



Public Health
England

Protecting and improving the nation's health

Health inequalities in London

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Executive summary

There are **substantial variations** in health and wellbeing outcomes in London compared to England





The purpose of this report is to:

- describe the importance of health inequalities
- describe the economic case for investing in health inequalities
- provide a descriptive analysis of health inequalities in London

Health inequalities are **differences** between people or groups due to different factors including:



These differences **may result** in people who are worse off experiencing **poorer health** and **shorter lives**



Health inequalities affect the economy and local services



In England, the **cost of treating illness** and disease arising from health inequalities has been estimated at **£5.5 billion** per year



In England, health inequalities lead to **productivity losses** to industry of between **£31–33 billion** each year



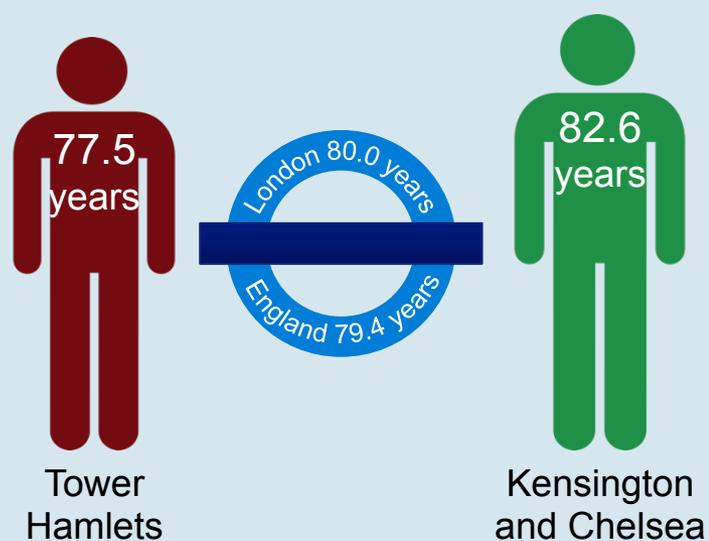
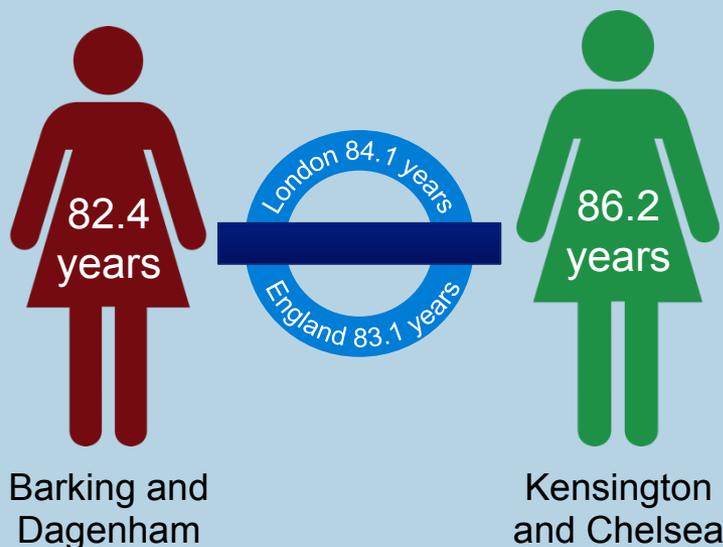
In England, **lost taxes and higher welfare payments** resulting from health inequalities cost in the region of **£28–32 billion**



Tackling tobacco use alone would **save £61 million** a year in a deprived London borough such as Newham



