South 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 Bangladesh mothers;
- 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 fall;
- High prevalence of maternal vitamin D insufficiency and deficiency.

Children and young people

- 60% of under 19's are Bangladeshi;
- Two thirds of under 16's 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 3rd highest prevalence of obesity in school 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 South West Locality

- Expected population growth in LAPs 3 and 4 in the 0-19 age range is lower than across the borough as a whole and is expected to fall in LAP 4;
- There is a larger Bangladeshi practice registered population at 0-16 (73%) than across the Tower Hamlets 0-19 population as a whole (59.7%);
- Life expectancy for men in LAP 3 is 2.5 years lower and is higher in LAP 4 for women and men;
- LAPs 3 and 4 have higher crude birth rates than Tower Hamlets;
- Under 18 conception rates are lower in the South West locality than in Tower Hamlets;
- Low birth weight birth rates are significantly higher in Whitechapel and Shadwell than for Tower Hamlets as a whole;
- Breastfeeding rates are higher than the Tower Hamlets average;
- Childhood immunisation rates are the same as or lower than Tower Hamlets in LAP 3, but higher than Tower Hamlets in LAP 4.

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 West Locality Maternity and Child Health Headlines									
	LAP 3 LAP 4								
	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: 2642	9.1%	00-04: 1976	7.6%					
Projections	05-09: 2328	8.0%	05-09: 1384	5.4%					
	10-14: 1854	6.4%	10-14: 1192	4.6%					
	15-19: 1731	5.9%	15-19: 1057	4.1%					
	00-19: 8555	29.3%	00-19: 5609	21.7%					
Practice registered population 00-19	LAP Total: Male 17,622	Female 15,391	LAP Total: Male 15,320	Female 13,414					
Source: BLT CEG SQUID Audit 2010	00 – 05 : Male 1520	Female 1443	00 – 05 : Male 1286	Female: 1265					

	00 – 16 : Male 3745	Female 3525	00 – 16 : Male 2825 Female: 2843
	00 - 19 : Male 4649	Female 4361	00 - 19 : Male 3411 Female: 3378
Population – age/sex pyramid Source: GLA 2008 Round Population		SW locality AgeSex Pyramid (Source: GLA 2007) H Male ——TH Female ——Greater London Male	8 Round Population)
	85+ 80-84 75-79 70-74 65-69 60-64 55-59 50-54 40-44 35-39 30-34 25-29 20-24 15-19 10-14 5-9 0-4	6 4 2 0 2 Population (%)	Females 4 6 8 10
1.2 Expected Growth	growth rate between development as the e- across the Borough. 4	ver Hamlets is expected to increase be 2013 and 2014. The sharp rise is base conomic climate improves. The subsected to be in LAPs 7 and 8 and ONS MYE projections predict that	by 20,000 over the next five years, with the fastest ed on an assumption of resumption of housing santial growth in population will be spread unevenly 27% in LAPs 5 and 6, 21% in LAPs 1 and 2 and only 3% the London population will increase by 5% and 4.3%
Source: NHS TH/LBTH Planning for	Age 2011-2012	2015-2016	Age 2011-2012 2015-2016
Population Change and Growth model ¹	Total: 30,767	31,276	Total: 26,017 26,331

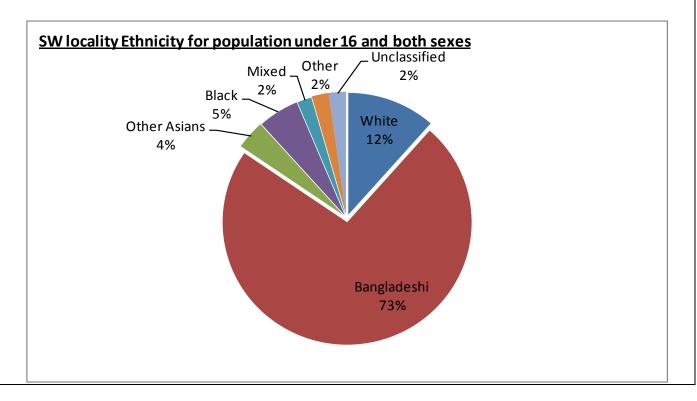
¹ A bespoke population model (PPCG) developed with London Borough of Tower Hamlets that is based on the most recent housing development data and the current and anticipated impact of the recession.

