Who are young people?

- Young adult is generally a person ranging in age from their late teens or early twenties to their thirties. The young adult stage in human development precedes middle adulthood.
- Age of transition from adolescents to young adults may vary, particularly among those most vulnerable in society.

What is being done locally?

- Interventions to improve wider determinants of health.
- Lifestyle intervention to support healthy behaviours and prevent ill health.
- Interventions to support specific groups, i.e. vulnerable people.

What is the local picture?

- In relation to behavioural health and risk of injury compared with other age groups, young adults have the highest rate of mental health problems, sexually transmitted infections (STIs), and substance misuse.
- A&E attendance is high among this age group compared to other age groups.

Considerations

- Young adults population will rapidly grow in the next 10 years.
- Lifestyle at an early age can have a long term impact on health outcomes into adulthood.
- Multiple risk factors is a concern among young adults especially vulnerable adults and there is a need to look at how services can be more integrated to provide holistic provision.
- There is a need to understand unmet need for substance misuse and common mental illness.
Setting the scene: What’s important about young adults: the national picture

Living circumstances, education and employment
- Young adults live in a range of living circumstances; living in the family home, independently or as a family, with or without children
- The majority of people are either in education, training or employment
- Unemployment and low income in this life stage may be linked to financial exclusion and poverty, cardiovascular mortality, suicide risk, higher rates of smoking, alcohol excess and a lack of control and autonomy that exacerbates poor mental and physical health

Health behaviours and lifestyle
- During this stage, lifelong health behaviours may be set in place
- Despite declining risk behaviours amongst young people, they tend to be more likely to participate in risk behaviours such as drinking, drug use and sexual activity than older people
- Risk behaviours and negative outcomes may impact the most vulnerable young adults

Wellbeing and mental health
- Three quarters of young adults report their life satisfaction as high or very high, however the mental health of young people in recent years has increasingly been highlighted as an area of concern
- There is a significant increase in the symptoms of anxiety, depression and emotional problems among young people
- Suicide rates particularly for young men aged 20 -24 remain high

Social isolation and loneliness
- Young adults aged 18-34 in the UK are equally likely to feel lonely (12%) as older age groups and are more likely to have felt depressed because they felt alone (53%). More people in the 18-34 age range also worry about feeling lonely (36%)
Tower Hamlets has a young age profile with 151,771 people aged 18-39 (47% of population). This is significantly higher than London (35%) and England (27%). There are approximately 9% more males than females.

The young adults population is forecast to rise at a faster rate than London by 2028:

- The highest increase (13%) will be in the 18-24 years age group, increasing by approximately 5,000
- 25-39 year old age group is forecasted to remain the same in the next 10 years

Source: GLA population projections 2019
Setting the scene: Tower Hamlets diversity

Main ethnic groups in people aged 18-39

- Black African: 3%
- Indian: 6%
- Chinese: 7%
- Bangladeshi: 22%
- Other White: 29%
- White British: 33%

People whose main language is not English

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tower Hamlets</td>
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<tr>
<td>London</td>
<td>22%</td>
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<td>England</td>
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</table>

Languages in Tower Hamlets

- Black African: 3%
- Indian: 6%
- Chinese: 7%
- Bangladeshi: 22%
- Other White: 29%
- White British: 33%

2016 Ethnicity projections (GLA) for 2018 population

Just over a quarter of young adults in Tower Hamlets are white British followed by white other and Bangladeshi. The biggest increase in young adults in recent years is in these ethnic groups with the proportion of Chinese and Indians has doubled in recent years.

Over 13% of the population are disabled or have a long term illness or disability

Tower Hamlets Lesbian, Gay and Bisexual (LGB) community is estimated at 8.7%, twice as high as London. Nationally the highest proportion of LGB are aged 18-44

Households

- Single people (48%) are the largest category of households in Tower Hamlets followed by people living as married couples (31%)
- 27% of adults live in households with dependent children
- There are 7,290 lone parent households
Setting the scene: Migration and the impact on health and social determinants

International migration is the largest driver of population growth in the borough with nearly three quarters (74%) of the borough’s population growth in recent years. Between 2014-2015 it is estimated that over 14,000 new international migrants moved to Tower Hamlets.

- 43% of Tower Hamlets residents were born outside the UK, 9th highest in England with nearly 60% of them migrating as children or young adults.
- Residents born in Bangladesh are the largest migrant group followed by migrants from India, China, Italy, France, Somalia, Ireland and Poland.
- Most recently, the largest increase of migrants are from Lithuania.

Migration can be a key determinant of health inequalities.

More UK born people are moving out of Tower Hamlets than UK born people moving in.
Setting the scene: Student residents in the borough

**Student health**

Larger numbers of young people are going into further and higher education than in previous decades. Starting university can be a major life transition, exciting and sometimes overwhelming. Young people of this age are at risk of health behaviours such as substance misuse and mental health issues and sometimes these may be worsened by being at university. Recently there is a national focus on student mental health and national research suggests that students are aware of health services, however they do not use them as much as they could and there is limited guidance about how services can be best configured to meet their needs.  

**The student population living in Tower Hamlets**

- There are approximately 20,000 higher education students living in the borough
- 45% of students who live in the borough are classified as Asian, 36% are White, over 7% Black and 7% are classified as other (which includes mix race)
- The highest proportion of students live in Bethnal Green, Stepney Green, Mile End and Spitalfields & Banglatown
- Over 60% of students living in the borough study in other London boroughs
- Higher percentage of students live in rented accommodation and own residency (which includes a student's permanent residence, which may be owned or rented by them)  

HE Impact report by HESA 15/16
Setting the scene: Deaths in young adults

Long term conditions are more common in the older age groups, however young adult residents in Tower Hamlets experience significant health inequalities. This means that fewer years are spent in good health and the higher prevalence of risk behaviours may contribute to the early onset of illness.

- The death rate in 20-39 year olds has been lower in Tower Hamlets compared to London and England, however 2017 data shows an increase above London and more recently this has declined below the London rate.

