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:

- Social
- Geographical
- Biological

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.
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.
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)

<table>
<thead>
<tr>
<th>Year</th>
<th>IMR per 1,000 live births</th>
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<tbody>
<tr>
<td>2001-03</td>
<td>5.7</td>
</tr>
<tr>
<td>2011-13</td>
<td>3.8</td>
</tr>
</tbody>
</table>

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

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

Source: [www.fingertips.phe.org.uk](http://www.fingertips.phe.org.uk)
School readiness (2013-14)

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

<table>
<thead>
<tr>
<th>England</th>
<th>London</th>
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</thead>
<tbody>
<tr>
<td>60.4%</td>
<td>62.2%</td>
</tr>
</tbody>
</table>

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

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%

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

Source: www.fingertips.phe.org.uk
1 in 10 babies in London do not complete the primary immunisation course of DTaP/IPV/Hib by their first birthday.

<table>
<thead>
<tr>
<th>England</th>
<th>London</th>
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<tbody>
<tr>
<td>94.3%</td>
<td>89.8%</td>
</tr>
</tbody>
</table>

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

- **2010-11**: 90.7%
- **2013-14**: 89.8%

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.

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

Source: [www.fingertips.phe.org.uk](http://www.fingertips.phe.org.uk)
NICE (2009) Reducing differences in uptake of immunisations
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

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

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

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

Source: www.fingertips.phe.org.uk
Educational attainment (2013-14)

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

England | London
---|---
56.8% | 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.

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

Source: www.fingertips.phe.org.uk
Adults who are physically active (2014)

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

England: 57.0%, London: 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: 57.9%, Black: 53.9%, Asian: 47.4%

Compared to England

Source: www.fingertips.phe.org.uk
Adults who smoke (2013)

1 out of 6 Londoners aged over 18 years smoke

<table>
<thead>
<tr>
<th>England</th>
<th>London</th>
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<tbody>
<tr>
<td>18.4%</td>
<td>17.3%</td>
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</table>

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

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.

**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

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Proportion</th>
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<tbody>
<tr>
<td>White</td>
<td>19.1%</td>
</tr>
<tr>
<td>Black</td>
<td>13.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>11.5%</td>
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</tbody>
</table>
1.3% of working days were lost due to sickness absence in the previous week in London. The proportion of work days lost due to sickness absence has remained stable.

Inequality in sickness absence:
- Workers in London have the lowest percentage of work days lost to sickness absence in England.
- Women are 42% more likely to have time off work through sickness than males.
- People working in process plant and machine operations occupations are 71% more likely to have an instance of sickness compared to those in professional occupations.

There are wide variations in sickness absence. Sickness absence in the City of London (14.8%) and Bexley (2.3%) are 37 and 5.8x higher than Brent (0.4%).

Compared to England

Source: www.fingertips.phe.org.uk
ONS (2014) Sickness Absence in the Labour Market Force
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
- 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

Homelessness is an issue for most local authorities in London.

Source: www.fingertips.phe.org.uk
www.homeless.org.uk/facts
Tuberculosis (2011-13)

London accounts for 2 in 5 cases of TB in England

**England**
- Incidence: 14.8 per 100,000

**London**
- Incidence: 39.6 per 100,000

**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)

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)

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

Source: www.fingertips.phe.org.uk
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.

### 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.

#### Comparing England and London

<table>
<thead>
<tr>
<th></th>
<th>England</th>
<th>London</th>
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<tbody>
<tr>
<td>2012</td>
<td>1,323 per 100,000</td>
<td>1,347 per 100,000</td>
</tr>
<tr>
<td>2014</td>
<td>1,347 per 100,000</td>
<td></td>
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</table>

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

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).

Under 75 mortality rate from cancer (2011-13)

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

<table>
<thead>
<tr>
<th>England</th>
<th>London</th>
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<tbody>
<tr>
<td>144.4 per 100,000</td>
<td>136.5 per 100,000</td>
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</table>

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

2001-03
168.3 per 100,000

2011-13
136.5 per 100,000

**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

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

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

Source: www.fingertips.phe.org.uk and ONS
Cancer Research UK Cancer health inequalities: An introduction to current evidence
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)

<table>
<thead>
<tr>
<th>England</th>
<th>London</th>
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<tr>
<td>78.2 per 100,000</td>
<td>80.1 per 100,000</td>
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</table>

**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

Source: [www.fingertips.phe.org.uk](http://www.fingertips.phe.org.uk)

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

Respiratory disease kills **1 in 11** people aged under 75 years

<table>
<thead>
<tr>
<th>England</th>
<th>London</th>
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<tr>
<td>33.2 per 100,000</td>
<td>31.9 per 100,000</td>
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</table>

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

<table>
<thead>
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<th>2001-03</th>
<th>2011-13</th>
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<tbody>
<tr>
<td>44.0 per 100,000</td>
<td>31.9 per 100,000</td>
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</table>

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

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

Source: www.fingertips.phe.org.uk
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