% change (00-19) 2011	-12 to 2015-16: 4.8%	% change	e (00-19) 2011-	12 to 2015-16: -1.3%
00-19 : 9201	9644	00-19: 5	5672	5598
16-19 : 1,375	1,400	16-19 : 8	367	814
11-15 : 1,836	2,044	11-15 : 1	1,181	1,177
04-10 : 3,529	3,740	04-10: 2	2,130	2,099
00-03 : 2461	2460	00-03: 1	1494	1508

1.3 Ethnic breakdown total registered population <16, both sexes

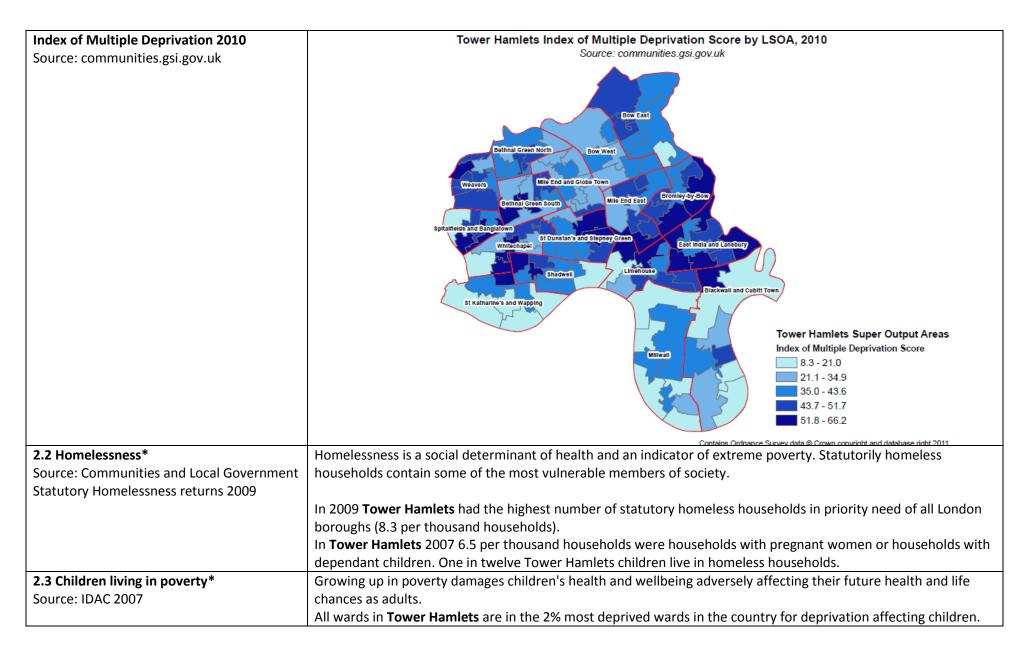
Source: GLA 2010 Round Project Ethnicity projections/ONS Population Estimates by Ethnic Group 2001-2007 (experimental)

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	born/woman if she followed age-specific			crtility rate (number of live births/number of births childbearing age) per 1,000 female population fertility 1)		
	England:	1.97 (1.96-1.97)	England:	63.76 (63.62-64.03)		
	London:	1.95 (1.94-1.96)	London:	69.32 (68.95-69.69)		
	Tower Hamlets:	1.75 (1.70-1.81)	Tower Har	mlets: 67.08 (65.15-69.06)		
	The	Tower Hamlets crude birth	n rate per 10	00 of women aged 15-44 in 2009 is 64.8		
Source : Public Health Birth File (2009) Population from GLA 2009 round projections SHLAA variant	•	rth rate in 2009 was 74.1 pe vomen aged 15-44	er 1000 of	The LAP 4 crude birth rate in 2009 was 79.1 per 1000 of women aged 15-44		
1.5 Birth rate projections Source: GLA 2008 demographic projections		·	•	emain fairly stable over the next 10 years - from 4145 n rate figures, this will be unequally distributed across		
	2	Socio-economic Dat	а			
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 as 'non decent' (in 2008 52% council housing fell below the decent homes standard compared to 32% in London).					



