# **North East Locality Maternity and Child Health Profile**

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#### Health headlines for children and young people

#### In Tower Hamlets

- Headline health indicators indicate significant health inequalities between Tower Hamlets and the rest of the country. Male life expectancy is 75.3 years compared to 77.82 nationally and female life expectancy is 80.4 compared to 81.95 (2006-8).
- The most important factor accounting for health inequalities between Tower Hamlets and elsewhere is socioeconomic deprivation. The borough is ranked the third most deprived nationally with the most deprived Super Output Area in London. All wards in Tower Hamlets are in the 2% most deprived wards in the country for deprivation affecting children.

#### Early years

- The birth rate in Tower Hamlets is similar to the London average (64.8/1000 female population aged 15-44). 45% of births are to mothers of Bangladesh origin.
- Although a higher proportion of newborns have lower birth weight than London (9.9% <2500g), infant mortality rates are not significantly different to London, although rates increased markedly in 2009.
- High breastfeeding initiation and continuation rates in comparison to London and England averages.
- Tooth decay rates in five year olds have been improving but remain higher than London.
- Childhood obesity in 4-5 year olds is the 6<sup>th</sup> highest in London.
- Smoking at time of delivery is lower than London and England rates and has continued to reduce.
- High prevalence of maternal vitamin D insufficiency and deficiency

### Children and young people

- 60% of under 19s are Bangladeshi.
- Two thirds of under 16s live in low income households (the highest levels of child poverty in the country).
- 1 in 5 children under 15 have tried a cigarette (similar to national averages) and 4 out 10 retailers are selling cigarettes to under 18s.
- Tower Hamlets has the 3<sup>rd</sup> highest prevalence of obesity in year 6 in the country.
- 3 in 10 children have ever had an alcoholic drink compared to 7 in 10 nationally (reflecting the large Muslim community in the borough).
- Teenage pregnancy rates are lower than England and London averages following a recent downward trend although recent data indicates that rates are expected to increase for 2009.

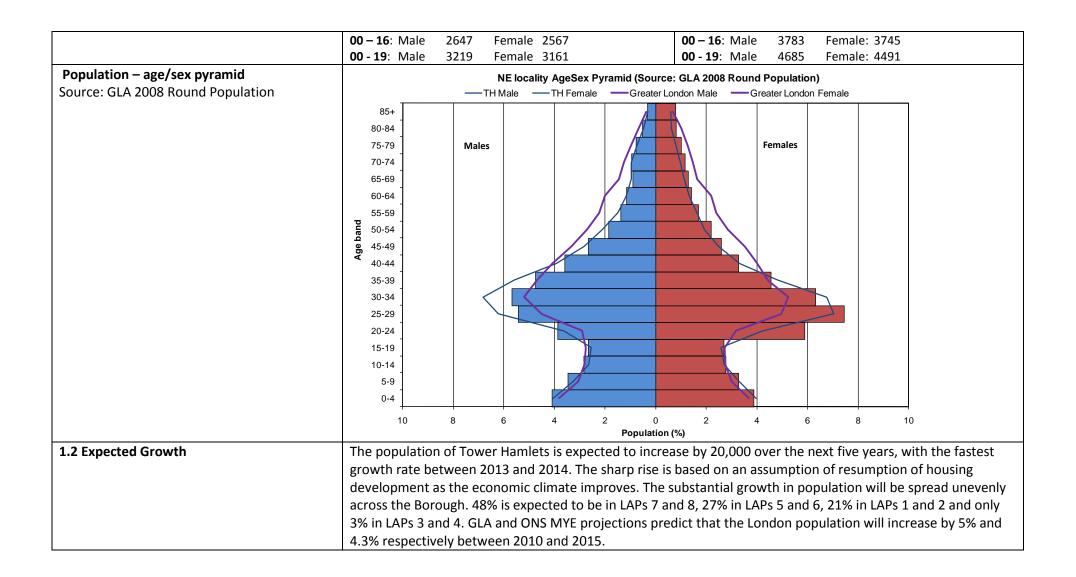
- Childhood immunisation uptake is higher than London and MMR uptake at 24 months and 5 years has increased significantly over the past year (most recent data indicates over 92% uptake of second MMR).
- The number of children on the Child Protection Register has increased sharply over recent years. This primarily reflects increases in ascertainment.
- Prevalence of mental health disorders in children is similar to national averages (around 1 in 10)

### In the NE Locality

- Expected population growth in LAP 5 in the 0-19 age range is lower than across the borough as a whole, but higher in LAP 6;
- Male life expectancy in LAP 5 is two years lower than that for Tower Hamlets;
- Crude birth rates are lower than those for Tower Hamlets as a whole;
- Crude under 18 conception rates are higher in all wards than Tower Hamlets except Bromley by Bow, in which they are lower;
- Bromley by Bow and Bow West have significantly higher numbers of low birth weight births than Tower Hamlets as a whole;
- Levels of childhood immunisation are higher than Tower Hamlets levels;
- The NE Locality has lower rates of breast feeding at 6-8 weeks than Tower Hamlets as a whole;
- 5 year olds in LAP 5 have higher levels of dental caries than the Tower Hamlets average.

