

TOWER HAMLETS ANNUAL PUBLIC HEALTH REPORT 2022



FOREWORD

The foundations of wellbeing are feeling safe, having a sense of control over one's life and feeling connected. The COVID-19 pandemic impacted profoundly on our sense of wellbeing. We were faced with an invisible health threat: COVID-19 rules limited the daily routines of our lives and kept us separated from our loved ones and everyday connection.

The cost-of-living crisis we now face creates further threats to health and wellbeing of Tower Hamlets residents.

Following the pandemic, the impacts that it has had on the health and wellbeing of people in Tower Hamlets are becoming clearer. Over and above the impacts of COVID-19 itself, there is the legacy of the adverse impacts on mental and physical wellbeing.

Although the data has not yet fully caught up to give us a complete picture of the impact of COVID-19 on health and wellbeing in Tower Hamlets, the purpose of this report is to provide a high-level overview of the state of health and wellbeing in the borough and to enable the Tower Hamlets Health and Wellbeing Board to use this evidence to help shape their priorities.



In addition, the primacy of COVID-19 messaging during the pandemic meant that the core public health messages for residents to help support their health and wellbeing took a back seat. This report takes the opportunity to restate these messages, recognising that the way that these messages are communicated needs to be developed and shaped with the communities of Tower Hamlets.

The Tower Hamlets Health and Wellbeing Strategy is founded on the principle that the opportunity to enjoy the best possible health is a human right. The COVID-19 pandemic has made it clearer than ever that this is not a right that is enjoyed equally by everyone. COVID-19 hit our most deprived communities in Tower Hamlets the hardest and this reflects longstanding health inequalities in the borough: we need to continue to use all our resources to address this injustice.

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PURPOSE OF THIS DOCUMENT

This report has three core purposes.

Firstly, to raise awareness of the state of health in the borough with partners, within communities and with residents.

Secondly, to use this analysis to validate existing priorities of policy makers across the partnership and highlight potential gaps.

Thirdly, to identify where further analysis is needed to understand important trends more deeply.

This report is written at a point when the new data from 2021 Census is beginning to give us greater insight into our population's health.

The focus here is on reviewing high level existing data to help shape how we use the more detailed census data to understand health and health inequalities in the borough.

**SUMMARY
REFLECTION
– WHAT DOES
CURRENT
INFORMATION
ABOUT OUR
POPULATION'S
HEALTH TELL US?**

The sections that follow set out the high-level information and insight that we have brought together to get a sense of the state of health in the borough. This is generally nationally available data that enables comparison with London and England.

This section summarises these findings and reflects on their implications.

Overall health of the borough

Tower Hamlets has one of the fastest growing populations in the country. The census data tells us that between 2011 and 2021 the population increased by over 50,000. In 2011, Tower Hamlets health measures were consistently amongst the poorest in London. However, since then life expectancy in the borough has increased at a faster rate than the national increase which means that the gap has narrowed. Reflecting this, early death rates from the main causes of death (heart disease, stroke, cancer and long-term lung disease) have been falling.

These are positive trends. However, the 2021 Census will give us the opportunity to examine these trends in more depth and will provide an insight into the extent to which these improvements reflect population growth that has changed the socioeconomic profile of the borough's population. Most importantly, it will help us understand at neighbourhood level the trends around health inequalities in the context of overall health improvement.

As elsewhere, female life expectancy is higher than in males. However, it has been a consistent trend that healthy life expectancy (the period in which people rate their health as good) is lower in females than males. Compared to London, male healthy life expectancy is similar but female healthy life expectancy is amongst the lowest. For males, it has increased significantly over the past decade but for females this has not been the case. We are currently undertaking further analysis of the 2021 Census to help us understand more about gender differentials in levels of poor health.

In thinking about health in the borough, it is helpful to frame this along the life course.





Early years

Early years (including the period before birth) are a critical time for future mental and physical wellbeing. Evidence indicates the importance of the first 1000 days of life in building the foundations for brain development and bodily development through factors including secure attachment with a care giver, play and healthy weaning.

Against a backdrop of high levels of child poverty, the data show that compared to London, Tower Hamlets has higher levels of low birth weight babies (an indicator of poorer maternal health as well as infant health), poorer oral health and a lower proportion of five year olds with a measured 'good level of development' (this has been improving for girls but less so for boys). This highlights the continued importance of services supporting health and wellbeing of families in early years.



Childhood and adolescence

In later childhood and adolescence, the data show higher levels of obesity at age 10-11 than London. Data is emerging of the impact of the pandemic on the mental and physical health of children in the borough. This shows a lower proportion of primary school children saying they are 'happy with life'.

Childhood immunisation (eg for measles, mumps and rubella) in Tower Hamlets has tended to be higher than average compared to London and this remains the case. However, mirroring the London trend, levels are starting to fall. Although we have not seen this yet in Tower Hamlets, there have been outbreaks of measles in London and maintaining levels of childhood immunisation in the borough remains an important priority.

Children are particularly susceptible to the impacts of poor air quality and research conducted about Tower Hamlets children has shown adverse impacts on lung development, highlighting a need to explore ways to mitigate these impacts. Other environmental factors, including housing, access to green space and affordable healthy food also have an impact on children's health.



Younger adults and early middle age

In younger adults and early middle age, important indicators of health include sexual health, mental health and substance misuse.

Rates of sexually transmitted infections in Tower Hamlets are consistently higher than London and the younger population is an important factor in explaining this. As elsewhere, levels of diagnosed infection fell during the pandemic and have recently started to rise again.

Levels of common mental health illness (such as anxiety and depression) in the borough are higher than London levels. An indicator that stands out particularly is that early deaths for people with severe mental illness is significantly higher than elsewhere. This is the case for both males and females. It is not clear why there is such a significant difference, and we are looking at this in more detail to understand why this is the case.

Levels of physical activity in adults have been falling disproportionately in the last five years.

Tower Hamlets has relatively high levels of drug misuse and, in those who drink, alcohol misuse. Nationally there has been a fall in the proportion of successful completion of treatment in substance misuse and the data shows that this has been the case in Tower Hamlets. While in Tower Hamlets we get many people into treatment pathways, it is a priority to reach more, and to support them to complete treatment.

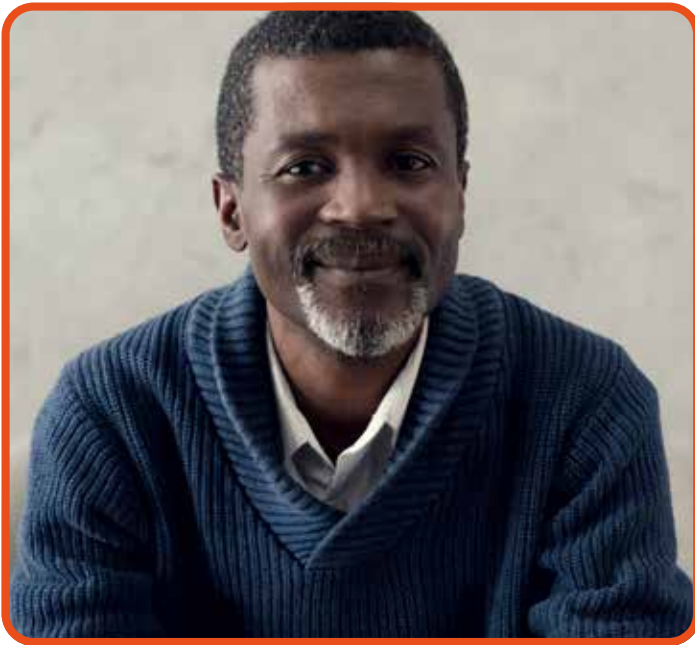


Middle age

Middle age is the time in life when long term conditions such as diabetes, high blood pressure and heart disease start to emerge. These are conditions which can be prevented, or their impact on health reduced, through picking them up as early as possible, managing them well, and through healthy habits such as stopping smoking, reducing alcohol intake, regular physical activity and healthy eating.

Whilst Tower Hamlets has consistently had higher levels of early deaths from cardiovascular disease (heart disease and stroke) compared to London, it is encouraging that this gap has fallen over the past decade, particularly for men.

There is evidence that the pandemic impacted adversely on management of long-term conditions. This is likely to be linked to both physical and mental health impacts of lockdown, as well as impacts on access to health and care services (particularly primary care). Getting back to the basics of routine management of long term conditions (regular reviews and lifestyle advice/support) is an important priority to prevent more serious impacts of long term conditions.



Later middle age and older age

Later middle age and older age is a time in life when long term lung conditions and cancers become more common, and people are experiencing the impacts of more than one health condition (co morbidities). It is a time when the impacts of social isolation, bereavement, financial insecurity and loneliness can impact significantly on physical and mental wellbeing.

The data show that for Tower Hamlets, although a lower proportion of the population are over 50, older people tend to have poorer health. Income deprivation is higher and employment rates are lower and these are factors that are likely to contribute. It is encouraging that early death rates from cancer have been falling faster than elsewhere over the past decade and these are now similar to London/England levels.

Despite these improvements, it is concerning that cancer screening rates in the borough (breast, cervical and bowel) continue to be amongst the lowest in the country and are falling for breast and cervical. There has been an encouraging improvement in bowel cancer screening in recent years but most recent data indicates that this may be tailing off.



Current risks to health across the life course

Finally, as we move out of the pandemic, we are now faced with the cost-of-living crisis. There is a significant risk that the health impacts of this will be profound. As mentioned in the foreword, the foundations of wellbeing are feeling safe, having a sense of control over one's life and feeling connected. Financial insecurity, impact on access to services, fuel poverty and social impacts are likely to have impacts on physical and wellbeing health. The local mitigations to these impacts will be vital in maintaining the health of the most vulnerable residents in Tower Hamlets and addressing health inequalities.

SUMMARY

Summarising the above discussion, the Tower Hamlets data highlights the following areas where it will be important to sustain particular focus:

The infographic consists of 14 teal-colored rounded rectangular boxes arranged in a grid. Each box contains an icon representing a health or social care topic, followed by a text label. The topics are: Maternal health (woman with heart), Early years health outcomes (child), Healthy weight in children (scale), Mental health in children (magnifying glass over faces), Improving up take of childhood immunisation (syringe), Impact of the environment on health (air quality, housing, green space, food) (leaf), Demand for sexual health services (condom), Substance misuse (bottle and glass with X), Mental health – physical health of people with severe mental illness (clipboard with cross), Early identification of long-term conditions and getting back to basics of regular review (monitor with ECG), Improving uptake of cancer screening (target with cells), Health impacts of cost-of-living crisis (stack of coins with arrow), and Understanding inequalities using 2021 Census and other linked data (diverse group of people).

Maternal health

Early years health outcomes

Healthy weight in children

Mental health in children

Improving up take of childhood immunisation

Impact of the environment on health, including air quality, housing conditions, access to green space and healthy affordable food

Demand for sexual health services (safe sex messages and prevention)

Substance misuse – getting people into treatment and treatment completion

Mental health – physical health of people with severe mental illness

Early identification of long-term conditions and getting back to basics of regular review

Improving uptake of cancer screening

Health impacts of cost-of-living crisis

Understanding inequalities using 2021 Census and other linked data

- Change in population between 2011 and 2021
- Improvement trends in early death by ethnicity and deprivation
- Gender inequalities (particularly healthy life expectancy in women)
- Early deaths in people with severe mental illness

The following sections summarise the analysis on which these conclusions are based.

REVIEW OF DATA

The sections that follow provide an analysis of surveillance data that is routinely available through national databases. This enables comparison between Tower Hamlets health and demographics and elsewhere. The data is primarily from the Office of National Statistics (ONS) and starts to include findings from the Census 2022.

The data is organised around life course and at the end of each section there is a summary of core health messages for residents. These are a starting point for communications with residents that is co-produced and culturally appropriate.

KEY FINDINGS

Overall, how healthy is Tower Hamlets?



1 Female **Life Expectancy** is currently 83 years and male life expectancy is 80 years. This has been gradually increasing over the last ten years, and the gap with England and London averages has narrowed, albeit more for males than females.

2 While **Healthy Life Expectancy** for males in Tower Hamlets has increased quite dramatically from around 55 years ten years ago to around 65 years in the most recent data, for females this has only risen by about 3 years, from around 55 ten years ago to about 58 now.

3 **Rates of early death, death** (death in under 75s), continue to fall. However the rate in males has generally dropped faster than the rate in females.

Who lives in Tower Hamlets?



4 The Census undertaken in 2021 recorded the **population of Tower Hamlets** to be around 310,000. This represents an increase of around 22% on the 255,000 people recorded in the 2011 Census.

5 The population of Tower Hamlets is generally **younger than London and England**, in particular there is a greater proportion of people aged 20-39 when compared to London.

6 The 2021 Census results show that Tower Hamlets remains one of the most **ethnically diverse** councils in England. Around 40% of the population are White compared to over 50% in London and over 80% in England. The Asian population are the largest, accounting for around 44% of the population, with 34% of the population being Bangladeshi.



What was the impact of COVID-19 in Tower Hamlets?

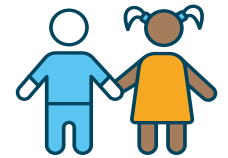


7 Around 29% of the Tower Hamlets population has **tested positive** for COVID-19 at least once.

8 608 people had COVID-19 noted as a **cause of death** on their death certificate. This is a rate of 183 per 100,000 population, which is lower than the London and England averages (believed to reflect the younger age composition of the Tower Hamlets population).

9 Around 61% of the eligible population have had at least 2 doses of a **COVID-19 vaccine**.

How healthy are children and families in Tower Hamlets?



10 **Babies** born in Tower Hamlets are more likely to be born at a **low weight** than the London or England average.

11 **Childhood obesity** rates continue to be high. 1 in 5 children are an unhealthy weight in Reception: this more than doubles to over 2 in 5 children in Year 6.

12 The **oral health** of children in Tower Hamlets is significantly worse than the rest of London, with two in every five children in Reception having visually obvious dental decay.

13 A quarter of children in the borough grow up in relatively **low-income** families, the highest rate in London.

14 Children in Tower Hamlets have been **less ready for school** than their national peers for many years, but this gap has doubled over the pandemic. In 2022, 4 in 10 Tower Hamlets children did not have a good level of development at Reception age compared to 3 in 10 in 2019.

15 Despite this, once in school Tower Hamlets children generally achieve **better results** than the national average in KS1, KS2 and at GCSE level.

16 **Fewer children 'feel happy about life at the moment'** compared to before the pandemic. At primary school, the proportion of children reporting they are happy has fallen from 75 to 68%, and over half say they don't have anyone to talk to when they are worried. At secondary age, only 4 in 10 children said they were happy about life at the moment, with top concerns being money, options after year 11 and being a healthy weight.

17 Although above the London average, Tower Hamlets is **falling short of the 'herd immunity' targets** for childhood immunisations, and the trend has worsened in recent years.

18 **Poor air quality** has been shown to impact on the lung development of children and air quality in Tower Hamlets is worse than the London average.

How healthy are adults in Tower Hamlets?



19 Around a quarter of the adult population in Tower Hamlets have **poor mental health**, and the borough has the worst rate of early death for people with severe mental illness in London.

20 While levels are lower due to the younger population in the borough, when adjusted for age there are higher levels of **early death for long-term conditions** such as heart disease, stroke and lung disease in the borough.

21 Rates of **long-term conditions** including diabetes and COPD are high compared to London and England rates, as are associated health impacts, such as hospitalisations and deaths from these conditions.

22 Detected rates of **infectious diseases**, such as Tuberculosis, Hepatitis C, and various sexually transmitted infections, are higher than average.

23 Levels of **physical activity** in adults have been falling disproportionately in the last five years.

24 The cohort of people who use **addictive drugs** has got older, and has more complexities (such as co-occurring housing and mental health need) than elsewhere. The proportion of people who successfully complete treatment for drugs and alcohol use in Tower Hamlets has declined over time.

25 Rates of **poverty** are high and employment rates are low in the borough, particularly in older adults.

26 The coverage of cervical, breast and bowel **cancer screening** is persistently low in the borough, and coverage of cervical and breast screening has fallen sharply since the pandemic.

27 **Flu vaccination** uptake is decreasing year on year, leaving the population vulnerable.

INTRODUCTION



Overall, how healthy is Tower Hamlets?



Life Expectancy and Healthy Life Expectancy (HLE) give us some idea of the overall health of the population in Tower Hamlets. Female life expectancy is currently at 83 years and male is 80 years (2018-20). This has been gradually increasing over the last ten years, and the gap with England and London averages has narrowed, albeit more for males than females.

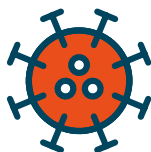
HLE is a measure that considers both life expectancy, and people's self-reported feelings of good health. This gives a measure of how many years of a person's life they are likely to be in good health for. While HLE for males in Tower Hamlets has increased from around 55 years ten years ago to around 65 years in the most recent data, for females this has only risen by about 3 years, from around 55 ten years ago to about 58 now.

This report will look in more detail at this gap and what factors may be driving it. It will take a lifecourse approach to reviewing the data by looking at key measures of health at different times in people's lives. And it will review not only measures of health, but also measures of the causes of ill health, and the 'causes of the causes', or the wider determinants of health. Finally, it will consider how well the borough is protecting and promoting health at different times in people's lives.

Where are we now?

This report takes a helicopter approach to data on the state of health in Tower Hamlets. It will review where the borough has been, where it is now, and make comparisons with London and England averages.

The COVID-19 pandemic



This report will take a look at COVID-19 in Tower Hamlets and quantify some of the impact on the borough. It will consider the health inequalities exacerbated by the pandemic, and how the pandemic and the response to it has impacted on people's lives.

WHO LIVES IN TOWER HAMLETS

The Census undertaken in 2021 recorded the population of Tower Hamlets to be around 310,000. This represents an increase of around 22% on the 255,000 people recorded in the 2011 Census. This makes Tower Hamlets the fastest growing Borough in London. Tower Hamlets had the 4th highest proportion of males in England and Wales and was one of only 11 local authority areas where males formed the majority of residents.

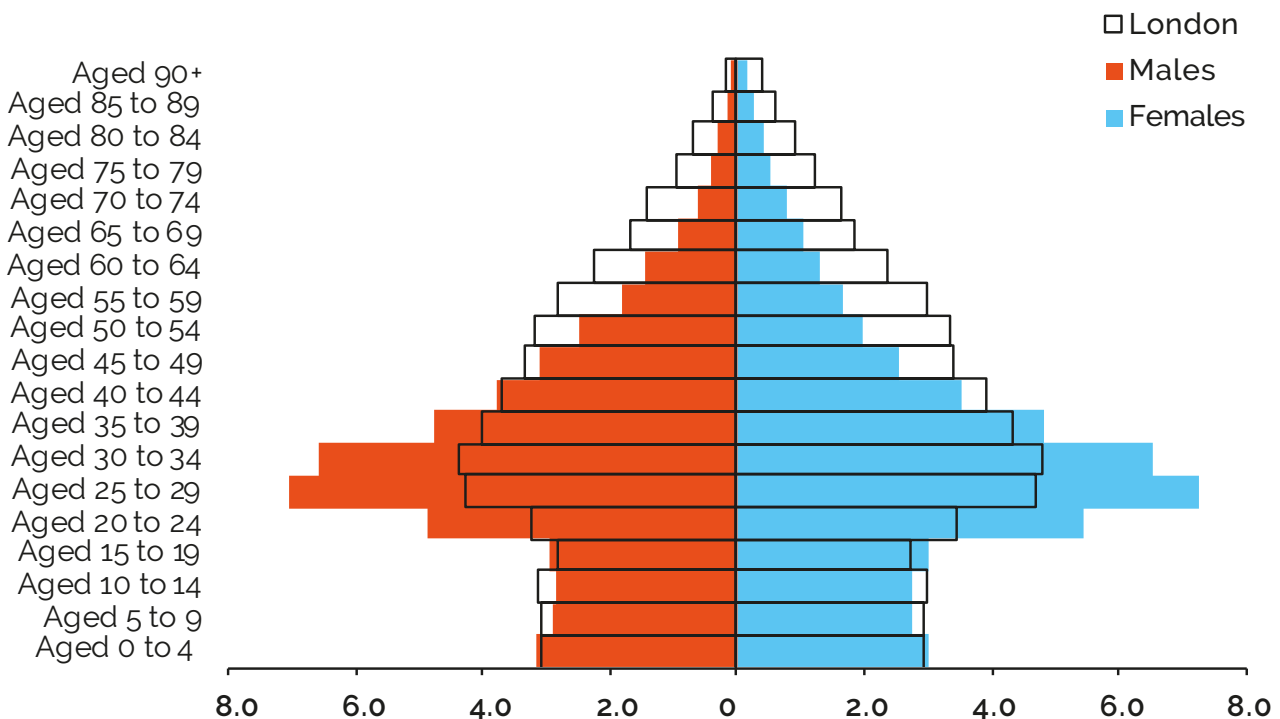


The Census population is slightly lower than the last mid-year population estimate which was around 332,000. This difference is likely to be explained by several factors including changing patterns of migration due to the COVID-19 pandemic and Brexit, in addition the number of babies being born in Tower Hamlets has also been reducing.

In the 2021 Census, numbers of children, working age adults and older people in Tower Hamlets have all increased since the 2011 census. The largest proportionate rise is in the working age population (25% increase). The rise in children and older people is not as great, meaning the proportion of these populations has reduced.

