

50 Steps to a Healthier Newham

Newham Joint Strategic Needs Assessment 2025



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Introduction



50 Steps to a Healthier Newham 2024-2027

Everyone in Newham should have the opportunity to thrive, and to have healthy, happy and fulfilled lives. Since the launch of the first 50 Steps to a Healthier Newham in 2020, there has been substantial progress and improvements to many aspects of residents' health and wellbeing. However, recent years have also brought huge and unprecedented challenges, which have had a disproportionate impact on Newham residents, three-quarters of whom live in the 30% of most deprived areas of the UK. 50 Steps 2024-2027 therefore comes at a crucial time for health and inequalities in Newham, and aims to respond to our health priorities and challenges of today and coming years.

Aim of this report

This joint strategic needs assessment (JSNA) underpins 50 Steps 2024-2027. It sets out Newham's current and future health needs, drawing on evidence, intelligence and insights from many sources, including public health datasets, data from local services and views and ideas of people who work or live in Newham.



Methods



Numeric data

In this JSNA we used a wide range of numeric data to understand health and the wider determinants of health in Newham. The data sources are labelled throughout the report. Where available, we have compared the data over time (which tells us whether things are getting better or worse) and compared Newham to London, England, and other local authorities with a similar demographic make-up to Newham's (which indicates where we are achieving better than average outcomes, where we are similar, and where there needs to be further attention). These comparisons help us prioritise and focus resources on the issues that are most in need. Given reducing health inequalities is a key strategic focus, we have also looked at the data for different population groups in Newham where possible. For example, we have compared data for different age groups, ethnic groups, or according to geographical area; this gives us a more granular understanding of inequalities in Newham's population and helps us to prioritise.

We have used the best and most up-to-date data available, which gives a strong indication of the scale of need, trends, inequalities and how demand for services might change in the future. However, it is important to note that no data is perfect and it can only ever provide a good estimate of the 'true' situation. In some sections of the report we have included additional notes explaining the strengths and limitations of the data being used in particular contexts, and what this means for the conclusions we can draw. Nonetheless, the data presented throughout the report provides a robust and comprehensive picture of health in Newham today.

Resident insights

We want residents to be at the heart of everything we do, so local people's views and ideas on health were a key source of data in undertaking this JSNA and informing 50 Steps 2024-2027.

50 Steps engagement events

From July to December 2023, the Newham Public Health team attended a series of engagement events to hear local people's ideas, views and priorities about health. As time went on, the team brought the emerging draft 50 Steps strategy to the events and asked for feedback from residents to shape and add nuance to the steps.

The team engaged with residents through existing services, forums and events, and carried out targeted engagement with groups with high needs who are less often heard.

Principles for engagement:

- Engagement is purposeful and has impact
- Maximise the potential of existing routes in the council and partners
- Minimise duplication for people
- Test and learn for ongoing collaboration
- Engagement should continue beyond the 50 Steps Strategy development and feed into accountability

50 Steps engagement events, 2024

Event	Place	Ward
Forest Gate Community and Maryland People Powered Place	Forest Gate Library	Forest Gate South
Plaistow People Powered Place	Plaistow Library	Plaistow North
East Ham People Powered Place	East Ham Library	East Ham
Green Street People Powered Place	Katherine Road Community Centre	Plashet
Local Area Forum – Stratford	Old Town Hall, Stratford	Stratford
Inter-Faith 50 Steps and Network Development session	Old Town Hall, Stratford	Stratford
Local Area Forum – Little Ilford, Manor Park, East Ham and Wall End	East Ham Town Hall	East Ham
Coffee morning	Custom House Library	Custom House
Autism Resident Advisory Group	Canning Town Library	Canning Town North
Senior LGBTQ+ Group	Stratford Library	Stratford
Local Area Forum – Green Street, Plaistow and Boleyn	East Ham Town Hall	East Ham
Support your wellbeing	North Woolwich Library	Royal Albert
Forever Young	Beckton Globe Library	Beckton
Knit and Natter	Beckton Globe Library	Beckton
Kensington Primary School	Kensington Primary School	Little Ilford
Local Area Forum – Canning Town, Custom House, Royal Docks and Beckton	Canning Town Library	Canning Town North
East Ham Library – Coffee with Friends	East Ham Library	East Ham
Over 50s group coffee morning	Katherine Road Community Centre	Plashet
Deaf Wellbeing Workshop	Stratford Library	Stratford
Southern Road Primary School	Southern Road Primary School	Plaistow North
International Day of People with Disabilities event	St Mark's Community Centre	Beckton
International Volunteers Day: listening and celebration event	Discover Children's Story Centre	Stratford
Voluntary and community groups event	Royal Docks Learning and Activity Centre	Royal Albert
Learning Disability Resident Advisory Group	Canning Town Library	Canning Town North

Resident insights from other sources

One of the principles of engagement was to avoid unnecessary duplication (residents often tell us the council, health services and other public organisations ask local people the same questions repeatedly). We therefore made use of existing resident insights from across the council where they were recent and relevant. For example, Newham's Ageing Well Strategy, published in 2022, was based on a survey (1,500 respondents), focus groups and workshops with residents aged 50+. We have reflected key points from this data in the JSNA and used it to inform 50 Steps 2024-2027. In addition, we used insights from Well Newham advisors, who gathered a wealth of data about residents' needs and priorities through their everyday work. Other sources include the council's Community Physical Activity and Leisure resident engagement (2021-2022), Newham Healthy Schools workshops (2023), data used to develop the Newham Multiagency Early Help Strategy 2023-2026, Newham Learning Disability Citizen Assembly findings (2021), and insights from the Newham Food Alliance.



Data and evidence

Newham's population

Key points

- In 2023, Newham had an estimated 373,000 residents.
- Males make up 53% of the population and females make up 47%. Newham is a relatively young borough, with 45% of residents under 30.
- Newham is one of the most ethnically diverse places in the country. Forty-five percent of residents identify as Asian, 28% as White, 18% as Black, 5% as Mixed, and 4% as other.
- Newham is a relatively deprived place. In 2019, Newham was the third most deprived borough in London, with three-quarters of residents living in the 30% most deprived areas in the country. However, it has become relatively less deprived since 2010.
- Newham is amongst the fastest growing boroughs in London. The population is predicted to increase by 19% by 2030, equating to around 71,200 more residents.
- Newham's population is also ageing. The fastest growth is among residents aged 70+.

Population size and characteristics

In 2023, an estimated 373,000 people lived in Newham, modelled on data from the Census 2021¹. However, many more people were registered as Newham residents by NHS services: 445,100 people were recorded as Newham residents by NHS services in 2023. The difference between the two estimates is greatest in ages 25 to 40 years.

The Office for National Statistics (ONS) and the Greater London Authority (GLA) use Census 2021 data to estimate population size and make-up, while NHS data sources use the NHS-registered population. Throughout this report both sources of population data are used depending on the topic, and in each case the source is stated.

Which population estimate is correct?

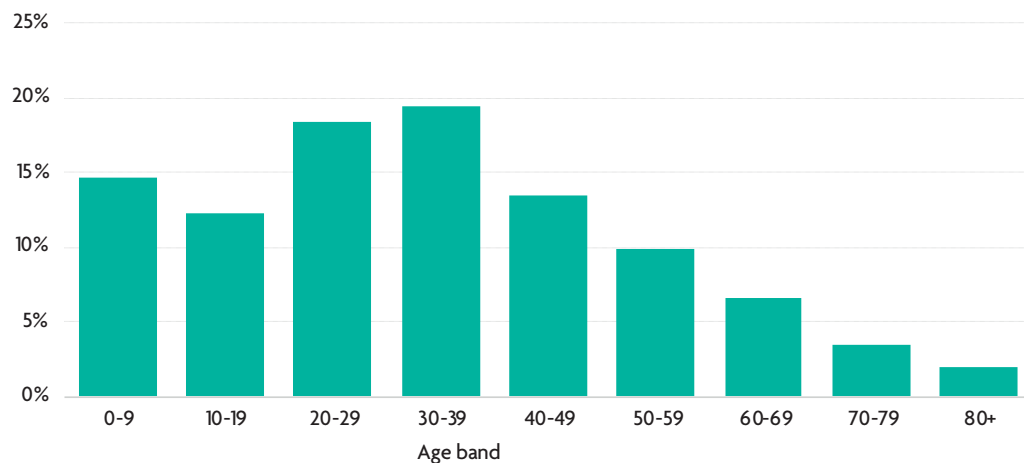
Both Census-based and NHS population estimates have uncertainties and the true number of people living in Newham may lie somewhere between the two estimates. The estimate from NHS services is expected to be an over-estimate of the true population as some people will have moved out of Newham but remain registered with NHS services as a Newham resident. On the other hand, Census 2021 may have under-estimated the number of residents as it is unlikely that everyone living in the borough took part. This means subsequent modelled population estimates (known as Mid-Year Estimates) may also under-estimate the true population size.

Newham's population

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According to GLA estimates, in 2023 males made up 53% of Newham's population, compared to 47% females. Newham has a young population: 45% of residents are under the age of 30 (Figure 1).

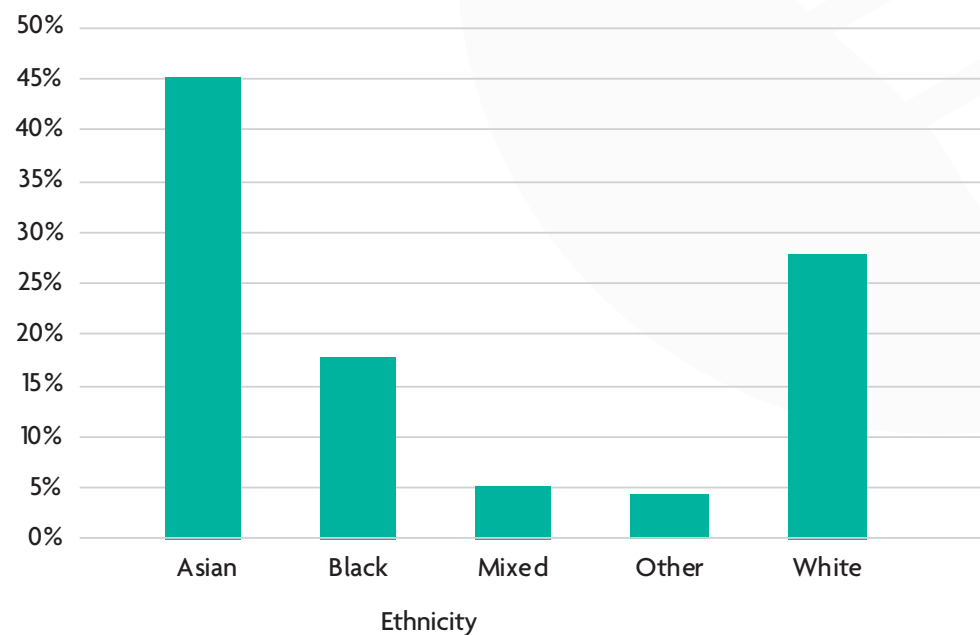
Figure 1: Newham population by age band, 2023



Source: Greater London Authority Housing Led Population Projections

Newham is one of the most ethnically diverse local authorities in England. In 2023, 72% of the population were from Black, Asian or other minority ethnic groups (Figure 2 and Figure 3).

Figure 2: Newham population by broad ethnic group, 2023



Source: Greater London Authority Housing Led Ethnic Population Projections

Figure 3: Newham population by sex and ethnicity, 2023

Ethnic group		Male	Female	All persons	Percent
Asian	Indian	32,570	22,360	54,930	14.7
	Pakistani	21,190	14,480	35,670	9.6
	Bangladeshi	25,070	20,950	46,010	12.4
	Chinese	3,160	3,250	6,420	1.7
	Other Asian	12,630	12,220	24,850	6.7
Black	Black African	20,750	20,760	41,510	11.1
	Black Caribbean	6,220	8,380	14,600	3.9
	Other Black	4,720	5,070	9,790	2.6
Mixed	White and Black Caribbean	2,150	1,970	4,130	1.1
	White and Black African	2,000	2,110	4,120	1.1
	White and Asian	2,370	2,040	4,410	1.2
	Other Mixed	3,310	3,120	6,430	1.7
White	White British	25,210	22,930	48,140	12.9
	White Irish	1,730	1,220	2,950	0.8
	Other White	25,430	27,150	52,590	14.1
Other	Arab	2,810	2,200	5,010	1.3
	Other ethnic group	6,180	4,800	10,970	2.9
Total		197,500	175,010	372,530	100

Source: Greater London Authority Housing Led Ethnic Population Projections

Deprivation in Newham

Newham is a relatively deprived borough. In 2019, Newham was the third most deprived borough in London, with three-quarters of residents living in the 30% most deprived areas in England.² The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. It combines multiple dimensions of deprivation, such as quality of the natural and built environment, air quality, income levels, levels and quality of employment and housing quality. In 2019, Newham had a higher IMD score (29.6) than both London (21.8) and England (21.7), indicating it was relatively more deprived.³ However, Newham's deprivation (relative to England) has been falling (improving) since 2010. Between 2015 and 2019 Newham's IMD score fell from 32.9 to 29.6 as the borough become relatively more affluent.

People living in deprived areas tend to have less good health, typically experience poorer health at younger ages and have shorter life expectancy than people living in less deprived areas. Such differences are driven by the conditions and circumstances in which people live and work – the wider determinants of health. Read more about deprivation in [Building an inclusive economy](#).



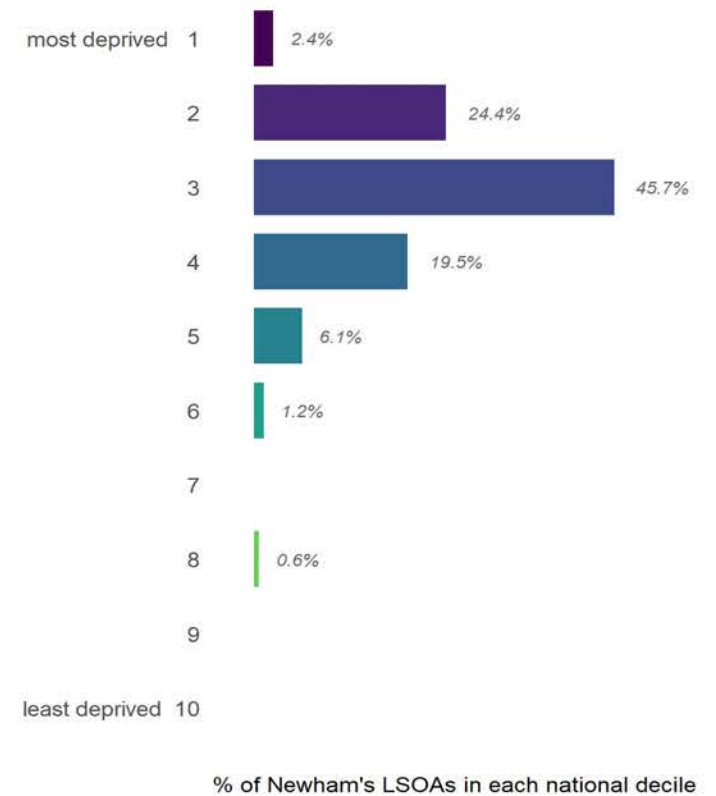
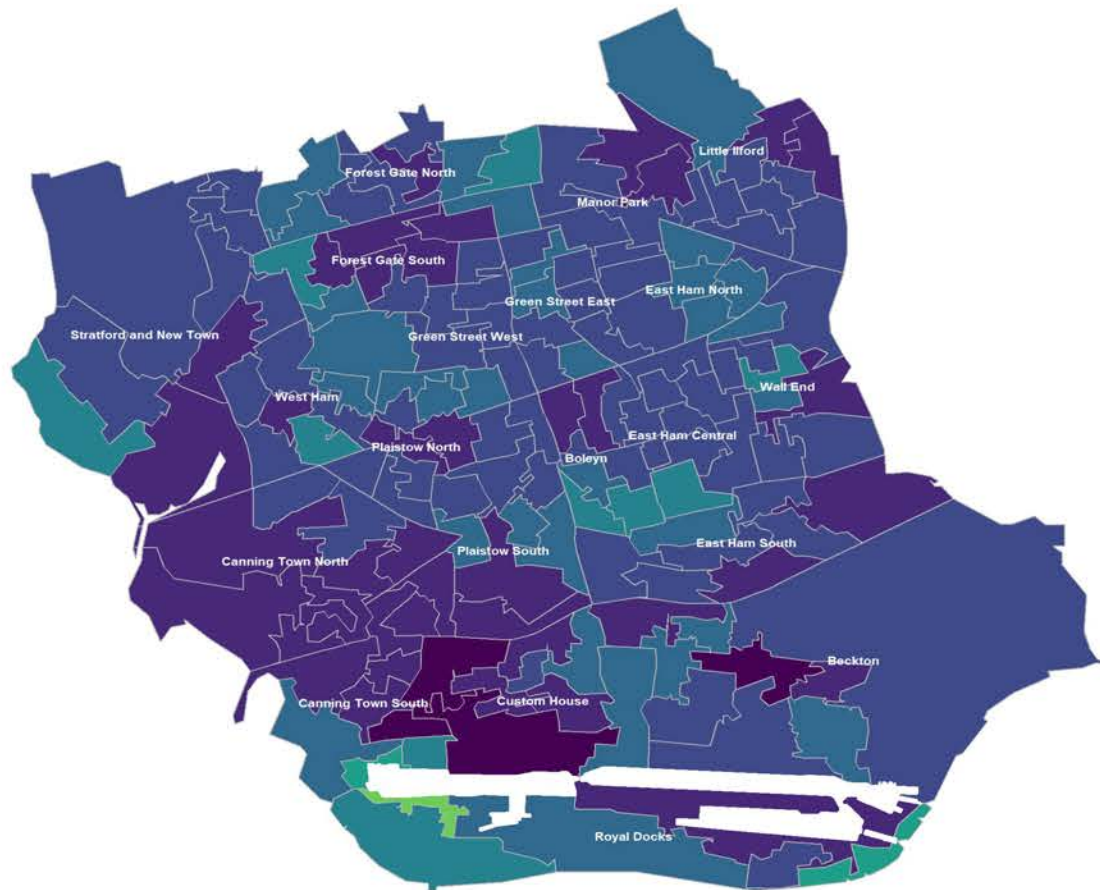
² IMD 2019, Department for Communities and Local Government via Fingertips, OHID Public health profiles - OHID (phe.org.uk)

³ Ministry of Housing, Communities & Local Government (2019) English indices of deprivation

Figure 4: Deprivation in Newham, 2019

Index of Multiple Deprivation, 2019

Newham's Lower Super Output Areas by national decile

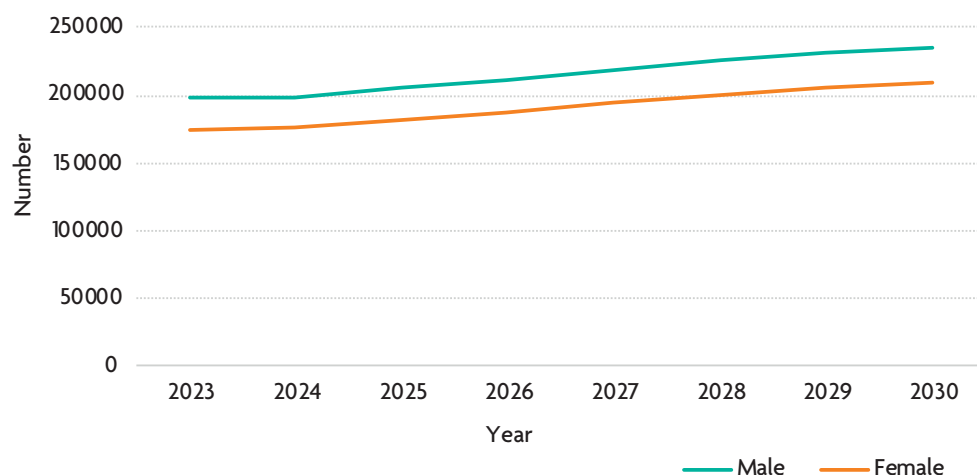


Source: The English Indices of Deprivation 2019

Population growth

GLA projections predict that Newham's population will increase by 19% by 2030. The proportional increase is predicted to be the same for males and females. This equates to approximately 71,200 more residents in total (37,700 more males and 33,500 females) by 2030 (Figure 5).

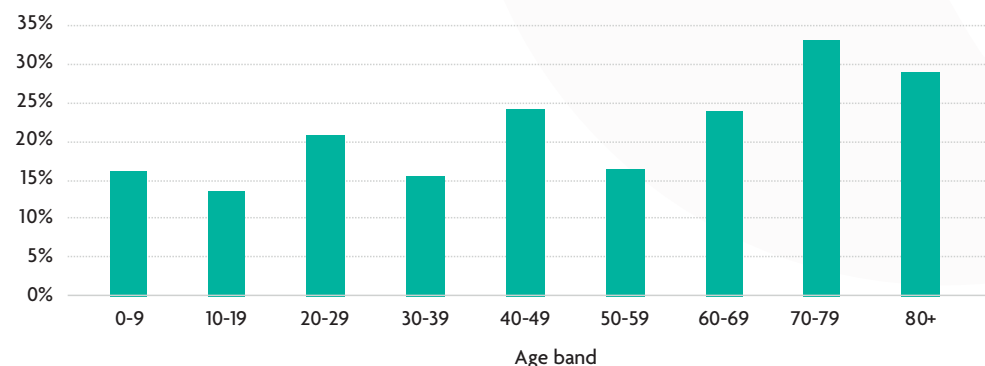
Figure 5: Newham population projection, 2023 to 2030, number of residents



Source: Greater London Authority Housing Led Ethnic Population Projections

Newham's population is ageing. The 70+ age group is forecast to grow the most between 2023 and 2030, with a forecast increase of 32%, equating to over 6,000 more residents, by 2030. The smallest proportional increase is forecast to be in 10-19 year olds (Figure 6). This has important implications for local services, particularly the health and care system: an ageing population is likely to increase demand on health and care services due to greater prevalence and complexity of need. This underscores the importance of prevention to help residents stay healthy and independent for as long as possible and help people live well with health conditions.

Figure 6: Newham population projection, 2023 to 2030, percentage change by age band



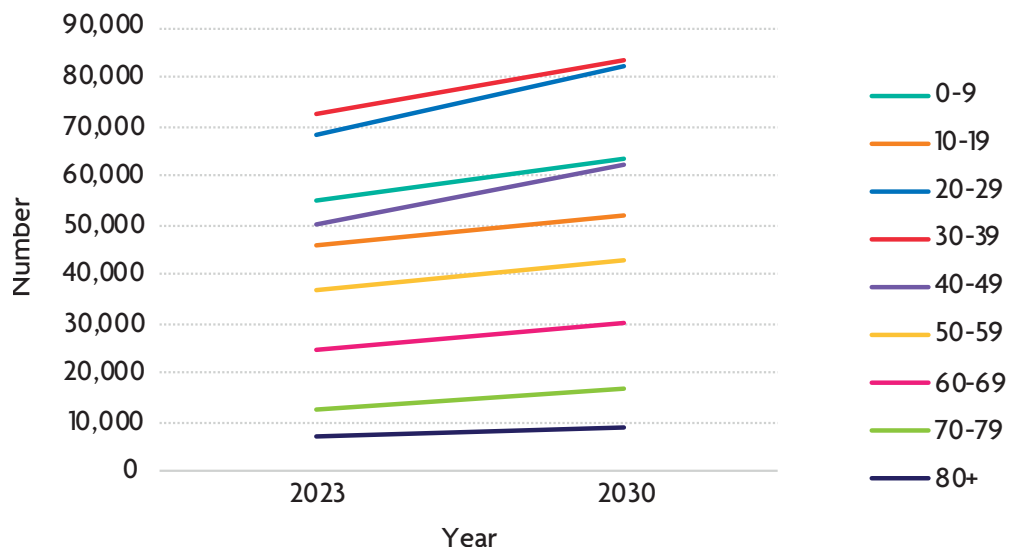
Source: Greater London Authority Housing Led Population Projections

In terms of absolute numbers of residents, the 20-29 age group is forecast to grow the most in absolute size between 2023 and 2030, with an additional 14,298 individuals. The 80+ group will grow the least in absolute size, with 2,055 more residents of these ages by 2030 (Figure 7).

Newham's population

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Figure 7: Newham population, 2023 to 2030, change in number by age band



Source: Greater London Authority Housing Led Ethnic Population Projections

In terms of the ethnic diversity of Newham's population, the population is forecast to remain extremely diverse in 2030. The 'Other' ethnic group is expected to grow the most (31% increase), which includes a large and diverse range of ethnicities, for example Algerian, Brazilian and Columbian, followed by the Chinese population (25% increase). The White British group is predicted to grow the least (11% increase). In terms of absolute numbers, Newham's Indian population is expected to grow the most in absolute size, and the White Irish population is predicted to increase the least in size (Figure 8).

These forecasts should only be treated as indicative; in the past, external factors such as Brexit have had a substantial impact on ethnicity in Newham. Changing patterns of ethnicity in the borough may affect health needs and demand for health and care services. For example, the prevalence of diabetes is currently higher in Newham's Asian communities compared to Newham as a whole, which suggests diabetes may become more prevalent as Newham's Asian population grows. This has important implications for the way services are designed and delivered to ensure access and outcomes are equitable for people from all groups and communities.

Figure 8: Newham population projection, 2023 to 2030, change by ethnic group

Ethnic Group	Population		Change, 2023-2030	
	2023	2030	Number	%
Asian				
Bangladeshi	46010	57010	11000	24%
Chinese	6420	8020	1600	25%
Indian	54930	66690	11760	21%
Other Asian	24850	29930	5080	20%
Pakistani	35670	41810	6140	17%
Black				
Black African	41510	49130	7620	18%
Black Caribbean	14600	16620	2020	14%
Other Black	9790	12180	2390	24%
Mixed				
Other Mixed	6430	8170	1740	27%
White & Asian	4410	5400	990	22%
White & Black African	4120	4920	800	19%
White & Black Caribbean	4130	4820	690	17%
White				
Other White	52590	61550	8960	17%
White British	48140	53340	5200	11%
White Irish	2950	3360	410	14%
Other				
Arab	5010	6310	1300	26%
Other Ethnic Group	10970	14420	3450	31%

Source: Greater London Authority Housing Led Ethnic Population Projections

Health and wellbeing in Newham

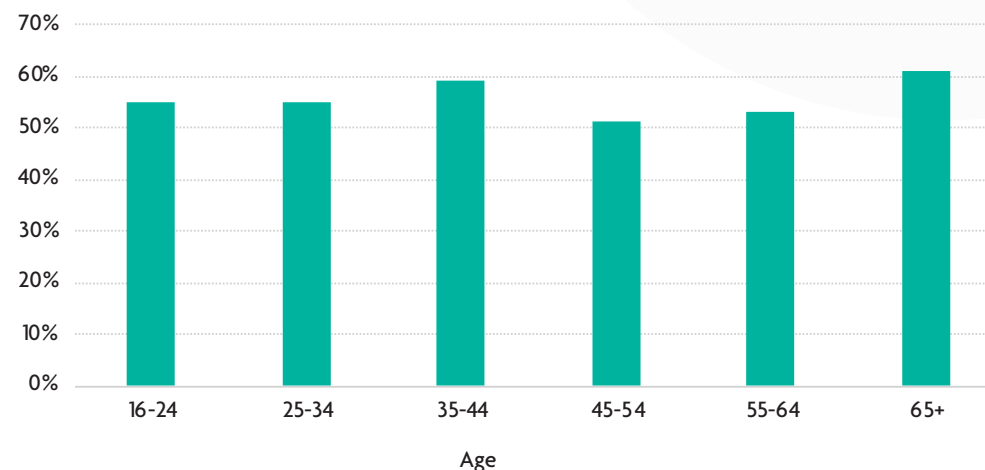
Key points

- In 2023, an estimated 56% of residents had high or very high life satisfaction, which is an important marker of health and wellbeing. However, a substantial proportion were not satisfied with life, which may reflect health, economic and social factors.
- In 2022, female life expectancy was 83 years and male life expectancy was 78.9 years. These were lower than the London averages and similar to England.
- There are marked inequalities in life expectancy between the most and least deprived parts of Newham. In 2018-20, the difference was 6.6 years in females and 8.1 years in males.
- In 2018-20, healthy life expectancy was 64.6 years in females and 59.5 years in males. This suggests on average females live around 18 years, and males 19 years, with ill health or disability.
- In 2023, 26% of Newham’s NHS-registered population had at least one diagnosed long-term condition, increasing from 25% in 2017. Around half had two or more conditions.
- The five most common long-term conditions in Newham in 2023 were hypertension (high blood pressure), obesity, diabetes, depression and asthma.
- In 2023, long-term conditions were most common in the most deprived parts of Newham and least common in the least deprived areas. They were also most common in Asian ethnic groups, followed by Black ethnic groups, with lower rates in White, Mixed and other ethnic groups.
- In 2021-2023, cardiovascular disease, respiratory disease and cancer were the top three causes of death.

Life satisfaction

Life satisfaction is an important measure of the population’s overall wellbeing and quality of life. In 2023, an estimated 56% of residents reported having high or very high life satisfaction, suggesting that most residents are happy with their life as a whole. However, it also indicates a substantial proportion of residents are not satisfied with life, which may reflect health, economic and social factors. In 2023, there was no clear pattern of life satisfaction linked to age, although notably residents aged 65+ reported the highest level of satisfaction, which is similar to studies elsewhere (Figure 9).

Figure 9: Life satisfaction in Newham by age band, 2023, proportion (%)



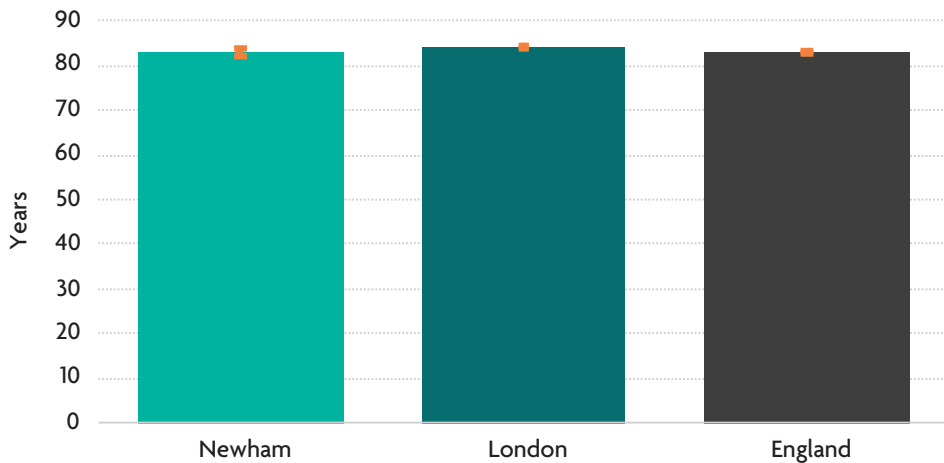
Source: Newham Residents Survey 2023

Life expectancy

In 2022, a girl born in Newham could expect to live for 83 years given the mortality rates at the time. Life expectancy for a boy born in Newham was 78.9 years. Life expectancy for both females and males in Newham was significantly lower (worse) than the London averages (84.4 for females, 80.3 for males) and similar to England (83.2 for females, 79.3 for males) (Figure 10 and Figure 11).

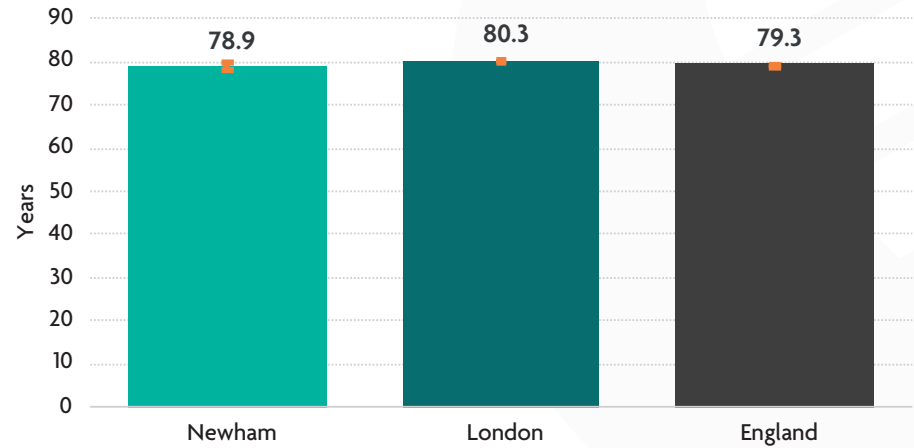
This tells us that Newham’s population does not have equal opportunity for good health compared to the average London borough. This is due to many factors that influence health, such as income, housing, green space, employment, food, public services, and more – the ‘wider determinants of health’. 50 Steps seeks to address these factors through evidence-based actions to improve health and reduce inequalities.

Figure 10: Life expectancy at birth, females, 2022



Source: Office for National Statistics via Fingertips, OHID

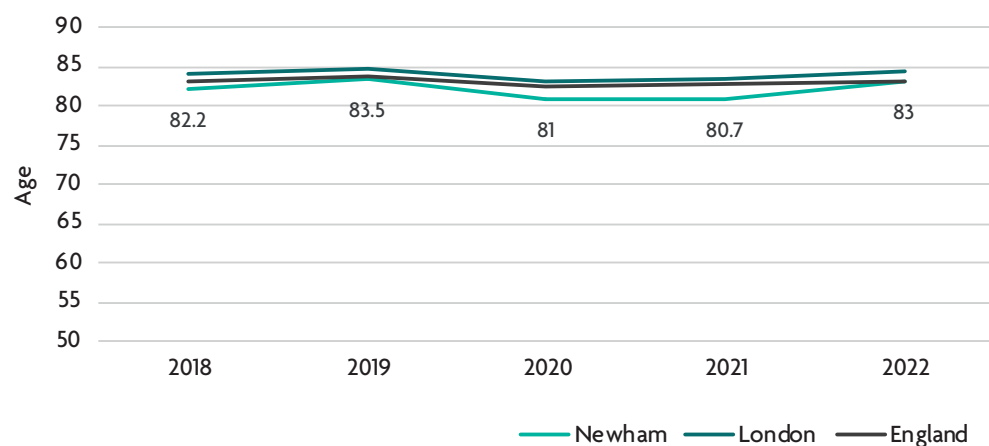
Figure 11: Life expectancy at birth, males, 2022



Source: Office for National Statistics via Fingertips, OHID

Female life expectancy in Newham increased between 2001/03 and 2010/12. It rose more sharply than the London and England averages during this time, which suggests the health of Newham’s female population was improving more quickly than average. However, improvements in female life expectancy slowed after 2010/12, following a similar pattern to London and England. This may be due to austerity-driven impacts on healthcare, social care and other public services, and increasing complexity of illness, among other factors.⁴ Female life expectancy in Newham fell during COVID-19, falling more than the London and England averages, which demonstrates that females in Newham were more impacted by the pandemic than average. Female life expectancy appears to be improving following the pandemic (Figure 12).

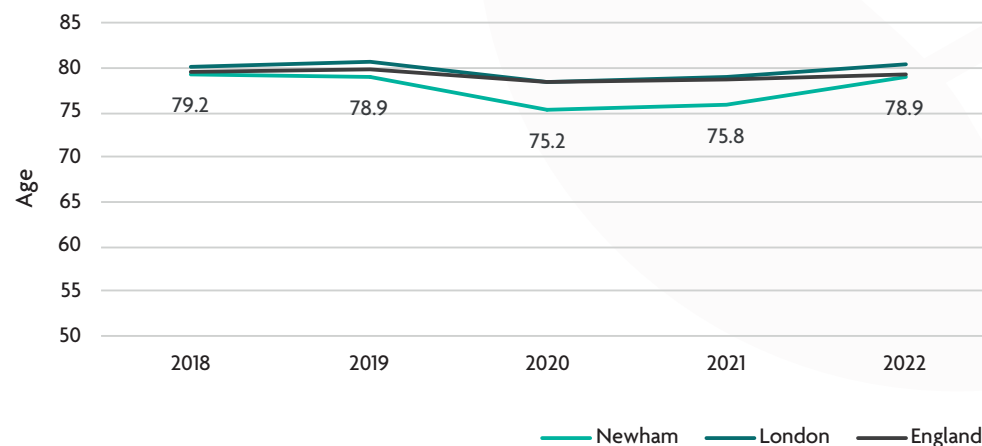
Figure 12: Life expectancy at birth, females, 2018 - 2022



Source: Office for National Statistics via Fingertips, OHID

Life expectancy has steadily increased among males in Newham, which may in part be down to falling smoking rates and improved cardiovascular health. It fell during COVID-19, with a greater decline than in London and England overall, demonstrating how males in Newham were harder hit than average. Male life expectancy has again started to increase since the pandemic (Figure 13).

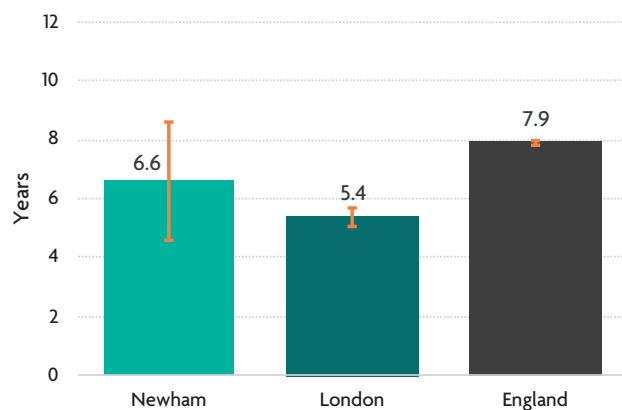
Figure 13: Life expectancy at birth, males, 2018 - 2022



Source: Office for National Statistics via Fingertips, OHID

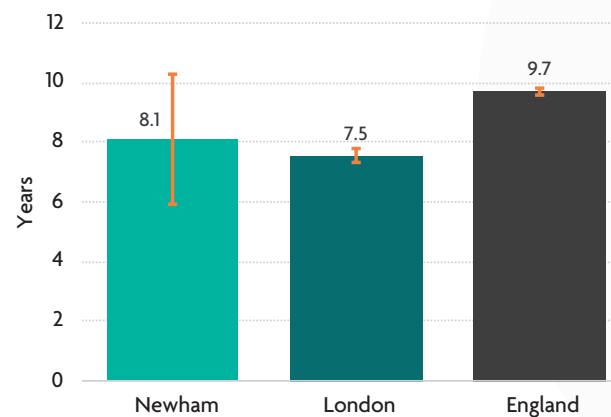
Life expectancy in Newham varies with deprivation, where people living in the most deprived areas have, on average, a shorter life expectancy than people in the least deprived places. In 2018-20, a girl born in the most deprived area of Newham had a life expectancy 6.6 years less than that of a girl born in the least deprived area (Figure 14). The difference for males was 8.1 years (Figure 15). These inequalities appear similar to those across London and England.

Figure 14: Inequality in life expectancy at birth (females), 2018-20



Source: Fingertips, OHID

Figure 15: Inequality in life expectancy at birth (males), 2018-20



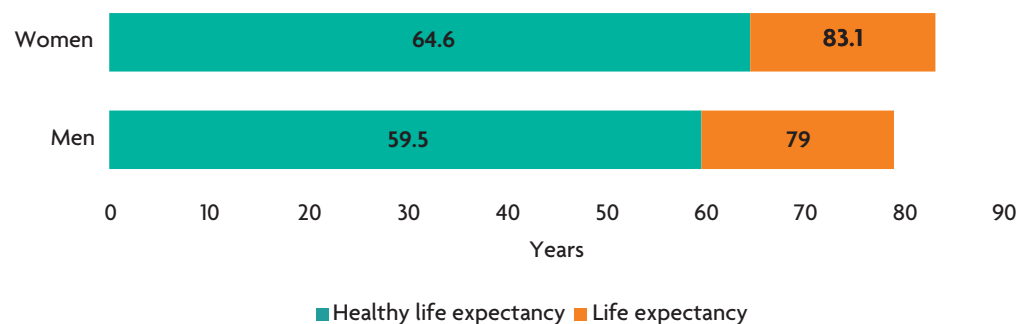
Source: Fingertips, OHID

Healthy life expectancy

Healthy life expectancy indicates how long, on average, someone born today can expect to live in good health, without poor health or disability.

In 2018-20, healthy life expectancy was 64.6 years for females and 59.5 years for males in Newham (Figure 16). This means, on average, females in Newham can expect to live around 18 years, and males 19 years, with ill health or disability. This not only has important implications for individuals' health and wellbeing and the wider community, it also has consequences for demand for health and care services and highlights the need for prevention to help the population stay healthy for as long as possible.

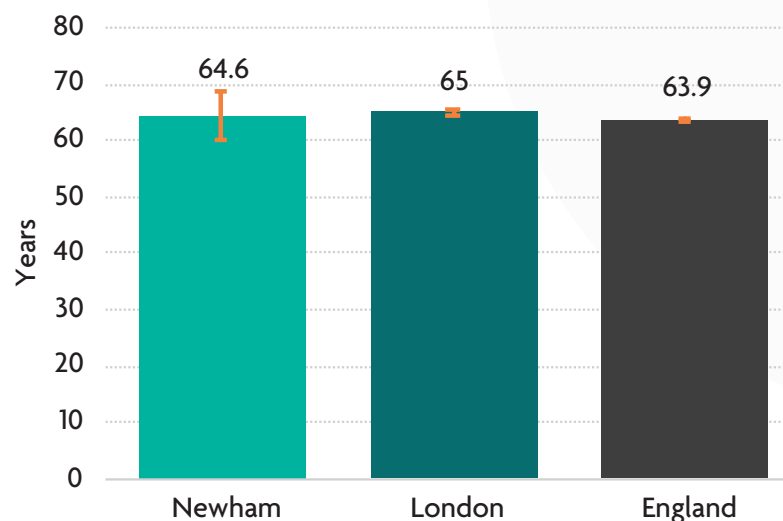
Figure 16: Life expectancy and healthy life expectancy at birth by sex, 2018-2



Source: ONS mid-year population estimates via Fingertips, OHID

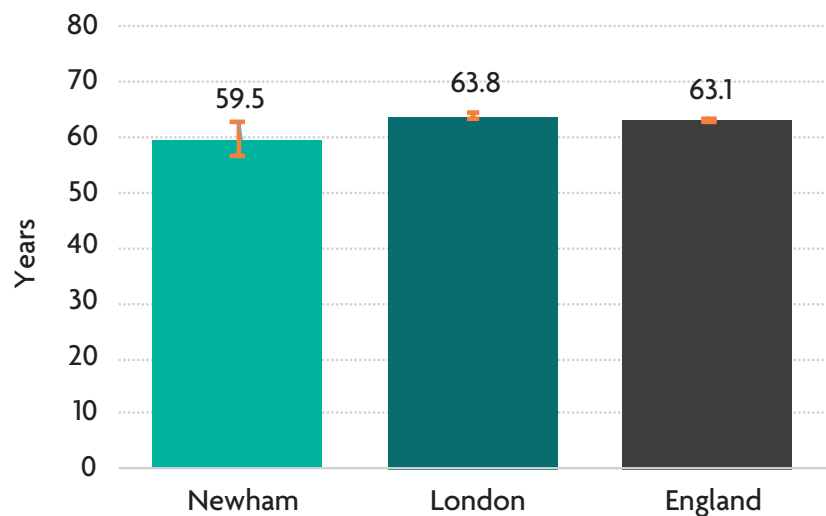
In 2018-20, healthy life expectancy for females in Newham was similar to London and England, whereas for males it was lower (worse) than both London and England (Figure 17 and Figure 18). Healthy life expectancy has been relatively stable in recent years in females and males.

Figure 17: Healthy life expectancy at birth, females, 2018-20



Source: Fingertips, OHID

Figure 18: Healthy life expectancy at birth, males, 2018-20



Source: Fingertips, OHID

Long-term conditions

Long-term conditions (LTCs) are illnesses that cannot currently be cured but can often be managed with preventative approaches, medicines and other therapies, which support people living with these conditions to maintain a good quality of life. The proportion of the population (prevalence) and number of individuals with LTCs are key indicators of public health. They tell us about the overall health of the population, the types of illnesses the population is experiencing and the need for and demand on health and care services; and they also inform local priorities for prevention.

This section gives an overview of the main long-term conditions in Newham and how they have changed over time. [Preventing illness and providing high quality health and care services](#) provides more detail on the most common long-term conditions.

A note about NHS data

Most data on LTCs is taken from NHS data. This data is extremely granular, making it some of the best data available to assess population health. However, it is not exact. When using this data to assess health in Newham, there are several important limitations to consider:

- The data only captures people who have been diagnosed and the diagnosis has been recorded. It does not include people with LTCs who have not been diagnosed and recorded. This means the data may underestimate the amount of illness in the population as it only picks up those who have a recorded diagnosis.
- Similarly, not all population groups interact with NHS services equally, so the data may under- or over-represent certain demographic groups depending on differences in interactions with NHS services. For example, females typically access the GP more than males, so males may be under-diagnosed in certain conditions more so than females.
- The data is based on the number of NHS-registered patients in Newham. This number is considerably higher (22%) than the estimated number of Newham residents based on the Census 2021. It is not clear which number is correct, and therefore the data presented may not accurately reflect the true value in the population. See [Which population estimate is correct?](#) for more information about different population estimates.

In 2023, 26% of all NHS-registered patients in Newham (equating to around 124,000 people) had at least one diagnosed LTC. The five most common LTCs were hypertension (high blood pressure), obesity, diabetes, depression and asthma (Figure 19).

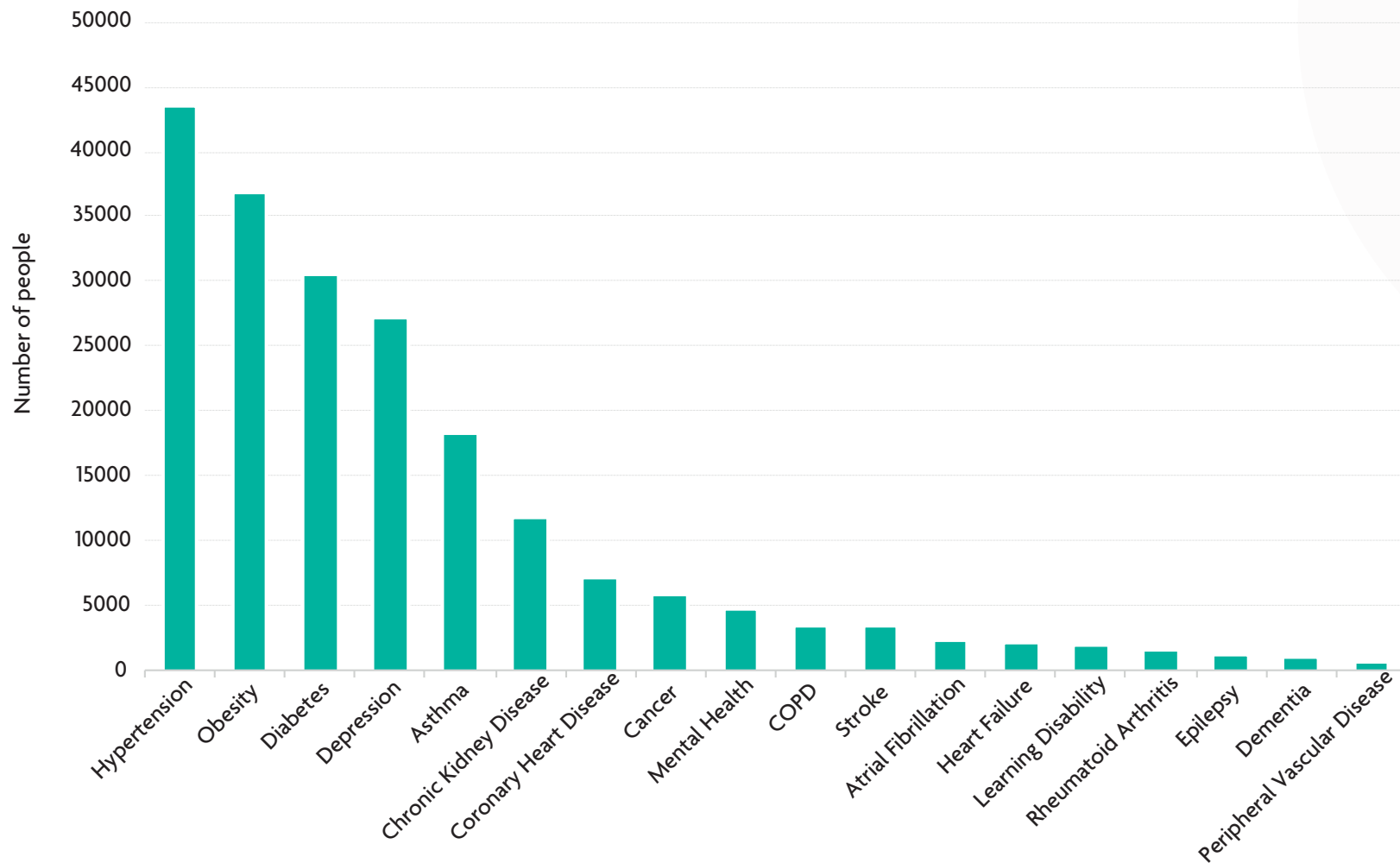
Figure 19: Top five long-term conditions, 2023, Newham NHS-registered population, all-age, count and prevalence (%)

LTC	Number of NHS-registered population	Prevalence (% of NHS-registered population)
Hypertension	44,000	10.2
Obesity	37,000	8.6
Diabetes	31,000	7.1
Depression	27,000	6.3
Asthma	18,000	4.3

Source: EMIS

In addition to the top five LTCs, many other LTCs affect Newham’s NHS-registered population (Figure 20).

Figure 20: Main long-term conditions, 2023, Newham NHS-registered population, all-age, count



Source: EMIS

Between 2017 and 2023, the proportion of Newham's NHS-registered population with at least one LTC increased by one percentage point, from 25% in 2017 to 26% in 2023. While this was a small increase in absolute terms, it represented a significant rise in prevalence of LTCs over the period. At the same time, the total number of people with at least one LTC grew from around 90,000 in 2017 to around 124,000 in 2023 (due to population growth and increased prevalence), which has important implications for demand on health and care services.

Over this time, out of the 18 most common LTCs (Figure 21):

- Five significantly increased in prevalence, which means the proportion of Newham's NHS-registered population with these conditions grew. For example, prevalence of depression (diagnosed) increased by 34%, from 4.7% prevalence in 2017 to 6.3% in 2023.
- Six significantly decreased in prevalence, which means they became relatively less common in the NHS-registered population. For example, prevalence of chronic obstructive pulmonary disease (COPD) fell by 20%, from 1% in 2017 to 0.8% in 2023, which might be linked to declining smoking rates.
- Seven did not significantly change in prevalence.

The change in prevalence of LTCs may be linked to a range of factors including:

- Changes in recognition, diagnosis and recording of existing disease. For example, greater awareness and recognition of depression may lead to more diagnoses. On the other hand, issues with recording dementia diagnoses may artificially reduce the numbers recorded.
- Changing population demographics, such as age structure and ethnic make-up. For example, population ageing means a greater proportion of the population is older and at higher risk of LTCs such as diabetes and cancer.
- 'Truly' better or poorer health outcomes linked to a wide range of changing risk factors, such as improving smoking rates, strain on public services and poorer diets.

In addition, possible inaccuracies in Newham's NHS-registered population might affect estimated disease prevalence. For example, if people with diagnosed diseases moved out of Newham but remained registered in the borough, this might make prevalence appear higher than it really is. On the other hand, if people without a condition moved away but stayed registered, this might make prevalence lower than it truly is. See [Which population estimate is correct?](#) for more information about population estimates

Figure 21: Change in counts and prevalence of the main LTCs in Newham, 2017-2023, Newham NHS-registered population, all-age, counts and prevalence (%)

LTC	2017		2023		Change 2017-2023		
	Number of people	Prevalence	Number of people	Prevalence	Change in number of people	Absolute change in prevalence	Increase / decrease / no change in prevalence*
Hypertension	36,800	10.7%	43,600	10.2%	6,800	-0.5%	Decrease
Obesity	26,900	7.9%	36,800	8.6%	9,900	0.7%	Increase
Diabetes	23,200	6.8%	30,600	7.1%	7,400	0.3%	Increase
Depression	16,100	4.7%	27,200	6.3%	11,100	1.6%	Increase
Asthma	15,800	4.6%	18,300	4.3%	2,500	-0.3%	Decrease
Chronic kidney disease	7,750	2.3%	11,700	2.7%	3,950	0.4%	Increase
Coronary heart disease	6,200	1.8%	7,150	1.7%	950	-0.1%	Decrease
Cancer	3,900	1.1%	5,850	1.4%	1,950	0.3%	Increase
Severe mental illness	3,950	1.2%	4,840	1.1%	890	-0.1%	No change
COPD	3,350	1.0%	3,550	0.8%	200	-0.2%	Decrease
Stroke	2,740	0.8%	3,400	0.8%	660	0%	No change
Atrial fibrillation	1,890	0.6%	2,380	0.6%	490	0%	No change
Heart failure	1,830	0.5%	2,200	0.5%	370	0%	No change
Learning disability	1,480	0.4%	1,900	0.4%	420	0%	No change
Rheumatoid arthritis	1,290	0.4%	1,660	0.4%	370	0%	No change
Epilepsy	1,210	0.4%	1,270	0.3%	60	-0.1%	Decrease
Dementia	1,010	0.3%	990	0.2%	-20	-0.1%	Decrease
Peripheral vascular disease	750	0.2%	760	0.2%	10	0%	No change

Source: EMIS

*Based on statistical significance testing where a p-value of <0.05 indicates a significant difference between proportions

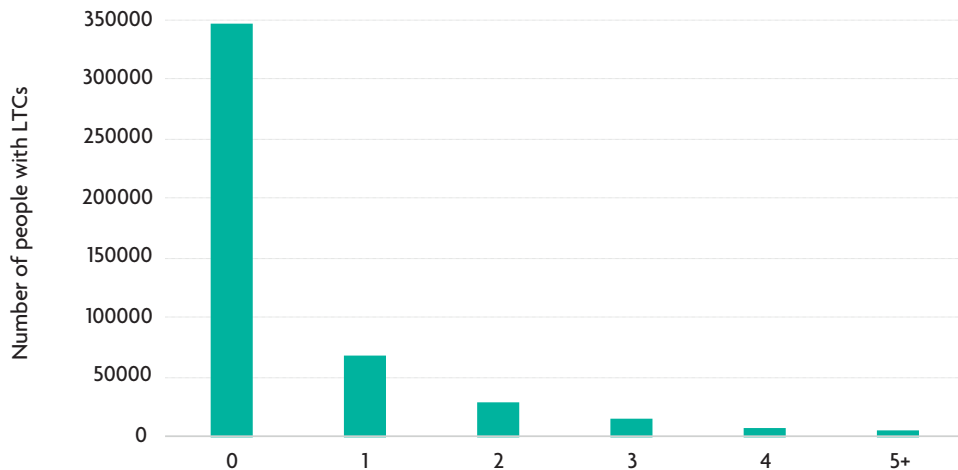
[Preventing illness and providing high quality health and care services](#) and [Promoting good mental health](#) provide more detail on some of the major LTCs.

Multi-morbidity

Multi-morbidity means having two or more LTCs. It is an important measure of population health as it is linked to more complex health and care needs and is one of the major drivers of demand for health and care services. Understanding patterns and trends in multi-morbidity is therefore important for prevention and planning future health and care services.

In 2024, around 12% of Newham’s NHS-registered population had multi-morbidity (around 56,000 people). Of these, most had two LTCs. Smaller numbers had three, four, five and more conditions, but these are significant in terms of the complexity of health need these residents may experience and the implications for health and care services (Figure 22).

Figure 22: Multi-morbidity in Newham, 2024, number of people



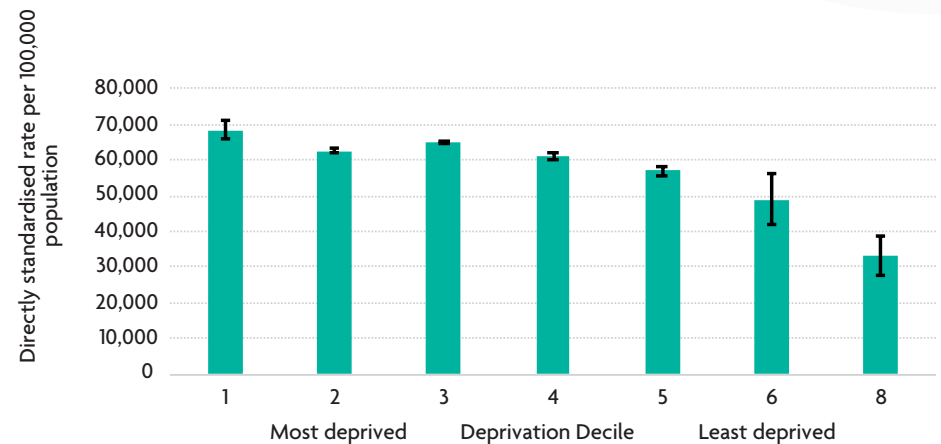
Source: EMIS

Between 2017 and 2024, prevalence of multi-morbidity in Newham’s NHS-registered population was relatively constant at around 11% to 12%. As Newham’s population grew over this period, the absolute number with multi-morbidity increased from 40,000 people in 2017 to 56,000 in 2024.

Long-term conditions: inequalities

LTCs and multi-morbidity are unequally distributed in Newham’s population, the result of a complex range of factors that lead to unfair and avoidable differences between groups. Socio-economic disadvantage is a leading driver of poor health and health inequalities. In Newham in 2023, prevalence of LTCs was highest in the most deprived parts of Newham and lowest in the least deprived areas, with a steady gradient in-between (Figure 23). This aligns with data showing that residents living in the most deprived parts of the borough have a lower life expectancy than those in the least deprived areas.

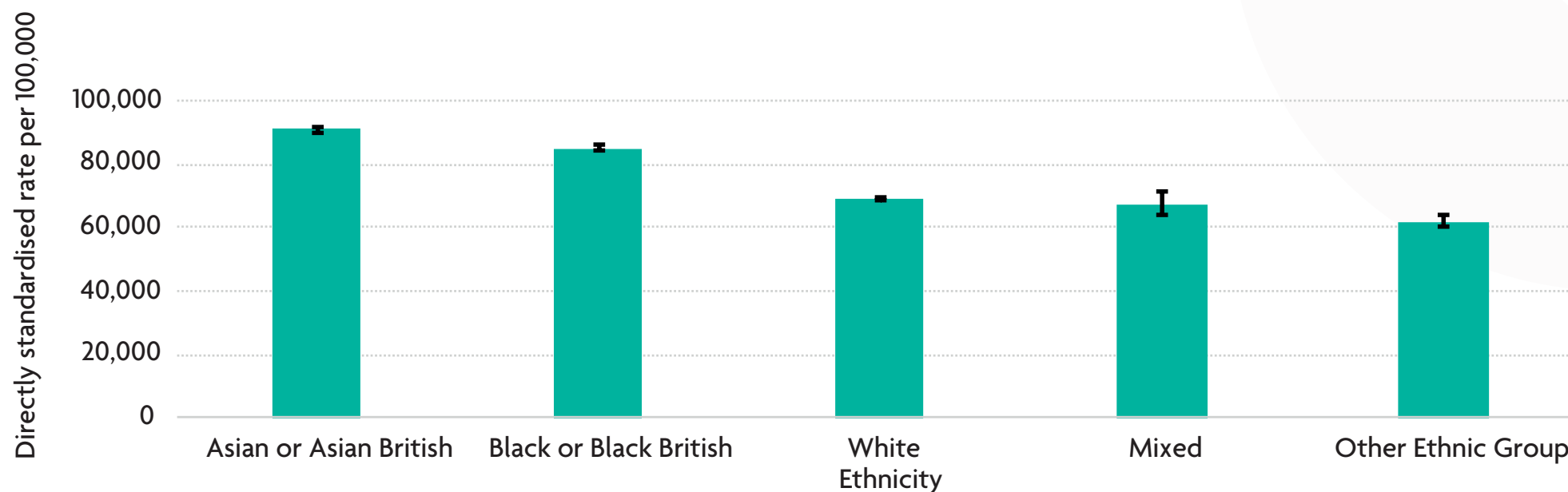
Figure 23: Prevalence of long-term conditions in Newham by deprivation decile, 20+, age-standardised prevalence rate per 100,000



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

There are also inequalities in LTCs between ethnic groups. In 2023 among adults in Newham, prevalence of LTCs was highest in Asian ethnic groups followed by Black ethnic groups, and lowest in 'Other' ethnic groups, which is a diverse category (Figure 24). When broken down by detailed ethnic group, Pakistani and Bangladeshi residents had the highest rates of LTCs, and Newham's Chinese population had the lowest (Figure 25). These inequalities are largely a product of social, environmental and economic factors, which influence health over people's lifetime. They underscore the importance of putting equity at the heart of all policy areas and addressing racism, inequality and disproportionality to reduce unfair and avoidable differences in health.

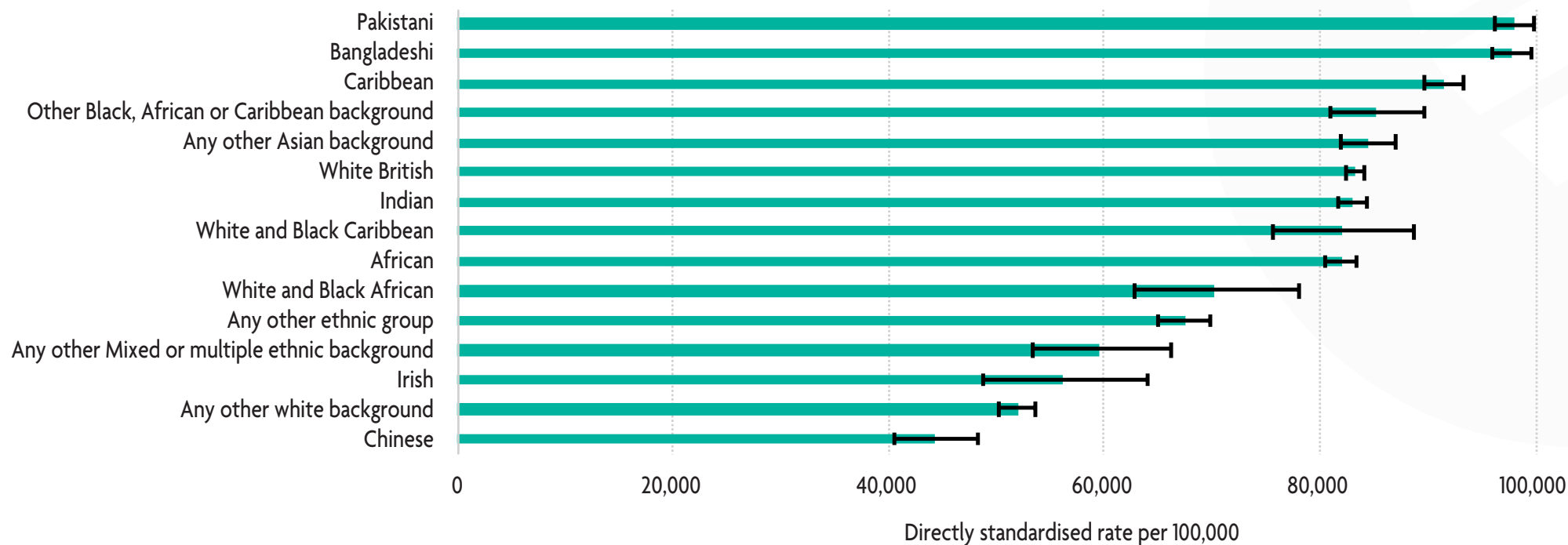
Figure 24: Prevalence of long-term conditions in Newham by broad ethnic group, 20+, 2023, age-standardised prevalence rate per 100,000



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

Note: these calculations capture each diagnosed LTC. Some individuals have more than one LTC.

Figure 25: Prevalence of long-term conditions in Newham by detailed ethnic group, 20+, 2023, age-standardised prevalence rate per 100,000



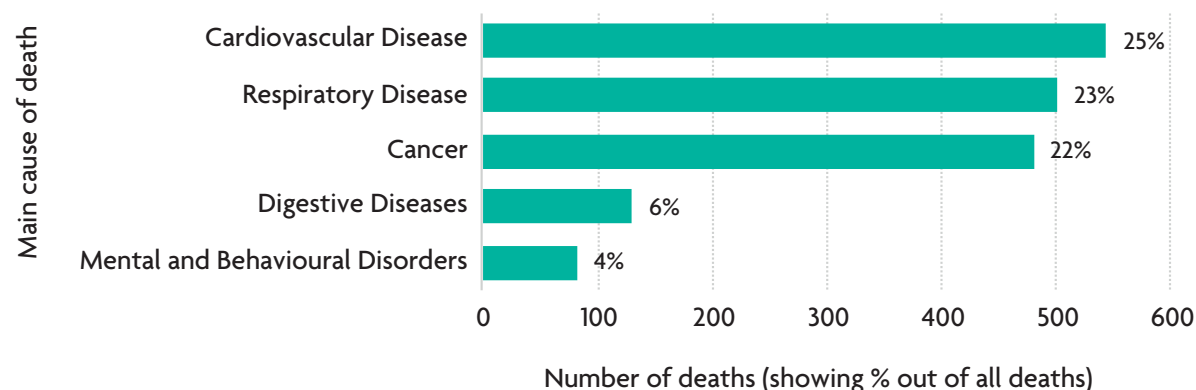
Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

Note: these calculations capture each diagnosed LTC. Some individuals have more than one LTC.

Causes of death and premature mortality

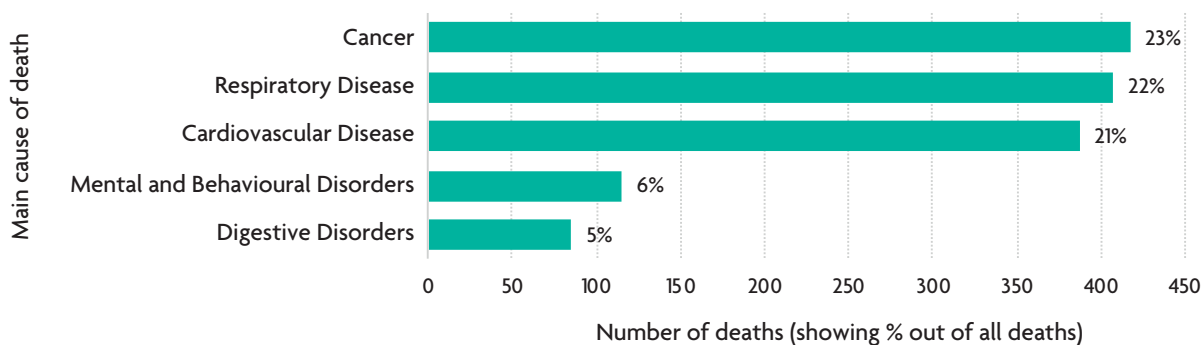
Each year there are about 1,500 deaths in the Newham population. The top three causes of death in Newham are cardiovascular disease, respiratory disease and cancer. In 2021-2023, the top cause of death for men in Newham was cardiovascular disease, which accounted for a quarter of all deaths (Figure 26), while for women the top cause of death was cancer, accounting for 23% of all deaths (Figure 27).

Figure 26: Top five causes of death, Newham males, 2021-23



Source: Primary Care Mortality Data – NHS England

Figure 27: Top five causes of death, Newham females, 2021-23

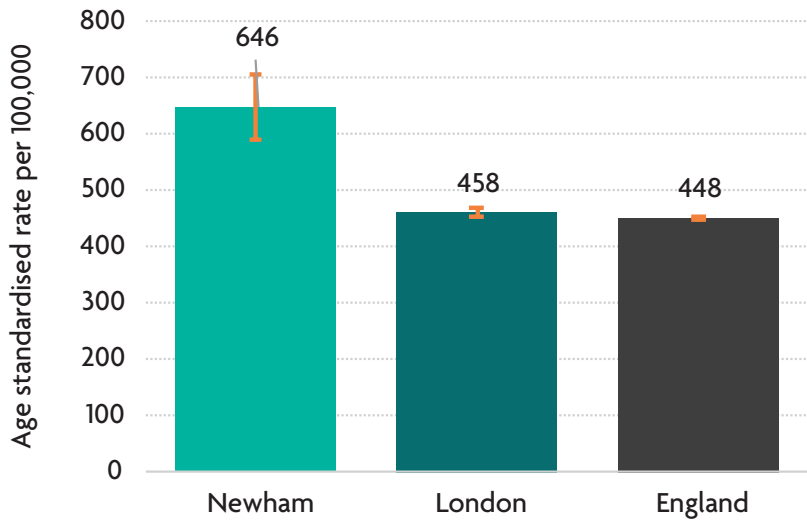


Source: Primary Care Mortality Data – NHS England

Premature mortality (death under age 75 years) is an important indicator of the overall health of a population and correlates with many other measures of population health, such as life expectancy and healthy life expectancy.

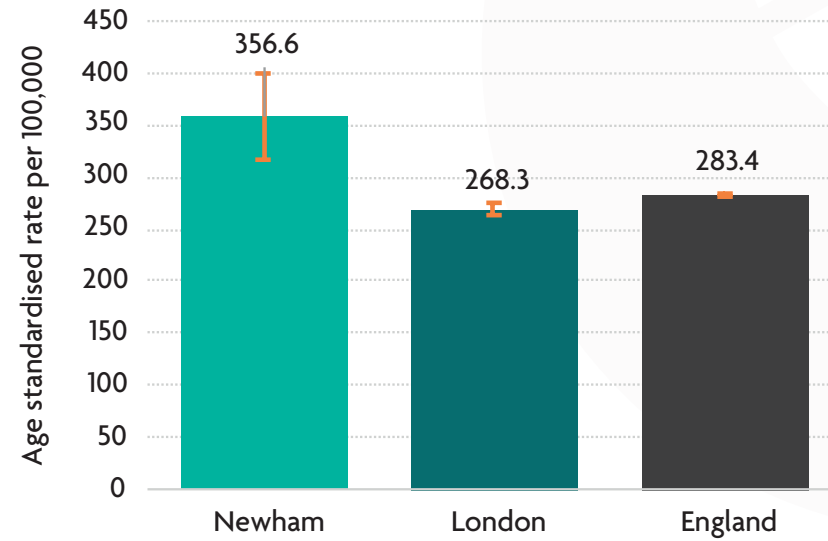
In 2021, the rate of premature deaths in Newham was significantly higher (worse) in males and females compared to London and England (Figure 28 and Figure 29). Similarly to Newham's low life expectancy and healthy life expectancy, this indicates Newham's population has less opportunity for good health than average, and highlights the need for concerted action in both prevention and treatment of health conditions.

Figure 28: Premature (under-75) mortality – all causes, males, 2021, age-standardised rate per 100,000



Source: Fingertips, OHID

Figure 29: Premature (under-75) mortality – all causes, females, 2021, age-standardised rate per 100,000



Source: Fingertips, OHID

What do residents say about health and wellbeing?

Throughout this report, we have included insights from residents that relate to specific topics. The data was collected through a range of places and sources as described in the [Methods](#) section above. Looking across everything residents told us, we have also identified cross-cutting themes. The table below summarises the most prominent cross-cutting themes and gives examples to illustrate how they are addressed in 50 Steps 2024-2027.

Theme	About the theme	Examples of how this feeds through to 50 Steps 2024-2027
Pride in place	Many residents felt proud to live in Newham, but others felt there was some way to go in making the borough a place that instilled pride. This was mainly linked to the environment – they felt that if areas were cleaner and greener, it would make a big difference. Many mentioned the importance of the urban environment and the proliferation of fast food shops, as well as air quality. They also felt that the borough would feel more like home if they felt safer here.	Step 32 looks at creating a high-quality urban environment, with more green and water space, and opportunities for local residents to have a say in designing their own neighbourhoods. Fast food outlets are addressed in Step 25, which commits to creating good food neighbourhoods, and increasing the amount of healthy food available. Likewise, Step 30 focuses on improving air quality – a key issue for residents’ health. Step 6 focuses on improving youth safety.
Prevention	Residents want support preventing ill health, including long-term conditions, cancer and overweight. They said that advice about prevention is often hard to find or inaccessible. There was a sense that often people had to deal with illness alone, and this contributed to residents’ loneliness. Residents appreciated the services that exist, but would like to see them rolled out more widely.	Prevention of poor health is one of the key aims of any health and wellbeing strategy, and 50 Steps is no exception. Every step plays a role in prevention. Many steps are about ‘primary’ prevention, which means preventing illness occurring in the first place. For example, Step 1 promotes breastfeeding, which has long-term benefits that last into adulthood, and Step 38 aims to get more people into leisure and sport, which can increase physical activity and prevent overweight and obesity. Some steps act through ‘secondary’ prevention, which means reducing the impact of illnesses by halting or slowing their progress, or ‘tertiary’ prevention, which helps people live well with complex or long-term conditions. For example, Step 13 commits to improving early diagnosis of cancers and cardiovascular diseases so they can be treated effectively, and Step 15 aims to promote health and independence among people with social care needs.

Theme	About the theme	Examples of how this feeds through to 50 Steps 2024-2027
Inclusivity	Residents stressed the benefits of programmes that included all ages and abilities. Many said that intergenerational activities helped prevent loneliness, although some cautioned that it was still important to have spaces for specific groups (e.g. groups for older people or for speakers of particular languages). Residents said that spaces and programmes need to ensure they are truly inclusive of all abilities and groups. Some were very positive about the services available for older people, while others emphasised the importance of co-production – especially with people with disabilities.	Equity is a golden thread which runs throughout the whole strategy; each step has an equity objective and an equity indicator. This will help us ensure that certain groups are not left behind, and one of the ways to do this is by making spaces and activities more inclusive. For example, Steps 20, 21 and 22 address the needs of the most vulnerable groups, such as refugees and people seeking asylum, by making services more inclusive. Likewise, Steps 18 and 19 commit to creating an age-, disability- and neurodiversity-friendly borough, ensuring that we promote inclusion at all times.
Convenient services	Residents want services that are nearby and easy to access. They have difficulty contacting the GP, and many residents feel lonely or socially isolated and want a reason to go out and talk to people. They prefer places you can walk in to – such as local health events in community locations – and don't like having to book things. Older people and disabled people in particular were keen to stress the importance of face-to-face interactions. Residents said they would be more likely to go to activities such as exercise classes if they were nearby or if the transport to get there was free. Travelling a long way for services or activities is off-putting, and makes them less likely to go to them.	Many steps are guided by Newham's ART framework (Accessible, Relevant, Trusted) to promote equity in service access and outcomes. The 'A' – accessible – captures the importance of making services convenient. For example, this principle is at the heart of Newham's Family Hubs (Step 2), which are a conveniently located, easy-to-access 'one stop shop' for a range of services and information. Step 32 commits to improving the accessibility of the urban environment, ensuring that everyone can access their everyday essentials easily and quickly, while Step 10 looks at reducing loneliness and increasing connection.
Communication between services and residents	Easy access to information about services and activities came up as a key issue. Residents said they would like more information to be translated into different languages, and more British Sign Language (BSL) interpretation. Older residents in particular said they often don't not know what is available, especially if they are digitally excluded. Disabled residents felt that there should be more tailored communication from the council and other services. Cultural factors were also raised as a reason that information is not getting to everyone. Residents valued the opportunity to share their views at engagement events, appreciating the opportunity for two-way communication, but wanted to know that what they raised would then be acted on.	Step 45 commits to ensuring that residents can access the information they need more easily and that material is available in different languages; it will also increase access for Deaf residents. Digital inclusion is addressed in Step 45 – ensuring all residents can get the health and wellbeing information they need – and in Step 34, where libraries play a key role in helping people get online. Step 44 is about building a social movement for health, and commits to building collaborative relationships with the diverse communities of Newham, making sure that we hear and learn from a broad range of residents and work together to better communicate information.

Giving children and young people the best start in life





Ensuring the best start for all children is vital for a healthy and thriving future society. The things that happen in pregnancy and early childhood, and the years that follow, impact on people's health and life chances for their whole lives. Providing all children with an equally good start in life will help to address health inequalities not only during their lifetimes but for generations to come. Building a Fairer Newham commits to giving children the best start in life and making Newham the most child-friendly borough. Likewise, providing the best start in life for babies, children and young people is one of the four priorities of the North East London Integrated Care Strategy, as well as being a focus for the Newham Place-Based Partnership. This is particularly important in Newham, where 0-25 year olds make up 37% of the population.

Key points

- In 2024, an estimated 96,300 children and young people aged 18 and under lived in Newham, representing 26% of the population.
- There are around 5,400 births a year in Newham. The number of births annually has fallen slightly in recent years.
- Low birth weight is a key indicator of child and maternal health. In 2022, 4.5% of term babies were born with low birth weight, which was the fifth highest (worst) in England.
- In 2020-22, infant mortality in Newham was similar to the London and England averages. It has greatly improved over the past 20 years.
- In 2023, around three-quarters of newborn babies were breastfed, which was lower than London and England. Breastfeeding rates fell in the weeks following birth. By eight weeks, around one in three babies were breastfed.
- It is important that children are ready to start school in terms of their ability to process information, their speech and language and their social and emotional development. In 2022/23, an estimated 71% of Newham children were ready for school, which was better than London and England averages.
- Special educational needs (SEN) is a priority in Newham. In 2023, an estimated 8,500 school-aged children had SEN, based on the number of pupils with an education, health and care plan (EHCP) or receiving SEN support.
- In 2022/23, almost 80% of Newham children in reception had a healthy weight, in line with London and England averages. Just over half of year six children had a healthy weight, which was lower (worse) than London and England. Levels of child overweight and obesity in Newham have been relatively constant in recently years.
- In 2021/22, an estimated one in three five-year olds in Newham had dental decay, which was higher than the London and England averages.
- In 2023, the council estimated that under half of young people aged 16-24 felt safe in the local area. Although Newham has a relatively high rate of first time offending, it substantially improved between 2017 and 2021.

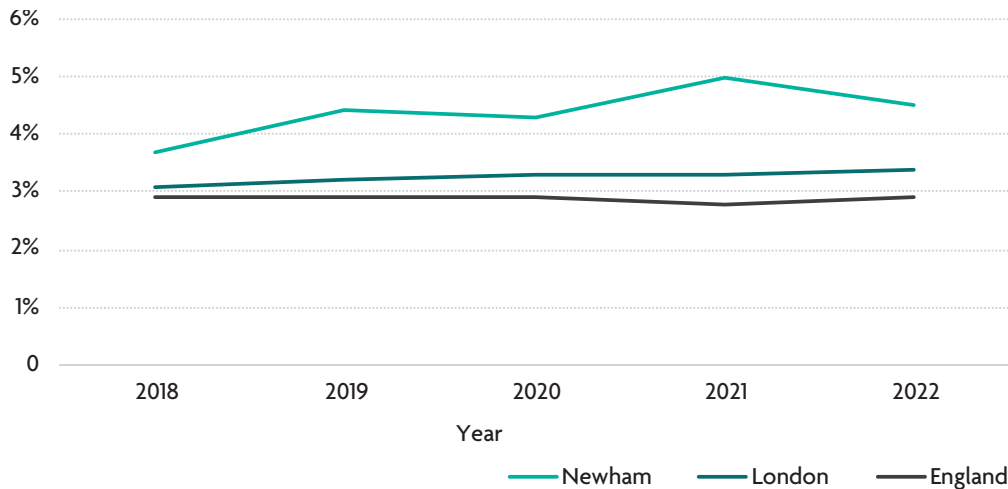
Maternal and infant health

Maternal and infant outcomes

In Newham, there are around 5,400 births annually. Although the population is increasing in size, the number of births annually has fallen slightly in recent years, which may be linked to Newham’s ageing population or changing population demographics.

Birth weight is a key indicator of the health of mother and child as well as the quality of maternity services. While most babies with low birth weight are healthy, it is linked to higher risks of childhood mortality, developmental problems and poorer health later in life. In Newham in 2022, 4.5% of term babies (228 individuals) were born with a low birth weight. This was significantly higher (worse) than the London and England averages, and the fifth highest in England. The prevalence did not significantly change over recent years (Figure 30).

Figure 30: Low birth weight of term babies, 2018-2022, proportion (%)



Source: OHID, based on Office for National Statistics data

Infant mortality is defined as death under the age of 1 year. It not only indicates the health of mother and baby and the quality of maternity services, it is also an indicator of the health of the whole population as it reflects the wider economic, social and environmental conditions. In Newham in the period 2020-22, the infant mortality rate was 4 per 1,000 live births, which was similar to the London and England averages. The infant mortality rate has fallen (improved) since 2001-03 in Newham, mirroring improvement across London and England (Figure 31).

Figure 31: Infant mortality rate, 2001-03 - 2020-22, infant deaths per 1,000 live births



Source: OHID, based on Office for National Statistics data

Maternity services are vital to maternal and infant outcomes and a healthy society overall. Advances in maternity care over the past century have dramatically improved outcomes for women and babies and made pregnancy and childbirth safer.⁵ However, there are persistent inequalities in people's experiences of and outcomes from maternity services across the country. Nationally, maternal mortality for women living in the most deprived areas is twice as high as in the least deprived places, and is four times higher in Black women, and two times higher in Asian women, than in White women.⁶ Across the country, minoritised Muslim women and Black women report lower levels of satisfaction with maternity services than other groups.^{7,8} In Newham, most residents using local maternity services have a good experience, but 18% of pregnant women report a negative experience, including long waiting times, a lack of privacy during labour, and a lack of compassion.^{9,10}

To address these issues, maternity services in Newham and across the country are on a journey to become safer and more personalised for all women to drive up standards, improve patient experience, and address inequalities. Newham Health and Care Partnership is taking action to improve quality of maternity services and improve outcomes for all. For example, to help improve quality and address inequity, Newham's Maternity and Neonatal Voices Partnership (MNVP) gathers feedback from residents who have used maternity services, which is used to inform improvements to maternity services. To reduce inequalities and reach some of Newham's most vulnerable women, the NHS partners with community-based organisations to help women plan for their birth, to accompany women at their appointments, and to be present with them at the birth. Some of these activities are peer-led. Newham also offers support to families at risk of recessive genetic disorders linked to close relative marriage. This includes the provision of culturally competent one-to-one and group-based support, support from a genetic midwife, and access to genetic services if needed.¹¹

In addition to maternity services, a wide range of other services and factors influence maternal and infant health outcomes. The upstream determinants of health, such as the economic, social and environmental conditions, have a significant impact; these topics are covered in later sections of this report.

Breastfeeding

Breastfeeding is one of the most effective ways to ensure good child health, and has long-term benefits that last into adulthood.¹² Evidence has shown that breast milk contains all the energy and nutrients an infant needs for the first few months of life, and continues to provide some of their nutritional needs into their second year. Breastfed children are more likely to be within a healthy weight range and are less likely to develop chronic diseases such as diabetes when they get older. Breastfeeding also provides health advantages for mothers, such as protection against some cancers, diabetes and osteoporosis.¹³

Between 2021 and 2023, most mothers in Newham (76%) initiated breastfeeding following birth (Figure 32). This was lower (worse) than average breastfeeding initiation rates across London (94%) and England (83%), although this data may not be directly comparable as local data collection can use different criteria.¹⁴ The latest figures from Newham Hospital indicate breastfeeding initiation rates are improving in comparison to recent years.¹⁵

5 Chamberlain, G. (2006) [British maternal mortality in the 19th and 20th centuries](#)

6 MBRACE-UK (2023) [Saving Lives, Improving Mothers' Care](#)

7 Muslim Women's Network UK (2022) [INVISIBLE: Maternity Experiences of Muslim Women from Racialised Minority Communities](#)

8 Dr Michelle Peter and Reyss Wheeler (2022) [The Black Maternity Experiences Report](#)

9 East London Maternity Voices Partnerships (2022) Maternity Voices Partnership Quarterly Report Year 3, Quarter 3

10 East London Maternity Voices Partnerships (2023) Maternity Voices Partnership Annual and Quarterly Report

11 London Borough of Newham (2023) [UPDATE YEAR 2: Well Newham 50 Steps to a Healthier Borough](#)

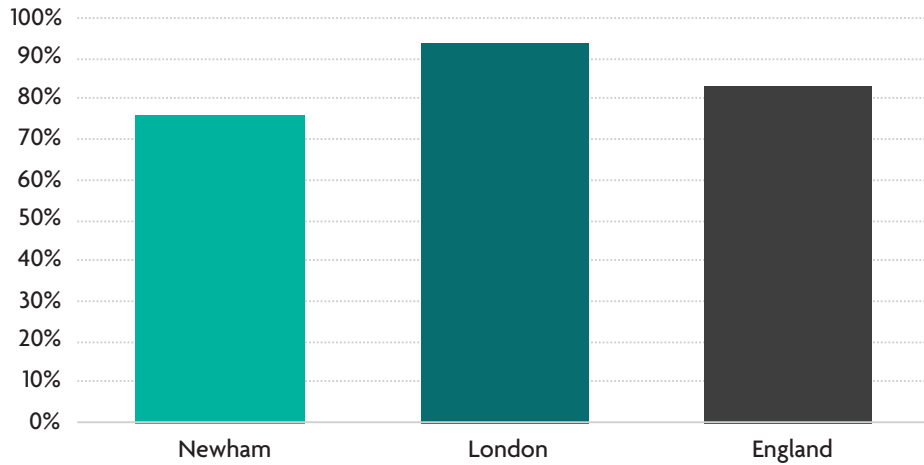
12 UNICEF, [Breastfeeding Resources](#)

13 Ibid.

14 NHS England (2010). [Infant Feeding Survey – UK, 2010](#)

15 Newham University Hospital (2024). Infant Feeding Data January–October 2023 [unpublished].

Figure 32: Newborn babies breastfed, January-October 2023, proportion (%)

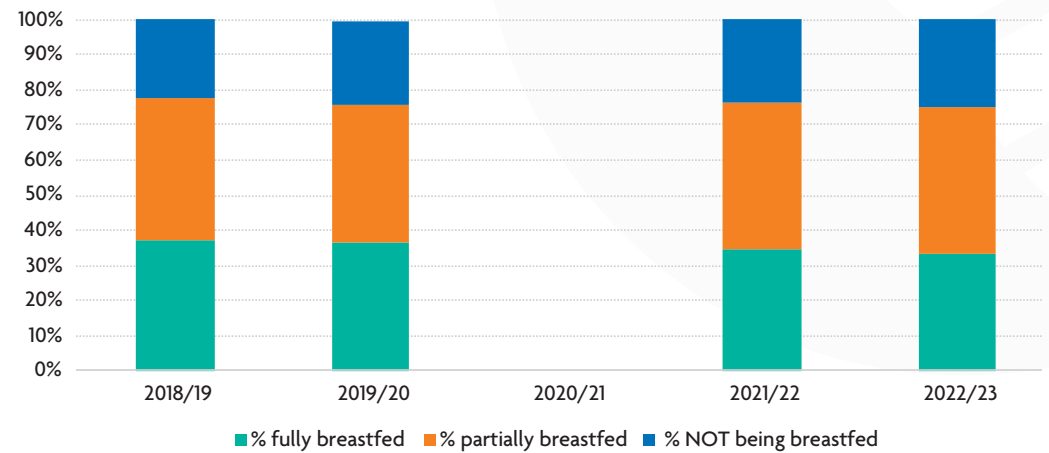


Source: Newham Hospital and NHS England Infant Feeding Survey (2010)

While most women exclusively breastfeed upon birth, breastfeeding rates drop the older the baby becomes.¹⁶ In Newham in 2022/23, over 75% of mothers breastfed upon birth, falling to 39% breastfeeding 10-14 days after leaving the hospital and 33% breastfeeding at six to eight weeks.

