



2016/17 annual public health report

**Women and health in Newham -**  
celebrations and aspiration



## FOREWARD

Women are making valuable contributions to their own health and wellbeing across Newham. They also promote and support the health and wellbeing of other people in our communities. We know that healthy individuals make strong communities so we are committed to providing our residents with the tools they need to make the most of the health skills they already have.

Developing skills in self-care, both physical and mental, is key to building thriving communities. Here in Newham, our approach is to encourage participation in social networks so people bounce back from ill health. How we respond to what life throws at us is a life skill that ties in with the Council's aim of building individual and community resilience.

Engaging women and broadening the reach of their health skills to support wider networks throughout Newham is one way we plan to make the most of our fantastic community infrastructure, and we are continuing to invest so that we can encourage women as builders of strong communities.

This report celebrates the role women have in creating healthy communities and discusses some of the challenges we need to face together.

We look forward to supporting its recommendations.



Councillor Clive Furness  
Mayoral advisor for adults and health

I am very pleased to present my 2016-17 annual public health report on women and health in Newham. The women in our communities bring a welcome breadth of cultural diversity, experience, knowledge, education, faiths, travel and commitment to the borough. International Women's Day, shown on the front cover, also highlighted the extent to which they contribute to the health and wellbeing of our residents.

In my [2015–16 annual public health report](#), I reported on a local London Borough of Newham and Newham CCG initiative. They were developing a local telephone service aimed at increasing uptake of the NHS Bowel Cancer Screening Programme. I'm pleased to say that they are continuing to commission this telephone service, which calls people who have not returned their screening tests and offers advice on how to do the test and why it is important. Individuals can also order a new test if the first one did not arrive or they no longer have it.

Since the 2015–16 report was published, it has been estimated that one year's operation of the service would increase coverage (the proportion of eligible people screened) by 3%, with a projected total increase of 8% over one screening cycle (the 2.5 years over which all eligible individuals should be screened) if it continued at this rate for the whole of this period. It is currently too early to see the effects of this in our data, but I will provide an update in my next report.

I hope you will read this and join us in contributing to the implementation of the recommendations so that all women may have a positive experience of health and wellbeing.

Finally, I would like to thank Rosanna Fforde and Heema Shukla for their contributions to the APHR.



Meradin Peachey  
Director for public health

# EXECUTIVE SUMMARY

## NEWHAM WOMEN VOICES

1. Newham women **keep healthy by**
  - Eating well and being physical active,
  - Participating in wide range of social networks,
  - Reading, having strong faith and looking after their mental health.
2. Newham women use resources for **their health**. These include:
  - Local facilities – libraries, Olympic park, Westfield shopping centre, theatre,
  - Learning from diverse cultures and networks,
  - Places of worship.
3. Newham women contribute to **the health of their networks and communities by**
  - Volunteering their time to support local communities and neighbours,
  - Sharing healthy tips with their networks,
  - Calling on neighbours and friends to ask about their health.

## SOME HEALTH FACTS

1. **Newham women usually**
  - Do not live as long as other women in London and England. However, they do live longer than women who come from areas with a similar level of deprivation.
  - Spend less years in good health compared with women in England and London. However, when compared with women from similar deprived areas, they have more years in good health.
  - Live longer lives than Newham men but spend same amount of years in good health.
2. Women are **disproportionately** affected by the local deprivation factors such as:
  - **Higher income deprivation and overcrowding** compared with men.
  - **Higher fuel poverty** and concern of **crime** compared with men.
3. Women have higher prevalence of some health conditions compared with men, such as:
  - Common mental health problems.
  - Musculoskeletal disorder.
  - Cancer.

- **Gender-based violence** disproportionately affects women in Newham.

## HOW CAN WE HARNESS THE HEALTH ASSETS OF WOMEN TO IMPROVE HEALTH RESILIENCE OF OUR COMMUNITIES?

We aspire to generate a woman's social movement for health in Newham. We aim to channel the investment we make in our communities so that it capitalizes on women's health assets. As social networks underpin population health, we aim to make healthy behaviours become the norm within Newham through the following recommendations.

### Recommendations

#### 1. **Develop conversation cafés**

Develop a network of health-focused conversation cafés hosted by women for women by providing training and a range of local venues.

#### 2. **Develop physical activity peer champions**

Promote physical activity as the social norm among women and their communities through a network of physical activity peer champions in all settings – neighbourhoods and workplace.

#### 3. **Enable more women to gain employment and skills.**

Build on the success of Workplace, Newham's jobs brokerage service, by supporting more women to gain skills and employment.

#### 4. **Empower women to develop and participate in community solutions for health**

Support women in developing their skills so they can create social activities suitable for prescribing under the social prescribing portfolio offer by Newham Clinical Commissioning Group (CCG).

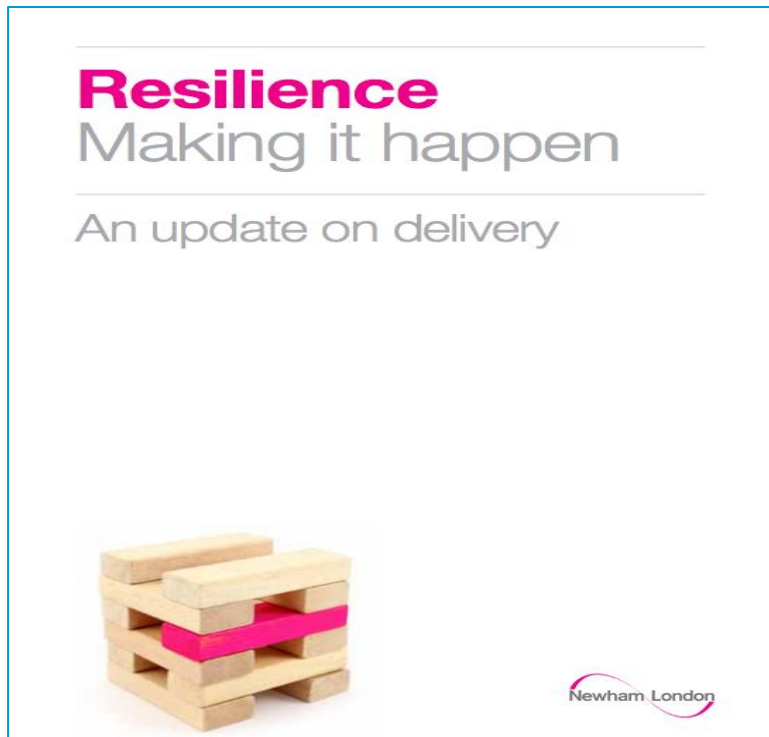
#### 5. **Volunteering**

Provide more structured volunteering opportunities for women that supports their wellbeing.

# INTRODUCTION

## WHAT IS THE FOCUS OF THIS REPORT?

This report centres on women as assets for health and their aspirations for their own health as well as that of their family, neighbours and communities.



Using an asset-based approach to health, the report sets out to build on the strong public health legacy established by the Mayor of Newham, Sir Robin Wales, whose resilience plan tackles some of the wider determinants of health and empowers residents by offering opportunities for all starting from infancy.

Whilst Newham has historically had some of the most disadvantaged communities in the capital, the Mayor implemented policies that built a more resilient borough, which has contributed to a significant fall in levels of deprivation in our communities. This success led Newham Council to commit to including resilience in everything we do as a council.

Assets can be described as the collective resources that individuals and communities have at their disposal, which protect against negative health outcomes and promote health.





- Although health assets are a part of every person, they are not necessarily used purposefully or mindfully.
- An asset based approach makes visible and values the skills, knowledge, connection, and potential in a community. It promotes capacity, connectedness and social capital.
- Asset based approaches emphasise the need to redress the balance between meeting needs and nurturing the strengths and resources of people and communities.
- Asset based approaches are concerned with identifying the protective factors that support health and wellbeing. They offer the potential to enhance both the quality and longevity of life through focusing on the resources that promote the self-esteem and coping abilities of individuals and communities.

*Asset based approaches are not a replacement for investing in service improvement or attempting to address the structural causes of health inequalities.*

A health asset may therefore be:

- Buying or cooking healthy food for yourself or others,
- Having a network of friends and neighbours that you can talk to and can help you in times of need,
- Having a park nearby where you feel safe going for walks.

As the example of the park shows, health assets are more than individual strengths; they also include the strengths of communities and whole structures. This allows us to take a very holistic approach when it comes to health.

Assets-based approaches also require taking a bottom-up approach; they are about engaging with individuals and communities to find out how they define their strengths.

## **WOMEN AS ASSETS FOR HEALTH**

Women have an important health influence on others as they are often the main carers in their families. Census data shows that 19% of 25–49 year old women look after their home or family in Newham, compared with 1.4% of men (11,600 women versus 1,000 men). This figure does not include women who work (including part time), but still take on more than half of caring tasks. For example, nationally, women perform the majority of meal preparation and are more likely to care for sick family members. By looking at ‘women and health’ rather than ‘women’s health’ or ‘the health of women’, we explore how women affect not only their own health, but also that of those around them.

This report can be seen as a celebration of Newham women’s improvement in health resilience and our aspirations for better health.



# HEALTH RESILIENCE: VOICES OF NEWHAM WOMEN

## WHAT DO THE WOMEN IN NEWHAM SAY ABOUT HEALTH RESILIENCE?

We heard from around 90–95 women from a range of ethnic and socio-economic backgrounds between October 2015 and August 2016, using a combination of qualitative methods. The

main form of engagement was a world café held in May 2016. We also held focus groups with women who had long-term conditions via a GP referral programme.



