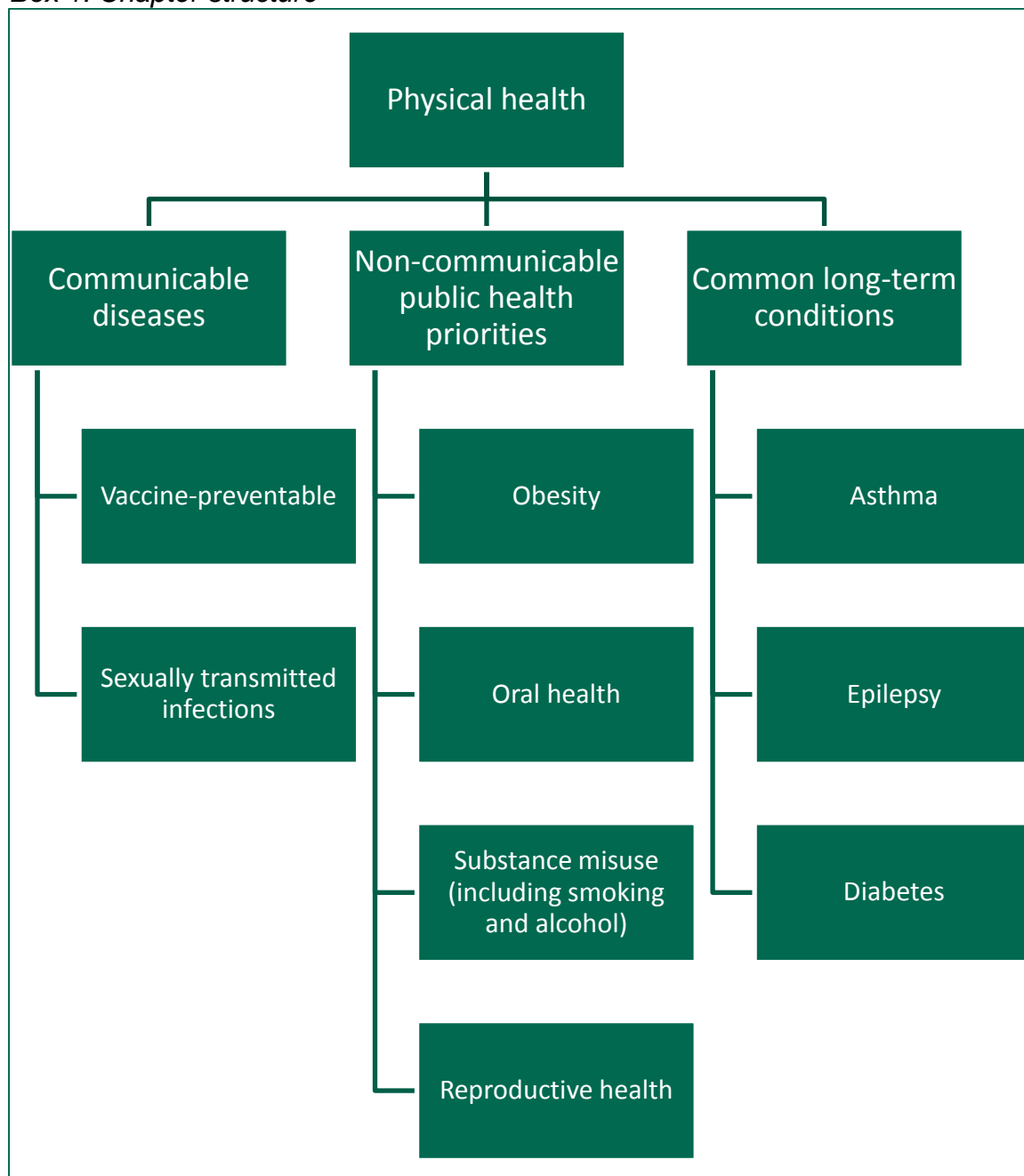


3 Physical health

3.1 Introduction

This section deals with some of the major physical health conditions experienced by children and young people after infancy. The chapter has been structured according to Box 1.

Please note that sexually transmitted infections (STIs) are described separately from reproductive health (i.e. contraception and pregnancy) in terms of risk factors, prevalence, inequalities and when making comparisons with other areas/over time (Sections 3.1 to 3.5). However, these areas are combined under 'sexual and reproductive health' when discussing evidence-based practice and local services (Sections 3.6 and 3.7).

Box 1: Chapter structure

3.2 Causes and risk factors

Communicable diseases

Communicable diseases are caused by infections that can be transmitted from person to person. Examples include measles, meningitis, influenza ('flu') and tuberculosis, as well as sexually transmitted infections (such as chlamydia) and HIV. For many communicable diseases, particularly those for which the consequences of infection can be serious, there is a programme of immunisation in place. Table 1 describes the current childhood immunisation schedule in the UK.

Table 1: Routine childhood immunisation schedule in England (as of summer 2016)

When	Diseases protected against	Vaccine given
2 months	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib)	DTaP/IPV/Hib
	Pneumococcal	PCV
	Meningococcal group B	MenB
	Rotavirus gastroenteritis	Rotavirus
3 months	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib
	Rotavirus	Rotavirus
4 months	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib
	Meningococcal group B	Men B
	Pneumococcal	PCV
1 year	Hib and meningococcal group C	Hib/MenC booster
	Pneumococcal	PCV booster
	Measles, mumps and rubella (German measles)	MMR
	Meningococcal group B	MenB booster
2 to 6 years old	Influenza (each year from September)	Live attenuated influenza vaccine
3 years 4 months	Diphtheria, tetanus, pertussis and polio	DTaP/IPV
	Measles, mumps and rubella	MMR
Girls 12-13 years old	Human papilloma virus (HPV) 16 & 18 (cervical cancer) and 6 & 11 (genital warts)	HPV (two doses 6-24 months apart)
14 years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (and check MMR status)
	Meningococcal groups A, C, W and Y	MenACWY

Source: Public Health England

The BCG vaccine (which protects against tuberculosis) is normally given in Hackney and the City of London at the 6-8 week health check, although it is not currently available. This programme should resume by the end of 2017.

The aim of vaccination is to protect the individual who receives the vaccine and, by removing them as a potential source of infection, to also protect the wider population. In order to be effective, high levels of vaccination coverage are required in a population to achieve 'herd immunity' (Box 2). [1] In mobile populations, such as Hackney and the City of London, it is important to maintain vaccine coverage even once herd immunity has been obtained, due to the risk of infected individuals entering the population and reintroducing the infection. [2]

Box 2: Herd immunity

Herd immunity refers to the situation where a large enough proportion of the population is immune to an infection to provide protection for individuals who are not immune. The extent of vaccination coverage required to achieve herd immunity varies by disease. For example, 95% of the population must be vaccinated against measles for this to be achieved.