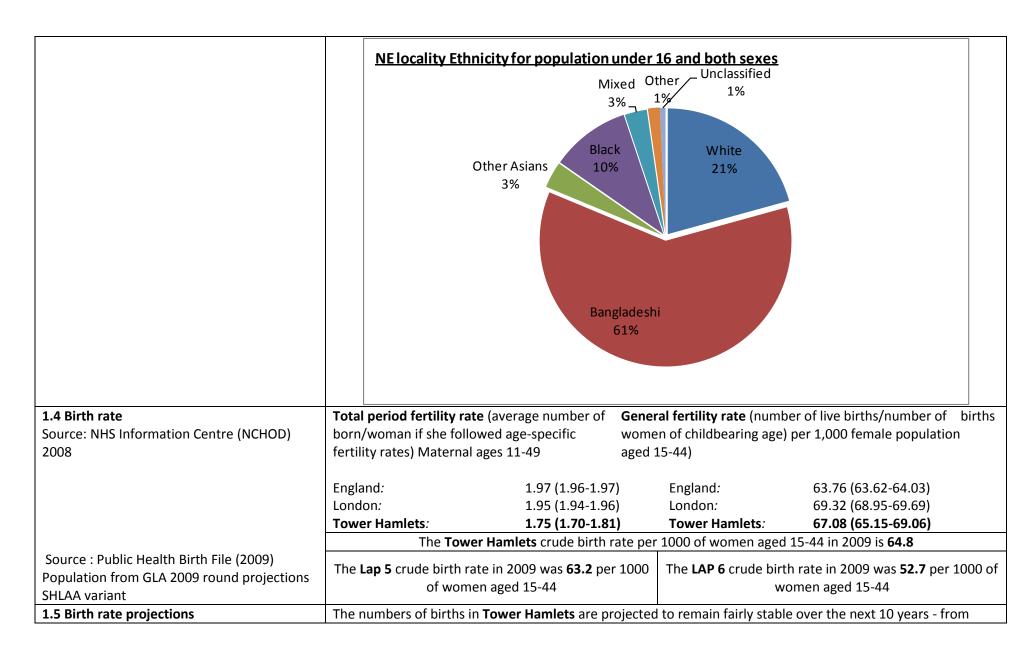
In the locality detail below the sign '\*' denotes a proposed indicator in Healthy Lives, Healthy People: Transparency in Outcomes, Proposals for a Public Health Outcomes Framework, while '‡' denotes a proposed indicator in the NHS Outcomes Framework.

North East Locality Maternity and Child Health Headlines									
LAP 5 LAP 6									
1 Demographic Data									
1.1 Population 00-19	Number	As % of LAP total	Number	As % of LAP total					
Source: GLA 2011 Round Ward Population	00-04: 1702	7.4%	00-04: 2971	10.1%					
Projections	05-09: 1323	5.8%	05-09: 2524	8.6%					
	10-14: 1093	4.8%	10-14: 2124	7.2%					
	15-19: 1049	4.6%	15-19: 1853	6.3%					
	00-19: 5167	22.6%	00-19: 9472	32.2%					
Practice registered population 00-19	LAP Total: Male 13,994	Female 14,010	LAP Total: Male 15,710	Female 13,972					
Source: BLT CEG SQUID Audit 2010	<b>00 – 05</b> : Male 1130	Female 1089	<b>00 – 05</b> : Male 1452	Female: 1477					



Source: NHS TH/LBTH Planning for Population	Age	2011-2012	2015-2016	Age	2011-2012	2015-2016
Change and Growth model <sup>1</sup>	Total:	23,781	24,096	_	30,266	34,993
	00-03:	1281	1323	00-03:	2505	2900
	04-10:	1872	1925	04-10:	3708	4154
	11-15:	1081	1149	11-15:	2071	2403
	16-19:	827	860	16-19:	1419	1542
	00-19:	5062	5258	00-19:	9704	10999
	% chan	ge (00-19) 2011	-12 to 2015-16: 3.8%	% chan	ge (00-19) 2011	-12 to 2015-16: 13.3%
1.3 Ethnic breakdown total registered	The eth	nic breakdown	for Tower Hamlets (GLA 2008) s	suggests	that 20.9% of th	e 00-19 age group are white
population <16, both sexes		_				ck Caribbean (2.8% for all Black
Source: GLA 2010 Round Project Ethnicity	_					Pakistani (1.8%) and 3.7% Other.
, ,		•	opulation is significantly larger a			nite population across all age
Ethnic Group 2001-2007 (experimental)	groups	at 49.7% (numb	ers in parenthesis are ONS valu	es for Er	ıgland).	
Source: BLT CEG SQUID 2009						

<sup>&</sup>lt;sup>1</sup> A bespoke population model (PPCG) developed with Tower Hamlets Council that is based on the most recent housing development data and the current and anticipated impact of the recession.



Source: GLA 2008 demographic projections	4145 in 2010 to 4115 in 2020 but as suggested by the crude birth rate figures, this will be unequally distributed across the borough.						
	2 Socio-economic Data						
2.1 General deprivation	The borough is ranked the third most deprived nationally. 78.5% of Tower Hamlets residents live in the 20% most deprived areas in England compared to around 26% of London residents. This is reflected in statistics indicating the highest levels of child poverty in the country, amongst the highest unemployment rates in London, a high proportion of people with no qualifications, lower (but improving) educational attainment compared to the rest of the country, higher levels of overcrowding and significant levels of housing classified at 'non decent' (in 2008 52% council housing fell below the decent homes standard compared to 32% in London).						
	LAP 6 DEPRIVATION RANKING  IMD 2007 Rank by LSOA (Least Beyinde) 522 - 3064  Aug 3222 2142 - 3437 2141 - 21815 ((Max Beyinde) 522 - 1351	DA DA					
2.2 Homelessness*  Source: Communities and Local Government Statutory Homelessness returns 2009	Homelessness is a social determinant of health and an indicator of extreme poverty. Statutorily homent households contain some of the most vulnerable members of society.  In 2009 <b>Tower Hamlets</b> had the highest number of statutory homeless households in priority need of the most vulnerable members of statutory homeless households in priority need of the most vulnerable members of statutory homeless households in priority need of the most vulnerable members of statutory homeless households in priority need of the most vulnerable members of statutory homeless households in priority need of the most vulnerable members of statutory homeless households in priority need of the most vulnerable members of statutory homeless households in priority need of the most vulnerable members of statutory homeless households in priority need of the most vulnerable members of statutory homeless households in priority need of the most vulnerable members of statutory homeless households in priority need of the most vulnerable members of statutory homeless households in priority need of the most vulnerable members of statutory homeless households in priority need of the most vulnerable members of statutory homeless households in priority need of the most vulnerable members of statutory homeless households in priority need of the most vulnerable members of the most vulnerable members have been declared by the most vulnerable members of the most vulnerable m						
	London boroughs (8.3 per thousand households).  In <b>Tower Hamlets</b> 2007 6.5 per thousand households were households with pregnant women or households with dependant children. One in twelve Tower Hamlets children live in homeless households.						
2.3 Children living in poverty* Source: IDAC 2007	Growing up in poverty damages children's health and wellbeing adversely affecting their future health and life chances as adults.  All wards in <b>Tower Hamlets</b> are in the 2% most deprived wards in the country for deprivation affecting children.						