## HOW DO WOMEN IN NEWHAM KEEP HEALTHY?



## Newham women eat a healthy diet to keep healthy





## WHAT NEWHAM WOMEN SAY KEEPS THEM MENTALLY HEALTHY





## WHAT LOCAL ASSETS DO WOMEN MAKE USE OF TO KEEP HEALTHY?



**WOMEN'S VOICES ON LOCAL COMMUNITIES AND NEIGHBOURHOODS  
THAT KEEPS THEM HEALTHY**



## Women's voices on how they keep their families and communities healthy



Volunteering for local charities and community groups



Help keep the borough clean



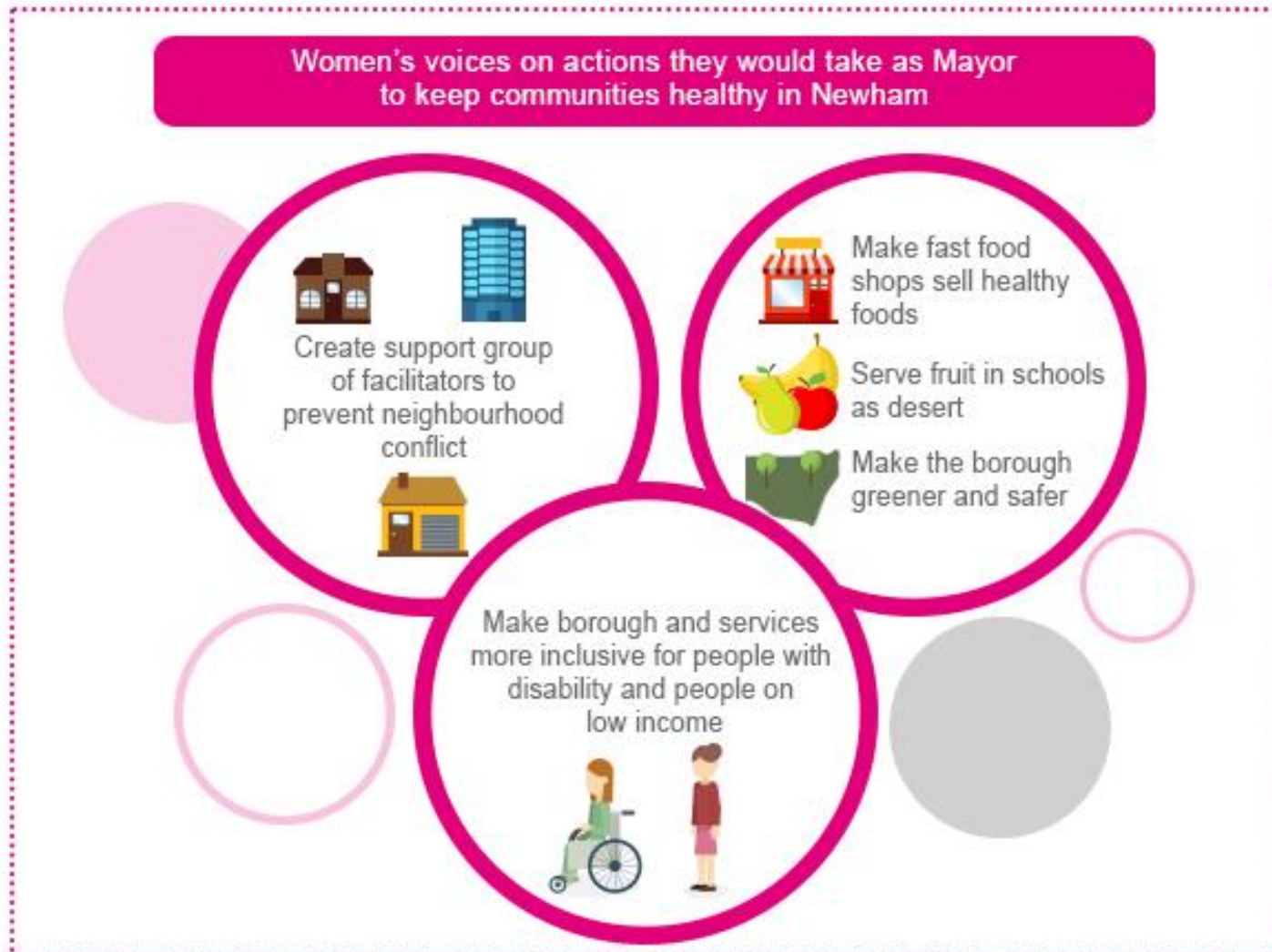
Phone friends and share news, healthy recipes through whatsapp



Baby sit for young mothers



## WHAT WERE WOMEN'S VOICES ON WHAT THEY WOULD CHANGE TO SUPPORT THEIR HEALTH?





## WHAT DOES THIS MEAN FOR THE HEALTH OF WOMEN IN NEWHAM?

Women in Newham have assets that can be harnessed to improve everyone's health. Their key health assets are:-

1. Health literacy and a sense of responsibility for self-care and for others' health.
2. An ability to use community resources that are available locally and to form strong social networks.
3. An awareness of negative influences and a willingness to offer solutions to change these.

We wanted to know how Newham could use these assets to create a social movement for health resilience.

### Communities

- There are over 500 community events each week.
- A network of community centres and libraries already exists.
- Current and previous health-related projects and programmes include:
  - o Newham Million Miles Together challenge – a project to log 1,000,000 miles of physical activity across the borough in 100 days from October 2016 to January 2017.

- o Get Active, Get Healthy – a programme that aims to get over 50s active and healthy through free activities in community centres and libraries.
- o Beat the Street – a 'game' held in June and July 2016 where participants collected points and could win prizes from tapping a smart card on 'Beat Boxes' on lamp posts to demonstrate that they had travelled between them by non-motorised means.
- o Sport Inspired – a pilot programme providing primary school pupils with opportunities to try different sports, and supporting the creation of school-based sports clubs.

### Employment and income

- The Council's job brokerage service, Workplace, placed more than 30,000 residents into jobs between 2007 and March 2016.
- MoneyWorks, a Council-funded service, offers residents an alternative to payday lenders and provides advice on money management to help them avoid and escape debt.

### Early years

- The 'Every Child' programme provides a number of opportunities to children who might otherwise not experience them. For example, Every Child a Musician provides each child in Years 5 to 7 with a musical instrument and tuition.

- Other projects include Every Child a Sports person, Every Child a Theatre Goer and Every Child a Chess Player.
- All primary school children are provided with free school meals.
- One-to-one support for reading is given where needed.

## Housing

- Newham has borough-wide private sector licensing of landlords, which has led to more than 900 prosecutions.
- The Council has set up Local Space, a housing association, which owns over 1800 homes.<sup>1</sup>
- NewShare was created by the Council to allow residents access to an equity loan to buy refurbished properties.
- Red Door Ventures is a Council-owned property developer, creating high quality rental properties.

## Networks

There are a growing number of women's groups already supporting women in our communities. For example, Bright Voice for young women, Faith Matters, which is multi-faith and there are groups for Muslim women, Russian women and African women, as well as the creation of the new conversation cafes.

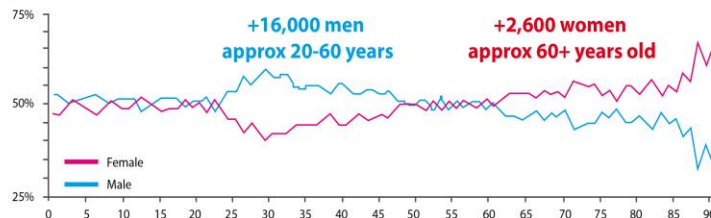
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<sup>1</sup> <http://www.localspace.co.uk/about> (accessed 18 November 2016)

# WHAT DO WE KNOW ABOUT NEWHAM WOMEN?

## Newham women are outnumbered by man

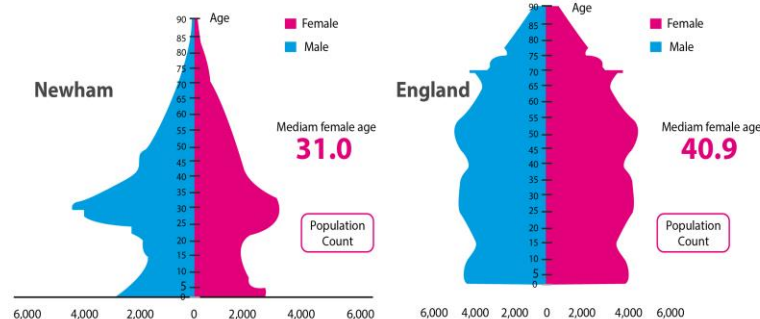
**15,000** more males than females



Percentage of population by sex and year group, Newham, source 2015 ONS mid-year population estimate

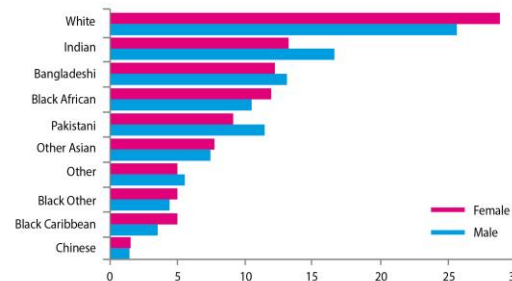


## Newham women are young

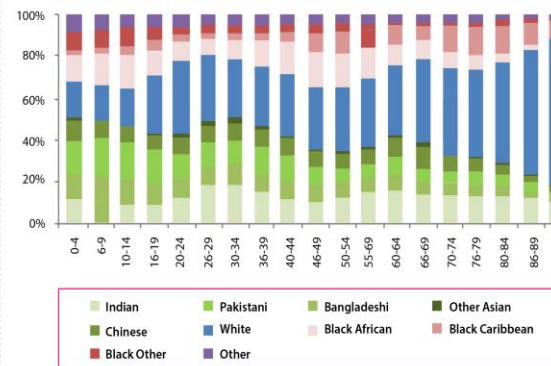


Population pyramids and median female age; source: 2015 ONS mid-year estimates.  
Note: data for 90 and above not shown