Efforts should be made to ensure all children are immunised, even if they are older than the recommended age range, where medically appropriate. Children who have missed their scheduled vaccinations are not only at risk of specific infections, but are

at a greater risk of having other health and wellbeing needs, and may be behind on other Healthy Child Programme activities.¹

Vaccination is not always feasible or available, however. This is particularly relevant in relation to STIs, where prevention primarily rests on reducing exposure to infection through barrier methods of contraception (such as condoms). The National Chlamydia Screening Programme (NCSP) for 15-24 year olds also exists in England to reduce the burden of disease through early identification and treatment.²

As well as sexual behaviour and contraceptive use, important risk factors for sexually transmitted infections (STIs) include sexual orientation and ethnicity. For example, men who have sex with men (MSM) and people of Black African origin are the groups at highest risk of HIV, while other sexually transmitted infections (especially gonorrhoea) are much more common in the Black Caribbean community than in other ethnic groups. [3] [4] The focus in this section is on chlamydia as the most important STI affecting young people.

Non-communicable public health priorities

Many of the local non-communicable public health priorities are the same in children as in adults. In fact, many of these childhood conditions are a risk factor for these conditions in adulthood – for instance, 80% of obese children grow up to become obese adults. [5] More information about some of the risk factors underlying these conditions, and the subsequent health impacts, can be found in the ‘Lifestyle and behaviour’ and ‘Adult health and illness’ JSNA chapters. A summary description of causes and risk factors of particular relevance to children and young people is provided below.

Obesity

While the fundamental ‘cause’ of obesity may appear simple – i.e. the result of people consuming more energy than they expend – the factors that influence energy consumption and expenditure (i.e. physical activity) are highly complex. [6] [7] Modern society creates an environment that encourages weight gain, with an abundance of cheap, energy-dense food and drink (such as hot food takeaways and sugar-sweetened beverages), alongside reduced physical activity associated with sedentary lifestyles and the ease and speed of motorised transport. This is commonly referred to as the ‘obesogenic environment’. While biological and medical factors do play a role, the social context has been shown to have a strong influence on the vulnerability of individuals to the obesogenic environment. In particular, obesity is associated with deprivation and low educational achievement, and is more common in certain ethnicity minority communities. [8] In turn, obesity is a risk factor for a range of other health and wellbeing issues in childhood, including stigmatisation, bullying and low self-esteem, as well as increased school absence, which may affect educational attainment. [9]

¹ The Healthy Child Programme is a national evidence-based programme outlining good practice recommendations for a universal service to promote optimal health and wellbeing, and additional services for those with specific needs and risk factors. [54]

² For more information, please see:

<https://www.gov.uk/government/collections/national-chlamydia-screening-programme-ncsp>

Oral health

Individual risk factors for poor oral health include: poor diet/high sugar consumption; poor oral hygiene; tobacco and alcohol consumption; and injury from sports, violence and falls. [10] For information about the risk factors for poor diet, please see the 'Lifestyle and behaviours' JSNA chapter. Fluoride exposure through toothpaste and drinking water is a protective factor. [10] Broader risk factors for poor oral health include deprivation, and low access to information and services, with protective factors including oral health promotion in schools. [11]

Poor oral health can have a significant impact on a child's quality of life by causing dental caries, which may result in pain, affect appearance and necessitate fillings or tooth extractions. Dental caries may also occasionally result in sepsis. These factors may cause sickness absence from school and therefore affect education. [12]

Smoking, alcohol and other substance misuse

While many of the factors that contribute to teenagers smoking, drinking alcohol or misusing other substances may be similar to those in adults, the relative importance of these factors could be different. A 2012 survey of adolescents in Hackney found that half (51%) of those whose parents smoke also smoke themselves, and a third (35%) of those whose siblings smoke also smoke themselves (compared with an average smoking prevalence rate of 10% among young people in this survey). The most common reasons given for trying smoking were 'to see what it was like' (60%), followed by because their 'friends are smoking' (35%).

Reproductive health

Reproductive health in this section covers teenage pregnancy and contraception use. Teenage pregnancy is defined and measured as the number of conceptions to women under 18 years old.

There are many risk factors for teenage pregnancy. The Centre for Analysis of Youth Transitions (CAYT) has listed eligibility for free school meals and persistently being absent from school as the two most strongly associated individual characteristics for teenage pregnancy – both because these young people are more likely to conceive and because they are more likely to continue with their pregnancy. Other individual-based risk factors listed in this same CAYT report include low prior educational attainment and deterioration in academic performance between Key Stages 2 and 3.³ Area deprivation is also a risk factor, even after the individual characteristics of the girls themselves have been taken into account. Attending a higher performing school is both protective against conception, and associated with an increased rate of abortion in those who do conceive. [13]

³ Key Stage 2 covers ages 7-11 (Years 3 to 6); Key Stage 3 covers ages 11-14 (Years 7 to 9). For more information see <https://www.gov.uk/national-curriculum/overview>

Common long-term conditions

Box 3: Definitions used in this section

Long-term conditions – chronic diseases for which there is currently no cure, and which are managed with drugs or other treatment

Asthma – a condition of the lungs characterised by coughing, wheezing, chest tightness and breathlessness

Diabetes mellitus – the most common form of diabetes, caused by a relative deficiency of the hormone insulin causing a high level of sugar to be found in the blood and urine. Throughout this chapter, the use of the term ‘diabetes’ relates to diabetes mellitus

Epilepsy – a condition that affects the brain and causes repeated seizures (fits)

Asthma and respiratory conditions

A family history of atopy (allergic diseases such as asthma and eczema) is a strong individual risk factor for developing asthma, as is the presence of other atopic conditions in the child themselves. Boys are more likely to develop prepubertal asthma, but girls with prepubertal asthma are more likely to continue to have asthma in adolescence. [14]

Smoking during pregnancy increases the risk of asthma in children; second-hand smoke can also trigger asthma attacks in those with the condition. [14]

Epilepsy

Risk of epilepsy is higher in those with a family history of the condition. Epilepsy can also be caused by damage to the brain from injury, infections and other diseases (such as a stroke), substance misuse and problems with oxygen deprivation at birth. [15] Children with learning difficulties are also at increased risk (see the forthcoming report, ‘Health and wellbeing needs of adults with learning disability in the City and Hackney’).

