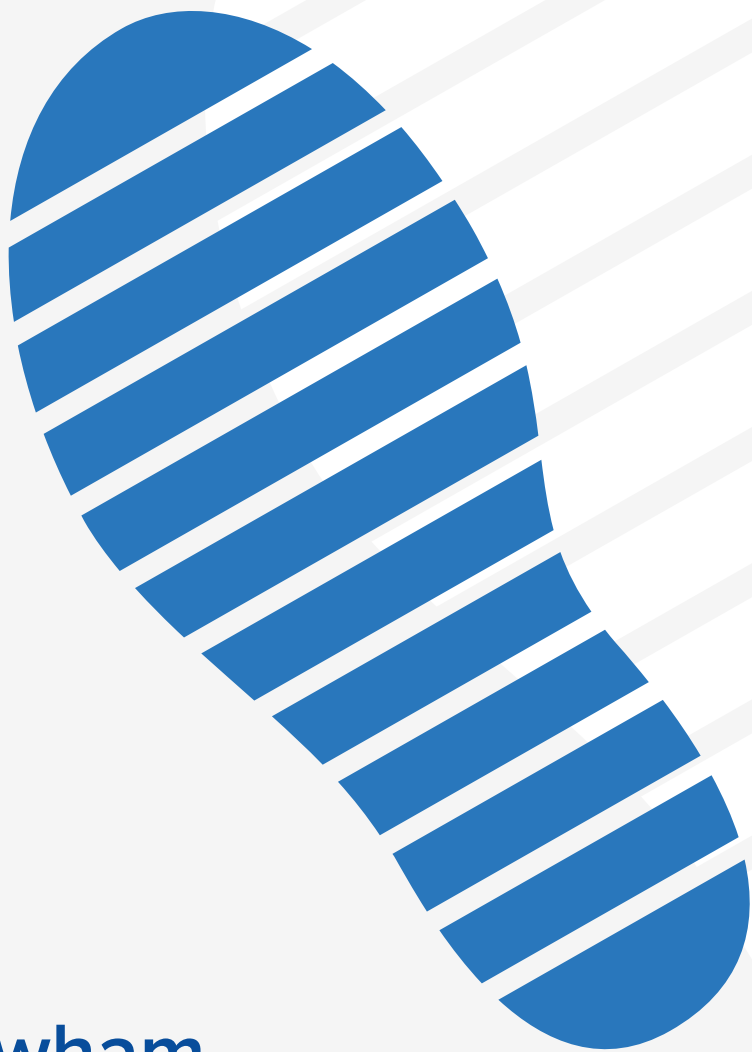


**WHAT'S
YOUR STEP?**



Now is the time to act.

Newham London



Well Newham
50 Steps to a Healthier Borough
Part 2: The Evidence for Action

**People at the Heart
of Everything We Do**

Contents

| | | | | |
|--|-----------|------------------------------------|--|------------|
| Introduction | 5 | Priority 7: | Supporting active travel and improved air quality | 89 |
| PART 1: | | | | |
| An overview of health need in Newham | 8 | Priority 8: | Creating an active borough | 94 |
| PART 2: | | | | |
| Our priorities | 38 | Priority 9: | Supporting a Newham of communities where people are better connected and supported | 100 |
| Priority 1: | | | | |
| Enabling the best start through pregnancy and early years | 40 | Priority 10: | Working towards a Smoke-free Newham | 106 |
| Priority 2: | | | | |
| Supporting our young people to be healthy and ready for adult life | 49 | Priority 11: | Building a borough of health promoting housing | 112 |
| Priority 3: | | | | |
| Supporting people around the determinants of their health | 59 | Priority 12: | Building an inclusive economy | 120 |
| Priority 4: | | | | |
| Developing high quality inclusive services, ensuring equity and reducing variation | 67 | Proposed Outcomes Framework | | 126 |
| Priority 5: | | References | | 133 |
| Meeting the needs of those most vulnerable to the worst health outcomes | 73 | | | |
| Priority 6: | | | | |
| Creating a healthier food environments | 80 | | | |

List of figures

| | |
|---|----|
| Figure 1: Resident population | 10 |
| Figure 2: Population by gender in Newham and Inner London, 2019 | 10 |
| Figure 3: Population projections in Newham | 11 |
| Figure 4: Population mobility in Newham | 12 |
| Figure 5: Population by ethnicity in Newham and London, 2019 | 13 |
| Figure 6: Ethnic composition by age band | 13 |
| Figure 7: Percentage of residents by ward where English is not spoken well or at all | 14 |
| Figure 8: Life expectancy at birth | 15 |
| Figure 9: Contribution to life expectancy gap | 16 |
| Figure 10: Top three causes of death in males and females | 17 |
| Figure 11: Life expectancy for males and females from birth, Newham wards 2013-2017 | 17 |
| Figure 12: Healthy life expectancy at birth, male and female | 18 |
| Figure 13: Disability free life expectancy at birth, male and female | 19 |
| Figure 14: Life expectancy for males from birth, Newham wards 2009-2013 | 19 |
| Figure 15: Life expectancy for females from birth, Newham wards 2009-2013 | 20 |
| Figure 16: Estimated prevalence of common mental health disorders (ages 16+ years), 2017 | 21 |
| Figure 17: Long-term mental health problems (aged 18+) | 21 |
| Figure 18: Wellbeing measurement framework (%) 2018-19 | 22 |
| Figure 19: Female and male multimorbidity rates | 24 |
| Figure 20: Emergency admissions to hospital for all causes, all ages | 25 |
| Figure 21: Emergency re-admissions within 30 days of discharge from hospital | 26 |
| Figure 22: Emergency admission - 0-4 | 26 |
| Figure 23: Cancer screening 2018/19 | 27 |
| Figure 24: Most common incidence of of cancers | 28 |
| Figure 25: Stage at cancer diagnosis | 28 |
| Figure 26: Cancer waiting times, 2018/19 | 29 |
| Figure 27: Most common mortality from cancers | 29 |
| Figure 28: 2019 IMD | 30 |
| Figure 29: Index of multiple deprivation, 2019 | 31 |
| Figure 30: Deprivation by ethnicity and ageband | 31 |
| Figure 31: A level results 2017/18 | 32 |
| Figure 32: Housing tenure - 2018 | 33 |
| Figure 33: Statutory homelessness: rate per 1,000 households 2017/18 | 33 |
| Figure 34: Deaths linked to long term exposure to air pollution | 34 |
| Figure 35: Percentage of adults drinking over 14 units of alcohol per week, 2011-14 | 35 |
| Figure 36: Smoking prevalence in adults aged 15+, 2017-18 | 36 |
| Figure 37: Children (aged 5) with one or more decayed, missing or filled in teeth, 2016/17 | 36 |
| Figure 38: Low birth weight of term babies, 2017 | 40 |
| Figure 39: MMR1 compared with neighbours at the five year time point | 42 |
| Figure 40: MMR2 compared with neighbours at the five year time point | 43 |
| Figure 41: Newham's services for children and young people aged 0-5 | 46 |
| Figure 42: UNICEF Baby Friendly Accreditation | 48 |
| Figure 43: Estimated prevalence of mental health disorders in children and young people aged 5-16 | 50 |
| Figure 44: Violent crime – hospital admissions for violence (including sexual violence) - 2016/17 - 2018/19 | 51 |
| Figure 45: Newham knife crime victims 1-24 (Oct - Sept) | 51 |
| Figure 46: Ward profile – knife crime victims 1-24 (Oct 18 - Sep 19) | 52 |
| Figure 47: Percentage of children with excess weight by school year 2018/19 | 53 |
| Figure 48: Secondary pupils with special educational needs by primary type of need, January 2019 | 54 |
| Figure 49: Young people providing unpaid care (aged 0-15), 2011 | 54 |
| Figure 50: Young people providing unpaid care (aged 16-24), 2011 | 54 |
| Figure 51: Hospital admissions due to substance misuse (15-24 years) | 55 |
| Figure 52: Newham's services for children and young people aged 5-19 | 56 |
| Figure 53: The individual and the determinants of their health | 59 |

| | |
|---|-----|
| Figure 54: The individual and the determinants of their health | 60 |
| Figure 55: Health behaviours linked to disease | 61 |
| Figure 56: Relationship between risk factors and the common causes of death and disability and modifiers | 62 |
| Figure 57: Prevalence of high risk (obese BMI) in each neighbourhood – rate per 1,000 GP +18 registered population with a BMI recorded in the last 3 years. | 64 |
| Figure 58: Well Newham delivery framework | 65 |
| Figure 59: Inequality versus inequity | 67 |
| Figure 60: Breast cancer standard age (50-70) 36M coverage | 69 |
| Figure 61: Breast cancer standard age (50-70) 36M coverage - Mar 19 | 70 |
| Figure 62: Newham regions % uptake on primary vaccinations by age (target set at 90 and 95%) - April 2018-March 2019 | 71 |
| Figure 63: ACE Pyramid | 73 |
| Figure 64: Rough sleepers in Newham | 75 |
| Figure 65: TB incidence (3 year average) | 76 |
| Figure 66: Deaths from drug misuse (all ages) | 77 |
| Figure 67: Admission episodes for alcohol-specific conditions (all ages) | 78 |
| Figure 68: The Eat-Lancet planetary health diet | 80 |
| Figure 69: Our definition of good food, The London Food Strategy | 81 |
| Figure 70: Food culture | 82 |
| Figure 71: Hot food takeaway hotspots | 83 |
| Figure 74: Health Effects of Air Pollution. Public Health England | 89 |
| Figure 75: Asthma rates in Newham | 91 |
| Figure 76: Physical activity for early years | 95 |
| Figure 77: Physical activity for children and young people (5-18 years) | 96 |
| Figure 78: Inactive adults doing less than 30 minutes of exercise a week, 2017/18 | 97 |
| Figure 79: Sport and physical activity levels; inactive adults 16+ - 2017/18 | 98 |
| Figure 80: Social isolation and loneliness and impact on health | 100 |
| Figure 81: Population Churn Newham | 101 |
| Figure 82: Prevalence of common mental health disorders, Newham | 102 |
| Figure 83: Vibrant Economy Index, definitions | 102 |
| Figure 84: Vibrant Economy Index, Newham | 103 |
| Figure 85: Strategic context | 107 |
| Figure 86: Smokers aged 16+ that have successfully quick at 4 weeks | 107 |
| Figure 87: Concentration of patients with status recorded as smokers and pharmacy cessation services in Newham and no. of quits | 109 |
| Figure 88: Ottawa model | 110 |
| Figure 89: Housing instability | 112 |
| Figure 91: Housing related drivers of poor health, Source Newham Info 2019 | 114 |
| Figure 93: Overcrowding - 2011 | 115 |
| Figure 94: Age of buildings in Newham | 116 |
| Figure 95: Tenure in Newham as % of housing stock | 116 |
| Figure 96: Family homelessness | 117 |
| Figure 97: Effects of being excluded from the economy | 120 |
| Figure 98: Employment and unemployment - Oct 2018-Sept 2019 | 122 |
| Figure 99: Employment and unemployment in Newham by gender - Oct 2018-Sept 2019 | 122 |
| Figure 100: Economic inactivity by reason - Oct 2018-Sept 2019 | 122 |
| Figure 101: Earnings by place of residence - 2019 | 123 |
| Figure 102: Children in low income families (all dependent children under 20) | 123 |

Introduction

Our health is our wealth. With good health – both mental and physical – we can thrive; at school, at work, in our family and community lives. When poor health takes its toll we suffer, not just from the pain and distress but the knock on to so many aspects of our lives.

Yet we can all be healthier. By taking a number of steps, both in our own lives, and in supporting those around us, together we can create a healthier place for us all.

While health fads come and go in the media, there is a mountain of evidence of what will really make a difference to our own health and the health of our communities.

This strategy was primarily developed pre Covid-19, through discussion and debate through the latter half of 2019 and the first weeks of 2020. Covid-19 has hit our country and our borough like a steam train, with significant loss of life and deep, lasting impacts on people's health, social and economic wellbeing. There are some very specific actions we need to take in order to respond to this challenge. But in many ways the pandemic has also shone an intense spotlight on the very same issues we were focussed on before; health inequalities. These inequalities are both between Newham and other areas and within the borough itself. These were in the forefront of our plans already but the disparities in Covid-19 outcomes experienced by those based on low income and ethnic background challenge us to go further in our ambitions.

Challenges

The challenges should not be underestimated. Health is shaped first and foremost by the social and economic circumstances in which people are born, grow, live, work and age. While Newham is rapidly changing, we still have many challenges. There are many who face high levels of poverty, difficult working conditions including low levels of pay and an urban environment in terms of air quality, food environment, housing provision and many other factors that can damage health. Our life expectancy is below the national average, and our healthy life expectancy, the years of good health we can expect to live, is well below for both men and women. This points to the significant burden of both mental and physical ill health in our borough. We also have a rapidly changing borough. The transient nature of some of our population presents a range of challenges both to improving health and to assessing the impact we are making across the population, particularly for those with the poorest health.

Assets

But we have many assets too as a borough. Fantastic parks for an inner-city area, bustling sport and leisure facilities, brilliant schools, committed community and voluntary organisations, fruit and veg markets selling high quality affordable produce, a growing economy and excellent NHS resources and amazing people across all these, to name just a few.

Our ambitions

Our health services are of course vitally important to our health but research shows that between 50-80% of our health is determined by other factors. To meet this challenge this strategy has a number of ambitions:

1. To create a healthier environment for our residents
2. To ensure the settings where people spend their lives as workers, students and patients, promote health in the best possible way
3. To make sure our services work together around our residents and patients' needs, that services are inclusive and equitable, and support people holistically and preventatively around the factors underlying their health and wellbeing
4. To support the further building of social capital and community life to enable better our residents to help themselves and others
5. To tackle poverty and inequality which underpins so many inequalities in health

In doing so our ambition is to live up to a number of principles which run across the strategy:

- To use all the levers we have at our disposal to improve physical and mental health and wellbeing, including working in partnership wherever possible
- To understand and address issues of equity and inclusivity in our work
- To involve those impacted in decision making whether at an individual or community level ensuring our residents are the heart of everything we do
- To use evidence to invest in long-term and lasting change, focussing both on immediate impact but also recognising that some of the benefits will be years in the future

The strategy

This strategy consists of a number of sections:

- Part 1 is our commitments – our 50 steps – as responsible authorities for health to improving health and wellbeing over the next three years; these are divided into 12 priority areas; some of these are about the services we deliver to people; children, young people, adults, families. Many of these steps are about creating a healthier social and physical environment.
- Part 2 sets out the health challenges we face as Newham, the evidence base that underpins the need for those 50 steps. We look at the whole life journey from pregnancy through to older age. We look at both mental and physical health; at the wider determinants of health such as inequalities and the environment but also more immediate influences on health such as smoking, physical activity and access to services.

With the final strategy we will publish an outcomes framework that we will measure success by and an implementation plan.

We will also co-produce a campaign collective to call to action everyone living and working in our borough to take on a role, however small or big, in being part of this journey too. We know many people in their communities, schools, businesses are doing much already; how can we build on that? As this report has been developed, we have had many conversations with different people and organisations who share this same goal, and we know we can achieve far more if we work together.

The priorities of this strategy do not sit in isolation; they are part of wider set of ambitions for Newham that our Mayor has championed. Health is a major part of our commitment to community wealth building. Developing an inclusive economy, strong and invested in communities, and good jobs will all benefit health, and improving the health of our population will support these in turn. The climate emergency is of paramount importance to us too, and we know that the steps we need to take for the long term health of our plant will bring immediate short term dividends to the health of our population. Our NHS long term plan is committed to prevention, it is best for our residents and patients, but is also mission critical to having a sustainable NHS as our population grows and ages. It also sits alongside the commitments of Newham's NHS to provide high quality, prevention oriented, inclusive health services committed to tackling health inequalities.

The scope of these 50 steps is very wide. However they do not capture the detail that sits in individual strategies and action plans focussed on particular issues. From youth safety, to homelessness, air quality, to mental health there are many focussed plans for particular issues. This strategy is not about particular conditions or health issues but focussed much more on the drivers and determinants. But that lens of the major drivers of early death or poor physical and mental health is important too, and as Figure 1 shows they are addressed right across the 50 steps.

Our 50 steps is a call to action to ourselves as a Health and Wellbeing Board for Newham and to the wider borough to draw on the amazing assets and opportunities we have locally. This is not short term fix but if together we can galvanise action, we know we can bring about lasting change.



PART 1:

An overview of health need in Newham

Summary of health and wellbeing in Newham

Our population is relatively young, highly diverse, often substantially deprived with a high degree of mobility. Many younger adults move into and out of the borough. Overall, the population is forecast to increase from 360,000 residents to around 445,000 residents by 2030.

However our borough faces some significant health challenges. Life expectancy for our residents is lower than for London and England. Overall, Newham is the 3rd most deprived borough in London and there are many substantial inequalities throughout the borough. Covid-19 has brought many of these inequalities starkly to the surface where they may have been hidden from some for too long.

Common mental health disorders are more prevalent in our residents than compared to London, although long term mental health disorders appear to have improved relative to those of London.

There are many challenges rising from the behaviours that effect health and wellbeing. Too often health is adversely impacted for our residents because of this. Physical activity levels are the lowest of all the London boroughs. Alcohol consumption compares reasonably well to London whereas levels of healthy eating, smoking and obesity are worse than for London. We need to support our residents to achieve healthy lives wherever possible.

Our environments influence our health and wellbeing. For example, access to unhealthy food, together with low physical activity levels, partly explains why child and adult obesity is significantly worse compared to London.

Patterns of disease show marked differences across our borough. Levels of diabetes and heart disease are particularly high in some at-risk communities such as Asian groups, particularly in the north east of the borough. Respiratory disease and cancer are more prevalent in the south west of Newham.

Our different communities face serious health inequalities which are shown by patterns of multimorbidity and too often health is affected by the early onset of disease.

Childhood vaccination rates remain too low to fully protect many of our communities in Newham.

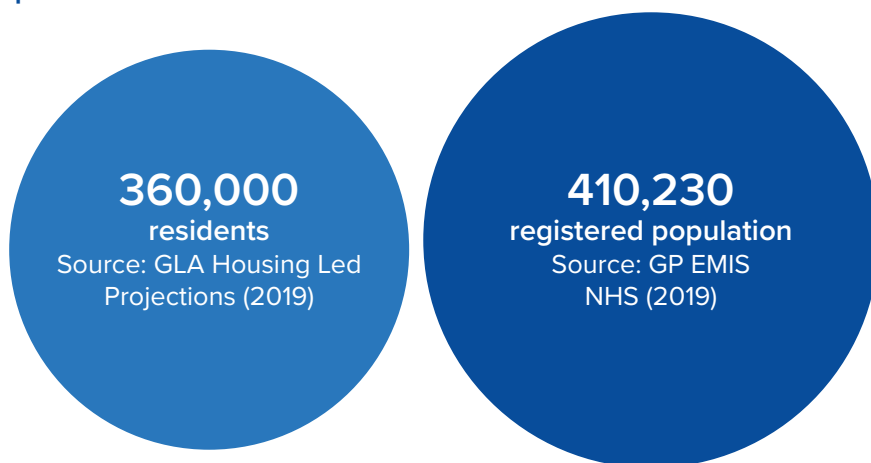
Poor air quality in some parts of the borough has a significant impact on health and is linked to seven out of every 100 deaths in our borough. This makes Newham one of the worst affected of the London boroughs. Housing and homelessness issues remain particularly challenging. Many families live in temporary or unsuitable housing and homelessness rates are amongst the worst nationally. Income and employment levels tend to be lower compared to London, often making housing even less affordable for many residents.

Despite these various challenges, our borough performs particularly well in many aspects including educational attainment and school readiness, high employment of people with learning disability, low levels of childhood injury, successful substance misuse treatment and various aspects of elderly care.

1. Newham's population demography

The London Borough of Newham has a young and diverse population. The average age is 31.9 years compared to London (35.3) and England (39.9). This places Newham as the seventh youngest borough in England by median age. Our resident population for 2019 is estimated to be 360,000 but the GP registered population is 410,000. This difference is partly the result of high mobility, whereby people who no longer live in the borough may still be registered with a local GP.

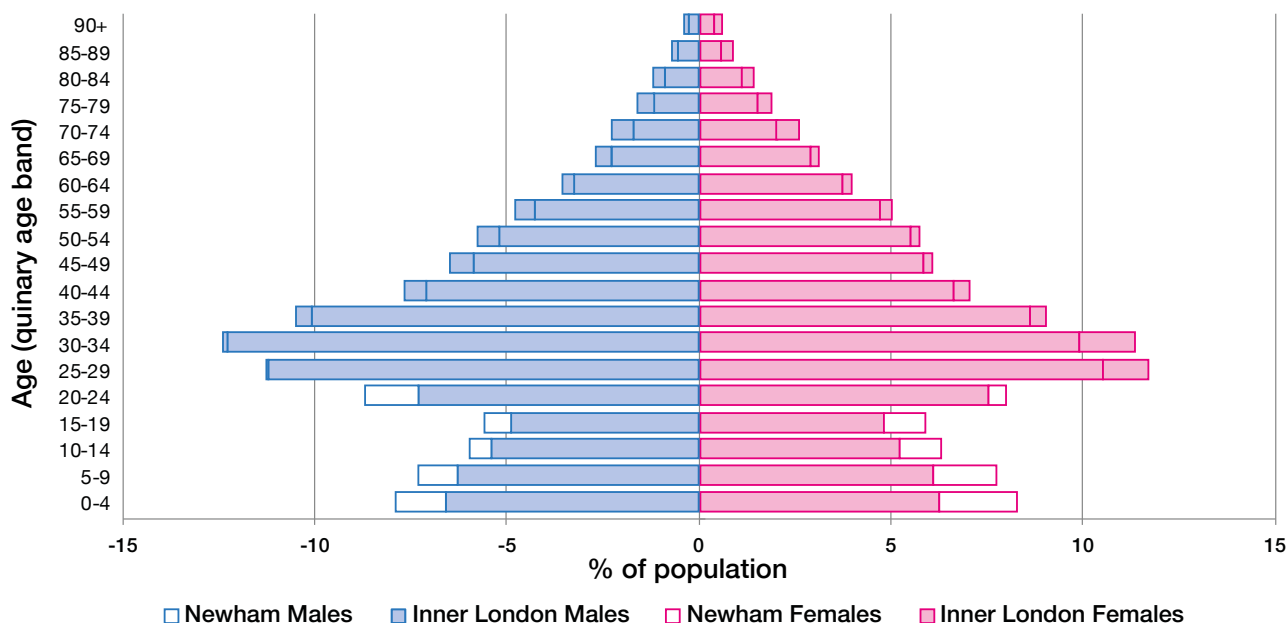
Figure 1: Resident population



Population age structure

The structure of our population is similar to that of London, but with a higher proportion of young people and fewer older people. The largest proportion (42% males, 37% females) of Newham's population lies in the 20 to 39 age bracket. The proportion of our residents aged less than 24 years is higher than inner London, while the proportion of people aged over 40 years is lower in Newham.

Figure 2: Population by gender in Newham and Inner London, 2019

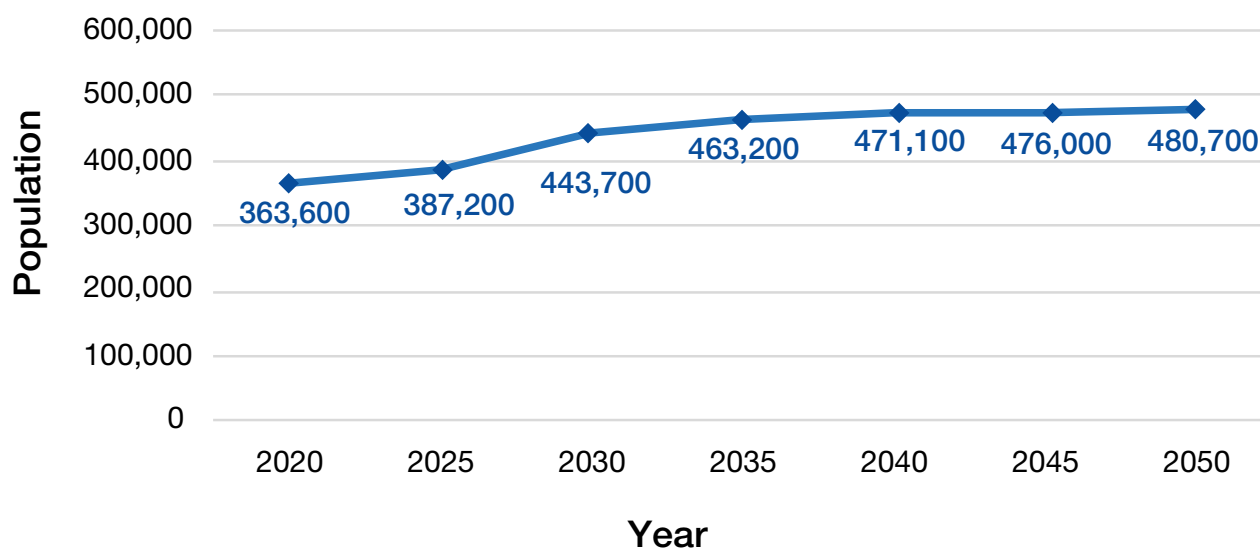


Source: GLA Housing Led Population Projections (2016 SHLAA)

Population growth

Our population is rapidly growing and we expect the borough to have one of the largest population increases in London.

Figure 3: Population projections in Newham



Source: GLA Housing Led Population Projections, 2016

Between 2020 and 2030, we expect our population to increase by 22% to around 445,000. This increase is then expected to slow to grow at around 8% between 2030 and 2050, when the population is expected reach around 480,000 residents. There is of course considerable uncertainty in this estimate however.

Unknown populations

Factors such as release of new housing developments, houses with multiple occupancy and people staying in temporary accommodation have an impact on the population size and rate of growth.

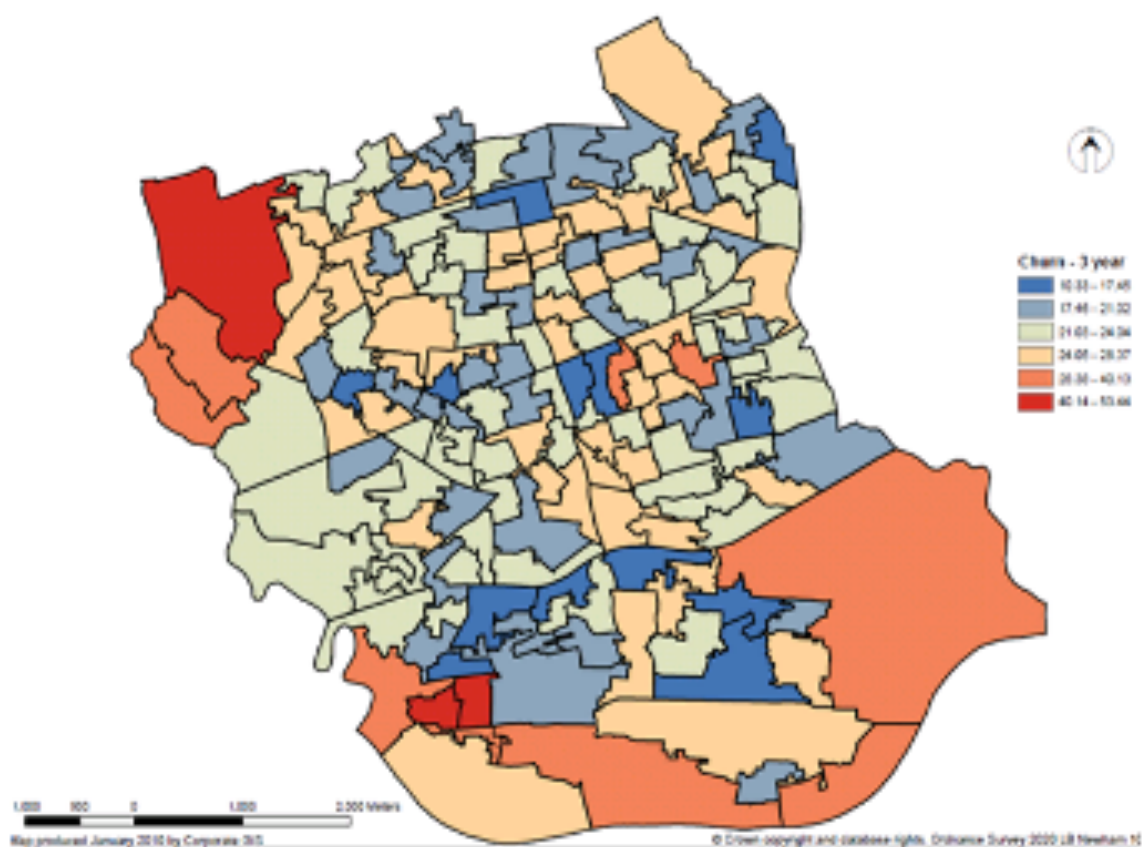
Because of these factors it is difficult to determine the size of the borough's population with certainty. The high proportion of rental accommodation and the transient nature of Newham's population (high numbers of immigration and emigration) are particular challenges to determining the number of people in the borough.

The mobility of Newham's population

Sections of Newham's population are very mobile. The proportion of the population arriving or leaving Newham is as high as 20% per year in places. Most of this population movement is into neighbouring boroughs. Mobility is highest in younger adults whereas older groups are much more

stable. High mobility has consequences for measuring impacts on population health need, demand on services and health outcomes.

Figure 4: Population mobility in Newham



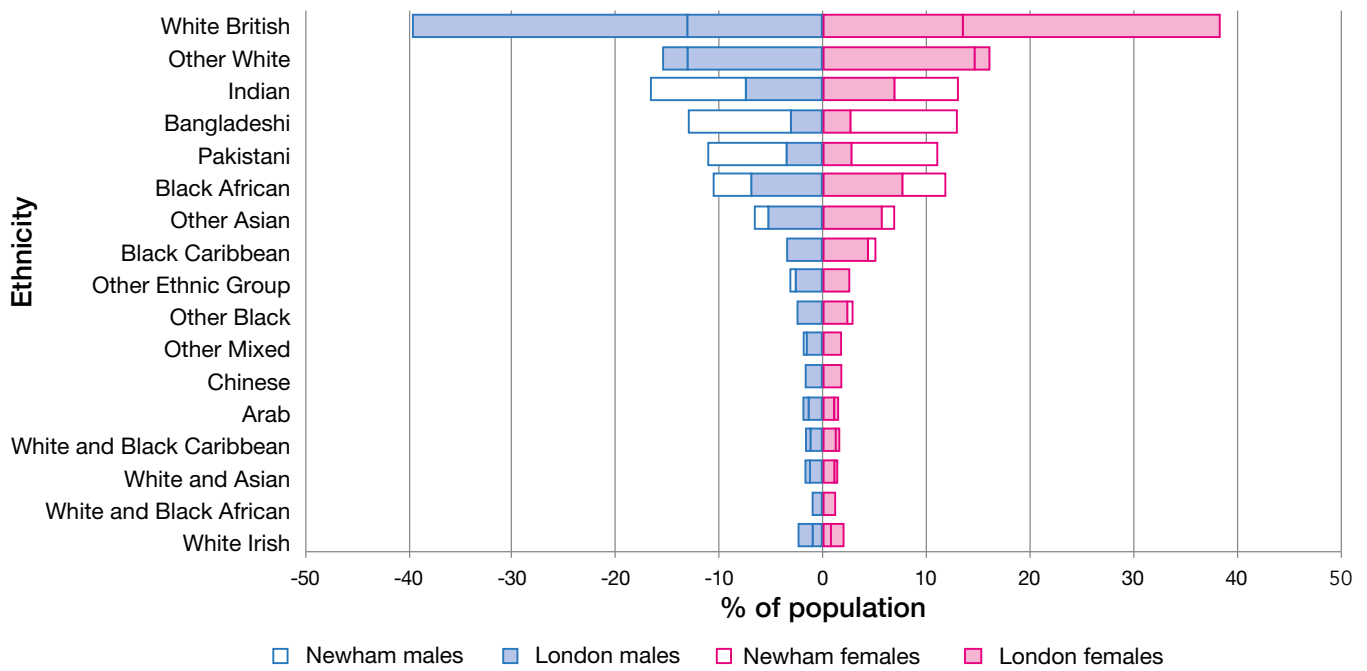
Source: CDRC Population Churn Index (2016)

The Consumer Data Research Centre produces estimates of population mobility at small areas. The latest estimate was for the period up to 2016. This estimates that population mobility over the last three years reached 53% in parts of Stratford and Canning Town (areas shown in red in the map above). This means that in these areas, half of the population changed over three years from 2013 to 2016. In blue areas, over the period 2013 to 2016 around 10% to 17% of the population changed.

Ethnic composition of Newham’s population

Our borough’s residents have great ethnic diversity and residents from many different ethnic groups make up approximately 70% of the overall population of Newham. In contrast, for London as a whole the proportion of people from different ethnic groups is 41%. Our single largest ethnic group is Indian. Also Bangladeshi, Pakistani and Black African populations are all proportionally much higher in Newham compared to the London population as a whole. The white British population accounts for around 15% compared to around 40% for London.

Figure 5: Population by ethnicity in Newham and London, 2019

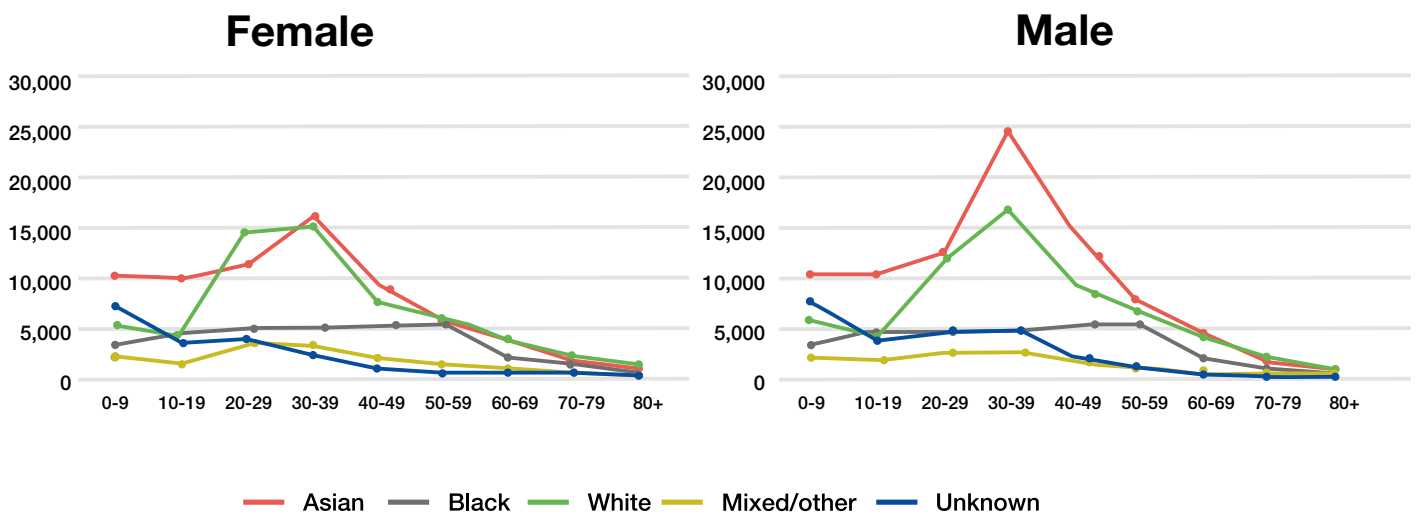


Source: GLA Housing Led Ethnic Group Population Projections (2016 SHLAA)

Ethnic composition by age band

There are large differences in Newham’s population by ethnic group, for females and males. Asians (especially males) are by far the most common ethnic group for residents in the 30-39 years ageband. However for residents who are 70+ years, there are fairly similar numbers of residents from the main ethnic groups. The higher risk of diabetes that Asians face is one example of how ethnic differences in population structure can be used to help understand need and prevention opportunities.

Figure 6: Ethnic composition by age band



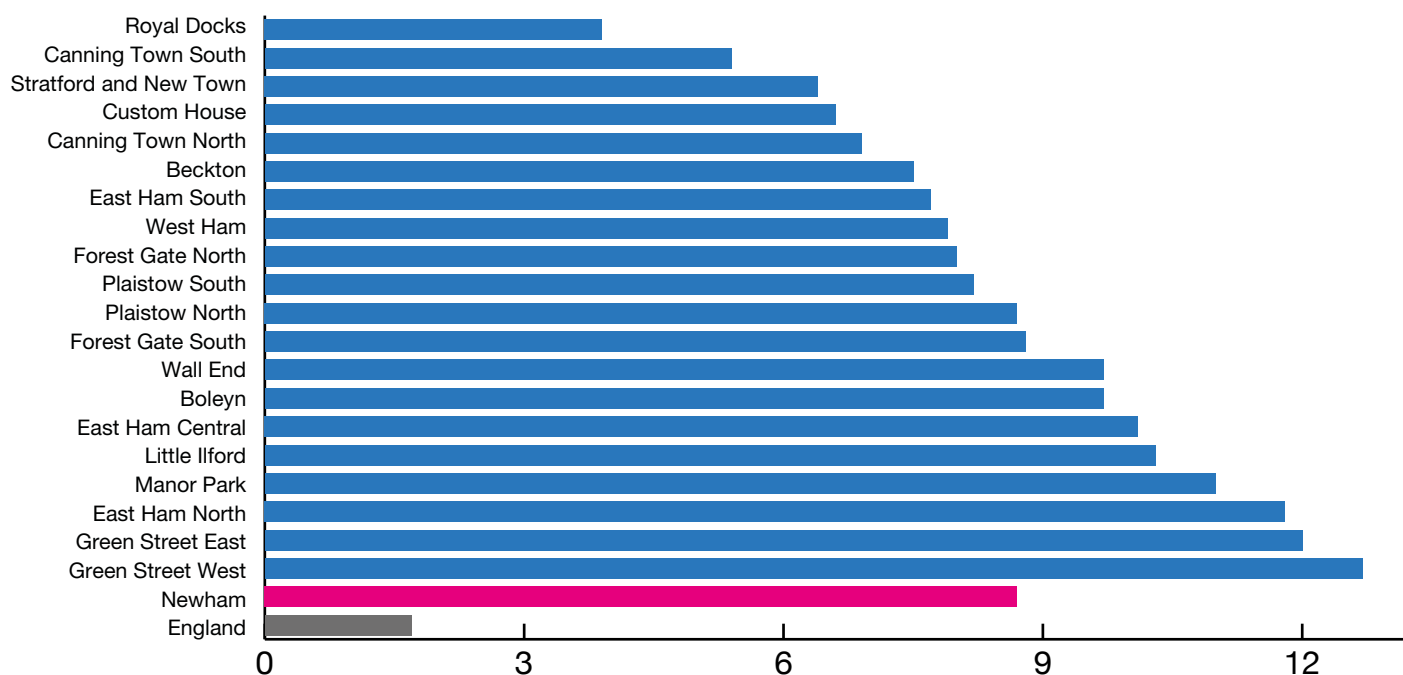
Source: EMIS counts of registered patients via CEG

Languages spoken in Newham's population

We also have a hugely diverse range of languages and more than 100 different languages are spoken in our borough. However some of our population may have considerable language barriers. The 2011 census data showed that nearly 9% of Newham residents are unable to speak English well or at all. This is almost double the value for London (4.1%) and much higher than that of England (1.7%). This reinforces the need to work to overcome language accessibility barriers facing some of our residents.

Newham's wards show marked variation in the proportion of people who cannot speak English well, or speak English at all. The proportion varies from 3.9% of residents in the Royal Docks area (lowest score) compared to 12.7% in Green Street West. Any residents who have difficulties in communicating are likely to experience greater difficulty in accessing services and obtaining information.

Figure 7: Percentage of residents by ward where English is not spoken well or at all



Source: Census, 2011 via Local Health, PHE

2. Life expectancy

In Newham, life expectancy at birth is lower than that of London for both males and females.

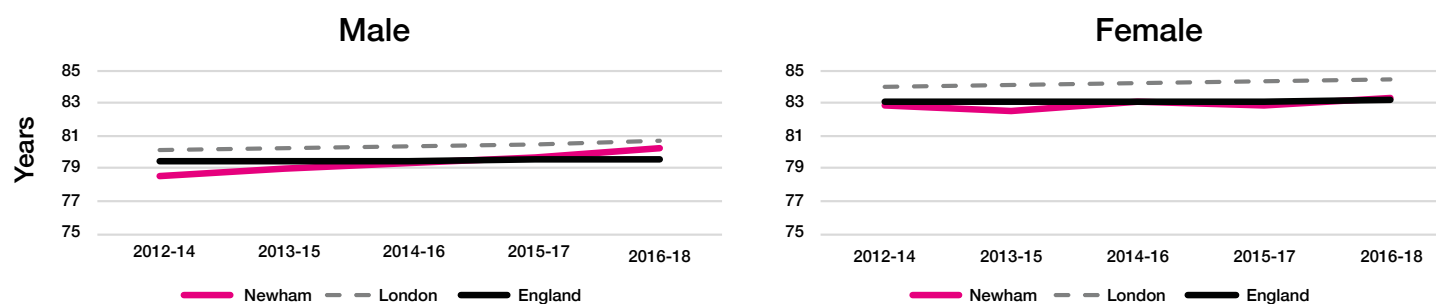
Life expectancy estimates are calculated by applying current mortality rates to the whole local population.

Life expectancy remains higher for females than for males, both in Newham and nationally. For males, life expectancy at birth has improved since 2011-13 and now exceeds that of England, but remains lower than that of London. Males rank 22nd out of all London boroughs. For females life expectancy is similar to that of England, but the rank is lower (30th) out of London boroughs. The great improvements seen in male mortality in Newham have not unfortunately been mirrored by similar improvements in female mortality. Female mortality remains the same as for England whereas male mortality improved faster than the England rate.

