North West 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 women 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 6th 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 2nd 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 NW Locality

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.

No	orth West Locality N	Maternity and Child Healt	h Headlines							
		LAP 1		LAP 2						
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: 3015	7.2%	00-04: 1864	7.4%						
Projections	05-09: 2637	6.3%	05-09: 1509	6.0%						
	10-14: 2324	5.6%	10-14: 1356	5.4%						
	15-19: 2391	5.7%	15-19: 1440	5.7%						
	00-19: 10367	24.8%	00-19: 6169	24.5%						
Practice registered population 00-19	LAP Total: Male 23,028	Female 21,891	LAP Total: Male 15,446	Female 12,882						
Source: BLT CEG SQUID Audit 2010	00 – 05 : Male 1723	Female 1634	00 – 05 : Male 1023	Female: 982						
	00 – 16 : Male 4379	Female 4136	00 – 16 : Male 2566	Female: 2518						
	00 - 19 : Male 5724	Female 5556	00 - 19 : Male 3341	Female: 3304						

Population – age/sex pyramid			NW locality	AgeSex Pyramid (So	urce: GLA 2008	Round Population	n)			
Source: GLA 2008 Round Population		_	-TH Male —	-TH Female —Great	er London Male	Greater London	Female			
	85+				\					
	80-84									
	75-79	Mal	es			Females				
	70-74									
	65-69									
	60-64									
	55-59									
	up 50-54				\					
	Age band 49-49									
	40-44									
	35-39						_			
	30-34									
	25-29									
	20-24									
	15-19				Ţ,	[
	10-14				,					
	5-9									
	0-4			· · · · · · · · · · · · · · · · · · ·						
	10	8	6	4 2 Popular	0 2	4 6	8	10		
1.2 Expected Growth	The nonula	tion of Tow	ver Hamlet	s is expected to inc		000 over the n	evt five vears	with the factest		
1.2 Expected Growth				014. The sharp rise			•			
	_			•		•	•	_		
	·	development as the economic climate improves. The substantial growth in population will be spread unevenly across the Borough. 48% is expected to be in LAPs 7 and 8, 27% in LAPs 5 and 6, 21% in LAPs 1 and 2 and only 3%								
		_	•					ase by 5% and 4.3%		
	respectively				iici tiiat tiie	London popula	ition will increa	336 Dy 370 and 4.370		
Source: NHS TH/LBTH Planning for	<u> </u>	1-2012	2010 and 2 2015-20:		Age	2011-2012	2015-2016			
				10	_					
Population Change and Growth model ¹	Total: 45,3	330	48,110		i otal:	27,557	28,795			

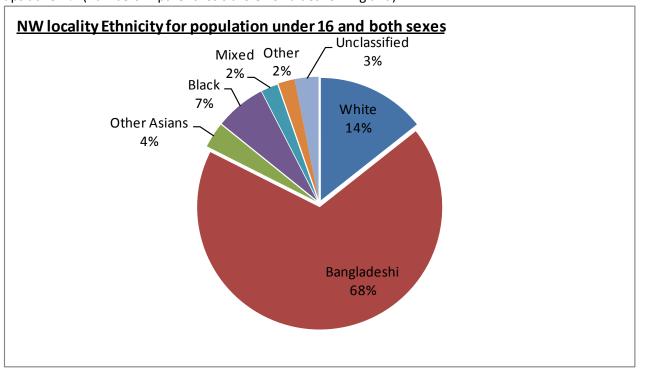
¹ A bespoke population model (PPCG) developed with Tower Hamlets Council that is based on the most recent housing development data and the current and anticipated impact of the recession.

00-03 : 29	74	3318	00-03:	1791	1896	
04-10: 40	67	4432	04-10:	2325	2508	
11-15 : 23	80	2531	11-15:	1397	1395	
16-19 : 19	46	2048	16-19:	1180	1065	
00-19: 11:	367	12328	00-19:	6693	6864	
% change ((00-19) 2011-:	12 to 2015-16: 8.5%	% chan	ge (00-19) 2011-	12 to 2015-16:	2.5%