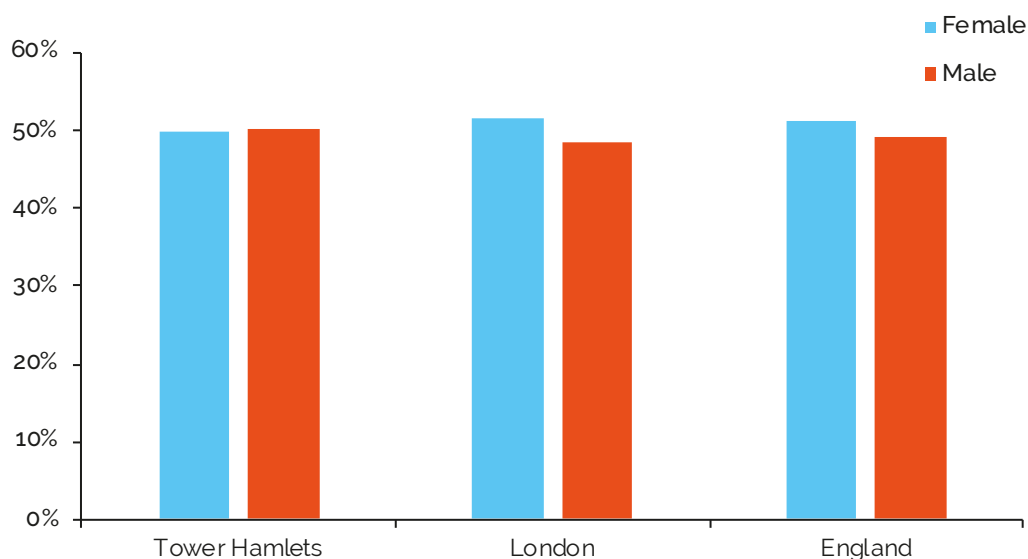
The population of Tower Hamlets is younger than the London and England average with a greater proportion of people aged 20-39 when compared to London. In the younger age bands, there is a similar proportion of the population, and in the older age bands there is a lower proportion of people when compared to London.

Figure 1: Tower Hamlets population, Census 2021



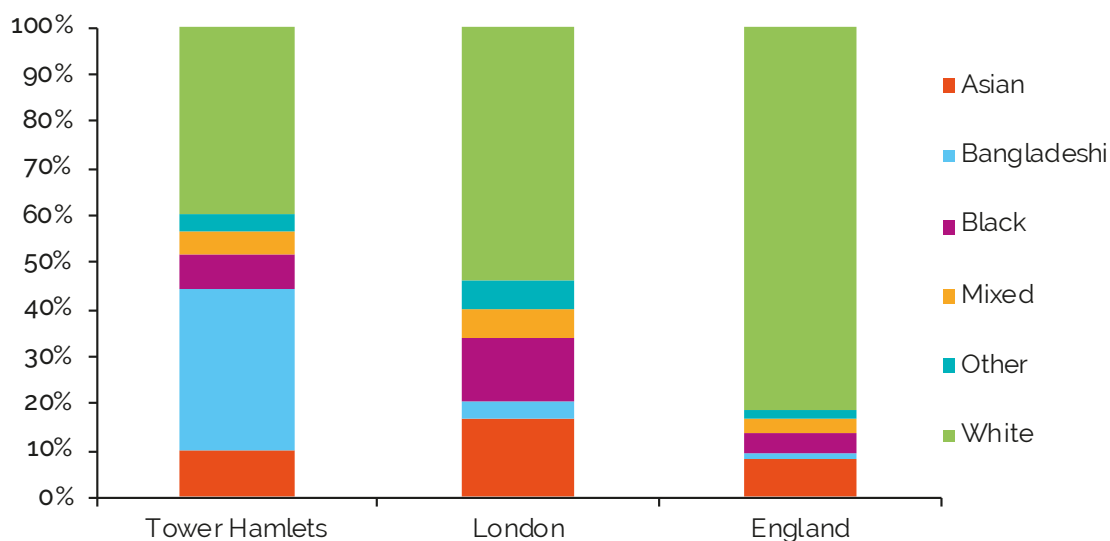
The 2021 Census shows Tower Hamlets is one of six local authorities in England which have a higher proportion of males than females. 155,900 males (50.2%) and 154,400 females (49.8%) live in the borough.

Figure 2: Population proportion by gender (Census 2021)



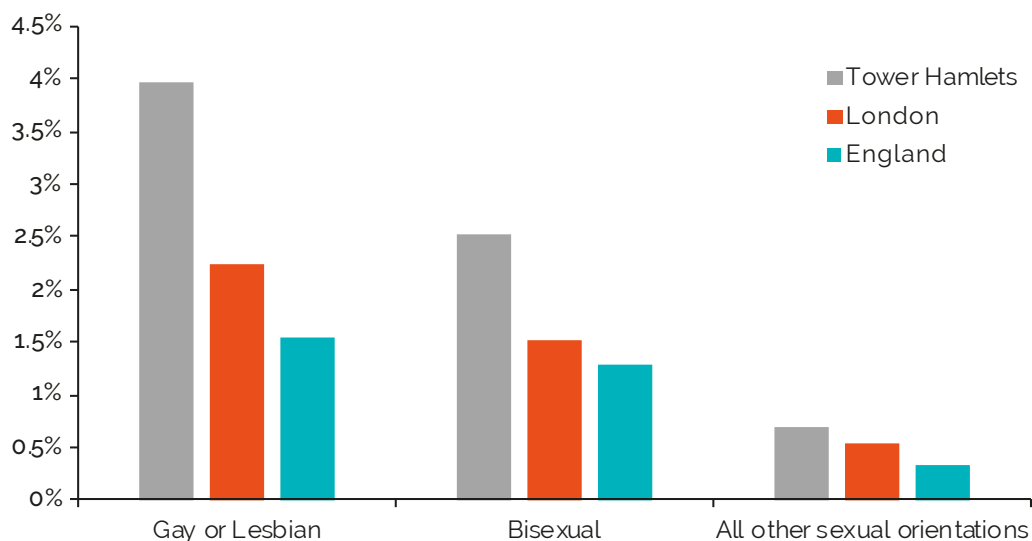
Tower Hamlets is more ethnically diverse than England and London. Around 40% of the population in Tower Hamlets is White compared to around 53% in London and around 82% in England. Around 34% of the population in Tower Hamlets is Bangladeshi.

Figure 3: Census 2021 population by ethnicity



Tower Hamlets is also more diverse than England and London in sexual orientation. Overall, around 83% of the population in Tower Hamlets are straight or heterosexual compared to 86% in London and 89% in England. The level of non-responders to this question was greater in Tower Hamlets and London at around 10%, while in England the non-response rate was 7.5%.

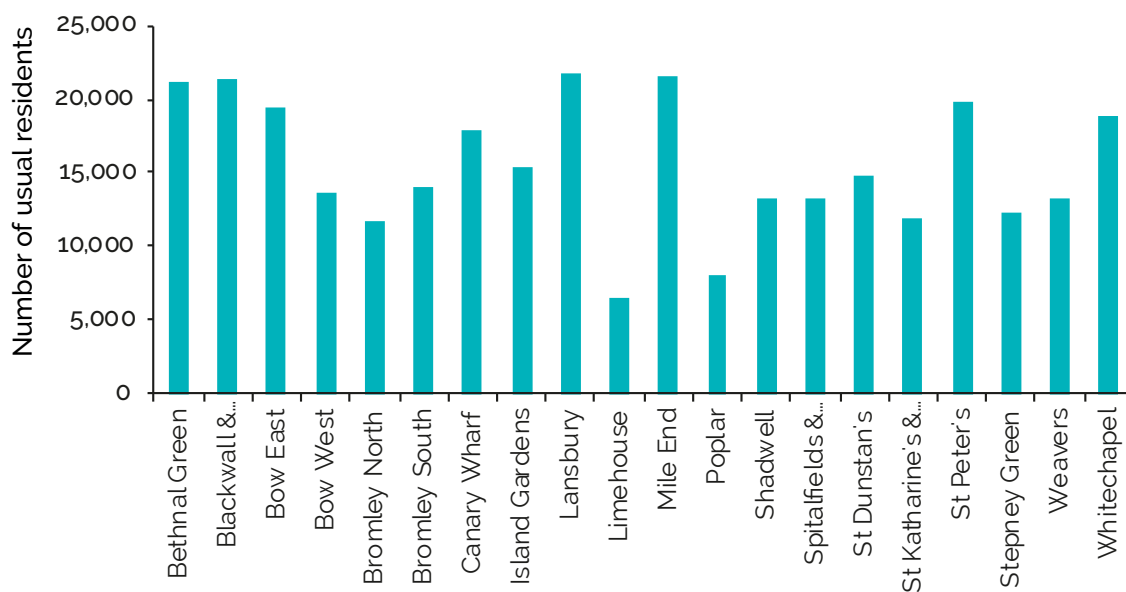
Figure 4: Population proportion by gender (Census 2021)



Within Tower Hamlets the following analysis by ward shows how the demographics of the population vary across the Borough, understanding this variation and how it may impact outcomes helps to plan services to meet the needs of the population.

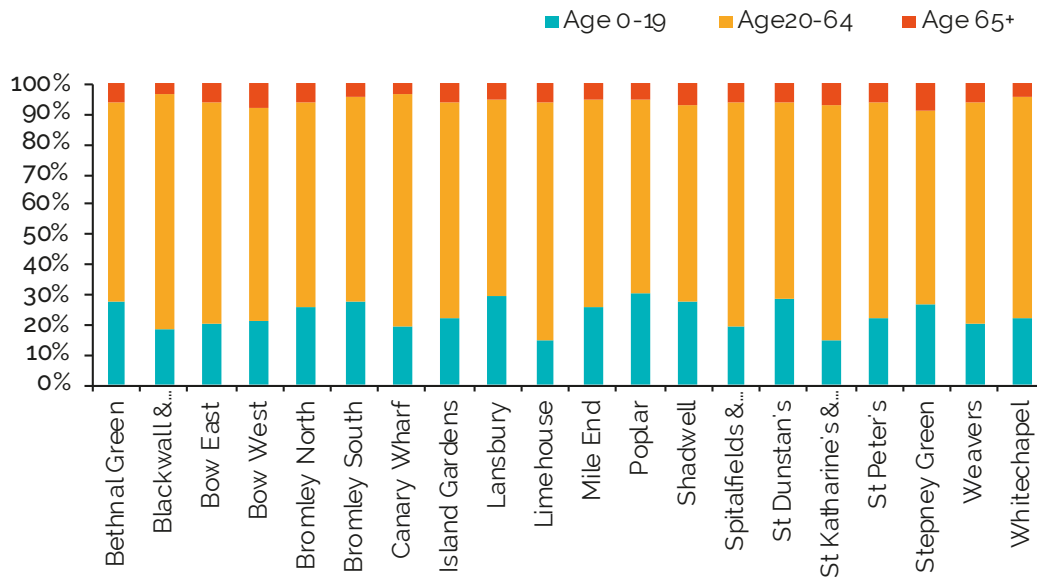
Lansbury, Mile End, Blackwall & Cubitt Town and Bethnal Green are the wards with the largest populations. All 4 have populations in excess of 21,000 people. Limehouse and Poplar have the smallest populations within the Borough at less than 10,000 people

Figure 5: Population by ward



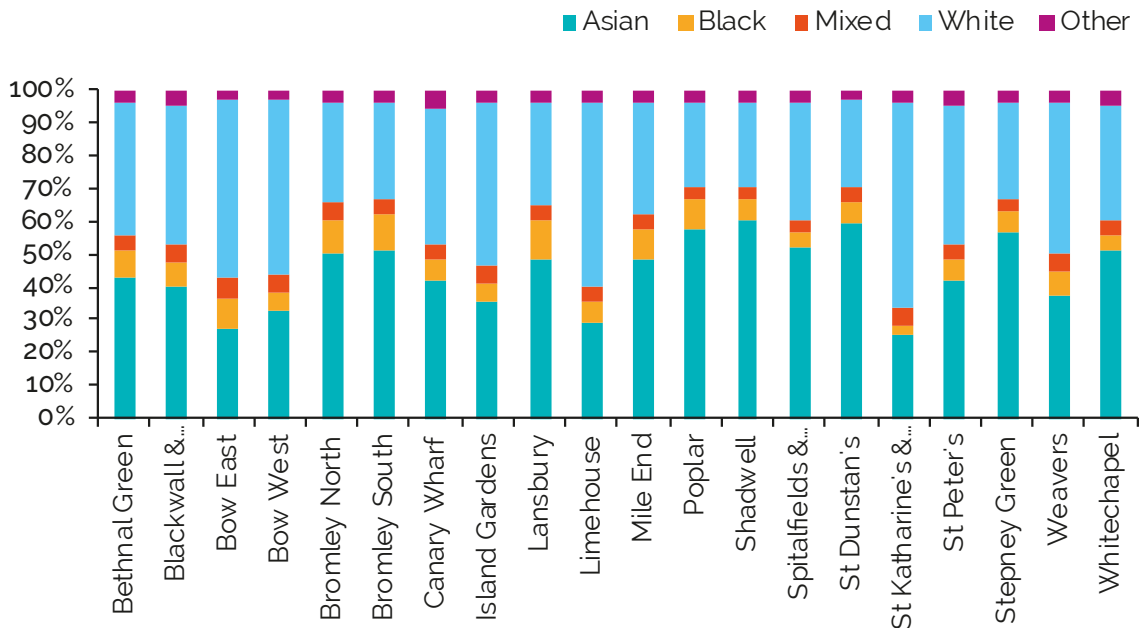
There is variation across the borough in terms of the age breakdown of the population, in Poplar over 30% of the population are aged under 20, in Limehouse nearly 80% of the population are aged 20-64 and Stepney Green has the highest proportion of resident aged 65 and over at around 8.5%

Figure 6: Age proportion by ward



Ethnicity also varies by ward. Limehouse and St. Katherine's & Wapping have the highest proportion (over 55%) of the population with a White ethnicity, while Poplar, Shadwell, St. Dunstan's and Stepney Green have the highest proportion (over 55%) of the population (over 55%) of the population with an Asian ethnicity.

Figure 7: Ethnicity proportion by ward



IMPACT OF COVID-19

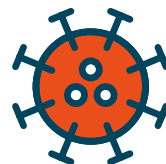


Direct impact of Covid-19

The COVID-19 pandemic has had a major direct and indirect impact on the health and wellbeing of the population of Tower Hamlets. The direct impact of the pandemic can be seen in the following numbers which are to 31st March 2022:

- **2.2 million COVID tests were undertaken** and reported by residents of Tower Hamlets, this is average of 6.7 tests per resident.
- **103,414 cases of COVID-19 were confirmed** in Tower Hamlets, which is a rate of 311 per 100,000 population. Around 5,500 of these infections were suspected re-infections which means around 29% of the Tower Hamlets population has tested positive for COVID-19 at least once.
- **480 people are known to have died** within 28 days of a positive COVID-19 test. This is a rate of 145 per 100,000 population, which is lower than the London and England averages.

- **608 people had COVID-19 noted as a cause of death** on their death certificate. This is a rate of 183 per 100,000 population, which is lower than the London and England averages.



- **237,681 people had at least a first dose of a COVID-19 vaccine.** This is around 67% of the eligible population. Around 90% (215,000 people) of these people have had a second dose meaning around 61% of the eligible population have had at least 2 doses of a vaccine. 64% (137,975 people) of those having had 2 doses have also had an additional third/booster dose of a vaccine.
- Data from the Office for National Statistics (ONS) has suggested **3% to 12% of adults infected with coronavirus have symptoms 12 weeks after an initial infection**, this is Post COVID Syndrome (PCS) or sometimes called "Long COVID". The data further suggests that in around two-thirds of these cases the symptoms are affecting their ability to perform day-to-day activities.



Indirect impact of Covid-19

The indirect impacts of the pandemic are wide ranging from delays in diagnosis and treatment for patients not suffering from COVID-19, interruption in education, increased mental health challenges and changes in lifestyles such as increased alcohol consumption or smoking. In some cases the impact may not be understood for many years while some are impacting immediately. The following presents a summary of some of the impacts we may see now and in the future:

- In July 2022 **121,000 people have been waiting more than 18 weeks for treatment** at the Barts Health NHS Trust, with around 20,000 of them waiting more than a year.
- In May 2019 there were around **9,100 people claiming out of work benefits** in Tower Hamlets, this jumped to over 21,000 in May 2021 and has subsequently fallen back to around 13,800. This suggests that around 4,700 more people are claiming out of work benefits than before the COVID-19 pandemic.

- Performance in the statutory assessments at the end of primary school shows in 2021-22 around **64% of children attained the expected standard in maths, reading and writing.**



This is a reduction on the 72% seen in 2018-19 the last year of formal assessment prior to the pandemic. A reduction was also seen in London and England, although in London the reduction was not as great as that seen in Tower Hamlets.

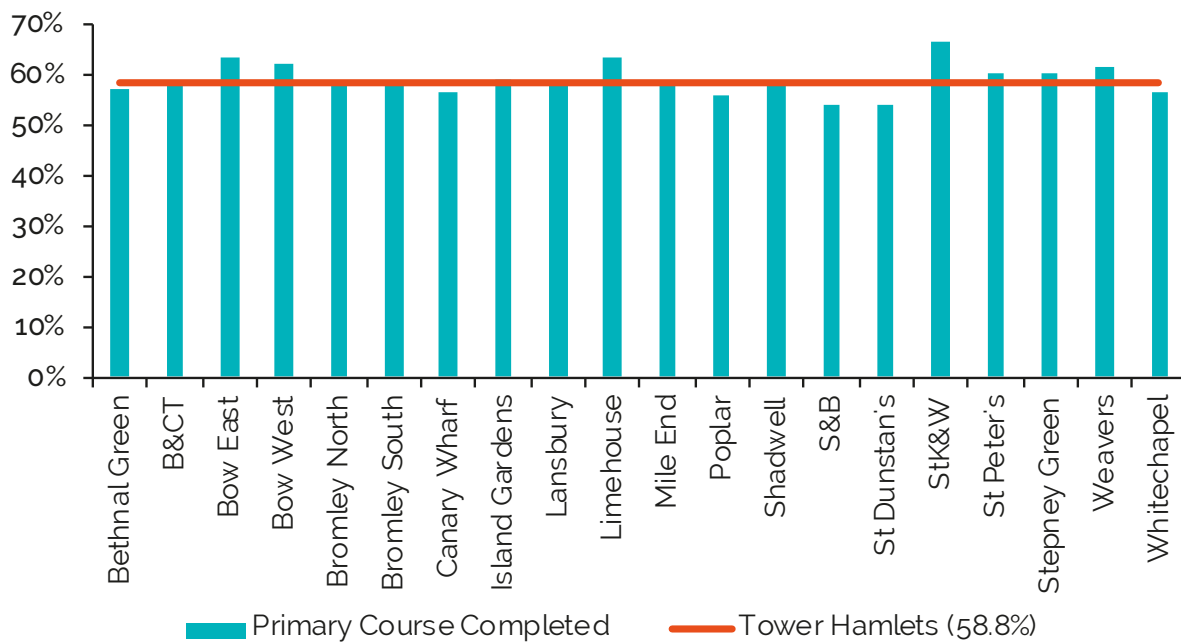
- The Centre for Mental Health COVID-19 Forecast Modelling Toolkit estimates additional demand from **46,500 adults for mental health services** within Tower Hamlets.

Vaccination



Vaccination uptake varies within Tower Hamlets. The following charts show the uptake of a primary course of COVID-19 vaccines by Ward, Ethnicity and Deprivation.

Figure 8: Covid-19 Vaccination uptake (primary course, %)

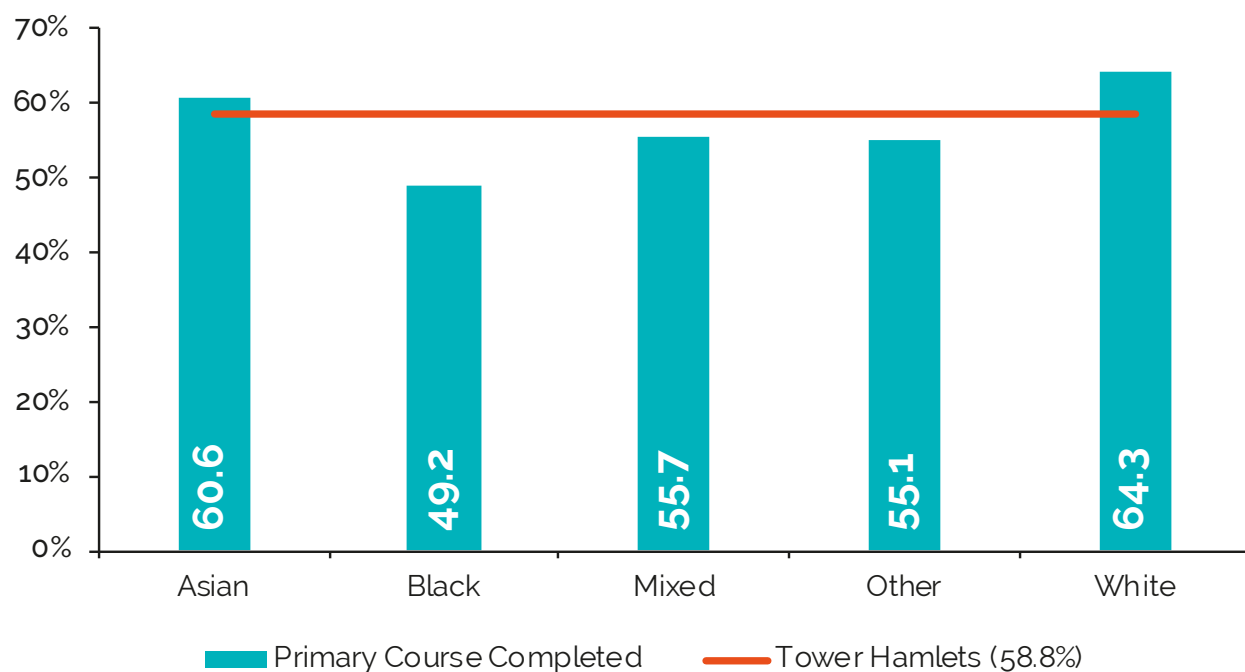


The uptake varies from a low of around 54% in Spitalfields & Banglatown to around 67% in St. Katherine's & Wapping.