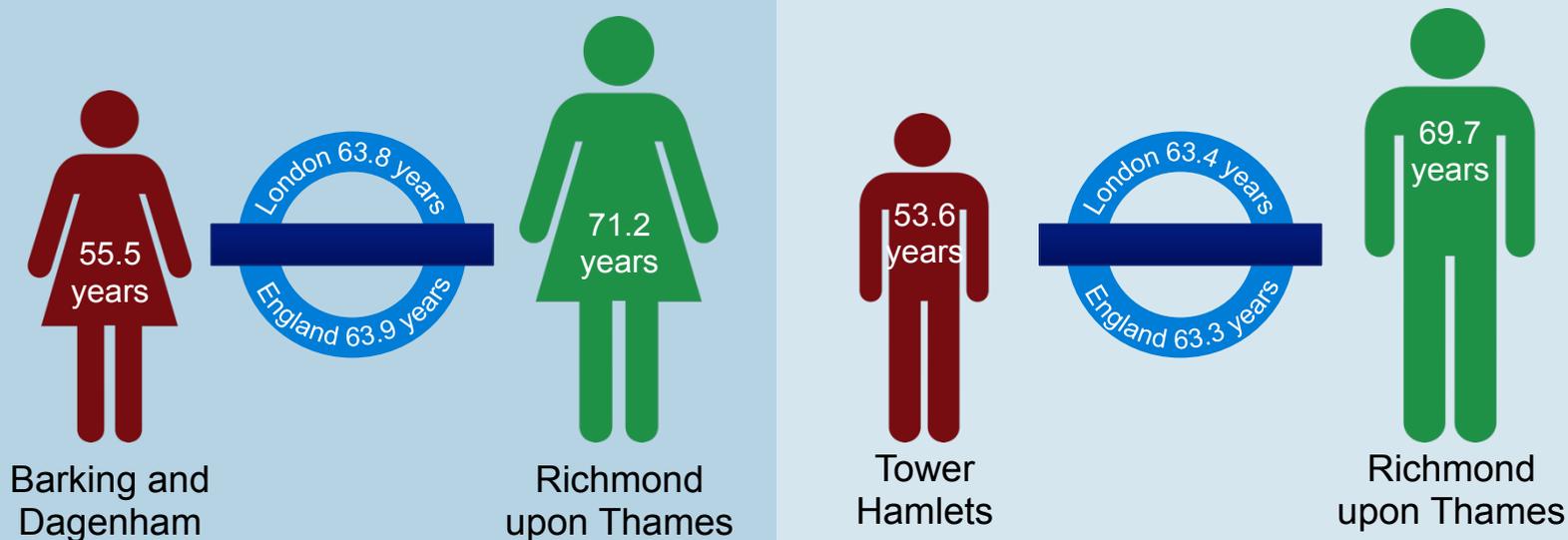
Life expectancy at birth (2011-13)



There are **wide variations** in life expectancy across London. For women, the difference between the highest and lowest life expectancy is 3.8 years, for men the difference is 5.1 years. The difference in life expectancy in London between women and men is 4.1 years



Healthy life expectancy at birth (2011-13)



There are **wide variations** in healthy life expectancy (the average number of years a person would expect to live in good health) across London. For women, the difference between the highest and lowest healthy life expectancy is 15.7 years, for men the difference is 16.1 years. The difference in healthy life expectancy in London between women and men is 0.4 years



Infant mortality (2011-13)

10 babies

per week in London do not live to see their first birthday

The infant mortality rate (IMR) in London (3.8 per 1,000 live births) **was less than** that of England (4.0 per 1,000 live births)



2001-03
5.7 per 1,000 live births

2011-13
3.8 per 1,000 live births



IMRs in London have **reduced by one-third** over the past 10 years



There are wide variations in infant mortality. The IMR in Hackney is about **3.4x higher** than that of Bromley

Risk factors for infant mortality



The IMR for babies born to **teenage mothers** is **44% higher** than mothers aged 20-39



The IMR for babies of mothers born in the **Caribbean** is **almost 2x higher** than for mothers born inside the UK



Babies born to mothers in the **routine and manual group** have a **4x higher IMR**



School readiness (2013-14)

2 in 5

children in London aged 5 years do not achieve a good level of development

England



60.4%

London



62.2%



There are wide variations in the proportion of children who are school ready in London:
75.3% of children in Lewisham are school ready compared to **52.5%** in Hillingdon



2012-13
52.8%

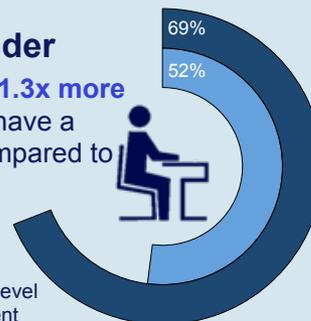
2013-14
62.2%

The proportion of children in London who are school ready has **increased** by 9.4 percentage points

Inequalities in school readiness

Gender

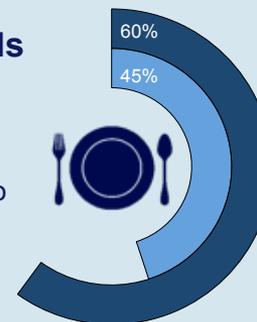
Girls are **1.3x more likely** to have a GLD* compared to boys