1.3 Ethnic breakdown total registered population <16, both sexes

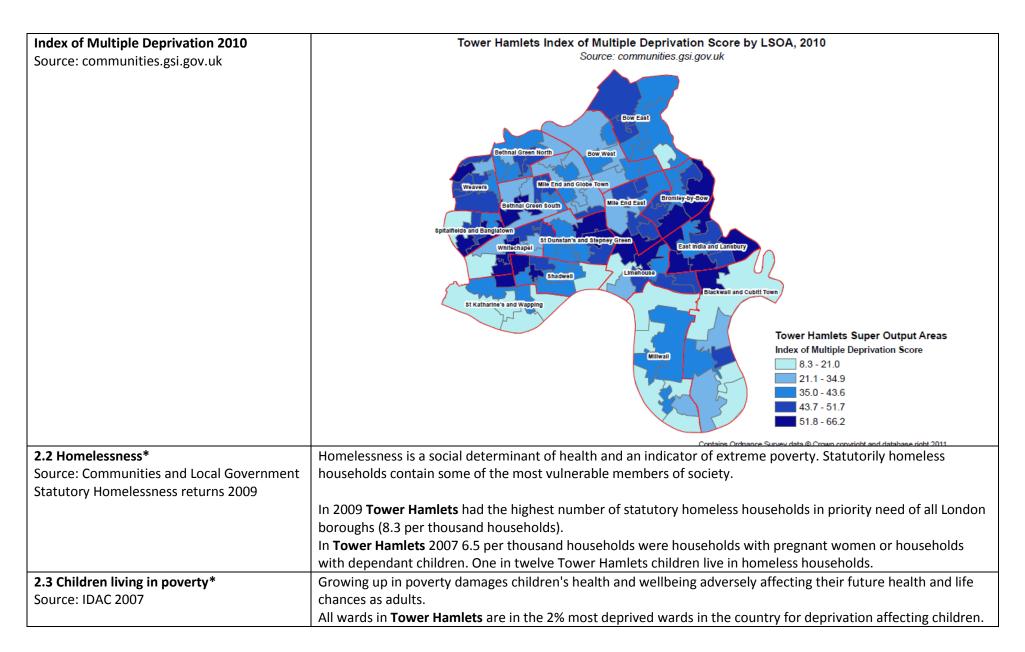
Source: GLA 2010 Round Project Ethnicity projections/ONS Population Estimates by Ethnic Group 2001-2007 (experimental)

The ethnic breakdown for Tower Hamlets (GLA 2008) suggests that 20.9% of the 00-19 age group are white (83.6%), 59.7% Bangladeshi (.7%), 3.9% Black African, 3% Black Other, 1.6% Black Caribbean (2.8% for all Black categories), 2.7% Other Asian (.7%), 2% Chinese (.8%), 1.7% Indian (2.6%), .9% Pakistani (1.8%) and 3.7% Other. The non-white 00-19 population is significantly larger at 79.1% than the non-white population across all age groups at 49.7% (numbers in parenthesis are ONS values for England).



Source: BLT CEG SQUID 2009

1.4 Birth rate Source: NHS Information Centre (NCHOD) 2008	-	ry rate (average number of followed age-specific ernal ages 11-49	General fertility rate (number of live births/number of births women of childbearing age) per 1,000 female population aged 15-44)				
	England:	1.97 (1.96-1.97)	England	d: 63.76 (63.62-64.03)			
	London:	1.95 (1.94-1.96)	Londor	: 69.32 (68.95-69.69)			
	Tower Hamlets:	1.75 (1.70-1.81)	Tower	Hamlets: 67.08 (65.15-69.06)			
	The '	Tower Hamlets crude birth	rate per	1000 of women aged 15-44 in 2009 is 64.8			
Source : Public Health Birth File (2009) Population from GLA 2009 round projections SHLAA variant	The Lap 1 crude birth rate in 2009 was 63.8 per of women aged 15-44			The LAP 2 crude birth rate in 2009 was 60.6 per 1000 of women aged 15-44			
1.5 Birth rate projections Source: GLA 2008 demographic projections		•	-	to remain fairly stable over the next 10 years - from 4145 pirth rate figures, this will be unequally distributed across			
	2	Socio-economic Data	9				
2.1 General deprivation	most deprived area indicating the higher a high proportion o the rest of the cour	is in England compared to a est levels of child poverty in if people with no qualification of try, higher levels of overcro	round 26 the coun ons, lowe owding an	ly. 78.5% of Tower Hamlets residents live in the 20% % of London residents. This is reflected in statistics try, amongst the highest unemployment rates in London, r (but improving) educational attainment compared to a significant levels of housing classified as 'non decent' less standard compared to 32% in London).			