Levels of breastfeeding appear to have fallen in recent years. Between 2018/19 and 2022/23, the proportion of fully breastfed babies at six to eight weeks fell from 37% to 33%. The proportion with no breastfeeding rose from 23% to 25% over the same period (Figure 33).

Figure 33: Breastfeeding in Newham 6-8 weeks after birth, 2018/19-2022/23, proportion (%)

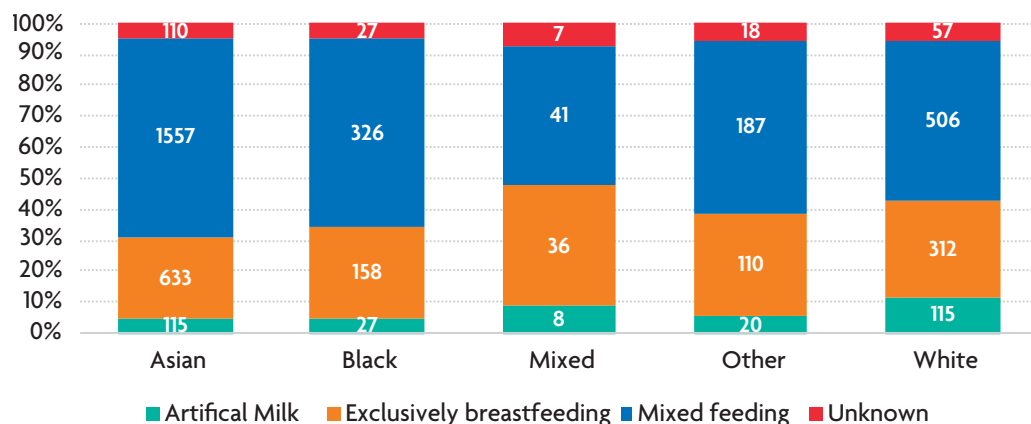


Source: LBN Health Visiting Service

16 Newham Hospital (2024) Infant Feeding Data January-October 2023 [unpublished]

There are only slight differences in breastfeeding rates by broad ethnic group (Figure 34) and all broad groups see similar reductions in breastfeeding over time.¹⁷

Figure 34: Breastfeeding in Newham at discharge by broad ethnic group, January-October 2023, proportion (%)



Source: Newham Hospital

Note: more detailed ethnic groups have been aggregated to broad ethnic groups due to small numbers.

There are inequalities in breastfeeding rates when broken down by geographical area. Royal Victoria has the highest levels of breastfeeding initiation and continuation after discharge (81% and 46% respectively) and Canning Town South has the lowest (66% initiation and 34% continuation). This broadly aligns with levels of deprivation in the borough, with Canning Town being among the most deprived parts of Newham, and Royal Victoria one of the most affluent parts, demonstrating socio-economic inequalities in breastfeeding.

Newham’s Health Visiting and Children’s Centre teams have achieved Stage 2 UNICEF Baby Friendly Accreditation and are currently working towards Stage 3, reflecting local efforts to support families and increase breastfeeding. As part of this, Newham’s Baby Feeding Team run a number of antenatal and postnatal infant feeding workshops (virtually and face to face) to support families with their infant feeding goals.¹⁸

Future direction

Enhancing the role of maternity services is a key priority for Newham Health and Care Partnership, including learning from the lived experiences of service users and implementing changes that lead towards more equitable services. This is particularly important for Black and Asian service users, and those from vulnerable backgrounds or with high levels of deprivation, all of whom are at higher risk of poor maternity outcomes when compared to white women.

The Maternity and Neonatal Voices Partnership (MNVP) is service-user led and inclusive of all groups, including underrepresented communities, and facilitates the embedding of local service-user voices in the decision-making and strategies set at leadership level. By encouraging engagement with the MNVP, we will gain a more in-depth understanding of parental experiences with local maternity and neonatal services.

In response to low breastfeeding levels, the council, NHS and local partners will be expanding the borough’s infant feeding offer, based on evidence of what works¹⁹ and local people’s experiences and views. This will include increasing the number of infant feeding posts in the hospital and community, introducing a community-based peer support offer, and providing breast pumps to women in need.

17 Newham Hospital data
 18 Newham Council (2023) [Feeding Your Baby](#)
 19 [UNICEF](#)

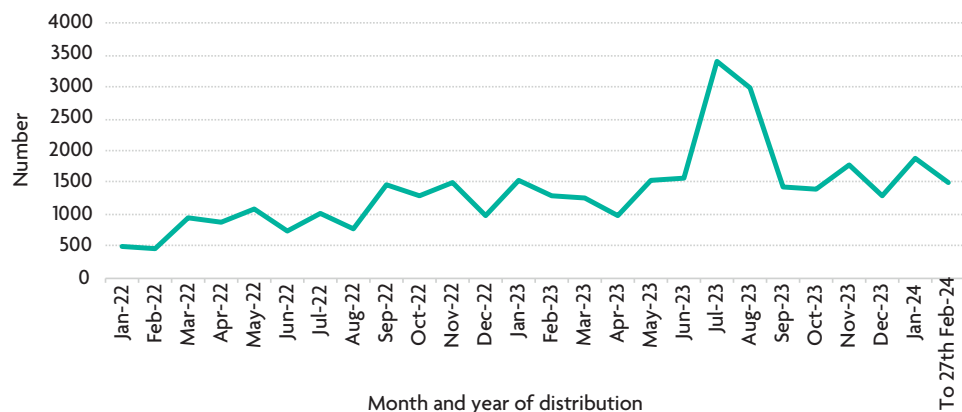
Healthy Start

Healthy Start vitamins

Taking vitamin supplements during pregnancy and for the first year after giving birth (folic acid with vitamins C and D), and in early childhood (vitamins A, C and D), helps keep women and children healthy by preventing vitamin D deficiency, supporting development of the nervous system, and helping with calcium and iron absorption.²⁰

In Newham, all pregnant women, new mothers and children under the age of four can access free Healthy Start vitamin supplements. Since January 2022, the number of families receiving Healthy Start vitamins has steadily grown, increasing by 144% between 2021/22 and 2022/23. In the 12 months between October 2022 and October 2023, 15,423 bottles of vitamins were distributed to eligible families in Newham (Figure 35).

Figure 35: Distribution of vitamins in Newham, January 2022-February 2024, number of bottles

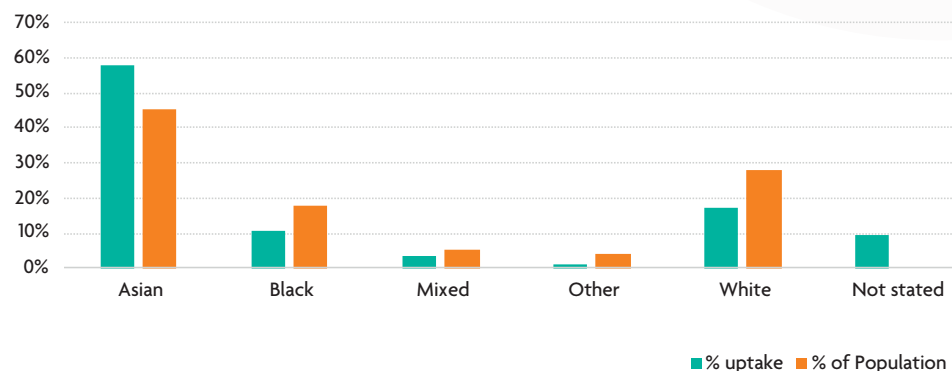


Source: TherapyAudit (2024) – Healthy Start data [unpublished]

Residents can collect the vitamins at numerous locations around the borough. In 2023/24, Newham Hospital antenatal clinic distributed the most vitamins, at over 4,500 bottles. Other sites that have distributed more than 1,000 include Altmore Children’s Centre and St Stephen’s Children’s Centre. Both of these are located in the north east of the borough.

The increase in Healthy Start uptake suggests action to reach residents is working. However the offer is still not reaching all eligible families and there are inequalities in uptake. Between October 2022 and October 2023, residents from Asian ethnic groups were overrepresented, with 58% of vitamins distributed to those who identify as Asian. Residents from Black and White ethnic groups were underrepresented, with 17% being distributed to families who identify as White, and 11% to those who identify as Black (Figure 36).²¹ This suggests there is opportunity to learn from what is working and build on these approaches, with a specific focus on underrepresented groups to promote equity in uptake and outcomes.

Figure 36: Distribution of vitamins in Newham by broad ethnic group, compared with proportion of population, 2024, proportion (%)



Source: GLA population

Note: more detailed ethnic groups have been aggregated to broad ethnic groups due to small numbers.

20 National Institute for Health and Care Excellence (2015) [Quality statement 3: Healthy Start scheme](#)

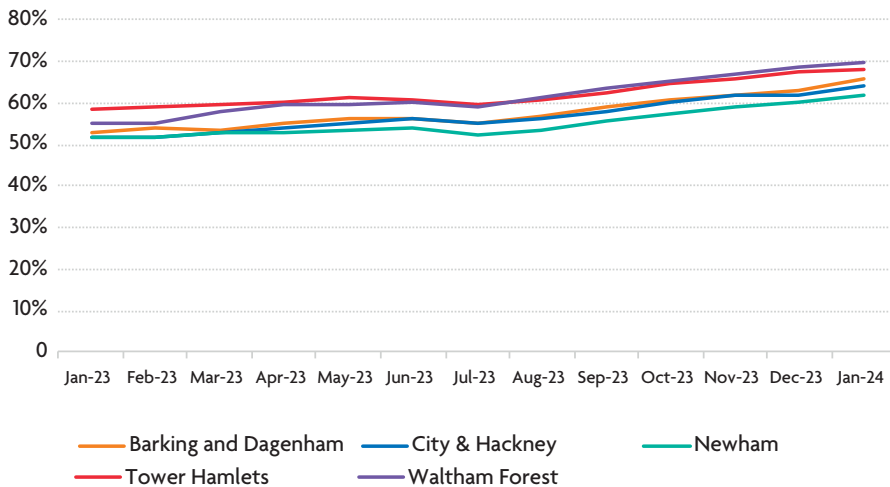
21 TherapyAudit (October 2022-October 2023) Healthy Start Newham

Healthy Start food

Healthy Start (food) is a national government scheme that aims to help improve the health and nutrition of pregnant women and birthing people and young children (aged 4 and younger) in low-income households.²² Eligible families receive between £4.25 and £8.50 a week, per eligible family member, to buy healthy food such as fruit, vegetables, pulses and milk.

In 2023, uptake of the Healthy Start Food Scheme in Newham ranged between 52% and 59% of the 4,519 eligible families. This suggests there is still a significant number of families in Newham who are missing out on the benefits from the scheme; increasing uptake could benefit these families' health as well as their financial situation. Uptake in Newham is lower than in neighbouring boroughs, but has been rising since January 2023 (Figure 37).²³

Figure 37: Uptake of the Healthy Start Food Scheme, 2023-24, proportion (%)



Source: Healthy Start, NHS Business Services Authority

²² NHS (2024) [Get help to buy food and milk \(the healthy start scheme\)](#)

²³ NHS (2024) [Healthcare professionals](#)

Future direction

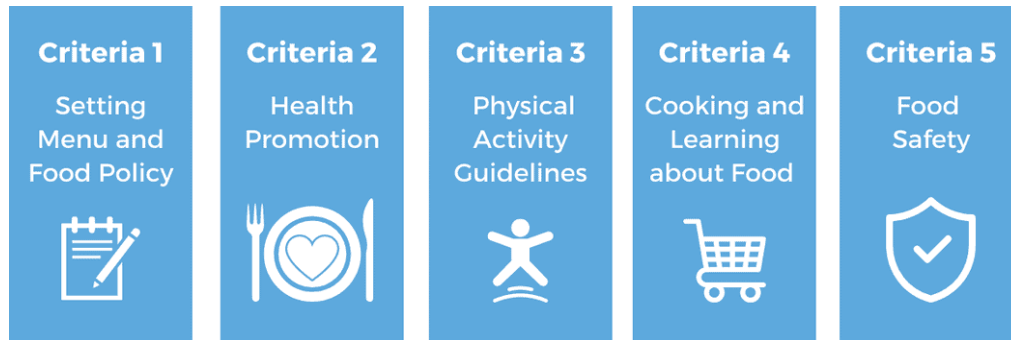
Newham's ART framework – which stands for accessible, relevant and trusted – describes key factors that influence service uptake and helps inform design and delivery of equitable services. To work towards greater and more equitable uptake of the Healthy Start vitamins and food schemes, the council will be working with community partners to expand the number of distribution sites and build awareness of the offer. New community-based sites, such as food banks and food clubs, community groups and places of worship, can play a key role in informing residents about services they are entitled to, making it more convenient for residents to collect the vouchers and supplies, and helping to understand communities' perspectives, which can inform future plans.

Early years

Early Start Nutrition award

Nurseries, childminders and other early years settings can play an important role in children’s health, including through physical activity, food and other health issues. Newham’s Early Start Nutrition award recognises settings that demonstrate best practice in nutrition, exercise and health promotion (Figure 38). It reflects and enhances the Early Years Foundation Stage (EYFS) framework and the Eat Better Start Better food and drink guidelines for early years settings. To achieve the award, settings engage in activities related to menu and food policy planning, health promotion, physical activity, cooking and learning about food and food safety. In Newham, seven early years settings have achieved a bronze award, two have achieved silver, and one has received gold, demonstrating their positive contributions to children’s health.²⁴ It also shows there is significant opportunity to increase the number of early years settings involved in the scheme.

Figure 38: Early Start Nutrition Award



²⁴ Early Start (2024) unpublished data

²⁵ Newham Council (2023) [Multiagency Early Help Strategy 2023-2026](#)

Early Help and Family Hubs

Early Help is the principle of providing the right support at the right time to tackle issues that emerge for children, young people and their families. Newham’s Early Help Strategy aims to provide help as soon as difficulties emerge and to support families to maintain positive change during the early years and throughout a child’s, young person’s or family’s life. Intervening as early as possible, regardless of the age of the child or young person, can positively improve their outcomes.

Residents have fed back how valuable they have found Early Help:



[The Early Help Practitioner] was incredible, that is what I can say, she has good communication skills, listening skills, we felt valued and respected.

The Children’s Centre Family support worker was so helpful I don’t know what we would have done without her. She brought my children resources when we couldn’t go out and she contacted the council on our behalf so we could be moved to a safer neighbourhood. Thank you!

We recently settled in the UK. I had many problems, but the practitioner helped me so much and now all of my kids are going to school and she also solved our other problems. I am so glad to her.²⁵

However some residents have said it can be difficult to find out about the Early Help and family support available. They would also like more local places and spaces where they can connect, build networks and access the support and information they need in one place. Parents of children with special education needs (SEN) in particular want more support.



I wish I'd known about the children's centre sooner because it has been so helpful. [My 3 year-old child] has progressed so much since we've been coming here for the past few months... I feel like I don't hear much about these things except for through word of mouth.

Resident, West Ham, children's centre consultation (2023)

Of course I know what happens back in my own country but coming here I had no idea, I heard about this [children's centre] from other parents in the park.

Resident, Custom House, children's centre consultation (2023)

I think another important point is some mental health support for new mums is needed. Many mums may suffer from post pregnancy depression/anxiety but never get the help.

Resident, virtual children's centre consultation (2023)

Family Hubs are a way of addressing some of these challenges, delivering Early Help and other family services in a joined-up way in a local area.²⁶ Newham was selected as a Family Hub pilot area, receiving funding from the Department for Education to establish four Family Hub Networks alongside Newham's existing nine Children's Centres, strengthening our Early Help approach. Newham's first Hub Network opened in East Ham in 2023, and three other sites were due to open in 2024. The Hubs focus on the following priorities:

- Infant feeding support
- Perinatal mental health support
- Early language support
- Parenting support

0-19 Child Health Service

Newham's 0-19 Child Health Service provides much of Newham's Healthy Child Programme. This service is essential in supporting children and parents to keep healthy and well and to be prepared for the transition to school. As part of this service, health visitors visit newborns within the first 14 days of life to check on the health of the baby and provide support, information and advice to parents and carers. In 2023/24, 94% of babies received contact from the health visitor within the first 14 days. Families with additional needs received further targeted support from the service based on their level of need.

26 Department of Health and Social Care and Department for Education (2023) [Family Hubs and Start for Life programme](#)

Future direction

Early Start Nutrition award

Healthy Early Years award schemes play an important role in supporting settings to be health promoting and to enable behaviours that encourage good health and wellbeing. We want Newham to be in a position where all early years settings are engaged in one or both of the award schemes, as part of our vision to enhance the role of early years settings in enabling good health and wellbeing for babies, children and young people.

Early Help and Family Hubs

Through the Family Hubs networks we aim to:

- Ensure families receive the right help at the right time at the earliest opportunity, reducing escalation and need for high cost services
- Embed integrated, whole-system working by co-location and all-age whole family practices that enhanced joined up working, including Health Visiting services
- Increase engagement with underserved and vulnerable groups

The outcomes that we want to achieve are:

- Earlier access to support and interventions which are tailored to family needs ensuring smooth transition between services
- Increased peer-to-peer support and social networks reducing isolation
- Improved trusting relationships with families, multi-agency staff/services all working towards a common purpose and outcome framework
- Children and families are ready to learn and thrive within nurturing environments

These service developments will help to address health priorities for children in Newham. Infant feeding support provision will help to improve our breastfeeding rates at six to eight weeks. Parenting support and early language support will help to improve the number of children ready and prepared for the transition to school.

Family Hub Networks will also offer additional opportunities to provide vaccination for children in community-based settings. Integrated health reviews for children aged 2.5 years will offer an opportunity to identify those children missing vaccination before starting school. Family Hubs Networks will provide funding for supporting children to be ready for school. [Protecting residents from threats to their health](#) provides more information about our approach to increasing vaccination uptake.

Schools, Youth Zones and other settings for children and young people

In 2024, an estimated 96,300 children and young people aged 18 and under lived in Newham, representing 26% of the population.²⁷ Almost all will spend a significant amount of their time growing up at school, in Youth Zones and in other settings for children and young people. These settings play a crucial role in health and wellbeing, from fostering positive social connection, to providing healthy food and drink, from addressing mental health issues, to equipping young people with the knowledge, skills and tools they need to transition to adulthood and thrive.

Children with special educational needs

A child has special education needs (SEN) if they have learning difficulties or disabilities that make it harder to learn. In 2023 in Newham an estimated 8,500 school-aged children had SEN, based on the number of pupils with an education, health and care plan (EHCP) or receiving SEN support. However, Newham had one of the lowest proportions of pupils with an EHCP in England, which means the number of children in the borough with SEN is likely to be higher than estimated.

In 2023, over two in three Newham pupils with SEN were boys (71%), which was broadly in line with national data. In line with the demographic make-up of Newham, most children with SEN were in Asian ethnic groups. However, proportionally, pupils from White ethnic groups were over-represented in Newham's SEN population compared to the overall school-aged population, while Asian pupils were slightly under-represented and pupils from Black and Mixed ethnic groups were as expected against the population. These disparities could be linked to inequalities in diagnosis. For example, research has shown that Asian pupils are half as likely to be identified with autism compared to White British pupils,²⁸ and historically girls and women have been less likely to be diagnosed with autism.²⁹



In 2023, over half of all Newham pupils with SEN pupils had speech, language and communication needs (35%) or autism (20%). This was a higher proportion than the national average. Newham also has comparatively high rates of children and young people with profound and multiple learning disabilities, with the sixth highest rate in the country.

Newham pupils with SEN are more likely to be educated in mainstream school than the national average. Newham remains a leading local authority in promoting the inclusion of children and young people with SEN into mainstream education, and has a long history of inclusive practice in its approach to education and inclusion in the community.

²⁷ Greater London Authority: housing-led population projections

²⁸ University of Oxford (2019) [Ethnic minority children not equally identified with Special Education Needs](#)

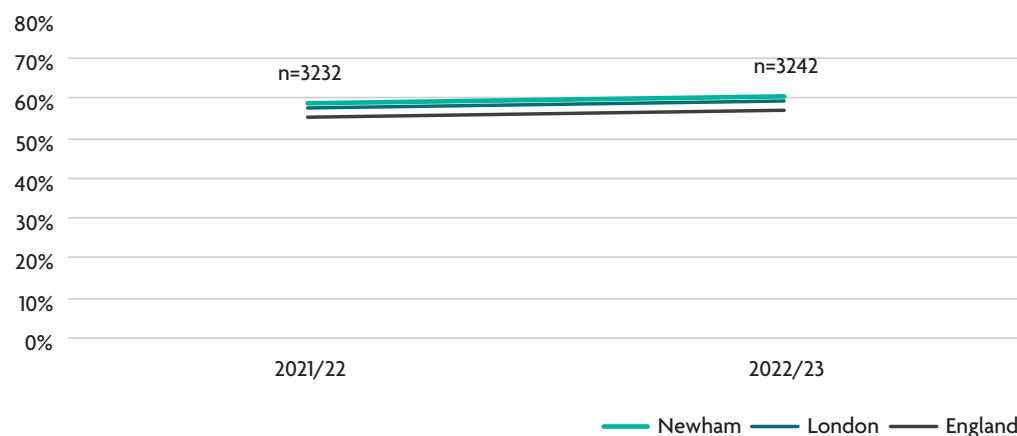
²⁹ National Autistic Society. [Autistic women and girls](#)

School readiness

It is important that children are ready to start school in terms of their ability to process information, their speech and language and their social and emotional development. It means children are more likely to do well at school, which has health benefits throughout life.

In 2022/23, an estimated 71% of Newham children were ready for school, which was better than London (69%) and England (67%) (Figure 39). This points to a positive start in life for many local children, which may be linked to children’s family environment, support and interaction with their wider community and local early years services. Still a substantial proportion of children do not reach a good level of school readiness, which indicates there may be opportunity to further improve by focusing early years support for the families who need it most.

Figure 39: School readiness, 2021/22-2022/23, proportion (%)



Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series from Fingertips, OHID

Healthy Schools

Education is a key building block of health; it influences people’s health over their whole lifetime. By the age of 30, people with the highest levels of education have a life expectancy of four years longer than those with the lowest levels of education.³⁰ In addition, schools can positively influence students’ quality of life and their health in a more direct way. Primary prevention and health promotion should start as early in life as possible, and school is an ideal setting of action.³¹

There are 118 schools in Newham: 87 primary schools and 31 secondary schools. Newham schools are working in partnership with the council, NHS, voluntary and community organisations and residents to improve educational, social and health outcomes for all children and young people. Newham school leaders have highlighted a number of specific health priorities in their schools, including emotional wellbeing and mental health, oral health and tooth brushing, food and food growing, active travel and substance misuse.



There has been a big increase in substance misuse, specifically vaping – there are issues with children accessing vapes even in primary.

50 Steps school engagement session (2023)

Emotional health post-COVID is a real issue – there is more emphasis now on talking about emotional health and wellbeing within school.

50 Steps school engagement session (2023)

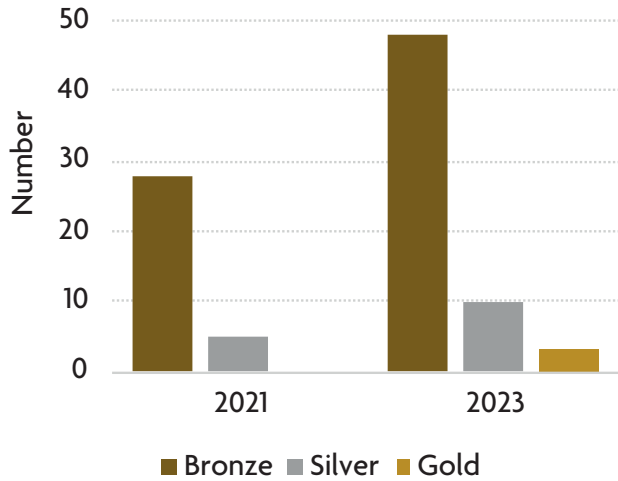
³⁰ The Health Foundation (2017) [How do our education and skills influence our health?](#)

³¹ Manuela Pulimeno at al. (2020) [School as ideal setting to promote health and wellbeing among young people](#)

The Mayor of London’s Healthy Schools London (HSL) programme is a vehicle for addressing these issues. It supports London schools to create a healthy environment and culture, such as through physical activity, active travel and healthy food, to promote all aspects of health for all pupils. Evidence suggests HSL and similar schemes across the country are improving physical activity, healthy eating, attendance and behaviour among pupils, which can have long-lasting health benefits.³²

In 2024, 74% of schools in Newham had registered for the scheme. In the two years between 2021 and 2023, the number of schools awarded Bronze increased by 71% (from 28 to 48), the number of schools awarded Silver increased from five to 10 and three schools achieved Gold awards (Figure 40).

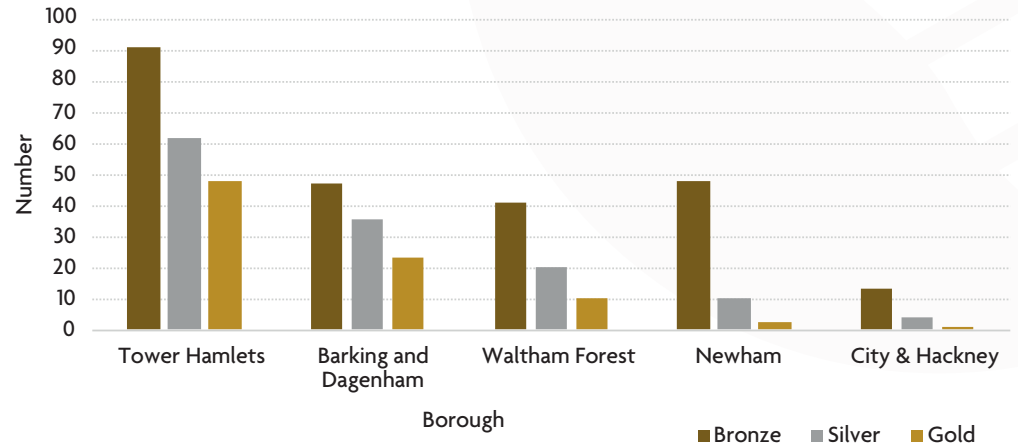
Figure 40: Newham Healthy School Awards, 2021-23, number of schools



Source: Healthy Schools London

In 2023, out of 32 London boroughs, Newham had the 11th highest number of Healthy Schools Bronze awards, the 21st highest number of Silver schools, and the 26th highest number of Gold schools (Figure 41). This demonstrates the significant achievements of many local schools as well as the clear opportunity to strive for more awards in coming years.

Figure 41: Healthy School Awards, 2023, number of schools



Source: Healthy Schools London

32 Greater London Authority: [Healthy Schools London – why is it important?](#)

Newham Healthy Schools are implementing a range of measures to address their health priorities, such as becoming water-only schools to promote oral health, creating food growing zones to promote healthy eating and sustainability and encouraging walking, cycling and scooting to school to increase physical activity. The scheme continues to promote partnership working between schools, Public Health, Education and other council teams and partners.

School leaders have welcomed Healthy Schools and want to see it further grow and flourish across the borough.



It is great to have Healthy Schools back again in Newham. It offers a range of opportunities in the borough.

School representative, 50 Steps development workshop, 2023

School visits through Healthy Schools would be helpful to learn from other schools about what they've done, what worked well etc.

School representative, 50 Steps development workshop, 2023

In addition, Newham's School Council Network supports schools to achieve health goals by sharing good practice between schools, supporting staff in health and wellbeing roles, and promoting initiatives driven by students. For example, pupils in one school have been shaping approaches to address youth vaping, providing a model for future student-led initiatives.

Youth Zones

Youth Zones are safe and welcoming spaces open to all children and young people aged 10 to 18, or up to 25 for those with additional needs or in need of targeted support. Newham has five Youth Zones. These Youth Zones provide opportunities to exercise for free, learn to cook healthy food, access support and learn key life skills that echo the curriculum recommended by the National Youth Agency.³³ They also deliver initiatives designed by and for children and young people, to empower young people and promote youth safety. See [Youth Safety](#) for more information on youth safety. In the Youth Zones there is access to cutting edge technology, which can help children and young people develop new skills; this will be improved with the redevelopment of the Shipman Youth Zone which is currently undergoing an £8m regeneration.

Personal, Social, Health and Economic education

In 2020 the Department for Education made Relationships Education compulsory in all primary schools in England, as well as Relationships and Sex Education compulsory in all secondary schools and Health Education compulsory in all state-funded schools.³⁴ Personal, social, health and economic (PSHE) education is the school curriculum subject through which these subjects are delivered in most schools.

PSHE aims to enable children and young people to learn about themselves and the world they live in, giving them the skills, understanding and information they need for life, helping them to stay safer and to flourish not just in childhood and adolescence but also in adulthood.

The Newham PSHE Partnership is a coalition of schools, professional associations, Newham Council and experts in the field of PSHE. Following consultation, and based on previous research, Newham has adopted a faith- and student-sensitive approach to its teaching.

³³ National Youth Agency (2020) [National Youth Work Curriculum](#)

³⁴ Department for Education (2020) [Relationships Education, Relationships and Sex Education \(RSE\) and Health Education: Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers](#)

Future direction

Healthy Schools London (HSL) awards programme

We will continue to expand and develop Healthy Schools to achieve a wider range of positive health outcomes on a larger scale. Our ambition is for 80% of Newham schools to have achieved at least Healthy Schools Bronze status by April 2027, with 55% of those schools to be at Silver and 30% of those schools at Gold. We will also be focusing support on schools in the more deprived parts of the borough, enabling them to progress their achievements at a similar pace to other areas of Newham to promote equity across Newham schools. Future investment in Healthy Schools 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. Young people will be involved in co-producing tools and approaches to put their perspectives and ideas at the heart and to provide opportunities for young people to develop skills, interests and experiences.

Newham's Special Educational Needs and Disability (SEND) and Inclusion Strategy (2023-28) highlights the need for an inclusive approach to improve outcomes for all children and young people.³⁵ We are working to ensure that activities through Healthy Schools, Youth Zones and other children's and young people's settings support all groups, including children and young people with SEND.

This area links closely to the section [Creating a healthier food environment](#), which will support schools to embed a healthy approach to food and drink across the school.

Personal, Social, Health and Economic education

Newham's PSHE Partnership aims to continue to nurture and develop relationships between the partners to ensure PSHE is delivered consistently, meets the diverse needs and backgrounds of pupils in Newham, and achieves positive outcomes for all children and young people.

³⁵ Newham Council (2023) [Newham Local Area SEND and Inclusion Strategy 2023-28](#)

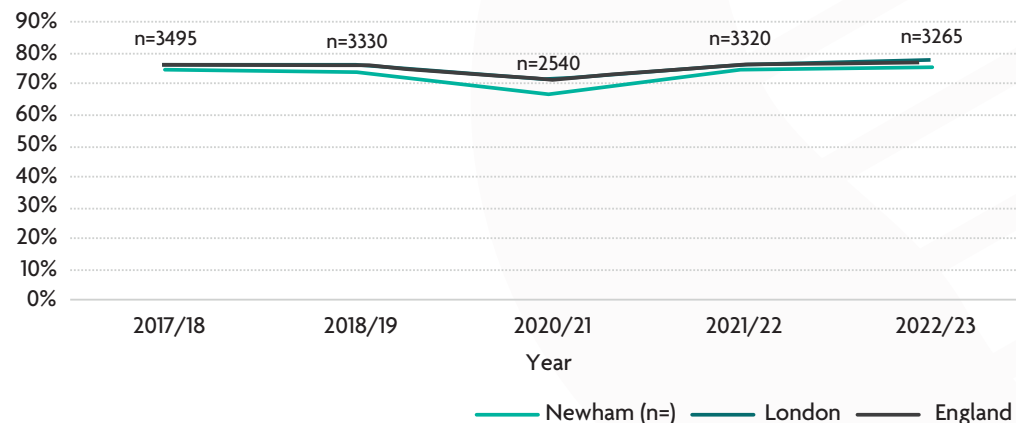
Healthy weight: children and young people

Being a healthy weight helps improve mood and self-confidence, increases energy levels, helps people to be active, and reduces the risk of a wide range of illnesses. Being an unhealthy weight in childhood can damage children and young people’s health and also increases the chance of having an unhealthy weight as an adult, which is linked to numerous long-term health conditions. Supporting and promoting healthy weight in childhood is a key component of giving children the best start in life and maximising their life chances.

In 2022/23 in Newham, almost eight in 10 reception children (aged four to five) had a healthy weight. This was similar to the London and England averages and had been roughly the same over the past five years, except for a rise in overweight and obesity in 2020/21 linked to COVID-19, which may have been linked to not attending school, getting less physical activity and having a less healthy diet during the pandemic. Since then overweight and obesity in reception children have returned to pre-pandemic levels (Figure 42).

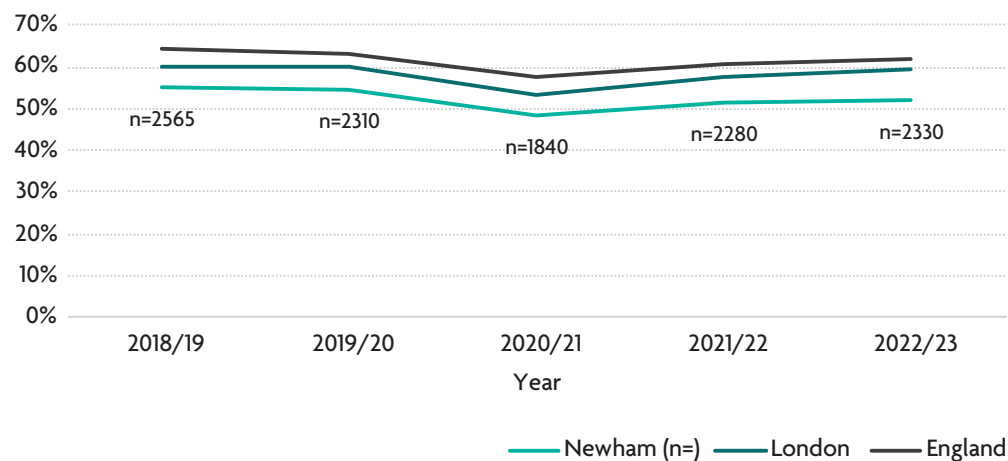
The same year, around 54% of Newham’s year six children (aged 10 to 11) had a healthy weight. This was significantly worse than London and England and had been relatively constant in recent years, except for a marked decline during COVID-19 (Figure 43).

Figure 42: Healthy weight in reception children, 2017/18-2022/23, proportion (%)



Source: OHID, using National Child Measurement Programme, NHS England

Figure 43: Healthy weight in Year 6 children, 2018/19-2022/23, proportion (%)

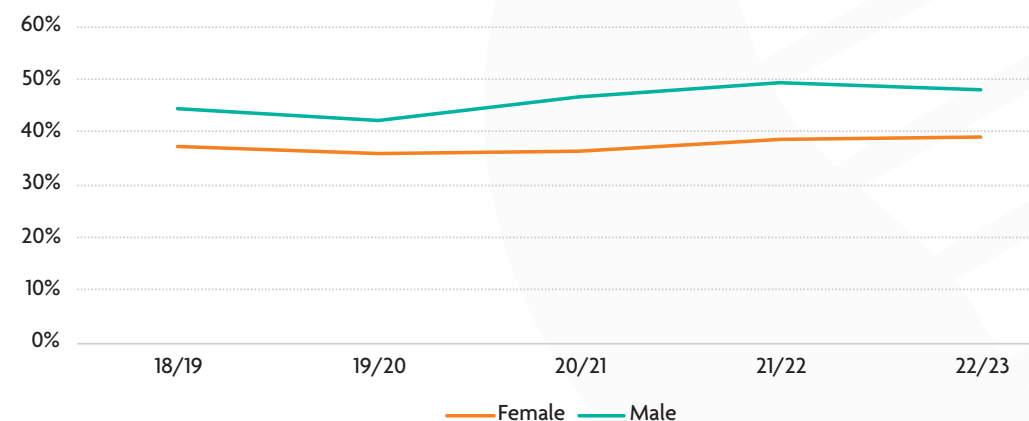


Source: OHID, using National Child Measurement Programme, NHS England

Child overweight and obesity is a major public health concern due to its health consequences and the large numbers of local children affected. In addition, higher levels of overweight and obesity in Newham’s year six children compared to London and England suggests local children are exposed to greater risks of becoming an unhealthy weight than the average child, which contributes to health inequalities.

Some population groups are more at risk of developing an unhealthy weight, and of its consequences, which further contributes to health inequalities. Among year six children, boys in Newham have considerably higher (worse) prevalence of overweight compared to girls, which is a pattern commonly seen elsewhere and has been consistent over time (Figure 44). There is limited evidence to explain this disparity, although hypotheses include differences in body composition and hormones or societal ideals around body weight that affect girls and boys differently.³⁶ The COVID-19 pandemic appeared to have a greater adverse impact on weight in boys than in girls.

Figure 44: Prevalence of overweight in Year 6 children by sex, proportion (%)



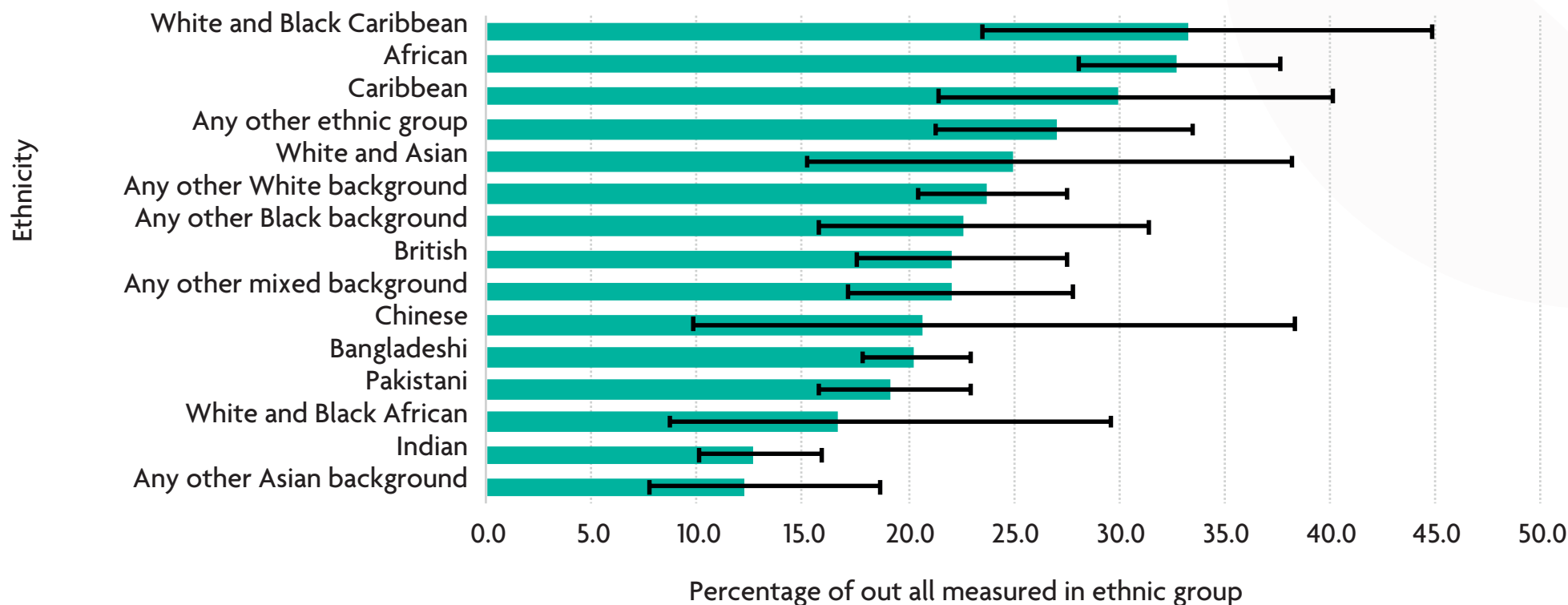
Source: OHID, using National Child Measurement Programme, NHS England

36 Shah, B. et al. (2020) [Sex and gender differences in childhood obesity: contributing to the research agenda](#)

In terms of ethnicity, in 2022/23 among reception children in Newham, prevalence of overweight and obesity was highest in White and Black Caribbean, African, and Caribbean groups, though this was not statistically different to most other groups. Indian and Other Asian groups had the lowest levels of overweight and obesity (Figure 45).

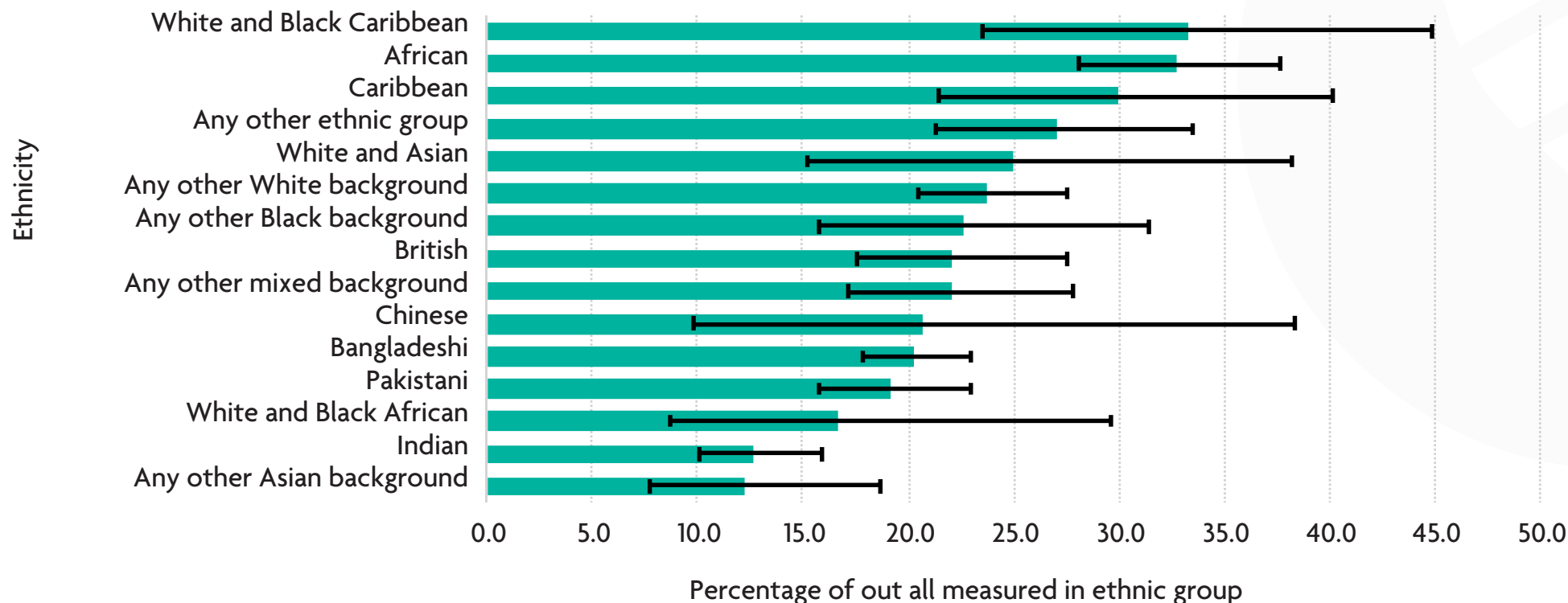
There was less variation among year 6 children, and overweight and obesity was more common in all ethnic groups at year 6 age compared to reception age, indicating that the risk of developing an unhealthy weight increases with age for children in all ethnic groups (Figure 46).

Figure 45: Prevalence of overweight (including obesity) in reception children in Newham by ethnic group, 2022/23, proportion (%)



Source: OHID, using National Child Measurement Programme, NHS England

Figure 46: Prevalence of overweight (including obesity) in year 6 children in Newham by ethnic group, 2022/23, proportion (%)



Source: OHID, using National Child Measurement Programme, NHS England

To support children and families affected by overweight and obesity, Newham’s children healthy weight service provides a free family weight management programme for children and young people aged four to 17 years and their parents. In 2022/23, 70% of children accessing the service completed it, demonstrating that the service is accessible to many, yet there is room for improvement to ensure all residents referred to the service can benefit from it equally.

In addition, there are a large number of evidence-based, preventative services, actions and work programmes underway across Newham that influence healthy weight through addressing the determinants of health. These are described throughout 50 Steps and include work on infant feeding, the Healthy Schools programme ([Giving children and young people the best start in life](#)), improving access to nutritious food ([Creating a healthier food environment](#)) and encouraging and enabling play, sport and other forms of physical activity, including through Newham’s leisure services ([Increasing participation in leisure and sport](#)).

Future direction

The causes of unhealthy weight are complex and shaped by many environmental, commercial, economic and social factors, factors that individuals have little control over. These factors are often termed the obesogenic environment. For example, Healthwatch Newham found that the cost of food was the chief influencing factor for residents opting for fast food over healthier options.³⁷ Through 50 Steps we are working to create an environment that supports and promotes healthy weight in childhood, such as through Healthy Schools, enabling children and young people to get enough physical activity, providing nutritious and balanced school meals and making healthy food more available and affordable across the borough, particularly in food swamps and food deserts. [Creating a healthier food environment](#) provides more detail on how we are improving access to healthy food, and [Travel and the urban environment](#) and [Increasing participation in leisure and sport](#) provide more information on how we are creating a more active borough.

We will also continue to support children, young people and families who are experiencing overweight and obesity through specialist services. Equity is at the heart of our work, which is why we will work to ensure access and outcomes from local weight management services are fair and based on need.



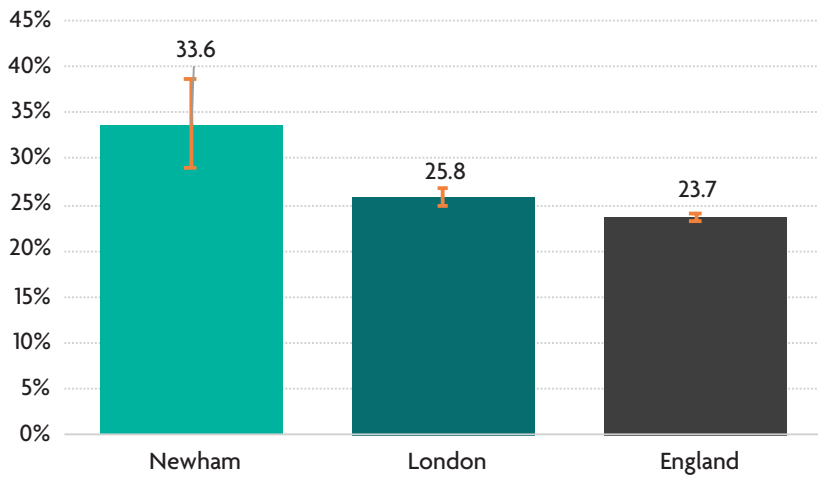
37 Healthwatch Newham (2019)

Oral health

Good oral health is a key part of both physical and mental health. Healthy teeth and gums help prevent serious diseases, reduce the risk of complications from long-term conditions, support good mental health, and even improve educational outcomes and career prospects. Poor oral health, such as dental decay, can cause pain, infection and wider impacts such as affecting eating, sleeping, socialising and being able to go to school.³⁸

In 2021/22, an estimated one in three five-year olds in Newham had dental decay. This was significantly higher (worse) than the London and England averages, and had been for most of the time since 2011 (Figure 47 and Figure 48).

Figure 47: Visibly obvious dental decay, 5 year-olds, 2021/22, proportion (%)

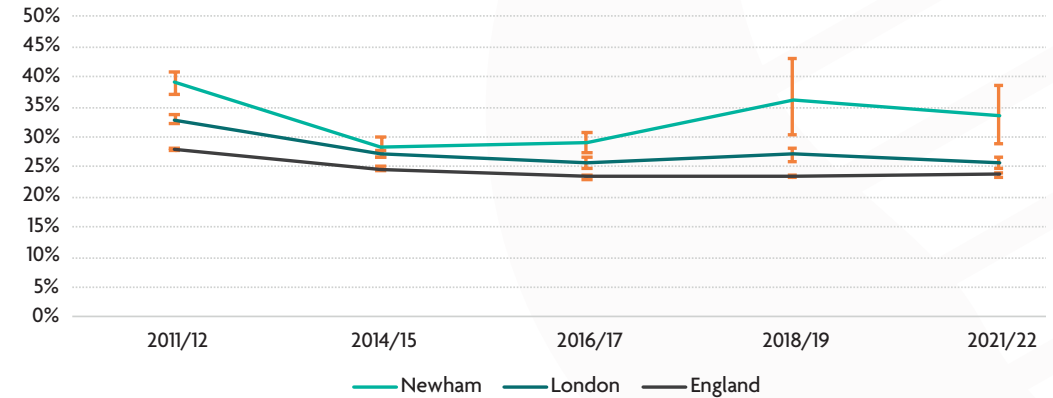


Source: Dental Public Health Epidemiology Programme for England: oral health survey of five year old children

38 Penn Dental Medicine (2022) [Why is oral health important?](#)

39 Public Health England (2021) NHS Business Services Authority (Data request)

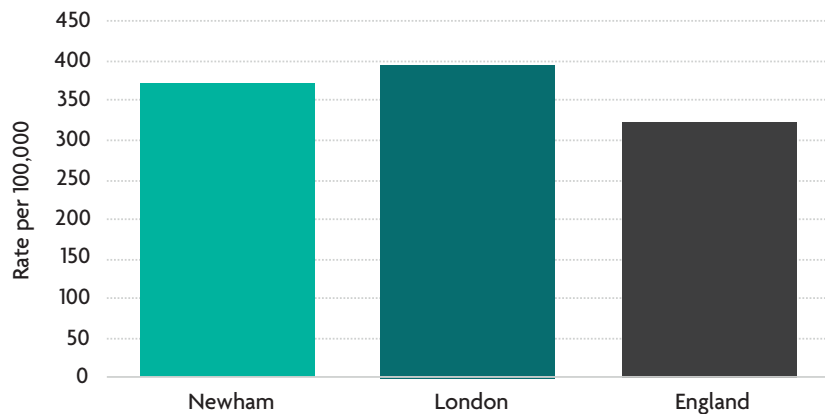
Figure 48: Visibly obvious dental decay, 5 year-olds, 2011/12-2021/22, proportion (%)



Source: Dental Public Health Epidemiology Programme for England: oral health survey of five year old children

In 2021, the rate of hospital tooth extractions in Newham’s 0-19 population was similar to London and higher (worse) than England (Figure 49). This pattern varied by age, where children aged six to 10 years in Newham had a higher (worse) extraction rate than London and England while the rate in children aged 11 to 19 years was better than London and England.³⁹

Figure 49: Hospital tooth extractions for 0-19 years, 2021, rate per 100,000



Source: Public Health England, NHS Business Services Authority (2021)

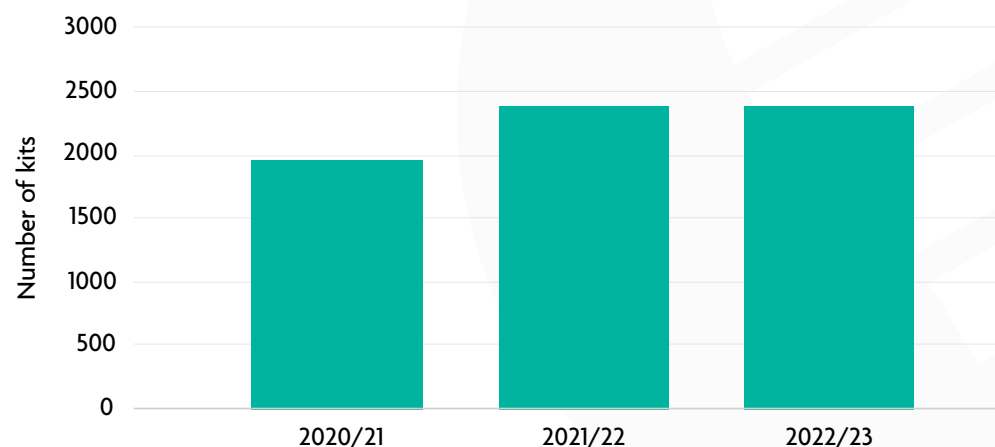
Together, this data demonstrates that children in Newham – particularly younger children – are more likely to have dental health problems than the average child in London and England. This may be due to a range of factors such as diet, tooth brushing and access to dentists, stemming from inequality and disadvantage.

Most dental health problems can be prevented with tooth brushing and other preventative measures, and prevention is therefore a key priority in improving oral health in Newham. There are a number of preventative oral health services and initiatives for children, young people, families and professionals locally. For example, free tooth brushing equipment is provided to early years settings, health visitors and food banks, which helps enable tooth brushing from an early age and raises awareness of its importance (Figure 50). There are supervised tooth brushing sessions, which teach children how to brush their teeth; in 2022/23 896 Newham children took part in these sessions. In addition, fluoride varnish is offered to young children to prevent tooth decay. In 2021/22, 56% of eligible children took up the varnish, suggesting there is opportunity to increase uptake and improve oral health outcomes.⁴⁰ Further, some schools have become water-only schools, which prevents children drinking sugary drinks at school, helping prevent tooth decay and promote healthy weight.

⁴⁰ Dental and Planned Care Services Strategic Business Unit (2021-2022)

⁴¹ NHS Business Services Authority (2024) [Summary of NHS Business Services Authority Data for Newham 2021-2022 and 2022-2023](#)

Figure 50: Brush for Life kits distributed in Newham, 2021/21-2022/23, number of kits



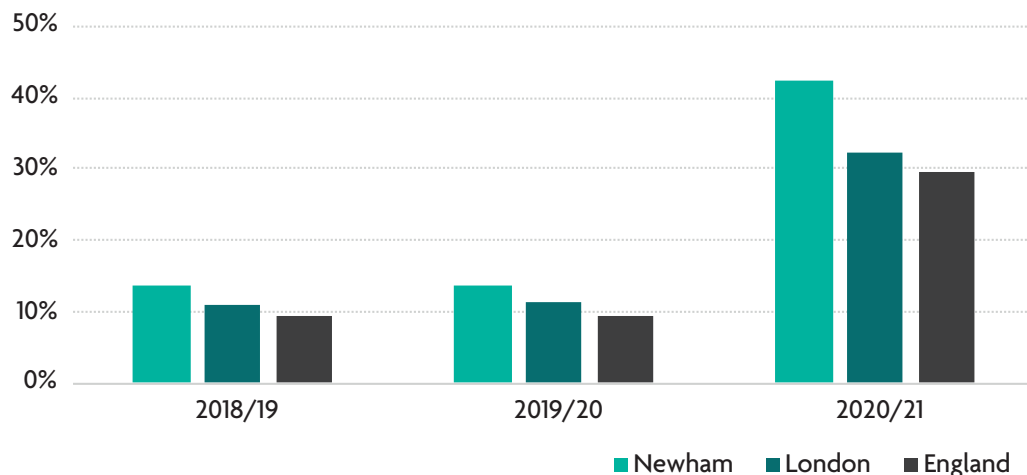
Source: Granicus/Firm Step Platform LBN

Dental services also play a crucial role, providing preventative check-ups and treating oral health issues and illness. COVID-19 led to a significant reduction in clinical dental services across the country, creating a backlog of patients unable to see a dentist in a timely manner. Services are still under pressure in Newham and nationally, with many residents unable to find an available dentist, which is having an adverse impact on oral health outcomes.

Newham has 30 listed high street dental practices, all of which provide NHS care. Whilst these practices are spread relatively evenly across the borough, there are not enough dentists to meet the demand from residents. In 2022/23, 38% of Newham children aged 0 to 19 years had seen a dentist in the past 12 months, which was lower (worse) than both London and England.⁴¹

The percentage of urgent dental treatments in Newham has been higher (worse) than London and England since 2018 (Figure 51), which most likely reflects poor oral health and difficulties accessing routine dental care. The proportion of urgent treatment rose considerably in 2020/21, which may have been a consequence of routine dentistry practices closing over the COVID-19 pandemic, which in turn increased the demand for emergency dental care.

Figure 51: Urgent dental treatments, 2018/19-2020/21, proportion (%)



Source: NHS Business Authority

Future direction

In implementing 50 Steps, the council, NHS, early years and schools, and other partners will work together to improve oral health among Newham’s children and young people. At a local level, we will prioritise evidence-based preventative interventions including:

- Increasing the number of evidence-based oral health promotion training sessions for children and young people, parents and frontline staff in early years (i.e. supervised tooth brushing programmes)
- Measuring and increasing the geographical spread of where supervised tooth brushing sessions are run to promote equitable access and outcomes
- Increasing the distribution of brush for life kits for children and young people, including taking a targeted approach aimed at supporting most at-risk groups
- Increasing uptake of fluoride varnish among children under the age of 5

Recognising the limited supply of dental services in Newham, we will continue to advocate at national levels for greater investment in dental services, as well as strengthening local referral pathways and uptake of specialist services for vulnerable children and young people.

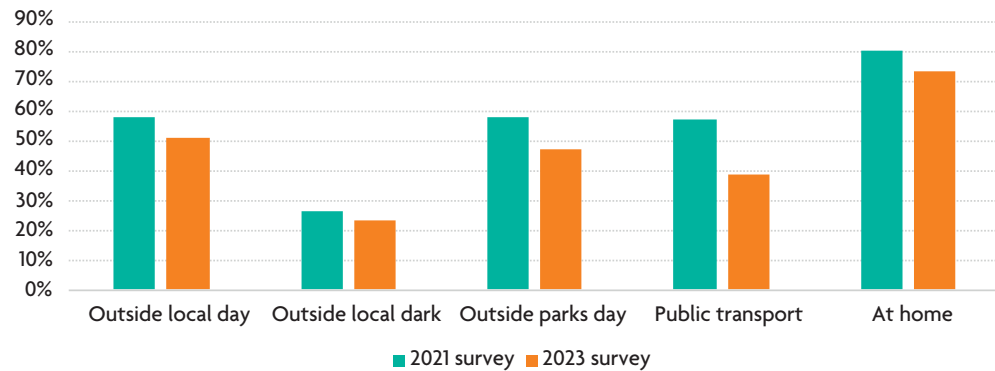
Evaluation of water-only schools in Newham found that providing universal free school meals helps facilitate water-only status.⁴² The section [Whole school approaches to food](#) gives more detail on Newham’s whole school approach to food, which can achieve oral health benefits alongside many other benefits of free school meals.

⁴² Queen Mary University London (2023) Evaluation of Water Only Schools. Unpublished data, presented at Newham’s Borough-wide Oral Health Partnership Group

Youth safety

In 2024, Newham had one of the youngest populations in England, with 0-25 year olds making up 37% of the population.⁴³ Making Newham a safer place is one of the priorities of the council's corporate plan, Building a Fairer Newham, as well as being a key local public health priority. Between 2021 and 2023, the estimated proportion of young people who feel very or fairly safe decreased, suggesting that young people are feeling less safe than they were in 2021 (Figure 52).

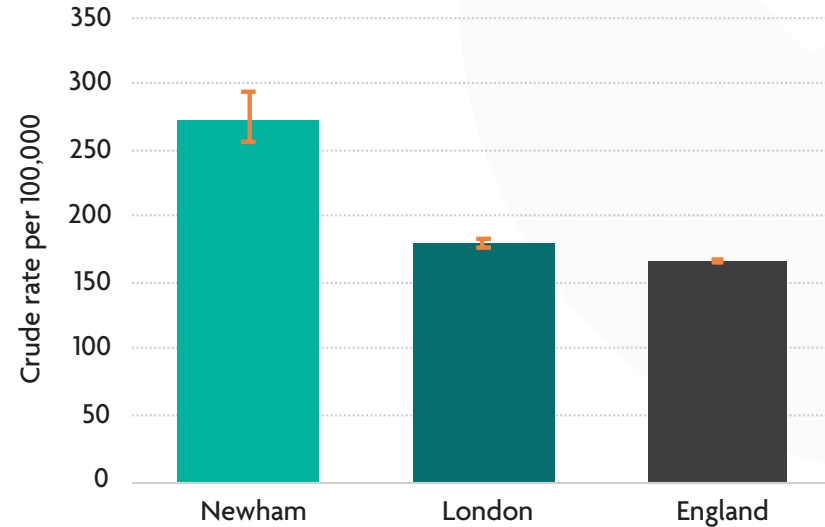
Figure 52: Newham young people aged 16-24 reporting feeling very or fairly safe, 2021-2023, proportion (%)



Source: Newham Resident Survey

In 2022, there were 274 first-time offenders per 100,000 Newham residents aged 10+, which was significantly higher (worse) than London and England (Figure 53).

Figure 53: First-time offenders aged 10+, 2022, crude rate per 100,000

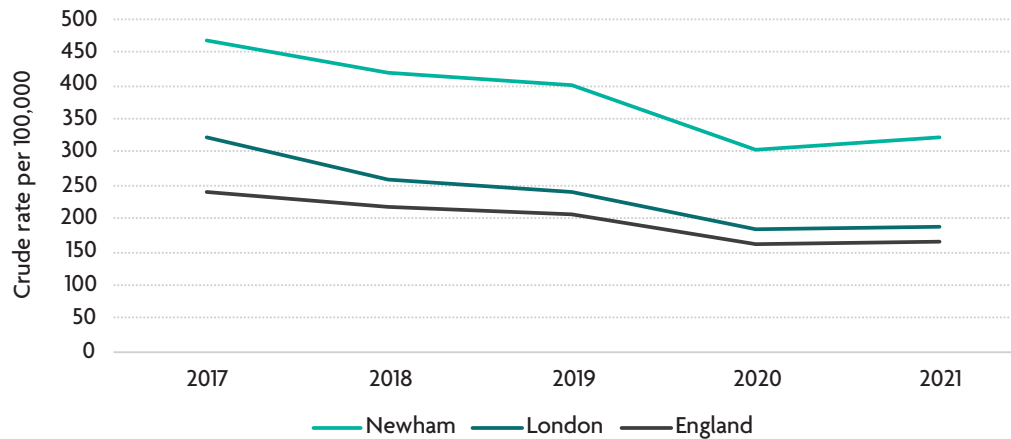


Source: Office for Health Improvement and Disparities

43 Greater London Authority: housing-led population projections

Although there have been a substantial decrease in first-time offending since 2017, the rate for Newham has remained significantly higher than London and England. In 2021 the rate slightly increased, reversing the steady downward trend (Figure 54). This could be due to changes in reporting and recording practices,⁴⁴ or it could be linked to the increasing cost of living.⁴⁵ Data from 2022 cannot be compared due to differences in data collection.

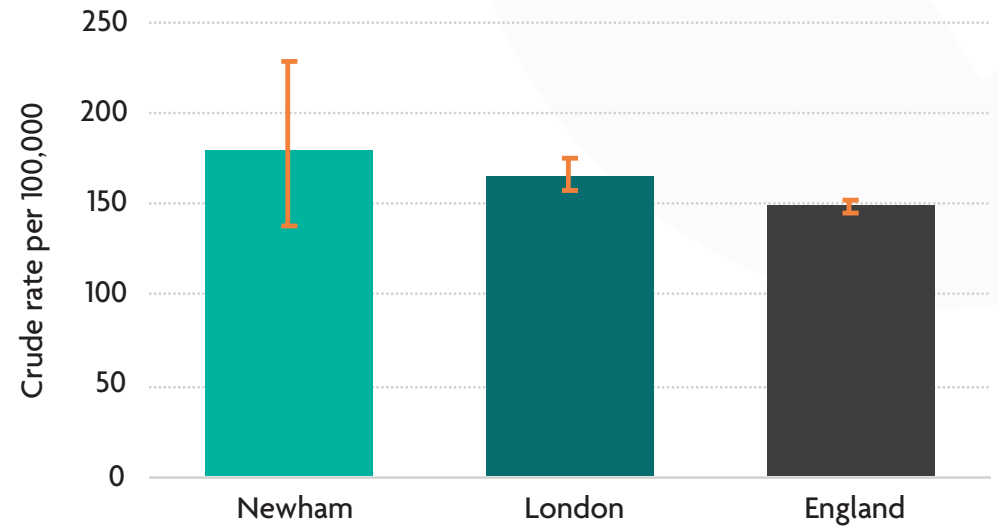
Figure 54: First-time offenders aged 10+, 2017-21, crude rate per 100,000



Source: Office for Health Improvement and Disparities

In terms of first-time entrants to the youth justice system, in 2022 the rate in Newham was similar to that of London and England, which was a considerable improvement on previous years when the rate for Newham was significantly higher (worse) (Figure 55 and Figure 56). This may be linked to the impact of the COVID-19 pandemic, as well as the fact that in recent years, young people with low-level possession of drug offences have been given more Community Resolutions rather than being prosecuted and criminalised.

Figure 55: First-time entrants to the youth justice system, 2022, crude rate per 100,000

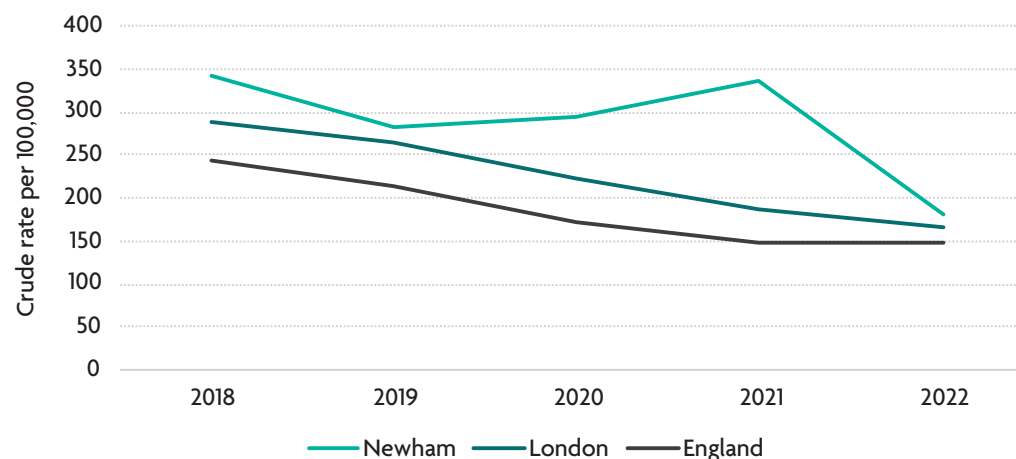


Source: Figures calculated by OHID's Population Health Analysis team using crime data supplied by the Ministry of Justice and population data supplied by Office for National Statistics (ONS)

⁴⁴ ONS (2023) [Crime in England and Wales: year ending March 2023](#)

⁴⁵ Revolving Doors (2022) [Majority of UK public believe rising poverty will lead to increase in crime – and this shouldn't lead to prison](#)

Figure 56: First-time entrants to the youth justice system, 2018-22, crude rate per 100,000



Source: Figures calculated by OHID’s Population Health Analysis team using crime data supplied by the Ministry of Justice and population data supplied by Office for National Statistics (ONS)

There are persistent inequalities in children and young people in the youth justice system. In 2023/24, 39% of children in Newham’s Youth Justice Service (YJS) cohort were in Black ethnic groups, meaning Black children and young people were over-represented by 15%.⁴⁶ On this metric, Newham performed worse than its statistical neighbours, where on average Black children and young people were over-represented by 12%.⁴⁷ Over-representation of Black young people in the YJS tallies with what we know about the over-representation of Black young people experiencing Stop and Search, where Black youth stop and searches far outnumber those of other ethnicities and are also written off as No Further Action (NFA) in larger numbers.⁴⁸

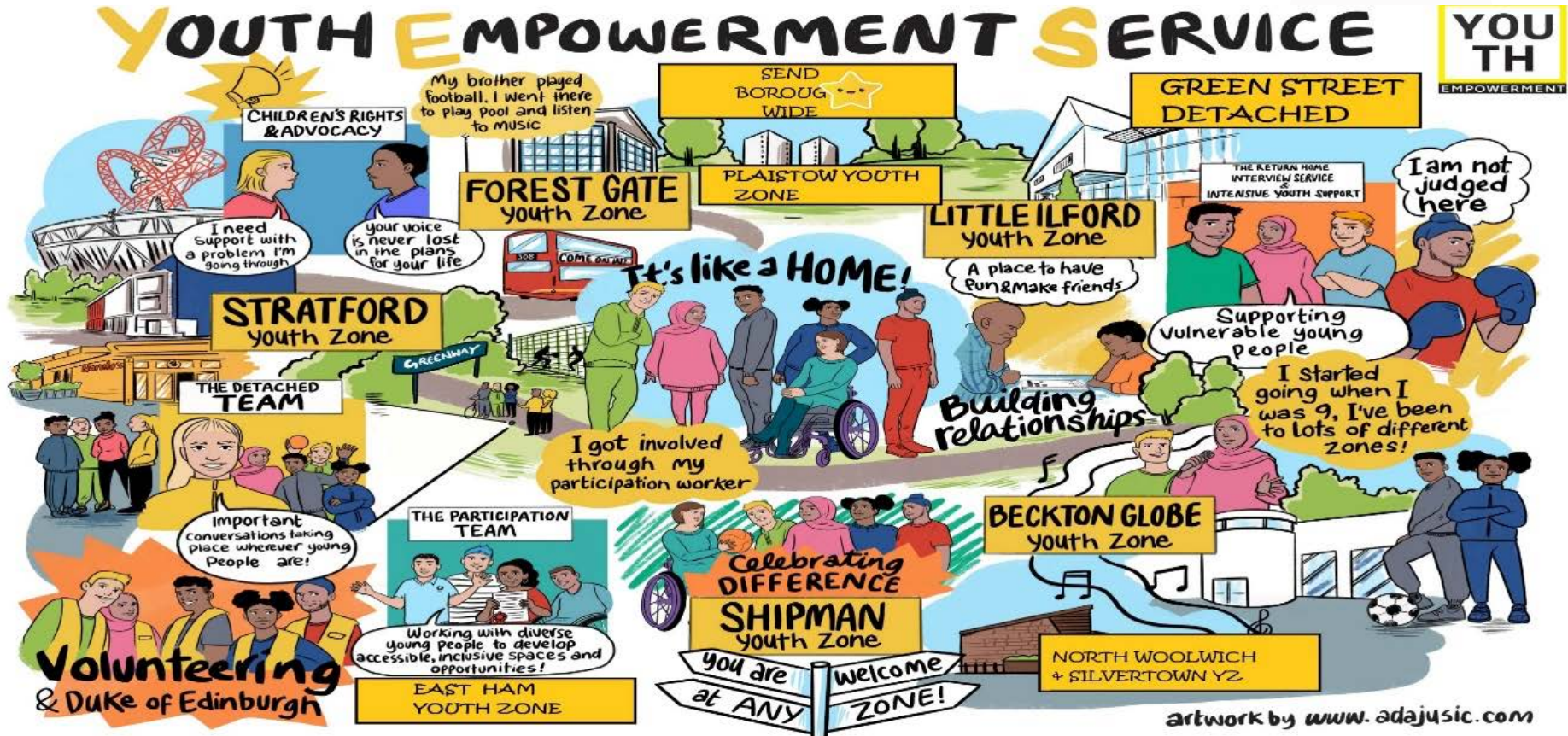
To address Newham’s youth safety challenges, Newham has developed a whole-system approach to youth safety, taking an evidence-based, public health approach. This includes strengthening partnerships between the council, communities, schools, voluntary and community organisations, police and other stakeholders, involving and empowering young people in decision-making, delivering prevention initiatives in schools and other settings and creating safer housing and urban environments. Inclusion is at the heart of the plan, with a focus on children and young people with special educational needs (SEN), young carers, those who identify as LGBTQ+ and others with specific needs.

Linked to this, Newham Council’s Youth Empowerment Service (YES) aims to ensure children and young people have agency, are inspired to realise their potential, feel safe, are valued members of their community, and have influence in the decisions made about their lives. YES supports and enables participation and engagement of young people, delivering programmes and projects which ensure youth voice remains central to the council’s organisational development and delivery. For example, youth citizen assemblies take place on a quarterly basis; these sessions are both co-produced and delivered by and for Newham young people, with a different theme addressed each quarter. In 2023/24, young people in Newham engaged in 1,287 hours of influencing activities, including youth assemblies, boards and committees.

Newham’s voluntary, community and faith organisations are a crucial part of supporting and empowering young people. The sector runs weekly activities and initiatives for young people across the borough. There is also specialist support available to help young people at higher risk of involvement in violence and crime.

46 Youth Justice Service: ChildView
 47 Youth Justice Board
 48 Newham Council (2021) [A Foundation for Change](#)

Figure 57: Youth Empowerment Service



Future direction

We will continue to grow a rich partnership that employs a whole-systems approach to youth safety, with the ambition to ensure Newham is a place where all children and young people are safe, can realise their potential, and can thrive. This will continue to include a range of interventions, which we will learn from to maximise impact. Inclusion and equity are at the heart of our ambitions and will inform our priorities. For example, we have committed to working to address disproportionality among Black young boys and men, who are overrepresented in the youth justice cohort.



Promoting good mental health



Key points

- In 2023, over one in five 8-19 year-olds in England had a probable mental illness. If the picture was the same in Newham in 2024, it would suggest around 11,600 local 8-19 year-olds had a diagnosable mental health condition. Only a small proportion of these had a diagnosis.
- The number of 0-19 year-olds in Newham with diagnosed anxiety or depression increased significantly between 2017/18 and 2023/24, in line with national trends.
- Around 12% of adults in Newham had diagnosed anxiety or depression in 2023, equating to around 42,000 people.
- Depression (diagnosed) is increasing among adults in Newham. Between 2017 and 2023, it rose by 34%, from 4.7% to 6.3%.
- Common mental illness (anxiety and depression) does not affect all groups equally. For example, in 2024 common mental illness was significantly higher in females than males from age 10 upwards. It was also higher in White ethnic groups compared to other ethnic groups, although this is likely to reflect under-diagnosis – and therefore potentially unmet need – in residents from Asian, Black and other minoritised ethnic groups.
- In 2022/23, around 1% of Newham residents had a diagnosed complex mental illness, such as schizophrenia or bipolar, which was similar to London and higher than England. Prevalence has been stable in recent years. There are long-standing ethnic inequalities in complex mental illness. Prevalence is higher in Black ethnic groups than most other ethnic groups across the country, including in Newham. This inequality is thought to be due to complex factors including racially based social and economic disadvantage, experiences of racism and discrimination, and inequalities in access, quality and experiences of healthcare and other public services.
- Over the period 2020-22, 57 Newham residents died by suicide. This was a similar rate to London and significantly lower than England. Suicide is consistently higher in males than females.
- In 2022/23, an estimated 11% of Newham adults were lonely 'always' or 'often'. This was higher than London and England.

Children and young people's mental health

Children and young people's mental health is just as important as their physical health. Good mental health is not only a positive health outcome in itself, but can also improve children's and young people's physical health, educational attainment and social relationships, and helps them grow into healthy, happy adults.

Common mental illness

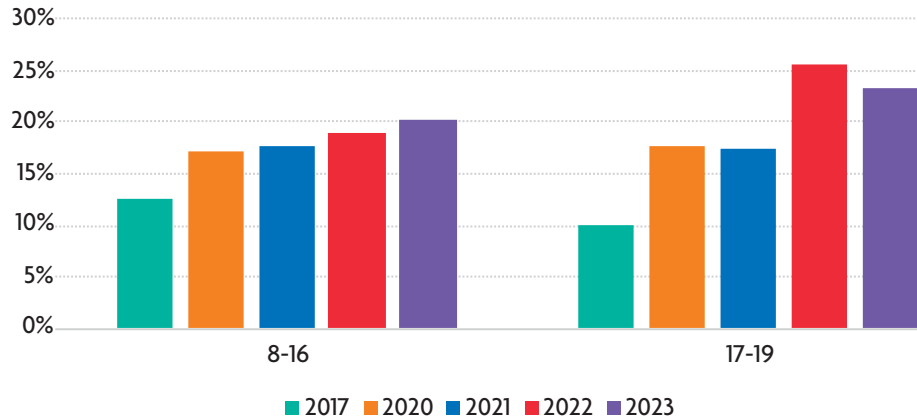
In England in 2023, an estimated 20% of eight to 16 year-olds and 23% of 17-19 year-olds had a probable mental illness.⁴⁹ If these levels were the same in Newham in 2024, it would suggest around 11,600 local children and young people aged eight to 19 were likely to have a diagnosable mental health condition.

Anxiety is one of the most common mental illnesses among children and young people. In Newham in 2024, 0.7% of residents aged 0-17 (609 residents) had a diagnosis of anxiety. This was far lower than estimated prevalence of mental illness among children and young people nationally, even taking into account that the data is only for anxiety and not for other conditions. This suggests that anxiety – and probably other conditions – in children and young people may be under-identified, which may have important implications for the mental health support children and young people receive.

Evidence suggests mental illness is increasing among children and young people. Across England between 2017 and 2020, estimated prevalence of probable mental health problems among eight to 16 year olds rose from 13% to 17%, and has been relatively stable since then. Among the 17-19 population, estimated prevalence more than doubled between 2017 and 2022, from 10% to 26% (Figure 58).

49 NHS Digital (2021) [Mental health of children and young people in England, 2023 – wave 4 follow up to the 2017 survey](#)

Figure 58: Children and young people aged 8-19 with a probable mental disorder, England, 2017-2023, prevalence (%)

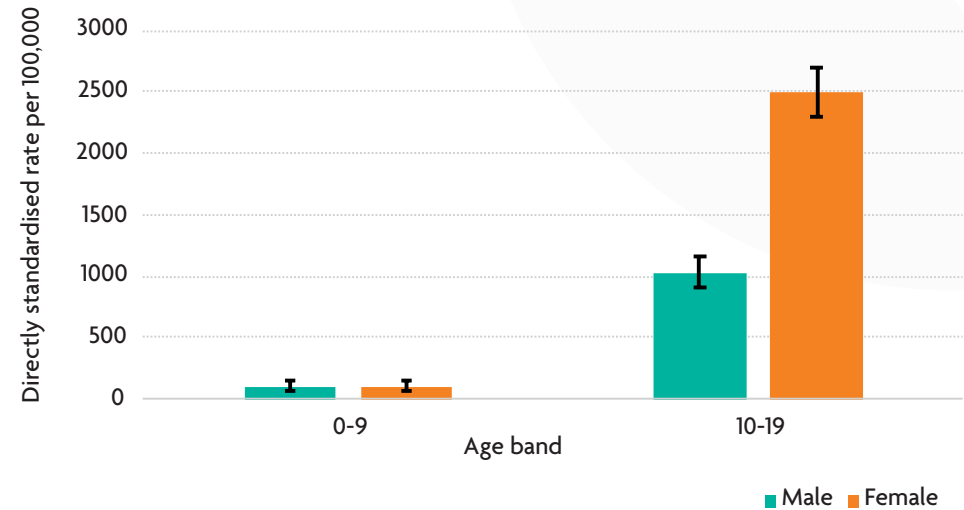


Source: NHS Digital, Mental Health of Children and Young People in England, 2023: Wave 4 follow up to the 2017 survey

In Newham, the number of children and young people aged 0 to 19 with diagnosed anxiety or depression increased significantly between 2017/18 and 2023/24, aligning with national trends.⁵⁰ This suggests the scale of mental health need among local children and young people has risen significantly in recent years, which may be linked to increased pressure faced by children and young people, in particular following the COVID-19 pandemic^{51,52} and an increase in diagnosis due to a greater acceptance of conversations about mental health.⁵³

In Newham’s 0 to 19 population, there are significant differences in diagnosed mental illness between age bands, genders and ethnicities. In 2024, prevalence of diagnosed anxiety was far higher in 10-19 year olds compared to 0-9 year olds, and females aged 10-19 had over double the prevalence rate than that of males (Figure 59). This aligns with patterns across England and could be linked to gender socialisation processes, which result in different responses to external stressors from boys and girls.^{54,55}

Figure 59: Anxiety prevalence, Newham children aged 0-19, by sex, 2024, age-standardised prevalence rate per 10,000



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

50 Primary Care (Discovery) and Patient Master Index (2024) CYP with depression and anxiety in Newham [unpublished]

51 NHS England (2023) [One in five children and young people had a probable mental disorder in 2023](#)

52 RCPH (2024) [The role of paediatricians in children and young people’s mental health - position statement 2024](#)

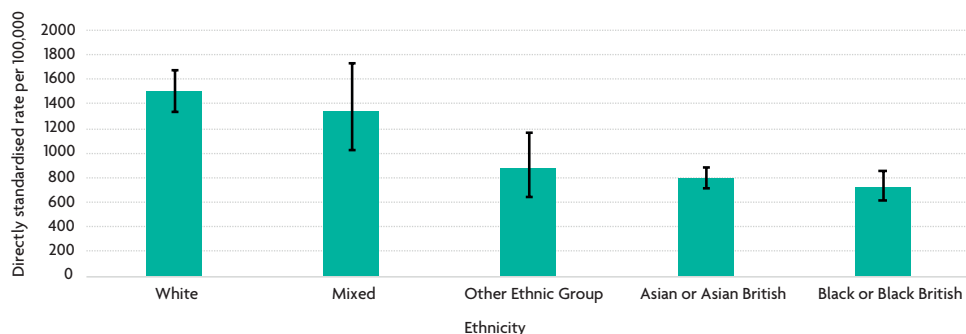
53 The Children’s Society [Children’s mental health statistics](#)

54 ONS (2020) [Young people’s well-being in the UK: 2020](#)

55 Christiansen, D.M, McCarthy, M.M. and Seeman, M.V. (2022) [Editorial: Understanding the influences of sex and gender differences in mental disorders](#)

In terms of ethnicity, prevalence of diagnosed anxiety was highest in White ethnic groups followed by Mixed groups, and significantly lower in Asian, Black and Other groups (more detailed ethnic groups have been aggregated to broad ethnic groups due to small numbers) (Figure 60). A similar pattern exists across England, where children from White groups were found to be twice as likely to have a probable mental illness as children from a minoritised ethnic group. These differences are thought to be due to a complex range of factors, including inequalities in access, quality and experiences of health services and differences in views and recognition of mental illness, rather than ‘true’ differences in need.^{56,57} This suggests there may be substantial levels of unmet mental health need among children and young people from Asian, Black and other minoritised ethnic groups, and highlights why improving access to, and outcomes from, mental health support is a key priority in Newham.

Figure 60: Anxiety prevalence, Newham children aged 0-19, by broad ethnic group, 2024, age-standardised prevalence rate per 10,000



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

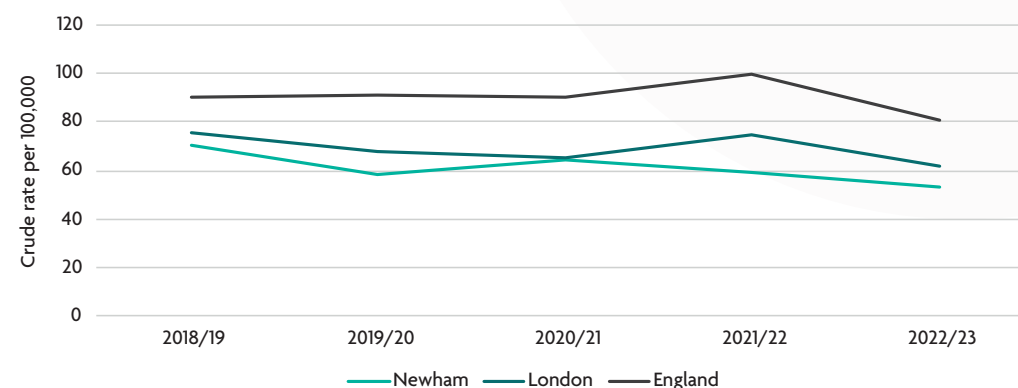
Note: more detailed ethnic groups have been aggregated to broad ethnic groups due to small numbers.

56 Coelho et al (2022) [Experiences of children and young people from ethnic minorities in accessing mental health care and support: rapid scoping review](#)
 57 McKeown (2023) [Themes from available data: the importance of ethnicity for understanding young people’s experiences of health inequalities](#)

Healthcare service use

A small proportion of people with mental illness are admitted to hospital for their mental health condition. However, admissions are an important indicator of the severity and trends in mental health need in the population, and of the capacity of primary and community services. In 2022/23, there were 45 hospital admissions due to mental health illness among Newham residents aged 0-17, which was a similar rate to London and lower (better) than the England average. In Newham, and across England, this rate had been relatively stable in recent years (Figure 61).

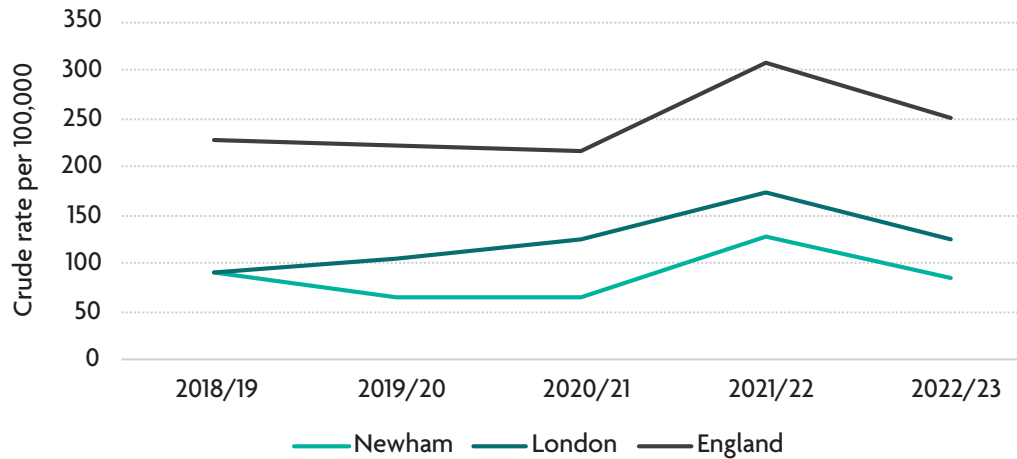
Figure 61: Hospital admissions due to mental health illness, Newham residents aged 0-17, 2018/19 – 2022/23, crude rate per 100,000



Source: Hospital Episode Statistics (HES) and Office for National Statistics (ONS)

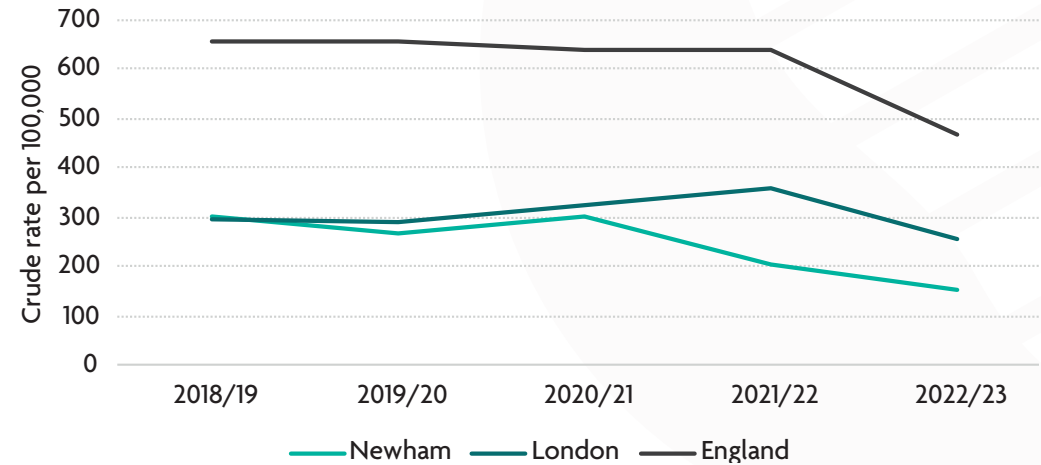
Self-harm, and hospital admissions due to self-harm, are important indicators of the burden of mental ill health in the population as well as demand on health services. In 2022/23, there were 55 admissions resulting from self-harm among Newham residents aged 10-19. This was a significantly lower (better) rate than the London and England averages, and one of the lowest rates in England. Admissions of this kind have been falling in Newham in recent years in line with an England-wide trend (Figure 62 and Figure 63).