Diabetes

The majority (95%) of diabetes affecting 5-19 year olds is type 1 diabetes (an autoimmune condition), but most diabetes affecting the adult population is type 2 (or lifestyle-related). However, the prevalence of type 2 diabetes in children is increasing, linked to rising levels of childhood obesity. [16]

Risk of type 1 diabetes has a strong genetic component, with no specific behavioural/environmental risk factors identified. Risk of type 2 diabetes also has a strong genetic component, with other risk factors including low birthweight, poor early childhood nutrition, poor diet, excess body weight, smoking and low physical activity. South Asian populations are at higher risk of diabetes. [17]

3.3 Local data and unmet need

Communicable diseases

Vaccine-preventable diseases

The '5 in 1' vaccination is for diphtheria, tetanus, pertussis, polio and haemophilus (DTaP/IPV/Hib) and children should have received three doses by their first birthday. This is achieved in 86% of Hackney and City of London children (2014/15). However, a number of children receive the vaccinations behind schedule; the coverage of all three doses by two years of age is 92%. [18]

Eighty-eight per cent of children in Hackney and the City receive the first dose of MMR by two years of age (2014/15). A similar proportion (89%) have received both MMR doses by five years of age (2014/15). Hackney and the City of London have been affected by three measles outbreaks in the past 10 years (2006, 2007 and 2012). The largest of these outbreaks occurred in 2012, when Hackney saw the greatest number of confirmed cases in London (45 cases) – equating to a rate of 18.2 per 100,000 residents (all ages).

Eighty-six per cent of one year olds in City and Hackney have completed two doses of the pneumococcal vaccine by their first birthday.

In 2012 the Joint Committee on Vaccination and Immunisation recommended that the flu vaccination programme should cover all children aged between two and 17 years. The childhood flu vaccination programme is being extended in a phased manner – 2015/16 saw the programme being offered to all two, three and four year olds as well as children in school Years 1 and 2 for the first time. On average, Hackney had a 37% uptake of the Fluenz nasal spray flu vaccine across school Years 1 and 2, but data for the uptake of Fluenz in pre-school children covering the whole winter period have not yet been published.

Human papilloma virus (HPV) vaccination was introduced for girls into the UK schedule in 2008 – initially with the brand Cervarix, later replaced by Gardasil due to its added protection against some HPV strains responsible for genital warts. In 2014/15, 64% of girls age 12-13 in Hackney and 85% in City received both doses of the vaccine. [19]

Sexually transmitted infections

Half (49%) of Hackney's 15-24 year olds were screened for chlamydia in 2014 as part of the National Chlamydia Screening Programme (NCSP).⁴ The detection rate (i.e. the proportion of results positive for the presence of *Chlamydia trachomatis* bacteria) was 4,270 per 100,000 15-24 year olds over this same period – equating to 9% of included tests being positive.

⁴ Both the screening rate and detection rates are based on the number of screens and the number of positive results, respectively, with a maximum of one result every six weeks per individual included. Therefore a lower proportion of the population may have been covered than reported here, as some individuals may have been screened or diagnosed more than once per year (if at more than six-week intervals).

Just over a third (37%) of the City of London's 15-24 year olds were screened in 2014; detection rate statistics are not available due to the small numbers involved.

Non-communicable public health priorities

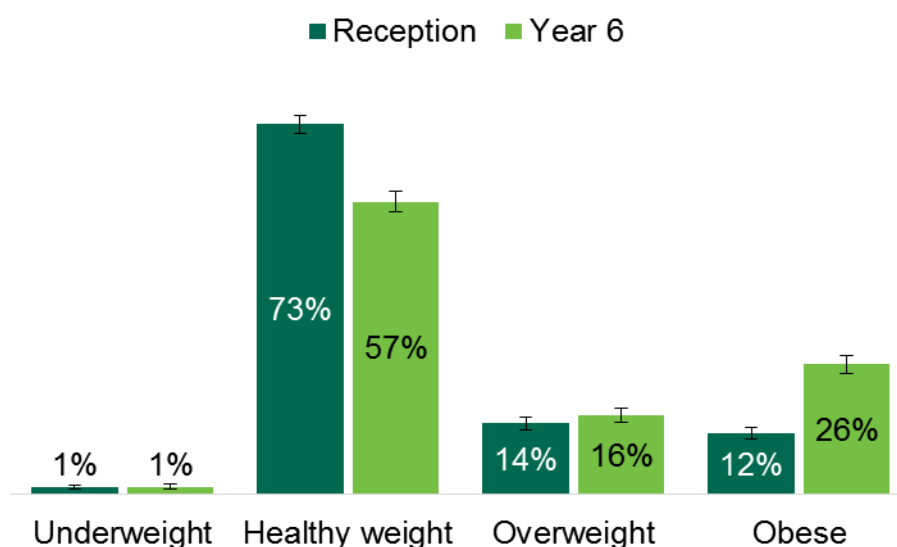
Obesity

The most reliable source of data on child obesity is the National Child Measurement Programme (NCMP), participation in which is compulsory in state-maintained schools. The NCMP measures children at age 4-5 (Reception Year) and age 10-11 (Year 6). For more detail, see Section 3.7.

Due to there being only one state-maintained primary school in the City of London, National Child Measurement Programme (NCMP) data for Hackney and the City of London have been combined to maintain school anonymity, while ensuring that all data are represented. These NCMP data are based on all children who attend state-maintained schools within Hackney and the City of London, regardless of the borough in which they reside.

In Reception Year (age 4-5), almost three quarters (73%) of pupils were a healthy weight in 2014/15, one quarter (26%) were overweight or obese and a tiny proportion (around 1%) were underweight (Figure 1). However, in Year 6 (age 10-11) only 57% of children were a healthy weight, while the proportion who were obese was more than double that in Reception Year pupils (26% and 12%, respectively).

Figure 1: NCMP weight categories in Hackney and the City (2014/15)



Source: National Child Measurement Programme

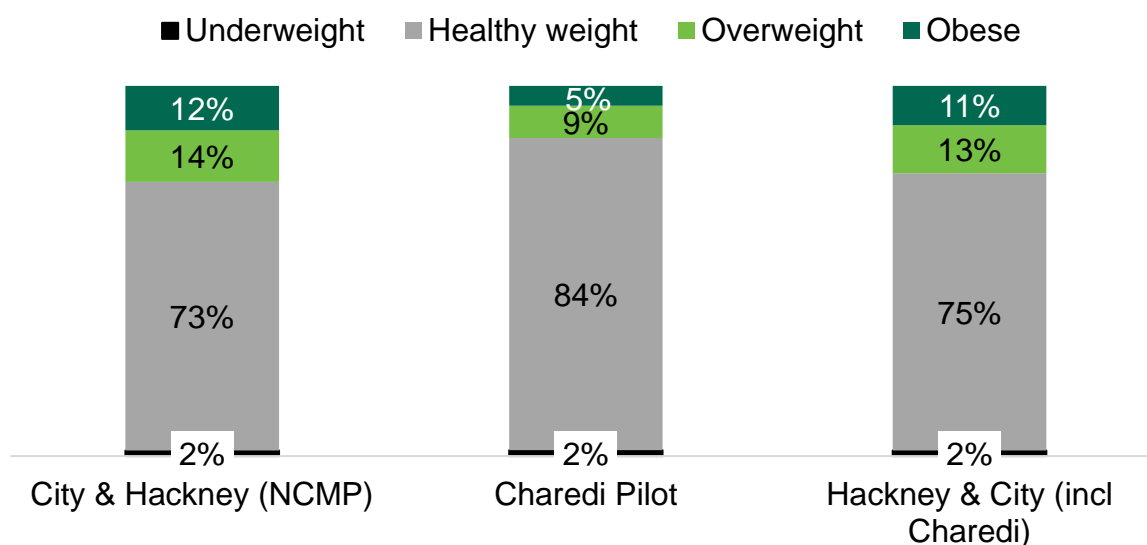
There is a very high rate of participation in the NCMP among pupils of mandated schools in Hackney and the City (between 96% and 98% in the seven years over which data is available). However, Hackney and the City have a higher proportion of five and 10-year-old pupils being educated in independent schools (24.5%) than London (10.1%) or nationally (5.7%) and these schools are not required to participate in NCMP. [20] In particular, almost a quarter (22%) of local 5-19 year olds

belong to the Stamford Hill Orthodox Jewish ('Charedi') community, the majority of whom are educated in independent Charedi schools. Therefore, despite high participation in mandated schools, local NCMP data represent a lower proportion of the children of Hackney and the City of London than in other boroughs.

