NEWHAM
JOINT STRATEGIC NEEDS
ASSESSMENT 2011/12
September 2012 Update
ACKNOWLEDGEMENTS

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Rachel Flowers - Joint Director of Public Health, September 2012
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1. OVERVIEW

This document is a mid-year update of the fourth Joint Strategic Needs Assessment (JSNA), first published in December 2011, and covers the period of 2011/12.

KEY MESSAGES

The key messages to be taken from this report are:

• The Newham population estimated from the 2011 Census is notably larger than previous official estimates suggested. The population is now estimated to be around 308,000 people (see page 9 for information about the latest figures).

• Whilst life expectancy and death rates from major diseases in Newham have been improving, the gaps between Newham and the averages for London and England remain. (page 16)

• We are seeing the emergence of new health inequalities between different parts of Newham. The gap in life expectancy between the best and worst wards is now 11.5 years for men and 13.5 years for women. (pages 16 and 17)

• Newham’s premature mortality rate is the 3rd worst in London and significantly worse than the London and national averages. This means that more people in Newham are dying early from potentially preventable conditions. (pages 20 and 21)

• Newham has the second worst one year survival rate for cancer in England. Whilst Newham residents are no more likely to get cancer than anywhere else, this means that those who do are far less likely to be still alive one year after diagnosis than almost any other local authority area. (Page 18)

• Newham has high rates of children living in poverty and of deaths occurring in the first year of life. (pages 24-25)

• Poor health outcomes in Newham can be explained as being the result of an interaction between socio-economic deprivation, high levels of high risk health behaviours, access to high quality health services and individual’s health seeking motivation.

• Addressing health inequalities in Newham will require a partnership approach which encompasses all the different factors which impact on health.

The Marmot Review¹ emphasised the importance of different influences on health throughout the life course, and we reflect that theme throughout this document. Addressing these issues will require co-ordinated commitment from all Newham partners, using the universal proportionalism approach, through which people are supported (or enabled) according to need.

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¹ Fair society healthy lives’ (the marmot review) http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
KEY FINDINGS

- **Deprivation:** Newham is the third most **deprived** local authority area in England. (page 12)

- Overall **smoking** rates in Newham are close to the national average, but smoking rates for certain groups are far higher including white British and east European men and women and Bangladeshi men. Around three quarters of adult residents report very low levels of physical activity. 40% of residents report that they eat the recommended minimum level of 5 pieces of fruit or vegetables every day. (pages 14 and 15)

- **Life expectancy** in Newham is on an upward trend for both men and women, but remains lower than the averages for London and England. For women the gap between Newham and England/ London is narrowing, but for men the gap has widened. (page 16)

- There are marked differences in life expectancy between different wards in Newham. The patterns for men and women are slightly different, but overall people living in Royal Docks and Green Street West can expect to live 10 years longer than people living in Canning Town North or East Ham North. These inequalities are reflected in death rates from key diseases – circulatory, cancer and respiratory. (pages 16, 17, 19 and 20)

- There are significant differences in **premature mortality** rates between different wards for each of the most common causes of death - circulatory disease, cancer and respiratory disease. (pages 21, 22 and 23)

- Newham has the highest **birth rate** in England. In 2010 over 6200 babies were born to Newham residents. Over three quarters of these children were born to mothers who were themselves born outside the UK. (page 24)

- **Child immunisation** rates are below the averages for London and England, and below the national standard level required to achieve herd immunity (page 26)

- Newham children have the second highest rates of **dental decay** in London at age 5 (page 26)

- Rates of **child obesity** are the 5th worst in England for Reception Class children and 10th worst for children in Year 6. (page 26)

- Newham has one of the highest rates of **Type 2 Diabetes** in England (page 28)

- The overall rate of **Sexually Transmitted Infection** is above the average for London and more than twice the average for England. (page 29)

- Newham has high **HIV** prevalence. There was a 3% increase in the number of Newham residents diagnosed with HIV between 2009 and 2010. The main group affected in Newham is black african heterosexuals. Heterosexual people are more often diagnosed late (43%) than men who have sex with men (15%) (page 29 and 30)

- Newham has the highest **Tuberculosis (TB)** rate in England. There was a 25% increase in TB notifications in Newham in 2011 compared to 2010. (page 30)
**RECOMMENDATIONS**

This JSNA has highlighted how poor health outcomes in Newham reflect disadvantage and risk exposure throughout the life course, culminating in a pattern whereby too many people present to the NHS late and with advanced stage of potentially preventable conditions.

This pattern is costly and unsustainable, both in terms of the impact on individual wellbeing and in terms of the financial cost to health and social care providers.

Health inequalities are the result of a complex interplay between socio-economic experience, individual life styles, personal and community norms and the quality of health services throughout the life course.

Turning round the pattern of health inequalities in Newham will therefore require coordinated partnership work between the Local Authority, NHS and community sectors and across the life course in order to:

- Equip our residents, and especially our young people, with the skills, knowledge and personal resilience to make healthy choices for the rest of their lives.
- Work with targeted highest risk communities to understand and transform patterns of normative health behaviour and overall health aspirations.
- Provide accessible and effective primary and secondary prevention options for people with early stages of disease to slow or prevent their onset.

Activities in each of these areas will be supported by on-going action to:

- Promote socio-economic resilience
- Improve the quality of health and social services.

Our aim underpinning these approaches should be to promote individual and community health resilience to improve the wellbeing of Newham residents and reduce local health inequalities.

The key delivery partners will include the council, Newham Clinical Commissioning Group, other NHS and statutory sector providers, together with community and voluntary sector organisations.
2. INTRODUCTION

The data in this document have been refreshed to ensure that the contents are up-to-date to inform local commissioning at this time of transition, and to make best of use of the first release of Census data. The form of the document remains an overarching JSNA, designed to be more compact than previous years. Work is now underway to develop Local Area Profiles with local community forums and key local stakeholders.

Newham’s 2010 JSNA defined nine key priorities:

- Lifestyle factors
- Well-being and emotional resilience
- Maternity and early years
- Cancer and circulatory disease
- Education and employment
- Long term conditions and disability
- Timely access to excellent services/support
- Crime/fear of crime
- Housing

The 2011/12 JSNA continues with these key themes and also follows a ‘life course’ approach.

3. WHAT IS THE JOINT STRATEGIC NEEDS ASSESSMENT?

The Joint Strategic Needs Assessment (JSNA) is a requirement under the Local Government and Public Involvement in Health Act 2007. This Act stipulates that local authorities and Primary Care Trusts (PCTs) should work jointly to produce the JSNA, in order to produce a picture of the health and well-being needs of the local population. The 2012 Health and Social Care Act amended this requirement. From April 2013, local authorities and clinical commissioning groups (CCGs) will have an equal and joint duty to prepare the JSNA, working through the health and wellbeing board.