Figure 9: Covid-19 Vaccination uptake by indices of multiple deprivation National Quintile (primary course, %)



Figure 10: Covid-19 Vaccination uptake by ethnicity (primary course, %)



Vaccination uptake is slightly lower in more deprived areas than in more affluent areas, however the gradient is relatively small. Less than half of people from a Black ethnicity have completed a primary course of COVID-19 vaccine, while over 60% of people from White or Asian ethnicities have had a primary course of vaccination.

HOW HEALTHY ARE RESIDENTS IN TOWER HAMLETS?

Life expectancy



Female Life Expectancy is currently at 83 years and male is 80 years. This has been gradually increasing over the last ten years, and the gap with England and London averages has narrowed, albeit more for males than females. .

Figure 11: Trend in female life expectancy at birth

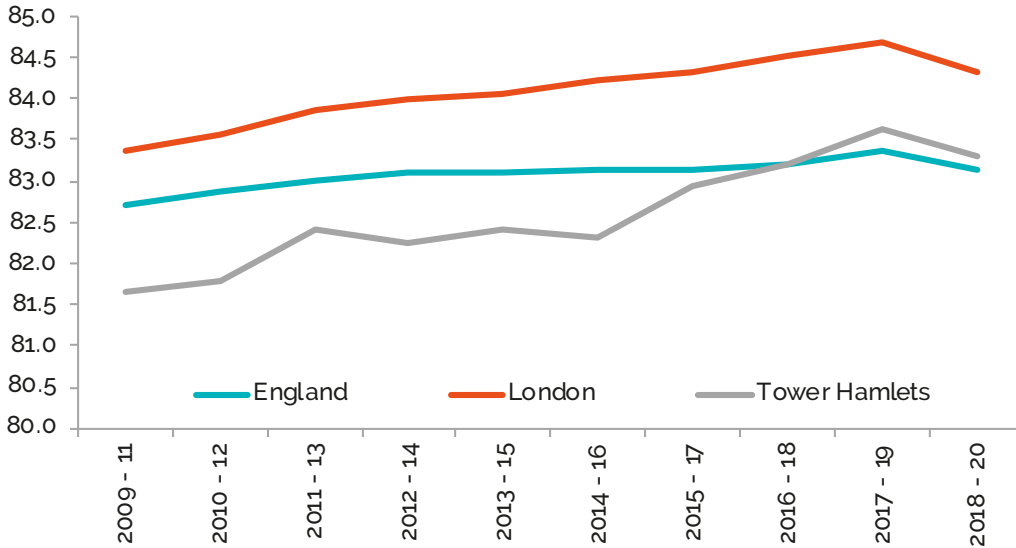


Figure 12: Trend in male life expectancy at birth



What is healthy life expectancy?

Healthy life expectancy at birth is an estimate of the average number of years babies born this year would live in a state of 'good' general health if mortality levels at each age, and the level of good health at each age, remain constant in the future. Similarly, healthy life expectancy at age 65 is the average number of remaining years a man or woman aged 65 will live in 'good general health' if mortality levels and the level of good health at each age beyond 65 remain constant in the future.



The healthy life expectancy measure adds a 'quality of life' dimension to estimates of life expectancy by dividing it into time spent in different states of health. Health status estimates are based on the following survey question; 'How is your health in general; would you say it was... very good, good, fair, bad, or very bad'. If a respondent answered 'very good' or 'good' they were classified as having 'good' health. Those who answered 'fair', 'bad', or 'very bad' were classified as having 'not good' health.

Taken from: www.gov.uk/government/publications/health-profile-for-england/chapter-1-life-expectancy-and-healthy-life-expectancy#main-messages

Healthy life expectancy



Male healthy life expectancy has improved over the last 10 years and is now similar to the average in England. Female healthy life expectancy is lower than males which is the opposite of the picture seen in England and London. This is partly because female healthy life expectancy has remained broadly similar for the last 10 years. It is also significantly worse than the England average.

Figure 13: Trend in female healthy life expectancy at birth

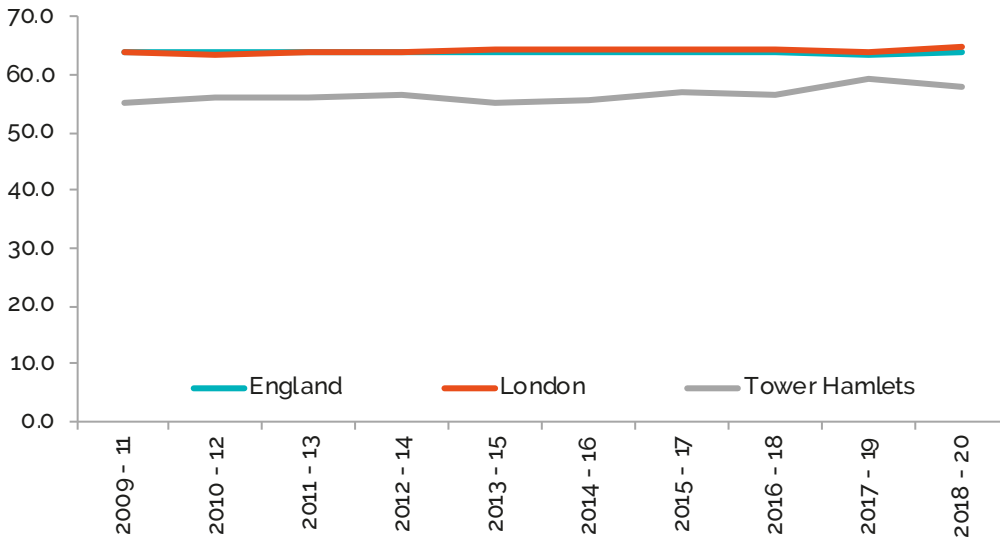
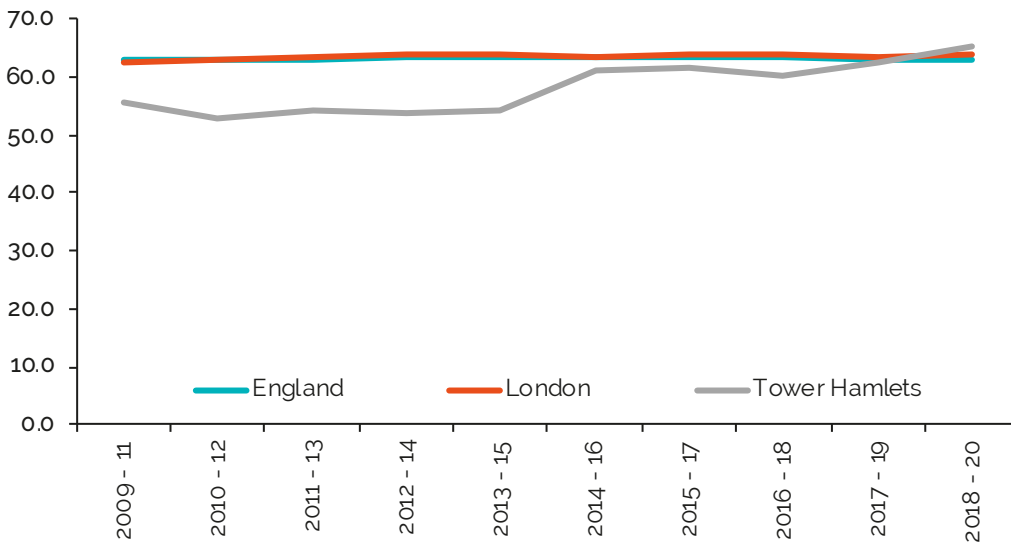


Figure 14: Trend in male healthy life expectancy at birth



Life expectancy at birth is an estimate of how many years a child born today is likely to live if they share the current health characteristics of the population. Healthy life expectancy is an estimate of how many years a child born today would be expected to live in good health. It is determined by two factors:

- How long people are expected to live (life expectancy).
- How people rate their health (self-perceived health).

In a place that is as complex and dynamic as Tower Hamlets, the available data can never fully capture the reality of the lives of people in the borough and the factors that are influencing their health. However, they can provide clues, particularly if the data are linked to what people themselves are saying.

How people rate their health is collected by a survey of the population undertaken by the Office for National Statistics (ONS). We know that how people rate their health will vary according to several factors such as any current or ongoing health condition, by age, gender and the health of others around the person being asked. The ONS publish the Life Expectancy (LE) and Health Life Expectancy (HLE) data by age band and the proportion of life lived in "good health" (HLE divided by LE). The charts show that for males in Tower Hamlets the percentage of life lived in good health is higher than the London and England average. For females in Tower Hamlets in the younger age bands the proportion of life lived in good health is lower than the England and London averages but increases again in the older age bands.

Figure 15: Proportion of life spent in 'good health' (%) - Males

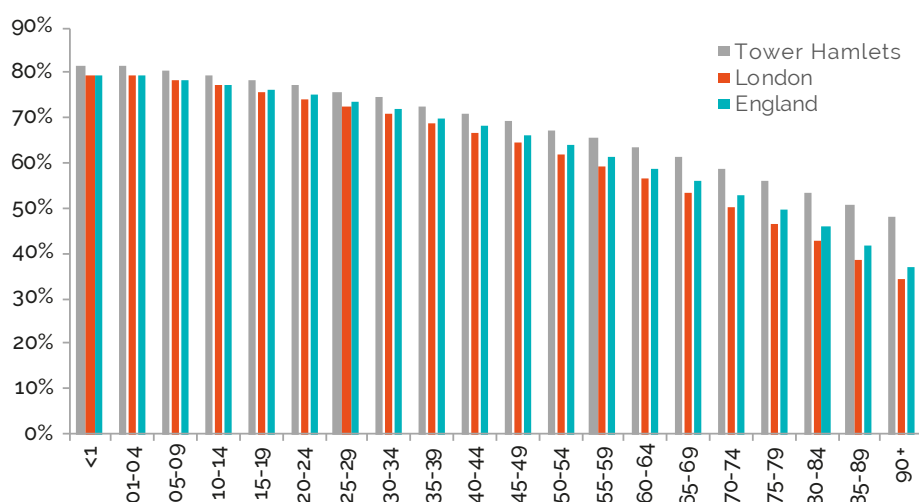
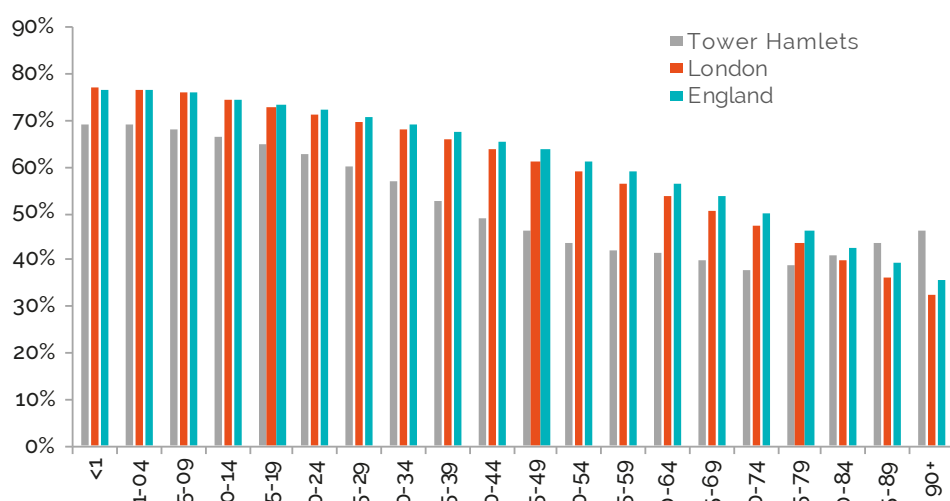


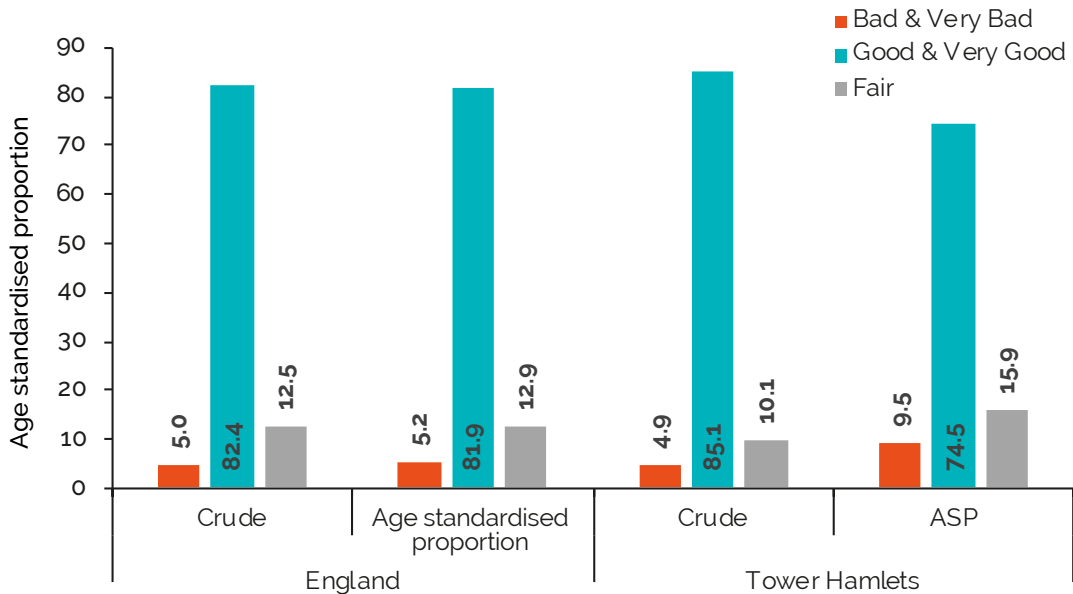
Figure 16: Proportion of life spent in 'good health' (%) - Females



General health

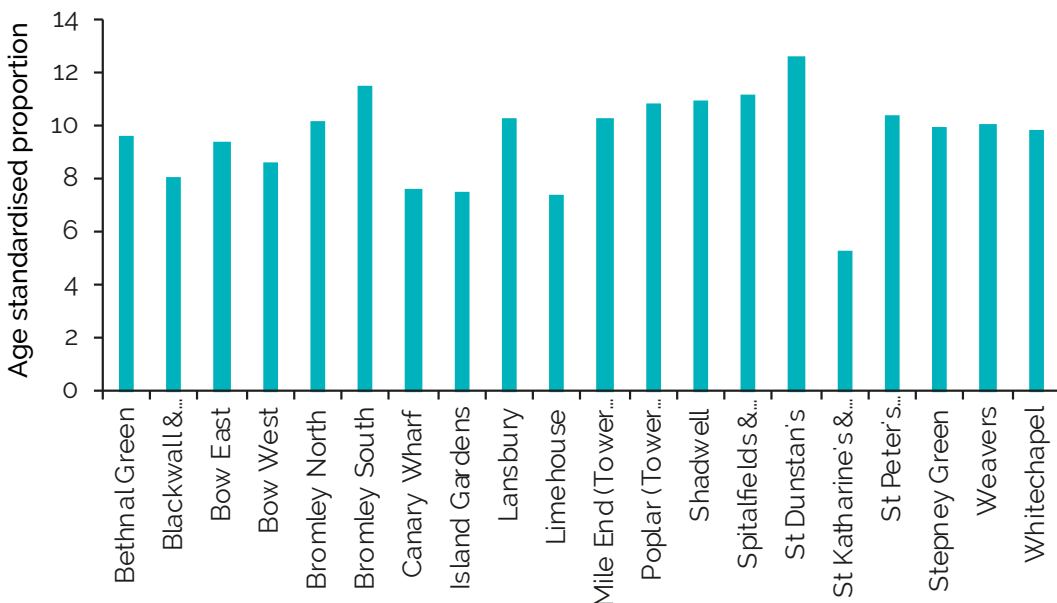
The 2021 census provides an updated picture on the self-reported general health of the population. Within Tower Hamlets around 85% of the population report their health as good or very good. This is similar to the England average, however when standardised for age the position in Tower Hamlets is worse than that seen in England. When analysing the numbers reporting their health as bad or very bad the crude rate in Tower Hamlets is similar to that seen in England, however when age standardised the proportion in Tower Hamlets nearly doubles to just under 10%.

Figure 17: General health status – Census 2021



Looking at the age standardised proportion of people who report their general health as bad or very bad by Ward we see marked differences. St Dunstan's has the highest proportion with just under 13% of people saying their general health was bad or very bad, while the lowest age standardised proportion is around 5.3% in St Katherine's & Wapping.

Figure 18: Age standardised 'not good health' by ward– Census 2021



Further analysis by Sex and Ethnicity shows substantial variation in the age standardised proportion of people reporting their health as bad or very bad.

Figure 19: General health status – Census 2021

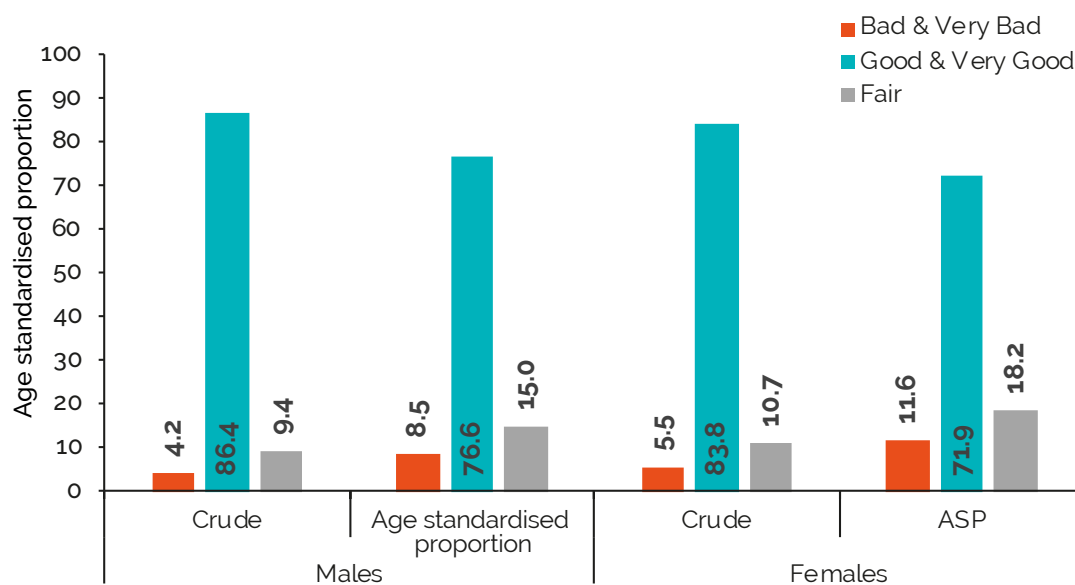
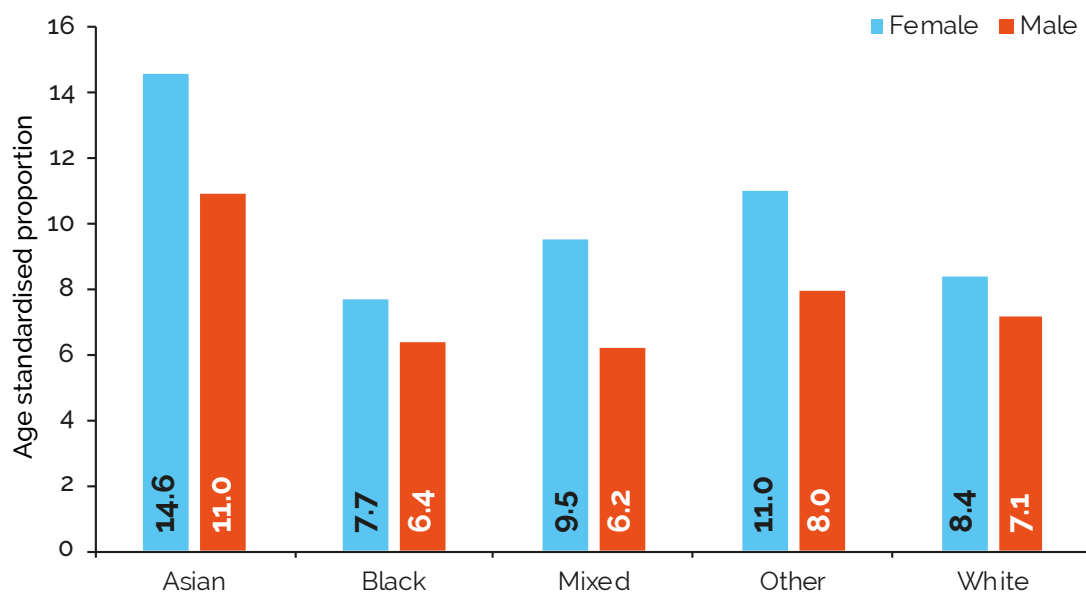


Figure 20: Age standardised 'bad or very bad' health by ethnicity – Census 2021



Premature mortality

Premature mortality, people who die before the age of 75, shows that for both males and females, rates of death in those under 75 continue to fall, however the rate in males has dropped faster than the rate in females.