		1 -			1	1 -		1		
		Score	Rank	% rank		Score	Rank	% rank		
				(national)				(national)		
	Bow East	.695	18	.2%	Mile End East	.706	14	.2%		
	Bow West	.586	94	1.2%	Bromley by Bow	.709	11	.1%		
2.4 Access to green space*		-		•	tive relationship be	_	•	-		
Source: ONS Neighbourhood Statistics	health of the	population. Stu	udies indicate	that better h	nealth is linked to gr	een space p	rovision, re	gardless of the		
	socio-econom	ic status of the	e people who	use it. There	is strong evidence t	to suggest th	at green sp	aces have a		
	beneficial imp	act on mental	wellbeing an	d cognitive fu	inction through bot	h physical ac	cess and us	age. Tower		
	Hamlets has t	he 3 <sup>rd</sup> lowest p	ercentage of	green space	of all UK boroughs a	at 15.2%. alt	hough much	n of this is		
	restricted acco	•		0		, , ,				
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		alth Data							
			ieneral							
2.4.1:6	England life over	pectancy: Male:		01 F	England life expecta	unau Malau 77	. 2. Famala.	D1 F		
3.1 Life expectancy at birth*	Tower Hamlets	•	-	51.5		•	-	31.5		
Source: LHO, 2009 (2003 – 2007 data)		.5 yrs (almost 2		Tower	Tower Hamlets: Male 75.2; Female 80.8  LAP 6 Male 73.9 yrs (1yr lower than Tower Hamlets)					
		.5 yrs (aiiii0st 2	yrs iower tilali	Tower		• 6 Female 80.7 yrs (similar to Tower Hamlets)				
	Hamlets)	20 2 ums /similam	to Tower Hom	lots)	LAP 6 remaie 60.7 y	15 (Sillillal to	iowei naiiii	215)		
	LAP 5 Female: 8 Bow East	SU.3 yrs (Similar	to rower nam	iets)	Mile End East					
	Male 72.6	Female 80.9				male 77.9				
	Bow West	remale 60.5			Bromley by Bow	illale 77.5				
	Male 74.5	Female 79.7				male 83.6				
	IVIAIC 74.5	Maternity		Vears	Wate 74.1 Te	aic 05.0				
3.2 Booked by 12 weeks 6 days	Percentage of	Tower Hamle			.0: 83.68%					
Source: BLT Maternity Unit		Tower Hamle								
·							t a thirt at a	C t L		
3.3 Smoking at booking and delivery*	_				ant deaths and acco					
Source: BLT Maternity Unit; DH monitoring					t deprived groups ir	• •	•	•		
return (quarter 3 2009/10)	mothers who smoked throughout their pregnancy is much higher in mothers under 20 years of age.						ge.			
	England:	13.9								
	London:	7.19	6							
	Tower Hamle	ts: 5.7%	6							
3.4 Under 18 conception rates (per 1000	Evidence show	vs that teenag	e parenthood	leads to poo	rer health outcome	s for both te	enage pare	nts and their		
female population aged 15-17)*		_	•	•	higher risk of infant					

Source: Teenage Pregnancy Unit 2006-08	three times more likely to su	ffer from post-i	natal denre	ssion			
Journal rechage regnancy one 2000 00	Rate per 1000 of females aged 15-17:						
	England: 40.9						
	London: 45.3						
	Tower Hamlets: 41.4						
		/1000		Tower Ham	ılets:	45.0/1000	
Ward level: ONS <18 conception rate (2005-		/1000 /1000		Mile End Ea		48.0/1000 48.0/1000	
07)		/1000		Bromley by		41.9/1000	
3.5 Gestational diabetes and diabetes in			reviewed h			Diabetes Mellitus; 81.7% were	
pregnancy	Bangladeshi, 7.9% Black Afri			ida develope	ea gestational	Diabetes Weire	
Source: 2008 Diabetes Audit BLT	Bungladesin, 7.370 Black 7111	.an ana 1.170 <b>v</b>	THICE.				
3.6 Antenatal screening	41 results received; 0 babies	affected, 41 ca	rrier results	s. O transfuse	ed results. 3 in	nconclusive results	
Newborn bloodspot	11 results reserved, a subject	arrected, 12 ca	THE TESUTE	5, 6 (. a 5 . a	- a resures, s	Toomstable results.	
Source: Q2 2010 Tower Hamlets sickle cell							
and thalassaemia service newborn bloodspot							
quarterly report							
3.7 Vitamin D	<b>Deficiency</b> (≤50nmol/L):	74%					
Maternal Vitamin D status	Insufficiency (50-75nmol/L):	11%					
Source: Antenatal vitamin D screening at	Normal (≥75nmol/L)	15%					
Barts and the Royal London NHS Trust, April 2010 (N = 497)							
Under 5's treated for Vitamin D deficiency					Under 5	1	
Source: Antenatal vitamin D screening at		Network	Number	% of 5	population		
Barts and the Royal London NHS Trust, April		Network	Number	рор	population		
2010 (N = 497)							
,		NW1	137	8.03%	1706		
		NW	256	.14%	3144		
		NW3	257	11.30%	2274		
		NW4	420	18.13%	2317		
		NW5	138	7.01%	1969		
		NW6	104	5.90%	1763		
		NW7	335	10.08%	3324		