## Newham women are ethnically diverse



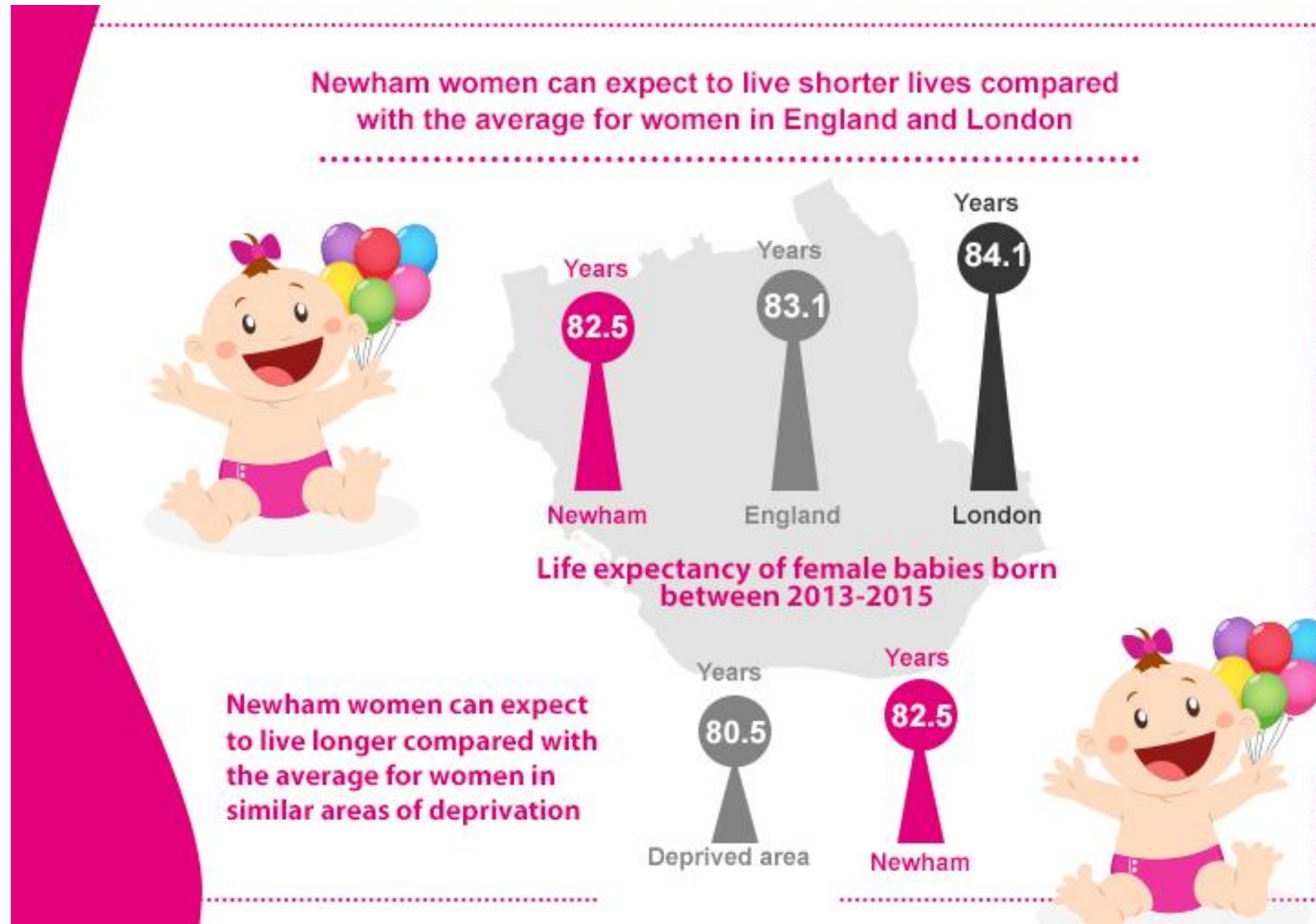
## The ethnic make-up of different age group varies



Ethnicity by age group, females, Newham, GLA projection for 2016; source: as above

- As a population, women in Newham are **young and diverse**, although the small older population in Newham is more female than male.
- Newham women are **less likely to be employed** than men, and have **lower pay** when they are. Language may be one barrier as Newham women are **less proficient in English** than men. A higher proportion of women **look after the family** or home than men.
- A high proportion of Newham women consider themselves to belong to a **religion**.

# WHAT DO WE KNOW ABOUT THE HEALTH OF NEWHAM WOMEN?





Newham women can expect to live less years with good health compared with the average for women in England and London



Newham women can expect to live longer with good health compared with the average for women in similar areas of deprivation



Newham women can expect to live longer lives but similar years with good health compared with men



# WHAT IS KNOWN ABOUT THE CHALLENGES IN NEWHAM FOR WOMEN AND HEALTH?

Despite these strengths, Newham women face a number of challenges to their health. Historically, Newham has been a deprived area though it is now improving. It used to be in the

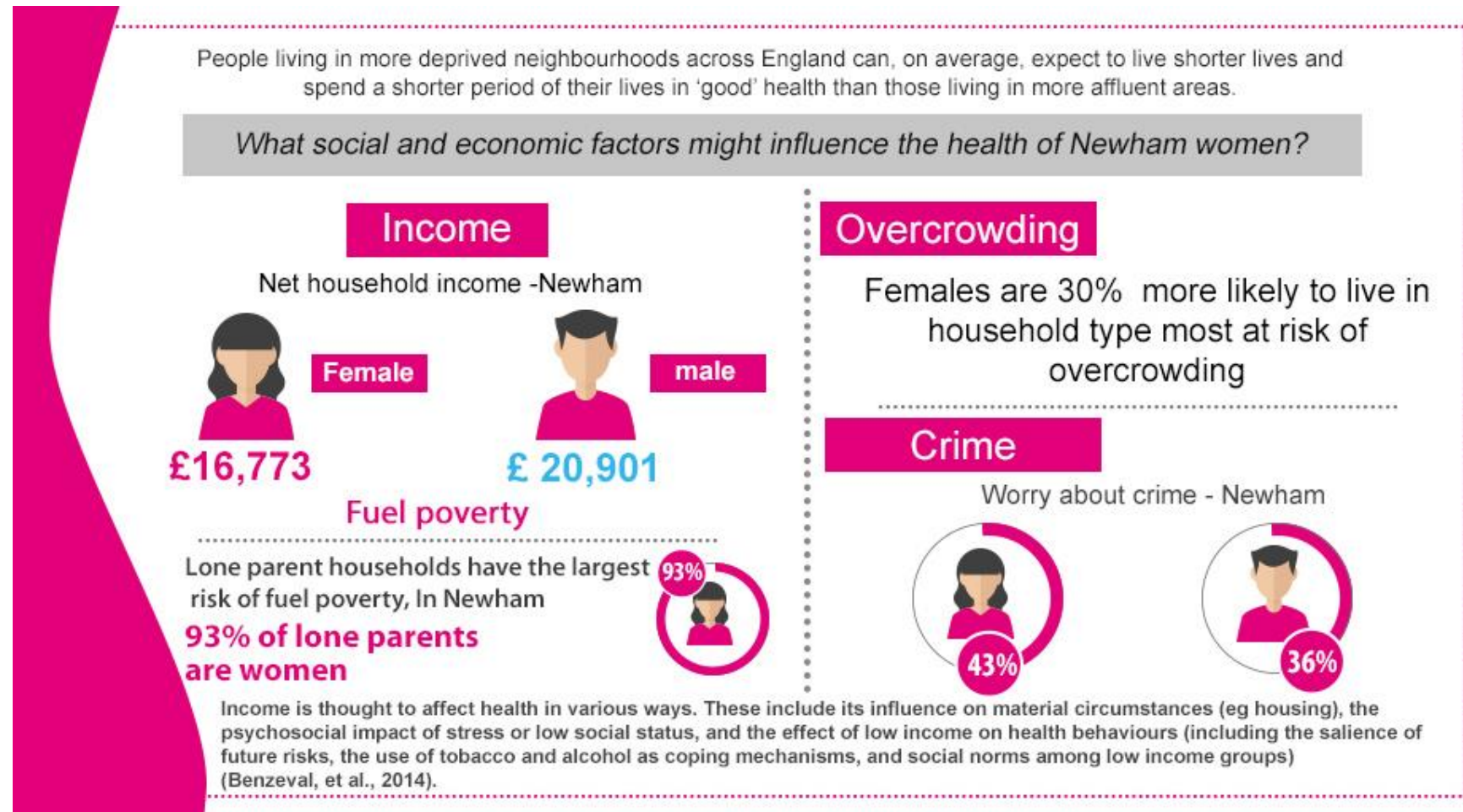
most deprived quartile and, currently, it is in the second most deprived quartile.



## DEPRIVATION

One result of living in a more deprived neighbourhood is that people across England can, on average, expect to live shorter

lives and spend a shorter period of their lives in 'good' health than those living in better off areas.





## INCOME

Income is thought to affect health in various ways. Low income influences the psychosocial impact of stress or low social status. It is also connected to negative health behaviours, such as smoking and drinking, as a way of coping. Material circumstances like housing and social norms that may affect health behaviours are also closely connected to income. (Benzeval, et al., 2014).