Figure 21: Premature mortality from cancer by gender

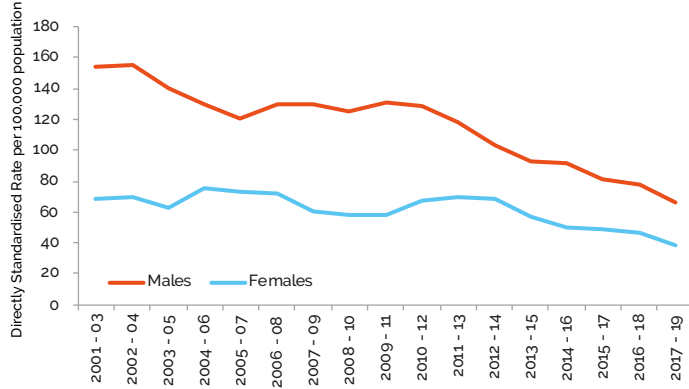


Figure 22: Premature mortality from respiratory diseases by gender

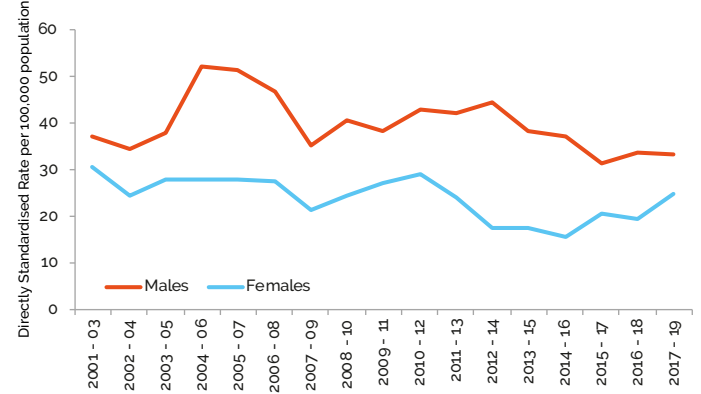


Figure 23: Premature mortality from cardiovascular diseases by gender

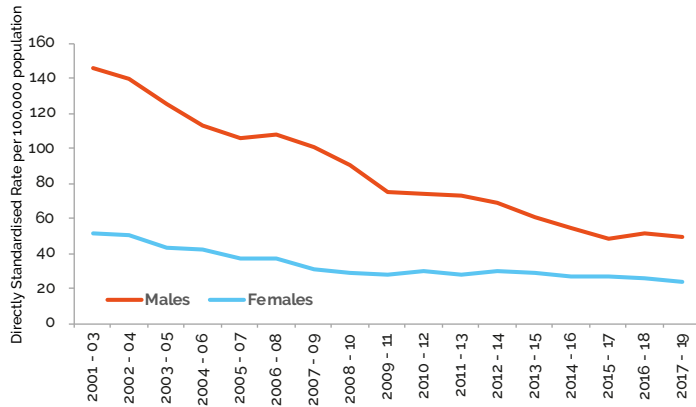
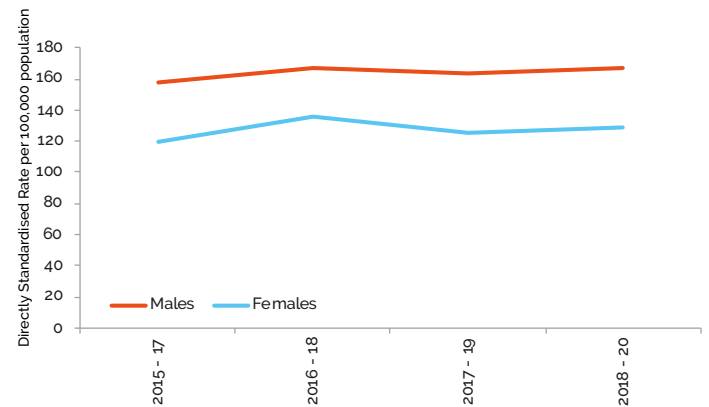


Figure 24: Premature mortality in those with SMI by gender



HEALTHY CHILDREN AND FAMILIES

The 2021 Tower Hamlets Health and Wellbeing Strategy has five ambitions, the second is that “children and families are healthy happy and confident”. This section of the report will cover the current situation for children’s health in the borough, highlighting those areas where Tower Hamlets is an outlier on various measures of health.

How healthy are children in Tower Hamlets?



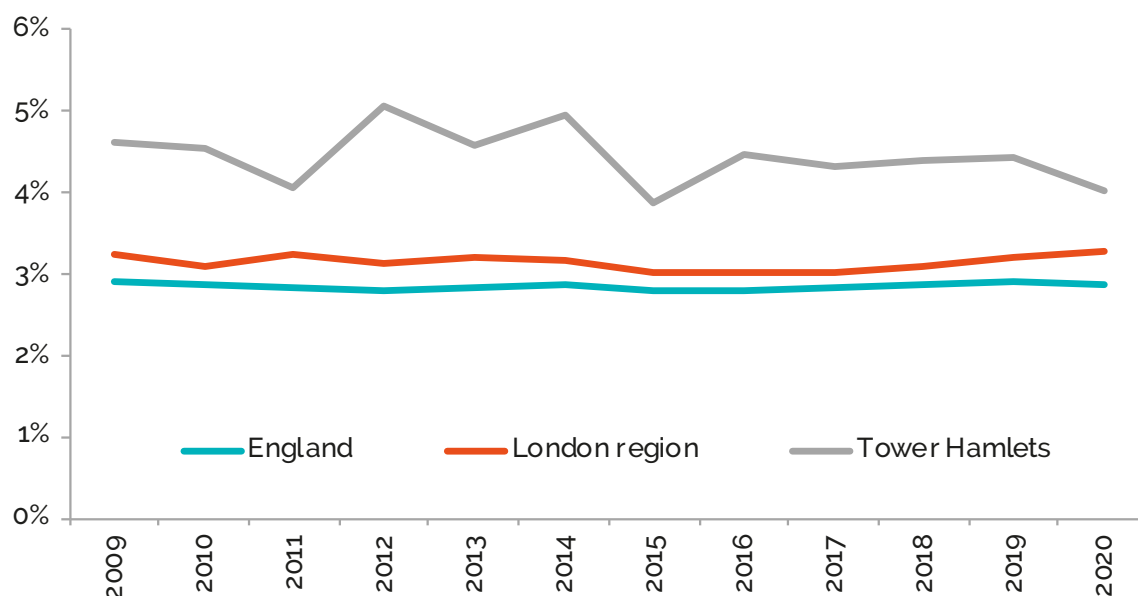
A review of the data on child health in the borough reveals a mixed picture. Infant and child mortality rates are close to the England average. However, there are several indicators where Tower Hamlets is a significant outlier for children’s health:

- Babies born in Tower Hamlets are more likely to be born at a low weight than the London or England average.
- Despite concerted focus and action, childhood obesity rates have increased over recent years.
- The oral health of children in Tower Hamlets is significantly worse than the rest of London, with two in every five children in Reception having visually obvious dental decay.

Babies born in Tower Hamlets are more likely to be born at a low weight than the London or England average.

Low birth weight is an important indicator of infant health and is linked to poorer maternal health in pregnancy. In Tower Hamlets, around 4% of babies are born at a low weight, defined as a birth weight of less than 2.5 kgs at term. This compares with an England average of 2.9% and a London average of 3.3% and is the 5th worst in London. This has been a persistent issue for the borough and has remained significantly worse than the London and England averages for the last 15 years. However, there has been a gradual drop in the rate over time. In 2012, 5% were born at a low birth weight, while the England and London averages have stayed the same over the same period.

Figure 25: Low birth weight (term babies) trend (% with weight less than 2.5kgs)

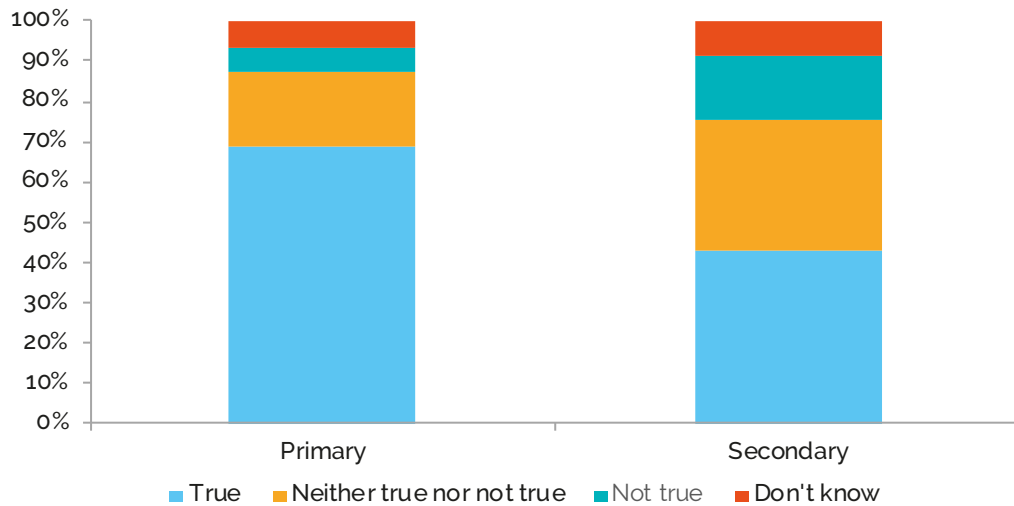


The proportion of children feeling happy with life



The pupil attitudes survey has been carried out in schools in Tower Hamlets over a number of years, the latest survey undertaken in 2022 shows a reduction in children reporting they are happy with life at the moment.

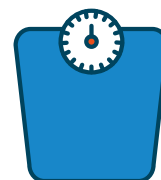
Figure 26: The pupil response "I feel happy about life at the moment" in 2022



In primary school pupils around two-thirds of pupils say they are happy with life at the moment which is a reduction from around three quarters in the last survey. Around two fifths of secondary school pupils report they are happy with life at the moment. Around a third of secondary school pupils report they are neither happy or not, this is double the proportion in primary school pupils.



Despite concerted focus and action, childhood obesity rates have increased over recent years.



Each year, children are weighed and measured in both Reception Year and Year 6 in schools nationwide as part of the National Child Measurement Programme. The 2021-22 data shows that 20.4% of children in Reception in Tower Hamlets are overweight or obese, compared to 22.3% in England and 21.9% in London. However, the difference for the borough widens by Year 6, by which time 45.4% of children are overweight or obese, compared to an England average of 37.8% and a London average of 40.5%.

Figure 27: Reception prevalence of overweight trend

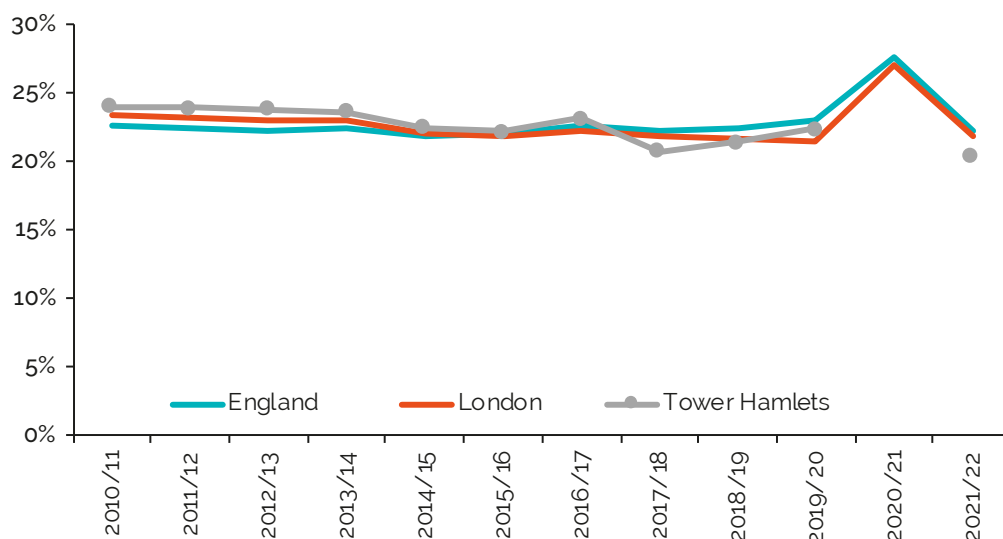
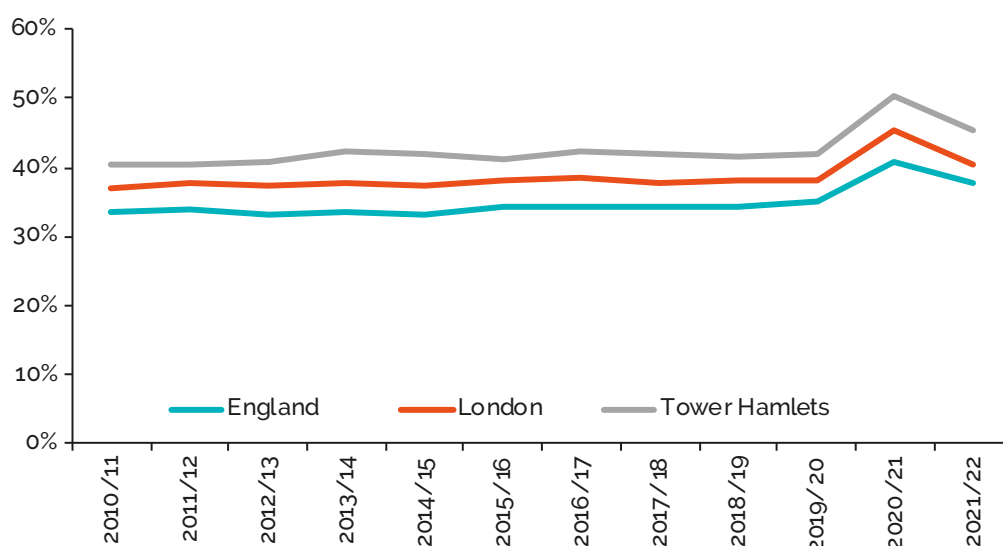


Figure 28: Year 6 prevalence of overweight trend



*Due to issues with weight and measuring children during the pandemic the 2020-21 data for reception has not been published.

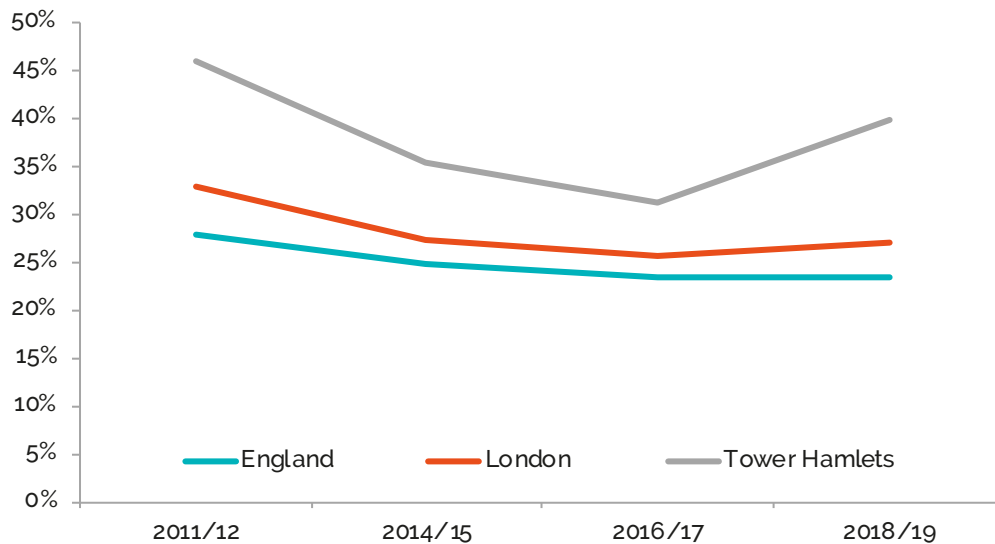
Data from the measurements taken during the pandemic are starting to show an even worse picture for children's weight in the borough. The latest data suggests that some of the increase in weight seen during the pandemic has started to reduce. Analysis of the locally available data is helping to guide action.

The oral health of children in Tower Hamlets is significantly worse than the rest of London. Two in every five children in Reception having visually obvious dental decay.



In 2018/19, 39.8% of children aged five in Tower Hamlets had visually obvious dental decay. This is the 3rd worst rate in London and compares to a London average of 27%, and an England average of 23.4%.

Figure 29: Children (age 5) with visually obvious tooth decay (%)



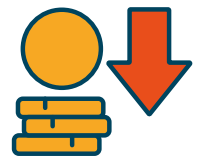
The most recent collected data on this indicator shows a significant increase in Tower Hamlets after a previous narrowing of the gap with the London and England averages.

What are the causes, and the 'causes of the causes', of poor child health in Tower Hamlets?

If we look at the measures for causes of ill health in children, Tower Hamlets is typically average, and often better than average. For example, women in Tower Hamlets are significantly less likely to be smokers when they give birth than the national average and babies in Tower Hamlets are more likely to be breastfed at birth than the national average. However, when we consider what Professor Michael Marmot has termed the "causes of the causes", or wider social determinants of health, Tower Hamlets is more of an outlier. In particular:

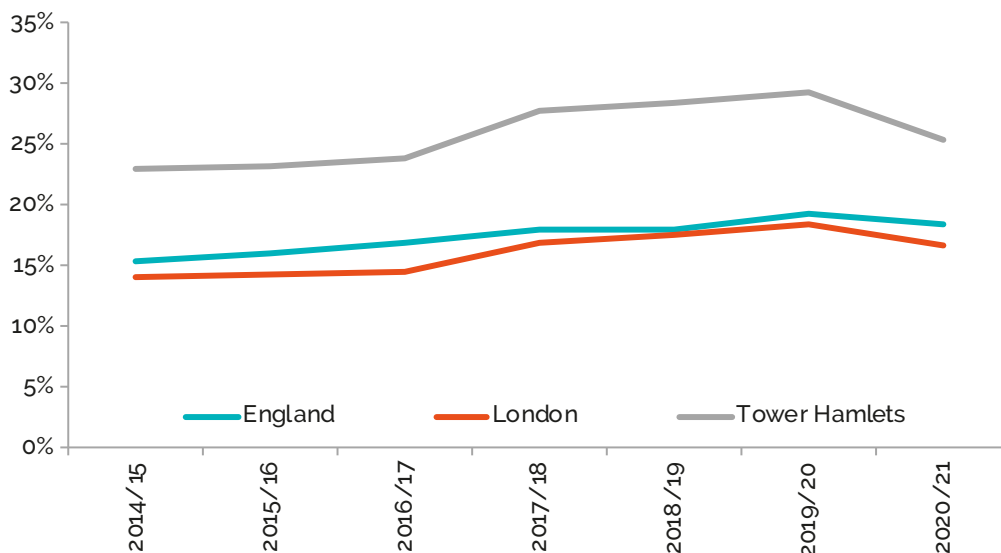
- A quarter of children in the borough grow up in relative low income families, the highest rate in London
- School readiness in Tower Hamlets is poorer than the London and England average, with 30% of children assessed as having less than a good level of development at the end of their Reception year in school.

A quarter of children in the borough grow up in relative low income families, the highest rate in London.



In 2020-21, 25.3% of children in the borough were growing up in relative low income families. This is significantly worse than the London average of 16.6% and the England average of 18.5%. The most recent data is starting to show a narrowing of the gap with London and England, but the levels remain high, and are likely to have multiple impacts on the health of children in the borough.

Figure 30: Children in relative low income families (under 16, %)



School readiness in Tower Hamlets is poorer than the London and England average, with 30% of children assessed as having less than a good level of development at the end of their Reception year in school.



In 2018/19 about 70% of children were assessed as having a 'good level of development' (GLD) at the end of their reception year. Children achieve a 'good level of development' if they reach at least the expected standard across a range of personal, social and emotional development, physical development, and communication and language measures and this provides a sense of their 'school readiness'.

Figure 31: Good level of development at end of Reception (% females)

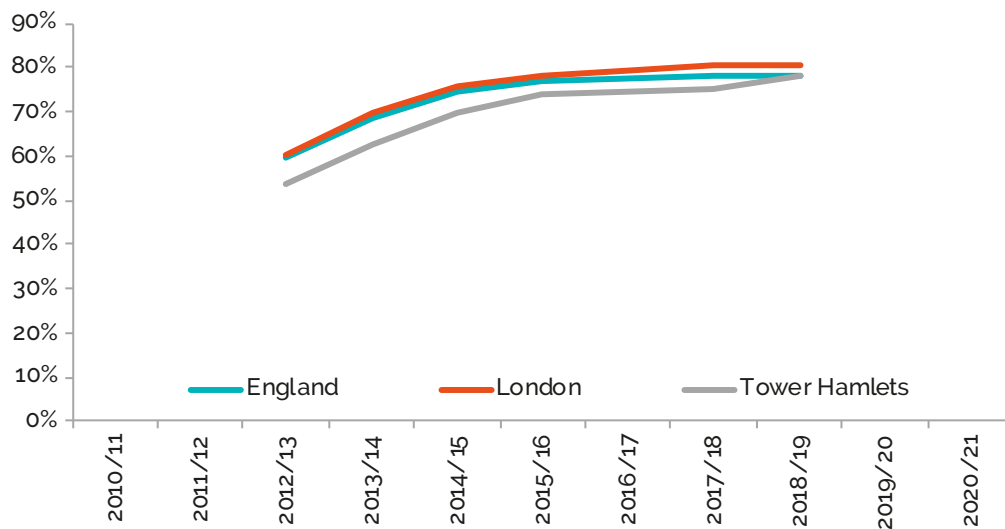
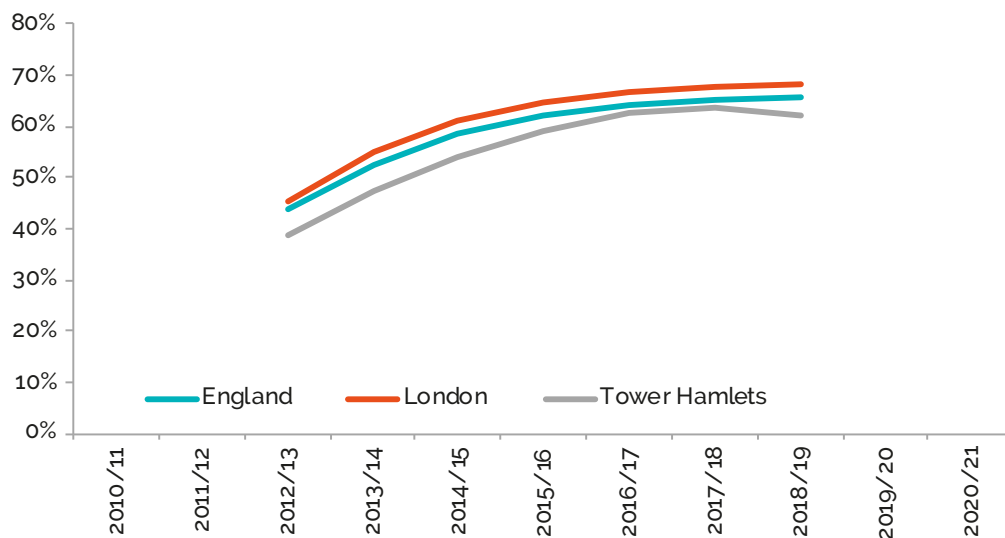


Figure 32: Good level of development at end of Reception (% males)



The differences are particularly stark between boys and girls at this stage, as demonstrated by the charts above and below. Girls have closed the gap with the London and England averages in recent years, with 78% of them achieving a GLD in the most recent data. However only 62% of boys are achieving a GLD, and the gap with the London and England averages is growing.