- Traffic accidents and cancers are the most frequent causes of death in this age group.

Mortality rate per 100,000 by all cause for 20-39 age group, 2013-18

Source: ONS Nomis Web
## Setting the scene: Vulnerable young adults

### Health inequalities among young adults

Young adults living in deprived areas like Tower Hamlets are more likely to experience poor health, be killed or seriously injured on roads, more likely to be obese and are more likely to have worse physical, mental and sexual health outcomes. Some groups of young people may have poorer health or higher at risk behaviours and this can lead to lifelong health inequalities.

### In Tower Hamlets:-

- 99 young people entered the youth justice system for the first time, the 7th highest rate in London (2018)
- 710 first time offenders, the 15th highest rate in London (2018)
- 16-17 year olds not in education, employment or training (NEET) or whose activity is not known has increased from 5.7% (2016) to 6.8% (2017), the 7th highest in London

Source: PHE Fingertips

### Young people more likely to experience poor health include:-

- Young people leaving care
- Young carers
- Some ethnic minorities
- Young people with learning disabilities
- LGBT young people
- Those who have experienced adverse childhood experiences
- People in the criminal justice system
- Not in education, employment or training

### The Leaving Care Service in Tower Hamlets reported that 618 young people aged between 18 - 25 were supported to leave care in 2018/2019
Policy context: current guidelines

National young adults related policies

- Governments guidance on young people friendly services - the You’re Welcome quality criteria (Department of Health, 2011)
- Employment: In 2017 the UK Government published *Improving Lives: the future of work, health and disability*, outlining its position on supporting people with disabilities or long-term conditions in and into work.
- Public Health England and the Local Government Association published a guide for local authorities named *health, work and health-related worklessness*
- For young people with health and social care needs involving moving from paediatric to adult health and social care services: NICE have produced a best practice guidance *(NICE, 2016)*
- The *NHS Long Term Plan 2019*: Primary prevention, community action & self-care, an integrated community model & specialist services

Mental Health

- The national Mental Health Strategy 'No Health Without Mental Health 2018': A cross-government mental health outcomes strategy for people of all ages (February 2011) made explicit its objective to give equal priority to mental and physical health.
- NHS Five Year Forward View
- The Prevention Concordat for Better Mental Health February 2019 - promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities

Alcohol and Substance Misuse

- National Drug Strategy 2017: the overall aims of the strategy are to reduce all illicit and other harmful drug use, and increase the rate of individuals recovering from their dependence.
- The *Association of Directors of Public Health Policy Position on drugs* provided four clear messages regarding tackling the necessary policies to reduce the harm associated with drug misuse: Public health has a clear role in tackling substance misuse including prevention and harm reduction approaches. *The Association of Directors of Public Health; Policy Position: Drugs November 2017*

Sexual Health

- The Public Health white paper “Healthy Lives, Healthy People (2011)” identified sexual health as a key Public Health priority and proposed a comprehensive commissioning of sexual health services by local authorities.
- Sexually transmitted infections and under-18 conceptions.
- Public Health England – Commissioning sexual health, reproductive Health and HIV services
- ADPH and the British Association for Sexual Health and HIV (BASHH) published a consensus statement in July 2016 which expresses an understanding and commitment to ‘what good looks like’ for sexual health services.
Policy context: current guidelines

Local Related strategies:
- The Mayor’s Health Inequalities Strategy highlighted ‘Healthy Minds’ as one of its 5 key aims. Mental health in schools and workplaces, homelessness and mental health, and offenders and mental health have been some of the key areas of work from the London Mayor. Thrive LDN is a London-wide movement working across organisations to prevent mental health.
- Our Vision for London 2019 sets out London wide shared priorities across key partners to tackle the issues that cause poor health.
- Tower Hamlets Mental Health Strategy 2019-24
- Children and Young People Mental Health Transformation Plan 2016-19
- Health and Wellbeing Strategy 2017-20
- Tower Hamlets Multi-Agency Suicide Prevention Strategy 2017-20 sets out an action plan for preventing suicide and is a key part in delivering the Mental Health Strategy.
- Tower Hamlets Strategic Plan 2016-19 Local plan includes many new measures to help those struggling most. Improving Health.
- Tower Hamlets Substance Misuse Strategy 2016-19
- Tower Hamlets Housing strategy 2016-2021
- Tower Hamlets Violence Against Women and Girls Strategy 2019-24
- The Tower Hamlets Adult Learning Disabilities Strategy 2017-2020 uses feedback from people with LD and their carers. It aims to meet government targets for people with Learning Disabilities to have better health, to live in their community, to have greater community support and more employment opportunities.
## What works: effective interventions

### 1. Wider determinants interventions
- Complex community interventions e.g. [Well Communities model (UEL)](#) enable disadvantaged communities and local organisations to work together to improve health and wellbeing, build community resilience and reduce inequalities. These lead to high levels of participation and empowered communities with increased knowledge, skills and confidence and greater capacity for working together to make a positive contribution to their community’s health and wellbeing.
- [A guide to community-centred approaches for health](#) Community development approaches to address health inequalities
- [Social determinants - The Health Foundation](#) explains how a person’s opportunity for health is influenced by factors outside the health and social care system

### 2. Lifestyle interventions
- [Making every contact count](#): everyday interactions to encourage behaviour changes that improve individual and community health
- Population specific interventions which work together and include messages that make desired behaviour e.g. healthy eating
- [NICE Adult weight management](#) programmes
- [Stop smoking interventions including behavioural support, nicotine replacement therapy, very brief advice](#)
- [e-cigarettes](#) can contribute to at least 20,000 smoking quits per year
- Embedding stop smoking support into treatment plans
- [Drug treatment services are effective](#) in reducing mortality and dependence amongst users
- Accessible sexual reproductive health services [BASH](#) guidance

### 3. Improving wellbeing and mental health
- [Promoting wellbeing](#) including adult learning, improving the quality of employment, tackling loneliness and isolation
- Mental Health First Aid training
- Suicide prevention training
- [Identification and treatment](#) of adults with common mental health problems in primary care
- “Talking therapies:” counselling, Cognitive Behaviour Therapy (CBT)
- For more information see [JSNA Spotlight on Mental Health](#) February 2019
Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. Mortality rates for motor vehicle traffic accidents are higher in lower socioeconomic groups. Most road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety.

