting processes in place. For example, the Bromley by Bow Primary Care Network's Rise to Shine project. In 2022-23 communities came together to identify projects to improve health and wellbeing and voted on the ones most relevant to them. This resulted in around 20 community-led projects delivering health and wellbeing activities such as healthy cooking groups, walking groups, dad's groups. Participatory budgeting will also be used by the Communities Keeping Well Programme with eight hyperlocal communities focusing on activities to prevent long term conditions.

## Community and voluntary sector grants

The Council is a significant funder of the voluntary and community sector however with around 1,300 voluntary and community sector organisations there is a high level of competition for funding. From 2024, the new Mayor's Community Grants programme will provide £3.5 million of funding per year for 110 projects until March 2027. These include projects in the domains of advice and information, educational attainment and life-long learning, employment and skills for socially excluded residents, sports, culture and local heritage, physical and mental wellbeing of older people, physical and mental health, inequalities by different equality groups and social and economic backgrounds and community safety.

The Mayor's Small Grants Programme provides £800,000 of funding per year to smaller organisations working across four domains: youth empowerment, positive activities for young people, community events, capacity building, and a community chest. There is also an Emergency Fund. The Mayor's Community grants will fund 21 projects directly related to loneliness between Spring 2024 and March 2027. Public Health commissions eight warm hubs in deprived communities during the winter months to support social connection and tackle loneliness.





### Community engagement and participation

The Council's corporate policy and strategy team has set out an ambitious set of enabling services to implement the Council's community engagement strategy. This includes better identification of opportunities for communities to be involved in decision-making supported through the development of a community engagement calendar, a community of practice, a repository of engagement results and a recognition and reward policy for participation. Better strategies are planned to help communities communicate including those who are digitally excluded, seldom heard groups through equalities hubs, a database of voluntary and community sector contacts, and feedback to communities eg: 'You said, we did' through a range of free newsletters. A list of Council consultations is available on the Let's Talk Tower Hamlets website.

There are plans for a Community Engagement handbook, which will include advice and guidance on using social media to engage communities better, the use of Plain English, translation and interpretation. The Council will also put in place initiatives to develop young community leaders and a programme to ensure women's voices are heard.

There is also additional training and development and a specialist corporate Community Engagement and Consultation service.

Tower Hamlets Together, Adult Social Care and the Council are developing co-production toolkits and resources to strengthen workforce capability and have developed a policy on reward and remuneration for volunteering and the voluntary sector. The forthcoming strategy will set out a range of enabling and participation infrastructure functions.

Building trust, agency, and health literacy, and ensuring programmes work for the communities we serve is essential for health promotion and health protection. Public Health's Healthy Communities team is in the process of developing a map of community projects and trusted settings including community and religious groups across the borough to facilitate engagement. Public Health has also developed a Culturally Competent Communications Toolkit and Disability Accessibility guidance – both have been co-designed with global majority and disabled communities. The Health Determinants Research programme will recruit and develop citizen researchers from diverse communities and developed themed community insight.

Public Health's health protection function will continue to develop and improve highly-targeted, culturally appropriate and locally tailored messaging along with community engagement through voluntary and faith sector settings. Collaboration between LBTH and NHS partners is important to ensure availability of vaccinations in community settings and through outreach delivery models.

## Summary

References to co-production are common across a range of strategies, collaborations and partnerships – however it is not clear that there is a common understanding of co-production or that participation infrastructure exists to support this. More joined up working between partners on community engagement would be beneficial to avoid duplication, resident and VCS engagement fatigue and share resources. A more rigorous application of the whole systems model would be beneficial. This could include the development and collection of outcome metrics as well as resources for coproduction. Currently, there is little reference to the coproduced shared outcome 'I statements' beyond the Health and Wellbeing Strategy.

There are multiple approaches currently being developed for volunteer and peer roles with potential for duplication and competition for volunteers in a context where overall volunteering is declining. An associated reward and remuneration could benefit from more development. There is significant VCS commissioning but it is not clear how this is co-ordinated to best meet the needs of our communities and whether it is funded appropriately.

In terms of community resources, a large number of projects and organisations exist in the borough – however there no central database to better understand these and no sharing of information on commissions. Equally, while there are many projects tackling loneliness, there is little current regular information on service usage, impact evaluation or referral journeys to guide more strategic commissioning.



## 7.7 Conclusion and Recommendations (Healthy Communities)

### Gaps in Evidence

There are gaps in our understanding of embedding community level measures such as neighbourhood belonging, participation, trust, loneliness, involvement and a lack of data capture locally on community-centred approaches. There are also gaps in qualitative insight to complement quantitative data on healthy communities. There is little published evidence describing how identity groups, cultural and religious groups and groups with low health literacy can be mobilised most effectively to tackle health inequalities and improve health and wellbeing.

There are gaps in our collective understanding of which organisations are trusted community organisations including leaders, settings, spaces and places and the impact of particular projects. There is little evidence collected on the impact of VCS infrastructure organisations and their role in supporting community-led organisations which are more vulnerable to funding cuts.

There is also a lack of understanding of how the whole system could be mobilised effectively to identify, support those who are severely lonely and how the work on loneliness can take an asset-based approach, aligning with community cohesion and social connection efforts.