There is a JSNA core dataset, that includes local demographic information, patterns of illness, wider determinants of health (such as housing, crime and employment) and the use of services. It allows for benchmarking of the borough both against London and England averages and within ward areas. By comparing health and social care data, recommendations are made in order to improve the health of the local population.

The JSNA will be owned by the Health and Well-being Board and will inform the development of local strategies and plans, including the Health and Well-being Strategy.

4. A FRAMEWORK FOR THE JSNA: USING THE LIFE COURSE APPROACH

Sir Michael Marmot and others have defined the ‘life course’ approach through the report: ‘Fair Society, Healthy Lives’\(^1\). There is clear evidence that disadvantage in life starts before birth and accumulates throughout life.
The ‘Marmot Report’ identified six policy areas that require action if health inequalities are to be reduced, based on a thorough examination of the evidence, these are as follows:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives and life chances
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create sustainable communities and places that foster health and well-being
6. Strengthen the role and impact of prevention

This year the JSNA has been written using the key life stages described in Marmot’s report. The report describes:

- The population demographics of Newham
- The determinants of health and well-being in Newham, and then,
- Health and well-being through the life course in Newham:
  - early years;
  - children and young people;
  - staying healthy;
  - health conditions in the adult population;
  - and older people.
5. MAIN REPORT

POPULATION

The 2011 National Census estimates that the total population of Newham is 308,000\(^2\). The borough has an unusually young age profile in comparison to the age profile for England. Newham has a larger than average proportion of people aged under 10 years, and aged 20 and 39 years, with a correspondingly smaller than average proportion aged 40 and above.

People aged 65 and over make up a relatively small proportion of the Newham population in comparison to London and England as a whole. In 2011 just 6.7\% of Newham’s population was estimated to be aged 65 and over (around 20,700)\(^2\) compared to 16.5\% nationally.

52\% of the borough’s population are males, a higher proportion than the national average of 49.2\%. This may in part be explained by the younger age structure of the Newham population. Women live longer than men, but warrants further investigation.

Figure 2: Age & Sex Population Pyramid for Newham Compared to England 2011

![Age & Sex Population Pyramid](source)


About Population Estimates: The first data release for the 2011 Census gives the most accurate information about our total population. However, the full census dataset, which will give more detailed information about our population, will not be available until late 2012. The remainder of this document, therefore, utilises the best available modelled datasets to make the estimates about our population.
**Ward Level Age Profiles**

There is marked variation in age profile between different wards. The proportion of people aged over 65 living in each ward ranges from 4.5% (Beckton) to 11.1% (Plaistow South). The proportion of people aged under 18 living in each ward ranges from 23.7% (Plaistow South) to 36.5% (East Ham South).

**Table 1: Population age profile by ward**

<table>
<thead>
<tr>
<th>Area Name</th>
<th>Under 18</th>
<th>18 - 64</th>
<th>65 plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLAND*</td>
<td>21.1</td>
<td>62.4</td>
<td>16.5</td>
</tr>
<tr>
<td>LONDON</td>
<td>23.0</td>
<td>66.0</td>
<td>11.0</td>
</tr>
<tr>
<td>NEWHAM</td>
<td>26.8</td>
<td>66.1</td>
<td>7.1</td>
</tr>
<tr>
<td>Beckton</td>
<td>22.7</td>
<td>73.2</td>
<td>4.1</td>
</tr>
<tr>
<td>Boleyn</td>
<td>28.3</td>
<td>63.3</td>
<td>8.4</td>
</tr>
<tr>
<td>Canning Town North</td>
<td>29.5</td>
<td>63.6</td>
<td>7.00</td>
</tr>
<tr>
<td>Canning Town South</td>
<td>28.1</td>
<td>63.4</td>
<td>8.5</td>
</tr>
<tr>
<td>Custom House</td>
<td>27.6</td>
<td>64.0</td>
<td>8.4</td>
</tr>
<tr>
<td>East Ham Central</td>
<td>28.5</td>
<td>64.6</td>
<td>6.9</td>
</tr>
<tr>
<td>East Ham North</td>
<td>30.5</td>
<td>63.7</td>
<td>5.8</td>
</tr>
<tr>
<td>East Ham South</td>
<td>33.5</td>
<td>58.4</td>
<td>8.1</td>
</tr>
<tr>
<td>Forest Gate North</td>
<td>25.1</td>
<td>68.0</td>
<td>7.0</td>
</tr>
<tr>
<td>Forest Gate South</td>
<td>23.3</td>
<td>71.4</td>
<td>5.3</td>
</tr>
<tr>
<td>Green Street East</td>
<td>28.9</td>
<td>64.3</td>
<td>6.8</td>
</tr>
<tr>
<td>Green Street West</td>
<td>26.8</td>
<td>65.6</td>
<td>7.7</td>
</tr>
<tr>
<td>Little Ilford</td>
<td>31.0</td>
<td>62.5</td>
<td>6.5</td>
</tr>
<tr>
<td>Manor Park</td>
<td>26.4</td>
<td>64.6</td>
<td>9.0</td>
</tr>
<tr>
<td>Plaistow North</td>
<td>27.3</td>
<td>64.9</td>
<td>7.87</td>
</tr>
<tr>
<td>Plaistow South</td>
<td>20.2</td>
<td>68.9</td>
<td>10.9</td>
</tr>
<tr>
<td>Royal Docks</td>
<td>22.1</td>
<td>72.8</td>
<td>5.1</td>
</tr>
<tr>
<td>Stratford and New Town</td>
<td>21.8</td>
<td>72.2</td>
<td>6.00</td>
</tr>
<tr>
<td>Wall End</td>
<td>30.4</td>
<td>63.3</td>
<td>6.3</td>
</tr>
<tr>
<td>West Ham</td>
<td>27.8</td>
<td>64.7</td>
<td>7.6</td>
</tr>
</tbody>
</table>

*Source: GLA Round 2011 Population Projection SHLAA - PUBLISHED APR 2012*

**Population Growth**

The total population of Newham increased from approximately 244,000 in the 2001 Census to 308,000 in the 2011 Census. Some of that increase may be explained by improved census completion in 2011, but the increase also reflects increasing regeneration in the past decade and migration into the borough. Housing development and regeneration will accelerate during the next decade across several areas of Newham, which is likely to result in continued population growth.

Local modelling, taking account of housing development as well as migration, birth and deaths, predicts a population increase of over 30,000 people between 2011 and 2016, an increase of around 10%. The largest growth is expected in Stratford and New Town and Canning Town South (around 11,000 and 5,000 people in each, a 55.8% and 34% increase respectively).

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* Numbers may not sum due to rounding
Ethnicity Profile
Until further information becomes available from the 2011 Census, the best available estimates of the ethnicity profile for Newham come from GLA 2010 ethnic group projections*. These projections reflect the considerable ethnic diversity of Newham.