Figure 33: Good level of development at end of Reception (2018-19, %)



Early evidence indicates that the pandemic response, which closed early years settings for many, will have had an impact on children's development.

How well is Tower Hamlets protecting and promoting child health?

There are many interventions that contribute to children's health in the borough. For the areas where data is collected and reported nationally, Tower Hamlets does well on interventions that are important to child health. For example, the proportion of children who are seen by a Health Visitor as part of the healthy child programme is high, at over 99% for the visits that happen in the first year of a child's life.



However, reviewing data on childhood immunisations reveals that the borough is not reaching the important 95% 'herd immunity' figure recommended to ensure that children are protected from serious infectious diseases, such as polio, measles and diphtheria.

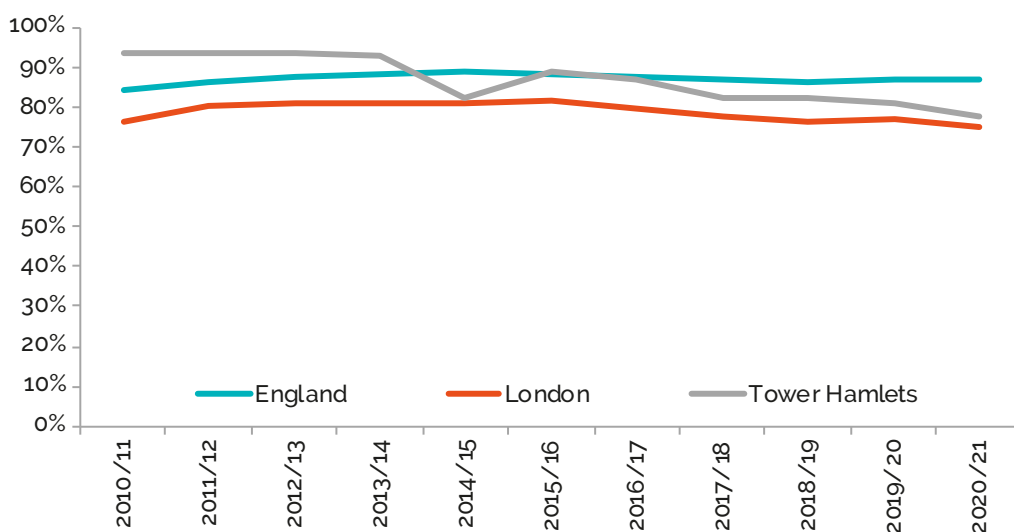
Tower Hamlets is falling short of the 'herd immunity' targets for childhood immunisations, and the trend has worsened in recent years.



The pre-school booster for Measles, Mumps and Rubella (MMR), assessed by looking at coverage when children are 5 years old, is often used as a proxy measure for how well an area is doing across the complexity of the childhood immunisations system.

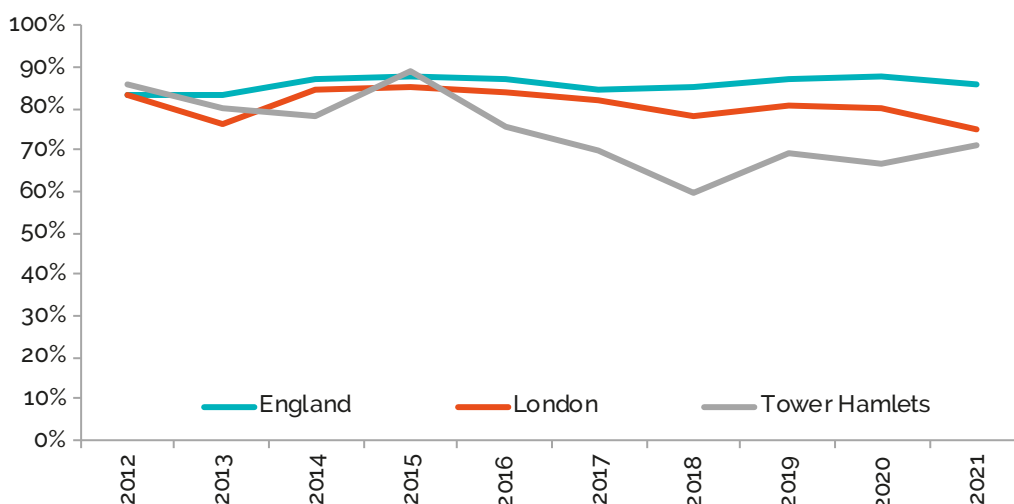
The chart below shows that Tower Hamlets was a positive outlier for MMR uptake 10 years ago, and was achieving the herd immunity figure of 95%. While Tower Hamlets still compares relatively favourably to the nearest neighbours in north east London, the coverage has now dropped to 77.3%. This is higher than the London average of 75.1% but has dropped significantly below the England average of 86.6%.

Figure 34: MMR vaccination uptake trend (two doses at 5 years old)

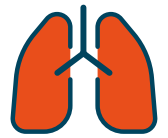


When looking at the data for whether children in the care system are up-to-date with their immunisations we can see that Tower Hamlets has fallen behind both the London and England averages in the last 10 years, with some narrowing of the gap in recent data.

Figure 35: Child in care immunisations

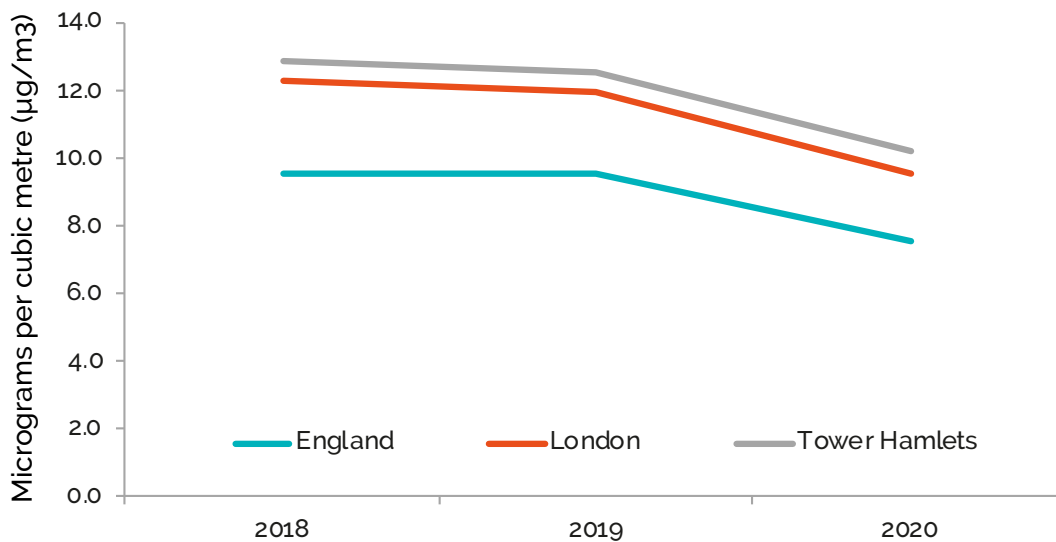


Tower Hamlets is a borough with worse air quality than London



Air quality affects health across the whole population but particularly impacts on children as their lungs develop. Evidence from studies conducted by Queen Mary University about Tower Hamlets children has shown that poor air quality affects their lung development. The chart below that Tower Hamlets has consistently had poorer air quality than London and this is likely to impact on the lung health of children in the borough. The reduction in 2020 is thought to be linked to the impact of lockdown.

Figure 36: Air pollution: fine particulate matter (PM_{2.5})



KEY HEALTH AND WELLBEING MESSAGES FOR CHILDREN AND FAMILIES

Maternity and early years (0-4)



Pregnancy and the first few years of a child's life are an age of opportunity. What happens during this time lays the foundation for every child's future health and wellbeing. It's an important time for a growing family too, there will be big changes in parents and siblings lives when a new baby comes along, and it's important to know how to look after yourself and where to get help.

KEY MESSAGES

- When you are pregnant eating well and taking vitamins, such as Vitamin D and Folic Acid, helps your baby grow and develop. You can get free vitamins and vouchers for healthy food through the [Healthy Start](#) scheme at your local [Children and Family Centre](#).
- Diseases such as measles and polio cause serious illness and sometimes death. [Immunisation](#) is one of the most important things you can do to protect your family's health. Immunisations will be offered to you when you're pregnant, and for your child when they are born.
- Breastfeeding will get your baby off to the best start, but it can be challenging, so get support from the [Baby Feeding Team](#), your Midwife or Health Visitor.
- From about 6 months your baby will be ready to [start eating healthy solid foods](#). Breast milk or formula will continue to be an important part of your baby's diet until they are two.
- Getting in the habit of regular toothbrushing from 6 months, or when baby's first teeth appear, will help your baby to have [healthy teeth and gums](#). Aim to register with a dentist around this time and to take your child every 6 months to help spot any issues early.
- It's ok to not feel ok when becoming a parent or growing your family. There are things we can do on a regular basis to keep our minds well – connecting with others, being active, learning, connect, giving and taking notice of our thoughts and feelings – these are known as the ['five ways to wellbeing'](#). But if you're worried more than usual, feeling overwhelmed, finding it hard to enjoy life or finding it difficult to cope, talk to your GP or health visitor about getting support.
- All parents need support from their community – it takes a village to raise a child. You can make friends and find services to help you with parenting at your local [Children and Family Centre](#).
- Advice and information about all services for children, young people and families in Tower Hamlets is provided on our [Local Offer](#) by the Family Information Service.

Children and young people (5-17)



As children grow their school and home environments have a big impact on how healthy they are now and in the future. As they move from home to school, into secondary school and onto further education or work their needs and your needs as a family, change. It's important to understand how you can help, and how you can get the support you need.

KEY MESSAGES

- Children and young people experience a lot of change, whether it's moving house, divorce, the loss of a loved one or starting a new school. Changes can be hard to navigate – **support is available through the council** to help you with this.
- At times your child might struggle with their feelings. It can help to let them know that it's ok not to be ok, and that you're there for them. There are things we can do on a regular basis to keep our minds well - connecting with others, being active, learning, connect, giving and taking notice of our thoughts and feelings – these are known as the '**five ways to wellbeing**'.
- Playing and physical activity, or just getting to school by bike or walking instead of in the car, are important ways for children and young people to keep physically and mentally well.
- Eating healthy meals together as a family and avoiding high fat, salt and sugar snacks will help your whole family to stay a healthy weight. Making small, affordable changes you can stick to as a family can have a big impact.



- As children become teenagers it's normal for them to start experimenting and taking more risks. If your child is struggling with alcohol or drug use, or you're worried about their sexual health, encourage them to **seek support**. Courses are available to help you talk to your child about these issues.
- In secondary school your child will be offered a number of **vaccinations**. For example, in Year 8 they will be offered a vaccine to protect them from cancers caused by HPV. Cervical cancer rates have been reduced by almost 90% in women in their 20s thanks to this vaccine.

HEALTHY ADULTS

Ambitions 3 and 4 of the 2021 Tower Hamlets Health and Wellbeing Strategy relate to the health of adults in the borough.

- **Ambition 3** is that "young adults have the opportunities, connections and local support they need to live mentally and physically healthy lives."
- **Ambition 4** is that "middle-aged and older people are enabled to live healthy lives and get support early if they need it – whether it is for their mental or physical health".

This section of the report will cover the current situation for adults' health in the borough, highlighting those areas where Tower Hamlets is an outlier compared to London or England, and considering where gender differences exist and may be contributing to the lower healthy life expectancy of women in the borough.

How healthy are adults in Tower Hamlets?



A review of the data related to adult health in the borough gives a mixed picture. Some measures show Tower Hamlets doing as well or better than London and England averages and have shown significant improvement in recent years. For example, the early death rate (deaths in under 75s) from cancer has seen a considerable improvement in recent years, with the 2017-19 data showing a rate of 116.6 per 100,000 which is better than the England average of 129.2 and the London average of 117.4. This has also shown a decreasing trend over the course of the last 20 years.

There are, however, several areas of adult health where Tower Hamlets is an outlier that are highlighted below:

- A larger proportion of females report their health to be poor or very poor than is the case for males. Women under the age of 75 in Tower Hamlets spend a lower proportion of their life in good health, than women elsewhere in London or England.
- Around a quarter of the adult population in Tower Hamlets have poor mental health, and the borough has the worst rate of premature mortality for people with severe mental illness in London; this is influenced by high premature mortality in the general population.
- Age-standardised rates for mortality and hospitalisation due to long-term conditions, like CVD, COPD and diabetes, is higher than national averages and treatment gaps for long-term conditions exist in the borough.
- Uptake of cancer screening services – particularly breast and cervical – has declined in the borough.
- Detected rates of infectious diseases, such as Tuberculosis and various sexually transmitted infections, are higher than average.
- Physical health outcomes and premature mortality for people with severe mental illness is higher in Tower Hamlets than elsewhere.



Around a quarter of the adult population in Tower Hamlets have poor mental health, and the borough has the worst rate of premature mortality for people with severe mental illness in London



The estimated prevalence of common mental disorders in Tower Hamlets is 22.8% in people over 16. This is the 3rd highest rate in London and higher than the England average of 19.9% and the London average of 19.3%.

The impact of long-term conditions on mental health in the borough is disproportionate. For example, while the levels of musculoskeletal problems (such as arthritis, back pain) in the borough is low due to the younger population, at around 9%, the proportion of those people with these condition reporting anxiety and depression is 29.2%, higher than averages for London (25.9%) and England (24.1%).

Tower Hamlets has the worst rate of early deaths (deaths under 75) in London for those with severe mental illness (SMI) at 146.9 per 100,000 compared to the London average of 102.5 and an England average of 103.6. The term SMI is used to describe people with mental health conditions that are very debilitating and reduce their ability to engage in life, such as schizophrenia, bipolar disorder or other psychotic illness. They are at increased risk of various long-term chronic conditions including obesity, asthma, diabetes, COPD and cardiovascular disease.¹

1. www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi

Figure 37: Premature mortality in those with SMI (Age standardised rate per 100,000 population)

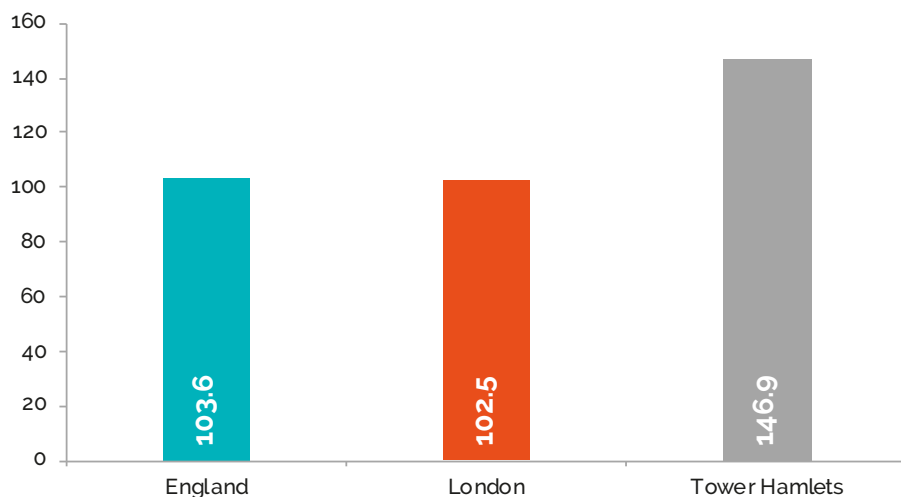


Figure 38: Premature mortality in those with SMI by gender (Age standardised rate per 100,000 population)

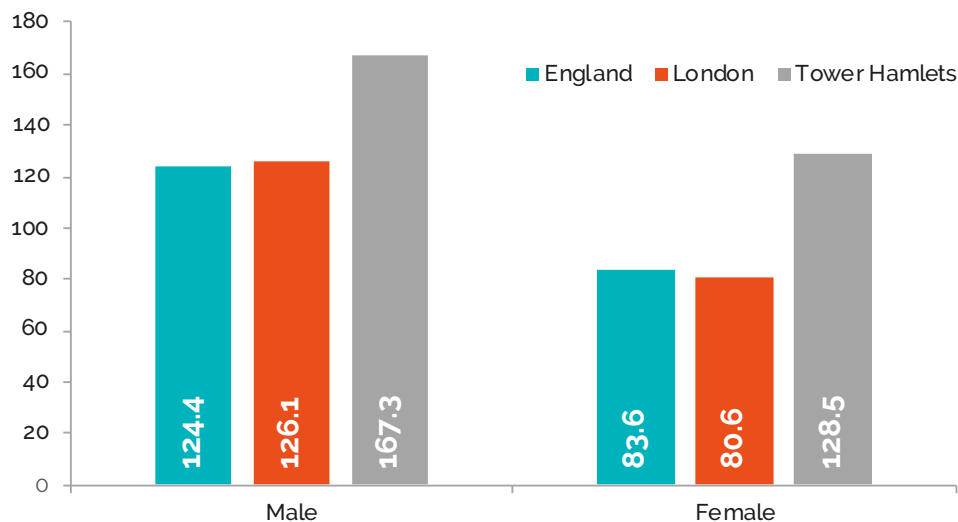
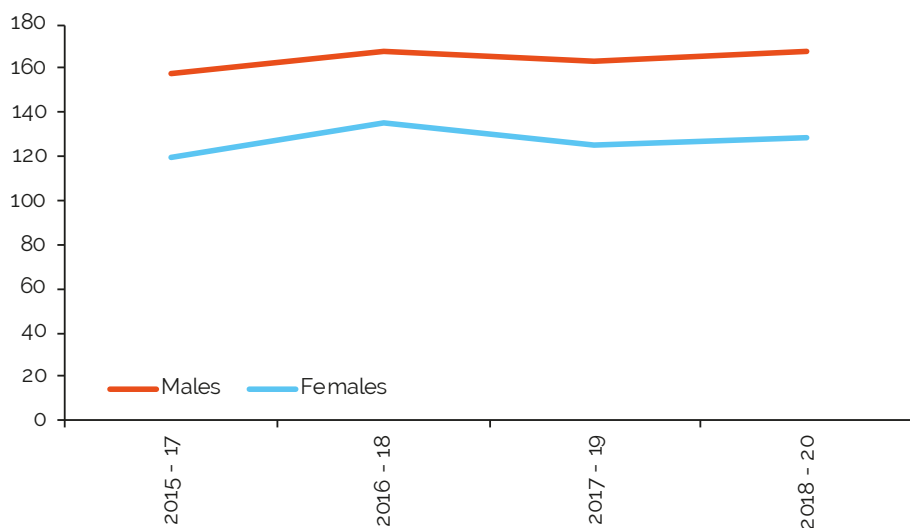


Figure 39: Premature mortality in those with SMI by gender (Age standardised rate per 100,000 population), Tower Hamlets trend over time.



While prevalence is relatively low due to the younger population, there are concerns around premature mortality and treatment gaps for long-term conditions in the borough.



The prevalence of various long-term conditions, including cancer and cardiovascular disease is relatively low in Tower Hamlets and in the case of CHD falling. As the national data is not age-standardised, this is due to the borough's younger than average population. For diabetes, although the prevalence is stable, it remains around the England and London averages. However once adjustments are made for our young age structure, the underlying risk of diabetes is higher in Tower Hamlets.