In terms of health protection, immunisation data needs routine analysis by demographic groups to enable a more targeted approach to vaccine communications and engagement with our most vulnerable communities. There are gaps in our understanding of how to significantly improve vaccine take up and improve trust with our most disadvantaged and global majority communities; better coproduction of information with parents as well as other target groups is required.



## Gaps in Services

There is no over-arching whole system approach to community-centred working and community commissioning with little evidence of co-produced services. Many different statutory organisations are leading community engagement approaches and participation may not be fully costed or co-ordinated. There may be competition for scarce volunteers and possibilities for confusion. There is a need for consistency in reward, reimbursement and training for those involved in the coproduction of projects – both for residents and VCS. There is also a need for the co-ordination of new community champions, volunteering and connectors programmes in the public sector with clear accountability; there is a well-recognised need for systematic feedback to communities to avoid consultation fatigue.

There is an ongoing need for investment in VCS organisations and infrastructure to support community engagement. There is little participation infrastructure and workforce development, although there are some plans to address this in the future through the new Council's new Community Engagement Strategy, THT's Localities and Neighbourhood's programme and Public Health's planned champions development programme.

In terms of the council's strategy and plan, it is not clear how the current procurement process is used to systematically generate community resources through Social Value elements of contracts. There are gaps in provision of free or low-cost community centres and spaces to meet the needs of communities living in pockets of deprivation who may not have sufficient access to social spaces.



There is a need for culturally competent and accessible communication standards to communicate effectively with those with poor health literacy. These are developed but not commonly used.

There is insufficient understanding of the local voluntary sector service (VCS) provision. There is a lack of agreed metrics and little systematic data available to track VCS usage and guide public sector commissioning.

While there are some initiatives in place, there is an absence of long-term, sustainable approaches to supporting community-led commissioning particularly for smaller groups and anti-racist commissioning to address inequalities more generally.

### Summary of recommendations (Healthy Communities)

Based on the findings of this JSNA, the following recommendations emerge for the health and care system in Tower Hamlets:

#### 1. Agree a whole system approach to community-centred working



which brings together initiatives across the council, health and social care. There should be a focus on scaling and funding hyperlocal and neighbourhood approaches, including the provision of places and spaces for communities to meet.

#### 2. Ensure community voices

are embedded into programmes through systematic collection and use of community insight, the development of participation and volunteer infrastructure; and **training of the wider workforce in community centred approaches.**



#### 3. Better co-ordinate and promote initiatives



**across the borough to reduce social isolation, tackle loneliness and increase social capital & social support, with a focus on measuring impact and mainstreaming interventions to maximise reach.** There should be a focus on those facing severe loneliness, including disabled people and residents living in deprived neighbourhoods.

#### 4. Increase commissioning across the family of community centred approaches



set out by OHID. This includes **increasing the number of co-produced** programmes adhering to the THT coproduction principles and **promoting volunteering and peer support** within programmes.

#### 5. Improve equity, anti-racism and anti-discrimination in community engagement



through community commissioning and **co-ordinated commissioning and involvement of smaller community-led organisations.** This also includes the use of culturally competent and accessible communications and engagement toolkits.

**6. Identify, resource and support trusted voluntary and community organisations, leaders and settings**



which are used by residents most at risk of health inequalities (ie: people from Bangladeshi and other global majority backgrounds, people living in deprived areas, people with a disability, women, LGBTQ+ and health inclusion groups).

**7. Explore the development of a shared database to map and track residents' usage of VCS services and community settings**



that will provide routine reporting of data on community-centred service provision.

**8. Improve monitoring and evaluation**



by developing a common set of shared outcome measures linked to a whole system approach. This should include measures of social capital, social support, mental wellbeing, loneliness, civic engagement (including coproduction), being listened to, trust and volunteering. Relevant 'I statements' set out in the Health and Wellbeing strategy should be used to measure interventions across the system. There should also be a focus on qualitative methods to capture system change.

**9. Take a community-based approach to health protection and promotion.**



Ensure pandemic preparedness during the inter-pandemic period and protect communities from infectious diseases through highly localised communications and engagement. This will involve co-production of approaches to ensure culturally appropriate and trusted messaging on infectious disease outbreaks and vaccination programmes; a multi-sector Pandemic Plan for the borough, building on learnings from the Covid-19 pandemic; and improved data on immunisations and outbreak cases, including demographics, to enable a more targeted local response. Health promotion priorities are also covered by other JSNA chapters.

### 7.8 Key Messages

#### 1. Community engagement

We're trying to make Tower Hamlets a healthier place to live. We want to listen and involve you. To find out how, contact: [navigators@towerhamlets.gov.uk](mailto:navigators@towerhamlets.gov.uk)

#### 2. Communities Keeping Well

The Communities Keeping Well Programme is working with residents in 8 communities to make their neighbourhoods healthier places to live. To find out which areas are covered by the programme and to get involved as a champion or volunteer, contact: [ckw@towerhamlets.gov.uk](mailto:ckw@towerhamlets.gov.uk)

#### 3. Loneliness

Everyone can feel lonely and isolated. Did you know that connecting with others can boost your wellbeing? Take the first step and #JustSayHello!

To find out more: [www.towerhamletsconnect.org/just-say-hello](http://www.towerhamletsconnect.org/just-say-hello)

#### 4. Health protection

Measles can be an unpleasant illness. In some children it can be very serious and lead to hospitalisation – and in rare cases tragically can cause death. Measles cases are on the rise in London. If your child missed their vaccination, contact your GP to protect them.

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