Figure 62: Hospital admissions as a result of self-harm, Newham residents aged 10-14, 2018/19 - 2022/23, crude rate per 100,000



Source: NHS England

Figure 63: Hospital admissions as a result of self-harm, Newham residents aged 15-19, 2018/19 - 2022/23, crude rate per 100,000



Source: NHS England

Although hospital admissions for mental illness have been stable in recent years, Newham’s Child and Adolescent Mental Health Services (CAMHS) are seeing an increase in referral rates, resulting in growing waiting lists for community-based care, particularly for children and young people at lower risk, and rising numbers of individuals accessing the services. Between 2019/20 and 2021/22, the number increased by 803 individuals (1,888 to 2,691). This is increasing strain on the current model of service provision, indicating new approaches may be needed to ensure all children and young people can get the right support at the right time.

Key priorities include improving timely access to mental health support and strengthening service integration. Currently many children and young people come into contact with different service points and have to tell their stories multiple times. To help address this, Newham’s multi-agency collective (MAC) was established in 2021. It is a key part of an integrated model, bringing together local community organisations and statutory services to provide mental health support for young people with lower-level needs. Early evidence suggests it has enabled a wider cohort of young people to access support, who would not have otherwise been able to. Out of 260 referrals to Newham

MAC from March 2021 to January 2023, 62% presented with anxiety, depression, low mood, autistic spectrum disorder and behavioural difficulties. The young people accessing support were diverse in their characteristics, reflecting inequalities in mental health needs. For example, 34% had special education needs (SEN) and 78% were from Newham's more deprived neighbourhoods.

School-based mental health services also play an important role. In 2024, over 60% of Newham's schools had access to the Wellbeing in Newham Schools team (WINS), and the number was growing. This team aims to bridge the gap between education and healthcare services, providing early interventions for issues such as anxiety, low mood and behavioural issues through one-to-one and group sessions. They also support school staff to gain the knowledge and skills to integrate mental health into day-to-day school life.

In addition, many preventative activities, programmes and services exist that promote positive mental health among children and young people and prevent problems occurring in the first place. Among many, this includes [early years support and Early Help, Healthy Schools](#), work to improve access to healthy and affordable food ([Creating a healthier food environment](#)), actions to increase physical activity and play ([Increasing participation in leisure and sport](#)) and access to parks and green space ([Making Newham a place for people and planet](#)).

Future direction

Our ambition is to ensure children and young people can easily access a wide range of support that meets their needs, when they need it. To achieve this, we are aiming to continue building a more integrated service model, which will enable children, young people and families to access holistic mental health and emotional wellbeing support. We plan to establish a Mental Health Integrated Front Door for children and young people, which works across Child and Adolescent Mental Health Services (CAMHS), Newham's Multi-Agency Safeguarding Hub (MASH) and the school-based WINS team, and acts as the primary route for all children and young people into accessing and receiving a range of tailored mental health support. The aim of the integrated front door is to reduce duplication, reduce the number of times families have to tell their stories, and improve coordination and decision-making across agencies. This includes more effective integration with safeguarding referrals.

We also aim to support all schools to develop their whole school approaches to promoting children's emotional wellbeing. The WINS team will build on their success, promoting take-up of their offer and aiming for all schools to have access to WINS by 2026. This will include:

- Staff training for all schools.
- Senior Mental Health Leads Forum (termly).
- Wellbeing Roadshows.
- [Lumi-Nova](#) app for anxiety for 7-12 year olds.
- Group for young people from LGBTQ+ community.
- Development of peer mentorship programmes and supervision / reflective spaces for school staff.
- Co-Lab digital platform for whole school approach auditing and action planning.

Adult mental health

Mental health is fundamental to health and wellbeing. Good mental health is a positive outcome in its own right and also brings many other benefits, such as enabling people to cope with the stresses of life, fulfil their potential, learn well, work well, and contribute positively to their family and community. Having good mental health can also prevent other adverse health outcomes by enhancing resilience and protecting against disease. Mental illness is a major contributor to poor health across the country, including the impacts of mental illness itself and its associated impacts on physical health and social participation. There are also inequalities in mental health – with minoritised or deprived groups often experiencing worse mental health than other groups – leading to health inequalities.

Newham residents emphasise mental health as a top priority for improving health in the borough. They have underscored how mental health issues would be best dealt with by incorporating a holistic approach to mental health interventions, and highlighted the need for staff training to better understand and support patients with mental health issues.



There should be more awareness of trauma being held in the body and ways people can look after their mental health, and doctors and health professionals need to work on themselves too.

Resident, VCFS event, Royal Docks (2023)

Common mental illness

In 2019, an estimated one in four Newham residents aged 16+ had a common mental illness (defined as any type of depression or anxiety), modelled using data from the Adult Psychiatric Morbidity Survey (APMS) and the demographics of the local population. This was the second highest in England.⁵⁸ While this was an estimate, and true prevalence might be different, it indicates the potential scale of mental health need in Newham's adult population, and inequality between Newham and other places.

In 2023, around 12% of Newham's NHS-registered adult (18+) population had a diagnosed common mental illness, defined as depression or anxiety. This is substantially lower than the modelled (estimated) prevalence of common mental illness, which may reflect under-identification and under-diagnosis locally and/or inaccuracies in modelled estimates. Either way, 12% of adults equates to around 42,000 people, demonstrating a high burden of mental illness in the borough. This has implications for the population's overall health and wellbeing, wider impacts, such as ability to work and participate in society, and demand on local services.

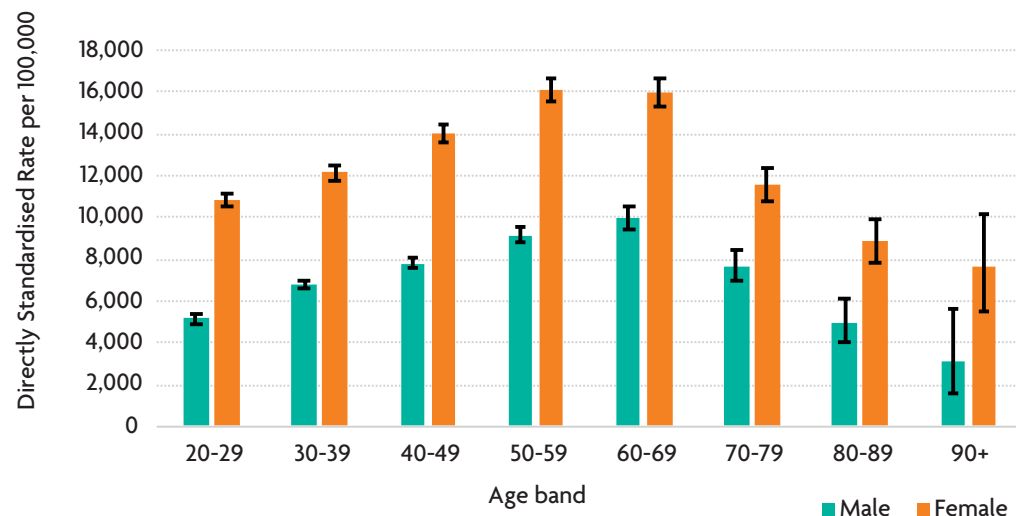
Prevalence differed with age, sex and ethnicity. In 2024, among adults in Newham with a diagnosed common mental illness, over 60% were female, and rates increased with age up to 69 years (Figure 64). This aligned with patterns seen nationally.⁵⁹ The gender gap may be linked to gender-related pressures which affect men and women in different ways, meaning that, for example, women are more likely to have a common mental illness ('internalising disorders'), while men are more likely to experience addiction or drug or alcohol abuse ('externalising disorders').⁶⁰

⁵⁸ OHID: [mental health and wellbeing JSNA \(2019\)](#)

⁵⁹ McManus et al (2014) [Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey](#)

⁶⁰ European Institute for Gender Equality (2021): [Gender Equality Index 2021: Health](#)

Figure 64: Prevalence of common mental health conditions, residents aged 20+, by age band and sex, 2024, age-standardised prevalence rate per 100,000

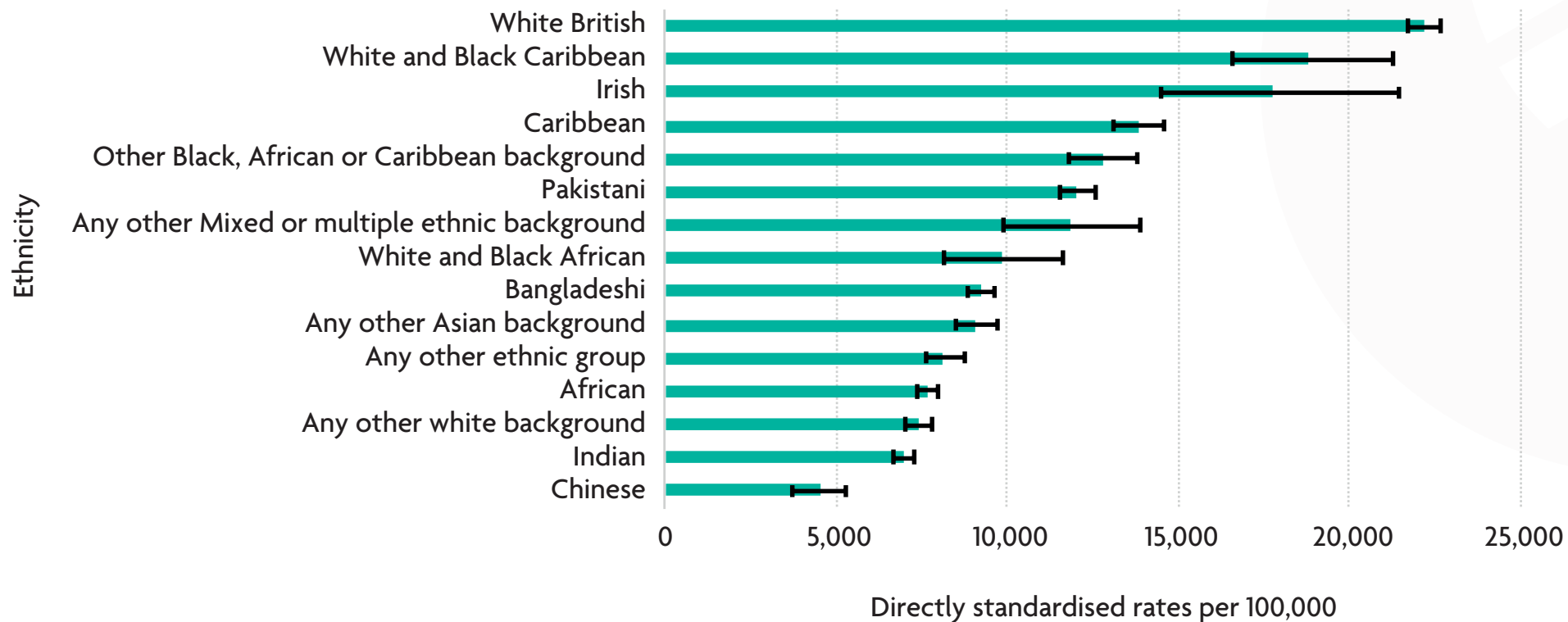


Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

In the same period, prevalence of diagnosed common mental illness was highest among White British groups in Newham, and rates were significantly lower in all other ethnic groups (Figure 65). In contrast, a large national study found that levels of common mental illness were similar between ethnic groups after adjusting for demographic and socioeconomic factors, which suggests there may be significant under-diagnosis among some ethnic groups in Newham. The analysis also found that, compared to White British groups, all other ethnic groups were less likely to be receiving treatment for common mental illness, which supports the possibility that Black, Asian and other ethnic groups in Newham may be under-diagnosed and under-treated.⁶¹ This highlights that improving equity in access to, and outcomes from, mental health treatment and support should be a key priority in Newham.

61 Ahmad et al (2021) [Prevalence of common mental disorders and treatment receipt for people from ethnic minority backgrounds in England: repeated cross-sectional surveys of the general population in 2007 and 2014](#)

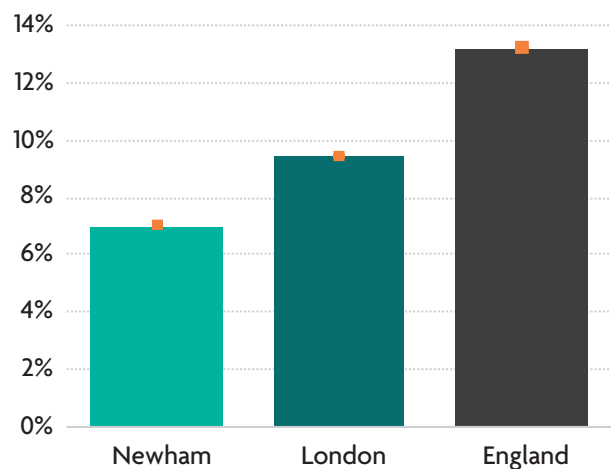
Figure 65: Prevalence of common mental health conditions, residents aged 20+, by detailed ethnic group, 2024, age standardised prevalence rate per 100,000



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

In 2022/23, around 7% of Newham’s NHS-registered adult (18+) population had diagnosed depression, representing around half of all adult residents with a common mental illness. This was significantly lower than London and England averages, which contrasts with modelled estimated prevalence of common mental illness, where Newham was estimated to have the second highest level in England in 2019 (Figure 66). This discrepancy may reflect under-diagnosis locally – particularly considering the inequalities that exist in access to mental health care among minoritised ethnic groups⁶² – and/or inaccuracies in modelled estimates.

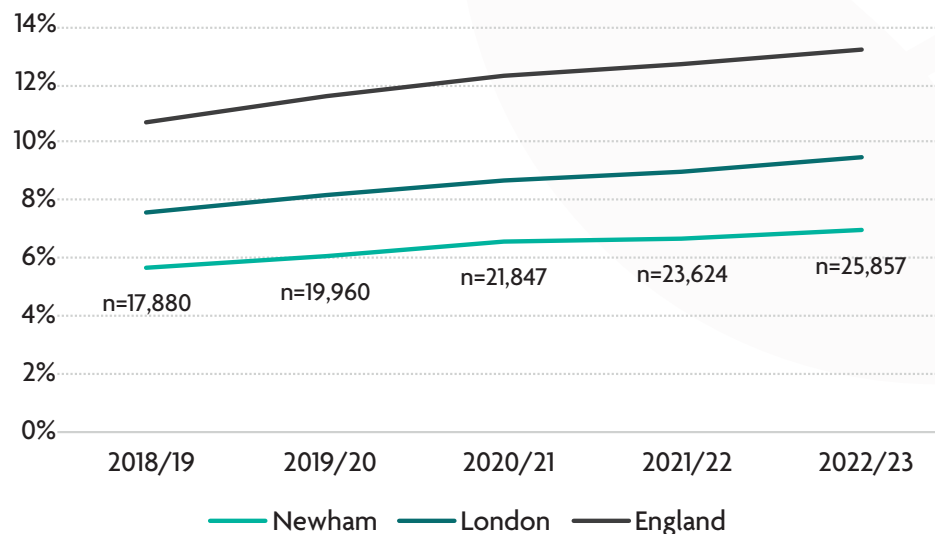
Figure 66: Depression prevalence, people aged 18+, 2022/23, proportion (%)



Source: Quality and Outcomes Framework (QOF), NHS England

Prevalence of depression (diagnosed) is increasing in Newham and across London and England, suggesting a steadily increasing proportion of the population is living with the condition (Figure 67). This may be because of the impact of the COVID-19 pandemic and the cost of living crisis on mental health; it may also be related to the reduction in stigma surrounding mental illness and accessing mental health support.⁶³

Figure 67: Depression prevalence, people aged 18+, 2018/19 - 2022/23, proportion (%)



Source: Quality and Outcomes Framework (QOF), NHS England

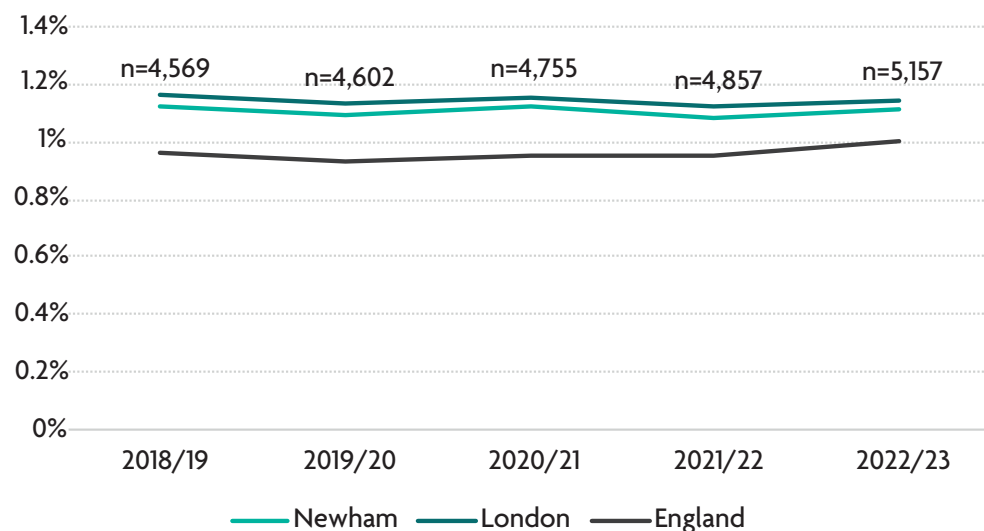
62 Cooper, C. et al. (2012): [Ethnic inequalities in the use of health services for common mental disorders in England](#)

63 BMA, [Mental health pressures in England](#)

Complex mental illness

Complex mental illness (sometimes called severe mental illness (SMI)) refers to a number of conditions including bipolar, schizophrenia and other psychoses. In 2022/23, around 1% of Newham’s NHS-registered population (all ages) had a diagnosed complex mental illness, which was similar to the London average and higher than England. Prevalence has been stable in recent years (Figure 68).

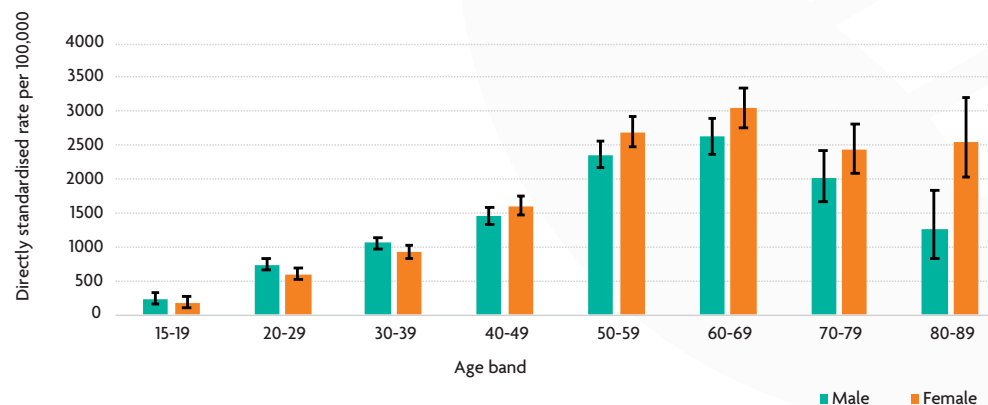
Figure 68: Prevalence of complex mental illness, all ages, 2018/19 - 2022/23, proportion (%)



Source: Quality and Outcomes Framework (QOF), NHS England

In 2024, around half of those with a diagnosed complex mental illness in Newham were female, and prevalence rates increased with age up to 69 years, in line with national patterns (Figure 69).^{64, 65}

Figure 69: Prevalence of complex mental illness, Newham residents aged 15+, 2024, age standardised prevalence rate per 100,000



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

In the same period, prevalence rates were significantly higher among Black ethnic groups compared to other groups (more detailed ethnic groups have been aggregated to broader ethnic groups due to small numbers) (Figure 70), and rates of diagnosed psychosis (one type of complex mental illness) had the same pattern. These patterns are similar across the UK and have been for decades. One large national study found that Black males had higher rates of complex mental illness than males in other ethnic groups (rates in females were similar in all groups),⁶⁶ while other studies have found that risk is highest in Black populations and also higher in Asian and other minoritised ethnic groups compared to White British groups. This inequality is thought to be due to complex factors including racially based social and economic disadvantage, experiences of racism and discrimination, and inequalities in access, quality and experiences of healthcare and other public services.⁶⁷

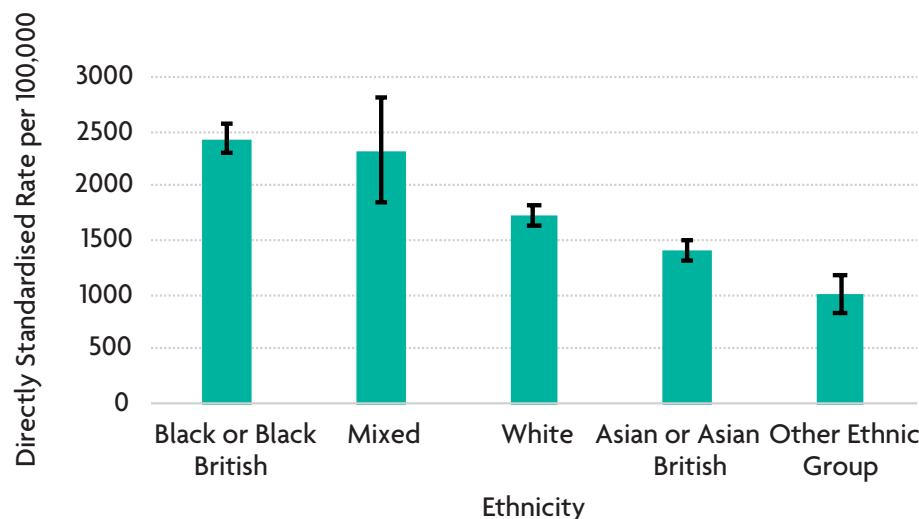
64 McManus et al (2014) [Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey](#)

65 Public Health England (2018) [Severe mental illness \(SMI\) and physical health inequalities: briefing](#)

66 McManus et al (2014) [Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey](#)

67 Nazroo et al (2019) [Where next for understanding race/ethnic inequalities in severe mental illness? Structural, interpersonal and institutional racism](#)

Figure 70: Prevalence of complex mental illness, Newham residents aged 15+, by broad ethnic group, 2024, age-standardised prevalence rate per 100,000



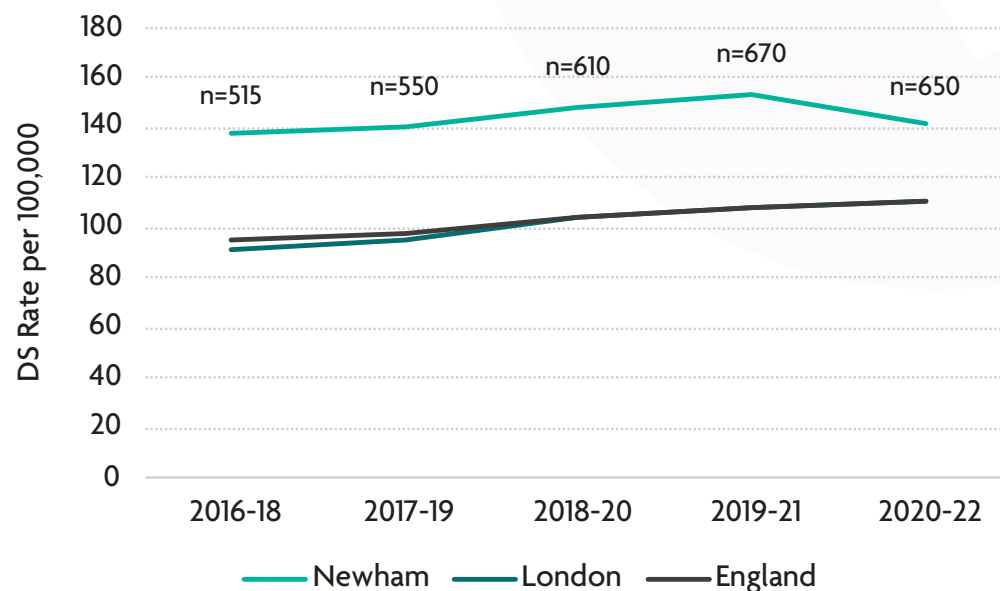
Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

Note: more detailed ethnic groups have been aggregated to broad ethnic groups due to small numbers.

Compared to the general population, people with SMI experience higher premature mortality, which is defined as death under the age of 75 years. This is linked to a range of factors, including that people with SMI are more likely to smoke and experience higher rates of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease than the general population.⁶⁸ This in turn is thought to be a result of disadvantage and social exclusion, inequalities in access to healthcare, and the unique challenges this population can face in managing long-term conditions.^{69, 70}

In the period 2020-22, 650 Newham residents with SMI died prematurely. This was a higher (worse) rate than in London and England, and had consistently been higher than the regional and national averages over the preceding decade (Figure 71). This may indicate that Newham residents with SMI have poorer outcomes than the overall London and England populations with SMI. However, it is possible that Newham's mortality rates are artificially high due to inaccuracies in population estimates (see [How might population estimates affect mortality rates?](#) for more information).

Figure 71: Premature mortality, adults with complex mental illness, 2016-18 - 2020-22, age-standardised rate per 100,000



Source: NHS England

68 Public Health England (2018) [Severe mental illness \(SMI\) and physical health inequalities](#)

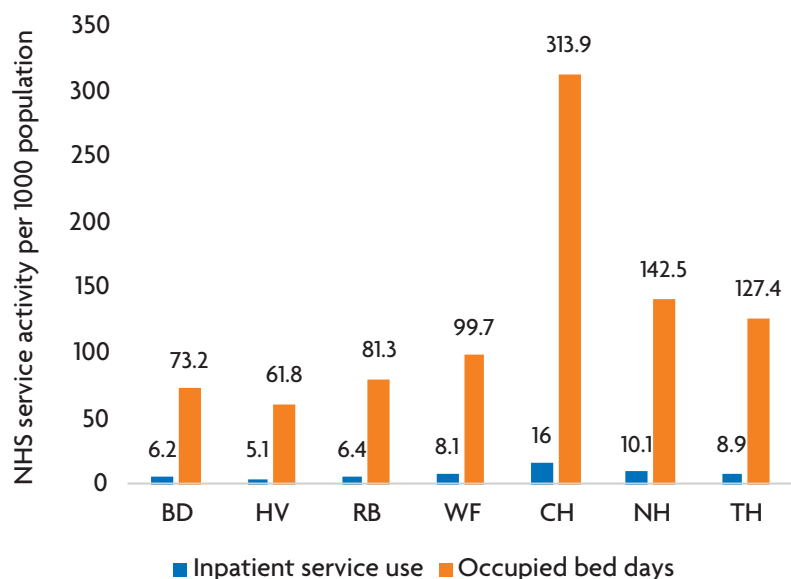
69 Office for Health Improvement and Disparities (2023) [Premature mortality in adults with severe mental illness \(SMI\)](#)

70 National Institute for Health and Care Research (2023) [People with severe mental illness need personalised support to manage long-term physical conditions](#)

Healthcare service use

While many people with mental illness can be supported through primary care or community mental health care, some require inpatient services. In 2021/22, Newham had the second highest rate of inpatient mental health service use and occupied bed days in North East London (Figure 72). This may indicate a greater scale and severity of mental health need in the population, limited capacity of local primary and community mental health services to meet demand, and/or better capacity of inpatient services to meet demand than in other places. During the same time period, Newham also had the lowest level of waiting lists (as a proportion of open cases) in North East London, which suggests Newham had better capacity in its mental health services than other places.⁷¹

Figure 72: Average monthly inpatient mental health service use and occupied bed days, 2021/22, NEL, crude rate NHS activity per 1,000 population



Source: NEL Mental Health, Learning Disability and Autism Provider Collaborative

People with mental health conditions are over-represented in other (non-mental health) healthcare services compared to people without a diagnosed mental health condition. In 2021/22 in Newham, adults with recorded depression or SMI were more likely to access A&E, non-elective hospital services, general practice and community (non-mental health) health services than adults without recorded mental health issues. For example, people with depression were 1.84 times more likely to use A&E than those without depression (Figure 73). This pattern was similar across North East London and aligns with national patterns. It may reflect health inequalities associated with mental illness, where people with depression or SMI have greater healthcare needs for other issues compared to people without mental illness.^{72, 73}

Figure 73: Number of times more likely people with depression or SMI are to use NHS services compared to people without depression or SMI, 2021/22, Newham population (all ages)

NHS service	Likelihood of using services compared to residents without recorded condition	
	Newham residents with depression	Newham residents with SMI
A&E	1.84	2.15
Non-elective hospital services (non-mental health)	2.19	3.81
General practice	1.44	1.40
Community health services (non-mental health)	1.49	1.50

Source: NEL Mental Health, Learning Disability and Autism Provider Collaborative

71 NEL Mental Health, Learning Disability and Autism Provider Collaborative (2024) MHLDA Diagnostic: mental health services

72 National Institute of Mental Health [Understanding the Link Between Chronic Disease and Depression](#)

73 Public Health England (2018) [Severe mental illness \(SMI\) and physical health inequalities](#)

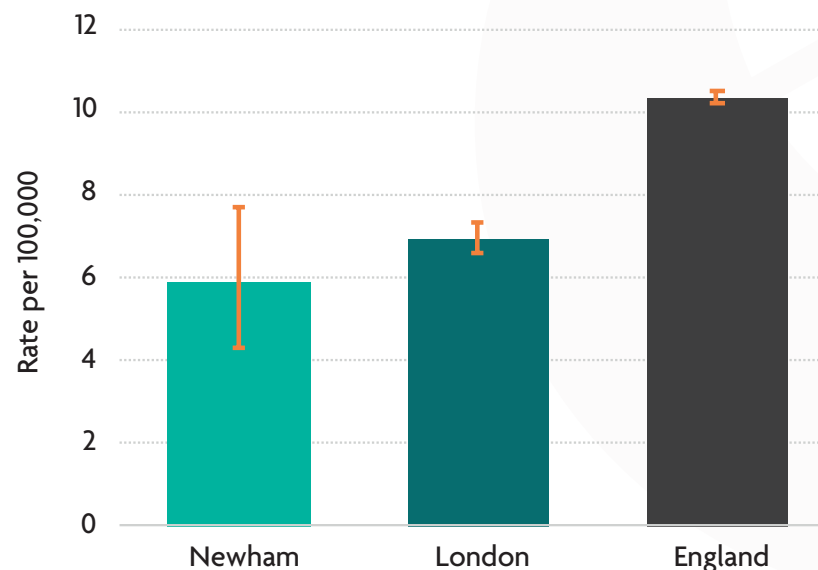
Equity in service access is a key priority in Newham. In 2023, Black ethnic groups in Newham were significantly over-represented in admissions to mental health services. This may reflect higher rates of severe mental illness among Black groups compared to other broad ethnic groups and may also suggest needs are not being met in primary and community services for these groups of patients. Notably, Black groups were neither over- nor under-represented in referrals to mental health services. The discrepancy between referrals and admissions may indicate that Black groups are more likely to be identified late and more likely to be admitted in an emergency, rather than receive planned care, compared to other ethnic groups.

Suicide

Suicide is a major societal issue and a significant cause of death nationally, particularly in young adults. It is seen as an indicator of underlying mental ill health and is often the result of a complex history of risk factors and trauma. However, suicide can be prevented by addressing the underlying causes and providing services and support to those at risk.

Over the period 2020-22, 57 Newham residents died by suicide. This was a similar rate to the London average, and significantly lower (better) than England (Figure 74).

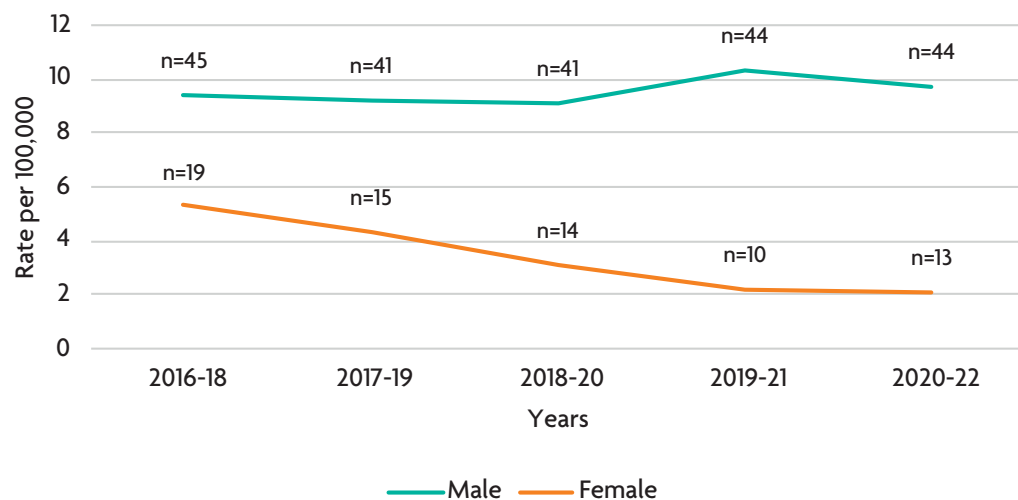
Figure 74: Suicide – all persons, 2020-22, rate per 100,000



Source: Office for National Statistics via Fingertips, OHID

Higher numbers of men in Newham die by suicide compared to women which is a pattern seen across the country (Figure 75). It has been suggested that this may be related to gender-related pressures on men, preventing them from talking to others about their mental health, or the higher likelihood of men using alcohol or drugs.⁷⁴

Figure 75: Suicides in Newham by sex, 2016-18 – 2022-22, age-standardised rate per 100,000



Source: Office for National Statistics

To prevent suicide and self-harm, Newham launched a Suicide and Self-Harm Prevention Strategy in 2023 to take a comprehensive approach to prevention across the borough. The strategy is underpinned by evidence on the risk factors that can lead to suicide and self-harm, which inform prevention opportunities. For example, having two or more mental health conditions, a history of self-harm, alcohol and drug misuse, and recent economic adversity are associated with suicide nationally, which point to areas where services and communities in Newham can intervene to prevent suicides.⁷⁵

⁷⁴ Mental Health Foundation [Men and women: statistics](#)

⁷⁵ Newham Council (2023) [Newham Suicide Prevention Strategy 2023-26: Evidence for Action](#)

Future direction

Many modifiable factors, such as childhood experiences, physical activity, diet, income and social connection, contribute to people’s chance of developing mental health problems. Numerous actions in 50 Steps will contribute to preventing mental illness and supporting people to live well with mental health conditions, such as [Creating a healthier food environment](#), [Increasing participation in leisure and sport](#), [Making Newham a place for people and planet](#) and [Building an inclusive economy](#). In addition, the focus on equity throughout 50 Steps will help to address inequalities in mental health.

In terms of healthcare services, which play a key role in treating and supporting people with mental health conditions, equitable access and outcomes in primary, community and specialist mental healthcare is a priority, particularly around ethnic inequalities in timely support, referrals and admissions. Our action will be guided by NHS England national priorities, which largely reflect Newham’s experience. For example, we will work to increase the number of adults accessing primary care talking therapies and community mental health services to increase early intervention and care in the community. We will also work towards an integrated front door to mental health services between the NHS and social care, aligned to neighbourhoods, to improve the quality of care in the borough, especially in terms of patient experience, timeliness and equity. In addition, by expanding the Well Newham approach and maximising the opportunities that social prescribing offers, many more people can benefit from local activities, groups and support that promote good mental health.

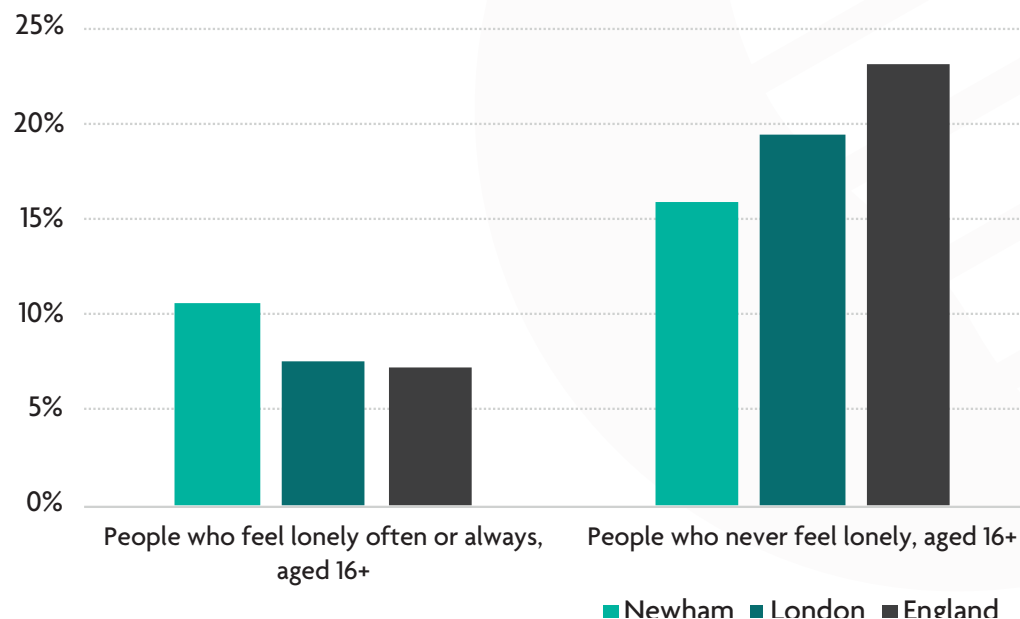
We will continue to work to prevent suicide and self-harm through implementing Newham’s Suicide Prevention Strategy in partnership.

Connection and isolation

Being socially connected is critical to health and wellbeing. Social connection affects people’s minds, bodies and behaviour, with impacts on life expectancy, health and wellbeing. Evidence suggests that lack of sufficient social connection (loneliness) has a similar adverse effect on life expectancy as smoking 15 cigarettes a day.⁷⁶ Loneliness and social isolation are linked to higher risk of stroke and coronary artery disease, cognitive decline and dementia, and mental health problems, including depression, anxiety and low self-esteem. Loneliness, social isolation, and living alone have also been associated with an increased risk of premature death.^{77, 78, 79}

In 2022/23, an estimated 11% of adults aged 16+ in Newham were lonely ‘always’ or ‘often’. This was higher than the London (8%) and England (7%) averages, which may be linked to greater prevalence of factors associated with loneliness in Newham, such as deprivation, being from a minoritised ethnic group and poor health (Figure 76).

Figure 76: Loneliness in adults aged 16+, 2022/23, proportion (%)



Source: Active Lives Adult Survey, Sport England

Loneliness is also explored in the Newham Residents Survey, which helps to understand patterns and inequalities in the local population. Among those who responded to the survey in 2023, people of Asian and Black ethnicities reported the highest levels of loneliness (more detailed ethnic groups have been aggregated due to small numbers), and levels were higher in females compared to males (Figure 77 and Figure 78).

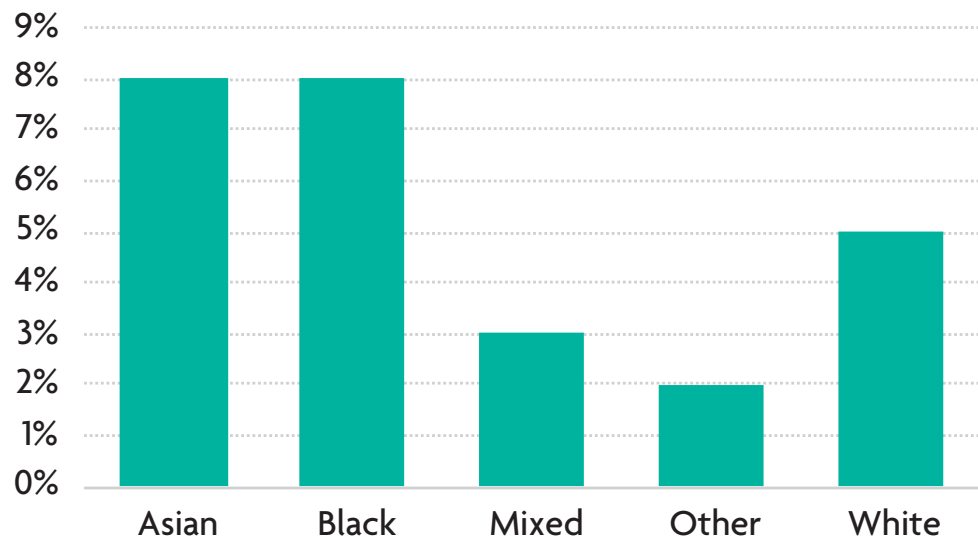
76 Julianne Holt-Lunstad, Theodore Robles and David A. Sbarra (2017) [Advancing Social Connection as a Public Health Priority in the United States](#)

77 Nicole K Valtorta et al. (2016) [Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies](#)

78 Campaign to End Loneliness (2023) [The State of Loneliness 2023: ONS data on loneliness in Britain](#)

79 Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). [Social relationships and mortality risk: A meta-analytic review](#)

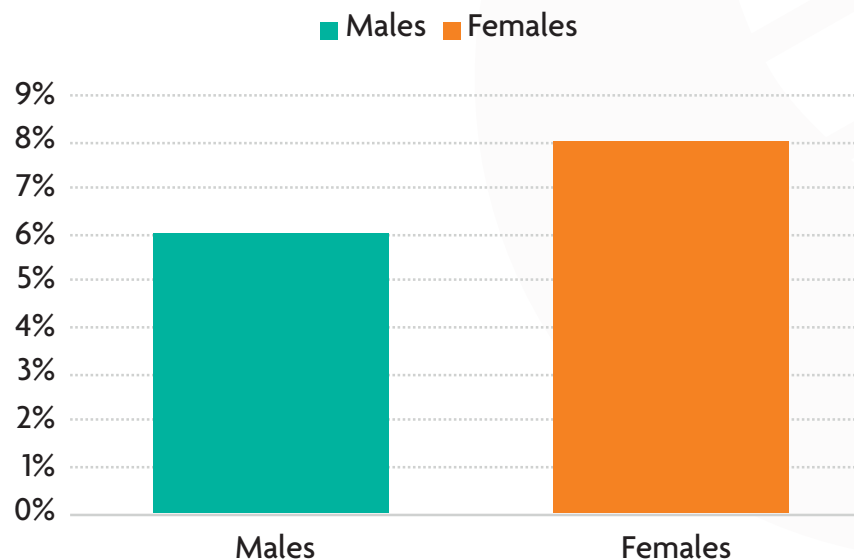
Figure 77: Loneliness in Newham (feeling lonely always or often) by broad ethnic group, 2023, proportion (%)



Source: Newham Residents Survey

Note: more detailed ethnic groups have been aggregated to broad ethnic groups due to small numbers.

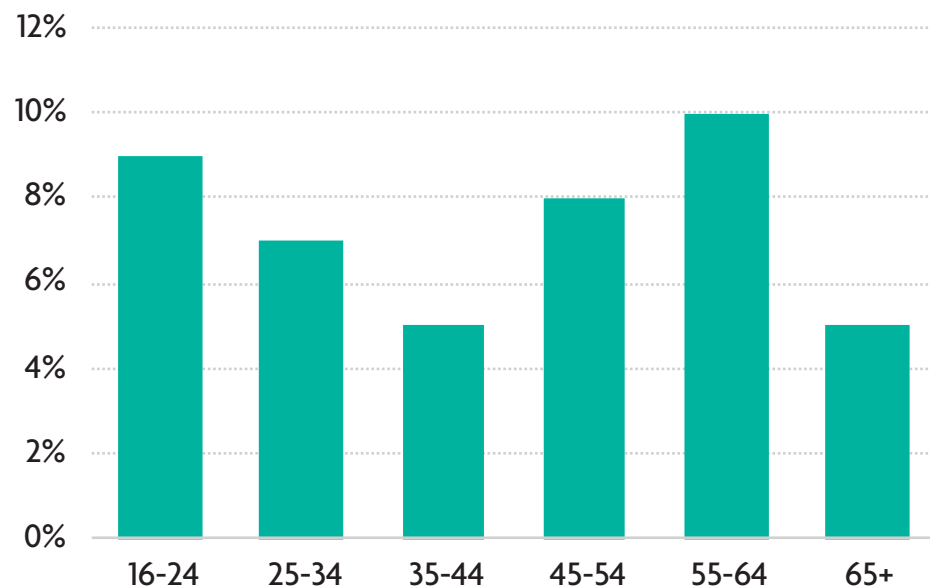
Figure 78: Loneliness in Newham (feeling lonely always or often) by sex, 2023, proportion (%)



Source: Newham Residents Survey

There was also variation between age groups, with reported loneliness being highest among respondents aged 55-64 and 16-24 years (Figure 79).

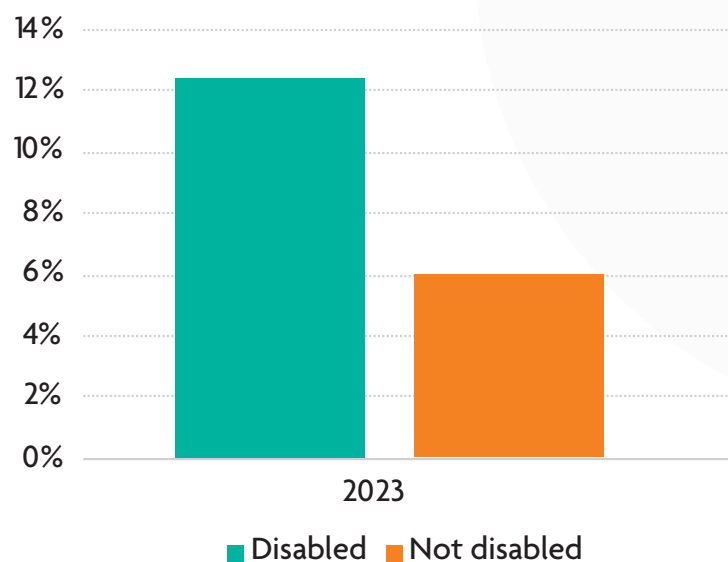
Figure 79: Loneliness in Newham (feeling lonely always or often) by age band, 2023, proportion (%)



Source: Newham Residents Survey

In terms of disability, disabled respondents were over two times as likely to report being lonely always or often as non-disabled respondents (Figure 80).

Figure 80: Loneliness in Newham (feeling lonely always or often) by disability, 2023, proportion (%)



Source: Newham Residents Survey

Reducing loneliness and having adequate social contact is a key health priority for many residents. Residents have particularly stressed the importance of having a good social life and opportunity to be included and connect with others, and are keen to see a borough that promotes social health as part of a holistic view of health and wellbeing.



Loneliness and isolation are a big issue, especially for older LGBTQ+ people who may not have families. Anxiety and depression are also an issue for LGBTQ+ people.

Resident, Senior LGBTQ+ Group (2023)

Company and socialising is very important – it is important to go out and about and have the opportunities to meet other people. It would be good to have more day trips for older people, like trips to central London or to the theatre.

Resident, East Ham Library (2023)

Understanding the factors linked to loneliness is important for preventing it. These factors include age (being young or older), being from a minoritised ethnic group, poor health and disability, being a carer, deprivation and low socio-economic status, and personal circumstances, including 'trigger events' such as losing a spouse, moving house, having a baby or migration. Some of these risk factors are more prevalent in Newham, which may explain the high prevalence of loneliness and inequalities in the borough. For example, deprivation is a key risk factor in Newham, being the third most deprived local authority in London, with 37% of residents estimated to be living in poverty (nearly 10% higher than the London average).⁸⁰

Many organisations and services across Newham work to address these risk factors, help residents to feel connected and avoid disconnection, and support people experiencing social isolation or loneliness. For example, the council's Community Neighbourhood Link Workers support residents for up to six weeks on a one-to-one basis to help build confidence in seeking out and/or rediscovering hobbies and interests. Likewise, the council's Community Neighbourhood teams help people connect into their local community, including the diverse and thriving range of community groups and activities that exist. In 2023/24, 50,127 residents took part in council-run cultural events and activities, which bring people together and strengthen social bonds.

80 IMD 2019, Department for Communities and Local Government via Fingertips, OHID Public health profiles - OHID (phe.org.uk)

Volunteering is another powerful source of connection. In 2023/24, 468 local people volunteered through the council's volunteering initiative, Newham Volunteers, and many more residents volunteered with other organisations. Volunteers describe the many benefits they and others get from volunteering:



It is always exciting for me to get any opportunity meeting new people and help them. All the colleagues was so supportive, really enjoyed working with them.

Volunteer, Green Street Library Warm Haven (2024)

I enjoyed myself, it was straightforward and I felt I was helping the staff at the library and the residents were benefiting from the service provided.

Volunteer, Canning Town Library Warm Haven (2024)

It was a wonderful day for me to offer my services as a volunteer. It was my first day. I love that the council are doing such programmes where people come together and have fun.

Volunteer, East Ham Coffee Morning (2024)

Future direction

Increasing connection and reducing isolation will remain a top priority across all partners, echoing what we have heard from residents. We will improve our knowledge of what connection means, what supports it and what can be done in Newham to build and sustain connection. In doing so, we will gain a deeper and more nuanced understanding of these issues in the local population, with a particular focus on some of the groups with highest rates of loneliness, such as older and young people, disabled people, certain ethnic groups, and those from the LGBTQ+ community. We will also explore ways to support people in the context of the cost of living pressures, given the link between poverty, deprivation and loneliness. Working in partnership will be key to this, and we will grow our coalitions and put in place ways of working that allow us all to come together to promote connection and prevent isolation. Together we will seek to secure external funding for innovation and more action to address loneliness and isolation across the borough.

Volunteering is a powerful way of improving social connection and the council will build on the recent successes of its volunteering programme and work on the next phase of We are Volunteering We are Newham, the volunteering strategy published in 2021.

Preventing illness and providing high quality health and care services

Key points

- In 2022/23, an estimated 63% of Newham adults had overweight or obesity. This was higher than the London average and similar to England.
- Around 9% of adults in Newham had diabetes in 2022/23, which was higher than London and England averages. The trend has been relatively stable in recent years.
- Hypertension (high blood pressure) is the most common long-term condition in Newham, affecting around 10% of the population in 2023. It has been relatively stable since 2017.
- Levels of coronary heart disease, which affected around 1.7% of residents in 2023/24, declined over the past decade, which may be linked to falling smoking rates and better treatments. Despite this, cardiovascular disease remained the leading cause of death and premature death in Newham in 2021-23.
- Asthma and chronic obstructive pulmonary disease (COPD) are the two most common long-term respiratory conditions in Newham. In 2022/23, 4.5% of residents (aged 6+) had asthma, which was lower than London and England averages and had been relatively stable over recent years. Under 1% of the population had COPD, which was similar to London and lower than England. COPD fell between 2017 and 2023, which may reflect declining smoking rates.
- Respiratory disease was the second largest cause of death in Newham in 2021-23. Respiratory mortality has declined in Newham in recent years, although it remains significantly higher than the London and England averages.
- In 2022/23, around 1.3% of residents were living with cancer, which was lower than London and England. Cancer prevalence increased in Newham, London and England between 2018/19 and 2022/23.
- Cancer was in the top three leading causes of death in Newham in 2021-23. However, cancer mortality fell between 2016-18 and 2020-22, which suggests diagnosis, treatment and survival may be improving.
- Long-term conditions affect different population groups differently, reflecting health inequalities. For example, Newham's Bangladeshi, Pakistani, Other Asian and Indian populations experienced the highest rates of diabetes, and Caribbean and African groups had the highest levels of hypertension in 2023. There are also inequalities in relation to sex, age and other characteristics.
- In 2023/24, the top three reasons for unplanned admissions to Newham Hospital in adults were pneumonia, sepsis and injury from a fall. For children, the main reasons were lower respiratory tract infections (including pneumonia and bronchiolitis), neonatal jaundice and viral infections.
- Screening helps identify cancers early and reduces deaths. With the exception of cervical screening in women aged 50-64, uptake of cervical, breast and bowel screening in 2023 were below the London and England averages, and uptake of cervical and breast screening was falling.
- In 2022, around 4,000 residents had a new sexually transmitted infection (STI), which was a lower rate than London and higher than England. STIs increased between 2021 and 2022, reversing a previous downward trend.
- In 2022 around 1,600 Newham residents had diagnosed HIV, which was a similar prevalence to London and higher than England. HIV prevalence was relatively constant between 2011 and 2022.
- Late HIV diagnosis is a key concern in Newham. It is linked to poorer outcomes and inequalities. In 2020-22, 38% of all residents with a new HIV diagnosis were diagnosed late, up from 19% in 2017-19 and increasing faster than London and England.
- In 2023, around 5,200 residents were accessing adult social care services. There are notable disparities in use of social care. For example, service-users from Caribbean, Other Black and White British ethnic groups were over-represented and those from Bangladeshi, Indian, Pakistani and African ethnic groups were under-represented. Use of services by people aged 65+ living in Newham's most deprived areas was six times that of the least deprived areas.

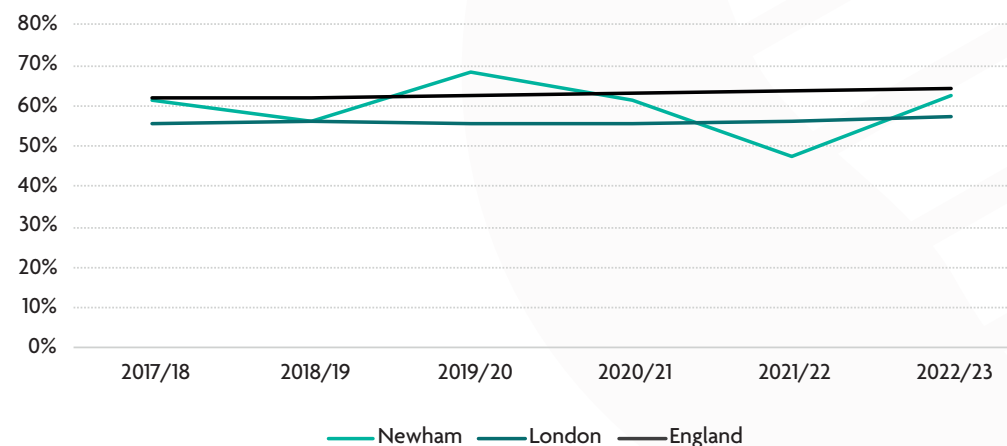
Adult healthy weight

Healthy weight is an important aspect of health. Being a healthy weight helps improve mood and self-confidence, increases energy levels, helps us be active, and reduces the risk of a wide range of illnesses. It can also improve life chances, which in turn benefit health. For example, healthy weight is linked to better employment prospects and higher income, compared to those of people who are overweight or obese.⁸¹

Overweight and obesity is associated with an increased risk of morbidity and mortality from conditions such as type 2 diabetes, hypertension, cardiovascular diseases, liver disease, some cancers and COVID-19. Being underweight is also linked to adverse health outcomes, including reduced immunity and bone health and fertility problems in women. Unhealthy weight is a driver of health inequalities nationally and locally.

In 2022/23, an estimated 63% of Newham residents aged 18+ had overweight or obesity, defined as body mass index (BMI) of 25 or above. This was significantly higher (worse) than the London average (57%) and similar to England (64%). Overweight (including obesity) has increased across London and England in recent years. Although the trend in overweight (including obesity) is less clear in Newham, the proportion of NHS-registered residents with diagnosed obesity increased between 2017 and 2023 (Figure 81).

Figure 81: Overweight (including obesity) in adults 18+, 2017/18-2022/23, adults 18+, proportion (%)



Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England) via Fingertips, OHID

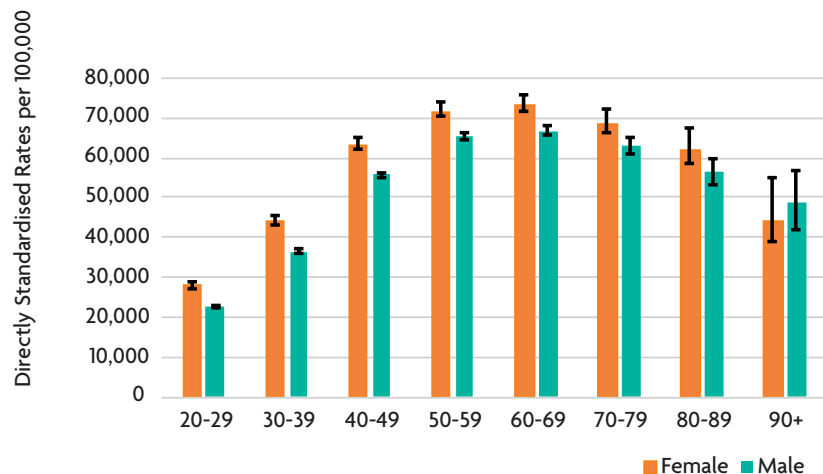
81 Kim and Knesebeck (2018) [Income and obesity: what is the direction of the relationship? A systematic review and meta-analysis](#)

Local patterns of overweight and obesity

As with many adverse health outcomes, overweight and obesity varies between population groups. In 2024, among adults in Newham, prevalence of overweight or obesity tended to be higher in women than men, which was in contrast to national patterns where men are more likely to be overweight or obese. This disparity may reflect the borough’s relatively high deprivation, since across England the association between deprivation and overweight / obesity is much stronger for women than it is for men.⁸² It may also reflect Newham’s demographics given overweight / obesity is particularly high among women in African, Caribbean and Pakistani ethnic groups nationally.⁸³ The data indicates that women in Newham are at greater risk of becoming overweight or obese than men, contributing to health inequalities.

In terms of age, overweight and obesity prevalence increased with age up to 69 years and then declined, mirroring the pattern across England (Figure 82).

Figure 82: Prevalence of overweight and obesity in Newham by age and sex, 2024, Newham residents, age standardised prevalence rate per 10,000



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

82 NHS England (2022) [Health Survey for England, 2021 part 1](#)

83 NHS England (2022) [Health Survey for England Additional Analyses, Ethnicity and Health, 2011-2019 Experimental statistics](#)

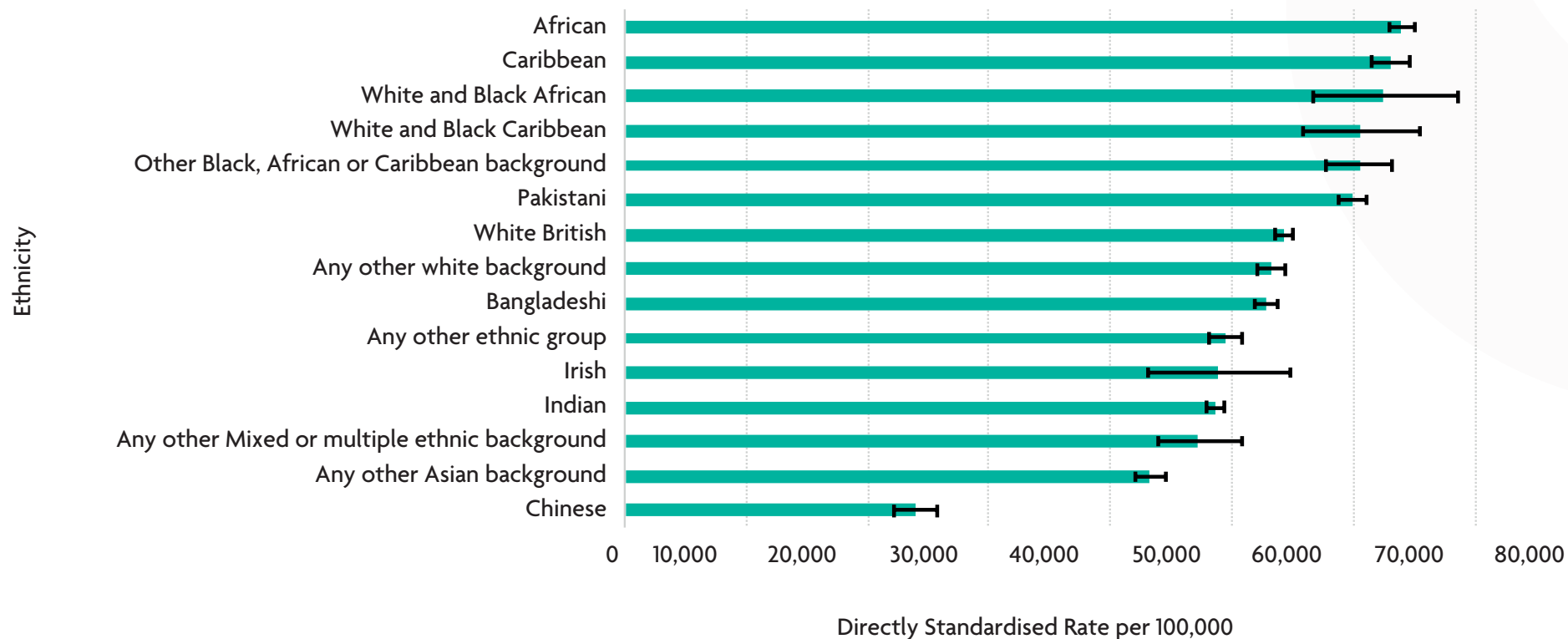
A note about NHS data: overweight and obesity

Local NHS data, which records overweight (including obesity), is useful for exploring patterns of overweight in Newham’s population. However, this data only includes people who have been diagnosed with overweight, which means it may underestimate the extent of overweight in the population and may under- or over-represent certain demographic groups, depending on differences in interaction with healthcare services. Nonetheless, the data provides an important guide as to variation and inequalities in the local population.

See A note about NHS data for more information around the use of NHS data in this report.

In terms of ethnicity, overweight and obesity prevalence rates were highest in Newham’s African and Caribbean populations, and were notably lower in the Chinese population than other groups, which broadly mirrors national patterns (Figure 83).⁸⁴

Figure 83: Prevalence of overweight and obesity in Newham by detailed ethnic group, 2024, Newham NHS-registered population 20+, age standardised prevalence rate per 100,000

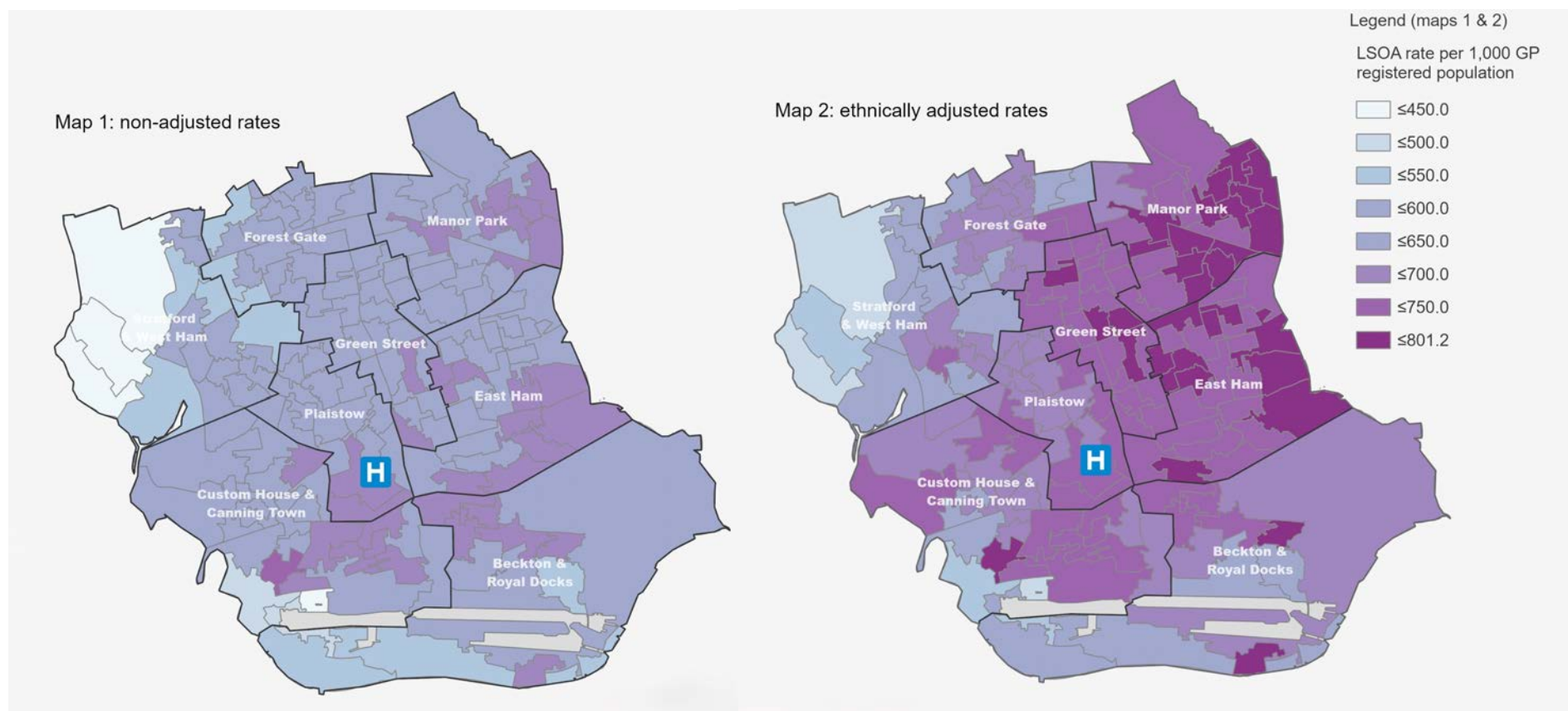


Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

84 NHS England (2022) [Health Survey for England Additional Analyses, Ethnicity and Health, 2011-2019 Experimental statistics](#)

Asian, Black and Chinese groups are at risk of type 2 diabetes at a lower BMI levels than White populations, which further contributes to health inequalities. For example, the risk of type 2 diabetes is similar in South Asian groups at a BMI of 24 as it is for White groups at a BMI of 30.⁸⁵ BMI thresholds can therefore be adjusted for Asian, Black and Chinese groups to reflect these differences in risk. Figure 84 shows crude prevalence of overweight and obesity across Newham and ethnicity-adjusted prevalence, demonstrating substantial variation in unhealthy weight – and risk of its consequences – across the borough.

Figure 84: Prevalence of overweight and obesity by LSOA, ethnicity-adjusted and non-adjusted, 2018, prevalence rate per 1000 GP registered population



85 Rishi Caleyachetty et al. (2021) [Ethnicity-specific BMI cutoffs for obesity based on type 2 diabetes risk in England: a population-based cohort study](#)

People affected by deprivation are more likely to be overweight or obese, in part due to the higher costs of healthy food options, and the wide availability, low-cost, and low-preparation time of unhealthy (high sugar, high fat) food. In 2019, Newham was the third most deprived borough in London, with three-quarters of residents living in the 30% most deprived areas in the country.⁸⁶ In 2021, food insecurity was estimated to affect 51% of Newham residents, the second highest in London.⁸⁷ This puts Newham residents at higher risk of unhealthy weight and its consequences compared to other places.

Residents have expressed the importance of enabling and supporting people to reach and maintain a healthy weight. Residents welcome Newham's swimming provision and leisure activities as well as efforts to raise awareness and promote local healthy weight activities and services. In terms of priorities for improvement, residents highlighted greater education, encouragement and access to healthy food – particularly fruit and vegetables – and cooking skills for children and young people.



The weight management programme is great and I was very happy about it – it helped me get back into exercise.

Resident, Forest Gate (2023)

People should be encouraged to do home gardening – like growing your own veggies and fruits – maybe do workshop on how to?

Resident, Local Area Forum, Stratford (2023)

When it comes to healthy weight, swimming and leisure activities to stay healthy is available in the borough. There should be more awareness and motivation in the community, with an offer of free support and activities.

Resident, East Ham Library – Coffee with Friends (2023)

Newham provides Live Well Newham weight and movement service, a specialised service that helps people who are overweight or obese to lose weight through personalised support around diet and exercise. In 2023/24, 27% of adults completing the programme achieved 3% or greater reduction in body weight, a level which is shown to have health benefits. Residents have reported good experiences and outcomes from Live Well Newham weight and movement service, indicating the value of a specialist and personalised approach.

In addition, there are a large number of evidence-based, preventative services, actions and work programmes underway across Newham that influence healthy weight through addressing the determinants of health. These are described throughout 50 Steps and include, for example, work to improve access to nutritious food ([Creating a healthier food environment](#)), actions to encourage and enable physical activity, including through Newham's leisure services ([Increasing participation in leisure and sport](#)), and promoting health through work ([Building an inclusive economy](#)).

⁸⁶ IMD 2019, Department for Communities and Local Government via Fingertips, OHID Public health profiles – OHID (phe.org.uk)

⁸⁷ Office for Health Improvement & Disparities (Fingertips) (2021) [Food Insecurity – percentage of households experiencing food insecurity](#)

Future direction

As is the case for children and young people's weight (see Healthy weight for children and young people: future direction), the causes of overweight and obesity in adults are complex and shaped by the environmental, commercial, economic and social conditions in which people live. Individuals have little control over these conditions, and therefore addressing overweight and obesity requires a whole-system approach at every level of society. Despite numerous national strategies and interventions, there has been little success in reducing overweight and obesity prevalence or inequality in the UK. Many strategies have focused on high-agency, behaviour-change approaches, which have been less effective compared to structural policies and low-agency interventions. In Newham, we will continue to address the structural factors that can have the greatest impact. For example, this includes increasing availability and affordability of healthy food – including in schools, hospitals and other anchor institutions – restricting advertising of unhealthy food and drink, and making it easier for people to travel actively and be physically active. Creating a healthier food environment provides more detail on food, and Increasing participation in leisure and sport covers physical activity.

Healthwatch Newham found that the cost of food was the chief influencing factor for residents opting for fast food over healthier options.⁸⁸ This is why we aim to ensure healthier options are affordable and accessible to residents: healthy, culturally appropriate low-cost meals will enable residents at risk of long-term conditions to make sustained, informed choices about their diet to support them to lead healthier lives.

There is also evidence that specialised weight management services play an important role, supporting people who want to lose weight. We will continue to develop weight and movement services to empower individuals to achieve their optimal health and wellbeing, ensuring equity by actively including and catering to the needs of all community members, including those with learning disabilities who experience substantial barriers to access, to foster an inclusive and accessible environment for all.

Long-term conditions and early diagnosis

Long-term conditions (LTCs) are illnesses that cannot currently be cured but can often be managed with preventative approaches, medicines and other therapies, which support people living with these conditions to maintain a good quality of life. The prevalence and types of LTCs, and how they are changing over time, tell us about the population's health and priorities for prevention. They also indicate demand on health and care services, which is important for service planning and design. Assessing the characteristics of people living with LTCs – such as age, sex and ethnicity – is important for understanding variation and potential inequities so they can be addressed to reduce health inequalities.

A note about NHS data

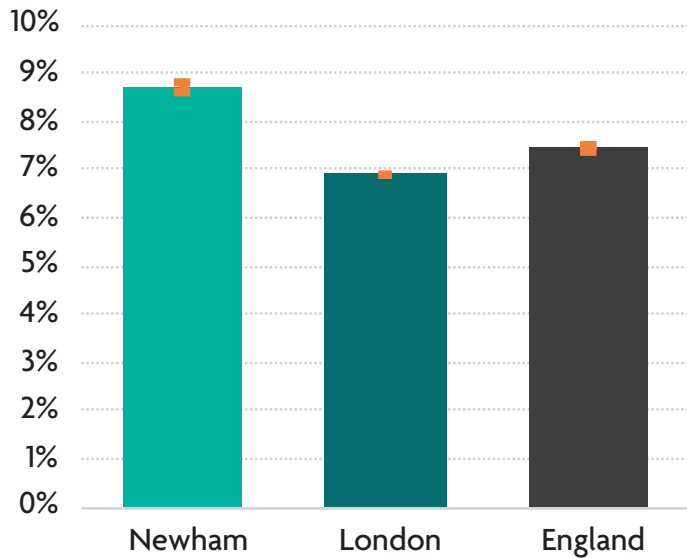
Most data on LTCs is taken from NHS data. This data is extremely granular, making it some of the best data available to assess population health. However, it is not exact. When using this data to assess health in Newham, there are several important limitations to consider:

- The data only captures people who have been diagnosed and the diagnosis has been recorded. It does not include people with LTCs who have not been diagnosed and recorded. This means the data may underestimate the amount of illness in the population as it only picks up those with a recorded diagnosis.
- Similarly, not all population groups interact with NHS services equally, so the data may under- or over-represent certain demographic groups depending on differences in interactions with NHS services. For example, females typically access the GP more than males, so males may be under-diagnosed in certain conditions to a greater extent than females.
- The data is based on the number of NHS-registered patients in Newham. This number is considerably higher (22% higher) than the estimated number of Newham residents based on the Census 2021. It is not clear which number is correct, and therefore the data presented may not accurately reflect the true value in the population. See [Which population estimate is correct?](#) for more information about different population estimates.

Diabetes

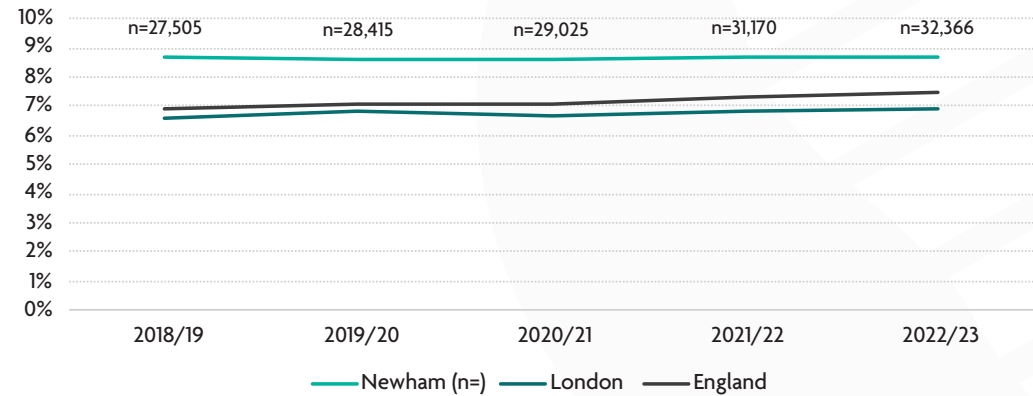
In 2022/23, around 9% of Newham’s NHS-registered population aged 17+ had diabetes (type 1 or type 2). This was higher (worse) than the London (7%) and England (7.5%) averages (Figure 85). Diabetes prevalence in Newham has been relatively stable in recent years, with a small absolute increase of 0.3% between 2017 and 2023 (Figure 86).

Figure 85: Diabetes in people aged 17+, 2022/23, proportion (%)



Source: Quality and Outcomes Framework (QOF), NHS England

Figure 86: Diabetes in people aged 17+, 2018/10-2022/23, proportion (%)



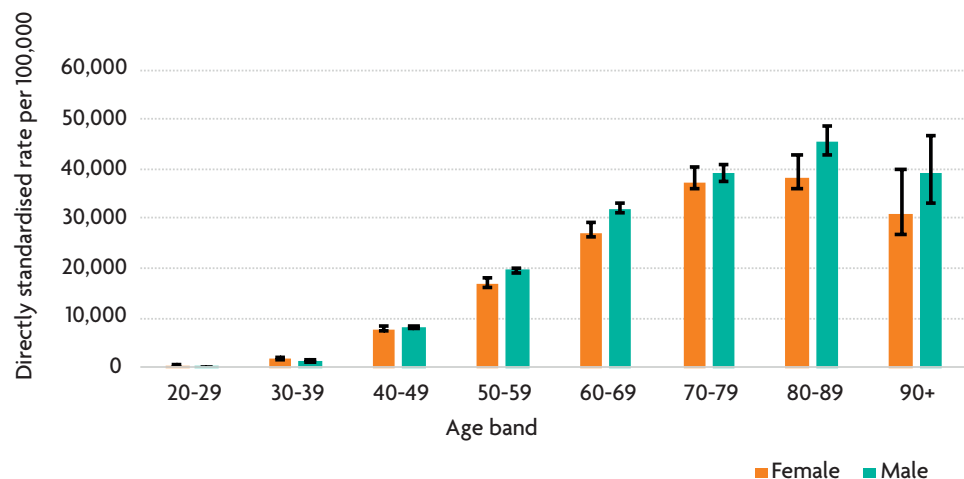
Source: Quality and Outcomes Framework (QOF), NHS England

In 2024, type 2 diabetes prevalence was higher in men in Newham than in women. The same pattern exists across England,⁸⁹ and is thought to be due to biological differences – such as hormonal and body fat type and distribution – and wider social and environmental factors, which affect males and females differently across the life course. Men tend to develop diabetes at younger ages and lower body mass index (BMI) than women. However, diabetes risk in women increases after menopause, and older women are more likely to be undiagnosed compared to younger groups.⁹⁰

In terms of age, prevalence of type 2 diabetes in Newham increased with age. This is as expected given that ageing is a major risk factor for type 2 diabetes and, since diabetes is generally a life-long condition, the number of people affected accumulates over time (Figure 87).

89 NHS England (2023) [Health Survey for England 2021 Part 2](#)
 90 Kautzky-Willer et al (2023) [Sex differences in type 2 diabetes](#)

Figure 87: Type 2 diabetes prevalence in Newham by age band and sex, 2024, Newham residents aged 20+, age standardised prevalence rate per 100,000

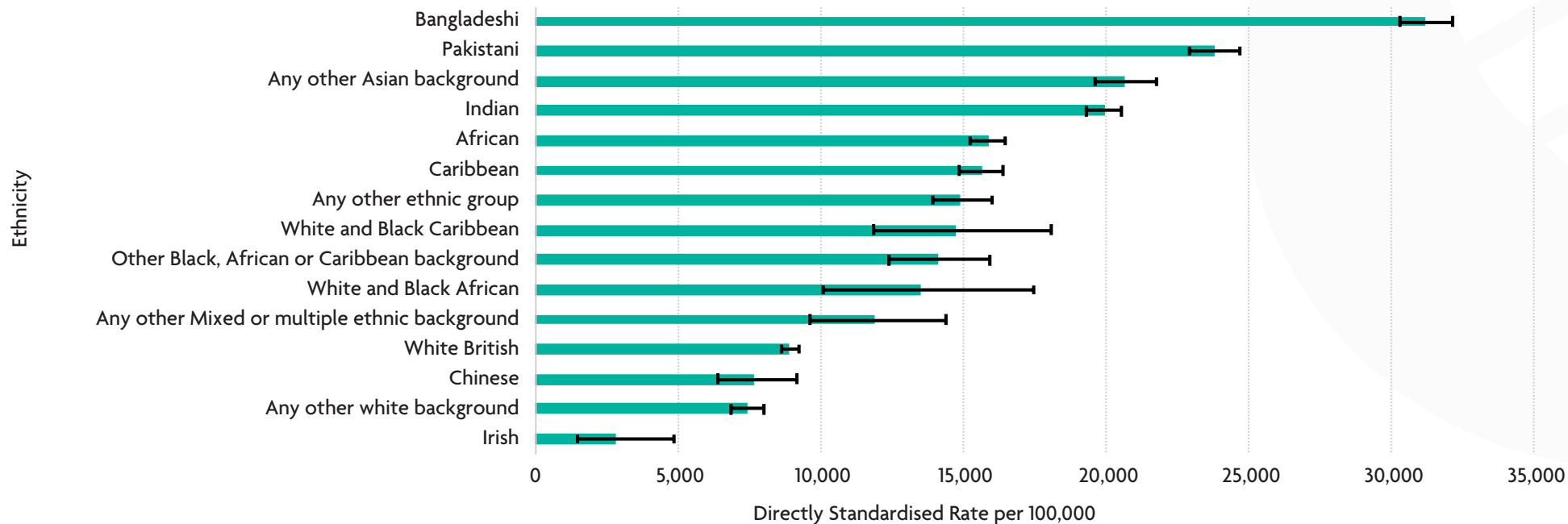


Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

There is substantial variation in type 2 diabetes prevalence between ethnic groups in Newham. In 2024, prevalence rates of type 2 diabetes were highest in Newham’s Bangladeshi, Pakistani, Other Asian and Indian populations (Figure 88). This aligns with patterns of diabetes nationally, where all minority ethnic groups – and in particular Asian and Black groups – have higher prevalence of type 2 diabetes than White groups.⁹¹ This is thought to be linked to a combination of genetic and wider social, economic and environmental factors. For example, people from South Asian backgrounds are more likely to experience insulin resistance at a younger age than other groups, which might be linked to genetic differences in how body fat is stored.⁹² In terms of wider factors, socio-economic deprivation is associated with type 2 diabetes for all population groups, but appears to affect those with South Asian and African ancestry more than people with European ancestry.⁹³ Much is still unknown as to why diabetes risk differs between ethnic groups. Given Newham has a large Asian population relative to other areas, this is likely to contribute to higher diabetes prevalence in Newham compared to London and England.

91 Pham et al. (2019) [Ethnic differences in the prevalence of type 2 diabetes diagnosis in the UK: cross-sectional analysis of the Health Improvement Network Primary Care Database](#)
 92 Diabetes UK. [Ethnicity and type 2 diabetes](#)
 93 Nagar et al (2021) [Socioeconomic deprivation and genetic ancestry interact to modify type 2 diabetes ethnic disparities in the United Kingdom](#)

Figure 88: Type 2 diabetes prevalence in Newham by detailed ethnic group, 2024, Newham NHS-registered population 20+, age standardised prevalence rate per 100,000



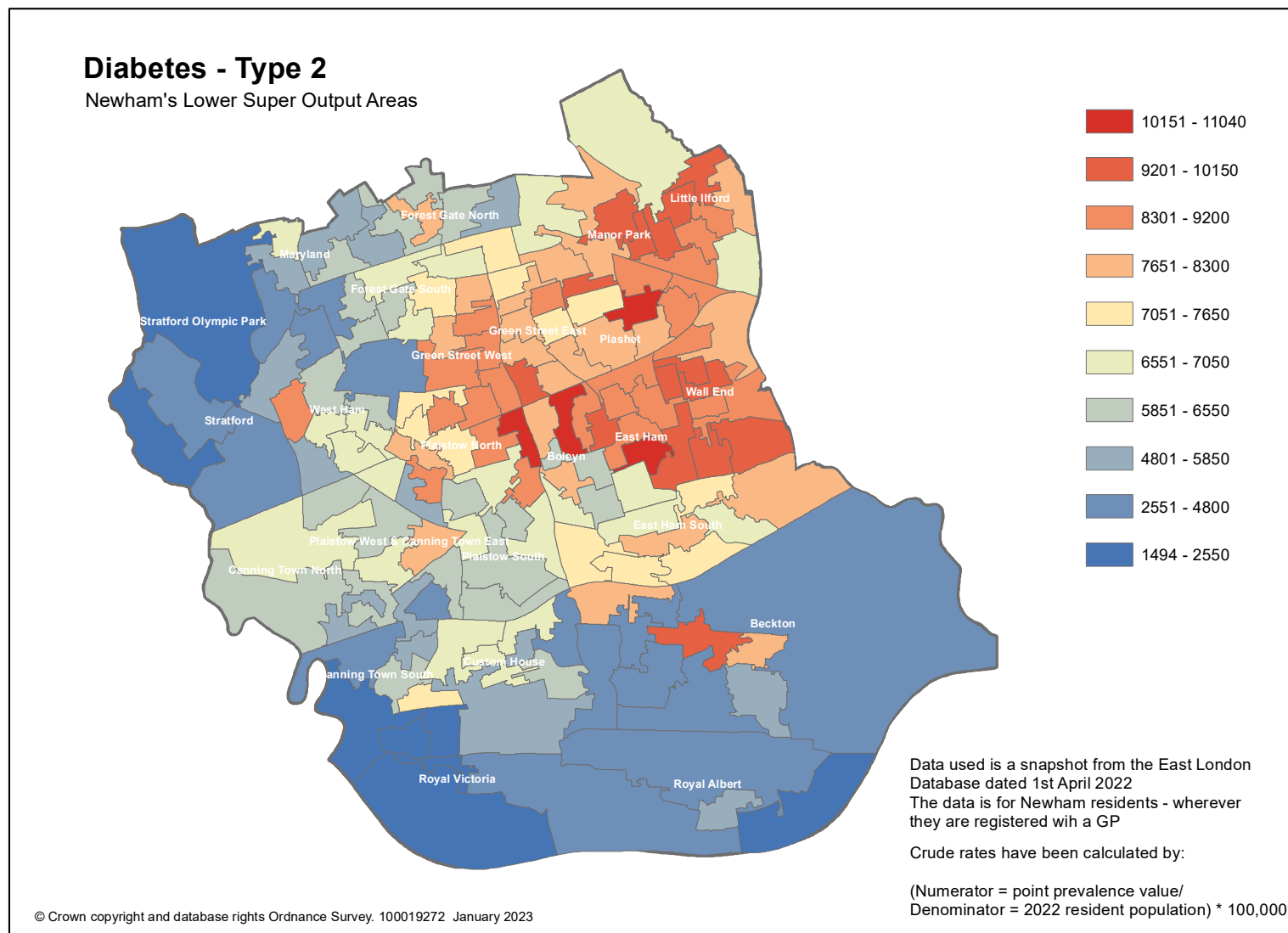
Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

In addition to having greater overall risk of diabetes, South Asian groups are, on average, diagnosed with type 2 diabetes at an earlier age than White groups. This suggests that residents of South Asian descent not only have a higher risk of diabetes but are also more likely to live with the condition for longer. For example, Bangladeshi men and women are on average 43 years old at diagnosis, whereas Irish residents are more than 60 years old.⁹⁴

There is substantial geographical variation in diabetes, with prevalence rates highest in the north-east of the borough. This is likely to reflect the ethnic make-up of different neighbourhoods.

94 CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London (2022)

Figure 89: Diabetes prevalence by LSOA, 2022, Newham NHS-registered population



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

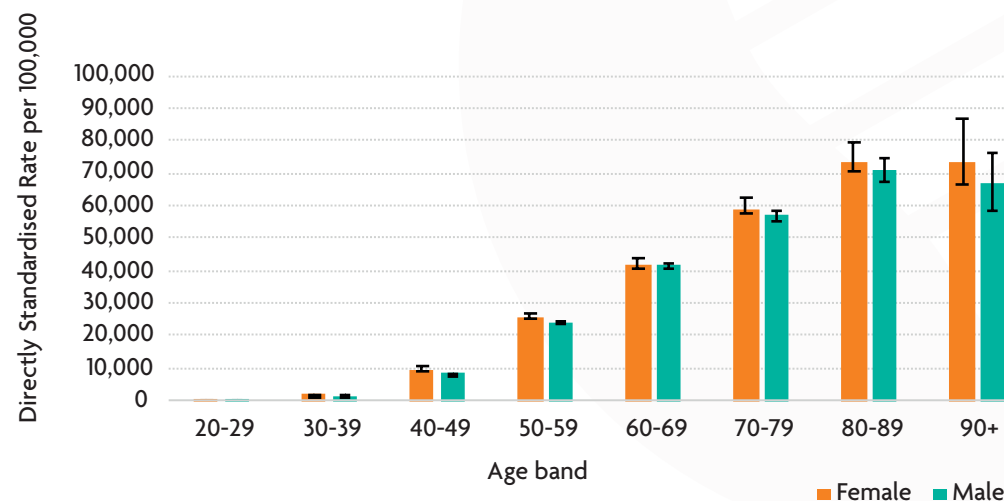
Hypertension

Hypertension means high blood pressure. It is a common condition, particularly among older adults, and it increases people’s risk of serious diseases, such as heart attacks and strokes. It can however be prevented, including through being a healthy weight, getting enough exercise and having a healthy diet. There are also medications that reduce high blood pressure.