*GLD: Good level of development

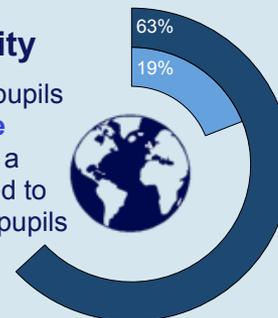
Free school meals

Pupils not eligible for FSM are **1.3x more likely** to have a GLD compared to those who are eligible for FSM



Ethnicity

White British pupils are **3.3x more likely** to have a GLD compared to Gypsy/Roma pupils





DTaP/IPV/Hib immunisation uptake at 1 year (2011-13)



1 in 10 babies in London do not complete the primary immunisation course of DTaP/IPV/Hib by their first birthday

England



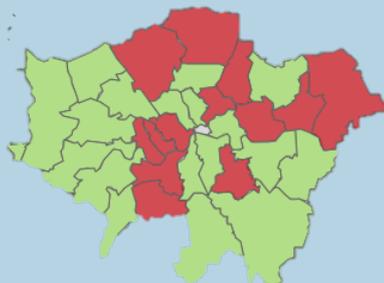
94.3%

London



89.8%

Immunisation uptake in London was the **lowest** in England



There are wide variations in immunisation uptake, ranging from 98.0% in Camden to 78.6% in Enfield



Immunisation uptake has **decreased** by 0.9 percentage points in the past 4 years

2010-11
90.7%

2013-14
89.8%

Evidence has shown that the following groups of children and young people are at risk of not being fully immunised:

-  those who have missed previous vaccinations
-  those with physical or learning disabilities
-  children of teenage or lone parents
-  those not registered with a GP
-  children who have a chronic illness
-  children from some minority ethnic groups
-  vulnerable children, such as those whose families are travellers, asylum seekers or are homeless



Childhood excess weight (2013-14)



1 out of 5 children aged 4-5 years in London are overweight or obese



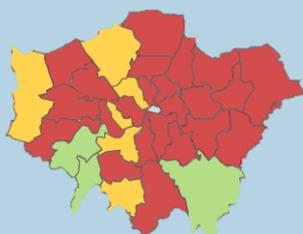
2 out of 5 children in London are an unhealthy weight when they start secondary school

Rates of childhood overweight and obesity are **higher** in London than in the rest of England

Excess weight
(4-5 years)



Excess weight
(10-11 years)



There are wide variations in the proportion of children who are an unhealthy weight in London



Most deprived 4-5 and 10-11 year olds are **2x more** likely to be obese than least deprived



4-5 year olds

2006-07	23.2%
2013-14	23.1%



10-11 year olds

2006-07	35.6%
2013-14	37.6%

Between 2006-07 and 2013-14 the prevalence of overweight children in London remained **stable** in children aged 4-5 years and **increased** in children aged 10-11 years



Educational attainment (2013-14)



3 in 5 children in London achieve 5 or more GCSEs at grades A*-C (including English and Maths)

England



56.8%

London



61.4%

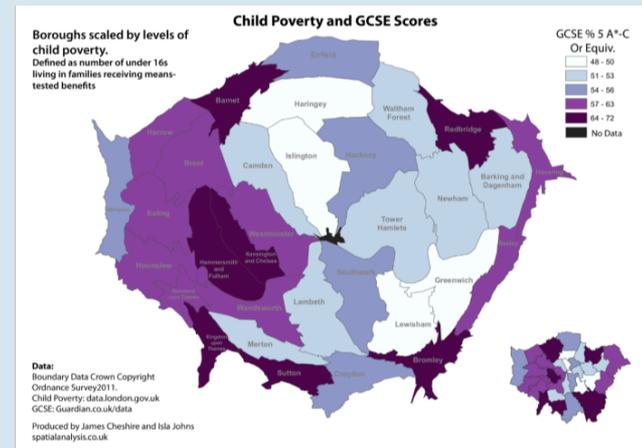
Since 2004 London schools have **outperformed** the rest of the country for good achievement of GCSEs at Key Stage 4



There are wide variations in GCSE attainment. GCSE attainment in children in Kensington and Chelsea (74.4%) is **1.5x higher** than Lewisham (51.3%)

