# **South 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 fall.
- 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.

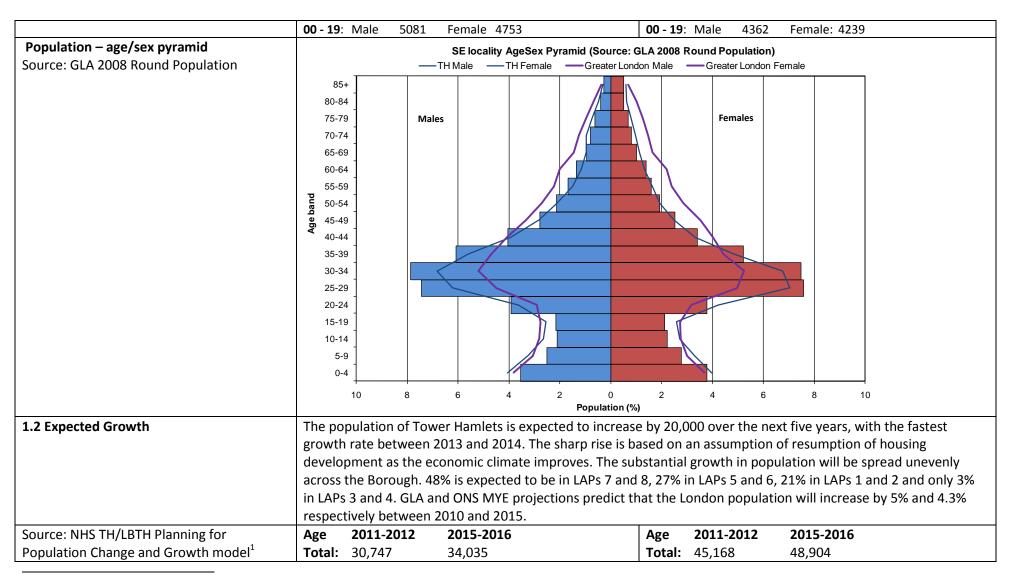
- Childhood immunisation uptake is higher than London and MMR uptake at 24 months and 5 years has increased significantly over the past year (most recent data indicates over 92% uptake of second MMR).
- The number of children on the Child Protection Register has increased sharply over recent years. This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

## In the SE Locality

- Expected population growth in LAPs 7 and 8 in the 0-19 age range is higher than across the borough as a whole and highest in the borough in LAP 8;
- There is a smaller Bangladeshi practice registered population at 0-16 (47%) than across the Tower Hamlets 0-19 population as a whole (59.7%);
- Life expectancy in LAP 7 is lower than Tower Hamlets, but is 3 years higher for men in LAP 8;
- LAP 7 has a higher and LAP 8 has a lower crude birth rate than Tower Hamlets;
- Under 18 conception rates are higher in LAP 7 and Blackwall & Cubitt Town but lower in Millwall than in Tower Hamlets;
- Low birth weight birth rates are significantly higher in LAP 7 and Blackwall & Cubitt Town, but lower in Millwall than for Tower Hamlets as a whole;
- Breastfeeding rates are lower in LAP 7 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.

South East Locality Maternity and Child Health Headlines									
LAP 7 LAP 8									
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: 2873	9.9%	00-04: 2464	5.8%					
Projections	05-09: 2178	7.5%	05-09: 1470	3.4%					
	10-14: 1841	6.3%	10-14: 1127	2.6%					
	15-19: 1721	5.9%	15-19: 1301	3.1%					
	00-19: 8612	29.6%	00-19: 6363	14.9%					
Practice registered population 00-19	LAP Total: Male 17,195	Female 15,588	LAP Total: Male 20,646	Female 19,211					
Source: BLT CEG SQUID Audit 2010	<b>00 – 05</b> : Male 1677	Female 1575	<b>00 – 05</b> : Male 1801	Female: 1729					
	<b>00 – 16</b> : Male 4147	Female 4004	<b>00 – 16</b> : Male 3681	Female: 3529					



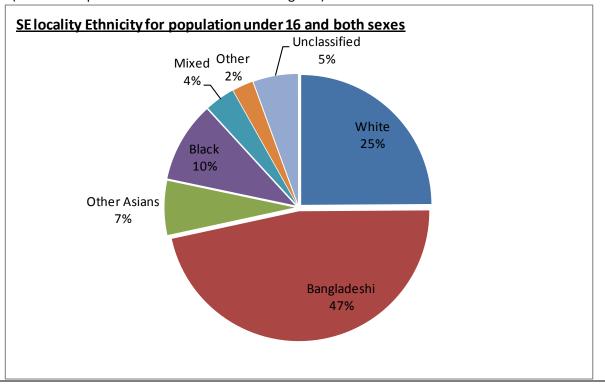
<sup>&</sup>lt;sup>1</sup> A bespoke population model (PPCG) developed with Tower Hamlets Council that is based on the most recent housing development data and the current and anticipated impact of the recession.