In 2023, hypertension was the most common LTC in Newham, affecting around 10% of Newham’s NHS-registered population (all-age). This was lower than the London (11%) and England (15%) averages, which might reflect Newham’s relatively young population or indicate under-diagnosis locally.⁹⁵ Between 2017 and 2023, prevalence of hypertension in Newham was relatively constant, in line with regional trends, with a small fall in absolute terms of 0.5%.

As for many LTCs, prevalence of hypertension varies between different demographic groups. In Newham in 2023, hypertension prevalence was similar in males and females and increased with age, which is a common pattern given that ageing is a major risk factor for hypertension (Figure 90).

Figure 90: Prevalence of hypertension in Newham by age band and sex, 2023, Newham residents aged 20+, age standardised prevalence rate per 100,000



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

In terms of ethnicity, in 2023 hypertension prevalence was highest in Newham’s Black Caribbean and Black African populations and lowest in Chinese and Irish groups, which was in line with national patterns (Figure 91).⁹⁶ These differences may be linked to genetic factors – such as different sensitivities to dietary salt – and wider social, economic and environmental factors – such as ability to access and afford healthy food.⁹⁷ Recent evidence suggests that Black Caribbean and Black African groups in the UK may experience adverse effects of hypertension at higher blood pressure levels than the standard thresholds, while South Asian groups may experience adverse effects at lower thresholds. This means current definitions of high blood pressure might over-estimate risks among Black Caribbean and Black African groups and under-estimate risks for South Asian populations.⁹⁸

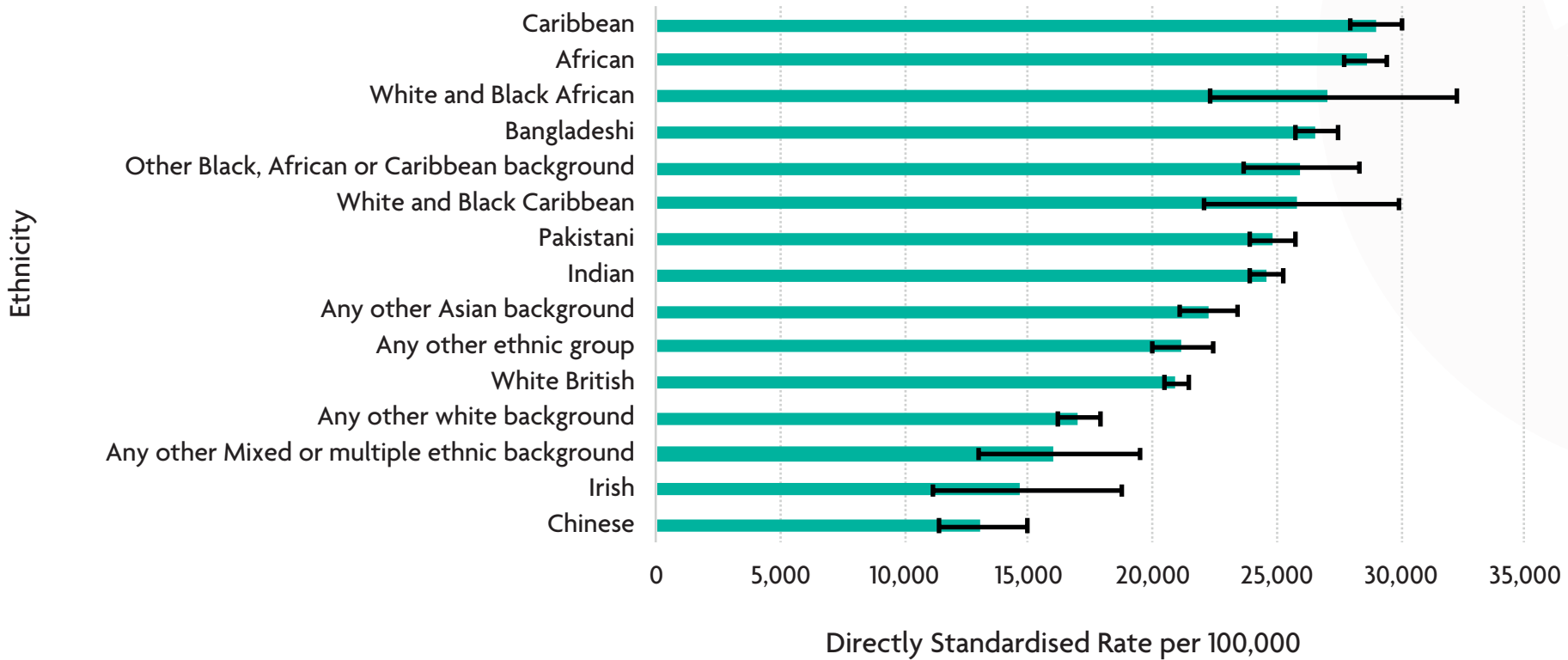
95 NHS England via OHID Fingertips: [hypertension QOF prevalence \(all-ages\) 2023/24](#)

96 NHS Digital (2022) [Health Survey England additional analyses, ethnicity and health, 2011-2019 experimental statistics](#)

97 Abrahamowicz, A.A. et al. (2023) [Racial and Ethnic Disparities in Hypertension: Barriers and Opportunities to Improve Blood Pressure Control](#)

98 Su D. et al. (2024) [Ethnicity-specific blood pressure thresholds based on cardiovascular and renal complications: a prospective study in the UK Biobank](#)

Figure 91: Hypertension prevalence in Newham by detailed ethnic group, 2023, Newham NHS-registered population 20+, age standardised prevalence rate per 100,000



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

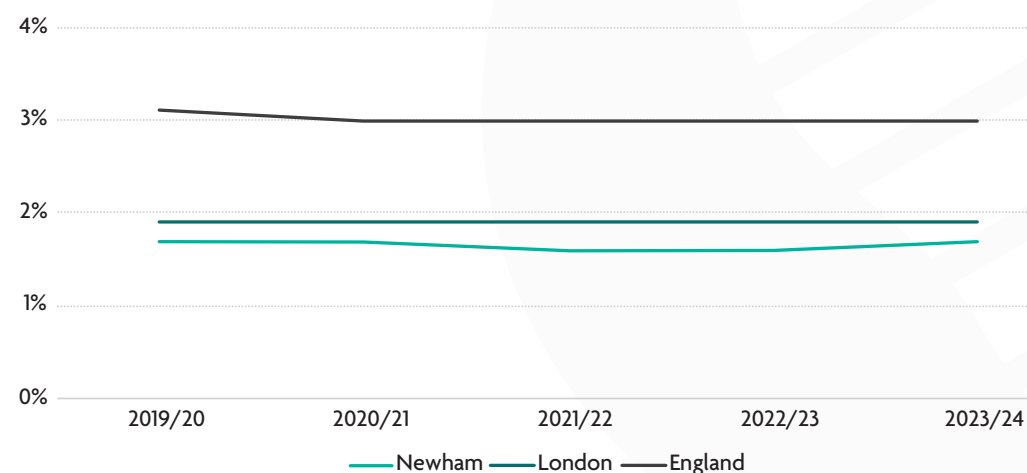
Cardiovascular disease

Cardiovascular disease (CVD) includes conditions that affect the heart and major blood vessels, such as coronary heart disease, stroke and peripheral vascular disease. It is one of the main causes of mortality and premature mortality (death under 75 years of age), and also one of the biggest drivers of inequalities in healthy life expectancy nationally.⁹⁹ This makes preventing CVD and improving treatment a key public health priority.

In 2023/24, around 1.7% of Newham’s NHS-registered population had a diagnosis of coronary heart disease, which was similar to London and lower than England. The difference between Newham and England may be due to Newham’s relatively young population and may also indicate under-diagnosis given Newham also has higher than average premature CVD mortality.¹⁰⁰

England, London, and Newham have seen a small overall decline in coronary heart disease prevalence since 2012/13, which may be due to public health efforts to control risk factors, such as a reduction in smoking and the use of effective treatments such as statins (Figure 92).¹⁰¹

Figure 92: Coronary heart disease, 2018/19-2023/24, proportion (%)



Source: Quality and Outcomes Framework (QOF), NHS England

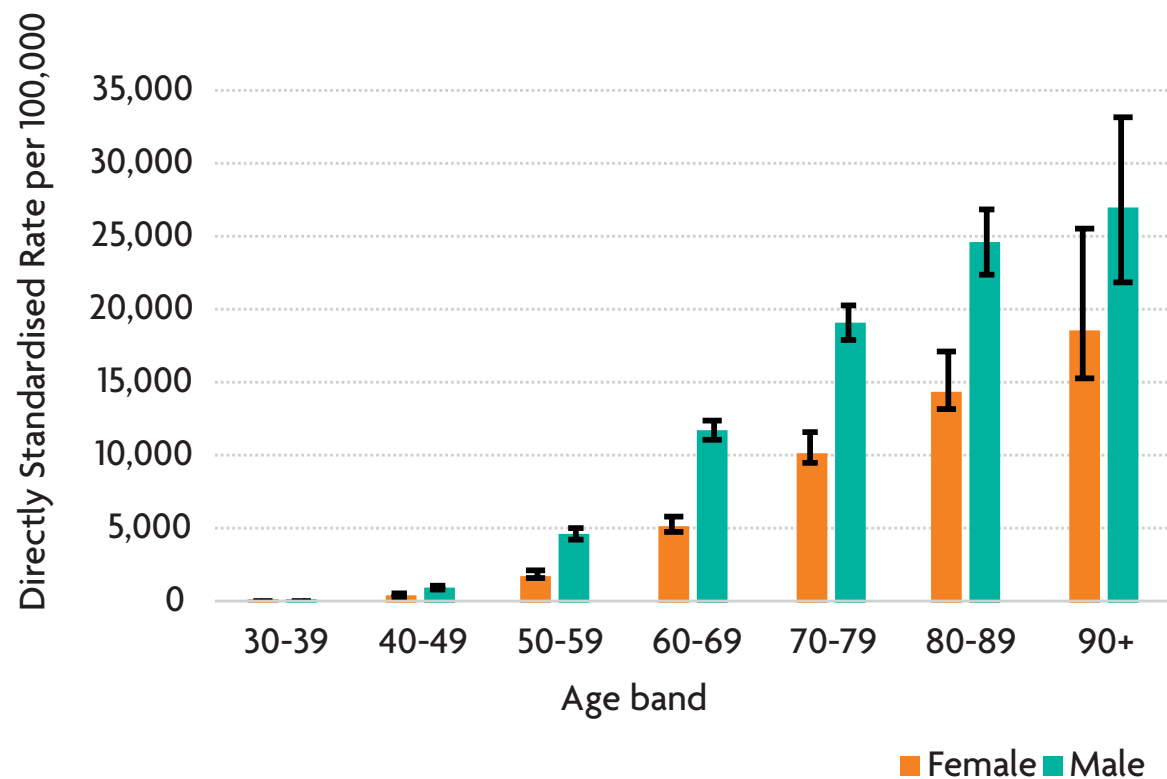
99 The King’s Fund (2022), [Tackling cardiovascular disease: why the urgency?](#)

100 [North East London Health and Care Partnership \(2022\) North East London Population Health Profile: Key Findings](#)

101 [Corad, N. et al. \(2024\) Trends in cardiovascular disease incidence among 22 million people in the UK over 20 years: population based study](#)

In 2024 in Newham, coronary heart disease prevalence was higher in males than females, in line with national patterns, which may be linked to historically higher smoking rates in men and biological differences between males and females. Prevalence increased with age, which is a common pattern as ageing is a risk factor for coronary heart disease (Figure 93).

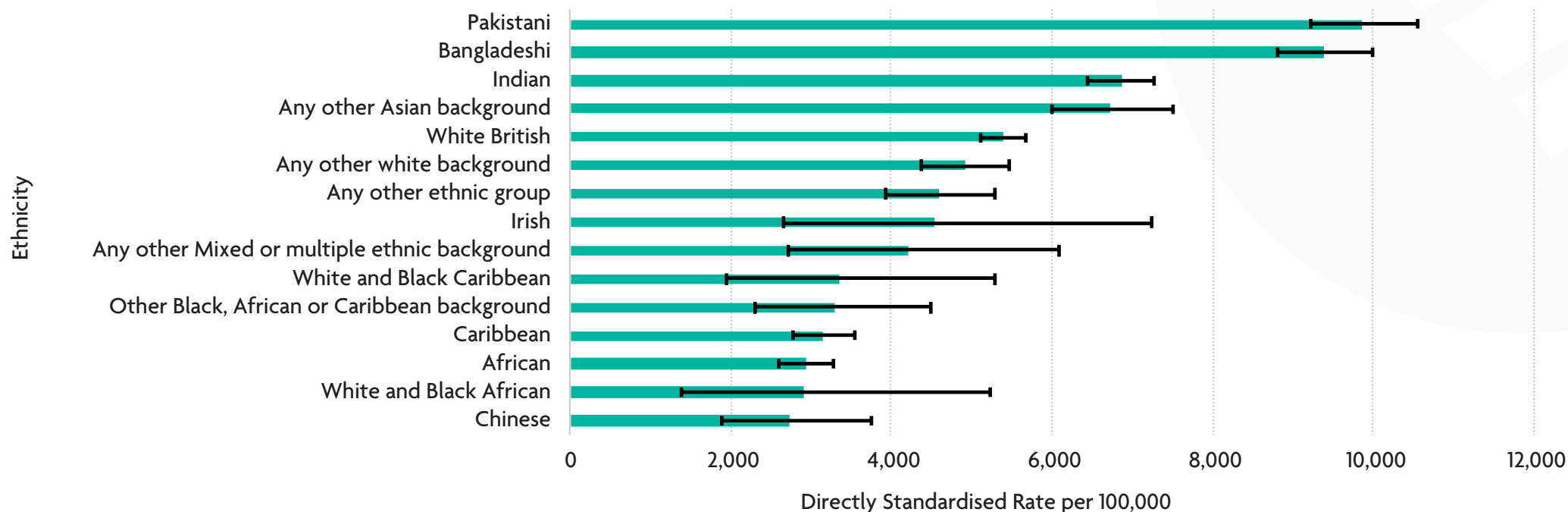
Figure 93: Prevalence of coronary heart disease in Newham by age band and sex, 2024, Newham NHS-registered population 30+, age standardised prevalence rate per 100,000



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

In the same year, coronary heart disease prevalence was highest among Asian ethnic groups, and lowest among Black Caribbean, Black African, White and Black African, and Chinese ethnic groups (Figure 94). The higher prevalence of coronary heart disease amongst people from Asian ethnic groups aligns with patterns seen nationally and has not been fully explained, though it has been suggested that it could be linked to higher rates of type 2 diabetes and lower physical activity levels among this population group.¹⁰²

Figure 94: Prevalence of coronary heart disease in Newham by detailed ethnic group, 2024, Newham NHS-registered population 30+, age standardised prevalence rate per 100,000



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

102 British Heart Foundation (2024) [South Asians almost twice as likely to develop coronary heart disease than White Europeans](#)

How might population estimates affect mortality rates?

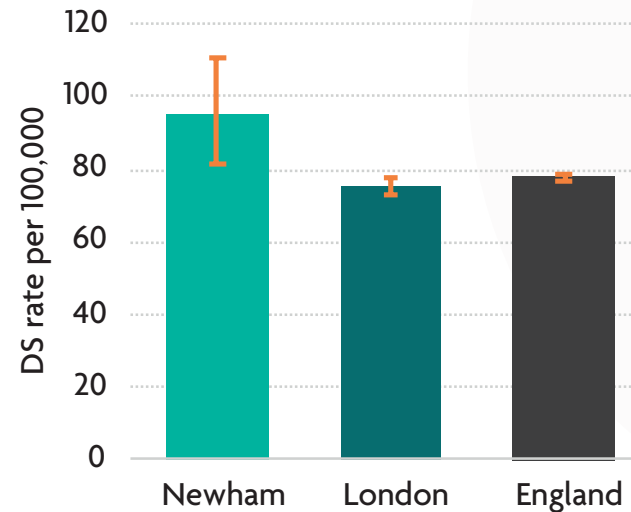
Newham’s population size is more difficult to estimate than many other places as the population is so dynamic. As described in [Which population estimate is correct?](#), the Office for National Statistics (ONS) population estimates, which are based on the Census 2021, are substantially lower than the number of people registered with the NHS in Newham. The true value is likely to be somewhere in between.

Mortality rates are calculated using the numbers of deaths and the ONS population estimates. If the ONS underestimates the population size, the mortality rate – i.e. the number of deaths as a proportion of the population – would appear higher than it really is. This issue is likely to affect Newham more than other areas given Newham’s dynamic population, which means other areas’ mortality rates are likely to be more accurate while Newham’s may appear higher than it really is.

In 2021-2023, CVD was the leading cause of death in males and the third largest cause of death in females in Newham (behind cancer and respiratory disease), accounting for 25% of deaths in males and 21% of deaths in females.

In 2022, CVD was also the largest cause of premature death (aged under 75) in males, and the second largest in females in Newham (behind cancer). In that year, 185 residents died prematurely from CVD, which was a significantly higher (worse) rate than London and England (Figure 95). This may be linked to under-diagnosis of CVD – resulting in a lack of treatment – or poorer outcomes from CVD compared to other places. It may also be influenced by inaccuracies in population estimates, which may make the mortality rate artificially high.

Figure 95: Under-75 mortality rate from circulatory diseases, 2022, age-standardised rate per 100,000



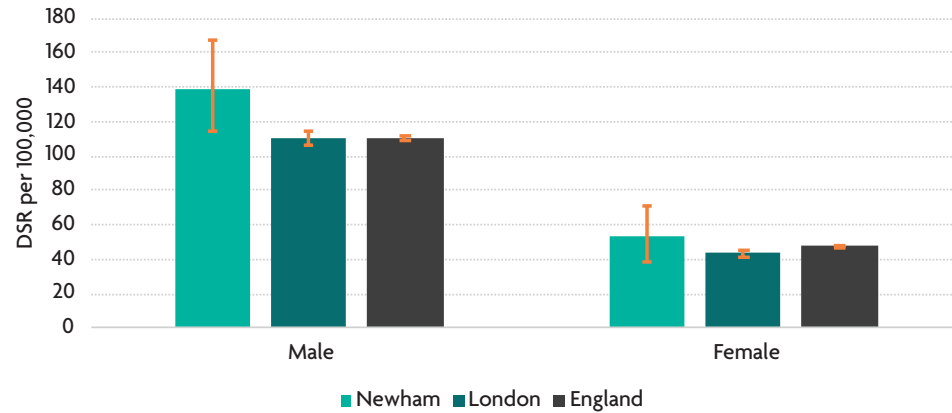
Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

In 2022, the premature CVD mortality rate was significantly higher in males compared to females in Newham, mirroring regional and national patterns. This is believed to be due to a combination of modifiable and biological factors. For example, smoking and alcohol abuse tend to be higher in males, which are modifiable risk factors for CVD, and males also have higher levels of uric acid, which is a biological risk factor.¹⁰³

103 Lv, Y. et al. (2024) [Gender differences in all-cause and cardiovascular mortality among US adults: from NHANES 2005–2018](#)

In males, Newham’s premature CVD mortality rate was significantly higher (worse) than in London and England, suggesting Newham males have poorer CVD outcomes than the London and England male populations. Newham females had similar CVD premature mortality to regional and national averages (Figure 96).

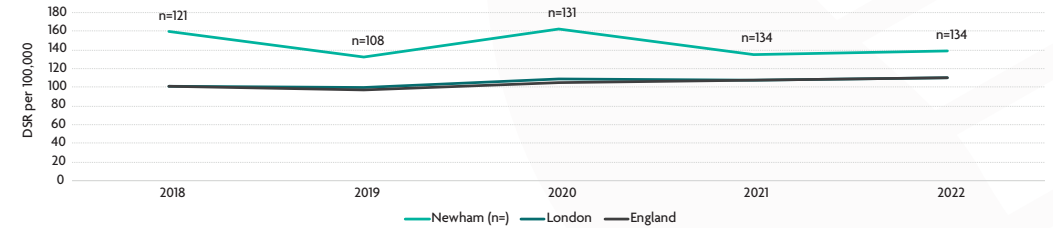
Figure 96: Under-75 mortality rate from circulatory disease by sex, 2022, age-standardised rate per 100,000



Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

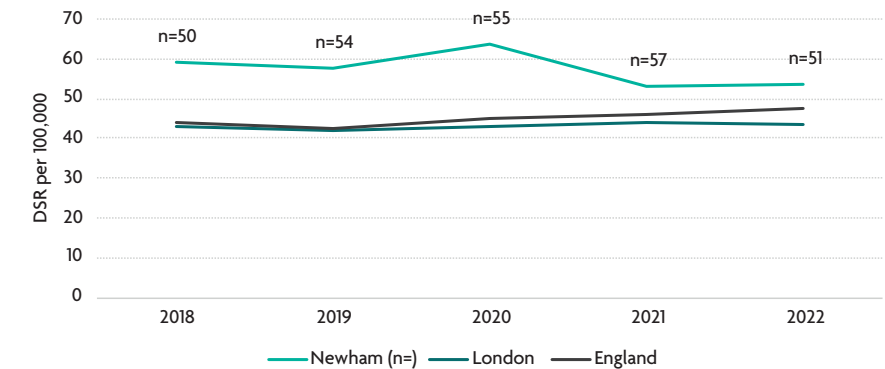
There was no significant change in premature CVD mortality in Newham between 2018 and 2022 (Figure 97 and Figure 98).

Figure 97: Under-75 mortality rate from circulatory disease (males), 2018-22, age-standardised rate per 100,000



Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

Figure 98: Under-75 mortality rate from circulatory disease (females), 2018-22, age-standardised rate per 100,000



Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

Respiratory disease

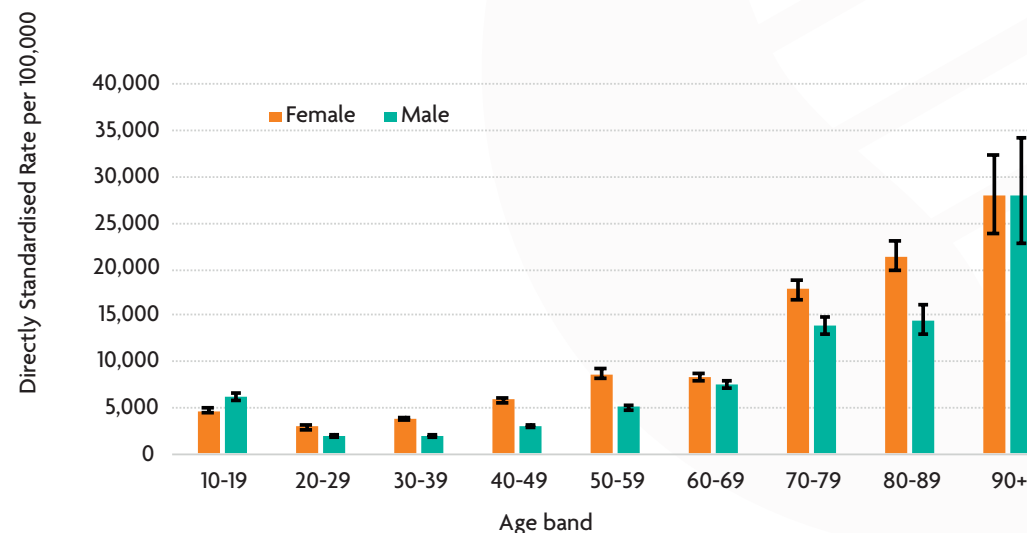
Respiratory disease is a broad category of illnesses that affect the airways and lungs. Asthma and chronic obstructive pulmonary disease (COPD) are the two most common long-term respiratory conditions in Newham. Some respiratory diseases are more short-term (acute), such as pneumonia and other respiratory infections.

Asthma

In 2022/23, 4.5% of Newham’s NHS-registered population aged six years or more had asthma (around 19,000 people), which was lower than London (4.7%) and England (6.5%). Prevalence in Newham had been stable over the previous years (with a small absolute reduction of 0.3% between 2017 and 2023), in line with London and England trends.

In 2024, asthma prevalence was generally higher in females than males in Newham, which is a pattern seen across the country, and may be associated with the differing role of sex hormones in regulating airway inflammation, although further research is needed.¹⁰⁴ In terms of age, people of all ages can develop asthma and, given it is often a life-long condition, asthma prevalence is typically higher in older age groups.¹⁰⁵ In 2024, this pattern was evident in Newham (Figure 99).

Figure 99: Prevalence of asthma in Newham by age band and sex, 2024, Newham NHS-registered population 10+, age standardised prevalence rate per 100,000



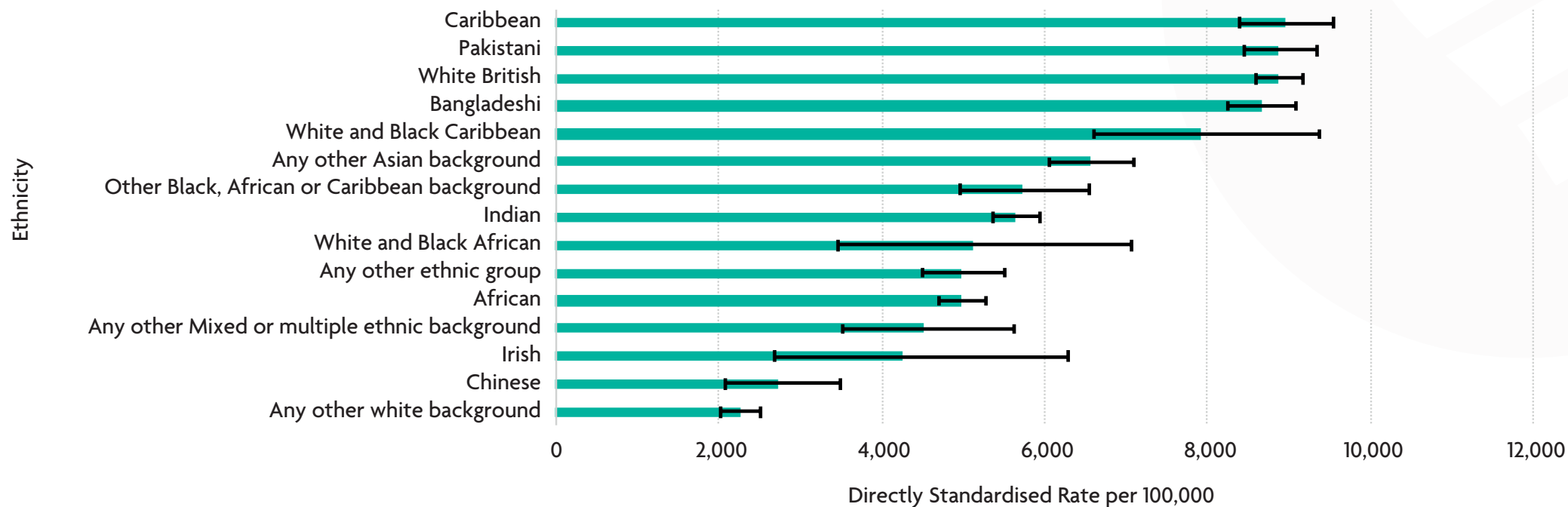
Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

104 Fuseini, H. and Newcombe, D.D. (2017) [Mechanisms driving gender differences in asthma](#)

105 Kuprys-Lipinska I et al (2019) [Prevalence, risk factors and underdiagnosis of asthma in the general population aged over 60 years](#)

In the same year, prevalence rates were highest in Caribbean, Pakistani, White British and Bangladeshi ethnic groups in Newham, suggesting these populations may be more exposed to the causes and triggers of asthma, such as smoking, air pollution and damp and mould (Figure 100).¹⁰⁶

Figure 100: Prevalence of asthma in Newham by detailed ethnic group, 2024, Newham NHS-registered population 10+, age standardised prevalence rate per 100,000



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

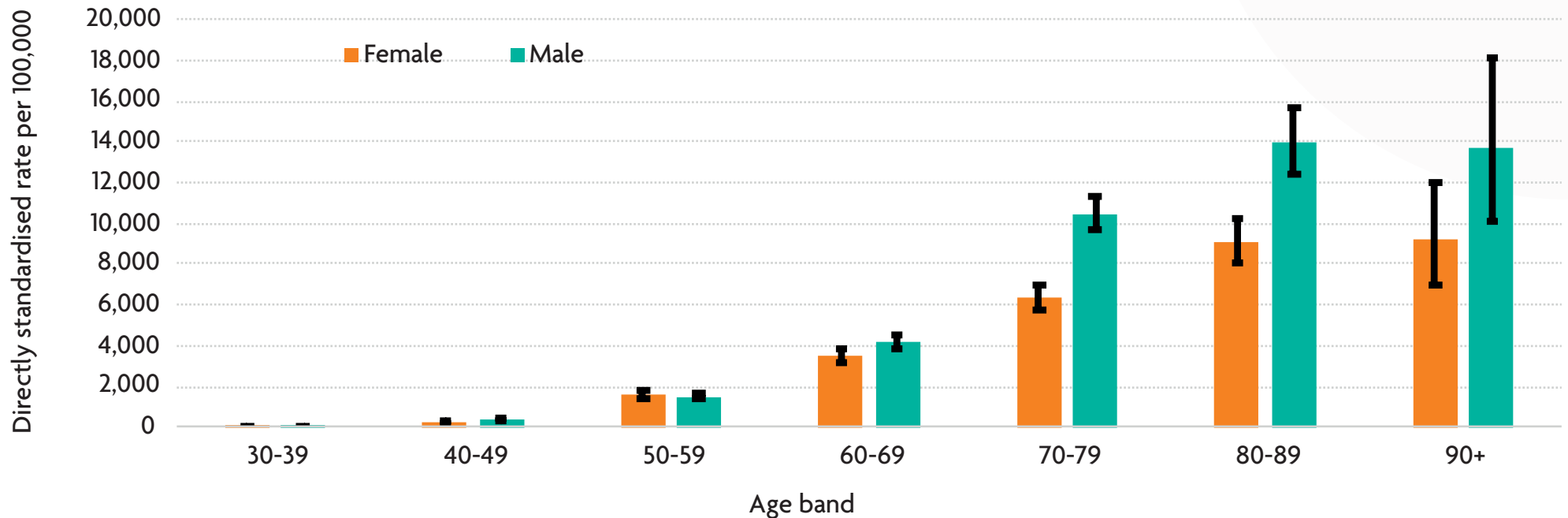
106 Asthma UK (2023) [On the edge: How inequality affects people with asthma](#)

Chronic obstructive pulmonary disease

In 2022/23, 0.8% of Newham’s NHS-registered population (all ages) had chronic obstructive pulmonary disease (COPD) (around 3,500 people), which was similar to the London average (1%) and lower than England (1.8%). Between 2017 and 2023, COPD prevalence in Newham fell from 1% to 0.8%, which may reflect declining smoking rates given that smoking is the main cause of COPD.

In 2024, COPD prevalence tended to be higher in males compared to females, particularly in older age groups, which may reflect historically higher smoking rates in men than in women. Prevalence increased with age, which is a common pattern as COPD is an illness that develops over time, most often due to smoking (Figure 101). In addition, younger generations are likely to experience lower COPD rates due to the steady decline in smoking in England since the 1970s.¹⁰⁷

Figure 101: Prevalence of COPD in Newham by age band and sex, 2024, Newham NHS-registered population 30+, age standardised prevalence rate per 100,000

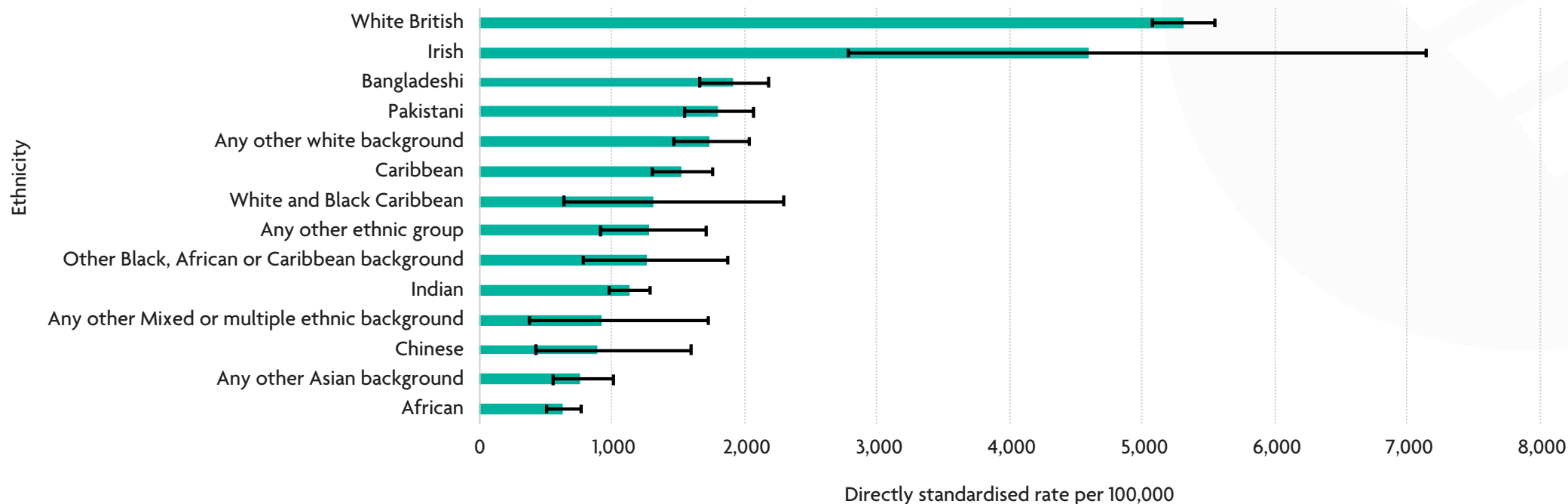


Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

107 Action on Smoking and Health (2023) [Smoking statistics](#)

In the same year, prevalence of COPD was much higher in White British and Irish groups, which is likely to reflect historically higher levels of smoking compared to other ethnic groups (Figure 102).

Figure 102: Prevalence of COPD in Newham by detailed ethnic group, 2024, Newham NHS-registered population 30+, age standardised prevalence rate per 100,000



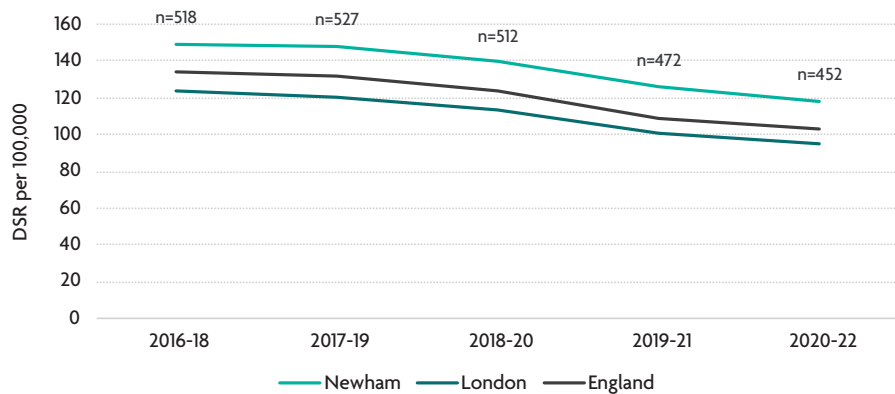
Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

Deaths from COPD in Newham fell between 2017-19 and 2020-22, mirroring London and England trends. This drop aligned with declining COPD prevalence; both are likely to be linked to falling smoking rates locally and across the country.

Respiratory mortality

As a category, respiratory disease was the second largest cause of death in Newham in 2021-2023, contributing to 23% of deaths in males and 22% of deaths in females. During the three-year period 2020-22, the respiratory mortality rate was significantly higher (worse) in Newham than London and England. This may indicate higher levels of disease or poorer outcomes in Newham compared to other places. It may also be affected by inaccuracies in population estimates (see [How might population estimates affect mortality rates?](#) for more information). However, since 2017-19 respiratory mortality appears to have fallen in Newham along with London and England, which may be linked to falling smoking rates and the expansion of the influenza vaccination programme, or improvements in diagnosis and treatment (Figure 103).^{108,109}

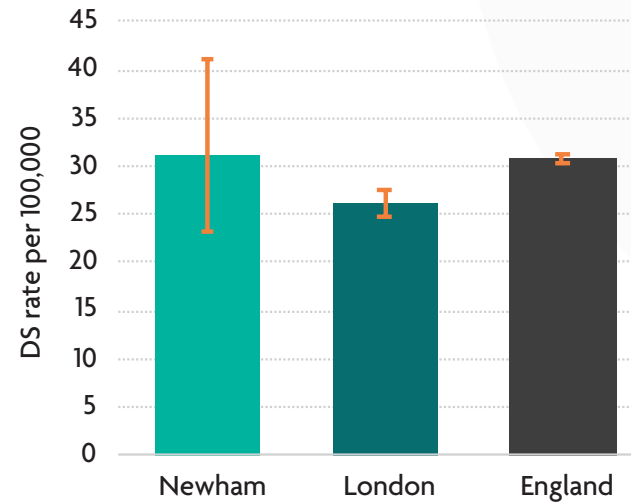
Figure 103: Mortality rate from respiratory disease, Newham residents all ages, 2001-03 - 2021-23, age-standardised rate per 100,000



Source: OHID, based on Office for National Statistics data

After cancer and CVD, respiratory disease is the third largest cause of premature mortality (under 75 years of age) in Newham. In 2022, 55 Newham residents died prematurely from respiratory disease, which was a similar rate to London and England (Figure 104).

Figure 104: Under-75 mortality rate from respiratory disease, 2022, age-standardised rate per 100,000



Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

In the same year, premature mortality from respiratory disease was significantly higher in males compared to females in Newham, mirroring regional and national patterns. This may be linked to higher smoking rates among men than women.¹¹⁰

In males, the premature respiratory mortality rate was significantly higher (worse) in Newham than in London and England, while the rate in females was similar. This suggests males in Newham have poorer outcomes from respiratory disease than regional and national averages.

108 Nuffield Trust (2024) [Adult flu vaccination coverage](#)

109 Chung, J.H. (2020) [Advances in the science and treatment of respiratory diseases](#)

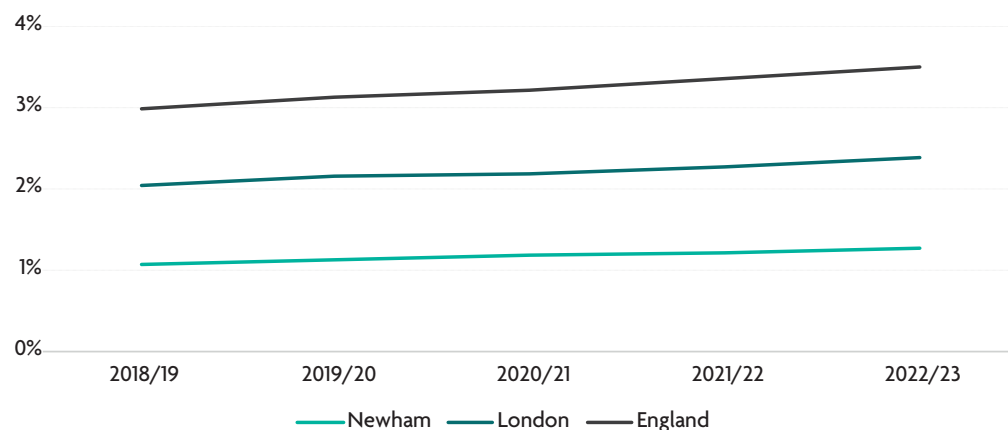
110 OECD (2018) [Mortality from respiratory diseases](#)

Cancer

In 2022/23, around 1.3% of Newham’s NHS-registered population were living with cancer (around 6,000 people). This was lower than the London (2.4%) and England (3.5%) averages, which may be due to Newham’s relatively young population or under-diagnosis locally.

Between 2018/19 and 2022/23, cancer prevalence increased in Newham and across London and England, which may be linked to the ageing population, growing risk factors such as poor diet and physical inactivity, more diagnoses through the national screening programmes, and improvements in treatment that mean more people are living with cancer (Figure 105).¹¹¹

Figure 105: Prevalence of cancer in Newham, 2018/19-2022/23, all-age, proportion (%)



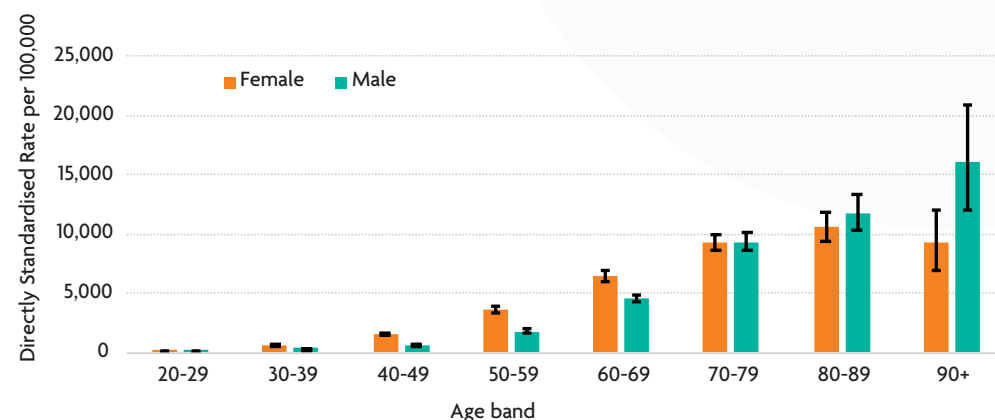
Source: Quality and Outcomes Framework (QOF), NHS England

¹¹¹ ONS (2019) [Are there more people diagnosed with cancer?](#)
¹¹² House of Commons Library (2023) [Cancer statistics for England](#)
¹¹³ Cancer Research UK: [Cancer incidence by age](#)
¹¹⁴ Cancer Research UK (2018) [Age: the biggest cancer risk factor](#)

In 2024, cancer prevalence in Newham was higher in females between the ages of 30 and 69, and similar between the sexes from 70 years and above (Figure 106). This was similar to national patterns, where in England in 2020 cancer incidence was higher in women than in men among people aged 25-59.¹¹² This might be because some types of cancers that affect women, such as breast and cervical cancer, occur at younger ages more often than the main cancers in men, such as prostate cancer.¹¹³

In terms of age, cancer prevalence increased with age as expected given that age is the biggest risk factor for cancer.¹¹⁴

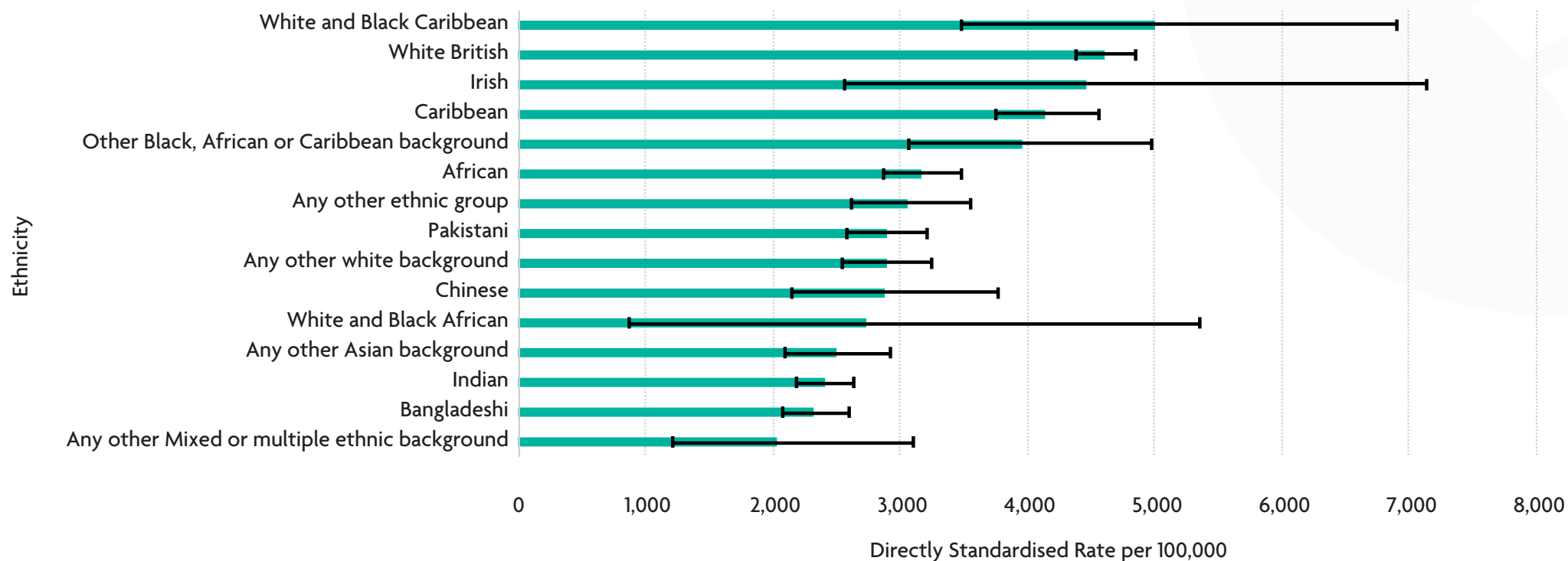
Figure 106: Prevalence of cancer in Newham by age band and sex, 2024, Newham NHS-registered population 20+, age standardised prevalence rate per 100,000



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

In terms of ethnicity, across England White ethnic groups have higher overall cancer rates than Asian, Black and Mixed ethnic groups, although this varies between cancer types. The differences are likely to be mostly down to modifiable risk factors (such as smoking) and screening uptake, which is typically higher in White groups, and genetic differences may play a small role.¹¹⁵ In 2024, the pattern appeared roughly similar in Newham, with higher rates in White British and Irish groups, although White and Black Caribbean and Caribbean populations were also among the highest.

Figure 107: Prevalence of cancer in Newham by detailed ethnic group, 2024, Newham NHS-registered population 20+, age standardised prevalence rate per 100,000



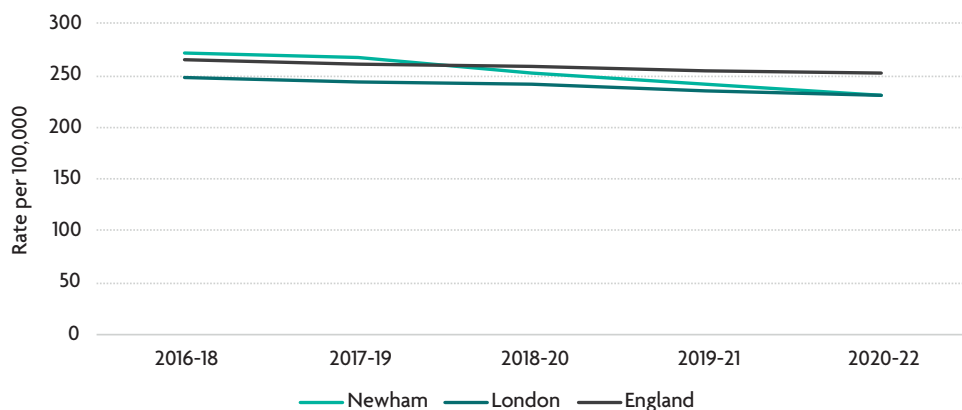
Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

115 Cancer Research UK (2022) [First data in a decade highlights ethnic disparities in cancer](#)

In Newham in 2021-2023, cancer was the largest cause of death in females (23% of all deaths) and the third largest cause of death in males (22% of deaths). During the three-year period 2020-22, mortality from all types of cancer in Newham was similar to that of London, and significantly lower (better) than England. Given Newham’s cancer prevalence was far lower than both London and England averages, this may indicate that cancer outcomes are poorer in Newham than other places or there is under-diagnosis. On the other hand, it is possible that Newham’s mortality rates are artificially high due to inaccuracies in population estimates (see [How might population estimates affect mortality rates?](#) for more information).

Cancer mortality rates appeared to fall in Newham between 2016-18 and 2020-22, which suggests diagnosis, treatment and survival may be improving, with more people being successfully treated or living longer with the condition (Figure 108).

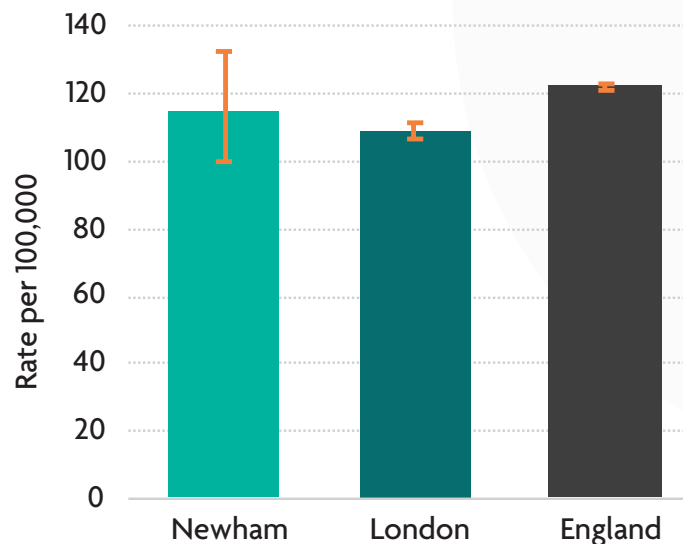
Figure 108: Mortality rate from all cancer, all ages, 2016-18 – 2020-22 age-standardised rate per 100,000



Source: OHID, based on Office for National Statistics data

In 2022, 213 residents died prematurely from cancer (i.e. aged under 75), which reflected a similar mortality rate to that in London and England (Figure 109).

Figure 109: Under-75 mortality rate from cancer, 2022, age-standardised rate per 100,000

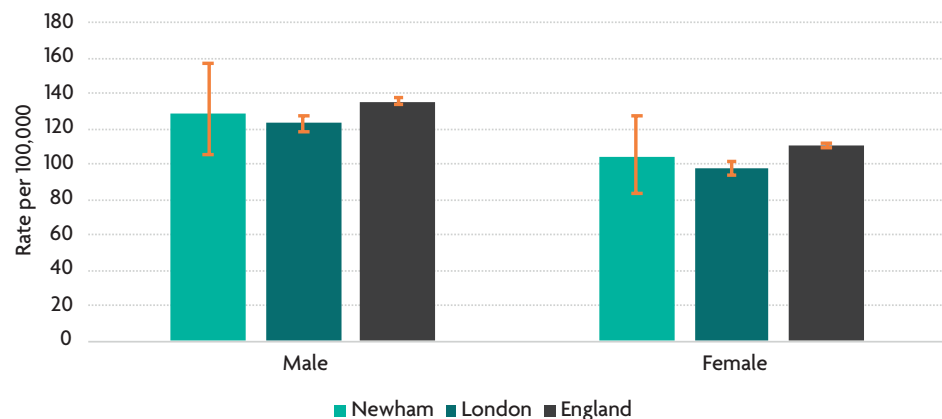


Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

Premature mortality rates from cancer were higher in men than women across Newham, London and England in 2022. This suggests men have poorer cancer outcomes than women, which may be linked to later diagnosis given the tendency for men to seek healthcare later than women¹¹⁶. For both sexes, the rate was similar in Newham to that of London and England in 2022 (Figure 110).

116 Royal Marsden (2023) [Why is the cancer mortality rate higher in men?](#)

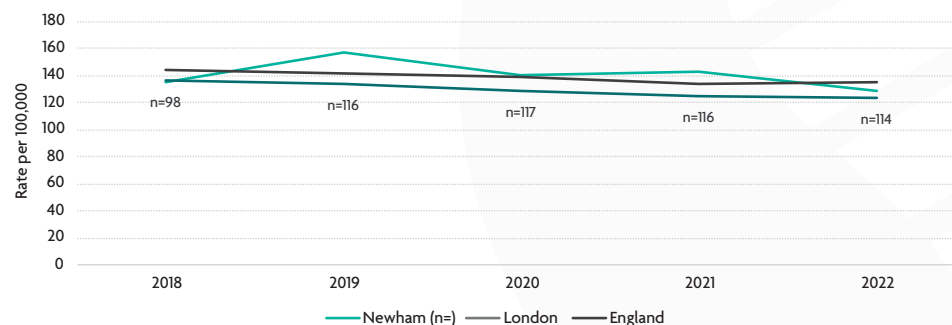
Figure 110: Under-75 mortality rate from cancer by sex, 2022, age-standardised rate per 100,000



Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

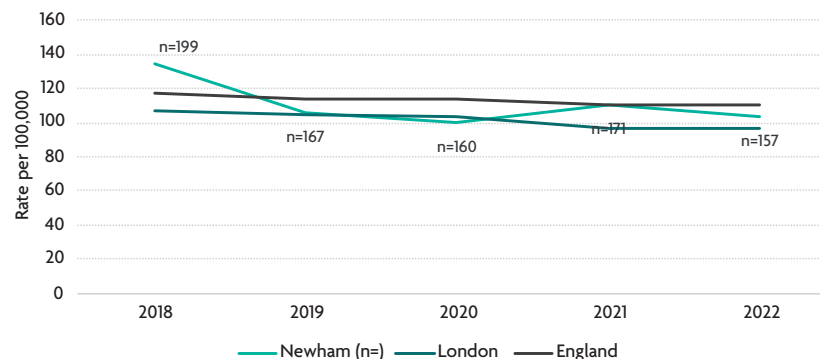
For males and females, premature mortality rates from cancer appeared to fall slightly between 2019 and 2022, mirroring a London and England-wide trend (Figure 111 and Figure 112). This may be linked to successes in prevention (such as a reduction in smoking rates), earlier detection (e.g. screening programmes), or improved treatment.¹¹⁷ Given cancer prevalence is increasing, this may also suggest that more people are being successfully treated or living longer with cancer.

Figure 111: Under-75 mortality rate from cancer (males), 2018-22, age-standardised rate per 100,000



Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

Figure 112: Under-75 mortality rate from cancer (females), 2018-22, age-standardised rate per 100,000



Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

117 Shelton, J. et al. (2024) [25 year trends in cancer incidence and mortality among adults aged 35-69 years in the UK, 1993-2018: retrospective secondary analysis](#)

Unplanned hospital admissions

Unplanned hospital admissions – sometimes called emergency hospital admissions – are where patients are admitted to hospital urgently and unexpectedly. They are associated with poorer patient experience compared to planned, community-based care, adverse patient outcomes, and disruption and higher costs to health and care services. Many unplanned admissions could be avoided through prevention or more effective management in the community.¹¹⁸ Identifying the causes of unplanned admissions therefore provides valuable insight into important prevention opportunities.

In 2023/24, the three most common reasons for unplanned admissions to Newham Hospital among adults were pneumonia, sepsis and injury from a fall (Figure 113). Many of the common causes of admission are preventable. For example, pneumonia can in some cases be prevented with the pneumococcal vaccine (see [Health threats and immunisations](#)) and falls can be prevented through falls prevention interventions (see [Ageing well](#)).

Figure 113: Top 15 reasons for unplanned admissions to Newham Hospital, adults, 2023/24, conditions and number of admissions

Condition	Number of admissions
Pneumonia	492
Sepsis	278
Injury from a fall	268
Urinary tract infection	231
Asthma	206
Chronic obstructive pulmonary disease (COPD) with pneumonia	187
Gallstones with cholecystitis (gall bladder inflammation)	170
Tubulointerstitial nephritis (kidney inflammation)	157
Heart attack	156
Congestive heart failure	150
Appendicitis	148
Gastroenteritis and colitis	128
Alcohol withdrawal	126
Acute renal failure	118
Cellulitis	118

Source: Newham Hospital

In the same year, the three most common reasons for unplanned admissions among children were lower respiratory tract infections (including pneumonia and bronchiolitis), neonatal jaundice (which is a common condition that affects newborns) and viral infections (Figure 114). As for adults, many unplanned admissions in children could be avoided through prevention or the right community-based support at the right time. For example, infections such as flu and other viral illness can be prevented through vaccination (see [Health threats and immunisations](#)) and asthma exacerbations can be prevented through high quality support with medication use and improving air quality outdoors and in people's homes (see [Air quality](#) and [Promoting health through housing](#)).

118 The Health Foundation (2018) [Emergency hospital admissions in England](#)

Figure 114: Top 15 reasons for unplanned admissions to Newham Hospital, children, 2023/24, conditions and number of admissions

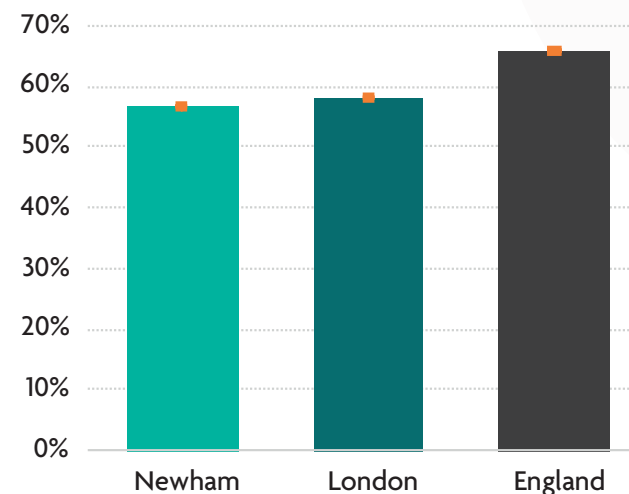
Condition	Number of admissions
Lower respiratory tract infection (including acute bronchiolitis or pneumonia)	227
Neonatal jaundice	211
Viral infection (unspecified)	164
Fever	77
Asthma	71
Convulsions	62
Nausea and vomiting	57
Type 1 diabetes (uncomplicated or with complication)	54
Gastroenteritis or colitis	52
Newborn feeding problems	51
Upper respiratory tract infection	43
Admission for observation for other suspected illness	38
Urinary tract infection	33
Sickle-cell anaemia with crisis	32
Influenza	27

Source: Newham Hospital

Screening and health checks

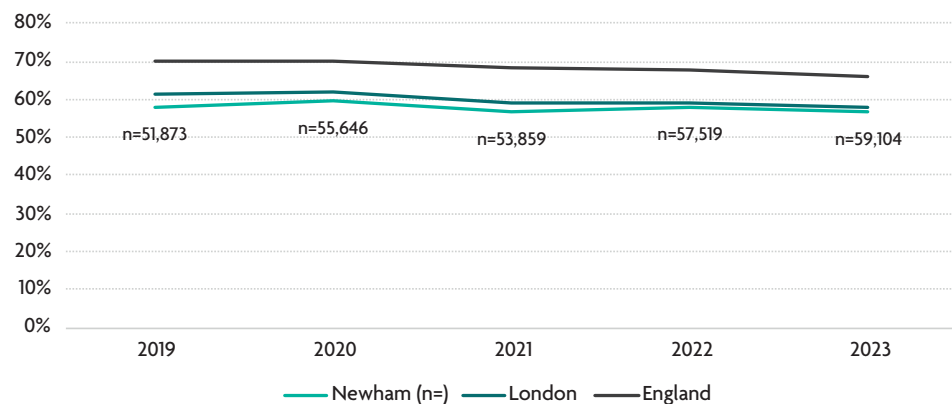
Screening is an effective tool for identifying some diseases at an early stage and reducing mortality. Cervical screening is offered to women aged 25 to 49 years old. In 2023, 57% of eligible 25 to 49 year olds in Newham (NHS-registered) took up cervical screening. This was significantly lower (worse) uptake than London and England. Uptake has been falling across Newham, London and England in recent years (Figure 115 and Figure 116).

Figure 115: Cervical cancer screening, ages 25-49, 2023, proportion (%)



Source: NHS Digital data not in the public domain, from the Cervical Screening Programme, via Fingertips, OHID

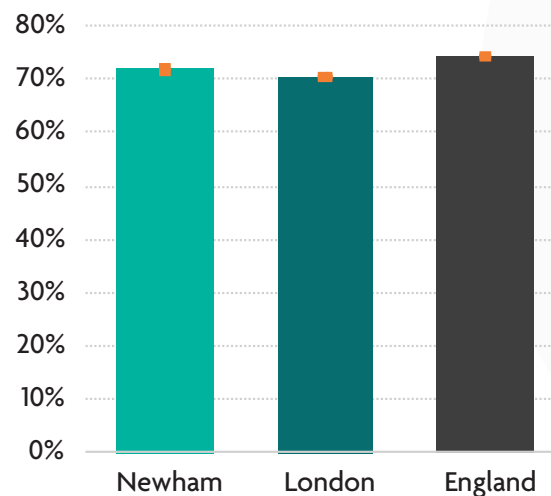
Figure 116: Cervical cancer screening, ages 25-49, 2019-23, proportion (%)



Source: NHS Digital data not in the public domain, from the Cervical Screening Programme, via Fingertips, OHID

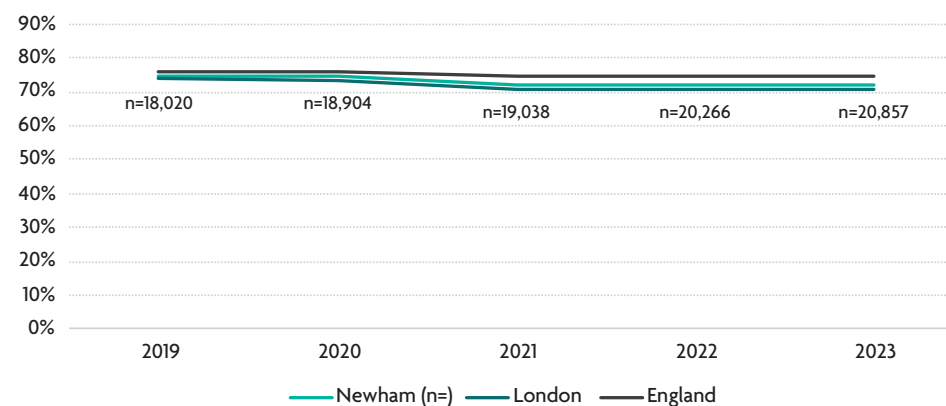
Cervical screening is also offered to 50 to 64 year old women every five years. In 2023, 72% of eligible 50 to 64 year old residents (NHS-registered) took up cervical screening, which was significantly higher (better) than London and significantly lower (worse) than England (Figure 117). Similarly to uptake in younger women, uptake has fallen across Newham, London and England in recent years (Figure 118). For all age groups, falling uptake is a significant public health concern as cervical screening helps prevent deaths from cervical cancer, so falling screening rates may contribute to increased mortality in future years.

Figure 117: Cervical cancer screening, ages 50-64, 2023, proportion (%)



Source: NHS Digital data not in the public domain, from the Cervical Screening Programme, via Fingertips, OHID

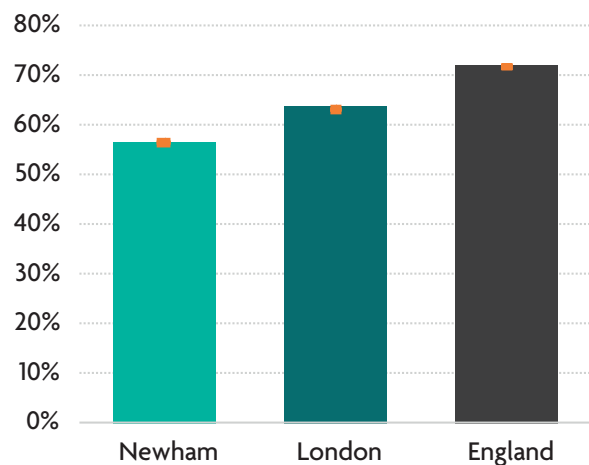
Figure 118: Cervical cancer screening, ages 50-64, 2019-23, proportion (%)



Source: NHS Digital data not in the public domain, from the Cervical Screening Programme, via Fingertips, OHID

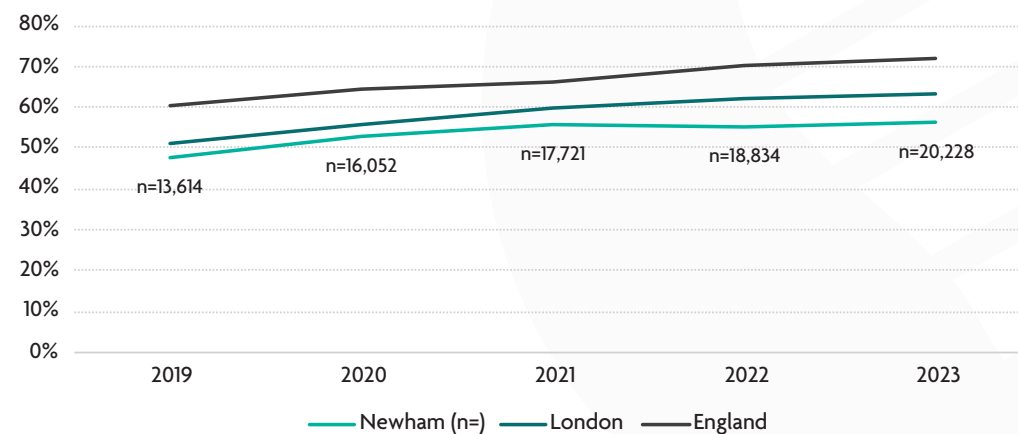
Bowel screening is offered to 60 to 74 year olds. In 2023, 57% of eligible Newham residents (NHS-registered) took up bowel screening (Figure 119). Although this was lower (worse) than London and England, uptake is steadily improving in Newham and across London and England (Figure 120).

Figure 119: Bowel screening, ages 60-74, 2023, proportion (%)



Source: NHS Digital data not in the public domain, from the Bowel Screening Programme via Fingertips, OHID

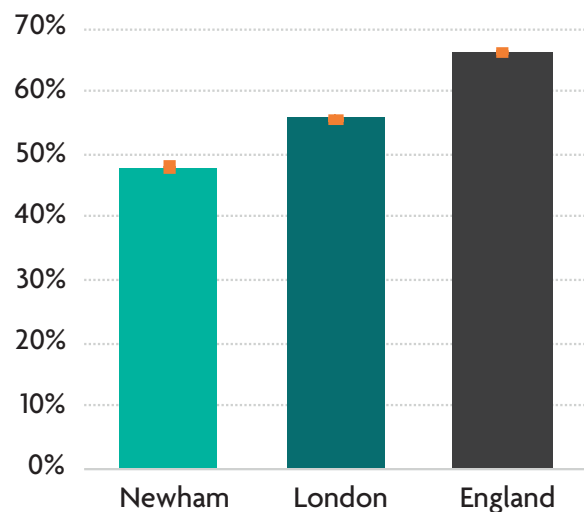
Figure 120: Bowel screening, ages 60-74, 2019-23, proportion (%)



Source: NHS Digital data not in the public domain, from the Bowel Screening Programme via Fingertips, OHID

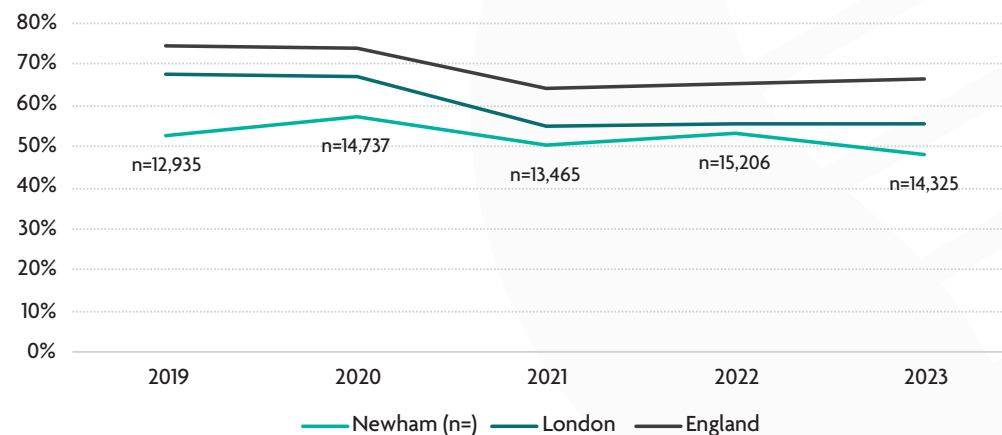
Breast screening is offered to women aged 53 to 70 years. In 2023, 48% of eligible residents (NHS-registered) took up the offer, which was significantly lower (worse) than London and England (Figure 121). Moreover, breast screening uptake is falling in Newham, which is a concern as it could result in more preventable deaths from breast cancer (Figure 122).

Figure 121: Breast screening, ages 53-70, 2023, proportion (%)



Source: NHS Digital data not in the public domain, from the Breast Screening Programme via Fingertips, OHID

Figure 122: Breast screening, ages 53-70, 2019-23, proportion (%)



Source: NHS Digital data not in the public domain, from the Breast Screening Programme via Fingertips, OHID

NHS Health Checks are offered to residents aged 40 to 74 who do not already have a diagnosed LTC. The aim is to identify people who are at higher risk of cardiovascular disease and diabetes so the individual can take steps to reduce their risk. Health Checks are especially important in Newham where diabetes prevalence is higher than average and there is likely to be under-diagnosis of cardiovascular disease¹¹⁹.

Newham performs strongly in uptake of health checks, with a high proportion of residents taking up the offer – the highest uptake in England¹²⁰ – and significantly higher than the national target of 66% (Figure 123). A national review of the NHS Health Check in 2021 found that the programme largely achieved its aims and delivered better outcomes for patients.¹²¹ Newham's success in uptake of Health Checks demonstrates that local investment and prioritisation in recent years has worked, which provides valuable learning that can inform other preventative health services.

Figure 123: Eligible Newham residents receiving NHS Health Checks, 2021-22 - 2023-24, proportion of eligible patients (%)

	2021/22	2022/23	2023/24
Eligible patients receiving NHS Health Check	80%	96%	87%

Local services

Once diagnosed with an LTC, residents receive clinical care from NHS services, such as their pharmacist, GP and hospital services if needed. The aim is to help each resident live well with the condition and prevent it getting worse or leading to complications. In some cases, such as high blood pressure and early diabetes, it is possible to reverse the condition without medication, such as through dietary changes and exercise.

Newham has 43 GP practices, grouped into nine primary care networks (Figure 124). In addition, the borough is served by Newham Hospital, specialist mental health services and a wide range of other healthcare services, such as community healthcare, pharmacies, opticians and dentists.

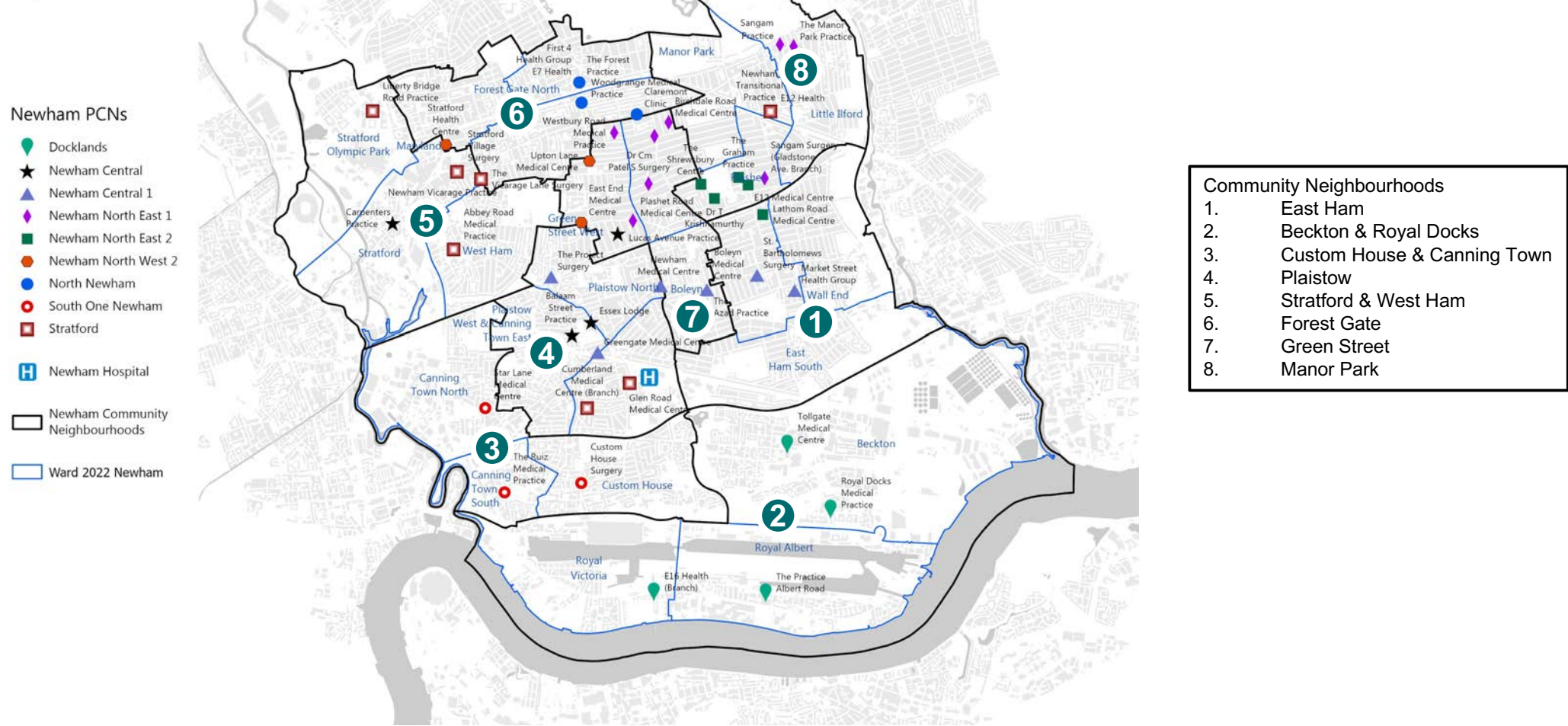
119 North East London Health and Care Partnership (2022) Population health profile

120 OHID via Fingertips: [cumulative percentage of the eligible population aged 40 to 74 who received an NHS health check 2019/20 – 23/24](#)

121 OHID (2021) [Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations](#)

Figure 124: Newham GP practices by primary care network membership, 2024

Newham GP practice site by PCN membership
July 2024



Source: NHS North East London

A wide range of non-clinical services and community activities also help people with LTCs manage their condition and stay well. For example, there are walking groups, food growing and planting activities, cooking classes, mental health support groups, financial support, housing services, and more. [Partnerships rooted in the community](#) provides more information on how Well Newham aims to help people find out about how to access these services and activities.

Despite the range of clinical and non-clinical services available, Newham has persistent challenges in the availability and capacity of health services to manage the demand, which impacts on waiting times, service quality and patient experience. Residents consistently highlight access to healthcare services as a key priority in Newham and many would like to see more community-based support that is easy to access.



It's very difficult to get a GP consultation, even by phone. It makes it very difficult to maintain or change prescription medication or get a review. I often just try to muddle through, often in pain, discomfort, or both. I am particularly fed up of being offered cervical screening that I do not need. Diabetes screening would be much more helpful.

Resident, Ageing Well Strategy, Residents Survey (2021)

It is so difficult to get a doctor's appointment, and there is not enough community care support.

Resident, East Ham (2023)

Without attention, action and a focus on prevention, these challenges are likely to get worse as Newham's population grows and ages. [Driving quality across our health and care partnership](#) provides more detail about how NHS North East London and Newham Health and Care Partnership are working to ensure health services in Newham are consistently high quality and sufficient to meet the needs of the population today and in years to come.

¹²² Iksheta Verma et al. (2022) [The impact of peer coach-led type 2 diabetes mellitus interventions on glycaemic control and self-management outcomes: A systematic review and meta-analysis](#)

¹²³ NHS England (2020) [NHS Type 2 Diabetes Path to Remission Programme](#)

Future direction

Newham's ambition is to improve diagnosis, treatment and care for all people with LTCs, to improve outcomes and reduce inequalities. This aligns with the ambition of the North East London Integrated Care Strategy, to support everyone at risk of developing or living with an LTC to live a longer and healthier life. We also aim to improve prevention and detection of cancer and cardiovascular disease, ensuring that we take an equitable approach.

Diabetes is an example that illustrates Newham's holistic approach to LTCs, including prevention, early identification, reversing conditions where possible, and helping people live well with LTCs. We will continue to build on progress made, learning from good practice elsewhere. For example, type 2 diabetes peer support networks have been particularly successful in reducing blood sugar levels in some countries.¹²² We aim to introduce a peer-support champions network in Newham to provide a forum for residents with diabetes to create realistic plans and share experiences relevant to their financial, cultural and social context.

The DESMOND structured education programme is a NICE-recommended, NHS-commissioned service to provide participants with the foundation and practical skills to self-manage their diabetes. The Diabetes Path to Remission weight management programme is based on the DiRECT and DROPLET trials, which saw almost half of participants achieve type 2 diabetes remission after one year. A quarter of participants achieved 15kg or more weight loss and of these, 86% achieved remission.¹²³ Both programmes are available to eligible Newham residents but uptake, attendance and completion remains low. Undertaking a review of pathways for available programmes will allow us to identify and remedy barriers to access to ensure programmes are accessible and uptake is representative.

We want resident involvement to be central to how we plan, design and deliver health services in Newham. This will include continuing to embed resident voices in commissioning choices and continuing to develop the ways we work with resident peer researchers in co-production and co-delivery to improve access, relevance and trust in services.

Sexual and reproductive health

Good sexual and reproductive health (SRH) is a fundamental part of everyone's health and wellbeing. Poor sexual and reproductive health can have wide-ranging public health consequences, impacting not only individuals but families and society as a whole.

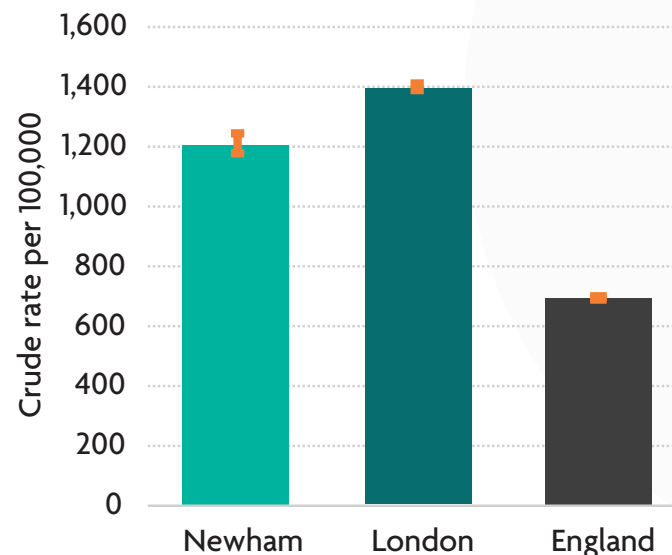
Common sexually transmitted infections

Sexually transmitted infections (STIs), such as chlamydia, gonorrhoea and syphilis, create a significant burden of morbidity in Newham, in London and nationally. These infections can have serious, long-term consequences, such as infertility and complications in pregnancy.

STI testing is important for detecting infections to prevent long-term harm and transmission, especially as not everyone with an STI has signs or symptoms. In 2022, Newham's STI testing rate (excluding chlamydia aged under 25) was 7,987 tests per 100,000 population. This was significantly lower than the London average (8,662 per 100,000) and higher than the England average (3,856 per 100,000).¹²⁴ STI testing in Newham is increasing, demonstrating steady improvement in our ability to diagnose, treat and prevent spread of infections.

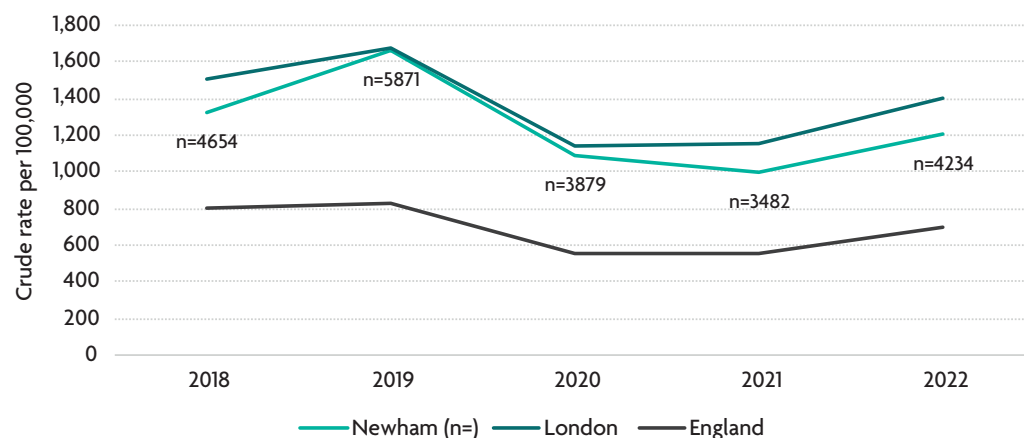
The new STI diagnosis rate shows the number of new infections diagnosed in a given time period. In 2022, 4,234 residents had a new STI diagnosis, which equated to a lower rate than the London average and a higher rate than England (Figure 125). These numbers represented a 14% increase in new diagnoses in Newham between 2021 and 2022, reversing an overall downward trend in previous years (Figure 126). This highlights the need for a clear strategic vision and a more integrated approach amongst all parties involved in commissioning and delivering sexual and reproductive health services.

Figure 125: New STI diagnoses, all ages, 2022, crude rate per 100,000



Source: UK Health Security Agency (UKHSA)

Figure 126: New STI diagnoses, all ages, 2018-22, crude rate per 100,000



Source: UK Health Security Agency (UKHSA)

In terms of specific STIs, chlamydia is the most commonly diagnosed bacterial STI nationally. The National Chlamydia Screening Programme aims to detect infections in young people so they can be treated at an early stage to prevent long-term harm and transmission. Chlamydia detection rate means how many cases are diagnosed through this testing; a high detection rate is positive as it shows many cases are being picked up.

In 2022, 761 residents aged 15 to 24 were diagnosed with chlamydia, equating to a rate of 1,522 per 100,000. This was lower (worse) than in London and England and had been falling since 2019, suggesting that increasing numbers of residents with chlamydia are going undiagnosed. This may have long-term consequences for their health and lead to spread of infections to others. Increasing uptake of screening is therefore a local priority for sexual health services.

To address local priorities in preventing and controlling STIs, Newham’s sexual health provision has undergone optimisation and transformation, adopting innovative approaches to support the sexual health needs of the local population. Nevertheless, sexual and reproductive health-related challenges and inequalities persist. For example, STIs and their consequences disproportionately affect young people, people from minoritised ethnic groups, the LGBTQ+ community, men having sex with men, and people living with HIV.¹²⁵ This underscores the importance of continuing to transform and develop services that are accessible, relevant and trusted by residents from all communities, particularly those who have greatest needs.

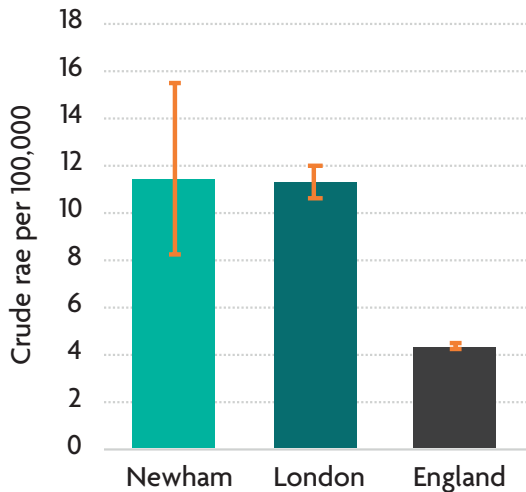
HIV

HIV is a serious infection, which can damage the immune system with serious consequences. However, with the right treatment people with HIV can expect to be healthy, well and have a normal life span. This makes it vital to diagnose infections at an early stage to offer treatment and prevent transmission to others.

In 2022 around 1,600 Newham residents had diagnosed HIV, which represented a similar prevalence to that of London and higher than England. The prevalence rate of HIV in Newham was relatively constant between 2011 and 2022.¹²⁶

The new HIV diagnosis rate gives an indication of the amount of new HIV infections in the population. In 2022, there were 47 new HIV diagnoses in Newham, which was a similar rate to London and higher than England (Figure 127). Most of these individuals were newly diagnosed with HIV in the UK, and a small number had previously had a positive HIV test abroad. New HIV diagnoses have steadily fallen in Newham and London over the past decade, demonstrating substantial progress across society in diagnosing and treating HIV and preventing transmission (Figure 128).

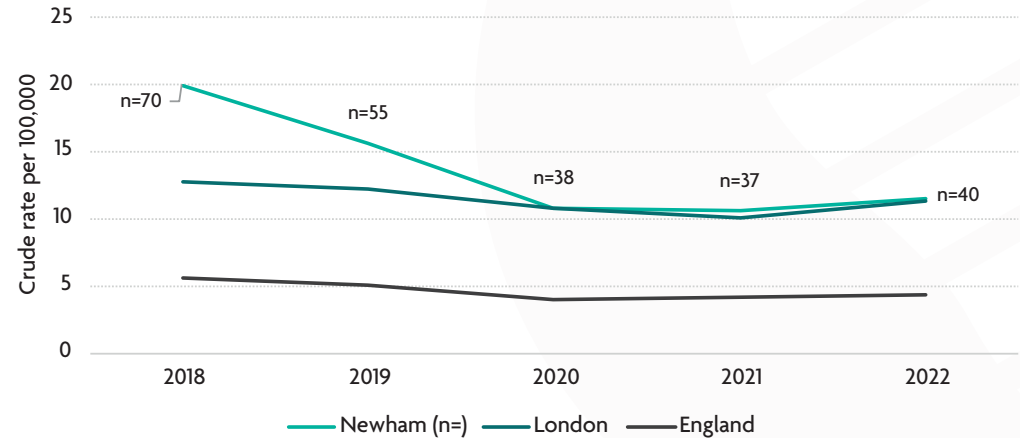
Figure 127: HIV new diagnoses, 2022, crude rate per 100,000



Source: UK Health Security Agency (UKHSA)

126 OHID (2023) Fingertips Public Health Data

Figure 128: HIV new diagnoses, 2018-22, crude rate per 100,000

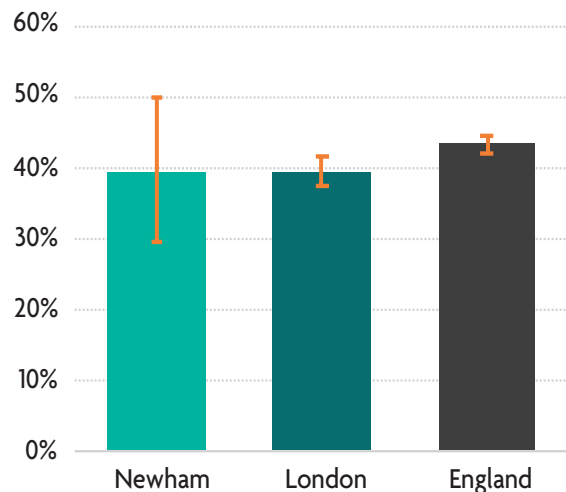


Source: UK Health Security Agency (UKHSA)

Late HIV diagnosis is when an individual is diagnosed at a late stage of infection. These individuals have a significantly higher risk of complications and death from HIV compared to people diagnosed early, which is why increasing early diagnosis and reducing late diagnosis is a priority. In the three-year period 2020-22, 35 Newham residents received a late HIV diagnosis, accounting for 38% of all people diagnosed in that period (excluding people previously diagnosed abroad). This proportion was similar to the London and England averages (Figure 129).