In order to address this, a pilot Reception Year health check was performed in 22 of the 23 independent Charedi primary schools in Hackney between January and July 2015. This pilot scheme included height and weight measurement (as collected in the NCMP), hearing and vision checks and a dental assessment. Ninety-five per cent of the 723 children in these schools participated, a participation rate comparable with national participation in the NCMP. The vast majority (around 80%) of the participating children were Hackney residents.

The results of this pilot are presented in Figure 2 for different weight categories, with a higher proportion of children found to be a 'healthy weight' than in local state-maintained schools, and a smaller proportion were found to be overweight or obese. Combining these results with the NCMP data for 2014/15 reduces the overall obesity rate in Reception Year children slightly from 12% to 11%, and the proportion overweight from 14% to 13%.

Figure 2: Proportion of Reception Year children in each weight category, 2014/15



Source: National Child Measurement Programme; locally sourced pilot data

Obesity treatment for children and young people covers those with a BMI greater than the 98th centile or those with problems engaging in group-based interventions (for more information, please see Section 3.7). Based on the 2013/14 NCMP data, 106 Reception Year children and 156 Year 6 children would be eligible for this service in Hackney and the City (i.e. they are above the 98th BMI centile). Over the 12 months to December 2014 the local service received 178 referrals, of which 127 clients attended one or more appointments. [21]. This suggests a potentially significant unmet need among children eligible for this support.

As discussed previously, the factors underlying child obesity are complex and causal effects can be difficult to prove. However, local data on levels of physical activity and dietary behaviour amongst children and young people provide some clues. For

example, one source suggests that only 10% of 15 year olds in Hackney and the City are meeting the Chief Medical Officer's recommendation to undertake one hour of physical activity every day, and 71% are sedentary for more than seven hours a day during the week. [22]

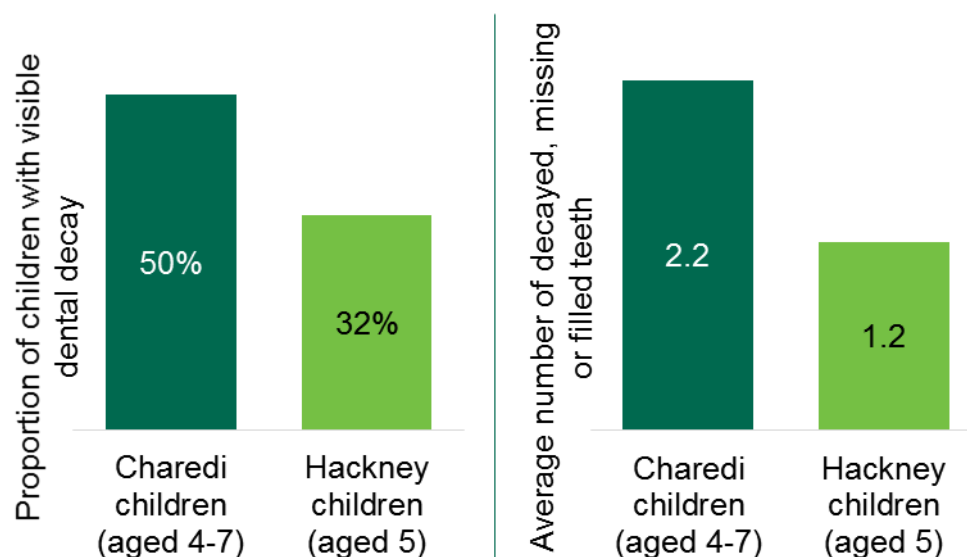
Data on dietary behaviour is more ambiguous. As a proxy for a 'healthy' diet, one local survey found that just 15% of 11-19 year olds regularly ate the recommended five portions of fruit and vegetables a day. [23] Another survey, this time of 15 year olds, reported that this figure was much higher at 56%. [22]

Oral health

Data from 2012/13 to 2014/15 identified that, on average, 42% of children and young people in Hackney (aged under 18) had visited their dentist over this period. In the City of London, the number of dental visits was greater than the number of resident children and young people. Ten per cent of all under-18s in Hackney, and 20% in the City of London, have had a fluoride varnish application. [24]

Figure 3 shows the extent of tooth decay in Reception Year pupils in Hackney, comparing national dental survey data (which only cover state-maintained primary schools) and data from the 2015 pilot health check in Charedi schools described earlier in this section. Data are not available for the City of London as the numbers were deemed too small to produce robust results. Half of Hackney's Charedi Reception age children had evidence of decayed teeth, in comparison to one third of children of the same age attending local state schools. The number of decayed/missing/filled teeth was also much higher in Charedi children than the wider Hackney pupil population (2.2 and 1.2 teeth per child, respectively).

Figure 3: Tooth decay in Reception age children, 2012 (Hackney) and 2015 (Charedi)



Sources: National dental epidemiology programme. [24] Public Health England (PHE) Orthodox Jewish dental survey. [25] Confidence intervals not available.

In a survey of Charedi parents undertaken by Public Health England (a sample of 67 people), over three quarters (51) stated that they took their child for 'regular dental care' (frequency was not defined), seven answered that they took their child to the dentist only if they were in pain, and nine parents revealed that they had never taken their child to a dentist. [25]

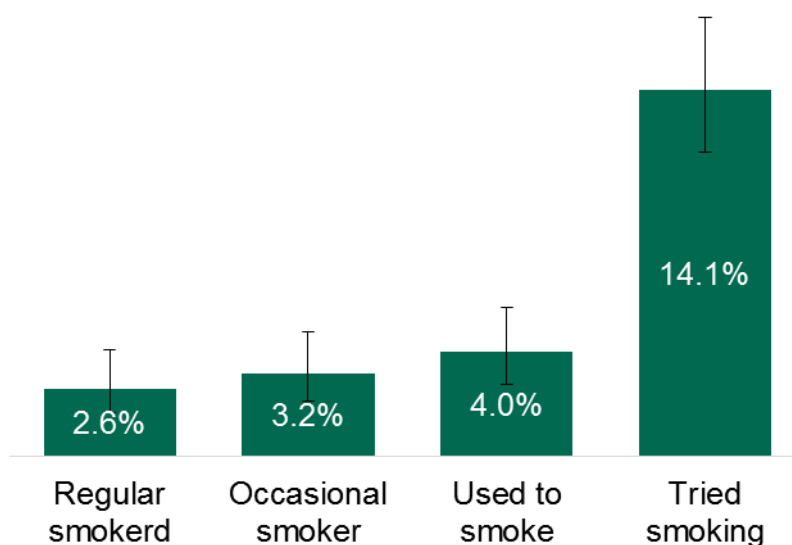
Substance misuse

Smoking

Recent surveys of young people in Hackney and the City suggest that around three quarters have never smoked. [22] [23] For example, Figure 4 shows that 76% of 15 year olds report never having smoked, 6% are current smokers, 4% are ex-smokers and 14% say they have tried smoking at some point.

