



Newham London

**NHS**  
**Newham**

**Joint Strategic Needs Assessment 2010**  
**The London Borough of Newham**

18<sup>th</sup> January 2011

## 5.0 Executive Summary

### 5.1 Introduction

This is the third JSNA produced by NHS Newham and the London Borough of Newham, since the Local Government and Public Involvement in Health Act (2007) placed a duty on the Directors for Adults, Community and Leisure Services, Children and Young People's Services and Public Health to identify the health and wellbeing needs of the people of Newham.

The document helps to improve the targeting of services and aims to reduce health inequalities that exist between different areas, groups and communities within the London Borough of Newham, through better understanding of local needs and inequalities.

This understanding of what local people need is crucial in making sure that the right services are provided and the aim of this JSNA is to bring together key data and information in a way which is accessible to local commissioners, local communities and other stakeholders. This evidence is drawn from a wide range of sources, including national databases, national and local research and resident consultations.

The JSNA, although primarily concerned with health and wellbeing outcomes, includes evidence on the wider determinants of health, neighbourhoods, social capital, crime, work, regeneration and deprivation. This breadth of content is also relevant to Newham's Sustainable Community Strategy and local Commissioning Plans. This JSNA also aims to support the Primary Care Trust (PCT), the Council and other partners in identifying performance targets.

The Five Olympic Host Boroughs have together agreed the Strategic Regeneration Framework, which sets out their aims for achieving convergence in living standards with the rest of London by 2030. Today the area within the five host boroughs accounts for the greatest cluster of deprivation in England and Wales. This means that as a resident within the five host boroughs you're more likely to live in a family which is in receipt of benefits, be the victim of violent crime, suffer from obesity in childhood and die early compared to the rest of London.

An extra 15 people per 100,000 of the population die prematurely in the host boroughs than in London overall, convergence will help address this gap and improve the overall health and wellbeing of the population. Convergence with the rest of London means ensuring the quality and affordability of new and existing homes. It is also about ensuring people are able to live healthy and active lives, where they participate and have pride in their community, making it a safer and more content place. And finally it's about ensuring residents have the skills and qualifications to take advantage of new job opportunities – and giving them the confidence and aspiration to go for it.

In producing the JSNA, five cross cutting issues or themes emerged that need to be considered when addressing Newham's priorities:

- Significant demographic changes in the local population have taken place. There is a need to plan for future large scale changes due to the regeneration and scale of housing development in the area
- There are more people with complex needs who require access to greater levels of services
- Early diagnosis and supporting our population to make informed choices and enabling people to make informed choices about their care and support options will ensure better outcomes
- More needs to be done to address inequalities
- More needs to be done to address lifestyle choices that impact positively on health and wellbeing.

### 5.2 Key Indicators

Significant improvement in the health and wellbeing of Newham's population has occurred between the production of the 2009 and 2010 JSNA's. The data available at the time of production of each document reflects the past commitment and action that agencies in Newham have made to improve health and reduce health inequalities.

The story is mixed and there are some challenges including increasing male premature cancer mortality rates, a high rate of dental decay in children and adults, our clinicians are telling us about increased rates of Hepatitis C and teenage pregnancies are started to rise again. However improvements include extending life expectancy, reducing infant mortality and reducing premature CVD mortality rates.

## Join Strategic Needs Assessment, Newham 2010

There is still considerable work to do and by working together to tackle a range of contributory factors to poor health and wellbeing including improving services as well as the factors that impact on people's health and wellbeing, we can continue to see improvement in the areas that are improving and start to see improvement where currently we are not.

Table 5.1: Key Newham Health and Wellbeing Indicators, 2009-2010

Indicator	JSNA 2009	JSNA 2010	Direction of Travel
Female life expectancy (years)	79.8, (2005-07)	80.4, (2006-08)	Increase
Male life expectancy (years)	75.7, (2005-07)	75.8, (2006-08)	Increase
Infant mortality (per 1,000 live births)	6.0, (2005-07)	5.8, (2006-08)	Decline
Female premature cancer mortality (DSR per 100,000)	112.3, (2005-07)	104.8, (2006-08)	Decline
Male premature cancer mortality (DSR per 100,000)	134.2, (2005-07)	138.5, (2006-08)	Increase
Female premature CVD mortality (DSR per 100,000)	81.3, (2005-07)	75.2, (2006-08)	Decline
Male premature CVD mortality (DSR per 100,000)	178.5, (2005-07)	164.3, (2006-08)	Decline
Year 6 obesity (%)	25.6, (2007/8)	24.6, (2008/9)	Decline
Serious mental illness prevalence (%)	0.9, (2007/8)	0.9, (2008/9)	No change
Late diagnosis HIV (%)	34, (2007)	38, (2008)	Increase
Teenage pregnancy rate (per 1,000)	45.0, (2007)	48.3, (2008)	Increase
Children in care receiving immunisations (%)	88, (2008)	79, (2009)	Decline