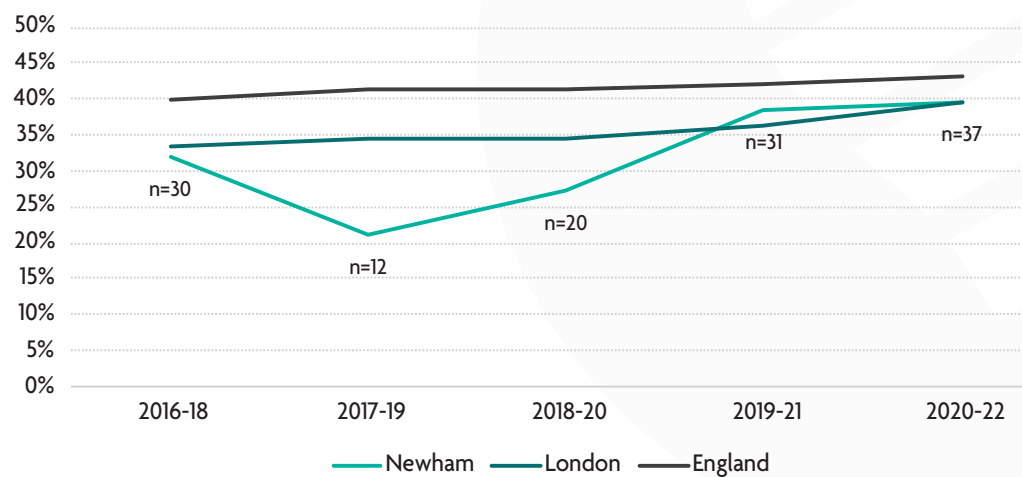
Late diagnoses appear to have increased in Newham, London and England since 2017-19 (Figure 130). This might be linked to falling testing uptake and changing demographics of the population living with HIV, where groups at higher risk of late diagnosis are increasing as a proportion of new cases (see [Inequalities in HIV](#)). This highlights the importance of continued efforts to expand access to and uptake of HIV testing in partnership with services and communities most affected.

Figure 129: Late HIV diagnosis in people first diagnosed in the UK, aged 15 and over, 2020-22, proportion (%)



Source: UK Health Security Agency (UKHSA) via Fingertips, OHID

Figure 130: Late HIV diagnosis in people first diagnosed in the UK, aged 15 and over, 2016-18 - 2020-22, proportion (%)



Source: UK Health Security Agency (UKHSA) via Fingertips, OHID

Inequalities in HIV: incidence and prevalence

There are marked inequalities in HIV across the population. In London and Newham, two main risk groups based on HIV prevalence and new infections are gay, bisexual and other men who have sex with men (GBMSM) and Black African populations. These populations are highly diverse, which means approaches to prevention and treatment must be nuanced and tailored to specific groups. As part of this, other characteristics, such as the route of HIV infection and country of birth, are important for understanding the patterns and trends in infections and informing prevention strategies.

In Newham in 2022, approximately half of new HIV diagnoses were likely acquired through heterosexual sex and around half were likely acquired through sex between men,¹²⁷ which was similar to the pattern across London.¹²⁸ Among all Newham residents living with HIV in 2022, over half had likely acquired the infection through heterosexual sex, and a third had probably acquired it through sex between men. The picture across London was slightly different, which may reflect Newham’s different population make-up to that of London overall (Figure 131).

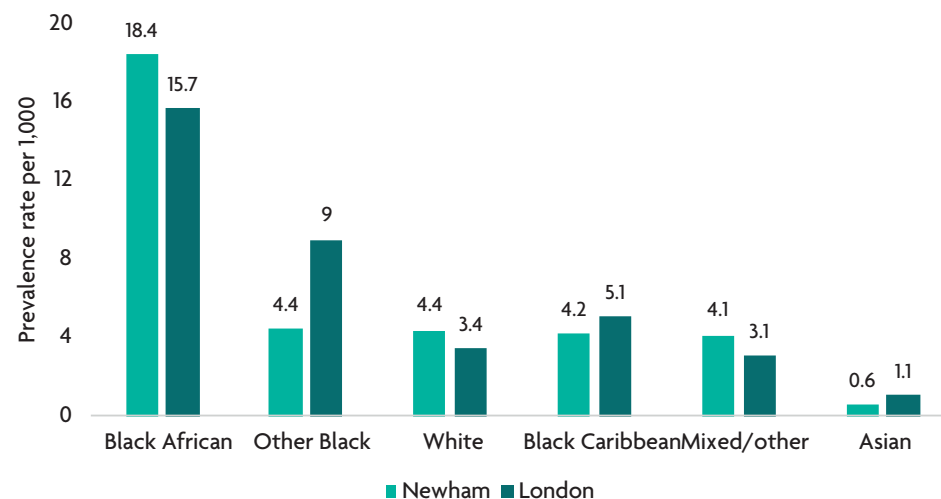
Figure 131: Probable route of transmission among people living with HIV, Newham and London, all ages, 2022, proportion (%) of population living with HIV

Exposure category	Newham	London
Infection likely acquired through heterosexual sex	57%	45%
Infection likely acquired through sex between men	32%	51%

Source: UKHSA

In terms of ethnicity, HIV prevalence was highest in Newham’s Black African population – more than four times that of White groups – which was broadly similar to London (Figure 132).

Figure 132: Diagnosed HIV prevalence by broad ethnic group, Newham and London, all ages, 2022, crude prevalence rate per 1,000



Source: UKHSA

Note: ethnic groups presented are those reported by UKHSA.

Being born abroad is another characteristic associated with HIV, which has some overlap with ethnicity. In London in 2022, people with new HIV infections were far more likely to have been born abroad than born in the UK (Figure 133). Although this data is not available at a local level, Newham is likely to have a broadly similar pattern.

127 UK Health Security Agency (2024) Newham local authority HIV surveillance data tables

128 UK Health Security Agency (2024) [Annual epidemiological spotlight on HIV in London: 2022 data](#)

Figure 133: New HIV infections by place of birth, London, 2022, proportion (%) of new infections

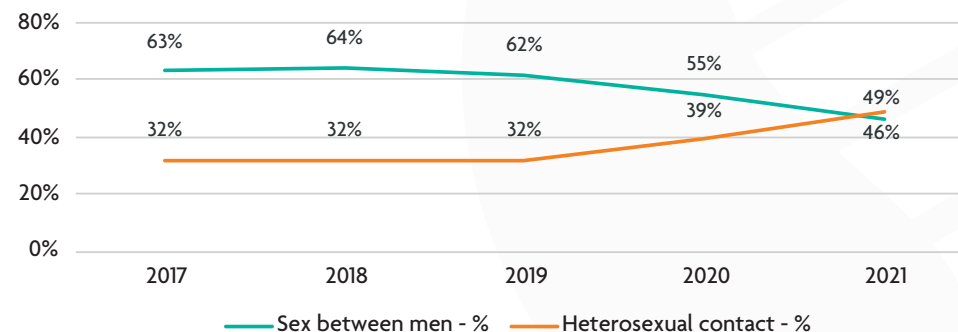
Exposure category	UK-born	Born abroad
Infection likely acquired through heterosexual sex	18%	82%
Infection likely acquired through sex between men	18%	82%

Source: UKHSA

In the period 2013 to 2022, new infections fell in all risk groups across London. The decline in new infections was most pronounced where the likely exposure was sex between men, compared to other exposure categories. However, between 2020 and 2022, new infections acquired through heterosexual sex increased across London, suggesting there may be a concerning upturn in transmission through this route.¹²⁹

The picture was similar in north east London between 2017 and 2021, which meant infections acquired via heterosexual sex grew as a proportion of all infections, and infections through sex between men fell as a proportion (Figure 134). This suggests that the demographics of the local population living with HIV are changing, with a growing proportion of people living with HIV having acquired the infection through heterosexual sex, and a shrinking proportion being from GBMSM groups. It underscores the need for continued tailoring of HIV prevention and treatment approaches to meet the needs of a changing population.

Figure 134: Probable exposure category of new HIV diagnoses over time, north east London, 2017-2021



Source: North East London HIV needs assessment

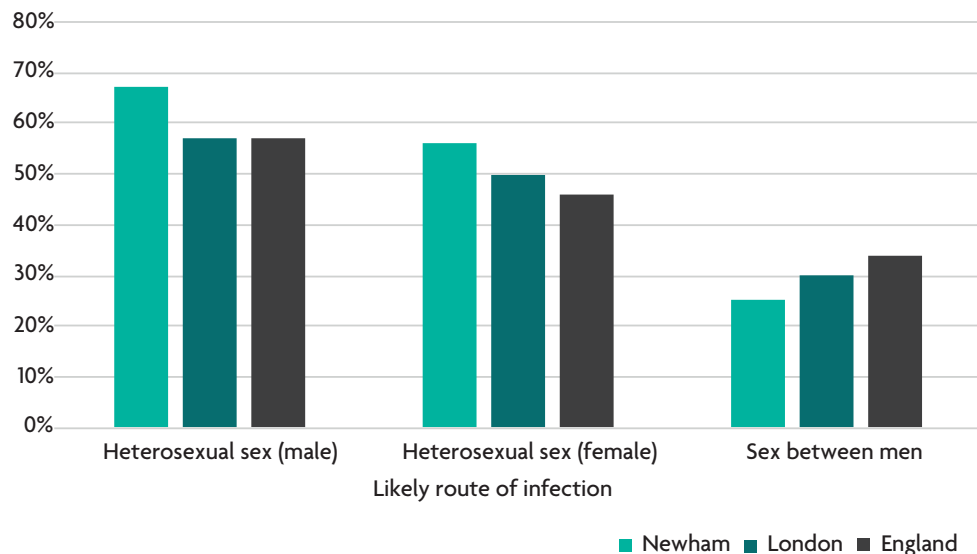
Inequalities in HIV: late diagnosis

Late diagnosis is a further source of inequality. Late diagnosis is more common where heterosexual sex is the likely acquisition route. In 2021-23 in Newham, two-thirds of men who acquired HIV through heterosexual sex had a late diagnosis, compared to a quarter of cases where the infection was transmitted via sex between men (Figure 135). This suggests that people acquiring HIV via heterosexual sex are at greater risk of complications and adverse outcomes compared to GBMSM groups.

Given infections via heterosexual sex are increasing as a proportion of all cases across north east London, this may be contributing to the increase in late diagnoses in Newham.

129 UK Health Security Agency (2024) [Annual epidemiological spotlight on HIV in London: 2022 data](#)

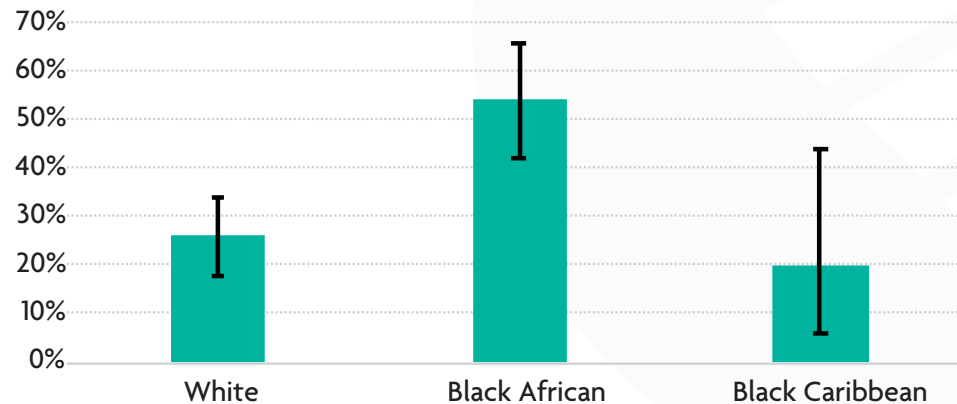
Figure 135: HIV late diagnosis (excluding those previously diagnosed abroad), age 15+, 2021-23, proportion (%) of new infections diagnosed late



Source: UKHSA

There are also notable differences between ethnic groups. In London in 2020-2022, late diagnosis was most common in Black African ethnic groups and lowest in White groups.¹³⁰ This inequality was broadly similar in North East London (Figure 136). It indicates that Black African populations with HIV are at greater risk of poor outcomes from HIV compared to other ethnic groups, which has important implications for Newham given the high HIV rates among the borough's Black African population.

Figure 136: HIV late diagnosis by ethnic group (excluding those previously diagnosed abroad), north east London, age 15+, 2019-2021, proportion (%) of new infections diagnosed late



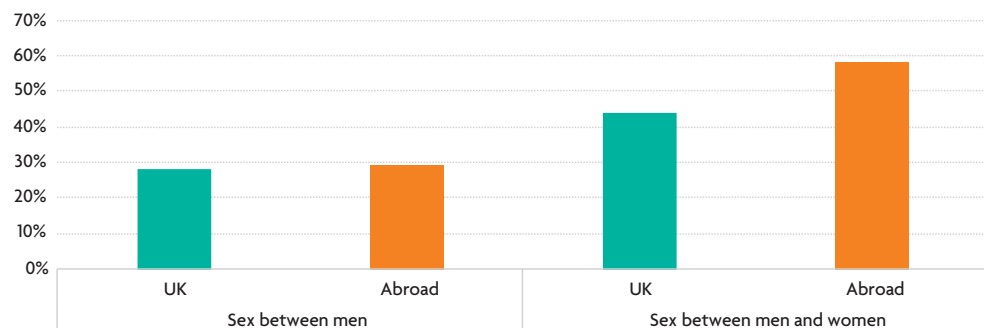
Source: UKHSA

Note: ethnic groups presented are those reported by UKHSA.

To add to the picture, people who were born abroad have higher risk of late diagnosis where infections are acquired through heterosexual sex, compared to people born in the UK. Across London in 2022, 58% of infections in people born abroad were diagnosed late compared to 44% in those who were UK-born. There was no difference where the infection was acquired through sex between men (Figure 137). This is important for Newham given the borough's large migrant population.

130 UK Health Security Agency (2024) [Annual epidemiological spotlight on HIV in London: 2022 data](#)

Figure 137: HIV late diagnosis by place of birth and exposure category (excluding those previously diagnosed abroad), London, age 15+, 2020-2022, proportion (%) of new infections diagnosed late



Source: UKHSA , HANDD, HARS

Inequalities in HIV: testing and prophylaxis

The changing demographic make-up of the population living with HIV, the increase in late diagnosis, and differences in late diagnosis between groups, may in part be linked to patterns and trends in testing and pre-exposure prophylaxis (PrEP).

In London between 2018 and 2022, HIV testing in heterosexual men fell by 20% and increased by 44% in GBMSM groups. If this pattern is similar in Newham, it means that local at-risk heterosexual men are disproportionately – and increasingly – missing out on testing, which could lead to increases in infections and late diagnoses.

PrEP is medication which people at high risk of HIV can take to reduce the risk of acquiring the infection. In London in 2022, among those attending specialist sexual health services, the GBMSM population was far more likely to receive PrEP when it was needed compared to the heterosexual population (Figure 138). Similarly to testing uptake, this highlights a significant inequality in access to preventative treatment.

Figure 138: PrEP initiated or continued as a proportion of those in need of PrEP, people attending specialist sexual health services, London, 2022, proportion (%)

Group	Proportion (%) of those who needed PrEP who received PrEP (initiated or continued)
Heterosexual men	47%
Heterosexual / bisexual women	40%
GBMSM	79%

Source: UKHSA

Inequalities in HIV: summary

Putting this information together, while new HIV infections have fallen in Newham over recent years, the demographic make-up of the population acquiring HIV appears to be changing, with a decreasing proportion from GBMSM groups and a growing proportion from Black African and other ethnic groups. This may be linked to differences in access to and uptake of testing and preventative measures such as PrEP. It has important implications for HIV prevention and control, which need to be tailored to meet the needs of the diverse populations at greatest risk.

Late diagnosis is particularly high among Black African groups and people born abroad, which indicates these populations may have lower awareness of and access to diagnostic services, and higher risk of poor outcomes. This is particularly relevant in Newham given its ethnic diversity and large migrant population, and highlights the need to ensure testing and treatment are accessible to ethnically diverse and migrant populations.

Reproductive health

Reproductive health is about ensuring people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so.¹³¹ Reproductive health services in Newham provide contraception, abortions and treatment for some gynaecological conditions.

Abortion rate is an important measure of reproductive health as it indicates access to and effective use of contraception in the population. In 2021, there were 2,025 abortions among Newham residents, which was a significantly higher rate than London and England and had been stable over previous years.¹³² This suggests a need to improve access to and uptake of contraception, which can reduce need for abortions.

Long-acting reversible contraception (LARC) is viewed as the gold standard in female contraceptives as they are highly effective and more reliable than short-acting contraception such as the pill. In 2022, there were 2,650 LARC prescriptions for Newham residents (excluding injections), which was a similar rate to London but significantly lower than England. The total rate of prescribed LARC had been relatively stable in Newham over recent years, excluding the impact of COVID-19 in 2020. Increasing LARC uptake is a local priority to provide more effective contraception and prevent unintended pregnancies.¹³³



131 European Institute for Gender Equality: [reproductive health](#)

132 OHID, based on Department of Health and Social Care and Office for National Statistics data (2023)

133 OHID: [sexual and reproductive health profiles](#)

Future direction

The relationship between the wider determinants of health, structural inequalities and sexual and reproductive health is complex, and improving outcomes requires a collaborative and multidisciplinary approach. We aim to strengthen collaboration across the sexual and reproductive health system, including specialist sexual health services, HIV services, abortions, gynaecology and maternity, through implementing the North East London Sexual and Reproductive Health Strategy (2024-2029).

We want sexual and reproductive health services to be easier and quicker to access, and more equitable. We will:

- Increase the number of young people accessing sexual health services in Newham to ensure young people get the information, care and treatment they need.
- Increase sexual health awareness amongst high-risk groups to promote good sexual health and reduce risks of infections and other issues.
- Increase C-Card Provision, a scheme aimed at young people between 13 and 22 years old who can register to get free condoms, femidoms, lube, other equipment, and confidential information and advice.
- Improve equity in uptake of long-acting reversible contraception to ensure all women have equal access to effective and reliable contraception.
- Reduce the number of teenage conceptions and teenage pregnancies that result in abortion to reduce the impacts that abortion can have on individuals and families.
- Offer easy-to-access and innovative STI testing and treatment to further increase testing rates, including increasing chlamydia screening and detection.
- Improve the partner notification process to reduce spread of infections.
- Further enhance community STI screening to detect infections quicker.

We will continue to work towards zero HIV and support residents to live well with HIV. To achieve this we will:

- Refresh local HIV services, increasing outreach and in-reach for migrant communities and improving equity in access to and outcomes from services, with a particular focus on Black African population groups.
- Improve HIV testing coverage, especially among groups where uptake is lowest, such as at-risk heterosexual populations.
- Address late diagnosis of HIV, as part of which we will work with the National Aids Trust to audit service provision in Newham to ensure it is doing as much as possible to reduce late diagnosis, especially in Black populations.
- Increase uptake of HIV PrEP in all eligible groups to reduce risks of HIV transmission.
- Continue to increase awareness of HIV and the services and support available.

Adult social care

Adult social care is a broad term that refers to support provided by a wide range of agencies and individuals to help people with care needs maintain their independence and wellbeing. It can also be an opportunity to improve people’s health and wellbeing, for example by supporting people to maximise their income, helping people quit smoking, and helping people stay socially connected.

People may need social care support for various reasons including mental health challenges or learning or physical disabilities. People with informal caring responsibilities can also benefit from social care support.

Support provided may include:

- Support to engage in social / community activities
- Information and advice

And if needed:

- Personal care
- Nursing homes
- Supported accommodation e.g. extra care housing
- Support to manage daily living tasks e.g. managing nutrition
- Occupational therapy, focused on maintaining and improving independence

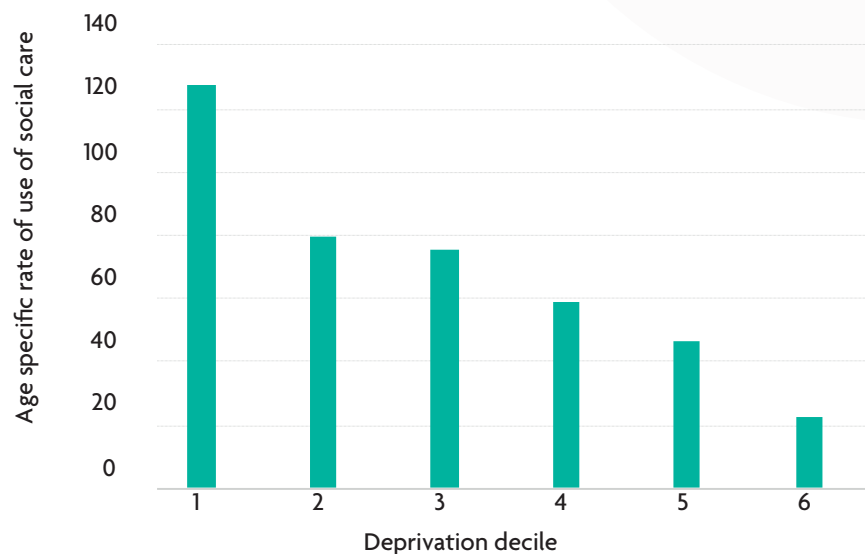
As of October 2023, around 5,271 residents were accessing adult social care services. Together these residents were accessing a total of 9,692 service packages, which shows that some people access more than one package at a time.¹³⁴

Most service-users were receiving services for a physical support need. The next most common needs related to learning disabilities and mental health. The most common types of services being used were direct payments (where the resident receives funding to use to meet their needs), personal care (such as washing and getting dressed) and support to access the community.

Newham residents who use social care services are diverse in their characteristics, including gender and ethnicity. In 2023 there were more women than men (55% women, 45% men) and, in terms of ethnicity, service-users were disproportionately more likely to be from a Caribbean, Other Black or White British ethnic group and less likely to be from Bangladeshi, Indian, Pakistani or African ethnic group compared to Newham’s general population.¹³⁵

There is a strong correlation between socio-economic deprivation and use of adult social care, where more deprived areas of Newham have higher rates of adult social care use than less deprived areas. In 2023, use of adult social care by people aged 65+ in the most deprived parts of Newham was six times that of the least deprived areas (Figure 139).

Figure 139: Adult social care use in Newham by deprivation (IMD) decile, 2023, age 65+, age-specific rate per 1,000



Source: AzeusCare, deprivation data from 2019 IMD by LSOA

¹³⁴ AzeusCare (2023)

¹³⁵ Ibid.

These patterns have important implications for prevention and equity in service provision. For example, targeting preventative interventions to more deprived areas can help reduce socio-economic inequalities in care needs, and ensuring services are culturally competent is key to ensuring access and outcomes from services are fair across all of Newham's diverse communities.

Residents' satisfaction with services is a key measure of the quality of services, and helps inform service provision, design and development. In 2022/23, 62% of people using adult social care services in Newham were satisfied with their care and support, which was better than the London average of 59.5%.¹³⁶ This suggests most residents have a positive experience of adult social care services, while there is also opportunity to further improve.

Newham's population is growing and ageing, which presents increasing demand for adult social care services. In response, the council has embarked on a journey of transformation to deliver high-quality, sustainable services that are person-centred and strengths-based, and which seek to prevent and delay care needs to support residents to stay healthy and independent for as long as possible. Understanding who is accessing social care services, their needs and wider factors that increase people's chance of using social care is key to achieving these ambitions. In addition, targeting preventative interventions to certain groups can help reduce inequalities in care needs.

[Newham's population](#) provides further information about the overall size and make-up of Newham's population, and [Creating an inclusive borough](#) gives more detail on Newham's 50+ population and healthy ageing.

Future direction

In prioritising prevention in adult social care, we will seek to improve the health and wellbeing of people with care needs, promote independence, and prevent, reduce and delay people's care needs at every interaction. For example, the council will be redesigning the adult social care 'front door', which is where residents first access and interact with social care services. Embedding prevention at the front door will mean a range of approaches, tailored to each resident's needs, strengths and goals. This might be ensuring someone is receiving the benefits to which they are entitled, connecting someone with a local community group in their area or helping someone to access falls prevention services. Social care also plays a key preventative role in protecting residents' health in hot and cold weather, since people aged 65+ and people with long-term health conditions are some of the most vulnerable to hot and cold temperatures. [Making Newham a place for people and planet](#) gives more detail on climate-related health risks and our approach to mitigating them.

On strengths-based working, our ambition is to continue to embed a strengths-based approach across adult social care to improve outcomes and residents' experiences and deliver services more effectively and efficiently. This means working with residents in a way that recognises they are experts in their own lives, they will have hopes and aspirations and they will have a range of strengths and assets, including their personal strengths and social networks such as carers, families and friends. For example, the council plans to embed a strengths-based approach in reablement services, which help people relearn how to do daily activities like cooking and washing after a period of illness. For example, this might mean focusing on activities that matter most to the individual, supporting them to re-engage with their social network or enabling them to independently access local facilities and activities.

Equity is central to all our ambitions, which means we will continue working towards ensuring access to and outcomes from social care services are fair across Newham's diverse population.

Addressing smoking and substance misuse



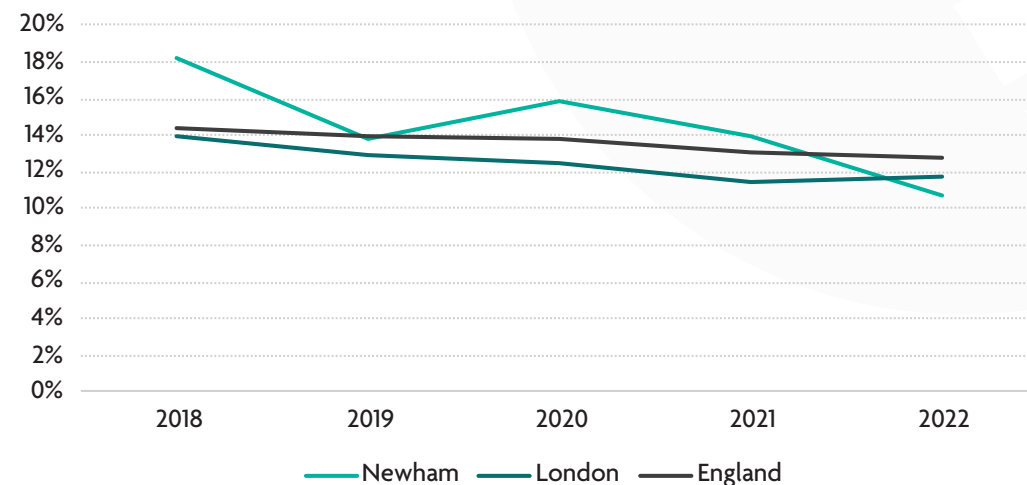
Key points

- Smoking is the largest cause of preventable illness and early death in England. In 2022, an estimated 11% of Newham adults smoked, which was similar to London and England. Smoking appears to be falling faster in Newham than in London and England.
- In 2022, 82 Newham residents died of alcohol-related causes, which was a similar rate to London and England, and similar to previous years. The same year, there were 1,500 hospital admissions for alcohol-specific conditions in Newham, which was a better rate than London and England.
- In 2022, completion of opiate and non-opiate drug treatment was lower in Newham than in London and England. Completion of treatment fell between 2018 and 2022, falling faster than London and England.

Smoking

Smoking is the largest cause of preventable illness and early death in England, with around 64,000 smoking-related deaths in England annually.¹³⁷ Estimated smoking rates among adults in Newham have dropped from 18% in 2018 to 11% in 2022, falling more quickly than London and England (Figure 140). In 2022, Newham's smoking prevalence in adults was similar to that of London and England (Figure 141).

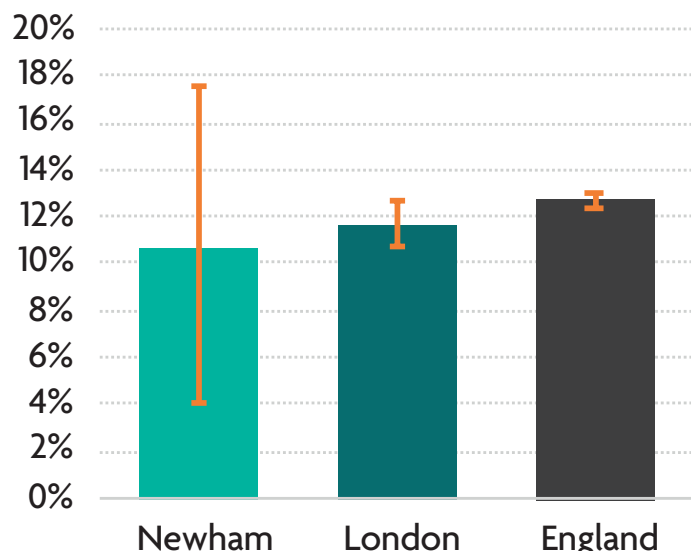
Figure 140: Smoking, adults aged 18+, 2018-22, proportion (%)



Source: Annual Population Survey (APS)

137 Office for National Statistics (2023) [Adult smoking habits in the UK: 2022](#)

Figure 141: Smoking, adults aged 18+, 2022, proportion (%)

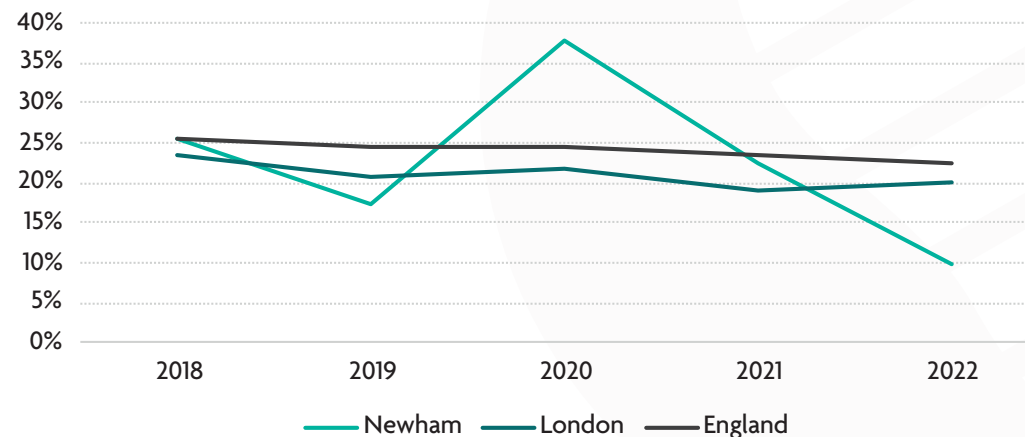


Source: Annual Population Survey (APS)

Some population groups are priority cohorts for stop-smoking interventions and services due to greater impacts of smoking (such as in pregnancy) or higher prevalence than the general population. Smoking during pregnancy is an important public health issue as it can have long-term health consequences for the child as well as the mother. In 2022, estimated smoking prevalence during pregnancy was 5% in Newham, which was similar to London (5%) and better than England (9%). It has remained at a similar level in Newham over recent years.¹³⁸

Smoking prevalence among adults in routine and manual occupations is typically higher than other groups, making this group a priority. In Newham, estimated smoking prevalence in adults in routine and manual occupations has significantly improved in recent years – from an estimated 38% in 2020 to 10% in 2022 (Figure 142). This was similar to London and England trends, and may reflect the overall decline in smoking across the whole population.

Figure 142: Smoking in routine and manual occupations, 2018-22, proportion (%)



Source: Annual Population Survey (APS)

People experiencing substance misuse are also a priority due to having high smoking rates. In 2019/20, an estimated 78% of Newham residents experiencing substance misuse smoked, which was a higher (worse) rate than neighbouring boroughs.¹³⁹

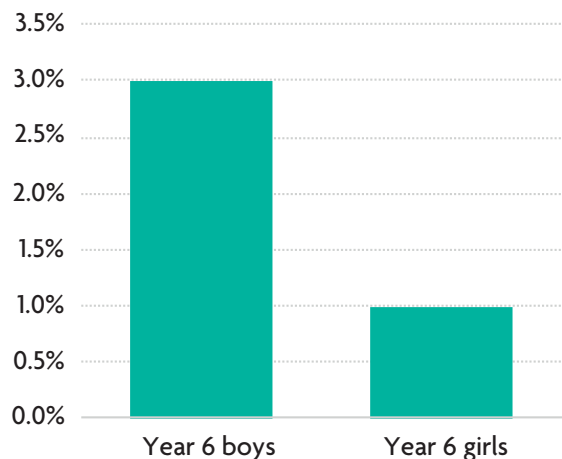
Given the long-term harms of tobacco use in childhood, children and young people are a further priority group. Smoking during childhood is not only harmful at the time, but starting smoking earlier is linked to higher levels of smoking and dependence later in life, a lower chance of quitting, and higher mortality.¹⁴⁰ In 2022, 2% of year six pupils in Newham said they had smoked in the past or smoked at the time. More boys than girls said they smoked (Figure 143). In the same year, 4% of year six pupils (6% of boys and 2% of girls) said they had at least tried e-cigarettes (vaping) and 1% said they had smoked shisha.

138 Office for Health Improvement and Disparities (2023) [Fingertips – Public Health Data](#)

139 Office for Health Improvement and Disparities (2020) [Fingertips – Public Health Data](#)

140 Peto R et al. (2012) Mortality from smoking in developed countries 1950-2010

Figure 143: Smoking, Year 6 children in Newham by sex, 2022, proportion (%) who have smoked in the past or now



Source: Newham Children and Young People’s Health and Wellbeing Survey 2022 (Primary school pupils) – Schools Health Education Unit (SHEU)

Many residents feel there is a need to reduce smoking across the borough. Residents have expressed particular concerns about children smoking and about the health impacts of smoking, and they are keen to see more support to help people quit.



I am concerned about cancer when it comes to smoking – it would be good to have a drop-in session. Children are also smoking. You should give examples to help people quit smoking.

Resident, East Ham Library – Coffee with Friends (2023)

There should be less smoking because it is not good for our breathing.

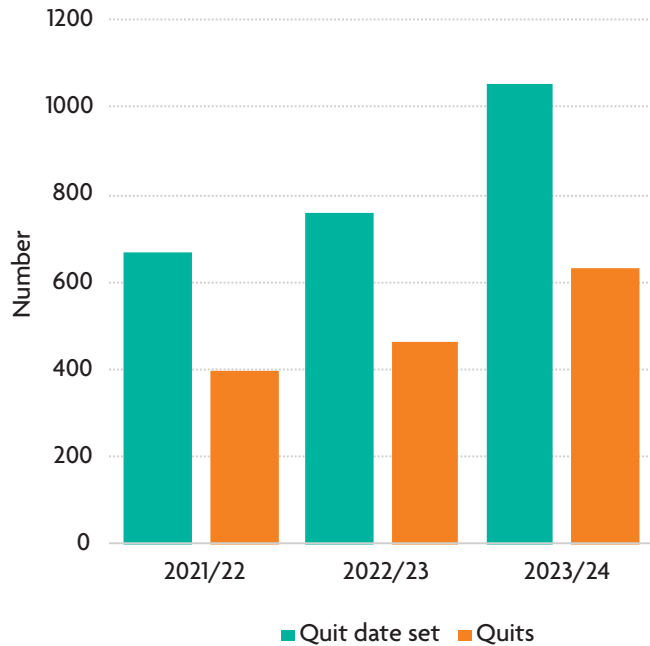
Year 5 pupil, Manor Park (2023)

The decline in smoking in Newham partly demonstrates the impact of local work to reduce smoking and prevent people taking it up. Newham SmokeFree Alliance, which includes the council, stop smoking services, NHS services, schools, pharmacies and voluntary, community and faith organisations, facilitates a whole-system approach to smoking. As part of this, Newham’s specialist stop smoking service, Quit Well Newham, launched in January 2021. The service provides free support and advice to quit smoking, including nicotine replacement therapy and regulated refillable vapes. In the three years between 2021/22 and 2023/24, around 2,500 people set a quit date with Quit Well Newham and 1,500 (60%) of these sustained their quit for at least four weeks after the programme.^{141,142} The number of people setting quit dates grew year-on-year, demonstrating achievements in reaching residents and improving access to the service (Figure 144).

141 PharmOutcomes (2023) Standard Report for Stop Smoking – Registration and First Appointment [Unpublished]

142 PharmOutcomes (2023) Standard Report for Stop Smoking – Smoking Cessation Quit Status Evaluation Weeks 4 and 12 [Unpublished]

Figure 144: Number of quit dates set and 4-week quits, Newham, 2021/22-2023/24, number of people



Source: Primary: MDS from the Stop Smoking service and Pharmacy (Pharm-Outcomes)

In addition to Quit Well Newham, 46 community pharmacies across Newham offer stop smoking support for residents, giving residents more choice in where and how they get stop smoking support.

In addition to tobacco, vaping among young people is a key concern for the Newham SmokeFree Alliance as there is evidence that young people are increasingly using vapes, which may be linked to numerous harms. For example:

- Health experts strongly discourage vaping among children and young people under 18 due to the risks of addiction, links to use of other harmful substances, and the unknown effects of vaping on long-term physical and mental health. However, Newham’s Trading Standards team have identified multiple examples of underage sale of vapes to young people locally.
- Evidence suggests an increasing number of young people are trying vapes. While most young people are experimenting, a growing number of young people presenting at Newham’s substance misuse services report regular vaping and adding other substances to their vapes.
- Locally, young people and stakeholders including Community Safety, Newham Intelligence Partnership Board and schools have expressed concerns that there is a link between vaping, mental health problems and exploitation in Newham.

Newham SmokeFree Alliance is working with young people to address these issues.

As part of Newham’s prevention efforts, Newham Council Trading Standards are addressing illegal tobacco sales and non-compliant vape products. Investigations by Trading Standards have identified underage sale of non-compliant vapes to young people, and the team’s inspections have shown that substantial amounts of illicit tobacco products are available in Newham. Between April and November 2023, Trading Standards seized over £135,000 worth of illicit tobacco products, including 1,258 vapes, 78,770 cigarettes and 9kg of shisha tobacco. Every £1 invested in this enforcement action has resulted in £12.70 of illicit tobacco products being removed in Newham.¹⁴³



Shahjahan was referred to Quit Well Newham by staff at Newham Hospital due to concerns about his health. The hospital encouraged him to take the first step to quit smoking. Prior to joining Quit Well Newham, Shahjahan was smoking six cigarettes a day. Since receiving support from Quit Well Newham, he has been successful with his quit attempt. His main reason to quit was to improve his health.

“My clothes no longer smell of cigarettes. I can taste food better and I noticed after stopping smoking my smell and taste improved. Quit Well Newham is an excellent service, easy to access and receiving free stop smoking medications was useful. The advisors are approachable and really supported me on my journey to quit.”

Newham’s Tobacco Control Plan (2024-2027) gives more detail about smoking in Newham, priority groups and work done in recent years to address smoking.

Future direction

The fall in smoking in Newham is an extremely positive public health outcome; it will reduce numerous preventable deaths and diseases. In line with the national Smokefree vision, Newham’s ambition is to become smokefree by 2030, which means reducing smoking prevalence in Newham to 5% or less. If Newham’s downward trend continues, the borough may reach its target more quickly than London and England. To achieve this, alongside national regulations and policies, we will continue to expand and develop new local approaches to prevent smoking and help people quit, based on evidence of what works and our local intelligence and experiences. For example, this will include:

- Creating smokefree locations that limit where people can smoke and offer specialist stop smoking support. If successful, we will look to increase the number of smokefree sites across Newham.
- Continuing work with young people on smoking and vaping, and developing activities and interventions to prevent young people taking up smoking or vaping, and helping those who need it quit.
- Delivering Newham’s Responsible Retailer Scheme to tackle retailers selling illicit tobacco products.

Certain population groups have higher levels of smoking, such as residents of White Other ethnicities, people with experiencing substance misuse, and people living in more deprived areas. Other groups are a priority for prevention and smoking cessation due to the consequences of smoking, such as pregnant women and residents with underlying health conditions. To address inequalities linked to smoking, we will build on our work to date to target prevention and stop smoking activities to priority groups.

Alcohol and drug misuse

Alcohol and drug misuse can cause serious and long-term health damage. For example, drinking too much alcohol can cause cardiovascular disease, liver disease, cancer, depression, anxiety and memory problems, among other things. Misusing other drugs, such as opiates and cocaine, can lead to a range of physical and mental health illnesses, overdose and death. Alcohol and drug misuse also create wider social impacts on individuals, families and communities; for example, it can lead to emotional or financial problems, family instability or high-risk behaviours, and it can put stress on relationships with family or friends.

In addition to the information below, [Newham's Substance Misuse Needs Assessment](#) provides a more detailed description and analysis of drug and alcohol-related needs in the borough.¹⁴⁴

Alcohol

In 2022, 82 Newham residents died of alcohol-related causes, which was a similar rate to London and England, and similar to previous years. The same year, there were 1,504 hospital admissions for alcohol-specific conditions in Newham, which represented a lower (better) rate than London and England.¹⁴⁵

Nationally there is evidence that alcohol consumption increased during COVID-19 lockdowns and has persisted since. Local data from NHS Health Checks suggests there may be increasingly risky levels of alcohol consumption in Newham residents, which may lead to increases in alcohol-related illness and deaths in future years.

Drugs

In England in 2022/23, an estimated 9.5% of people aged 16 to 59 years (approximately 3.1 million people in England) reported using a drug in the last 12 months, with around two thirds of these using cannabis and one third using a Class A drug.¹⁴⁶ In the same period, an estimated 2.3% of people aged 16 to 59 were frequent drug users (4.7% of people aged 16 to 24), which were similar levels to 2019/20. A frequent user is defined as having taken any drug more than once a month in the last year.¹⁴⁷

Newham's substance misuse services offer a wide range of free, confidential treatment and recovery support to Newham residents affected by drug and/or alcohol use and others who are impacted. There are services for opiates, such as heroin, codeine, and morphine, and non-opiates, such as cannabis, cocaine and ecstasy/MDMA. In 2022, completion of opiate and non-opiate drug treatment was lower (worse) in Newham than in London and England (Figure 145 and Figure 146). In addition, between 2018 and 2022 completion rates in Newham fell faster than in London and England (Figure 147 and Figure 148).

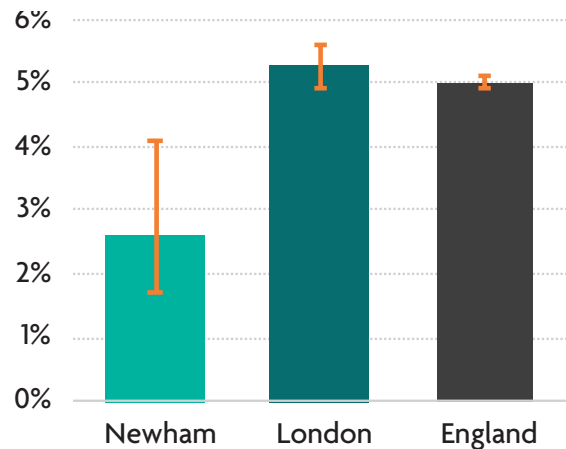
¹⁴⁴ Newham Council (2022) [Substance misuse needs assessment](#)

¹⁴⁵ OHID: [Alcohol profiles](#)

¹⁴⁶ Office for National Statistics (2023) [Drug misuse in England and Wales: year ending March 2023](#)

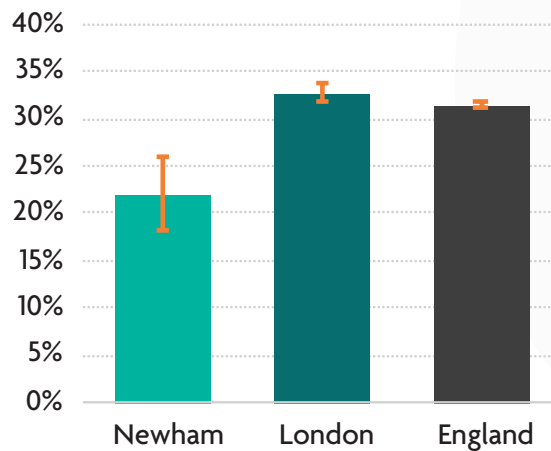
¹⁴⁷ Ibid

Figure 145: Successful completion of drug treatment, opiate users, 2022, proportion (%)



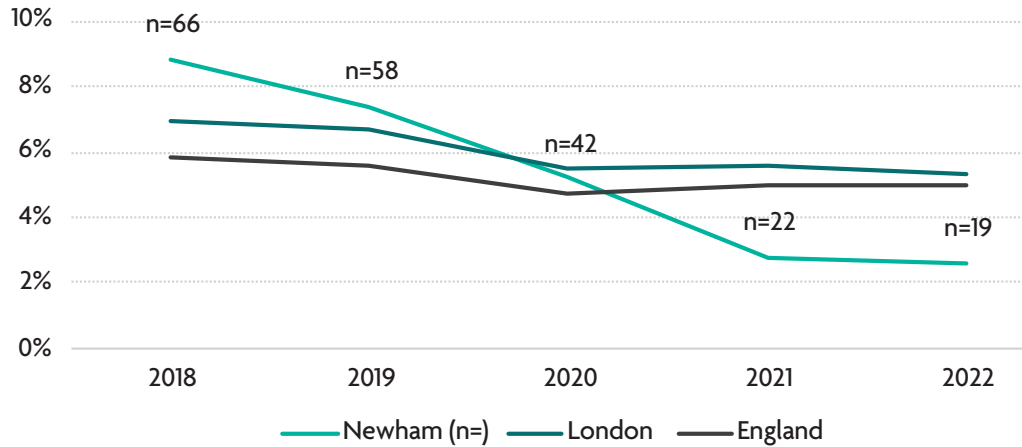
Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from the National Drug Treatment Monitoring System

Figure 146: Successful completion of drug treatment, non-opiate users, 2022, proportion (%)



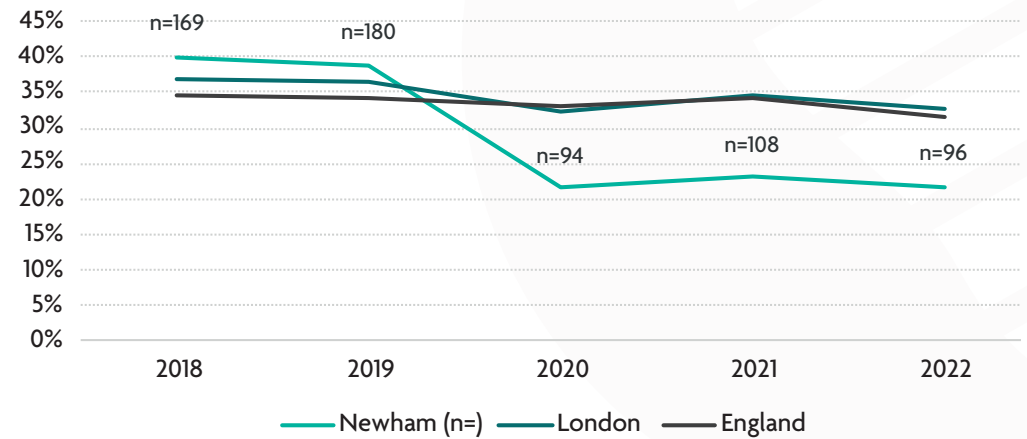
Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from the National Drug Treatment Monitoring System

Figure 147: Successful completion of drug treatment, opiate users, 2018-22, proportion (%)



Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from the National Drug Treatment Monitoring System

Figure 148: Successful completion of drug treatment, non-opiate users, 2018-22, proportion (%)



Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from the National Drug Treatment Monitoring System

To address this, Newham drug and alcohol services are focusing on improving access and completion rates as key priorities. Services also focus on increasing equity, such as improving the offer to women, Black, Asian, and LGBTQ+ residents to address inequalities in service uptake in these groups. The service has established effective working partnerships and pathways into care with NHS partners, including ELFT and Newham Hospital, and it is increasing its offer of services delivered in community locations – taking services to residents rather than expecting them to come to one of the service hubs. Local data shows there has been substantial improvement in completion rates since 2022, demonstrating positive outcomes of work to improve the offer.

Inequalities

Alcohol and drug misuse, and their consequences, are not equal across the population. The relationship with income and socio-economic status is complex. For example, in England people with lower socio-economic status are more likely to either abstain from alcohol or have problematic drinking patterns and dependence, while people with higher socio-economic status are more likely to drink more frequently but in smaller amounts. Hospital admissions for alcohol-related conditions are higher in more deprived places compared to more affluent places across England, suggesting that people in more deprived areas are disproportionately more likely to experience alcohol-related harms than others.

Compared to alcohol use, there is a much clearer correlation in England between problematic drug use (use of opiates or crack cocaine) and deprivation and social exclusion, where drug misuse is higher in more deprived places and among excluded groups. This contributes to health inequalities directly – such as illness caused by drug use – and indirectly, such as through harming people's employment prospects and damaging community cohesion.¹⁴⁸

Future direction

From Harm to Hope is the 10-year drugs plan for England.¹⁴⁹ It sets out the national ambition to cut crime and save lives through delivering a world-class treatment and recovery system, breaking drug supply chains and achieving a generational shift in demand for drugs.

In Newham, we will continue our partnership work between the council, NHS, criminal justice system and communities to take preventative action and deliver effective and equitable services.

Local drug and alcohol services will continue work to improve uptake and outcomes to ensure they meet the needs of all residents who need them, with a specific focus on increasing uptake among women, Black and Asian and LGBTQ+ residents. Recognising that making services accessible and easy to get to is a key factor in service uptake, we plan to expand satellite services, so residents can access services closer to home, and develop new ways of increasing their accessibility based on evidence, best practice and resident feedback.

Based on evidence of the impacts on alcohol and drug misuse on employment, a key priority is to improve the prospects of residents affected through support into volunteering and paid employment.

Evidence suggests some of the most harmful drinking comes from low-cost, high-strength drinks, which are associated with high alcohol consumption and alcohol-related harm.¹⁵⁰ Newham's licensing and regulatory services will continue to play a key role in preventing these drinks reaching those who are most at risk.

¹⁴⁸ Bambra et al (2009) Strategic review of health inequalities in England post-2010 (Marmot Review)

¹⁴⁹ HM Government (2021) [From harm to hope: a 10-year drugs plan to cut crime and save lives](#)

¹⁵⁰ Scottish Government. [Alcohol and drugs.](#)

Creating an inclusive borough



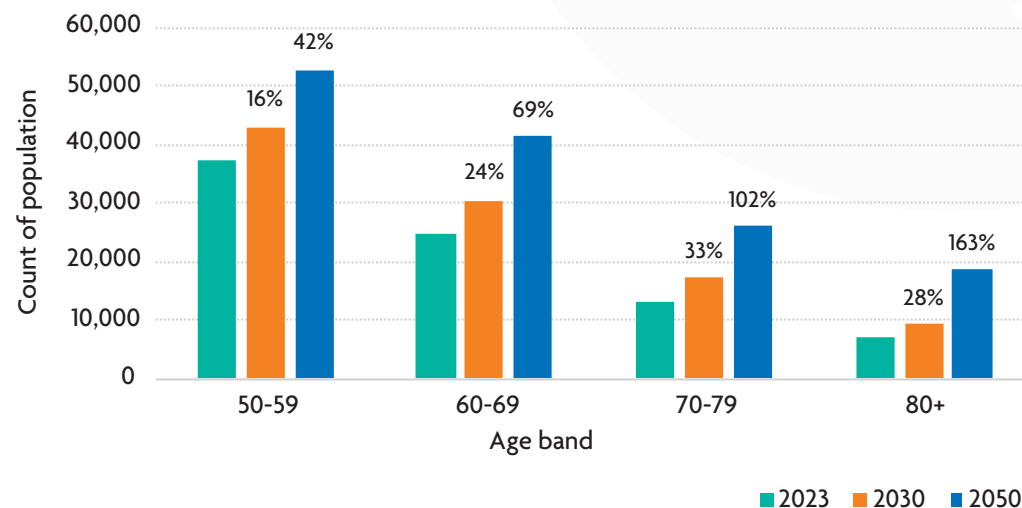
Key points

- In 2023, around 22% of Newham residents were aged 50+. The 50+ population is growing faster than other age groups – expected to increase by 25% by 2030 – which means Newham’s population is ageing.
- In 2024, over 70% of residents aged 50+ had one or more long-term health conditions, and this proportion increased with age. Over 40% of those aged 65+ had frailty.
- In 2021, an estimated one in three residents said that Newham is an ‘excellent’ or ‘good’ place to grow older. This suggests Newham has strengths and assets that help some residents age well, while things can be improved so all residents have the opportunity to be healthy and independent into later life.
- In 2021, an estimated 17.5% of Newham residents were disabled, which was higher than London and similar to England. This was disproportionately high given Newham has a young population.
- In England, an estimated 2.5% of children and young people and 2.2% of adults have a learning disability. If these levels are the same in Newham, it suggests around 2,300 children and young people and 8,000 adults had a learning disability in 2024. Only 0.4% of residents were recorded as having a learning disability by their GP, which might mean some people with a learning disability are not getting the support they need.
- In 2023, around 2% of 0-19 year-olds in Newham were known to be autistic, which was roughly in line with national estimates. Newham had the second highest rate of autistic children known to schools in North East London.
- 0.3% of residents aged 20+ had diagnosed autism, suggesting there is substantial under-diagnosis among adults, which is a pattern seen across the country.
- ‘Inclusion health’ relates to population groups that are socially excluded, for example, people experiencing homelessness, vulnerable migrants and Gypsy, Roma and Traveller communities. These groups typically experience poor health outcomes. In the UK, women in inclusion health groups have an estimated mortality rate almost 12 times that of the general population, and men are estimated to have almost eight times the rate. This is why inclusion health is a public health priority in Newham.

Ageing Well

In 2023/24 around 80,000 Newham residents were aged 50+, representing around 22% of the population. This meant Newham had a younger population than London (28% 50+) and England (38% 50+). Newham’s 50+ population is expected to grow by 25% by 2030, and by 75% by 2050 (Figure 149), with Newham predicted to have the largest number of residents aged 50+ of all the North East London boroughs by 2050. Newham’s 50+ population is growing faster than other age groups, which means Newham’s population is ageing.

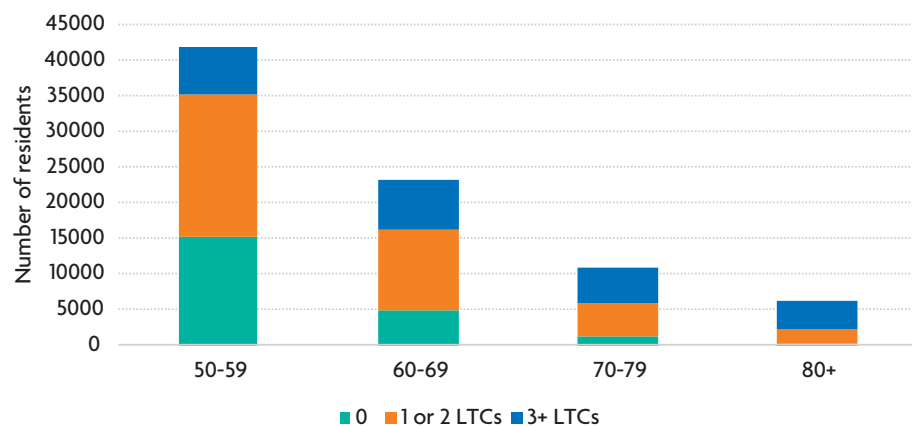
Figure 149: Projected Newham population by age band, 2023-2050, number of people and percentage increase from 2023



Source: GLA Housing led population projections

In 2018-20, healthy life expectancy for men in Newham was 59.5 years and for women was 64.6 years. Given current life expectancy, this suggests men can expect to live on average 19 years with ill health and disability, and women 18 years.¹⁵¹ In 2022/23, over seven in 10 residents aged 50+ had one or more long-term health conditions, and this proportion increased with age (Figure 150). This has important implications for residents' wellbeing and demand for health and care services. As residents grow older, they are more likely to experience ill health and disability, and might need new or different types of environments, services and support to live well and stay independent.

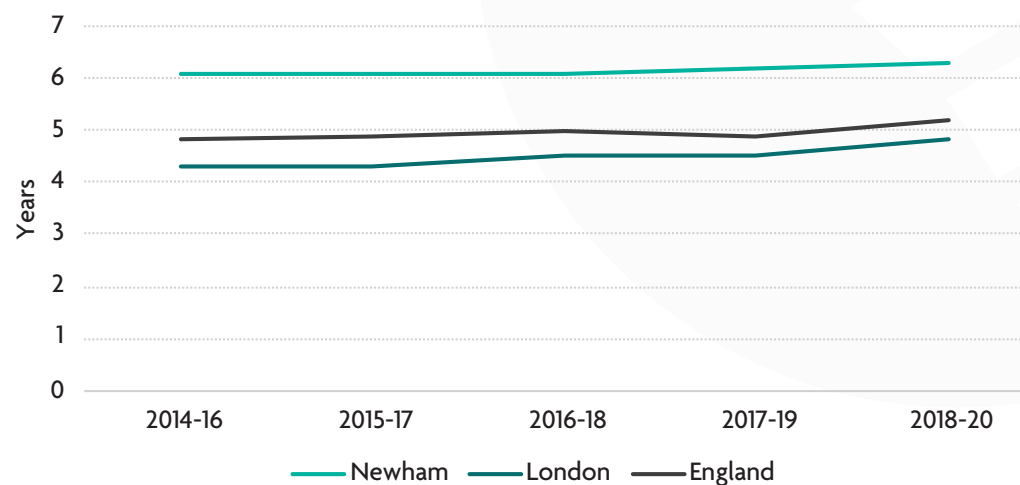
Figure 150: Long-term conditions in Newham by age band, 2022/23, number of people



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

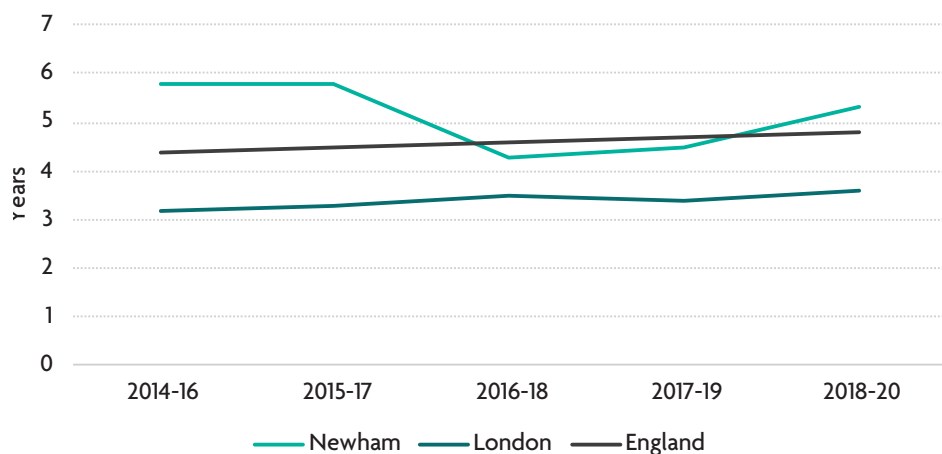
There are inequalities in health outcomes in Newham's older population. In 2018-20, men living in the most deprived parts of Newham had 6.3 years lower life expectancy at age 65 compared to men living in the least deprived areas (Figure 151). For women, the difference was 5.3 years (Figure 152).

Figure 151: Gap in life expectancy at 65 years (male), 2014-16 - 2018-20, number of years



Source: ONS, IMD via Fingertips, OHID

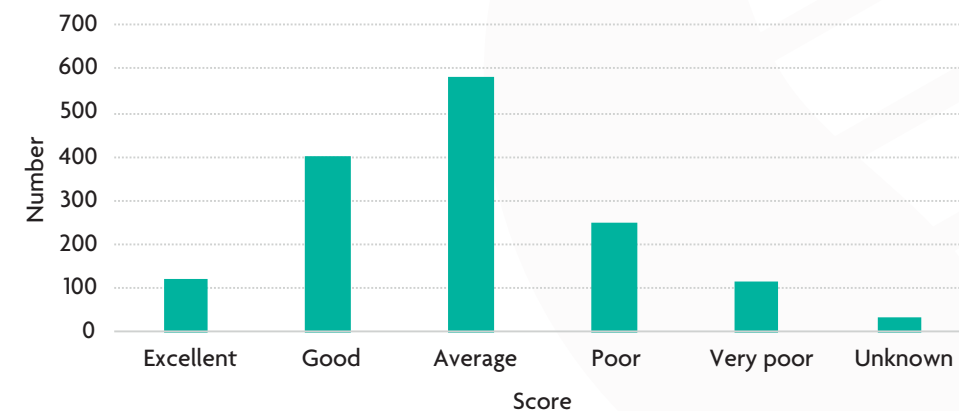
Figure 152: Gap in life expectancy at 65 years (female), 2014-16 - 2018-20, number of years



Source: ONS, IMD via Fingertips, OHID

In 2021, an estimated one in three residents said that Newham is an ‘excellent’ or ‘good’ place to grow older. This suggests Newham has strengths and assets that help some residents flourish and age well. However, many residents rated Newham as ‘average’, ‘poor’ or ‘very poor’. This demonstrates things can be improved so all residents have the opportunity to be healthy and independent into later life.

Figure 153: How residents rate Newham as a place to grow older, 2021, number of people



Source: Newham Ageing Well Survey, 2021

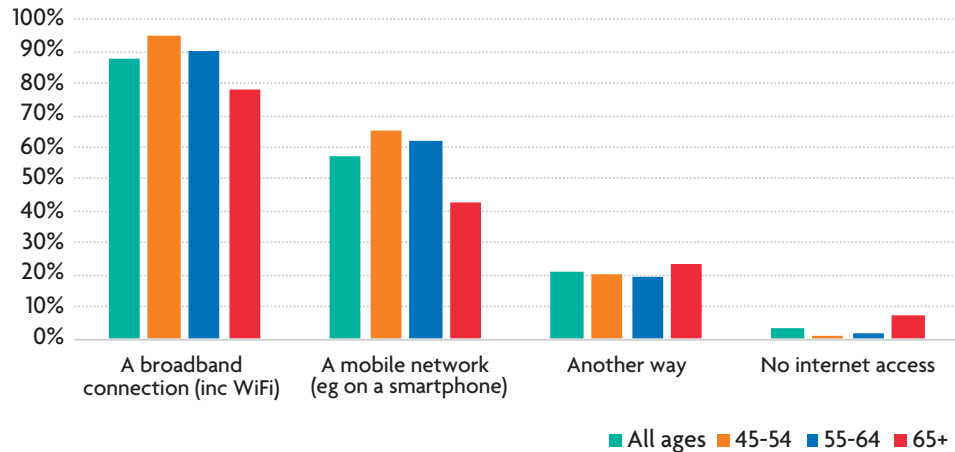
To make Newham a place where everyone can age well, and to ensure Newham provides the right, high quality services to meet the current and future needs of its older population, the council and NHS launched Newham’s Ageing Well Strategy in 2022. The strategy aims to improve health and reduce health inequalities among residents aged 50+ through action in five areas:

- Information and communication
- Home
- Finance, employment, volunteering and retirement
- Community, connection and neighbourhood
- Planning and preparing for later life.

Information and communication

Ensuring residents can access accessible, joined-up information and advice, and easily communicate with council, NHS and other services, is a key priority. Digital inclusion is an important part of this as more information and services move online. While over 90% of Newham residents have access to the internet, some residents have no internet access, particularly among people aged 65+ (Figure 154).

Figure 154: How Newham residents access the internet by age band, 2023, proportion (%)



Source: Newham Resident Survey 2023

Residents have said that digital exclusion is a barrier to independence and engagement for many; for some this has worsened as more services have moved online. This indicates there is a need for information and communication to be available in a range of formats and that some residents may benefit from digital support.



Although some services are available, the shift to accessing everything online excludes many people or takes away independence.

Resident, Ageing Well Survey (2021)

Loads of older people don't have a smartphone.

Resident, Senior LGBTQ+ Group (2023)

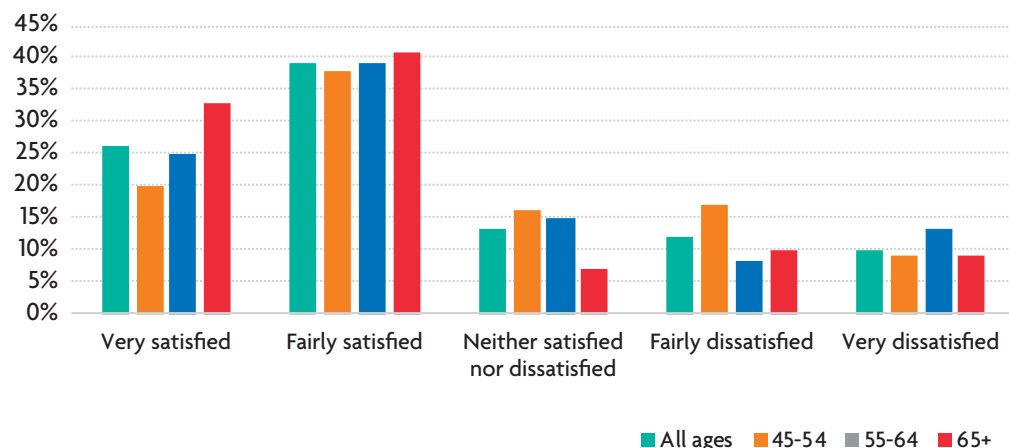
We have to book health appointments online... and this is difficult for older people who did not grow up using computers and technology.

Resident, Ageing Well Survey (2021)

Home

The availability, quality and affordability of housing in Newham plays an important role in residents’ health and wellbeing. It is important that homes in Newham are suitable and promote independence as people grow older – especially as their needs change. In 2023, while most residents aged 50+ were satisfied with the quality of their home, a notable proportion were dissatisfied, suggesting some homes are not meeting residents’ needs (Figure 155).

Figure 155: How Newham residents feel about the overall quality of their home by age band, 2023, proportion (%)



Source: Newham Resident Survey 2023

Residents have highlighted that age-conscious planning and design of homes is a priority to ensure people can stay healthy, socially connected and independent as they age.



[I’d like] a housing policy which provides opportunities and encouragement for older people to live together independently, for example promoting community housing projects.

Resident, Ageing Well Survey (2021)

My home isn’t suitable for my physical needs. There isn’t enough room for my mobility equipment and this isn’t taken into account for housing – ideally I’d have an additional bedroom for mobility and physiotherapy equipment.

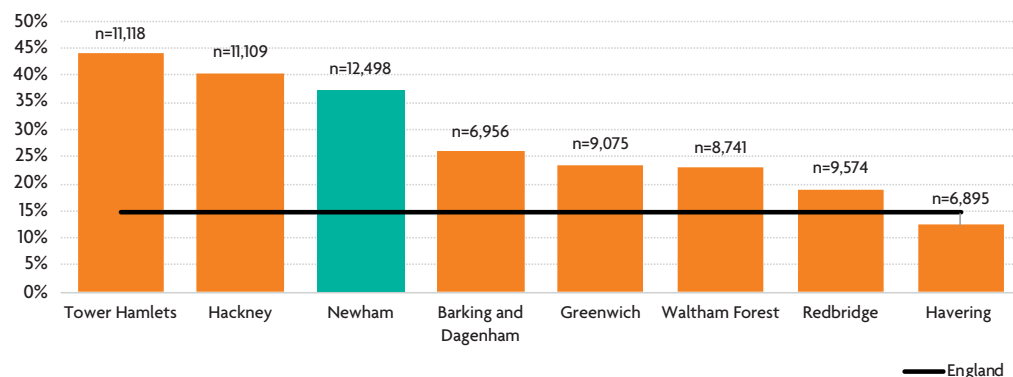
Resident, Ageing Well Survey (2021)

Among numerous Ageing Well Strategy actions to improve homes for healthy ageing, Newham’s draft Local Plan includes updated policies on supported and specialist housing and housing for older residents. When the Plan is implemented, this will ensure housing in Newham is planned in a way that better meets the needs of Newham’s growing older population.

Finance, employment, volunteering and retirement

Supporting residents to be financially secure and to receive all the financial benefits to which they are entitled is another priority. In 2019, an estimated 37% of Newham’s 60+ population were living in poverty, equating to around 12,500 people. This was the third highest (worst) of all London boroughs (Figure 156).

Figure 156: Older people living in income-deprived households, 2019, proportion (%) of 60+ population



Source: The English Indices of Deprivation 2019

Residents have highlighted poverty and inequality as critical issues for healthy ageing, and suggested practical approaches to increasing access to financial support.



I feel older people are being left behind, meaning there are significant issues around poverty and inequality affecting older people’s health and wellbeing’.

Resident, Ageing Well Survey (2021)

Drop-in clinics offering advice on financial matters. Providing services at a range of times so that they cater both for those who are still working and for those who are retired.

Resident, Ageing Well Survey (2021)

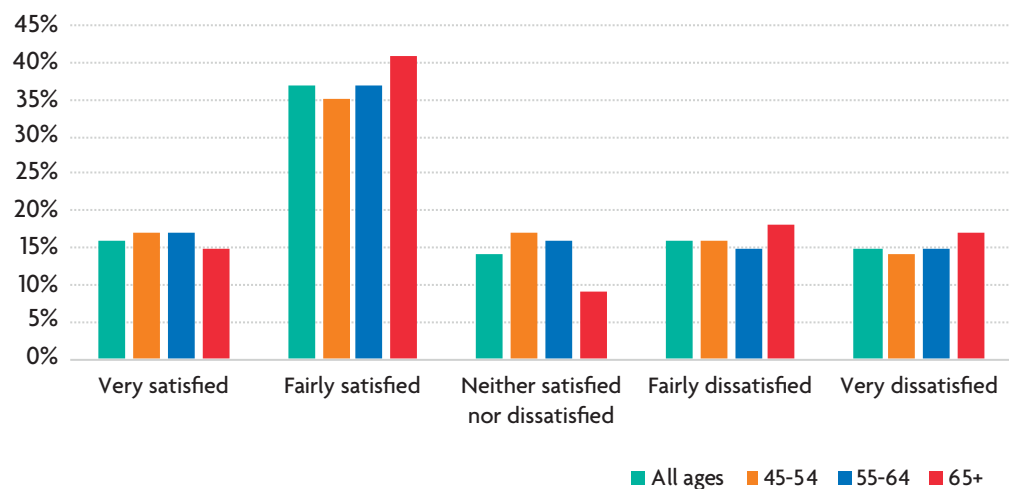
In the first year of implementing the Ageing Well Strategy, Newham Council’s Our Newham Money service supported 2,631 residents aged 50+, an increase of 27% on the previous year. This secured £2,211,549 of income maximisation and led to £324,692 of Hardship Support being awarded.

The strategy also seeks to promote age-friendly employment. Leading by example, Newham Council became an Age-Friendly Employer in 2023, joining a nationwide programme for employers who recognise the importance of older workers and are taking action to help them flourish in a multigenerational workforce. Since then, the council has engaged with employees aged 50+ to better understand the issues that affect them and how they can be better supported at work in a wide range of issues, ranging from pension advice to mental health.

Community, connection and neighbourhood

The area and communities that people live in have a significant impact on their health. As people grow older, it can become more difficult to travel, to access services and activities, and to connect with others. In 2023, while most residents were satisfied with their local area as a place to live, a substantial proportion were dissatisfied, suggesting there is a need to improve some areas and make them more inclusive of older people (Figure 157).

Figure 157: How Newham residents feel about their local area as a place to live, by age band, 2023, proportion (%)



Source: Newham Resident Survey 2023

Residents have said they would like easier access to a wider range of activities to stay healthy, keep socially connected, and take part in interests or hobbies. Activities need to be easy to find out about, welcoming, inclusive and accessible to ensure all residents have the opportunity to get involved.



Encourage and facilitate more opportunities to meet people socially. Many older people find it harder to make new friends; where should we go? A space where we can just drop in and meet people socially would be welcome.

Resident, Ageing Well Survey (2021)

[I'd like] a council website dedicated to residents' wellbeing and activities, where you can register your individual interests, read about activities and get contacted with information specific to your needs advising what's on, when, and how to participate.

Resident, Ageing Well Survey (2021)

The Ageing Well Strategy seeks to create an age-friendly environment where residents can easily access their community and the things they need. As part of this, Well Newham helps residents find out about and access services and activities to promote good health and connection. Between April 2023 and February 2024, 8,320 residents aged 50+ used the Well Newham Directory of Services to access local services and activities.

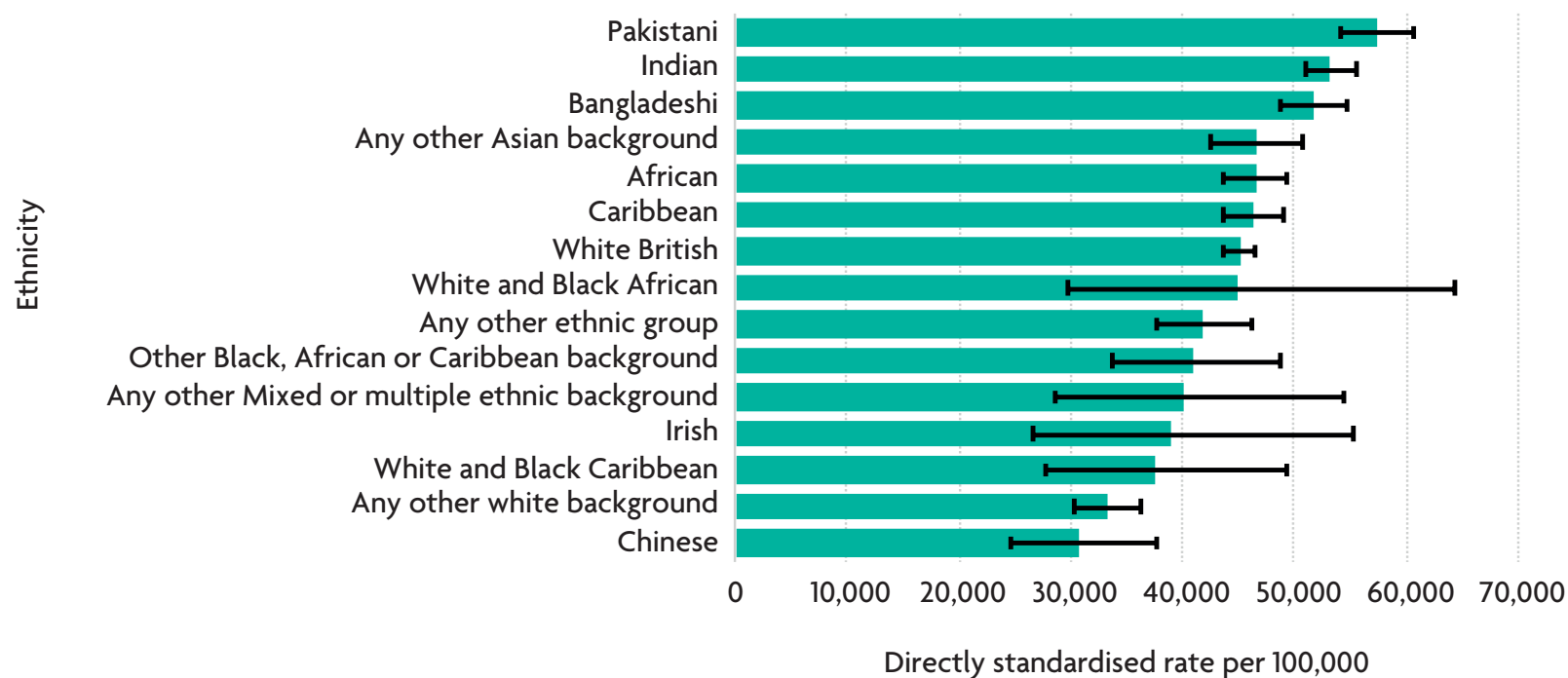
Planning and preparing for later life

This theme aims to improve availability, access and quality of health and care services, which are vitally important to many residents who develop health or care needs as they age.

Frailty

Frailty is linked to getting older, and is when people lose their in-built reserves, becoming more susceptible to becoming unwell, having falls, being admitted to hospital, and other adverse outcomes. In 2024, around 13,400 Newham residents aged 65+ had diagnosed frailty, representing about 44% of Newham’s NHS-registered population aged 65+. Of these, around half had mild frailty, 30% moderate and 20% severe. Frailty was relatively common in all ethnic groups, but Newham’s Pakistani, Indian and Bangladeshi populations experienced the highest prevalence rates, mirroring patterns across London and England (Figure 158).^{152, 153}

Figure 158: Frailty prevalence in Newham by ethnic group, 65+, 2024, age-standardised prevalence rates per 100,000



Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

Falls

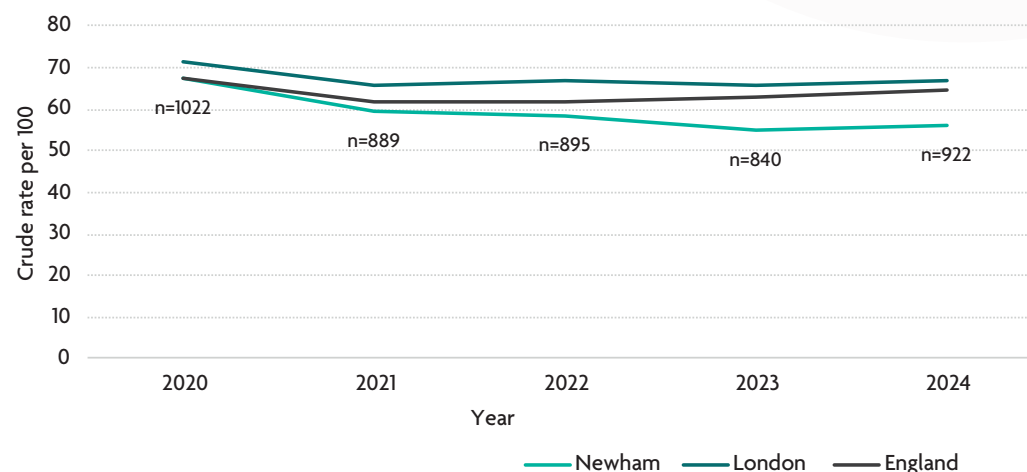
Falls are another ageing well priority. Nationally, around 30% of people aged 65 and over will fall at least once a year. For those aged 80 and over it is 50%. A fall can lead to pain, distress, loss of confidence and lost independence. In around 5% of cases a fall leads to fracture and hospitalisation.¹⁵⁴ Short- and long-term outlooks for patients are generally poor following a hip fracture, with an increased one-year mortality of between 18% and 33% and negative effects on daily living activities such as shopping and walking. Around 20% of hip fracture patients enter long-term care in the first year after the fracture.¹⁵⁵

In Newham in 2022/23, there were 330 emergency hospital admissions due to falls among people aged 65+, and 90 hip fractures among people aged 65+. In addition, East London NHS Foundation Trust (ELFT) sees between 50 and 110 Newham residents with ‘non-serious’ falls a month (‘serious’ falls are those that require immediate hospital assessment),¹⁵⁶ and around 44% of people assessed by Newham’s adult social care service are considered to be at risk of falls.¹⁵⁷ Together this suggests substantial numbers of residents are at risk of falls, with implications for health and wellbeing and demand on health and care services. However, falls are not an inevitable aspect of older age. Evidence-based falls prevention interventions and services are cost-effective and can deliver a return on investment, which is why we plan to increase falls prevention in Newham.

Dementia

Dementia is a further priority due to its impact on health, wellbeing and demand on health and care services, and its predicted rise in coming years as Newham’s population ages. Early diagnosis is crucial as treatments are available to slow the progression of the condition and it enables individuals and families to get the support they need. In 2023, around 1000 residents (NHS-registered) had a recorded diagnosis of dementia, equating to around 0.2% of Newham’s total NHS-registered population (all-age). However, this is likely to be an under-estimate due to under-diagnosis and possibly other data collection issues. In 2024, it was estimated that approximately only half of Newham residents aged 65+ with dementia were being diagnosed. This diagnosis rate was lower (worse) than London and England, indicating there is significant opportunity to improve dementia diagnosis in Newham (Figure 159). In addition, many actions in 50 Steps and Newham’s Ageing Well Strategy will help prevent dementia in the first place, such as addressing smoking, increasing physical activity, and creating a healthier food environment.

Figure 159: Estimated dementia diagnosis rate, aged 65+, 2017-2024, crude rate per 100



Source: OHID, based on NHS England dataClimate hazards

154 Public Health England (2017) [Falls and fracture consensus statement: supporting commissioning for prevention](#)

155 Office for Health Improvement and Disparities (2022) [Falls: applying All Our Health](#)

156 ELFT (2023) service data [unpublished]

157 Newham Council (2023) adult social care service data [unpublished]

Protecting older people from climate-related hazards, such as hot weather, is another priority linked to Newham Council's Just Transition Plan and NHS Green Plans. People aged 65+ are particularly vulnerable to adverse health outcomes in hot weather compared to others. Hot weather can cause and exacerbate cardiovascular, respiratory and mental health conditions, leading to illness, hospital admissions and death. In England there were between 778 and 2,244 excess deaths in people aged 65+ each summer from 2016 to 2021, and an estimated 2,985 excess deaths in the summer of 2022 when temperatures in England reached 40°C for the first time. A temperature of 40°C was recorded in Newham at that time.¹⁵⁸ As hot weather and other climate impacts become more common and Newham's 65+ population grows, it is increasingly important to build resilience and adapt Newham's environment and services in response. Prioritising older people and other groups and places that are more vulnerable to climate hazards will help reduce health inequalities.

[Making Newham a place for people and planet](#) provides more information about climate threats in Newham and our plans for putting health and health equity outcomes at the centre of climate action.

Future direction

We will refresh the Newham Ageing Well Strategy action plans annually to focus action on key priorities, drawing on local experiences, residents' views, data, evidence and best practice from elsewhere. Much of this work will address the wider determinants of health to prevent illness in the first place and promote equity. For example, we will be encouraging more anchor institutions in Newham to become age-friendly employers. This is not just about signing the pledge, but about taking practical, evidence-based steps that make a tangible difference to employees aged 50+. This might involve enabling more flexible working, introducing age-conscious hiring practices, supporting employees around their health, providing career development for people of all ages, and creating an age-positive culture.¹⁵⁹

We will also seek to develop and expand evidence-based health and care services to support residents to stay well and independent for as long as possible, with a focus on frailty, falls and dementia. For example, we will pilot a falls prevention service to reduce falls risk, improve health and wellbeing, and deliver a return on investment in health and social care costs.^{160, 161} Given Newham's population is extremely diverse, ensuring access to and outcomes from these services are equitable is a key goal, which can be achieved through using Newham's ART framework (accessible, relevant, trusted) to inform service design and delivery.

As part of implementing Newham's Just Transition Plan, we will take steps to protect older residents' health in hot weather and other climate-related hazards. For example, this may include building awareness of how to stay well during heatwaves, supporting community-led action, and increasing the availability and accessibility of green space that can help with cooling. Health and social care services will also play a key role, including in identifying and supporting those at greater risk and keeping vital services running during extreme weather events.¹⁶²

Resident involvement is central to delivering the Ageing Well Strategy, and we will continue to support residents to lead action in their communities and take part in co-designing services. For example, this will include supporting residents to establish a Newham u3a ('university of the third age'), a community-led movement that brings people together to learn, volunteer, continue their interests and take up new pursuits.¹⁶³

¹⁵⁸ UKHSA (2023) [Health Effects of Climate Change \(HECC\) in the UK: 2023 report](#)

¹⁵⁹ Centre for Ageing Better (2018) [Becoming an age-friendly employer](#)

¹⁶⁰ Masters et al (2017) [Return in investment of public health interventions: a systematic review](#)

¹⁶¹ Public Health England (2018) [A return on investment tool for the assessment of falls prevention programmes for older people living in the community](#)

¹⁶² UKHSA (2023) [Health Effects of Climate Change \(HECC\) in the UK: 2023 report](#)

¹⁶³ [u3a](#)

Neurodiversity and disability

As part of Newham’s commitment to promoting good health for all residents and addressing health inequalities, improving the health of disabled and neurodivergent residents is a key priority.

Many Newham residents feel strongly about promoting accessibility and inclusivity of disabled and neurodivergent people, stressing that there are different types of disabilities and a ‘one size fits all’ approach will not work. They have also described how disabilities intersect with many other areas of health and wellbeing – in particular, loneliness, digital inclusion and inequity in service provision.



Empathy, respect, and active listening are really important, ensuring that views of individuals with disabilities are not only heard but embraced, allowing them to be included and participate in society.

Resident, Stratford (2023)

Encourage people with learning disabilities and disabilities to participate in public spaces like libraries, cafes or cinemas, and ensure spaces are physically and mentally accessible.

Resident, Stratford (2023)

Address the language need and access needs of elderly and disabled people and parents of disabled children.

Resident, Royal Docks (2023)

Disability

The UK Equality Act 2010 defines disability as ‘a physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to do day-to-day activities’.¹⁶⁴ An estimated 17.5% of Newham residents are disabled, equating to around 60,000 people, which is higher than the London average (15.7%) and similar to England (17.7%).¹⁶⁵ Given Newham has a young population, prevalence of disability is likely to be disproportionately high in Newham, which may be a result of deprivation and other social, economic and environmental factors that influence population health.

There are many types of physical disability, which can affect people in different ways and lead to a range of health and care needs (Figure 160). As Newham’s population grows and ages, the number of people with physical disabilities is predicted to rise.

Figure 160: Estimated physical disabilities in Newham residents, 2020, number of people

Physical disability	Estimated number of people: 2020
Impaired mobility	10,389
Personal care disability (moderate or severe)	9,462
Stroke-related health conditions	539
Visual impairment (serious)	158
Hearing impairment (moderate, severe or profound)	18,833

Source: PANSI (2020)

164 Equality Act (2010)

165 ONS (2021) Census

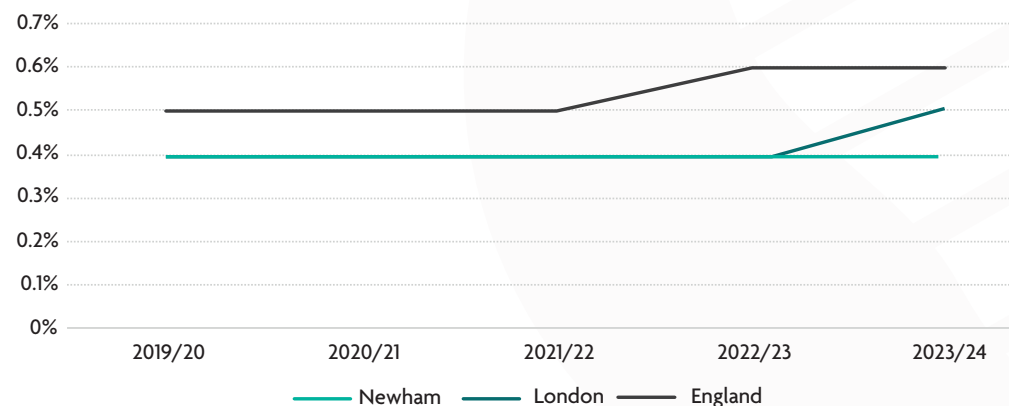
Learning disability

A learning disability is one type of disability, a lifelong condition that affects the way a person learns and understands new or complex information and how they communicate and interact with others. Many people with learning disabilities have more than one diagnosis and a set of conditions that are unique to them.

In England, an estimated 2.5% of children and young people and 2.2% of adults (aged 18+) have a learning disability.¹⁶⁶ If these levels are the same in Newham, it suggests around 2,300 children and young people and 8,000 adults in Newham had a learning disability in 2024.