Newham's median gross household income has been rising, although it remains the lowest in London. It increased by 60% between 2001–2 and 2012–13, which is the joint highest increase in London compared to an average of 44% across London.<sup>2</sup>

Women in Newham are likely to be disproportionately affected by income deprivation. When this is analysed further, it is clear to see why. There are three main areas of differences in the profile for men and women in the area: household characteristics, age and employment. Newham women are more likely than men to live in households with dependent children. This means they may have a lower available income due to the number of dependents. They are also more likely to be lone parents (93% of lone parents are female in Newham),

which is the household type with the highest risk of persistent poverty nationally (Office for National Statistics, 2016).<sup>3</sup>

Older age is also a risk factor for persistent poverty. Nationally, those aged 65 and above face higher rates than those aged 18–64. In Newham, 8% of females are aged 65 and above against 6% of males.

Finally, we know that 56% of Newham women work compared with 75% of Newham men. For London, the respective percentages are 67% and 79%.

The relationship between income and employment may not necessarily be straightforward due to the costs involved in working such as childcare, commuting or loss of benefits. However, we might want to explore whether not working is a choice women make or whether Newham women experience particular barriers to employment, and what this might mean for income and health.

Working in itself may benefit women's health, or at least is not likely to harm it; a 2004 review of women, employment and health found that there were either benefits to having employment or that it was neutral. (Klumb & Lampert, 2004)

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<sup>2</sup> Estimated median household income (modelled) GLA  
[<https://data.london.gov.uk/apps/gla-household-income-estimates/>]

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<sup>3</sup> Persistent poverty is classified as 'experiencing relative low income in the current year, as well as at least 2 out of the 3 preceding years', where relative low income is 'an equivalised disposable income of less than 60% of the national median' (Office for National Statistics, 2016)



## OVERCROWDING

Overcrowding is associated with reports of poor mental health, disruption to sleep, damage to relationships within the family and a negative impact on child development (Shelter, 2005). This issue affected 40% of Newham's population (around 122,000 people) at the time of the 2011 Census. In fact, Newham had the highest levels of overcrowded households in England and Wales at 25%, compared with an average of 4.5% (Office for National Statistics, 2014).

Newham women are far more likely than men to be affected by issues connected with overcrowding. They are more likely to live in households with dependent children: these households are almost three times more likely to be affected by overcrowding than those without children (42% versus 14%).<sup>4</sup> By a factor of 10 to 1, Newham women are also more likely to look after the home or family than men. This makes them more exposed to the challenges associated with overcrowding.<sup>5</sup> It is worth noting that these figures vary considerably by ethnicity and age. Looking at Newham women aged 25–49, we can see that while over 40% of women of Pakistani or Bangladeshi ethnicity looked after their home or family at the time of the 2011 Census, only 7% of Caribbean women in this age group had the same role.

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<sup>4</sup> 49% of Newham women versus 37% of Newham men aged 25 and above lived in a household with dependent children (2011 Census).

<sup>5</sup> 15% of women in Newham aged 18–64 looked after their home or family versus 1.3% of men (2011 Census).

There is a notable difference when we look at self-reported health in the 2011 Census. At a surface level the data does not appear to associate poor health with overcrowding in Newham. Of those in overcrowded homes, only people aged over 65 reported worse than average rates of bad or very bad health. But the cross-sectional nature of the Census may not be the most appropriate method for identifying this. For example, it would not capture those who had recently moved out of overcrowded homes. There may be a lag in the burden of poor health attributable to overcrowding, for example the impact on child development then affecting later life would not be visible. There may also be a selection effect in that those with health issues may be prioritised for social housing, which tends to be less overcrowded than the private rental sector.<sup>6</sup>

In 2012, compulsory licensing of all private rented sector properties came into force in Newham. The Council now has powers to enforce maximum permitted occupancy so more recent data to explore the impact this has had on overcrowding since the 2011 Census would be valuable.

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<sup>6</sup> 23% of social rented households in Newham are overcrowded versus 36% of those which are privately rented or in which the occupants are living rent free. In contrast, 17% of owned/shared ownership households are overcrowded (2011 Census).

## FUEL POVERTY

Fuel poverty is an important issue in Newham. Cold housing is associated with excess winter deaths and the cold itself is associated with an increased risk of cardiovascular and respiratory disease (Marmot Review Team, 2011). Living in a cold home also affects mental health and common illnesses such as colds and flu as well as arthritis, which affects more women than men (see musculoskeletal disorders below). These consequences impact resilience, but being unable to afford adequate heating also has a knock-on effect in areas such as diet because, under these circumstances, people face a choice between putting on the heating and buying healthier food.

Income is a major component of fuel poverty. 93% of one-parent households in Newham are headed by women and they have the highest rates of fuel poverty nationally (Department of Energy & Climate Change, 2016).<sup>7</sup> As with overcrowding, because women are more likely to look after the family and home than men, they may also be more vulnerable to the effects of fuel poverty.

The Department of Energy & Climate Change defines fuel poverty using a 'low income high costs' methodology to indicate households that have above average (median) fuel costs where paying for these costs would place them in

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<sup>7</sup> Lone parent figures from 2011 Census data.

poverty.<sup>8</sup> Using this formula, 13.6% of households in Newham (13,900 households) have been estimated to be in fuel poverty.<sup>9</sup> This is the 23rd highest of 326 local authorities in England. Local data, using a different methodology, indicates that 18% of Newham residents (aged 16 and over) are in fuel poverty – 17% of men and 20% of women.<sup>10</sup> Either set of figures therefore suggests that this is a significant issue in the borough.

## CRIME

Crime is a concern for many Newham women. This affects their health assets as a lower level of physical activity is associated with a fear of crime (Harrison, Gemmell, & Heller, 2007)), while crime levels in an area also have a negative impact on mental health (Dustman & Fasani, 2013).

In Newham, a higher proportion of women than men (43% versus 36%) worry about the possibility that they or someone they live with might be a victim of crime. Our qualitative findings also suggest that safety is a concern for some women.

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<sup>8</sup> Poverty is defined as 60% of the median value of all incomes after housing costs and fuel costs.

<sup>9</sup> Department of Energy & Climate Change 2014 sub-regional fuel poverty statistics

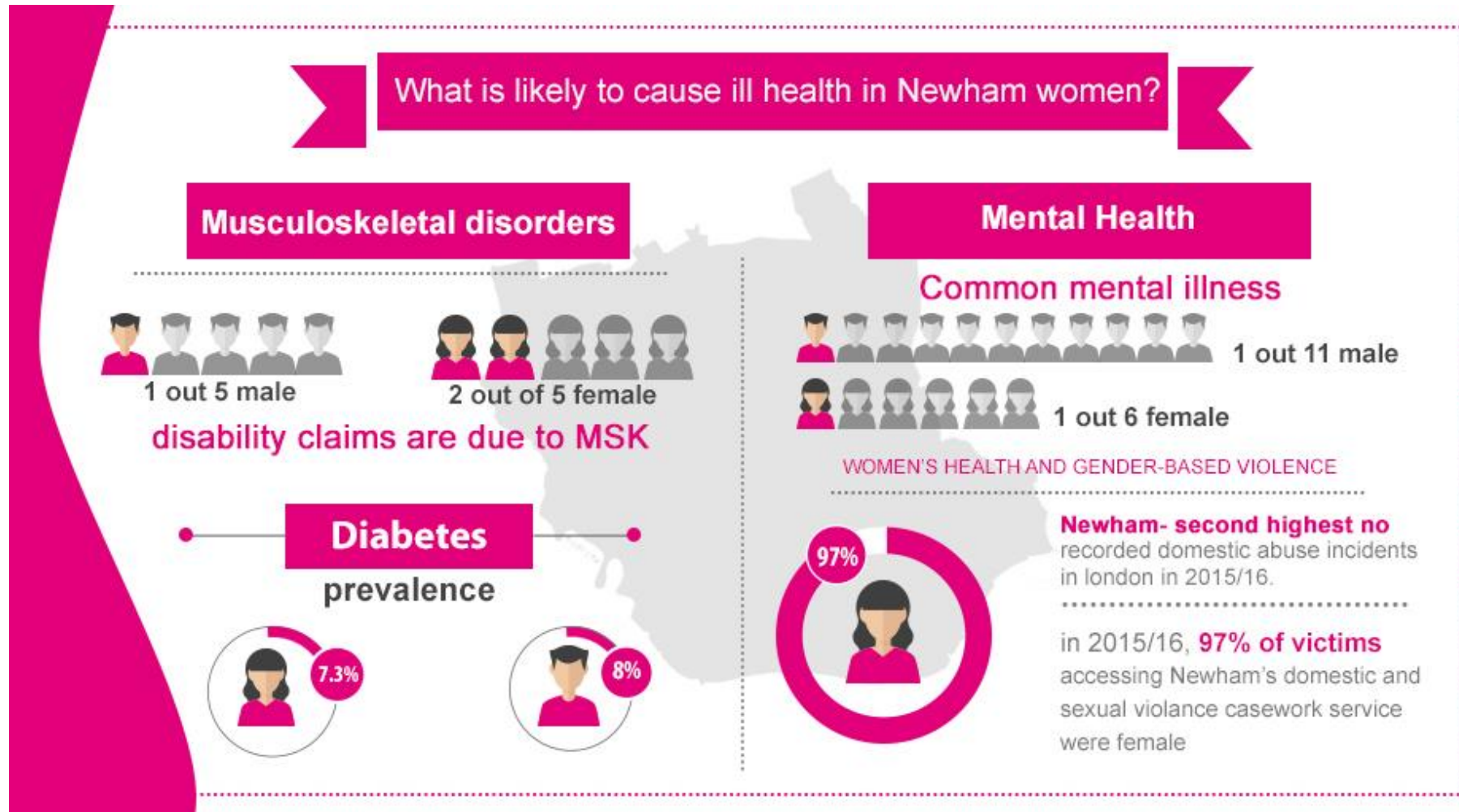
<sup>10</sup> Newham Household Panel Survey Wave 8 (2015)

As of November 2016, Newham was 11th of 32 London boroughs for number of total notifiable offences per 1,000 population.<sup>11</sup> Stratford and New Town has particularly high rates of crime. East Ham Central, Beckton, Canning Town North, Forest Gate South, Custom House and Plaistow South, had above average rates of crime but patterns by ward vary according to type of crime.