We know that much of Newham's population is highly mobile which has a complicating effect on life expectancy estimates. People's health and wellbeing is influenced throughout their lives by their environments, wherever they have lived. Life expectancy estimates are only based on where people were living when they died and do not consider where people have lived throughout their lives. For example, some residents might move to Newham as adults, whilst others may have lived in the borough for much of their life in good health and might then move away on retirement.

Many of the causes of mortality are preventable and are discussed in subsequent sections.

Figure 8: Life expectancy at birth



Source: Fingertips, PHE

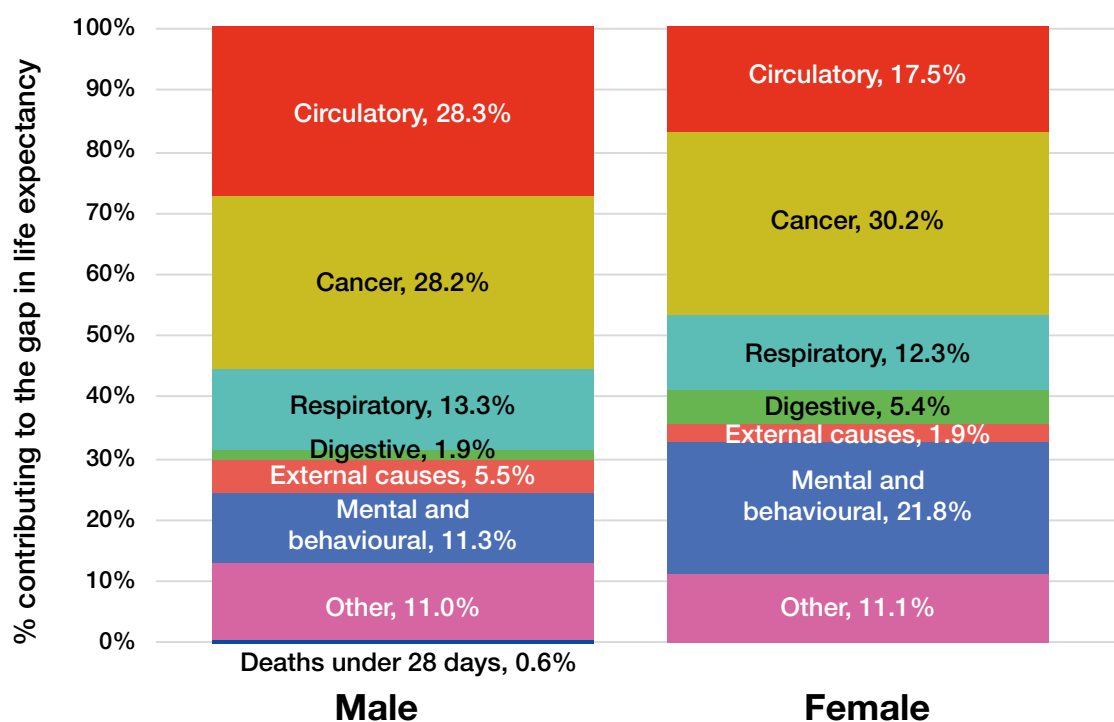
What accounts for differences in life expectancy in Newham?

It is important to understand what drives differences in life expectancy across our borough in order to address inequality and to improve health and wellbeing.

The relative contributions to the life expectancy gap between the most and least deprived quintiles of Newham, by broad cause of death is shown below for males and females. Circulatory causes (for example heart attack, stroke or heart disease) are considerably higher for males than for females while cancer causes are similar at around 30%. Mental and behavioural causes are substantially higher for females than for males (22% cf. 11%). A part of this difference might be due

to better reporting, detection and diagnosis amongst women than for men. The differences can be summarised as females experience less circulatory but more mental/behavioural causes than males in Newham.

Figure 9: Contribution to life expectancy gap











The table below shows a comparison between Newham and England of the percentage difference in causes of death between the most and least deprived areas. Of particular note for both sexes is the high percentage difference of deaths from mental and behavioural causes, which includes dementia and Alzheimer's disease. Deaths from cancer also form a higher proportion in Newham compared to England. However as Newham has a young population and these conditions tend to affect the older population, the high percentages may reflect a smaller number of deaths from these causes.

Table 1: Contribution to life expectancy gap

| Cause of death | Males | | Females | |
|------------------------|--------------|---------|--------------|---------|
| | Newham | England | Newham | England |
| Circulatory | 28.3% | 27.1% | 17.5% | 23.6% |
| Cancer | 28.2% | 21.5% | 30.2% | 24.3% |
| Respiratory | 13.3% | 15.2% | 12.33% | 19.5% |
| Digestive | 1.9% | 9.8% | 5.4% | 8.3% |
| External causes | 5.5% | 10.9% | 1.8% | 5.0% |
| Mental and behavioural | 11.3% | 3.5% | 21.8% | 6.0% |
| Other | 11.0% | 9.7% | 11.1% | 11.6% |
| <28 days | 0.6% | 2.1% | 0% | 1.7% |

The following illustration shows the top three causes of death in males and females, and the difference in average months of life lost between the most and least deprived area.

Figure 10: Top three causes of death in males and females

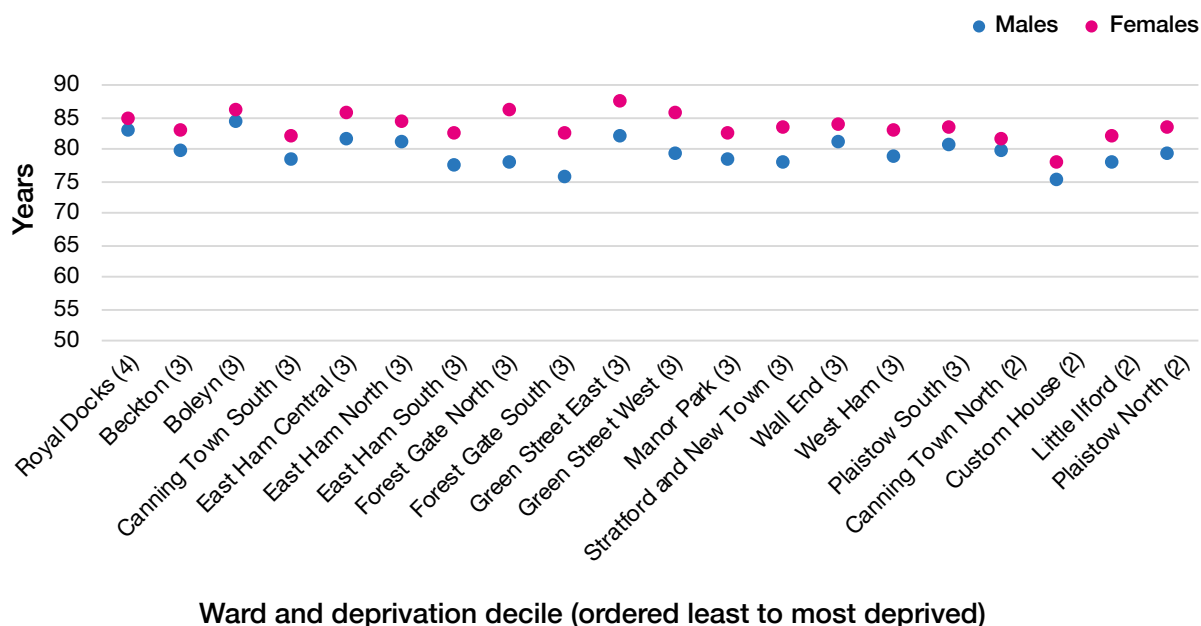
| | 1 | 2 | 3 |
|---|--|--|--|
|  |  Circulatory diseases: 20 months |  Cancer: 20 months |  Respiratory: 9 months |
|  |  Cancer: 24 months |  Circulatory diseases: 14 months |  Mental and behavioural: 17 months |

For males, circulatory disease (including heart disease and stroke) (28.3%) and cancers (28.2%) cause the highest number of deaths between those living in the most and those living in the least deprived areas in Newham. For females, it is cancers (30.2%) and mental/behavioural causes (includes dementia and Alzheimer’s disease) (21.8%).

Life expectancy by ward

Male and female life expectancy from birth by ward is shown below. The deprivation decile is in brackets and the wards are shown from least to most deprived (left to right).

Figure 11: Life expectancy for males and females from birth, Newham wards 2013-2017

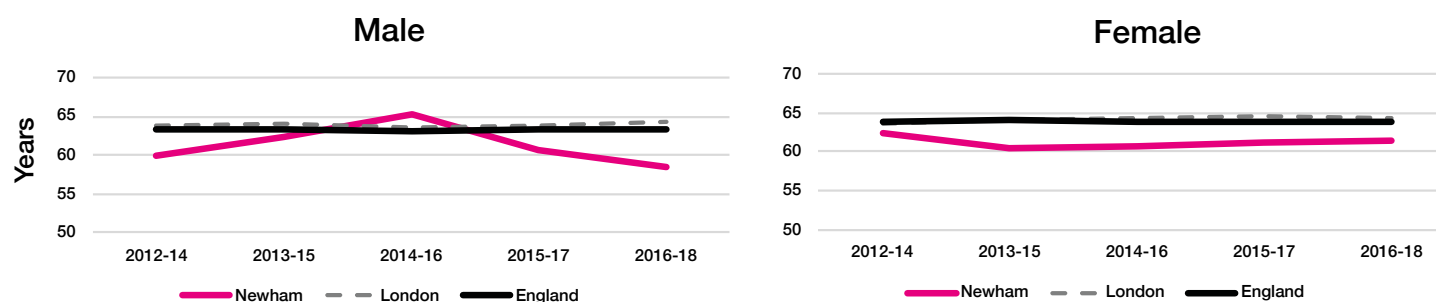


Source: ONS

In all wards, female life expectancy is greater than for males, but there are substantial differences between our wards. These differences are only partly explained by differences in ward level deprivation. Gender based differences in life expectancy may be more strongly associated with factors such as ethnicity.

Healthy life expectancy at birth

Figure 12: Healthy life expectancy at birth, male and female



Source: Fingertips, PHE

Healthy life expectancy at birth is an estimate of the number of years a person born today can expect to live in good health, based on current mortality and disease rates in that area.

Compared to life expectancy, our borough performs less well in terms of healthy life expectancy and disability free life expectancy, although there is more uncertainty and greater random variation in these measures (shown particularly by fluctuations in the male rate). It is notable that London also performs less well compared to England in this measure.

For males, healthy life expectancy improved from 2012/14 to 2014/16 but has since declined from its peak in 2014/16 so that it is now substantially lower compared to London and England.

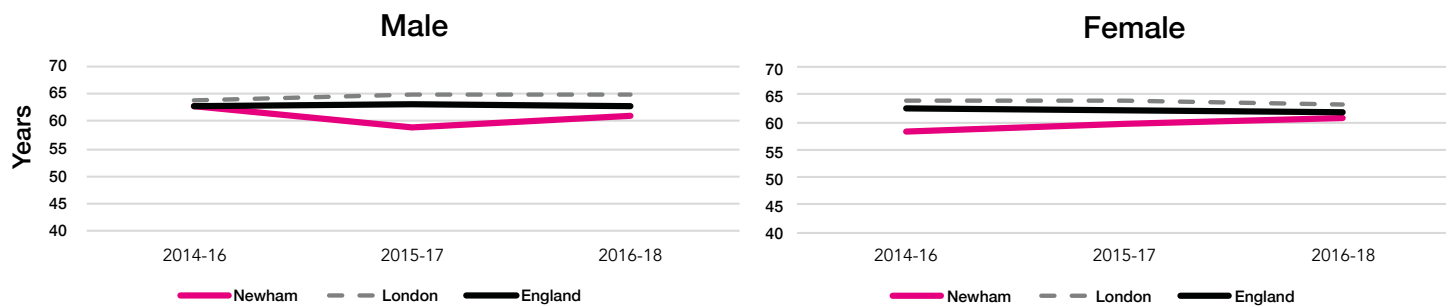
Healthy life expectancy at birth for females in our borough has remained substantially lower compared to London and England.

The lower healthy life expectancy at birth values for Newham reflect the development of disease at earlier ages compared to that of London and England. This may partly be due to the adverse effects of poverty on health, outlined in the priority section Poverty, health and Inclusive Economy. Health related behaviours such as low levels of physical activity and obesity also play an important role here.

Unlike life expectancy, healthy life expectancy at birth estimates are similar for males and females. As a consequence, females tend to live with diagnosed disease for more years than males.

Disability free life expectancy at birth

Figure 13: Disability free life expectancy at birth, male and female



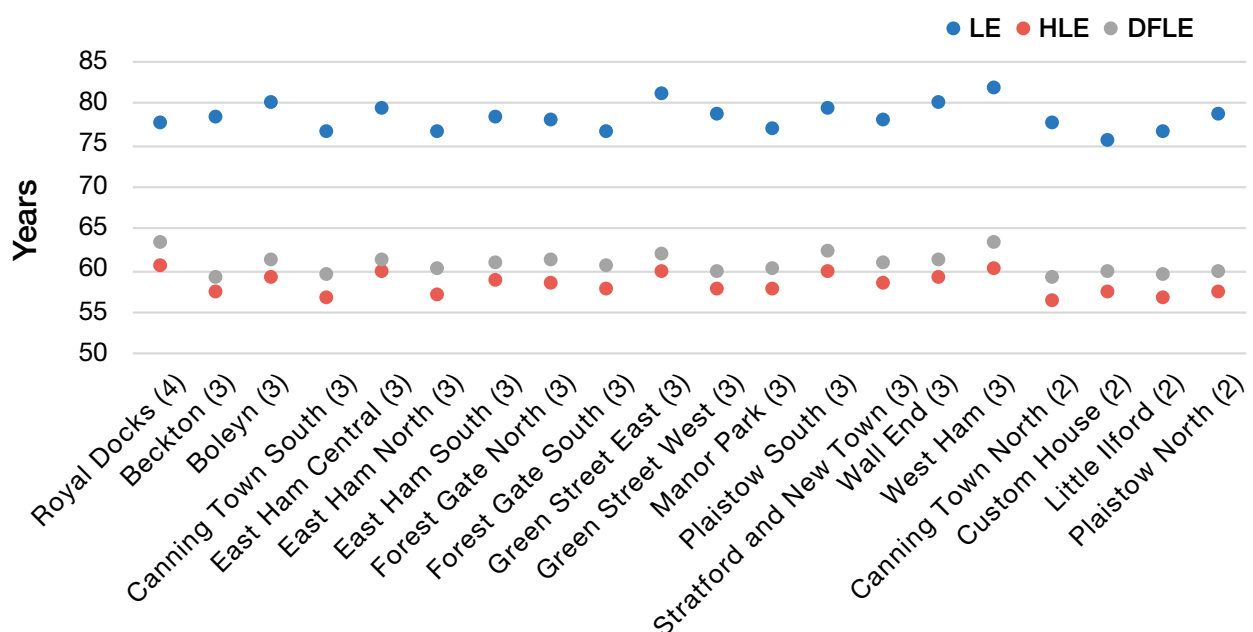
Source: Fingertips, PHE

Disability free life expectancy is a similar concept to health life expectancy and is calculated by adjusting mortality rates by disability information from surveys. Disability free life expectancy for our residents is lower than for London and England for both males and females. Disability free life expectancy for females has improved and almost closed the gap from London and England values. There remains a substantial gap for males in Newham compared to London and England however. More work is needed to understand what is driving these differences in our population.

Healthy life expectancy and disability free life expectancy by ward

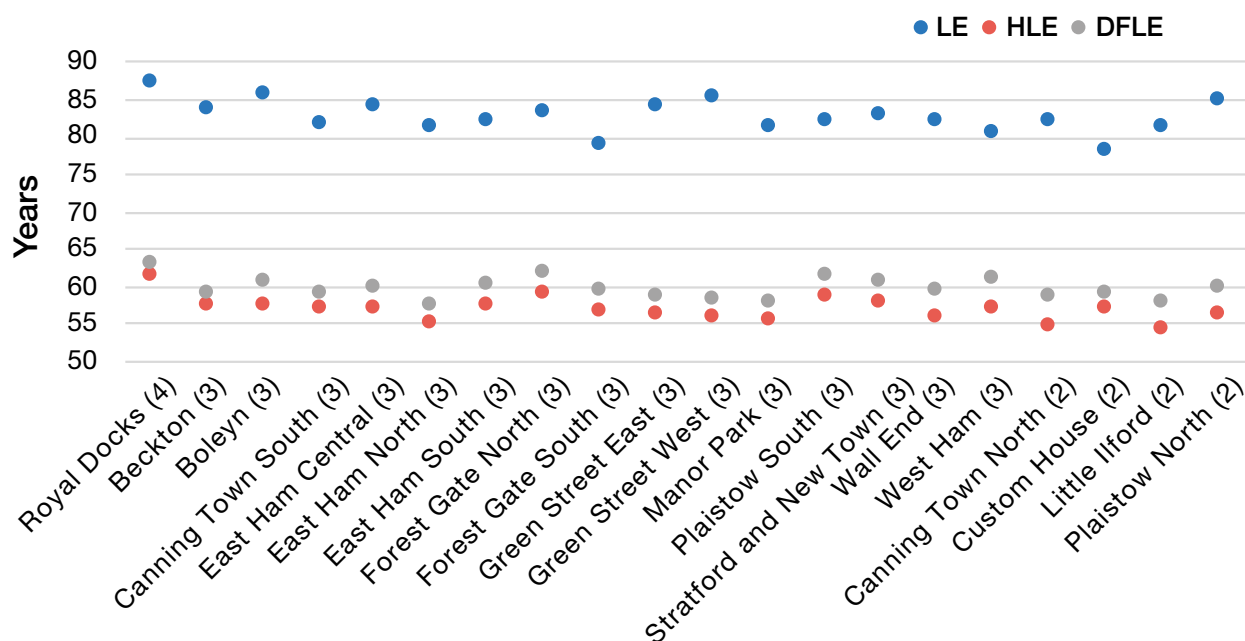
The following graphs show our residents' life expectancy in comparison to healthy (HLE) and disability free life expectancy (DFLE) for males and females by ward.

Figure 14: Life expectancy for males from birth, Newham wards 2009-2013



Source: ONS

Figure 15: Life expectancy for females from birth, Newham wards 2009-2013



Source: ONS

On average, females live longer than males, but often in poorer reported health from an earlier age. This is the case both nationally and for our residents.

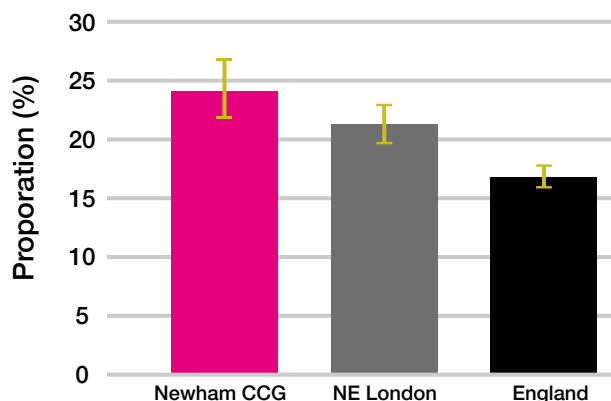
There is a nine year difference in life expectancy between Custom House (ward with lowest life expectancy for females) and Royal Docks (ward with the highest life expectancy for females).

Variation in life expectancy is not fully explained by deprivation suggesting other factors influence life expectancy in addition to deprivation. As previously noted, not all the health-related exposures effecting the population’s life expectancy occur whilst residents reside in the borough, exacerbated by high levels of population mobility in Newham.

3. Mental health

Mental health and wellbeing is a key determinant of health and wellbeing. The mental health of our residents tends to be poorer when compared to that of London or England, although the picture is complex. Depression and anxiety are the main common disorders.

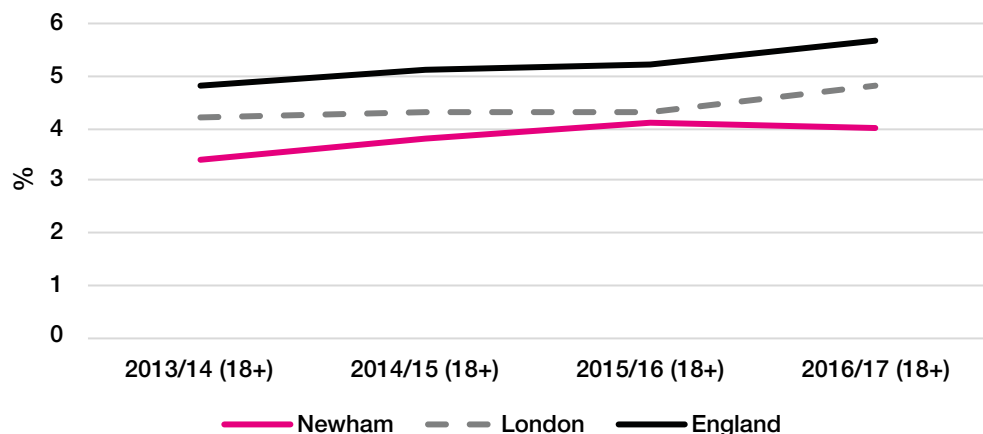
Figure 16: Estimated prevalence of common mental health disorders (ages 16+ years), 2017



Source: *Fingertips, PHE*

In 2017, the prevalence of common mental health disorders was significantly higher in Newham than England. Newham was the 2nd highest in London.

Figure 17: Long-term mental health problems (aged 18+)



Source: *GP Patient Survey - QOF via PHE*

Self-reported long-term mental health problems have increased both locally and nationally. However Newham values dropped slightly in 2016/17 which might indicate some improvement locally.

The prevalence of common mental health disorders in Newham residents (adults) in 2017 was significantly higher than for London and England. Newham was ranked as the 2nd highest borough in London. However the recorded prevalence for depression in residents aged 18+ in 2017/18

showed Newham as the lowest (best) borough at 5.4 %, significantly lower than London and England. Depression is one of the conditions included in common mental health disorders. This may partly reflect differences in diagnosis and reporting in different ethnic groups, and also may reflect the diversity of our population.

Mental health conditions tend to be under-reported and diagnosed amongst some ethnic groups. For example there is a concern that reporting and diagnosis might be under-reported amongst Asian communities and amongst Asian females in particular.

The increase in self-reported long-term mental health problems shown above may reflect lessening of the stigma associated with reporting these conditions. The fact that reported prevalence is lower in Newham might reflect the often higher levels of stigma in discussing mental health disorders in some ethnic communities.

Wellbeing in children

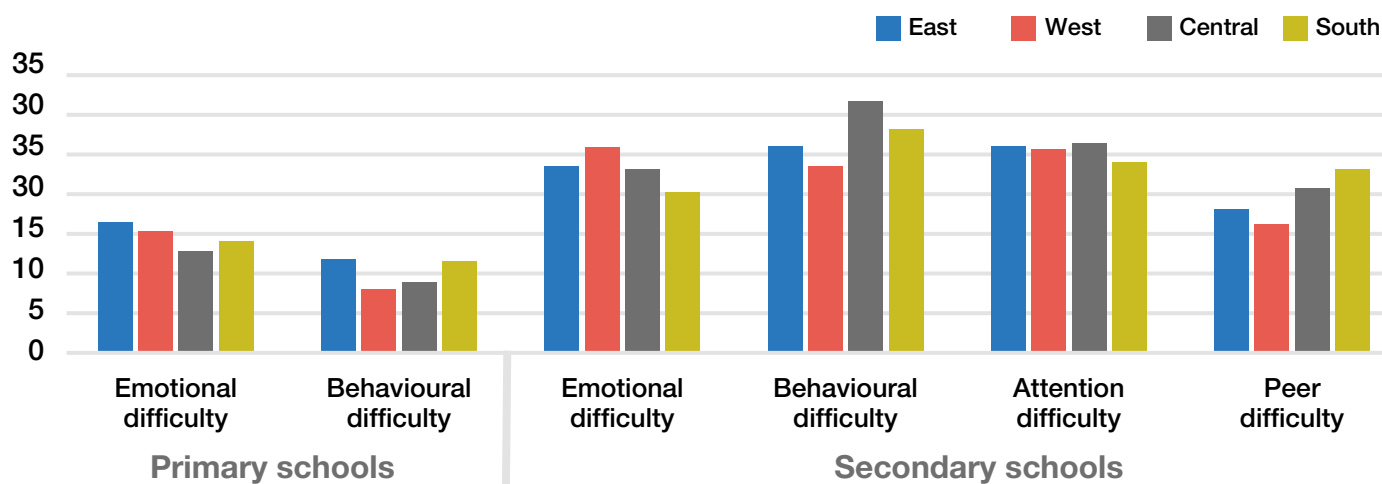
The mental health and emotional wellbeing of children in Newham remains a concern and needs are likely to have increased due to the Covid-19 pandemic. Before the pandemic it was estimated that 4.1% of children aged 5 to 16 years in Newham had emotional disorders (2018/19). Newham has a higher rate than London and England (both 3.6%).

Slightly more than 2% of school pupils (1,235 children) in Newham have social, emotional or mental health needs (2018). The rate has been decreasing for the past two years and is now significantly lower than for London and England.

The Wellbeing Measurement Framework shows us that 14.5% of primary school pupils (years 5 and 6) have an elevated emotional difficulty score (2018/19). The rate increases to 23% for secondary school pupils (years 8 and 9).

Additionally, 25% of years 8 and 9 pupils have attention difficulty and 20% report elevated scores for peer difficulty (2018/19).

Figure 18: Wellbeing measurement framework (%) 2018-19



4. Physical health

The patterns of physical disease detected and diagnosed by health services vary across Newham. These variations are influenced by many factors including structural differences in the age, sex and ethnicity of the population, which vary across the borough. Some of the observed variations may also result from differences in people's behaviour, differing environments, social determinants and differences in health service processes. Issues relating to such clinical variation are explored in the priority '4 High quality, equity of access, reducing variation'.

Most long term (chronic) conditions become more prevalent with age, and some conditions are also more prevalent amongst particular ethnic groups. For example, it is well known that diabetes tends to be more common in the south-east Asian community.

The following maps illustrate changes to the prevalence of various long term conditions over the period June 2012 to March 2018. Markers indicate increases or decreases in prevalence for Lower Super Output Areas (typically containing 1,500 residents) as crude rates / 1,000 residents (ie there is no adjustment for age, sex or ethnicity differences between areas). Demographic effects (ageing or young people moving to an area) can drive changes to disease prevalence. For example, an increase in young people in the Stratford area might explain some of the reductions in prevalence seen below.

From these maps we can see that the prevalence of obesity, diabetes and coronary heart disease tends to occur together in the north east corner of the borough, particularly around Manor Park and East Ham. All of these geographical areas show an increase in prevalence of these three conditions.

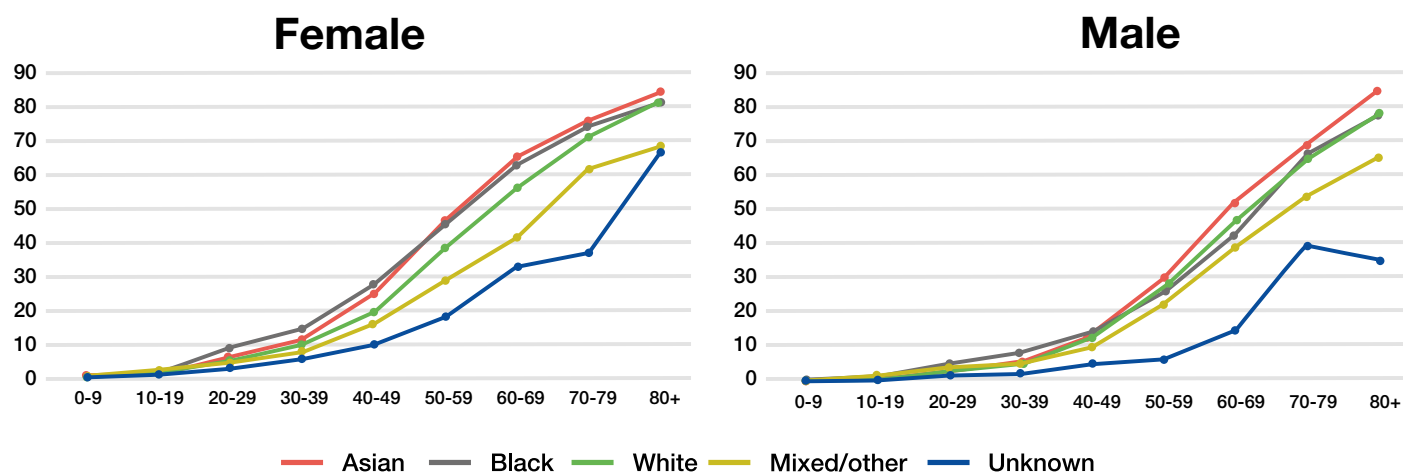
It is therefore essential that our community and health services work together to help to improve prevention of these conditions, and to better diagnose and manage these conditions in our residents.

Our place based approaches to prevention are taking an important role in raising awareness of conditions and helping to prevent the development of such health problems in our communities.

Multimorbidity

Multimorbidity is defined as the presence of more than one long term chronic condition. It is significant as it is the single biggest driver of need. Multimorbidity is more important than age in driving need for services. GP practice diagnosis of disease has been used to determine the most common multimorbidities in our residents, for our different ethnic groups. This has revealed important and substantial differences (health inequalities) in the development of show the rate of female and male multimorbidity for agebands. Each line shows a different ethnic group.

Figure 19: Female and male multimorbidity rates



Source: EMIS via CEG

Female and male multimorbidity rates vary considerably by ethnicity in Newham. Age of onset of multimorbidity is earliest in Asian and Black communities. Also onset of disease occurs at an earlier age for females than for males.

Amongst males, Asians experience the highest rates. This represents a very serious health inequality for Newham and our residents.

For our females aged 60 to 69 years, multimorbidity is much higher in Black and Asian communities (62) compared to females with Mixed ethnicity (41). This means multimorbidity is 50% higher in our Black and Asian females aged 60 to 69 years compared to females with Mixed ethnicity.

Considering males in Newham aged 60 to 69 years, the inequality is only slightly less pronounced. Multimorbidity rates are 52 per 1,000 people in our Black and Asian male communities compared to 39 per 1,000 males with Mixed ethnicity. This means multimorbidity is 33% higher in our Black and Asian males aged 60 to 69 years compared to Mixed ethnicity male community.

Residents for whom health services do not know the ethnicity show much lower levels of multimorbidity which probably relates to a lack of disease diagnosis. There are considerable numbers of people in this group who may therefore not be receiving disease treatment and management.

In our residents, multimorbidity appears to occur at an earlier age compared to London and England as a whole. This is likely to be due in part to the deprivation and adverse conditions experienced by many of our residents.

More work is needed to better understand how poverty influences the health and wellbeing of our residents through our environments, behaviours and use of our services.

Our analysis has shown the most common co-occurring long term chronic conditions.

- This shows that obesity and diabetes is our most common multimorbidity. Osteoporosis and obesity is the next most common followed by mental health problems and obesity, then asthma and obesity.
- There is some variation in the patterns of multimorbidity for our different ethnic groups.
- For our Asian community, obesity and type 2 diabetes are the most commonly occurring comorbid conditions, followed by type 2 diabetes and osteoporosis.
- In our Black residents, obesity and osteoporosis is the most common multimorbidity, followed by obesity and type 2 diabetes.
- Whereas in White groups, obesity and common mental health conditions is the most common multi-morbidity, followed by obesity and osteoporosis.
- The occurrence of obesity in nearly all cases of multimorbidity indicates the serious impact that this condition has on the health and wellbeing of our residents.

Multimorbidity can be made up from any combination of conditions. Obesity is the most common condition found with either diabetes, osteoporosis, mental health problems, asthma, thyroid disease or liver disease.

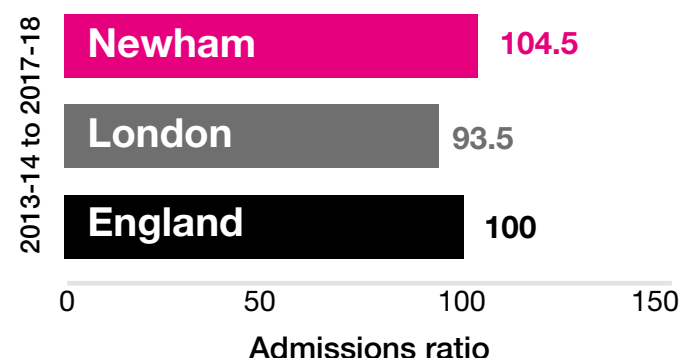
Multimorbidity information is important in understanding the needs of our residents. It can be used to help target prevention work, design primary care disease management of co-morbidity and to help improve health and social care services for our residents.

Emergency admissions to hospital

Emergency admissions are comparatively high for our residents in Newham.

Between 2013/14 and 2017/18, the rate of emergency admissions in Newham was 104, higher than London at 93. Newham was the 4th highest borough in London.

Figure 20: Emergency admissions to hospital for all causes, all ages

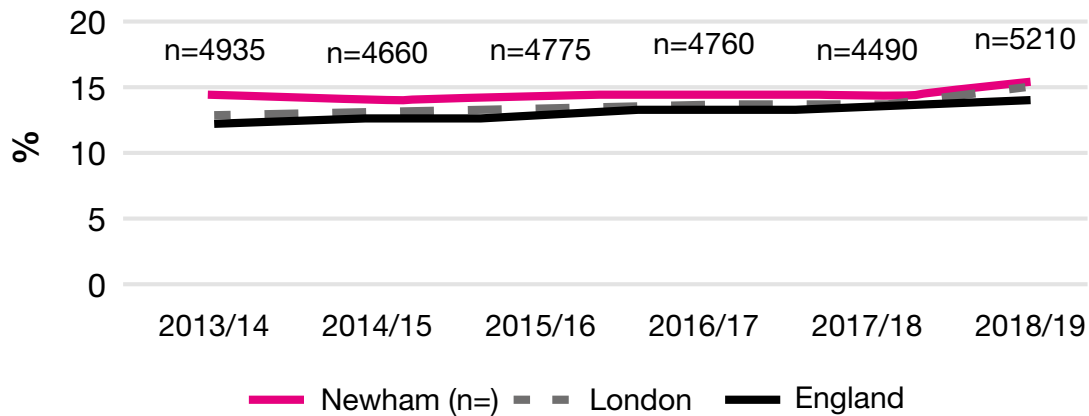


Source: HES, NHS Digital via PHE

Between 2013/14 and 2018/19, the rate of emergency re-admissions in Newham was 15.5%, higher than London at 14.6% and England at 14.3%. Newham was the 6th highest borough in London.

This rising figure reflects the importance of ensuring patients are fit, well and able to cope with a care plan in place prior to discharge.

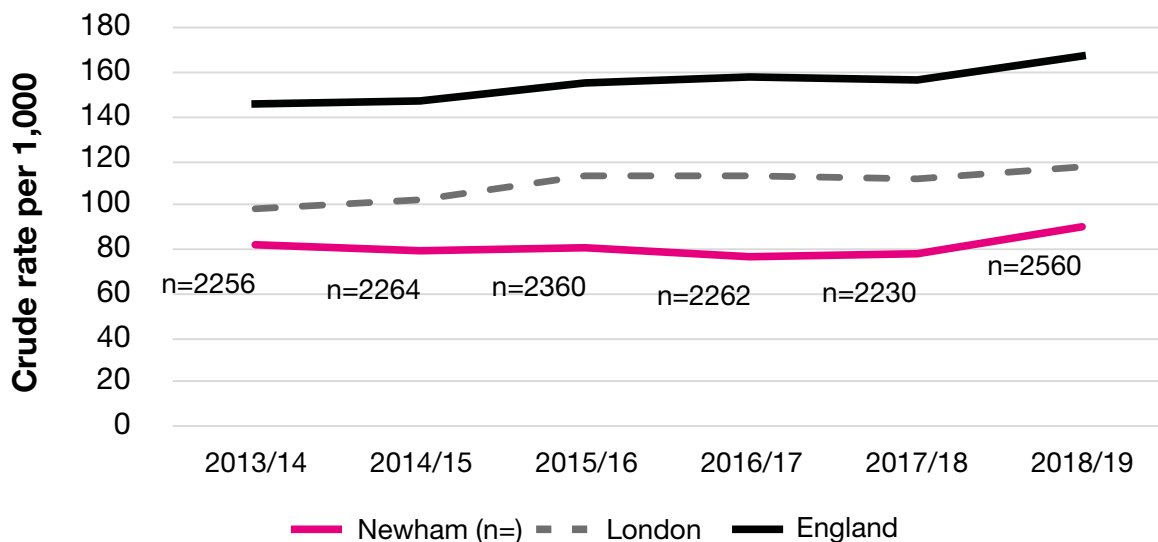
Figure 21: Emergency re-admissions within 30 days of discharge from hospital



Source: HES, NHS Digital via PHE

However emergency admission rates for children in Newham aged between 0 and 4 years have constantly been lower than London and England and have fallen gradually over the last few years.

Figure 22: Emergency admission - 0-4



Source: HES, NHS Digital via PHE










Cancer screening

The percentage of women being screened for breast and cervical cancer has dropped in the last few years.

However, there has been an improvement in the rate of bowel screening recently.

All three services fail to meet the desired uptake target.

Figure 23: Cancer screening 2018/19

| CANCER | TREND (last 5 years) | AGE | COVERAGE | UPTAKE |
|---|--|--------------------------------------|--|-----------------------|
|  Breast |  | Women 50-70 |  45.2% (target 70%) | 48.6% (target 80%) |
|  Cervical |  | Women 25-64 (3.5 or 5.5 years) |  62.9% (target 80%) | |
|  Bowel |  | Men and women 60-74 |  47.7% | 43.8% (target 60%) |

In Newham CCG, breast cancer screening uptake fell from 64% in 2015/16 to 49% in 2018/19. This was a drop of over 2,500 women aged 50 to 70 years.









Cervical screening coverage (number of women registered who were screened within the timeframe out of all eligible women) also fell but not as sharply, from 64.1% in 2015/16 to 62.8% in 2018/19. This equated to a screening reduction of over 5,800 women. The percentage uptake of registered patients screened for bowel cancer increased from 2015/16 (37%) to 43.8% in 2018/19 (just under 1,500 people).

Cancer incidence

There were 920 new cases of cancer in 2017 and 370 deaths. The most common cancers in women are breast, bronchus/lung and colon cancers.

In men, it is prostate followed by bronchus/lung and colon.

Figure 24: Most common incidence of of cancers

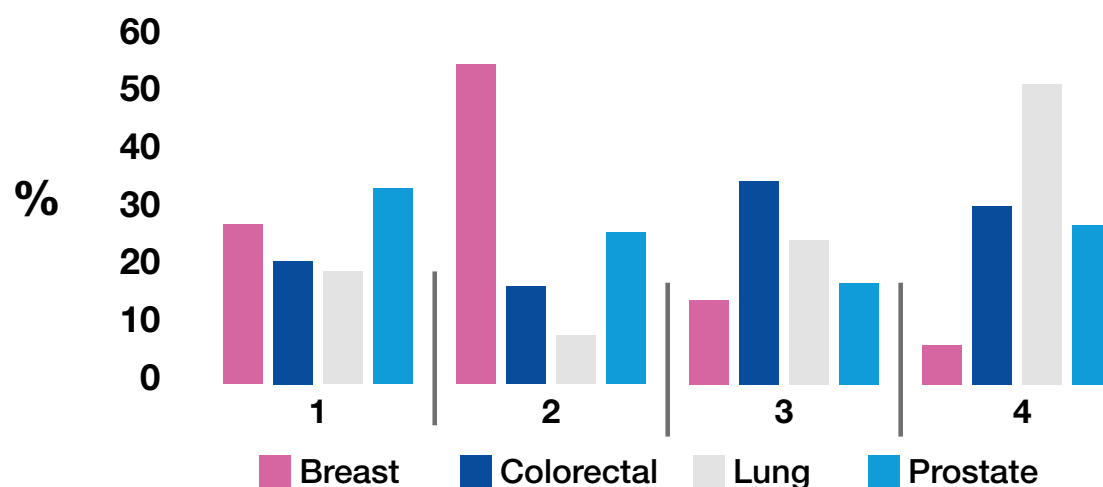
| | 1 | 2 | 3 |
|---|---|--|--|
|  |  Prostate |  Bronchus and lung |  Colon |
|  |  Breast |  Bronchus and lung |  Colon |

Improvements in breast and bowel screening would help to reduce the number of deaths and improve outcomes from these cancers.

Cancer staging

The stage of the cancer at diagnosis (how far it has progressed) has an impact on how long the patient is expected to live following diagnosis (survival rate). Both 1 and 5 year survival rates are improving for breast, prostate lung and colorectal cancers. This is due to earlier detection of cancer. A majority of breast cancers are diagnosed early (stages 1 or 2), either through signs and symptoms or screening. Lung cancer tends to be diagnosed at a later stage (3 or 4) which explains the poorer survival rates.







Figure 25: Stage at cancer diagnosis



Cancer waiting times

Our cancer waiting times are exceeding national targets. In 2018/19, 96% of 2 week wait referrals were seen within the timeframe (target = 93%). The 31 day (decision to treat to start of treatment) target of 96% was reached (98.8%) and the 62 day (receipt of urgent referral for suspected cancer to treatment) target of 85% was also exceeded.









Figure 26: Cancer waiting times, 2018/19

| | DAYS | AVERAGE | TARGET | |
|---|----------------|-------------|-----------|---|
|  | 14 days | 95.9 | 93 |  |
|  | 31 days | 98.8 | 96 |  |
|  | 62 days | 85.2 | 85 |  |

Cancer mortality

Cancer accounted for just over a quarter of all deaths in Newham in 2017 (n=372, 27.6%). This value is similar to London (27.4%) and England (27.2%). The most common cause of death from cancer in females is lung, followed by breast. In men, it is lung followed by prostate.