According to the same source, one quarter (24%) of 15 year olds in Hackney and the City report having tried tobacco other than in cigarettes. This is likely to predominantly relate to shisha tobacco, as the question asked in the survey gave the following examples to help participants answer the question: 'shisha pipe, hookah, hubble-bubble and water pipe' (all being words to describe the instrument through which shisha tobacco is smoked).

Figure 4: Self-reported smoking prevalence in 15 year olds in Hackney and the City, 2015



Source: *What About YOUth?* (WAY) survey, Health and Social Care Information Centre (HSCIC), 2015 [22]

Alcohol

Almost one in three 15 year olds (29%) in Hackney and the City report being current alcohol drinkers, with 6% saying they drink at least every fortnight ('frequent drinking'), and 24% reporting that they drink less frequently than this.⁵ [22]

⁵ Figures do not sum to total due to rounding.

In Hackney and the City in 2010/11 and 2012/13 combined, the rate of alcohol-related hospital admissions in people aged under 18 was 22 per 100,000 population per year. [18]

Other substances

In Hackney and the City, 14% of 15 year olds say they have ever tried cannabis and 3% have tried other drugs. Just over half (52%) of those 15 year olds who report having ever tried cannabis say they have used it within the last month. [22] In 2011/12 and 2012/13, the rate of substance misuse-related hospital admissions in people aged 15-24 in City and Hackney was 54.7 per 100,000 population.

The three most common substances reported by young people receiving specialist drug and/or alcohol treatment in Hackney are cannabis, alcohol and nicotine. Almost all (96%) of these service users report using cannabis (Table 2). None of Hackney's service users report injecting substances.

Table 2: Substances reported by young people in Hackney receiving specialist drug and/or alcohol treatment (only those above 5% shown) (2014/15)

Substance	Proportion of young people reporting use of substance
Cannabis	96%
Alcohol	38%
Nicotine	17%
Ecstasy	6%

Source: National Drug Treatment Monitoring System

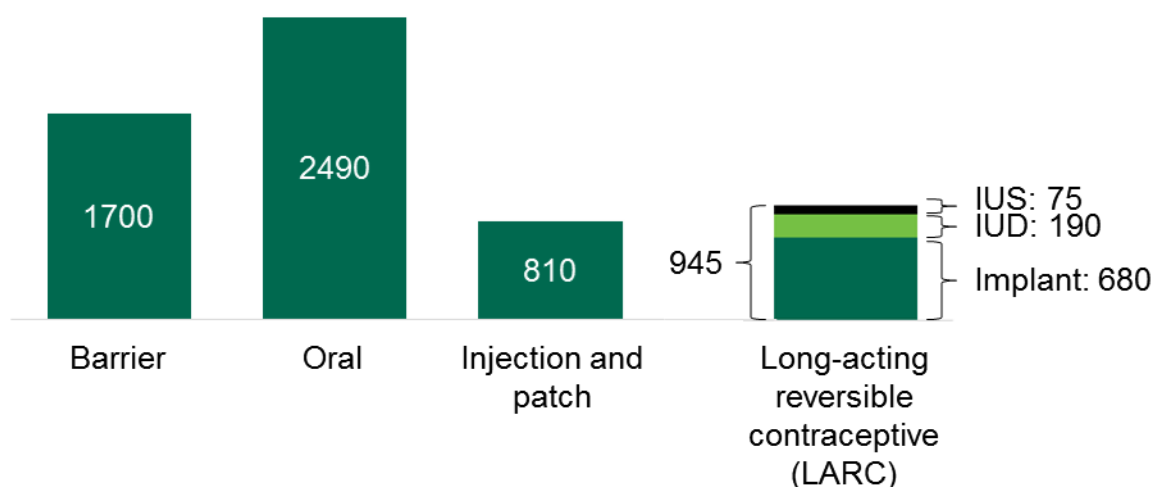
Note: For these and subsequent data on substance misuse service use, any national figures quoted relate to the final quarter of 2014/15, whereas Hackney figures relate to the whole year (2014/15) so numbers are not so low as to be identifiable.

Reproductive health

The two most commonly prescribed types of contraception in sexual and reproductive health (SRH) services in under-25s in Hackney are oral contraception (2,490 prescriptions in 2014) and male condoms (1,695 distributed) – see Figure 5.⁶ The most common form of long-acting reversible contraception (LARC) prescribed was the implant, making up almost three-quarters (72%) of all LARC prescriptions.

⁶ There were five fewer male condoms (1,695) distributed than the barrier methods shown in Figure 7 (1,700) as barrier methods also include the diaphragm and cap.

Figure 5: Contraception prescriptions at SRH services in those aged 24 and under in Hackney (2014)



Source: NHS Digital, Sexual and Reproductive Health Activity Data Set (SRHAD)

Note: The contraceptive injection and the contraceptive patch are considered 'intermediate' contraception methods – they are not user-dependent on a daily or exposure basis (such as the contraceptive pill or barrier methods) nor are they long-acting (lasting 8-13 weeks and one week, respectively).

LARC is also available through GP practices as well as SRH services. LARC was prescribed through GPs at a rate of 19.8 per 1,000 women aged 15-44 in 2014 (data are not available for younger women separately). This constitutes 8% of all GP contraception prescriptions, compared with 26% of prescriptions in SRH services for women aged 15-44.

SRH services in Hackney and the City of London distributed emergency contraception to 15 per 1,000 women aged 13-54 in 2014/5.⁷ In total, a similar number of emergency contraception prescriptions are provided through GPs (1,035) as through SRH services (1,570).

In 2013, there were 97 teenage conceptions in Hackney and the City of London, equating to a rate of 24 conceptions per 1,000 females aged 15-17 years old and 4.1 conceptions per 1,000 females aged 13-15 years old. [18]

The rate of abortions in women aged 15-17 in Hackney in 2014 was 15.3 per 1,000. There were no abortions in women aged 15-17 in the City of London in 2014. Over one third of abortions in women aged under 25 in Hackney and in the City of London were repeat abortions.