		Score	Rank	% rank (national)		Score	Rank	% rank (national)		
	Whitechapel	.595	84	1.1%	St Katherine's &	.547	152	1.9%		
	St Dunstan's &	.734	8	.1%	Wapping			1.575		
	Stepney Green				Shadwell	.653	39	.5%		
2.4 Access to green space*	There is strong	evidence to su	ggest that the	re is a positive	relationship betwe	en green spa	e and the	general		
Source: ONS Neighbourhood Statistics	health of the po	pulation. Stud	ies indicate th	at better heal	th is linked to greer	space provisi	on, regard	less of the		
	socio-economic	status of the p	people who us	e it. There is s	trong evidence to s	uggest that gr	een spaces	have a		
	beneficial impa	ct on mental w	ellbeing and o	ognitive funct	ion through both pl	nysical access	and usage.	Tower		
	Hamlets has the	e 3 rd lowest pe	rcentage of gr	een space of a	II UK boroughs at 1	5.2%, althoug	h much of t	this is		
	restricted acces	SS.								
		3 He	ealth Data							
		G	General							
3.1 Life expectancy at birth*	England life expe			5	England life expectancy: Male: 77.3; Female: 81.5					
Source: LHO, 2009 (2003 – 2007 data)	Tower Hamlets: I				Tower Hamlets: Male 75.2; Female 80.8					
	LAP 3 Male: 72.7				LAP 4 Male 78.2 yrs (3 yrs higher than Tower Hamlets)					
	LAP 3 Female: 80	0.4 yrs (similar to	Tower Hamlet	s)	LAP 4 Female 83 yr Hamlets)	s (Over 2 yrs hi	gher than To	ower		
	Whitechapel				St Katherine's &	Wapping				
	Male 72.8	Female 81.8			Male 80.4 Female 84.3					
	St Dunstan's &	Stepney Green	า		Shadwell					
	Male 72.5	Female 79.0			Male 76.0 F	emale 81.8				
		Maternity	and Early \	/ears						
3.2 Booked by 12 weeks 6 days	Percentage of T	ower Hamlets	mothers book	ed 2009/10:	83.68%					
Source: BLT Maternity Unit	Percentage of T	ower Hamlets	mothers book	ed Q3 2010/1	1: 92.16%					
3.3 Smoking at booking and delivery*	Smoking during	pregnancy co	ntributes to 69	% of all infant of	deaths and account	s for about a t	hird of the	difference		
Source: BLT Maternity Unit; DH monitoring	in infant deaths	between the i	most and least	deprived gro	ups in the population	n. The propo	tion of mo	thers who		
return (quarter 3 2009/10)	smoked throug	hout their preg	gnancy is much	n higher in mo	thers under 20 year	s of age.				
	England:	13.9%	•							
	London:	7.1%								
	Tower Hamlets									
3.4 Under 18 conception rates (per 1000	Evidence shows	that teenage	parenthood le	ads to poorer	health outcomes for	r both teenag	e parents a	and their		

female population aged 15-17)*	children - babies born to teena	ge parents hav	e a 60% hig	her risk of i	nfant mortalit	y and teenage mothers are					
Source: Teenage Pregnancy Unit 2006-08	three times more likely to suffe	er from post-na	atal depress	ion.							
	Rate per 1000 of females aged 15-17:										
	England: 40.9										
	London: 45.3										
	Tower Hamlets: 41.4										
	Tower Hamlets:	45.0/1000		Tower H	lamlets:	45.0/1000					
Ward level: ONS <18 conception rate (2005-	St Dunstan's & Stepney Green:	36.7/1000		Shadwe	II:	32.5/1000					
07)	Whitechapel:	39.8/1000		St Kathe	rine's & Wapp	oing: 26.9/1000					
3.5 Gestational diabetes and diabetes in	Diabetes audit suggested that 2	10% of those re	eviewed had	Gestation	al Diabetes Me	ellitus; 81.7% were Bangladeshi,					
pregnancy	7.9% Black African and 4.1% W	hite.									
Source: 2008 Diabetes Audit BLT											
3.6 Antenatal screening	41 results received; 0 babies af	fected, 41 carr	ier results, () transfuse	d results, 3 inc	onclusive 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				۰, ۲ =	Under 5						
Source: Antenatal vitamin D screening at		N twork	Number	% of <5	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						
		NW7	335	10.08%	3324						