Table 2: GLA ethnic breakdown

<table>
<thead>
<tr>
<th>GLA Aggregated ethnic Group</th>
<th>2011</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>80,107</td>
<td>29.8</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>17,833</td>
<td>6.6</td>
</tr>
<tr>
<td>Black African</td>
<td>42,863</td>
<td>15.9</td>
</tr>
<tr>
<td>Black Other</td>
<td>8,246</td>
<td>3.1</td>
</tr>
<tr>
<td>Indian</td>
<td>31,066</td>
<td>11.6</td>
</tr>
<tr>
<td>Pakistani</td>
<td>28,808</td>
<td>10.7</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>28,495</td>
<td>10.6</td>
</tr>
<tr>
<td>Chinese</td>
<td>4,365</td>
<td>1.6</td>
</tr>
<tr>
<td>Other Asian</td>
<td>12,933</td>
<td>4.8</td>
</tr>
<tr>
<td>Other</td>
<td>14,137</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Source: GLA 2010 Round Ethnic Group Projections – SHLAA

The population of Newham, in terms of ethnic group, varies substantially by age group. Of people aged under 20 years, 20.7% of the population are black African and 16.5% are Bangladeshi. Of people aged 20-64 years, 15% of the population are black African and 8.7% are Bangladeshi. In contrast, 16% of the under 20s age range population are white, rising to 33% of the 20-64 age range population and 55% of 65 years and over population.

Gay, Lesbian, Bisexual and Transgendered Residents
There are no clear figures indicating how many gay, lesbian, bisexual and transgendered residents there are in Newham. National estimates indicate that between 5 to 7% of the population is gay, lesbian bisexual or transgender5 and that the proportion may be higher in London than elsewhere in the UK6. If applied to the Newham population, this would suggest at least between 15,400 and 21,560 people identifying themselves as gay, lesbian, bisexual or transgender in the borough.

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* Whilst Mayhew Harper Associates (NKM) has been demonstrated to have used a more accurate method of counting the population, only 13.8% of the population within this model have an identified ethnicity
6 Stonewall 2009
THE DETERMINANTS OF HEALTH AND WELL-BEING

SOCIOECONOMIC DETERMINANTS OF HEALTH

As the Marmot Review\(^7\) restated, socioeconomic status is an important predictor of health status. The exact relationship between the ‘wider determinants of health’ (for example, income, housing quality, education) and individual health outcomes is complex, but has a profound impact on health. Socioeconomic status is a useful predictor of health outcome, particularly at a population level, but does not, on its own, explain any one individual’s health outcomes.

**Deprivation**

Based on the Index of Multiple Deprivation (IMD)\(^*,\) Newham is the 3\(^{rd}\) most deprived local authority area in the country\(^8\). In 2010, all (20 out of 20) of Newham wards were ranked in the 20\(^{th}\) most deprived in the country and 8 were ranked in the 5\(^{th}\) most deprived.

Figure 3 shows variation in deprivation within Newham based on the IMD. The chart divides Local Super Output Areas into quintiles based on deprivation index score. The higher the IMD score, the more deprived an area is so that the areas shaded dark blue are more deprived than those in lighter shades.

**Figure 3: Newham Index of Multiple Deprivation Score by Local Super Output Area, 2010**

![Newham Index of Multiple Deprivation Score by Local Super Output Area, 2010](source: communities.gsi.gov.uk)

**Employment**

According to the Office for National Statistics (ONS) Annual Population Survey, in Apr 2011-Mar 2012 Newham had an unemployment rate of 14.6\% (the highest in London) compared to 13.0\% in Tower Hamlets (2\(^{nd}\) highest), 12.5\% in Enfield (3\(^{rd}\) highest) and 9.3\% in London\(^9\).

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\(^7\) Mortality Fair Society, *Healthy Lives* – a Strategic Review of Health Inequalities in England post-2010

\(^8\) The IMD 2007 score is a composite measure based on 38 indicators grouped in seven domains: income; employment; health deprivation and disability; education, skills and training; barriers to housing and services; crime; living environment. Each domain’s contribution to the overall score is weighted differently, with income and employment deprivation weighted the most.

Housing
London has a higher percentage of local authority homes not meeting the decent homes standard than other parts of the country (25% local authority stock homes in London are non-decent compared to 16% in England in 2010). The proportion of non-decent homes in Newham is higher than the London average, with 27% not meeting the decent homes standard. The highest rates are reported in Havering with 57% and Tower Hamlets with 56%.

Newham has a high proportion of households living in fuel poverty, the 4th highest in London and the 2nd highest proportion of unfit dwellings10.

Recent data suggest that Newham has the highest proportion of housing classified as ‘overcrowded’ in London. In 2010, 17.9% of homes in Newham were defined as overcrowded compared to 7.5% in London11.

In Newham there were 2,710 households living in temporary accommodation in Quarter 1 of 2011, the number of households living in temporary accommodation in Quarter 1 of 2010 was 3,87312.

Homelessness
Although homelessness has a significant impact on the health of the local population, the problem is not extensive in Newham. In the period between April 2010 and March 2011, Newham had 97 households reported as being homeless and in priority need. This equates to a rate of 1.05 homeless households and in priority need, compared to a London average of 3.14 per 1000 households. Although the number of households reported as being homeless and in priority need in Newham is below the London average, the proportion of households in temporary accommodation is higher. Newham has a rate of 19.24 per 1000 households in temporary accommodation compared to a London average of 11.0513.

Crime
Violent crime impacts on health both directly and through its impact on the community. Rates of violent crime in Newham (31 offences per 1,000 population) are considerably higher than the London average (23 per 1,000)14. 48% of residents in Newham perceive anti-social behaviour to be a problem in the local area (the highest percentage of all London boroughs).

Road Traffic Incidents
Although levels of car ownership in Newham are low relative to the London average15, in 2011 74 people were killed or seriously injured on Newham's roads16.

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10 2006 ‘Housing Strategy Statistical Appendix’, CLG
12 CLG Places website, 2011
13 CLG 2011, Table 784: Local authorities’ action under the homelessness provisions of the Housing Acts: Financial year 2010-11
14 Place Survey, 2008
15 Newham, London, Local Economic Assessment, 2010 to 20279, published 2010
INDIVIDUAL LIFESTYLE DETERMINANTS OF HEALTH

Lifestyle factors may have a direct impact on individual health outcomes. For individuals who smoke, are inactive, have a poor diet, or abuse drugs or alcohol, lifestyle changes can have the most significant impact on their health.

Smoking
Smoking remains the single biggest preventable cause of ill health and premature mortality. Data from the Local Tobacco Control Profiles for England indicate that the proportion of adults who smoke in Newham is close to the national average – 21%. However, the impact of smoking on health in Newham is disproportionate, with the proportion of death that can be attributed to smoking being significantly worse than the national average. In contrast, the rates of smoking amongst women giving birth are significantly better than the national average.