						1	
		NW8	10	2 3.99%			
		Total	174	9.2%	19052		
3.8 Caesarean section rates 2009-10		Total b	oirths: Ele	ctive Caesare	ean Emerg	gency Caesarean	Total
Source: HES 2011 Provider level analysis,	England:	652,37	77 9.7	7%	14.4%		24.1%
2009-10	London:	129,26	54 10	.2%	16.9%		27.1%
	Barts & The London	NHS Trust: 4,428	7.5	5%	17.1%		24.6%
3.9 % Low birth weight births (<1,500 and	Although a higher pr	oportion of newbo	orns have lov	ver birth weig	ht than Londo	n, infant mortal	ity rates are not
<2,500 grams)*	significantly differen	t to London (3.1/1	000 live birth	ns).			
Source: NCHOD		<1,500		<2,500			
	England:	1.4% (1.4-1.5)		7.5% (7.	.4-7.5)		
	London:	1.6% (1.5-1.7)		7.9% (7.	8-8.1)		
	<b>Tower Hamlets:</b>	1.5% (1.2-1.9)		9.9% (9.	.1-10.9)		
Source: <2,500 grams 2004-06 ONS, analyses	Bow West	Statistical sign	ificance	Mile End	l East	Statistical sign	ificance
by LHO	10.6%	Yes - high		9.5%		No	
	Bow East			Bromley	by Bow		
	9.6%	No		11.0%		Yes - high	
% Low birth weight births (<2,500 grams) by	The following data b	reaks the 2009-10	<b>Tower Ham</b>	lets low birth	weight births	down by ethnic	group:
ethnic group	White: 6.4%	Not known/sta	ated: 7.9	9%			
Source: Births from Public Health Birth File	Mixed: 6.5%	Other:	8.4	<b>!</b> %			
(2009-10)	Black: 7.3%	Asian:	9.0	)%			
3.10 Infant mortality (2008 and 2009 crude	Infant mortality is a	widely used indica	tor of the ov	erall health o	f a population.	It reflects a bro	ad range of
rate – all maternal ages/1000 live births)* <sup>‡</sup>	determinants includi	ing upstream dete	rminants suc	h as economi	ic developmen	t, general living	conditions and
Source: NCHOD	social and environme	ental factors. <i>Infar</i>	nt mortality i	s defined as tl	he number of $\mathfrak c$	deaths at ages u	nder one year,
	per 1,000 live births.						
	and stillbirths. Stillbi	rths are defined as	deaths in ba	abies born aft	er 24 or more	weeks' complet	ed gestation and
	which did not, at any	time, breathe or	show signs o	f life.			
	2009			2008			
	<1 yr	<28 days	<7 days		<1 yr	<28 days	<7 days
	Eng: 4.6 (4.5 – 4.8)	• •	•		4.7 (4.5 – 4.9)	•	2.5 (2.4 – 2.6)
	Lon: 4.5 (4.1 – 4.9)	· ·	•	•	4.3 (3.9 – 4.6)	•	2.2 (1.9 – 2.4)
	TH: 5.1 (3.3 – 7.7)		3.0 (1.7 – 5.		3.1 (1.8 – 5.3)		1.7 (.8 – 3.5)
3.11 Breastfeeding rates at 6-8 weeks* (Q3	There is evidence that	_	•	ealth benefits	s tor both moth	ner and baby in t	the short and
2010-11)	longer term (beyond	I the period of brea	astfeeding).				

Source: Department of Health Vital sign		England	Londo	on <b>TH</b>			
monitoring return	Overall prevalence	-					
•	(total plus partial)	44.9%	64%	74%			
	Infants totally breastfed:	31.1%	37.8%	6 35.7%			
	Infants partially breastfed:	13.8%	26.2%	6 38%			
	Infants not at all breastfed:	46.9%	26.2%				
	Not known:	8.1%	9.9%	0.7 %			
			Jan 2011 % P	revalence By			
	100%						
	90%		% 1%				
	80%						
	70%	3.77		- ve		75% To	wer Hamlets, 74%
	60%			70%	87.8	_	
	50%			36.8%		-	
	40%					_	
	30% -						
	20% -					_	
	10% -						
	0% LAP1 LAP2	LAP 3	LAP 4	LAP 5 LAP 6	LAP 7	LAP 8	
Breastfeeding initiation* 2010-11 Q3	England: 73.5	%					
Source: Department of Health, Vital Signs	London: 86.9	%					
Monitoring Return	Tower Hamlets: 88.6	%					
3.12 Immunisation coverage (Q3 2010-11)*		LAP 5	TH		LAP	<b>6</b> TH	
Source: Extract from Exeter	12 month DtaP/IPV/Hib:	94%	93%	12 month DtaP/IP\	//Hib: 93%	93%	
	24 month MMR:	93%	88%	24 month MMR:	93%	88%	
	5 year DtaP/IPV (Booster):	91%	87%	5 year DtaP/IPV (B	ooster): 93%	87%	
	5 year MMR (2nd dose):	86%	87%	5 year MMR (2nd	dose): 91%	6 87%	
3.13 Prevalence of dental caries: decayed,	Dental disease is more comm	non in depri	ved, compare	d with affluent, com	munities. This ind	icator is a g	ood direct
missing or filled teeth (DMFT) average in	measure of dental health and	d an indirec	t, proxy meas	ures for child health	and diet. <b>Tower H</b>	<b>lamlets</b> has	
children aged 5*	historically had a higher prop	ortion of <	5 year old chi	ldren with tooth dec	ay although this fi	igure has fa	llen