The number of people of all ages reported killed or seriously injured on the roads has rapidly increased.

In 2015-17 this reached (41.9 per 100,000) compared to London and now exceeds the London (32.2) and England rate (40.8)
The local picture: Community safety - crime & violence

❑ Crime
Violent crime (including sexual violence) offences are higher in Tower Hamlets at 26.4 per 1000 population (nearly 8,000 cases in 17/18) compared to London (22.9) and England (23.7)

❑ Sexual violence and harassment
Nationally, an estimated 1 in 5 women and 1 in 25 men have experienced some type of sexual assault since the age of 16. 1 in 6 black, Asian and minority ethnic LGBT people have experienced domestic abuse in the past year. In 2017/18 there were 691 cases of sexual offences at a rate of 2.3 per 1000 population, slightly higher than the London rate of 2.1

❑ Domestic Abuse
Domestic abuse-related offences and incidents recorded by the police include those aged 16 or over. Domestic abuse related offences and incidents are defined as threatening behaviour or violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. Offences have been recorded as a crime, whereas the number of incidents refers to those that were not recorded as a crime

Domestic abuse accounts for a tenth of all crime reports to the Metropolitan Police
Domestic abuse cases in Tower Hamlets reported by VAWG (violence against women and girls) in 2018:

➢ 3048 cases of domestic abuse reports to the police (offences)
➢ 5862 domestic incidents reported to police
➢ 750 sexual offences reported to the police
The local picture: Housing & homelessness

**Housing**
- Measures of “affordability of home ownership” (comparing average earnings and house prices) show that Tower Hamlets is in the lowest fifth of all boroughs in England, along with most other London boroughs. There is increasing evidence of a direct association between unaffordable housing and poor mental health, over and above the effects of general financial hardship.
- More than a third of households (34.8%) were deemed to be overcrowded. This is, along with Newham (34.9%), the highest rate in London (London average 21.5%).
- Tower Hamlets has the **lowest proportion of owner occupied households** (27%) compared to England (64%) and a larger percentage of residents living in social housing and privately rented housing.
- **40% of households are socially rented** compared to 18% nationally (4th highest nationally) and 33.0% of households are privately rented (5th highest nationally) in Tower Hamlets compared to 17% nationally.

**Statutory Homelessness**
- The average homeless person has a life expectancy of 47, compared to 77 for the whole population: a startling difference of 30 years. The life expectancy for homeless women was even lower, at just 43 years.
- Generally about half of rough sleepers experience mental health problems and 40% experience problem relating to alcohol or drugs.
- In 2017/18 nationally the highest proportion of rough sleepers (30%) were aged 36 – 45 years old, followed by people aged 26-35 years old (26%).
- In 2017/18, Tower Hamlets had 375 known rough sleepers in the borough, a decline from the previous year (445).
- In 2017 the Housing Options Service in Tower Hamlets reported that 393 individuals and 261 families with children under 16 were placed in temporary accommodation.
The local picture: Wider determinants: employment

### Employment inequalities
- While the employment rate has risen over the past decade to a similar rate to London, the percentage of people aged 25-39 in employment is still slightly lower than the London average.
- However there are stark inequalities within the labour market with 1 in 5 local residents earning below the London living wage (2015/16).
- Within the workforce **pay rates were the lowest for part-time workers** whose hourly rate was half that of full timers. Part-time work is more common in Tower Hamlets among Bangladeshi men and women and disabled people.
- Residents generally earn less than non-residents who work in the borough.
- Tower Hamlets has the highest percentage of people with income deprivation (25.3%) compared to London average (14.7%)
- Households in employment may still be in poverty, as income may not be sufficient to meet the costs of accommodation and daily living.
- More than half of the jobs in the borough were in finance and professional sector, however only one third of residents are employed in these sectors.

### Unemployment
- Unemployment is higher than the London average among people aged 20-24 and 35-49 but not significantly. However, unemployment amongst younger people aged 16-19 is significantly higher when compared to the London average.
- These groups of residents have low employment rates:
  - Bangladeshi and Somali women
  - Those with poor proficiency in English
  - Those with no qualifications
  - Disabled residents – less than half of all working age disabled people were in work compared to non-disabled population.

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#### Percentage unemployed by age bands 2017-2018

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Tower Hamlets</th>
<th>London</th>
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<tbody>
<tr>
<td>16-64</td>
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<td>35-49</td>
<td>9.2</td>
<td>3.5</td>
</tr>
<tr>
<td>50-64</td>
<td>74.2</td>
<td>55.1</td>
</tr>
</tbody>
</table>

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#### Key facts
- Setting the scene
- Policy context
- What works?
- Local picture
- Local actions
- Impact on indicators
- Public perspective
- Knowledge gaps
- Priorities
- Key contacts & Appendices
The local picture: Living allowance & social care

- In 2016, 5% of working age residents were out of work and in receipt of disability related benefits. Claim rates are highest for those aged 55-64, far higher than the London rate.

- Although more people are in employment, a high number of residents of all ages in Tower Hamlets receive universal credit payment. This is a payment for people out of work or on a low income. In Tower Hamlets, young adults aged 18-39 have more universal credit claims (5.6%) compared to London (3.9%). Universal credit claim is highest among older adults over the age 40 (over twice as high than London).

- Employment & Support Allowance (ESA) is designed for people finding it hard to work through disability or health conditions. This allowance is low in people aged 18-39 (2,500 claims) but is much higher among people aged over 40 (over 10% of people over the age of 40) compared to London and England (7%).

- Personal independence payment (PIP) can help you with some of the extra costs if you have a long term ill-health or disability. Claims are lower in young adults 1.4% compared to people age over 40 6.7%, which is higher than the average for London and England.