Source: Various

### 5.3 Key Priorities

Nine priorities were identified from a review of the health and wellbeing of Newham's population based on this JSNA. These priorities were initially identified by the London Borough of Newham and NHS Newham and then reviewed by Newham's local voluntary and community groups, clinicians and other stakeholders, during a period of public review between the 25<sup>th</sup> August and 17<sup>th</sup> September 2010.

These priorities capture the wider determinants of health in Newham, broadening the approach taken when defining the 2009 priorities. Extending the JSNA to include these wider determinants of health is justified by the scale of the borough's health problems, with mortality from all major diseases amongst the highest in London.

The priorities set out below have been identified due to their impact on the health and wellbeing of the people of Newham. Many could be categorised as wider determinants of health, such as housing, education or employment and it will be a partnership approach led by a variety of agencies that will have the greatest impact on improving health outcomes and services in these areas.

Table 5.2: JSNA Priorities, 2009-2010

JSNA 2010	JSNA 2009
1. Lifestyle factors	1. Healthy lifestyles, Improved sexual health
2. Wellbeing and emotional resilience	2. Improved mental wellbeing
3. Maternity and early years	3. Improving maternity service and reducing infant mortality 4. Improved outcomes of vulnerable children 5. Reduce teenage pregnancy
4. Cancer and Circulatory disease	6. Early identification and treatment of cardiovascular disease and diabetes. 7. Prevention, early diagnosis and treatment of cancer
5. Education and employment	8. Attainment, skills and access to employment
6. Long term conditions and disability	
7. Timely access to excellent services/support	9. Improve access to Primary care and community based services
8. Crime/fear of Crime	
9. Housing.	

## 5.4 Newham's Demographic Profile

Newham, with the eleventh largest and the third fastest growing population in Greater London, behind Barking and Dagenham and Tower Hamlets, is one of the most diverse London borough's, according to population projections by the Greater London Authority (GLA).

In 2010, Newham's population is estimated to be 270,000 and projected to rise to 375,500 by 2031. This projection is based on the extensive level of housing development planned for the borough, over and above the effects of natural population growth and migration.

More than 70% of Newham's residents are identified as BAME by GLA projections in 2010<sup>1</sup>. Of these, 21.6% are Pakistani or Bangladeshi, 26% are Black and 11.7% are Indian.

Population churn, the movement of residents in and out of the Borough, is a significant issue for Newham. In 2007/2008 19.5% of residents either left or entered the Borough, a figure significantly higher than the London average of 13.6%. A large component of this is international migration which for the same period accounted for 4.6% of this population movement against 3.5% for London as a whole.

GLA projections also show that, in common with London as a whole, Newham has more people of working age than the national average and fewer older people. In 2010, three quarters of Newham's population were under 45, compared to two-thirds for London as a whole. Over one-third of Newham's population was under 25 years of age, compared to the London average of 31%.

While Newham's population is young, it is ageing in line with national trends, which will lead to a growth in Newham's population with one or more long term conditions and / or disabilities. Nationally, people with long term conditions account for 30% of the population. However, this population uses over 50% of GP appointments and two thirds of all outpatient appointments. This may potentially be a challenge for service providers used to dealing with a young population.

The other service area where significant future needs are anticipated is mental health services. This crosses all areas of the health and social care agenda and people with mental health needs must be able to access appropriate, effective services seamlessly across all agencies.

In addition to an ageing population, the 2010 JSNA indicates there will be a growth in birth rates. Newham already has the highest birth rate in London. The implications of such a growth in birth rates will be significant in terms of the future planning of health and social care for children's services – for example maternity services, children's centres and education.

<sup>1</sup> In the context of the GLA ethnic group classification the term BAME (Black, Asian and Minority Ethnic) is used to represent all ethnic groups except the White group (aggregated from the three White Census categories).

Newham is a polycentric borough with a number of local and district centres around which commercial and cultural activity tends to be clustered. Newham's population is also clustered around these centres. Stratford in the north west and East Ham towards the east, Canning Town to the west, Forest Gate to the north, Green Street towards the centre and East Beckton to the south east of the borough.

Newham is one of the most densely populated London boroughs. In 2008, 67 residents lived per hectare, compared to the London average of 48, creating additional pressure on the delivery of services.