		Score	Rank	% rank		Score	Rank	% rank	
				(national)				(national)	
	Weavers	.631	54	.7%	Spitalfields &	.625	57	.7%	
	Bethnal Green	.648	44	.6%	Banglatown				
	North				Bethnal Green	.681	26	.3%	
	Mile End &	.627	56	.7%	South				
	Globe Town								
2.4 Access to green space*	There is strong	evidence to s	uggest that tl	nere is a posit	tive relationship be	etween greer	space and	the general	
Source: ONS Neighbourhood Statistics	health of the p	opulation. Stu	dies indicate	that better h	ealth is linked to g	reen space p	rovision, re	gardless of the	
	socio-economi	c status of the	people who	use it. There i	is strong evidence	to suggest th	at green sp	aces have a	
	beneficial impa	act on mental	wellbeing and	d cognitive fu	nction through bo	th physical ac	ccess and us	age. Tower	
	Hamlets has th	ie 3 rd lowest pe	ercentage of	green space o	of all UK boroughs	at 15.2%, alt	hough much	of this is	
	restricted acce			6 -		, , , ,			
			ealth Data						
			General						
3.1 Life expectancy at birth*	England life exp	ectancy: Male: 7	77.3; Female: 8	31.5	England life exped	tancy: Male: 7	7.3; Female:	81.5	
Source: LHO, 2009 (2003 – 2007 data)	Tower Hamlets:	•			Tower Hamlets: N	•	•		
2007 4444	LAP 3 Male: 72.7	7 yrs (2.5 yrs lov	ver than Towe	r Hamlets)	LAP 4 Male 78.2 yrs (3 yrs higher than Tower Hamlets)				
	LAP 3 Female: 8	0.4 yrs (similar t	to Tower Haml	ets)	LAP 4 Female 83 y	rs (Over 2 yrs	higher than 1	ower Hamlets)	
					St Katherine's & \	Napping			
	Whitechapel				Male 80.4	Female 84.3			
	Male 72.8	Female 81.8			Shadwell				
	St Dunstan's & S	Stepney Green			Male 76.0	Female 81.8			
	Male 72.5	Female 79.0							
		Maternity	and Early	Years					
3.2 Booked by 12 weeks 6 days	Percentage of 7	Tower Hamlets	mothers bo	oked 2009/10): 83.68%				
Source: BLT Maternity Unit	Percentage of 7	Tower Hamlets	mothers bo	oked Q3 2010)/11: 92.16%				
3.3 Smoking at booking and delivery*	Smoking during	g pregnancy co	ntributes to	6% of all infar	nt deaths and acco	unts for abou	ut a third of	the difference	
Source: BLT Maternity Unit; DH monitoring	in infant deaths	s between the	most and lea	st deprived g	roups in the popu	lation. The pr	oportion of	mothers who	
return (quarter 3 2009/10)					nothers under 20 v	•	•		
, ,		•	,	J		. 3			
	England:	13.99	%						
	London:	7.1%							

	Tower Hamlets: 5.7%					
3.4 Under 18 conception rates (per 1000	Evidence shows that teenage p	arenthood lea	ds to poor	er health out	comes for bo	th teenage parents and their
female population aged 15-17)*	children - babies born to teenag	ge parents hav	ve a 60% hi	gher risk of ir	nfant mortali	ty and teenage mothers are
Source: Teenage Pregnancy Unit 2006-08	three times more likely to suffe	r from post-na	atal depres	sion.		
	Rate per 1000 of females aged	15-17:				
Ward level: ONS <18 conception rate (2005-	England: 40.9					
07)	London: 45.3					
	Tower Hamlets: 41.4					
	Tower Hamlets:	45.0/1000		Tower Ham	lets:	45.0/1000
	St Dunstan's & Stepney Green:	36.7/1000		Shadwell:		32.5/1000
	Whitechapel:	39.8/1000		St Katherine	e's & Wappin	ng: 26.9/1000
3.5 Gestational diabetes and diabetes in	Diabetes audit suggested that 1	.0% of those r	eviewed ha			-
pregnancy	Bangladeshi, 7.9% Black Africar	and 4.1% Wh	nite.			
Source: 2008 Diabetes Audit BLT						
3.6 Antenatal screening	41 results received; 0 babies af	fected, 41 carı	rier results,	, 0 transfused	l results, 3 inc	conclusive results.
Newborn bloodspot						
Source: Q2 2010 Tower Hamlets sickle cell						
and thalassaemia service newborn						
bloodspot quarterly report						
3.7 Vitamin D	Deficiency (≤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	
Source: Antenatal vitamin D screening at		Netwo k	Number	% of <5	populatio	
Barts and the Royal London NHS Trust, April		Netwo K	Namber	pop	n	
2010 (N = 497)						
		NW	137	8.03%	1706	
		NW2	256	.14%	3144	
		NW3	257	11.30%	2274	
		NW4	420	18.13%	2317	
		NW5	138	7.01%	1969	