Social care usage
Among people aged 18-39 years there has been an increase of social care usage, particularly for personal budgets where there has been an increase from 17.59 (rate /100,000 ) in 16/17 to 20.68 in 2017/18.
The local picture: Lifestyle behaviours - smoking

*Smoking is the single greatest cause of preventable deaths*

- Tower Hamlets has the 3rd highest rate of smokers in London (approximately 50,199 smokers)
- There has been a slight increase in smokers (20.3%) in 2018 compared to 19.7% in 2017 and smoking prevalence remains higher than the London (13.9%) and England average (14.4%)
- GP recorded data shows that in Tower Hamlets, over 33,000 (23.0%) people aged 18-39 are current smokers (GP data)
- 60% of all smokers are young adults, 34% are middle aged and 6% are 65+ years old
- In Tower Hamlets, people from white (19.0%; 23,041 all ages) and south Asian (13.0%; 14,280 all ages) ethnic communities have the highest smoking prevalence (GP data)
- Smoking prevalence in adults with serious mental illness (SMI) is the 5th highest compared to other London boroughs
- E-cigarettes are increasingly being used nationally by 47.0% of smokers to help quit smoking. In a recent evidence review it was found that they contributed to at least 20,000 successful quits of smoking per year

95% Of adult smokers start by age 25

### Smoking prevalence in adults (18+) current smokers

<table>
<thead>
<tr>
<th>Year</th>
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<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
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<td>12.00%</td>
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<tr>
<td>2018</td>
<td>10.00%</td>
<td>12.00%</td>
<td>11.00%</td>
</tr>
</tbody>
</table>

Source: PHE Fingertips

#### Quitting smoking (2018/19)

- Tower Hamlets has the 5th highest number of residents who successfully quit smoking in London
- 1,769 smokers in Tower Hamlets have successfully quit at 4 weeks in people aged over 16 (rate of 3,435 per 100,000) higher than the London (1,960) and the England rate (1,894)
The local picture: Lifestyle behaviours - physical activity and healthy eating

**Physical activity, inactivity and healthy weight**
People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, colon/breast cancer and improved mental health.

- Two thirds of the adult population in Tower Hamlets met the CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week), this is the same as the London and England average
  - 1 in 10 residents cycle at least three times a week – double the London average
  - 15.7% use outdoor space for exercising
  - 42.5% walk at least three times a week

- The percentage of people classified as inactive in 2017/18 was 22.3%, similar the London and England average of 22.0% and 22.2%. It has decreased from the previous year (22.8%)

- The percentage of adults (aged 18+) classified as overweight or obese has decreased from 57% in 2016 to 49.1% in 2017, which is lower than the London rate (55.9%) and the England rate (62.0%)

- 48.6% of adults in Tower Hamlets are not eating the recommended 5-a-day portions of fruit and vegetables. This is higher than the London value of 45.9% and the England value of 45.2%
The local picture: Lifestyle behaviours - alcohol and drug use

Alcohol is a leading risk factor for premature death and disability. The risk of all-cause mortality and of cancers specifically, rises with increasing levels of consumption. People who inject drugs (PWID) are at high risk of a wide range of viral and bacterial infections, which can result in high levels of morbidity and mortality. Sharing of injecting equipment is the single biggest factor in HIV, hepatitis B virus and hepatitis C virus transmission among PWID.

**Alcohol**
- Nationally 1 in 5 of all deaths in young male adults (16-24 years old) are attributable to alcohol
- Around 48% of the adult population in Tower Hamlets is not drinking any alcohol: a rate higher than London (24%) and England (15%)
- There are an estimated 3,427 dependent drinkers in the borough, which is the 7th highest rate of dependent drinkers in London. Majority of dependent drinkers 78.0% (2,687) were male while 22% (740) were female
- There is a high unmet need: an estimated 82% of dependent drinkers are currently not receiving treatment. However, there is a higher percentage of GP referrals to treatment services compared to nationally

**Hospital admissions due to alcohol consumption**
- In 2016-17, the rate of alcohol-specific hospital admissions in the borough was 716 per 100,000 residents (1,336 admissions) which is significantly higher than the London (523) and England (563)

**Substance misuse**
- Drug use disorders are now the 3rd most common cause of death for those aged 15–49 in England. Nationally, nearly 1 in 9 deaths among people in their 20s and 30s in 2014 were related to drug misuse
- The estimated prevalence of opiate and crack-cocaine users (OCUs) at 13.2 per 1,000 population is higher than in London (8.9) and England (8.6). Tower Hamlets had the second highest OCUs prevalence rate in London
- Estimates prevalence of OCUs in the 15-24 years old at 9.8 per 1,000 population are more than double the rate in England (4.42) and nearly double the one in London (5.85)
- The prevalence of OCUs in those aged 35-64 in Tower Hamlets is twice the prevalence in London and England
- The percentage of females on treatment for drugs remains low compared to England
The local picture: Lifestyle behaviours - sexual health

Those at highest risk of poor sexual health:

- **Young people (15-24)**
- **Men who have sex with men (MSM)**
- **Black & ethnic minority groups**
- **Socially deprived**

**STIs:** Tower Hamlets has the 6th highest rate (out of 326 local authorities in England) of newly diagnosed STIs in 2018 (excluding chlamydia diagnoses in 15-24 year olds)

**Newly diagnosed STIs per 100,000**

England | 794
London | 1547
Tower Hamlets | 2106

**New STIs rate per 100,000 population by age Tower Hamlets 2017**

(Source: GUMCAD Report)

- Over half (56%) of new STIs in Tower Hamlets were among gay, bisexual and MSM- syphilis and gonorrhoea being common in gay men in Tower Hamlets
- In 2018 Tower Hamlets had the 7th highest rate for gonorrhoea (476.4 per 100,000 residents); just under double the London average (279.4), which is a marker of high levels of risky sexual activity (98.5 in England)
- In 2018, 74 residents of Tower Hamlets were newly diagnosed with HIV, a 17.5% decline from the year before. Over 70% of cases were in MSM aged 25-49 years

HIV diagnosis in Tower Hamlets rate remains higher than the London average, but has the lowest HIV late diagnosis rate in London

In Tower Hamlets 74% of STIs are in people aged 20-34
- aged 25 -34 (49%)
- aged 20 -24 (25%)

*This is different to the national picture: where 50% of STIs are in young people aged 15-24. However in Tower Hamlets, only 28% of STIs are in people aged 15-24*

Reinfection of STIs is a marker of persistent risky behaviour. In Tower Hamlets, three times as many men (12.4%) become re-infected with STIs compared to women (3.8%) in a year, this compares to 7% women and 9.4% men nationally.