Figure 27: Most common mortality from cancers

| | 1 | 2 | 3 |
|---|---|---|---|
|  |  Lung |  Prostate |  Oesophagus |
|  |  Lung |  Breast |  Malignant neoplasm of unspecified site |



Over 1 in 4 deaths in Newham were from cancer (27.6%), London (27.4%) and England (27.2%)

6. Wider determinants of health

Residents in many areas of Newham experience significant deprivation. Deprivation and poverty have strong effects on health and wellbeing and it is very well established that more deprived communities experience poorer health and wellbeing.

Index of Multiple Deprivation

The 2019 IMD score for Newham was 29.6, making Newham the 3rd most deprived borough in London. This is an improvement on the 2015 score of 32.9. 46% of Newham's LSOA areas are in deprivation decile 3 (1=most deprived, 10=least deprived).

Figure 28: 2019 IMD

| | | |
|----------------------|-------------|--|
| England | 21.7 | |
| London region | 21.8 | |
| Barking and Dagenham | 32.8 | |
| Hackney | 32.5 | |
| Newham | 29.6 | |
| Haringey | 28.0 | |
| Tower Hamlets | 27.9 | |
| Islington | 27.5 | |
| Lewisham | 26.7 | |
| Southwark | 25.8 | |
| Enfield | 25.8 | |
| Brent | 25.6 | |

Figure 29: Index of multiple deprivation, 2019

Index of Multiple Deprivation, 2019

Newham's Lower Super Output Areas by national decile



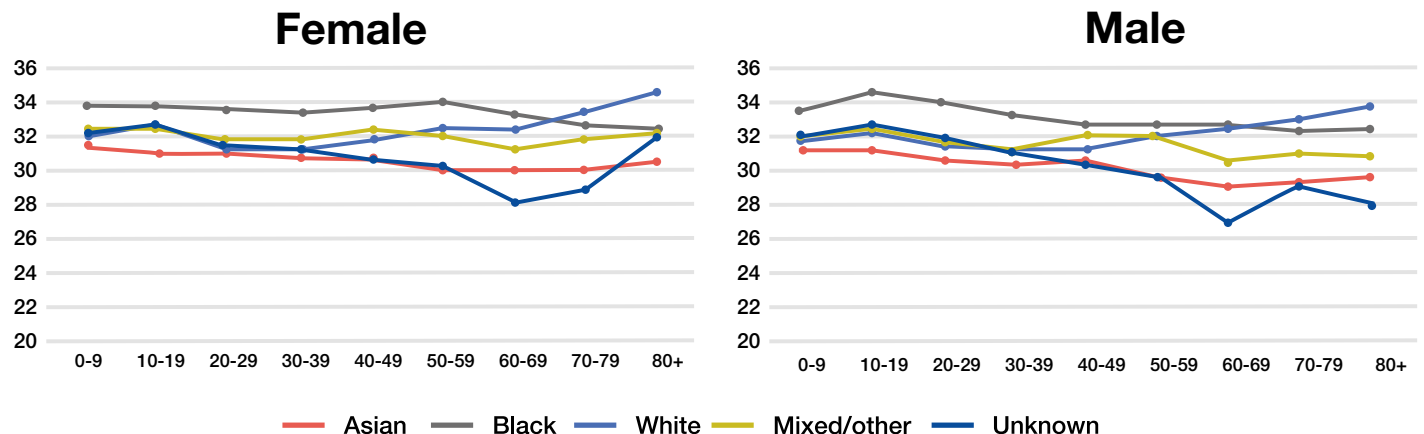
Source: English Indices of Deprivation (2019), MHCLG. Contains Ordnance Survey data © Crown copyright and database right 2019

The most deprived areas in Newham are found around Canning Town and Custom House, as shown by darker shades in the map above.

Deprivation by ethnicity and ageband

Deprivation is shown below for ethnic groups by ageband and sex. For both females and males less than 70 years, residents from Black ethnic groups experience the highest levels of deprivation. White groups experience the highest levels for ages more than 70 years for both sexes. Asian residents consistently show lower levels of deprivation for both sexes (apart from those with unknown ethnicity).

Figure 30: Deprivation by ethnicity and ageband



Source: EMIS via CEG

Income

The average weekly income in Newham was significantly lower than London in 2019 (£620 compared to £699 in London) but higher than England (£587).

The trend of weekly income in Newham has risen slightly from 2012 (when the average weekly earnings were £358) in line with England figures.

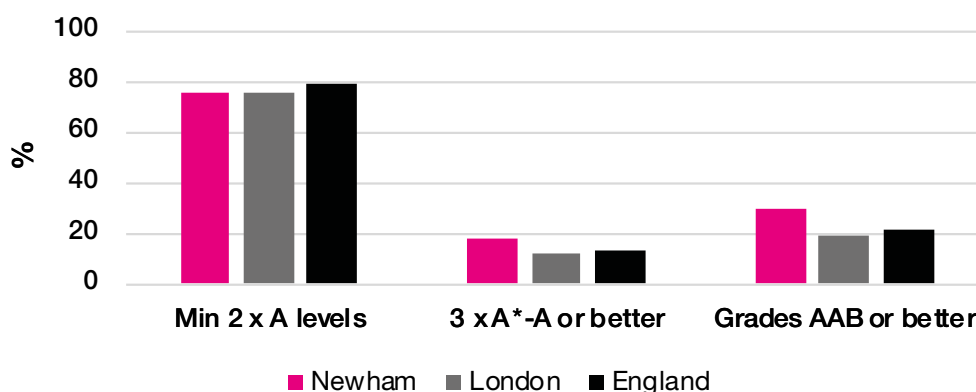
Education

In 2018/19, the percentage of all children attaining 5 or more GCSEs (shown in the graphs) was lower in Newham (56.5%) than London (61.3%) and England (57.8%)

The percentage of children attaining a standard pass in Maths and English GCSE in 2017/18 was higher in Newham (65.6%) than England (59.4%) but lower than London (69.7%). However A level data for 2017/18 shows that Newham was higher (29%) than London (19%) and England (21%) for 3 A levels at grades AAB or better.

In 2017/18, the percentage of three A levels at Grades AAB or better was higher in Newham (29%) than London (19%) and England (21%)

Figure 31: A level results 2017/18



Source: Department for Education via Public Health England

Employment

In 2018/19, the percentage of people aged 16-64 in employment in Newham was lower than London (69.8% compared to 74.2% in London) and significantly lower than England (75.6%). The trend has been rising since 2011/12, when the value in Newham was 56.6%.

Housing and homelessness

Figure 32: Housing tenure - 2018



Source: Office for National Statistics

Renting is especially common in Newham. In 2018, 58.5% of residents in Newham rented properties compared to 47% in Newham and 34% in England.

Home ownership has changed in the borough over time. The trend for residents in Newham owning property outright and buying with a mortgage has fallen over the five years from 2014 to 2018, with the private rental sector rising considerably between 2017 and 2018. Home rental from the Council or from Housing Associations had fallen until 2017 before rising again.

Figure 33: Statutory homelessness: rate per 1,000 households 2017/18

| Area | Recent Trend | Count | Value | 95% Lower CI | 95% Upper CI |
|------------------------|--------------|--------------|------------|--------------|--------------|
| England | ↑ | 56,600 | 2.4 | 2.4 | 2.4 |
| London region | → | 15,480 | 4.2 | 4.2 | 4.3 |
| Newham | → | 1,143 | 9.4 | 8.8 | 9.9 |
| Kensington and Chelsea | ↑ | 709 | 8.9 | 8.3 | 9.6 |
| Hackney | ↓ | 949 | 8.0 | 7.5 | 8.6 |
| Barking and Dagenham | ↓ | 512 | 6.5 | 6.0 | 7.1 |
| Wandsworth | → | 822 | 5.9 | 5.5 | 6.3 |
| Enfield | ↑ | 786 | 5.9 | 5.5 | 6.3 |
| Waltham Forest | ↓ | 586 | 5.4 | 5.0 | 5.9 |
| Ealing | → | 698 | 5.2 | 4.8 | 5.6 |
| Bexley | → | 500 | 5.0 | 4.6 | 5.5 |

Source: Fingertips PHE

During 2017/18, statutory homelessness in Newham was the highest of all London boroughs. At a crude rate of 9.4 per 1000, homelessness rates in Newham were significantly higher compared to London (4.2) and to England (2.4).

Planned housing growth

Our target for the next five years (2019/20 – 2023/24) is to deliver 14,964 homes across the borough. New homes in the borough must be supported by many other services such as schools and primary care health services.

Air quality

In 2017, 7 out of every 100 deaths in Newham residents aged 30+ were linked to long-term exposure to air pollution. This is higher than London (6.5) and England (5.1). Newham has the 2nd highest score of all London boroughs, behind City of London at 7.1. The trend has fluctuated from its highest values in 2010 and 2011 (7.6%), falling to 6% in 2015 before climbing again to 7% in 2016 and 2017.

Figure 34: Deaths linked to long term exposure to air pollution

In 2017, seven out of every 100 deaths in residents aged 30+ were linked to long-term exposure to air pollution



Source: Public Health England

The Government’s Clean Air Strategy 2019 sets out how to tackle all sources of air pollution and is informing local action to improve air quality in the borough.

Long term exposure to particulate matter (PM) 2.5 can trigger chronic diseases such as asthma, bronchitis and heart disease.

Road traffic and some industrial activities are major sources of PM2.5 emissions.

7. Behavioural determinants of health

The way in which our residents live their lives has an important effect on their health, wellbeing and mental health. Our environments and communities have a strong effect on our behaviours and play an important role in promoting and enabling healthy behaviours.

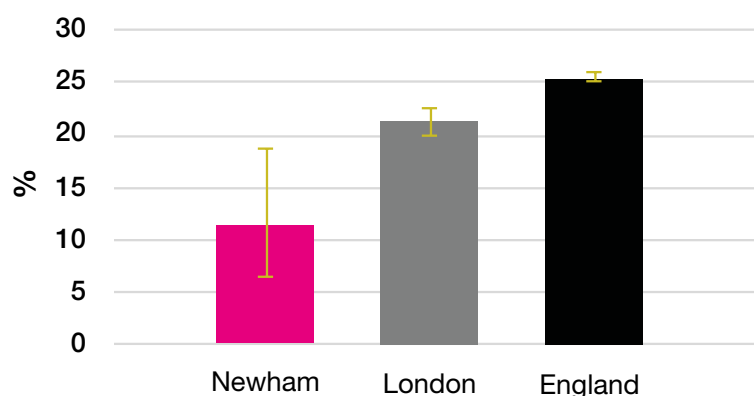
Physical activity

In 2017/18, 53% of Newham's residents considered themselves active. This is significantly lower than London and England and is the lowest borough in London. This is important as physical activity is an essential part of a healthy life. Adequate physical activity reduces risk of a wide range of physical and mental health conditions, and helps to reduce the risk from conditions such as hypertension that can lead to further health problems.

Alcohol

In 2011-14, 11.3% of adults were drinking over 14 units of alcohol a week. This is significantly lower than London (22%) and England (26%) and is the 2nd lowest borough.

Figure 35: Percentage of adults drinking over 14 units of alcohol per week, 2011-14



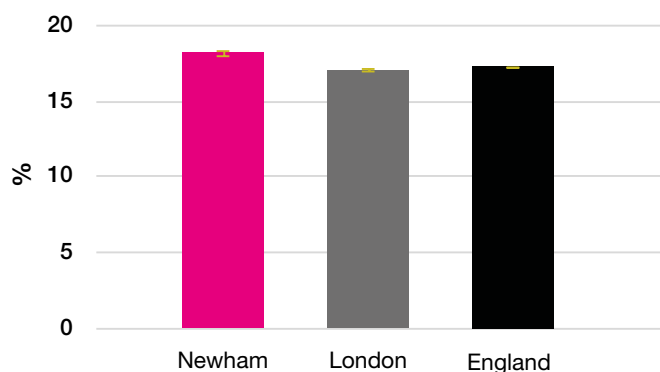
Source: PHE – Risk Factors Intelligence using Health Survey for England data

Smoking

In 2018/19, 17.9% of 15+ adults in Newham were smoking. This is significantly higher than London (16.5%) and England (16.7%) and the 10th highest borough.

Smoking remains the greatest preventable cause of ill health and most smokers want to quit. Smoking is a major cause of health inequality.

Figure 36: Smoking prevalence in adults aged 15+, 2017-18



Source: QOF, NHS Digital

Obesity

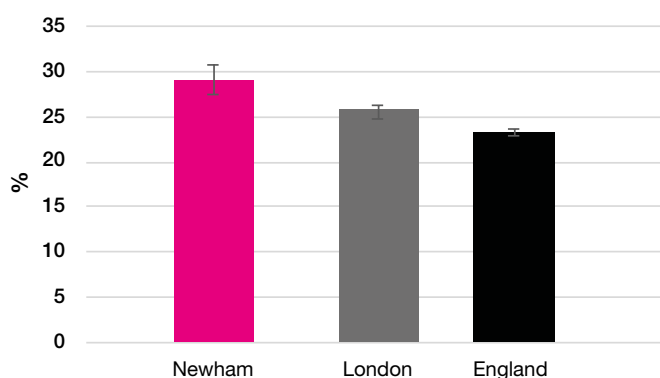
In 2018/19, 57% of Newham’s residents aged 18+ were classified as overweight or obese. This is significantly higher than London (56%) and higher than England (62%). Newham is the 14th highest borough in London.

In 2018/19, 23.7% of Reception children (aged 4/5) and 42.7% of Year 6 children (aged 10/11) in Newham schools were classified as overweight or obese (\geq 85th centile). The value for Year 6 is significantly higher than London and England

Dental health

In 2019/20, 36% of 5 year olds had one or more decayed, missing or filled teeth. This is significantly higher than London (27%) and England (23.4%) and is the 5th highest borough in London. It is a considerable increase from 29% in 2016/17.

Figure 37: Children (aged 5) with one or more decayed, missing or filled in teeth, 2016/17



Source: Dental Public Health Epidemiology Programme for England – Oral Health Survey of 5 year old children 2019

8. Public Health Outcomes Framework

Our borough performs extremely well or well in the following areas include in the Public Health Outcomes Framework (PHE).

- School readiness and inequalities measures for school readiness
- Adults with a learning difficulty in stable accommodation
- Employment of those with a learning difficulty
- Serious road accidents
- Hospital admission for self-harm in children
- Successful treatment for substance misuse
- Hospital admission for alcohol
- Falls and hip fractures

Newham fares worse than England in the following wider determinants of health indicators:

- Children in low income families (aged under 16 and under 20) – where children are living in families in receipt of out of work benefits or tax credits, where reported income is less than 60% median income
- First time entrants to the Youth Justice system: 10-17 year-olds receiving their first reprimand, warning or conviction
- Adults in contact with secondary mental health services who live in stable and appropriate accommodation
- Percentage of people aged 16-64 in employment
- Violent crime: hospital admissions for violence (including sexual violence)
- Rate of complaint about noise
- Statutory homelessness: eligible homeless people not in priority need (the majority of this cohort of people are single homeless people, who have a very high prevalence of mental and physical health issues)
- Statutory homelessness: households in temporary accommodation



PART 2:

Our priorities



Priority 1:
Enabling the best start through pregnancy and early years



Priority 2:
Supporting our young people to be healthy and ready for adult life



Priority 3:
Supporting people around the determinants of their health



Priority 4:
Developing high quality inclusive services, ensuring equity and reducing variation



Priority 5:
Meeting the needs of those most vulnerable to the worst health outcomes



Priority 6:
Creating a healthier food environment



Priority 7:
Supporting active travel and improved air quality



Priority 8:
Creating an active borough



Priority 9:
Supporting a Newham of communities where people are better connected and supported



Priority 10:
Working towards a smoke free Newham



Priority 11:
Building a borough of health promoting housing



Priority 12:
Building an inclusive economy and tackling poverty



Priority 1: Enabling the best start through pregnancy and early years

Why this matters?

The Mayor of Newham is committed to making our borough the best place to grow up for children and young people. Newham has more children and young people than any other borough in London, with the population of children aged 0-5 predicted to grow over the coming years. The Marmot Review recognises that: “the foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being”¹

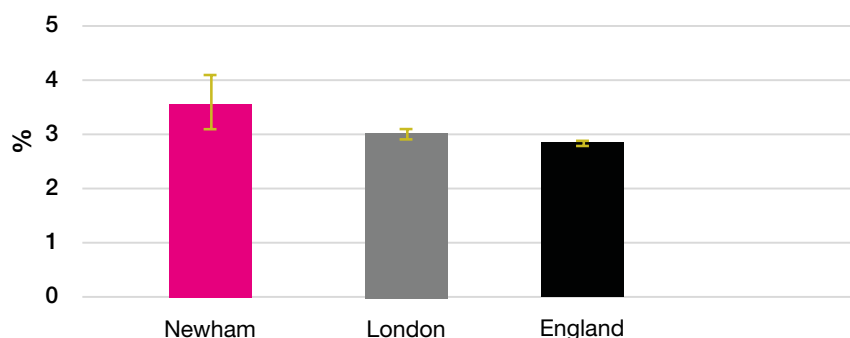
Supporting families as early as possible means providing both universal support and targeted provisions for children and families with emerging needs. This could be mental health support, child development or any of the range of issues that shape family lives and enable children to achieve their potential. The early years are also an opportune time to engage with parents and carers who typically have regular contact with local health and education services.

Newham context of need

In Newham, key health challenges in the early years can be broken down into four areas: (1) preconception and pregnancy; (2) the early years; (3); transition to school; and (4) children with specific vulnerabilities.

Preconception and pregnancy

Figure 38: Low birth weight of term babies, 2017



Source: Fingertips, PHE



There are a number of health challenges facing expectant mothers and their babies in the borough. In Newham, 3.8% of full term babies are recorded to have low birth weight, a risk factor for poor child health which is higher than other boroughs in London and significantly higher than the rest of England (see Figure 38). Whilst there are some non-modifiable risks factors contributing to this, there are a number of factors which can be prevented. In Newham, this includes deprivation, maternal mental health, maternal weight, antenatal care and risky behaviours in pregnancy. Smoking during pregnancy, for example, currently sits at 5% in the borough, while the prevalence of drinking alcohol is 1.4%.² Whilst these figures are below the national average³, research shows that smoking in pregnancy is often a sign post for other vulnerabilities that a mother may be experiencing (see Priority 10: Smoke free Newham). More generally, some pregnant women lack access to healthy nutritious food and there is currently no universal offer of folic acid and vitamin supplements.

Perinatal mental health

Perinatal health refers to health concerns that occur during pregnancy and up until one year after a child has been born. There is a need to address perinatal mental health in the borough, not only for the mother's and father's health outcomes but in recognition of the impact that a parents' health and wellbeing will play in their child's overall growth and development. In Newham, it is estimated that between 10-20% of women are affected by mental health problems at some point during their pregnancy and/or during the first year after childbirth.⁴ Newham is one of the best boroughs in London for the provision of specialist perinatal mental health support for mothers with acute mental health needs. This service, however, is only provided to a small number of people, and there are gaps in the provision of support for parents with moderate needs, such as peer to peer support networks.

Vitamin Uptake

There is strong evidence to show that poor maternal nutrition can adversely affect foetal and infant growth and development.⁵ Whilst Newham currently provides free vitamins to eligible children, only families with children under 4 years of age and on income support are able to access the offer. This excludes a number of high need families, such as those with no recourse to public funds. Even for those families that are eligible, the uptake of vitamins is only 50% which is well below the national target of 75%.⁶ Newham is currently working towards offering universal uptake of vitamins to all pregnant women and their children.

The Early Years

Providing children with the best start to life also requires recognition of the important role that the first few years of a child's life play in their overall development and health and wellbeing across the life course.



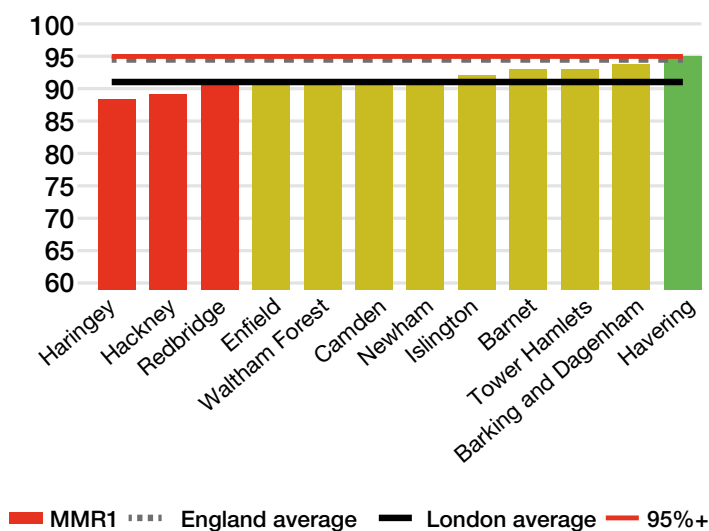
Infant feeding

In March 2019, the borough achieved Stage 2 Unicef Baby Friendly accreditation which is in line with the London Mayor's vision to make all London boroughs Unicef UK Baby-Friendly. In Newham, breastfeeding initiation ranks as the highest of all 32 boroughs. In 2016/17, 96.7% initiated breastfeeding following the birth of their child.⁷ Additionally, the borough is now working towards Stage 3 baby friendly initiatives (BFI) and subsequent accreditation. Despite these positive outcomes, rates of breastfeeding beyond initiation drops significantly overtime, with the number of infants who are breastfed at the 10-14 day review averaging approximately 43%.ⁱ There are many benefits to breastfeeding; it contains all the energy and nutrients that an infant needs for the first few months of life and continues to provide some of their nutritional needs into their second year of life. Breastfed children are also more likely to be within a healthy weight range and are less likely to develop chronic diseases such as diabetes as they get older. Breastfeeding also reduces the mother's risk of some cancers.⁸

Immunisation

Childhood immunisations are a key contributor to the health and wellbeing of children and the community more broadly as well as an indicator for how effectively a system is working. For immunisation to be effective in achieving herd immunity (the rate of immunity at which infectious diseases are unlikely to spread) – 95% of the population needs to be vaccinated. Currently, vaccination rates among children in Newham rank as one of the lowest in all boroughs of London (see Figures 39 and 40)⁹.

Figure 39: MMR1 compared with neighbours at the five year time point

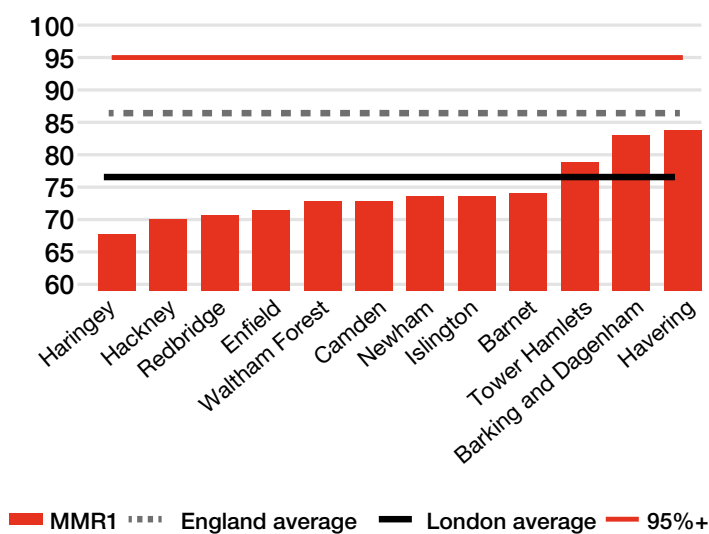


Source:

ⁱ Data only represents infants for whom breastfeeding status is recorded at the 10-14 days home visit. In March 2019, this data included 79% of all infants in the borough.



Figure 40: MMR2 compared with neighbours at the five year time point



Source:

In Newham, we continue to work towards improving immunisation coverage. This is in light of data indicating a gradual decline in uptake of vaccines, from approximately 90% to 80% as a child ages from 1 to 5. Specific examples include the Measles Mumps and Rubella (MMR) vaccine. Whilst the first dose of MMR (at 1 year 1 month) is 90%, the second dose drops to 69%. This is not dissimilar to other vaccines, especially those at 3 years and 4 months. It is important for us to better understand the local patterns and demographics to help us address underlying reasons for these trends. For example, the lowest uptake of vaccines by GP cluster occurs in the area with the most severe levels of deprivation. Newham has a transient population, while Children Looked After (CLA) are particularly vulnerable to missing vaccinations. Children with a disability have also been identified as being particularly vulnerable to missing out on routine vaccinations.

Oral health

Another area of need for Newham's 0-5 year cohort is oral health. Newham ranks in the bottom third of London boroughs with 29% of 5 year old children having experienced one or more decayed, missing or filled teeth, although this has improved significantly in recent years. During 2017-18, 42% of children admitted to hospital for dental extractions were aged 0-4 years. There are particularly high rates of tooth decay and untreated oral disease among Asian children in the borough and among children living in East Ham Central and Little Ilford.¹⁰ Improving oral health outcomes among our children requires the strengthening of preventative measures through services such as health visitors, nurseries and children's centres such as promoting regular teeth brushing and eating less sugar. We also need to increase the number of Newham residents attending dental practice for routine check-ups, with only 45% of Newham residents visiting the dentist during the period 2018-2019. This is significantly lower than the London average of 59%.



Healthy Weight

Maintaining a healthy weight is a significant protective factor against health problems later in life, such as chronic diseases like diabetes, cardiovascular disease and cancer.¹¹ In Newham, 12.8% of children aged 4-5 years old are considered to be outside of a healthy weight. This increases to 27% among children aged 10-11¹² and reflects evidence that shows that children with an unhealthy weight are more likely to stay this way as they get older.¹³ There are a number of risk factors that can influence a child's weight, for example, parental body mass index (BMI); and levels of deprivation, with children in the lowest income quintiles more likely to be overweight or obese.¹⁴ Focusing on the role that preventative measures can play in reducing unhealthy weight in childhood is important. For example, consuming healthy food and drinks (see Priority 6: Creating a healthy food and drink environment); and engaging in regular physical activity (See Priority 8: Supporting an Active Borough). The need for an integrated approach to reducing unhealthy weight, including consideration of the many social determinants of health, is an important part of making sure that Newham becomes the healthiest borough for children to grow up in.

Preparedness for School

How children and their families cope with the transition from home to school is influenced by a range of factors. This includes the support they receive from early years' settings such as nurseries and children's centres and schools; as well as the level of vulnerability experienced by the child and their family. Poverty, for example, is a significant predictor of school readiness, with children from lower socioeconomic families more likely to have lower levels of development than children who are from more affluent families.¹⁵ In terms of protective factors, we know that strong skills in both communication and language are linked to better outcomes throughout the life course, such as higher education levels, wages and better health outcomes throughout the life course (68/69).

School readiness

Gaps in education achievement between the poorest and better-off children are distinguishable by the age of 5.¹⁶ There are many determinants that contribute to this, including those related to public health. Whilst the definition of 'school readiness' is contested, the Public Health Outcomes Framework measures school readiness using indicators such as those related to expected levels in communication, language and literacy skills. In all of these instances, Newham fares higher than many other parts of London, located in the 75th or 'best to highest' percentile.¹⁷

Throughout some of the engagement activities that have taken place in the borough, it has been expressed that other factors must be considered and addressed within the context of what it means to be 'school ready.' Recognition of the wider determinants impacting on school readiness must be considered. For example, research shows that children who live in persistent poverty during their first seven years have cognitive development scores that are 20 per cent lower than those of children who have never experienced poverty¹⁸. In Newham, 1 in 5 children under 16 years of age live in low income families and 92% of all children live in families claiming child benefits.¹⁹



Children with specific vulnerabilities

Recognising the varied and complex health needs among children aged 0-5 will enable us to develop actions that are responsive to the needs of all children in the borough, including children with specific vulnerabilities. This should include, but not be limited to families with special education needs and/or disabilities; CLA; and children who are carers. In Newham, there has been a significant growth in the number of children and young people with high level needs. Between 2010 and 2018, the number of high need funded pupils has risen by 88%, with the highest rise seen among children diagnosed with Autism Spectrum Disorder (ASD), with an increase of 278%.²⁰

The needs of children and families living in temporary accommodation; and refugees and/or those with uncertain immigration status; as well as those with no recourse to public funds must also be addressed. The number of young people aged 0-18 living in temporary accommodation has increased by 17% over the last two years, with Manor Park and East Ham having the highest number of young people living in temporary accommodation (see Priority 11: Housing and Health). We must also play a role in preventing and responding to the needs of children who have experienced adverse childhood experiences (ACEs). This may include, but is not limited to exposure to domestic abuse; parental mental ill health and parental substance misuse. As of 2019, Newham has the eighth highest rate of domestic abuse incidents across all 32 boroughs in London.²¹ There are families in the borough who have complex developmental trauma as a result of such experiences. Adoption of a trauma informed approach should be developed further, in recognition of the strong link between childhood trauma and poor health throughout the life course.²² Recognising the broader social determinants of health is essential. For more information see Priority 5: Specific Vulnerabilities.

In Newham specifically, preconception support should also focus on challenges associated with female genital mutilation (FGM). It is estimated that in 2019, there were between 203-218 births of girls in Newham from women who have undergone FGM, with these girls also at risk of FGM. This would mean that Newham has one of the highest estimates of residents who have experienced FGM across London.²³ Consanguinity is also a challenge in the borough, with attempts to discourage consanguineous marriage proving to be ineffective and often counter-productive. Moving forward, services should concentrate on supporting and empowering individuals and families with known genetic risks to make informed reproductive choices.

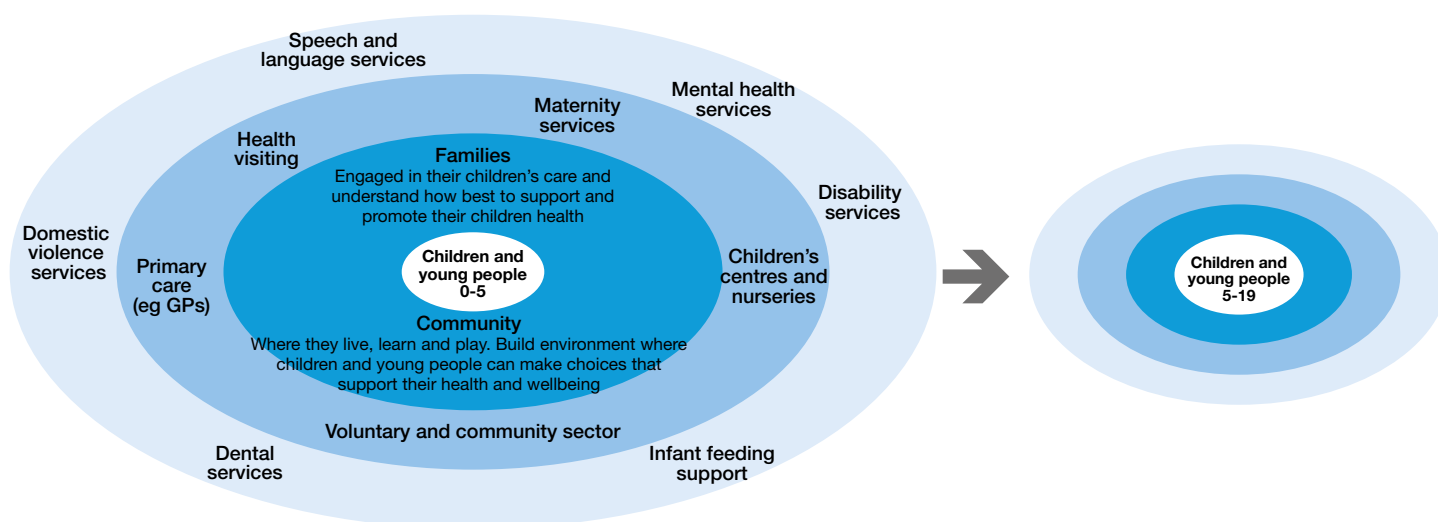
Newham's approach and assets

The above areas of need evidently require a strong, all-of-systems approach that invests in both universal and targeted support for children and their families. A broad overview of services for children and young people aged 0-5 years are included in Figure 41. They range from maternity services such as those used during and just after birth; health visitors who work with children and their parents/carers within the family home; children centres and nurseries; services offered by voluntary centre services (VCS); and primary care offers such as GPs. These universal offers are supported by specialist services such as those related to mental health; breastfeeding support;



speech and language; and disability. Worth noting is the transition points from services targeted at children aged 0-5 and those aged 5-19. For example, the transition from children's centres to school. Given the complexity of need in Newham, strengthening the integration of services across the borough is an important part of ensuring that all children and their families can access services in a way that is timely and ensures continuity of care.

Figure 41: Newham's services for children and young people aged 0-5



An opportunity to improve maternal health outcomes and give children and young people the best start in life

Perinatal Support

There are many ways in which we can work towards improving health outcomes for mothers both during and after pregnancy. For example, some women from ethnic minority groups experience language barriers when accessing services; Newham does not have enough services focusing on universal offers for parents with mild to moderate mental health needs; and there is limited functions through which stakeholders from across the borough can be brought together to discuss and work on perinatal mental health. When compared to other London boroughs, there is also minimal peer support services for parents. More needs to be done to complement core services in this area.

Universal Vitamins

The low uptake rate of vitamins among eligible children indicates opportunity to understand why there is a shortfall of uptake among currently eligible children. This is particularly important as we move into the planned universal offer for both children and mothers.



Immunisation

We need to strengthen primary care uptake of immunisations, particularly through electronic prompts and reminders. The London-led introduction of the immunisation e-red book will provide an opening to facilitate this. Catch-up initiatives through our GP's and/or school readiness programmes should be considered as an alternative pathway through which children are able to access and keep up to date with their immunisations. Wider communications strategies, such as the use of digital techniques to increase parental awareness of why, how and when children should be immunised is worthy of further exploration.

Oral Health

Opportunities include introducing mandatory refresher training for frontline staff on the topic of children's oral health; changing pharmacy formulations to remove sugar-based products for children; improving access to dental services for children aged 0-2; initiating a pilot for a supervised tooth brushing program; and extending the fluoride varnishing program to early years settings. Health promotion and awareness raising must exist alongside of this in an effort to increase the number of children accessing dental services.

School Readiness

Newham must consider what school readiness means to different sub-population groups across the borough and develop strategies to support children and their families in the transition to school. Increasing uptake of the borough's free early education entitlement for eligible 3 and 4 year olds; introducing an additional childhood development review at the 2.5-5 year mark; and exploring ways to expand high quality universal and targeted support for parents are areas of opportunity to support children and their families to prepare for school. The quality of early years support must also be recognised, with strong longitudinal evidence indicating that access to high quality early years settings is a significant determinant of a number of different outcomes throughout the life course.

Developing an integrated offer

Nationally, there is strong recognition of the importance of integrated support services coordinated around the multiple and often complex needs of a child and their family.²⁴ An overarching area of opportunity is to develop the Council, NHS, schools and voluntary and community sector (VCS) integrated early years programme to increase the number of families reached by our services and increase continuity of care. The development of an integrated offer should include steps to increase pathway work within maternity services; and expand information sharing among NHS, GPs and other primary care providers. It should also work towards more timely identification of needs so that children and their families are able to access the necessary support in a seamless way. A particular focus should be given to increasing service support opportunities for those with SEND and/or other vulnerabilities such as those experienced by CLA; young carers; those who are in temporary accommodation and/or with no recourse to public funds. The ultimate goal should be to strengthen



the integration of services so that children and their families have access to the services and support they need in a way that is both timely and ensures continuity of care.²⁵

Improving the quality and availability of data

To improve outcomes for all - including achieving the Mayor's vision of making Newham the best borough to grow up for children and young people – how we collect and use data must be strengthened. The development of a shared outcomes framework is one way in which we can work towards strengthening and measuring our progress towards making Newham the best borough for children to grow up in.

Case Study – UNICEF Baby Friendly Accreditation



Figure 42: UNICEF Baby Friendly Accreditation

In Newham, the BFI project supports parents to adopt best practice approaches to feeding their child - focussing on minimising overfeeding, and an unhealthy weight; increasing initiation and exclusivity of breastfeeding; timely introduction of appropriate solid foods alongside continued breastfeeding; and where bottle feeding is necessary, working with parents to minimise overfeeding and support close, loving relationships.

Training health professionals in the provision of compassionate, non-judgemental and mother-centred care is at the core of BFI. To date, Newham has achieved Stage 1 and Stage 2 Baby Friendly accreditation. Stage 1 included the development of policies and guidelines to support Baby Friendly standards; developing an education programme to implement the standards, including processes for implementing, auditing and evaluating standards. Stage 2 accreditation involved training staff on how to implement the standards, culminating in a rigorous 3 day assessment of staff knowledge and skills by a team of Unicef assessors. We are now working to achieve Stage 3 (full accreditation), which focuses on parents' experiences of local services; hospital maternity and neonatal units; and community health visiting nursing and children's centres provision.



Priority 2:

Supporting our young people to be healthy and ready for adult life

Why this matters?

Newham is an exciting, young borough with a growing young population. Our ambition is to make Newham the best place for children and young people (CYP) to grow up by providing them with guidance and support to nurture their strengths, grow their confidence, and enable them to flourish - to be happy, healthy and safe in all settings across our borough.

Young people can experience significant physical, psychological and behavioural changes as they mature from children to adolescents. The challenges they face include changes in their environments and the settings where they spend most of their time – at home, in education, in the community and on the high streets. These settings can also play a vital role in promoting and supporting good health among young people. We know that a good education can lead to good employment and better life opportunities. But, embedding health promotion in school life can also have a direct impact on CYP's health, and in turn on their attendance and attainment.

In Newham, educational attainment and development rates are positive. However, Newham has some of the highest levels of deprivation which can lead to poor nutrition, chronic disease and mental health problems. Living in an urban area also presents challenges with high streets dominated by fast-food outlets, lack of perceived safe green spaces, and concern with high levels of youth violence. As our children and young people make the journey towards becoming adults, they can also face a number of challenges including harmful substance use, lack of physical activity, unprotected sex and exposure to violence. It is also a time when poor mental health begins to manifest. We must also give special attention to CYP who face particular vulnerabilities including those who have adverse childhood experiences, children with disabilities and those with long-term and/or rare conditions. These challenges are not unique to Newham, but we are committed to ensuring that we optimise the assets we have in our borough and create opportunities for all our CYP to fulfil their aspirations and lead healthy lives²⁶.

Within the healthcare setting, one of the biggest obstacles for young people in their contacts with health services, highlighted by The Kennedy Review, is the “lack of recognition of them as distinctly different from children as well as adults”. This can be especially true for young people with disabilities and long-term conditions including young people with mental health conditions. They can be caught between child and adult services, and therefore “between bureaucratic barriers and professional spheres of influence”²⁷. In order for CYP in Newham to grow up to be happy, healthy and resilient adults, we should recognize the importance of giving them a voice by involving them in decisions that shape their lives and their city²⁸.



This priority is closely aligned to other policy areas such as the Mayor of Newham's Youth Safety Board, 2019, which highlights the importance of improving safety of all CYP in the borough, as well as the LBN's commitments in Climate Now and the Community Wealth Building Strategy. The work links into the wider London Health Inequalities Strategy and the Mayor of London's Child Obesity Taskforce work.

The Newham Context of Need

Children and young people aged 5-24 make up 28% (99,050/359,470) of the population, and this is projected to increase over the next 5 years (by 2.9%)²⁹. Overall, the health and wellbeing of CYP in Newham is mixed with some poorer health outcomes when comparing local indicators with London and England averages. The key health outcomes and unhealthy risk behaviours of children and young people in Newham aged 5-19 can be broken down into:

Mental Health

Mental ill health is a leading cause of poor health in CYP and can have adverse and long lasting effects. Children with mental health difficulties, are more likely to smoke and struggle with alcohol and drug misuse. They are at increased risk of poor physical health, lower educational attainment, decreased employment prospects and have difficulty establishing social relationships³⁰. In Newham 10.5% of children aged 5-16 have mental health disorders, which is higher than London (9.3%) and England (9.2%) (Figure 43). Between April 2018 and February 2019, an average of 250 CYP per month were in contact with mental health services, including 121 with Child and Mental Health Services (CAMHS) and 129 with HeadStart Newham (mental health and wellbeing service sponsored by the National Lottery Fund). During the period 2018/19, 1408 CYP referrals were accepted to CAMHS. In addition, 22% of Newham's secondary school pupils reported elevated emotional difficulty, 25% have attention difficulty and nearly 20% peer difficulty. Newham's rate of children with emotional disorders is higher than London average³¹.