Figure 40: CHD: QOF prevalence (all ages)

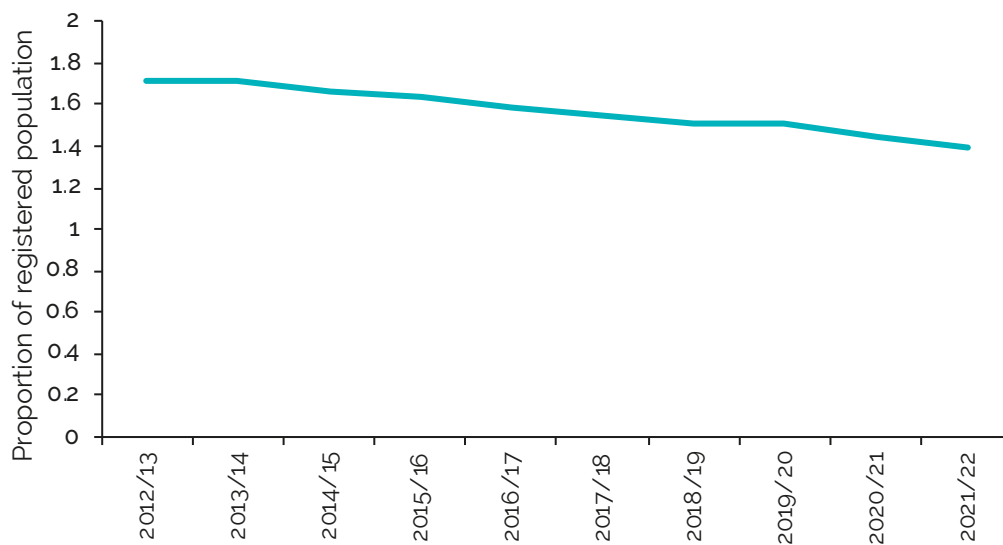
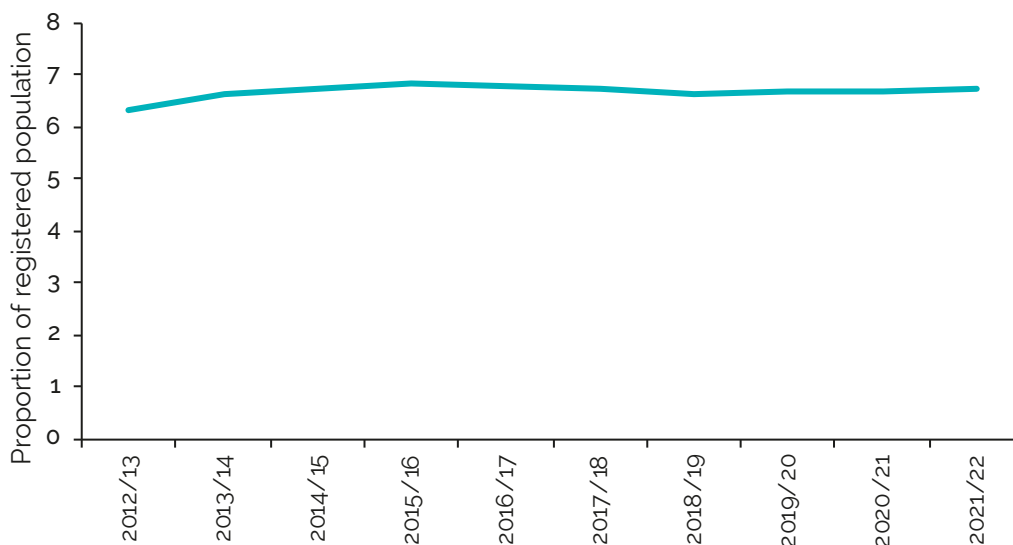
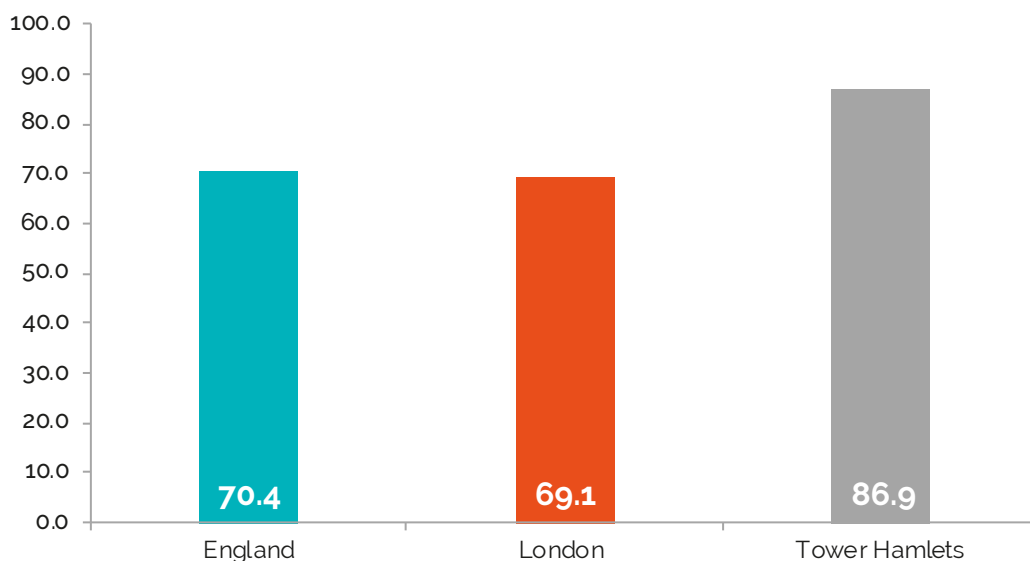


Figure 41: Diabetes QOF prevalence (17+ years)



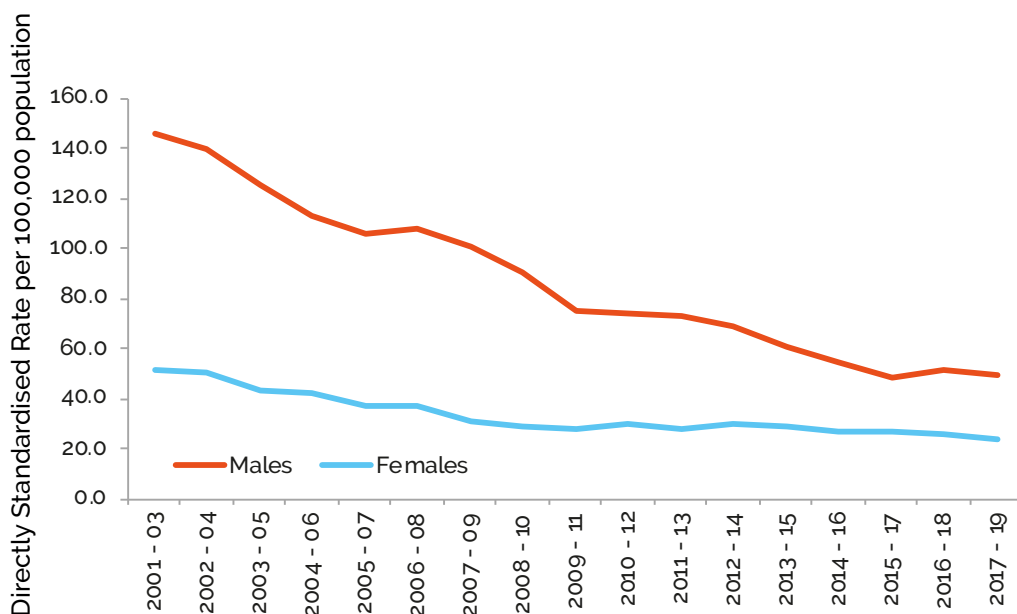
Early deaths data referred to in the first chapter of this report shows that Tower Hamlets has higher than average premature mortality (as measured by people under the age of 75) across a number of conditions. For example, the premature mortality rate for cardiovascular disease (heart disease and stroke) is 86.9 per 100,000 compared to London and England averages of 69.1 and 70.4 respectively.

Figure 42: Preventable premature CVD mortality (2017-19, Directly Standardised Rate)



The premature mortality rate for cardiovascular disease for women in the borough is the worst in London, and as the chart below shows, while this has dropped over the last 20 years, male premature mortality has dropped faster.

Figure 43: Premature mortality from cardiovascular diseases by gender



Additionally, a review of the data at Primary Care Network (PCN) level shows that when people are diagnosed with a long-term condition, clinical indicators such as blood pressure or diabetes measures are not being controlled to ensure best outcomes. The charts below show the 'treatment gaps' for hypertension and diabetes, and the variation in this gap across the different PCNs in the borough. For hypertension, the uncontrolled have a BP measurement in the last 12 months greater than 140/90 (age<80) or 150/90 (age>80), those with no BP measurement in the last 12 months are shown as the treatment gap. For diabetes the treatment gap shows diagnosed patients whose blood sugars (HbA1c) is not controlled to <59.

Figure 44: Tower Hamlets – Hypertension treatment gap by PCN

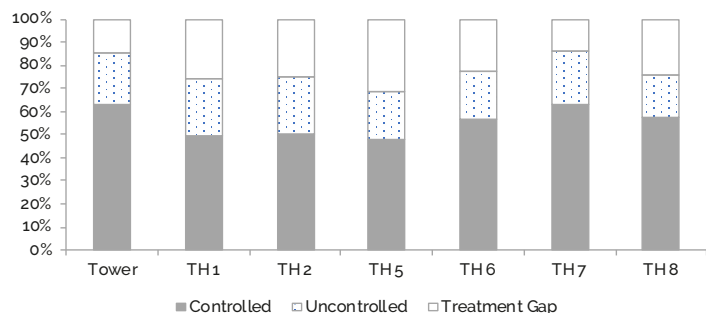
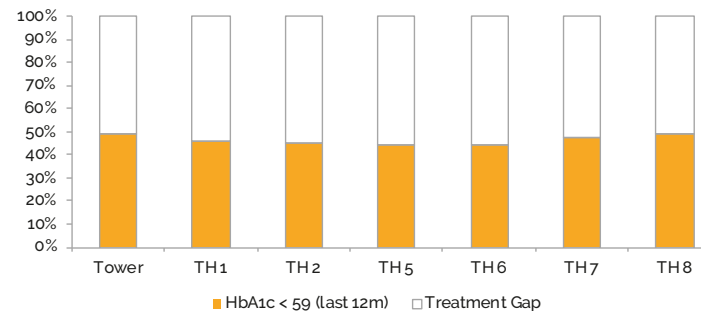
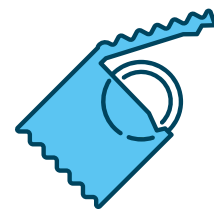


Figure 45: Tower Hamlets – Diabetes treatment gap by PCN

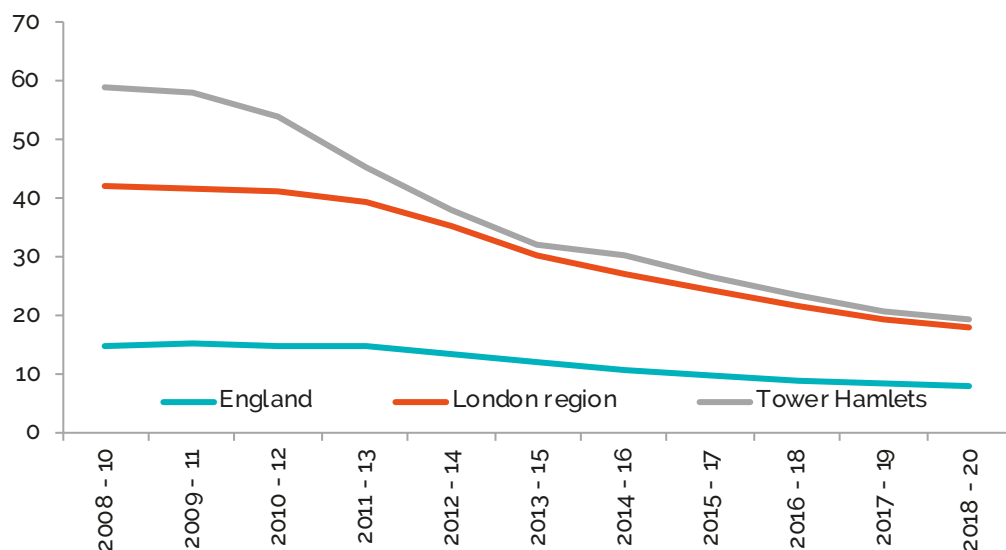


Detected rates for infectious diseases and Sexually Transmitted Infections have been dropping in Tower Hamlets, but remain higher than average.



As shown by the chart below, the incidence rate (new cases per year) for Tuberculosis in Tower Hamlets has been steadily dropping over the last 10 years and the gap with the London average has closed. The most recent data has the Tower Hamlets rate at 19.3 per 100,000, with the London average sitting at 17.9 per 100,000. Neighbouring borough Newham has a rate of 43.1 per 100,000.

Figure 46: Tuberculosis incidence (rate per 100,000 population)



Sexually Transmitted Infection (STIs) diagnosis in the borough saw a peak in 2019 and have since fallen, but remain higher than the London and England average. The decline reflects a combination of reduced STI testing because of disruption to sexual health services leading to fewer diagnoses, and changes in behaviour during the COVID-19 pandemic which may have reduced STI transmission. The borough has the 6th highest rate in London at 1,971 per 100,000.

Figure 47: New STI diagnosis (ex chlamydia in those less than 25). Age 15-64, rate per 100,000 population

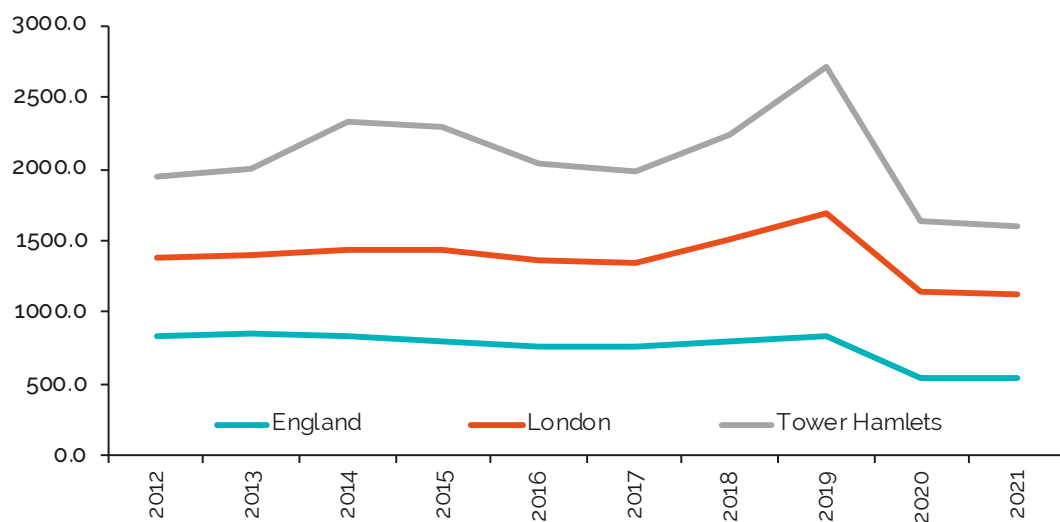


Figure 48: Chlamydia detection rates (females, age 15-24), rate per 100,000 population

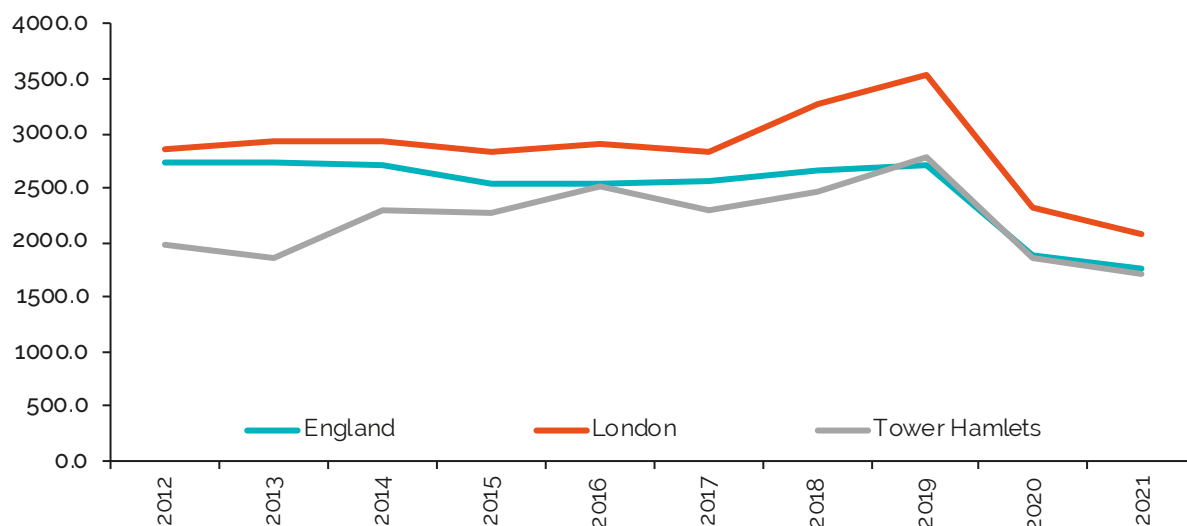


Figure 49: New STI diagnosis (ex chlamydia in those less than 25) (Age 15-64, rate per 100,000 population)

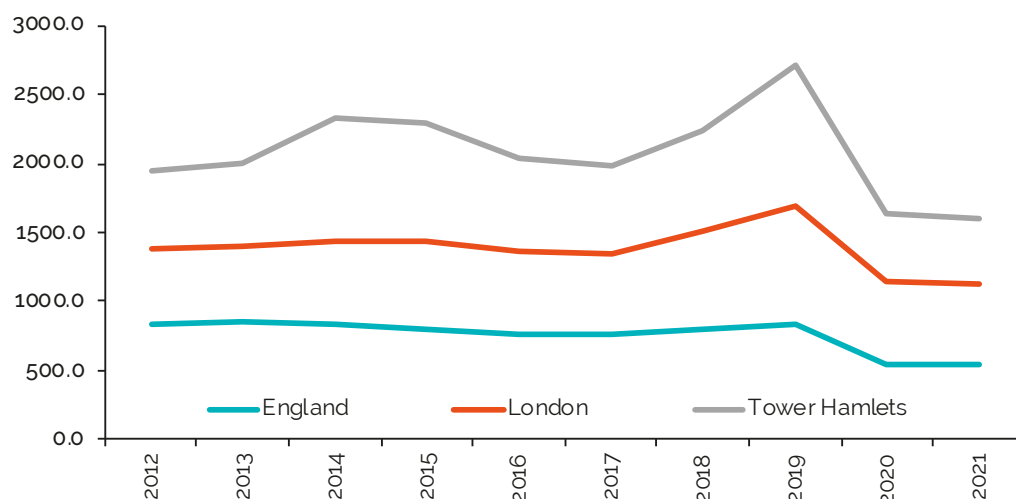
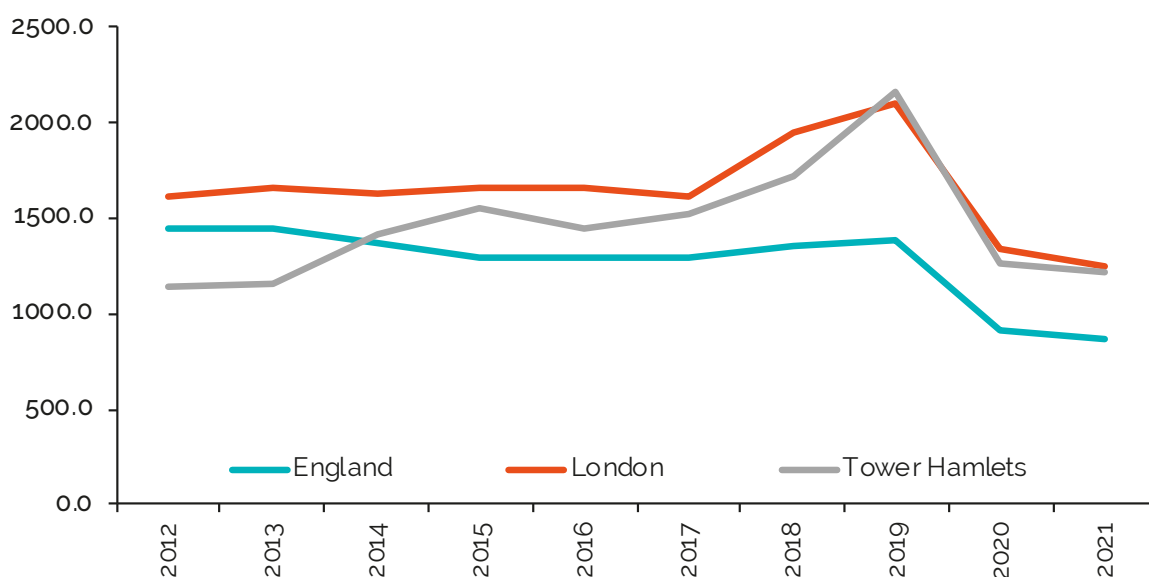


Figure 50: Chlamydia detection rate (females, age 15-24) (rate per 100,000)



Figure 51: Chlamydia detection rate (males, age 15-24) (rate per 100,000)



It's worth noting here that on measures of testing and screening coverage for STIs Tower Hamlets is performing well in comparison with London and England averages, and so higher detection rates are also likely to be related to good coverage of screening and testing for STIs.

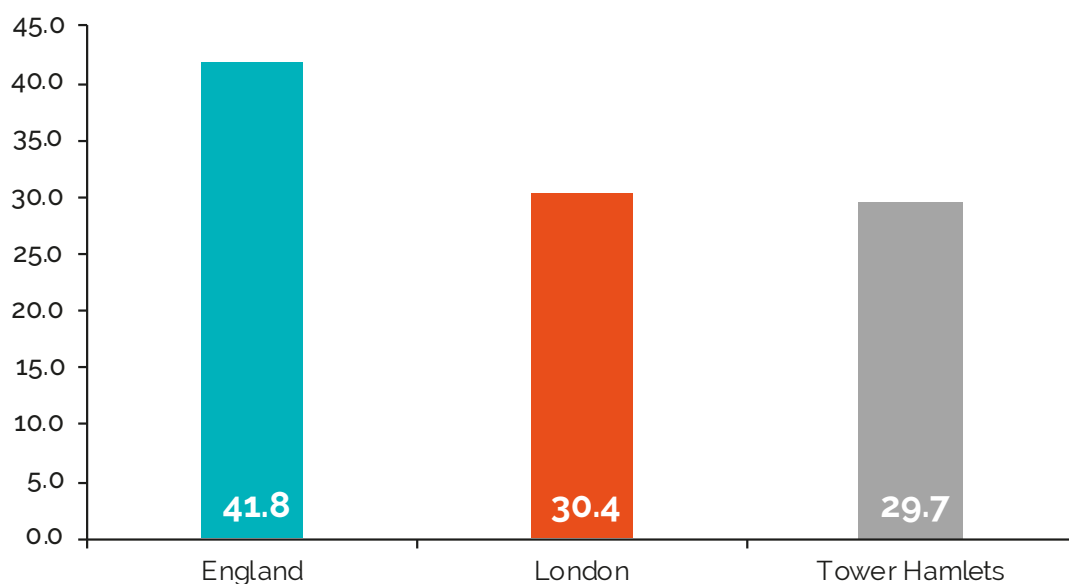
Figure 52: 2021 STI testing rate (exclude chlamydia aged under 25) (rate per 100,000 population)



The National Institute for Health and Clinical Excellence (NICE) Clinical Guideline advises that Long Acting Reversible Contraception (LARC), such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill. Implants, IUS and IUD can remain in place for up to 3, 5 or 10 years depending on the type of product. A strategic priority is to ensure access to the full range of contraception is available to all. An increase in the provision of LARC is a proxy measure for wider access to the range of possible contraceptive methods and should also lead to a reduction in rates of unintended pregnancy.