				1				
			NW6	104	5.90%	1763		
			NW7	335	10.08%	3324		
			NW8	102	3.99%	2555		
			Total	1749	9.2%	19052		
3.8 Caesarean section rates 2009-10			Total births:	Elective	e Caesarean	Emerg	ency Caesarean	Total
Source: HES 2011 Provider level analysis,	England:		652,377	9.7%		14.4%		24.1%
2009-10	London:		129,264	10.2%		16.9%		27.1%
	Barts & The London N	HS Trust:	4,428	7.5%		17.1%		24.6%
3.9 % Low birth weight births (<1,500 and	Although a higher prop	portion of	newborns ha	ave lower b	oirth weight	than Londo	n, infant mortal	ity rates are not
<2,500 grams)*	significantly different t	to London	(3.1/1000 liv	e births).				
Source: NCHOD		<1,500			<2,500			
	England:	1.4% (1	.4-1.5)		7.5% (7.4-7	7.5)		
	London:	1.6% (1	.5-1.7)		7.9% (7.8-8	3.1)		
	Tower Hamlets:	1.5% (1	.2-1.9)		9.9% (9.1-2	LO.9)		
Source: <2,500 grams 2004-06 ONS,	Weavers	Statistic	al significance		-	& Banglatov	vn Statistical sign	ificance
analyses by LHO	8.8%	No			11.4%		Yes - high	
	Bethnal Green North				Bethnal Gr	een South		
	9.6%	No			9.3%		No	
	Mile End & Globe Town 10.9%	Yes - hig	h					
% Low birth weight births (<2,500 grams)	The following data bre			r Hamlets	ow hirth we	aight hirths	down by ethnic	group:
by ethnic group	White: 6.4%		own/stated:	7.9%	OW DITTIE WE	igiit bii tiis i	down by ethine	group.
Source: Births from Public Health Birth File	Mixed: 6.5%	Other:	wii/stateu.	8.4%				
(2009-10)	Black: 7.3%	Asian:		9.0%				
3.10 Infant mortality (2008 and 2009 crude	Infant mortality is a wi		indicator of		health of a	nonulation	It reflects a hro	ad range of
rate – all maternal ages/1000 live births)*	determinants including	•						_
Source: NCHOD	social and environmen					•		
Source: Nerrob	1,000 live births. <i>Perin</i>		-	•			_	• • •
	stillbirths. <i>Stillbirths</i> ar		•		•		, , , ,	•
	did not, at any time, b				2+0		as completed B	cotation and willen
	2009	. cathe of	3344 3.6.13 0		2008			
	<1 yr	<28 days	s <7 da	ıvs	<1	vr	<28 days	<7 days
	Eng: 4.6 (4.5 – 4.8)	-		2.3 – 2.5)		(4.5 – 4.9)	-	-
	•							

	Lon: 4.5 (4.1 – 4.9	,	,	2.4 (2.1 – 2.6)	Lon:	4.3 (3.9 – 4.6)	2.8 (2.6 – 3.1)	2.2 (1.9 – 2.4)
	TH: 5.1 (3.3 – 7.1			3.0 (1.7 – 5.2)	TH:	3.1 (1.8 – 5.3)		1.7 (.8 – 3.5)
3.11 Breastfeeding rates at 6-8 weeks* (Q3	There is evidence the		_	•	n benef	its for both moth	ner and baby in t	ne short and
2010-11)	longer term (beyon	a the perio		•				
Source: Department of Health Vital sign			England	Londo	n	TH		
monitoring return	Overall prevalence							
	(total plus partial)		44.9%	64%		74%		
	Infants totally brea		31.1%	37.8%		35.7%		
	Infants partially bre		13.8%	26.2%		38%		
	Infants not at all br	eastfed:	46.9%	26.2%	•	25.4%		
	Not known:		8.1%	9.9%		0.7 %		
				Jan 2011 % Pr	evalence By			
	100%							
	90%			%				
	80%	8						
	70% - 8	2	*22				28	Tower Hamlets, 74
						%02	87.8	
	60%				9			
	50%				56%	H H	H	-
	40%					H		-
	30%							
	20%					Н		-
	10%					H		-
	0%							
	LAP 1	LAP 2	LAP 3	LAP 4	LAP 5	LAP 6	LAP 7 LAP	8
Dunastina dina initiation * 2040 44 02		-0 - 01						
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)*				TH			LAP 2	
Source: Extract from Exeter	12 month DtaP/IPV	/Hib:		96%		onth DtaP/IPV/H		96%
	24 month MMR:		89%	88%	24 m	onth MMR:	87%	93%