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<sup>11</sup> London Landscape [<https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/data-and-research/london-landscape>], accessed 16 November 2016

# WHAT ARE THE MAIN CAUSES OF ILL HEALTH?





In this section we look at what may be causing women to report ill health. We know that musculoskeletal disorders, mental health and diabetes are three of the most important causes of ill health in women, and these are explored in turn. We also discuss sexual and reproductive health and gender-based violence as issues that disproportionately affect women.

## MUSCULOSKELETAL DISORDERS

Osteoarthritis, rheumatoid arthritis, back pain and knee pain are well-known examples of musculoskeletal disorders: conditions affecting muscles, joints and bones. These conditions are all more common in women than men, and their impact is extensive causing pain and disability. In fact, musculoskeletal disorders cause a quarter of the total number of years women in England live with disability. That's higher than any other group of causes in the Global Burden of Disease study.<sup>12</sup>

In Newham, nearly 2 in 5 (38%) of women's Disability Living Allowance claims stem from this kind of disorder compared to just over 1 in 5 (21%) claims in men. This means there are almost 1200 more women claiming DLA in the borough. Claim levels across England are very similar (37% women, 24%

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<sup>12</sup> Global Burden of Disease, 2015, England, female, Years Lived with Disability [<http://vizhub.healthdata.org/gbd-compare/>]

men), but this level is higher than the average for London (33% versus 18%).<sup>13</sup>

Arthritis is the largest component within this group. Arthritis is the underlying disability for 24% of female claimants in Newham whereas it is the reason for only 9% of male claims. However, this is in line with research indicating that both rheumatoid arthritis and osteoarthritis are more common in women (Parsons, Ingram, Clarke-Cornwell, & Symmons, 2011).

Factors that contribute to musculoskeletal conditions include obesity and a lack of physical activity. (Ellis, Silman, Loftis, Boothman, Watson, & Forbes, 2014). For those with existing musculoskeletal conditions, increasing physical activity is likely to be beneficial (Arthritis and Musculoskeletal Alliance, 2016). Smoking is also a risk factor for rheumatoid arthritis and diet plays a significant role. Including sufficient quantities of vitamin D is important. Addressing these issues may help prevent falls and fragility fractures.

## MENTAL HEALTH

There has been an emphasis on the role of positive mental health and wellbeing as a protective factor against ill health in recent years. There is a growing awareness that mental wellbeing is affected by the community and society within which you live and your position within these (Friedli, 2009).

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<sup>13</sup> Work and Pensions Longitudinal Study, data for February 2016.

Understanding the social context is therefore likely to be especially important in addressing mental health.

In Newham, 1 in 6 women aged 18 and above registered with a GP have had a diagnosis of a common mental illness compared with 1 in 11 men. People affected by mental health conditions don't always seek medical help so this is likely to be an underestimation. In fact, the 2014 Adult Psychiatric Morbidity Survey found that more than 1 in 5 (21%) of women aged 16 and above reported a common mental illness in the past week.<sup>14</sup> While 'common mental illnesses' are defined as 'common', they are not trivial; they can have a severe impact on functioning and quality of life.

A similar proportion of women and men registered with a GP in Newham have been diagnosed with a severe mental illness (schizophrenia, bipolar affective disorder or other psychoses): 1,900 women (1.4%) and 2,200 men (1.4%). There is evidence that people with severe mental illnesses are at higher risk of physical ill health and premature death than the general population, but that this is preventable (Public Health England, 2016). In Newham, people with a severe mental illness are 3.6 times more likely to die under the age of 75 than the English general population.<sup>15</sup>

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<sup>14</sup> Note: conditions included are not identical

<sup>15</sup> NHS Outcomes Framework, indicator 1.5i, 2014/15

## DIABETES

The impact of diabetes on the health of people in Newham is a particular problem. The borough's relatively young population has higher than expected rates of diabetes (8% compared to 6.4% nationally),<sup>16</sup> and this largely-preventable condition results in a disease burden in a number of ways.

Diabetes is a condition where the body cannot use glucose (sugar) properly. This is driven by problems with the body's insulin, which is required to move glucose from the blood into the cells after eating. Acute diabetic illnesses of hypo- or hyperglycaemia (low or high blood sugar) result in a range of problems, from minor symptoms to life-threatening changes requiring hospitalisation. There are also longer-term complications, affecting the blood vessels and the nerves, resulting in a wide range of health conditions. Some people may also experience psychological problems.

Modelled estimates suggest more than 1 in 10 adults registered with a Newham GP (10.3%) may have diabetes when undiagnosed cases are taken into account (National Cardiovascular Intelligence Network, 2016).<sup>17</sup> Around 11,200 adult women registered with a GP in Newham have been diagnosed with diabetes in Newham, compared with around

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<sup>16</sup> Public Health Outcomes Framework, indicator 2.17, 2014/15, age 17 and above

<sup>17</sup> CCG registered population, age 16 and above

13,300 men.<sup>18</sup> Of these, around 300 women and 400 men have type 1.

For women, diabetes in pregnancy presents an additional risk. Women with pre-existing diabetes (type 1 or 2) need good glycaemic control in pregnancy to avoid complications in pregnancy and for the baby later in life. (Diabetes UK, 2016)

Gestational diabetes occurs when a woman becomes diabetic in pregnancy due to physiological changes (Pound, Sturrock, & Jeffcoate, 1996) Women who develop gestational diabetes are over 7 times more likely to go on to develop type 2 diabetes (Bellamy, Casas, Hingorani, & Williams, 2009). Hence, although gestational diabetes usually resolves after birth, the increased risk of developing type-2 diabetes may represent an opportunity to intervene. Around 3,100 women registered with a GP in Newham have previously been diagnosed with gestational diabetes.

Diabetes drugs accounted for almost one fifth of Newham CCG's total drug spend (17.9%, £7.5 million) in 2015/16. This is the largest proportion in England.<sup>19</sup> With the estimated prevalence of diagnosed and undiagnosed diabetes predicted to rise from 30,782 (10.3% of the adult population) in 2016 to 46,520 (12.4% of the adult population) in 2035 (National Cardiovascular Intelligence Network, 2016)<sup>20</sup>. it is estimated

that 80% of type 2 diabetes cases can be prevented with lifestyle changes (Diabetes UK, 2016). Hence ensuring that diabetes is well managed, and prevented where possible, will be important for the future. Reducing obesity and increasing physical activity levels will be important as they are implicated in the predicted increase of diabetes in Newham.

Generally, the physical complications of diabetes are not evenly shared. Women with the condition carry roughly a 50% greater risk for death from coronary heart disease than men (Huxley, Barzi & Woodward, 2006). Psychological illness may also affect diabetic women more than diabetic men. Diabetic women are more likely to report anxiety than diabetic men, which may negatively impact self-management of diabetes (Merwin, 2015).

The management of diabetes by patients and their healthcare partners can make a large difference to the impact of the disease. In an attempt to address the situation, the National Diabetes Prevention Programme has set out how to minimise the risk at population level. Newham has been included in the first wave of this programme, which involves identifying those with pre-diabetes and referring them on for behaviour change. This includes education on healthy eating and lifestyle, help to lose weight and exercise programmes (NHS England, 2016).

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<sup>18</sup> Clinical Effectiveness Group data, 2016

<sup>19</sup> NHS Digital, Prescribing for Diabetes, England 2005/06 to 2015/16

<sup>20</sup> CCG registered population. This is based on estimates of changes to the demography of the population in the future with regards to age, ethnicity, sex and deprivation.

## WOMEN'S HEALTH & GENDER-BASED VIOLENCE

Although sexual and reproductive health issues do not cause a large burden of ill health in Newham compared with the conditions discussed above, the reproductive and post-reproductive health of women, as well as violence against women, have been recognised nationally as priorities; the Chief Medical Officer chose to theme her 2014 advocacy report on these issues (Davies, 2015).

Childbirth is a feature of many Newham women's lives. There were 6,226 live births in 2015. This is a higher live birth rate than England or London: 78 live births per 1,000 women aged 15–44 compared with 62.5 and 64 respectively. More than three quarters of these births are to foreign-born mothers<sup>21</sup> while a lower proportion of Newham births are to women aged 35 and above compared with English and London averages.<sup>22</sup> Women aged 18–34 generally have lower risks from pregnancy and childbirth than older mothers, although those aged 35 and above are more likely to breastfeed (Jolly, Sebire, Harris, Robinson, & Regan, 2000). This means that ensuring that services meet the needs of a diverse population of women is important.