,	-12 to 2015-16: 10.4%	% change (00-19) 2011	-12 to 2015-16: 16.7%
<b>00-19:</b> 8709	9615	<b>00-19:</b> 7311	8529
<b>16-19</b> : 1337	1412	<b>16-19:</b> 1148	1179
<b>11-15:</b> 1803	1971	<b>11-15</b> : 1310	1500
<b>04-10</b> : 3191	3527	<b>04-10:</b> 2408	3091
<b>00-03</b> : 2379	2705	<b>00-03:</b> 2445	2760

# 1.3 Ethnic breakdown total registered population <16, both sexes

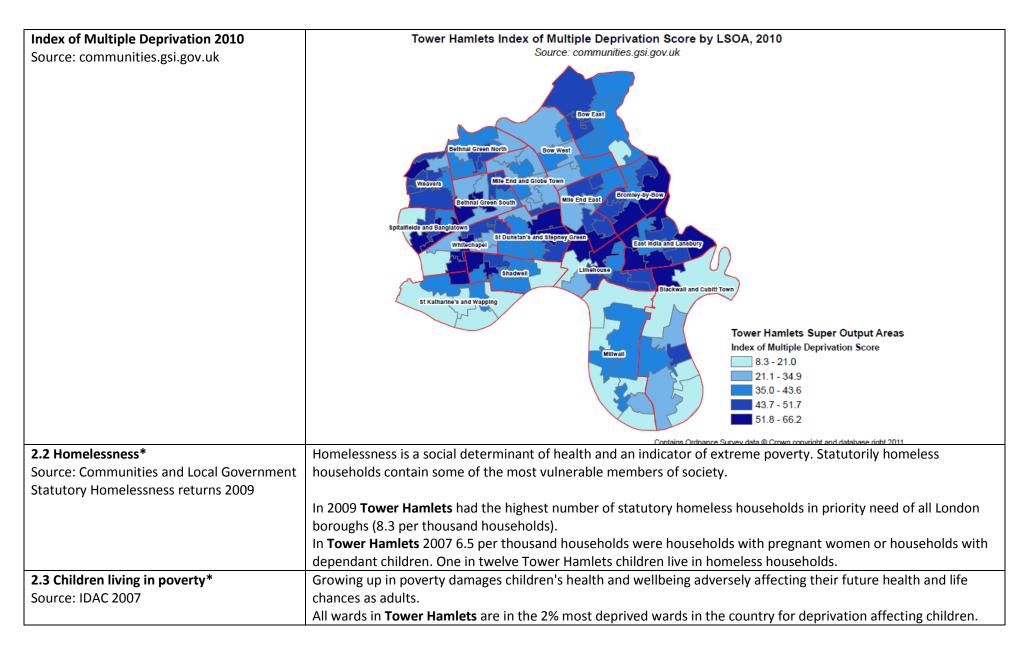
Source: GLA 2010 Round Project Ethnicity projections/ONS Population Estimates by Ethnic Group 2001-2007 (experimental)

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	births children born/woman if she followed			<b>General fertility rate</b> (number of live births/number of women of childbearing age per 1,000 female population aged 15-44)			
	England:	1.97 (1.96-1.97)	England	l: 63.76 (63.62-64.03)			
	London:	London: 1.95 (1.94-1.96) London:		69.32 (68.95-69.69)			
	Tower Hamlets:	1.75 (1.70-1.81)	Tower I	Hamlets: 67.08 (65.15-69.06)			
	The	<b>Tower Hamlets</b> crude bi	irth rate per	1000 of women aged 15-44 in 2009 is <b>64.8</b>			
Source : Public Health Birth File (2009) Population from GLA 2009 round projections SHLAA variant	·	rth rate in 2009 was <b>83.4</b> women aged 15-44	per 1000	The <b>LAP 8</b> crude birth rate in 2009 was <b>53.3</b> per 1000 of women aged 15-44			
1.5 Birth rate projections	The numbers of birt	ths in <b>Tower Hamlets</b> are	projected t	o remain fairly stable over the next 10 years - from 4145 in			
Source: GLA 2008 demographic projections	2010 to 4115 in 202	0 but as suggested by th	e crude birt	h rate figures, this will be unequally distributed across the			
	borough.						
	2	2 Socio-economic D	ata				
2.1 General deprivation	The borough is rank	ed the third most depriv	ed nationall	y. 78.5% of Tower Hamlets residents live in the 20% most			
	deprived areas in Er	ngland compared to arou	ınd 26% of L	ondon 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						
	1	· · · · · · · · · · · · · · · · · · ·	· ·	nt levels of housing classified as 'non decent' (in 2008 52%			
	, ,	•	_	ompared to 32% in London).			