In 2013 the rate of births in women aged 15-17 years in City and Hackney was 5.7 per 1,000 population. The absolute number of births at Homerton University Hospital NHS Foundation Trust (HUHFT) for women aged 15-17 was 26 in 2013/14 and 19 in 2014/15.

⁷ Emergency contraception includes prescribed oral and intrauterine device (IUD) methods but does not include over the counter purchases.

Common long-term conditions

National estimates suggest that there are around 11,000 disabled children in Hackney and almost 150 in the City of London (Table 3). An estimated 32 boys and 16 girls aged 0-19 have a severe disability in Hackney. Estimates of the prevalence of severe disability are not available for the City due to the small numbers involved.

Table 3: Estimates of childhood disability in Hackney and the City (2011)

	Hackney	City of London
Boys 0-19	5,909	77
Girls 0-19	5,017	66

Source: National Child and Maternal Health Intelligence Network, Public Health England

According to local GP data, 6% of 5-19 year olds in Hackney and the City of London (3,113 people) are recorded as having at least one long term condition.⁸ In comparison, the 2014 *Health Behaviour in School-aged Children* survey for England found that 23% of young people (aged 11, 13 and 15) reported having a long-term condition that had been diagnosed by a doctor. [26] It is important to note that these data are from different sources so are not directly comparable. However, data from the Department of Work and Pensions reveal that the age profile of Disability Living Allowance (DLA) claimants in Hackney is similar to the London and national profiles. [27] Therefore, there may be a significant under-recording of disability on GP registers locally.

The number of 5-19 year olds in Hackney and the City of London who have more than one long-term condition documented on their GP record is 121, equating to 0.24% of the population.

The most relevant long-term conditions to the physical health of 5-19 year olds are active asthma, diabetes and epilepsy (Table 4).

Table 4: Long-term conditions diagnosed in 5-19 year olds in Hackney and the City (2015)

	City & Hackney	
	Number affected	Rate per 10,000
Active asthma	2,334	459
Epilepsy	140	27.5
Diabetes	101	19.9

Source: City and Hackney CCG

⁸ Included long-term conditions are: atrial fibrillation, active asthma, bipolar disorder, cancer, chronic heart disease, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, diabetes, epilepsy, heart failure, HIV, hypertension, learning disability, motor neurone disease, multiple sclerosis, muscular dystrophy, osteoporosis, Parkinson's disease, psychosis, rheumatoid arthritis, schizophrenia, sickle cell disease, senile macular degeneration, spinal cord injury and stroke.

3.4 Health inequalities

Inequalities are presented here for each relevant health topic where data are available.

3.4.1. Age

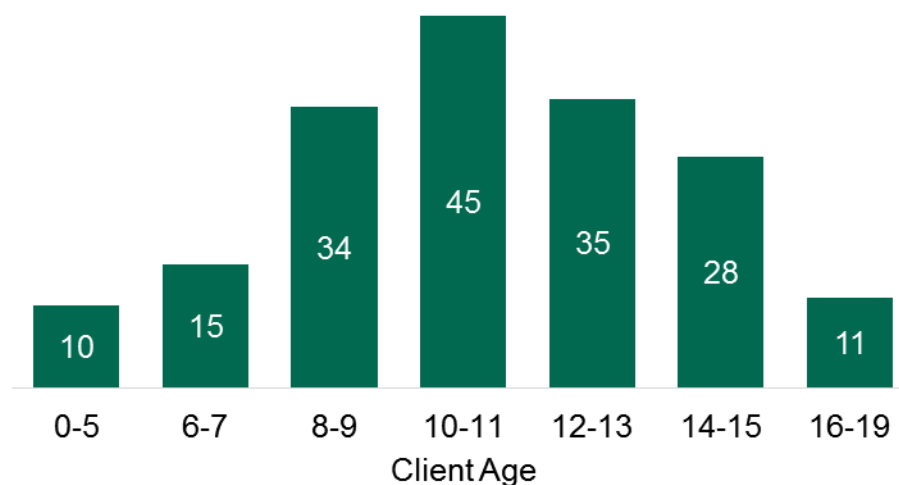
Communicable diseases

Hackney's 15-19 year olds are less likely to engage with the NCSP than 20-24 year olds, with 35% and 59% being screened for chlamydia in 2014, respectively.⁹

Obesity

The proportion of children who attend a state-maintained school in Hackney and the City who are obese more than doubles from 12% in Reception Year to 26% in Year 6. In line with these increasing rates of obesity, the number of referrals to the local obesity treatment service (see Section 3.7) increases between age five and 10 years (Figure 6).

Figure 6: Referrals to children's obesity treatment service Lifestyle Eat-well Activity Positivity (LEAP) in Hackney and the City by client's age (2014)



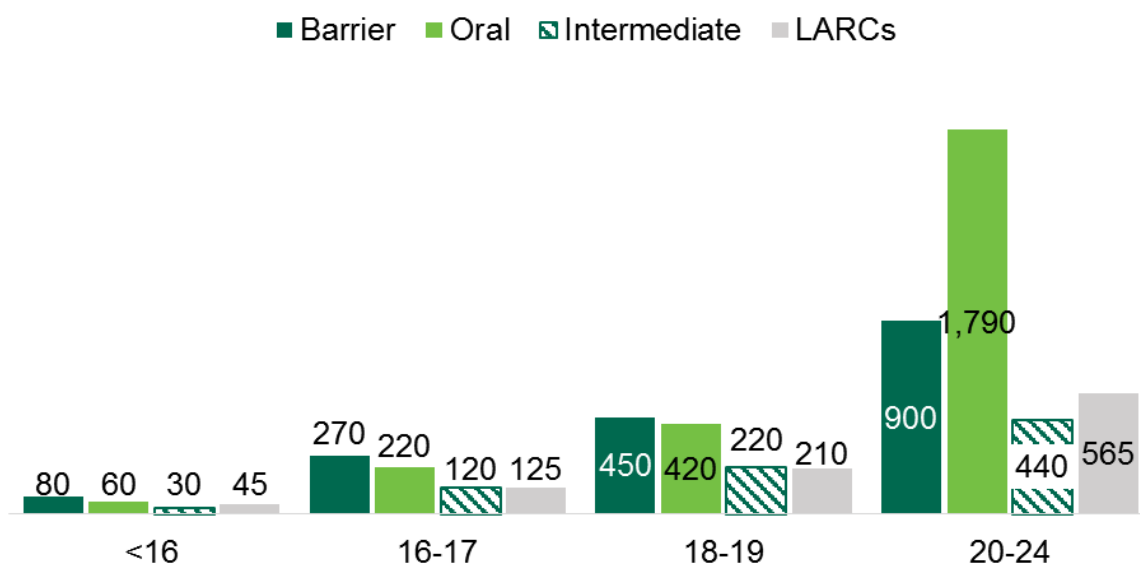
Source: LEAP Service (2015)

Reproductive health

The number of contraceptive prescriptions increases with age in Hackney residents under the age of 25, especially for oral contraceptives (Figure 7).