Figure 4 shows estimates for the impact of smoking in Newham on a range of health outcomes, and allows comparison between Newham and the national picture.

Figure 4: Newham Local Tobacco Control Profile

Source: Local tobacco control profiles. London Public Health Observatory
Within the Newham population there is considerable variation in rates of smoking between different ethnic groups, and between men and women within ethnic groups. Highest rates of smoking are found in white British men and women, east Europeans and Bangladeshi and Pakistani men. The lowest rates are amongst Pakistani and Bangladeshi women.

**Physical Activity**

Two sources of data are available describing physical activity levels in Newham. The Sport England Active People Survey report for April 2012 states that 27.8% of Newham adults engage in moderately intense activity of 30 minutes at least once a week, one of the lowest participation rates in England. However, the Active People Survey focuses on sport participation as opposed to overall physical activity.

The Newham Household Panel Survey Wave 6 report found that 73% of residents took part in only one physical activity in previous 4 weeks. Physically active housework and brisk walking were the most commonly identified activities.

**Healthy Diet**

National guidance recommends that individuals eat at least 5 portions of different fruit and vegetables a day.

The Newham Household Panel Survey Wave 6 reported that 40% of Newham residents eat 5 A Day on at least 5 days a week.

**Substance Misuse**

**Drug Misuse**

In 2009/10 there were an estimated 2,049 Opiate/Crack Users (OCUs) in Newham. This is lower than the previous year’s estimate of 2,590 (This is a difference of 541, or 21% lower). There are an estimated 571 Opiate/Crack Users not known to treatment, or ‘treatment naïve’, or 28% of OCUs. Whereas, the previous year’s estimate stated that there were 1138 treatment naïve and therefore a much higher prevalence at 44%.

**Alcohol**

The crude rate of alcohol-specific hospitals stays aged under-18 years is significantly lower than the England average. In Newham 25.3 people aged under-18 per 100,000 were admitted to hospital due to alcohol-specific conditions in 2007/08 to 2009/10 (pooled), compared with 61.8 per 100,000 in England\(^\text{17}\). However, the age and sex standardised rate of admission to hospital for alcohol related harm per 100,000 population in 2010/11 for the whole of the Newham population was significantly worse than the England average. In Newham the rate was 2760 per 100,000 population and the England average was 1895 per 100,000\(^\text{17}\).

The proportion of the population estimated to fall into the category of “increasing and higher risk drinking” in Newham is 15.7%, which is lower than, but not significantly different to, the England average of 22.3%\(^\text{17}\). This suggests, therefore, that whilst Newham has a similar proportion of increasing and higher risk drinkers, those that do use alcohol are more likely to require admission to hospital for alcohol-related harm.

There were a total of 265 alcohol-related deaths in 2006-2010, of which, 86 were specific to alcohol. 70% of the alcohol-specific deaths were male and 33% of people were aged 45 to 54. The majority of people were born in the UK (55%). The second most common area of birth was Eastern Europe (14%)\(^\text{18}\).

\(^\text{17}\) Newham Health Profile 2012 accessed from [www.healthprofiles.info](http://www.healthprofiles.info)

\(^\text{18}\) Newham Drug and Alcohol Needs Assessment 2011-12
HEALTH OUTCOMES

High levels of socioeconomic deprivation combined with unhealthy lifestyles are likely to have a negative impact on local health outcomes. This section introduces some of the key health outcome indicators for Newham.

Life Expectancy

Life expectancy describes the average number of years that people can expect to live, Figure 5 demonstrates that life expectancy has been increasing in England, in London and in Newham. Life expectancy gap between Newham and London/England has narrowed for women however it has **increased** for men.

Female life expectancy in Newham is 81.1 years, one and a half years less than the England average of 82.6 (2008-10). Male life expectancy in Newham is 76.2 years, nearly two and a half years less than the England average of 78.6 years (2008-10).

**Figure 5: Trend of life expectancy at birth for males and females in Newham, London and England, 1991-1993 to 2008-2010**

![Graph showing trend of life expectancy](image)

*Source: The NHS Information Centre for health and social care*

**Gap in Average Life Expectancy in Newham**

Men in Little Ilford have an average life expectancy of 71.6 years- this is 11.5 years less than men in Green Street East, who have an average male life expectancy of 83.1. Women in Canning Town North have an average life expectancy of 76.6 years, which is 13.5 years less than the women within Royal Docks who have an average female life expectancy of 90.2 years.

The gap in life expectancy within Newham increased markedly between 2007-2009 and 2008-10. The life expectancy gap for 2007-2009 was 10.2 years for men and 10.6 years for women.
Figure 6: Life Expectancy Gap between Newham wards 2008-10 by Sex

<table>
<thead>
<tr>
<th>Ward</th>
<th>Males Life Expectancy</th>
<th>Difference in years</th>
<th>Females Life Expectancy</th>
<th>Difference in years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Ilford</td>
<td>71.6</td>
<td>-11.5</td>
<td>Canning Town North</td>
<td>76.6</td>
</tr>
<tr>
<td>East Ham North</td>
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<td>Custom House</td>
<td>78.9</td>
</tr>
<tr>
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<td>-7.8</td>
<td>Stratford and New Town</td>
<td>79.4</td>
</tr>
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<td>-7.1</td>
<td>Manor Park</td>
<td>80.7</td>
</tr>
<tr>
<td>Custom House</td>
<td>76.0</td>
<td>-7.1</td>
<td>Plaistow North</td>
<td>82.3</td>
</tr>
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<td>76.3</td>
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<td>82.3</td>
</tr>
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<td>West Ham</td>
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<td>-4.8</td>
<td>East Ham Central</td>
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</tr>
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<td></td>
<td>Newham</td>
<td>81.2</td>
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</table>

Source: The NHS Information Centre for Health and Social Care

Mortality Rates

Mortality rate reflects the number of deaths in a population, over a single unit of time (usually one year). Overall the mortality rate in Newham, (often expressed by a measure known as 'All Age All-Cause Mortality') for the total population (women and men combined) is the highest in London and significantly higher than the national average. The directly standardised rate (DSR)\(^{19}\) for men is the highest in London, 749 per 100,000 in Newham (compared to 656 per 100,000 in England). For women the DSR is the 2nd highest in London (533 per 100,000 compared to the London average of 438)\(^{20}\).

Newham has the highest directly standardised rate in London for mortality from all causes amenable to healthcare in ages under 75 (141 per 100,000 compared to a London average of 94)\(^{21}\).

Causes of Death (at all ages)

The main causes of death in Newham are cardiovascular disease, cancer and respiratory disease, as illustrated in Figure 7.

For men 34% of all deaths are related to circulatory diseases, 25% to cancer and 12% to respiratory illness. For women 31% of all deaths are related to circulatory diseases, 26% to cancer and 13% to respiratory illness.