		Score	Rank	% rank		Score	Rank	% rank		
				(national)				(national)		
	Limehouse	.703	15	.2%	Millwall	.576	106	1.3%		
	East India &	.707	13	.2%	Blackwall & Cubitt	.739	5	.1%		
	Lansbury		1		Town					
2.4 Access to green space*	_			•	ve relationship betv	-	•	-		
Source: ONS Neighbourhood Statistics	· ·	•			ealth is linked to gree					
			•		s strong evidence to		•			
					ction through both					
	Hamlets has th	e 3 <sup>rd</sup> lowest pe	ercentage of	green space o	f all UK boroughs at	15.2%, altho	ough much d	of this is		
	restricted acce	SS.								
		3 H	lealth Data	a						
			General							
3.1 Life expectancy at birth*	England life expe	ectancy: Male: 7	77.3; Female: 8	31.5	England life expecta	ancy: Male: 77	7.3; Female: 8	1.5		
Source: LHO, 2009 (2003 – 2007 data)	Tower Hamlets:	Male 75.2; Fem	ale 80.8		Tower Hamlets: Male 75.2; Female 80.8					
,	<b>LAP 7</b> Male: 74.1	yrs (1 yr lower	than Tower H	amlets)	<b>LAP 8</b> Male 78.3 yrs	(3 yrs higher	than Tower I	lamlets)		
	LAP 7 Female: 79	9.3 yrs (1.5 year	rs lower than T	ower	LAP 8 Female 80 yrs	s (similar to To	ower Hamlets	s)		
	Hamlets)									
	Limehouse				Millwall					
	Male 74.4	Female 78.9			Male 79.7 Fe	emale 78.9				
	East India & La	nsbury			Blackwall & Cubit	t town				
	Male 73.8	Female 79.7			Male 76.8 Fe	emale 81.2				
		Maternit	y and Earl	y Years						
3.2 Booked by 12 weeks 6 days	Percentage of	Tower Hamlet	s mothers bo	oked 2009/10	: 83.68%					
Source: BLT Maternity Unit	Percentage of	Tower Hamlet	s mothers bo	oked Q3 2010	/11: 92.16%					
3.3 Smoking at booking and delivery*	Smoking during	g pregnancy co	ontributes to	6% of all infar	nt deaths and accour	nts for abou	t a third of t	ne difference in		
Source: BLT Maternity Unit; DH monitoring	infant deaths b	etween the m	ost and least	deprived grou	ups in the populatio	n. The propo	ortion of mo	thers who		
return (quarter 3 2009/10)					nothers under 20 ye					
		·	- •	-	•	-				
	England:	13.9	%							
	London:	7.1%	ś							
	Tower Hamlets	s: 5.7%	,							
3.4 Under 18 conception rates (per 1000				leads to poor	er health outcomes	for both tee	nage parent	s and their		
							J-			