Figure 43: Estimated prevalence of mental health disorders in children and young people aged 5-16



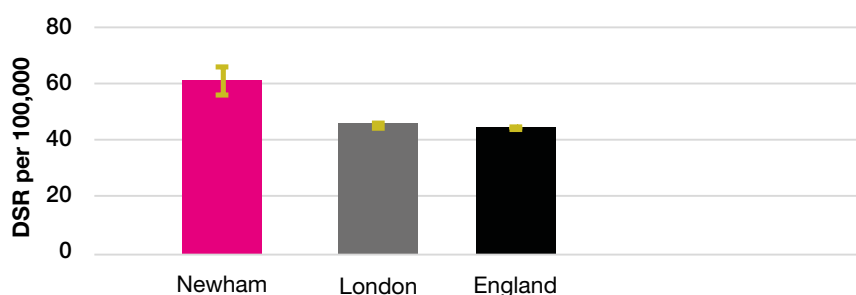
Source: *Fingertips*, Public Health England



Safety of Children and Young People

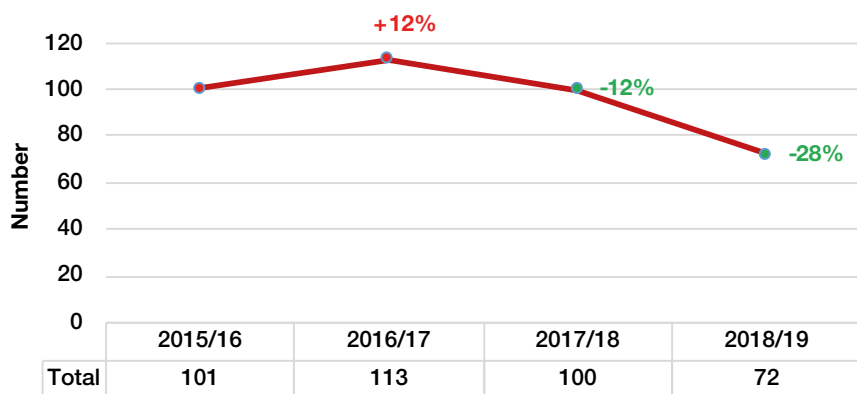
In order for children and young people to thrive and look forward to a positive future, it is essential that they feel safe and secure, and be protected from violence. Nationally, amidst a long-term decline in all types of violence, high harm violence has risen and is concentrated in metropolitan areas including London but higher in Newham compared to London and England (Figure 44). Since 2012/13, serious violence affecting young people rose in Newham. Reported assaults involving weapons with victims aged 24 years or below peaked in late December 2017, but were in decline as of September 2019 (Figure 45). In the 12 months up to September 2019, the highest number of serious incidents were reported in Stratford and New Town, and Canning Town wards (Figure 46)³².

Figure 44: Violent crime – hospital admissions for violence (including sexual violence) - 2016/17 - 2018/19



Source: *Fingertips, Public Health England*

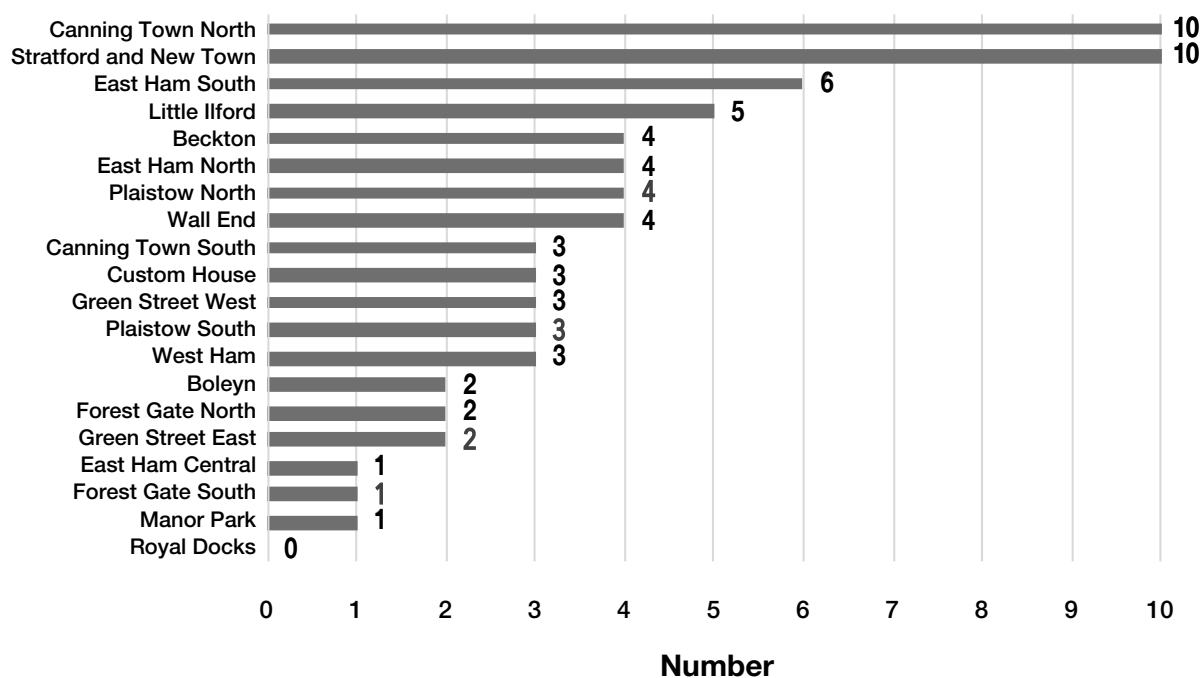
Figure 45: Newham knife crime victims 1-24 (Oct - Sept)



Source - *Youth Safety Board Report*



Figure 46: Ward profile – knife crime victims 1-24 (Oct 18 - Sep 19)



Source - Youth Safety Board Report

As elsewhere in London, assaults in Newham are more likely at certain times of day. For school aged-children this is in the period after school and early evening. For older teenagers and young adults this is later in the evening.

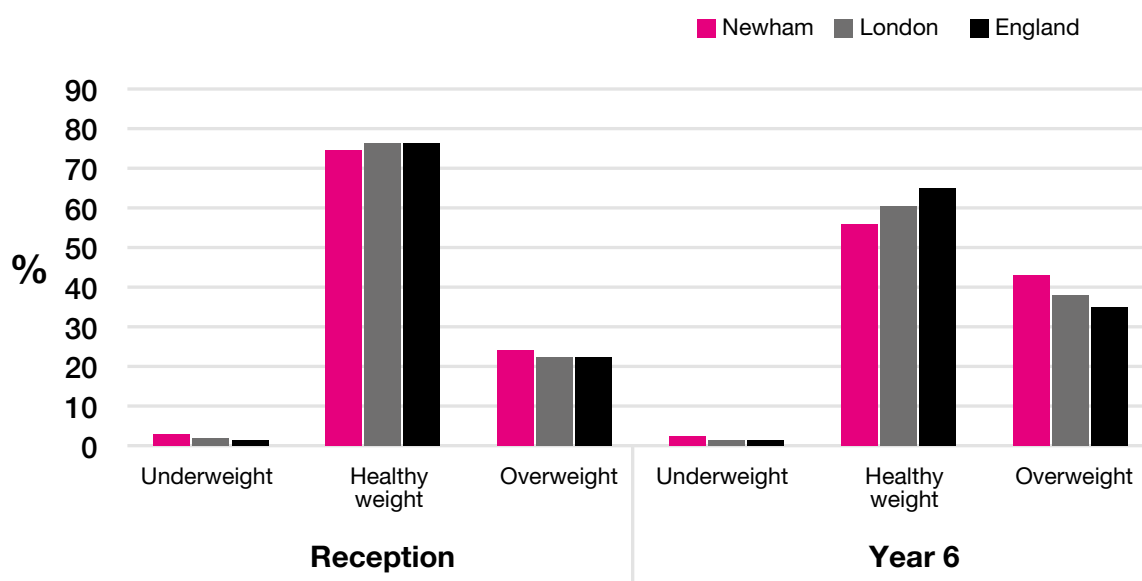
Early intervention in the lives of CYP is vital as it offers the best opportunity to reduce their vulnerability to violence and exploitation. Wider evidence supports a focus on risk and protective factors as a starting point for effective intervention. Newham's Youth Safety Board which includes young people as members, delivered recommendations in 2019. Recognising the role that public services including, the LBN, police, health services and schools play in safe safeguarding and promoting the welfare of Newham's children, the Board asked public services to respond to the Board's recommendations with a plan of action, in particular how they can support residents in their community³³.

Healthy Weight for Children and Young People

Childhood obesity is a complex global issue and a major challenge in London, which has the highest rates of any global city. Newham, consistently, has some of the highest rates of childhood obesity in the country and ranks 30th out of 32 boroughs in London, 23.3% of Newham children in Reception (aged 4/5) are overweight or very overweight (obese) and 42.9% by Year 6 (aged 10/11) (Figure 47).



Figure 47: Percentage of children with excess weight by school year 2018/19



Source: TBC

The risk of adult obesity is higher for obese children. As adults with excess weight, their risk factors for serious diseases such as cancer, type 2 diabetes and heart disease also increases³⁴. Obesity has many drivers including environment, behaviour, genetics and culture. The food and drinks environment and physical inactivity are major risk factors (especially in deprived areas).³⁵ Tackling obesity requires a whole system approach which draws on local, national and international evidence about the wide range of contributory factors to childhood obesity.

Children and Young People with Specific Vulnerabilities

There are a number of children and young people who due to certain factors are vulnerable to poor health outcomes. They include CYP with special educational needs and disabilities (SEND), young carers, young offenders and those experience adverse childhood experiences (ACE).

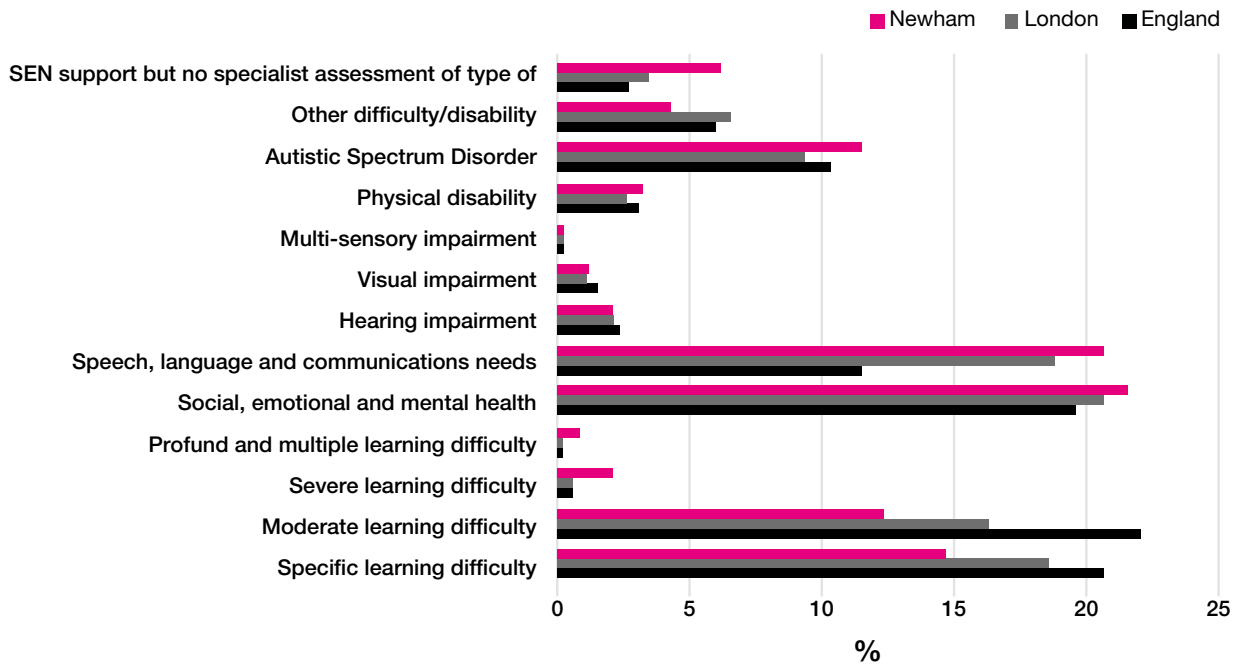
There are various types of special education needs and disability. Many of these children and young people may require support in the SEND system (which applies to children aged 0-25 years old). The level of support will vary depending on their needs. Secondary pupils in Newham have a higher percentage with Autistic Spectrum Disorder, speech language and communications needs, social, emotional and mental health, severe learning difficulty, and profound and multiple learning difficulty than all the inner London boroughs (see Figure 48). Newham is making significant efforts (see Newham's 2020 strategic vision) to ensure that all CYP with SEND are able to reach their potential and lead satisfied lives in their local school, home and community.

Young carers are children, teenagers or young adults who look after someone in their family who has an illness, a disability or a mental health problem. The responsibilities of caring can have an impact on their emotional and physical wellbeing, and on their educational achievement and ability to reach their full potential in life³⁶. Research from The Children's Society found that children acting as carers tend to underperform at school and miss school, which can adversely affect their opportunities



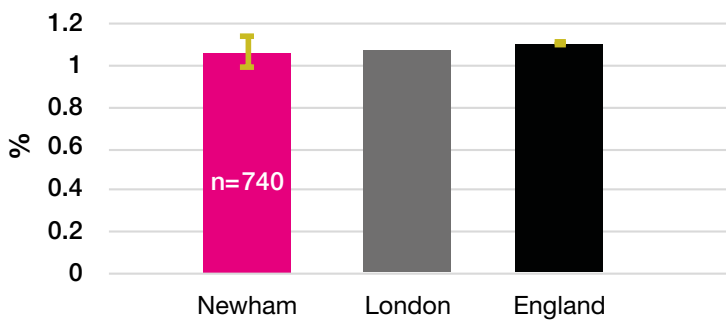
later in life. The number of unpaid carers aged 16-24 in 2011 census was 3,241 (6.6%). The rate for Newham was significantly higher than the rate for London (5.5%) and England (4.8%) (Figures 48 and 50).

Figure 48: Secondary pupils with special educational needs by primary type of need, January 2019



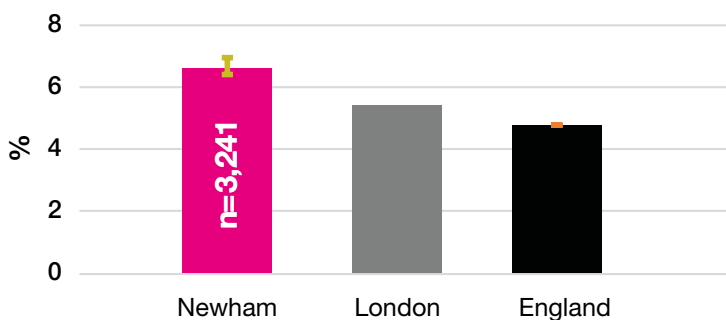
Source: Department of Education

Figure 49: Young people providing unpaid care (aged 0-15), 2011



Source: Census via Fingertips, PHE

Figure 50: Young people providing unpaid care (aged 16-24), 2011



Source: Census via Fingertips, PHE



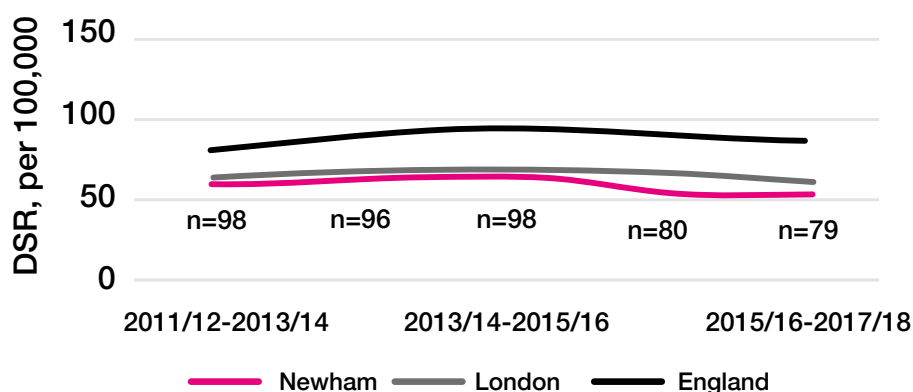
Looked after children and young people (LAC) is a child or young person who has been in the care of a local authority for more than 24 hours. Many have had previous experiences of abuse, violence and neglect. These experiences make them vulnerable to health inequalities –including significantly higher rates of mental health issues, emotional disorders, and hyperactivity and autistic spectrum disorder conditions. These outcomes can worsen if they experience multiple relocations, which can be particularly common in older children.

A high number of children experience adverse childhood experiences (ACE). ACE can include domestic violence, divorce, abuse, homelessness, neglect or growing up in a household with alcohol and drug use problems. Children who experience adverse childhood experiences can be more susceptible to mental and physical health problems through both physiological development and likelihood of adopting unhealthy behaviours such as substance misuse, domestic violence and sexual violence, poor sexual health and gambling. The focus of this priority would include opportunities to understand ACE and to develop interventions to address the causes of adversity to enable all children to experience good physical and mental health.

Alcohol and drug misuse

Substance misuse among young people can be an indication “that a young person is dealing with trauma, or that they are experimenting with their identity.”³⁷ Evidence suggests young people who use recreational drugs run the risk of damage to mental health including suicide, depression and disruptive behaviour disorders. Among 10-15 year-olds, drug use is linked to truancy, exclusion from school, homelessness, time in care and serious or frequent offending. Nationally, substance misuse has largely been in decline since 2001. Whilst we do not have Newham specific data of substance misuse among children and young people, there are certain indicators which provide useful insights into the issue. For instance, 4.7% of 15 year olds reported having undertaken at least 3 of the following unhealthy/illegal behaviours: smoking, drinking, cannabis, other drugs, diet (consumed fewer than 5 portions of fruit yesterday), and physical activity. This is lower than the England average of 10.7%. Hospital admissions due to substance misuse (15-24 years old) is lower than England average (see Figure 51).

Figure 51: Hospital admissions due to substance misuse (15-24 years)



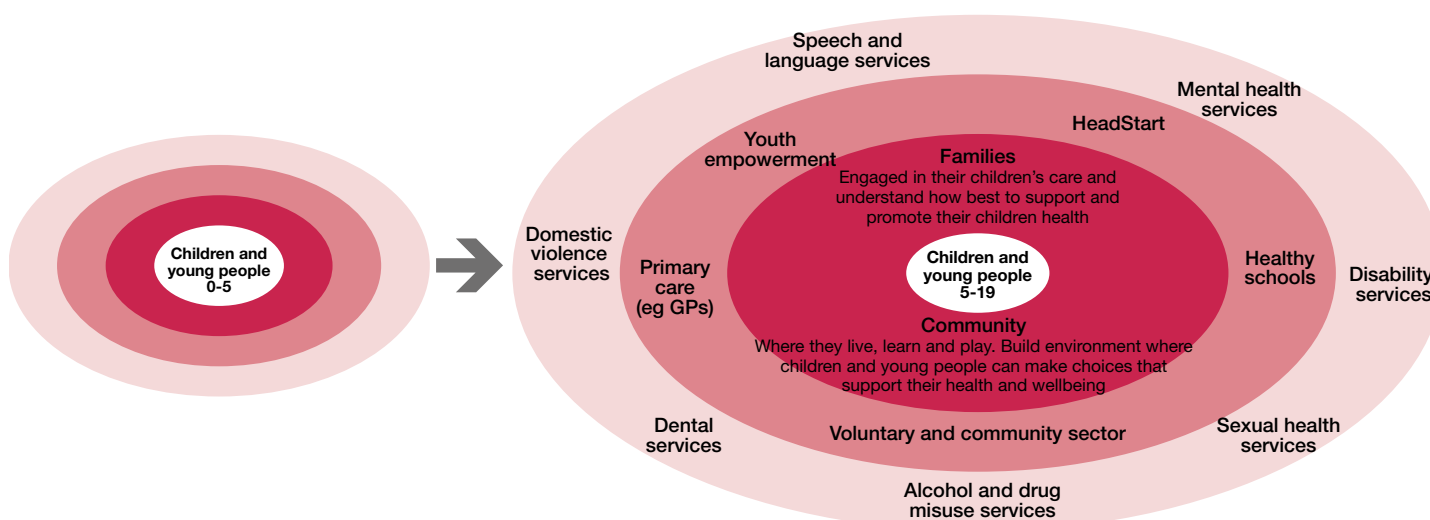
Source: HES via Fingertips, PHE



Newham's approach

Newham's approach is to support and empower children and young people across the life cycle to live health, happy and safe lives (see Figure 52). A stable and loving family ensures that CYP have the necessary support to lead happy and healthy lives. The community in which they live plays an intrinsic role in enabling young people to make choices that support good health. Around this, there are a range of programs and services such as HeadStart, the Youth empowerment service, Healthy Schools, and Living Your Best Life (LYBL) to support young people. These are further supported by more specialist services such as those related to mental health and services commissioned for drug and alcohol misuse.

Figure 52: Newham's services for children and young people aged 5-19



There is a significant level of need to support CYP in Newham to lead healthy lives. Already there are a number of programs and services which provide support to our young people to grow and flourish. A clear ambition in this strategy is to provide a pathway for children and young people to lead healthy lives from supporting their parents to have healthy pregnancies to creating healthy food environments as well as programs to nurture young people's strengths and support them to fulfil their aspirations. A number of programs and services for CYP can be extended and developed to enable all children to succeed:

Mental Health and Wellbeing

Early intervention and access to mental health services can help young people avoid falling into crisis and prevent longer term interventions in adulthood. There is a real opportunity to learn from the success of HeadStart and develop this into an early mental health support service based in education. This would take a whole school and youth service approach. Ensuring services are in place to support families and CYP experiencing mental health issues and ensuring local CAMHS services are delivering timely, responsive and effective services to meet the needs of these CYP is also a commitment of the public health team. Developing a strategy for prevention of mental health to ensure a consistency of offer and supporting access across the borough, alongside test



and rolling out model of social prescribing 'Well Newham' to CYP pathways and provision in the community is a central priority.

Safety of CYP

Prioritising youth safety together with the Mayor of Newham's Youth Safety board recommendations, provides an opportunity to develop an integrated approach to youth safety in Newham. This would require the sharing of data and intelligence to achieve a common understanding of current local issues, opportunities to develop and implement interventions and evaluate their impact. We would work across services and with the young people themselves to produce an action plan encompassing the Youth Safety Board recommendations and operationalise it into a delivery model to achieve a healthy and safe community.

Healthy Weight Plan

Ambitions for a Newham Healthy Weight Plan would require a strong, all-systems approach that considers the environment in which we live and partnership between local government and the NHS, and the science, business and community sectors. The approach would work closely with relevant services such as Healthy Schools, School Nursing and Health Visiting to maximise effect and avoid duplication of effort, and would be designed and delivered with residents and local partners. Healthy weight advice will be embedded across all services that support families, starting with expectant mothers (higher pre-pregnancy BMI is associated with increased risk of overweight child). The development of a Healthy Weight Plan forms part of our wider priorities in this strategy document to ensure children have the best start in life, (Priority 2), that we create a healthy food and drink environment (Priority 6), and support and active borough (Priority 8).

Healthy Schools Newham and Health Promoting Environments

Schools in Newham already play a central role in helping children lead healthy lives. A number of schools have already rolled out the Healthy Schools Programme which is designed to promote all aspects of health and wellbeing including the needs of children with SEND. Future investment in this programme will provide all schools with the necessary encouragement and support to consolidate their current health and wellbeing activities, identify important gaps in their work, and receive recognition for the good work they are doing. The programme offers a real opportunity for schools in Newham, the London Borough of Newham and the Greater London Authority to work together and contribute to the successful implementation and effectiveness of the programme locally.

The Young Health Champions programme is a national initiative that aims to give young people the skills, knowledge and confidence to act as peer educators, increasing awareness of healthy lifestyles and encouraging involvement in activities to promote positive emotional health, in educational settings. Pupils that complete the programme will receive a Level 2 qualification from the Royal Society of Public Health and are expected to plan and deliver emotional wellbeing campaigns to raise awareness in their respective settings. Developing this programme in Newham will enable our CYP to provide peer support through an understanding of the individual and social drivers of healthy



and unhealthy behaviours as well as signpost local health services. It will also provide knowledge of a health and wellbeing issue relevant to the learner and develop skills to deliver positive health messages.

Children and young people with specific vulnerabilities

There is a real opportunity to develop interventions to address the causes of ACEs and to support children who experience trauma. Although the impact that ACEs have on children's development and outcomes is widely evidenced, building resilience in our CYP can help protect against the effects of trauma, hence reducing the risks of poor outcomes in adulthood. Given the significant amount of time CYP spend in schools, developing ACE and trauma-informed practices within Newham schools through ACE-informed whole school approach will enable staff and professionals to have the appropriate knowledge and skills to identify and respond appropriately to ACEs.

Feature Newham Case Study: The Youth Empowerment Service

A feedback directly from 'M' who self-reported on his experience of being supported by the Youth Empowerment service at LBN to engage in the co-production process in helping to shape the future of services in Newham. This was included in the Youth Safety Board Report.



M, young man who contributed to the Youth Safety Board:

“As a young man of 20, I was glad I was asked about my experience of growing up in Newham because I have never been asked about my younger times in a supportive way before, well not in a way that would be used to make life better for me or others.

The youth safety interview was a good opportunity for me to think through about the support I wished I had had when I was struggling as a teenager. Who helped me and who didn't.

I am happy to know that Newham is looking at different ways of working with young people like myself who have been excluded and ended up in street life. It was a rough time and I felt lost, like no one cared. I hope that things change for the better in the future so no one has to go through what I went through”.

Priority 3:

Supporting people around the determinants of their health

Why this matters?

The social determinants of health are “the conditions in which people are born, live, work and age”³⁸. These social, economic, and environmental contexts within which we live (see Figure 53), influence health-related behaviours such as smoking, unhealthy eating, and physical activity. The concentration of fast food restaurants and limited recreational opportunities, for example, can lead to poor nutrition and less physical activity. The effects of socio-economic factors on health behaviour can influence risk of disease and they largely determine why some people are healthier than others. The determinants of our health have a greater impact on our health outcomes than the health care we receive (see Figure 54). A person’s opportunity to achieve good health begins long before they need health care. Hence, tackling the determinants of health is central to this strategy and transcends a number of priority areas.

Figure 53: The individual and the determinants of their health



Source: Dahlgren and Whitehead (1993), cited in *The King's Fund* (2013)

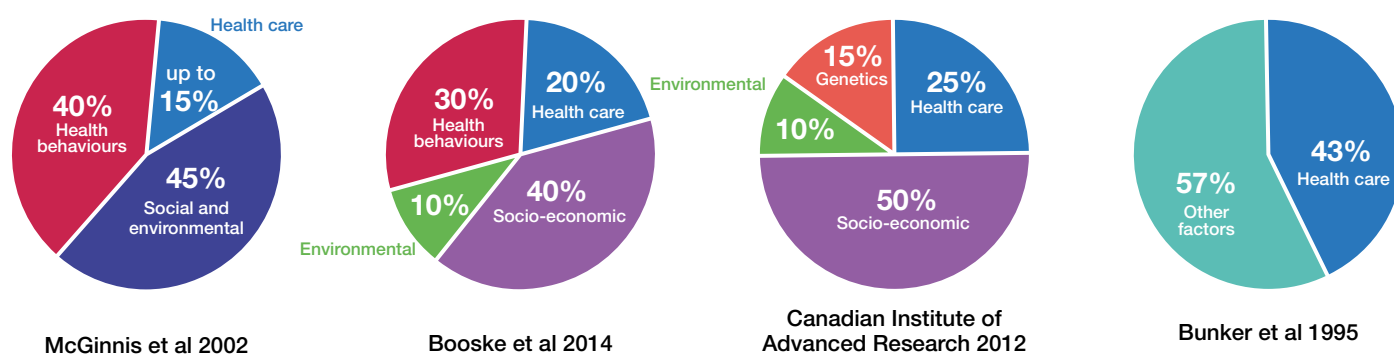
Focusing on the social determinants of health is central to a number of national, London wide and local strategies including the Ottawa declaration of health, the Mayor of London’s Health Inequality Strategy and the Newham Corporate Plan. Other partner organisations, in particular the NHS with the Long Term Plan, have placed prevention of illness, the management of long-term conditions and personalisation of care at the heart of their work.

Both urban and deprived areas have specific socio-economic and environmental (physical) contexts which influence health-related behaviours and bring major health challenges. For example, noisy and stressful urban environments, dilapidated buildings that isolate residents, poor employment,



antisocial work hours, healthy food deserts, air pollution and an oversupply of unhealthy obesity generating food. However, there is another part to this story and that is the social bonds, communities of faith, groups of friends, peer support and responsive quality services, which can offset these challenges and promote healthy behaviours and timely support around the determinants of health and wellbeing. The ambition of this priority is to better understand our residents lived experience and to elucidate opportunities to extend and develop initiatives (at the individual level) that maximise the opportunity for every resident to achieve good health and wellbeing.

Figure 54: The individual and the determinants of their health



Sources: Canadian Institute of Advanced Research (2012); Booske et al (2010); McGinnis et al (2002); Bunker et al (1995)

Table 2:

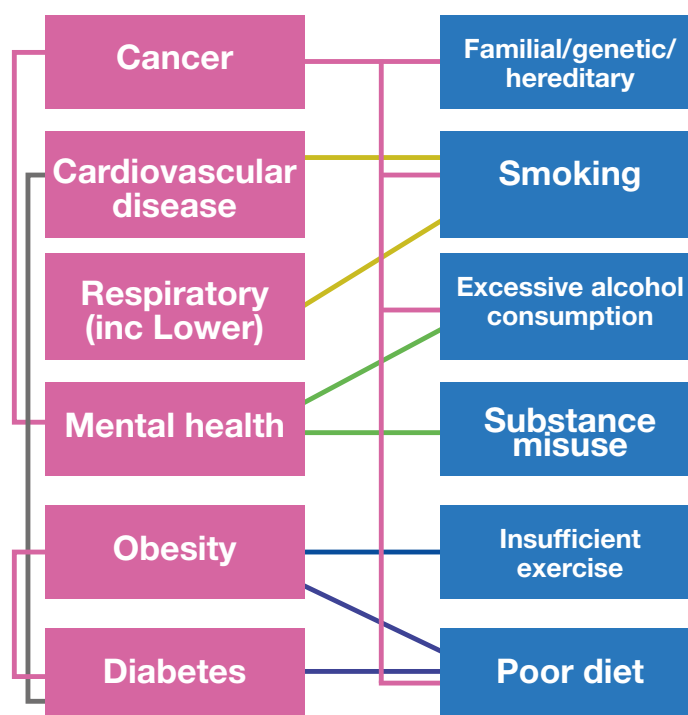
| | Smoking | Activity >150 min/week | Healthy eating 5 a day | Obesity | Obesity in children |
|---------------------------------------|------------------------------------|--|---|-------------------------------------|---|
| Proportion in Newham | 19% of adults smoke | 53.1% are active | 1.42% of adults on a 'usual' day | 70% of adults (ethnically adjusted) | Reception: 12.8% (595 children) Year 6: 27.8% (1,222 children) |
| Comparison with London average | Significantly worse (London 14.6%) | Significantly worse (London 64.5%) | Significantly worse (ranked last in London) | Significantly worse (56%) | Reception: 12.8% Year 6: 27.8% |
| Trend | Stable when decreasing nationally | Lowest decile and worsening | Worsening | Rising year on year | Rising for Year 6, slowing increase for Reception |
| Linked consequences | COPD prevalence | Late presentation of cancer, MSK, overweight | D2M, cancer, mental health | D2M, MSK, cancer | D2M <24 |

The Newham context of need – understanding our lived experience and health-related behaviours linked to disease

The impact of the wider determinants of health and wellbeing are captured in measures like life expectancy, healthy life expectancy and the prevalence of long-term conditions, including COPD and type 2 Diabetes (D2M). Newham men can expect to live to 58.4 years in good health and women to 61.4 years, compared with 64.2 and 64.4 for England.^{39,40} A 65 year old Newham man looks forward to only 6.4 healthy years compared with 10.3 across London.⁴¹ These are significant differences in the quality of life experienced by our residents.

According to the Global Burden of Disease study, Newham's main causes of death are: heart diseases (CVD); lung diseases, cancer and mental illnesses.⁴² The causes of death are preceded by long term conditions (those which can be controlled but not cured) including Type 2 Diabetes (D2M), asthma, high blood pressure, COPD, rheumatoid and osteoarthritis, and dementia. Swift diagnosis and management of these conditions is essential, especially as they can be one of the leading risk factors for diseases, such as cardiovascular disease, which cause death.

Figure 55: Health behaviours linked to disease



Certain health-related behaviours such as smoking, exercise and diet increase the risk of developing these long-term conditions, as well as diseases which are the major causes of death. In Newham, levels of smoking, physical activity and healthy eating are significantly worse in comparison to the London averages and are risk factors for and contributors to the common causes of death in the borough (see Figure 55). It is now also thought that the underlying biological mechanism for a number of diseases is inflammation - the body's response to irritants and injury.⁴³ For example, evidence suggests that too much inflammation plays a critical role in the processes that are associated with stress-related diseases⁴⁴. We also know that long-term conditions are made worse

by severe (e.g. schizophrenia, bipolar, depression) and common mental illness (depression, anxiety), and there are associations between mental ill health and the underlying causes of physical ill health: a vicious spiral. (See Figure 56).

Most long-term conditions start to appear in middle age however in Newham, they start earlier in the life course. D2M, for example is usually a middle age condition, but Newham has some of the highest levels of D2M in the under 24 age groups. The risk for people of Bangladeshi heritage is also particularly high. The determinants of health do not occur and act simply- they cluster, add or multiply and the patterns of clustering vary by age, sex and ethnicity and levels of deprivation and poverty (HSE 2019).

Figure 56: Relationship between risk factors and the common causes of death and disability and modifiers



Newham approach

Our approach recognises the importance of developing services that understand people's lived experience and how this contributes to their health-related behaviours. We need to identify and utilise the assets we have within our community to ensure that every resident is supported to experience good health and wellbeing. Work is underway to transform mental health services in the borough to organise care around people's communities and ensure residents are supported to live well and to access local support services (see case study on page 64).

Some biological and genetic factors also affect certain populations more than others. Simply telling people to change their health behaviours is not an effective approach as it does not take into account the impact that factors beyond our immediate control have on our lives:



Price and poverty

At face value, health behaviours that are linked to healthy or unhealthy consequences, would appear to be easily modifiable. However, price and poverty intercept this process. Per calorie, healthy food such as vegetables, fruit, nuts, are more expensive than unhealthy food, which is processed and carbohydrate, salt, trans fat heavy.^{45,46} This price gap has been widening since the 1970s. For families on low incomes, who rely on food banks, healthy choices are out of reach. In areas of high deprivation, healthy food options are also crowded out by unhealthy low cost competitors.

Life pressures and mental health

Not only are healthy food choices more expensive, but people are often time poor, working antisocial hours, lacking agency and control in their lives and experiencing the stresses which go with that. For the increasing number of households in Newham living in temporary accommodation (4,892 in 2017/18),⁴⁷ making healthy choices is extremely difficult and a low priority compared to housing security. For people experiencing chronic stress, comfort eating is hormonally driven by the stress state.⁴⁸ Life stress against a background of trauma can lead to addictive behaviours which will not respond to education.

Structural inequalities

Without stability and safety there can be no mental wellbeing and without that behaviour change is unlikely to be relevant to the person or successful. Our society is not equal or fair. Individuals and groups that experience poverty, racism and other forms of discrimination have a higher burden of stress than others and are less likely to benefit from initiatives to support healthy living, than wealthier less discriminated against groups.

Genetic risk and cultural expectation

Some communities have a higher genetic risk of overweight and associated negative health consequences (see Figure 57). The risk of type 2 diabetes among South Asian peoples occurs at a lower level of overweight than for Caucasians (at a BMI of 22 compared with 30). The risk for Africans is also at a lower BMI – 26 compared with 30 for Caucasians and for South East Asians at a BMI of 24-26.⁴⁹ People at higher risk need to be especially active in mitigating the increased risk, however the negatives of a well-managed condition may not be immediately apparent. D2M is not inevitable in these ethnic groups but common⁵⁰, and therefore measures to support these communities and individuals to maintain good health around all three factors: diet, weight and exercise is paramount. Both prevention and remission are possible.

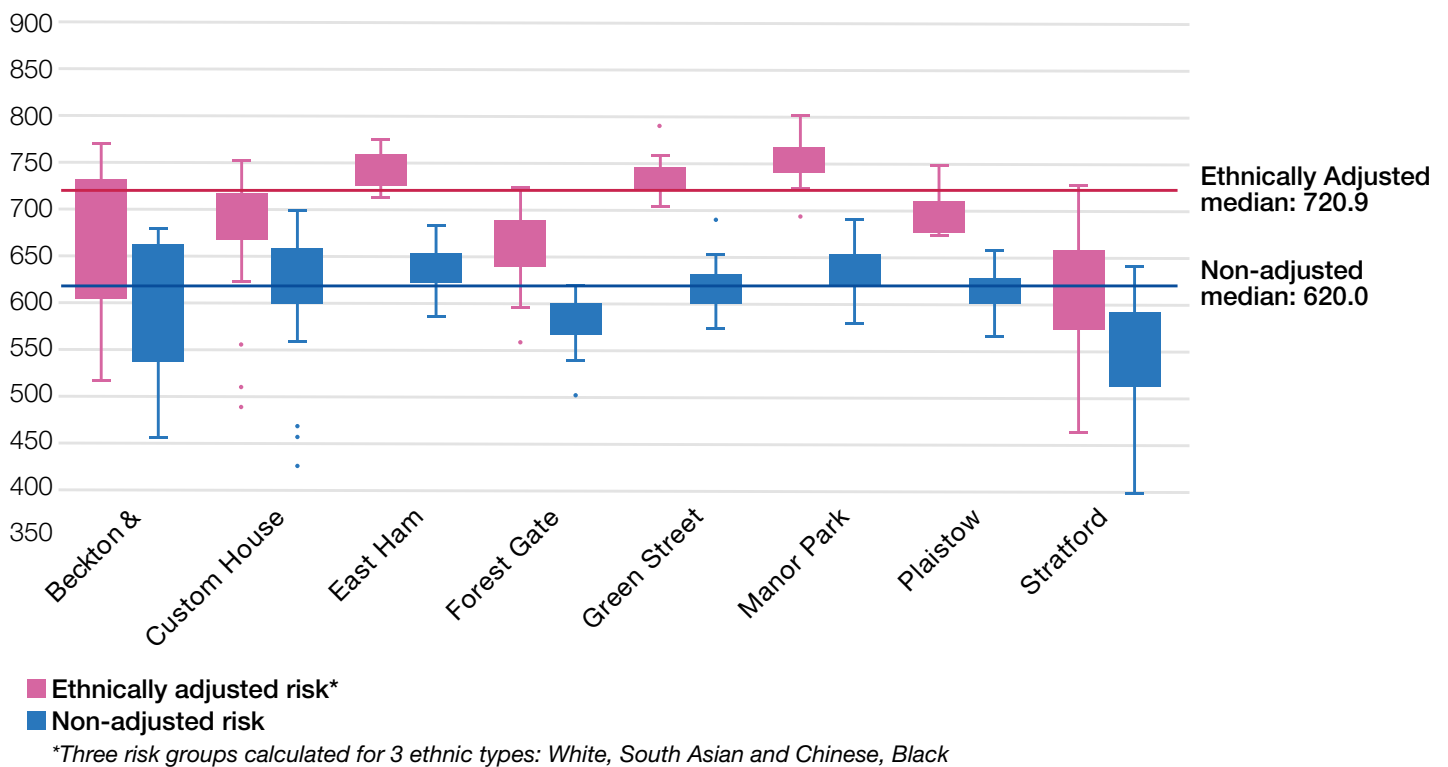


Mental Health Transformation case study

In 2018/19 almost 21,000 people were registered with a common mental illness (depression, anxiety) 4,600 with a serious enduring mental illness (SMI), and those with complex trauma at around 1000 people. Having an SMI significantly reduces life expectancy with around 16 years of life lost. Given the relationship between long-term conditions such as diabetes and mental health, it is essential that people with acute mental illness are supported to live well.

The East London Foundation Trust is leading a radical transformation of mental health services with outpatient care being transferred to primary care. The approach uses co-located services which means that those with mild to moderate mental health needs, most commonly seen in primary care, can be treated alongside those with more serious mental illness. Such an approach can reduce stigma and improve adherence to treatment. This also allows for the co-location of expertise which includes training an upskilling of primary care staff to identify and support residents with mental health needs. The model has built in capacity for social prescribing and wrap around support to residents. This means that in conjunction with receiving appropriate mental health interventions, residents are also being supported to access the local sources of non-clinical support that we have in Newham.

Figure 57: Prevalence of high risk (obese BMI) in each neighbourhood – rate per 1,000 GP +18 registered population with a BMI recorded in the last 3 years.



Well Newham - An opportunity to support people around the determinants of health

Despite the role that socio-economic and genetic/biological factors as well as life pressures play in shaping the conditions in which we are born, live, work and age, Newham is a strong community where social bonds, communities of faith, groups of friends and peer support play a vital role in the lives of our residents. Recognising the importance of the lived experience and the tremendous local assets (including Voluntary and Community Sector) Well Newham – a newly shared programme which addresses and offers support to residents around the determinants of their health and wellbeing - provides an opportunity to improve the health and wellbeing of residents.

Well Newham is a co-produce, resident centres, inclusive and strength based prevention framework shared between the CCG, Voluntary and Community Sector, residents, providers of health and care and the LBN. The brand is in its early phase of establishment. At its heart is a social model of health care which states that most physical health problems have a mental health or wellbeing modifier which is influenced by socio-economic factors and adverse life events.

The model recognises that in many instances it may be necessary to start by addressing issues of stability (e.g. money and housing) and then move to support factors like stress which are heavily linked to unhealthy behaviours. The underlying goal is to work with residents not doing to or for (them). This creates opportunity to utilise local assets, join up services and increase the amount of well-informed, face to face support that residents can receive around their health and the conditions in which they live, work and age (see Figure 58).

Figure 58: Well Newham delivery framework





Using the Well Newham values we propose to improve quality and uptake of prevention programmes for diabetes, cancer and other long term conditions in the borough alongside our commissioning and provider partners and stakeholders. Already, Newham CCG has led a quality improvement strategy around diabetes prevention to encourage better integration of primary and secondary care services. Newham University Hospital which scored an excellence rating for diabetes management has worked with the CCG to pioneer a set of quarterly meetings between primary and secondary care teams to discuss cases. The model has successfully reduced lengths of stay and secondary complications. More work on prevention of heart disease and management of breathlessness whether due to heart failure COPD or asthma is still needed. Locally and in London, work is underway to support people with mental health problems and long term conditions to manage their conditions. The transformation work within mental health outpatient provision by the East London Foundation Trust further supports this approach (see case study on page 64).