Source: BASCD, 2009	significantly over the past decade. The DMFT index quantifies dental health status based on the number of								
	carious, missing and fil	carious, missing and filled teeth.							
	England: 1.11 Er			England:	1.11				
	London:	1.31			London:	1.31			
	Tower Hamlets:	1.77			<b>Tower Hamlets:</b>	1.77			
	LAP 5:	1.94			LAP 6:	1.47			
3.14 Childhood obesity in Reception year*					tely £4.2bn per annum.	By 2015, it is estimated that			
Source: NHS Information Centre 2010,	53,000 deaths each ye								
analysis by Public Health	Tower Hamlets ranks	5 <sup>th</sup> highest ir	n London for (	childho	od obesity measured at	Reception. Levels have fallen by			
	1.3% since 2006-07.								
	Childhood under weigl	nt in <b>Tower</b>	Hamlets is 29	6 at Red	ception, 10 <sup>th</sup> highest in L	ondon. Differences in prevalence			
	in <b>LAPs 5</b> and <b>6</b> are no	t statistically	/ significant fr	om the	Tower Hamlets levels.				
		Underwei	ght Overwe	eight	Obese				
	England:	0.9% 13.3%		9.8%					
	London: 1.3% 12.7%		11.6%						
	Tower Hamlets: 2.0% 11.3%		13.3%						
	LAP 5 (2008-09)				LAP 6 (2008-09)				
	Reception underweigh	t: <b>1.</b>	7% (.7 – 3.4)		Reception underweigh	t: <b>2.2 % (1.2 – 4.1)</b>			
	Reception overweight:	12	2. <mark>7% (9.0 – 1</mark> 4	l.1)	Reception overweight:	11.4% (8.7 – 14.9)			
	Reception obesity:	9.	6% (6.4 – 11.	1)	Reception obesity:	14.6% (11.5 – 18.3)			
3.15 Hospital episodes: Serious accidental	Injuries are the leading	g cause of de	eath in childre	en and	disproportionately affec	t children from lower			
injury relating to hospital admissions 0-4	socioeconomic groups	-							
directly standardised rates per 100,000 (95%		2005-06		2006-0	)7	2007-08			
confidence intervals)*	England:	84.3 (81.0	-87.6)	85.2 (8	31.9-88.5)	85.99 (82.7-89.3)			
Source: NCHOD	London:	80.6 (72.8	-88.5)	84.6 (	76.7-92.6)	77.19 (69.7-84.6)			
	Tower Hamlets:	138.1 (81.	6-194.7)	110.7	(60.9-160.6)	132.2 (78.1-186.4)			
	Childr	en and Yo	oung Peop	le					
		Lifestyle f	actors						
3.16 Childhood obesity in school year 6*	Obese/overweight ind	ividuals cost	t the NHS app	roxima	tely £4.2bn per annum.	By 2015, it is estimated that			
Source: NHS Information Centre 2010,	53,000 deaths each ye								
analysis by Public Health	Tower Hamlets ranks	3 <sup>rd</sup> highest ir	n London for	prevale	nce of obesity at Year 6.	Levels rose by 2.7% between			
	2006-07 and 2008-09 but remained static between 2008-09 and 2009-10.								

	Childhood under weig	ht in <b>Tower Ham</b>	<b>lets</b> is 2.1% at	Year 6. the 11	th highest i	in London. Differences in
	prevalence in <b>LAPs 5</b> a				_	
	'	Underweight	Overweight	Obese		
	England:	1.3%	14.6%	18.7%		
	London:	1.5%	15.1%	21.8%		
	Tower Hamlets:	2.1%	15.6%	25.7%		
	LAP 5 (2008-09)			LAP 6 (200	3-09)	
	Year 6 underweight:	1.9% (.7 – 3.7)		Year 6 und	erweight:	3.1% (1.7 – 5.4)
	Year 6 overweight:	14.8% (10.7 –	16.4)	Year 6 over	weight:	13.1% (10.0 – 16.9)
	Year 6 obesity:	29.7% (23.9 –	30.9)	Year 6 obes	sity:	23.1% (19.0 – 27.7)
3.17 Physical activity	More children in Towe	er Hamlets are do	ing less than t	he recommen	ded amour	nts of physical activity per week,
Source: TellUs Survey, Ofsted (discontinued	with 8% "not having sp	pent at least 30 n	ninutes doing s	sport or other	active thing	gs on any day in the preceding
2010)	week"(compared to 49	% nationally).				
% of pupils who participated in at least two		2005-06	2006-07	2007-08	2008-	-09
hours of high quality PE in a typical week	England:	59.5	69.3	76.6	81.0	
Source: Communities and Local Government	London:	56.0	69.0	73.0	80.0	
Places Database	Tower Hamlets:	39.0	63.0	71.0	74.0	
(http://www.communities.gov.uk)						
% of children walking or cycling to school*		-		-	nationally	; In England (2009) 50% of primar
Source: Transport for London i-trace database 2010-11	school children and 38	3% at secondary s	school walked	to school.		
			2008	-09 20	09-10	2010-11
	% of children walking	to primary schoo	l: 77.4	% 76	.1%	75.0%
	% of children walking to secondary school:			· -	.4%	55.2%
	% of children walking t	to secondary sch	ool: 53.4	% 53	.470	33.270
	% of children walking to % of children cycling to	,			.4% 7%	0.7%
		o primary school:	0.7%	0.		
	% of children cycling to % of children cycling to % travelling to school I	o primary school: o secondary scho	0.7% ol: 2.1%	0.	7%	0.7% 0.9%
	% of children cycling to % of children cycling to % travelling to school I walk:	o primary school: o secondary scho by car living < 7 r	0.7% ol: 2.1% minutes	0.	7%	0.7%
	% of children cycling to % of children cycling to % travelling to school I walk: % travelling to school I	o primary school: o secondary scho by car living < 7 r	0.7% ol: 2.1% minutes	0.	7%	0.7% 0.9% 27%
2 19 Hoolthy digt	% of children cycling to % of children cycling to % travelling to school I walk: % travelling to school I walk:	o primary school: o secondary scho by car living < 7 r by car living < 14	0.7% ol: 2.1% ninutes minutes	0.1 1.3	7% 3%	0.7% 0.9% 27% 50%
<b>3.18 Healthy diet</b> Source: TellUs Survey, Ofsted (discontinued	% of children cycling to % of children cycling to % travelling to school I walk: % travelling to school I walk:	o primary school: o secondary scho by car living < 7 r by car living < 14 wer Hamlets chil	0.7% ol: 2.1% minutes minutes dren eat lowe	0. 1.s	7% 3% ommended	0.7% 0.9% 27% 50% amount of fruit and vegetables