	5 year DtaP/IPV (Boos	ter): 91%	93%	5 year DtaP/IPV (Boo	ster): 1009	6 93%		
	5 year MMR (2nd dose	•	92.5%	5 year MMR (2nd dos	•	92.5%		
3.13 Prevalence of dental caries: decayed,	· '	•		ed with affluent, commun				
missing or filled teeth (DMFT) average in			•	ures for child health and		•		
children aged 5*				ldren with tooth decay a				
Source: BASCD, 2009	,		•	uantifies dental health st	•			
,	carious, missing and fi							
	England:	1.11		England:	1.11			
	London:	1.31		London:	1.31			
	Tower Hamlets:	1.77		Tower Hamlets:	1.77			
	LAP 1:	1.74		LAP 2:	1.41			
3.14 Childhood obesity in Reception year*	Obese/overweight ind	ividuals cost the	NHS approxim	ately £4.2bn per annum.	By 2015, it is es	timated that		
Source: NHS Information Centre 2010,	53,000 deaths each ye							
analysis by Public Health	Tower Hamlets ranks	6 th highest in Lo	ndon for childho	ood obesity measured at	Reception. Leve	els have fallen by		
	1.3% since 2006-07.							
	Childhood under weig	ht in Tower Han	nlets is 2% at Re	eception, 10 th highest in L	ondon. Differer	ices in prevalence		
	in LAPs 1 and 2 are no			e Tower Hamlets levels.				
		Underweight	-	Obese				
	England:	0.9%	13.3%	9.8%				
	London:	1.3%	12.7%	11.6%				
	Tower Hamlets:	2.0%	11.3%	13.3%				
	LAP 1 (2008-09)			LAP 2 (2008-09)				
	Reception underweigh		(1.9 – 6.2)	Reception underweig		% (1.3 – 5.5)		
	Reception overweight	: 7.2%	(4.8 – 10.7)	Reception overweigh	t: 10.0	% (6.9 – 14.2)		
	Reception obesity:		(10.8 – 18.9)	Reception obesity:		% (10.8 – 19.4)		
3.15 Hospital episodes: Serious accidental	Injuries are the leading	g cause of death	in children and	disproportionately affect	t children from	lower		
injury relating to hospital admissions 0-4	socioeconomic groups	i .						
directly standardised rates per 100,000		2005-06	2006	-07	2007-08			
(95% confidence intervals)*	England:	84.3 (81.0-87.	-	(81.9-88.5)	85.99 (82.7-8	•		
Source: NCHOD	London:	80.6 (72.8-88.	5) 84.6	(76.7-92.6)	77.19 (69.7-8	4 6)		
Jource: Neriob						4.0)		
Journe, Wellop	Tower Hamlets:	138.1 (81.6-19	94.7) 110.7	7 (60.9-160.6)	132.2 (78.1-1	•		