⁹ Both the screening rate and detection rates are based on the number of screens and the number of positive results, respectively, with a maximum of one result every six weeks per individual included. Therefore a lower proportion of the population may have been covered as some individuals may have been screened or diagnosed more than once per year (if at more than six-week intervals).

Figure 7: Contraception prescriptions at SRH services in those aged 24 and under in Hackney (2014)



Source: SRHAD

Long-term conditions

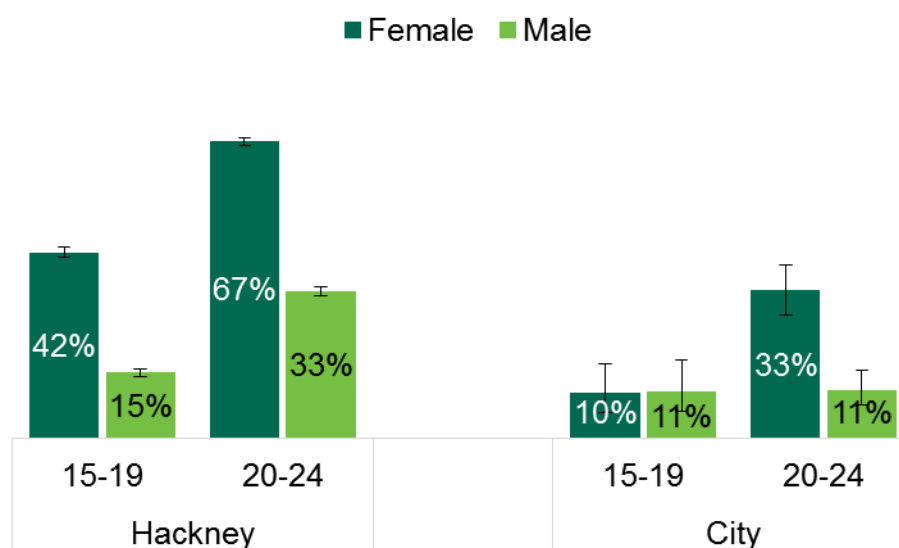
The recorded presence of long-term conditions generally increases with age in Hackney and the City’s children and young people. For more detailed information on long-term conditions by age and gender, see Section 3.4.2.

3.4.2. Gender

Communicable diseases

Chlamydia testing is more commonly performed in females than males in Hackney and the City of London, among both 15-19 and 20-24 year olds (Figure 8).

Figure 8: Chlamydia testing by gender (2012)



Source: National Chlamydia Screening Programme, Public Health England, 2012

Analysing the detection rate reveals that, in line with screening and in line with national detection, the rate in women (5,729 per 100,000) was approximately twice that in men (2,959 per 100,000) in Hackney in 2014. This trend does not hold true for the City of London, however, but as 10 or fewer cases were detected for both genders in 2014, the results are not statistically robust. [18]

In general, young females are more likely than young men to attend young people's sexual health services in Hackney and the City – 2,567 compared with 290 attendances at CHYPS Plus in 2014/15 (see Section 3.7 for CHYPS Plus service description).

In 2015, around three quarters of HIV-diagnosed Hackney residents age 15-24 were men. [28]

Substance misuse

Smoking

The prevalence of smoking recorded by GPs in Hackney and the City is negligible in those aged 14 and under, but in 15-19 year olds a slightly higher rate is recorded in girls (5.4%) than boys (4.5%). This gender imbalance is reflected in the national *What About YOUth?* (WAY) survey data, which estimates the rate of current smoking in Hackney and the City at 8% in 15-year-old girls and 3% in boys (similarly, ex-smoking and tried smoking are also higher in girls than boys). [22] However, at 20-24 years of age recorded smoking prevalence in men (24%) overtakes that in women (22%).

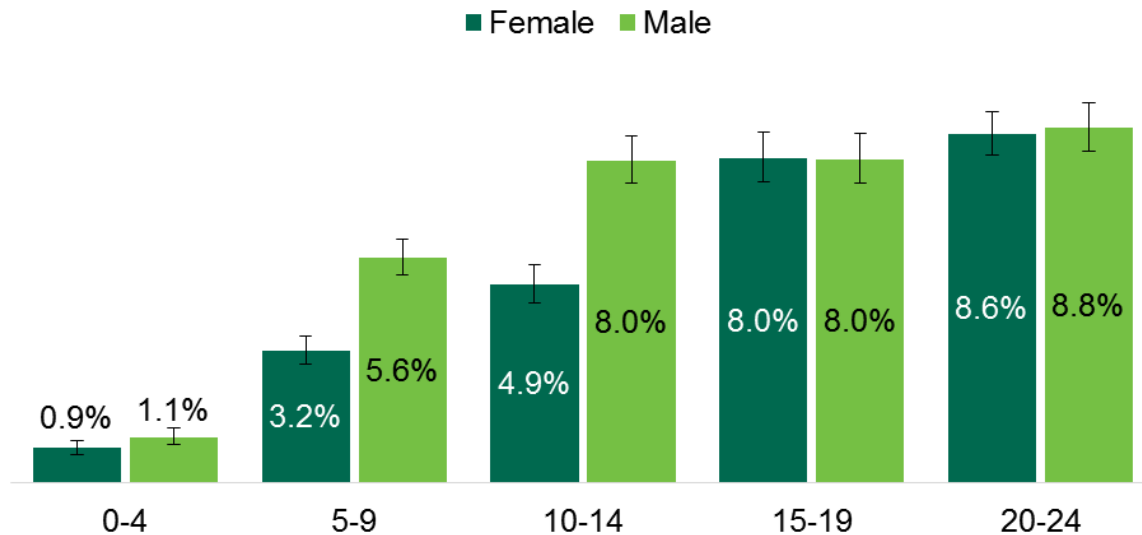
Alcohol

Unlike national data, which show similar rates of frequent drinking between boys and girls, according to the WAY survey the rate of frequent drinking in Hackney and the City in girls is over twice that in boys (7% versus 3%). [22]

Long-term conditions

The prevalence of long-term conditions in Hackney and the City is higher in boys at younger age groups, but the differences disappear by age 15-19 (Figure 9).