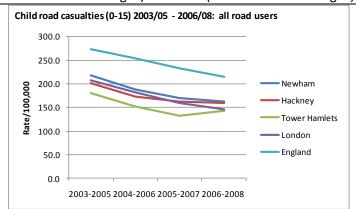
Source: Communities and Local Government Places Database (http://www.communities.gov.uk)  Primary Secondary England: 41.4 England: 35.8 London: 49.2 London: 41.3 Tower Hamlets: 50.9  3.19 Smoking and young people Source: TellUs Survey, Ofsted (discontinued 2010)  3.20 Alcohol and young people Source: TellUs Survey, Ofsted (discontinued 2010)  3.21 Substance misuse and young people Source: TellUs Survey, Ofsted (discontinued 2010)  3.22 STIs Chlamydia diagnosis rates per 100,000 young adults aged 15-24* 2009  3.22 STIs Chlamydia diagnosis rates per 100,000 young daults aged 15-24* 2009  Source: Health Protection Agency STI Annual Data Tables  60.3% in 2009-10 in primary school, and 32.5% to 41.3% in secondary schools). Uptake in Hackney is broadly similar to that in Tower Hamlets.  5 Secondary England: 41.4 England: 35.8 London: 49.2 London: 41.3 Tower Hamlets: 50.9  The annual Ofsted Tell Us' survey for 2010 reports that 6% of respondents in Tower Hamlets smoke (the same as nationally). This is a slight fall from 2009 (7% locally and nationally).  An ASSIST baseline survey of Year 8 pupils (12-13 years old) in 4 Tower Hamlets secondary schools in 2009 four that 4% smoked cigarettes at the time of the survey, while 80% had never smoked a cigarette.  The annual Ofsted Tell Us' survey for 2010 reports that 80% of young people report never having had an alcoholic drink, with 1% reporting having been drunk once, twice or 3 or more times in the past month. In 2009 62% reported never having had an alcoholic drink, with 1% reporting having been drunk once, twice or 3 or more times in the past month. In 2009 62% reported never having had an alcoholic drink, with 1% reporting having been drunk once, twice or 3 or more times in the past month. In 2009 62% reported never having had an alcoholic drink, with 1% reporting having been drunk once, twice or 3 or more times in the past month. In 2009 62% reported never having had an alcoholic drink, with 1% reporting having been drunk once, twice or 3 or more times in the past mo	Uptake of school meals (% having lunch that is provided by local authority or school)	, ,	•	•	has remained stable over the last 3 years in primary			
Places Database (http://www.communities.gov.uk)  Primary England: 41.4 England: 35.8 London: 49.2 London: 41.3 Tower Hamlets: 65.1 Tower Hamlets: 50.9  3.19 Smoking and young people Source: TellUs Survey, Ofsted (discontinued 2010)  3.20 Alcohol and young people Source: TellUs Survey, Ofsted (discontinued 2010)  3.21 Substance misuse and young people Source: TellUs Survey, Ofsted (discontinued 2010)  3.21 Substance misuse and young people Source: TellUs Survey, Ofsted (discontinued 2010)  3.22 STIs Chlamydia diagnosis rates per 100,000 young adults aged 15-24* 2009 Source: Health Protection Agency STI Annual Data Tables  Similar to that in Tower Hamlets.  Primary Secondary England: 41.4 England: 35.8 London: 49.2 London: 41.3 Tower Hamlets: 50.9  The annual Ofsted 'Tell Us' survey for 2010 reports that 6% of respondents in Tower Hamlets smoke (the same as nationally). An ASSIST baseline survey of Year 8 pupils (12-13 years old) in 4 Tower Hamlets secondary schools in 2009 foun that 4% smoked cigarettes at the time of the survey, while 80% had never smoked a cigarette.  The annual Ofsted 'Tell Us' survey for 2010 reports that 80% of young people report never having had an alcoholic drink (68% for England), with 3% saying that they had been drunk once, twice or 3 or more times in the past month. In 2009 62% reported never having had an alcoholic drink, with 1% reporting having been drunk once, twice or 3 or more times in the past month. In 2009 62% reported that they had ever taken drugs, with 2% preferring not to say (compared to 9% and 3% nationally). In 2009 9% oyoung people asked in Years 8 and 10 reported that they had ever taken drugs, with 4% preferring not to say (compared to 9% and 3% nationally). In 2009 9% oyoung people asked in Years 8 and 10 reported that they had ever taken drugs, with 4% preferring not to say (compared to 9% and 3% nationally). In 2009 9% oyoung people asked in Years 8 and 10 reported that they had ever taken drugs, with 4% preferring not to say (compared to 9% and 3% nationally).	1 .	and secondary schools in <b>Tower Hamlets</b> . Uptake has increased rapidly in Newham (from 45.3% in 2007-08 to						
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(compared to 11% and 4% nationally).  3.22 STIs Chlamydia diagnosis rates per 100,000 young adults aged 15-24* 2009 Source: Health Protection Agency STI Annual Data Tables group is expected to reduce the transmission rate, leading to a fall in prevalence and a secondary reduction in the incidence of new infections. Early diagnosis and treatment will reduce the severe effects of chlamydia in women, such as pelvic inflammatory disease and infertility.  England: 2180.6 London: 2428.5 Tower Hamlets: 1692.7	Source: TellUs Survey, Ofsted (discontinued	that they had ever to	aken drugs, wit	h 2% preferring not to say	(compared to 9% and 3% nationally). In 2009 9% of			
3.22 STIs Chlamydia diagnosis rates per 100,000 young adults aged 15-24* 2009 Source: Health Protection Agency STI Annual Data Tables  Nationally 29.9% of the population aged 15-24 was tested for chlamydia in 2009/10 and 7.2% tested positive. This indicates a high burden of infection in young people. Annual testing and testing at partner change in this age group is expected to reduce the transmission rate, leading to a fall in prevalence and a secondary reduction in the incidence of new infections. Early diagnosis and treatment will reduce the severe effects of chlamydia in women, such as pelvic inflammatory disease and infertility.  England:  2180.6  London: 2428.5  Tower Hamlets: 1692.7	2010)	young people asked	in Years 8 and	10 reported that they had	ever taken drugs, with 4% preferring not to say			
This indicates a high burden of infection in young people. Annual testing and testing at partner change in this age group is expected to reduce the transmission rate, leading to a fall in prevalence and a secondary reduction in the incidence of new infections. Early diagnosis and treatment will reduce the severe effects of chlamydia in women, such as pelvic inflammatory disease and infertility.  England:  2180.6  London:  2428.5  Tower Hamlets:  1692.7		(compared to 11% a	nd 4% nationa	ly).				
Source: Health Protection Agency STI Annual Data Tables group is expected to reduce the transmission rate, leading to a fall in prevalence and a secondary reduction in the incidence of new infections. Early diagnosis and treatment will reduce the severe effects of chlamydia in women, such as pelvic inflammatory disease and infertility.  England: 2180.6 London: 2428.5 Tower Hamlets: 1692.7	3.22 STIs Chlamydia diagnosis rates per	Nationally 29.9% of t	he population	aged 15-24 was tested fo	r chlamydia in 2009/10 and 7.2% tested positive.			
the incidence of new infections. Early diagnosis and treatment will reduce the severe effects of chlamydia in women, such as pelvic inflammatory disease and infertility.  England: 2180.6 London: 2428.5 Tower Hamlets: 1692.7	100,000 young adults aged 15-24* 2009	This indicates a high	burden of infe	ction in young people. An	nual testing and testing at partner change in this age			
women, such as pelvic inflammatory disease and infertility. England: 2180.6 London: 2428.5 Tower Hamlets: 1692.7	Source: Health Protection Agency STI Annual	group is expected to	reduce the tra	nsmission rate, leading to	a fall in prevalence and a secondary reduction in			
England: 2180.6 London: 2428.5 Tower Hamlets: 1692.7	Data Tables	the incidence of new	infections. Ea	rly diagnosis and treatme	nt will reduce the severe effects of chlamydia in			
London: 2428.5 <b>Tower Hamlets: 1692.7</b>		women, such as pelv	ric inflammato	ry disease and infertility.				
London: 2428.5 <b>Tower Hamlets: 1692.7</b>		England:	2180.6					
		_	2428.5					
3.23 Killed and seriously injured (KSI)  Road user safety is a public health issue as incidents and collisions on the roads are a significant cause of death		<b>Tower Hamlets:</b>	1692.7					
and defined the firety is a particular today as includents and complete on the roads are a significant cause of acutif	3.23 Killed and seriously injured (KSI)	Road user safety is a	public health	ssue as incidents and colli	sions on the roads are a significant cause of death			
children and young people on England's and injuries; disproportionately so among young age groups and in disadvantaged areas. They have a large affective	1	-	•		<del>_</del>			
roads*  on the resources of health and rescue services and there are strong synergies between active travel, road safety			•		·			
and health.					, , , , , , , , , , , , , , , , , , , ,			
Road traffic injuries No. of Child KSIs in 2006-2008/billion vehicle-kms: % Reduction in Child KSIs ('94-'98/'06-'08):	Road traffic injuries	No. of Child KSIs in 2	2006-2008/bill	ion vehicle-kms: % Re	eduction in Child KSIs ('94-'98/'06-'08):			