Poor sexual health has serious long-term health impacts such as infertility and cervical cancer
The local picture: Women's reproductive health

The conception rate in Tower Hamlets has increased gradually over the last few years and is higher than the England rate, but remains lower than London. **85,000 women in Tower Hamlets are of reproductive age.**

In Tower Hamlets a high proportion of women are having children between the ages of 30-34, which is similar to London

Unplanned pregnancies

Unplanned pregnancy can cause financial, housing and relationship pressure and have an impact on existing children. **Nationally the highest numbers of unplanned pregnancies occur in the 20 to 34 age group.** There is a public health need to ensure that rates of abortion and repeat abortion in women of all ages, but particularly young women, are reduced. In Tower Hamlets in 2017 the abortion rate per 1,000 female in the population aged 15-44 years is better (16.6) than London rate (20.7) and the national rate (17.2)

Contraception

- Long Acting Reversible Contraception (LARC) offer women an effective choice, and in doing so reduces the rate of unplanned pregnancy
- The rate of LARC excluding injections in resident females aged 15-44 years is 33.6 per 1000. This has increased to a similar rate to London (34.0) but a significantly lower rate than England (47.4)
- In Tower Hamlets oral contraception use is more common which may be due to service provision and women’s choice

Cervical screening

Although the number of cervical cancer cases are low in Tower Hamlets, nationally 44% of cases are in women aged 21 – 40. The coverage of cervical cancer screening has decreased over the last 4 years from 71% to 69% and remains lower than national average (76%).
The local picture: Wellbeing and common mental health conditions

Mental illness is the single largest cause of disability in the UK with at least 1 in 4 people experiencing a mental health illness at some point in their life and three quarters of mental health problems start before their early 20s. About 1 in 100 people have a severe mental health illness. Mental health treatment costs are expected to double in the next 20 years.

**Wellbeing**
- The Annual population survey tracks wellbeing by asking about life satisfaction, happiness, feeling about worthwhile activities and level of anxiety on a scale of 0 to 10, where 0 is “not at all”
- Anxiety was rated higher in Tower Hamlets compared to London and England
- Worthwhile and happiness in Tower Hamlets was rated slightly lower compared to London and England

**Depression and anxiety**
- 18,836 (7.3%) of GP registered patients aged 18+ in 2018 were recorded as having depression; an increase from the year before and slightly higher than the London average (7.1%) but lower than England (9.9%).
- Over half of those diagnosed with depression are aged 25-34 (GP data 2018).
- Self reported data shows that of people completing the GP Patient Survey over the last four years say they experience depression and anxiety and this is higher than London.
- In 2017, 16.1% of patients reporting to have depression and anxiety: higher than the London (12.4%) and England average (13.7%).
The local picture: Mental health conditions among young adults

**Severe mental illness (SMI)**
- People with SMI (schizophrenia, bipolar disorder and psychoses) are at risk of dying on average 15 to 20 years earlier than other people
- SMI prevalence in Tower Hamlets 18+ adults has been increasing 1.3% (4336 cases) in 2017/18. This is 7th highest in London and significantly higher than the London (1.1%) and England (0.9%) prevalence average
- 38.0% of SMI patients are aged 19-39 with highest % being amongst white or south Asian people (CEG data 2017/18)

**Self-harm**
- Nationally the incidence of self-harm has continued to rise. The majority of people who self-harm are aged between 11 and 25 years
- Hospital data shows that in 2017/18 there were 66.0 per 100,000 population (212 cases) of self-harm emergency attendances in hospitals (a slight increase from the previous year) compared to 83.6 in London and 185.5 England rate

**Suicide**
- Nationally suicide is the leading cause of death among those aged 20-34 and three times higher for men
- More than half of under 20’s who have died by suicide had a history of self-harm
- Certain risk factors are known to be associated with an increased risk of suicide: these include unemployment, drug and alcohol misuse and people with a diagnosed mental health condition
- The suicide rate in Tower Hamlets (7.7/100,000 population, 60 suicides in 2015-17) is lower than the London rate (8.6) and England rate (9.6).
- Over half of all suicides in the borough have been in people aged 20-39

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**SMI recorded prevalence (QOF): % of practice register all ages**

<table>
<thead>
<tr>
<th></th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tower Hamlets</td>
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<td>1.3</td>
<td>1.3</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td>London</td>
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<td>1.1</td>
<td>1.1</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>England</td>
<td>0.9</td>
<td>0.9</td>
<td>0.9</td>
<td>0.9</td>
<td>0.9</td>
</tr>
</tbody>
</table>

Source: PHE Fingertip
The local picture: Long-term health conditions in young people

Physical health and long-term conditions are more common in the older age groups. However, residents in Tower Hamlets experience some of the worst health inequalities. This means that fewer years are spent in good health and the higher prevalence of risk behaviours such as alcohol misuse and smoking can contribute to the early onset of illness in young people.