Newham is the 6th most deprived borough in the country and all super output areas are in the most deprived 40%; 64% are in the worst 10% for income deprivation. In parallel with this, there are higher rates of unemployment, poorer quality and more overcrowded housing and higher crime rates (for many categories of crime) than the London and national averages and people are more likely than the national average to rent their homes with unsecure private tenancies.

The demographic profile of Newham and the challenges identified above are driving increased need and demand for health and social care services across Newham.

## 5.5 Newham's Health Profile

As the health and wellbeing and life expectancy of people living in the London Borough of Newham continues to improve, so do the mortality rates for many of Newham's key diseases..

### 5.5.1 Life Expectancy

Newham has lower life expectancy and higher rates of premature mortality than other Boroughs in London and the average for England as a whole. For 2006-2008, life expectancy for males in Newham was 75.8 years which is lower than the London average of 78.2 years. For the same period, life expectancy for females in Newham was 2.3 years below the London average at 80.4.

Life expectancy also varies significantly between wards in Newham. In males the gap is 8.1 years between Custom House, which has a male life expectancy of 72.7 years and East Ham Central, which has a male life expectancy of 80.8 years. For females the gap is 5.9 years between Custom House, which has a female life expectancy of 76.0 years and East Ham which has a female life expectancy of 81.9 years.

The reasons for Newham's marginally shorter life expectancy are complex and interconnected. The borough's demographic profile, the high level of deprivation, high levels of unemployment, lifestyle choices are all contributing factors.

Table 5.3: Life expectancy at birth and at age 65 (2006 - 2008)

	Male				Female			
	Life Expectancy at Birth		Life Expectancy at age 65		Life Expectancy at Birth		Life Expectancy at age 65	
	Years	UK Rank*	Years	UK Rank*	Years	UK Rank*	Years	UK Rank*
Newham	75.8	348	16.9	318	80.4	357	19.5	311
Greenwich	75.4	364	16.3	365	81.7	243	20.3	214
Hackney	75.9	340	17.6	213	82.2	192	21.7	31
Tower Hamlets	75.3	372	16.7	333	80.4	355	18.9	372
Waltham Forest	76.5	303	16.8	327	81.2	292	19.8	283
London	78.2	-	18.1	-	82.7	-	21	-

Source: London Health Observatory (2006 – 2008)

\*Rank of 404 boroughs and districts in the UK (excluding City of London and Isles of Scilly)

## 5.5.2 Mortality Rates

Of greatest concern is Newham's consistent placement near the bottom of London rankings for mortality rates. It also has higher mortality rates than London and England averages.

The main causes of death in Newham are cardiovascular disease, cancer and respiratory disease, as illustrated in Figures 5.4 and 5.5 below. The pattern and incidence of these causes of death reflect Newham's demographic and socioeconomic profile, with over 75% of the Boroughs population aged under 45 years.

While Newham's youthful age profile influences the incidence and distribution of the major causes of mortality, Newham's population above 30 years of age are more likely to experience limiting long-term illness, compared to London and England averages.

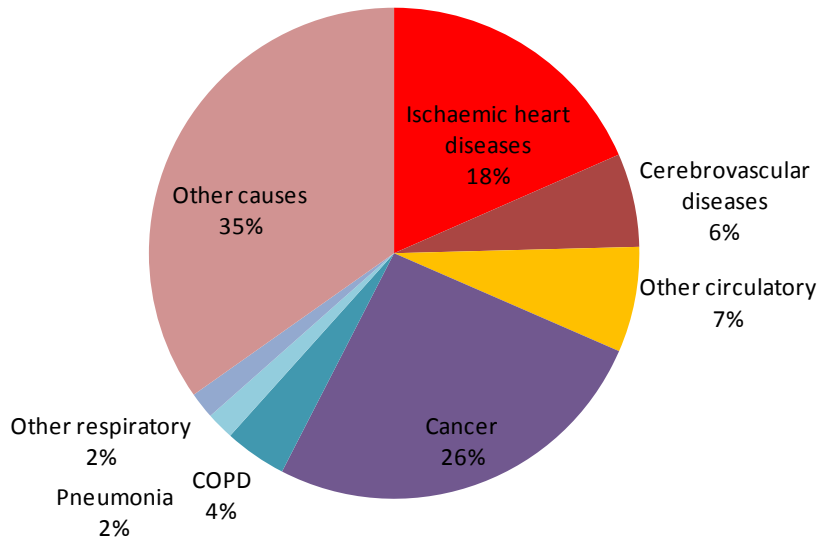
Table 5.4: Number of deaths, standardised mortality rate, years of life lost 2006-2008