Source: London Road Safety Unit for 2009 LIP1 data reports

Outer London: 10 62%
Inner London: 13 65% **Tower Hamlets**: 9 (15<sup>th</sup> out of 33 boroughs) 66% (11<sup>th</sup> out of 33 boroughs)

Average annual rate of reported child (age 0-15) road traffic casualties in England per 100,000 population aged 0-15, by Local Authority

Source: LHO Basket of Indicators - Accidents and Injury



Average annual rate of reported child (age 0-15) road casualties in England per 100,000 population (2006-08)

 England:
 214.8

 London:
 145.6

 Tower Hamlets:
 143.4

The number of reported child road casualties for all domains (pedestrian, pedal cycles and all other road users) is consistently lower in Tower Hamlets than regional and national figures and has fallen steadily between 2003-05 and 2005-07 from 79 to 58; the rise in 2006-08 is accounted for by a rise in 'all other road users' numbers from 18 in 2005-07 to 22 in 2006-08.

# 3.24 Persons aged under 18 years admitted to hospital with alcohol specific conditions (rate/100,000 population)\*

Source: 2006-07 North West Public Health Observatory local alcohol profile data set

## Hospital admissions

There are substantial differences in the health consequences of alcohol use between affluent and deprived communities. Deprived areas suffer higher levels of alcohol related mortality, hospital admission, crime, absence from school, school exclusions, teenage pregnancy and road traffic accidents linked to greater levels of alcohol consumption. While Tower Hamlets admissions are lower than those nationally, the majority of young people are from communities in which alcohol is proscribed and hence this rate is likely to conceal a relatively large number of admissions from a smaller population, and concealed (and hence riskier) consumption by members of those communities.

England: 64.5 (63.6 – 65.4) London: 39.3 (37.6 – 41.1)

	Tower Hamlets:	49.1 (38.4 – 61.8)					
3.25 Hospital episodes: Serious accidental	Injuries are the leading cause of death in children and disproportionately affect children from lower						
injury relating to hospital admissions 5-14	socioeconomic group	•		•			
directly standardised rates per 100,000 (95%		2005-06	2006-07	2007-08			
confidence intervals)	England:	71.9 (69.8-74.0)	65.2 (63.2-67.2)	64.9 (62.9-66.9)			
Source: NCHOD	London:	73.5 (67.7-79.2)	58.8 (53.6-63.9)	64.7 (59.3-70.2)			
	Tower Hamlets:	•		103.8 (63.0-144.5)			
3.26 Hospital admissions for intentional and	<b>Tower Hamlets</b> : 96.9 (58.1-135.7) 94.3 (55.7-132.8) 103.8 (63.0-144.5) <b>Tower Hamlets</b> rate/10,000 in 2009-10: <b>135.8</b> . The HNA Toolkit CSL/LHO ranked Tower Hamlets 2nd high						
unintentional injuries <18*	London in 2008-09.						
Source: HES 2010	Hospital admissions for unintentional & deliberate injury 2009-10						
		250.0					
		8 200.0		<u>T</u> _			
		Admissions rate/10000		·			
		150.0					
		s su		†			
		9 100.0					
		50.0 H					
	0.0						
	LAP1 LAP2 LAP3 LAP4 LAP5 LAP6 LAP7 LAP8 TH						
	LAP 5: 187.1	1/10000 (150.8 – 231.9)	LAP	LAP 6: 111.6/10000 (90.9 – 136.9)			
3.27 Rate of hospital admissions as a result of self-harm*	Currently unable to report; indicator will be developed if selected as part of Public Health Outcomes Framework						
3.28 Unplanned hospitalisation for asthma,	There are three conditions (asthma, epilepsy and diabetes) which account for 94% of emergency admissions for						
epilepsy and diabetes in under 19s' <sup>‡</sup>	children (under 19s) with long-term conditions.						
Asthma:	Asthma is the most common chronic disease in children, with a prevalence of between 17% and 23% (NICE						
	2007). Better management of the condition in the community could reduce the number of emergency						
	admissions for asthma. Asthma UK has estimated that 75% of hospital admissions for asthma are preventable.						
	England: 244 Tower Hamlets is ranked 70 <sup>th</sup> lowest of 152 PCTs in terms of emergency						
Emergency Admissions per 100,000 0-18	London:	237 admission ra	tes.				
population (2008-09)	Tower Hamlets:	229					