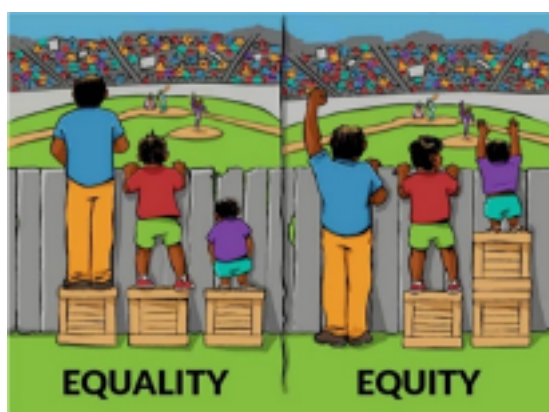
Priority 4: Developing high quality inclusive services, ensuring equity and reducing variation

Why this matters?

We want to provide the best quality services to every resident of Newham. Services should be timely, appropriate, sensitive and easy to use for all. Despite increases in medical knowledge and technology, and the roll out of universal programmes to improve health, such as immunisation, cancer screening and prevention measures like NHS Health Checks and diabetes prevention, differences– inequalities- in health and healthy life expectancy remain. Prioritising equity (fairness) is essential to ensure that interventions and services are appropriately planned and resources are directed in such a way that enables every resident, regardless of where they live, their demographics, social or economic circumstances, has a fair chance of achieving the best possible health outcomes.

Equity will not be achieved simply by treating everyone equally. Rather, we need to treat everyone according to their circumstances (see Figure 59). In Newham some populations are more vulnerable to ill health than others. This can be due to a number of factors including where they live (area level deprivation), ethnicity (impact of BMI on diabetes and CVD risk), education, income and work type. These differences can affect the chances different groups have of accessing services and achieving equal health outcomes. A ‘one size fits all’ service or programme has structural inequalities, service biases, and service quality variations. Such variations not only negatively impact individual quality of life and chances of health improvement, they also affect community quality of life. Our ambition is to deliver services and programmes that address inequities and ensure that every resident, despite their circumstances, has a fair chance of the best health outcomes.

Figure 59: Inequality versus inequity





There are known areas where inequitable variation in universal provision occurs:

Service availability

Services are not always of sufficient quantity and in accordance with the needs of that population. The National Audit Office (NAO), 2014 Stocktake of General Practice Provision in England, found that in-deprived areas, there is “a lower ratio of GPs and nurses to patients, and where the ratio is lower it is harder for patients to get appointments”.⁵¹ A stocktake of Urgent and Emergency care by the Healthy London Partnership in 2015 showed a wide variation both between London Sustainability and Transformation Plans (STP) footprints and within those STP footprints in the availability of access to services and diagnostics supporting mental and physical health.

Quality

Health facilities and services can be of mixed quality. Quality can be measured using a trio of safety, effectiveness (does it work) and equity (acceptability, accessibility and fair chance of outcome) measurements.

Service accessibility

Health facilities and programmes are not always accessible. A number of structural inequalities such as distance to services, cost of transport, literature in the wrong language or with the wrong type of language⁵², and appointments in working hours contribute to unequal uptake of services which can effect health outcomes.

Service acceptability

Services are not always designed to be respectful of the communities they serve. In the 2017 British Social Attitudes survey, respondents who identified as Black registered lower levels of satisfaction with the NHS (44 per cent said they were satisfied) than respondents who identified as White (58 per cent).⁵³ A study by LGBT rights organisation Stonewall, showed 13 per cent of LGBT respondents reported experiencing unequal treatment from health care staff because they were LGBT. This number rose to 32 per cent for people who are transgender and 19 per cent for Black, Asian and minority ethnic LGBT people.”⁵⁴

Strategic Context

The Healthy London Partnership is a London wide joint initiative comprised of Public Health England, the Mayor of London and local authorities to reduce service variations. The NHS Five Year Forward View as well as the NHS Long Term Plan have created STPs. These were created to bring local health and care leaders together to plan around the long-term needs of local communities. STPs are tasked with delivering and integrating service delivery for health care services, and have responsibility for quality oversight and quality improvement.



The London Borough of Newham (LBN) Corporate Plan sets out 6 priorities which put people at the heart of everything we do. By looking to improve quality of life (priority 5) and work efficiently (priority 6) we must deliver and manage quality, effective and equitable services. Within the LBN, the Public Health team also has responsibility to the local health economy to quality assure key services delivered by the NHS. This includes immunisation, cancer screening and health protection as well as some oversight of system performance in partnership with commissioners via the health and wellbeing board and other borough, CCG and STP level service oversight mechanisms.

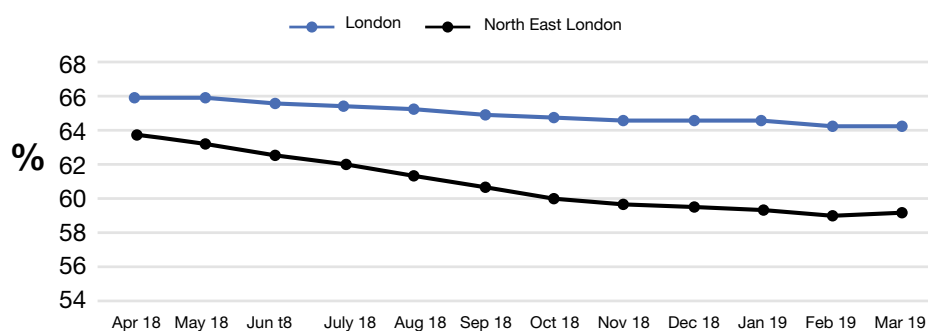
The Newham Context of Need

A number of factors shape the patterns of health inequities in Newham. In terms of service availability, Newham health and care teams experience difficulties in reaching, retaining and growing workforce capacity. They report gaps in service provision as fewer staff cover the same or increasing need at the frontline of services.

Service accessibility and acceptability can be explored through the lenses of age, sex, location and ethnicity. In terms of age, Newham has a lower proportion of people aged over 65 who die in their usual place of residence. This could reflect a strong preference to die in hospital or a lack of active preference recording and follow up. This is true for dementia and all other causes of death.⁵⁵ We can also see evidence of late presentation of HIV. The national picture for late HIV diagnoses has an increasing number of people in their 50s presenting late. This implies that services are not detecting people early enough. The outcomes for HIV infection are excellent with early treatment; late diagnosis reduced good individual outcomes but also increases the risk of transmission to others.

Variation in uptake of services and differences in health outcomes between men and women can also suggest inequities within a service. For example, Newham not only has higher death rates for cardiovascular disease than other comparable boroughs but higher preventable deaths under 75 for both men and women and higher preventable deaths from respiratory disease for men.⁵⁶ Multimorbidity analyses (see data pack) show more rapid and younger onset of multiple health problems for women than for men.

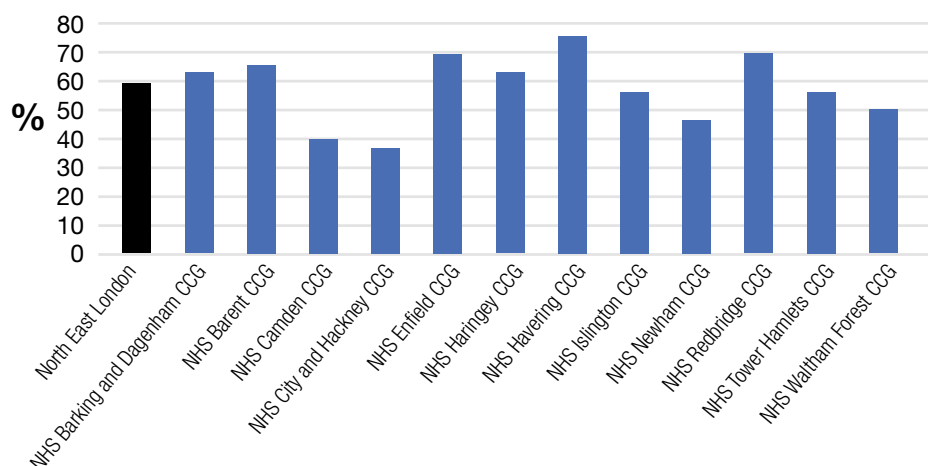
Figure 60: Breast cancer standard age (50-70) 36M coverage



Source: NHSE (Open Exeter)



Figure 61: Breast cancer standard age (50-70) 36M coverage - Mar 19



Source: NHSE (Open Exeter)

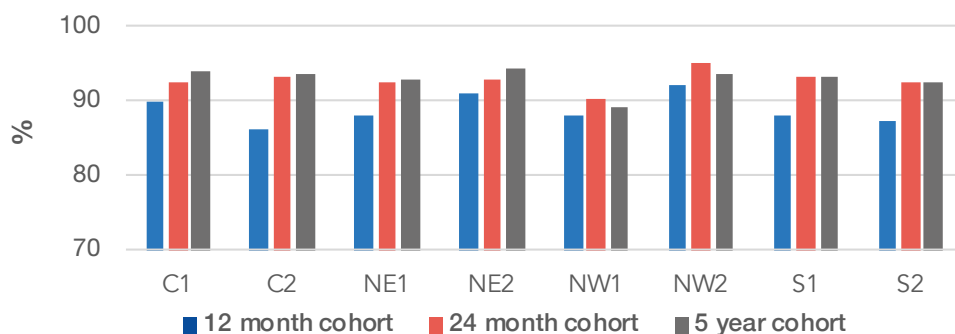
We can also see variation in the uptake of the regional diabetes prevention service which is lower among men than women (local STP data not published). Similarly, in terms of ethnicity there are variations in service uptake implying a level of inaccessibility within the service itself. For example, Newham has the third lowest uptake of breast screening in Northeast London (see Figure 61). Within that it is presumed that women of African and Bangladeshi heritage have an even lower rate – patterns see elsewhere. However, as the screening service does not record data on ethnicity this is hard to corroborate.

We can also consider whether services are acceptable and serving the needs of the whole community. For example, pregnant women without recourse to public funds (i.e. those who are subject to immigration controls) are less likely to access antenatal services until delivery which increases the risk of an unsafe delivery.

The uptake of immunisations in our most deprived communities is also an indicator of service variation. The most deprived GP network, South 1, has the least good coverage for childhood immunisation delivery in primary care. We note that in some practices, the uptake may be recorded as less good because the data itself is inaccurate. For instance, people who have moved away from the practice have not always been removed from practice records. Consequently, uptake appears inaccurately poor. However, if this is the case, there quality is an issue for the practice. There remains substantial inter practice variation – between 100% coverage and 60% coverage. Given that as a community we need 90- 95% of children to be immunised against MMR to have herd immunity and prevent potentially fatal measles outbreaks, there is a need to improve quality, reduce variation and increase coverage.



Figure 62: Newham regions % uptake on primary vaccinations by age (target set at 90 and 95%) - April 2018-March 2019



Source: NHSE (Open Exeter)

Variations in accessibility, acceptability as well as the quality of services underlines a system which is not serving the whole community effectively or equitably.

An opportunity to improve quality, reduce variation and ensure health equity

It is clear that we need to better understand structural inequalities, biases, and variations in quality in the services that we provide in Newham, including in the provision of social care services. It is our goal to ask better questions and listen to residents' answers, to take toolkits developed elsewhere for this purpose and to explore the findings from similar places to improve our services and our outcomes.

We need to identify suitable reporting tools, particularly for hard to reach communities, and include data collection as routine in order to uncover issues of service availability, accessibility, acceptability, and quality. For example, we need to better understand the pathway and challenges that people with no recourse to public funds experience in accessing services to ensure equity in their health outcomes. This will require partners from the third sector, LBN and the NHS to work together to join up reporting systems and better understand a population in profound need.

Data is key and can be used to refine and tailor nationally mandated prevention initiatives within early pilot projects for CVD and diabetes and obesity reduction. This will enable us to ensure that our systems are meeting the needs of the whole community before we commence a full roll out of these programmes. As has been shown with the case study (on page 72) on diabetes quality improvement, there is a real opportunity to co-design services that fit the population profiles and resident requirements better to deliver the right improvement outcomes for all.

Prioritising quality improvement and equity in health outcomes provides an opportunity to build on the assets that we have in Newham and London to deliver whole system approaches to health equity. For example, there are opportunities to partner research with universities in our borough, as well as to co design projects with Healthy London Partnership, Health Foundation and the Kings Fund to help us deliver QI across the system with our key stakeholders and partners.



Making progress to improve the quality of services: Diabetes prevention case study

Quality improvement to the diabetes prevention services

There are two diabetes prevention services in Newham: the nationally mandated and provided NHS Diabetes Prevention Programme (NHS DPP) and the West Ham Foundation 150 Club. Both services target those at risk of diabetes as set out by the NHS and a specific biomarker range or experience of diabetes in pregnancy.

These services are not available to residents who already have diabetes or those who have risk factors but no blood biomarker in risk range. Service accessibility is also a challenge. During a rapid evaluation of the locally commissioned service of the 150 club, residents with African ethnicity were more likely to be ineligible for the programme than others. A 9-month review of the NHS DPP, found that men of working age were much less likely to attend assessment or to complete the course. Whilst, fewer than half of the people that the service is commissioned for attend sessions and complete the course which last for 40 weeks (NHS DPP) and 24 weeks (150 club), those who did attend find each very helpful. That said, there are some limitations in terms of service acceptability as specific and tailored diet advice is not offered for the food cultures of most of the people attending (South Asian, Caribbean and African Eastern, European and South East Asian). More broadly, prevention programmes are skewed towards physical activity and away from effective weight loss and dietary advice.

Focus on QI – Partner organisations including WEL commissioners, STP leads and LBN commissioners as well as service providers are working together to improve the quality of the services. For example, as a result of QI pathway, the NHS DPP provider introduced a local coordinator, who has increased visits to practice, improved communication and training with referring staff and has set about reviewing location and times of the service. Plans are also being developed to co design the service with users and residents to improve service acceptability. The West Ham Foundation is also working with commissioners to make the offer more equitable.

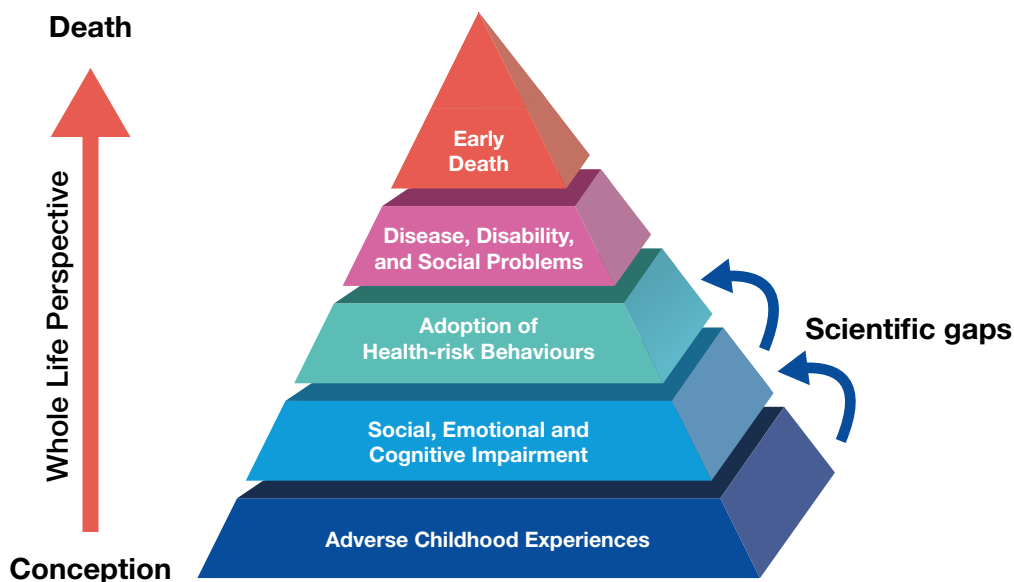


Priority 5: Meeting the needs of those most vulnerable to the worst health outcomes

Why this matters?

Some residents are at considerably greater risk of poor physical and mental health than others. These can include people who experience homelessness, people with profound disabilities, people who have suffered adverse childhood experiences, sex workers, people without recourse to public funds, and people who misuse substances. They can be particularly vulnerable to abuse and neglect. Some will also have experienced trauma, neglect, poverty, family breakdown and disrupted education as children. This can lead to loneliness, isolation, unemployment, poverty and mental ill-health as adults, all of which are considerably worse for those in the overlapping populations. Furthermore, people who experience a combination of problems can find that they fall through the system and gaps in services.

Figure 63: ACE Pyramid



Source:

People who have suffered adverse childhood experiences (ACE's), such as domestic violence, divorce, abuse, homelessness, neglect or growing up in a household with alcohol and drug use problems, are more likely to be vulnerable to risky behaviours such as substance misuse, domestic violence and sexual violence, poor sexual health and gambling. They are also more likely to experience homelessness and rough sleeping which in turn perpetuates and increases their level of vulnerability and poor health and wellbeing. The Adverse Childhood Experiences Pyramid (see



Figure 63) shows the link between ACE and various risk factors for disease and poor quality life through the lifespan.⁵⁷

The focus of this priority is to better understand those who are vulnerable to the very worst health outcomes and work with partners in our communities to target strong preventative measures and provide holistic support to improve their physical and mental health outcomes.

Focusing on the social determinants of health is central to a number of national, London wide and local strategies including the Ottawa declaration of health, the Mayor of London's Health Inequality Strategy and the Newham Corporate Plan. Other partner organisations, in particular the NHS with the Long Term Plan, have placed prevention of illness, the management of long-term conditions and personalisation of care at the heart of their work.

Both urban and deprived areas have specific socio-economic and environmental (physical) contexts which influence health-related behaviours and bring major health challenges. For example, noisy and stressful urban environments, dilapidated buildings that isolate residents, poor employment.

Strategic Context

Actions to support the most vulnerable to poor health are set out in the Mayor of London Health Inequalities Strategy 2018-2020 and the emerging 'Our Vision for London' which sets out the next steps to becoming the healthiest global city. Most services in Newham which address health risk behaviours, are supported via a well-established partnership board, strategy and/or action plan. Examples include the Domestic and Sexual Violence Strategy, Alcohol Delivery Plan, Sexual Health Strategy, Violence against Women and Girls plan, and the Homelessness and Rough Sleeping Strategy.

Case Study

The NewDAy Programme is domestic abuse innovation programme. Set up by Newham Children's Services and funded through the Department of Education innovation programme, NewDAy has been operational since September 2017. The service comprises of Family Systemic Psychotherapists, Systemically trained domestic abuse workers and social workers, and Advisory teachers.

NewDAy uses therapeutically informed practice to work with the whole family, including those that have been abused and the users of abuse. In just under two and half years NewDAy has worked with over 300 children and 100 sets of parents, through a range of short and long term interventions. The children and young people in the family can also be supported through their education as part of the programme, including support with attainment, attendance, peer relationships and emotional wellbeing. Unfortunately, NewDAy is finishing. The impact it has had in Newham underlines the importance of embedding programmes like this into the fabric of service provision.



The Newham Context of Need

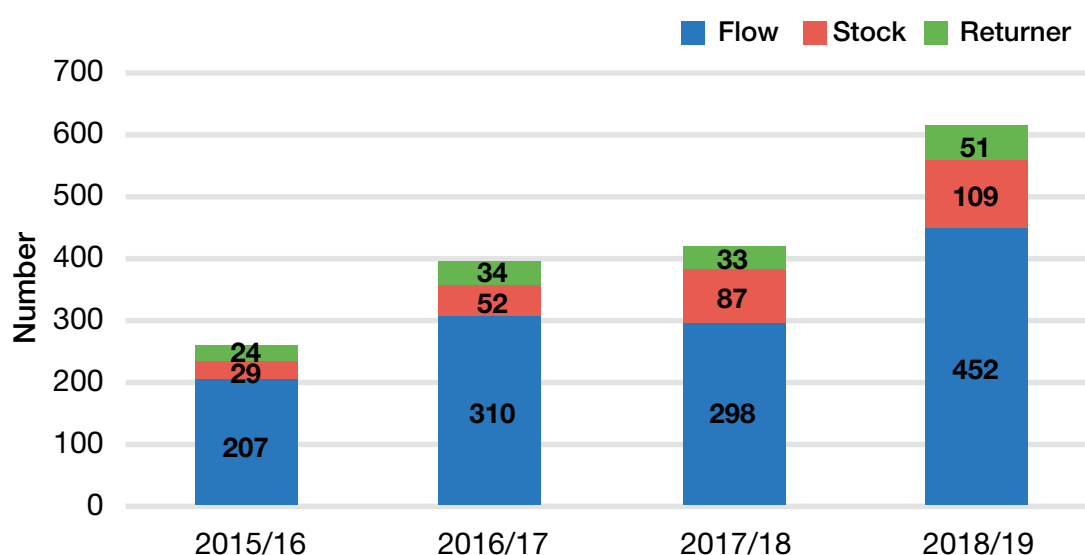
There are a number of factors that contribute to certain residents experiencing some of the worst health outcomes:

1. Homelessness

Homeless people or those who are housed in unsafe or overcrowded housing are especially vulnerable to poor physical and mental health outcomes. Homelessness and poor housing is a significant challenge in Newham. Newham has the third highest level of rough sleeping in London and since 2015/16, the number of new rough sleepers has substantially increased (see Figure 64). In addition, there are 27,000 residents on the Housing List and 4931 children and young people are living in temporary accommodation.⁵⁸

There are high levels of poor mental health, alcohol and drug needs in this population.⁵⁹

Figure 64: Rough sleepers in Newham



- Flow:** People who had never been seen rough sleeping prior to that year (i.e. new rough sleepers)
- Stock:** People who were also seen rough sleeping in that year (i.e. those seen across a minimum of two consecutive years)
- Returner:** People who were first seen rough sleeping prior to that year, but were not seen during the year (i.e. those who have had a gap in their rough sleeping histories)

Source: CHAIN

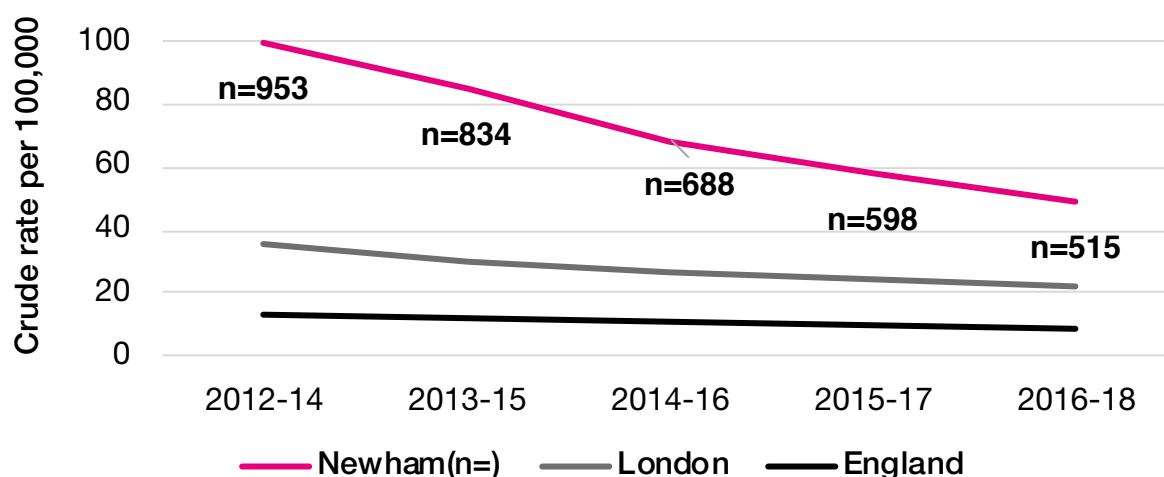
2. Communicable diseases and STIs

Poor quality housing is a risk factor for communicable diseases such as Tuberculosis (TB). TB can also be highest in populations who have spent time in a country with high TB rates, have a weakened immune system, or have alcohol and substance misuse. Newham has made significant



reductions in the levels of Tuberculosis over the last 4 years (see Figure 65). However, the rates in communities are still the highest in London and in England with clusters linked to the rough sleeping population and those living in overcrowded shared accommodation. New HIV diagnosis are higher in the borough compared to London and national averages with certain communities particularly at risk. However, the rates (per 100,000) have fallen from 53.2 in 2014 to 27.8 in 2018.⁶⁰ Newham has a consistently (year on year) high number of new STI diagnosis (exc Chlamydia). In 2018, there were 1377 new diagnosis per 100,000 in Newham which was lower than London region but higher than England. Left untreated, STI's can cause serious, life limiting complications. Hepatitis C virus is an important cause of hepatitis (inflammation of the liver). Injecting drug users are most vulnerable to Hep C infection. In 2018, an estimated 63% of people in London who inject drugs had been infected with Hepatitis C at some point.⁶¹ The stigmatisation of people with STIs and communicable diseases can lead to challenges in infection and disease management. Disease control and prevention requires that efforts address factors which facilitate transmission (such as poor housing, drug abuse etc.).

Figure 65: TB incidence (3 year average)



Source: Fingertips, PHE

3. Violence

Experiencing domestic violence, is associated with poor health outcomes and health risk behaviours. Levels of domestic violence in Newham are similar to the London average with a reported annual rate of 32 cases per 1000.⁶² However, there are concerns about hidden domestic violence and a need to increase awareness which can result in the number of reported cases increasing. Whilst we do not have Newham specific data of the number of children who live with domestic abuse, studies indicate that around 1 in 5 children are estimated to have been exposed to domestic abuse and domestic abuse is a factor in over half of serious case reviews.⁶³ In Newham this could mean 5090 children may have been exposed to domestic abuse between adults in the home. There is considerable evidence that witnessing domestic violence can have adverse longer term health consequences for children.

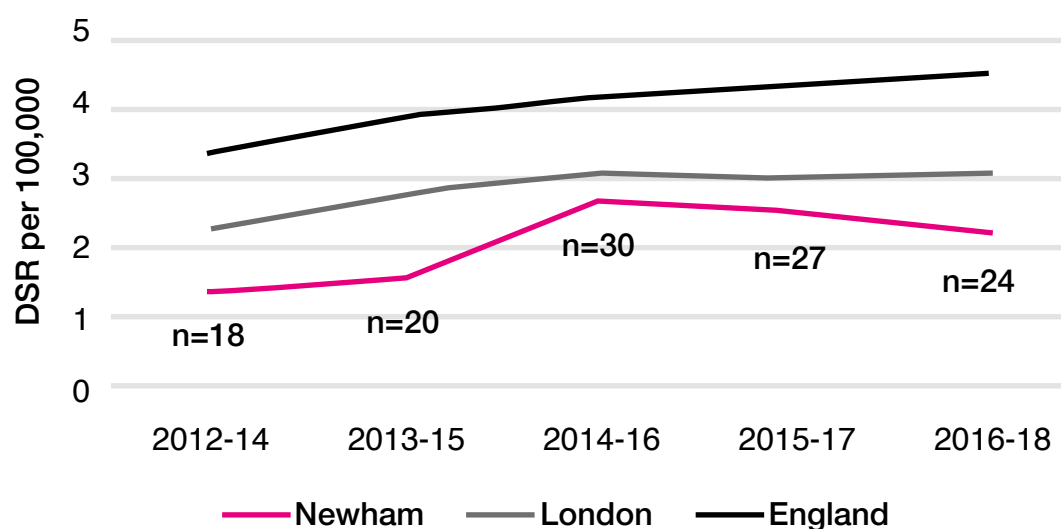


4. Addictions

Genetics, certain brain characteristics, factors such as stress and depression, as well as exposure to abuse or trauma, and starting alcohol, nicotine or drug use at a young age are all risk factors for alcohol and drug addiction.⁶⁴ People with drug and alcohol addiction are particularly vulnerable to poor health outcomes especially if they also experience other adverse experiences such as abuse or trauma.

Drug misuse is a significant cause of premature mortality in the UK. Drugs are the third highest cause of death among 15-49 year olds in England (GBD survey 2013). Deaths from drug misuse (all ages) in Newham have reduced in the last few years and are lower than London and England (see Figure 66). Alcohol consumption is a contributing factor to hospital admissions and deaths from a wide range of conditions. In Newham, admissions episodes for alcohol specific conditions were higher than London and England in 2018/19 (see Figure 67). In recent years, the number of residents in Newham successfully completing alcohol treatment has increased. Gambling is also a public health issue. Although little is known about the levels of gambling in Newham, anecdotal information from the money works service suggests that this is a hidden concern which exacerbates level of debt and poverty. Gambling can also have a negative impact on physical and mental health outcomes for the gambler as well as their family.

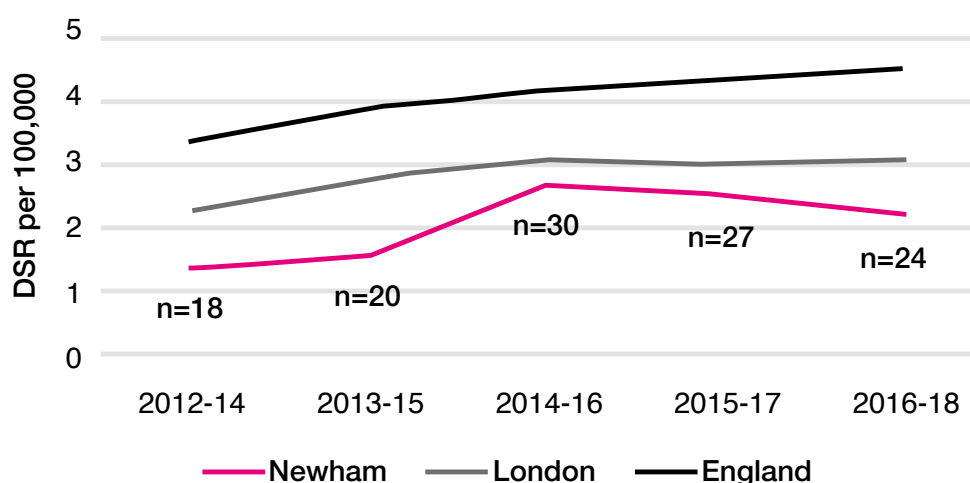
Figure 66: Deaths from drug misuse (all ages)



Source: ONS via Fingertips, PHE



Figure 67: Admission episodes for alcohol-specific conditions (all ages)



Source: HES and ONS via Fingertips, PHE

Newham's approach / assets

In Newham, services and interventions to support residents who are vulnerable to the very worst health outcomes are commissioned individually and are delivered through well-established partnerships such as the Community Safety Partnership. These partnerships consider a whole person approach with a clear emphasis on identifying and tackling factors which link to health risk behaviours.

The service providers are committed and experienced and most services are delivered at different points in communities across Newham, and in some instances services are targeted to meet needs, and have been adapted to ensure those at risk are supported.

The Mayor of Newham and the borough has clearly recognised the need to focus activity at young people to ensure they have the opportunity of the best start in life, and the recommendations of the Youth Safety Board recognised the need to target those who are most vulnerable and at risk.

Gaps and Opportunities

There is a real opportunity to work across a number of existing partnerships, to target strong preventative measures as early as possible, and reduce the risk of negative health behaviours and improve the health outcomes of our most vulnerable residents.

In order to deliver appropriate interventions for vulnerable residents, it is essential that we collect data to better understand these population groups, including barriers to take up and access to health care services. Data can also be collected and used to help us identify factors which contribute to health risk behaviours among these populations, and take appropriate steps to make early intervention and prevention a priority. For example, there is a gap in knowledge about sex workers in Newham. We need to better understand the population of sex workers in order to identify appropriate strategies to prevent health risk behaviours among this group and improve health outcomes.



We also need to improve our knowledge of certain health risk behaviours such as gambling, including local and online activity, as well as the adverse impact gambling has on gamblers and their families. Further, we have an opportunity to build on programmes which encourage healthy relationships and safe sexual practice, targeting the most vulnerable groups. Some negative actions are embedded in deep rooted social norms and there is evidence of multigenerational patterns of behaviours. There is an opportunity to raise awareness and understanding of the impact of Adverse Childhood Experiences (ACE's) and trauma responses and incorporate this into developing approaches to prevent and mitigate the negative impact of such experiences and build resilience in families, young people and wider communities.

Recognising the wider determinants of health and risk factors faced by some residents and the impact on their levels of mental health and wellbeing gives a real opportunity to target preventative interventions such as Well Newham.



Priority 6: Creating a healthier food environments

Why this matters?

You can't outrun your diet. Our investment in a more active borough to tackle obesity and other health challenges can only be effective if we also succeed in having an impact on what and how our citizens eat.

Pioneers in tackling obesity, most notably Amsterdam, have demonstrated that cities can address the food and drink environment and reverse a five decade trend of ever more foods high in fats, salts and sugars on our high streets and ultimately in our stomachs.

In Newham we can support our citizens to be more aware, when engaging with the food and drink landscape so that the choices they make are informed and empowered. Simultaneously we must work to increase the affordability and accessibility of good food, working to shape a food and drink landscape where it is easier and more intuitive to eat well, than to eat badly.

The Eat Lancet Commission outlines in detail the food we need for healthy people on a sustainable planet and how those two needs are synergistic. The planetary health diet is flexible and recommends intake levels of various food groups that we can adapt to our local geography, culinary traditions and personal preferences.

Breaking down the issue further.

As we look forward to the Newham specific food and drink we need for a healthy and sustainable future we have two key definitions that guide our work: The London Food Strategy definition of good food and the Eat-Lancet planetary health diet (see Figures 68 and 69)

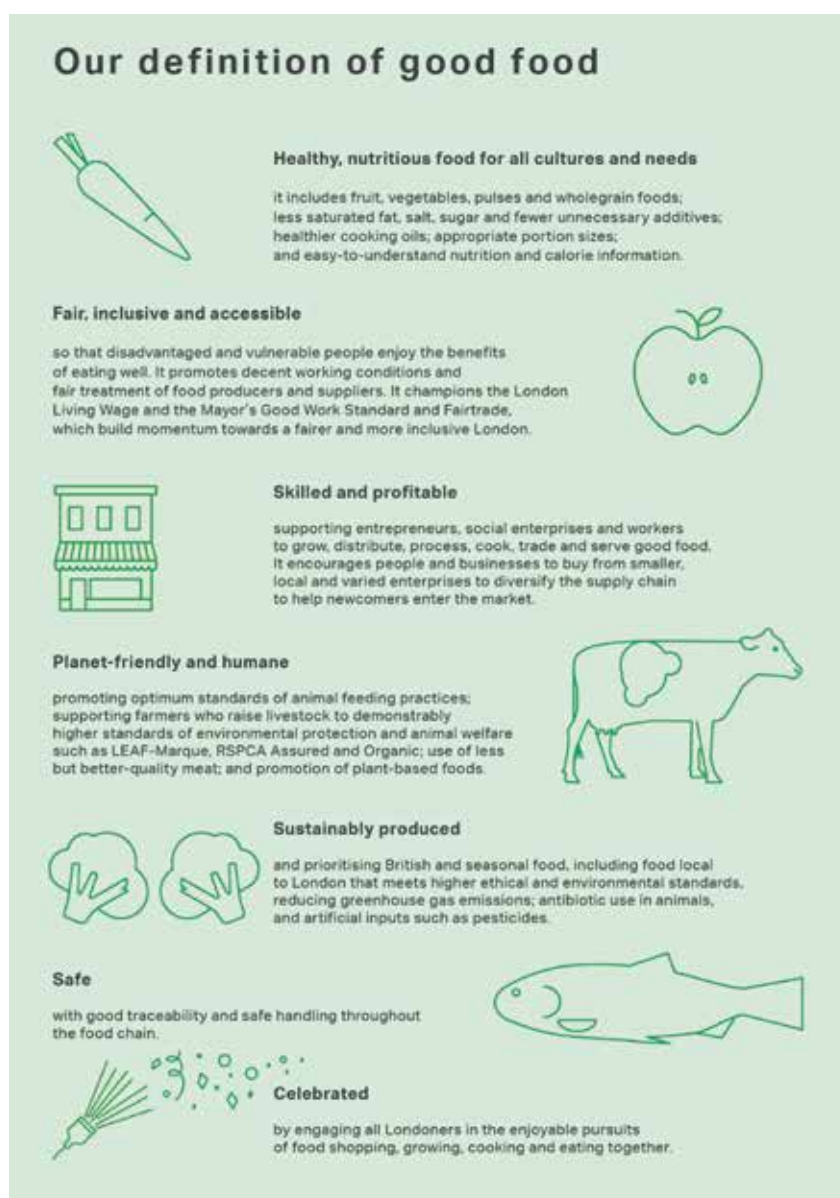
Figure 68: The Eat-Lancet planetary health diet



The Eat Lancet Commission outlines in detail the food we need for healthy people on a sustainable planet and how those two needs are synergistic. The planetary health diet is flexible and recommends intake levels of various food groups that we can adapt to our local geography, culinary traditions and personal preferences.



Figure 69: Our definition of good food, The London Food Strategy



Reshaping the environment and how our citizens interact with it will require a holistic approach. To maximise successful outcomes we must engage with the entire lifecycle of the food we eat.

This begins with a focus on the importance of food growing for urban communities, particularly amongst our youngest citizens. Key is to nurture a borough that knows where good food comes from and is excited to see it on their plates!

Attracting good food producers into the borough is a potential source of jobs but also, from a landscape changing perspective, a source of locally anchored knowledge and empowerment. The best food producers deliver to their 'front facing' wholesale customers not just food and drink but also the skills, training, knowledge and empowerment their customer facing teams need to engage the public in making good food and drink choices.

By taking our work upstream to wholesalers we can shape the flow of what our citizens see on our high streets.



Through implementation of a Good Food Retail & Service Plan local authority and NHS partners have the opportunity to take action on the sites they control; the ability to influence other partners across the public, community and VCS sector, outlining that good food retail and service matters even where it is not a primary function; and in the external landscape to utilise all planning and legal avenues to prevent any further whilst working innovatively with retailers to develop their

Food in schools is an opportunity to utilise existing assets to make sure that our young people are getting the food they need for study today and also for us to inculcate our youngest citizens in a whole school good food culture that will nurture them to become independent adults able to make empowered and informed decisions and in turn bring through future generations. A whole school focus on growing through shopping, food preparation and waste can ripple through the enthusiasm of thousands of voices into the homes of parents, carers, grandparents, aunties, uncles to upskill and uplift the whole borough.

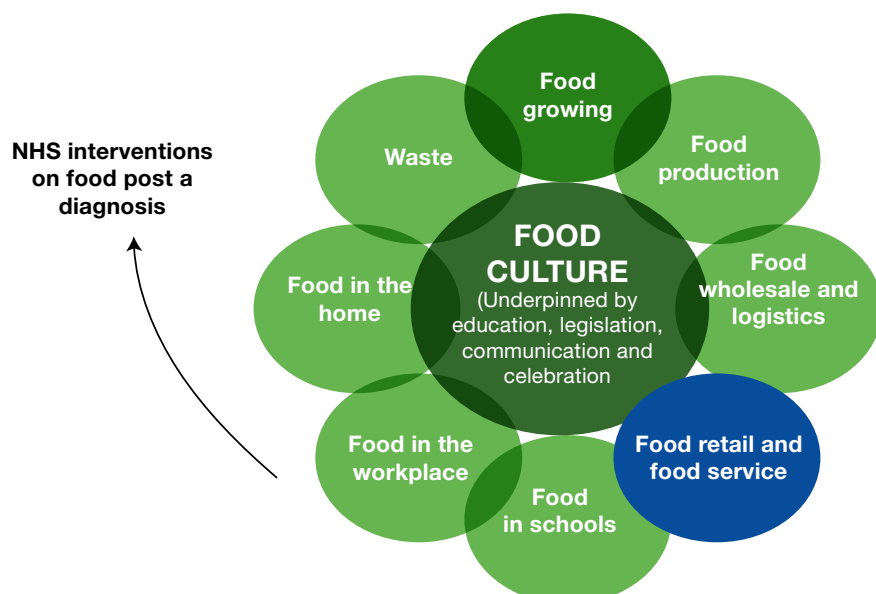
Facilities for eating better in the workplace is an area proven to shape workforce wellness. In addition to food service and retail provision in largest workplaces it is about the facilities on smaller sites that enable workers to prepare healthy food and to eat consciously away from screens, stress and other distractions.

In the home access to the high quality spaces and tools we need to both prepare food and eat consciously. There is a role for local government in the enforcement of existing legislation and in pushing for a rediscovery and redefinition of landmark standards for food spaces in affordable homes.

Full circle we end with a borough that shops not to waste able to buy fresh, little and often, encouraged by a waste system that nudges and notifies residents and with an education system that unleashes the positive power of pester making our youngest citizens the leaders of a call for better eating.

Success ultimately is a robust unbroken circle, forming a deep rooted, socially and institutionally embedded good food culture in Newham, nourishing our citizens as they go about their daily lives.

Figure 70: Food culture





Strategic Context

The food environment connects with priorities in the Newham Corporate Plan 2019. ‘Supporting children and removing barriers to success’ is a call for action on food poverty and food culture in schools. ‘Well-designed neighbourhoods’ means places to live where food is accessible and affordable. ‘An environment for all’ must include focus on an environment that promotes engagement with healthy food and drink. Being ‘an efficient and effective Council’ speaks directly to the need for a co-ordinated and strategic approach to our work, with a healthy food and drink environment driven forwards by a focus on investing public money in ways that are coherent, first Hippocratic but then where we act bold, ambitious and holistic.