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<sup>21</sup> More than three-quarters of births in Newham (77%) were to women born outside the UK in 2014, the highest proportion in London (average 58%, range 28%–77%), which is likely to reflect Newham's diversity, as well as birth rates in different migrant groups. GLA based on ONS data [<https://data.london.gov.uk/dataset/births-by-parents--country-of-birth--2014>]

<sup>22</sup> 18% in 2014–15, significantly lower than London (27%) or England (20%). Children and Young People's Health Benchmarking Tool

The Public Health Outcomes Framework suggests the rate of uptake for long-acting reversible contraception (LARC) such as implants, intrauterine systems or intrauterine devices is approximately equivalent to the rate of access to a choice of contraception. In Newham, there were 39.9 LARC prescriptions (excluding injections) per 1,000 women of childbearing age in 2014. This is significantly higher than the London average, but significantly lower than England's average.

Pregnancy may lead to domestic violence or make it worse (NHS Choices, 2015). This kind of violence is associated with injury, mental health disorders and other health conditions (World Health Organization, 2016). Although men are not the sole perpetrators, in 2015/16, 97% of victims accessing Newham's domestic and sexual violence casework service were female.

Newham had the second highest volume of recorded domestic abuse incidents in London in 2015/16. In the same period, 1570 referrals for people experiencing domestic and sexual violence were made to the One Stop Shop, the service commissioned by the London Borough of Newham. Domestic violence is just one form of gender-based violence, which covers a wide range of issues from domestic violence to sexual harassment to female genital mutilation.

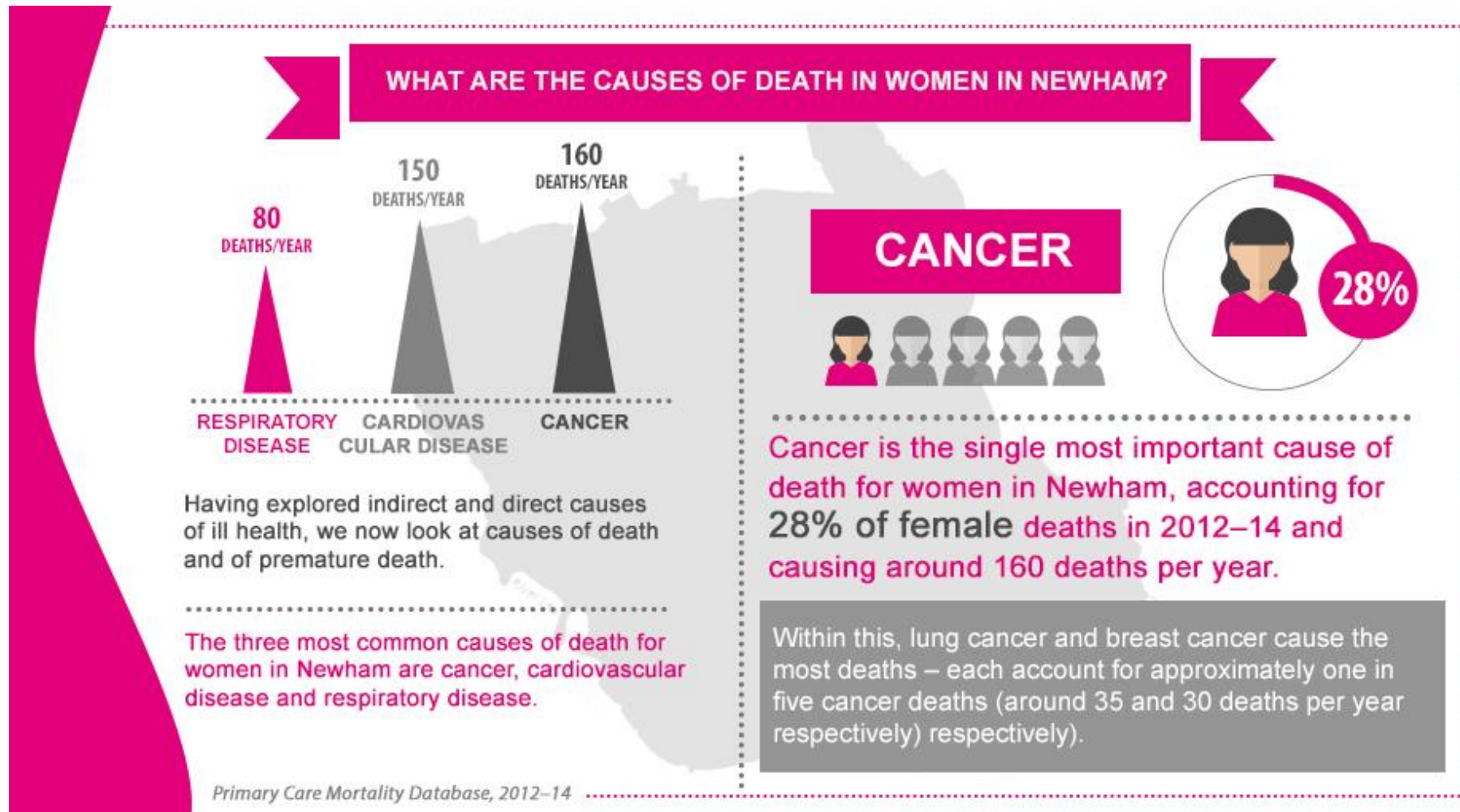


Around £28.2 million is spent on domestic violence in Newham.<sup>23</sup> Nationally, the figure is £5.4 billion but, of course, this doesn't include the human or emotional costs. Additionally, these costs are likely to be a significant underestimation since they do not include domestic violence by family members who are not intimate partners.

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<sup>23</sup> The costings use the estimates for the costs of Domestic Violence (Professor Sylvia Walby 2009) to calculate an estimated cost for each local authority area, based on the size of the 16-59 year old population. This is the age range that is targeted by the British Crime Survey, from which national estimates of domestic violence prevalence are obtained. It uses the Office for National Statistics 2009 mid-year population estimates.

## WHAT ARE THE MAIN CAUSES OF DEATH IN WOMEN IN NEWHAM?



Having explored indirect and direct causes of ill health, we now look at causes of death and of premature death. The three most common causes of death for women in Newham are cancer, cardiovascular disease and respiratory disease.<sup>24</sup>

## CANCER

Cancer is the single most common cause of death for women in Newham, accounting for 28% of female deaths in 2012–14 and causing around 160 deaths per year.

In 2014, the survival index was 64.7% for NHS Newham CCG compared with 52.4% in 1999.<sup>25</sup> (ONS Statistical Bulletin , 2016). The one year all cancer survival index increased steadily for Clinical Commissioning Groups (CCGs) throughout that period. Table 1 shows the one year survival index for cancer in Newham CCG compared with England in 2014.

For Newham women, lung cancer and breast cancer result in the most deaths. Each accounts for approximately 1 in 5 cancer deaths (around 35 and 30 deaths per year respectively).

<sup>24</sup> Primary Care Mortality Database, 2012–14

<sup>25</sup> Tables accompanying ONS statistical Bulletin Net survival is the probability of survival derived solely from the risk of death from cancer, compensating for the risk of death from other causes (background mortality). Background mortality is accounted for through life tables of all-cause mortality rates for the general population in England. For convenience, net survival is expressed as a percentage in the range 0 to 100%.

Table 1: One year survival Index for Eewham compared with England

	Newham CCG Rate (95% CI)	All England Rate (95% CI)
<b>All cancers</b>		
15- 99 years	64.7 (63.6-65.8)	70.4 (70.3-70.5)
55-64 years	72.6 (71.1-74.1)	77.9 (77.7-78.0)
<b>3 cancers (breast, lung and colorectal combined)</b>		
15-99 years	66.7(65.4-68.0)	71.5 (71.4-71.6)
55-64 years	71.8 (69.8-73.8)	77.0(76.8-77.1)

Data Source: ONS tables 10-16 of ONS statistical Bulletin 2016

National analysis has found that, where ethnicity is known, non-White breast cancer patients have a lower average age at diagnosis.<sup>26</sup> This means half of diagnoses for Black and Asian populations will be made at 50 and 55 or younger, respectively, though the frequency of cases for non-White women is also lower (Cancer Research UK, National Cancer Intelligence Network, 2009). As screening starts at 50, awareness of symptoms and the importance of checking with the doctor sooner will be important for Newham women. Additionally, in 2015, breast cancer screening coverage was significantly lower in Newham (61.6%) than London (68.3%) or England (75.4%).

Around 4 in 10 cancers in UK women are thought to be preventable (Parkin, Boyd, & Walker, 2011) therefore lifestyle

<sup>26</sup> The term 'patients' is used as the data include men; however, women made up 99.3% of cases  
[http://www.ncin.org.uk/publications/data\\_briefings/breast\\_cancer\\_ethnicity](http://www.ncin.org.uk/publications/data_briefings/breast_cancer_ethnicity)

changes such as stopping smoking, maintaining a healthy weight and exercising are important.

## CARDIOVASCULAR DISEASE

Cardiovascular disease (CVD) is the largest contributor to the difference in female life expectancy between Newham and England, comprising 41.6% of the difference (Public Health England, 2016). After cancer, this group of conditions affecting the heart and blood vessels is also the second most common cause of death for Newham women, causing 26% of deaths (around 150 deaths per year). It is also an important cause of premature death for Newham women. Mortality from coronary heart disease and stroke in under-75s is higher for women in Newham than women in London or England, whereas all-age mortality for these conditions is not.<sup>27</sup>

Coronary heart disease and stroke, when looked at together, caused 7 in 10 CVD deaths in women in Newham in 2012–14 (around 60 and 45 deaths respectively each year).

Stroke is also an important contributor to inequalities in female life expectancy within Newham. There is a large difference in stroke rate between the most deprived and least deprived areas. This means that women in the bottom 20% would live an average of 6 months longer than if the rates were the same.