The rate of LARC prescribing (excluding injections) in Tower Hamlets is similar to the London average but lower than the rates seen in England.

Figure 53: 2021 Total prescribed LARC (excluding injections) (rate per 100,000 female population)



What are the causes, and the causes of the causes, of adult health trends in Tower Hamlets?

If we look at the measures for causes of ill health in adults and the “causes of the causes”, or wider social determinants of health, there are several indicators for which Tower Hamlets is an outlier. In particular:

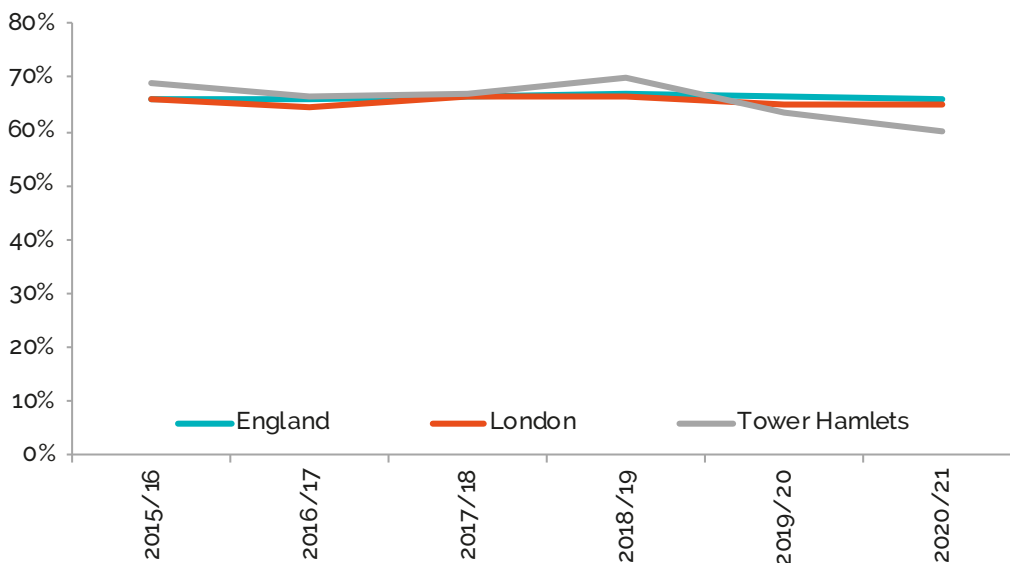
- Levels of physical activity in adults have been falling disproportionately in the last 5 years.
- People are less likely to successfully complete treatment for drugs and alcohol use in Tower Hamlets than average.
- Rates of poverty are high and employment rates are low in the borough, particularly in older adults.

Levels of physical activity in adults have been falling disproportionately in the last 5 years



Being physically active (defined as more than 150 minutes of at least moderately intense activity on average per week) is good for long term mental and physical health. As the chart below shows the percentage of adults in Tower Hamlets who achieve the 150 minutes per week has been dropping over the last 5 years, and now sits at 60.3% compared with a London average of 64.9% and an England average of 65.9%.

Figure 54: Physical activity – adults (% who are active for 150 minutes per week)



A relatively large group of people use drugs; this cohort is ageing and has complex needs.



Tower Hamlets has a high level of need around drugs and alcohol, and people with drug and alcohol problems in Tower Hamlets have a relatively complex set of additional problems such as mental health or housing. The cohort of people who use drugs is getting older and with that has additional health and social needs.

Some outcomes for people with drug and alcohol problems, such as the number who are engaged in structured treatment (particularly for opiate users) and the proportion who 'successfully complete' treatment have declined over time.

Figure 55: Opiate users in treatment, 2009-10 to 2020-21, Tower Hamlets, London

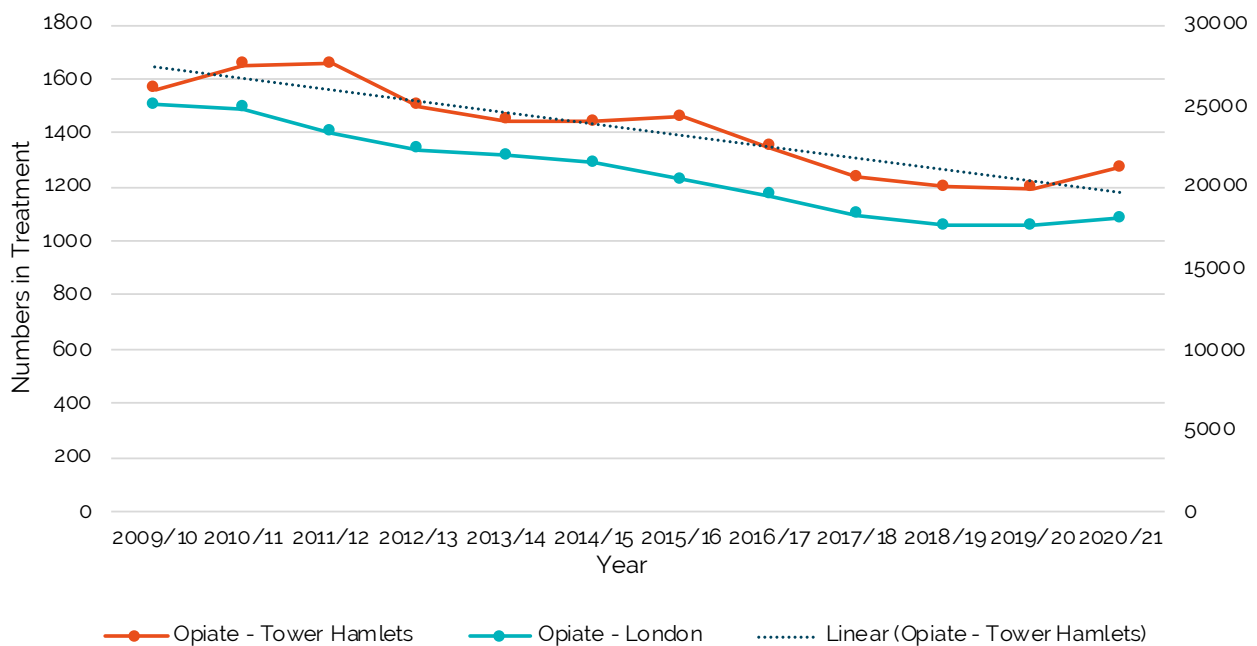


Figure 56: Non-Opiate users in treatment, 2009-10 to 2020-21, Tower Hamlets, London

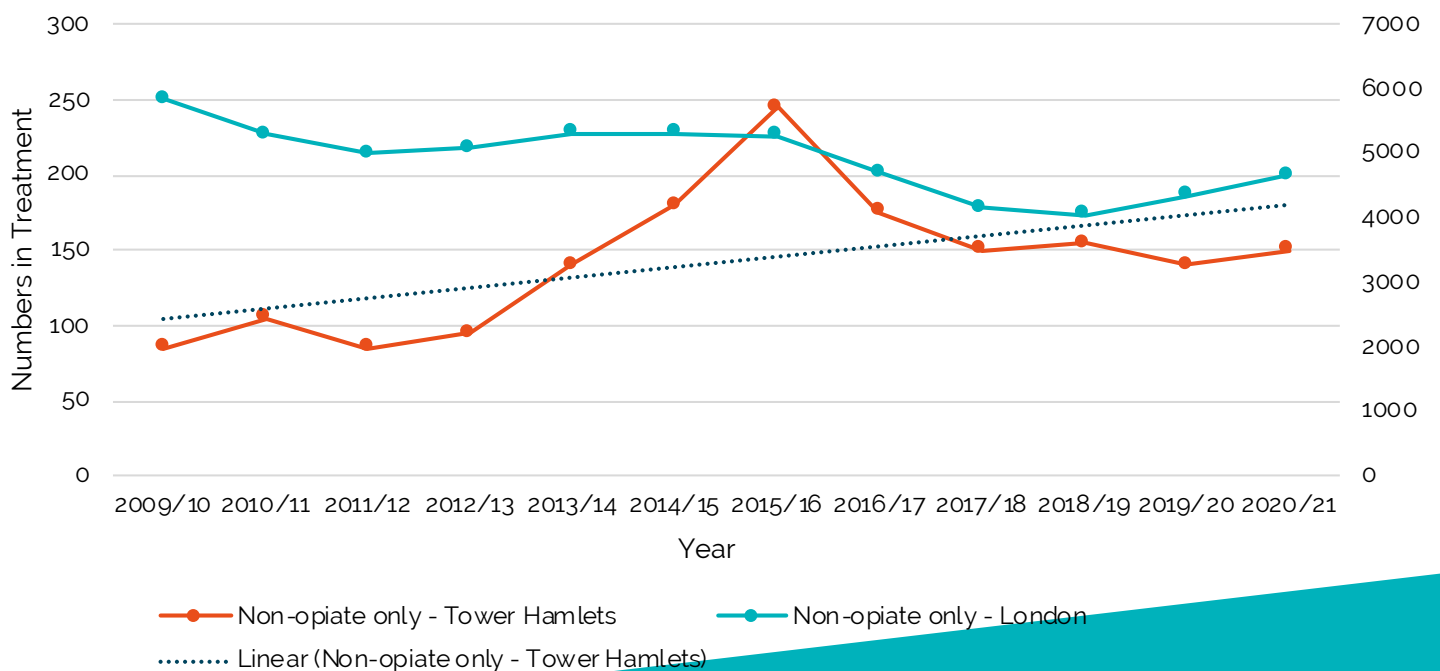
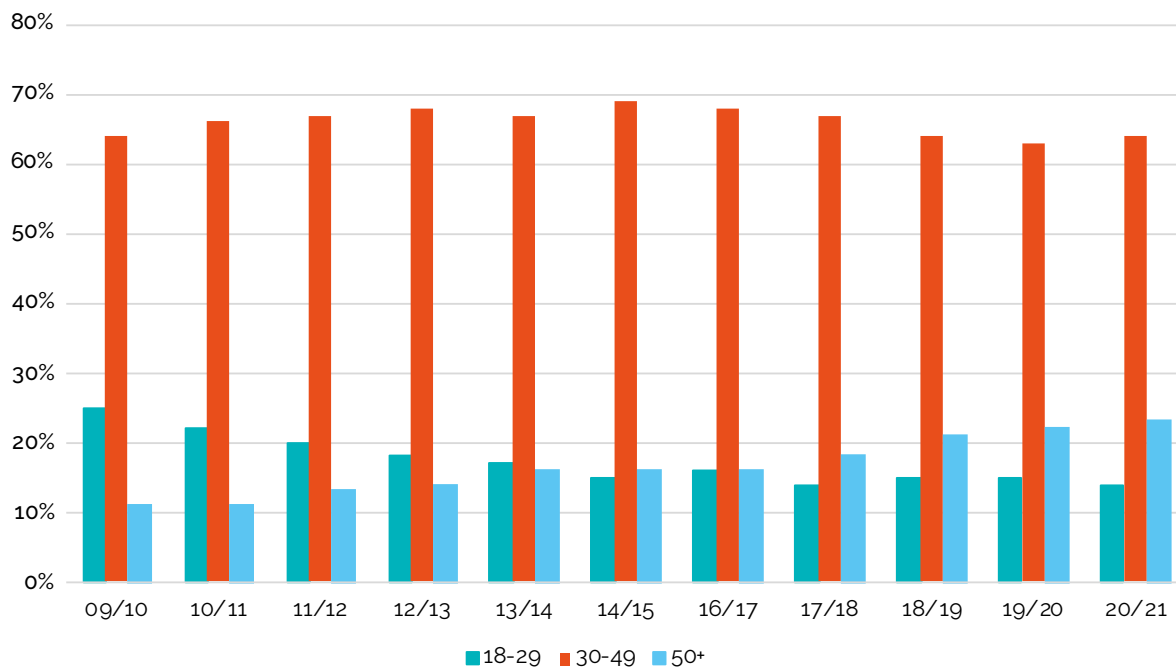
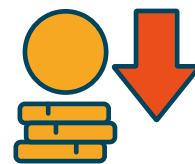


Figure 57: All in treatment at the start of a treatment episode, 2009-10 to 2020-21, by age in Tower Hamlets



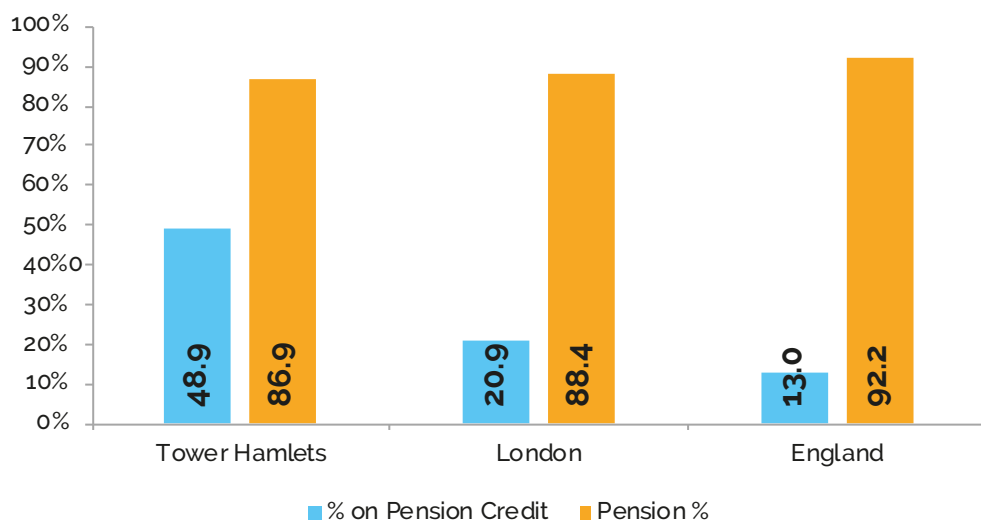
Rates of poverty are high and employment rates are low in the borough, particularly in older adults.



In 2019 Tower Hamlets was the 3rd most deprived borough in London, with 19.2% of the population living in deprivation across a range of measures including income, employment and education. The borough is a particular outlier for deprivation in older people. The Income Deprivation affecting Older People Index estimated in 2019 that 44% of the borough's older people are income deprived compared to an England average of 14%.

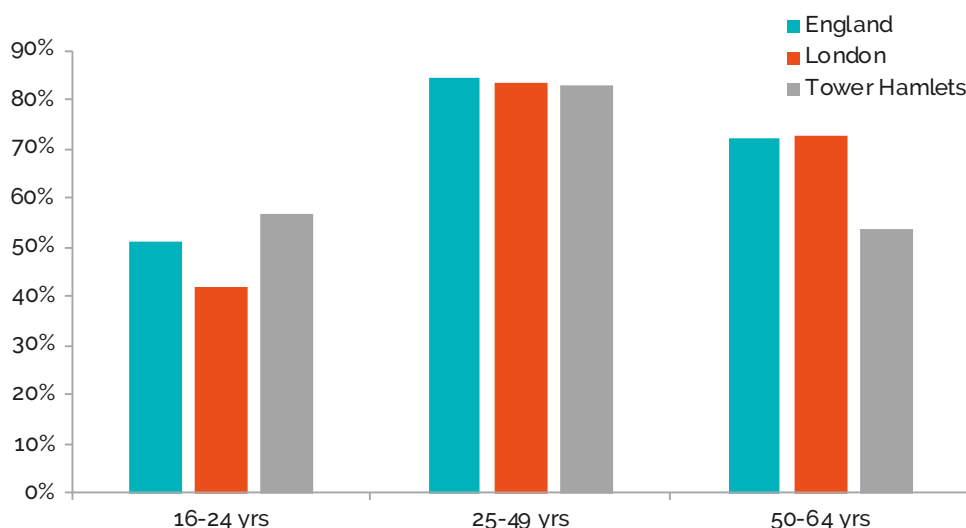
The below chart shows the high proportion of people over 65 on pension credit.

Figure 58: People aged 65+ with pension and pension credit (% , Nov 2020)



The overall employment rate for Tower Hamlets, for people aged 16-64 is average at about 75%. However, employment rates for older age groups are significantly lower than average. The borough has the lowest rate of employment for people aged 50-64 in London, which may be contributing to the older age poverty rates highlighted about. In 2020-21, only 53.7% of people in this age bracket were in employment. This compares to London and England averages of 72.8% and 71.9% respectively.

Figure 59: People in paid employment by age (2020-21, %)



High quality employment = supports good mental and physical health and the gap in the employment rate between those with physical or mental long-term conditions and the overall employment rate is likely to contribute to poorer health. The borough had the biggest gap in London in 2020-21 at 30.4% compared with a London average of 10.8 and an England average of 10.7%.

Figure 60: Gap in the employment rate between those with a physical or mental long-term condition and the overall employment rate (age 16-64, %)

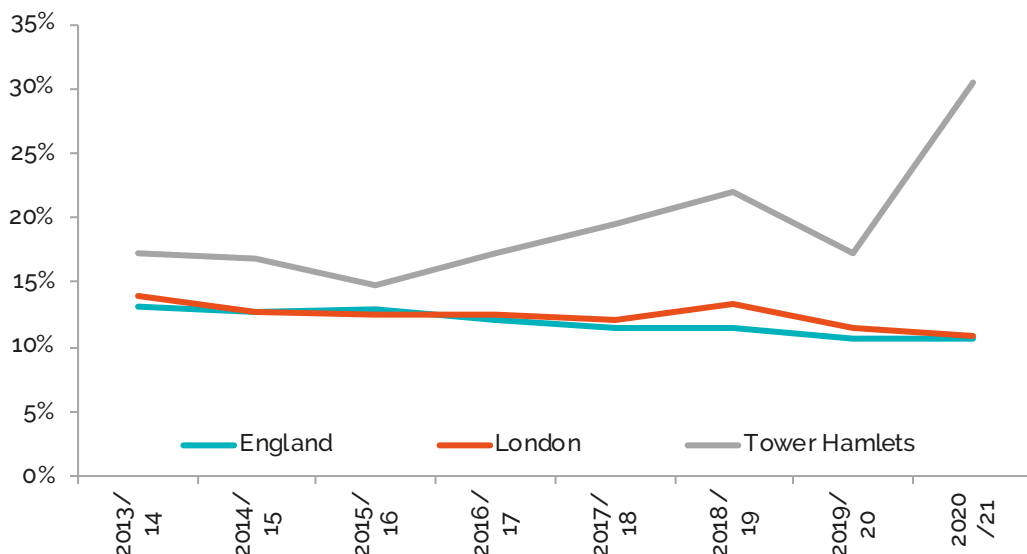
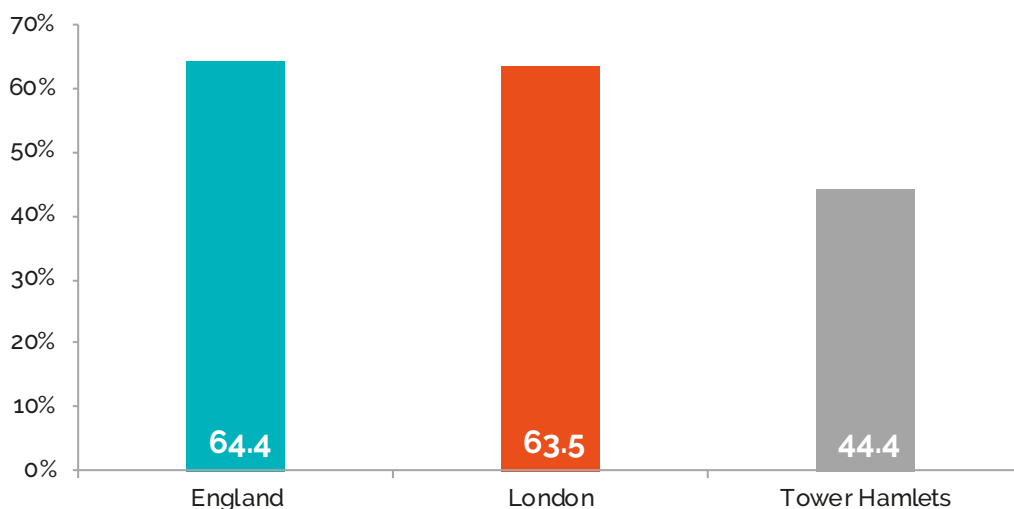


Figure 61: People with a physical or mental long-term condition in employment (age 16-64, %)



A review of the employment gap data for those in contact with mental health services and on a care plan shows that the gap is similar to or better than the London and England averages as seen below. This suggests that those who are in touch with services and on a care plan in the borough are not less likely to be in employment than in other places. The overall employment gap is therefore likely to be in those with either poorly managed mental health conditions, or physical long-term conditions.