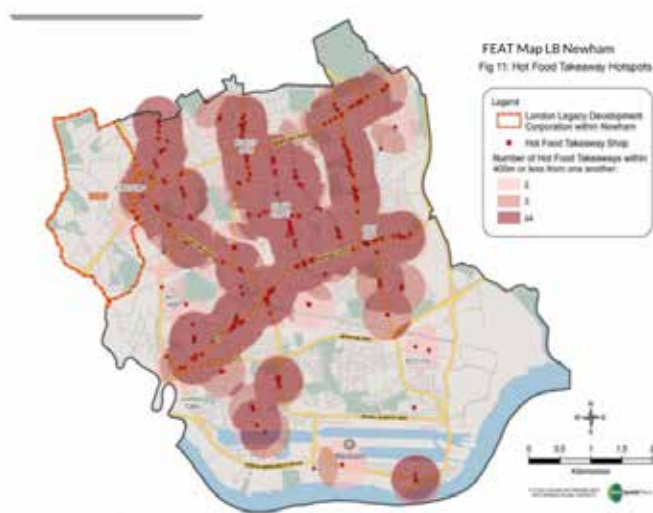
At a regional and national level key strategic drivers include The London Food Strategy, Good Food For London 2019 (Sustain), Beyond The Food Bank 2019 (Sustain), The Local Government Declaration on Sugar Reduction and Healthy Food, Every Child A Healthy Weight (London Obesity Taskforce) and the Eat-Lancet Commission Report 2019.

The Newham context of Need

Whether on our high streets or in publicly controlled spaces, we have a food and drink environment that is in direct contradiction to our broader health and wellbeing goals. Our high streets are full of generic A5 takeaways selling foods High in Fats Salts and Sugar (HFSS). In parts of the borough there are food deserts that leave too many residents without access to affordable, healthy food. You can walk into a Newham leisure centre to find a flagship healthy eating kitchen project sharing space with a row of HFSS vending machines.

It is a landscape where good food is not accessible, either absent completely or crowded out and marginalised. The awareness and empowerment of our citizens is undermined by the blur of advertising and promotion for HFSS and a perception around affordability in some cases accurate and in others misinformation that is hard to shift.

Figure 71: Hot food takeaway hotspots





A snapshot of key data indicates why driving change in our food and drink landscape matters so much. A good diet is vital to many aspects of physical and mental health and child development and Newham's nutrition related poor health challenges are stark.

Two-thirds of adults and 43% of children in year 6 are carrying excess weight. Newham has the third highest rates of excess weight in 10-11 year olds in London.

Newham has high rates of nutrition related poor health in children, including low birth weight, decayed, missing and filled teeth and excess weight, compared to other London boroughs.

Figure 72:

| Area | Value | | Lower CI | Upper CI |
|----------------------|-------------|--|-------------|-------------|
| England | 34.3 | | 34.2 | 34.4 |
| London region | 37.7 | | 37.4 | 38.0 |
| Barking and Dagenham | 44.5 | | 42.8 | 46.2 |
| Brent | 43.4 | | 41.7 | 44.9 |
| Newham | 43.2 | | 41.8 | 44.7 |
| Tower Hamlets | 42.1 | | 40.3 | 43.9 |
| Enfield | 41.1 | | 39.6 | 42.6 |
| Waltham Forest | 40.4 | | 38.7 | 42.2 |
| Greenwich | 40.4 | | 38.7 | 42.0 |
| Redbridge | 40.2 | | 38.6 | 41.8 |
| Hackney | 40.2 | | 38.3 | 42.1 |
| Westminster | 40.0 | | 37.2 | 42.8 |
| Southwark | 39.8 | | 38.0 | 41.6 |
| Lambeth | 39.5 | | 37.7 | 41.4 |

Source: Fingertips, PHE

Figure 73:

| Indicator | Period | Newham | | Regional | England | England | | | |
|--|---------|--------------|-------|----------|--------------------|---------|-----------|-------|--------------|
| | | Recent Trend | Count | Value | Value | Value | Worst/Low | Range | Best/Highest |
| Low birth weight of term babies | 2016 | → | 222 | 4.07% | 3.01% | 2.79% | 5.22% | | 1.28% |
| Obese children (4-5 years) | 2017/18 | ↓ | 595 | 12.8% | 10.01% | 9.5% | 14.4% | | 4.9% |
| Obese children (10-11 years) | 2017/18 | ↑ | 1,222 | 27.4% | 23.1% ¹ | 20.1% | 29.7% | | 11.4% |
| Children with one or more decayed, missing or filled teeth | - | - | - | 29.0% | 25.7% | 23.3% | 47.1% | | 12.9% |

Source: Fingertips, PHE

1 in 3 children have tooth decay. 1 in 10 adults have diagnosed diabetes.



Table 3:

| | Newham | London | England |
|--|--------|--------|---------|
| Diagnosed diabetes prevalence | 8.6% | 6.5% | 6.7% |
| Estimated prevalence of diagnosed and undiagnosed diabetes | 10.4% | 8.5% | 8.9% |

Source: *Fingertips*, PHE

Newham's approach / assets

The challenges are only a part of Newham's story. Newham is also full of examples of the very best in food, existing approaches that are ripe for scale and assets to utilise to shape a healthier food and drink landscape.

The council's approach to Community Wealth Building, Climate Now and Health & Well-being, is an opportunity to build a strategic approach to food and drink into everything we do as three are synonymous with the good food agenda.

A diverse VCS sector, who have a track record of working to activate assets and a focus on a Newham Health & Well-being Plan draws in the widest platform of engaged stakeholders and access to assets.

The Community Neighbourhoods model coupled with an active Environmental health team delivering voluntary schemes such as the Healthier Catering Commitment gives us boots on the ground.

We are rich in green spaces that can support food growing. In addition to allotments where uptake is at over 85%, we have a wide variety of meanwhile spaces suitable for food growing in addition to large areas in our parks that could be switched from horticulture to agriculture. Community Neighbourhood's gardening clubs offer an existing platform that can be trained onto food growing.

Our position with easy access to all of London's vast market and communications network make us an attractive choice for good food producers. Our existing assets that require activation and new spaces coming online with regeneration and development are attractive to food producers. We already have examples of the very best choosing our borough as a launchpad for incredible work with Star Lane's Union Coffee are a globally renowned food producer, leaders in both the type of ethical direct trade that many see as the future of food and of consistently excellent retail partnerships.

Our approach to A5 planning refusal has stopped the growth of further takeaway businesses on our high streets. There is scope for pushback and rollback by repeating this approach with pioneering work on advertising standards on our own assets.

We are a borough of well managed historical markets piled high with affordable, high quality fruit and vegetables. This is thanks to an LBN approach thanks to an approach to commercial waste that rewards those buying grade one Veg and punishing those who wholesale at a lower quality. Our commitment to invest in these spaces going forwards makes them key assets in our drive to make good food affordable and accessible to all.



Newham's Good Food Retail Plan is unique amongst London boroughs as a strategic approach to unleashing change on sites we control and influence in addition to building on existing leading work on planning to tackle challenges in the external landscape. Our own Juniper Ventures and the catering teams at Chargeable Lane give us assets that can be deployed to tackle challenges creatively that a short sighted commercial market will not invest in and an approach that uses TECKL awards will enable us to see return on that investment.

LB Newham's own Smart Food Cafe pilot project has brought a strategic approach to food service in libraries that will be active on three sites in 2020. Our leisure and Community Neighbourhood's team have demonstrated how we can asset activate good food retail in parks such as East Ham. Smart Food assets that give 360 degree support to community operators exist and an emerging approach to getting these into the hands of VCS partners.

With schools, Eat For Free's emerging grant conditions for 2020-2021 provide a unique asset to encourage all schools to pursue work on whole school food culture. A lead officer on Healthy Schools Newham is now in place and providing direct support schools will need on this work.

The Well Newham Kitchen at East Ham and creative partnerships with VCS pioneers already active in the borough provides a high capacity base for a range of cook and eat work, with scope to link directly into our leisure assets for an Amsterdam style integrated approach.

Our pioneering approach to achieving compliance in the private rented sector is an asset that can be utilised to train a focus on the quality kitchens and eating spaces in the home.

Newham's emerging work on facilities at Dockside and on other sites is an approach that will enable us to 'show not tell' others how to maximise health, well-being and performance as we drive this forwards.

Our Waste & Recycling Visiting Team are an asset working with our community on the food waste they throw away.

Gaps and opportunities

There is an opportunity to create a low bureaucracy pathway for VCS food growing community partners that allows them to better focus limited resource on the getting spaces into production. In addition there is scope to support whole school food growing sprinkling fertile soil with the expertise and resource growing to get our children digging for climate victory and better health.

For our high streets that are dominated by A5 takeaways with high rotation of ownership alongside many independent and small chain franchise food retail and food service businesses, there is a smaller and more manageable wholesale network into Newham that can be audited in detail and worked with to explore how we change what these small businesses sell to our citizens.

The boroughs work on regeneration and redevelopment will see an extensive programme of homebuilding. There is an opportunity for us to define a kitchen standard in these new build homes, learning the lessons from Parker-Morris in 1961 and the subsequent, to ensure these homes that make eating healthily easy for the citizens of today and tomorrow.



There is scope to introduce specific standards for kitchen compliance in private rented housing (where over 40% of our citizens live), coupled with training that gives our pioneering housing compliance team the tools they need to make kitchens in Newham.

In many homes, and our best businesses, we already have cooking that showcase delicious plant based dishes, drawing on the seasoned techniques of the world's greatest food cultures, and pointing the way on sustainability and health. There is an opportunity to promote this food making the knowledge we have and the food we eat a part of a Newham specific identity that makes the Eat Lancet diet easily and effortlessly digested by all!

The chronic lack of awareness on how much food we are wasting was demonstrated by LBN's successful 2019 food waste collection pilot. There is scope for the 2019 pilot to be scaled up into a movement that drives borough-wide reduction in waste despite the lack of a compostable outcome at the end.

Areas that fall inside PFI, such as waste, within LBN and the NHS represent a challenge for contract management. The opportunity is to work collectively to utilise the expertise to extract what we can from existing contracts and drive the changes that are possible.



Feature Newham Case Study: The Gate Library Cafe

“The objective of the library cafe is to contribute to the delivery of a better, more effective, library experience, one that provides a higher number of longer lasting and better quality user interactions.

The operation should deliver an integrated partnership with the library, that improves the Forest Gate library & neighbourhood experience and aligns with other core goals to improve Newham as a place.”

Damian Atkinson, LBN Community Neighbourhoods Commissioning, LB Newham, 2016 prior to project

Recognising in 2016 that a third party café operator's commercial needs were making their outputs and the final outcome incompatible with the best possible library at The Gate, Community Neighbourhoods Senior Leadership engaged a sustainable and community food expert to design an operating model focused on getting the best possible outcome for the centre.

An initial research project highlighted that third party café operators were failing to deliver in public libraries across the UK. High levels of business failure were symptomatic of the particular challenges of operating inside public libraries. The loss of control by libraries of the offer in the cafes inside their buildings was leading to foods high in fats, salts and sugars being directly marketed to library users.

The Smart Café at The Gate model was designed and developed by Newham with industry expertise around a set of core principles and a clear set of KPIs. Everything was focused on the strategic need to make a healthy food and drink an integral part of a library environment and for the cafe to be integral to the libraries core functions of delivering literacy, active minds and active bodies.

Now an evolved model the long term operation of café sites in libraries across the borough has been secured on a basis that is cost neutral to LB Newham, through a partnership with Newham College and local VCS partner Ellingham Employment Services. In addition to the continued delivery of a healthy food and drink offer at The gate an additional two pop up cafes will bring the same offer to other sites at Canning Town and East Ham.

About

THE OPEN GATE SMART CAFE THURSDAY, AUGUST 1, 2016

The team who run The Open Gate Smart Cafe work closely with the Community Neighbourhood Team here at The Gate.

Everything we do is designed to make your local Community Neighbourhood Centre a better, easier to use and more fun place to visit. The centre promotes literacy, active minds and active bodies. We are here to help support good study and fuel those active minds and bodies for well-being and success.

Come to The Gate and you will find in our Smart Cafe:

- Locally roasted speciality coffee and single origin hot chocolate from Union Coffee of Star Lane, Newham. It's high-quality coffee that is naturally sweet and juicy. Most people find they don't need to add sugar (even if they usually do!)
- Fairtrade tea & choice of fresh infusions.
- Non-dairy milk choices of organic almond 'milk' and oat 'milk'.
- Healthy vegetarian hot meals - always including a choice of jacket potatoes, hot vegetarian breakfasts made with free range eggs, a range of soups and chickpea dahl. All our meals contain at least one of your five-a-day!
- Delicious made to order open sandwiches, each with never less than at least one of your five-a-day. Brain-boosting snacks that aid study.
- A choice of 'Smart Snacks' with no added sugar or sweeteners that are one of your five a day.
- A pester power free environment. All our snacks are displayed only where only grown-ups can see them and our walls and tables are free from advertising. (Warning! Children's books are prominently displayed so you may be 'perstered' for these ... but that's what the coffee is for!)
- Sugar Smart Drinks - all our drinks contain no added sugar or sweeteners, each one contains enough fruit or veg to be at least one of your five a day.
- We have signed the Sustainable Fish Cities pledge. When we use fish it is always MSC certified.
- Free water refills. We are a refill station - bring your bottles! And look out for other refill stations in Newham!
- Discounts for card-carrying library members. Not a library member but bring your own coffee cup? You get member prices!
- Rewards for young readers (and the parents who bring them) with our Gingerbread Reading Rewards Scheme. Learn more about how our scheme works here!
- Fruitful Thursday where the first 20 (or so) young people to arrive after school to take out a book get a free fruit salad!
- A constantly changing gallery of local art from residents both famous and up and coming. For younger artists, we have colouring-in sheets.
- Newham's Cook's Choice Cookbook Collection!
- A place to study, read, meet friends and gather as a community before or after an activity or just for a 'cuppa'. All welcome!



Priority 7: Supporting active travel and improved air quality

Why this matters?

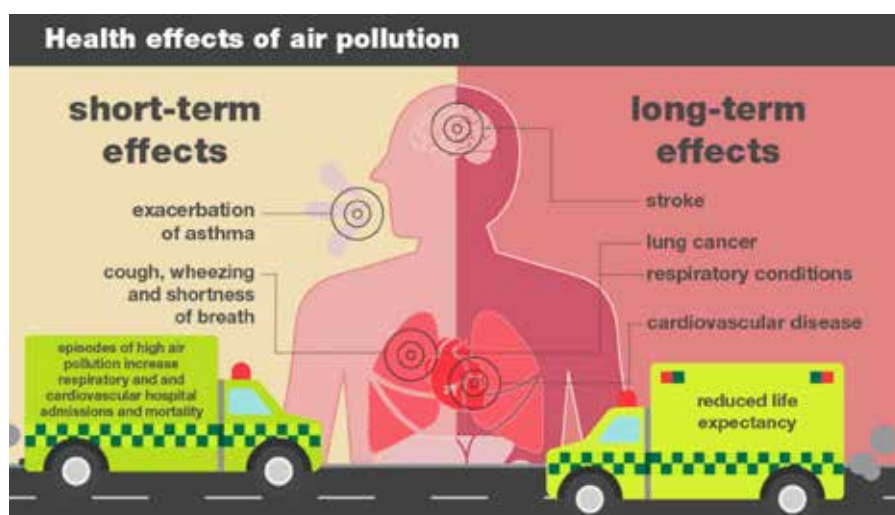
Improving the environment of our streets, parks and open spaces in Newham and working together to encourage more active travel is critical to improving health and wellbeing across our communities. Residents and those who work in the borough are more likely to walk or cycle if the local environment feels cleaner, safer and more welcoming.

Newham has the highest levels of poor air quality in London, and also one of the lowest levels of active residents. There are significantly high levels of ill health which can be attributed to poor air quality (see Figure 74) and inactivity, and there are particular inequalities evident in some communities and also amongst those who are most vulnerable including young children and the elderly.

The pollutants most widely referred to in the literature are:

- Particulate matter (split into 2 sizes: PM2.5 & PM10)
- Nitrogen dioxide (NO₂)
- Sulphur dioxide (SO₂)
- Ozone
- Carbon Monoxide (CO)

Figure 74: Health Effects of Air Pollution. Public Health England



Source: Public Health England November 2018 Health Matters: Air Pollution



Increasing the level of active travel is not only an opportunity to reduce levels of air pollution, it is also a great way of improving people's health and wellbeing. The easiest way for most Newham residents to stay active is by walking or cycling as part of their daily travel. Two 10-minute periods of brisk walking or cycling a day is enough to get the level of physical activity recommended to avoid the greatest health risks associated with inactivity. Newham has a relatively low proportion of people achieving the total of 20 minutes of active travel a day with only 36% of residents reporting achieving the target (London average – 39%) and therefore improving this activity will see noticeable improvements in the health through improved mental wellbeing and a reduced risk of chronic illnesses including obesity, asthma, type 2 diabetes and cardiovascular disease.

Strategic Context

Improving Air Quality in the City and increasing the level of active travel amongst Londoners is a major priority of the London Mayor and Transport for London.

Locally the Mayor of Newham has put in place a 'Climate Now' Task Force which includes the commitment to improving air quality locally and supporting residents to improve their health and choose more sustainable travel options. In 2019 the Council agreed a borough wide Air Quality Action and the new Local Implementation Plan relating to local infrastructure is underway. Our ambition to encourage more active travel is firmly linked to our priority to improve levels of activity in the borough.

The Newham Context of Need

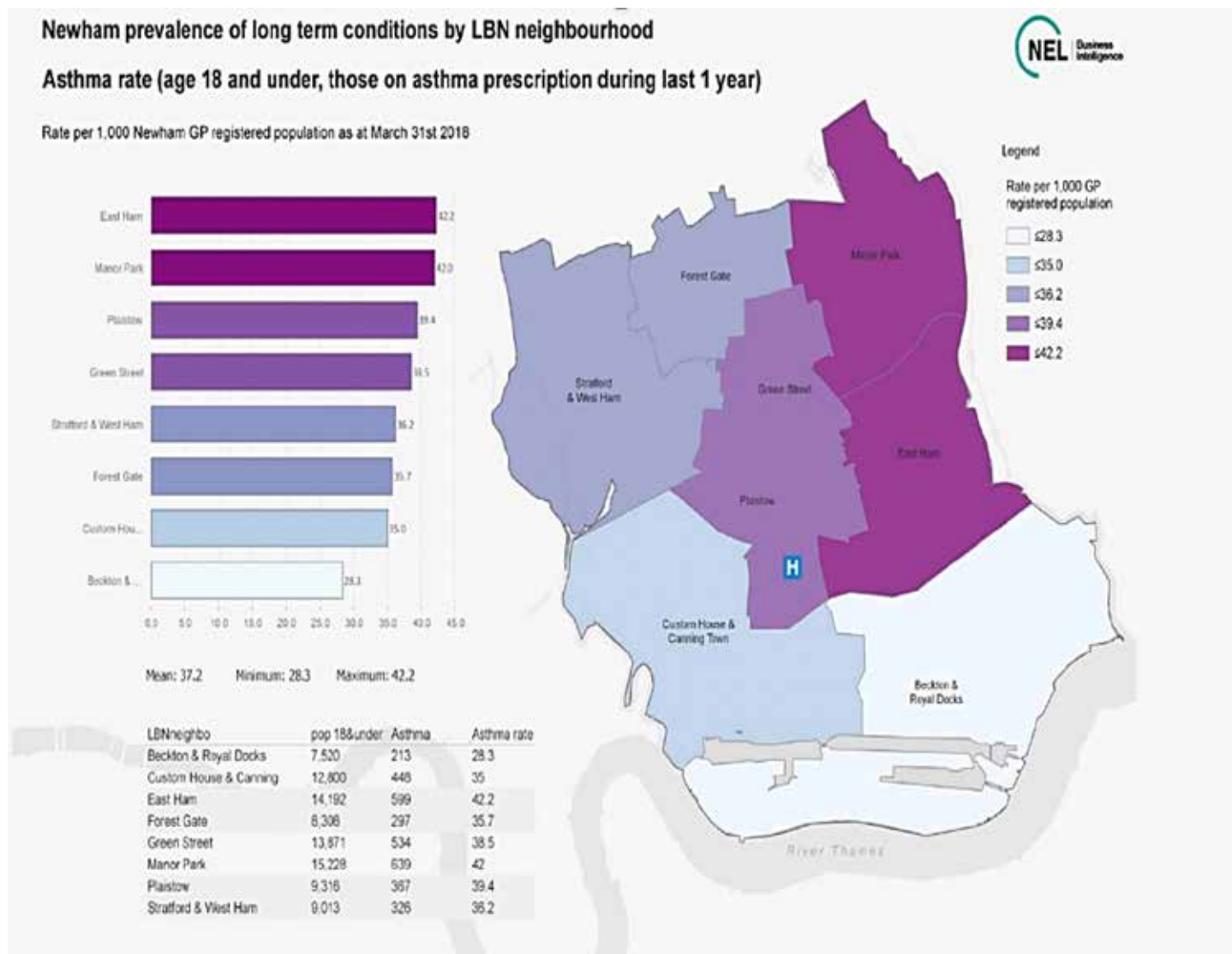
Air pollution and health

Particulate Matter (PM) and NO₂ are generally seen as the most dangerous forms of air pollution due to their high concentrations and the negative health impacts they create. Newham residents are exposed to higher levels of air pollution than in any other London borough causing the highest rates of death and the fourth highest level of child asthma admissions. Newham has identified cardiovascular disease, cancers and respiratory disorders as priorities. All of these conditions can be exacerbated by poor air quality.

Poor air quality can especially effect the most vulnerable including children, the elderly, pregnant women and those with existing heart and lung conditions. Children walking to school along busy roads are especially vulnerable to air pollution. Figure 75 shows the rates of asthma among children in the borough. Poor air quality can trigger asthma symptoms.



Figure 75: Asthma rates in Newham



Sources of air pollution

The major sources of pollution in Newham are road transport, of which diesel vehicles are most polluting. Across London, diesel vehicles emit about 40 per cent of the capital’s total Nitrogen Oxide emissions and a similar proportion for PM10. High levels of air pollution (particularly Nitrogen Oxide) are found in the town centres of Stratford, East Ham, Forest Gate and Canning Town, and roads dominated by through traffic such as the A13, A12 and A406.

Different areas in the borough that fail the national compliance levels for air quality. Figure 76 shows that NO2 concentrations are exceeding the national air quality objective for the protection of human health (40ug/m3) in the locality of all major roads in the borough.⁶⁵

There is a strong link between the high levels of air pollution in the borough and the numbers of residents who chose to walk or cycle rather than use the car. Data from Transport for London (TFL) indicates that Newham has a well above the London average proportion of residents reporting they are likely to cycle more or begin cycling. There are also some routes in Newham with very



high potential cycle demand creating opportunity for future routes. More broadly, levels of physical activity through walking and cycling and general physical activity levels are well below the London average in Newham.

Newham's approach / assets

There are already a number of different activities underway to improve air quality and increase the level of active travel amongst those who live and work in Newham, and increase the use of our parks and open spaces in the borough. These are set out in the recently approved air quality action plan, the infrastructure local implementation plan and also a strategy for improving parks and open spaces is underway.

Improving the local environment and increasing walking and cycling as a priority was also identified in many of our neighbourhoods through the citizen's assemblies in autumn 2018, and also as part of the consultation relating to Newham's Air Quality Action Plan. There are many improvements planned in neighbourhoods that will support the people to shift to active travel including public realm enhancement schemes, greening programmes and cycle parking provision.

Newham has recognised the need to focus activity at schools and particularly to influence young people. There are many schools in the borough and some initiatives already in place that will support this area including, healthy school streets, school travel planning, the healthy schools programme, school air quality audits and targeted road safety campaigns and events.

Case Study

The Council has recently introduced 'School Streets' in some of the more polluted areas of the borough to introduce a trial soft road closure scheme to restrict traffic outside selected schools.



Gaps and Opportunities

There is a real opportunity to work across a number of different partnerships to maximise the impact in Newham on air quality and active travel. Activity is underway to improve the health and pollution data which will help focus and target areas of the borough to build on local knowledge and support, and air pollution monitors have been put in place in all schools.

Newham is clearly a borough where a number of car journeys could be replaced with either walking or cycling so there is chance to focus on these areas and work with partners such as transport for London to develop behaviour change programmes supported by infrastructure changes. There is a need to work closely with all communities to understand any cultural barriers or challenges.



The intention is to lead by example as an organisation, and take action around supporting active travel bringing these activities into a wellbeing at work approach. This also then underpins working with Businesses and other major employers on active travel planning and improving the health and wellbeing of their employees.

Finally the refresh of the Local Plan and challenging developers to build healthy environments that encourage active travel and reduce the use of cars is a huge opportunity to reduce pollution levels and improve health.



Priority 8: Creating an active borough

Why this matters?

Newham is thriving - more jobs, more visitors and more opportunities, reflecting the long term efforts of the Council to bring investment into the borough. However, as Newham continues to prosper we need to ensure that residents continue to have opportunities to be physically active and lead a healthy lifestyle.

In our borough people die younger, are more likely to suffer poor mental and are more likely to die from diseases such as cancer and CVD. Evidence suggests a link between the inactivity of residents and levels of local deprivation with the highest areas of deprivation almost 10 per cent more physically inactive than lowest deprivation areas.⁶⁷ In addition, the perception that there is a lack of safe, green spaces as well as an ageing portfolio of leisure facilities around the borough, contribute to low participation in physical activity and creates a tipping point to poor health outcomes such as obesity and can affect your mental wellbeing.

Living an active lifestyle is an integral part of staying healthy and its contribution to an individual's overall health and wellbeing is well understood. Not only does it reduce the risk of heart disease, diabetes and stroke, but it has also been linked to improving an individual's mental wellbeing. Being active, brings people in the community together, and encourages social interaction and sense of belonging in the community.

Despite a substantial free activity offer and some improvements to our sporting infrastructure in recent years, participation in sport and physical activity levels in Newham remain among the lowest in England. The borough is also set to be the second fastest growing borough in London over the next 10 years, with an increase in population of approximately a quarter by 2029.

Breaking down the issue further, how do we think about key aspects?

There are many factors that impact an individual's ability to participate in leisure and sport activities which range from the environmental and built environment to individual lifestyle factors. This requires services from across the local authority as well as wider partners, including the voluntary and community sector (VCS) to work together strategically to identify opportunities that support residents to both become and remain physically active, utilising our existing assets.

Physical activity guidelines for under 5s state infants (less than 1 year) should be physically active several times every day in a variety of ways, including floor-based activity e.g. crawling. Toddlers (1-2 years) should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day; more is better (see Figure 76).



Pre-schoolers should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play. Again, more is better; the 180 minutes should include at least 60 minutes of Moderate to Vigorous Physical Activity (MVPA). (see Figure 77)

In September 2019, the recommended activity levels for children and young people were updated. Children and young people, aged 5-18 years old must now undertake 60+ minutes or more daily activity across the week. This effectively means they need to do 420 minutes or more a week.

Figure 76: Physical activity for early years

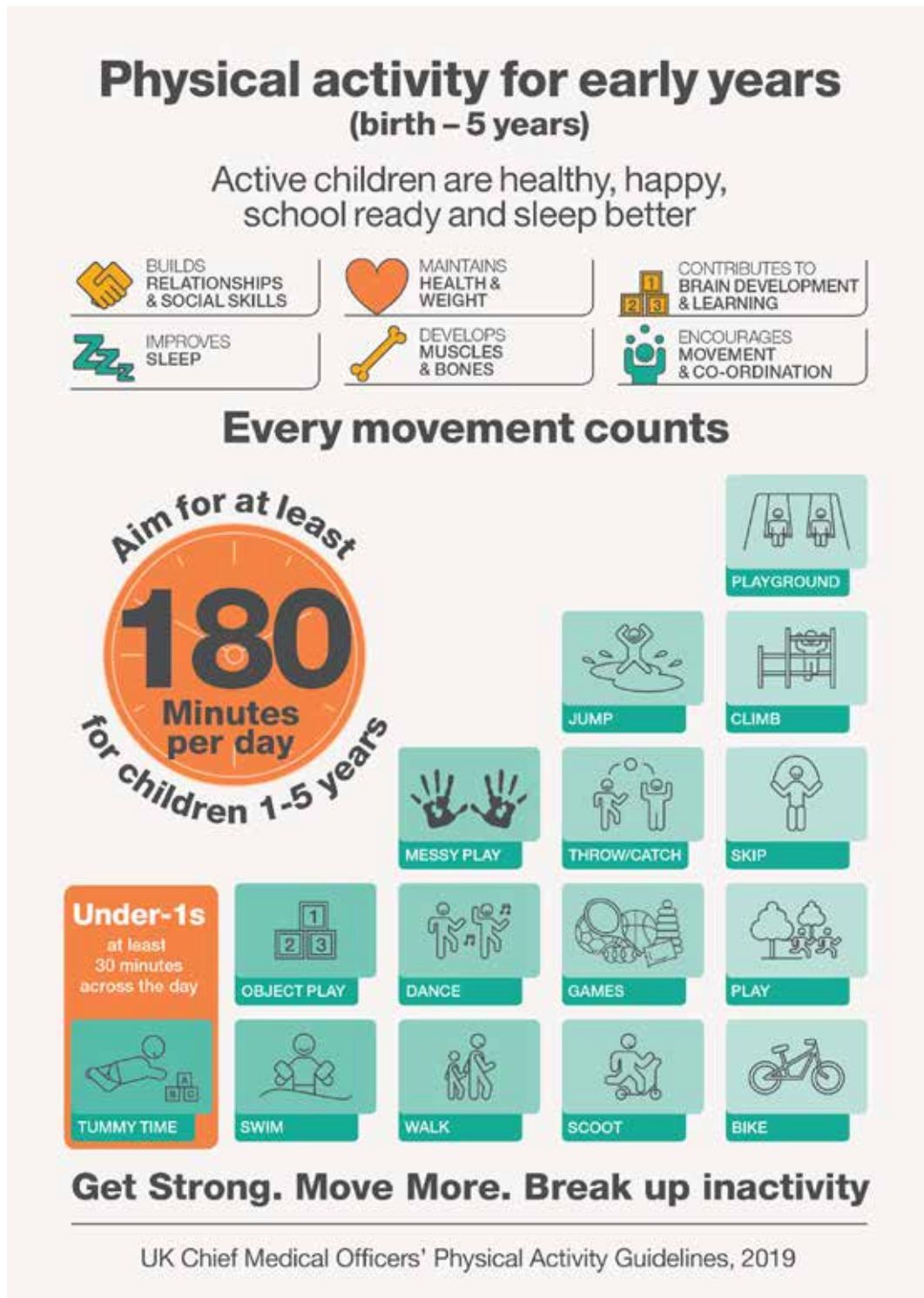




Figure 77: Physical activity for children and young people (5-18 years)



Government guidelines recommend that adults should aim to be active daily. Each week, adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity. All adults should minimise the amount of time spent being sedentary for extended periods⁶⁸.



Strategic Context

The Council plays a vital strategic role in supporting a physically active community; through maintaining our public parks and open spaces, providing sports facilities (indoor and outdoor) and supporting local clubs as well as providing a range of commissioned community sports and physical activity programmes.

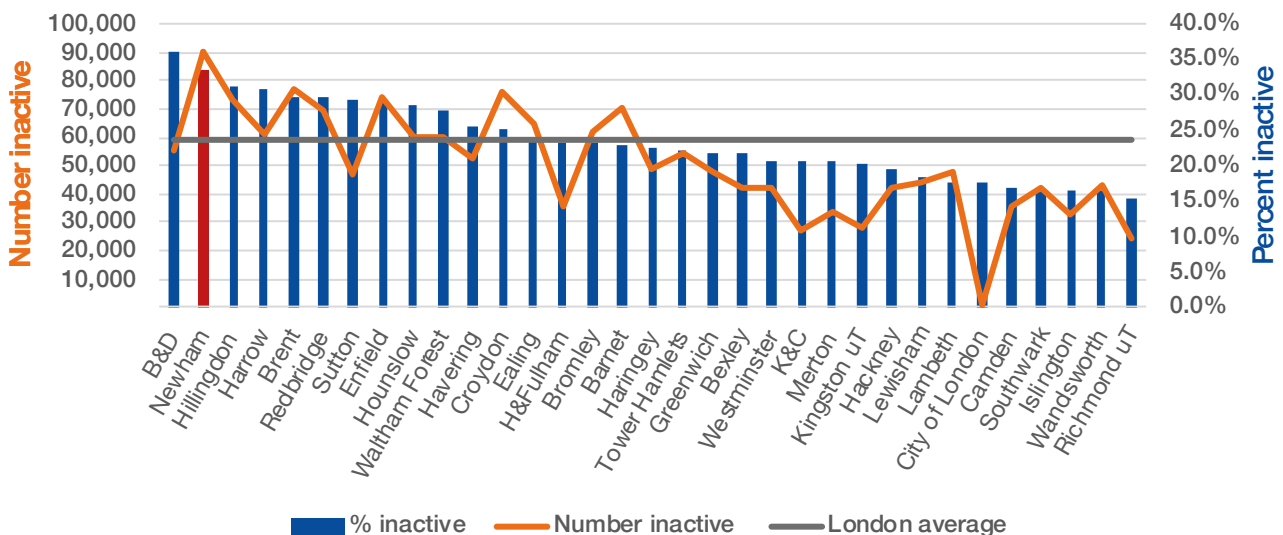
The recent Newham Corporate Plan highlights ‘an environment for all – an attractive borough which encourages active lifestyles, social integration and civic responsibility’, as a key priority to deliver the Council’s ambitions in supporting the health of our residents.

The emerging Leisure and Sport Strategy enables a comprehensive review to be undertaken, looking at the needs of our residents, now and in the future, working with residents to break down the barriers to participation in physical activity and working with our wide ranging local partners to deliver a truly high quality leisure offer.

The Newham context of Need

Newham is a young population, with a higher proportion of 0-15 and a larger 16-64 aged population than London and nationally but a smaller 65+ population. 33.4% (90,300) of the population aged 16+ area classified as inactive. This is above the London average of 23.5% inactive. And inactivity levels have increased since 2016/17 from 26.1% in 2016/17 to 33.4% in 2017/18⁶⁹ (see Figure 78).

Figure 78: Inactive adults doing less than 30 minutes of exercise a week, 2017/18



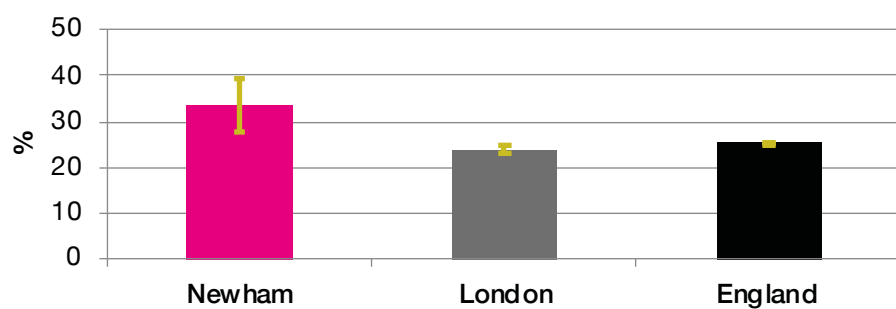
Source: Active Lives, Sport England

Newham is diverse and is expected to be the second fastest growing borough in London over the next 10 years, with an increase in population of approximately 84,188⁷⁰ by 2030.

According to the London Sport Borough Survey in 2017 (based on Sport England Active Lives survey data) more than 30% of all adults in Newham do not do enough physical activity to maintain a healthy lifestyle and are classified as inactive (less than 30 mins of moderate physical activity per week)⁷¹.



Figure 79: Sport and physical activity levels; inactive adults 16+ - 2017/18



Source: Sport England

Participation in sport or physical activity at least twice in the last 28 days is also lower in Newham (68% v 36%) than the London average and this is particularly the case for females (22.3% v 42% males) and the white population (28.2% v 35% BAME communities)⁷².

The propensity to be active declines as age increases with 78% of 16/24 years old undertaking at least 30 minutes of moderate intensity activity in a typical week, dropping to 60% of 65-74 year olds and only 42% of 75+ year olds. One in five (20%) of residents never exercise, increasing to 50% of disabled residents.

Previous data (Liveability Survey 2015)⁷³ suggest activity levels vary considerably by Community Neighbourhood area. Our most active residents are in Forest Gate, (61% undertaking at least 3 sessions of moderate intensity activity per week) and our least active residents are in Stratford & West Ham (only 34% undertaking at least 3 sessions of moderate intensity activity per week and 28% no moderate intensity activity in a typical week. Manor Park residents include 27% who do no moderate intensity activity but 40% are active three times per week, in line with the borough average.

Newham's approach / assets

Newham's core leisure offer is delivered by activeNewham, an independent charity. This includes the management of three leisure centres and one fitness centre, community sports programmes and a volunteering programme. The Council also works in partnership with a number of VCS organisations to deliver sports and physical activity programmes to ensure there is a balanced offer available across the whole borough.

Our range of leisure provision at Atherton, East Ham and Newham Leisure Centres and Manor Park Fitness Centre allow for engagement with large numbers of residents; enabling around 1,753,205 visits in 2018/2019⁷⁴. The importance of community facilities to the activity levels of residents is evidenced by the activity levels of facility users. Those who do not use leisure centres or use them rarely are more than three times as likely to be inactive as those who use them at least once a week (53% vs. 13%).

The unplanned closure of Balaam Leisure Centre in December 2018 resulted in a decrease in the number of visits, 1,198,041 in 2019/2020 year to date. This unplanned closure, alongside the



remainder of our ageing leisure centres and continued dilapidation, with the exception of Atherton Leisure Centre, means that upgrades to these facilities is required in order to provide a high quality leisure offer for our residents. In addition to the facilities offered by the council, there is also a growing number of private gyms offering competitive membership to members of the public.

Green space covers 13.1% of Newham compared with 39% for London as a whole. There are 25 public parks and numerous green spaces totalling approximately 396 hectares of publicly accessible green space in Newham. The borough is responsible for the management of 22 of those public parks and around 50 green spaces and amenity areas; a total landholding of 164 hectares. In addition, there are several other public parks in the borough including West Ham Park managed by the City of London, Queen Elizabeth Olympic Park managed by London Legacy Development Corporation and Thames Barrier Park managed by the Greater London Authority.

Our partners and stakeholders, including those in the VCS, are a key asset in the supporting the leisure and sport offer in the borough. Particularly in engaging those in the community who may not access traditional services in leisure centres and/or structured physical activity.

Gaps and Opportunities

A new approach is required to develop a high quality, sustainable sport and activity infrastructure as part of a wider approach to embedding active lifestyles within our community. A cross cutting approach involving leisure, public health, transport, planning, education, youth services, and community neighbourhoods is required.

A key barrier to participation is the lack of good quality, accessible facilities – second only to lack of funding. New and upgraded facilities have a proven track record in increasing participation⁷⁵. Nationally the most inactive local authorities have, on average, a third fewer facilities than the most least active areas⁷⁶.

There is a vast amount of good work taking place across the Council and its partners to increase both the sport and physical activity offer and capacity to deliver innovative approaches to increase physical activity and improve the health of residents. However, better join and partnership working across the sector is needed to truly make an impact. This is why we want to bring together our partners and stakeholders to create a shared vision for supporting our residents to lead healthy lifestyles.

The role of National Governing Bodies supporting people to become and remain physically activity is essential and these opportunities need to be better utilised. Greater targeting of commissioned leisure and sports programmes is required that specifically target the inactive and other key target groups as identified through the emerging leisure strategy. This will be achieved through shared aspirations and priorities between the Council and its partners through the emerging Leisure and Sport Strategy.

Better communication/campaigns to reach these target groups needs to be developed, utilising national campaigns and materials where appropriate. We need to deliver high quality infrastructure (leisure centres) for residents through the development of a medium and longer term improvement and investment plan.



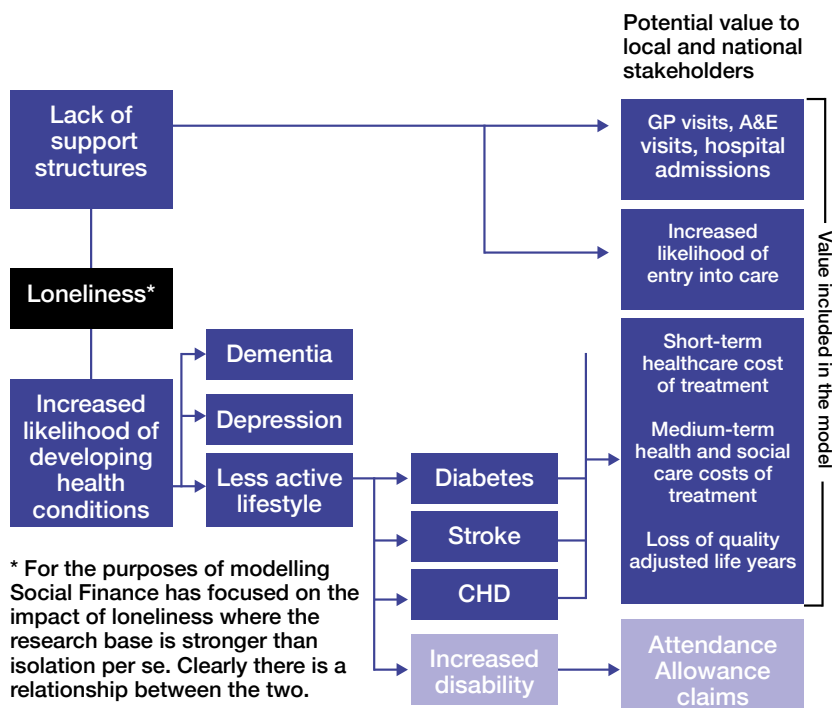
Priority 9: Supporting a Newham of communities where people are better connected and supported

Why this matters?