		Lifestyle fact	ors					
3.16 Childhood obesity in school year 6*	Obese/overweight inc			imately f4	.2bn per a	nnum. F	By 2015, it is estimated that	
Source: NHS Information Centre 2010,	53,000 deaths each ye			•	p c. c		2, 2020, 1010 000	
analysis by Public Health					obesity at	Year 6.	Levels rose by 2.7% between	
	Tower Hamlets ranks 3 rd highest in London for prevalence 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.							
						-	London. Differences in	
	prevalence in LAPs 1 a					_		
	'	Underweight	Overweigh					
	England:	1.3%	14.6%	18.79	%			
	London:	1.5%	15.1%	21.89	%			
	Tower Hamlets:	2.1%	15.6%	25.7	%			
	LAP 1 (2008-09)		9)					
	Year 6 underweight: 2.7% (1.5 – 5.0)			Year	6 underw	eight:	1.0% (.3 – 3.5)	
	Year 6 overweight:				6 overwe	ight:	12.8% (8.9 – 18.1)	
	Year 6 obesity:	25.0% (20.8 –	- 29.7) Year 6 obesity:				29.1% (23.3 – 35.7)	
3.17 Physical activity	More children in Tow	er Hamlets are do	oing less thar	n the recor	nmended	amount	s of physical activity per week,	
Source: TellUs Survey (Ofsted)	with 8% "not having s	pent at least 30 r	ninutes doin	g sport or	other acti	ve things	s on any day in the preceding	
	week "(compared to 4	1% nationally).Th	e Ofsted Tell	Us survey	has been	discontir	nued.	
% of pupils who participated in at least two		2005-06	2006-07	2007	'-08	2008-0	9	
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		
There is the second of the sec								
(http://www.communities.gov.uk)	_							
% of children walking or cycling to school*		-		_		ionally;	In England (2009) 50% of primary	
% of children walking or cycling to school* Source: Transport for London i-trace	The % of children wall school children and 38	-		_		ionally;	In England (2009) 50% of primary	
% of children walking or cycling to school*		-	school walke	d to schoo	ol.			
% of children walking or cycling to school* Source: Transport for London i-trace	school children and 38	8% at secondary s	school walke 20	d to schoo 08-09	ol. 2009-1		2010-11	
% of children walking or cycling to school* Source: Transport for London i-trace	school children and 38 % of children walking	8% at secondary s	school walke 20 1: 77	d to schoo 08-09 .4%	ol. 2009-1 76.1%		2010-11 75.0%	
% of children walking or cycling to school* Source: Transport for London i-trace	school children and 38 % of children walking % of children walking	8% at secondary s to primary schoo to secondary sch	school walke 20 I: 77 ool: 53	d to schoo 08-09 .4% .4%	2009-1 76.1% 53.4%		2010-11 75.0% 55.2%	
% of children walking or cycling to school* Source: Transport for London i-trace	school children and 38 % of children walking % of children walking % of children cycling to	8% at secondary s to primary schoo to secondary sch o primary school:	20 1: 77 001: 53	d to school 08-09 .4% .4%	2009-1 76.1% 53.4% 0.7%		2010-11 75.0% 55.2% 0.7%	
% of children walking or cycling to school* Source: Transport for London i-trace	school children and 38 % of children walking % of children walking	8% at secondary s to primary schoo to secondary school: o primary school: o secondary scho	20 l: 77 ool: 53 ool: 2.1	d to school 08-09 .4% .4%	2009-1 76.1% 53.4%		2010-11 75.0% 55.2%	

	% travelling to school	by car living <	14 minutes				
	walk: 50%						
3.18 Healthy diet	Higher numbers of Tower Hamlets children eat lower than the recommended amount of fruit and vegetables						
Source: TellUs Survey, Ofsted (discontinued	than children nationally (15% responding "none yesterday" compared to 9% nationally in 2009).						
2010)							
Uptake of school meals (% having lunch that	The percentage of children taking up the school lunch offer has remained stable over the last 3 years in primary						
is provided by local authority or school)	and secondary schoo	ls in Tower Ham	nlets . Uptake has increa	sed rapidly in Newham (from 45.3%	in 2007-08 to		
Source: Communities and Local Government	60.3% in 2009-10 in p	orimary school, a	and 32.5% to 41.3% in s	econdary schools). Uptake in Hackne	ey is broadly		
Places Database	similar to that in Tow	er Hamlets.					
(http://www.communities.gov.uk)	Primary	Primary Secondary					
	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	The annual Ofsted 'Tell Us' survey for 2010 reports that 6% of respondents in Tower Hamlets smoke (the same						
Source: TellUs Survey, Ofsted (discontinued	as nationally). This is a slight fall from 2009 (7% locally and nationally).						
2010)	An ASSIST baseline survey of Year 8 pupils (12-13 years old) in 4 Tower Hamlets secondary schools in 2009 found						
				0% had never smoked a cigarette.			
3.20 Alcohol and young people	The annual Ofsted 'To	The annual Ofsted 'Tell Us' survey for 2010 reports that 80% of young people report never having had an					
Source: TellUs Survey, Ofsted (discontinued	alcoholic drink (68% for England), with 3% saying that they had been drunk once (6% for England), 2% twice (4%						
2010)	for England) and 4% three or more times (5% for England) in the past month. In 2009 62% reported never having						
				once, twice or 3 or more times in the	•		
3.21 Substance misuse and young people		•	•	of young people asked in Years 8 and	•		
Source: TellUs Survey, Ofsted (discontinued	that they had ever taken drugs, with 2% preferring not to say (compared to 9% and 3% nationally). In 2009 9% of						
2010)				d ever taken drugs, with 4% preferri	ng not to say		
	(compared to 11% and 4% nationally).						
3.22 STIs Chlamydia diagnosis rates per	Nationally 29.9% of the population aged 15-24 was tested for chlamydia in 2009/10 and 7.2% tested positive.						
100,000 young adults aged 15-24* 2009	This indicates a high burden of infection in young people. Annual testing and testing at partner change in this						
Source: Health Protection Agency STI Annual	age group is expected to reduce the transmission rate, leading to a fall in prevalence and a secondary reduction						
Data Tables		in the incidence of new infections. Early diagnosis and treatment will reduce the severe effects of chlamydia in					
	•	•	disease and infertility.				
	England:	2180.6					
	London:	2428.5					
	Tower Hamlets:	1692.7					