### Asthma
- Over 15,000 people have a diagnosis of asthma
- Around a third (34%) of these are young adults (19-39)
- Almost 70% of cases occur in the most deprived groups in Tower Hamlets

### Musculoskeletal Health (MSK)
- 20% of residents saw their GP about MSK conditions (mainly back pain or osteoarthritis) in the last year
- Nationally 33% of sickness absence is caused by MSK
- Of those receiving Personal Independence Payment (2016) 36.4% were recorded as having a MSK disease as their main disability condition

### Diabetes
- The rate of diabetes prevalence in Tower Hamlets (6.7%) is at a similar rate to the London and England prevalence (18/19)
- In 2018 there were over 18,000 residents recorded on GP registers as having Type 2 diabetes
- The percentage of people with Type 2 diabetes aged under 40 in 2017/18 was 9.9% compared to 3.9% in England
- Year on year diabetes prevalence has been increasing
- There are approximately 3,000 people with undiagnosed Type 2 diabetes

### Cancer
- Common cancers are low in young adults
- In 2018 there were 580 young adults with a cancer diagnosis in Tower Hamlets
- Tower Hamlets has the highest premature death from oral cancer in England which is on the increase
The local picture: Use of mental health services by young adults

6,153 adults aged 18 and over accessed IAPT (Improving access to psychological therapies programme) service in 2017/18 of which 65% were women mostly aged 25 - 34

- Over half of those who accessed IAPT had anxiety (54%), just under half had depression (44%) and less than 2% had a SMI
- 63% were recorded as either white or ethnicity was not stated
- 21% were recorded as Bangladeshi
- 7% were recorded as other ethnic groups
- Less than 2% were recorded as black African, black Caribbean, Indian and other Asian
The local picture: Use of sexual health services by young adults

Percentage of sexual reproductive service attendances by age groups for Tower Hamlets residents in 2017

- Higher percentage of attendance to local sexual health service among people aged 25-34
- Highest prescribed LARC among women aged 25-34.
- Highest use of oral contraception methods among women aged 25-34
- Highest STIs diagnosed in males aged 25-29 & highest among females 20-29
- Number of prescribed emergency contraception to Tower Hamlets female residents is the highest among those aged 20-34 who were prescribed 2-4 times in 1 year
The local picture:  Use of drugs & alcohol services by young adults

In 2017/18, there were 2,069 adults on treatment for drug and alcohol misuse, just over 50% of these were new presentations. Tower Hamlets remains the local authority with the highest number of clients in treatment in London.

- The highest percentage of attendants to treatment at 49% (1,020) were those aged 30 to 44, followed by those aged 45 to 64 (34.0%; 698) although in both groups attendance was slightly lower than in England. 15% (316) of those on treatment in Tower Hamlets were aged between 18 and 29. The percentage of the 18-24 years old has increased from 5.6% in 2016-17 to 6.2% and it is higher than those on treatment in England (5.8%). There are noticeable differences by age and substance – non-opiate users are younger while opiate users are generally older.

- Fewer new treatment starters (44%) in Tower Hamlets were self-referrals or referred by family or friends than in England (56%) but a higher proportion were referred by GPs (13.7%) and the community based care (13.1%) than in England (9.6% and 2.5% respectively). The criminal justice service also referred fewer clients (10.7%) than in England (12.1%).

- Self-referral was most likely for non-opiate clients (49%) while the rate for clients abusing alcohol was lower with 39%. However, the highest proportion of referrals from GPs (15%) and community based services (16.1%) were for clients who abused only alcohol.

![Percentage of adults on drugs & alcohol treatment by age group (2017/18)](chart)
The local picture: Use of hospital services by young adults

- People aged 20-39 use A&E services more than other age groups.
- Highest emergency admission among young people was for lower abdominal pain.
- Among young adults this may reflect more active, sometimes chaotic lifestyles, with high admissions due to accidents.
- Among young adults the highest outpatients appointments are for pregnancy and childbirth.
- In people aged 20-39 the most common reason for inpatient admission was for medical abortions.

### Key facts

- **Setting the scene**: Policy context.
- **What works?**: Local picture.
- **Local actions**: Impact on indicators.
- **Public perspective**: Local picture.
- **Knowledge gaps**: Key contacts & Appendices.

### Local picture

- **Male A&E attendances by age group**
  - 0-19: 6530 (10.1%)
  - 20-39: 18959 (29.2%)
  - 40-64: 27697 (42.7%)
  - 65+: 11675 (18.0%)

- **Female A&E attendances by age group**
  - 0-19: 6753 (24.9%)
  - 20-39: 15557 (41.1%)
  - 40-64: 14374 (23.0%)
  - 65+: 25699 (41.1%)

Source: THT/ELHCP Data Repository SUS IP 17/18

### Top 10 inpatient appointment admissions

#### 20-39 year olds

- Medical abortion: 483 cases
- Pain localized to other parts of lower abdomen: Male 197, Female 197
- Other and unspecified abdominal pain: Male 133, Female 101
- Pain localized to upper abdomen: Male 143, Female 147
- Missed abortion: Male 99, Female 101
- Other Crohn disease: Male 82, Female 61
- Spontaneous abortion: Male 19, Female 19
- Chronic kidney disease, stage 5: Male 75, Female 82
- Headache: Male 42

Source: THT/ELHCP Data Repository SUS IP 17/18
Local actions: what is being done to address the issue?

**Common mental health services for adults**
- Improving Access to Psychological Therapies (IAPT) service has a single point of referrals for all common mental health problems. The service is provided by East London Foundations Trust (ELFT) who work in partnership with Mind in Tower Hamlets and Newham. The service is available to adults who are Tower Hamlets residents or people who have a GP in Tower Hamlets [https://towerhamletstalkingtherapies.nhs.uk/](https://towerhamletstalkingtherapies.nhs.uk/)
- Mental Health First Aid Training – available to all front line staff who work with Tower Hamlets residents
- Suicide prevention training Assist – available to all front line staff who work with Tower Hamlets residents
- Tower Hamlets Recovery College supports wellbeing and mental health recovery through education and learning. This service can be accessed if individuals live, work or study in the borough of Tower Hamlets
- Mind Tower Hamlets and Newham is a community mental health charity that supports anyone with a mental health or emotional issues with advice and support

**Other specialist mental health services for adults**
- Mind and ELFT together provide Tower Hamlets Talking therapies, which offers 1-1 counselling, as well as groups and workshops following an assessment of need. People can be referred by their GP or self-refer.
- The Enhanced primary care service manages a caseload of around 600-700 people in primary care with some secondary care support from a consultant psychiatrist, EPC mental health nurses and support worker
- The community mental health teams are multi-disciplinary teams focusing on the care of people with severe and enduring mental health problems. The teams provide early assessment, comprehensive programmes of treatment and continuing care for clients
### Local actions: what is being done to address the issue?