						00	2.000/	2555		
				NW8		.02	3.99%			
				Total	1	749	9.2%	19052		
3.8 Caesarean section rates 2009-10				Total birth	s: Ele	ective C	aesarea	n Emerg	gency Caesarean	Total
Source: HES 2011 Provider level analysis,	Englan	d:		652,377	9.	7%		14.4%		24.1%
2009-10	Londor	n:		129,264	10	.2%		16.9%		27.1%
	Barts &	The London Ni	HS Trust:	4,428	7.	5%		17.1%		24.6%
3.9 % Low birth weight births (<1,500 and	Althou	gh a higher prop	ortion of	newborns	have lo	wer birt	h weigh	t than Londo	n, infant mortali	ty rates are not
<2,500 grams)*	signific	antly different t	o Londor	(3.1/1000	live birt	hs).				
Source: NCHOD			<1,500			<2	2,500			
	Englan	d:	1.4% (1	.4-1.5)		7.	5% (7.4-	-7.5)		
	Londor	n:	1.6% (1	.5-1.7)		7.	9% (7.8-	-8.1)		
	Tower	Hamlets:	1.5% (1	.2-1.9)		9.	9% (9.1	-10.9)		
Source: <2,500 grams 2004-06 ONS,	Whitecl	hapel	Statistic	al significan	ce		St Kath	erine's & Wa	pping Statistical si	gnificance
analyses by LHO	10.8		Yes - hig	h			9.0%		No	
. ,		tan's & Stepney	Green				Shadw	ell		
	9.1%		No				11.3		Yes - high	
% Low birth weight births (<2,500 grams)		•					/ birth w	eight births	down by ethnic រូ	group:
by ethnic group	White:	6.4%	Not kno	own/stated:	7.	9%				
Source: Births from Public Health Birth File	Mixed:	6.5%	Other:		8.4	4%				
(2009-10)	Black:	7.3%	Asian:		9.0	0%				
3.10 Infant mortality (2008 and 2009 crude		•	•						It reflects a broa	_
rate – all maternal ages/1000 live births)**								•	t, general living (
Source: NCHOD				•	•				•	nder one year, per
				•			•		7 days of life, pe	
	stillbirt	hs. <i>Stillbirths</i> ar	e defined	l as deaths i	in babie	s born a	fter 24 o	or more wee	ks' completed ge	estation and which
	did not	, at any time, bi	eathe or	show signs	of life.					
		2009				20	800			
		<1 yr	<28 day		days		<1	L yr	<28 days	<7 days
	Eng:	4.6 (4.5 – 4.8)	•		1 (2.3 – 2		-	7 (4.5 – 4.9)	3.2 (3.1 – 3.4)	2.5 (2.4 – 2.6)
	Lon:	4.5 (4.1 – 4.9)	-	•	1 (2.1 – 2	•		3 (3.9 – 4.6)	2.8 (2.6 – 3.1)	2.2 (1.9 – 2.4)
	TH:	5.1 (3.3 – 7.7)	3.9 (2.4	– 6.3)) (1.7 – 5	.2) TH	l: 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								by in the s	hort and
2010-11)	longer term (bey	longer term (beyond the period of breastfeeding).							
Source: Department of Health Vital sign			England	d Lo	ndon	Tower	Hamlets		
nonitoring return	Overall prevalen								
	(total plus partial)		44.9%		4%	74%			
	Infants totally bi		31.1%		7.8%	35.7%			
	Infants partially		13.8%		5.2%	38%			
	Infants not at all	breastfed:	46.9%		5.2%	25.4%			
	Not known:		8.1%	9.	9%	0.7 %			
				Jan 201	1 % Prevalence	Ву			
	100%								
	90%			8					
	80%	8 -	×2	1					Tower Hamlets, 749
	70% - 84		77			70%		75%	Tower Hamilets, 74
	60% -						87.8		_
	50% -				8 02 02				_
	40% -								_
	30% -					H			
	20% -								
	10% -								
	0% , LAP 1	LAP 2	LAP 3	LAP 4	LAF	°5 LAP 6	LAP 7	LAP 8	4
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 3	TH				LAP 4	TH
Source: Extract from Exeter	12 month DtaP/IPV/Hib:		95.9%	95.8%		12 month Dt	aP/IPV/Hib:	97.7%	95.8%
	24 month MMR		92.6%	93.3%		24 month M	MR:	96.9%	93.3%
	5 year DtaP/IPV	(Booster):	88.3%	92.7%		5 year DtaP/	IPV (Booster):	92.6%	92.7%
	5 year MMR (2n	d dose):	89%	92.5%		5 year MMR	(2nd dose):	94.9%	92.5%