Across the country, the number of people recorded as having a learning disability by their GP is much lower than the estimated total number of people with a learning disability.¹⁶⁷ In 2023/24, around 2,100 people of all ages in Newham’s NHS-registered population were recorded as having a learning disability with a GP, which represented around 0.4% of Newham’s NHS-registered population. This was a similar prevalence to the London average (0.5%) and significantly lower than England (0.6%), which may reflect differences in diagnosis or GP data recording. In Newham, the prevalence of learning disability recorded in primary care slightly increased between 2018/19 and 2023/24 (Figure 161).

Figure 161: Learning disability prevalence recorded in primary care records, all ages, 2014/15 - 2023/24, proportion (%)



Source: NHS England via Fingertips, OHID

The gap between estimated total numbers of people with a learning disability and those on GP registers may be due to a range of factors, such as under-recognition, particularly of mild learning disabilities, a lack of access to specialist services, stigma associated with learning disabilities, or issues with data coding and sharing. It may mean that some people with a learning disability do not get the health and care support they need.¹⁶⁸

Learning disability is a significant source of health inequalities where, on average, people with a learning disability have poorer physical and mental health compared to people without a learning disability. In 2022, nationally the median age of death for adults with a learning disability was 63 years, compared to 82 to 86 years in the general population.¹⁶⁹

166 Public Health England (2016) [Learning Disabilities Observatory: people with learning disabilities in England 2015](#)

167 Public Health England (2023) [Learning disability – applying All Our Health](#)

168 Shemtob, L. et al. (2021) [Learning disability registers: known unknowns and unknown unknowns](#)

169 King’s College London (2023) [Learning from Lives and Deaths – people with a learning disability and autistic people: LeDeR Report 2022](#)

A lack of access to good quality healthcare is one factor contributing to this inequality. In 2022, an estimated 42% of deaths in people with a learning disability were from an avoidable cause that could have been prevented by good quality healthcare, compared to 22% of deaths in the general population.¹⁷⁰ Unequal access to preventative health services, such as breast cancer screening, illustrates this issue; in 2017/18 nationally around 50% of women with a learning disability accessed screening compared to almost 70% of women without a learning disability.¹⁷¹

Newham performs well in uptake of annual health checks among adults registered with learning disabilities. Eighty-nine percent completed their annual health check in 2022/23, exceeding the national target of 75%.

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To address inequities and improve services and outcomes, NHS North East London reviewed deaths of people with learning disabilities and autism to learn from these cases. The work found that appropriate reasonable adjustments were made in two thirds of cases, while expected standards of care were not met in a third of cases. Two reviews found that care fell short and may have contributed to avoidable deaths, and one review concluded poor care had contributed to the person's death.¹⁷² This underscores the importance of continually driving up quality of care and inclusion for people with learning disabilities.

To focus attention on equity for people with learning disabilities, the Newham's Learning Disabilities Citizen Assembly took place in 2021 and highlighted a range of inclusion, health and wellbeing issues that matter most to residents with learning disabilities. Residents put forward a range of ways they could be more included in society, such as being heard and valued, being supported to build social connections and relationships, and having more training and work opportunities.¹⁷³



People understanding, being person-centred and having positive attitudes [would help me be heard].

Resident, Learning Disabilities Citizen Assembly (2021)

I would like the opportunity to train carers [to help me get into work].

Resident, Learning Disabilities Citizen Assembly (2021)

Getting out of the house to meet people other than my family [is keeping me mentally well and happy].

Resident, Learning Disabilities Citizen Assembly (2021)

Following this, the council launched its Adults with Learning Disabilities Action Plan 2022-25, which was developed in partnership with residents and local stakeholders, using local and national evidence, best practice and local learning.¹⁷⁴ The plan covers six themes reflecting issues that matter to residents and areas for action to improve outcomes: Heard and Valued; Accommodation & Housing; Connected and Involved; Work and Purpose; Health and Social Care; and Carers.

¹⁷⁰ King's College London (2023) [Learning from Lives and Deaths – people with a learning disability and autistic people: LeDeR Report 2022](#)

¹⁷¹ Mencap. [Health inequalities](#)

¹⁷² NHS North East London (2023) [LeDeR](#)

¹⁷³ Newham Council (2021) [Results from Learning Disabilities Citizen Assembly](#)

¹⁷⁴ Newham Council (2022) [Adults with Learning Disabilities Action Plan 2022-2025](#)

Neurodiversity

Neurodiversity refers to the different ways people process information and interact with the world around them. It is a broad term that encompasses several specific variations, such as autism, attention deficit hyperactivity disorder (ADHD) and dyspraxia.¹⁷⁵

In the UK, an estimated 14% of people are neurodivergent.¹⁷⁶ If this prevalence was the same in Newham, it would mean around 50,000 residents were neurodivergent in 2024.

Autism is one type of neurodiversity. Estimated prevalence in the UK is between 1 and 3%.¹⁷⁷ In 2023, 2,322 children and young people aged 0-19 in Newham were known to be autistic, equating to around 2% of Newham's 0 to 19 year olds (NHS-registered population). Newham had the second highest rate of autistic children known to schools in North East London.

At the same time, 903 residents aged 20+ (0.3%; NHS-registered population) had diagnosed autism, suggesting there is substantial under-diagnosis among adults, which is a pattern seen across the country. This is likely due to a historic lack of awareness and recognition of autism, which means many autistic adults were never diagnosed in childhood and have not received a diagnosis since.^{178,179} This may contribute to health inequalities if autistic people do not receive the adjustments, care or support they need. NHS North East London launched a new adult autism diagnostic service in 2022 to help address this issue.

On average, autistic people have poorer health outcomes than the general population. For example, autistic people have higher rates of cardiovascular disease, respiratory conditions and diabetes, over 50% of autistic adults have had depression, and average life expectancy is lower than in the general population. These differences are not down to autism itself, but reflect inequalities that impact autistic people's lives, such as employment and social connection, and their access to services.^{180,181}

¹⁷⁵ Cambridge University Hospitals [What is neurodiversity?](#)

¹⁷⁶ Cambridge University Hospitals (2023) [Embracing Neurodiversity](#)

¹⁷⁷ O'Nions, E. et al. (2023) [Autism in England: assessing underdiagnosis in a population-based cohort study of prospectively collected primary care data](#)

¹⁷⁸ O'Nions, E. et al. (2023) [Autism in England: assessing underdiagnosis in a population-based cohort study of prospectively collected primary care data](#)

¹⁷⁹ Russel, G. et al. (2021) [Time trends in autism diagnosis over 20 years: a UK population-based cohort study](#)

¹⁸⁰ Autistica, [Depression and autism](#)

¹⁸¹ University College London (2023) [Premature death of autistic people in the UK investigated for the first time](#)

¹⁸² DfE and DHSC (2021) [National strategy for autistic children, young people and adults: 2021- 2026](#)

Future direction

The numbers of disabled and neurodivergent Newham residents are projected to grow in coming decades linked to increasing recognition and diagnosis of neurodiversity and Newham's ageing population, which is likely to increase levels of disability. In response, Newham Health and Care Partnership will continue work to improve services for neurodivergent people and those with learning disabilities and plan for the future to ensure services meet needs today and in coming years.

As part of this, the council and NHS will be implementing Newham's All-age Autism Strategy to make Newham a place where all autistic residents can achieve their potential and live well. The strategy was developed with residents and a range of stakeholders, using local and national evidence, best practice and local learning, and aligning with the national strategy for autistic children, young people and adults.¹⁸² The strategy will take a comprehensive approach to prevention, inclusion and health and wellbeing outcomes, including: understanding and acceptance; education; transition to adulthood; employment; health and care; and criminal and youth justice. It will set out details of how national aims will be met locally and also how Newham-specific issues – identified by local people and partners – will be addressed.

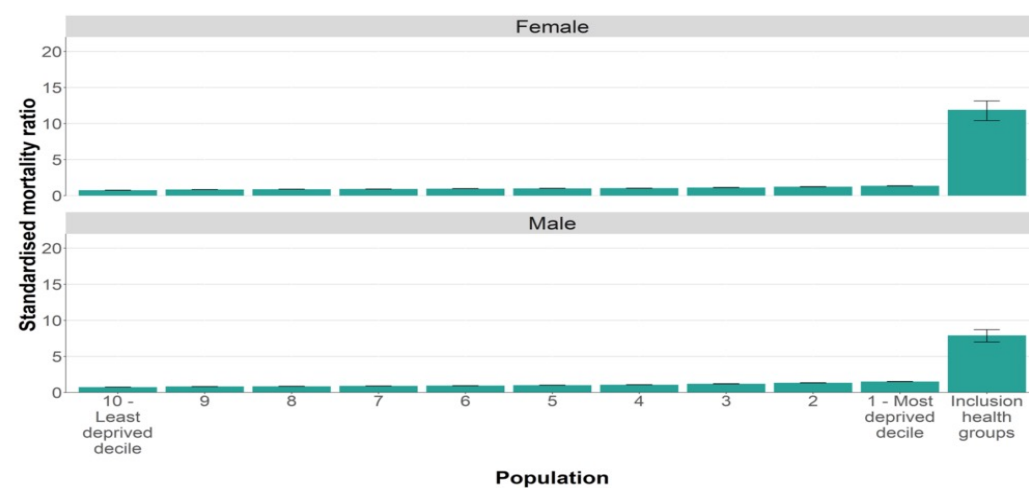
Recognising the range of disabilities that exist, Newham Council will work with residents and partners to improve outcomes and increase equity for disabled people. This work will be based on the social model of disability, which has been developed by disabled people to describe how people are disabled by barriers in society – which can be physical or caused by people's attitudes – and not by their impairment or difference.

Inclusion health groups and people seeking sanctuary

The term inclusion health relates to population groups that are socially excluded, such as people experiencing homelessness, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, victims of modern slavery, people with drug and alcohol dependence and people in touch with the criminal justice system. These groups typically experience multiple overlapping risk factors for poor health, such as childhood and adult trauma, experience of poverty, violence, stigma and discrimination, and invisibility in health and care datasets. In addition, many of these residents are highly mobile, making it difficult to ensure access and continuity of care from services that are usually designed for fixed populations. People belonging to inclusion groups tend to have poor health outcomes, often significantly worse than the general population, which contributes considerably to health inequalities.

The relative mortality of people in inclusion health groups far exceeds that of the general population in England. Women in inclusion health groups have been estimated to have almost 12 times the mortality rate of the general population and men have been estimated to have almost eight times the rate (Figure 162).¹⁸³

Figure 162: Age-standardised all-cause mortality ratio for inclusion health groups compared to the general population by deprivation decile, UK



Source: Adapted from Aldridge RW et al (2017) Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis, and using Office for National Statistics: Annual Births and Mortality Extracts

¹⁸³ Aldridge RW et al (2017) Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis

Gypsy, Roma and Traveller communities

Gypsy, Roma and Traveller communities experience challenges in accessing healthcare. A UK-wide study found that 39% were refused a GP registration when they stated that they were Romany and had no fixed address and no proof of identity.¹⁸⁴ Life expectancies for Gypsy, Roma and Traveller communities is 10-25 years shorter than the general population.¹⁸⁵ As a result of discrimination and stigma, they have lower access to both preventative services and healthcare. This leads to poorer health outcomes across a number of measures, including an infant mortality rate, which is 3 times higher (worse) than that of the general population.¹⁸⁶

The 2021 Census recorded around 2,300 Roma people living in Newham, although the number is likely to be much higher – estimated to be around double this figure. Seventy-four Traveller families took part in the Families in Newham study, which investigated the impact of COVID-19 on the lives of families expecting a child or with a child under 5 years old in Newham. Of the Traveller families participating, 83% of parents/carers reported good general health and 3% reported poor health.¹⁸⁷

Sex workers

Sex workers are a marginalised and stigmatised group, experiencing considerably poorer access to healthcare and health outcomes than the general population. Rates of long-term conditions, reproductive health needs, substance misuse, mental health problems, self-harm and suicide are substantially higher among sex workers than the general population. There are few health services tailored to the needs of sex workers across the country, and those that exist tend to focus on sexual health rather than holistic care. Sex workers are often excluded from mainstream services; for example, they are commonly turned away from mental health services due to concurrent drug use.¹⁸⁸

To address these issues, the council and partners are taking a public health approach to sex work, focussing on supporting those experiencing multiple disadvantage and reducing stigmatisation and exploitation. For example, the council and local partners delivered five health and wellbeing events in 2022 and 2023, aiming to support sex workers and people experiencing homelessness on their journey to healthy and safe lives through facilitating access to services and building trust. The events reached nearly 1,000 people and built partnerships with over 40 NHS, voluntary and community based organisations.

Clinic S in Newham offers a free and confidential service to women, men, trans and gender non-binary individuals working in the sex or adult entertainment industry. In 2023, the service, alongside a linked multi-agency outreach offer, supported 41 women. Two women's hubs also opened to provide safe spaces to women and enable them to access healthcare, food, clothing and advocacy support. Newham's sex worker support services are seeing increasing numbers of sex workers and a second site has been opened in Stratford specifically for sex workers. In addition, a monthly safeguarding panel has been established to safeguard sex workers and identify those who perpetrate abuse against them.

¹⁸⁴ Friends, Families and Travellers (2021), via [Office of Health Improvements and Disparities, Spotlight](#)

¹⁸⁵ O'Reilly P, Jenkinson A, Martin T, et al. (2018) Health and disease in children of the 'Irish traveller' community

¹⁸⁶ Ibid

¹⁸⁷ London Borough of Newham and University College London (2022). Impact of COVID on Young Families. [Unpublished]

¹⁸⁸ Potter et al (2022) [Access to healthcare for street sex workers in the UK: perspectives and best practice guidance from a national cross-sectional survey of frontline workers](#)

People seeking sanctuary

Newham is committed to being a place of sanctuary for refugees and people seeking asylum. Refugees often experience a triple burden of infectious diseases, non-communicable diseases, and mental health issues, yet many face barriers to accessing health services including communication barriers, hostile environment, inappropriate policies and procedures (e.g. asking for proof of address), fear, distrust and uncertainty.^{189,190} The literature has highlighted a need to support refugees and people seeking asylum with GP registration, navigating services and attending appointments.^{191,192}

Newham Council's Welcome Newham service helps refugees and people seeking asylum to gain independence and find housing by supporting them to open bank accounts, navigate the private rental market and access employment. It has also built partnerships with over 30 local voluntary and community organisations, together supporting people seeking sanctuary with their health and wellbeing, to realise their rights and to lead independent, healthy and happy lives. Between August 2022 and September 2024, Welcome Newham supported over 4,100 refugees and people seeking asylum. Of these, 1,800 were seen as part of Welcome Newham's in-reach team visiting Home Office accommodation and people's homes, and over 2,300 people attended the Welcome Newham One-Stop Shop, where a wide range of services are co-located to make it easier for residents to access the services they need. Most people attending the One-Stop Shops requested help with housing, followed by questions about universal credit and benefits and accessing school.

The success of this approach, notably with the Homes for Ukraine cohort, is evident in the low percentage of Ukrainians requiring temporary accommodation: in 2023, less than 4% of recent Ukrainian refugees (15 out of 540 people) needed temporary accommodation.

Learning English is one way to help people seeking sanctuary to make friends, talk to doctors and other professionals, understand their rights and more. ESOL stands for English for Speakers of Other Languages, and Newham Adult Learning Service provides 12-week long ESOL courses free of charge. Welcome Newham supported over 200 people seeking sanctuary to enrol in formal and informal ESOL classes between January 2023 and March 2024.

Ten partners from voluntary, NHS and council services have worked together and developed a suite of referral pathways to statutory and voluntary services including into Newham Hospital maternity services for vulnerable women, health visitors, children's centres, Newham's Multi-Agency Safeguarding Hub (MASH), Newham Nurture, The Magpie Project, and Sister Circle. The aim is to better meet the acute needs of pregnant women, new mothers, and children under 5 years of age seeking asylum living in Home Office contingency hotels.

Welcome Newham navigators visit newly arrived families and connect them with statutory and voluntary services. Between November 2022 and April 2023, the navigators supported 103 families:

- 96% were registered with a GP
- 32 families were connected to a health visitor
- Eight pregnant women were supported, four of whom were referred to maternity services for vulnerable women
- 23 families were supported to register with a children's centre
- 43 families were referred to voluntary sector organisations for additional support.

189 Knights, F et al., (2022) [Initial health assessments for newly arrived migrants, refugees and asylum seekers](#)

190 Pollard, T. and Howard, N. (2021) [Mental healthcare for asylum seekers and refugees residing in the United Kingdom: a scoping review of policies, barriers and enablers](#)

191 Knights, F et al., (2022) [Initial health assessments for newly arrived migrants, refugees and asylum seekers](#)

192 Lindenmeyer, L; Phillimore, J., Lessard-Phillips, L. (2022) Vulnerable migrants access to healthcare in the early stages of the COVID-19 pandemic

Domestic abuse

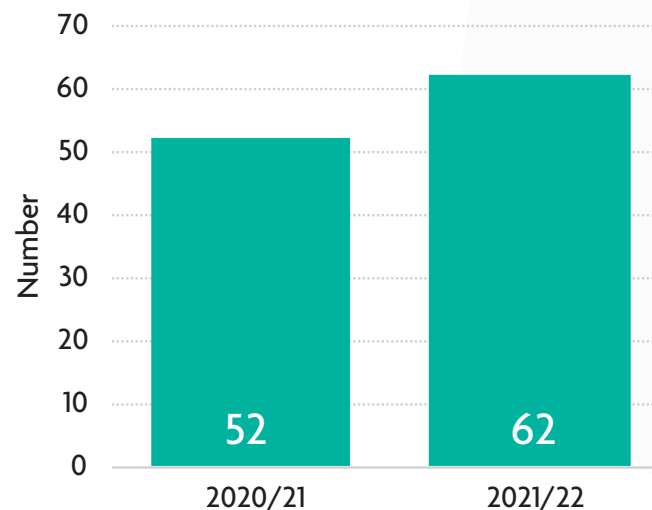
Newham has a comparatively high incidence of domestic abuse incidents and offences.¹⁹³ Sexual offences in Newham are also amongst the highest in London. In 2021/22, 6,758 domestic abuse incidents in Newham were reported to the police and two-thirds of these were classified as offences. Twelve percent of people who reported were repeat survivors and 73% of perpetrators were male.¹⁹⁴

Nationally, around three-quarters of people experiencing domestic abuse, and two-thirds of victims of domestic homicide, are women.¹⁹⁵ Between April and December 2023, of the 644 Newham residents accessing Newham’s community-based domestic abuse service, 97% were women, suggesting men may be under-represented and not accessing support they need. To address under-representation of men and LGBTQ+ groups in domestic abuse services across London, a pan-London domestic abuse service targeting these cohorts is being piloted, which may increase the number of men and people who identify as LGBTQ+ coming forward to access support in Newham.

Residents experiencing domestic abuse often experience isolation from all support services as part of the pattern of coercion and control. Newham residents have told us there are significant barriers that prevent survivors of domestic abuse from accessing help and support. For example, they often feel stigmatised by professionals and feel that services do not understand the impact of domestic abuse.¹⁹⁶

To address domestic abuse and improve access to services, Newham is taking a system-wide, public health approach. Figure 163 shows the increase in the number of women and children in Newham supported by refuges between 2020/21 and 2021/22.

Figure 163: Women and children in Newham supported by refuges, 2021/21 - 2021/22, number of people



Source: Refuge Service Provider London Black Women’s Project

193 Office for National Statistics (2021) [Domestic Abuse Victim characteristics, England and Wales: year ending March 2021](#)

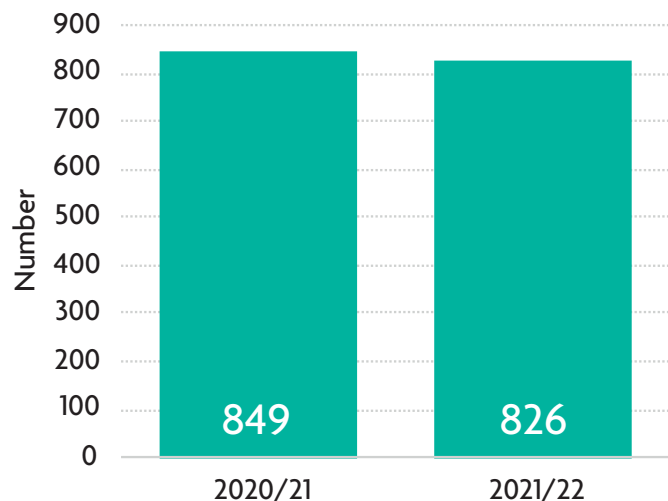
194 Newham Council (2022) [Domestic Abuse Strategy 2022-2025](#)

195 Office for National Statistics (2023) [Domestic Abuse Victim characteristics, England and Wales: year ending March 2023](#)

196 Newham Council (2022) [Domestic Abuse Strategy 2022-2025](#)

The number of people receiving community-based domestic abuse support has been relatively stable since 2020 (Figure 164).

Figure 164: People in Newham receiving community-based domestic abuse support, 2020/21 - 2021/22, number of people



Source: Refuge Service Provider London Black Women's Project

In 2022, the council launched Newham's domestic abuse strategy, which was developed with survivors of domestic abuse, their families and friends, and a range of other stakeholders, and aims to combat all forms of domestic abuse in Newham.¹⁹⁷

As part of implementing the strategy, Newham is delivering two perpetrator programmes. The CIFA (Cultural, Integrated, Family Approach) programme provides a culturally informed family approach to working with perpetrators whilst supporting their families. The Drive Project focuses on supporting high risk perpetrators to change their thinking and behaviour, including a pathway for services to actively interrupt those who are harming others.

To improve identification and response to domestic abuse, Newham's refuge provider is delivering the IRIS (Identification and Referral to Improve Safety) programme, which focuses on improving the response to domestic violence and abuse in primary care. Domestic homicide reviews show that GPs are often the only contact victims have had before their murder. GP practices are being offered advocate educators across Newham.

Promoting access to healthcare for inclusion health groups

In 2024, all Newham general practices had signed up as Safe Surgeries. Work continues to ensure equitable access to primary care for all Newham residents by supporting people from inclusion health groups to register with a GP and providing training and support to Newham primary care teams.

Teesside University in association with North East London Training Hub delivered 10 Trauma Informed Care workshops to Newham frontline staff between June 2023 and March 2024. 533 staff members across NEL attended the workshops, 158 of whom were from Newham.

People experiencing homelessness, including those who sleep rough, are another inclusion health group. [Promoting health through housing](#) gives more information about homelessness in Newham and our ambitions to addressing it.

Future direction

We aim to improve outcomes for inclusion health groups through continuing to deliver and improve integrated and accessible services, developed in partnership with inclusion health groups and experts by experience. For example, the council plans to launch a sex worker strategy, which will be steered and informed by experts by experience.

In 2022, stakeholders from Newham Council, voluntary and community sector organisations, and London School of Hygiene and Tropical Medicine came together to explore the drivers of poverty, destitution and exploitation for people with precarious immigration status. Some of the key drivers included structural racism, (no) right to work, limited housing options, and (lack of) knowledge of rights and entitlements. This evidence continues to inform our approach to promoting inclusion and positive health outcomes of refugees, people seeking asylum and other inclusion health groups, including strategic and operational change needed at a systems level and where we can best leverage change at place. For example, we plan to increase capacity and accessibility of immigration advice in Newham to enable more people to regularise their immigration status and increase knowledge about rights and entitlements.

NHS England published 'A national framework for NHS – action on inclusion health' in 2023.¹⁹⁸ It is intended to support systems to plan, develop and improve health services to meet the needs of people in inclusion health groups. It focuses on the role that the NHS plays in improving healthcare, highlighting the importance of working in partnership across sectors and with other members of the Integrated Care System. We will use this framework to inform priorities and guide action on inclusion health in Newham.

In addition, Core20PLUS5 is a national NHS England framework to inform action to reduce healthcare inequalities at both national and system level.¹⁹⁹ Core20 refers to the most deprived 20% of the national population and inclusion health groups are expected to form part of the 'plus' population groups, since action to address healthcare inequalities experienced by these groups is essential for reducing healthcare inequalities in the population. Core20PLUS5 is therefore another driver of action on inclusion health and has informed our commitments on inclusion health in 50 Steps.

¹⁹⁸ NHS England (2023) [A national framework for NHS – action on inclusion health](#)

¹⁹⁹ NHS England [Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)



Protecting residents from threats to their health

Key points

- Immunisation is a highly effective public health intervention, yet uptake of most vaccines in Newham is low. For example, in 2022/23, 68% of five year olds in Newham were fully vaccinated with MMR, which was lower than London and England averages and well below the national target of 95%.
- Newham performs well in uptake of human papillomavirus (HPV) vaccine, with almost 80% uptake in males and females, consistently higher than London and England averages.
- Newham has the highest incidence of TB in England, with 436 people diagnosed in 2020-22. Incidence slightly fell between 2016-18 and 2020-22.
- In 2021, Newham had the fifth highest incidence of acute hepatitis B in London. However, incidence in Newham fell faster than London and England between 2017 and 2021.

Health threats and immunisations

Protecting residents from threats to their health – such as infectious diseases – prevents certain illnesses and their long-term impacts on individuals, families and communities. It is also a health equity issue; as we saw in COVID-19, people living in deprived areas tend to be at higher risk of infections and complications and have lower uptake of immunisation. For example, between March 2020 and April 2021 Newham had a higher (worse) rate of deaths from COVID-19 than neighbouring boroughs, London, and England illustrating that infectious diseases are a significant health equity issue.²⁰⁰

Routine and seasonal immunisation

Immunisation is one of the most effective medical interventions available. However, vaccine uptake in Newham is consistently below the national targets and London and England averages.²⁰¹

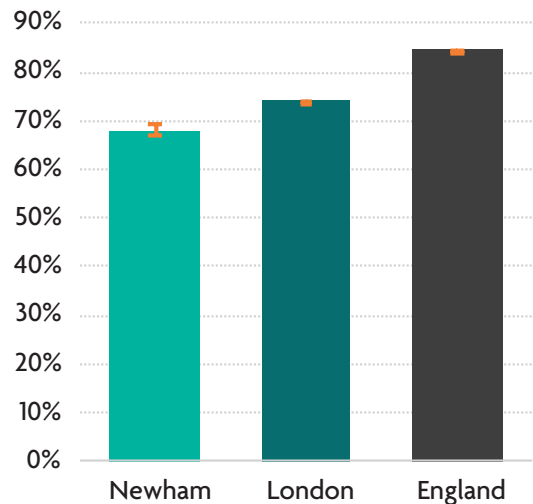
6-in-1 vaccine

The DTaP IPV Hib ('6-in-1') vaccine is the first in a course of vaccines offered to babies to protect them against diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenzae type b (an important cause of childhood meningitis and pneumonia) and polio. In 2022/23, coverage in Newham was 85%, which was lower than London and England, and had fallen from 90% in 2019/20 (Figure 165 and Figure 166).

²⁰⁰ Newham Council (2021) [Covid-19 Health Impacts](#)

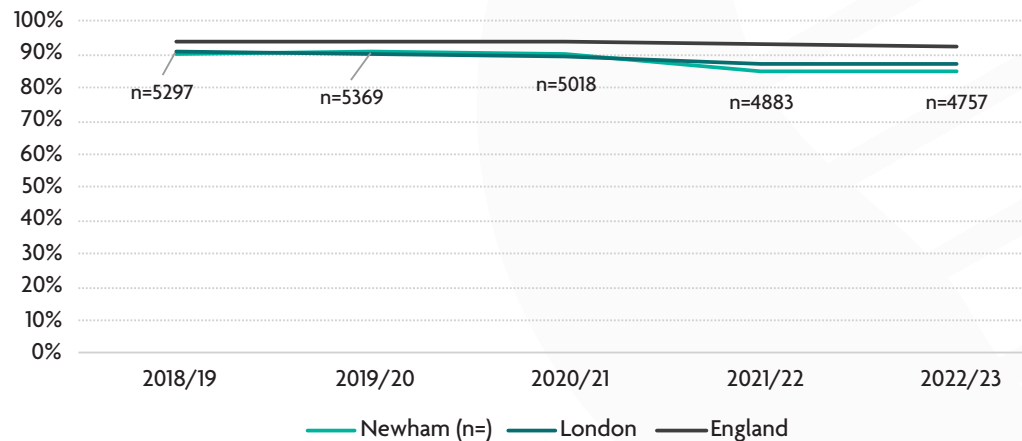
²⁰¹ Internal Newham Imms Summary Nov 2023 [unpublished]

Figure 165: DTaP IPV Hib coverage, 2 years old, 2022-23, proportion (%)



Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA)

Figure 166: DTaP IPV Hib coverage, 2 years old, 2018/19-2022/23, proportion (%)

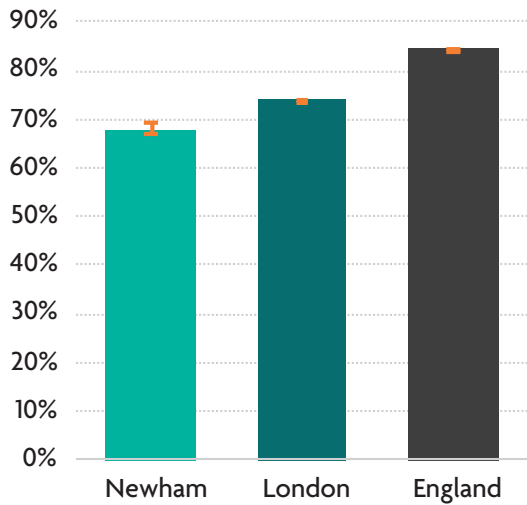


Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA)

MMR vaccine

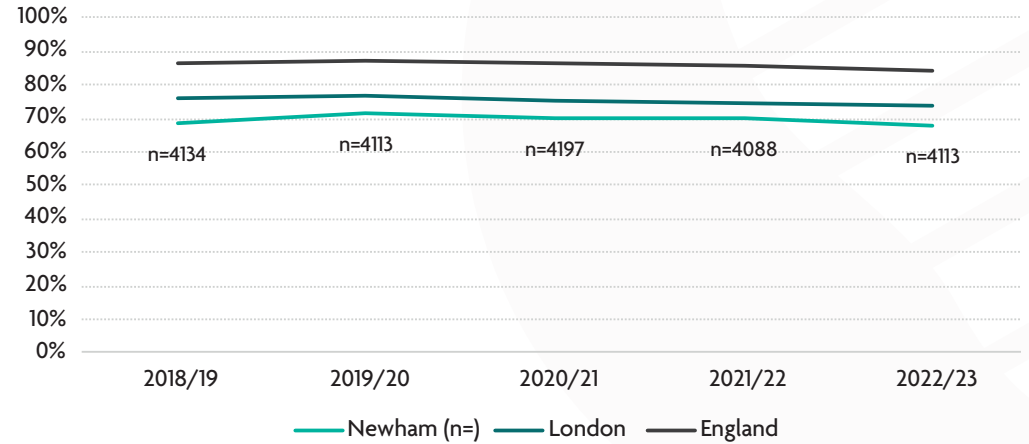
The MMR vaccine protects against measles, mumps and rubella, which are highly infectious diseases that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage. In 2022/23, 68% of five year olds in Newham were fully vaccinated with MMR (two doses), which was lower (worse) than London and England averages (Figure 167). This level of uptake had been relatively stable between 2018/19 and 2022/23 highlighting the importance of continued efforts to increase vaccination towards the national target of 95% (Figure 168).

Figure 167: MMR coverage for two doses, 5 years, 2022-23, proportion (%)



Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA) via Fingertips, OHID

Figure 168: MMR coverage for two doses, 5 years, 2018/19-2022/23, proportion (%)

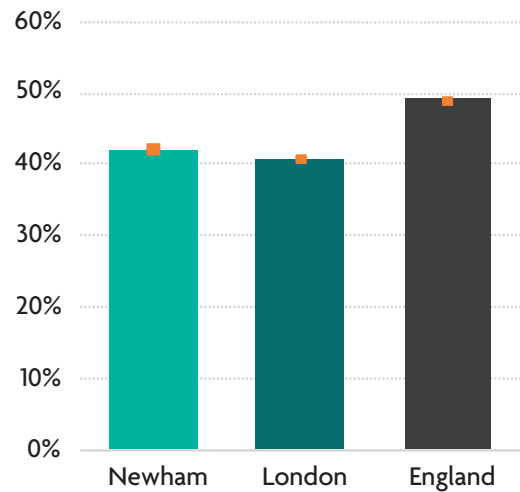


Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA) via Fingertips, OHID

Flu vaccine

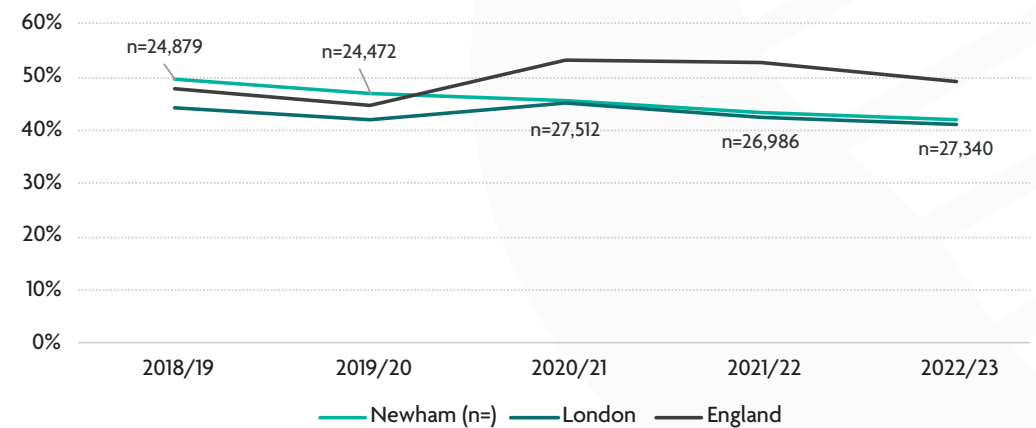
Influenza (also known as flu) is a highly infectious viral illness spread by droplet infection. The flu vaccination is offered annually to people who are at greater risk of developing serious complications if they catch flu, such as people aged 65+, young children, pregnant women and those with certain long-term conditions. In 2022/23, 42% of at-risk individuals in Newham had received a flu vaccination, which was lower (worse) than England but slightly higher (better) than London, at 41% (Figure 169). Uptake of flu vaccine among at-risk individuals fell in Newham between 2018/19 and 2022/23, highlighting a need for renewed focus on increasing uptake to protect the population from flu and its consequences each winter (Figure 170).

Figure 169: Flu vaccination coverage for at-risk individuals, 2022-23, proportion (%)



Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA) via Fingertips, OHID

Figure 170: Flu vaccination coverage for at-risk individuals, 2018/19-2022/23, proportion (%)



Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA) via Fingertips, OHID

In Newham, there is significant variation in uptake of flu vaccine between different eligible groups and between different GP practices. For example, uptake in pregnant women tends to be particularly low; in 2022/21 39% of pregnant women in Newham took up the offer. In terms of variation between GP practices, uptake in Newham’s Primary Care Networks ranges from 55% to 26%.²⁰² This pattern is not unique to flu vaccines: there are inequalities in uptake of other vaccines too, which highlights the importance of increasing access and ensuring all of Newham’s diverse communities understand the relevance of immunisation and can trust them.

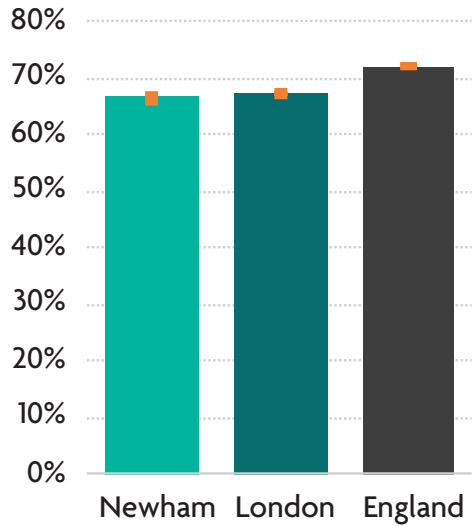
202 Newham Council (2021), [Children and Young People’s Joint Strategic Needs Assessment 2021-2023](#)

Pneumococcal vaccine

The pneumococcal vaccine protects against pneumococcal bacterial infections, including non-invasive diseases such as bronchitis and otitis media (ear infections), and more serious invasive illness such as septicaemia, pneumonia and meningitis. Across England it is offered to adults aged 65+ and clinical risk groups at greatest risk from serious pneumococcal infection. Levels of serious diseases are closely linked to vaccination coverage, so maximising uptake among those eligible has significant public health benefits.

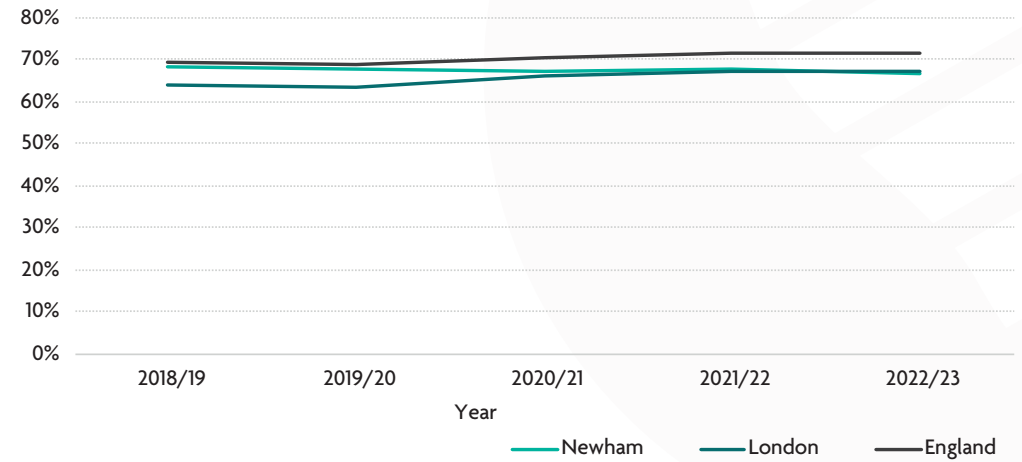
In 2022/23, around 67% of eligible people in Newham had taken up the pneumococcal vaccine, which was similar to uptake in London and lower than England (Figure 171). This was lower (worse) than uptake in previous years, underscoring the need for sustained efforts in delivering the pneumococcal vaccine locally (Figure 172).

Figure 171: PPV (pneumococcal polysaccharide vaccine) coverage, 2022/23, proportion (%)



Source: UK Health Security Agency

Figure 172: PPV (pneumococcal polysaccharide vaccine) coverage, 2018/19 - 2022/23, proportion (%)

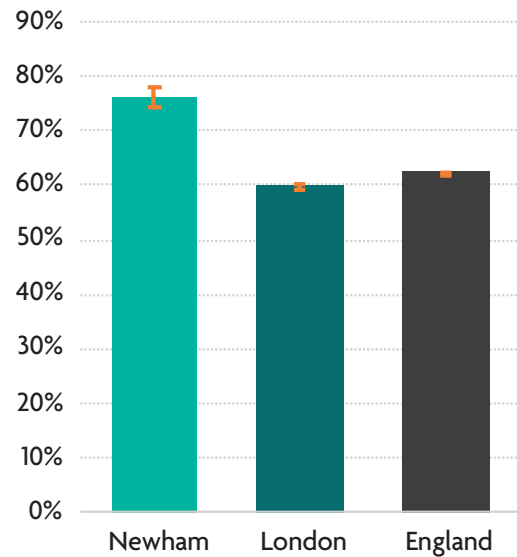


Source: UK Health Security Agency

HPV vaccine

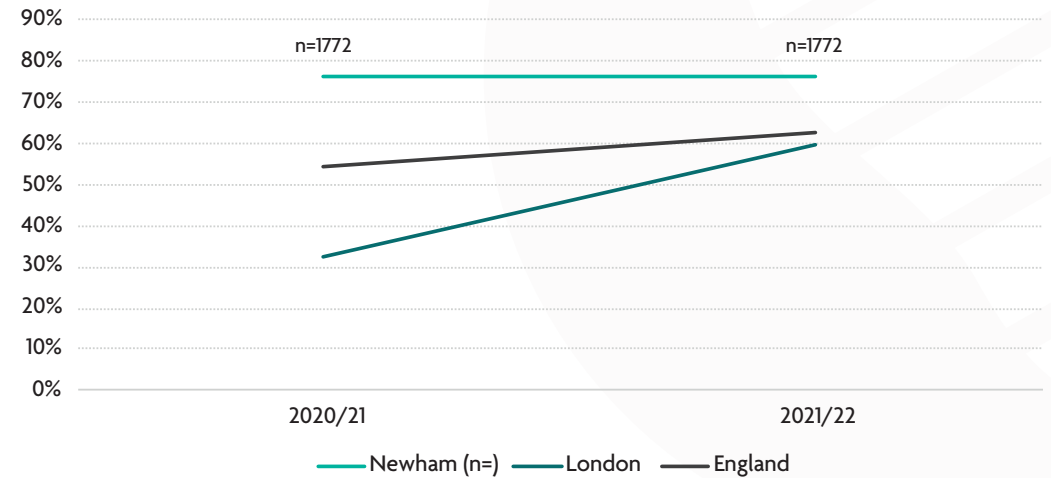
The vast majority of cervical cancer cases in the UK are caused by human papillomavirus (HPV) infection. The HPV vaccine protects against cervical cancer by preventing HPV infection in the first place. HPV vaccination coverage in Newham has consistently been high: 76% of eligible males and 79% of eligible females had had two doses in 2021/22. This was significantly higher (better) than London and England showing that Newham’s HPV immunisation programme can offer valuable insights into how to effectively deliver vaccines locally (Figure 173, Figure 174, Figure 175 and Figure 176).

Figure 173: HPV vaccination coverage for two doses, 13-14 years (males), 2021/22, proportion (%)



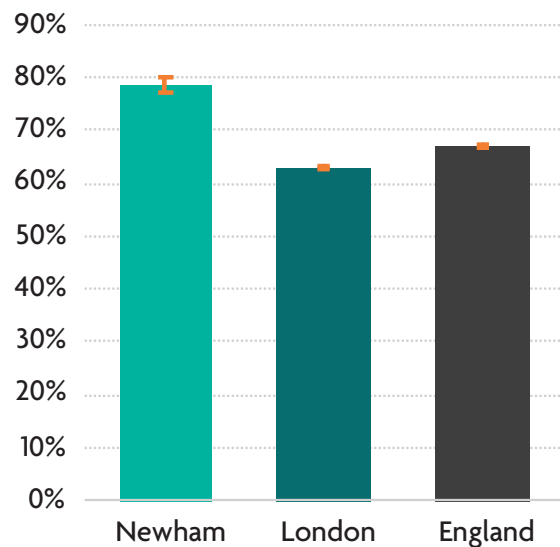
Source: UK Health Security Agency (UKHSA)

Figure 174: HPV vaccination coverage for two doses, 13-14 years (males), 2021/22, proportion (%)



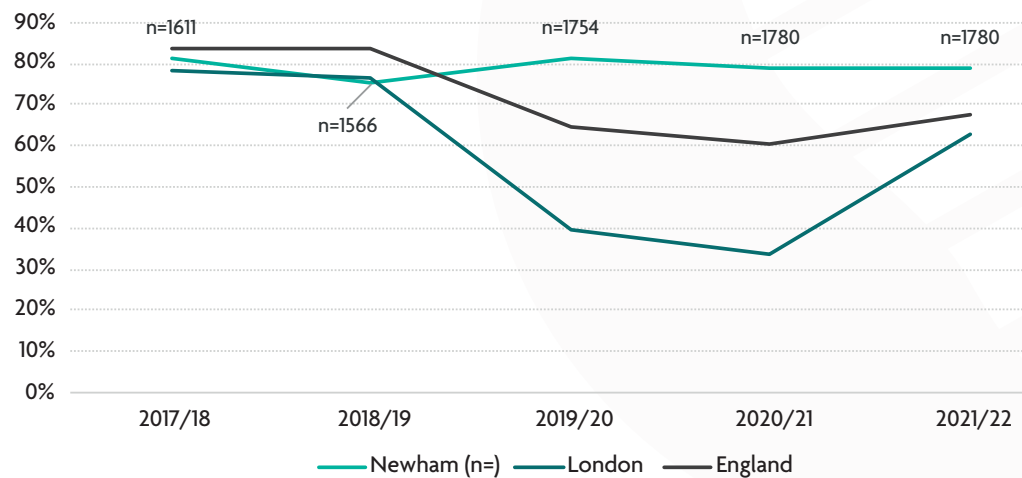
Source: UK Health Security Agency (UKHSA)

Figure 175: HPV vaccination coverage for two doses, 13-14 years (females), 2021/22, proportion (%)



Source: UK Health Security Agency (UKHSA)

Figure 176: HPV vaccination coverage for two doses, 13-14 years (females), 2017/18-2021/22, proportion (%)



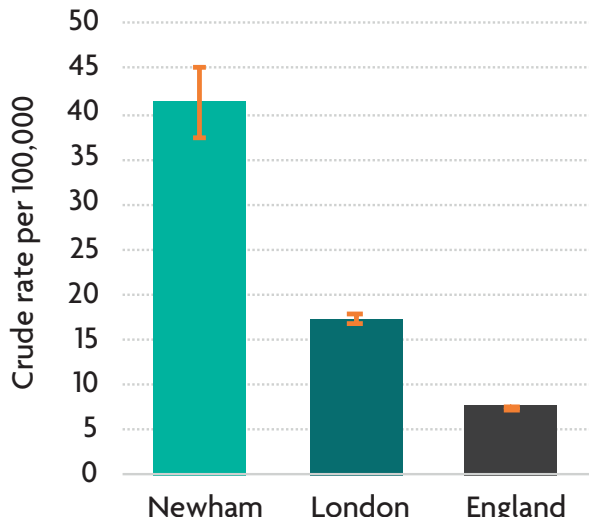
Source: UK Health Security Agency (UKHSA)

Tuberculosis

Tuberculosis (TB) is an infectious disease, caused by the bacteria *Mycobacterium tuberculosis*. It is predominantly spread by the respiratory route, where people with infection in their lungs breathe out bacteria, which may then be inhaled and infect others.

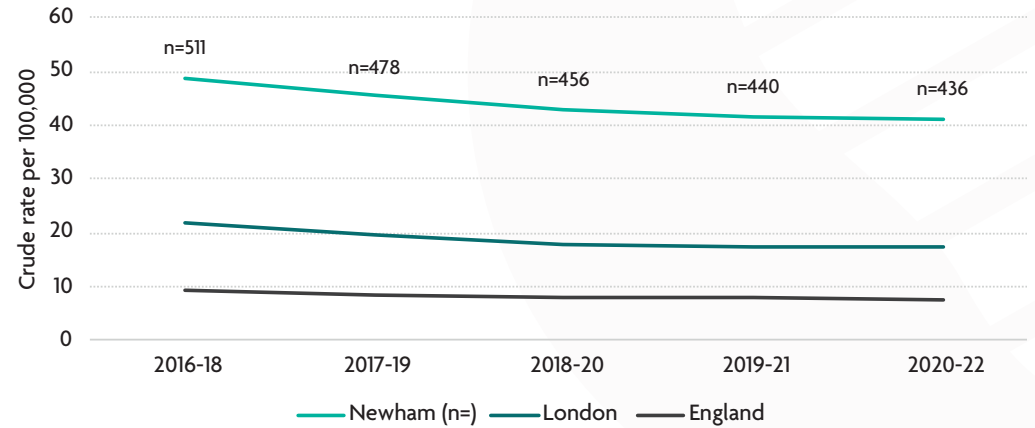
Newham has the highest incidence of TB in England, with 436 people diagnosed between 2020 and 2022 (Figure 177). Incidence slightly fell in Newham between 2016-18 and 2020-22, which may reflect changing population demographics and more effective prevention and control measures (Figure 178).

Figure 177: Tuberculosis incidence – 3 year average, 2020-22, crude rate per 100,000



Source: National Tuberculosis Surveillance System (NTBS) and Office for National Statistics (ONS)

Figure 178: Tuberculosis incidence – 3 year average, 2016-18 – 2020-22, crude rate per 100,000



Source: National Tuberculosis Surveillance System (NTBS) and Office for National Statistics (ONS)

TB reflects health inequalities, where disadvantaged groups are at increased risk of the infection.²⁰³ Across England in 2021, the most deprived 10% of the population had a TB rate over five times that of the least deprived 10% of the population and approximately 15% of people with TB had one or more social risk factor.²⁰⁴ Between February 2020 and October 2023, the three most common social risk factors associated with TB in Newham were alcohol misuse, mental health problems and homelessness. Despite the challenges these risk factors can pose to completing treatment, in 2021/22, 82% of people with TB in Newham completed treatment within 12 months.

203 NICE (2023), [Tuberculosis](#)

204 UKHSA (2023) [TB incidence and epidemiology in England, 2021](#)

Due to the high prevalence of TB in Newham, it is the only local authority in the UK where the BCG vaccine is offered universally to all babies born in the borough. Between July and September 2023 BCG coverage was 85% at 12 months, exceeding the national target of 80%.²⁰⁵ Only 4% of residents who do not get their BCG vaccine actively refuse it and therefore there are opportunities to further improve uptake in the remaining 10%.²⁰⁶

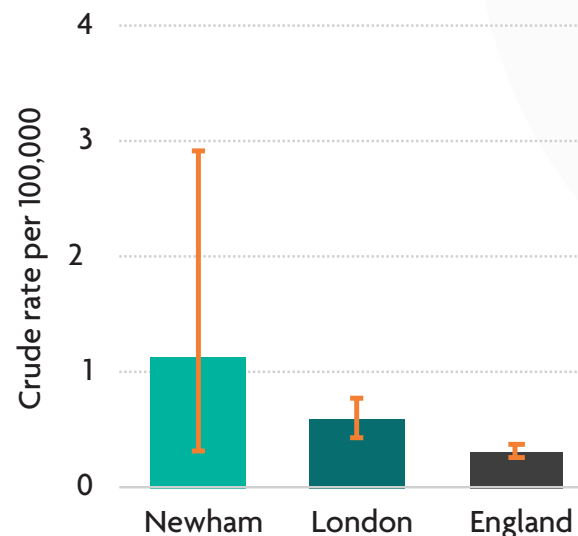
The Newham TB Partnership Group was established in October 2021. It is a collaboration between Barts Health NHS Trust, Newham TB Services, Newham Council, North East London ICB and the UK Health Security Agency (UKHSA). Recognising that TB remains a significant public health challenge in Newham, the partnership aims to reduce the incidence of TB in Newham’s communities and take action to support the most vulnerable populations who are most at risk.

Since June 2022, via Newham’s Social Welfare Alliance, Barts Health have delivered workshops to partners such as housing teams, voluntary and community groups, schools and hostels, to improve their knowledge and understanding of TB and to help them to support residents to access testing and treatment.

Hepatitis B and C

UKHSA and NHS England have a goal to eliminate hepatitis B and hepatitis C by 2030.²⁰⁷ Newham has the fifth highest incidence of acute hepatitis B in London: incidence was 1.1 per 100,000 in 2021, compared to the England incidence of 0.3 per 100,000 (Figure 179).²⁰⁸

Figure 179: Acute Hepatitis B incidence Rate, 2021, crude rate per 100,000



Source: UKHSA surveillance Acute Hepatitis B dataset, compiled from laboratory and Health Protection Team reports

Acute hepatitis B incidence fell in Newham between 2017 and 2021, falling faster than London and England rates (Figure 180). This suggests prevention and control efforts are working and that sustaining this work will be important for achieving the national goal of elimination by 2030.

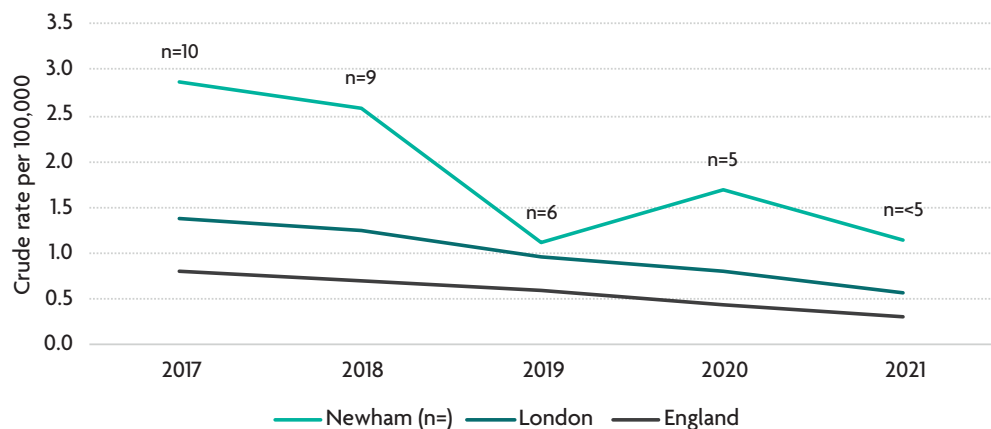
205 UK Health Security Agency (2023), [Cover of vaccination evaluated rapidly \(COVER\) programme 2023 to 2024: quarterly data](#)

206 Vaccination UK data

207 UK Health Security Agency (2023), [Hepatitis C prevalence falls by 45% in England](#)

208 Office for Health Improvement and Disparities (2023) [Fingertips – Public Health Data](#)

Figure 180: Acute Hepatitis B incidence Rate, 2017-21, crude rate per 100,000

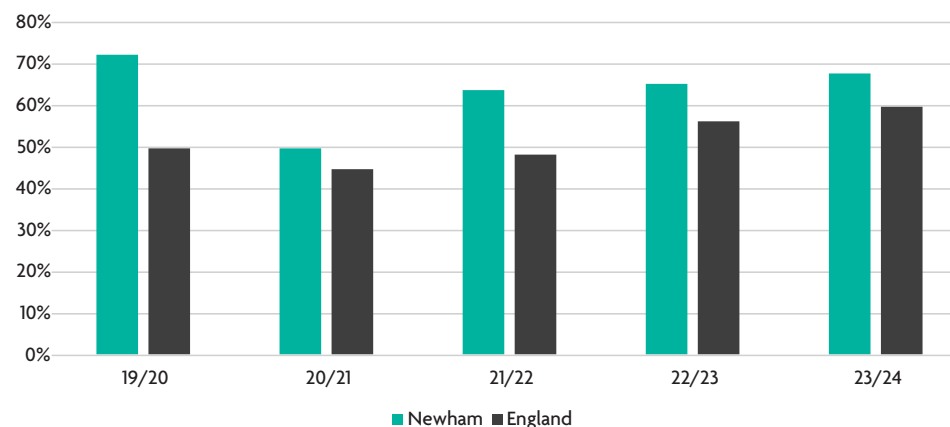


Source: UKHSA surveillance Acute Hepatitis B dataset, compiled from laboratory and Health Protection Team reports

Screening for chronic hepatitis B in pregnancy is an important way of reducing infections and protecting health. In 2019/20, 1% of women booked for antenatal care at Newham Hospital had chronic hepatitis B, meaning these women were at risk of passing on the infection to their baby. Screening coverage for hepatitis B in pregnancy in Newham was 99.9% in 2020/2021 – this is extremely positive as identifying women with the infection means action can be taken to avoid transmission to the baby.²⁰⁹

In 2022, an estimated 70,600 people in England were living with hepatitis C, down 45% since 2015 due to increased access to medications that cure the infection.²¹⁰ Testing for hepatitis C infection is an extremely important component of its eradication as people diagnosed can then be cured. Testing is currently targeted towards people accessing substance misuse services as this population is at greatest risk of hepatitis C. In 2023/24, 68% of eligible Newham residents in substance misuse services received a hepatitis C test, which was higher than the England proportion of 60%. Newham has consistently had higher levels of hepatitis C testing in substance misuse services than England in recent years, demonstrating strong performance in hepatitis C testing locally (Figure 181).

Figure 181: People in substance misuse services receiving a hepatitis C test, 2019/20 - 2023-24, proportion (%) of eligible people



Source: National Drug Treatment Monitoring System

In addition, Newham Hospital launched a new hepatitis C testing programme in 2021, providing tests to all adults who attend the emergency department and require a blood test as part of their care, which is further increasing access to testing and treatment.²¹¹

209 Newham Council (2021) [Children and Young People's Joint Strategic Needs Assessment 2021-2023](#)

210 UK Health Security Agency (2023) [Hepatitis C prevalence falls by 45% in England](#)

211 Barts Health NHS Trust (2021) [New HIV and Hepatitis C testing programme launching at Newham Hospital](#)

Infection prevention and control

Targeted infection prevention and control support to high risk settings – such as care homes – is another aspect of an effective health protection system. NHS North East London's Infection Prevention and Control (IPC) team was established in July 2022, based on success and learning from COVID-19. The team proactively support care settings to prevent and manage outbreaks, including through auditing care settings' IPC practices, providing training and advice, and supporting settings during outbreaks to reduce further spread. During 2023/24, the team undertook IPC audits of 22 of Newham's 23 care homes and ran eight IPC training sessions and five catheter passport training sessions for care homes, building knowledge and skills among care staff in how to prevent infection among this vulnerable population.

Future direction

By working as a whole system, we aim to protect residents from health threats such as infectious diseases, and increase uptake of vaccinations.

We will increase uptake of routine childhood vaccinations, with vaccinations given at the recommended time, as well as increase uptake of the second dose of the MMR vaccine to ensure long-lasting protection against measles, mumps, and rubella.

Given the high incidence of TB in Newham, we aim to improve early detection of TB, reducing the time between symptom onset and presentation to healthcare. This will improve the timeliness of treatment, which will lead to better outcomes for people with TB and lower risks of transmission to others.²¹²

We will work as a system to improve awareness of vaccinations available, how to access them, and deliver vaccinations in partnership with communities to overcome barriers of trust or accessibility – learning from COVID-19 experiences and feedback, and in line with the NHS national vaccination strategy. The success of offering the BCG vaccination in children's centres evidenced that this approach applies to multiple vaccinations and is not COVID-19 specific.

We will work collaboratively towards eliminating hepatitis B and C, with particular focus on surveillance and interventions to reduce new infections, improved uptake of testing and treatment, and reduced health inequalities in diagnosis, as well as ensuring a wide range of health services are engaged.²¹³

²¹² World Health Organisation (2011) [Early detection of tuberculosis: an overview of approaches, guidelines and tools](#)

²¹³ NHS England (2023) [NHS vaccination strategy](#)



Creating a healthier food environment

Key points

- In 2022/23, an estimated 21% of adults in Newham were eating five portions of fruit and vegetables a day. This was significantly lower than London and England.
- Access to healthy and unhealthy food varies across the borough. For example, there are large numbers of hot food takeaways in some areas and many neighbourhoods have limited access to healthy food.
- Newham has the longest running universal free school meals scheme in the UK. In 2024, over 90% percent of pupils, almost 35,000 children, were taking up the offer.
- In 2021, Newham was estimated to have the second highest level of food insecurity of all London boroughs. The Newham Food Alliance supports residents who can't afford the food they need. In 2023/24, in partnership with the Felix Project, it distributed over 40 tonnes of food a week, where each tonne produced approximately 2,800 meals.

Food

A healthier food environment

Healthy food is vital to maintaining good health. A balanced, healthy diet reduces the risk of chronic diseases such as cardiovascular disease, type 2 diabetes and some cancers. However, across the UK intake of saturated fat, sugar, and salt are above recommendations, and intake of fibre, fruit, vegetables and oily fish are below.²¹⁴ Moreover, over the past 50 years, the UK's food environment has become more 'obesogenic', meaning it has driven overweight and obesity through the increasing availability, affordability and consumption of food that is ultra-processed and high in fats, salts and sugar.²¹⁵

These changes in our food environment are primarily driven by the global food system and national policy. The price of food is one of the most important determinants of the population's diet. Healthy nutritious food costs nearly three times that of unhealthy food. The most deprived fifth of the UK population (which over a quarter of Newham is in) would need to spend 50% of their disposable income on food to meet the cost of the government-recommended healthy diet. This creates a health inequality, where on average people with lower incomes have poorer quality diets, greater food insecurity, and higher levels of diet-related illnesses than wealthier people.²¹⁶

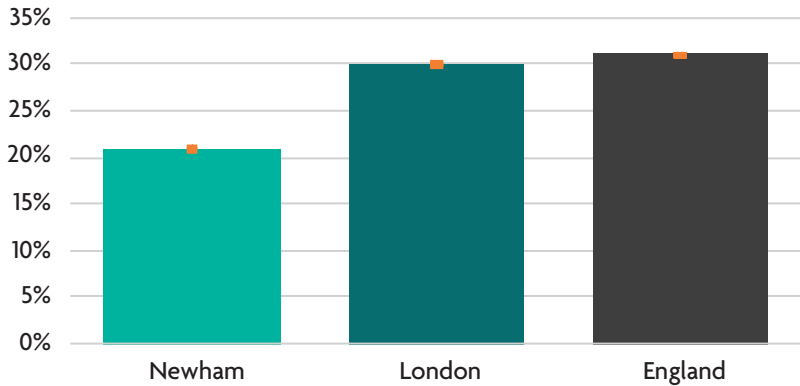
In 2022/23, an estimated 21% of Newham residents aged 16+ were eating five portions of fruit and vegetables a day, suggesting almost four in five adult residents did not have a healthy amount of fruit and vegetables in their diet. This was significantly lower (worse) than London and England, suggesting Newham's population has less opportunity to get a healthy diet than the regional and national populations (Figure 182). The proportion was roughly similar to previous years, indicating residents' intake of fruit and vegetables has been relatively constant, and it has been consistently lower than regional and national levels (Figure 183).

214 Office for Health Improvement and Disparities (2023) [Healthy eating: applying All Our Health](#)

215 National Food Strategy (2021) [The Plan](#)

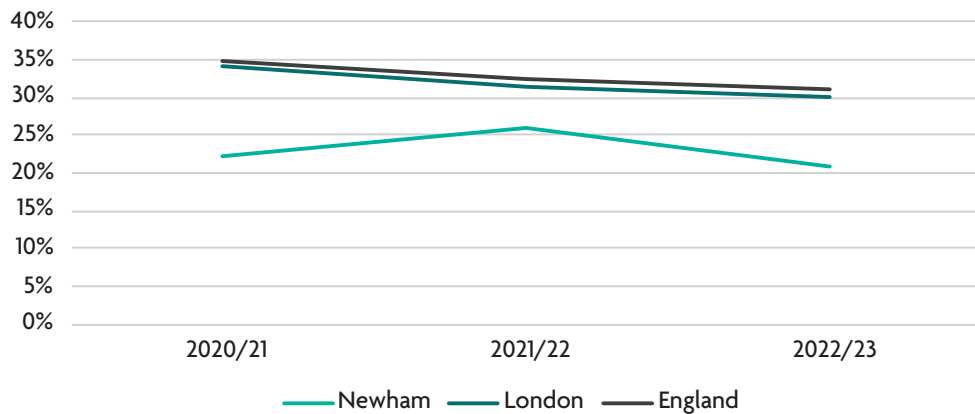
216 Food Foundation (2022) [The Broken Plate: The State of the Nation's Food System](#)

Figure 182: Adults aged 16+ eating '5 a day', 2022/23, proportion (%)



Source: Office for Health Improvement and Disparities (based on Active Lives Adult Survey, Sport England)

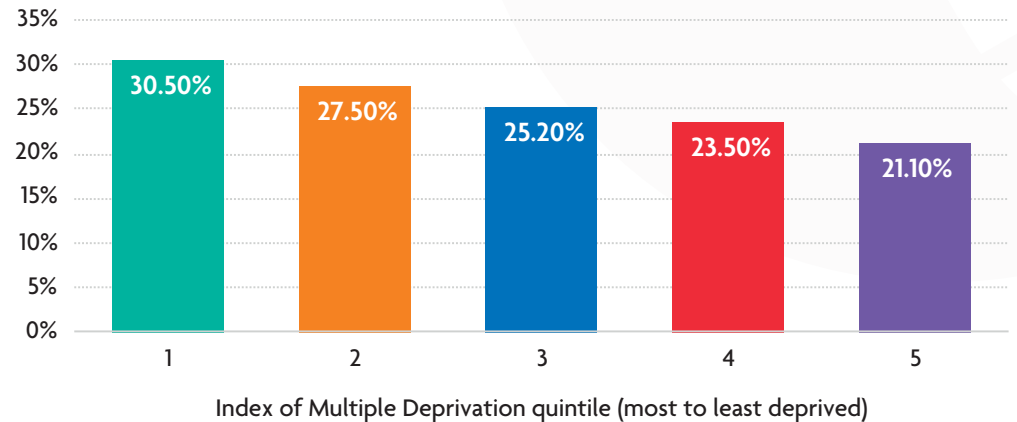
Figure 183: Adults aged 16+ eating '5 a day', 2020/21 – 2022/23, proportion (%)



Source: Office for Health Improvement and Disparities (based on Active Lives Adult Survey, Sport England)

In addition to food prices, the availability and accessibility of healthy food are also key challenges. Nationally, food deserts and food swamps disproportionality affect those on lower incomes, especially those with limited access to public transport and those without personal means of transport. Across England, the proportion of food outlets that sell fast food is highest in the most deprived places and lowest in the least deprived places, illustrating how living in a more deprived area makes it harder to access healthy food (Figure 184).

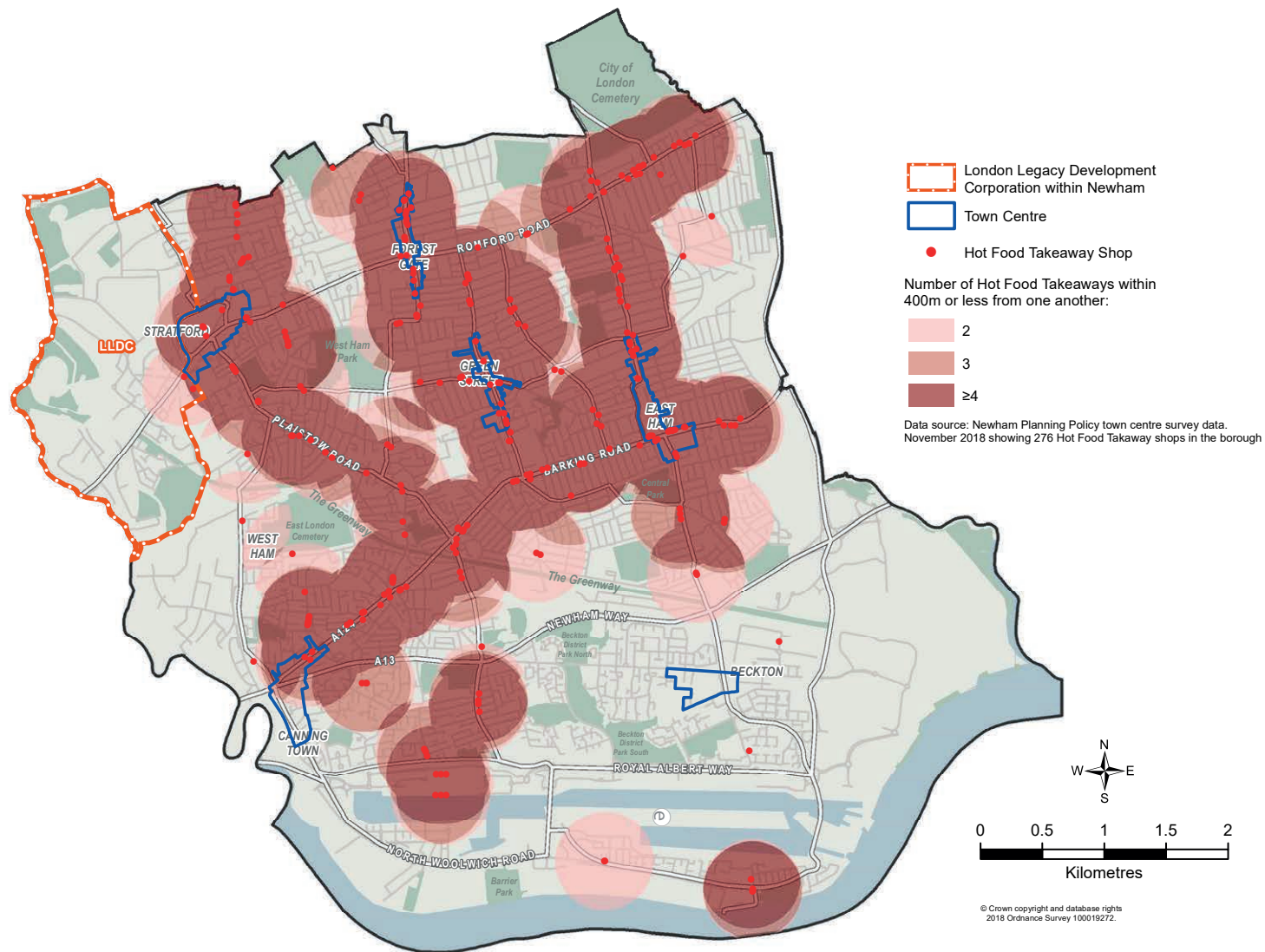
Figure 184: Proportion of all food outlets that are fast food outlets in England by deprivation group, 2021, proportion (%)



Source: Data from the Ordnance Survey and analysed in collaboration with the MRC Epidemiology Unit at the University of Cambridge

In Newham, there is variation in access to healthy and unhealthy food across the borough. For example, there are large numbers of hot food takeaways in some parts of the borough (Figure 185) and many neighbourhoods have limited access to healthy food.

Figure 185: Hot food takeaway hotspots in Newham, 2018



Source: Newham Local Plan (2018) Planning Policy town centre survey data

Newham residents are very concerned about the growing number of takeaways in the borough and the lack of healthier food options available to them.



You should address the chicken and burger shops and protect the markets as they provider cheaper, healthier food.

Resident, Local Area Forum Stratford (2023)

Newham Council shouldn't give licenses to takeaways when they are trying to get people to eat healthily.

Resident, Local Area Forum – Little Ilford, Manor Park, East Ham and Wall End (2023)

To address these issues, the council and local partners continue to build on Newham's 5As of food for health, security and equity (Figure 186).²¹⁷

Figure 186: Our 5As of food for health, security and equity

Our 5As of food for health, security and equity



217 Andy Gold and Jason Strelitz (2020), A Whole Systems Approach To Healthy Weight

Since 2016, the council's Local Plan has defined areas of over-concentration of hot food takeaways, leading to greatly improved planning controls. Between 2016 and 2023, the council refused 21 applications for hot food takeaways with no overturns at appeal. However, the Local Plan policies cannot be used to reduce the historic over-concentrations of hot food takeaways, and Local Plan monitoring data indicates that there have been very few applications proposing the loss of a hot food takeaway towards other uses.

The council is also developing its approach to licensing and leasing, aiming to ensure that healthier businesses are prioritised, as well as supporting healthier food provision in council-owned settings, including libraries and community centres. This is supported by a campaigning approach by the council because national legislation is key to shaping what can and can't be sold on our high streets.

Marketing and advertising also play an important role in what people eat. The food and drink industry spends nearly 30 times more on junk food advertising than the government spends on promoting healthy eating, and people from more deprived places tend to be more exposed to unhealthy food and drink advertising than wealthier areas.^{218,219} Evidence suggests healthy food advertising policies, such as restricting junk food advertising, can prevent purchases of unhealthy food and reduce overweight and obesity.^{220,221} Translating this evidence locally, Newham Council implemented a Healthier Food Advertising policy across all council advertising estate in 2024 to ensure that the health of residents is not at the cost of revenues, with companies choosing to advertise healthier options rather than forgoing marketing altogether.²²² This policy will expand further to include alcohol, gambling and energy drinks.

Food for a just transition

A third of the world's greenhouse gas emissions come from food, highlighting the key role that the global food system has to play in addressing climate change.²²³ Foods that are good for the planet also tend to be good for people, which makes food one of the single strongest levers to optimise health and environmental sustainability.²²⁴ Increasing consumption of fruit, vegetables, nuts and legumes, and reducing animal-source food and sugars, would deliver significant health and environmental benefits.²²⁵

Newham is one of the founding signatories of the London Circular Food Purchasing Commitment and was also awarded the Sustainable Food Place accreditation in 2023.²²⁶ Sustainable Food Newham, which launched in October 2023, is a local partnership with the council, schools, voluntary, community and faith organisations, NHS and businesses. Its ambition is to bring healthy, sustainable and affordable food to everyone in Newham.

Newham has been a pioneer in recognising the need and opportunity for local government and communities to use up surplus food and prevent it becoming waste. This benefits the environment and residents' health through increasing access to affordable and healthy food, and was initially a necessity as the borough responded to COVID-19. Since 2020, the Newham Food Alliance (NFA) has distributed surplus food to residents daily, and since 2022 we have piloted work showing that surplus food can also be used effectively by schools. The NFA distributes over 40 tonnes of food a week, comprising 25 tonnes of surplus food and the remainder sourced locally by voluntary, community and faith organisations. Each tonne of surplus food used saves 3.8 tonnes of CO₂e. Since 2023, the council and The Renewal Programme have used cargo bikes to deliver food to further enhance the environmental and health impacts of local food distribution.

218 BMJ (2017) [Spending on junk food advertising is nearly 30 times what government spends on promoting healthy eating](#)

219 National Institute for Health and Care Research (2022) [Advertising ban was linked to lower purchases of unhealthy food and drink](#)

220 Yau A et al. (2022) [Changes in household food and drink purchases following restrictions on the advertisement of high fat, salt, and sugar products across the Transport for London network: A controlled interrupted time series analysis](#)

221 Thomas C et al. (2022) [The health, cost and equity impacts of restrictions on the advertisement of high fat, salt and sugar products across the transport for London network: a health economic modelling study](#)

222 Newham Council (2024) Cabinet paper

223 European Commission (2023) [Field to fork: global food miles generate nearly 20% of all CO₂ emissions from food](#)

224 UK Health Security Agency (2023) [Health Effects of Climate Change \(HECC\) in the UK](#)

225 Ibid

226 ReLondon [Hackney, Hounslow, Lambeth and Newham councils pave the way in London's food system transformation](#)

Increasing access to food growing is another way of achieving health and environmental benefits locally. Food-growing produces fruit and vegetables, which can help local people access fresh, healthy food and can influence attitudes towards vegetables. It also provides green space, which has a range of physical and mental health benefits, as well as environmental benefits such as sustainable urban drainage. Further, food growing can build green skills, promoting a more inclusive and green local economy. Funded by the Net Zero Initiatives Programme, the council created the Newham Food Growing Toolkit in 2023.²²⁷ In 2023, 26 Newham schools had on-site food growing (including 14 as part of sustainable urban drainage schemes), and there are plans for food growing on NHS sites as well as a thriving community garden network, Newham Community Garden Map.

Whole-school approaches to food

The meals served in education settings are an opportunity to invest in high-quality nutritious school meals that sit at the heart of whole-school approaches to food and health. School meals can also contribute to community wealth building, create jobs, and support action on climate change.

In Newham, 12 million meals are served in education settings each year. Newham has offered universal free school meals in primary schools for around 15 years, the longest running scheme in the UK. In 2024, over 90% percent of pupils, equating to over 34,700 children, were taking up the offer – Eat for Free – receiving a free hot school meal every day.

Free school meals provide multiple benefits including diet quality, school attendance, educational attainment and food security. In terms of diet quality, children who eat school meals consume more fruit and vegetables than those who do not. Nationally, an estimated 1.6% of packed lunches meet the school food standards, indicating that school meals are the more nutritious option. There is evidence linking universal infant free school meals in the UK with lower obesity rates and higher levels of healthy weight, suggesting that free school meals may contribute to healthy weight among children who receive them. In addition, evaluation of an English universal free school meals pilot linked the scheme to improved academic attainment, with children on universal meals making between four and eight weeks' more progress in maths and English than similar pupils in comparison areas. Importantly, attainment was most improved for pupils in less affluent families, which implies free school meals may also promote equity in educational attainment.²²⁸ In addition to the health and educational benefits to children receiving school meals, parents and carers are estimated to be saving around £500 a year per child, supporting them with the cost of living.²²⁹

Universal free school meals also promote equity. For example, uptake of free meals among those eligible for means-tested free school meals increases when the offer becomes universal, demonstrating that children in low income households are more likely to take up the offer of free school meals when meals are free for all pupils. In addition, while an estimated 44% of Newham children live in poverty (taking housing costs into account)²³⁰, only 32% would be eligible for the national means-tested free-school meals scheme. Providing universal free school meals therefore guarantees all children a meal and reduces stigma associated with free meals.

Eat for Free also delivers wider benefits in Newham. As an industry, school meals in Newham are worth over £20 million, which contributes to community wealth building, creates jobs (Newham residents make up 87% of all Juniper Ventures employees), and supports action on climate change. The Eat for Free grant conditions drive up standards for workers and encourage schools to embed a holistic approach to food, such as through implementing water-only status and food growing on site.

²²⁷ Newham Council, [Newham Food Growing Toolkit](#)

²²⁸ The Food Foundation (2022) [The superpowers of free school meals](#)

²²⁹ Greater London Authority, [Free School Meals](#)

²³⁰ Trust for London (2024) [London's Poverty Profile 2024](#)

Residents and teachers strongly support Eat for Free and many residents cite healthy eating among children as a key local health priority:



As a parent and teacher I know the importance and impact decent food has on children and in their concentration towards learning (...). There are parents who struggle with providing healthy meals both at home and for school.

Newham resident, Eat for Free consultation (2021)²³¹

I have always admired Newham Council for making it a priority to feed our children. A well-nourished child will be better behaved and have the mental and physical ability to concentrate and apply themselves at school.

Newham resident – Eat for Free consultation (2021)²³²

Every parent, all teachers, residents, employees should be responsible... to encourage children to value the beauty of flowers, the sweetness of fruit and the nutritious value of vegetables.

Resident, Custom House (2023)

The secondary school food landscape is varied and more complex than the primary sector. However, a 2023 study from schools in Hammersmith and Fulham found that providing free school meals for all secondary school pupils is a feasible intervention for improving nutrition. It also creates wider benefits for whole-school approaches to food, climate action and community wealth building. The equity benefits were also clear: the secondary schools with the universal meals offer saw an increase in the number of students who were already eligible for free school meals deciding to eat a school lunch. In one of the pilot schools this rose from 55% of free school meal-eligible pupils to 78%.²³³

Food security

Food security is when ‘all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life’.²³⁴ Improving food security enables people to eat healthy and nutritious food, which has a positive impact on health outcomes and wellbeing, as well as delivering benefits for the climate.

Food insecurity is when people do not have reliable access to enough affordable, nutritious and appropriate food.²³⁵ In the UK it is often due to low and fluctuating income and benefits and the price of food. Food insecurity can be harmful to people of all ages, but its effects in children are especially concerning. Hunger during childhood can have long-term physical, psychological and social consequences for individuals, families and society as a whole, including stunting, delayed development in young children, risk of chronic illnesses like asthma, and behavioural problems like hyperactivity, anxiety and aggression in school-age children. Across the UK, many children in low-income families are going hungry and being exposed to feelings of shame and social exclusion because of lack of money and food.²³⁶

²³¹ Newham Council (2021) Eat for Free consultation

²³² Newham Council (2021) Eat for Free consultation

²³³ Jessiman et al (2023) [A qualitative process evaluation of universal free school meal provision in two London secondary schools](#)

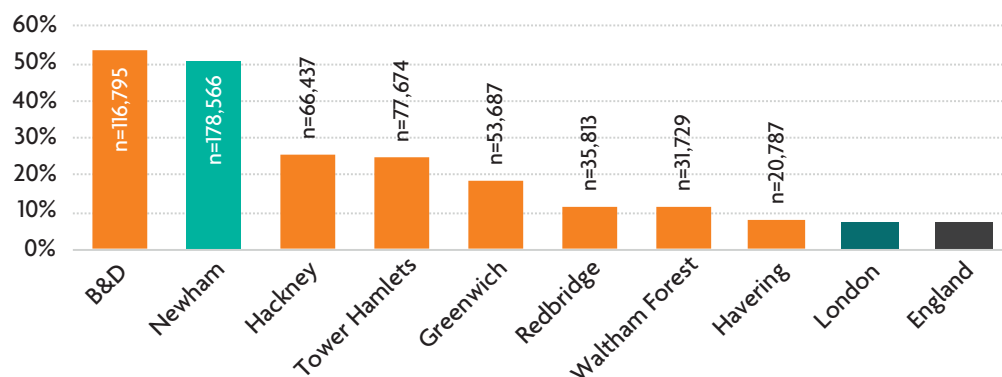
²³⁴ World Food Summit (1996) [An Introduction to the Basic Concepts of Food Security](#)

²³⁵ British Red Cross. [Food security: how food shortages can cause a humanitarian crisis](#)

²³⁶ UCL (2019), [Children growing up in poverty endure hunger and shame](#)

In 2021, Newham was estimated to have the second highest level of food insecurity of all London boroughs, with 51% of residents living in areas at highest risk of food insecurity, equating to around 180,000 people (Figure 187). This was significantly higher (worse) than the London and England averages, both 7%.²³⁷

Figure 187: Residents living in areas at highest risk of food insecurity, 2021, proportion (%)



Source: Calculations performed by OHID Population Health Analysis team via Fingertips

The key driver of food insecurity in Newham is deprivation and poverty. The Newham Food Alliance (NFA) was established in 2020 in response to COVID-19, and today continues to support residents who can't afford the food they need. It is a partnership between the council, 39 voluntary, community and faith organisations, and regional and national partners. The NFA's strategic objectives are:

- Maximise the breadth of those we reach by mobilising trusted places in the community
- Help residents in need to access support early, when it's easier to address challenges
- Ensure Newham's voluntary, community and faith sector is equipped to support residents to access statutory entitlement and solutions to problems
- Ensure direct food support is working to enhance statutory and never instead of it
- Maintain ongoing trust and confidence between all stakeholders – residents, voluntary, community and faith sector, schools, council – so that when things change we are best placed to regroup together as a borough

The NFA operates at scale, with a method focused on lifting residents out of emergency and supporting those with long-term low income: the 'mighty sandwich' approach (Figure 188). This includes distributing food for free or at low cost through:

- Food banks, which traditionally support people in an emergency and offer time-limited food support as well as other support to resolve their situation.
- Food clubs, which operate as a membership scheme for residents on a low income long-term, providing food for a minimal fee of £3 to £6 per week per household. They also offer access to additional services and support such as financial and digital inclusion, training and employability.

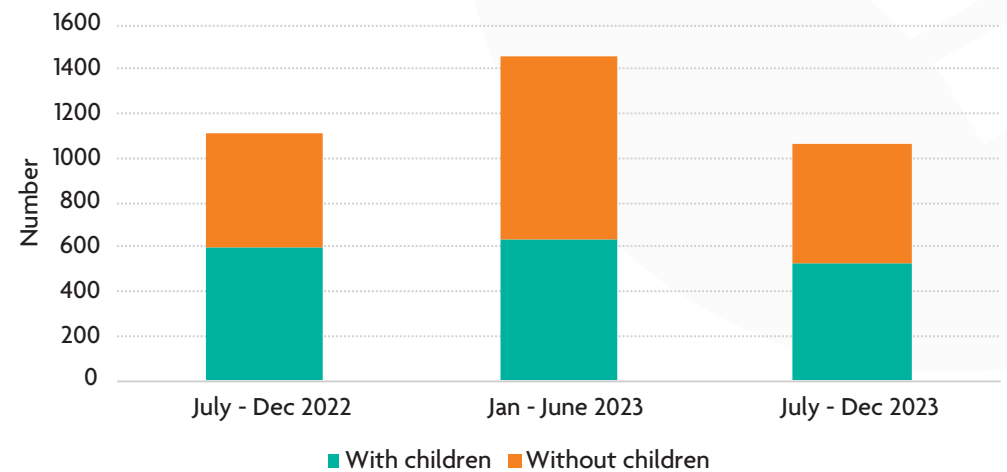
NFA partners also offer community hot meals and food during school holidays and distribute vouchers. At the same time, the NFA seeks to reduce the need for emergency food support by supporting residents to access services that can improve their situation long-term, such as financial advice and immigration advice, working with Newham's Social Welfare Alliance to upskill frontline staff and volunteers.

Figure 188: Newham Food Alliance: 'A Mighty Sandwich'



In 2023, the NFA supported around 4,500 households a week, of which around 2,900 were households with children, and continued to receive new referrals every week, demonstrating the significant scale of the operation and pointing to the ongoing high level of need in the population (Figure 189).

Figure 189: Newham Food Alliance Front Door new (unique) referrals, showing whether these included children, 2022-23, number of people



Source: Newham Food Alliance Front Door

The scale of operation is possible because of the unique way the NFA works with surplus food. In 2023/24, in partnership with The Felix Project, the NFA supported the delivery of over 25 tonnes of surplus food a week, where each tonne was worth an estimated £3,470 and produced approximately 2,831 meals. In 2023/24, the council delivered an estimated £6.3 million worth of surplus food and other essentials to NFA partners. Between April 2020 and December 2023, the NFA distributed over 700,000 surplus food parcels.

Local people have described how providing free or low-cost food is vital for many residents and has wider benefits for social connection and building communities:



At our Tuesday Warm Haven in Stratford we have mostly seen refugees and asylum seekers from local hotels. They have been so happy to have somewhere to go and meet people. They are hugely grateful for all we offer and have started helping with the cooking each week. We have had several Iranian dishes, and today had an Afghan dish. The community that is being built is amazing and people are saying it feels like family.

Newham community meals provider, 2023

Numbers of families mentioned that it's not only a support to reduce the cost of energy, but it has provided an opportunity to socialise with local residents and support each other. [They also say] it is very helpful for mental health and wellbeing.

Newham community meals provider, 2023



In the three years from November 2020, when the Newham Social Welfare Alliance launched, to December 2023, NFA partners attended 554 training sessions, building knowledge and skills among frontline staff and volunteers on a range of issues they may encounter in their work, such as financial wellbeing, mental health, immigration, domestic abuse and employment. See the [Social Movement](#) section for further information about the Social Welfare Alliance.

[Building an inclusive economy](#) provides more detail about financial security in Newham and our approach to addressing financial insecurity, which will in turn help address and prevent food insecurity.

Future direction

A healthier food environment

Our ambition is to have high streets where delicious and nutritious food brings people together; we aim to push out foods high in fat, salt and sugar, eradicate food deserts and champion businesses offering healthy food options.

Pioneers in tackling obesity, most notably Amsterdam, have shown it is possible to reverse the trend in obesogenic environments.²³⁸ We will continue to learn from places like this, developing local solutions and aiming to lead the way in creating healthy food environments in London. As part of this, the council is progressing a new Local Plan that retains the limits on hot food takeaway concentrations across Newham and includes new policies to improve healthy food standards in food businesses. Site allocations in the draft plan have been developed to help address food deserts, by requiring delivery of new food stores in those locations, sometimes as part of delivering completely new local high streets. Strong planning policy will also support food growing, access to kitchens and cooking facilities, and healthier, better connected neighbourhoods.

Influenced by the council's food advertising policy, anchor partners in Newham will adopt healthier food and drink advertising policies to further reduce high fat, salt and sugar advertising to residents.

Food for a just transition

Newham's pioneering Just Transition Plan outlines eating well and sustainably as one of the borough's six key futures.²³⁹ We aim to grow the broadest and most diverse possible partnership under Sustainable Food Newham, involving stakeholders from voluntary, community and faith organisations, grassroots activists, businesses, council and other anchor institutions. Through this, we will create and disseminate the Well Newham Diet. This is a social movement for affordable and practical healthy eating, drawing on the rich diversity and culinary traditions in Newham to promote eating well and sustainably. This movement will celebrate the skills, knowledge and creativity relating to food from around the world found in Newham's diverse communities and serve as both guide and inspiration.