Low income is a strong predictor of low educational performance

This feeds into disadvantage in adulthood and transmits poverty across generations



<http://mappinglondon.co.uk/2011/gcse-scores-and-poverty-in-london/>



Poor mental health can lead to a range of problem behaviours that affect concentration, causing difficulties and low achievement at school



Adults who are physically active (2014)



3 out of 5 Londoners achieve at least 150 minutes of physical activity per week

England

London



57.0%

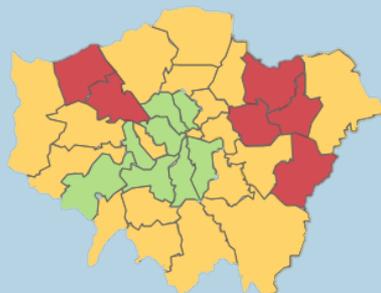
57.8%



2012
57.2%

2014
57.8%

The proportion of Londoners who are physically active has remained **stable**



There are wide variations in physical activity. Londoners living in Richmond upon Thames are **1.5x more likely** to be physically active than those living in Barking and Dagenham

Inequalities in physical activity



3 in 5 men are physically active compared to **1 in 2 women**

Disabled people are half as likely to be physically active as non disabled people



19-34 year olds are **1.2x more likely** to be physically active compared to 55-64 year olds

White

Black

Asian



57.9%

53.9%

47.4%



Adults who smoke (2013)



1 out of 6 Londoners aged over 18 years smoke

England



18.4%

London



17.3%



There are wide variations in smoking prevalence. Londoners living in Barking and Dagenham are **2 times** more likely to be smokers than those living in Richmond upon Thames



2010
19.4%

2013
17.3%

The proportion of Londoners who smoke has **reduced by 10%**

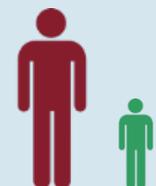
Inequalities in smoking prevalence



1 in 5 men are smokers compared to **1 in 6 women**



25-29 year olds are **1.4 times more likely** to be smokers compared to 55-59 year olds



People in the **routine and manual group** are **2.2 times more likely** to be smokers compared to those in professional groups

White



19.1%

Black



13.5%

Asian



11.5%



Homelessness (2013-14)



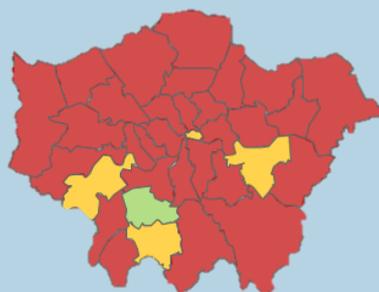
17,030 households in London were accepted as being homeless, this accounts for **1 in 3** of acceptances in England



43,310 households in London were living in temporary accommodation, this accounts for **3 out of 4** of such households in England

Homelessness acceptances

Households in temporary accommodation



Homelessness is an issue for most local authorities in London



Homelessness acceptances

2010-11 3.14 per 1,000
2013-14 5.03 per 1,000

Households in temporary accommodation

2010-11 11.1 per 1,000
2013-14 12.8 per 1,000

Homelessness in London has **increased**

Homelessness is associated with **severe poverty and adverse health, education and social outcomes**, particularly for children



1.5x

more likely to have a long term physical health problem



1.8x

more likely to have a mental health problem



7%

have been denied access to a GP or dentist



47 years

average age of death of a homeless person



Tuberculosis (2011-13)



London accounts for
2 in 5 cases of TB in England

England

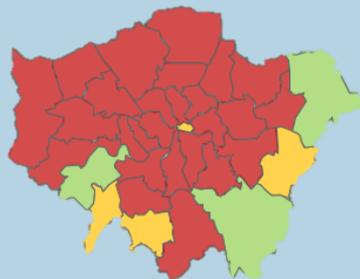


14.8 per
100,000

London



39.6 per
100,000



There are wide variations in TB incidence. Incidence in Newham (114 per 100,000) is **15.8x higher** than in Richmond upon Thames (7.2 per 100,000)



2004-06
43.9 per
100,000

2011-13
39.6 per
100,000

The incidence of TB has **reduced by 9%** over the past 9 years

Inequalities in TB in London



1.4x

men are 1.4x more likely to be diagnosed with TB



83%

of TB patients were born outside the UK



30%

of TB patients are resident in the most deprived quintile



1 in 10

TB patients have at least one social risk factor (history of alcohol or drug misuse, homelessness or imprisonment)