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 caus	se 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 affect					
roads*	on the resources of health and rescue services and there are strong synergies between active travel, roa					
	and health.	-				
Road traffic injuries	No. of Child KSIs in 2006-2008/billion vehicle-kms: % Reduction in Child KSIs ('94-'98/'06-'08):					
Source: London Road Safety Unit for 2009	Outer London: 10 62%					
LIP1 data reports	Inner London: 13 65%					
	Tower Hamlets : 9 (15 th out of 33 boroughs) 66% (11 th out of 33 boroughs)					
Average annual rate of reported child (age	Child road casualties (0-15) 2003/05 - 2006/08: all road users					
0-15) road traffic casualties in England per	300.0					
100,000 population aged 0-15, by Local						
Authority	250.0					
Source: LHO Basket of Indicators - Accidents	8 200.0 Newham					
and Injury	Newham Hackney Tower Hamlets					
	Tower Hamlets					
	■ London					
	50.0 ———————————————————————————————————					
	0.0					
	2003-2005 2004-2006 2005-2007 2006-2008					
	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 r	road users) is				
	consistently lower in Tower Hamlets than regional and national figures and has fallen steadily betwe	en 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' num	nbers from				
	18 in 2005-07 to 22 in 2006-08.					
	Hospital admissions					
3.24 Persons aged under 18 years admitted	There are substantial differences in the health consequences of alcohol use between affluent and de	eprived				
to hospital with alcohol specific conditions	communities. Deprived areas suffer higher levels of alcohol related mortality, hospital admission, cri	ime, absence				
(rate/100,000 population)*	from school, school exclusions, teenage pregnancy and road traffic accidents linked to greater levels	of alcohol				
Source: 2006-07 North West Public Health	consumption. While Tower Hamlets admissions are lower than those nationally, the majority of your	ng people				

Observatory local alcohol profile data set	are from communities i	n which alcohol is proscribed a	nd hence this rate is likely to cor	nceal a relatively large
	number of admissions f	rom a smaller population, and	concealed (and hence riskier) co	nsumption 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 childre	en from lower
injury relating to hospital admissions 5-14	socioeconomic groups.			
directly standardised rates per 100,000		2005-06 2006-0	07 2007-	-08
(95% 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:	96.9 (58.1-135.7) 94.3 (55.7-132.8) 103.8	(63.0-144.5)
3.26 Hospital admissions for intentional and	Tower Hamlets rate/10	0,000 in 2009-10: 135.8 . The HN	NA Toolkit CSL/LHO ranked Towe	er Hamlets 2nd highest in
unintentional injuries <18 (95% confidence	London in 2008-09.			
intervals)*				
Source: HES 2010		Hospital admissions for unintention	nal & deliberate injury	
		2009-10	,	
		250.0		
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		200.0	T _	
		Admissions rate/10000 100.0 20		
		<u><u><u>g</u> 100.0 </u></u>		
		i i i i i i i i i i i i i i i i i i i		
		50.0		
		0.0	ADA LADE LADE LADE TH	
		LAPI LAPZ LAP3 L	AP4 LAP5 LAP6 LAP7 LAP8 TH	
	LAP 1: 120.1/10000 (100.3 – 143.7) LAP 2: 119.6/10000 (94.8 – 150.9)			
3.27 Rate of hospital admissions as a result	Currently unable to rep	ort; indicator will be developed	l if selected as part of Public Hea	olth Outcomes Framework.
of self-harm*		•	·	
3.28 Unplanned hospitalisation for asthma,	There are three condition	ons (asthma, epilepsy and diabe	etes) which account for 94% of e	emergency admissions for