We aim to continue to reduce our food waste, with a clear roadmap to becoming a leader on this issue, while campaigning for a paradigm shift in how we prevent and reduce food waste nationally.²⁴⁰ We will support best practice by integrating sustainability into the support offered by The Newham Food Business Innovation Hub.

Whole-school approaches to food

Evidence of the benefits of universal free school meals (UFSM) is strong and growing.²⁴¹ We will continue to campaign for UFSM, and make the case that school meals and whole-school approaches to food are key levers for a just climate transition.²⁴²

238 UNICEF and EAT (2020) [The Amsterdam Healthy Weight Approach](#)

239 Newham Council (2023) [Just Transition Plan for the London Borough of Newham](#)

240 Wrap (2023) [The Food Waste Reduction Roadmap](#)

241 Department for Education (2012) [Free school meals pilot: impact report](#)

242 [School Meals Coalition](#)

A coherent whole-school approach to food in secondary schools has the potential to significantly improve young people's nutrient intake.²⁴³ We will support and encourage all Newham secondary schools to improve their school food environment and the food literacy of their students. Meanwhile, we will explore the feasibility of an extended UFSM offer to secondary schools and ensure we are in a position to expand UFSM into secondary schools should additional funding become available.

We will continue to support primary schools to develop their approach to food and food literacy, and ensure all primary schools are confident in implementing the Eat for Free grant conditions and principles to maximise the benefits of Newham's universal model.

Food security

When addressing food security locally, a threefold approach is needed. Firstly, we need to work together as a borough to utilise the power of our whole community and the limited non-statutory resource available. Secondly, we need to ensure that every interaction using food is the gateway to the start of a journey into wraparound services, access to statutory entitlements and other onwards referrals that lift vulnerable residents out of crisis or prevents them from reaching crisis point. Thirdly, we need to campaign, tell our stories and escalate issues to national government, because better national policy and a fairer economy are key to improving food security at scale across the population.

Putting this into practice, we want to see more food banks become food clubs and we want to support food clubs to develop their role as providers of wraparound support, food educators, and a core part of a local, sustainable food system.

We will also ensure an ever more comprehensive and well-accessed Social Welfare Alliance training programme, which focuses on ensuring that direct food support is always in addition to statutory entitlement and other services.

We aim to continue leading the way as an exemplar for good food security for migrants seeking sanctuary, and we aim to ensure all refugees and asylum seekers have the means and suitable facilities to acquire, prepare, and cook meals.

We will continue to develop a borough of accessible community kitchens offering community meals as an integrated part of ageing well, inclusivity and a connected community. Our approach will be informed by growing evidence that community dining can help address social isolation, food insecurity, and the high cost of living, with positive outcomes in social connection, food literacy and wellbeing.²⁴⁴

243 Rose K et al. (2023) ['Doing school food!': a practical toolkit for adopting a whole school food approach](#)

244 Food Cycle (2023) [Your Place at the Table: Understanding the Impacts of Community Dining](#)

Making Newham a place for people and planet



Key points

- Newham is particularly vulnerable to the impacts of climate change. For example, it is the second most vulnerable area to extreme heat in the UK and one of the six London boroughs most likely to be affected by ‘catastrophic’ flooding.
- In 2022, an estimated 7.5% of deaths in Newham were attributable to particulate air pollution. This was similar to the London average and higher than England. Since 2018, estimated deaths linked to air pollution have fallen, reflecting steadily improving air quality.
- In 2021, an estimated 36% of Newham adults walked at least five times a week, and 4% cycled at least five times a week. Both were similar to the London average.
- The Healthy Streets Approach enables people to walk, cycle and use public transport for travel, which has many health benefits. In 2023, Newham ranked 12th out of all 32 London boroughs (where 1 is best) for its overall Healthy Streets score.
- Between 2020/21 and 2021/22, the number of Healthy School Streets in Newham more than tripled from six to 19. Air quality improved around the schools – on average, nitrogen dioxide fell by 29% during school hours, PM2.5 fell by 19% and PM10 fell by 25%.
- Newham has relatively low levels of green space. In 2022, the borough had 0.71 hectares of publicly accessible green space per 1,000 population, which was substantially below the London and England averages.
- Libraries are integral to communities. There are over a million visits to Newham’s libraries a year and over a million books are borrowed every year, with primary age children being the most frequent borrowers.

A just transition in addressing climate change

Climate and health are connected. The world’s climate and ecosystems support human existence, and climate affects nearly every aspect of life, from our food to our clothes, from our cities to how we travel. Climate change is already affecting Newham residents’ health and wellbeing and exacerbating health inequalities. Reducing emissions, addressing the unequal impacts of climate change, and adapting to the changing climate are all vital to promoting and protecting health in Newham. Furthermore, many climate actions can have health co-benefits. For example, increasing green spaces to reduce flood risk also improves physical and mental health. And vice versa, many actions we take to improve health can have positive environmental outcomes. For example, enabling people to travel more actively will improve physical activity and also reduce greenhouse emissions from vehicles.

Climate change can affect health in several ways:

- Physical health e.g. hot weather-related illness, water- and vector-borne diseases;
- Mental health e.g. exacerbation of existing mental health illness, depression, anxiety and post-traumatic stress disorder among people affected by flooding;
- Damage to the economy and communities, with knock-on health impacts;
- Disruption to public services, including health and care facilities and other vital services that support health and wellbeing.²⁴⁵

Newham is one of the six London boroughs most likely to be affected by ‘catastrophic’ flooding.²⁴⁶ In 2021, more than 20 places in Newham were flooded, including Newham Hospital Emergency Department, which was forced to close.²⁴⁷ Flooding can result in depression, anxiety and post-traumatic stress disorder in those affected. It can also lead to damage or permanent loss of homes and infrastructure leading to people being uprooted displaced as well as the economic impacts.²⁴⁸

²⁴⁵ World Health Organisation (2023) [Climate change](#)

²⁴⁶ My London (2021) [The 6 London boroughs at particularly high risk of ‘catastrophic’ future flooding and why](#)

²⁴⁷ Newham Recorder (2021) [More than 20 places in Newham hit by flooding, council says](#)

²⁴⁸ The Climate Coalition (2021) [Health warning: the impacts of climate change on public health](#)

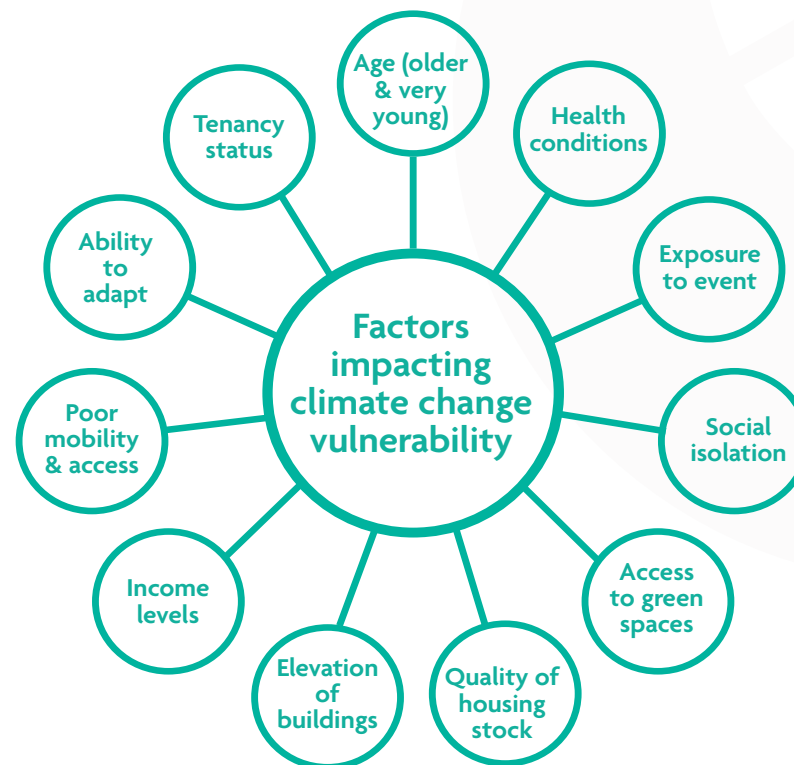
Newham is the second most vulnerable area to extreme heat in the UK.²⁴⁹ In July 2022, Newham experienced a record temperature of 40 degrees Celsius. Hot weather can cause heat stroke and exacerbate long-term health conditions, leading to illness, hospitalisation and, in some cases, death. Between 2004 and 2018, there was a 21% increase in heat-related mortality among people over 65 years old in the UK. UK heat-related deaths are expected to triple by 2050.²⁵⁰

Climate change can exacerbate mental illness. Newham is estimated to have one of the highest levels of mental illness in England, with an estimated one in four adults having a common mental health condition.²⁵¹ This suggests that climate impacts, such as hot weather and flooding, are likely to disproportionately affect mental health in Newham compared to other places.

Climate impacts affect some groups more than others, leading to health inequalities. Figure 190 shows the range of factors that influence climate vulnerability. These include:

- Personal factors, such as age and health conditions. For example, older people are less able to adapt to hot weather, and therefore more susceptible to heat-related illness.
- Environmental and geographic factors, such as housing quality and access to green space. For example, flats in high-rise buildings can have a six-fold difference in temperatures between the ground and the top floors.
- Social and economic factors, such as social networks and income. For example, an estimated 35% of Newham households live in poverty, making them less able to avoid or adapt to climate impacts.^{252, 253}

Figure 190: Factors influencing climate vulnerability



²⁴⁹ Friends of the Earth (2022) Millions at risk from extreme heat unless climate goals met

²⁵⁰ The Climate Coalition (2021) [Health warning: the impacts of climate change on public health](#)

²⁵¹ [Adult Psychiatric Morbidity Survey, 2019](#)

²⁵² Trust for London. [London's Poverty Profile](#)

²⁵³ Climate Just (2022) Who is vulnerable?

The council, NHS and other local partners have set out ambitious strategies for reducing carbon emissions, addressing the unequal impacts of climate change, and adapting to the changing climate. These include:

- Newham Council's Just Transition Plan, published in December 2023, which applies a strategic framework for climate action across Newham, with a focus on enhancing equity and increasing Newham's climate resilience to benefit both people and planet.²⁵⁴
- The North East London Integrated Care System published its first Green Plan in 2022, setting out priorities for decarbonisation across the sub-region with a focus on NHS services.²⁵⁵ Since then, among many achievements, clinicians across North East London have eliminated the use of the anaesthetic gas desflurane, saving 332 tonnes of CO2 equivalent (based on three years' usage). In 2023, work to reduce prescriptions of high-carbon inhalers saved 6.6 tonnes of CO2e per 1,000 patients in Newham alone.²⁵⁶
- Within Barts Health NHS Trust, Newham Hospital is set to become the lead hospital for the national net zero programme, aiming to decarbonise the whole site.
- East London Foundation Trust published their climate action plan in 2022, taking a comprehensive approach to net zero and adaptation, which has already delivered a reduction in energy use and built a 260-strong staff climate network.

Children and young people in Newham have expressed particular concern about climate change and have put forward their ideas and views on what they would like to see in Newham. For example, many want to see more green space and better accessibility of the green space that already exists, as well as activities in nature to promote climate awareness and skills, such as planting.



The sound of birds helps my wellbeing – I want to have clean streets and a good environment.

Year 5 pupil, Manor Park (2023)

I like the flowers at West Ham Park.

Year 6 pupil, Manor Park

²⁵⁴ Newham Council (2023) [Just Transition Plan for the London Borough of Newham](#)

²⁵⁵ [North East London ICS Green Plan 2022 – 2025](#)

²⁵⁶ NHS NEL (2024)

Future direction

Through 50 Steps to a Healthier Newham we seek to join up efforts in improving health and addressing climate change, and embed health and health equity in local climate action.

Delivering Newham Council's Just Transition Plan will be a key vehicle. For example, creating new and improved green spaces to reduce flooding and overheating risks can promote mental health and physical activity. Targeting these interventions to places that are most vulnerable – considering demographic, health, environmental and socio-economic factors – can help narrow health inequalities.²⁵⁷ Involving and mobilising communities is not only central to 50 Steps but is also critical to climate action. This presents opportunities for community-led action to achieve both health and climate outcomes. For example, community-powered retrofit can contribute to improving health through alleviating fuel poverty, strengthening community cohesion and retaining wealth in the local community, while benefitting the climate through reducing energy use in homes.²⁵⁸

Newham Health and Care Partnership, including the council and local NHS institutions, has committed to working together on climate, to make the best use of our collective levers and resources. For example, this may involve the council and local hospitals working together to develop heat networks, create new green spaces, reduce air pollution, and inform and engage local people and patients on climate issues.



257 European Environment Agency (2022) [Who benefits from nature in cities?](#)

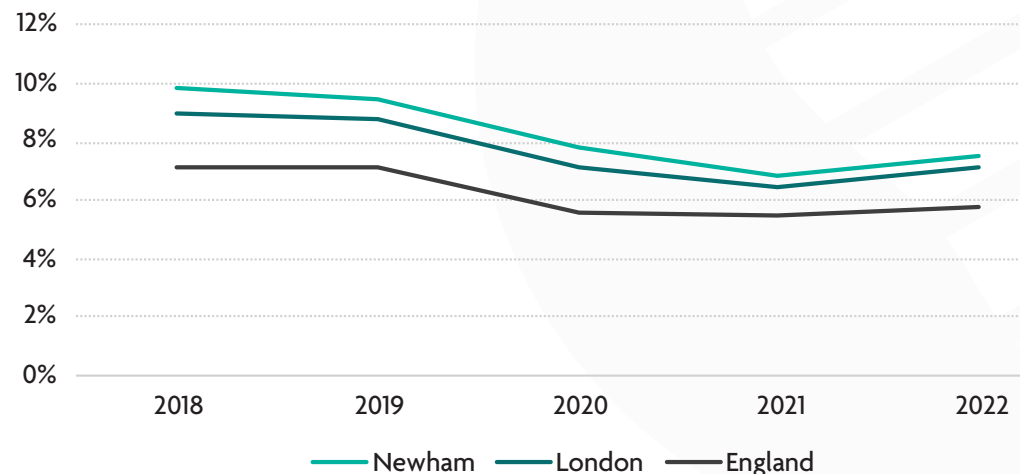
258 London Councils (2023) Community Powered Retrofit for London

Air quality

Air pollution is a significant public health issue and currently the largest environmental risk to public health in the UK. Long-term exposure to air pollution reduces life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer. Short-term exposure (over hours or days) to high levels of pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality. Air pollution also contributes to health inequalities as some groups of people are more exposed to poor air quality and some are more susceptible to the health problems it causes.²⁵⁹

In 2022, an estimated 7.5% of deaths among Newham residents were attributable to particulate air pollution (PM2.5) (Figure 191). This was similar to the London average (7.1%) and higher (worse) than the England average (5.8%). Since 2018 the proportion of deaths linked to air pollution has generally been on a downward trajectory, reflecting improving air quality over time.²⁶⁰

Figure 191: Deaths attributable to particulate air pollution, 2016-2022, proportion (%) of deaths



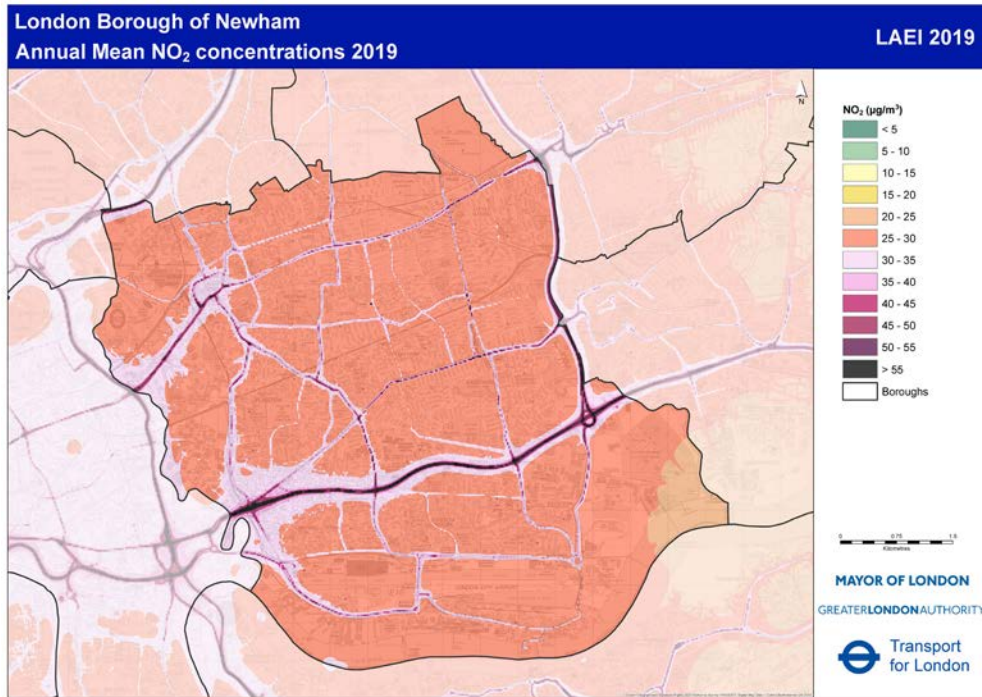
Source: Defra via Fingertips, OHID

The two major types of air pollutant are nitrogen dioxide (NO₂) and particulate matter (PM_{2.5} and PM₁₀). The maps show the levels of the NO₂ and PM_{2.5} in Newham in 2019 and predicted levels in 2030 (Figure 192, Figure 193, Figure 194 and Figure 195). NO₂ and PM_{2.5} levels are falling (getting better) and are expected to continue to fall. This is due to international and national regulations which reduce air pollution from vehicles and other sources, and other policies such as London's ultra-low emission zone (ULEZ).

259 Public Health England (2018) [Health matters: air pollution](#)

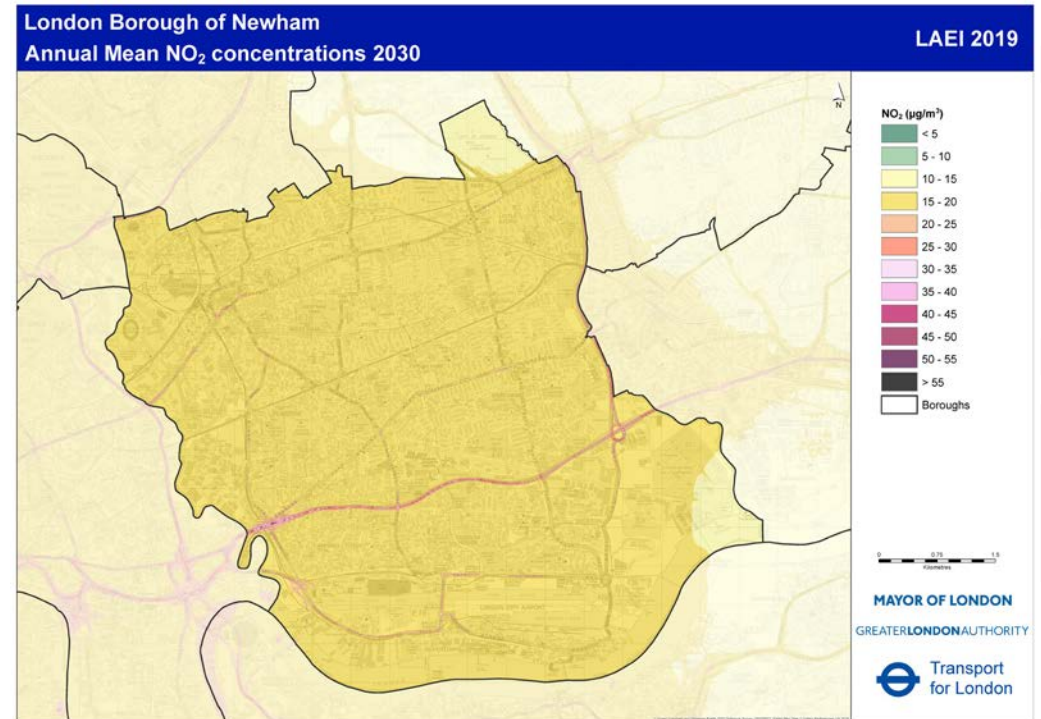
260 Office for Health Improvement and Disparities (2023) [Fingertips – Public Health Data](#)

Figure 192: NO₂ annual mean concentration, Newham, 2019



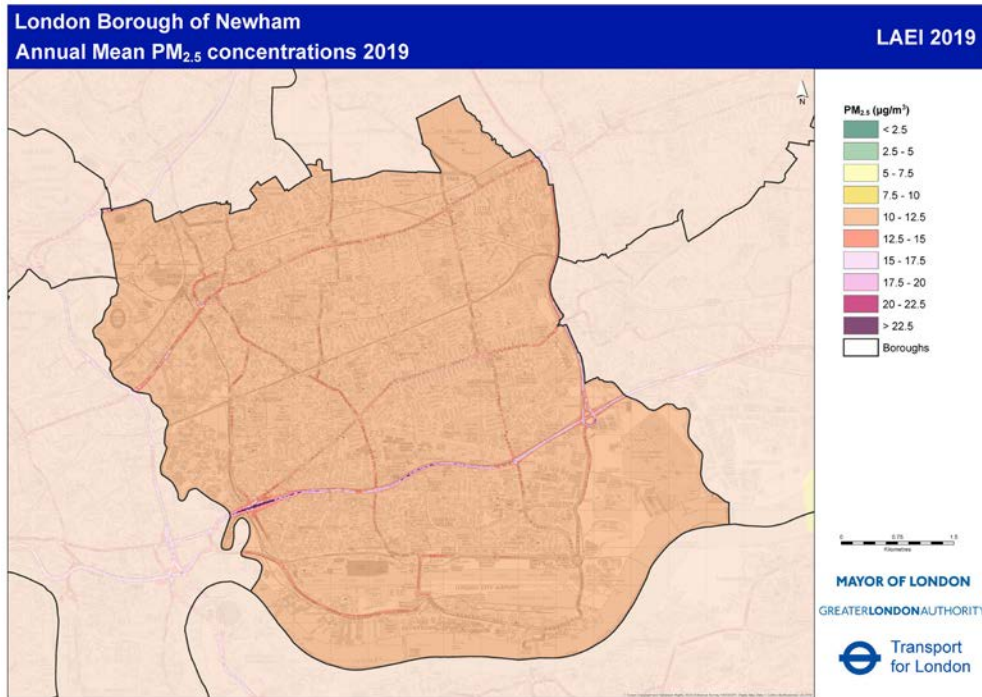
Source: London Atmospheric Emissions Inventory (LAEI) 2019

Figure 193: NO₂ annual mean concentration, Newham, 2030



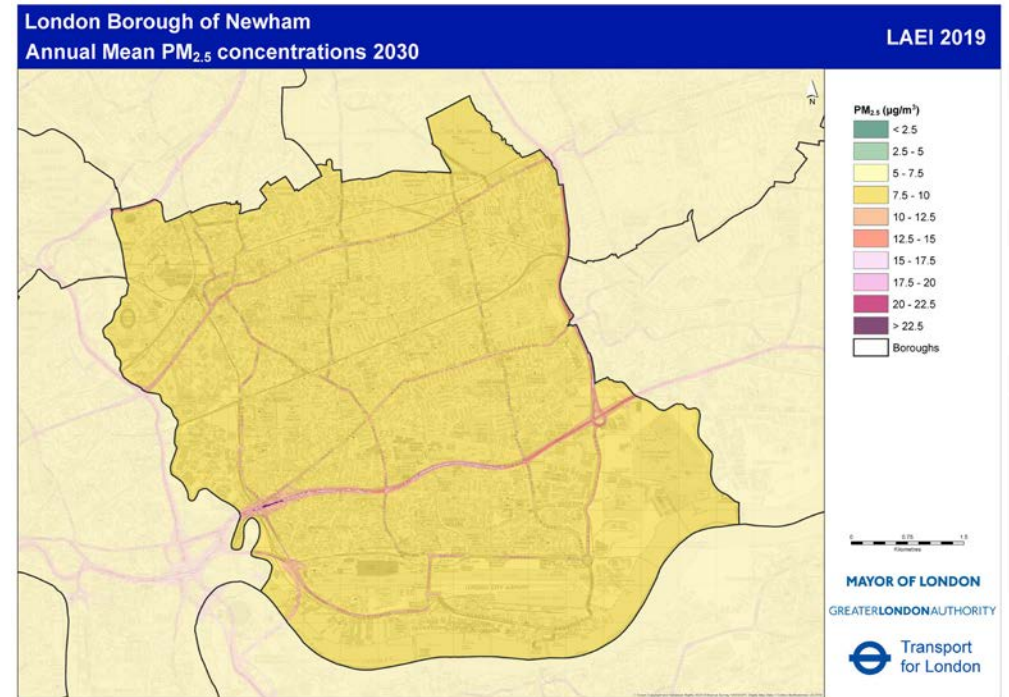
Source: London Atmospheric Emissions Inventory (LAEI) 2019

Figure 194: PM2.5 annual mean concentration, Newham, 2019



Source: London Atmospheric Emissions Inventory (LAEI) 2019

Figure 195: PM2.5 annual mean concentration, Newham, 2030

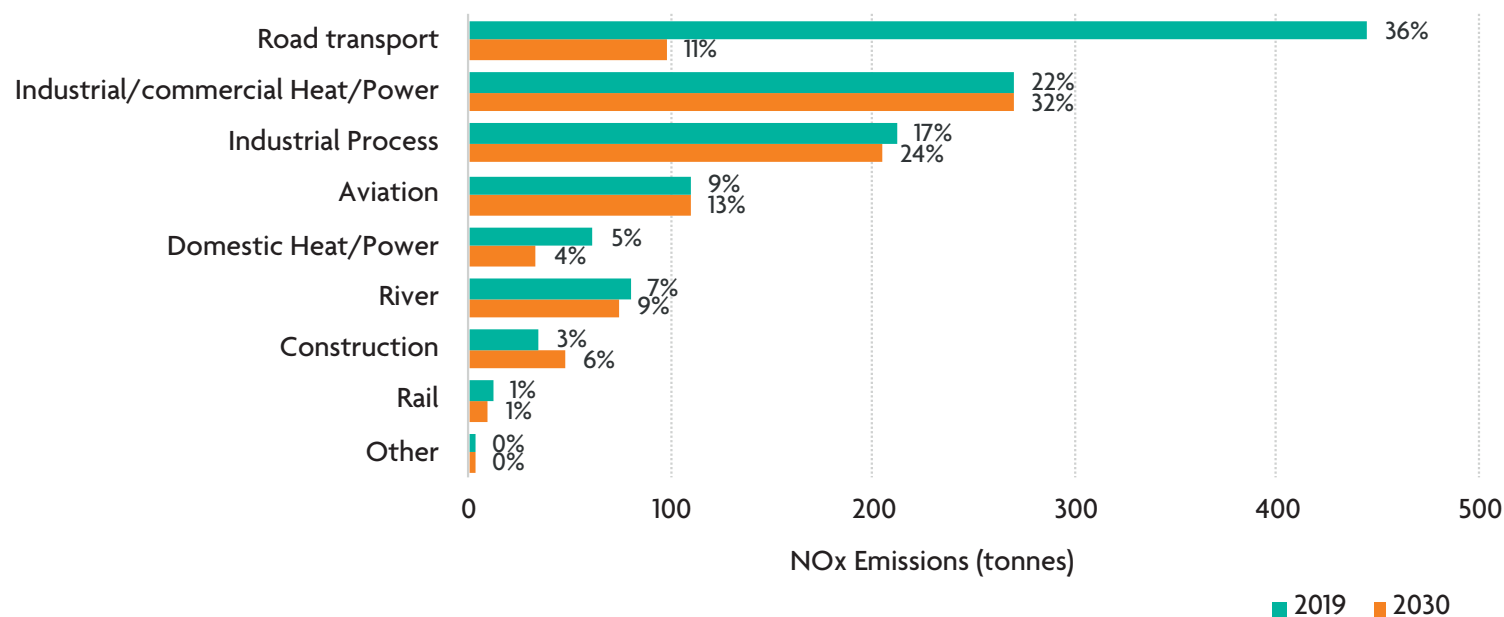


Source: London Atmospheric Emissions Inventory (LAEI) 2019

Despite the gradual improvement in air quality across London, Newham residents are still exposed to levels of air pollution that can damage their health. For example, PM2.5 levels are higher than the WHO air quality guidelines across the whole borough, and levels of pollution across the whole of London are forecast to remain above the WHO guidelines in 2030 unless further significant action is taken.^{261,262,263}

Figure 196 and Figure 197 show estimated nitrogen oxide (including NO₂) and PM_{2.5} emissions from different sources in Newham in 2019 and projected emissions in 2030. Road transport is currently the main source of air pollution, underscoring the continuing need to reduce levels of motorised traffic in the borough to protect residents' health.

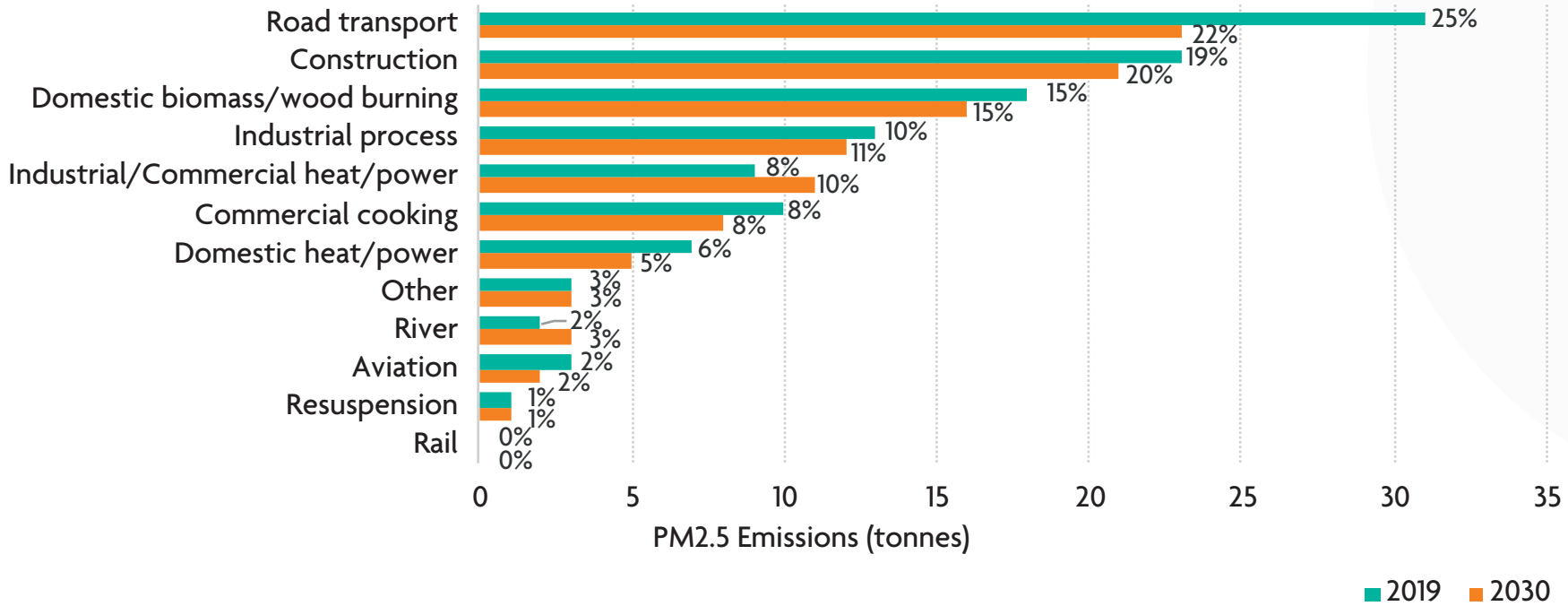
Figure 196: Main sources of nitrogen oxides in Newham, 2019 and 2030 (projected), tonnes of nitrogen oxides emissions



Source: Strategic Analysis, TFL City Planning

261 World Health Organisation (2021) [WHO global air quality guidelines](#)
 262 [London Atmospheric Emissions Inventory \(2019\)](#)
 263 Aether (2023) [Greater London Authority air quality exposure and inequalities study](#)

Figure 197: Main sources of PM2.5 emissions in Newham, 2019 and 2030 (projected), tonnes of PM2.5 emissions



Source: Strategic Analysis, TFL City Planning

Across London, some groups of people and places are more affected by air pollution, which contributes to health inequalities. More deprived areas tend to be more polluted, and Black, Mixed and Other groups are more likely to live in the most polluted areas, while White and Asian populations are more likely to live in the least polluted areas. Pollution levels are higher along busy streets compared to side streets and other areas, disproportionately affecting people who live or work in these locations. While air pollution is forecast to improve in coming years, inequalities in exposure are expected to persist across London in 2030 unless significant further action is taken to address it.²⁶⁴

The council's Air Quality Action Plan aims to improve our data on air pollution, reduce air pollution emissions and reduce residents' exposure through the levers and resources within local control.²⁶⁵ Protecting public health is a key goal. As part of this, between 2022 and 2024, Newham Council in partnership with Tower Hamlets, Hackney and the City of London developed an innovative web tool, Air Aware, to engage and inform residents about air pollution, offering practical information and advice about how residents can avoid creating pollution and reduce their exposure. Residents were involved throughout the design of the tool to ensure it was relevant, understandable and useful. Between October 2023 and February 2024, 986 people across the four areas used the tool. To make the web tool accessible to all, screens and tablets have been set up and installed in several pharmacies and all of Newham's libraries.

Many residents say they want improved air quality alongside improvements in green space and a better urban environment in the borough.



I want everyone to have fresh air because then they can survive.

Year 6 pupil, Manor Park (2023)

Healthy living should also include wider pavements along with access to green spaces with good air quality.

Resident, Ageing Well Strategy, Community Focus Groups (2021)

A thriving high street, green spaces and better air would make me very happy and might just prolong my life.

Resident, Ageing Well Resident Survey (2021)

²⁶⁴ Aether (2023) [Greater London Authority air quality exposure and inequalities study](#)

²⁶⁵ Newham Council (2019) [Air Quality Action Plan 2019-2024](#)

Future direction

The council will refresh its air quality action plan, aligning with 50 Steps to a Healthier Newham 2024-2027 and Newham's Just Transition Plan 2023 to ensure we are taking a coordinated approach to air quality. The plan will include a focus on places that are most polluted and people who are most vulnerable, which is key to addressing health inequalities linked to pollution. This includes actions the council can take directly, such as installing air quality monitors, introducing low-traffic neighbourhoods, and stronger enforcement of smoke control zones. Other organisations also have a key part to play in improving Newham's air, including the NHS, developers and businesses, such as through reducing their own emissions and enabling staff to more travel sustainably and actively.

Health professionals can play a unique role in advising patients about how to avoid and prevent air pollution, particularly those who may be more vulnerable. They are trusted and respected professionals, come into contact with many residents day in day out, and are able to identify those who might be at greater risk from pollution, such as people with cardiovascular and respiratory conditions. This is why we are committed to increasing the number of local health professionals who are trained to advise patients about pollution, and to target this to the areas with highest pollution and deprivation to address health inequalities.

Travel and the urban environment

The urban environment is a key determinant of health. It includes streets, public squares, parks, green and water space, the transport system and community facilities. A health-promoting urban environment can improve health in many ways, such as increasing physical activity, offering tranquil spaces to unwind and be in nature, connecting people with their community, with work and with local amenities, and reducing air and noise pollution and road danger. For example, Londoners get most of their exercise from travel, including walking, cycling and using public transport, highlighting the importance of transport for health.²⁶⁶

Streets and travel

The Healthy Streets Scorecard assesses London boroughs on how healthy their streets are.²⁶⁷ Boroughs are scored on the following indicators:

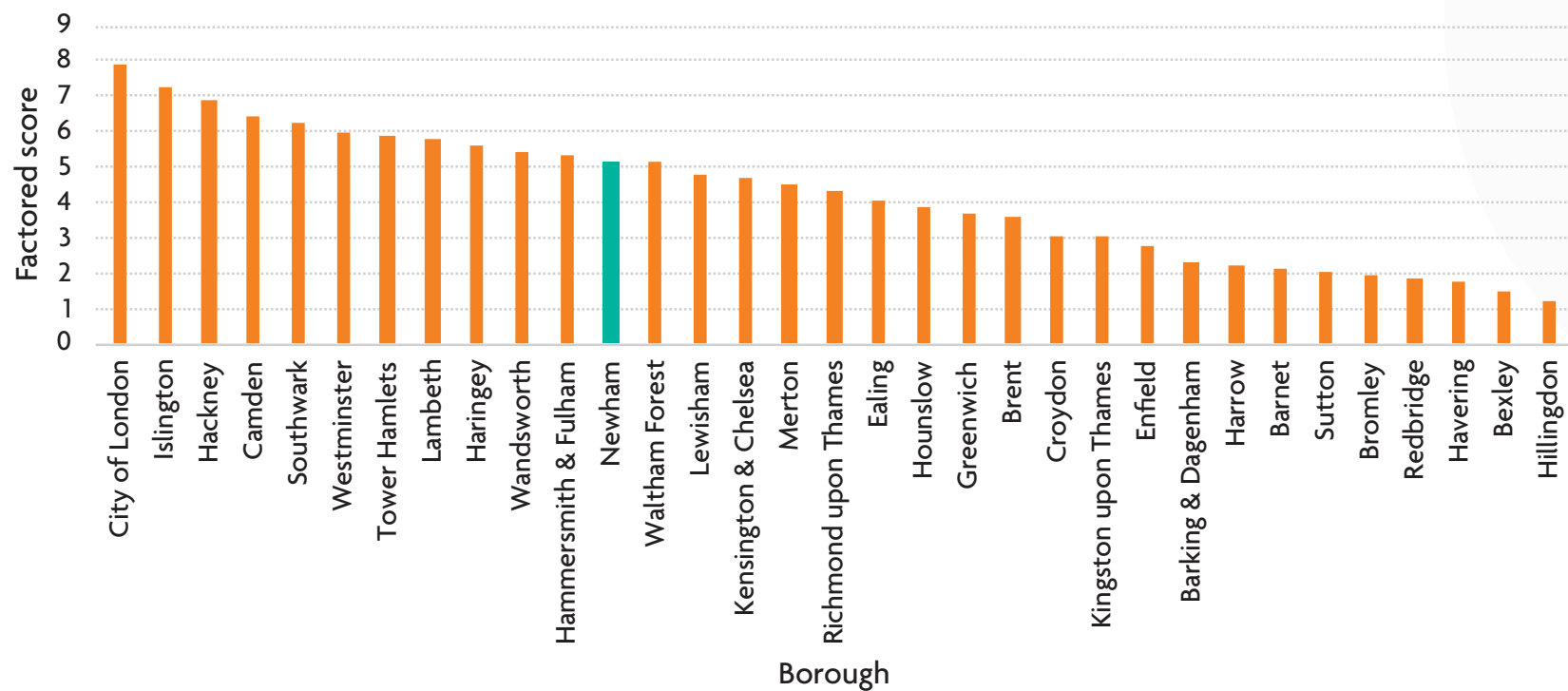
Input indicators	Outcome indicators
<ul style="list-style-type: none"> • Low traffic neighbourhoods • 20mph speed limits • Controlled parking zones • Physically protected cycle track • School provision • Bus priority 	<ul style="list-style-type: none"> • Sustainable modeshare • Active travel rate • Road collision casualties • Car ownership rates

²⁶⁶ GLA, [Transport and health](#)

²⁶⁷ Healthy Streets Scorecard, [2023 Scorecard results overview](#)

In 2023, Newham ranked 12th out of all 32 London boroughs (where 1 is best) for its overall Healthy Streets score (Figure 198).

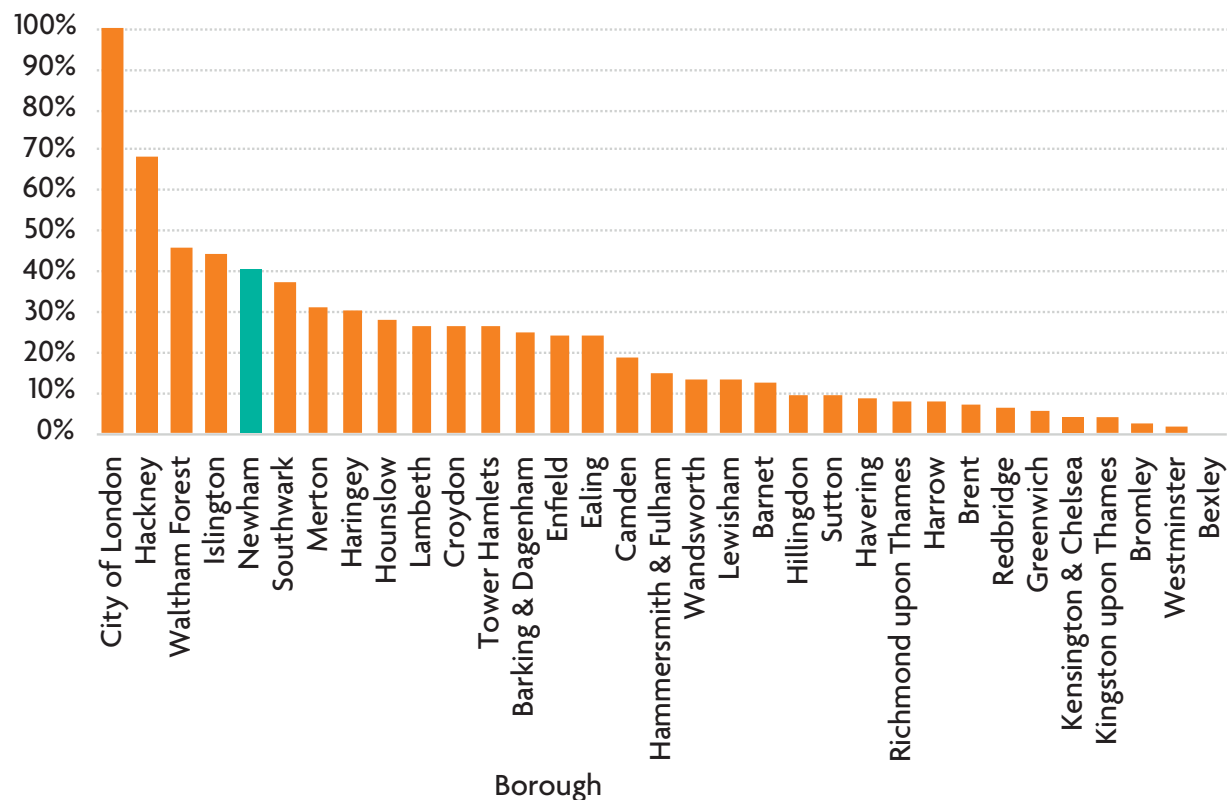
Figure 198: Overall Healthy Streets score, 2023, London boroughs



Source: Healthy Streets Scorecard

In recent years, Newham has made particularly strong progress in some areas. For example, in 2023 41% of Newham was within a low traffic neighbourhood, the 5th best in London, compared to a London average of 26% (Figure 199). This means the streets in these neighbourhoods are safer, less polluted and enable people to walk, cycle and connect with their community more easily.²⁶⁸

Figure 199: Low-traffic neighbourhoods in London, 2023, proportion (%) of borough



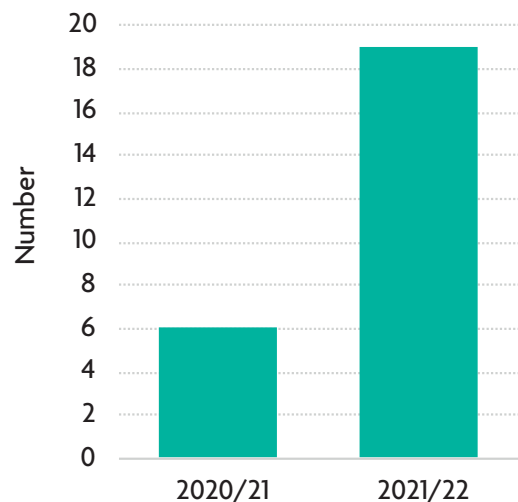
Source: Healthy Streets Scorecard

268 Healthy Streets Scorecard, 2023 [Scorecard results overview](#)

Compared to other boroughs, Newham performed less well in Healthy School Streets, which reduce traffic outside schools during drop-off and pick-up times. In 2023, 16% of schools in Newham operated a traffic-free school streets scheme, compared to a 20% London average.²⁶⁹ However, the council and local schools are working hard to improve, and the number of school streets is increasing in Newham. Between 2020/21 and 2021/22, the number of Healthy School Streets in Newham more than tripled from six to 19 (Figure 200).

The council has monitored the outcomes from healthy school street schemes since implementation and the data suggests healthy school streets are creating a more inviting, healthy and safe environment. Around the schemes there have been reductions in traffic flows, improvements in air quality, reductions in road danger and improved experience of walking, cycling and scooting. For example, on average, levels of nitrogen dioxide fell by 29% during school hours, PM2.5 fell by 19% and PM10 by 25%.²⁷⁰

Figure 200: Healthy School Streets in Newham, 2020/21-2021/22, number of streets



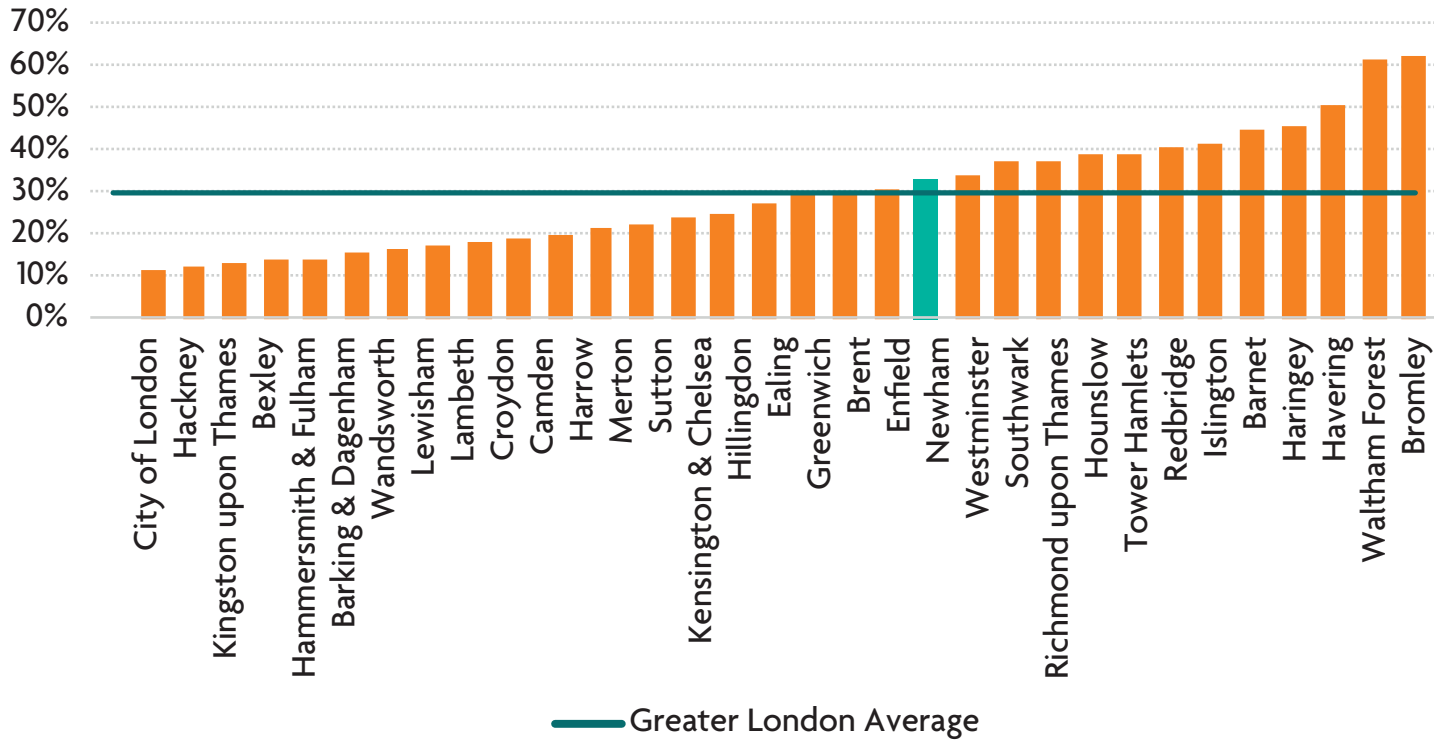
Source: London Boroughs Healthy Streets Scorecard

²⁶⁹ Healthy Streets Scorecard, 2023 [Scorecard results overview](#)

²⁷⁰ Newham Council (2022) Health School Streets monitoring [unpublished]

Transport for London’s STARS scheme (Sustainable Travel: Active, Responsible, Safe) is another programme aiming to increase sustainable and active travel to school, where schools take actions to enable and encourage active travel. In 2023, Newham schools achieved 33 out of a possible 100 STARS points, beating the London average of 30 points (Figure 201).²⁷¹

Figure 201: Total STARS points in London, 2023 proportion of maximum possible STARS points



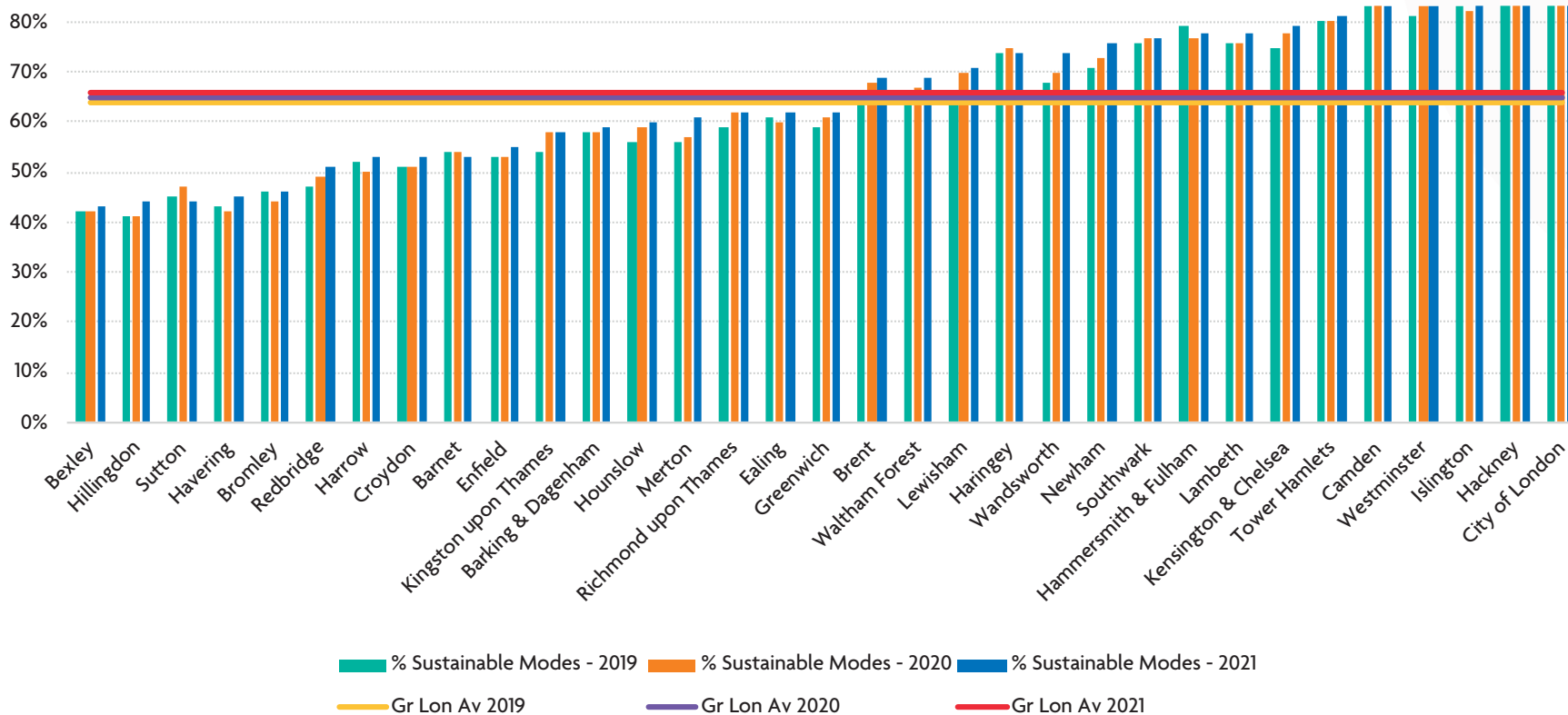
Source: London Boroughs Healthy Streets Scorecard

271 Newham Council (2022) Health School Streets monitoring [unpublished].

Some Newham schools monitor the way pupils travel to school annually through the ‘hands up survey’. During the academic year 2022/23 there were 30,153 hands up survey responses across Newham. Of those who took part, 84% of pupils travelled to school without using a car, with 6% either cycling or scooting. Twenty-three percent of pupils said they would opt to cycle or scoot to and from school.²⁷²

Across Newham, the proportion of journeys being made by walking, cycling or public transport is increasing, suggesting the population may be getting more physical activity through active travel. In 2021, 76% of all trips in Newham were by these travel modes, meeting the Mayor of London’s sustainable travel target for Newham (Figure 202).²⁷³

Figure 202: Sustainable travel mode in London, 2019-21, proportion (%) of trips by sustainable travel



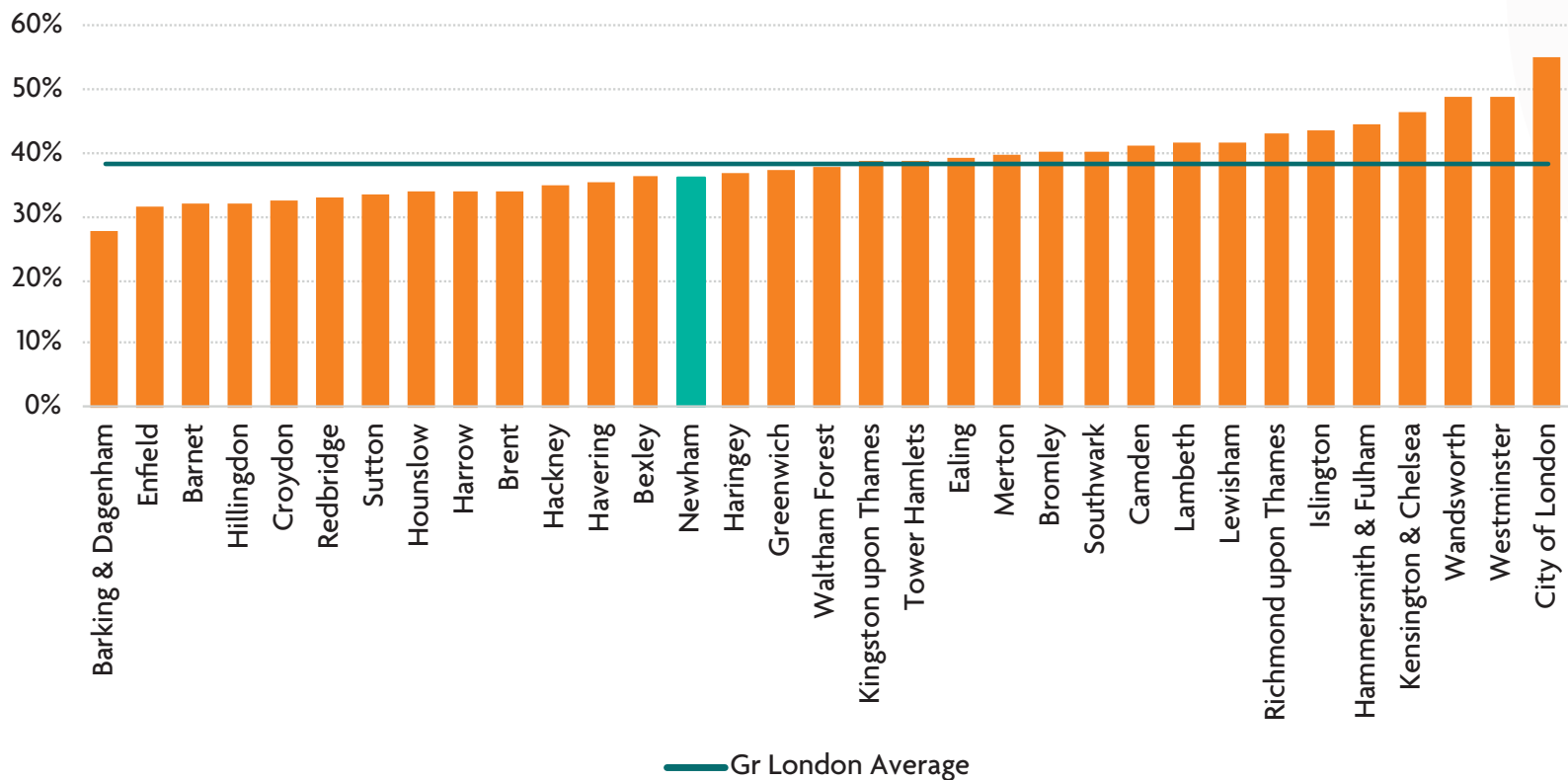
Source: Healthy Streets Scorecard London

272 Newham Council (2023) Hands Up survey results (unpublished)

273 Healthy Streets Scorecard, [2023 Scorecard results overview](#)

In 2021, an estimated 36% of Newham adults walked at least five times a week. While this was similar to the London average, the proportion in some boroughs was above 45%, suggesting there is substantial opportunity to increase walking in Newham (Figure 203).

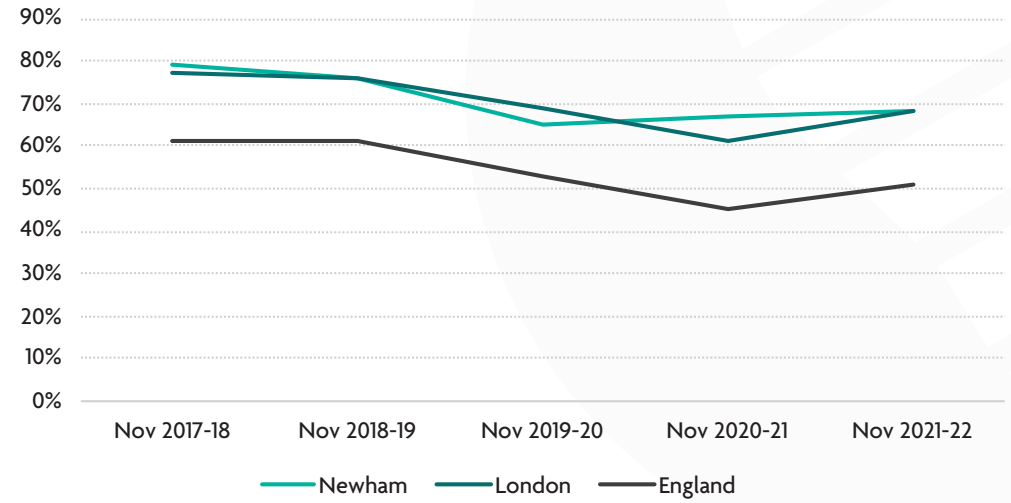
Figure 203: Adults in London walking 5 times per week, 2021, proportion (%) Healthy School Streets in Newham, 2020/21-2021/22, number of streets



Source: Active Lives Survey – Sport England via Healthy Streets Scorecard



Figure 204: Adults walking for travel, 2017-18 - 2021-22, proportion (%)

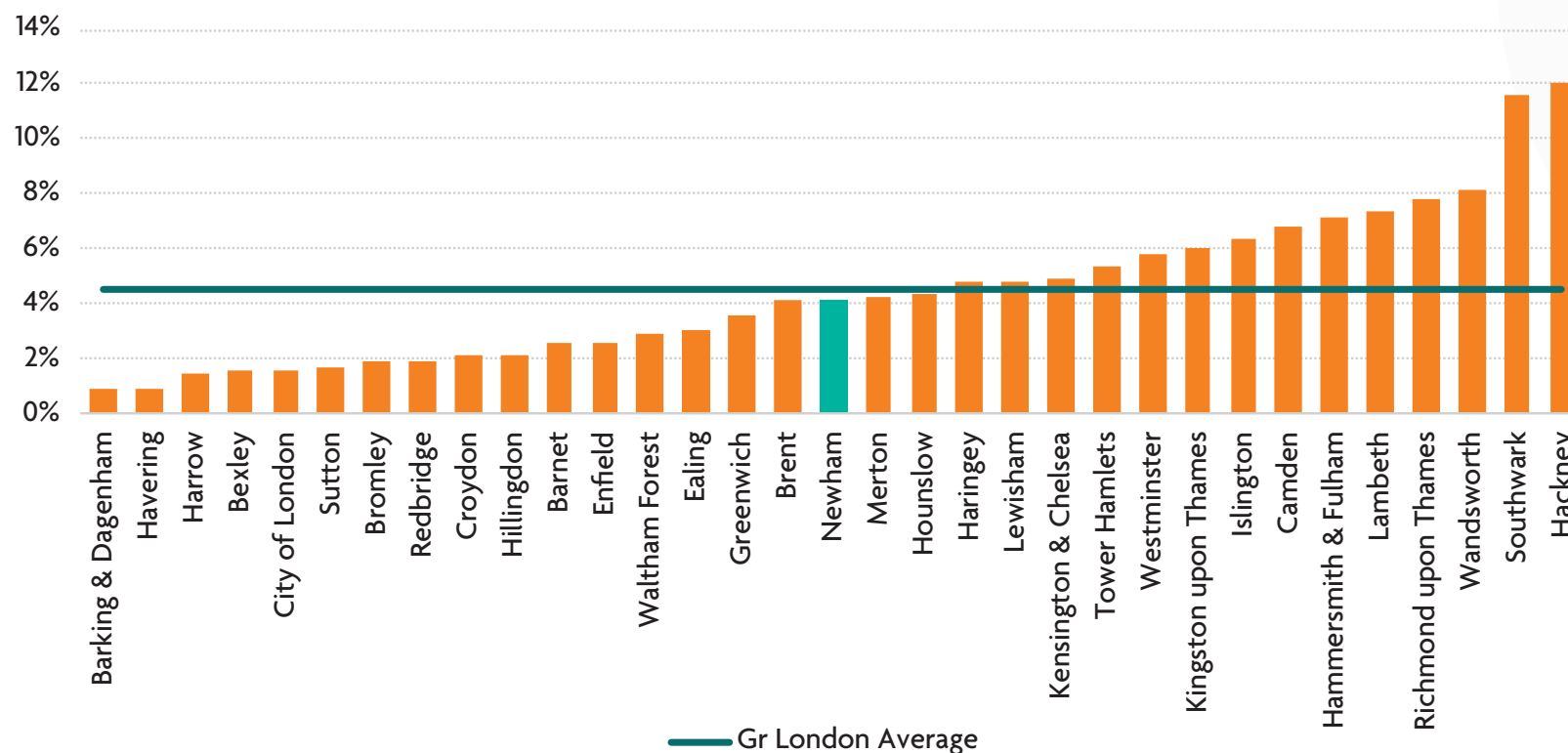


Source: Active Lives Survey – Sport England

In 2021/22, an estimated 68% of adults in Newham walked for travel, defined as walking at least 30 minutes at least twice in 28 days. This was similar to the London average and higher (better) than England, which might reflect the fact that Newham and London overall are dense urban environments where it is easier to walk, and that car ownership is relatively low. However, the proportion of Newham adults walking for travel appeared to decline between 2017/18 and 2021/22, highlighting the importance of sustaining work to make Newham a more walkable environment for all to reverse this trend and further increase walking for travel (Figure 204).

Cycling is less common than walking in Newham, London and England. In 2021, an estimated 4% of Newham adults cycled five times a week. Similarly to walking, while this proportion was similar to the London average, some boroughs have far greater levels of cycling – up to 12% in Hackney – which shows it may be possible to increase cycling in Newham through continued work to create a more cycle-friendly environment for all (Figure 205).

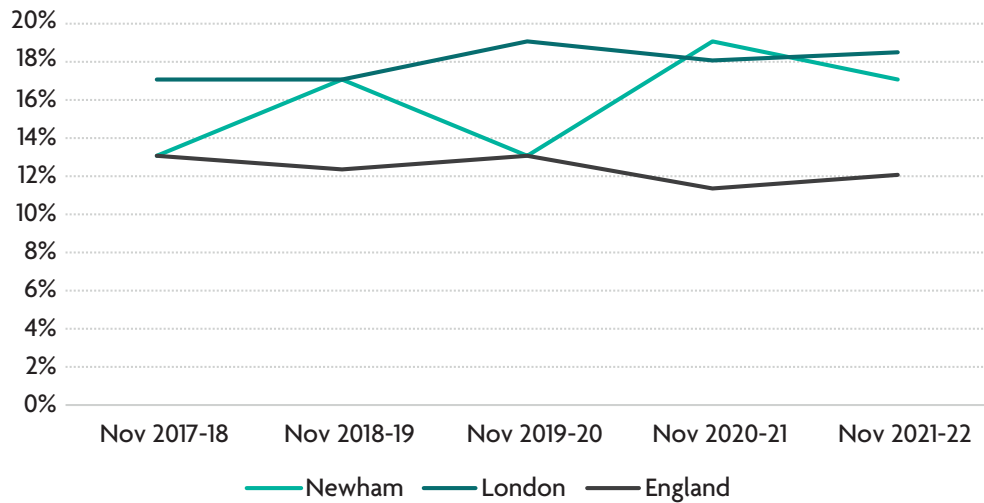
Figure 205: Adults in London cycling 5 times per week, 2021, proportion (%)



Source: Active Lives Survey – Sport England via Healthy Streets Scorecard

There is already some evidence that work to enable and encourage Newham residents to cycle – such as creating more cycle routes and providing cycle training – is having a positive effect. Between 2017/18 and 2021/22 the proportion of residents cycling for at least 30 minutes at least twice in 28 days appeared to slightly increase (Figure 206).

Figure 206: Adults cycling for travel, 2017-18 - 2021-22, proportion (%)

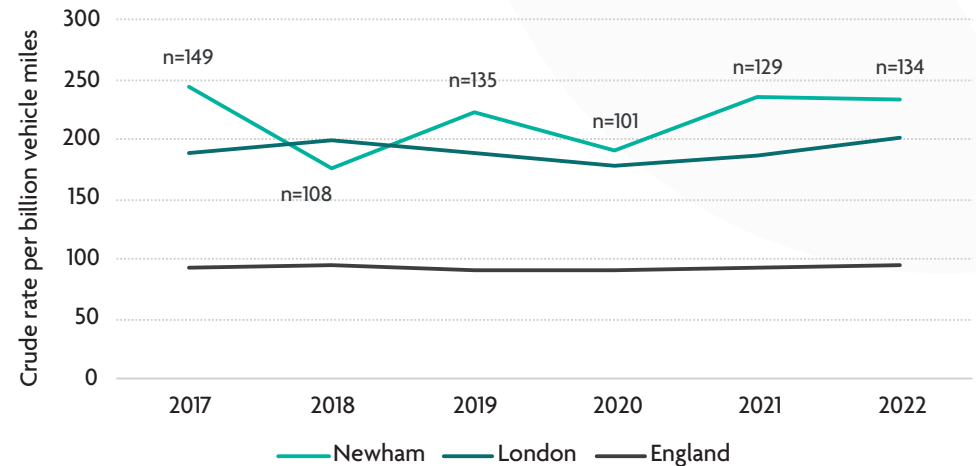


Source: Active Lives Survey – Sport England

Road danger

In 2021, 129 people were killed or seriously injured on Newham streets. This was higher than the London and England rate and has been roughly the same level over the past five years (Figure 207). The council is implementing measures to address this public health issue, such as introducing a 20mph speed limit across the borough to make streets safer for everyone to use.

Figure 207: People killed and seriously injured on England’s roads, 2017-22, crude rate per billion vehicle miles



Source: Department for Transport, OHID calculates confidence intervals and values for regions and England

Green and water space

Good quality green and water spaces promote and protect good health, support recovery from illness and help people manage health conditions. They also have environmental benefits (such as trapping carbon, providing cool spaces and improving air quality) and social benefits (such as creating space for socialising and recreation).²⁷⁴

Newham has relatively low levels of green space. In 2022, the borough had 0.71 hectares of publicly accessible green space per 1,000 population, which was substantially below the London (1.9 hectares per 1,000) and England averages (2.9 hectares per 1,000).^{275, 276} Without further action, this is expected to fall to 0.57 hectares per 1,000 population by 2038 due to population growth. Further, some parts of Newham have very limited access to green space, contributing to inequality within the borough (Figure 208).²⁷⁷



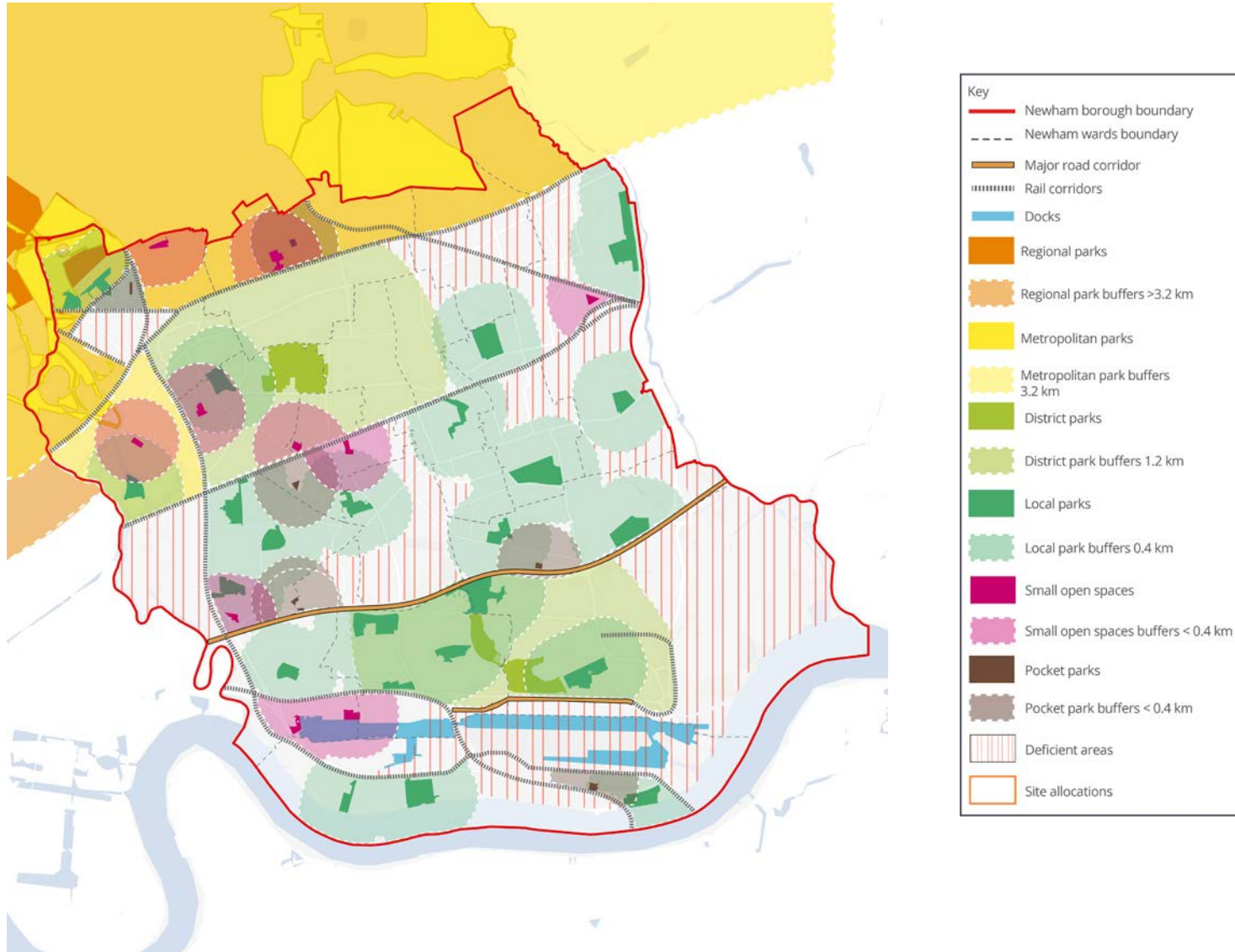
274 Public Health England (2020) [Improving access to green space](#)

275 Newham Council (2024) [Newham Green and Water Infrastructure Strategy](#)

276 Fields in Trust (2023) [Green Space Index](#)

277 Newham Council (2024) [Newham Green and Water Infrastructure Strategy](#)

Figure 208: Areas of Newham that are deficient in publicly accessible parks and gardens, 2024



Source: Newham Council. Green and Water Infrastructure Strategy

In 2015/16, when the last Monitor of Engagement with the Natural Environment survey was undertaken, an estimated 19% of residents aged 16+ had visited the natural environment for health or exercise in the preceding week, which was similar to the London and England averages (both 18%). This suggested almost four in five Newham residents were not often spending time in parks or other nature areas, so there is significant room for improvement in the availability and accessibility of natural spaces locally.

Residents are keen to see more green space, a better urban environment and better transport. Many mention that they want improved public spaces, keeping in mind accessibility issues, increased seating and improved social infrastructure.



It would be great to have more social infrastructure. Despite lots of houses and residents, there aren't many places in Beckton where people can socialise.
Resident, Beckton (2023)

Create spaces where people can meet up (and I do not mean the library), encourage entrepreneurs to open up cafes in Manor Park. A thriving high street, green spaces and better air would make me very happy and might just prolong my life.

Resident, Ageing Well Resident Survey (2021)

Healthy living should also include wider pavements along with access to green spaces with good air quality.

Resident, Ageing Well Strategy, Community Focus Groups (2021)

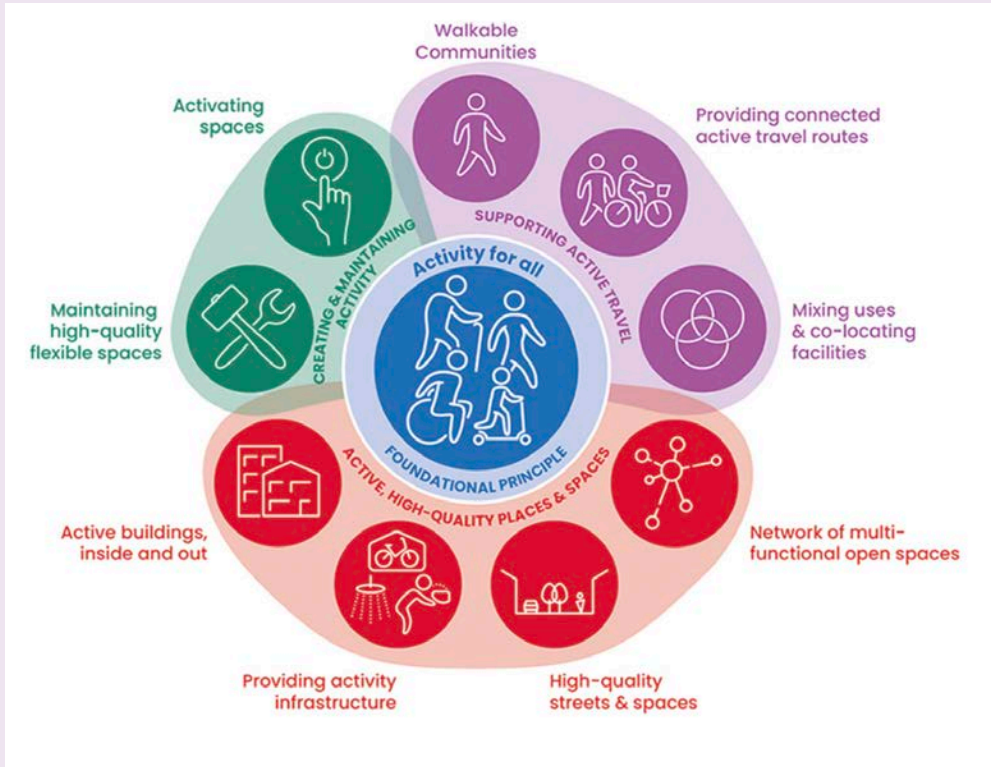
Future direction

Our ambition is to make Newham a healthier, thriving environment where people can be more active, where everyone is close to high-quality green space, where residents find it easy to access the amenities they need, and where people are connected with their local community. There are many ways we will work towards this, including through:

- The council's planning and transport powers
- Development and regeneration
- Supporting community mobilisation
- Working in partnership to make best use of our local resources and assets, including the council, NHS, businesses, voluntary, community and faith settings and other local institutions.

Sport England's Active Design guidance sets out evidence and best practice in designing environments that are healthier and enable physical activity. It lays out guidance for planners, urban designers and developers, framed around three themes and 10 principles of active design.

Figure 209: The 10 principles of Active Design



Source: Recreated from Sport England (2023) Active Design

This and similar evidence informs the approach we are taking to make Newham a healthier, more people-friendly place. For example, Newham’s Local Plan, due to be published in 2025, will include policies that encompass these 10 principles, such as supporting the delivery of better connected neighbourhoods where it is easier for residents to reach the amenities and spaces they need through active travel, improving access to community assets and facilities, and delivering more and improved green and water space and playing pitches.

In addition, Newham’s strategic approach to active and sustainable travel will make the borough more walkable, increase and improve walking and cycling routes and create higher quality streets. For example, increasing the number of low-traffic neighbourhoods will help people living in these areas get more exercise: studies show that low-traffic environments are linked to more walking and cycling. Low-traffic neighbourhoods also make places safer – they are associated with a 50% decrease in road casualties in the areas (with no change in road casualties on boundary roads) and reductions in street crime.²⁷⁸ Prioritising areas with low car ownership – which are typically more deprived and unfairly impacted by traffic – for low-traffic schemes in Newham can contribute to reducing health inequalities through promoting the health and safety of residents in these areas.

278 Transport for London (2024) [The impacts of Low Traffic Neighbourhoods in London](#)

The evidence shows that engaging, involving and mobilising local people enhances the impact of physical infrastructure, such as low-traffic measures. For example, temporary street closures in residential areas can help people envisage how streets might be used differently and test activities and interventions to see if they work in the local context. Involving residents in street design helps ensure schemes work for local people and boosts ownership, which increases the chance that a new scheme will have the intended effect once installed. Community-led activities and programmes, such as walking groups and cycle training, can help activate new low-traffic environments once they are completed, ensuring the capital investment is used to best effect.²⁷⁹ Community involvement in transport and development schemes is therefore a key ambition across our work. In addition, we are committed to ensuring all parts of Newham's communities have equal opportunity to be involved as part of our commitment to promote equity.

Working in partnership with local organisations will also play an important role in influencing active travel. For example, the council and local schools will be working together to expand healthy school streets, and the council and faith organisations will be taking steps to enable and encourage people to travel actively to places of worship.

Libraries and community spaces

Libraries are integral to communities. They are trusted spaces, free and open to all, and contribute to reading and literacy, digital inclusion, and prosperity, among other social and public health outcomes.²⁸⁰

Reading has far reaching health and social benefits. Being able to read enables people to learn, communicate and participate in society, and has a profound impact on life chances. In addition, reading for pleasure is linked to higher educational attainment and psychological and emotional wellbeing.²⁸¹ Low literacy is associated with higher risk of some chronic diseases and hospitalisation, and children with reading difficulties are at greater risk of developing mental health problems later in life.^{282, 283} Reading can therefore be a key prevention tool that improves residents' lives and health.²⁸⁴

Nationally, almost a quarter of children from low-income families are missing out on the benefits of reading in their first year and one in four children haven't reached the expected level of reading by the age of 11, many of whom will struggle to keep up at secondary school.^{285, 286} Digital literacy and inclusion also impact on people's prospects, health and wellbeing. In 2021, an estimated 11.5 million people in England did not have basic digital skills.²⁸⁷ These issues are prevalent in Newham, where many residents are in low-income households and experience digital exclusion.

Libraries and community spaces in Newham are well used by residents. There are over a million visits per year and over a million books are borrowed every year, with primary age children being the most frequent borrowers. Digital inclusion is a priority and Newham's library service has made significant progress on this issue, introducing device loans, running weekly digital skills sessions, distributing over 900 SIM cards and launching the Digital Inclusion Alliance. In 2023, 10% of library visits in Newham involved digital assistance.

279 Sport England (2023) [Active Design](#)

280 Department for Culture, Media and Sport (2017) [Libraries shaping the future: good practice toolkit](#)

281 Department for Education (2012) [Research evidence on reading for pleasure](#)

282 DeWalt et al (2004) [Literacy and health outcomes](#)

283 The Reading Agency [Reading Facts](#)

284 Sacha Hilhorst, Alan Lockey, Tom Speight (2018) ["It's no exaggeration to say that reading can transform British society...": A Society of Readers](#)

285 BookTrust (2023) [Almost a quarter of children from low-income families missing out on the benefits of reading in their first year](#)

286 The Reading Agency [Reading Facts](#)

287 Good Things Foundation (2022) [The economic impact of digital inclusion in the UK](#)

Libraries are also the original circular economy service, promoting borrowing, sharing and re-use. Newham libraries are already running some re-use activities and have an expanded range of items to lend.

As community spaces that are open and welcoming to all, Newham libraries play a proactive role in homelessness prevention. They were part of the London libraries homelessness pilot and are currently training all frontline teams with Homeless Link to increase knowledge and skills in supporting homeless residents. Newham libraries are also working towards Libraries of Sanctuary status and ensuring refugees and people seeking asylum feel welcome in every library.

Future direction

We want the residents of Newham to be active readers, have a love of reading for pleasure, and to be able to access texts for other purposes. We especially want under-fives in the borough to be read to, to enjoy storytimes and to be confident in choosing books they want to try. Bookstart gives a free book pack to every baby born in England and Wales. Among first-time parents and carers on low incomes, 86% say the Bookstart books were the first they owned for their child, and 72% say the scheme helped them understand more about the benefits of sharing stories early on with their child.²⁸⁸ In Newham, we will target Bookstart interventions to under-fives living in the most deprived areas of the borough to narrow inequalities linked to reading at an early age.

We want Newham to be a digitally inclusive borough, with the council working alongside businesses and the voluntary, community and faith sector to provide a support network for residents and for each other. This is why we will be co-producing a Newham digital inclusion strategy to ensure we are taking a joined-up approach, addressing the top priorities and maximising opportunities for impact.

We want libraries to embody the circular economy, to be places that promote initiatives on the green and circular economy through information and activity. Libraries and community spaces should be natural sanctuaries for the most vulnerable residents, especially refugees and those experiencing homelessness. To ensure that the most vulnerable residents feel that libraries are welcoming and enriching places we will implement the London libraries homelessness charter, work to achieve Library of Sanctuary status and join the Library of Sanctuary network, so that wherever someone seeking sanctuary goes, they are met with understanding, compassion and empowering opportunities.²⁸⁹

²⁸⁸ BookTrust [Impact and Research](#)

²⁸⁹ City of Sanctuary UK (2023) [Our Impact 2023](#)

Promoting health through housing



Key points

- An estimated 39% of Newham households (and over half of all residents) live in private rented accommodation, 33% of households live in owner-occupied properties, and 28% live in social housing.
- In 2022/23, the estimated average rent for private rental accommodation in Newham was around 65% of average wages. This was the fourth highest in London and significantly more expensive than the England average of 30%.
- In 2021 an estimated one in four Newham households were overcrowded, which was the highest in England.
- Newham has the highest rate of homelessness in England. It is estimated that one in 22 people in Newham are currently homeless, including people living in temporary accommodation or on the street.
- In 2023, almost 6,400 Newham households were in temporary accommodation, the highest rate in the country.
- An estimated 18% of Newham households were experiencing fuel poverty in 2021, which was the highest in London.

Housing

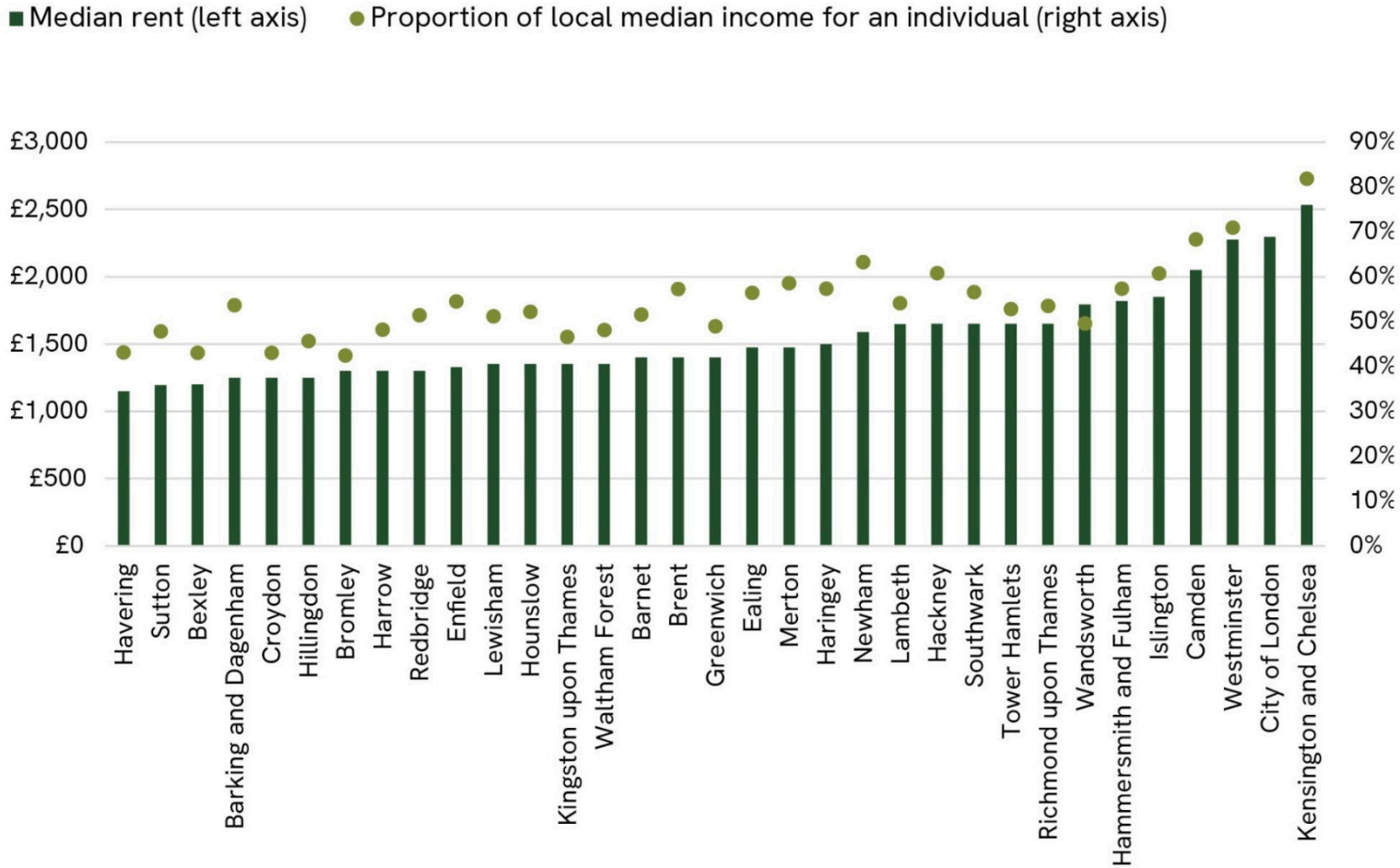
Housing is a key determinant of health. Good quality housing helps keep people physically and mentally healthy and reduces the need for GP and hospital services. It also improves educational attainment, connects people with jobs and their community, and keeps people safe, among many other benefits. Poor quality housing – such as cold and damp housing, temporary or insecure housing, and overcrowded housing – can contribute to illnesses such as asthma and depression, cause social isolation and loneliness, and can affect school performance. It disproportionately impacts people on lower incomes, contributing to health inequalities.²⁹⁰

Housing affordability

In 2022/23, the estimated average rent for private rental accommodation in Newham represented around 65% of average wages, the fourth highest in London and significantly more expensive than the England average of 30% (Figure 210). This puts Newham residents at higher risk of living in unsuitable housing conditions, homelessness and poverty as a far higher proportion of pay goes on housing costs compared to the average household.