Sexually transmitted infections (STIs) (2014)



113,381 Londoners were diagnosed with an STI, this accounts for just over **1 in 4** diagnoses of STI in England

England



797 per 100,000

London



1,347 per 100,000



There are wide variations in people with newly diagnosed STIs. Incidence in Lambeth (2,921 per 100,000) is **4.9x higher** than in Bexley (601 per 100,000)



The incidence of STIs has remained **increased slightly** over the past 3 years

2012
1,323 per 100,000

2014
1,347 per 100,000

Inequalities in STIs



Londoners aged **25-34 years** are **2x more likely** to be diagnosed with an STI than those aged 35-44 years



68% of Londoners diagnosed with Gonorrhoea were men who had sex with men



The **highest rates** of STI diagnoses in England are found among people of black ethnicity



Under 75 mortality rate from cancer (2011-13)



Cancer causes **2 in 5** deaths of people aged under 75 years in England and Wales

England



144.4 per 100,000

London



136.5 per 100,000



There are wide variations in cancer mortality. Mortality rates in Barking and Dagenham are **1.7x higher** than those of people living in Harrow



2001-03

168.3 per 100,000

2011-13

136.5 per 100,000

Since 2001-03 the under 75 cancer mortality rate has **reduced by 19%**

Inequalities in cancer mortality in London



Men are **1.3x more likely** to die from cancer under 75 years compared to women



Smoking is a major cause of inequalities in cancer incidence and mortality and **accounts for much** of the inequalities in the most deprived populations



People in the **most deprived decile in England** are **1.4x more likely** to die from cancer under 75 years compared to people in the least deprived decile



Under 75 mortality rate from cardiovascular disease (2011-13)



Every hour in England and Wales
4 people under 75 years die from
cardiovascular disease (CVD)

England

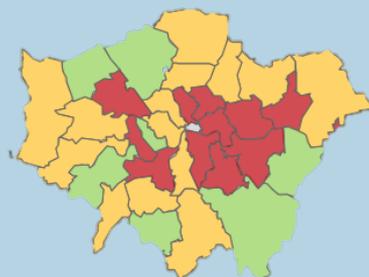


78.2 per
100,000

London



80.1 per
100,000



There are wide variations in cardiovascular mortality. Mortality rates in Hackney are **2.1x higher** than those of people living in Kensington and Chelsea



2001-03
145.7 per
100,000

2011-13
80.1 per
100,000

Since 2001-03 the under 75 CVD mortality rate has **reduced by 45%**

Inequalities in CVD mortality in London



Men are **2.3x more likely** to die from cardiovascular disease under 75 years compared to women

The main **risk factors** for death from cardiovascular disease include smoking, raised blood pressure, diabetes, obesity and lack of physical activity, all of which are **associated with living in a deprived area**

People in the **most deprived decile in England** are **1.7x more likely** to die from cardiovascular disease under 75 years compared to people in the least deprived decile





Under 75 mortality rate from respiratory disease (2011-13)



Respiratory disease kills
1 in 11 people aged
under 75 years

England

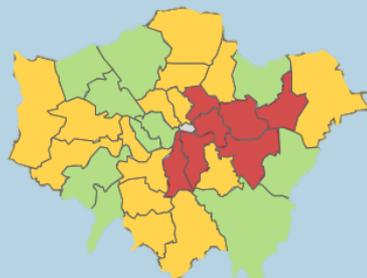


33.2 per
100,000

London



31.9 per
100,000



There are wide variations in respiratory disease mortality. Mortality rates in Barking and Dagenham are **2.4x higher** than those of people living in Bromley



2001-03
44.0 per
100,000

2011-13
31.9 per
100,000

Since 2001-03 the under 75 respiratory disease mortality rate has **reduced by 28%**

Inequalities in respiratory mortality in London



Men are **1.4x more likely** to die from respiratory disease under 75 years compared to women



Smoking is a major cause of inequalities in respiratory disease mortality and **accounts for much** of the inequalities in the most deprived populations

People in the **most deprived decile in England** are **2.2x more likely** to die from respiratory disease under 75 years compared to people in the least deprived decile



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Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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