Figure 62: Gap in the employment rate for those who are in contact with secondary mental health services and on the Care Plan approach, and the overall employment rate (Female, age 18-69, %)

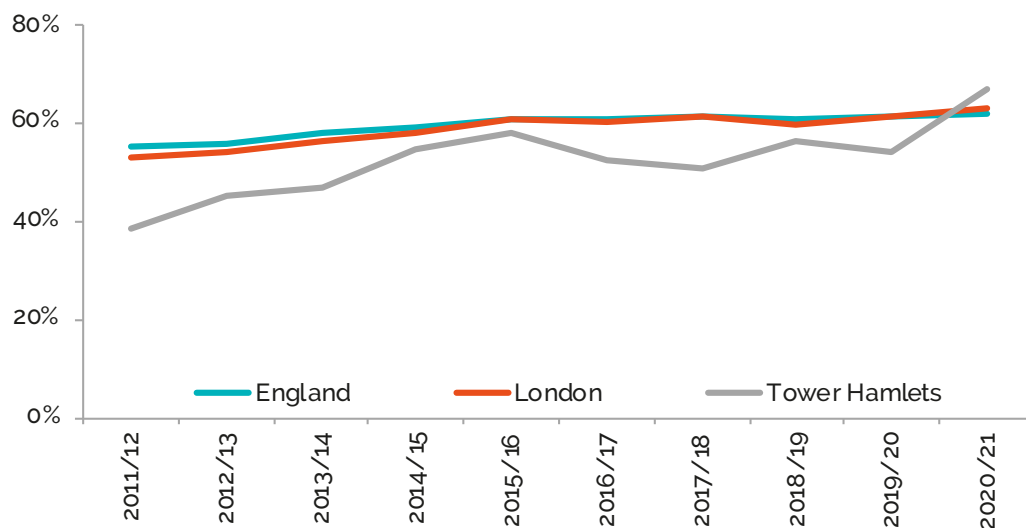
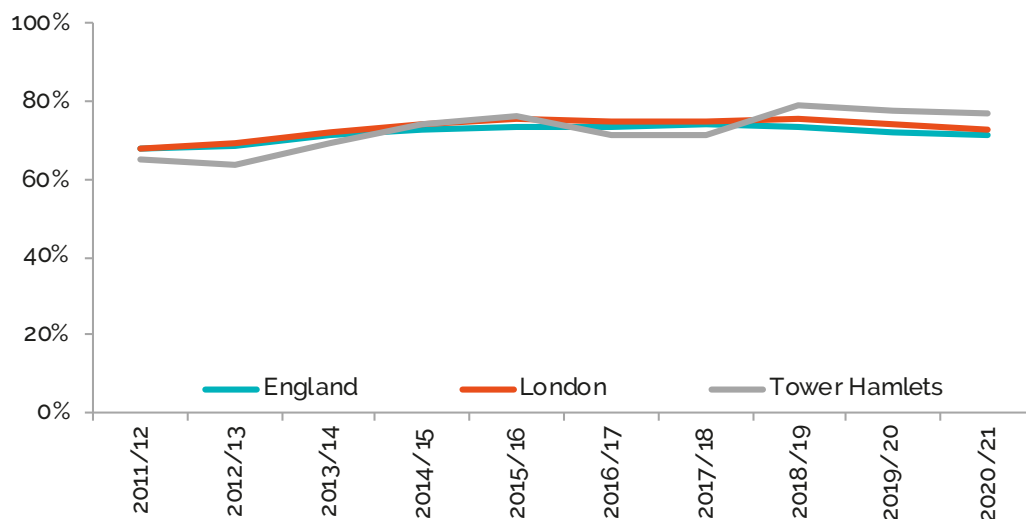


Figure 63: Gap in the employment for those who are in contact with secondary mental health services and on the Care Plan approach, and the overall employment rate (Male, age 18-69, %)



How well is Tower Hamlets protecting and promoting adult health?

A review of the data relating to interventions that protect health and support early diagnosis of ill health reveals a mixed picture for the borough. The data on NHS Health Checks, offered to residents 40-74 to check on key indicators of health such as blood pressure, shows that the borough is offering these to around 65% of the population, which is average, and that they are taken up by nearly 85% of those offered the check, which is the best rate in London.

However, there are several measures where Tower Hamlets is an outlier and this section will explore them in more detail:

- The uptake of cervical, breast and bowel cancer screening is persistently low in the borough.
- Flu vaccination uptake is decreasing year on year, leaving our population vulnerable.

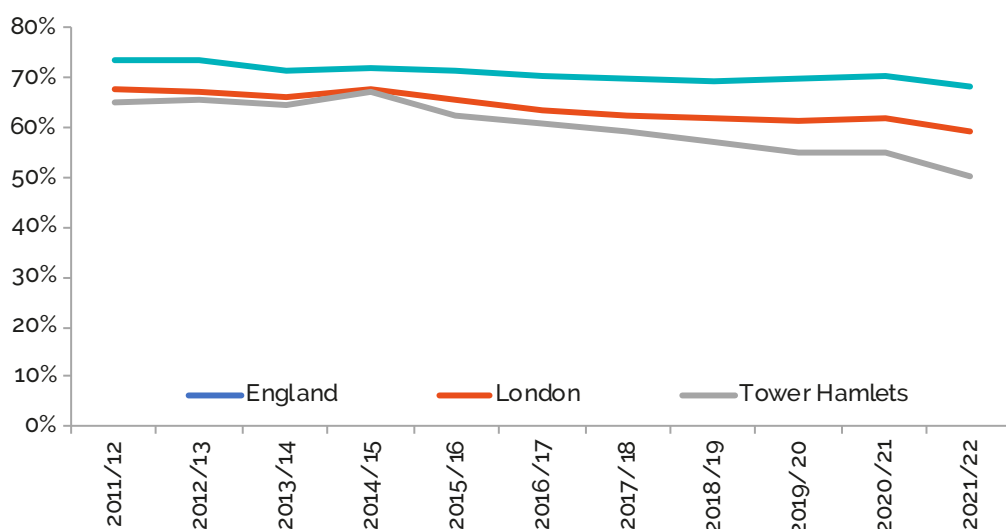
The uptake of cervical, breast and bowel cancer screening is persistently low in the borough



Cancer screening is a vital programme to pick up cancers earlier and improve outcomes. Tower Hamlets has consistently had lower uptake of the three main screening programmes when compared to other boroughs in London and England.

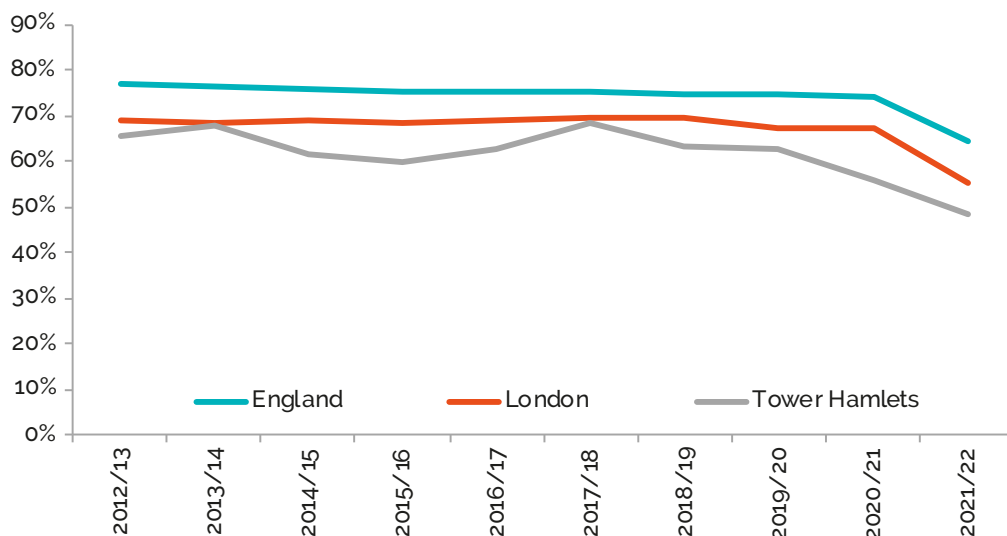
In 2020, the borough had the 6th lowest uptake for cervical cancer screening for 25-49 years olds in England at 50.3% significantly below the London and England averages of 59.1% and 68% respectively. Uptake rates have decreased dramatically across the last 5 years and the gap has widened with the London and England averages, as seen below.

Figure 64: Cervical cancer screening uptake (age 25-49, %)



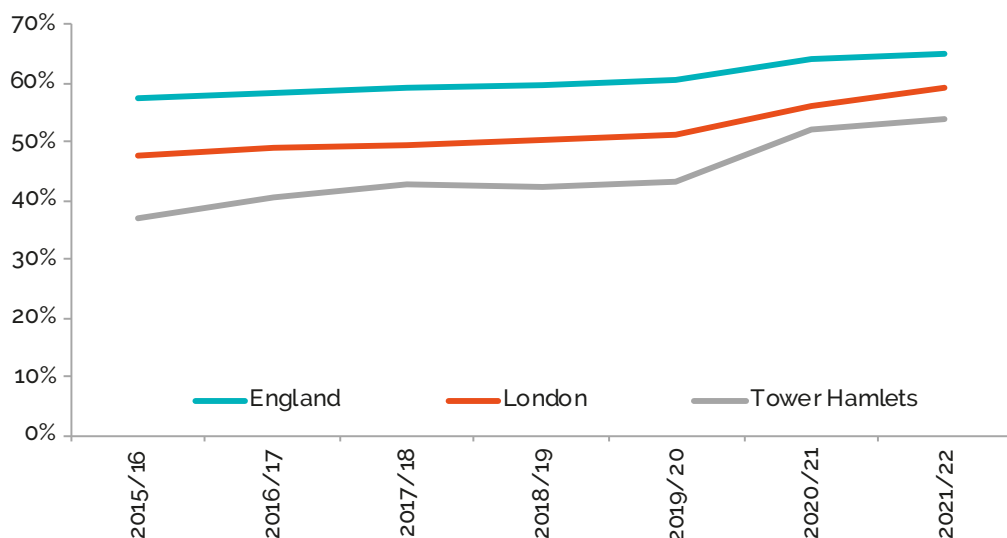
The borough has the 8th lowest uptake rates for breast cancer screening in England at 48.6%. Uptake has been impacted by the pandemic dramatically, with both local and national rates dropping significantly. However, locally this has come on top of already worsening rates as seen below.

Figure 65: Breast cancer screening uptake (age 53-70, %)



The uptake of bowel cancer screening has been improving over the last 5 years and is now at 53.7% compared to 43% in 2017. However, uptake is still significantly below the England average of 65.2%, and Tower Hamlets has the 4th lowest uptake in London.

Figure 66: Bowel cancer screening update (age 60-74, %)



There is also significant variation in the borough as shown by the below graphs comparing the uptake rates for the screening programmes across the different Primary Care Networks.

Figure 67: Tower Hamlets – Cervical cancer screening uptake by PCN

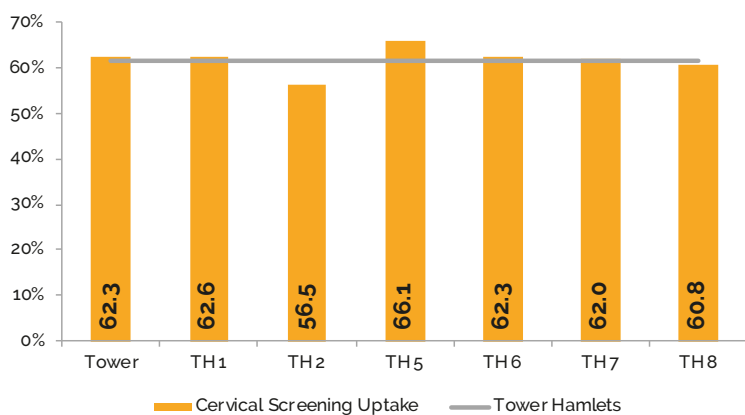


Figure 68: Tower Hamlets – Breast cancer screening uptake by PCN

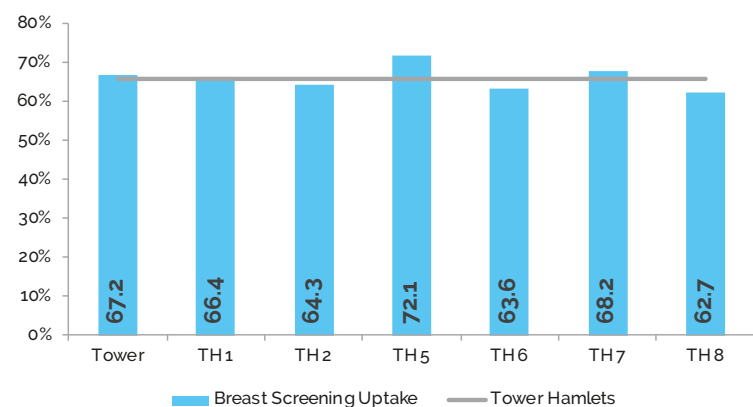
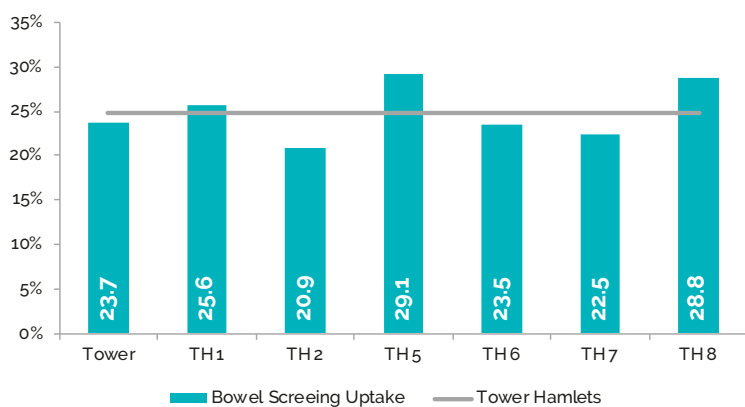


Figure 69: Tower Hamlets – Bowel cancer screening uptake by PCN

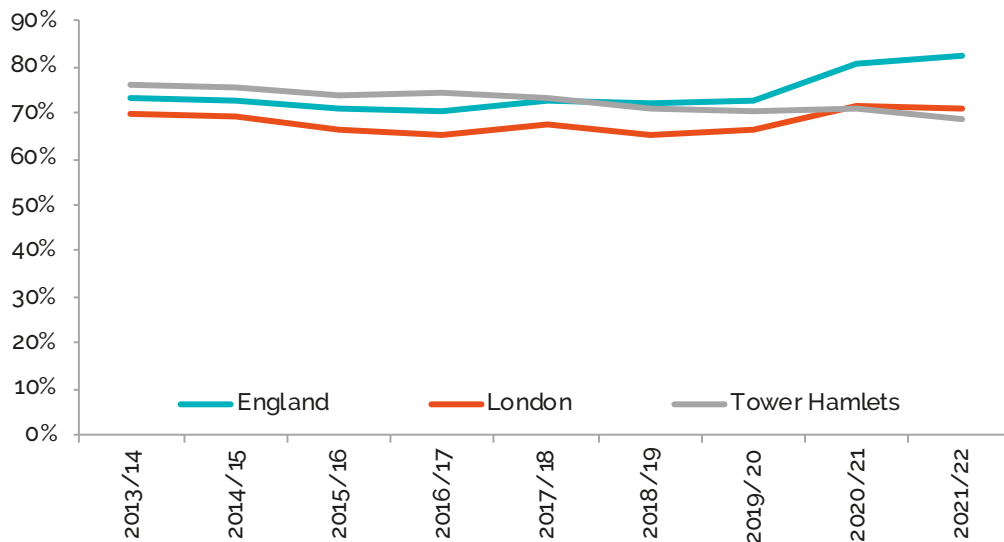


Flu vaccination uptake is decreasing year on year, leaving the population vulnerable.



As shown by the below graph, the uptake of flu vaccination for older residents in the borough has been gradually dropping over recent years, in comparison with London and England averages which have risen across the same time period.

Figure 70: Vaccination coverage – Flu (age 65+, %)



KEY HEALTH AND WELLBEING MESSAGES FOR ADULTS

Young adults (18-39)



Young adulthood is often a time of change and new beginnings. You might be starting out in a new job, college or university, making new friends and starting new relationships. Perhaps you'll be living independently for the first time and navigating accessing health services on your own. During this time you are building the foundations for your future health so it's important to know how to keep yourself healthy, and how to get the support you need.

KEY MESSAGES

- There are things we can do on a regular basis to keep our minds well - connecting with others, being active, learning, connect, giving and taking notice of our thoughts and feelings – these are known as the **'five ways to wellbeing'**.
- At times you might feel different to normal, low, misunderstood or unable to cope. Struggling with your feelings is normal and you're not alone. There are lots of **local support services** for your mental health or speak to your GP about getting help.
- Staying active can help your mental and physical health. Finding things you enjoy can make it easier to it easier to keep going, whether it's joining a football team, taking a yoga class or running.
- If you need confidential advice or information about contraception, sexually transmitted infections or unplanned pregnancy you can talk to your GP or **local sexual health services**.
- 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.
- Drugs and alcohol can have negative effects on your health. Keep yourself **informed about drugs** and if you're worried about addiction seek help from **local services**.

Middle age (40-64 years old)



As you reach middle age you might find you are caring for children and aging parents, or be taking on roles with more responsibility at work. Whatever your life holds at this age, it can be easy for your own health to take a backseat. However, this is a prime time to spot the signs and symptoms of emerging health conditions and catching them early can make treatment more effective. You can also increase the quality and length of life in old age by adopting healthy behaviours.

KEY MESSAGES

- 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'**.
- Staying active can help your mental and physical health. Finding things you enjoy can make it easier to keep going, whether it's joining a football team, taking a yoga class or running.
- Eating well, keeping active, stopping smoking and drinking less alcohol are all important ways to reduce your risk of developing diabetes, hypertension, heart disease, or cancer. **Better Health** provides lots of free tools and support. There are free local health initiatives to empower you improve your health and start your fitness journey: **healthy weight programmes, stop smoking services, local sport and physical activity offer**. You can find a way that suits you and your lifestyle.
- Finding cancer, heart disease or diabetes early can improve the outcome of treatment for these illnesses. Know what's normal for you and go to your GP if you're worried. From 40 you can access free **NHS Health Checks** to help keep you well. There are also **screening programmes** for bowel, breast and cervical cancer – these spot signs that you might be at risk of or have early signs of these cancers, even if you otherwise feel well.

Older adults



As you get older your health will be influenced by many different things, and you are more likely to be living with a number of different health conditions at the same time. However, there are some actions you can take to help manage your health, live as independently as possible, and maintain your quality of life as you age.

KEY MESSAGES

- There are things we can do on a regular basis to keep our minds well - connecting with others, being active, learning, connect, giving and taking notice of our thoughts and feelings – these are known as the **'five ways to wellbeing'**.
- **Being active** is good for your body and mind. Regular exercise can help you live longer and live better. If you've fallen or are worried about falling, doing exercises to improve your strength, balance and flexibility will help make you stronger and feel more confident on your feet. **Find ways** to fit activity into your day-to-day life, such as walking, gardening or yoga.
- As you age, it can become hard to maintain social connections. Loneliness and isolation can have a big impact on your health so 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** is also available.
- Keeping your mind healthy is as important as keeping your body healthy. If you're feeling numb, finding it hard to sleep or losing your appetite these might be signs that you're struggling with your mental health. **Your mind matters guide** includes information on how you can help yourself feel a bit better when you're struggling. Speak to your GP about getting help.
- Older people are more at risk of ill health in the winter months caused by infections and cold homes. Get your flu jab from the GP or pharmacy and keep yourself warm. If you're struggling with paying for energy there is help available. Here are **tips for keeping well this winter**. Or speak to your **local Age UK branch** about support.
- Finding cancer, heart disease or diabetes early can improve the outcome of treatment for these illnesses. Know what's normal for you and go to your GP if you're worried.

CONCLUSION

This report reveals a mixed picture for health in Tower Hamlets in 2023.

There is no doubt that the COVID-19 pandemic had a large impact in the borough, highlighting already existing health inequalities. However, the younger than average age profile of the borough means that deaths from the pandemic were lower than average.

There remain gaps in our knowledge of the full impact of the pandemic as we do not yet have published and comparable data for all health measures covering the period. Some impacts may take longer to become apparent, such as the longer-term health implications of Post COVID-19 Syndrome, or the developmental and attainment impact for children in their early years during the pandemic.

The data we do have shows that the gap in healthy life expectancy for men and women in the borough has continued to grow in recent years. At the time of the publishing of the 2018/19 annual public health report, the HLE for males had just started to increase, with female HLE remaining roughly the same. This trend has continued since and the gap has widened.

The data reveals continued concerns about low birth weight, oral health and unhealthy weight for children. Reviewing outlying data for the social determinants of health shows that children are living in poverty and their early years development is suffering. There has also been a significant downturn in the performance of the childhood immunisations system, from being one of the best in the country, to being at best average.

In adult health there are concerns about the mental health of the population, the treatment and management of long-term conditions and the incidence of infectious disease. There has been a significant worsening of the completion of treatment for substance misuse, a fall in physical



activity rates and an increase in poverty and unemployment, particularly for older residents. Cervical and breast cancer screening programmes have seen a decline in uptake, and adult immunisation uptake is dropping.

This review of the state of health provides a picture of a borough that is facing the challenges of population growth, pressures on health and care services, health inequalities, and the direct and indirect impact of a global pandemic. We continue to analyse the detailed census data being provided by ONS which will help us understand the demographics of people who have entered the borough since the last census, their health profile and the enduring health inequalities within a rapidly changing population.

**TOWER HAMLETS
ANNUAL PUBLIC HEALTH REPORT
2022**