2.42 Durantanas of doubtle suites de saved	Dantal diagger is many	::-		:+ ff	istaa Thiaia	dianta a in a na ad dianat			
3.13 Prevalence of dental caries: decayed,		•	•			dicator 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. Tower Hamlets has								
children aged 5*	historically had a higher proportion of < 5 year old children with tooth decay although this figure has fallen								
Source: BASCD, 2009	significantly over the past decade. The DMFT index quantifies dental health status based on the number of								
	carious, missing and filled teeth.								
	England:	1.11		England:	1.11				
	London:	1.31		London:	1.31				
	Tower Hamlets:	1.77		Tower Hamlets:	1.77				
	LAP 3:	1.79		LAP 4:	2.65				
3.14 Childhood obesity in Reception year*	Obese/overweight indi	viduals cost the	NHS approximate	y £4.2bn per annum.	By 2015, it is	s estimated that 53,000			
Source: NHS Information Centre 2010,	deaths each year will b								
analysis by Public Health	Tower Hamlets ranks 6	5 th highest in Lon	don for childhood	obesity measured at	Reception. I	evels have fallen by			
	1.3% since 2006-07.								
	_				ondon. Diffe	erences in prevalence in			
	LAPs 3 and 4 are not st	atistically signific	cant from the Tow	er Hamlets levels.					
		Underweight	Overweight	Obese					
	England:	0.9%	13.3%	9.8%					
	London:	1.3%		11.6%					
	Tower Hamlets:	2.0%	11.3%	13.3%					
	LAP 3 (2008-09)			LAP 4 (2008-09)					
	Reception underweigh	t: .7% (.2	-2.4)	Reception underw	eight:	2.0 % (.8 – 5.4)			
	Reception overweight:	9.1% (6	5.3-12.9)	Reception overwei	ight:	9.1% (5.9-14.0)			
	Reception obesity:	13.4%	(10.0 – 17.8)	Reception obesity:		14.2% (10.0 – 19.8)			
3.15 Hospital episodes: Serious accidental	Injuries are the leading	cause of death	in children and dis	proportionately affec	t children fr	om lower			
injury relating to hospital admissions 0-4	socioeconomic groups.								
directly standardised rates per 100,000		2005-06	2006-07		2007-08				
(95% confidence intervals)*	England:	84.3 (81.0-87.6	85.2 (81	9-88.5)	85.99 (82	.7-89.3)			
Source: NCHOD	London:	80.6 (72.8-88.5	•	,	77.19 (69.	.7-84.6)			
	Tower Hamlets:	138.1 (81.6-19	4.7) 110.7 (6	0.9-160.6)	132.2 (78.	.1-186.4)			
Children and Young People									
	Child	ren and Your	ng People						
	Child	ren and Your Lifestyle fact	<u> </u>						