Condition	Number of deaths	Standardised mortality rate	Years of life lost	Standardised years of life lost per 10,000
All causes	4,284	114	33,917	574
All malignant neoplasms	1,074	106	8,509	160
Lung cancer	253	117	1,619	35
Stomach cancer	35	106	144	3
Colorectal cancer	111	106	845	15
All circulatory disease	1,406	118	7,968	149
Coronary Heart disease	665	118	4,080	87
Stroke	364	113	1,748	31
Infectious and parasitic disease	122	214	1,819	26
Pneumonia	233	118	833	14
Diabetes	57	144	350	7
Accidents	111	93	2,686	34
Suicide and injury undetermined	56	101	2,018	25

Source: London Health Observatory, 2006 – 2008

For males aged under 75, 32% of all causes are related to circulatory diseases, 26% to cancer and 8% to respiratory illness. Where other causes are concerned this includes 9% due to diseases of the digestive system and 4% due to external causes of morbidity and mortality.

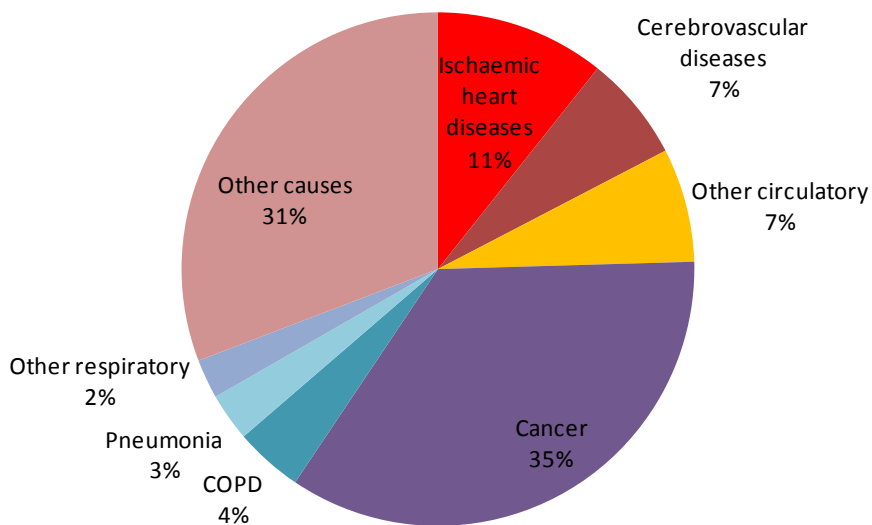
Figure 5.1: Main causes of death – males under 75, Newham 2006 – 2008



Source: ONS, 2008

For females aged under 75, 35% of all causes are related to cancer, 25% to circulatory diseases and 10% to respiratory illness. Where other causes are concerned this includes 8% due to diseases of the digestive system and 9% due to external causes of morbidity and mortality.

Figure 5.2: Main causes of death – females under 75, Newham 2006 – 2008



Source: ONS, 2008

### 5.5.3 Lifestyles

Smoking is a key risk factor for premature death and although overall prevalence of smoking is below average in Newham there are significant communities who have high levels of smoking – these include Bangladeshi men and white men and women. Despite the fact that there are significant populations in Newham who do not drink alcohol for cultural or religious reasons there is an increasing problem with alcohol related admissions to hospital which needs to be addressed.

Surveys show that Newham has the second lowest levels of physical activity in London with only 1 in 7 adults being active for 3 x 30 minutes a week and 60% of people say that they are inactive. Although there are no reliable data on obesity in adults, childhood obesity rates are the second highest in the country with a quarter of 11 year old children being obese. However, as the method of calculating obesity is not appropriate for all ethnicities, the problem of obesity in Newham is exaggerated.

### 5.5.4 Health of Children and Young People

As over 14% of Newham's population is under 18 years of age, the health of children is a key priority. As one would expect in a deprived borough there are high rates of child poverty and it is estimated that over 50% of children are living in poverty and one in 10 are living in intense poverty.