Newham is a diverse and aspirational community where 220 languages spoken are spoken. The Borough of Newham has a clear vision to make Newham a place where everyone feels involved in the community and where people positively interact and feel socially connected in such a way that they can support each other and take pride in their communities⁷⁷. Social connectedness can help people to feel a sense of belonging. Such positive interactions can promote trust, respect and encourage people to support and help each other. Social connection and building an adequate social network of relationships can also help people achieve their goals such as making new friends, learning a new skill, finding a job or accessing help and support.⁷⁸

In Newham, no one ethnic group accounts for the majority and there are centres of worship for a multitude of faiths. Social connectedness is important for everyone living in Newham but striving to achieve it will be especially important for people who experience social isolation and loneliness. Migrants, older people, those on low incomes and disabled people are especially vulnerable, but people of all ages including young people can experience isolation and/or loneliness.

Figure 80: Social isolation and loneliness and impact on health





Social isolation and loneliness are linked to poor health (See Figure 80)⁷⁹. In older people, this can contribute to a higher risk of developing “high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer’s disease, and even death”⁸⁰. Poor health can also contribute to isolation and loneliness (see context of need).

In Newham, the voluntary and community sector, community neighbourhoods and a number of community neighbourhood link workers already deliver activities and projects to help residents to integrate into the community and provide support to residents who are lonely and/or socially isolated. Various other activities including social prescribing⁸¹, and the adoption of a Community Wealth Building Agenda⁸², are also being implemented (see section on Newham’s assets).

Our ambition is to build on these assets and work with residents, our Community Neighbourhoods, the Voluntary and Community Sector (VCSE) and the NHS to create an environment for community connectedness to blossom and thrive. A volunteering strategy will enable everyone in Newham to feel an integral part of the community and achieve better health and wellbeing.

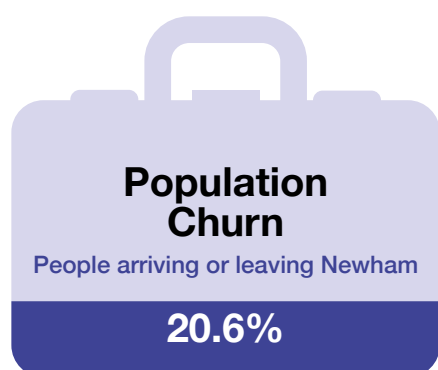
The Newham context of Need

Several indicators can be used to help us understand the need for us to play an active role in encouraging and supporting strong social connections, as well as increasing current levels of social integration in Newham.

The need to facilitate social connectedness

Newham experiences high levels of population churn, with one in five residents having lived in the borough for less than two years⁸³. In this context, we need to focus activities on creating an environment where residents can make new connections and develop supportive social networks. These opportunities need to be communicated with regard for language, skills and disabilities.

Figure 81: Population Churn Newham



Source: ONS 2018 mid-year estimates (mid 2017-2018)

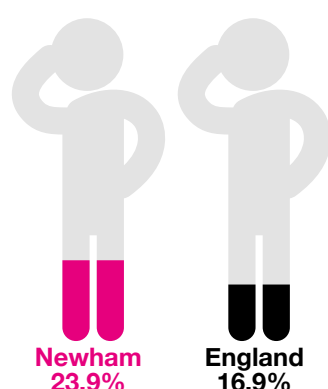
Data on social isolation and loneliness is also a good indication of need. Whilst we do not have Newham specific data, we know that in different stages of the life course, such as being widowed, a single parent, having a mental health condition(s), being a carer for a partner/spouse, can be factors associated with social isolation and loneliness.⁸⁴ For example, the estimated prevalence of



common mental disorders for the population aged 16 and over in Newham in 2017 was 23.9 percent (approximately 64,500 people⁸⁵). In England the estimate was 16.9 percent. Whilst not all these people will experience social isolation and/or loneliness, it is important that we work with them to create appropriate pathways to ensure that they can positively interact and feel socially connected to the community, and benefit from the support services available.

Using the Community Life Survey, ONS identified three profiles of people at particular risk of loneliness: 1) Widowed older homeowners living alone with long-term health conditions, 2) Unmarried, middle-agers with long-term health conditions, 3) Younger renters with little trust and sense of belonging to their area.⁸⁶

Figure 82: Prevalence of common mental health disorders, Newham



Current levels of social integration

The Grant Thornton Vibrant Economy Index measures the current ranking of 324 English local authority areas across six baskets of socio-economic indicators (see Figure 83 for basket definitions).

Both the ‘inclusion and equality’, as well as the ‘community, trust and belonging’ baskets are useful baseline indicators of the socio economic level of equality between people as well as current levels of trust in the integrity of businesses and institutions, and whether people engage in community activities. These are useful proxies to help determine levels of social integration.

Figure 83: Vibrant Economy Index, definitions





In terms of inclusion and equality, Newham ranks 318 out of 324 English authorities (see Figure 5). Newham is more successful as a place where people feel safe, engage in community activities and trust the integrity of businesses and institutions (Community, trust and belonging basket - ranked 217). This is a good starting point from which to provide opportunities for people to connect, build lasting relationships and to feel a sense of belonging. The measures may also be useful to measure future progress.

Figure 84: Vibrant Economy Index, Newham



The building blocks of a connected Newham: approach and assets

Newham's Community Wealth Building and Social Integration strategies are driving policies and programmes in the borough to strengthen and promote social connections and participation among members of our community. Well Newham is a shared programme being delivered across the council, NHS, and VCSE partners to ensure that every Newham resident is supported around the determinants of their health and wellbeing. It is based on social prescribing which gives participants (residents) time with a link worker to address their needs in a holistic way. In doing so it increases their social connectedness and can reduce loneliness and isolation.

Against this backdrop, various organisations deliver activities in Newham to help everyone in the community feel involved and place residents are at the heart of everything we do – examples include:

1. **Community Neighbourhood Link Workers** – play a vital role in supporting residents who are lonely and/or socially isolated. They can support residents for up to 6 weeks on a one-to-one basis to help build confidence in seeking out and/or rediscovering hobbies and interests.
2. **Community Neighbourhoods:** At the heart of Newham are 8 Community Neighbourhoods which play an essential role in reaching out to members of the community who might be experiencing isolation or loneliness, creating a sense of belonging in Newham. Each neighbourhood offers an array of activities to all age groups including yoga, English classes, chess clubs, film clubs, and



homework clubs as well as activities to support digital inclusion. To encourage others to connect, the Community Neighbourhood schedules and activities are shared with residents via films on GP screens and quarterly activity schedules on surgery walls.

3. **Newham's Co-production team:** There is a strong tradition of bringing together residents and the council to design and deliver services. Co-production allows us to empower better connected communities, where services provided by the council, VCSE and other community partners are relevant and their availability is well communicated as a result
4. **Citizen Assemblies:** The programme of Citizen Assemblies in 2018/19 attracted 3003 resident attendances with an estimated 1,666 unique attendees. Such attendance underlines the motivation of residents to be involved in their community.
5. **Volunteering:** Offers residents a chance to interact with people who are different to themselves, in a positive setting.
 - **Active Newham Volunteers** – there are over 500 active volunteers in Newham. They help out at an array of community events such as the Community Neighbourhoods Christmas lunch for the elderly and isolated members of the community.
 - **Community Health Champions** – the Newham public health team is creating a network of community health champions to make a positive difference to the health and wellbeing of Newham members. The first wave of champions is Air Quality Champions who are working alongside partners to improve air quality in the borough.
 - **Add case study of Syrian Refugee excelling on the programme**
6. **Voluntary and Community sector:** There are 677 Registered Charities in Newham with 270 having a turnover of less than £500,000 with most between £25,000 - £100,000.
 - One Newham was established as a means of creating a strong and collaborative voluntary and community sector. It has 42 members.
 - The Mayor of Newham will deliver a VCS growth bid as an opportunity to support the growth of a VCSE umbrella organisation to work on improving the lives of Newham residents.
7. **Education institutions:** The University of East London and Birkbeck University are based in Newham and we are just beginning to tap into the expertise provided by students and academics. Birkbeck University for example is running community leadership training sessions for residents.

Delivering a connected Newham

The array of activities taking place in the borough provide a real opportunity to work across different sectors and with various partners to enable social connectedness in our community and deliver a coordinated approach to key interventions, which will help improve residents health and wellbeing. A key part of this will be to use local knowledge and resource directories to map, effectively communicate (irrespective of language, skills and disability) and deliver these activities in



a coordinated way which helps residents achieve the highest levels of health and wellbeing. In doing this, we will be supporting the delivery of Well Newham - taking a shared approach to supporting the needs of our community.

A healthy and connected community will depend on a strong and vibrant community of volunteers as well as a thriving VCSE. Newham has a relatively strong tradition of volunteering but there is significant scope to implement a Volunteering Strategy that will enable residents to play a greater role in improving the public's health and also provide opportunities for them to build social connections and friendships and learn new skills. A thriving and well supported VCSE is also essential. The VCSE in Newham has always been about addressing the social determinants and the provision of a high quality range of local community services. A key area of work will be to harness and elevate the role of this sector.



Priority 10: Working towards a Smoke-free Newham

Why this matters?

Our ambition in Newham is for a smokefree future where smoking is relegated to a thing of the past. Smoking is the leading cause of preventable illness and premature death.⁸⁷ It causes a number of long-term health effects including cardiovascular disease, cancer and respiratory diseases which are also the major causes of death.⁸⁸ Between 2016 and 2018, there were 647 smoking attributable deaths in Newham, amongst those aged over 35.⁸⁹ During the same period, 4,607 potential years of life were lost to residents of Newham due to smoking related illness.⁹⁰ Newham experiences high levels of deprivation. Given that smoking rates are higher among deprived communities, many of the people who have lost their lives will also be the most disadvantaged in our society.

Other cities, such as Manchester are demonstrating the value of a coordinated and comprehensive approach to tobacco control to empower people to quit and prevent young people starting to smoke. The Ottawa Model for Smoking Cessation, pioneered in Canada but also implemented in Manchester, has shown that there are evidenced based models which can improve long-term quit rates.

In Newham, we want to work with citizens and local partners to reduce inequalities, enhance smokefree services and develop a framework for delivering a tobacco free Newham by 2030.

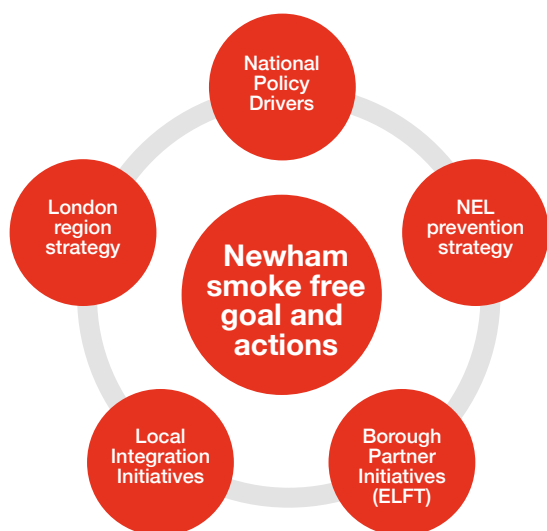
Strategic context

A tobacco free Newham will contribute to wider national, London and local (borough) smokefree commitments (see Figure 85). Even if we reduced the prevalence of smoking to 14.4%, the current England average, for example, we would have 10,000 fewer smokers in Newham. Reducing smoking prevalence would not only improve health outcomes (a key objective of priority 5), it would also enable babies and children to get a better start in life (priority 1), it would deliver higher productivity (priority 3), and would contribute to improved air quality (priority 4).⁹¹ Barts Health NHS Trust and East London Foundation Trust smoking policies will help shape the framework for delivering a tobacco free Newham by 2030.

These efforts will be underpinned by national policy including the Department of Health's Tobacco Control Plan 2017 and the NHS Long-term Plan, 2019. The latter sets out specific actions that the NHS will take to cut smoking including commitments to universal smoking cessation as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.



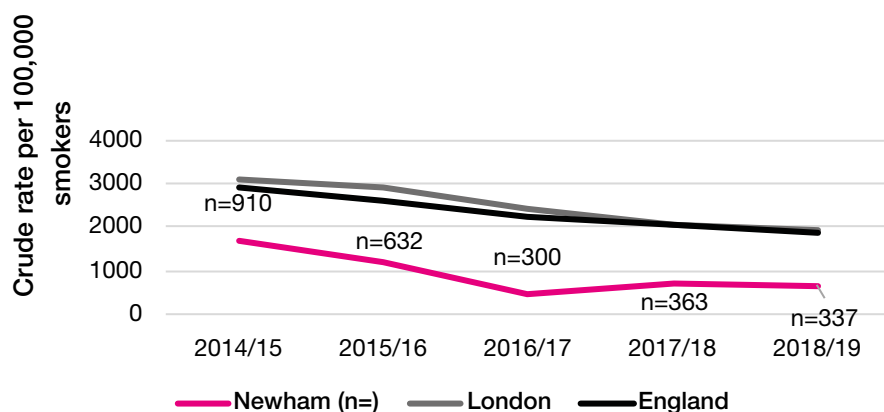
Figure 85: Strategic context



The Newham context of need

Currently, 18.2% of people in Newham smoke, which is higher than the national and London averages. The number of smokers aged over 16 that have successfully quit at 4 weeks has declined in Newham. In 2013/14, 1760 people successfully quit at 4 weeks whereas in 2018/19, just 337 were successful (see Figure 85). A snap shot of key data demonstrates why the delivery of a smokefree strategy for Newham is so important. Identifying the people who are most affected will help ensure smoke cessation services and interventions are appropriately targeted and delivered.

Figure 86: Smokers aged 16+ that have successfully quick at 4 weeks



Source: Fingertips, PHE

Rates of smoking are higher among people who already experience poor health and other disadvantages:

- Smoking is more common among people with mental health conditions, where 35.5% of adults in Newham with a serious mental illness smoke. For this population, smoking is the major contributor to their 10-20 reduced life expectancy.⁹²



- Rates are higher among the lowest earners with 1 in 4 people (25.4%) working in routine and manual occupations in Newham smoke, compared to 18.1% of people in managerial and professional occupations.⁹³ This higher prevalence of smoking translates into major differences in death rates and illness. Smoking accounts for around half the difference in life expectancy between the richest and poorest in society.
- Smoking is more common among people who live in social housing (see Figure 87). Whilst smokers in social housing are as motivated and likely to try to quit as smokers living in other sorts of housing, they are half as likely to be successful. They are also more likely to be heavily addicted to smoking.⁹⁴
- Newham has the highest prevalence of diabetes in the country, in part due to high levels of deprivation and residents from ethnic groups who are at higher risk of developing diabetes. Smokers, former smokers and those exposed to passive smoke are more likely to develop type 2 diabetes than those who have never smoked.⁹⁵ Residents with diabetes are already at risk of cardiovascular diseases. This risk increases if they also smoke.
- In a borough which also has high levels of poor air quality, smoking creates an additional personal risk of ill health.
- Smoking in pregnancy in Newham is around 5% which, while low, represents smoking among some of the most disadvantaged people. Second-hand (passive) smoke harms the unborn baby as it can also reduce the baby's birth weight and increase the risk of "sudden infant death syndrome". More broadly, all residents who are exposed to second-hand smoke are at risk of smoking related diseases.

Table 4: Cigarette smoking in homes

| National data | Cigarette smoker | Ex-smoker | Never smoked |
|---|------------------|-----------|--------------|
| Owens outright | 15.8 | 41.7 | 34.1 |
| Owens with mortgage | 27.4 | 29.3 | 39.2 |
| Rents: local authority or housing association | 29.5 | 14.0 | 10.0 |
| Rents: privately | 27.3 | 15.0 | 16.6 |

Gender and ethnic differences:

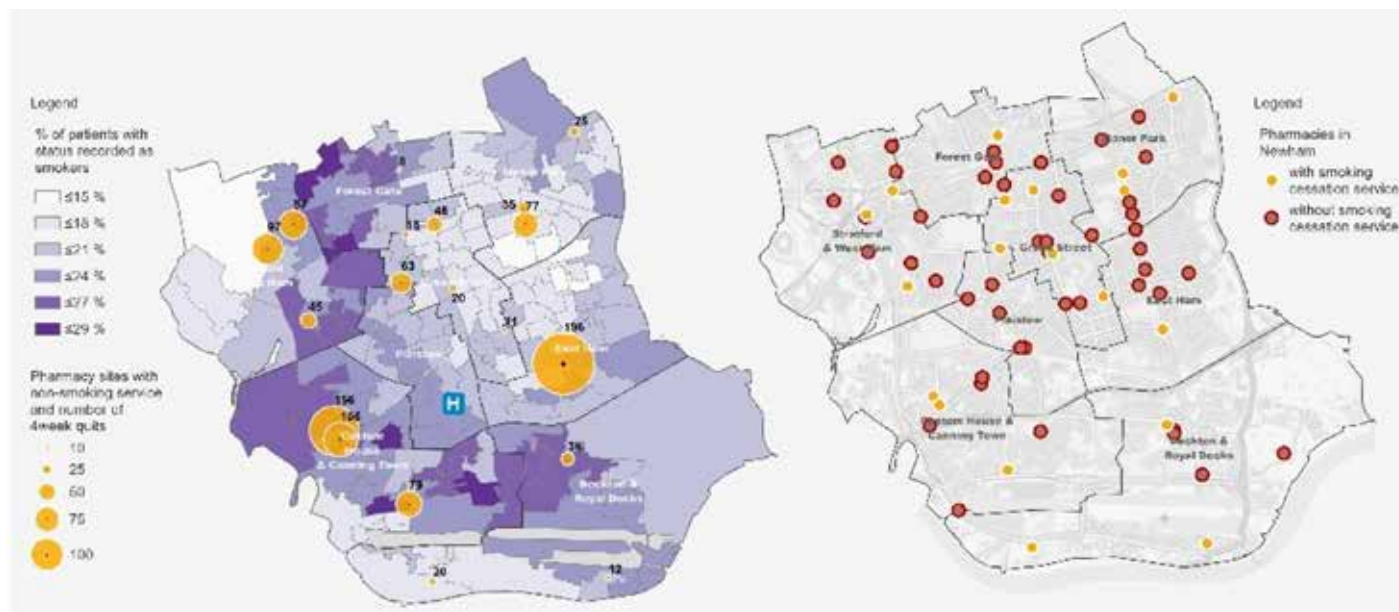
There is a substantial gender difference where 25.3% of men smoke compared to 9.3% of women.

Waterpipe smoking (shisha)

Waterpipe smoking (shisha) is an issue of growing concern in the borough. During a shisha session which lasts about 1 hour, "a shisha smoker can inhale the same amount of toxins as a cigarette smoker consuming over 100 cigarettes"⁹⁶. Nationally, shisha use is very low, at around 1%. Young adults are more likely to have tried shisha than older adults, but current use is low, at around 2% in 18-24 year olds. Despite this low prevalence, shisha use is higher in some ethnic groups. The prevalence is close to 7% in Asian/Asian British populations⁹⁷. Hence, it is of concern with the LBN.



Figure 87: Concentration of patients with status recorded as smokers and pharmacy cessation services in Newham and no. of quits



Newham's approach/assets

The decline in successful quit rates is likely due to a disinvestment in stop smoking services. Up until 2016, Newham commissioned a level 3 service which included 1:1 support to smokers at various reachable moments. Despite this decline, Newham benefits from strong links with local NHS partners who are already engaged in activities to deliver smokefree support and environments. Their commitment is an opportunity to work together on a framework to deliver a smokefree Newham.

Pharmacy based smoking service

Currently, 19 out of 73 community pharmacies in Newham provide a smoking cessation service, trained to level 2 National Centre for Smoking Cessation and Training (NCSCT) standards. Smokers can attend a weekly one-to-one stop smoking support service or they can be referred to the service by the hospital or their GP. The most successful pharmacies are located less than a 10 minute walk from a referring GP practice. The top 5 pharmacies with highest registrations and quit rates are less than a 5 minute walk from a referring GP. There are some good outcomes at certain pharmacies and this is a low cost model. Overall uptake by pharmacies in Newham is low and not always based in the geographic area of need (see Figure 86). Further, partners have identified problems with the national referral system. Commissioners are working to encourage more pharmacies to opt into becoming cessation service providers.



Case Study: Smoking in pregnancy – QI project at NUH

Between 2016 and 2019, 46 pregnant women made quit attempts. Of these, fewer than five had a successful referral from NUH. A recent QI project was led by senior midwives and the Barts health public health team to define the support pathways and NICE guideline compliant practice for midwives supporting women smoking during ante-natal care. Pathways and drivers were identified and follow up actions on training commenced.

Barts Health NHS Trust

Barts Health NHS Trust (including Newham University Hospital) relaunched their smokefree policy in January 2020 with 3 key objectives:

1. Smoke free site for staff, patients and visitors and covers all trust premises including buildings, grounds and entrances, all Trust vehicles, and whilst Trust staff are present to perform treatments from a patient's home
2. Identification of smokers: as part of CQUIN (Commissioning for Quality and Innovation Incentive Award) staff screen all adult inpatients for smoking and electronically record their smoking status
3. Management of smokers - staff are encouraged to offer all patients and visitors a referral to the pharmacy stop smoking service, and support staff to self-refer. A Practice Guidance note is being developed for inpatient Nicotine Replacement Therapy (NRT) at Barts Trust.

Adherence (staff and patients) to a smokefree policy has been mixed. QI work is being planned together with facilities team at NUH to increase compliance for a smokefree site. Reachable moments to provide smoking cessation support are possibly being missed as there is no onsite cessation service and partners have identified problems with the referral system.

East London NHS Foundation Trust (ELFT)

East London NHS Foundation Trust (ELFT) has a smokefree policy in place for the whole estate. All staff are level 1 NCSCT trained, with key staff level 2 trained. Inpatient quitting is supported by use of e cigarettes in house. ELFT has been chosen as an early implementer site for the NHS England tobacco dependence work (Ottawa Model/ Cure Manchester). There is some variation in delivery of smokefree support. However, the Ottawa model (see Figure 88) will provide an opportunity to deliver training to all staff and ensure a consistent approach to support inpatient quitting.

Figure 88: Ottawa model

The Ottawa Model for Smoking Cessation in 120 hospitals across Canada identifies the smoking status of all admitted patients, followed by brief advice, personalised bedside counselling, timely nicotine replacement therapy and/or pharmacotherapy, and follow-up after discharge. It improves long-term quit rates by 11%. The Royal College of Physicians has modelled the impact of implementing the Ottawa Model for Smoking Cessation intervention within the NHS, which this Long Term Plan will now be adopting. (NHS Long Term Plan, 2019)



A new opportunity for a Smokefree Newham

The borough of Newham and NHS partners are engaged in activities to provide smokefree support and environments. However, prioritising smokefree Newham provides a clear opportunity for us to work closely with residents and partners to re-energise our efforts and coordinate our approach to deliver evidence based interventions and develop a framework to deliver a tobacco free Newham by 2030.

A community level smokefree intervention would intensify the support we provide to residents to quit smoking and provide a clear interface with inpatient services. Investment in Level 3 NCSCT trained smoking cessation practitioners, for example, would provide this much needed interface and would support groups with specific vulnerabilities to quit smoking: those with mental health conditions, pregnant women and those from cultures where tobacco use is more common. At a systems level, partner organisations have begun to address problems with the national referral system between inpatient and community based services. We could also consider tailoring quitting tariffs to maximise the support we give to residents particularly among groups with specific vulnerabilities such as pregnant woman and families. Further, there are opportunities in transformation work for joint commissioning with the CCG to support system wide prevention goals.

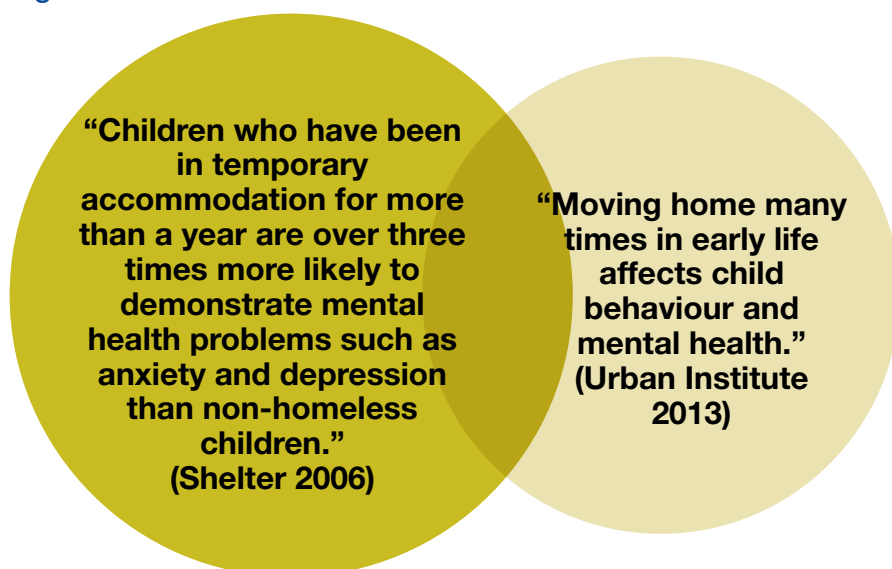
It is important that we better understand use of shisha in the borough and associated impact. We need engage businesses and residents to support education and regulatory compliance. We can also identify and deliver more teachable (unplanned opportunities) and reachable moments to support residents to quit smoking. Training all frontline staff in positive healthy living, for example, would support them to have timely conversations with residents about quitting. Pharmacies on acute sites could also become Level 2 quit providers. Providing the UK keeps its current regulatory framework post Brexit, the enrolment of dedicated Vape shops to provide Level 2 stop smoking support could be considered as a harm reduction method. We can also increase health education opportunities, for example, a targeted campaign to underline the risks of Shisha. We will look to amplify national campaigns and as part of our wider strategy work with residents to identify and support air quality champions. Finally, we would work with Environmental Health and Trading Standards to support action on illegal tobacco products.



The affordability and availability of quality housing is essential as it can have a huge impact on the health and wellbeing of residents. Housing that is insecure, sometimes due to affordability issues or weak security of tenure, is stressful and can cause mental health problems. Recent welfare reforms, such as the Housing and Planning act 2016 and the Welfare Reform and Work Act 2016 have put households in Newham at risk of homelessness. As housing costs rise, people may not be able to continue to afford their current home, and be forced to either secure more income, or move to a cheaper housing area which is known to affect children’s schooling, effect on ties with local communities, friends and families. Newham has the highest rate of family homelessness in London, putting an immense stress on families.

Housing poses significant challenges which will require different kinds of interventions. However, there is a breadth of potential to influence positive improvements for residents. Health promoting housing is a clear priority for the borough as it will have a profound positive impact on the health and wellbeing of residents.

Figure 90:



Strategic Context

The Mayor’s 2018 London Health Inequalities Strategy included an aim for ‘Healthy Places’. The strategy set out seven objectives to achieve the mayor’s aim, two of which are aimed at improving housing and living conditions. One aim advocates for the improvement of “housing availability, quality and affordability’. Another aim recommends that “the planning system is used to create healthier neighbourhoods”.

The Newham Context of Need

There are six main housing related drivers of poor health in Newham:



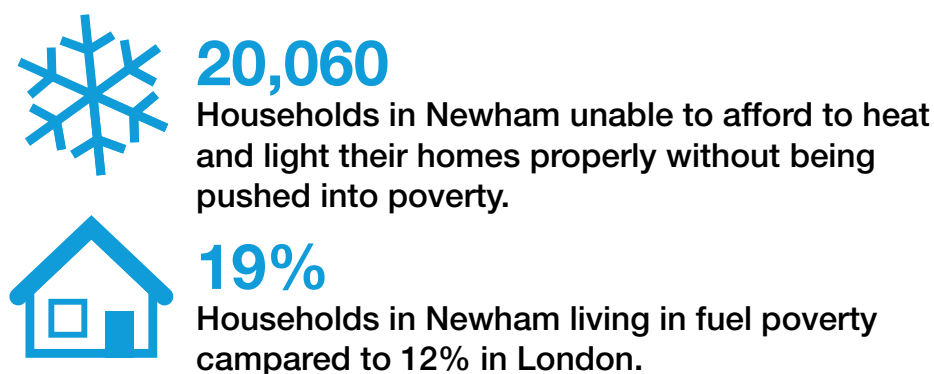
Figure 91: Housing related drivers of poor health, Source Newham Info 2019



Fuel Poverty

Newham is reported as having the highest fuel poverty rates in England. Cold, damp and mouldy conditions as well as the financial stress and burden of being without heat can have a serious effect on health and wellbeing. Cold conditions can affect respiratory and cardiovascular functioning, the immune system, and worsen the symptoms of arthritis (increasing the risk of home injuries in elderly residents). Damp can encourage dust mites and mould growth, which is associated with asthma, respiratory issues and eczema, particularly among young people.⁹⁹ The elderly, children, and those living with chronic conditions will be particularly susceptible to cold.

Figure 92:



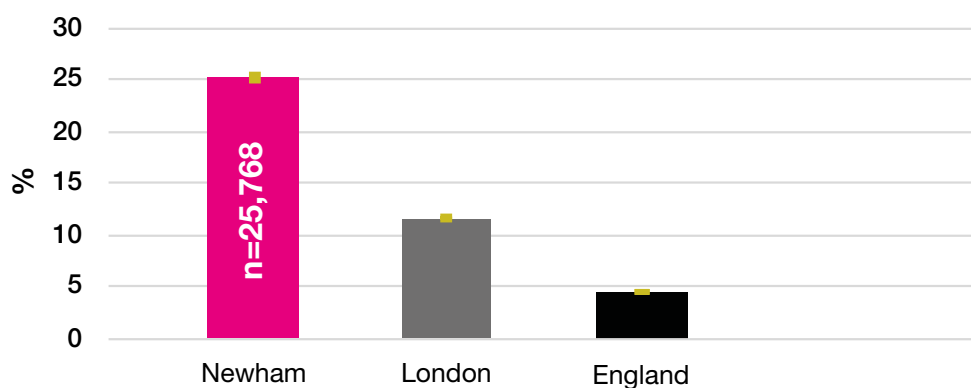
Much of excess winter mortality can be attributed to cold temperatures, and a substantial proportion can be attributed to cold housing caused by fuel poverty. Good quality housing that is adequately heated has a direct impact on health as it prevents accidents in the home, reduces winter related deaths and protects against ill mental health.¹⁰⁰



Overcrowding

Newham has substantially higher rates of overcrowding than London or England (see Figure 93). Inadequate housing and overcrowding are key causes in the transmission of diseases with epidemic potential, such as respiratory infections, measles, meningitis, and TB. Outbreaks of disease are more frequent and more severe in overcrowded living conditions.¹⁰¹ Overcrowded homes are reported to affect mental health, cause stress related illness, and reduce sleep quality. The lack of space from overcrowding increases the risk of accidents, infectious diseases, condensation and mould.¹⁰² It also impacts children's physical health, and their ability to play and study. Research by Shelter estimated that children living in overcrowded homes are up to 10 times more likely to contract meningitis and three times more likely to have respiratory related problems.¹⁰³

Figure 93: Overcrowding - 2011



Source: Census 2011

Unsafe homes and poor housing design

Newham has a large percentage of ageing older homes and a huge increase in private rented sector accommodation (PRS) (see Figure 94 and 95). There are 118,000 properties in Newham; 51% are flats/maisonettes and 44% are terraced houses.¹⁰⁴ Structurally deficient housing, due to age of building, poor construction or maintenance, can increase the likelihood that people slip or fall, increasing the risk of injury. Poor accessibility to homes may expose disabled and elderly residents to the risk of injury, stress and isolation. Urban design that discourages physical activity contributes to obesity and related conditions, such as diabetes, and poor mental and cardiovascular health.

In 2001, 17% of residents lived in PRS accommodation. Today almost half do. Property conditions in the private rented sector are known to be worse than any other sector. Data from 2017 found that across England, private rented homes were most likely (25%) to not meet the Decent Homes Standard – that is they were not in a reasonable state of repair, they did not have reasonably modern facilities and services, did not provide a reasonable degree of thermal comfort, and did not meet the minimum standard for housing.¹⁰⁵ The Housing Health and Safety Rating (HHSRS) is used to assess the risk of hazard posed to the health and safety of occupants or visitors. The most common Category 1 hazard is falls followed by fire. In 2017, private rented homes (14%) were more likely to have category 1 hazards than other types of tenure.¹⁰⁶



Figure 94: Age of buildings in Newham

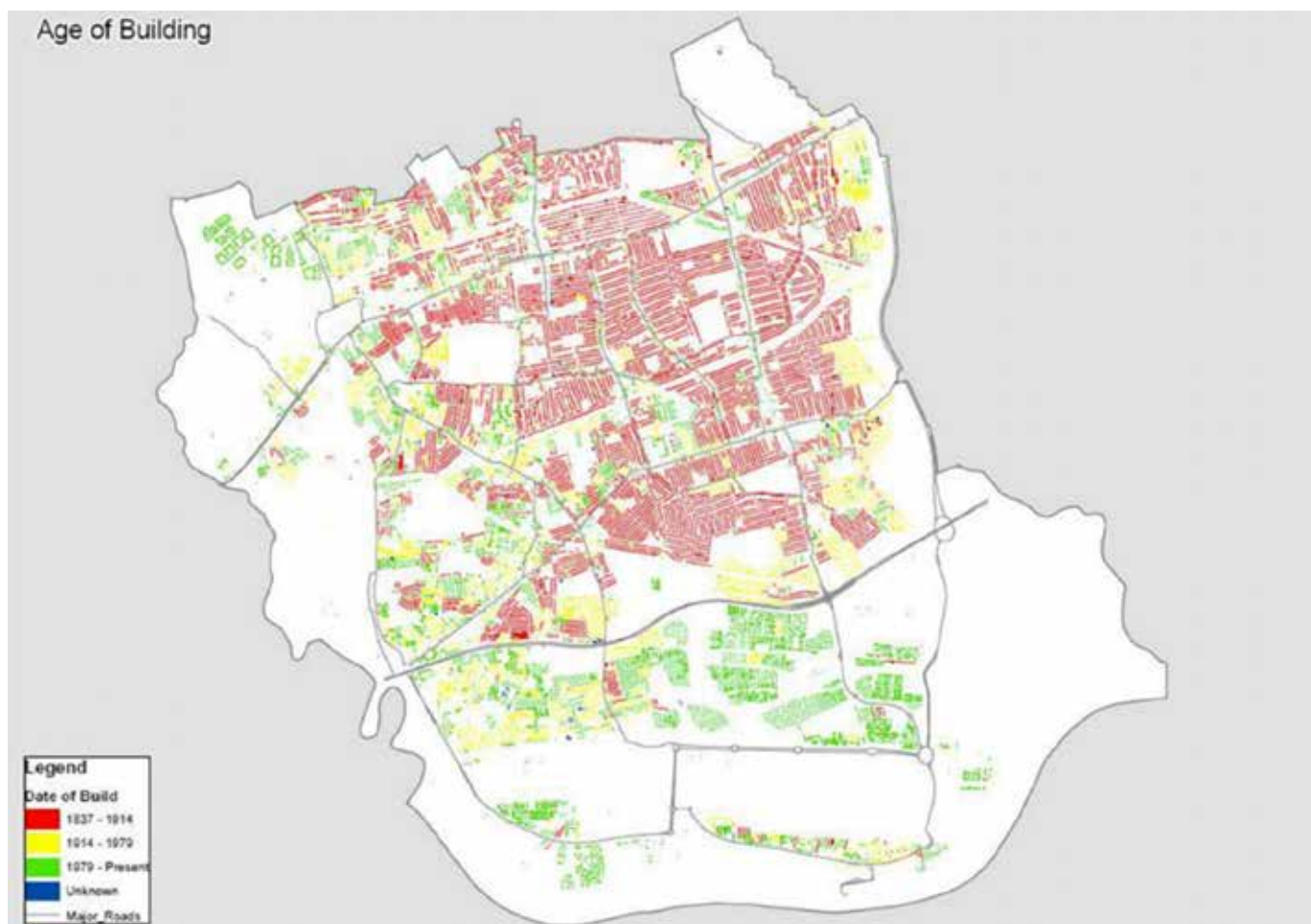


Figure 95: Tenure in Newham as % of housing stock





Homelessness

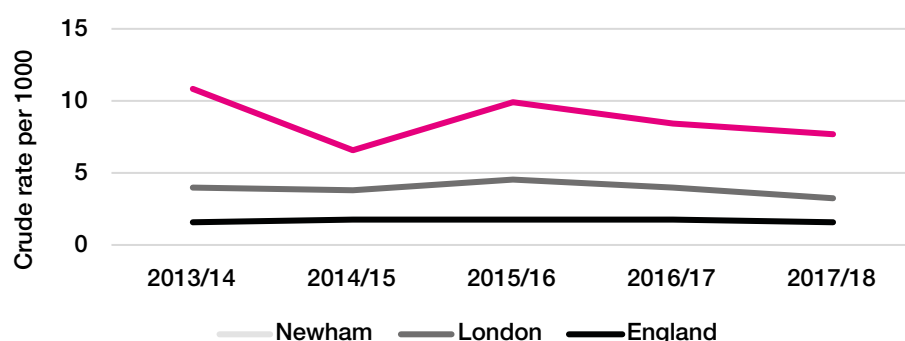
Newham has the highest statutory homelessness rates in London. There are currently 1,143 people who are homeless and in priority (9.3%), greater than both the London and England averages.¹⁰⁷ In recent years, there has been a sharp rise in homelessness and rough sleepers. Between the end of 2011/12 and 2016/17, the number of Newham households in temporary accommodation rose by more than 98%.¹⁰⁸ This has been driven by rising rents in the private rented sector, however the changes to the government's welfare agenda has exacerbated the problem by putting pressure on finances of Newham's most vulnerable households.

Homelessness is associated with severe poverty and is a significant social determinant of poor physical and mental health that contributes to health inequalities. People who are homeless are reported as having much poorer mental and physical health than the general population. Those living in temporary accommodation are vulnerable to respiratory diseases such as bronchitis, TB, asthma, and mental health conditions such as depression and anxiety. Homelessness can also exacerbate existing health and emotional problems.

Family Homelessness

Newham also has the highest rate of family homeless in London. Family homelessness can be understood as the number of applicant households with dependent children or pregnant woman accepted as unintentionally homeless and eligible for assistance. Living in temporary accommodation can impact a child's start in life, it can affect their access to universal health care; this includes immunisations and it can also increase the likelihood of accidents and infections. Family homelessness makes children more likely to experience stress and anxiety, resulting in mood swings, behavioural issues and absenteeism from school. Exposure to the adverse effects of an unstable home life in early life can impact on life chances and the longer a person experiences homelessness the more likely their health and wellbeing will be at risk.

Figure 96: Family homelessness



Source: Ministry of Housing via Fingertips, PHE



Newham's approach/assets

The council recognises the importance of ensuring adequate housing conditions for all residents and there are a number of assets within our community to support health promoting housing:

Licensing

In 2019, Newham became the first council in the country to implement a new scheme to license all private properties. The council is determined to find landlords who continue to exploit tenants and put them at risk by forcing them to live in conditions that are hazardous to health and wellbeing. It also aims to ensure that private sector rented properties are well managed and meet overall good standards in Newham. Properties are being targeted by a dedicated team of experienced enforcement officers and Newham's new Private Housing Compliance team.

Health champions

There are also a few other different actions happening within the communities. There is a great commitment to neighbourhood resilience, the introduction of the new Health Champions scheme has seen an increase in the number of residents volunteering to advocate for and spread awareness around different causes that impact the health of the community.

Influencing design and planning

Newham has a large amount of land available for redevelopment. Currently, there are a few projects underway; the regeneration of Canning Town and Custom House and the developments of the Royal Docks in North Woolwich. This provides a great opportunity to influence the design and build of new healthy, modern and sustainable homes and businesses.

Opportunities for health promoting housing

There are a breadth of opportunities to maximise the current work underway in Newham to improve the condition of housing for residents. We are well placed to influence the design and build of new homes through the introduction of Health Impact Assessments for all large developments. This would ensure that all new homes and residential areas are built with health and wellbeing in mind.

We must tackle fuel poverty. This would require us to identify and understand those who are most vulnerable. We can use this information to develop an affordable warmth plan that raises awareness and provides advice and information. Tackling the overcrowding problem would require partnership work with housing to provide training and support for enforcement officers and helping to develop an overcrowding reduction strategy.

Using a Public Health approach is crucial to addressing the high levels of homelessness, rough sleeping and family homelessness. Developing a preventative approach based on risk factors while following recommendations from the rough sleeping and homelessness strategy is also key.



There is a huge opportunity to increase cross-department and partnership work to influence the housing and health needs. Building partnerships with different housing associations, the voluntary sector, the private rented sector team, the housing team, and the planning and regeneration teams will be a great asset to informing important changes based on housing related health conditions.

Overall, accessing the right funding schemes available to Newham is the most important in resolving the various housing needs. Being aware of or applying for the right funding from central and local government for problems arising from housing instability such as fuel poverty, homelessness and poor housing design can significantly better health outcomes for residents living in the worst housing conditions.

Case Study:

East Village is a housing development in Stratford, which was originally designed to be the Olympic Village of the 2012 Olympics, but was later converted for use as a new residential area. The area is a great example of good quality housing and sustainable building design. It has a range of housing types from one-four bedroom townhouses, and local amenities that include a school, health centre, shops, cafés, and community facilities.

The neighbourhood represents sustainable living and healthy environments with low CO2 emissions, bicycle hubs, walkable spaces, water recycling and plenty of green open space.

The sustainable environment, good quality mixed-tenure of homes, excellent design and availability of community facilities to the residents, not only supports good quality housing and home environment, but offers homes that promote good health and wellbeing in residents.