\(^{19}\) Directly Standardised Rates (DSR) are the number of deaths are divided by the actual local population in a particular age group multiplied by the standard population for that particular age group and summed across the relevant age groups. The rate is usually expressed per 100,000

\(^{20}\) Mortality from all causes in males, females and persons all ages in London boroughs and England. 2008-2010. Directly age-standardised rates (DSR) per 100,000 population, all ages. National Statistics.

\(^{21}\) Mortality from causes considered amenable to health care in all persons in London boroughs and England. 2008-2010. Directly age-standardised rates (DSR) per 100,000 population (Various cause-specific ages). National Statistics.
Circulatory Disease, Cancers & Respiratory Disease

Life expectancy and mortality rates are improving; however Newham is still experiencing worse health compared to the rest of London.

Circulatory (cardiovascular) disease

Newham has the highest cardiovascular disease (CVD) mortality rate in the capital\(^22\). The ratio of observed prevalence of coronary heart disease in Newham (based on GP QOF disease registers in 2010/11) to estimated prevalence in 2011 (based on modelling that takes into account the age, gender and ethnic make-up of the population) is lower than the England average at 0.35, compared with 0.59\(^23\). The ratio of observed (in 2010/11) to estimated prevalence of hypertension (in 2011) is also lower than the England average, the ratio in Newham is 0.38 compared with 0.44 in England. This suggests that a large proportion of people with coronary heart disease (CHD) and hypertension in the Newham population are not receiving appropriate management in primary care. Emergency admission rates for CHD and stroke in Newham are significantly higher than the national rate\(^23\).

Cancers

Newham has the 5\(^{th}\) highest Directly Standardised mortality rate for all cancers across London\(^24\). Recently published figures show that Newham has the second worst one-year survival rate for cancer in England\(^25\). The main factors affecting one-year survival are late presentation by the patient and delayed referral by the GP\(^26\), both underlying factors across Newham’s relatively poor performance across all major diseases.

---


\(^{23}\) Cardiovascular disease PCT health profile for Newham, South East Public Health Observatory.

\(^{24}\) Mortality from all cancers in persons all ages in London boroughs and England. 2007-2009. Directly age-standardised rates (DSR) per 100,000 population, all ages. National Statistics.

\(^{25}\) One-year survival index (%) for all cancers combined, by calendar year of diagnosis: all adults (aged 15-99 years), Index of cancer survival for Primary Care Trusts in England - patients diagnosed 1996-2009 and followed up to 2010.

\(^{26}\) Department of Health (2011) Improving Outcomes: A Strategy for Cancer
Respiratory disease
Newham has the 6th highest mortality from Chronic Obstructive Pulmonary Disease (COPD) in London (a standardised mortality ratio of 139 compared to a London average of 97)\(^{27}\), which is due to higher smoking rates in some population groups.

Causes of Death by Ward
There is considerable variation in mortality rates between wards in Newham, as shown in figures 8, 9 and 10. These charts should indicate priority development areas for service priority development.

Circulatory (cardiovascular) disease
The lowest directly standardised mortality rate for circulatory diseases at all ages is in Royal Docks (DSR 102.1) and the highest in East Ham North (DSR 494.6).

Figure 8: Directly Age Standardised Rate mortality from all circulatory diseases, all ages, per 100,000, by Newham wards 2006-2010

Cancers
The directly standardised mortality rate\(^*\) for cancer at all ages is lowest in Green Street East (DSR 109.3) and highest in East Ham North (DSR 236.8).


The DSR for an area is the number of deaths, expressed per 100,000, that would occur in that area if it had the same age structure as the standard population and the local age-specific rates of the area applied.
Respiratory disease
The directly standardised mortality rate for respiratory disease is lowest in Green Street East (DSR 44.6) and highest in East Ham North (DSR 163.9).

Premature Death (under the age of 75)
Premature mortality refers to those people who die before the age of 75 years. Newham has a significantly higher rate of premature mortality (measured as DSR) than the London and England averages. Newham has the third highest DSR for premature mortality from all causes in London, see figure 11.
Figure 11: Directly Standardised Rate mortality from all causes ages under 75, per 100,000, 2008-10

Source: The NHS Information Centre for health and social care

Causes of Premature Death (under the age of 75) by Ward

Circulatory (cardiovascular) disease
Figure 12 shows the variation around premature mortality rates (measured as DSR) from circulatory diseases within Newham. The highest directly standardised premature mortality rate is in Little Ilford (DSR 168.8) and the lowest is in Royal Docks (DSR 44.8).

Figure 12: Directly Age Standardised Rate premature mortality from all circulatory diseases, per 100,000, by Newham wards 2006-2010

Source of Numerator: ONS Annual death extracts 2006 to 2010
Cancers
Figure 13 shows the variation around premature mortality rates (measured as DSR) from cancer within Newham. The highest directly standardised premature mortality rate is in Canning Town North (DSR 144.5) and the lowest is in Boleyn (DSR 70.1).

Figure 13: Directly Age Standardised Rate premature mortality from all cancers, per 100,000, by Newham wards 2006-2010

Source of Numerator: ONS Annual death extracts 2006 to 2010

Respiratory disease
Figure 14 shows the variation around premature mortality rates (measured as DSR) from respiratory diseases within Newham. The highest directly standardised premature mortality rate is in Canning Town North (DSR 63.1) and the lowest is in Royal Docks (DSR 15.5).
Figure 14: Directly Age Standardised Rate, per 100,000, premature mortality from all respiratory diseases by Newham wards 2006-2010 (NB: Figures for Green Street East Withheld because <5)

Source of Numerator: ONS Annual death extracts 2006 to 2010
HEALTH & WELLBEING THROUGH THE LIFE COURSE

EARLY YEARS

Birth
Newham has the highest birth rate in England (113.9 live births per 1,000 female population of reproductive age) compared to the London average (72.1); and this in turn is higher than the England average (65.5)\(^\text{28}\). In 2010 there were 6,262 live births to Newham residents\(^\text{29}\).

In 2010, over 76% of these babies were born to mothers who themselves were born outside the UK. The largest percentage was from Asia & the Middle East (49%), followed by Africa (25%) and the EU (20%)\(^\text{30}\).

An association has been shown between low birth weight and adverse health both in later childhood and in adulthood. Newham has the second highest proportion of new-borns with low birth weight (less than 2500g) in London.

Infant Mortality
Infant mortality rate reflects the number of deaths under one year of age for every 1,000 live births. The infant mortality rate in Newham in 2010 was 5.3 per 1,000 live births, compared with the England average of 4.6 and the London average of 4.5\(^\text{31}\).