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<sup>27</sup> HSCIC Compendium of Population Health Indicators, 2012–14 data

Previous analysis in Newham examining CVD deaths in under-75s found that women born in Africa and the Caribbean were overrepresented, especially in younger age groups. This may suggest a role for tailoring messages or interventions.

If we want to close the gap with England, addressing risk factors for CVD is likely to be important. Like cancer, a variety of modifiable risk factors contribute to CVD risk, especially high blood pressure and raised body mass index (BMI).

## RESPIRATORY DISEASE

After cancer and cardiovascular disease, respiratory disease is the third most common cause of death for women in the borough, causing around 80 deaths per year (14%). The average age at death from all types of respiratory disease in Newham women is around three years higher than for all causes of death.<sup>28</sup> But, while it may not be as large a contributor to premature death as cancer or CVD, it is nonetheless important: not least because many of the causes are preventable.

In Newham, two conditions were responsible for more than 8 in 10 respiratory disease deaths in women in 2012–14 (around 35 per year). They are pneumonia and chronic obstructive

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<sup>28</sup> PCMD data, respiratory disease defined as codes J00–99 for underlying cause of death



pulmonary disease (COPD). This is comparable to deaths from breast and lung cancer. While pneumonia's mortality rate appears to have decreased to levels similar to those across London and England<sup>29</sup>, the rate of female deaths from COPD in Newham is higher.<sup>30</sup>

As COPD is largely caused by smoking, it is more preventable than other causes of death (British Lung Foundation, 2016). In fact, smoking is a key risk factor for all respiratory diseases. The low overall average number of smokers in Newham hides some high-risk groups as patterns of smoking in Newham women vary substantially by ethnicity.

Air pollution is also likely to play a role in both respiratory disease and cardiovascular disease. Estimates suggest long-term exposure to anthropogenic fine particulate matter air pollution in Newham led to 6.8% of the 2014 mortality in people aged 30 and above compared with an England average of 5.1% and a London average of 6.5%.<sup>31</sup>

Respiratory disease accounts for 18% of the gap between female life expectancy in Newham and that of England, and 15% of the gap between the most and least deprived quintiles of women in Newham (Public Health England, 2016). Similar to stroke, deaths from COPD account for six months of lost

life expectancy in the most deprived fifth of women in Newham.

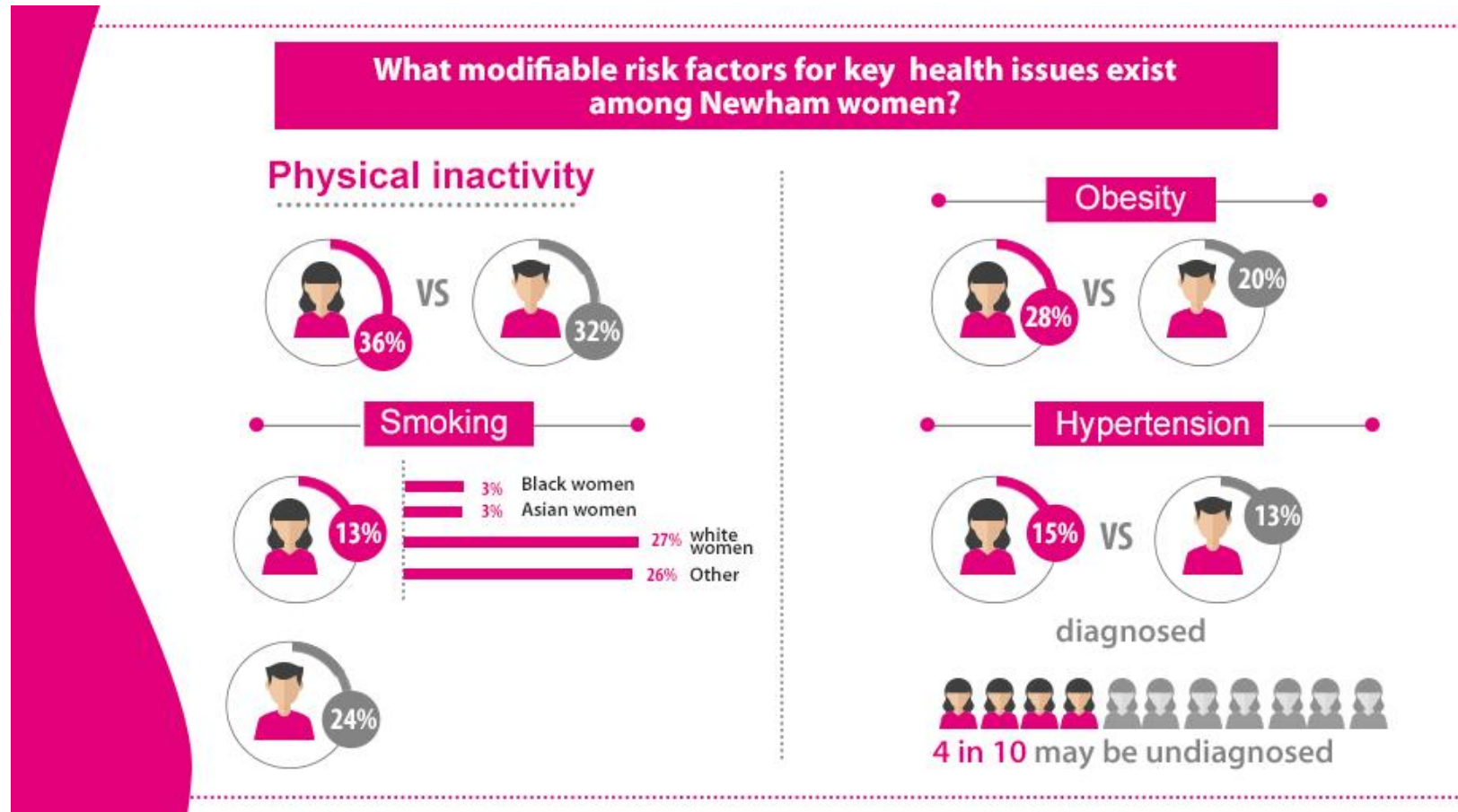
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<sup>29</sup> HSCIC Compendium of Population Health Indicators, 1997–99 to 2012–14 data

<sup>30</sup> HSCIC Compendium of Population Health Indicators, 2012–14 data

<sup>31</sup> Public Health Outcomes Framework, indicator 3.01

# WHAT LIFESTYLE IMPROVEMENTS COULD MAKE THE MOST DIFFERENCE TO NEWHAM WOMEN?



This section takes a look at what changes could be made that would have the most significant effect on the causes of ill health and death for women in Newham. Physical inactivity, obesity, smoking and high blood pressure are the four areas estimated to affect the most women in the borough.

## PHYSICAL ACTIVITY

Being physically active reduces the risk of ill health or death from multiple conditions, including those described earlier (diabetes, cardiovascular disease and cancer) as well as musculoskeletal disorders.

Despite the fact that Newham has a young population, physical inactivity is a health issue in the area, especially for women. (**Table**) In a 2014 analysis well over one third of local women (36%) were classed as inactive, doing less than 30 minutes of physical activity per week compared to just under a third of men (32%).

Overall, the same recent data revealed that far fewer women were physically active than men in Newham (51,000 to 74,900). In fact, fewer than 4 in 10 women achieved 150 minutes of moderate to vigorous physical activity per week in that analysis.<sup>32</sup> Across the borough, just over a fifth of women

<sup>32</sup> Active People Survey. Based on those aged 16 and above and takes an average over four weeks

and one tenth of men did some exercise, but were insufficiently active managing only 30-149 minutes per week. While a lower proportion of women are physically active than men in England and London, the rates for men and women in Newham are even lower.

If 50% of the 40–79 population in Newham were physically active, almost 700 cases of type-2 diabetes could be prevented each year, as could four cases of bowel cancer, seven cases of breast cancer, 24 emergency admissions for coronary heart disease and 52 deaths, according to the Health Impact of Physical Inactivity tool. Although the data for this tool are now somewhat out of date, and are not adjusted for the ethnic make-up of Newham, this highlights the very tangible impact that physical activity has on health.<sup>33</sup>

**Table 2: Proportion of men and women who are active (16+) in Newham, London and England, 2014 (mid-January 2014 to mid-January 2015)**

	Female (%)	Male (%)
Newham	43.0	57.1
London	52.8	63.0
England	51.7	62.7

Source: Active People Survey

## OBESITY

<sup>33</sup> <http://www.apho.org.uk/resource/view.aspx?RID=123459>

As with physical inactivity, obesity contributes to the burden of ill health or death from multiple conditions including the high risk ones identified in this report such as diabetes, musculoskeletal disorders, cardiovascular disease and cancer. It also presents increased risks for women during pregnancy and childbirth.

Another reason obesity is more of an issue for women than men in Newham is that a higher proportion of women than men are obese. Of the men and women whose BMI has been recorded with a Newham GP, 28% of women and 20% of men are obese.<sup>34</sup> This corresponds to 37,400 women and 29,700 men. This is also likely to be an underestimation, as not all BMIs in patient records were recent, and weight generally increases with age.

Age and ethnicity are also factors in obesity. Almost 50% of Black and Asian women aged 39–74 are obese, compared with less than one third in White and other groups. Please note that the definition of obesity is often different for Asian populations due to the increased risk of type-2 diabetes and cardiovascular disease at lower BMIs. For reference, obesity is defined using body mass index (BMI). This is a measure of a person's weight relative to the square of their height. A BMI

of 30 kg/m<sup>2</sup> or above is considered obese, with 27 kg/m<sup>2</sup> or above often used for Asian populations.<sup>35</sup>

## SMOKING

The dangers of smoking are well known. Nationally in 2014, more than 1 in 8 (13%) deaths in women over 35 were considered attributable to smoking, including 1 in 5 (21%) cancer deaths.<sup>36</sup> It is also a known factor in multiple health conditions, including many of those detailed in this report.