Wilson, W., & Fears, C. (2018). Overcrowded housing (England). House of Commons Library: London, UK.



Priority 12: Building an inclusive economy

Why this matters?

Newham is a place of huge growth and potential. By 2025 it is estimated that £22 billion will have been invested in the area, creating more than 35,000 new homes and 100,000 new jobs.¹⁰⁹ We are globally connected, benefitting from an incredibly diverse population with over 100 languages spoken and a flourishing young, energetic and increasingly skilled workforce. However, there are significant inequalities in our borough. A high number of children in Newham are growing up in poverty where their family is living on less than 60% of the median household income, and many residents are working in poor employment with difficult working conditions including low pay. The situation is compounded by poor housing conditions, an unhealthy food environment and poor air quality. Within this context poor physical and mental health takes its toll.

A non-inclusive economy includes those who are unemployed, the economically inactive and those in employment but who experience poor working conditions. Indeed, the quality of work matters and the Marmot Review, identified three ways in which a non-inclusive economy can affect a person's overall health and wellbeing: distress, anxiety and depression; financial insecurity; and unhealthy behaviours (see Figure 97).

Figure 97: Effects of being excluded from the economy



Newham's Community Wealth Building Agenda aims to tackle poverty in the borough and the injustices that many residents face. We want to unleash the potential that we have in our community – through our residents, our businesses and our voluntary sector – to ensure that our economy



is inclusive and that growth is shared locally, fairly and democratically. This will include using our position to lead on progressive procurement and becoming a living wage employer, promoting good working conditions and better quality jobs, and we will be encouraging others to do the same. Health inequalities are directly related to economic and social inequalities. An inclusive economy provides a much needed opportunity to ensure long term prosperity, health and wellbeing and fairness for all our residents.

Newham Context of Need

Levels of unemployment, economic inactivity and poor working conditions can all have adverse effects on health and wellbeing and underline the importance an inclusive economy with local economic development strategies, such as living wage, to ensure long term prosperity and health and wellbeing for all residents in Newham.

Economic inactivity, unemployment and health

People who are excluded from the economy include those who are unemployed and economically inactive (such as looking after family, temporary sick, and long term sick). These residents can experience elevated health risks including increased rates of long-term illness, mental illness and cardiovascular disease.

Research has also shown a link between unemployment and an increase in use of medication; poor prognosis; poor recovery rates; and increased mortality, including suicide. Additionally, the longer a person is unemployed, the higher their risk is of showing poor health.¹¹⁰ In the same regard, an individual who is in poor health, is more likely to be excluded from the labour market; more likely to be in temporary or transient accommodation; have lower household incomes; face early retirement; and be experiencing poverty.

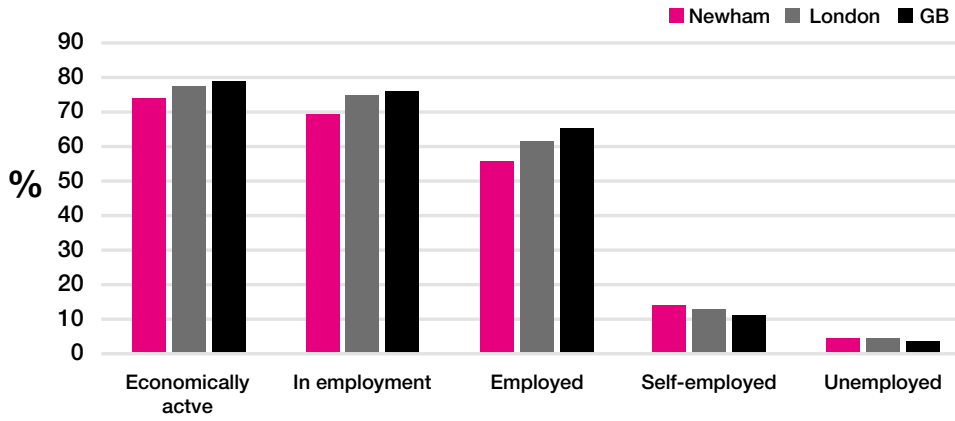
In Newham, 73.6% of all people were economically active in 2018/2019. This is lower than levels in London and Great Britain (see Figure 98). The percentage of women in Newham who were economically active is much lower than men (see Figure 99) and also lower than London and national levels with 64.2% of women in Newham economically active compared with 68.5% in London and 71.5% in GB.¹¹¹ Lower levels of economic activity among women compared to men could be due to women looking after the family/home.

Compared to London and nationally, a higher proportion of people in Newham look after family/home (see Figure 100). The number of residents who are economically inactive due to long-term sick is 15.4% which is lower than London and Great Britain (see Figure 100). These data points are significant as they underline the importance of developing strategies to make our economy more inclusive. For instance, the LBN can lead and encourage employers to create or adapt jobs and working environments that are suitable for lone parents, carers and people with mental and physical health problems (adapted from Marmot Review post 2010, recommendations). More broadly, we know that increasing levels of autonomy within the workplace, such as offering more flexible hours and location of work has shown to improve the wellbeing of women with caring responsibilities.¹¹² Levels of youth not in education employment or training (NEET), in Newham, has remained constant



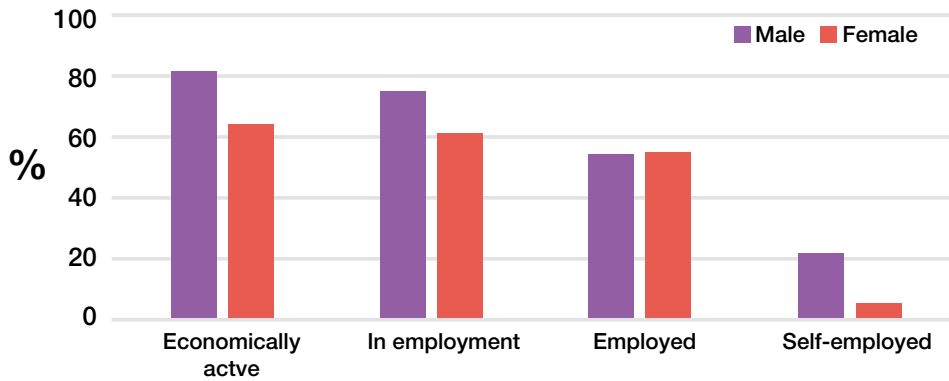
over the last 3 years. The proportion of 16-17 year olds NEET is 5.7% in Newham. Helping young people to gain skills and qualifications, and secure and retain good employment is also critical to an inclusive economy.

Figure 98: Employment and unemployment - Oct 2018-Sept 2019



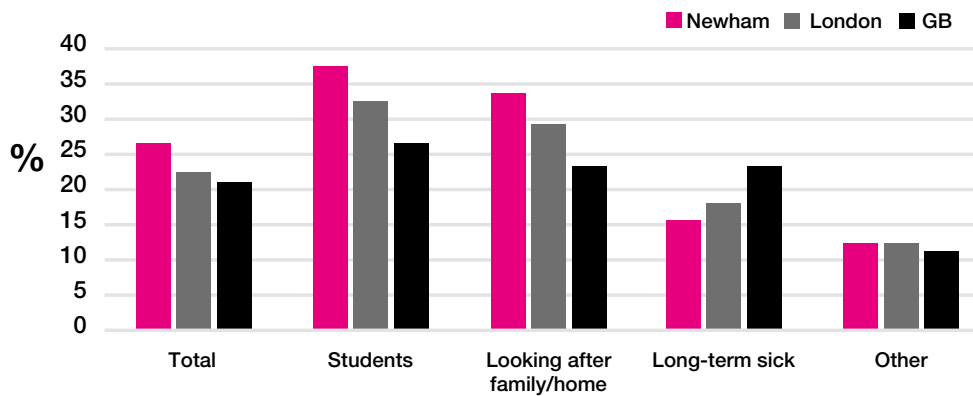
Source: NOMIS

Figure 99: Employment and unemployment in Newham by gender - Oct 2018-Sept 2019



Source: NOMIS

Figure 100: Economic inactivity by reason - Oct 2018-Sept 2019



Source: NOMIS



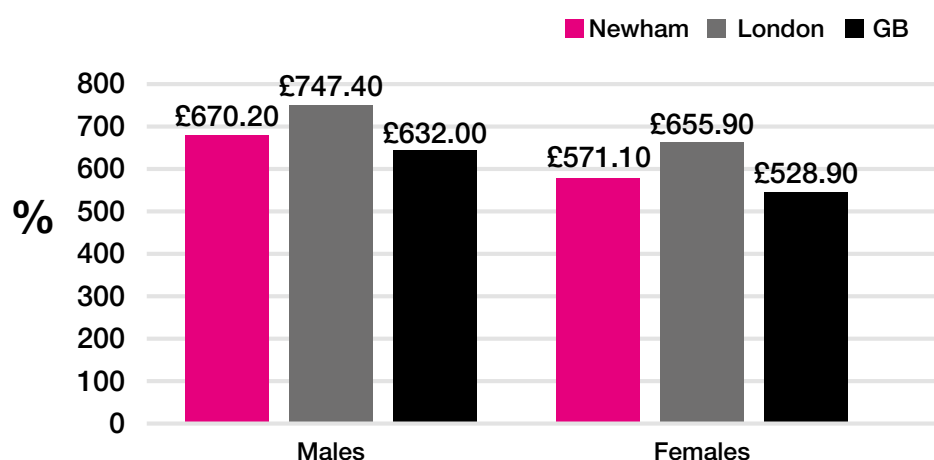
Poor employment and working conditions

The conditions in which people work can also have a powerful effect on their health and wellbeing. “Good quality work is characterised by features including job security; adequate pay for a healthy life; strong working relationships and social support; promotion of health, safety and psychosocial wellbeing; support for employee voice and representation; inclusion of varied and interesting work; a fair workplace; promotion of learning development and skills use; a good effort–reward balance; support for autonomy, control and task discretion; and good work–life balance.”¹¹³ The consequences of poor working conditions are significant for individuals and their families as they can negatively impact health, “lead to absenteeism and retirement, increase pension costs, and decrease worker productivity.”¹¹⁴

The link between low income (those that are out of work and those that are in work but who are on low earnings) and good health is complex. However, having a low income can affect people’s ability to afford adequate housing and buy fresh and healthy food. It can also create financial stresses which can move people into debt. Inadequate housing, poor food and financial stresses can have a profound impact on health and that of the family. We also have a good understanding of deprivation related to low income. Income deprivation not only affects the individual receiving the wage, but also the household in which they are supporting.

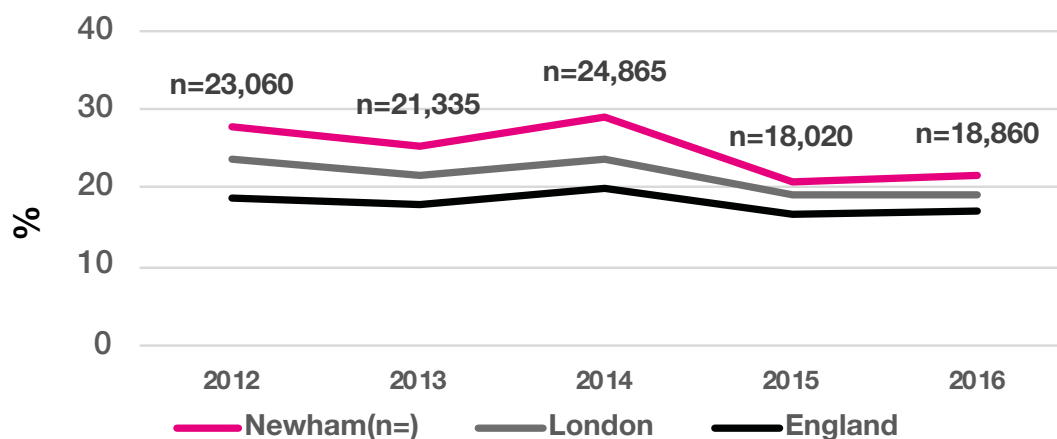
Weekly earnings (median) are lower for residents in Newham than London and GB (Figure 101). Furthermore, according to Newham’s Household Panel Survey, 27% of employees in the borough are paid less than the national statutory minimum wage. In 2016 there were almost 19,000 children in low income families in Newham (Figure 102). This represents 21% of children, which is higher than the proportion for London (19%). Parental low income not only influences children’s health, but children’s health influences their earning capacity as adults and hence income: a vicious cycle. The LBN has identified certain income based policies such as the introduction of the ‘real’ living wage, to help reduce health inequalities and create a more inclusive economy.

Figure 101: Earnings by place of residence - 2019



Source: NOMIS

Figure 102: Children in low income families (all dependent children under 20)



Source: *Fingertips, PHE*

A number of residents are working in insecure (or non-permanent) jobs including casual workers, those whose main job is on a zero hour contract, and those who are self-employed but who are paid less than the Living Wage. Whilst they are entitled to statutory employment rights, research has found that these workers receive much less protection for their health and wellbeing at work than their permanent, full-time colleagues.¹¹⁵ A high number of people on zero hour contracts are young. Research has shown that young people on zero hour contracts are less likely to be in good health, and are at higher risk of poor mental health than workers with stable jobs.¹¹⁶ It is essential that we recognise the relationship between insecure work and health and identify opportunities to promote better quality jobs, particularly for young people in the borough.

Newham's Approach and Assets

The LBN commitment to Community Wealth Building has already begun. Last year Newham Council increased the hourly rate to its home care providers, the majority of whom are Newham residents, to the London Living Wage. Newham also has a successful money management support service to help residents to improve their financial wellbeing. Money Works is Newham's money management service. It offers local residents a fair alternative offer to exploitative payday lenders. It also supports people to improve their personal finances. MoneyWorks' staff work in partnership with London Community Credit Union to offer residents affordable short-term personal loans, as well as money saving tips. Since 2017 the MoneyWorks team have:

- Assisted 3,142 residents; providing over 4,000 free impartial advice sessions to help them become financially better off.
- Provided £223,012 in emergency loans which have helped prevent homelessness and reduced mental health issues, and;
- Secured £1,065,203 in savings for residents.

There is great opportunity to build on the success of this service and to ensure that it is linked into the work of Newham's social prescribers (see final section).



An opportunity to build a more inclusive economy and tackle poverty

Newham's Community Wealth Building Agenda is an exciting opportunity to develop a more inclusive economy that will help to tackle poverty and address economic inequalities including racial and gendered wealth gaps. The approach will use our purchasing power and influence as anchor institutions within the community (whether it be NHS, LBN etc) to become living wage employers, to support employers to increase the number of quality jobs, and to deliver local procurement purchases that keep spending for goods and services local. This also provides an opportunity to expand the use of social value in procurement for the benefit of the local community. The process will also require procuring officers to invite suitable local businesses to tender wherever possible and to provide training to businesses to help them navigate and succeed through the procurement processes.

Over the next five years, Newham will contain 20% of London job growth and 78% of London's business growth. We want to ensure that these jobs are sustainable and are of good quality. We will identify opportunities to work with businesses to increase the number of higher skilled as well as better paid and good quality jobs. Already as a key institutions, we can lead by example and create work environments which offer greater flexibility to groups such as lone parents, carers, and people with disabilities.

Recognising the influence of the wider determinants of health including the environment in which we live and our social support networks, as well as the importance of early child development, our commitment to developing a more inclusive economy will be underpinned by other priority areas within this strategy including health promoting housing (priority 11), active travel and improved air quality (priority 7), and enabling a best start for all (priority 1). Our efforts to support people around the determinants of their health (priority 3), will also be key to a more inclusive economy. For example, social prescribers can play a vital role in supporting our residents to participate in the borough's economy. This should start with skill development, followed by support in applying and transitioning to employment. But it can also include support with managing problematic debt. Providing these link workers with sufficient capacity and tools to support our residents is vital.




Proposed Outcomes Framework




These outcomes can be reported across different demographics and geographies to track and tackle inequalities

The proposal is to incorporate the framework into the corporate performance system team and the data will be extracted to a power bi reporting arrangement.

Priority 1: Enabling the best start in life through pregnancy and the early years


| | What does success look like? | Proposed performance indicators for this priority include: |
|---|---|---|
|  | <ul style="list-style-type: none"> ● Healthy Pregnancies ● Young People have the best healthy start in life ● An increased number of babies who are breast fed and who are breast fed for longer ● An increase in the uptake of vaccinations amongst children | <ul style="list-style-type: none"> ● Infants being fully breast fed at 10- 14 days review ● Infants recorded as fully breastfed at 6-8 weeks ● MMR vaccine coverage in children (one dose) aged 2 ● MMR vaccine coverage in children (two doses) aged 5 |

Priority 2: Supporting our Young People to be healthy and ready for adult life


| | What does success look like? | Proposed performance indicators for this priority include: |
|---|---|---|
|  | <ul style="list-style-type: none"> ● A team of young people as health champions in place to assist relay messages to communities ● Schools with the accreditation of the healthy schools award ● Improved mental wellbeing for young people ● Improved healthy eating and reduced levels of obesity in children | <ul style="list-style-type: none"> ● Number of young people health champions in place ● Number of schools accredited with the healthy schools award ● Wellbeing Measurement Framework annual survey in place and showing improvement ● Increase number of schools taking part in the Healthy School Street Programme ● Increased Active Travel in Children |



Priority 3: Supporting people around the determinants of their health


| | What does success look like? | Proposed performance indicators for this priority include: |
|---|---|--|
|  | <ul style="list-style-type: none"> ● An increase in referrals to social prescription service to help the mental health of residents. ● Reduce the number of multiple morbidities in adults ● Patients are engaged and have a say in their own health care ● A better working environment for LB Newham workers and our residents ● A team of health champions in place to assist relay messages within communities | <ul style="list-style-type: none"> ● The number of referrals for a social prescription per PCN and neighbourhood ● Co morbidities per person by age, sex and the average per PCN ● Frailty Score benchmarked against demographics ● Workplace Wellbeing Strategy in place for LBN ● Number of health champions in place |

Priority 4: Developing high quality inclusive services, ensuring equity and reducing variation


| | What does success look like? | Proposed performance indicators for this priority include: |
|---|---|--|
|  | <ul style="list-style-type: none"> ● Promote health campaigns to our residents to encourage them to take more interest in their health and wellbeing and seek help if in doubt ● Enable patients back into their homes with minimal need for support ● Measure and reduce any inequalities in service use within our population ● Develop a system which will help us understand and measure correctly complex issues | <ul style="list-style-type: none"> ● Uptake/coverage of cancer screening and health checks programmes and primary care primary prevention CVD , by BAME ● Raise awareness of cancer by promoting the annual Be Clear on Cancer campaigns ● Type 2 emergency admission bed days variation by LD, CMI, SMI, ethnicity and IMD |



Priority 5: Meeting the needs of those most vulnerable to the worst health outcomes


| | What does success look like? | Proposed performance indicators for this priority include: |
|---|--|---|
|  | <ul style="list-style-type: none"> ● Develop a system wide approach to mental health, joining up services to avoid people missing out on help ● Reduce the rate of infectious diseases amongst our population and promote healthy relationships ● Decrease the numbers of people presenting with a late diagnosis, early diagnosis provides much better long term outcomes ● Decrease rate of TB infection within Newham | <ul style="list-style-type: none"> ● Develop a trauma informed approach to providing support ● Carry out Mental Health Impact Assessment and new Mental Health and Wellbeing Action Plan ● Reduce the overall rate of sexually transmitted infections ● Improve the late diagnosis of HIV ● Reduce the incidence rate of TB in the borough |

Priority 6: Create a healthier food environment


| | What does success look like? | Proposed performance indicators for this priority include: |
|---|---|---|
|  | <ul style="list-style-type: none"> ● A borough wide whole systems approach to the food landscape ensuring that everywhere we go to get food it is easier to access healthy food. ● Develop a system wide approach to food challenges that goes right to the cause and the source not the symptom or façade. ● Drive a comprehensive approach to addressing food poverty that wherever and however it manifests, is able to address direct need through the Newham Food Alliance and the underlying causes of need through Well Newham. | <ul style="list-style-type: none"> ● Increasing access to healthy food across the borough's food retail and food service ● Number and breadth of partnerships across food that are achieved and progress towards become a Sustainable Food Place ● The number of residents in food poverty |



Priority 7: Supporting active travel and improved air quality


|  | What does success look like? | Proposed performance indicators for this priority include: |
|---|---|---|
| | <ul style="list-style-type: none"> ● Key organisations in the borough supporting plans for the mitigation of climate change health impacts ● Increased use of parks and open spaces by residents ● Travel plans in place for the 10 largest employers in the borough ● Framework for healthy streets and healthy places in place ● Schools as active travel beacons in their communities | <ul style="list-style-type: none"> ● Sustainable Development Plans in place for key organisations ● Parks and Open spaces strategy in place ● Increased levels of walking and cycling ● Increased numbers of healthy streets and places in the borough ● Number of schools implementing travel plans and TFL stars accreditation |

Priority 8: Supporting an active borough


|  | What does success look like? | Proposed performance indicators for this priority include: |
|---|---|---|
| | <ul style="list-style-type: none"> ● Tailored engagement and communication campaigns that better support our residents to be physically active ● Increased numbers attending Newham parks and leisure centres ● Children and young people in Newham have access to high quality, appropriate play, sports and physical activity in their local neighbourhood ● Long term vision and strategy for leisure, including infrastructure and investment requirements which provides residents with access high quality facilities | <ul style="list-style-type: none"> ● Increase access to green space ● Increase in the levels of physical Activity in the borough ● Leisure Strategy in Place |



Priority 9: Supporting a Newham of communities where people are better connected and supported


| | What does success look like? | Proposed performance indicators for this priority include: |
|---|--|---|
|  | <ul style="list-style-type: none"> ● Utilising all channels and outlets to help us better inform our population, reaching everyone ● Create and develop a team of health champions to assist to relay messages within communities ● Cross Partnership working to have maximum impact on our work, building on relationships established through Covid ● Following on from Help Newham, building on relationships made and continuing our work. Impacting on mental health and loneliness | <ul style="list-style-type: none"> ● Setting up a system to pull activities together and amplify using multi channels ● Number of Covid -19 Health Champions, will merge into Community Champions post Covid. ● Number of systems based working groups to approach key issues ● Newham Befriending service up and running |

Priority 10: Working towards a smoke free Newham


| | What does success look like? | Proposed performance indicators for this priority include: |
|---|--|---|
|  | <ul style="list-style-type: none"> ● Reductions in the prevalence of smoking in the borough | <ul style="list-style-type: none"> ● Numbers setting a 4 week quit date ● Smokers who have quit at 4 weeks ● Smoking quit referrals to community pharmacists and other providers |



Priority 11: Building a borough of health promoting housing

| | What does success look like? | Proposed performance indicators for this priority include: |
|---|---|---|
|  | <ul style="list-style-type: none"> ● Ensuring that residents have access to warm, safe healthy homes | <ul style="list-style-type: none"> ● Affordable warmth Plan in place ● Number of households who are living in fuel poverty ● Levels of overcrowding and an overcrowding reduction plan in place ● Reduction in the number of rough sleepers ● Pathway for improving the health of homeless and rough sleepers ● Reduction in the number of children in temporary housing ● Increase in the level of digital inclusion working with housing providers |

Priority 12: Building an inclusive economy and tackling poverty

| | What does success look like? | Proposed performance indicators for this priority include: |
|---|--|---|
|  | <ul style="list-style-type: none"> ● A strong link with health and good employment including income maximisation, debt support and welfare rights and legal advice ● More residents having access to a decent living wage ● Anchor institutions procuring goods and services with local supply chains and ecosystems of local enterprises | <ul style="list-style-type: none"> ● Anti-poverty Action Plan in place ● Number of organisations with the London Living wage accreditation ● Number of Anchor organisations in place |

References

1. Marmot, M., Goldblatt, P., Allen, J., et al. (2010). Fair Society Healthy Lives (The Marmot Review). Available from: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>, accessed 13 January 2020.
2. Newham London & Newham Clinical Commissioning Group (2016). Children and Young People's Joint Strategic Needs Assessment (2016-2018).
3. Public Health England (2020). Public Health Profiles. Smoking status at time of delivery. Available from: <https://fingertips.phe.org.uk/search/smoking#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000025/iid/93085/age/1/sex/2>
4. Public Health England (2017). Mental health in pregnancy, the postnatal period and babies and toddlers. Report for Newham local authority. Available from: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health/data#page/13/gid/1938132960/pat/6/par/E12000007/ati/102/are/E09000025/iid/92351/age/179/sex/2>
5. Mousa, A., Naqash, A., & Lim, S. (2019). Macronutrient and micronutrient intake during pregnancy: an overview of recent evidence. *Nutrients*, 11(2): 443. doi: 10.3390/nu11020443
6. London Borough of Newham. (2019). Newham Universal Healthy Start Vitamin Scheme [presentation].
7. London Borough of Newham. (2019). Early Help Needs Analysis [Internal].
8. World Health Organization. (2020). Breastfeeding. R from: https://www.who.int/health-topics/breastfeeding#tab=tab_1
9. Public Health England, Field Service, South East and London. (2019). Vaccination coverage in North East & North Central London: January-March 2019 [presentation].
10. Borough of Newham (2019). Newham JSNA: Oral Health Factsheet 2019.
11. World Health Organisation (2020). Obesity. Available from: <https://www.who.int/topics/obesity/en/>
12. Public Health England. Public Health Profiles. (2020). Available from: <https://fingertips.phe.org.uk>. Accessed 23 January 2020.
13. World Health Organization (2020). Why does childhood overweight and obesity matter? Available from: https://www.who.int/dietphysicalactivity/childhood_consequences/en/
14. The King's Fund (2020). Obesity. Available from: <https://www.kingsfund.org.uk/projects/time-think-differently/trends-healthy-behaviours-obesity>
15. Marmot, M., Allen, J., Boyce, T., Goldblatt, P., & Morrison, J. (2020). Healthy Equity in England: The Marmot Review 10 Years on. Available from: <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/marmot-review-10-years-on-full-report.pdf>
16. The Office for Standards in Education, Children's Services and Skills (Ofsted) (2014). Are you ready? Good practice in school readiness. United Kingdom: Manchester.
17. Public Health England (2020). Public Health Profiles. Available from: <https://fingertips.phe.org.uk/search/school%20readiness#page/1/gid/1/pat/6/par/E12000007/ati/102/are/E09000025>
18. Children Poverty Action Group. (2020). The effects of poverty. Available from: <https://cpag.org.uk/child-poverty/effects-poverty>
19. London Borough of Newham. (2019). Early Help Needs Analysis [Internal].
20. London Borough of Newham (2018). Places for all. A School Place Planning Strategy 2018-2023. Available from: <https://www.newham.gov.uk/Documents/Education%20and%20learning/PlacesForAll.pdf>
21. London Borough of Newham. (2019). Early Help Needs Analysis [Internal].
22. Bellis, M.A., Ford, K., Rodriguez, G.R., Sethi, D., & Passmore, J. (2019). Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. *Lancet Public Health*, 4: e517-28.
23. Local Government Association. (2015). London Borough of Newham commissions speciality Female Genital Mutilation Prevention Service. Retrieved from: <https://www.local.gov.uk/london-borough-newham-commissions-specialist-female-genital-mutilation-prevention-service>
24. British Association for Community Child Health (2012). The meaning of 'integrated care' for children and families in the UK. Available from: https://www.bacch.org.uk/policy/position_statements.htm
25. Early Intervention Foundation (2014). Getting it right for families. A review of integrated systems and promising practice in the early years. Available from: <https://www.eif.org.uk/report/getting-it-right-for-families-a-review-of-integrated-systems-and-promising-practice-in-the-early-years>
26. The Mayor of Newham's Youth Safety Board. (2019). Report and Recommendations. Available from <https://www.newham.gov.uk/Documents/Council%20and%20Democracy/YouthSafetyBoardMainReport.pdf>

27. Hagell, A., & OBE, J. C. (2012). Adolescent health in the UK today: Update 2012. Available from http://www.ayph.org.uk/publications/273_Adol%20health%20in%20the%20UK%20today%2028%20may%202012.pdf
28. London Borough of Newham. (2019). The mayor Children and Young People Aspirations [Internal].
29. London Borough of Newham. (2019). Early Help Needs Analysis [Internal].
30. Korkodilos, M. (2016). The mental health of children and young people in England. London: Public Health England. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf
31. London Borough of Newham. (2019). Early Help Needs Analysis [Internal].
32. The Mayor of Newham's Youth Safety Board. (2019). Report and Recommendations. Available from <https://www.newham.gov.uk/Documents/Council%20and%20Democracy/YouthSafetyBoardMainReport.pdf>
33. The Mayor of Newham's Youth Safety Board. (2019). Report and Recommendations. Available from <https://www.newham.gov.uk/Documents/Council%20and%20Democracy/YouthSafetyBoardMainReport.pdf>
34. Health matters: obesity and the food environment, March 2017. Available from: <https://publichealthmatters.blog.gov.uk/2017/03/31/health-matters-obesity-and-the-food-environment/>
35. Health matters: obesity and the food environment, March 2017. Available from: <https://publichealthmatters.blog.gov.uk/2017/03/31/health-matters-obesity-and-the-food-environment/>
36. Supporting Young Carers and their families, The Children's Society, p. 11 https://www.childrensociety.org.uk/sites/default/files/supporting-young-carers-and-their-families_0.pdf
37. Young Minds, Childhood adversity, substance misuse and young people's mental health, p. 2 <https://youngminds.org.uk/media/1547/ym-addaction-briefing.pdf>
38. Social Determinants of Health, WHO, <https://www.who.int/gender-equity-rights/understanding/sdh-definition/en/>
39. Healthy Life Expectancy at Birth (Male) Newham, 2016-2018, <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000007/ati/102/are/E09000025/iid/90362/age/1/sex/1>
40. Healthy Life Expectancy at Birth (Female), 2016-2018, <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000007/ati/102/are/E09000025/iid/90362/age/1/sex/2>
41. Health Life Expectancy at 65 (Male) Newham, 2016-2018, <https://fingertips.phe.org.uk/search/healthy%20life%20expectancy#page/0/gid/1/pat/6/par/E12000007/ati/102/are/E09000025/iid/93505/age/94/sex/1>
42. Supplement to: Steel N, Ford JA, Newton JN, et al. Changes in health in the countries of the UK and 150 English Local Authority areas 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 2018; published online Oct 24. [http://dx.doi.org/10.1016/S0140-6736\(18\)32207-4](http://dx.doi.org/10.1016/S0140-6736(18)32207-4).
43. Shaw, J, Could inflammation be the cause of myriad chronic conditions? <https://harvardmagazine.com/2019/05/inflammation-disease-diet>
44. Liu YZ, Wang YX, Jiang CL. Inflammation: The Common Pathway of Stress-Related Diseases. *Front Hum Neurosci.* 2017;11:316. Published 2017 Jun 20. doi:10.3389/fnhum.2017.00316
45. Jones NRV, Conklin AI, Suhrcke M, Monsivais P (2014) The Growing Price Gap between More and Less Healthy Foods: Analysis of a Novel Longitudinal UK Dataset *PLOS ONE* 9(10): e109343. <https://doi.org/10.1371/journal.pone.0109343>
46. Rao M, Afshin A, Singh G, et al Do healthier foods and diet patterns cost more than less healthy options? A systematic review and meta-analysis *BMJ Open* 2013;3:e004277. doi: 10.1136/bmjopen-2013-004277
47. Statutory homelessness - households in temporary accommodation Newham, 2017/2018, <https://fingertips.phe.org.uk/search/temporary%20accommodation#page/4/gid/1/pat/6/par/E12000007/ati/202/are/E09000025/iid/11502/age/-1/sex/4>
48. Dallman MF, Pecoraro N, Akana SF, et al. Chronic stress and obesity: a new view of "comfort food". *Proc Natl Acad Sci U S A.* 2003;100(20):11696–11701. doi:10.1073/pnas.1934666100
49. Ntuk, U., Gill, J., Mackay, D., Sattar, N., and Pell, J. (2014) Ethnic specific obesity cut-offs for diabetes risk: cross-sectional study of 490, 288 UK Biobank participants. *Diabetes Care*, 37(9), pp. 2500-2507.
50. Detection and Management of Diabetes in England: Results from the Health Survey for England Mimi Xiao, Ciaran O'Neill *Diabetes Ther.* 2017 Oct; 8(5): 1163–1174. Published online 2017 Sep 25. doi: 10.1007/s13300-017-0300-5
51. Stocktake of access to general practice in England, NAO November 27, 2015 ISBN: 9781786040152 <https://www.nao.org.uk/report/stocktake-of-access-to-general-practice-in-england/>
52. What are health inequalities? Kings Fund February 18 2020 – Access and experience <https://www.kingsfund.org.uk/publications/whxat-are-health-inequalities#access>
53. Public satisfaction with the NHS and social care in 2017: Results and trends from the British Social Attitudes survey, Nuffield Trust and the King's Fund, <https://www.nuffieldtrust.org.uk/research/public-satisfaction-with-the-nhs-and-social-care-in-2017>
54. What are health inequalities? Kings Fund February 18 2020 – Access and experience <https://www.kingsfund.org.uk/publications/whxat-are-health-inequalities#access>

55. PHE fingertips – Public Health profiles <https://fingertips.phe.org.uk/search/preventabel%20udner%2075%20deaths#page/0/gid/1/pat/6/par/E12000007/ati/102/are/E09000025/iid/40702/age/163/sex/1>
56. PHE fingertips – Public Health profiles <https://fingertips.phe.org.uk/search/preventabel%20udner%2075%20deaths#page/0/gid/1/pat/6/par/E12000007/ati/102/are/E09000025/iid/40702/age/163/sex/1>
57. Felitti, V J et al, May 1998 The Adverse Childhood Experiences (ACE) Study.
58. Newham Public Health, January 2020, Housing and Health Needs Assessment
59. Newham Public Health, March 2020, Rough Sleeping Needs Assessment
60. New HIV diagnosis rate / 100,000 aged 15+ Newham, Public Health England, Fingertips, <https://fingertips.phe.org.uk/search/HIV#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000025/iid/91818/age/188/sex/4>
61. Hepatitis C in London: 2019 report, Public Health England, p. 6 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/858407/HepC_London_2019Report.pdf
62. Public Health England 2019 Public Health Outcomes Framework
63. CADD Research Report. February 2014 In plain sight. The evidence from Children exposed to Domestic Violence
64. Addiction risk factors, Center on Addiction, <https://www.centeronaddiction.org/addiction/addiction-risk-factors>
65. Newham Air Quality Action Plan October 2019
66. Public Health England November 2018 Health Matters: Air Pollution
67. Active, U. K. (2014). Turning the tide of inactivity. London: UK Active.England, S. (2017). Active lives adult survey: may 18/19 report. London: Sport England.
68. Department of Health & Social Care., Llywodraeth Cymru Welsh Government., Department of Health Northern Ireland., & the Scottish Government. (2019). UK Chief Medical Officers' Physical Activity Guidelines. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf
69. London Borough of Newham. Physical Activity and Sport Framework Evidence Base September 2019
70. London Borough of Newham. State of the Borough 2020
71. London Borough of Newham. Physical Activity and Sport Borough Profile 2017
72. Physical Activity and Sport Borough Profile 2017
73. London Borough of Newham.(2015).Understanding Newham 2015. <https://www.newham.gov.uk/Documents/Misc/Research-HouseholdSurvey8.pdf>
74. London Borough of Newham. (2019).ActiveNewham Performance Data 2018/2019.[internal doc]
75. Department for Culture, Media & Sport (2015): Towards an Active Nation
76. <https://data.london.gov.uk/insights/the-impact-of-facilities-in-london/>
77. London Borough of Newham, Corporate Plan 2019/20, <https://www.newham.gov.uk/Documents/Council%20and%20Democracy/CorporatePlan201920.pdf>
78. Social Connectedness, <https://ophi.org.uk/research/missing-dimensions/social-connectedness/>
79. Social Isolation and Loneliness in the UK, <https://iotuk.org.uk/wp-content/uploads/2017/04/Social-Isolation-and-Loneliness-Landscape-UK.pdf>
80. Social isolation in older people pose health risks, 23 April, 2019, National Institute on Aging, <https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>
81. Kellezi B, Wakefield JRH, Stevenson C, et al The social cure of social prescribing: a mixed-methods study on the benefits of social connectedness on quality and effectiveness of care provision BMJ Open 2019;9:e033137. doi: 10.1136/bmjopen-2019-033137
82. Community Wealth Building for a Fair and Inclusive Newham, 2019 <https://www.newham.gov.uk/Documents/Environment%20and%20planning/CommunityWealthBuilding.pdf>
83. The Newham Household Panel Survey – need date
84. Local action on health inequalities Reducing social isolation across the lifecourse, Public Health England, 2015 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf
85. APMS (Adult Psychiatric Morbidity Survey) via Fingertips, Public Health England <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#page/3/gid/1938132720/pat/46/par/E39000018/ati/165/are/E38000113/iid/93495/age/164/sex/4>
86. Loneliness - What characteristics and circumstances are associated with feeling lonely? <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10>

87. World Health Organization Report on the Global Tobacco Epidemic 2009 <http://www.who.int/tobacco/mpower/2009/en/index.html>
88. Committee on the Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products; Board on Population Health and Public Health Practice; Institute of Medicine; Bonnie RJ, Stratton K, Kwan LY, editors. Washington (DC): National Academies Press (US); 2015 Jul 23.
89. Smoking Attributable Mortality, 2016-2018, Local Attributable Tobacco Profiles, <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132887/pat/6/par/E12000007/ati/102/are/E09000025/iid/113/age/202/sex/4>
90. Potential years of life lost due to smoking related illness, 2016-2018, Local Tobacco Control Profiles, <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132887/pat/6/par/E12000007/ati/102/are/E09000025/iid/92407/age/202/sex/4>
91. London Borough of Newham Corporate Plan 2019-20, <https://www.newham.gov.uk/Documents/Council%20and%20Democracy/CorporatePlan201920.pdf>
92. https://ash.org.uk/wp-content/uploads/2019/08/ASH-Factsheet_Mental-Health_v3-2019-27-August-1.pdf
93. Smoking prevalence in adults in routine and manual occupations (18-64) – current smokers (APS), 2018 <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132886/pat/6/par/E12000007/ati/102/are/E09000025/iid/92445/age/183/sex/4>
94. Smokefree Housing Report, 2018, p.9 <https://ash.org.uk/wp-content/uploads/2018/11/FINAL-2018-Smokefree-Housing-report-web.pdf>
95. Pan A, Wang Y, Talaei M, et al. Relation of active, passive, and quitting smoking with incident type 2 diabetes: a systematic review and meta-analysis, *The Lancet – Diabetes and Endocrinology*. Published online September 17 2015
96. Shisha, British Heart Foundation, <https://www.bhf.org.uk/informationsupport/risk-factors/smoking/shisha>
97. Waterpipe Smoking (Shisha) in England, *The Public Health Challenge*, p. 3 <https://www.adph.org.uk/wp-content/uploads/2017/03/PHE-ADPH-Shisha-Report-February-2017-.pdf>
98. Buck, D., & Gregory, S. (2018). *Housing and health*. The King's Fund: London, UK.
99. Marmot, M., Geddes, I., Bloomer, E., Allen, J., & Goldblatt, P. (2011). *The health impacts of cold homes and fuel poverty*. London: Friends of the Earth & the Marmot Review Team, 201(1).
100. Marmot, M., Geddes, I., Bloomer, E., Allen, J., & Goldblatt, P. (2011). *The health impacts of cold homes and fuel poverty*. London: Friends of the Earth & the Marmot Review Team, 201(1).
101. Buck, D., & Gregory, S. (2018). *Housing and health*. The King's Fund: London, UK.
102. Ibid
103. Harker, L. (2006). *Chance of a lifetime: the impact of bad housing on children's lives*. Shelter UK.
104. Newham Council (2020). *London Borough of Newham Housing Strategy* (forthcoming).
105. EHS English Housing Survey, (2017) Stock profile and condition. Ministry of Housing and Local Government
106. EHS English Housing Survey, (2017) Stock profile and condition. Ministry of Housing and Local Government
107. Newham Info, (2019). <https://www.newham.info/housing/>
108. Newham Council (2020). *London Borough of Newham Housing Strategy* (forthcoming).
109. Regeneration Projects, <https://www.newham.gov.uk/Pages/Services/Regeneration-projects.aspx>
110. Marmot, M., Goldblatt, P., Allen, J., et al. (2010). *Fair Society Healthy Lives (The Marmot Review)*. Available from: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>, accessed 13 January 2020.
111. Economic inactivity (Oct2018-Sep2019), Source: ONS Annual Population Survey <https://www.nomisweb.co.uk/reports/Imp/la/1946157255/report.aspx?town=Newham#tabeinaact>
112. Wheatley, D., *Autonomy in Paid Work and Employee Subjective Well-Being*. *Work and Occupations*, 2017; 073088841769723 DOI: 10.1177/0730888417697232
113. Marmot, M., Goldblatt, P., Allen, J., et al. (2010). *Fair Society Healthy Lives (The Marmot Review)*. Available from: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>, accessed 11 March, 2020 p.61
114. Nappo, N., *Is there an association between working conditions and health? An analysis of the Sixth European Working Conditions Survey data*, *PLOS*, Published: February 12, 2019 <https://doi.org/10.1371/journal.pone.0211294>
115. Institute for Occupational Safety and Health (2017). *Survey of gig workers' health and wellbeing brings call for employer-worker care package*. Available from: <https://www.iosh.com/more/news-listing/survey-of-gig-workers-health-and-wellbeing-brings-call-for-employer-worker-care-pledge/>
116. *Next Steps Age 25 Sweep, Economic Activity and Health*, *The Centre for Longitudinal Studies*, https://cls.ucl.ac.uk/wp-content/uploads/2017/08/UCL_EconomicActivityHealth_WEB.pdf