Source: NHS Information Centre 2010,	deaths each year will b	e due to excess	weight.							
analysis by Public Health				evalence	of obesity	at Year 6. Le	vels rose by 2.7% between 2006-			
, ,	07 and 2008-09 but remained static between 2008-09 and 2009-10.									
	Childhood under weight in Tower Hamlets is 2.1% at Year 6, the 11th highest in London. Differences in prevalence									
	in LAPs 3 and 4 are not statistically significant from the Tower Hamlets levels.									
	Underweight Overweight Obese									
	England:	1.3%	14.6%	18						
	London:	1.5%	15.1%	21	8%					
	Tower Hamlets:	2.1%	<i>15.6%</i>		5.7%					
	LAP 3 (2008-09)				LAP 4 (20	08-09)				
	Year 6 underweight:	5.3% (3.2 – 8.7	7)		•	derweight:	2.1% .8 – 5.4)			
	Year 6 overweight:	14.3% (10.6 –	19.1)		Year 6 ov	_	9.1% (5.8 – 14.1)			
	Year 6 obesity:	23.4% (18.7 –	28.9)		Year 6 ob	esity:	24.6% (19.0 – 31.2)			
3.17 Physical activity	More children in Towe	er Hamlets are do	oing less tha	an the re	commende	d amounts o	of physical activity per week,			
Source: TellUs Survey , Ofsted (discontinued	with 8% "not having sp	ent at least 30 r	minutes doi	ng sport	or other ac	tive things o	on any day in the preceding week			
2010)	"(compared to 4% nati	ionally).								
% of pupils who participated in at least two		2005-06	2006-07	20	07-08	2008-09				
hours of high quality PE in a typical week	England:	59.5	69.3	76	5.6	81.0				
Source: Communities and Local Government	London:	56.0	69.0	73	3.0	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	Tower Ham	lets is hig	gher than n	ationally; In	England (2009) 50% of primary			
Source: Transport for London i-trace database 2010-11	school children and 38	% at secondary s	school walk	ed to sch	ool.					
			2	008-09	2009	-10 2	2010-11			
	% of children walking t	to primary schoo	l: 7	7.4%	76.19	% 7	75.0%			
	% of children walking t	to secondary sch	ool: 5	3.4%	53.49	% 5	55.2%			
	% of children cycling to	primary school.	: 0	.7%			0.7%			
	% of children cycling to	secondary scho	ol: 2	.1%	1.3%	C	0.9%			
	% travelling to school by	by car living < 7 i	minutes							
	walk:					2	27%			
	% travelling to school k	by car living < 14	minutes			,	500/			
	walk:						50%			

3.18 Healthy diet	Higher numbers of Te	war Hamlate	s children oot lower than th	a recommended amount	t of fruit and vogetables			
	Higher numbers of Tower Hamlets children eat lower than the recommended amount of fruit and vegetables							
Source: TellUs Survey, Ofsted (discontinued 2010)	than children nationally (15% responding "none yesterday" compared 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 Tower Hamlets . 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	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 as							
Source: TellUs Survey, Ofsted (discontinued	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							
	that 4% smoked cigarettes at the time of the survey, while 80% 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 alcoholic						
Source: TellUs Survey, Ofsted (discontinued	drink (68% for England), with 3% saying that they had been drunk once (6% for England), 2% twice (4% for							
2010)	England) and 4% three or more times (5% for England) 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.							
3.21 Substance misuse and young people	The annual Ofsted 'Tell Us' survey for 2010 reports that 9% of young people asked in Years 8 and 10 reported that							
Source: TellUs Survey, Ofsted (discontinued	they had ever taken drugs, with 2% preferring not to say (compared to 9% and 3% nationally). In 2009 9% of							
2010)	young people asked in Years 8 and 10 reported that they had ever taken drugs, with 4% preferring not to say							
	(compared to 11% ar	id 4% nationa	lly).					
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. This							
100,000 young adults aged 15-24* 2009	indicates a high burden of infection in young people. Annual testing and testing at partner change in this age							
Source: Health Protection Agency STI Annual	group is expected to reduce the transmission rate, leading to a fall in prevalence and a secondary reduction in the							
Data Tables	incidence of new infections. Early diagnosis and treatment will reduce the severe effects of chlamydia in women,							
	such as pelvic inflami	matory diseas	e 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 cause of death							
children and young people on England's	and injuries; dispropo	ortionately so	among young age groups	and in disadvantaged are	eas. They have a large affect			