#### Drugs & alcohol
- **The integrated drug and alcohol treatment system (Reset):** comprises of three services, (i) Outreach and Referral, (ii) Treatment and (iii) Recovery Support. It supports residents and friends who are concerned about someone’s drug and/or alcohol.
- **Criminal Justice-Enforcement and Regulation in Tower Hamlets:** The Criminal Justice Drug Intervention Team (DIP) coordinates the identification, assessment and referral into treatment for substance users involved with the criminal justice system. DIP makes referrals to the Reset Treatment Service and supports those referred into treatment for a minimum of 12 weeks.
- **“Beyond the Street” service:** provides outreach support to women involved in street prostitution in the borough. The vast majority have a drug and/or alcohol addiction, are exposed to high risk environments including violent perpetrators and have high complex needs ranging from domestic violence, ill mental health, and criminal activity (ASB) and children’s services/protection issues.

#### Smoking cessation
- The service **Quit Right** offers support for adults wanting to give up smoking including people with SMI. In 2017/18, 940 residents reported successfully quitting smoking (validated and self-reported quit reported), and of those who entered the service aged 18-39, 51% gave up smoking.
- Community Pharmacies support in Tower Hamlets, 45% of those who entered the service aged 18-39 had a validated quit recorded.

#### Sexual health and reproductive services
- Sexual health and reproduction health provision in General Practice as part of a network-based service where the provision includes STI screening and treatment, Hepatitis screening and Long Acting Reversible Contraception (LARC).
- Community pharmacies across the borough provide, condom distribution, STI screening and Emergency contraception.
- **All East** (provided by Bart’s Health) provide sexual health and contraception services at specialist centres across east London and four satellite clinics in Tower Hamlets. Most services are accessible via walk-in or via a booked appointment.
- **Tower Hamlets Integrated Young People’s Health and Wellbeing Service:** Safe East supports young people aged 10 and 19 (up to 25 for young people in care, special educational needs or a disability) in different venues across the borough.
### Local actions: Support for vulnerable young people

#### LGBTQ:
- **Tower Hamlets LGBT Community Forum** bring together LGBTQ people and acts as a support group.
- **APANJON** is a Bangladeshi LGBTQ support group.

#### Offenders with mental health issues:
- **Together’s Forensic Mental Health Practitioner (FMHP) Service** works within the National Probation Service (NPS) to provide assessment and therapeutic intervention where people have a primary mental health need and may also be experiencing a number of other vulnerabilities including personality disorder, learning disability and substance or alcohol misuse.
- The service also support service users with risk concerns including self-harm and suicide.

#### Offenders:
- The Tower Hamlets Integrated Offender Management team and Reducing Re-offending work-stream of the Community Safety Partnership ensure that mental health support is included within plans.
- For young offenders, there is a Targeted Youth support team (for people aged 10 to 18 and 3 months), Youth Justice team, Liaison & Diversion service and Integrated Gangs team.

#### Carers:
- **The Carers Centre Tower Hamlets** offers support to all carers registered in Tower Hamlets.

#### Students:
- Queen Mary University London has a **student Wellbeing service** for help and support at times of personal crisis.

#### Leaving care:
- **The Leaving Care Service (LCS)** provides services in partnership with key agencies to young people being looked after by the council, or who were looked after by Tower Hamlets before moving towards independence.
- The LCS provides practical, social and emotional support for young people; guiding them through education and job choices, helping them to find the right accommodation and providing advice on day to day living experiences.
# Impact on indicators: evidence we are making a difference

The Public Health Outcomes Framework indicators data help us understand how well public health is being improved. Below are some of the areas of relating to *lifestyle behaviours that impact young adults, more data can be found* [here](#).

<table>
<thead>
<tr>
<th>Area</th>
<th>How are we doing?</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>STI screening (2018)</td>
<td>Performing well</td>
<td>Continue to work with service providers to target screening among high risk groups.</td>
</tr>
<tr>
<td>Late diagnosis of HIV (2016-18)</td>
<td>Performing well</td>
<td>Continue to work with service providers through outreach activity to target HIV screening for high risk groups and opt out A&amp;E testing.</td>
</tr>
<tr>
<td>Smokers that have successfully quit at 4 weeks (2018/19)</td>
<td>Performing well</td>
<td>The stop smoking service continues to support smokers through a variety of interventions: 1-1, group sessions or telephone based sessions.</td>
</tr>
<tr>
<td>Smoking prevalence of current smokers (2018/19)</td>
<td>Improvement needed</td>
<td>Community pharmacies along with the stop smoking support service are providing support to smokers including hard to reach smokers, to give up smoking for good. Also more work to support young people who smoke.</td>
</tr>
<tr>
<td>Estimated prevalence of opiate and/or crack cocaine use (16/17)</td>
<td>Improvement needed</td>
<td>Ensure individuals and communities know about the risks associated with substance misuse and where to get help. Treatment services will address the diverse needs of specific groups within Tower Hamlets.</td>
</tr>
<tr>
<td>Successful treatment of alcohol (2017)</td>
<td>Improvement needed</td>
<td>Reset the drug and alcohol service to deliver age appropriate intervention to complex (dependent) and less complex (at risk) alcohol users of all age groups.</td>
</tr>
<tr>
<td>GP prescribed LARC excluding injections (2018)</td>
<td>Improvement needed</td>
<td>Work with service providers to ensure the provision is offered in an equitable and accessible way.</td>
</tr>
<tr>
<td>Estimated prevalence of common mental disorders (2017)</td>
<td>Improvement needed</td>
<td>Conduct a needs assessment relating to common mental illness and identify how to improve prevention and access to services.</td>
</tr>
</tbody>
</table>
Public perspective - Community insights