female population aged 15-17)*	children - babies born to te	enage parents hav	re a 60% hig	gher risk of i	nfant mortality	v and teenage mothers and				
Source: Teenage Pregnancy Unit 2006-08	three times more likely to suffer from post-natal depression.									
	Rate per 1000 of females aged 15-17:									
	England: 40.	.9								
	London: 45.	.3								
	Tower Hamlets: 41.	.4								
	Tower Hamlets:	45.0/1000		Tower Har	nlets:	45.0/100				
Ward level: ONS <18 conception rate (2005-	East India and Lansbury:	57.8/1000		Millwall:		26.6/1000				
07)	Limehouse:	56.0/1000		Blackwall	& Cubitt Town	: <b>48.7/1000</b>				
3.5 Gestational diabetes and diabetes in	Diabetes audit suggested th	hat 10% of those re	eviewed ha	d developed	gestational D	iabetes Mellitus; 81.7% were				
pregnancy	Bangladeshi, 7.9% Black Afı	rican and 4.1% Wh	ite.							
Source: 2008 Diabetes Audit BLT										
3.6 Antenatal screening	41 results received; 0 babie	es affected, 41 carr	ier results,	0 transfuse	d results, 3 inco	onclusive results.				
Newborn bloodspot										
Source: Q2 2010 Tower Hamlets sickle cell										
and thalassaemia service newborn										
bloodspot quarterly report										
3.7 Vitamin D										
Maternal Vitamin D status	<b>Deficiency</b> (≤50nmol/L):	74%								
Source: Antenatal vitamin D screening at	Insufficiency (50-75nmol/L									
Barts and the Royal London NHS Trust, April	Normal (≥75nmol/L)	15%								
2010 (N = 497)										
Under 5's treated for Vitamin D deficiency				0/ <b>~</b> £	Under 5					
Source: Antenatal vitamin D screening at		Network	Num er	% of	population					
Barts and the Royal London NHS Trust, April				< pop						
2010 (N = 497)		NW1	137	8.03%	1706					
		NW2	256	.14%	3144					
		NW3	257	11.30%	2274					
		NW4	420	18.13%	2317					
		NW5	138	7.01%	1969					
		NW6	104	5.90%	1763					
					3324					
		NW7	335	10.08%	3324					

							<sub>6</sub> 2555		
			NW		102	3.99%	٠		
			Tot	:al	1749	9.2%	19052		
3.8 Caesarean section rates 2009-10			Total	l births:	Elective	e Caesarea	an Emerge	ency Caesarean	Total
Source: HES 2011 Provider level analysis,	England:		652,3	377	9.7%		14.4%		24.1%
2009-10	London:		129,2	264	10.2%		16.9%		27.1%
	Barts & T	The London N	<b>HS Trust</b> : 4,428	8	7.5%		17.1%		24.6%
3.9 % Low birth weight births (<1,500 and	Although	a higher prop	ortion of newl	borns hav	e lower b	oirth weig	ht than Londor	n, infant mortali	ty rates are not
<2,500 grams)*	significan	ntly different t	o London (3.1/	1000 live/	births).				
Source: NCHOD			<1,500			<2,500			
	England:		1.4% (1.4-1.5	5)		7.5% (7.4	1-7.5)		
	London:		1.6% (1.5-1.7	<b>'</b> )		7.9% (7.8	3-8.1)		
	Tower Ha	amlets:	1.5% (1.2-1.9	9)		9.9% (9.3	1-10.9)		
Source: <2,500 grams 2004-06 ONS,	Limehou	se Statist	ically significa	nt?		Millwal	I	Statistically s	ignificant?
analyses by LHO	10.2%		Yes - high			9.2%		No	
	East India	a & Lansbury				Blackw	all & Cubitt tov	wn	
	11.0%		Yes - high			10.1%		Yes - high	
% Low birth weight births (<2,500 grams)	The follo	wing data bre	aks the 2009-1	.0 <b>Tower</b> 1	-lamlets	low birth	weight births d	own by ethnic g	group:
by ethnic group	White: 6	5.4%	Not known/s	tated:	7.9%				
Source: Births from Public Health Birth File	Mixed: 6	5.5%	Other:		8.4%				
(2009-10)	Black: 7	7.3%	Asian:		9.0%				
3.10 Infant mortality (2008 and 2009 crude	Infant mo	ortality is a wi	dely used indic	ator of th	e overall	health of	a population. I	t reflects a broa	ad range of
rate – all maternal ages/1000 live births)* <sup>‡</sup>	determin	ants including	g upstream det	erminant	s such as	economic	development	, general living	conditions and
Source: NCHOD	social and	d environmen	tal factors. Info	ant morta	<i>lity</i> is def	ined as th	e number of d	eaths at ages ui	nder one year, per
	1,000 live	e births. <i>Perin</i>	atal mortality i	s defined	as stillbir	ths plus d	leaths before 7	days of life, pe	r 1,000 live and
	stillbirths	s. <i>Stillbirths</i> ar	e defined as de	eaths in ba	abies bor	n after 24	or more week	s' completed ge	estation and which
	did not, a	at any time, bi	eathe or show	signs of I	ife.				
	2	2009				2008			
	<	:1 yr	<28 days	<7 day	s	•	<1 yr	<28 days	<7 days
	_	4.6 (4.5 – 4.8)				-	1.7 (4.5 – 4.9)	3.2 (3.1 – 3.4)	2.5 (2.4 – 2.6)
		1.5 (4.1 – 4.9)	3.1 (2.8 – 3.4)	-	-			2.8 (2.6 – 3.1)	2.2 (1.9 – 2.4)
	TH: 5	5.1 (3.3 – 7.7)	3.9 (2.4 – 6.3)	3.0 (1.7	7 – 5.2)	TH: 3	3.1 (1.8 – 5.3)	1.9 (.9 – 3.8)	1.7 (.8 – 3.5)