Figure 15: Infant mortality (rate per 1,000 births) 2008-10, pooled

![Infant Mortality Chart]

Source: The NHS Information Centre for health and social care

Breastfeeding

\(^{28}\) Office of National Statistics 2011

\(^{29}\) Office for National Statistics, 2010 (taken from Newham Child Health Profile 2012 [www.chimat.org.uk](http://www.chimat.org.uk))

\(^{30}\) Office of National Statistics 2010

\(^{31}\) Infant Mortality Profiles 2010, accessed from [www.chimat.org.uk](http://www.chimat.org.uk)
Breast feeding initiation rates in Newham in 2010/11 were similar (86%) to the London average (88%) and higher than the national average (75%). However, at 6 to 8 weeks, exclusive breastfeeding prevalence in Newham was lower than the national average.

CHILDREN & YOUNG PEOPLE

Child Poverty
The HMRC define poverty as: “The proportion of children living in families in receipt of out of work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60 per cent of median income.” In Newham, the proportion of children (age under 16 years) in poverty in 2009 was 38.2%. The London average, by comparison was 29.7% and the England average was 21.9%.

Figure 16: Map of London Showing Relative Levels of Child Poverty (Newham highlighted in red)

% Children living in poverty

<table>
<thead>
<tr>
<th>Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.4 – 20.2</td>
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<tr>
<td>20.3 – 27.0</td>
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<td>27.1 – 32.6</td>
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<tr>
<td>32.7 – 37.0</td>
<td></td>
</tr>
<tr>
<td>37.1 – 50.9</td>
<td></td>
</tr>
</tbody>
</table>

Contains Ordnance Survey data © Crown copyright database right 2012

Source: Newham Child Health Profile 2012, Children and Maternal Health Observatory

Disabilities
The Newham Disabled Children and Young People’s Service caseload numbers (on a week by week basis) nearly halved in two years, from 788 in September 2009 to 377 in December 2011.

Emergency Admissions
Hospital admissions data for health conditions such as asthma, diabetes and epilepsy suggest that improved community management of long-term conditions in children could be strengthened, to prevent emergency admissions.

In 2010/11, Newham had the third highest rate of emergency hospital admissions for diabetes in children and young people aged under-19 years in London, at a rate of 86.0 admissions per 100,000 population. The average rate for London was 56.9 admissions per 100,000 and the average for England was 65.1 per 100,000.

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33 Newham Child Health Profile 2012 accessed from [www.chimat.org.uk](http://www.chimat.org.uk)
34 CHIMAT Disease Management Information Toolkit - Paediatrics
The emergency admission rate for asthma for children aged under-19 in Newham in 2010/11 was 331.0 per 100,000 population, compared with the London average admission rate of 239.4 and the England average of 224.6.

The emergency admission rate for epilepsy for children aged under-19 in Newham in 2010/11 was 96.0 per 100,000 population, compared with the London average admission rate of 70.4 and the England average of 80.1.

In 2010/11, 953 children aged 0-17 years were admitted to hospital following an injury, this equates to an admissions rate of 1,436.4 per 100,000. In comparison the average rate of admissions in London was 1,243.8 and in England it was 1,466.

**Oral Health**

There have been significant improvements in the oral health of five year-old children over the past eight years. However dental decay remains much higher than the London and national average with Newham having the second highest rates of dental decay in London in this age group.

**Obesity**

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception Class and in Year 6 and calculates their BMI by comparison to the 1990 UK growth charts. As these growth charts are based on a largely White British sample there is some criticism that they may not accurately reflect the overall obesity risk to individuals from other ethnic groups, which comprise over 90% of the Newham school age population. Advice from the National Obesity Observatory is that the charts may understate the risk to children from South Asian ethnic groups, including Bangladeshi, Indian and Pakistani, but overstate the risk to children from Black African and Black Caribbean groups. As children from the south Asian groups form a greater proportion of the local school age population the overall impact for Newham at population level may therefore be to understate the risk from obesity for Newham children.

Based on 2011 NCMP data, 12.9% of Reception Class children in Newham were obese, the 5th highest in England. The rate for boys was 14.6% (5th highest) and for girls was 11.3% (8th highest).

Based on 2011 NCMP data, 24.7% of Year 6 children in Newham were obese, the 10th highest in England. The rate for boys was 26.9% (10th highest) and for girls was 22.3% (13th highest).

**Immunisation**

The level of immunisation against measles, mumps and rubella (MMR) by age 2 (first dose only) is lower than national average, at 80.8% in 2010/11, compared with the London average uptake of 83.8% and the England average of 89.1%. The World Health Organisation recommends community immunity levels of around 95% to prevent outbreaks of measles, mumps and rubella. There has been a recent increase in measles cases in England and Wales, the Health Protection Agency report that almost twice as many confirmed cases of measles were reported to them in the first six months of 2012, compared to the same period in 2011.

The level of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 (complete course) is also lower than the national average, at 88.5% in 2010/11, compared with the London average uptake of 92.9% and the England average of 96.0%. In England and Wales, the total number of confirmed reports of pertussis cases in the first six months of 2012 was more than twice the number of cases in the whole of 2012.

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Mental Health
The inpatient admission rate for mental health conditions in children aged 0-17 in Newham in 2010/11 was 120.6 per 100,000 population. This is higher than the London admission rate of 110.7 per 100,000 and the England rate at 109.4\(^\text{34}\).

The crude rate of inpatient admissions for self-harm per 100,000 population aged 10-17 years in 2010/11 in Newham was 108.5. This was higher than the rate of admissions for self-harm in this age group in London (96.7) and lower than the admission rate for England (158.8)\(^\text{34}\).

Teenage Pregnancy
Teenage pregnancy rates in Newham have shown an overall downward trend since 1998/2000, however they still remain higher than both England and London average, see figure 17. In 2010, the under-18 conception rate in Newham was 47.2 per 1,000 population, compared with 37.1 per 1,000 population in London and 35.5 per 1,000 population in England. Approximately 59\% of under-18 conceptions in Newham in 2010 lead to an abortion, suggesting that a large proportion of these teenage pregnancies were unplanned.

Figure 17: Trend of teenage pregnancy rates per 1,000 female population aged 15-17 (using 3 year rolling averages)

![Graph showing teenage pregnancy rates](source: Office for National Statistics and DfE)

HEALTH CONDITIONS AND DISABILITIES IN THE ADULT POPULATION

Disabilities
Local data suggests that of the working age population, 19.49\% of females and 15.99\% of males in Newham have a disability, compared with 18.57\% and 12.90\%, respectively, in London\(^\text{38}\). The proportion of the population who are disability living allowance claimants or incapacity benefit claimants is, for most age groups, slightly higher than, but broadly similar to, the London average, see table 3.