	England:	293	Tower Hamlets	s is ranked 88 <sup>th</sup> lowest of 152 PCTs in terms of		
Emergency bed days per 100,000 0-18	London:	320	emergency bed			
population (2008-09)	Tower Hamlets:	316	cinergency bec	2 44751		
Source: CHIMAT Disease Management	Tower Hamilets.	310				
Information Toolkit (Paediatrics)						
Diabetes:						
Emergency Admissions per 100,000 0-18	England:	64	Tower Hamlets	s is ranked 9 <sup>th</sup> lowest of 152 PCTs in terms of emergency		
population (2008-09)	London:	50	admission rates.			
population (2000 00)	Tower Hamlets:	33				
Emergency bed days per 100,000 0-18	England:	132	Tower Hamlets	s is ranked 38 <sup>th</sup> lowest of 152 PCTs in terms of emergency		
population (2008-09)	London:	130	bed days.			
Source: CHIMAT Disease Management	Tower Hamlets:	96	,			
Information Toolkit (Paediatrics)						
Epilepsy:						
Emergency Admissions per 100,000 0-18	England:	78	Tower Hamlets is ranked 76 <sup>th</sup> lowest of 152 PCTs in terms of emergency			
population (2008-09)	London:	69	admission rates.			
	Tower Hamlets:	75				
Emergency bed days per 100,000 0-18	England:	145	Tower Hamlets	s is ranked 116 <sup>th</sup> lowest of 152 PCTs in terms of		
population (2008-09)	London:	140	emergency bed days.			
Source: CHIMAT Disease Management	Tower Hamlets:	191				
Information Toolkit (Paediatrics)						
Emergency admissions for children with	LRTIs in children shou	ıld not in	general require h	nospital care, but are one of the top causes of hospitalisation.		
lower respiratory tract infections (LRTIs) 0-	Rates of emergency admission in Tower Hamlets are significantly better (at the 99.8% level) than those for					
15 <sup>‡</sup> indirectly age and sex standardised	England. Improvement is also statistically significantly better.					
rate/100,000			Rate	% improvement		
Source: NCHOD				2007/08-2008/09		
	England:		(342.3-349.5)	-3.2		
	London:		(174.6-186.9)	17.2		
	Tower Hamlets:		74.1-126.2	77.5		
	Vulnerable	Childre	en and Young	People		
3.29 Looked After Children (rate/10,000 <18)	England:	55				
2008/09	London:	65				

	Tower Hamlets:	71				
Source: The Places Database	The <b>Tower Hamlets</b> rate equated to 345 children of whom 71% were in foster placements, 8.7% in secure units or					
(http://www.communities.gov.uk)	children's homes an	children's homes and 7.2% in residential schools or other residential settings. Trends in rates of Looked After				
	Children have fallen	between 2004/5	5 and 2007/8, pos	sibly reflecting improvements in prevention.		
3.30 'Hidden harm' (children living with	DAAT data for 2008-09 suggests that across <b>Tower Hamlets</b> 1091 clients passed through the service, 640 (58.7%)					
parents with alcohol and/or substance	of who were parents, 134 of whom (12.3%) had their children living with them or were pregnant. A further 283					
addiction)	(25.9%) had children who lived with a partner or other family member.					
Source: Tower Hamlets DAAT						
3.31 Young Offenders	The cohort includes	all those receivi	ng a pre-court dis	posal (reprimand or final warning) or a first-tier or		
Rate of proven re-offending by young	community penalty or who are released from custody. A reoffence is counted if it occurs within the 12 month					
offenders* (2008/09)	tracking period and	leads to a pre-co	ourt disposal or a	court conviction.		
Source: The Places Database	England:	1.05				
(http://www.communities.gov.uk)	London:	1.06				
	Tower Hamlets:	1.01				
First time entrants to Youth Justice System*	First-time entrants a	re defined as yo	oung people (aged	10-17) who receive their first substantive outcome		
rate/100,000 10-17 year olds	(relating to a reprimand, a final warning with our without an intervention, or a court disposal for those who go					
Source: DfE statistical release	directly to court without a reprimand or final warning)					
		2005-06	2006-07	2007-08		
	England:	1,965	2,031	1,840		
	London:	1,630	1,890	1,760		
	Tower Hamlets:	1,990	2,270	2,210		
		4 Service pro	ovision			
4.1 Location of children's centres	Olga Children's Centre, Lanfranc Road, E3 5DN Tel: 020 8981 7127 Overland Children's Centre, 60 Parnell Road, Bow, E3 2RU Tel: 020 7364 0538			Bromley by Bow Centre, St Leonard's Street, E3 3BT		
				Tel: 020 8709 9716		
				Lincoln Children's Centre, 2 Belton Way, Bow, E3 4BB		
				Tel: 020 7093 1442		
				Mile End Children's Centre, 38 Wager Street, E3 4JE Tel: 020 8880 7830		
4.2 Locality staffing allocations for	The North East Loca	lity is covered by	y Team 3; 7 WTE	•		
community midwives						

Date updated:	05/04/2011	Updated by:	Simon Twite		Next U Due:	pdate	Six months
Date signed off by Senior JSNA Leads:	Date factsheet signed off by senior JSNA leads from Public Health and LBTH	Signed off by (Public Health Lead): Signed off by (LBTH Lead):	e.g. Director or Associate Director e.g. Director of Adults/CFS	Date signed off by Strategic Group:	Date factsheet signed off by Strategic Group	Sign off by Strategic Group:	Name the relevant Strategic Group