3.11 Breastfeeding rates at 6-8 weeks* (Q3	There is evidence that bre	eastfeeding ha	as positive healt	th benefits for both	n mother and I	baby in th	e short and long
2010-11)	term (beyond the period of	of breastfeed	ing).				
Source: Department of Health Vital sign		Englan	d Londo	on <b>TH</b>			
monitoring return	Overall prevalence						
	(total plus partial)	44.9%	64%	74%			
	Infants totally breastfed: 3 Infants partially breastfed: 3		37.8%	6 35.7%			
			26.2%	6 38%			
	Infants not at all breastfed	d: 46.9%	26.2%	6 25.4%			
	Not known:	8.1%	9.9%	0.7 %			
			Jan 2011 % Pr	revalence By			
	100%						
	90%		8				
	80%	y.					Tower Hamlets, 74
	70% - 8	12		70%		75%	- Tower Hamilets, 14
	60%		$\perp$		67%		
	50% -			%			
				•			
	40%						
	30%		H				_
	20%		H				_
	10%		Ц				_
	0%						
	LAP 1 LAP 2	LAP 3	LAP 4	LAP 5 LAP 6	LAP 7	LAP 8	
Breastfeeding initiation* 2010-11 Q3	England: 7:	3.5%					
Source: Department of Health, Vital Signs	London: 8	6.9%					
Monitoring Return	Tower Hamlets: 8	8.6%					
3.12 Immunisation coverage (Q3 2010-11)*		LAP 7	TH			LAP 8	TH
Source: Extract from Exeter	12 month DtaP/IPV/Hib:	98.5%	95.8%	12 month DtaP	/IPV/Hib:	96.4%	95.8%
	24 month MMR:	94.0%	93.8%	24 month MMF	₹:	94.0%	93.8%
	5 year DtaP/IPV (Booster)	94.5%	92.7%	5 year DtaP/IP\	/ (Booster):	94.4%	92.7%
	5 year MMR (2nd dose):	94.5%	92.5%	5 year MMR (2	nd dose):	90.7%	92.5%

242 December 25 december 25 december 25	D		·	111 - CCI 1		to drawn a transmission of drawn			
3.13 Prevalence of dental caries: decayed,		•	•			indicator is a good direct			
missing or filled teeth (DMFT) average in	measure of dental health and an indirect, proxy measures for child health and diet. <b>Tower Hamlets</b> has historically								
children aged 5*	had a higher proportion of < 5 year old children with tooth decay although this figure has fallen significantly over								
Source: BASCD, 2009	the past decade. The DMFT index quantifies dental health status based on the number of carious, missing and								
	filled teeth.			1					
	England:	1.11		England:	1.11				
	London:	1.31		London:	1.31				
	Tower Hamlets:	1.77		Tower Hamlet					
	LAP 7:	1.77		LAP 8:	1.61				
3.14 Childhood obesity in Reception year*			• •	ely £4.2bn per a	nnum. By 2015, i	t is estimated that 53,000			
Source: NHS Information Centre 2010,	deaths each year will be								
analysis by Public Health	<b>Tower Hamlets</b> ranks 6	i <sup>th</sup> highest in Lon	don for childhoo	d obesity measu	ired at Reception	n. Levels have fallen by			
	1.3% since 2006-07.								
	Childhood under weigh	t in <b>Tower Ham</b>	lets is 2% at Rece	eption, 10 <sup>th</sup> high	est in London. Di	fferences in prevalence in			
	LAPs 7 and 8 are not sta	atistically signifi	cant from the To	wer Hamlets lev	els.				
		Underweight	Overweight	Obese					
	England:	0.9%	13.3%	9.8%					
	London:	1.3%	12.7%	11.6%					
	Tower Hamlets:	2.0%	11.3%	13.3%					
	LAP 7 (2008-09)			LAP 8 (2008-0	9)				
	Reception underweight	t: <b>1.2% (</b> .	.5 – 2.8)	Reception und	lerweight:	0%			
	Reception overweight:	8.7% (	6.3 - 11.7)	Reception ove	rweight:	15.3% (11.6 – 19.9)			
	Reception obesity:	14.7%	(11.6 – 18.4)	Reception obe	esity:	13.2% (9.8 – 17.6)			
3.15 Hospital episodes: Serious accidental	Injuries are the leading	cause of death	in children and d	isproportionatel	y affect children	from lower socioeconomic			
injury relating to hospital admissions 0-4	groups.								
directly standardised rates per 100,000		2005-06	2006-0	7	2007-08				
(95% confidence intervals)*	England:	84.3 (81.0-87.6	85.2 (8:	1.9-88.5)	85.99 (82.7-89.3	٥١			
	_	0 (0	,	,		5)			
Source: NCHOD	London:	80.6 (72.8-88.5		6.7-92.6)	77.19 (69.7-84.6	-			
Source: NCHOD	_	=	84.6 (70	•		5)			
Source: NCHOD	London: Tower Hamlets:	80.6 (72.8-88.5	84.6 (70 4.7) 110.7 (	6.7-92.6)	77.19 (69.7-84.6	5)			
Source: NCHOD	London: Tower Hamlets:	80.6 (72.8-88.5 138.1 (81.6-19	84.6 (70 4.7) 110.7 (0 ng People	6.7-92.6)	77.19 (69.7-84.6	5)			