²⁹⁰ The Health Foundation (2017) [How does housing influence our health?](#)

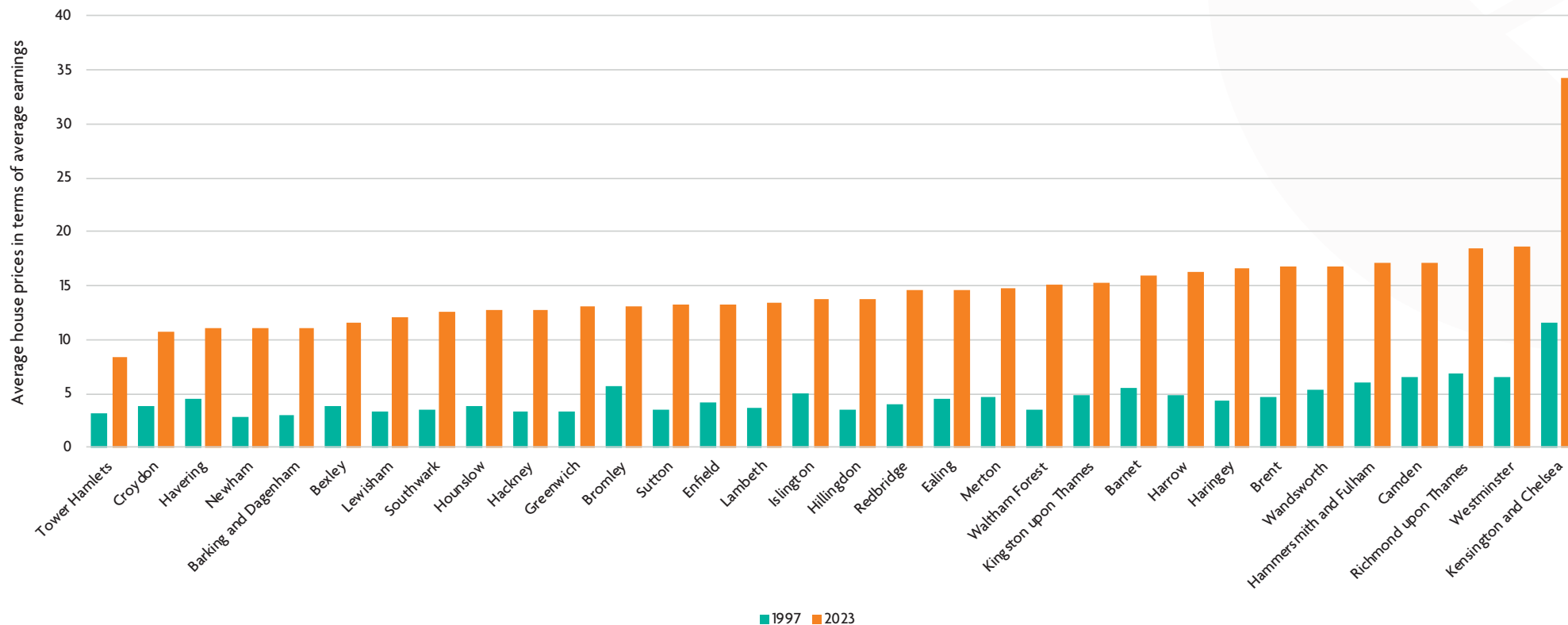
Figure 210: Average monthly private rent for two-bedroom homes by London borough, April 2022-March 2023, proportion (%) of households



Source: Reproduced from Centre for London: Office for National Statistics (2023) – Private Rental Market summary statistics in England

High rents are linked to high house prices. House prices greatly increased in relation to earnings between 1997 and 2023 in Newham and across London. In 1997, average (median) Newham house prices were three times that of average (median) annual earnings in the borough. By 2023, this ratio had risen to over 10:1, meaning average house prices were over 10 times that of annual earnings (Figure 211).

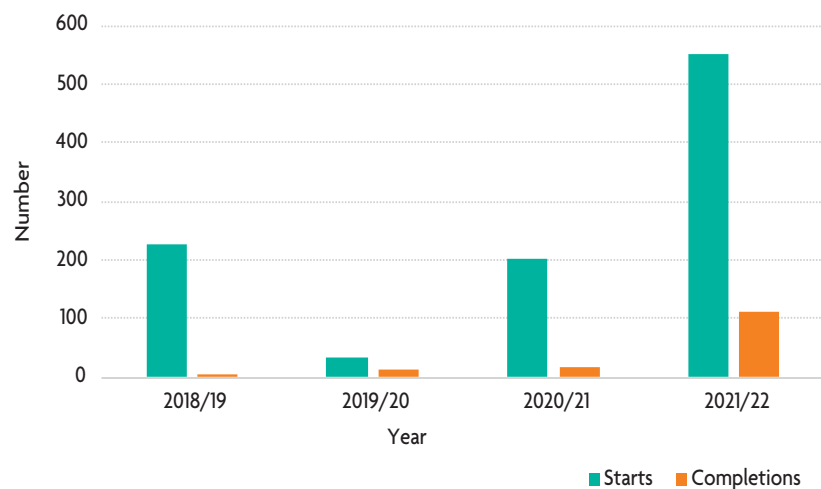
Figure 211: Ratio of median house prices to median gross annual workplace-based earnings, by borough 1997-2023



Source: Office for National Statistics (2023) – Private Rental Market summary statistics in England

In Newham, growing numbers of affordable homes are being built to help to address the challenges of housing affordability (Figure 212).

Figure 212: Affordable homes in Newham – starts and completions, 2018/19 - 2021/22, number of homes



Source: Office for National Statistics (2023) – Private Rental Market summary statistics in England

Housing tenure

An estimated 39% of Newham households (and over half of all Newham residents) live in private rented accommodation and 33% of households live in owner-occupied properties (Figure 213).

Figure 213: Housing tenure in Newham, 2021, proportion (%) of households

Housing tenure	Proportion of households
Owns outright	13%
Owns with mortgage	20%
Social rented	28%
Private rented	39%

Source: 2021 Census

A relatively high proportion of households in Newham privately rent compared to neighbouring boroughs, indicating that Newham may experience greater challenges associated with private rental housing compared to surrounding areas (Figure 214).

Figure 214: Housing tenure, 2021, proportion (%) of households



Source: 2021 Census

Newham has had a large-scale private rental property licensing scheme in place since 2013 to improve housing standards and help landlords and renters understand their duties and rights. The scheme gives the local authority powers to proactively assess private rental properties against the licence conditions and encourage and enforce quick resolution of issues on behalf of tenants. This means the council can act to improve housing without relying on tenants complaining to the local authority, as tenants are often concerned about retaliation through the use of no-fault evictions.

In 2024, there were around 40,000 licensed private rental properties in Newham. Between 2018 and 2023, the council inspected 17,037 properties for compliance with housing standards and undertook 13,163 audits of landlords’ property documents. Since the scheme was renewed in 2023, the council aims to inspect or audit all 40,000 properties during the five-year scheme lifecycle.

Since 2018, the scheme has also helped the council step up enforcement to tackle illegal activities. Since 2018, the scheme has supported 1,100 prosecutions, served 384 financial penalty notices and 2,549 notices relating to property standards, and conducted 450 joint operations with police, fire service or HMRC.

Since 2013, the scheme has aided the recovery of £2.5 million in unpaid council tax from landlords and ordered £350,000 in rent repayment from unlicensed landlords, all of which has helped improve housing services for the most vulnerable residents.

Overcrowding

Household overcrowding is where a home has at least one fewer bedrooms than the required standard, based on the size of the household. Among a range of impacts, it can directly affect health, such as through spread of infections, and can disrupt sleep, damage family relationships and affect children’s educational outcomes.²⁹¹ Newham has the highest level of overcrowding among local authorities in England: in 2021 an estimated one in four Newham households were overcrowded (Figure 215).

Figure 215: Overcrowding, 2021, proportion (%) of households considered to be overcrowded



Source: Census 2021

291 Greater London Authority (2022)

Temporary accommodation and homelessness

Newham has the highest rate of homelessness in England: it is estimated that one in 22 people in Newham are currently homeless, including people living in temporary accommodation or on the street.

Homelessness can mean a variety of situations, including sleeping rough, having a temporary place to sleep, such as a shelter, living in insecure housing, for example sofa surfing or where there is a threat of eviction, and living in inadequate housing, such as extreme overcrowding.

Homelessness is linked to poor health and social outcomes. In 2021 in England, the mean age of death among people experiencing homelessness was 43 years for women and 45 years for men, although this mainly included people who were sleeping rough or using emergency accommodation (such as homeless shelters) at the time of death, rather than other forms of homelessness such as temporary accommodation.²⁹² Tri-morbidity of physical health conditions, mental health conditions and substance misuse are common among homeless people.²⁹³ However, people experiencing homelessness are less likely to be registered with a GP and often do not receive treatment and support to manage health conditions; this highlights a key opportunity to improve health outcomes through a greater focus on access to healthcare as well as housing and other social support.²⁹⁴

In 2024, across England numbers of people sleeping rough increased, continuing an upward trend since 2021.²⁹⁵ Between 2019 and 2023, Newham achieved the greatest proportionate reduction in rough sleeping numbers of all local authorities in England, illustrating the success of local investment in rough sleeping services. However, numbers locally increased in 2024, with an estimated 23 people sleeping rough on a single night in September 2024 compared to 14 people the previous year.²⁹⁶ This is likely to be linked to increasing numbers of people seeking asylum being given leave to remain and the wider challenging economic context, underscoring the need for sustained work to prevent rough sleeping and support people sleeping rough to end their rough sleeping for good. As part of this, Newham's Integrated Rough Sleeper Support Service (IRSS) integrates a range of services including accommodation and move-on support, day services supporting education and employment, and immigration advice. There are also winter pop-up hubs that provide an opportunity to reach rough sleepers and support them into stable accommodation.

In terms of temporary accommodation, in December 2023 almost 6,400 Newham households were in temporary accommodation, representing a rate of 50 per 1000 households. This was the highest in the country by far, almost double that of the next highest London borough (27 per 1000 households in Redbridge) and far higher than the London (17 per 1000) and England (4 per 1000) averages.²⁹⁷

The number of households in temporary accommodation in Newham steeply increased between 2022/23 and 2023/24, which is linked to the rising cost of living, increasing rents and lack of affordable housing locally (Figure 216).

292 ONS (2022) [Deaths of homeless people in England and Wales: 2021 registrations](#)

293 Bradley (2018) [Rapid response to: there is no excuse for homelessness in Britain in 2018](#)

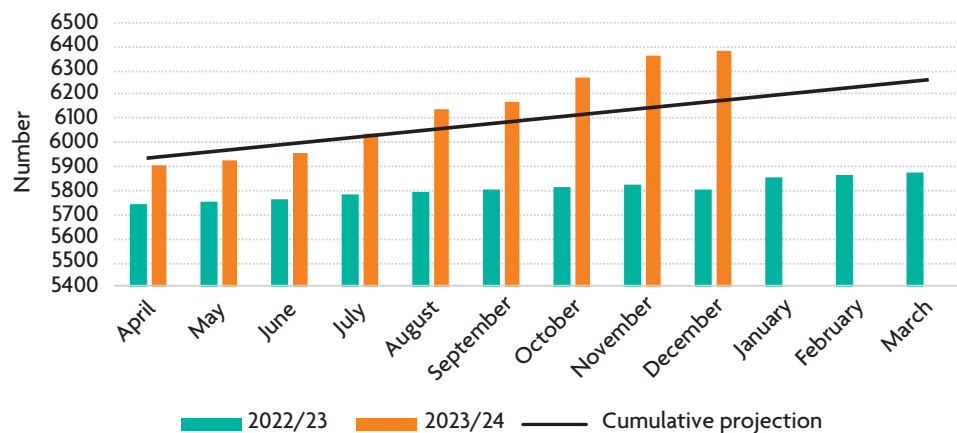
294 UCL (2020) [Improving life expectancy for people experiencing homelessness](#)

295 Ministry of Housing, Communities and Local Government (2024) [Rough sleeping data framework June 2024](#)

296 Newham Council (2024) [Rough sleeping monitoring \[unpublished\]](#)

297 Trust for London (2024) [London households in temporary accommodation](#)

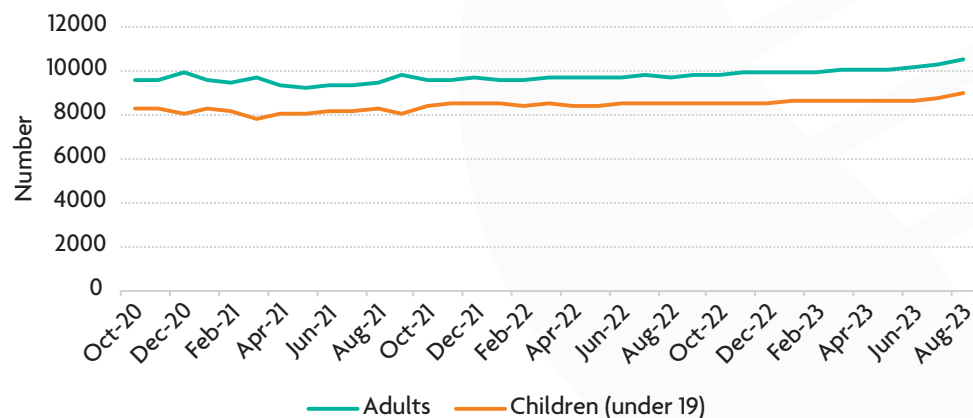
Figure 216: Households in temporary accommodation in Newham, 2022/23-2023/24, number of households



Source: Performance Dashboards, LBN

In 2023/24, just under half of all Newham residents in temporary accommodation were children (Figure 217) and the majority of households in temporary accommodation were housed outside the borough due to challenges with the local supply.²⁹⁸ This has implications for children’s education, social isolation and loneliness and people being uprooted from their communities, which can compound the harms that come from experiencing homelessness.

Figure 217: Adults and children in temporary accommodation in Newham, October 2020-August 2023, number of people



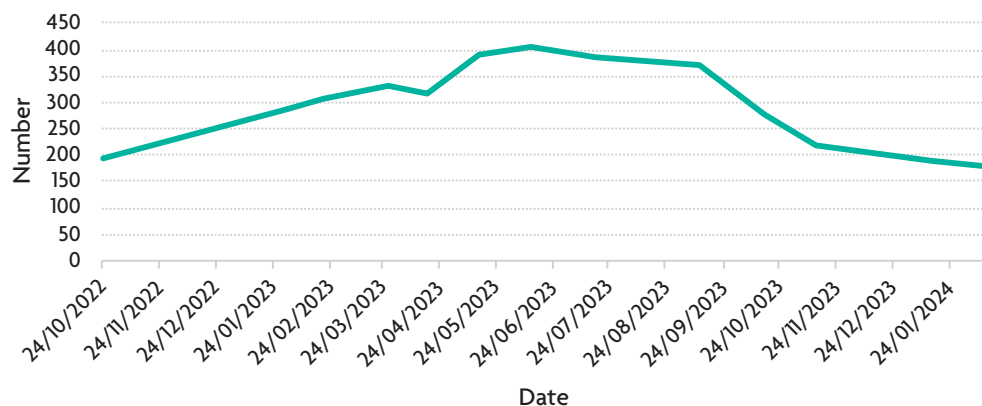
Source: Northgate System, LBN

The council uses hotels as temporary accommodation due to limited housing supply. While necessary to ensure people are homed, hotels are not ideal homes as they can lack essentials such as cooking facilities and sufficient space for families. Between October 2022 and January 2024, the number of households in hotels peaked in June 2023 and then fell. Since demand for temporary accommodation steadily increased during this period, it suggests alternative housing is being used rather than hotels, which is positive for these residents’ health and wellbeing (Figure 218).²⁹⁹

298 Newham Council (2024) Housing service data [unpublished]

299 Newham Housing Team

Figure 218: Temporary hotel accommodation tenancies for Newham residents, October 2022-January 2023, number of tenancies



Source: Newham Housing Team

This picture of temporary accommodation is extremely concerning as homelessness and insecure housing have profoundly adverse effects on people's health, wellbeing and life chances. Given most of the economic and other drivers are outside local control, the council and partners are taking steps to mitigate the harms of being in temporary accommodation at the same time as trying to prevent homelessness in the first place. Newham's Homelessness and Rough Sleeping Strategy 2021-2026 sets out an intelligence-led, public health approach to tackling homelessness and improving access to, and the quality of, housing in Newham. It aims to support people to move off and stay off the streets, to improve access to better housing, to reduce the current use of temporary accommodation and to adopt a partnership approach to preventing homelessness.³⁰⁰

Future direction

In 2025, Newham Council will publish its new Local Plan; a key aim will be to ensure the supply of high-quality, accessible and affordable property that meets residents' needs now and in the future. The draft plan proposes to strengthen Newham's policy on social value and health impact assessment, where all major new developments will be required to maximise social value, make a positive contribution to health and equity, and mitigate any potential harms to health. The council will continue enforcement through the selective licensing scheme to tackle illegal housing standards and improve housing design and living conditions for residents.

The housing challenges Newham faces today are complex, with no simple solutions available to alleviate current pressures. While many of the levers and tools to address these challenges are at the national level, we will maximise Newham's local resources and assets to improve the quality of existing homes, prevent homelessness where possible, and mitigate the impacts of poor housing circumstances, such as overcrowding and temporary accommodation. We will expand provision of wraparound support to families living in temporary accommodation and increase awareness of housing rights, advice and support, with a focus on the most vulnerable groups. We will also enhance professionals' awareness of the health impacts of poor housing conditions, and how we might address them locally, to build a more integrated and responsive approach to these issues. Creating stronger partnerships across housing, health services, and community settings to address the complex challenges faced by vulnerable populations will ultimately contribute to greater health equity.

300 Newham Council (2021) [Homelessness and Rough Sleeping Strategy 2021-2026](#)

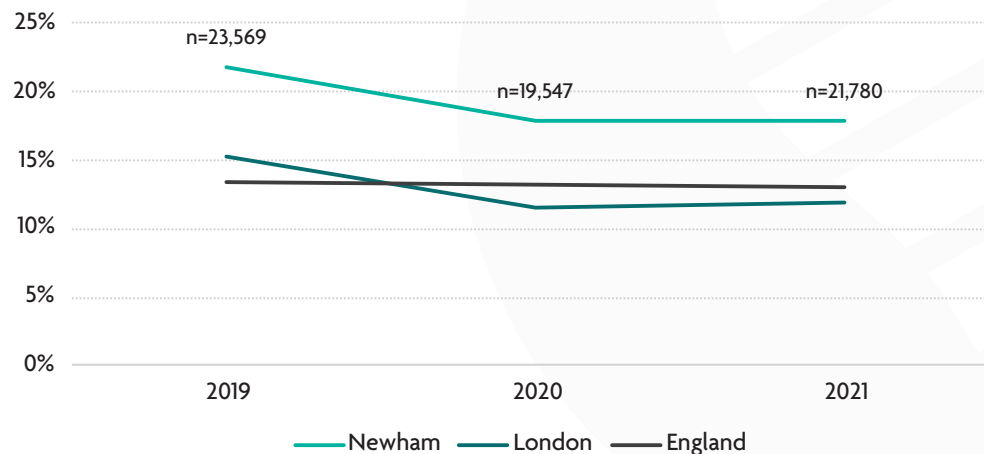
Fuel poverty and energy efficiency

Fuel poverty is when a household can't afford to heat their home to an adequate temperature. It is caused by low or insecure income, energy prices, and a home's energy efficiency. Fuel poverty harms people's health directly, through cold, damp and mouldy conditions that cause or exacerbate illnesses such as asthma, cardiovascular disease and mental health problems, in some circumstances leading to death. It also has indirect impacts through the financial stress and burden it creates.³⁰¹ Fuel poverty contributes to health inequalities as it disproportionately affects people on low incomes.

Increasing energy efficiency and improving support for vulnerable residents leads to warmer homes with better insulation, reduced heat loss, and improved indoor temperature, in turn positively impacting residents' health.

In 2021, an estimated 21,780 Newham households were in fuel poverty, representing almost 18% of households.³⁰² This was the highest in London and significantly higher (worse) than London and England (Figure 219). Due to the increased cost of living since then, this level is likely to have got worse in more recent years.

Figure 219: Homes in fuel poverty, 2019-21, proportion (%) of homes



Source: Department for Business, Energy and Industrial Strategy

Homes with an Energy Performance Certificate (EPC) D to G are 73% more likely to experience damp than those with an EPC of A to C.³⁰³ Over half of Newham residents live in private rental accommodation and 58% of these properties have an EPC of D or lower, suggesting many households across Newham are at risk of damp. In addition, many residents in private rental accommodation experience fuel poverty, overcrowding and disrepair.³⁰⁴

The council supports residents with emergency hardship support and energy support. There has been a huge increase in the number of residents supported with energy needs by the council: between 2020/21 and 2021/22 the number jumped from 417 to 5,608 (Figure 220).³⁰⁵

301 Institute of Health Equity (2022), [Fuel Poverty, Cold Homes and Health Inequalities in the UK](#)

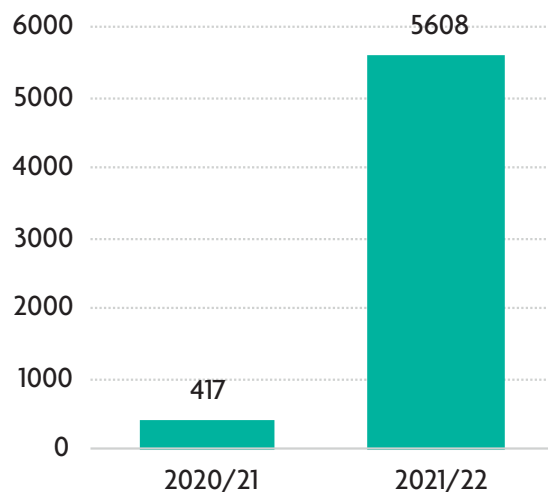
302 Department for Energy Security and Net Zero (2023) [Sub-regional fuel poverty 2021 data: low income low energy efficiency](#)

303 Citizens Advice (2023) [Damp, cold and full of mould](#)

304 Cassie Barton and Caroline Kenny (2018), [Health in Private-Rented Housing](#)

305 Newham Council, Our Newham Money

Figure 220: Newham residents supported with energy needs, 2020/21-2021/22, number of people



Source: Our Newham Money

The council is taking action to improve privately rented properties by engaging with landlords and using Minimum Energy Efficiency enforcement.³⁰⁶ In addition, Newham’s Social Welfare Alliance has run fuel poverty training to increase local stakeholders’ knowledge of how to address fuel poverty so they are better equipped to inform, advise and support residents.³⁰⁷

In January 2023, Newham Council in partnership with Cadent Foundation and The Renewal Programme, launched the Stay Warm in Newham project.³⁰⁸ In 2023 and 2024, the project supported over 200 households and over 130 residents experiencing fuel poverty in one-to-one appointments. In collaboration with Green Doctors, the project also introduced a community energy champions scheme, recruiting and supporting a cohort of community-based, multilingual energy champions to provide energy-saving advice and help people in fuel-poor households to understand their energy bills and take up energy support, such as financial support for fuel bills. The champions focus on populations not fully reached by existing community energy support, such as households living on low incomes, households in the private rented sector, households with dependent children, and households with people living with disabilities. In the first year of the scheme, the champions supported over 120 households.

Future direction

We will focus on improving energy efficiency and providing targeted support to reduce fuel poverty among residents in Newham, in particular aiming to empower landlords to achieve an Energy Performance Certificate (EPC) C rating for their properties. As part of this, we will continue to prioritise the most vulnerable groups, such as low income households, families with dependent children and disabled people, through programmes such as Stay Warm in Newham and the energy champions. Where possible we will develop and expand these approaches to increase reach, particularly among those with least access to support. The Climate Change Committee forecasts that 42% of the average UK home’s carbon footprint in 2030 will be due to heating, so action on energy efficiency will have a positive impact on our climate goals as well as on health outcomes.³⁰⁹

306 London Borough of Newham (2023) [UPDATE YEAR 2: Well Newham 50 Steps to a Healthier Borough](#)

307 Ibid.

308 Newham Council [Stay Warm in Newham](#)

309 Centre for Ageing Better (2021) [The Good Home Enquiry](#)

Increasing participation in leisure and sport

Key points

- In 2021/22, an estimated one in three children and young people in Newham were doing enough exercise. This was lower than the London and England averages.
- An estimated 58% of Newham adults were doing enough exercise in 2022/23, which was below London and England averages.
- There are inequalities in physical activity. For example, females in Newham are less active than males, and disabled residents get less exercise than non-disabled residents.

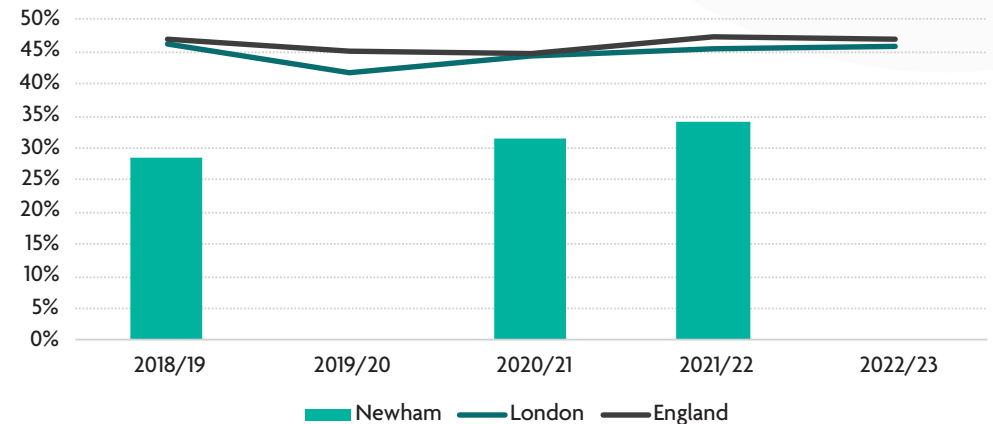


Leisure and sport

Leisure activities and sport play an important role in increasing physical activity, upskilling and employing local people and providing community spaces for social engagement and interaction. Increasing participation in leisure and sport can help Newham residents lead healthier, longer lives and prevent ill health such as obesity, diabetes, heart disease, depression, joint and back pain and some cancers.

In 2021/22, an estimated one in three children and young people in Newham were doing enough exercise. This was one of the lowest (worst) levels in London, and significantly lower (worse) than the London and England averages (Figure 221). This makes children and young people a priority for increasing physical activity, including through active travel, leisure, sport and play.

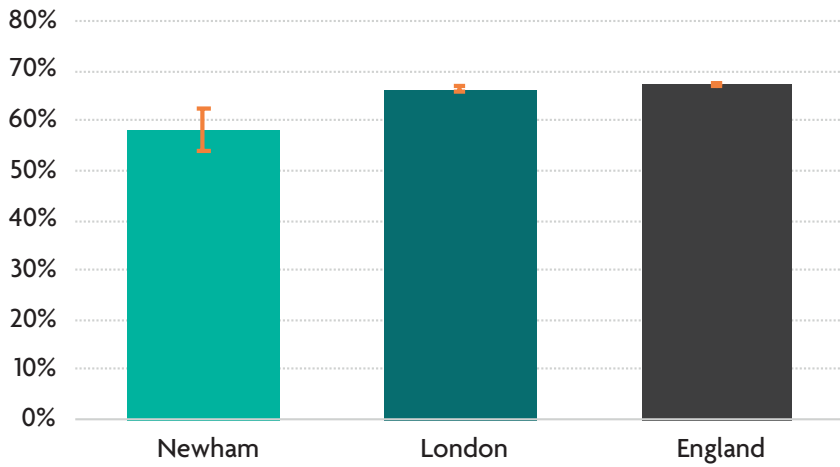
Figure 221: Physically active children and young people, 2018/19 - 2022/23, proportion (%)



Source: Active Lives Children and Young People Survey, Sport England

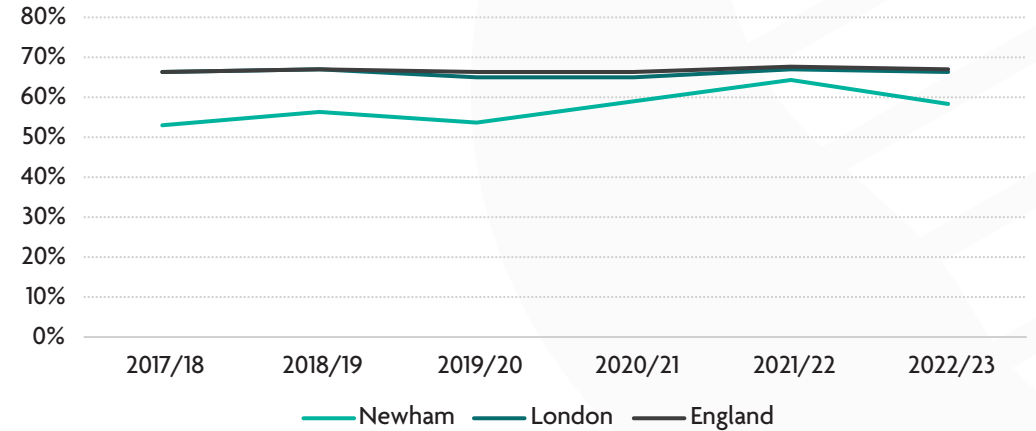
In 2022/23, an estimated 58% of Newham adults were doing enough exercise, which was lower (worse) than the London and England averages (Figure 222). This level has been relatively constant in recent years in line with regional and national trends (Figure 223). Similarly to children and young people, this underscores the importance of continued work to enable residents to be active, including through their travel and participation in leisure and sport.

Figure 222: Physically active adults, 2022/23, proportion (%)



Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

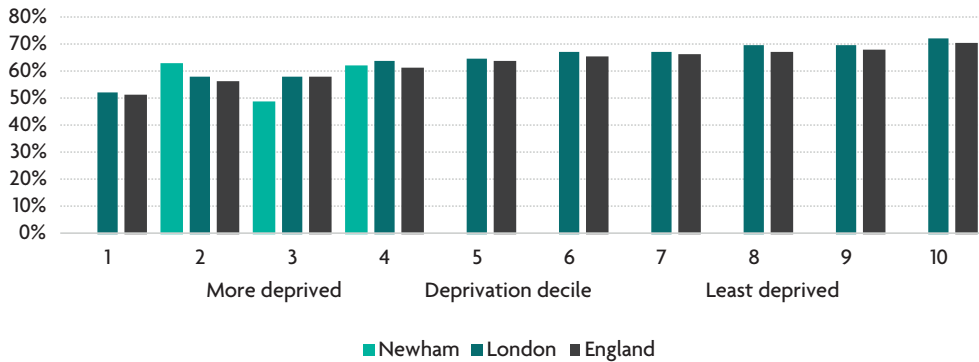
Figure 223: Physically active adults, 2017/18-2022/23, proportion (%)



Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

Levels of physical activity vary across different population groups, contributing to health inequalities. Across London and England there is a strong correlation between physical activity and deprivation, where on average people living in the wealthiest places get the most exercise and those in the most deprived places get the least. The pattern in Newham is less clear, which is partly because most areas in Newham are relatively deprived (hence why data is only available for deciles two to four) (Figure 224). However, inequalities linked to deprivation may exist in Newham at a more granular level that does not show in the available data.

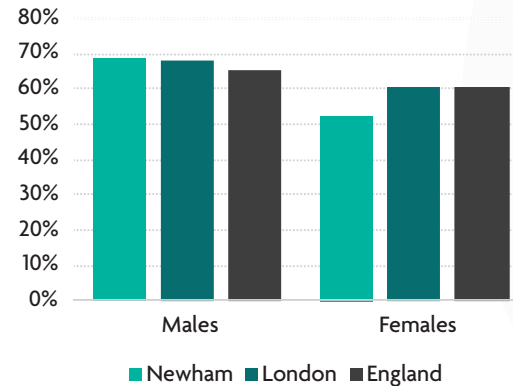
Figure 224: Physically active people by deprivation decile, November 2022/23, proportion (%)



Source: Active Lives Survey – Sport England

There are also differences between sexes, where on average men do more exercise than women. In Newham, this is particularly stark: in 2021/22 an estimated 69% of men did enough physical activity, while around 53% of women were getting the recommended amount. Further, women in Newham were less active than women across London and England, indicating that getting women into exercise is a particular local priority (Figure 225).

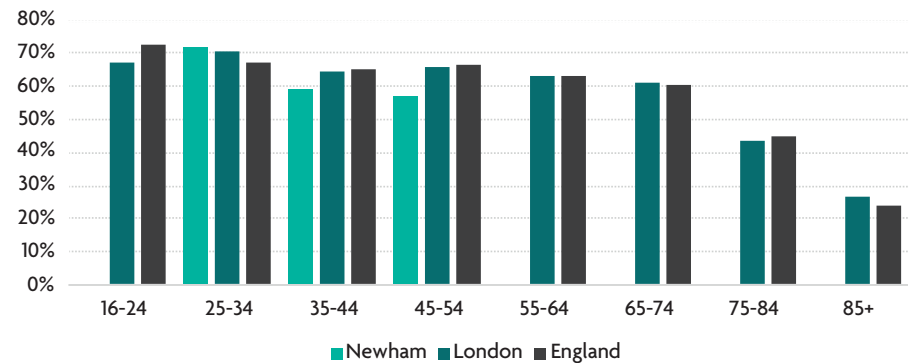
Figure 225: Physically active people by sex, November 2021-22, proportion (%)



Source: Active Lives Survey – Sport England

In terms of age, physical activity tends to decline with age – a pattern seen in Newham and across London and England. In Newham in 2021/22, an estimated 72% of 25-34 year olds were doing enough activity compared to 58% of 45-54 year olds (local data for older age groups is not available) (Figure 226).

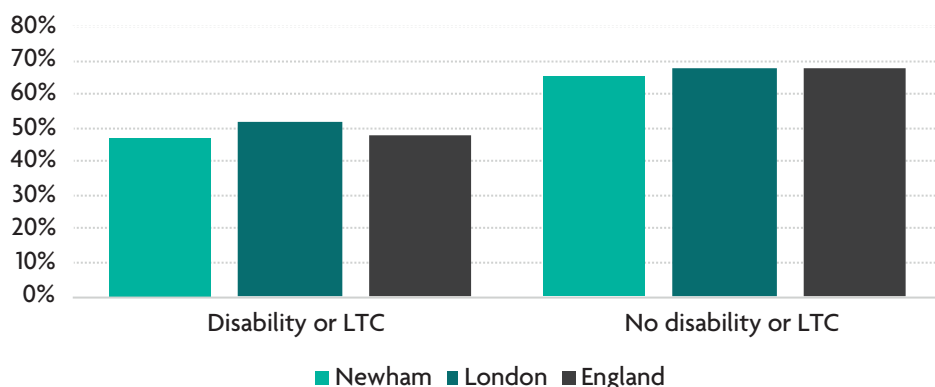
Figure 226: Physically active people by age band, November 2021-22, proportion (%)



Source: Active Lives Survey – Sport England

Disabled people and those with long-term health conditions (LTCs) are less likely to do enough exercise than others. In 2021/22 in Newham, an estimated 47% of disabled adults and adults with LTCs did enough exercise, compared to the estimated Newham average of 64%. There is a similar pattern across London and England (Figure 227).

Figure 227: Physically active people by disability/long-term condition, November 2021-22, proportion (%)



Source: Active Lives Survey – Sport England

In 2021/22 the council asked residents – including those in priority groups such as disabled people and young people – about their participation in and views of physical activity and leisure. Residents said they enjoy taking part in physical activity, understand the health benefits and would like to do more. But despite this, just over half of respondents were not accessing the sports and leisure facilities in the borough. The top four reasons cited were: activities on offer; cost; lack of accessible, convenient facilities; and lack of awareness of opportunities available.³¹⁰



I understand I should take part in physical activity but struggle to find activity I feel confident enough to partake in.

I would like to do more activity, but it is difficult to fit it in – would like something/classes that I can do with my children or at lunchtime near home.

There is evidence that the high cost of living affects Londoners' participation in leisure and sport. For example, in 2023 an estimated 15% of Londoners stopped paid sport activities and 9% cancelled gym memberships.³¹¹ This underscores the importance of enabling Newham residents to get physical activity for free where possible, such as through active travel and use of parks, and ensuring leisure and sport activities and facilities are affordable for local people.

Newham's three leisure centres, Atherton, East Ham and Newham Leisure Centres, provide sports halls, pitches, pools and gym facilities, and are well used by residents. In 2022/23 there were 1,050,791 visits to the centres.³¹² Newham also provides a community leisure programme, which includes free outdoor and indoor activities such as social walks, youth cricket sessions, self-defence for girls and Pilates for women and girls. In 2022/23, over 7,000 residents took part in the community programme. While uptake has been growing since COVID-19, there is significant opportunity to reach more residents through Newham's leisure offer.

In addition to Newham's leisure services, the council invests in a range of other leisure programmes to increase reach and participation. For example, in 2024 the council launched the BetterPoints Newham Challenge, a free app-based programme and website, which gamifies walking, wheeling, cycling and running to encourage users to be more active. The more activity residents do the more rewards they accrue which can be used for shopping vouchers or donated to charity. In another example, the council partnered with Table Tennis England to help residents of all ages to be active by installing nine new outdoor table tennis tables across the borough, making it easier for residents to find a table near where they live.

³¹⁰ Newham Council (2021) [Community Physical Activity and Leisure](#)

³¹¹ London Sport (2023) [Cost-of-living and its impact on sport & physical activity](#)

³¹² Newham Council (2023) ActiveNewham Performance Data 2022/2023 [unpublished]

Residents value Newham's free community offers, explaining that they not only help local people get and stay active, but they also have wider positive impacts such as social connection and mental health benefits.



Doing Street Tag [which came before BetterPoints] makes you go further, see different places, different boroughs. Street Tag is good for your health and fun.
Resident, Street Tag (2022)

Future direction

We want Newham to be a place where it is easy for residents to be physically active. The offer of sports will be broadened and made more accessible, and the infrastructure will be improved.

Studies have shown that leisure centres can play a valuable role in population physical activity levels. For example, one large study found that people registered with local authority leisure centres did on average 55 minutes of moderate/vigorous physical activity per week, which is around a third of the recommended amount for adults.³¹³ Local authority leisure services can also play a unique role in providing opportunities for all to be active, especially in some of the most deprived communities, which underscores the importance of leisure and sport provision in Newham.³¹⁴ Leisure centres can also help address other inequalities in physical activity; for example, older adults and females are more likely to be active and achieve the recommended physical activity levels through use of centres.³¹⁵ This is why we are committed to investing in the council's leisure assets and are investigating the feasibility of developing new facilities in the future.

We will be refocusing the future management and delivery of the borough's leisure services to help improve the health and wellbeing of all residents; we will also be working on the understanding that physical activity can be undertaken in many places, not just inside physical buildings such as leisure centres. We will therefore be improving facilities and equipment in parks and green spaces, as well as improving the amenities and activities on offer there.

³¹³ Hanson et al (2021) [The contribution of leisure centre usage to physical activity in the United Kingdom](#)

³¹⁴ APSE, the LGA and CLOA (2021) [Securing the future of public sport and leisure services](#)

³¹⁵ Hanson et al (2021) [The contribution of leisure centre usage to physical activity in the United Kingdom](#)

Building an inclusive economy

Key points

- Newham is a relatively deprived place. In 2019, Newham was the third most deprived borough in London, with three-quarters of residents living in the 30% most deprived areas in the country. However, it has become relatively less deprived since 2010.
- In 2022/23, an estimated 38% of all Newham residents, and 44% of children, were living in poverty when taking housing costs into account. Both were significantly higher than the London averages.
- In 2022/23, around 75% of residents aged 16 to 64 were employed, which was similar to London and England, and relatively unchanged over the past five years.
- In 2022/23, men were more economically active in Newham than the London and UK averages, while women were less active. There was a 19% gap in employment between Newham residents with long-term physical or mental health conditions and the general population.

Inclusive economy

Financial security and financial resilience are core to good health, enabling people to afford the things they need (such as healthy food and a suitable home), to feel in control, valued and secure, to participate in society, and to avoid the stress of struggling to make ends meet. Equally, good health helps people be financially secure through access to work and other social and economic opportunities, creating a virtuous cycle. Poverty and financial insecurity are one of the largest drivers of poor health and health inequalities.³¹⁶

Financial security

Several measures are used to assess the population's financial security. The English Index of Multiple Deprivation (IMD) scores areas in terms of income, employment, education, health and several other domains, giving an overall measure of living conditions and resources.³¹⁷

Three-quarters of Newham's residents live in the most deprived 30% of areas in the UK, reflecting inequalities in living conditions and resources between Newham and other places. There are also inequalities in deprivation within Newham, where some neighbourhoods are more deprived than others (Figure 228).

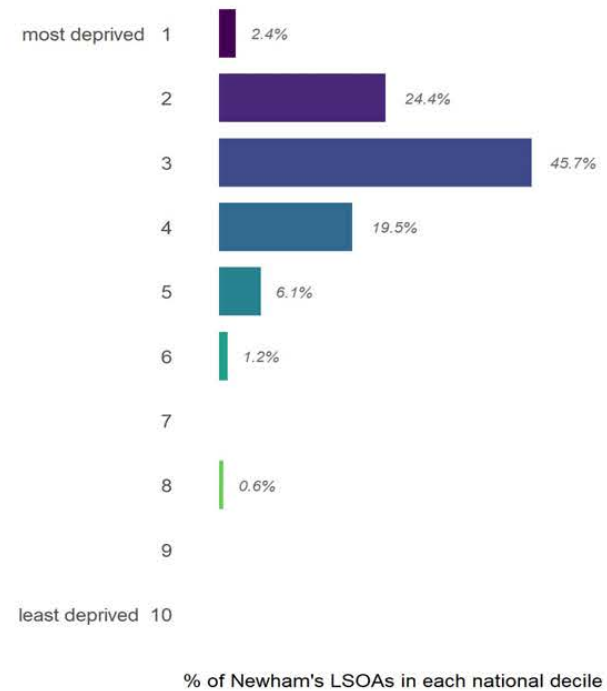
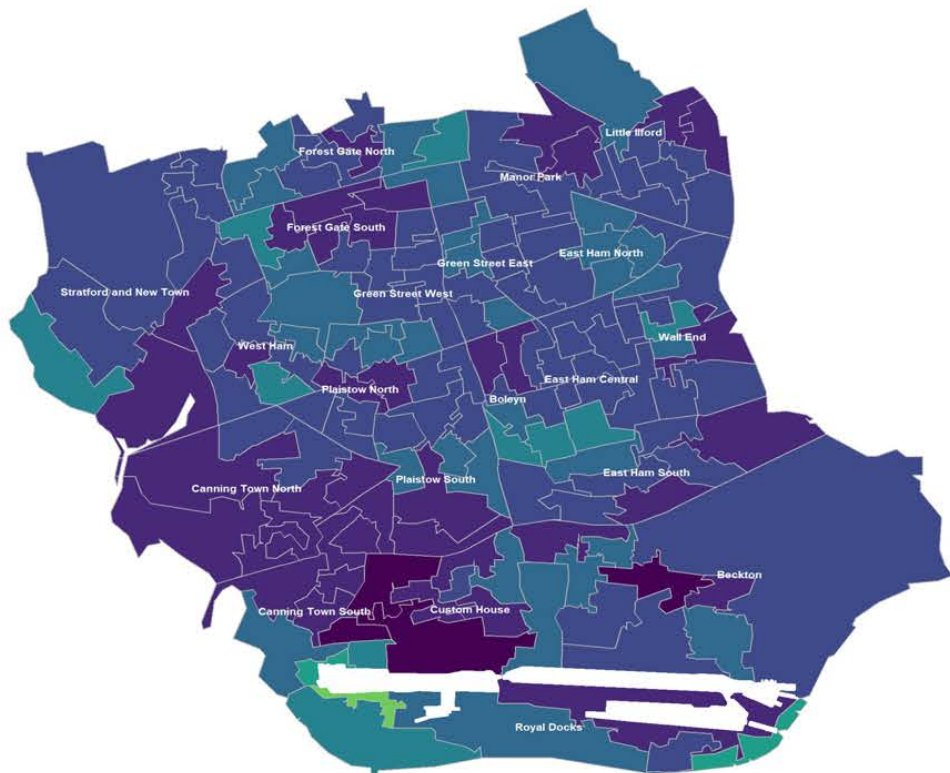
³¹⁶ Bibby (2019) [Why poverty is bad for the nation's health](#)

³¹⁷ Ministry of Housing, Communities and Local Government (2019) [The English Indices of Deprivation 2019](#)

Figure 228: Deprivation in Newham, 2019

Index of Multiple Deprivation, 2019

Newham's Lower Super Output Areas by national decile

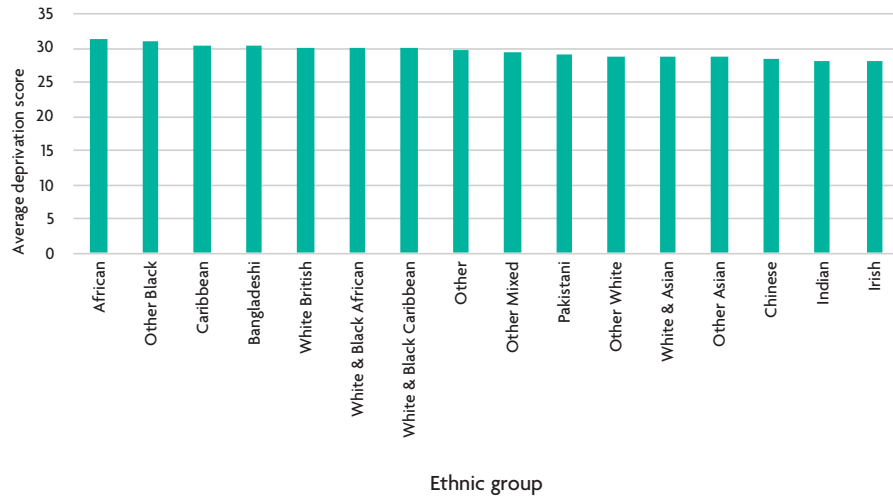


Source: English Indices of Deprivation (2019), MHCLG. Contains Ordnance Survey data © Crown copyright and database right 2019

Source: English Indices of Deprivation (2019), MHCLG. Contains Ordnance Survey data

Across England, minoritised ethnic groups are more likely to live in more deprived areas than the White population.³¹⁸ In Newham, there is relatively little difference in average deprivation score between ethnic groups, as measured by the IMD. This might be because Newham is a relatively deprived place compared to the rest of the country so most residents live in relatively deprived neighbourhoods. In 2024, average deprivation score was highest among Newham residents in African ethnic groups and lowest among residents of Irish origin (Figure 229).

Figure 229: Deprivation in Newham by detailed ethnic group, 2024, average deprivation score (IMD)



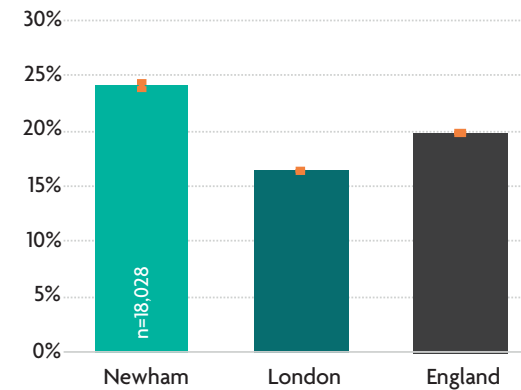
Source: CEG East London Database, courtesy of the Clinical Effectiveness Group at Queen Mary University of London

Note: Average deprivation score is from the English Indices of Multiple Deprivation.³¹⁹ It measures deprivation of geographical areas. A high deprivation score means more deprived and a low score means less deprived.

There is a strong gradient in health outcomes between the least and most deprived places. In 2018-20, a girl born in the most deprived area of Newham had a life expectancy 6.6 years less than that of a girl born in the least deprived area. The difference for males was 8.1 years.³²⁰

Low income is one measure of poverty. Relative low income is where a household earns less than 60% of the national average (median) income. In 2021/22, an estimated one in four children under 16 in Newham were living in low-income households, equating to around 18,000 children. This was significantly higher (worse) than the London (16%) and England (20%) averages, and the second highest (worst) in London (Figure 230).

Figure 230: Children under 16 in relative low-income households, 2021/22, proportion (%)

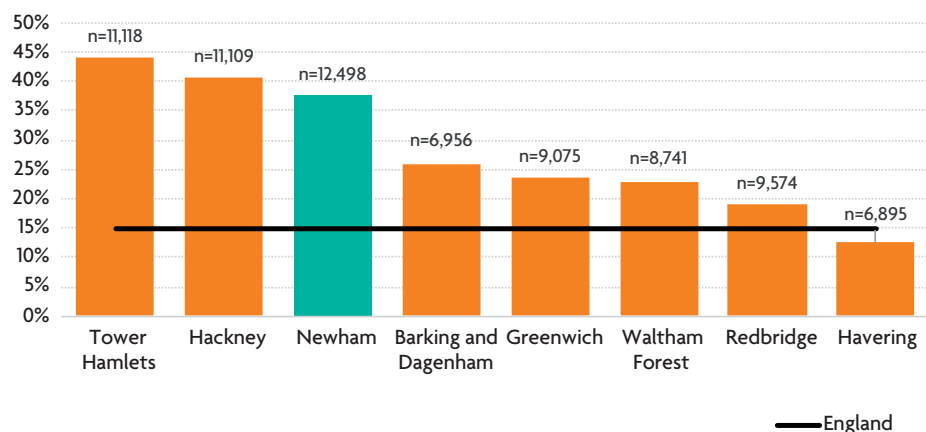


Source: Office for Health Improvement and Disparities

318 Ministry of Housing, Communities and Local Government (2020) [People living in deprived neighbourhoods](#)
 319 Ministry of Housing, Communities and Local Government (2019) [English indices of multiple deprivation 2019](#)
 320 OHID Fingertips

In 2019, an estimated 37% of Newham’s 60+ population were living in low-income households, equating to around 12,500 people. This was the third highest (worst) of all London boroughs and significantly higher (worse) than the England average (14%) (Figure 231).

Figure 231: Older people in low-income households, 2019, proportion (%) of 60+ population



Source: The English Indices of Deprivation 2019

These estimates of relative low income do not take into account housing costs. In places like Newham, where housing is expensive, this measure underestimates the proportion of the population living in poverty. In 2022/23, an estimated 38% of Newham residents and 44% of children in Newham were living in poverty when taking housing costs into account. This was significantly higher (worse) than the London averages (26% of all people and 32% of children).³²¹ Of these households, around 80% were in working families, suggesting wages and benefits were not providing adequate income.

321 Trust for London. [London's Poverty Profile](#)

322 Joseph Rowntree Foundation (2023) [Destitution in the UK](#)

Destitution is an extreme form of financial insecurity, where people are not able to meet their most basic physical needs to stay warm, dry, clean and fed. In 2022, approximately 3.8 million people in the UK were experiencing destitution, including around 1 million children. This was an overall increase of 148% since 2017, with a disproportionate rise among children, where the numbers had grown by 186%.³²²

Based on risk factors for destitution, Newham was estimated to have the highest levels of destitution in the UK in 2022 (Figure 232). With the rising cost of living since then, numbers are likely to have continued to grow.

Figure 232: Top 10 local authorities’ predicted destitution rates based on secondary indicators, showing rates for each component and overall, 2022, proportion (%) of households

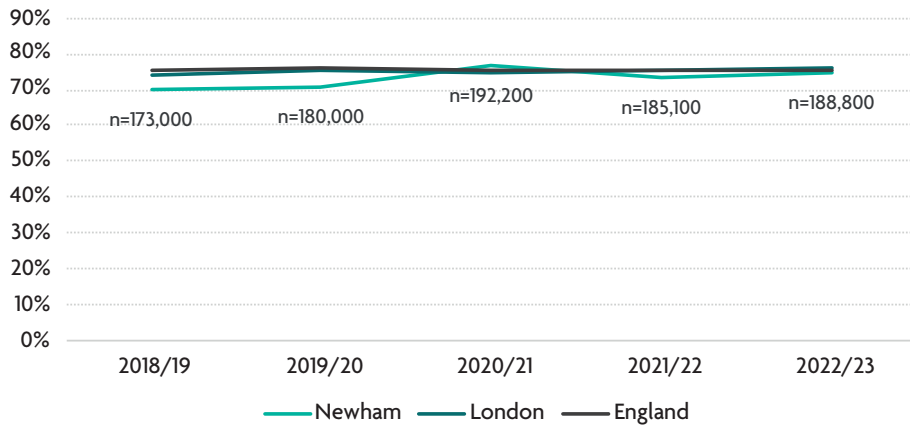
		Migrants no complex needs	Complex needs	UK – Other	All destitute
1	Newham	0.83	0.27	0.91	2.01
2	Manchester	0.59	0.45	0.93	1.97
3	Middlesborough	0.49	0.53	0.92	1.94
4	Leicester	0.69	0.37	0.79	1.85
5	Nottingham	0.59	0.41	0.79	1.8
6	Brent	0.66	0.25	0.86	1.78
7	Newcastle upon Tyne	0.52	0.39	0.81	1.7
8	Southwark	0.77	0.34	0.58	1.68
9	Kingston upon Hull, City	0.35	0.45	0.87	1.68
10	Luton	0.54	0.26	0.86	1.67

Source: Authors’ analysis of secondary indicators as described in *Destitution in the UK 2023: technical report* (Bramley and Fitzpatrick, 2023b)

Employment and earnings

In 2022/23, around 75% of Newham residents aged 16 to 64 were employed, which was similar to London and England, and relatively unchanged over the past five years (Figure 233).

Figure 233: People in employment, 2018/19 - 2022/23, proportion (%)



Source: Annual Population Survey – Labour Force Survey

In the same year, estimated average pay in Newham was £578 a week, compared to £646 a week across London. In 2023, 20% of Newham residents were estimated to be earning below the London Living Wage, which was higher (worse) than the London average (16%).³²³

In 2022/23 an estimated £19 billion of benefits were going unclaimed across England.³²⁴ Many Newham residents are entitled to benefits but face multiple barriers to taking them up, which suggests substantial amounts of benefits may be going unclaimed in Newham. This means many residents may not be receiving the financial support that they are entitled to, further increasing financial insecurity in the borough.

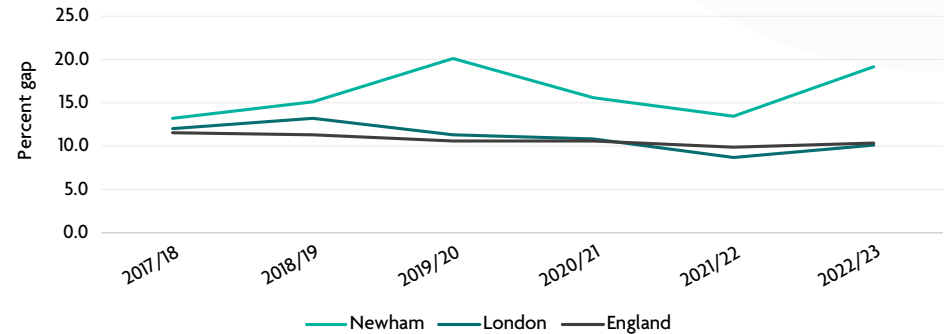
323 Trust for London (2021) [Newham Profile](#)

324 Policy in Practice (2023) [Missing out: £19 billion of support is unclaimed each year](#)

325 Office for National Statistics (2022) Annual Survey of Hours and Earnings (ASHE)

Economic activity means the proportion of people who are working or looking for work. In the year from October 2022 to September 2023, average economic activity levels were lower (worse) in Newham than in London and the UK. However, this was not equally distributed. Men were more economically active in Newham than the London and UK averages while women were less active, earning on average £112 less a week than men in the borough.³²⁵ In 2022/23, there was a 19% gap in employment between Newham residents with long-term physical or mental health conditions and the general population, where an estimated 56% of residents with long-term conditions were employed compared to 75% of Newham’s overall working age population. This gap was similar to the London and England averages (Figure 234). These inequalities suggest that women and people with long-term health conditions are two local priority groups for employment support.

Figure 234: Gap in employment rate between those with physical or mental long-term health conditions and overall employment rate (16-64), 2017/18 - 2022/23, percentage (%) gap



Source: OHID, using the ONS Annual Population Survey

Residents have reinforced the issue of inequalities and barriers to employment, identifying disabled people, minoritised groups and those who are socially excluded – and the intersections between these factors – as top priorities.



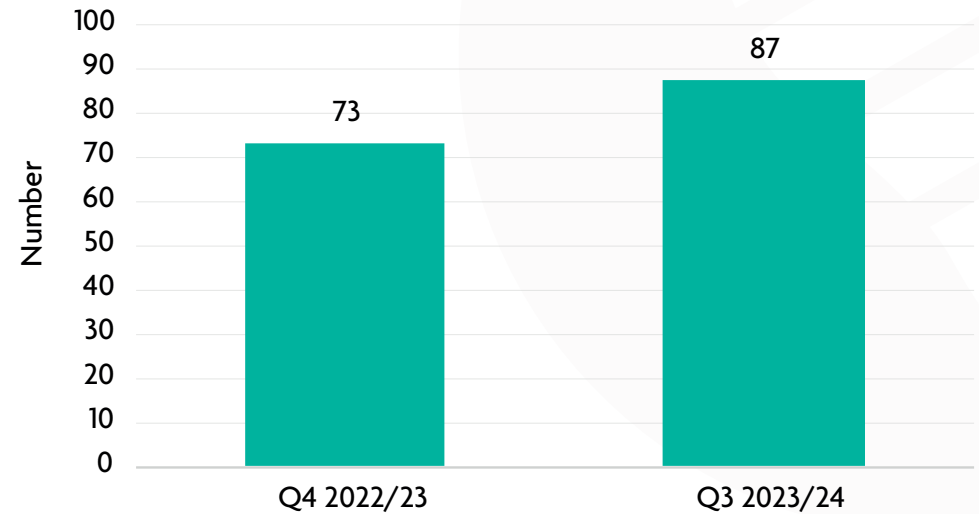
There are a lot of Deaf [Black, Asian and minoritised ethnic] residents, and they have high unemployment.

Resident, Stratford (2023)

Residents have also stressed the importance of understanding the barriers to employment in the local population, providing upskilling opportunities for residents, and policies and initiatives to promote employment among priority groups, such as people sleeping rough.

The real London Living Wage is the only UK wage rate based on the cost of living. It is voluntarily paid by over 14,000 UK businesses who believe their staff deserve a wage that meets everyday needs. Newham Council became an accredited London Living Wage employer in 2021 and the number of local employers paying the London Living Wage has increased in recent years. In early 2024 there were 87 London Living Wage employers in the borough.

Figure 235: Newham organisations with London Living Wage accreditation, 2020/21 - 2021/22, number of organisations



Source: Trust for London

Local services

The council, other anchor institutions, local voluntary and community groups and businesses are taking steps to create a more inclusive economy and support residents in financial hardship. For example, East London Foundation Trust is working with the UCL Institute of Health Equity to become the first NHS 'Marmot Trust'. This means testing what an NHS Trust can do to tackle some of the drivers of poor health including poverty and unemployment.

Newham Council's Our Newham Money service supports residents across Newham to maximise their income and manage their money. Between April 2023 and February 2024, the collective debt of residents supported by Our Newham Money was £11.7m, and the average debt of residents using Our Newham Money Debt Advice was £8,400. The three most common debts were related to council tax, rent and energy bills.

In the year from September 2022 to August 2023, Our Newham Money supported over 9,500 residents with impartial advice on debt, benefits and money management strategies, ultimately improving their financial circumstances. Our Newham Money's Local Welfare Assistance Scheme provided £1.8 million in direct emergency support, providing immediate financial help to those most in need. Over the same period, Our Newham Money increased Newham residents' incomes by £3.5 million by offering assistance with benefit claims, debt support and advice, and guidance through the transition to Universal Credit.

In 2024 in Newham there was estimated to be £9,119,000 in unclaimed Pensions Credits for eligible households. Our Newham Money, working with London Councils, is running a campaign to target these households and increase take up.

A number of other local organisations support residents with their finances, including Money A&E, Citizens Advice and Newham Advice Partnership, making financial advice more available and accessible to Newham residents.

Future direction

Many of the drivers of economic inclusivity and equity primarily sit outside the agency of local places – be they local authorities, the NHS, local businesses and communities. For example, housing costs and access to good quality jobs are mainly influenced by national policies and the wider global context. Nonetheless, as a local system we will work to address the underlying causes of poverty and financial insecurity, using the levers we have locally to improve financial security where possible. At the same time, we will take steps to mitigate the impacts of poverty and financial insecurity.

First, as a local system, we will continue to support people when they have immediate need. What was called the 'Cost of Living Crisis' is clearly not a short term issue and, in Newham, it is not a new 'crisis' but a longstanding challenge, where difficulties affording daily life affect many across Newham long term. The council and its partners will continue to evolve the way we support people when they have immediate needs, ensuring that we maximise the help we can provide and the reach of that help, so that those with the most need are able to get support. We will continue to develop our approaches to data collection and monitoring impact so that we can see who is getting support, who isn't and how our approach may need to change.

In addition, we will seek to increase the financial security and independence of residents in Newham. This is about short-term financial security and longer-term wealth creation. The council and local voluntary and community sector organisations will continue to support people to avoid and come out of problem debt and to take up the benefits they are entitled to. Together we plan to evolve and expand in this work, building on what works to nurture longer term, intergenerational financial security for communities in Newham. This will include research into what works through Newham's Centre for Health and Care Equity.

In terms of employment, we want to make work work for all and support good quality health-promoting jobs. This will include working to increase skills and opportunities for good quality training and work, supporting local businesses to be health-enabling employers, and developing the council's employment services to maximise outcomes, particularly for those furthest from the labour market. The council will continue to champion the London Living Wage and encourage more employers to become accredited.

We will not let up on our ongoing campaign to central government for fairer policies for places like Newham that can have a large impact on health and wellbeing, such as policies on housing, tax and social support.

Partnerships rooted in the community

Key points

- Well Newham aims to create a diverse, thriving and sustainable landscape of services and programmes that support residents around their health. In less than a year, over 20,000 residents were referred to a local service through the Well Newham Directory of Services to meet a health need.
- The council, NHS, voluntary, community and faith organisations, schools, businesses and many more all have important roles to play in making Newham a health-promoting place – and have greater impact by working together. In 2024, over 800 organisations were working together to improve outcomes in the borough.
- Newham residents speak over 100 languages and an estimated 65% of residents speak English as their main language. Of those for whom English is not their main language, an estimated 25% cannot speak English well or at all. This underscores the need for inclusive communication in promoting and delivering services.

Well Newham

A broad range of factors impact on people's health and wellbeing – from the environment we live in, to the air we breathe and the social connections we make. Studies suggest that up to 80% of the public's health is determined by factors other than healthcare services.³²⁶ These 'building blocks' of health – such as housing, transport, food and family – are called the 'wider determinants of health'. Well Newham was set up to support residents around these issues, as a shared programme between Newham Council, the NHS, and local voluntary and community sector organisations. It aims to create a diverse, thriving and sustainable landscape of services and programmes that support residents around the wider factors that influence their health, underpinned by five values and three cross-cutting principles (Figure 236).

Figure 236: Well Newham values



³²⁶ Hood CM et al.(2016) [County Health Rankings: Relationships Between Determinant Factors and Health Outcomes](#)

The [Well Newham Directory of Services](#) lists the services on offer to Newham residents across the voluntary, community and faith sector, NHS, council and private services in one easy-to-access place for everyone to use, making it easier for people to find local services and make referrals. The directory launched in April 2023, and by February 2024 over 500 local services were listed and 20,293 residents had been referred to a local service through it (either self-referred or by a professional). The directory was being used in every GP practice in the borough, as well as by many other professionals, and GP practices were making an average of 1,150 referrals each month.

Well Newham also provided residents with in-person health and wellbeing information at locations and events around the borough, supporting them to be aware of and access services, helping people create personalised care plans and delivering brief interventions. Between June 2023 and February 2024, 2,205 residents accessed this offer.

The Well Newham Challenge enables staff at Newham Hospital to pilot initiatives that address social factors that influence patients' health. In its first year in 2022/23, five projects began to address a range of issues that frontline hospital staff identified as priorities. For example, one project piloted a gestational diabetes peer support programme, including training pregnant women to support each other in preventative measures, such as dietary changes and exercise. Participants reported improved confidence in self-managing their diabetes as well as an improved knowledge of healthy foods and how stress can effect blood sugar control. As a result, work is now underway to expand the pilot. Another project screened cardiology patients for wider factors that might impact their health. Of those screened, a substantial proportion were experiencing financial insecurity, which may contribute to their cardiovascular health, and as a result were supported to access financial support. Due to its success, Barts Health NHS Trust will be recruiting a full time social prescriber in cardiology to continue to address the wider health needs among patients.

Newham residents have said they would like to receive more holistic care when interacting with healthcare services.³²⁷ Personalised care is an approach to addressing this, a preventative, strengths-based way of working, which looks at wider factors influencing an individual's health and wellbeing, such as their social connection, physical activity and financial situation. In Newham personalised care is delivered by social prescribers, community link workers, care connectors and other similar roles.



I was helped by a community link worker. He helped me get a laptop and a volunteer to help me use it. It's hard being by yourself all the time and he helped me meet new people.

Resident, Social Prescribing Survey (2022)

The [link] worker I had was awesome. My case has been complicated and my needs had multiple layers but she took time with me, she was empathetic and professional while being honest and open. She truly put me at the centre of the support and exchange. She has been a true example of support that works. I have 12 disabilities and one learning difficulty but she navigated it well.

Resident, Social Prescribing Survey (2022)

327 Ysabella Hawkins and Matt Bury (2022) [Personalised Care Roles in Newham Report](#)

Future direction

By continuing to develop and scale Well Newham we want to embed a culture and way of working across the borough that is joined-up, holistic and preventative. This will partly involve continuing to develop pathways between services so residents, patients and professionals have the tools and information they need to stay well and manage health conditions. In particular, we will focus on people with long-term conditions to help these individuals manage and live well with conditions, and on equity, ensuring residents have fair and equal opportunity to access and benefit from Well Newham.

We want residents to feel that they receive holistic and strengths-based support when interacting with professionals. Delivering training that is aligned with the Well Newham values and aligned approaches (e.g. trauma-informed working) will help to facilitate a better experience for residents. In addition, we will continue to build our local personalised care offer, ensuring residents and professionals better understand personalised care roles in the borough and how to access them, increasing the consistency of the offer across the different roles and improving data collection to better inform further service improvements.



A social movement for health

Most of what helps people to be healthy and stay well happens at home, where we work, where we worship, where we have fun and where we come together – in our communities and day-to-day lives rather than in council or NHS services.

We all – the council, NHS, voluntary, community and faith organisations, schools, businesses and many more – have important roles to play in making Newham a place that promotes and enables good health. Each organisation has unique skills, knowledge, relationships and experiences to contribute, and no single organisation has the capacity or capability to achieve Newham's health and wellbeing goals alone. As a system we are already working well together and have a lot to build on to continue to grow trusting and compassionate relationships and to take practical measures that make a difference for residents across Newham. By working together we greatly increase the scale and magnitude of impact, building connection and resilience, and addressing inequalities. This is the 'social movement' that we will continue to build together.

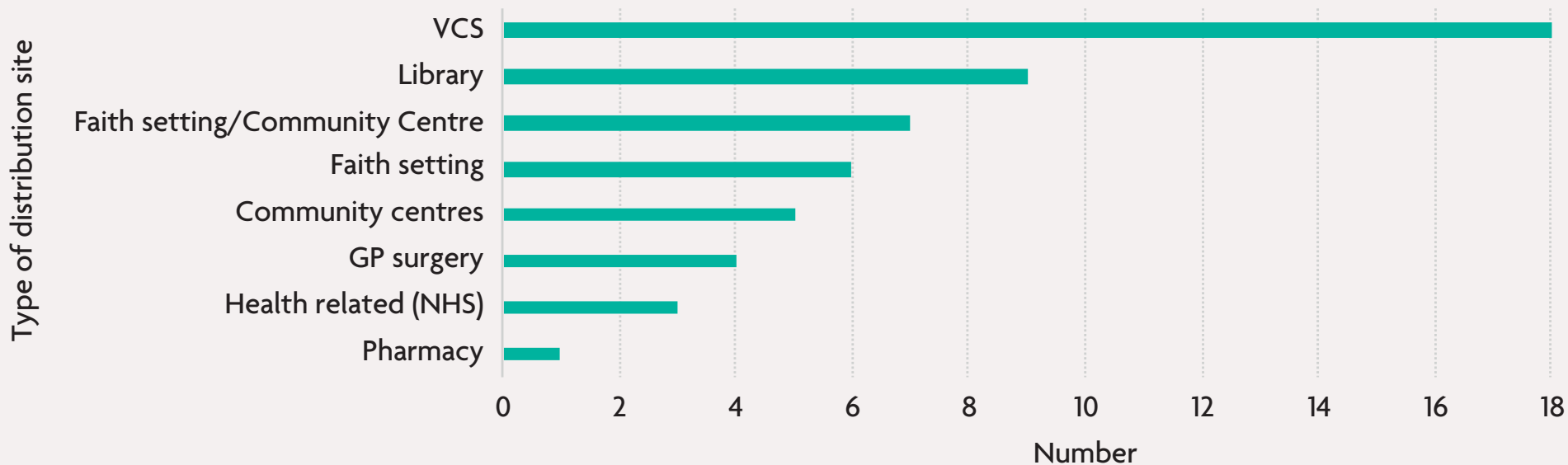
The partnership between the council, voluntary, community and faith organisations continues to grow. In 2024, Newham had more than 800 organisations working together to improve outcomes, and relationships with communities and individuals continued to mature. Some examples of this in practice are:

- More than 500 people volunteer through Newham Volunteers every year – bringing their amazing energy to events, activities and each other – and also getting the personal benefits that volunteering brings.
- Partners have come together in a range of alliances and networks including the Newham Food Alliance, the Social Welfare Alliance, the Anti-Poverty Alliance, the No Recourse to Public Funds Alliance, and the vitamin D network. Over 300 different local organisations are part of these alliances and networks.
- More than 700 people across Newham are either Community Health Champions and/or Cost of Living Champions, working to get information, advice and support to residents on a range of areas.
- Residents and community groups submitted over 150 projects to the council's 2023 People Powered Places programme, and over 85% of those funded have health and wellbeing as a core priority.
- The council has partnered with communities and community organisations in new ways, which have now become part everyday practice. This includes: small grants; champions models; providing resources to enable local delivery; one stop shops; outreach teams and more.
- There is a strong tradition of bringing together residents and the council to design and deliver services. More than 685 people were involved in co-production activities in 2023.
- The council has hosted three citizens' assemblies since 2019, with more than 150 people involved, and there have been nine Young People's Citizen Assemblies, with more than 600 young people taking part

Spotlight: Newham vitamin D programme.

The programme aims to reduce the risk of vitamin D deficiency among residents aged 60+ by providing free vitamin D supplements. To maximise the reach of the offer, the council and local voluntary, community and faith organisations co-designed the distribution model, creating a network of collection points where residents can collect the supplements near home or in a place they go often, such as their place of worship. Between the programme launch in November 2021 and February 2024, the number of distribution sites grew from 12 to 53, and the diversity of sites means the offer reaches a wide range of residents (Figure 237). As of February 2024, the programme had distributed 44,950 bottles of supplements. These achievements demonstrate the impact of working in partnership and provide vital learning that can help us continue to grow Newham’s social movement for health.

Figure 237: Vitamin D distribution in Newham, March 2024, number of distribution sites



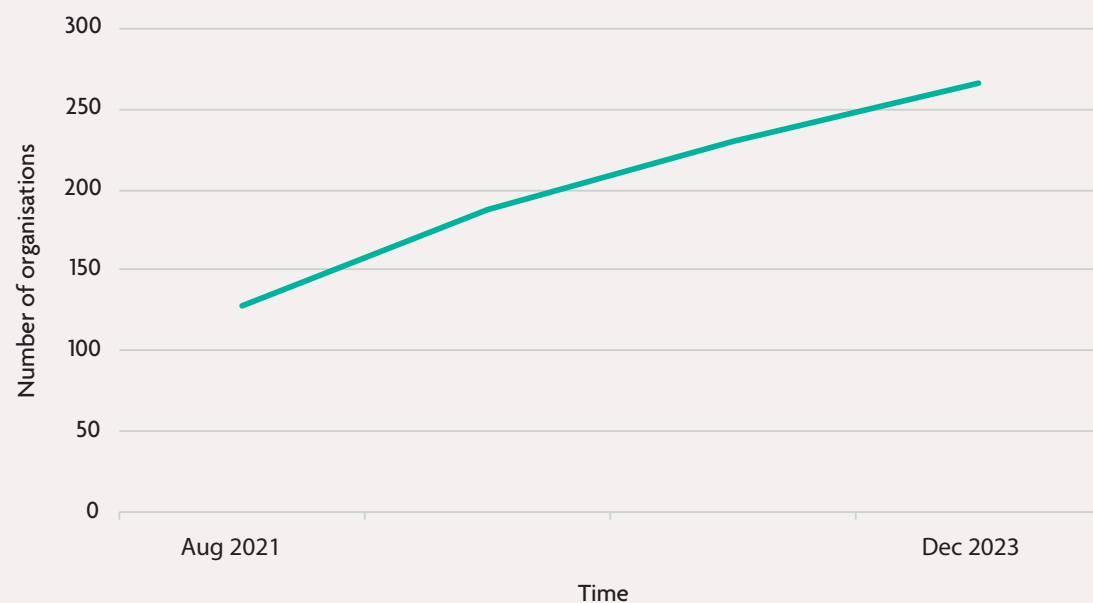
Source: London Borough of Newham (2024). Unpublished data.

Newham Social Welfare Alliance

The Social Welfare Alliance (SWA) supports frontline workers and volunteers across Newham with information and referral pathways to support residents around income maximisation, immigration support and advice, early years, housing issues and much more. Between November 2020 and December 2023:

- The SWA delivered a total of 378 training sessions across 54 topics
- There were 5,016 attendances
- The sessions were attended by 266 different organisations, including the council, schools, children's centres, police, NHS, and voluntary, community and faith groups (Figure 238). The growing number of organisations shows that every year new organisations are joining the alliance.

Figure 238: Social Welfare Alliance organisations in Newham, 2021 - 2023, number of organisations



Source: Newham Public Health Team

Future direction

The Social Movement is fundamental to the delivery of 50 steps. We have ambitious plans to transform how organisations across Newham work together, the nature and depth of our relationships and the trust that we all have in each other. This includes increasing beyond the existing 800+ relationships between the council and voluntary, community and faith organisations. It is also about growing connections with schools, local businesses and others who play an important role in the place. This will require all of us to work differently, to have respect for the contributions we all make and to learn as we go. It means we will have difficult conversations and there will be tension and debate – that is healthy as we mature our collaborations.

Our equity ambition is to increase our reach and collaboration with communities and groups where we have the least partnership working and where the health needs and health inequalities are the greatest. We will improve and iterate our approaches and models of engagement, partnership and collaboration to achieve this ambition.

This does not happen without investment and attention. The council is investing resources into the social movement, aiming to embed this way of working across services and learning as we go. To help translate the ambitions into action, we will co-design a social movement toolkit describing what a social movement can look like in practice and what partners can do to take part and support each other. For example, this includes capacity building, providing tangible materials and resources such as vitamin D, creating systems and processes that work best for Newham such as the Newham Food Alliance front door, and learning together.

True partnership does not happen without open and honest conversations and a culture of constructive and supportive challenge. To achieve this we aim to nurture partnerships and networks around shared priorities – all coming together as equal partners for a common purpose.

We will expand and extend the Champions model that worked so well in COVID-19 and the Cost of Living, where community members have the knowledge, information and access to support they want and need to help and support those around them – in their chosen communities and families.

The transformation we are seeking to achieve in our Social Movement will take time – well beyond 50 Steps to a Healthier Newham 2024 - 2027. We will define measures of success and ways to know that we are on the right track – so these three years take us to a new place in 2027.

Health promotion and health literacy

Health promotion

Health promotion is ‘giving people the information or resources they need to improve their health’.³²⁸ High-quality health promotion and communication, alongside improving digital inclusion and digital literacy, are essential for ensuring residents are aware of and can access the services they need and are entitled to – especially with many health services moving online in recent years.

Newham residents speak over 100 languages and an estimated 65% of Newham residents speak English as their main language. Of those in the borough who don’t identify English as their main language, approximately 20% say they cannot speak English well and approximately 5% cannot speak English.³²⁹ This underscores the importance of considering language when communicating with Newham residents, including approaches to increase the accessibility and understanding of information and messages being communicated.

Information and communication are two of the most commonly cited issues residents raise when asked how services in Newham could improve. Residents have stressed that they would like two-way communication between residents and services to be easier. They have also highlighted that information needs to be more easily understandable, in different formats, and available through a wider range of channels, and in particular with more opportunities for information to be provided in person.



We have to book health appointments online... and this is difficult for older people who did not grow up using computers and technology. The online services for the borough are confusing and haven’t been designed with the users in mind

Resident, Ageing Well Strategy, Residents Survey (2021)

It is really great to have this opportunity [at this in-person event] to share, and there needs to be more communication with communities both ways.

Resident, Forest Gate (2023)

Deaf residents face particular barriers to accessing information. Nationally, the reading age of Deaf students leaving school is below the national average and Deaf people on average have more limited vocabulary in comparison to peers who are hearing.^{330,331} In 2021, an estimated 0.06% of the Newham population – around 200 people – used British Sign Language (BSL) as their main language.³³² Deaf residents and their communities in Newham have highlighted the need for a greater focus on Deaf inclusion, such as through Deaf advocates and for BSL interpretation to be available more widely, particularly in public services.

328 NICE [Glossary](#)

329 ONS Census (2022) [Language, England and Wales: Census 2021](#)

330 Royal Association for Deaf People (2021) [Deaf Advance: Deaf people, employment and career progression](#)

331 LSIS Deaf People and Literacy

332 ONS Census (2022) [Language, England and Wales: Census 2021](#)

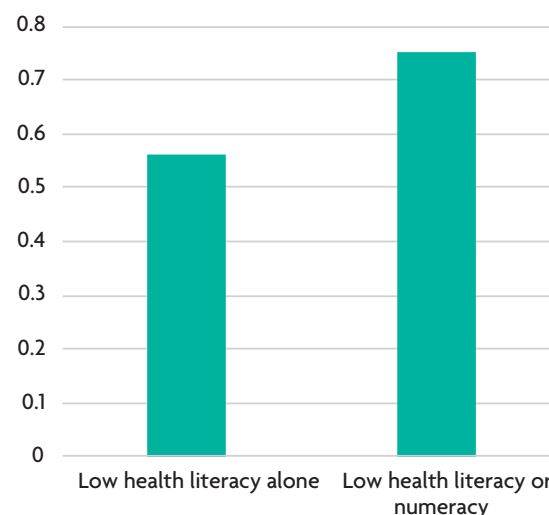
Health literacy

Health literacy is the 'personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health'.³³³ Low language, literacy and numeracy skills, which contribute to health literacy, are associated with poorer health outcomes.³³⁴

There is also a strong relationship between cultural competence and health literacy, with poor cultural competence compounding and contributing to low health literacy. Improving health literacy and cultural competence can improve health and reduce health inequalities by ensuring residents are aware of and understand the services available to them, can engage with the health system when they need it, and know what preventative measures can improve or maintain their health and wellbeing.

Newham is estimated to have the second lowest (worst) health literacy of all local authorities, with an estimated 56% of the population aged 16 to 65 having low health literacy, and an estimated 75% having low health literacy or numeracy (Figure 239).³³⁵

Figure 239: Estimated prevalence of low health literacy and low health literacy or numeracy in Newham, 2021, proportion (%)



Source: University of Southampton estimates based on Census 2021 and IMD 2019.

Young people's experiences of mental health illustrates the importance of health literacy. Young people in Newham can struggle to understand and communicate about mental health, and many are unaware of mental health services or support available to them. This can limit their ability to understand their experiences, express their needs and access the right support at the right time, which increases the risk of deteriorating mental health.³³⁶

In addition, health literacy is not commonly understood or considered in the health and care workforce, which presents a further barrier to addressing the issue. For example, a recent survey of North East London Foundation Trust (NELFT) staff found that most staff were not familiar with the term 'health literacy', and of those who were, many did not understand it.³³⁷

333 NHS Health Education England [Health literacy 'how to' guide](#)

334 Public Health England (2015) [Local action on health inequalities: Improving health literacy to reduce health inequalities](#)

335 University of Southampton [Health literacy: prevalence estimates for local authorities](#)

336 Kailo (2023) Kailo: Early Discovery – Data pack for Newham Public Health

337 NELFT Health Literacy Baseline Survey, 2023

Local approaches

In Newham, a number of services and programmes are already helping to improve health promotion and health literacy. For example:

- Well Newham provides more accessible health and wellbeing information, with Newham-specific information for both residents and professionals. See the [Well Newham](#) section for more information.
- Through Personal, Social, Health and Economic education (PSHE), schools are increasingly providing health education, such as fitness, dental health, and nutrition. Newham PSHE leads work closely with the community to ensure a culturally-sensitive approach. See [Giving children and young people the best start in life](#) for more information.
- The Newham Health Equity Programme is working to embed cultural competence in health and care services to improve equity in access and outcomes. See [Driving quality across our health and care partnership](#) for more information.

Future direction

We want residents to find it easier to find health and wellbeing information, understand services available to them, and know where to find the information they need. We will take steps to improve health literacy and cultural competence for residents and staff across the borough.

Ongoing development of the health promotion approach will continue by integrating best practice, training and working collaboratively to improve accessibility of information for all Newham residents. There will be a particular focus on how to best provide accessible information (e.g. language translation and BSL interpretation), and the channels through which this information is shared. For example, we will draw on the NHS health literacy toolkit and e-learning resources.^{338, 339}

Considering what residents have told us about the barriers to accessing information, and potential solutions, we will increase the variety of ways information is presented and shared to maximise reach.

When it comes to the workforce, we will take a system-wide approach to improving staff awareness and understanding of health literacy and how to address it – in turn improving resident health literacy and engagement with services. The approach to improving health literacy and cultural competence will be co-produced with residents and community groups.

We will also develop skills and understanding of behavioural science, so it can be used consistently across all materials and resources produced to maximise impact.

³³⁸ NHS England [Health Literacy Toolkit](#)

³³⁹ NHS England [Health Literacy: You can make a difference](#)

Driving quality across our health and care partnership

Key points

- As described throughout the JSNA, Newham has marked inequalities in health outcomes. This includes inequalities between Newham and other places, and inequalities within Newham.
- Newham's fast-growing population means there will be growing demand for health and care services in coming years.
- The Newham Health Equity Programme is focused on achieving cultural and practice change in health and care services to ensure Newham residents receive fair and effective services.

System variation and Newham Health Equity Programme

As described throughout this report, Newham has marked inequalities in health outcomes driven by inequalities in the determinants of health, including access to and outcomes from health and care services. This includes:

- Inequalities between Newham and other places. For example, in 2018-20, healthy life expectancy for men in Newham was over four years lower than the London average.
- Inequalities between different population groups in Newham. For example, a boy born today in the most deprived part of Newham has a life expectancy of 8 years less than a boy born in the least deprived part.

Providing accessible, high-quality health and care services is a vital part of improving health outcomes and reducing health inequalities. Newham's fast-growing population means there will be growing demand for health and care services in coming years, which has implications for funding and models of delivery to ensure provision can meet the population's needs. For example, Newham's 70+ population is growing faster than any other age group, suggesting that demand for services more commonly used by older adults, such as those for managing long-term conditions and multi-morbidity, will increase more than other areas. [Newham's population](#) provides more details on Newham's growing and changing population.

There are disparities between Newham and its neighbours in terms of the current provision of services, their staffing and funding, which impact residents' access to services and health outcomes. These contribute to health inequalities between Newham and other places. For example, Newham has no dedicated renal service for its population while having the highest concentration of adults with chronic kidney disease in North East London. There are currently 186 in-centre dialysis patients, with the number projected to increase to 289 by 2040/41 – one of the highest growth rates of dialysis patients in the country.³⁴⁰ Reducing variation in service provision is crucial for addressing health inequalities, particularly as Newham's population is set to grow faster than many of our neighbours.

The Newham Health Equity Programme is focused on achieving cultural and practice change in health and care services to ensure Newham residents receive fair and effective services. Since its launch in 2022, the programme has created and implemented a Route Map to achieving greater equity, which has influenced and facilitated service improvement across six action areas:

- Leadership and culture of readiness for change
- Intelligence and insight into the causes of inequity
- Evidenced co-design and testing
- Community understanding and involvement in policy and co-design
- Workforce
- Accountability and evaluation

This has included developing and disseminating tools to support improvement activity, such as the 'Does it Look Like Newham' (DILLN) tool, which helps services understand which groups are over- and under-represented, the Core20 Cohort Finder, which helps identify priority groups to target, and Newham's ART (Accessible, Relevant and Trusted) framework, which uses a behavioural science lens to increase equity in service uptake and outcomes. The programme continues to develop and expand these tools and approaches based on what partners need and what works.

As part of the programme, the Health Equity Learning Community is widely attended by stakeholders from health and care services and partner organisations, who come together to share and learn about their improvement journeys. There are also system champions for anti-racist approaches in the council's Tackling Racism, Inequality and Disproportionality programme (TRID) and across North East London, and strong partnerships in the voluntary, community and faith sector, which help to disseminate approaches to equity widely and embed it in everyday practice.

As well as driving local action, the programme maintains strong links with health and care partners driving change and improvement at London and national levels. This ensures our local approaches are informed by best practice and aligned with national and regional action. It also enables us to raise priorities and challenges affecting Newham residents and share learning from our local experiences. For example, the Newham Health Equity Route Map and the London Mental Health transformation programmes have much in common in their focus action areas.

Future direction

Our aim is to reduce inequity in health and care services, both within Newham itself and between Newham and other areas. Improving parity in Newham's services compared to other places will improve availability of services and help improve patient outcomes, contributing to reducing inequalities. To achieve this, we will continue to make the case for fair investment and resource allocation for Newham.

The Newham Health Equity Programme will continue to be a vehicle for highlighting and addressing inequities and variation within Newham. We aim to achieve parity in service availability, delivery and outcomes between different demographic cohorts in Newham by:

- Supporting services to develop an effective approach to co-creating equitable services, including supporting teams to better understand equity issues.
- Supporting the culture change needed for delivery.
- Supporting the anchoring and dissemination of learning about what works and what does not.
- Supporting tools and approaches to help drive activity along the Route Map, such as the ART Framework and the Does It Look Like Newham (DILLN) tool.
- Working with partners to kick start deep dives and explorations of equity challenges in specific services.

To find out more...

Read Newham's health and wellbeing strategy, [50 Steps to a Healthier Newham 2024-2027](#), to find out more about what we are doing to improve health and reduce health inequalities in Newham.³⁴¹