- Newham has high rates of low birth weight babies, which is a risk factor for infant mortality. Infant mortality has been high but has improved. Most deaths occur in the first month after birth and are often related to premature birth
- Breast feeding is important in giving a good start to life. Newham has high rates of breast feeding initiation. This gives us a solid base on which to work
- Childhood immunisation rates did substantially improve but have now fallen off. An action plan is in place to address this
- Newham has the highest numbers of children in care and one of the highest proportions of children in care for long periods. Health outcomes for young people in care have improved greatly but educational attainment for this group is still below average
- It is estimated that there are around 4,000 disabled children under 19 years in Newham and a similar number with mental disorders. The Child Development Centre deals with children with complex needs and demand for their services has increased twofold since 2005
- Infant mortality rates remain higher in Newham compared to London and England averages, but over the last five years this gap has halved. Similar trends are present across all age groups in Newham
- Reception year children in Newham have the second highest rates of obesity in the country. This is of concern and Newham is seeing numbers of children with type 2 diabetes as a result
- A baseline survey of 3 year old children (2007) showed that 27% had experienced tooth decay, this compares to 25% for Tower Hamlets and 16% for City and Hackney. There has been significant improvement in the oral health of 5 year olds in the last eight years however a survey in 2008 showed the mean number of decayed, missing or filled teeth was 2.14 for Newham compared to 1.31 for London.

### 5.5.5 Health of Adults

Newham has lower life expectancy and higher rates of premature mortality than other boroughs in London. Female life expectancy is the lowest in London. The main killers are cardiovascular disease, cancer and respiratory disease. Prevalence of diabetes is the third highest in the country and highest in London. South Asian and Black communities are at higher risk of diabetes and tend to develop it earlier in life. Premature mortality from Coronary Heart Disease and stroke and admissions for heart attack are amongst the highest in London.

- Incidence of cancer in Newham is in general lower than the London average; however the mortality rate is higher. Local work suggests that this is due to late presentation. Uptake of cancer screening rates is too low, which reflects trends across London. Improvements are being to reduce the proportion of adults reporting late
- Mortality from respiratory diseases is high but has been decreasing. The death rates from Chronic Obstructive Pulmonary Disease and asthma in Newham are amongst the highest in London. Tuberculosis incidence rates are the highest in the country; however, the majority of infections were not acquired in this country

- There are an estimated 35,000 people suffering from common mental illness in Newham. Most people are treated in community settings but some people will be admitted for inpatient care, and admissions in Newham are higher than the national average for both affective disorders and for severe mental illness such as schizophrenia
- Dementia is a progressive degenerative condition and one of the main causes of disability in older people. Crude rates in Newham are low but this is likely to be due to the age structure of the population with fewer older people
- Sexual Health services include contraception, abortion and treatment for sexually transmitted infections. Some sexually transmitted diseases, e.g. Chlamydia and herpes have been increasing although the Chlamydia screening programme has detected many cases that will have previously been undiagnosed. There are over 1,200 people living with HIV, which in two thirds of cases are heterosexually acquired.

## 5.6 Conclusion

This JSNA refresh has described the key influences on the health, well being and social care needs of residents of Newham, and in particular has drawn out key themes that have emerged from work carried out since the first JSNA in 2008.

The key findings of this document include:

- The life expectancy gap between Newham and England has narrowed in the last ten years. At the same time these improvements have failed to keep pace with the increasing London average life expectancy
- Current health improvement activity on diet, alcohol, smoking and exercise is not meeting the needs of Newham; this JSNA shows that rates of improvement in life expectancy and mortality rates continue, but the gap between the area and London averages remain wide. All age, all cause mortality for Newham declined from 1999-2009, however rates are still significantly higher than England and London averages
- For males aged under 75, 32% of all causes are related to circulatory diseases, 26% to cancer and 8% to respiratory illness. For females aged under 75, 35% of all causes are related to cancer, 25% to circulatory diseases and 10% to respiratory illness. Standardised mortality rates for these diseases are above London and England averages. Circulatory and respiratory diseases are the areas of greatest concern, with Newham in the bottom quintile of London boroughs by standardised mortality rate
- Long term conditions are increasing; for example, there are over 18,000 people with diabetes in Newham and the numbers are rising
- Newham's population is ageing, for example the population over 75 will rise by a third by 2031, in line with the growth in the wider population. This is significant as older people have a higher prevalence of chronic diseases and need for services
- There are areas of Newham where the residents consistently experience poorer levels of health, employment, educational achievement, lifestyle risk factors, crime and income. Whilst the health of Newham's residents has improved, the gap persists. However unlike other areas in London, these differences are narrow
- Levels of obesity and alcohol consumption are a problem in Newham, which may lead to increases in diabetes, cardiovascular and liver diseases within the borough
- There are relatively high numbers of 'new arrivals' into Newham, including those from parts of Africa, Asia, the Middle East, and Eastern Europe. These groups may have particular health and social care needs.

The key messages to commissioners are to continue the focus on areas identified in 2009, respond to emerging themes including the growth in people with complex needs, the need for earlier diagnosis and to address inequalities and address lifestyle choices that impact negatively on health and wellbeing in Newham.