\(^{38}\) Newham Info, based on data from October 2010-October 2011
Table 3: Disability Living Allowance and Incapacity Benefit Claimants as a % of the population in Newham and London, Q4 2011

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Disability Living Allowance Claimants (% of population) Q4 2011</th>
<th>Incapacity Benefit Claimants (% of population) Q4 2011</th>
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<tr>
<td>16-24</td>
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</tr>
<tr>
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<td>19.43</td>
</tr>
<tr>
<td>60-69</td>
<td>19.32</td>
<td>19.51</td>
</tr>
<tr>
<td>70+</td>
<td>13.75</td>
<td>11.60</td>
</tr>
</tbody>
</table>

Diabetes
Newham has one of the highest recorded levels of diabetes in the country\(^{39}\). In primary care, quality and outcome indicators are generally relatively good compared to London. Management of blood pressure and cholesterol in CHD and diabetic patients is generally well above the London average. Conversely, HbA1C, an indicator of diabetes control, has been in the bottom quadrant in London.

Mental Health
Suicide is a high level indicator of mental health need in a population, and Newham has the tenth highest rate in London. Recorded prevalence of serious mental illness is higher than the national average, reflecting factors such as homelessness and substance misuse. Overall prevalence of dementia is lower than the London average due to the younger population. However, 7% of over 65s are estimated to suffer from dementia and there is evidence of significant levels of under-reporting or under-diagnosis in primary care.

Measuring and understanding mental health needs is complex. This is particularly so for identifying low level mental health needs. Mental health problems are clearly associated with a number of the other health issues identified in this needs assessment. For example, it is known that people with mental health problems tend to have poorer physical health and often find it difficult to access employment. It is therefore important that work is done to gain better understanding of the mental health needs of the Newham population to support work moving forward.

Carers
People with a long-term condition are often looked after by a friend or relative, otherwise known as a carer. Newham had the third highest level of people offering unpaid care of 50 hours a week or more during the Census 2001, in London. See Figure 18 below.

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\(^{39}\) QOF, 2010/11.
Sexually Transmitted Infections (STIs), including HIV

Overall, Newham has the 9th highest diagnosis rate for acute STIs in London, out of 33 local authority areas\(^40\), and London has higher rates of diagnosis than the England average.

Chlamydia is the most commonly reported bacterial STI reported in the UK, but is likely to under-diagnosed because it often has no symptoms\(^40\). Without treatment it can lead to complications, including infertility in women. In 2011, the rate of diagnosis of chlamydia per 100,000 of the Newham population was higher than the rate of diagnosis in both the London and England in the total population and also in people aged 15-24 (see table below). In 2011, there were 1424 diagnosed cases of chlamydia in Newham\(^41\). Of these, 1015 diagnoses were in people aged 15-24, and 407 diagnoses were in people aged 25 and over.

The rates for the diagnosis of Gonorrhoea and Herpes in Newham were higher than rates of diagnosis in both London and England. Rates of diagnoses of syphilis and genital warts were lower in Newham when compared to London but higher than in England (see table below). In 2011, there were 282 diagnoses of gonorrhoea infection in Newham, 243 diagnoses of herpes, 34 diagnoses of syphilis and 381 diagnoses of genital warts.

Table 4: Rates of acute STI diagnosis per 100,000 population in Newham, London and England

<table>
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<th>Rates of acute diagnosis per 100,000 population (2011)</th>
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<tbody>
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<tr>
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<tr>
<td>Herpes</td>
<td>101.2</td>
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<tr>
<td>Syphilis</td>
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<tr>
<td>Warts</td>
<td>158.7</td>
</tr>
<tr>
<td>All STI diagnoses</td>
<td>1651.6</td>
</tr>
</tbody>
</table>

\(^40\) http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Chlamydia/

\(^41\) Health Protection Agency Sexually Transmitted Infections Annual Data 2011 accessed from http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1201094610372
In terms of age, men in the 25-34 years age group, and women in the 20-24 years age group are the most affected by STIs. In terms of gender and sexual orientation, diagnosis rates are higher for men (59.4% of new STI diagnoses in London in 2011) compared with women (40.5%)\(^4\). Men who have sex with men accounted for 14.4% of all new STI diagnoses in London in 2011\(^4\).

Newham is classified as an area of high HIV prevalence, with 8.6 diagnosed people living with HIV per 1000 population (aged 15-59 years) in 2010\(^4\). A total of 1,401 people were diagnosed with HIV and were living in Newham in 2010. This represents a 3.09% increase since 2009.

The Health Protection Agency estimates that 26% of people who have HIV do not have an HIV diagnosis. This suggests that there are around 364 people living in Newham who have HIV and remain undiagnosed. 34% of HIV diagnoses made in Newham in 2010 were classified as ‘late’ diagnoses.

The main ethnic group in Newham that is affected is Black African heterosexuals who have consistently been the most frequently diagnosed group since 2009. Overall heterosexuals are diagnosed considerably later than men who have sex with men (MSM). 43% of heterosexuals in Newham were diagnosed late in Newham in 2010 compared to 15% MSM.

**Seasonal Influenza**\(^4\)

Uptake of the seasonal influenza vaccination remained at 74% (rounded) in the over 65s in Newham in 2011/12. This is above the CMO’s target of 70% and just below the recommended WHO uptake of 75% for this section of the population. Of people aged under 65 who are clinically at risk (excluding pregnant women), Newham’s uptake for seasonal influenza vaccination was 59%, a slight increase on 2010/11 for which uptake was 57%. 30% of the 7,524 pregnant women not in a clinical risk group and 45% of the 628 pregnant women who were in a clinical risk group in Newham had had the seasonal influenza vaccine.

**Tuberculosis (TB)**

Newham has historically had highest TB rates in England, with rates of disease approximately 8 times higher than the national average and 3 times higher than the London average. Over 90% of Newham residents notified with TB during 2011 were born outside the UK, with 50% having arrived in the UK in the past 5 years. These figures support the suggestion that the risk of TB transmission for the majority of Newham patients is exposure overseas. During 2011 TB notifications for Newham residents increased by 77 cases to 381 representing an increase of 25% from the previous year and of 40% since 2006.

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\(^4\) Health Protection Agency (2011) HIV in North East London: Epidemiology and Prevalence, 2010 data

\(^4\) Data Source: DH Seasonal Flu Data Tables 2011/12
Table 5: TB notifications Newham 2006-2011

<table>
<thead>
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<td>Newham Rate per</td>
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<td>London Rate per</td>
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<td>England Rate per</td>
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<td>14.9</td>
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<td>100,000</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Source Health Protection Agency 2011, 2012. (Rates based on ONS population estimates updated for 2011 to include Census data)

TB is not distributed evenly across Newham with 70% of patients living in three community forum areas to the north and east - Green Street, Manor Park and East Ham. The 40% overall increase in notifications since 2006 is almost wholly explained by increases in just two Community Forums – Green Street and Manor Park. In all other areas rates were either static or fell.

OLDER PEOPLE

2011 census figures show that there are around 20,700 people aged 65 and over living in Newham (around 6.7% of the population)44. 2010 estimates indicated that around 6,276 people aged 65 and over were living alone in Newham in 201045.