Source: NHS Information Centre 2010,	deaths each year will b	e due to excess	weight.					
analysis by Public Health				revalenc	ce of obesity	at Year 6. I	Levels rose by 2.7% between 2006-	
, ,	07 and 2008-09 but remained static between 2008-09 and 2009-10.  Childhood under weight in <b>Tower Hamlets</b> is 2.1% at Year 6, the 11th highest in London. Differences in prevalence							
	in LAPs 7 and 8 are not					-	p	
		Underweight			Obese			
	England:	1.3%	14.6%	•	18.7%			
	London:	1.5%	15.1%		21.8%			
	Tower Hamlets:	2.1%	15.6%		25.7%			
	LAP 7 (2008-09)				LAP 8 (200	8-09)		
	Year 6 underweight:	1.5% (.6 – 3.4)			-	erweight:	4.0% (2.1 – 7.8)	
	Year 6 overweight:	14.9% (11.5 –	19.1)		Year 6 ove	rweight:	14.6% (10.4 – 20.2)	
	Year 6 obesity:	28.4% (23.8 –	33.4)		Year 6 obe	sity:	24.6% (19.0 – 31.2)	
3.17 Physical activity	More children in Towe	r Hamlets are do	ing less t	han the	recommend	ed amount	s of physical activity per week, with	
Source: TellUs Survey, Ofsted (discontinued	8% "not having spent a	nt least 30 minut	es doing	sport or	other active	things on a	iny day in the preceding week"	
2010)	(compared to 4% natio	nally).						
% of pupils who participated in at least two		2005-06	2006-07	7	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		
(http://www.communities.gov.uk)								
% of children walking or cycling to school*	The % of children walk	ing to school in T	Tower Ha	mlets is l	higher than	nationally;	In England (2009) 50% of primary	
Source: Transport for London i-trace	school children and 389	% at secondary s	school wa	lked to s	school.			
database 2010-11								
				2008-09	200	9-10	2010-11	
	% of children walking t	o primary schoo	l:	77.4%	<i>76.</i> 2	1%	75.0%	
	% of children walking t	•		53.4%	53.4	1%	55.2%	
	% of children cycling to			0.7%	0.79	%	0.7%	
	% of children cycling to	,		2.1%	1.39	%	0.9%	
	% travelling to school b	y car living < 7 r	ninutes	/	/		2-2/	
	Walk:	v oor living : 4.4	minutes	,	/		27%	
	% travelling to school b	y car living < 14	mmutes	/	/		50%	
	walk:						50%	