**What helps me to keep healthy?**
- Family network helps my mental health

**What stops me from accessing services?**
- Waiting lists for services/medical treatment

**What impacts my health & wellbeing?**
- Hard to manage time between the work hours and the school hours - makes me stressed almost every day
- Mental wellbeing - It feels very crowded here. Too many buildings. Not many green spaces. Need to reduce air pollution
- Cheap fast food everywhere

**What helps me to keep healthy?**
- Trying to make the best food choices and keeping fit. Both help with mental health for me
Public perspective

Health Watch Tower Hamlets conducted a series of visits to services to talk to users experiences of services. These are referred to as Enter and View visits which are conducted by trained local resident volunteers.

Sexual health services in Tower Hamlets: April 2019:
- Overall, sexual health services in Tower Hamlets receive very positive feedback from service users
- Service users feel that staff are non-judgmental and maintain confidentiality consistently across the service
- The self-referral/walk-in system is very popular with patients
- There is a lack of clarity around walk-in versus booked appointments at Ambrose King Centre
- There is a lack of appointment times across the services but particularly at Ambrose King Centre, and people struggle to book online as a result
- People are waiting up to several weeks to access appointments, which is particularly concerning for women access terminations
- Clinics tend to run behind schedule, wait times often reach unreasonable lengths (2-3 hours during both our visits at AKC)
- Service users are less likely to want to use satellite clinics, chiefly because of perception, distance, and lack of information
- Privacy is a concern for patients, particularly the lack of privacy available at reception

Source

Reset Tower Hamlets drugs and alcohol service in Mile End Hospital in 2018:
- Service users were generally positive about their experience at Reset
- Service users favoured one to one sessions as opposed to group sessions as they preferred environments that prioritised their needs and treatment plans
- Some service users mentioned the tendency of programmes to drop service users from a programme if the service user’s treatment was not going successfully, service users felt frustration as a result
- Some service users provided feedback on long waiting times and the miscommunication between staff and service users which resulted in improper appointment times

Source
Knowledge gaps: what more do we need to know?

- Breakdown by ethnicity and other characteristics for residents that access mental health services

- To identify health needs of vulnerable adults e.g. LGBTQ, people involved in the justice system & young people leaving care

- There is little data on the health needs of students and how they access health services

- Identify why there is a unmet need among dependent drinkers

- Review of the pathway for vulnerable people to the drugs and alcohol service
### Priorities: what are the priorities for improvement?

<table>
<thead>
<tr>
<th>Reason for this recommendation</th>
<th>Priority recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific groups of young adults have poorer health outcomes and we have a high number of people in youth &amp; adult justice system, NEETs and students. Not enough is known about the uptake of services amongst high need groups or what is being done to address lifestyle issues and promote health and well being</td>
<td>Better understand the health needs of high need groups &amp; how services can meet their needs including: those leaving care, NEET, students those in the justice system, LGBTQ+ &amp; BAME. This is important to shape services so they are more accessible to people who really need the support</td>
</tr>
<tr>
<td>Engaging in multiple unhealthy risk factors, the early onset of ill health contribute to premature death. Tower Hamlets has high levels of STI's, alcohol dependency/ substance misuse and smoking among residents in this life course</td>
<td>Ensure person centred/ integrated approach is taken to address multiple risk behaviours</td>
</tr>
<tr>
<td>Self – reported data on depression and anxiety is higher than the London average but this increased need is not in the levels of diagnosis in General Practice</td>
<td>Investigate how young adults manage depression and anxiety, identify what support is required to self – manage and barriers to access services</td>
</tr>
<tr>
<td>Long Acting Reversible Contraception - LARC is considered to be the most effective method of contraception and generally women say they prefer to access contraception via their GP however there is an inequity in the provision of LARC in the borough</td>
<td>Consider and plan to improve the uptake of long acting reversible contraception among women</td>
</tr>
<tr>
<td>There is a high unmet need for drugs and alcohol treatment. Tower Hamlets has the 8th highest percentage of dependent drinkers in London &amp; the 2nd highest rate of opiate/cocaine users in the country</td>
<td>Work with commissioners of the Drugs and Alcohol treatment service to better understand where there is unmet need in the borough and how to address this</td>
</tr>
</tbody>
</table>
Key contacts and stakeholder involvement

- This publication was produced by Sukhjit Sanghera, Public Health Programme Lead and approved by Chris Lovitt, Associate Director of Public Health in December 2019
- Data compilation: Siva Chandrasekara and Sophia Wang: Public Health Intelligence Team

About the JSNA process

- [insert info from current homepage for JSNA]
- This publication was signed off by Chris Lovitt, in December 2019
- Any queries regarding this publication should be sent to Sukhjit.sanghera@towerhamlets.gov.uk
- Stakeholders who contributed to this publication include: Tower Hamlets Together, Living Well Workstream
References

- ADPH and the British Association for Sexual Health and HIV (BASHH) published a consensus statement in July 2016 https://www.bashh.org/
- Migration and the social determinants of health https://migrationdataportal.org/themes/migration-and-health
Appendices


- The Prevention Concordat for Better Mental Health Programme aims to facilitate local and national action around preventing mental health problems and promoting good mental health. [https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health]

- The Mayor’s Health Inequalities strategy [https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf]


- Health work and health related worklessness: [https://www.local.gov.uk/sites/default/files/documents/health-work-and-health-re-904.pdf]

- Nice Guidance for Young people with health and social care needs: [https://www.nice.org.uk/guidance/ng43/resources/transition-from-childrens-to-adults-services-for-young-people-using-health-or-social-care-services-pdf-1837451149765]
Appendices

- NHS Long term Plan https://www.longtermplan.nhs.uk/