In the 2014 data, more than 7 in 10 deaths for cancer of the trachea, lung and bronchus were attributable to smoking (72%), more than 4 in 10 deaths from COPD, pneumonia and influenza (43%), 1 in 10 coronary heart disease deaths (10%) and 1 in 20 stroke deaths (6%). Additionally, 1 in every 33 hospital admissions in England in women aged 35 and above was also considered attributable to smoking (3%) in 2014/15.

Within Newham, women generally have lower smoking rates than men (13% versus 24%). However, while only 3% of Black or Asian women smoke, over one quarter of White women are known smokers (26%). We should therefore not be complacent about smoking rates in Newham women.

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<sup>35</sup> Lower BMI classifications are recommended for Asian populations as these groups are at greater risk of type 2 diabetes and cardiovascular disease at lower BMIs (WHO expert consultation, 2004).

<sup>36</sup> <http://content.digital.nhs.uk/catalogue/PUB20781/stat-smok-eng-2016-app.pdf> and <http://content.digital.nhs.uk/catalogue/PUB20781/stat-smok-eng-2016-tab.xlsx>

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<sup>34</sup> Clinical Effectiveness Group data, 2015. BMI ≥ 27.5 for Asian population, BMI ≥ 30 for all others.



Except for Black men (10%), the rates for Newman men are more comparable (28% of White men, 24% of Asian men, and 27% of men of other ethnicities).

GP records reveal that there is a peak in smoking rates at age 25–44 for men, which has implications for pregnancy, as most partners of pregnant women are likely to be in this age group. These men should be encouraged to quit, in line with NICE recommendations (National Institute for Health and Care Excellence, 2010). For women themselves, the decline doesn't occur until later, with similar values across the 18–64 population before declining in older groups.<sup>37</sup>

Across England there is an important trend away from smoking. Levels have dropped by over 50% from 1974. In 1974, 41% of women and 51% of men were smokers whereas only 17% of women and 21% of men smoked in 2014. (Action on Smoking and Health, 2016) More locally, successive waves of the Newham Household Panel Survey indicate that both male and female smoking rates have declined since 2008 (when they were 32% and 19% respectively). However, this has been a consistent decline for men, whereas women have stayed at the same value for the last three waves (2011, 2013 and 2015). We might want to explore this further to ascertain why rates have not continued to fall in women.

It should also be noted that the Newham Household Panel Survey asks 'Do you ever smoke?' which may not capture responses relating to chewing tobacco. Chewing tobacco is

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<sup>37</sup> Divided into 18–25, 25–44 and 45–64

most commonly used among those of South Asian origin and is harmful to health (Longman, Pritchard, McNeill, Csikar, & Croucher, 2010).

## HYPERTENSION

Hypertension, commonly known as high blood pressure, is an important risk factor for heart failure, heart attack and stroke. It also increases the risk of complications for those with diabetes and so regular monitoring and, possibly, treatment is important for such individuals.<sup>38</sup>

This problem, usually defined as a blood pressure reading of 140/90 mmHg or above and confirmed by multiple readings over a period of time, can be controlled via drug therapies and lifestyle modifications, such as physical activity, achieving a healthy weight and reducing salt intake.<sup>39</sup>

Newham women have a particular set of issues related to hypertension. Unusually, more women than men have been diagnosed with high blood pressure in Newham (15% versus 13% of those aged 18 and above, or 20,400 women to around 19,500 men.)

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<sup>38</sup> [https://www.diabetes.org.uk/upload/How%20we%20help/catalogue/Hypertension\\_6412f.pdf](https://www.diabetes.org.uk/upload/How%20we%20help/catalogue/Hypertension_6412f.pdf)

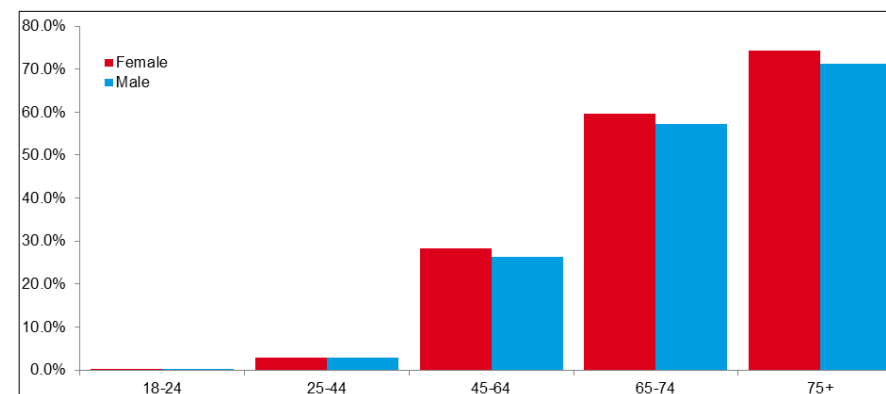
<sup>39</sup> <https://www.bhf.org.uk/heart-health/risk-factors/high-blood-pressure>

One possible explanation for this difference would be differing age structures of the female and male populations, as hypertension has a strong relationship with age. (**Figure 1**). However, the graph shows rates are higher for women than men in all age brackets, except the youngest.

Ethnicity and hypertension are also related. Among those aged 45–64 years, higher rates are found in women of Black, mixed Black, and Asian ethnicity when compared with other ethnic groups.<sup>40</sup> The rates for men are also highest in these groups, but the ethnic groups within this are in a different order.<sup>41</sup>

While these figures are important, hypertension often has no symptoms so it is often undiagnosed.<sup>42</sup> This means it is under-recorded in primary care and these figures are likely to be an underestimation. According to Imperial College London models, 4 in 10 (43%) people in Newham CCG with hypertension may be undiagnosed adding a total of 29,200 people to this category.<sup>43</sup>

**Figure 1: Prevalence of hypertension among female and male patients registered with a Newham GP by age, 2016**



Source: Clinical Effectiveness Gro

<sup>40</sup> Comment on age issue and why chosen one group

<sup>41</sup> Add data from HSE?

<http://content.digital.nhs.uk/catalogue/PUB01209/heal-surv-hea-eth-min-hea-tab-eng-2004-rep.pdf>

<sup>42</sup> Health Survey for England, 2014 – 17% of men and 11% of women had untreated hypertension (16 and above).

<sup>43</sup> <http://www.yhpho.org.uk/resource/view.aspx?RID=244318>. See also <https://www.bhf.org.uk/healthcare-professionals/bp-how-can-we-do-better> (PDF saved here: N:\C Public Health Intelligence\2. Annual Public Health Reports\APHR 2016 - women\2. Data\5. Improvement\BHF Hypertension Newham CCG 20161107 RF.pdf)

## CONCLUSIONS

It is not the potential with which people are born that drives differences in life expectancy, but the unequal opportunities they face for education, skills, jobs and housing. Marmot (2005) described how mortality and morbidity rates vary dramatically as a function of the social conditions in which people are born and raised, live, work, and age. Newham Council's adult JSNA<sup>44</sup> emphasised the structural determinants of health and describes the how the Council is tackling this situation, which also cause a difference in the years women spend in good health.

Having a strong social network around you positively affects everything from mental wellbeing and dementia to life expectancy. Pioneering research by Syme and Berkman in 1979 found that those who lacked social contacts were more likely to die earlier than those who were well connected. This relationship held after statistically controlling for physical health, health behaviours (e.g. smoking), health practice, and use of health services. That Newham women are living longer and spend more years in good health compared with the average for similarly deprived areas reflects the presence of positive social networks within Newham.

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<sup>44</sup> Newham Adult JSNA 2017-2019  
<https://www.newham.gov.uk/Pages/ServiceChild/Joint-Strategic-Needs-Assessment.aspx>

Taking part in social activities with others not only protects against the development of depression in healthy adults, but it also speeds recovery and reduces the likelihood of relapse in those with a history of depression. A study for the English Longitudinal Study of Ageing (Cruwys et al 2013) found that increasing the number of social activities people are part of increases these effects (Sato and Heaney 2008). Belonging to three groups led to a reduction in the risk of relapse by 63% compared to 24% when people belonged to just one group. This led the authors to see group membership as a "social cure" for depression. They also found a positive protective effect against dementia from one-to-one social interaction with family within wider social networks.

Smoking, alcohol and infectious diseases are examples of ways social networks can also have negative influences on health through health behaviours, violence and person-to-person contact. The reason that social networks can have both positive and negative effects is because they work through different mechanisms (Haslam, Cruwys et al 2015)

- the provision of social support (both perceived and actual)
- social influence (e.g., norms, social control)
- social engagement,
- person to-person contacts (e.g., pathogen exposure, secondhand cigarette smoke)

- access to resources (e.g. money, jobs, information)

Social networks are not limited to local neighbourhoods, but global networks have similar influence. Data from the Framingham Heart Study (Christakis N and Fowler H, 2007) found that within social networks obesity was 'infectious' – in other words if the person was obese, many of the connections – friends and their friends - were likely to be obese. Moreover, the BMI within the social network increased in similar periods – if the person became obese, it was likely that their friends had become obese at the same time. So it's clear that the health of our communities cannot be seen as only the sum of the individuals, but as a result of the way they connect to the people around them.

Within this context, women and their networks can be a positive force for good in building healthy communities. How we harness assets within our communities and empower women to create a social movement for health will be one of the key factors in how we mitigate the growing demand on services within Newham.

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# **Women and health in Newham - celebrations and aspiration**