3.18 Healthy diet	Higher numbers of 1	ower Hamlet	s children eat lower than t	he recommended amo	ount of fruit and vegetables than				
Source: TellUs Survey, Ofsted (discontinued 2010)	children nationally (	15% respondir	ng "none yesterday" comp	ared to 9% nationally	in 2009).				
Uptake of school meals (% having lunch	The percentage of children taking up the school lunch offer has remained stable over the last 3 years in primary								
that is provided by local authority or	and secondary schools in <b>Tower Hamlets</b> . Uptake has increased rapidly in Newham (from 45.3% in 2007-08 to								
school)	60.3% in 2009-10 in primary school, and 32.5% to 41.3% in secondary schools). Uptake in Hackney is broadly								
Source: Communities and Local Government	similar to that in Tower Hamlets.								
Places Database	Primary		Secondary						
(http://www.communities.gov.uk)	England:	41.4	England:	35.8					
	London:	49.2	London:	41.3					
	Tower Hamlets:	65.1	<b>Tower Hamlets</b> :	50.9					
<b>3.19 Smoking and young people</b> Source: TellUs Survey, Ofsted (discontinued 2010)	nationally). This is a An ASSIST baseline s	slight fall from urvey of Year	a 2009 (7% locally and nation	onally). n 4 <b>Tower Hamlets</b> se	er Hamlets smoke (the same as econdary schools in 2009 found a cigarette.				
3.20 Alcohol and young people	The annual Ofsted '7	Tell Us' survey	for 2010 reports that 80%	of young people repo	ort never having had an alcoholic				
Source: TellUs Survey, Ofsted (discontinued	drink (68% for Engla	nd), with 3% s	aying that they had been o	drunk once (6% for Eng	gland) , 2% twice (4% for				
2010)	England) and 4% thr	ee or more tin	nes (5% for England) in the	past month. In 2009	62% reported never having had				
	an alcoholic drink, w	ith 1% reporti	ng having been drunk onc	e, twice or 3 or more t	imes in the past month.				
3.21 Substance misuse and young people	The annual Ofsted '7	Tell Us' survey	for 2010 reports that 9% of	of young people asked	in Years 8 and 10 reported that				
Source: TellUs Survey, Ofsted (discontinued	they had ever taken	drugs, with 29	% preferring not to say (co	mpared to 9% and 3%	nationally). In 2009 9% of young				
2010)	people asked in Yea	rs 8 and 10 rep	ported that they had ever t	aken drugs, with 4% p	preferring not to say (compared				
	to 11% and 4% natio	nally).							
3.22 STIs Chlamydia diagnosis rates per	Nationally 29.9% of	the population	n aged 15-24 was tested fo	r chlamydia in 2009/1	.0 and 7.2% tested positive. This				
100,000 young adults aged 15-24* 2009	indicates a high burd	den of infectio	n in young people. Annual	testing and testing at	partner change in this age group				
Source: Health Protection Agency STI Annual	is expected to reduc	e the transmis	ssion rate, leading to a fall	in prevalence and a se	econdary reduction in the				
Data Tables					effects of chlamydia in women,				
	such as pelvic inflam	matory diseas	se 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 coll	isions on the roads are	e a significant cause of death and				
children and young people on England's	injuries; disproportion	onately so amo	ong young age groups and	in disadvantaged area	as. They have a large affect on				

roads*	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):			
Source: London Road Safety Unit for 2009	Outer London: 10		62%			
LIP1 data reports	Inner London: 13		65%			
	<b>Tower Hamlets</b> : 9 (15 <sup>th</sup> ou	t of 33 boroughs)	66% (11 <sup>th</sup> 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		250.0				
Authority		230.0				
Source: LHO Basket of Indicators - Accidents	000	200.0	Newham			
and Injury	Rate/100,000	150.0	Hackney			
	Rate,	100.0	Tower Hamlets			
			— London — England			
		50.0	England			
		0.0	1			
		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 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.					
	· · · · · · · · · · · · · · · · · · ·	dmissions				
3.25 Persons aged under 18 years admitted			uences of alcohol use between affluent and deprived			
to hospital with alcohol specific conditions	communities. Deprived areas suffer higher levels of alcohol related mortality, hospital admission, crime, absence					
(rate/100,000 population)*			d road traffic accidents linked to greater levels of alcohol			
Source: 2006-07 North West Public Health	· · · · · · · · · · · · · · · · · · ·		wer than those nationally, the majority of young people are			
Observatory local alcohol profile data set	from communities in which alcohol	ol is proscribed and h	hence this rate is likely to conceal a relatively large number			