roads*	on the resources of health and rescue services and there are strong synergies between active travel, road safety						
Dood troffic injuries	and health.	000/hillion vahiala luna	9/ Poduction in Child VSIc /(04 (09 //05 /09)).				
Road traffic injuries	No. of Child KSIs in 2006-20 Outer London: 10	-	% Reduction in Child KSIs ('94-'98/'06-'08): 62%				
Source: London Road Safety Unit for 2009	Outer London: 10 Inner London: 13		65%				
LIP1 data reports		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) 2003/0					
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		200.0					
and Injury		150.0	Hackney				
		00 200.0 00 150.0	Tower Hamlets				
		2 100.0	London				
		50.0	England				
		0.0					
		2003-2005 2004-2006 2	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).						
	consistently lower in Tower Hamlets than regional and national figures and has fallen steadily be						
	and 2005-07 from 79 to 58; the rise in 2006-08 is accounted for by a rise in 'all other road users' numbers fro						
	in 2005-07 to 22 in 2006-08	3.					
		oital admissions					
3.24 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)*	from school, school exclusions, teenage pregnancy and 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		•	hence this rate is likely to conceal a relatively large number				
	of admissions from a small	er population, and conceale	ed (and hence riskier) consumption by members of those				

3.25 Hospital episodes: Serious accidental injury relating to hospital admissions 5-14 directly standardised rates per 100,000 (95% confidence intervals) Source: NCHOD	socioeconomic groups England: London:	2005-06 71.9 (69.8-74.0) 73.5 (67.7-79.2)	2006-07 65.2 (63.2-67.2) 58.8 (53.6-63.9)	tely affect children from lower 2007-08 64.9 (62.9-66.9) 64.7 (59.3-70.2)		
3.26 Hospital admissions for intentional and unintentional injuries <18 (95% confidence intervals)*	Tower Hamlets: 96.9 (58.1-135.7) 94.3 (55.7-132.8) 103.8 (63.0-144.5) Tower Hamlets rate/10,000 in 2009-10: 135.8. The HNA Toolkit CSL/LHO ranked Tower Hamlets 2nd highest London in 2008-09.					
Source: HES 2010		250.0 Admissions rate/10000 150.0 50.0 0.0 0.0	runintentional & deliberate inju 2009-10			
		.2/10000 (82.3 – 126.9)		LAP 4: 122.7/10000 (96.6 – 155.8)		
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, epilepsy and diabetes in under 19s' [‡]	There are three conditions (asthma, epilepsy and diabetes) which account for 94% of emergency admissions for 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					
Emergency bed days per 100,000 0-18	England:	293	Tower Hamlets is ranked 88 th lowest of 152 PCTs in terms of				
population (2008-09)	London:	320	emergency bed days.				
Source: CHIMAT Disease Management	Tower Hamlets:	316					
Information Toolkit (Paediatrics)		010					
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							
population (2008-09)	England:	132	Tower Hamlets is ranked 38 th lowest of 152 PCTs in terms of emergency				
Source: CHIMAT Disease Management	London:	130	bed days.				
Information Toolkit (Paediatrics)	Tower Hamlets:	96					
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							
population (2008-09)	England:	145	Tower Hamlets is ranked 116 th lowest of 152 PCTs in terms of				
Source: CHIMAT Disease Management	London:	140	emergency bed days.				
Information Toolkit (Paediatrics)	Tower Hamlets:	191					
Emergency admissions for children with	LRTIs in children sho	uld 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 [‡] indirectly age and sex standardised	Improvement is also	statistical	lly 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 Children and Young People							

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 w	hom 71% were in foster placements, 8.7% in secure units or			
(http://www.communities.gov.uk)	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 and 2007/8, 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 parent	s, 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 othe	r 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 relea	sed 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	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 reprimand or final warning)						
	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 pr	ovision				
4.1 Location of children's centres	Bigland Children's Cer	ntre, Studio 3, 2 Pi	nchin Street, E1 19	A Shadwell Children's Centre, 418-422 Cable Street, E1 0AF			
	(temporary site) Tel: 020 7160 0081 Tel: 020 7364 0544						
	John Smith Children's Centre, 90 Stepney Way, E1 2EN Wapping Children's Centre, 15 Chandler Street, E1W						
	Tel: 020 7364 0537			Tel: 020 7364 0423			
	Ocean Children's Centre (inc Harry Roberts Nursery),						
	Commodore Street, E1 4PF Tel: 020 7791 1630 Old Church Children's Centre, Roland Phillips Scouts' Centre,						
	65 Copley Street, E1 3DS Tel: 7790 1325						
4.2 Locality staffing allocations for	12 000.0, 00.000, 220			y is covered by Team 2; 8WTE			
,				, ,			

community mic	dwives						
Date updated:	05/04/2011	Updated by:	Simon Twite		Next U	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