epilepsy and diabetes in under 19s' ‡	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 th lowest of 152 PCTs in terms of emergency			
Emergency Admissions per 100,000 0-18	London:	237	admission rates.			
population (2008-09)	Tower Hamlets:	229				
	England:	293	Tower Hamlets is ranked 88 th lowest of 152 PCTs in terms of			
Emergency bed days per 100,000 0-18	London:	320	emergency bed days.			
population (2008-09)	Tower Hamlets:	316				
Source: CHIMAT Disease Management						
Information Toolkit (Paediatrics)						
Diabetes:						
Emergency Admissions per 100,000 0-18	England:	64	Tower Hamlets is ranked 9 th lowest of 152 PCTs in terms of emergency			
population (2008-09)	London:	50	admission rates.			
	Tower Hamlets:	33				
Emergency bed days per 100,000 0-18	England:	132	Tower Hamlets is ranked 38 th 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 th 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 is ranked 116 th 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 should not in general require hospital care, but are one of the top causes of hospitalisation.					
lower respiratory tract infections (LRTIs) 0-			in Tower Hamlets are significantly better (at the 99.8% level) than those for			
15 [‡] indirectly age and sex standardised	England. Improveme	ent is also	statistically significantly better.			
rate/100,000			Rate % improvement			
Source: NCHOD			2007/08-2008/09			

	England	245 0 /242 3	240 E) 2	2			
	England:	345.9 (342.3	•				
	London:	180.7 (174.6	•				
	Tower Hamlets:	97.6 (74.1-1					
	Vulnerab	le Children ar	nd Young Pe	eople			
3.29 Looked After Children (rate/10,000	England:	55					
<18) 2008/09	London:	65					
	Tower Hamlets:	71					
Source: The Places Database	The Tower Hamlets	rate equated to	345 children of	f whom 71% were in foster placements, 8.7% in secure units			
(http://www.communities.gov.uk)	or children's homes	and 7.2% in resi	dential schools	or other residential settings. Trends in rates of Looked After			
	Children have fallen	between 2004/5	5 and 2007/8, p	possibly reflecting improvements in prevention.			
3.30 'Hidden harm' (children living with	DAAT data for 2008-	-09 suggests that	across Tower	Hamlets 1091 clients passed through the service, 640 (58.7%)			
parents with alcohol and/or substance	of who were parents	s, 134 of whom (12.3%) had the	eir children living with them or were pregnant. A further 283			
addiction)	(25.9%) had childrer	(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 receiving	ng a pre-court o	disposal (reprimand or final warning) or a first-tier or			
Rate of proven re-offending by young	community penalty	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-court 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	are defined as yo	ung people (ag	ed 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						
	directly to court witl	hout a repriman	d or final warni	ng)			
		2005-06	2006-07	2007-08			
	England:	1,965	2,031	1,840			
	London:	1,630	1,890	1,760			
Source: DfE statistical release	Tower Hamlets:	1,990	2,270	2,210			
		4 Service pro	vision				
4.1 Location of children's centres	Little Oaks Children's	Centre, Pelter Stre	eet, E2 7PE	Collingwood Children's Centre, St Bartholomew Gardens,			
	Tel: 020 7364 0422 Buckhurst Street, E1 5QT Tel: 020 7364 0539						
	Meath Gardens Children's Centre, 1 Smart Street, E2 OSN			_			
	Tel: 020 7160 0088			1DN Tel: 020 7375 0520			
	Montefiore Children's	Centre, Hanbury	Street, E1 5HZ				

	Tel: 020 7364 0545 Mowlem Children's Centre, Mowlem Primary School Mowlem Street, E2 9HE Tel: 020 7364 7935	
4.2 Locality staffing allocations for	The North West locality is	covered by Team 1; 8WTE
community midwives		

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