	communities.  England: London:	64.5 (63.6 – 65.4) 39.3 (37.6 – 41.1)	d (and hence riskier) consumptic	on by members of those
		49.1 (38.4 – 61.8)		
3.26 Hospital episodes: Serious accidental injury relating to hospital admissions 5-14	groups.		disproportionately affect children	
directly standardised rates per 100,000		2005-06 2006-0		
(95% confidence intervals)		-	·	52.9-66.9)
Source: NCHOD			·	59.3-70.2)
			·	(63.0-144.5)
3.27 Hospital admissions for intentional and unintentional injuries <18* Source: HES 2010	Tower Hamlets rate/10, London in 2008-09.	Hospital admissions for unintention 2009-10  250.0  250.0  150.0  150.0  50.0  0.0	A Toolkit CSL/LHO ranked Tower  onal & deliberate injury  LAP4 LAP5 LAP6 LAP7 LAP8 TH	Hamlets 2nd highest in
	•	.0000 (132.8 – 188.5)	LAP 8: 181.5/1000	<u> </u>
3.28 Rate of hospital admissions as a result of self-harm*	Currently unable to repo	ort; indicator will be developed	if selected as part of Public Heal	th Outcomes Framework.
3.29 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 cor	ndition 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 rates.			
population (2008-09)	Tower Hamlets:	229				
	England:	293	Tower Hamlets 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 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 <sup>th</sup> lowest of 152 PCTs in terms of emergency			
population (2008-09)	London:	50	admission rates.			
	<b>Tower Hamlets:</b>	33				
Emergency bed days per 100,000 0-18	England:	132	Tower Hamlets 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 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 sho	ould not in	general require hospital care, but are one of the top causes of hospitalisation. Rates			
lower respiratory tract infections (LRTIs) 0-	of emergency admission in Tower Hamlets are significantly better (at the 99.8% level) than those for England.					
15 <sup>‡</sup> indirectly age and sex standardised	Improvement is also	statistica	lly significantly better.			
rate/100,000			Rate % improvement			
Source: NCHOD			2007/08-2008/09			
	England:	345.9	(342.3-349.5) -3.2			

	London:	180.7 (174.6	(-186 Q)	17.2			
	Tower Hamlets:	97.6 (74.1-1)	•	77.5			
		•			la .		
Vulnerable Children and Young People							
3.30 Looked After Children (rate/10,000	England:	55					
<18) 2008/09	London:	65					
	Tower Hamlets:	71					
Source: The Places Database		•		-	m 71% were in foster placements, 8.7% in secure units or		
(http://www.communities.gov.uk)					r residential settings. Trends in rates of Looked After		
	Children have fallen	between 2004/5	and 2007	/8, possik	oly reflecting improvements in prevention.		
3.31 'Hidden harm' (children living with	DAAT data for 2008-	09 suggests that	t across <b>Tc</b>	wer Ham	<b>llets</b> 1091 clients passed through the service, 640 (58.7%)		
parents with alcohol and/or substance	of who were parents	, 134 of whom (2	12.3%) had	d their chi	ildren living with them or were pregnant. A further 283		
addiction)	(25.9%) had children	who lived with	a partner d	or other fo	amily member.		
Source: Tower Hamlets DAAT							
3.32 Young Offenders	The cohort includes all those receiving a pre-court disposal (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-court disposal or a court conviction.						
Source: The Places Database	England:	1.05					
(http://www.communities.gov.uk)	London:	1.06					
	<b>Tower Hamlets:</b>	1.01					
First time entrants to Youth Justice	First-time entrants are defined as young people (aged 10-17) who receive their first substantive outcome (relating						
System* rate/100,000 10-17 year olds	to a reprimand, a final warning with our without an intervention, or a court disposal for those who go directly to						
	court without a repr	imand or final w	arning)				
		2005-06	2006-0	07	2007-08		
	England:	1,965	2,031		1,840		
	London:	1,630	1,890		1,760		
Source: DfE statistical release	<b>Tower Hamlets:</b>	1,990	2,270		2,210		
Service provision							
4.1 Location of children's centres	Aberfeldy Children's Centre, Aberfeldy Neighbourhood				Blackwall Children's Centre, Island House, Roserton Street,		
	Centre, Aberfeldy Street, E14 ONU Tel: 020 7517 0988				E14 3PG Tel: 020 7531 0326		
	Around Poplar and East India Children's Centres, 115 Three			15 Three	Chrisp Street Children's Centre, 23-27 Market Way, E14 6AH		
	Colt Street, E14 8AP Tel: 020 7364 0540				Tel: 020 7364 2856		
				Millwall Children's Centre, The Barkantine, 121 Westferry			
					Road, E14 8JH Tel: 020 7791 8229		

4.2 Locality staffing allocations for	The South east locality is covered by team 4; this team is 19 WTE which includes Birth Centre team. As a
community midwives	community team alone they have 8 WTE.

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	Signed off by (Public Health Lead):	e.g. Director or Associate Director	Date signed off by	Date factsheet signed off	Sign off by Strategic	Name the relevant Strategic
Public Health and LBTH	Signed off by (LBTH Lead):	e.g. Director of Adults/CFS	Strategic Group:	by Strategic Group	Group:	Group	