Limiting Long-Term Illness

Around 10,850 people aged 65 and over are thought to have a limiting long-term illness in Newham. 1,668 people are thought to have moderate or severe visual impairment; 8,000 have a moderate or severe hearing impairment; 210 a profound hearing impairment; 54 people are thought to have a moderate or severe learning disability; 1,630 have depression; 518 have severe depression and 1,342 have dementia46

Falls

According to national estimates around 5,069 people aged 65 and over are expected to have a fall in Newham (2,085 men and 2,984 women)46. Over 390 people aged 65 and over were admitted to hospital in Newham in 2009 as a result of a fall47.

Social Services

The percentage of the population who receive social care services increases with age from 8% of the estimated population aged 65-74, to 43% of the estimated population aged 85 and over.

442011 Census data
45 Mayhew Harper Associates, 2010
46 Projecting Older People Population Information System (POPPI), 2011
47 Hospital Episode Statistics
Table 6: Percentage of the 65+ population receiving social care services, by age 2009-10

<table>
<thead>
<tr>
<th>Age band</th>
<th>Receiving services</th>
<th>Population</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74</td>
<td>910</td>
<td>11350</td>
<td>8%</td>
</tr>
<tr>
<td>75-84</td>
<td>1380</td>
<td>6530</td>
<td>21%</td>
</tr>
<tr>
<td>85+</td>
<td>1070</td>
<td>2480</td>
<td>43%</td>
</tr>
</tbody>
</table>

Source: CareFirst, 2010 and GLA Population Projections

Newham provides social care services to a slightly higher proportion of its over 65 population than the London mean. Need increases substantially by age and the proportion of Newham’s 65+ population who are in the highest age range (85 and over) is relatively small (12%, the 4th lowest in London). From this it could be expected that the percentage of Newham’s 65+ population needing social care would be similarly low in comparison with London. However, certain factors that make a higher level of need amongst the older population more likely (for example, housing conditions, deprivation etc.) are more common in the Newham population.

Newham has a substantial preventive and low level delivery programme (e.g. Telecare, minor adaptations and equipment) that is not included in these statistics and which aims to reduce the reliance on traditional social care services and the long-term need for social care.

CARING FOR PEOPLE WITH A TERMINAL ILLNESS

1,231 Newham residents died in 2011 (provisional data). The majority of these people would have been aged over 65 but it is important to remember that terminal illness affects people of all ages, emphasising the value of a personalised approach to end of life care. Based on national findings, most people, when asked, state a preference for dying at home. However, in Newham in 2010 only 18.8% died at home and a much larger proportion died in hospital at 67.4%.

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48 ONS Death registrations summary tables, England and Wales, 2011 (provisional)
Elective Hospital Admissions
The NHS defines elective admission as a situation in which the decision to admit could be separated in time from the actual admission. This differs from an emergency admission, when admission is unpredictable, and at short notice because of clinical need. Higher rates of elective admissions may reflect better patient management in the community.

Elective (planned) hospital admission rates in Newham are lower than average across Inner North East London. In 2010/11, Newham had the lowest rate of total elective admissions per 1,000 population (98.9) followed by Tower Hamlets (99.1) and then City and Hackney (108.1). Rates in all localities were lower than the London rate of 111.9 (and the England rate of 121.5).

Mean length of stay of elective inpatient admissions is higher in Newham (4.3 days) to the London average (3.4 days) and Tower hamlets average (3.6 days) but lower than City & Hackney (4.7).

Outpatient Attendances
Newham has the highest standardised rate of outpatient attendances in North East London and second highest in London, which is much higher than London or England averages. The outpatient ‘Did Not Attend’ (DNA) rate at Newham University Hospital (14.6%) is just below London (14.9%) and below England (18.4%) averages, meaning nearly 1 in 7 do not attend their outpatient appointments at Newham University Hospital.

Accident and Emergency Attendance
Accident and Emergency (A&E) attendance rates are higher in Newham (363 per 1,000 population) than in London (335 per 1,000 population) and Tower Hamlets (351 per 1,000 population) but lower than City and Hackney (414 per 1,000 population). These are higher particularly for heart attacks, stroke, falls, accidents and hip fractures. Newham also has higher than average standardised rates of emergency admissions (92.9 per 1,000 population compared to a London average of 82.2 per 1,000).
Social Services
In Newham, 345 adults per 10,000 population used adult social services in 2009/10. This is the same as Tower Hamlets but slightly higher than in Hackney (340 adults per 10,000). Use of adult social care is lower in Newham and across Inner North East London than the London and England averages (350 per 10,000 and 415 per 10,000 respectively). Use of community based social care services is comparable with the London average (300 per 10,000 in Newham and in London) but lower than the national average (360 per 10,000). These lower rates are likely to be explained by the younger than average age structure in London in general, and particularly in Newham.
Programme budgeting is a technique that breaks healthcare spend down into disease-based categories, or ‘programmes’, so that they can be compared and analysed. The ‘Spend and Outcome Tool’ allows benchmarking of spend and outcomes across programmes in Newham against national averages, using z scores. Each dot on the ‘Spend and Outcome Tool’ represents a programme budget category.

The Spend and Outcome tool for the 2010/11 financial year indicates that Newham spends significantly (defined as being more than 2 standard deviations from the average) higher per head on endocrine, nutritional and metabolic, dental and, neonate programmes. In terms of outcomes, Newham has significantly poorer outcomes in 3 categories: circulatory, infectious diseases and maternity. Further investigation, by clinical commissioners supported by public health, to analyse spend and outcomes in these areas is warranted.

Figure 20: Spend and Outcome in Newham, relative to other PCTs in England, 2010-11
6. COMMUNITY OWNERSHIP OF HEALTH AND WELL-BEING

The London Borough of Newham aims to build resilience in the local community, working with local people through community forums. The Newham Public Health team are working closely with our colleagues within the Local Authority and other key stakeholders to provide tailored information to communities, including at ward level, so that they have information about the drivers of health and well-being and health inequalities (including the wider determinants of health) in their area. These local health profiles will be published over the coming year, alongside the overarching JSNA, to provide information to both commissioners and communities.

Newham’s Community Ownership approach to putting local people at the heart of healthcare is strongly endorsed by the NHS Constitution. The London Borough of Newham, NHS East London and the City, the Clinical Commissioning Groups (CCGs) have worked with local partners, the Newham Local Involvement Network hosted by the Forum for Health and Wellbeing and a range of third sector organisations to gather people’s feedback on their experiences of health services over the year.

Clinical Commissioning Group (CCG) leaders are proactively engaging with local people to get their views on how to shape local services, a good example of this is a Reference Group set up to review the new GP Commissioning Strategy. A participant on the group said of the development of the strategy:

“It enabled the group to drill down from the strategic planning, to what really affects local people. The NHS staff really seemed to listen and hear what the group was saying”

GP Commissioning Reference Group, Third Sector Representative