Figure 9: Proportion of Hackney and the City young people with any GP-recorded long-term condition (April 2015)

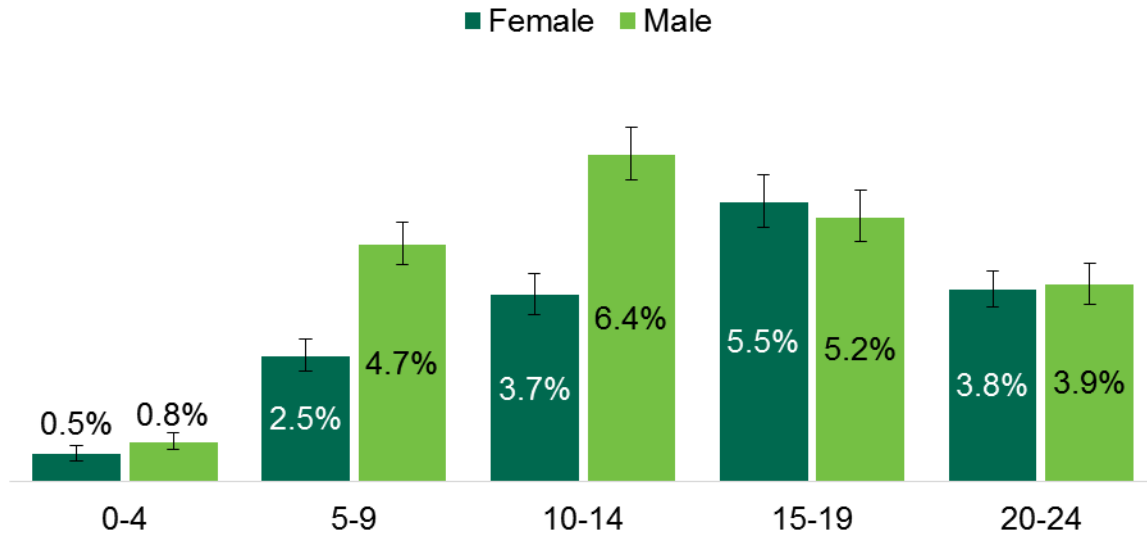


Source: City and Hackney CCG

Asthma and respiratory conditions

When considering all ages in Hackney and the City, the rate of GP-recorded active asthma is higher in women (539 per 10,000) than men (437 per 10,000). However, in the 5-19 age group, the rate of asthma is higher in boys (541 per 10,000) than girls (376 per 10,000). The rate in Hackney and the City peaks in 10-14 year old boys, at 645 per 10,000 (Figure 10).

Figure 10: Proportion of Hackney and the City young people with GP-recorded asthma (April 2015)

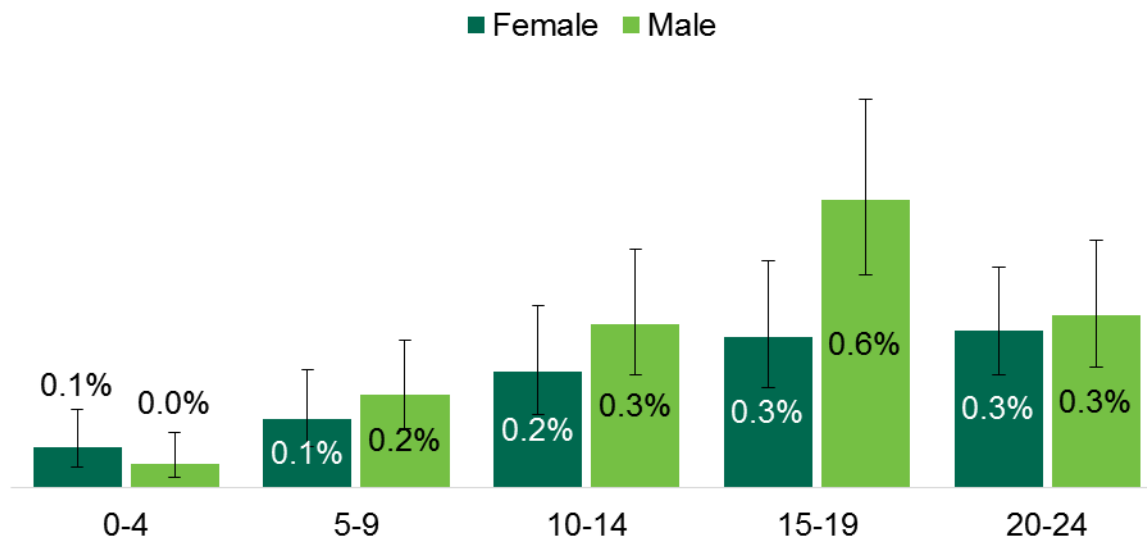


Source: City and Hackney CCG

Epilepsy

Recorded epilepsy is more common in men and boys and peaks in the male 15-19 age group (Figure 11).

Figure 11: Proportion of Hackney and the City young people with GP-recorded epilepsy (April 2015)

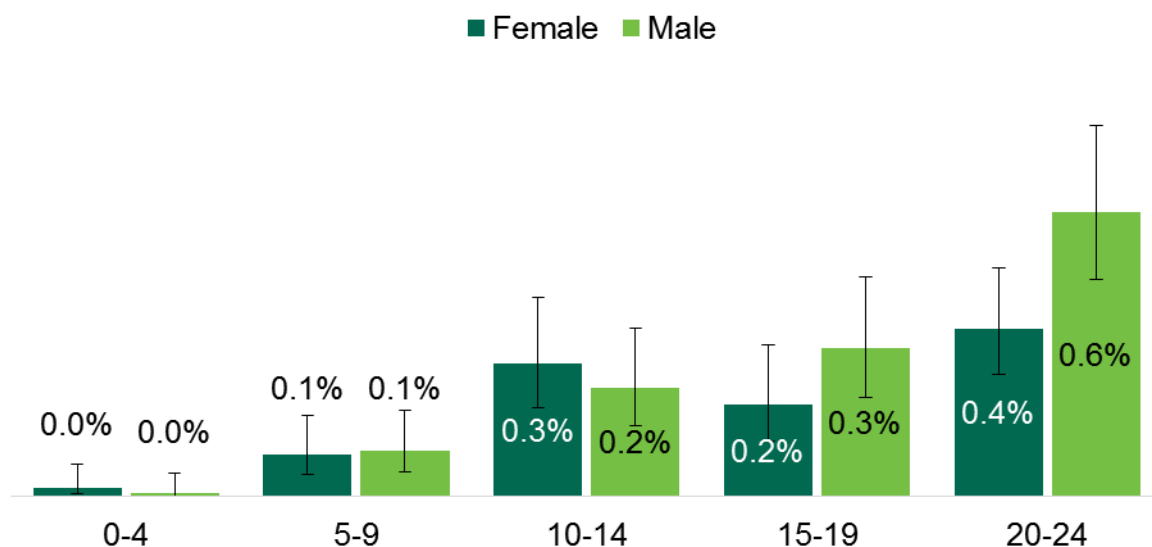


Source: City and Hackney CCG

Diabetes

GP-recorded diabetes is slightly more prevalent in males than females, across all age groups (464 compared to 424 per 10,000) and in the 5-19 age group specifically (21.0 versus 18.7 per 10,000) (Figure 12).

Figure 12: Proportion of Hackney and the City young people with GP-recorded diabetes (April 2015)



Source: City and Hackney CCG

3.4.3 Ethnicity

Communicable diseases

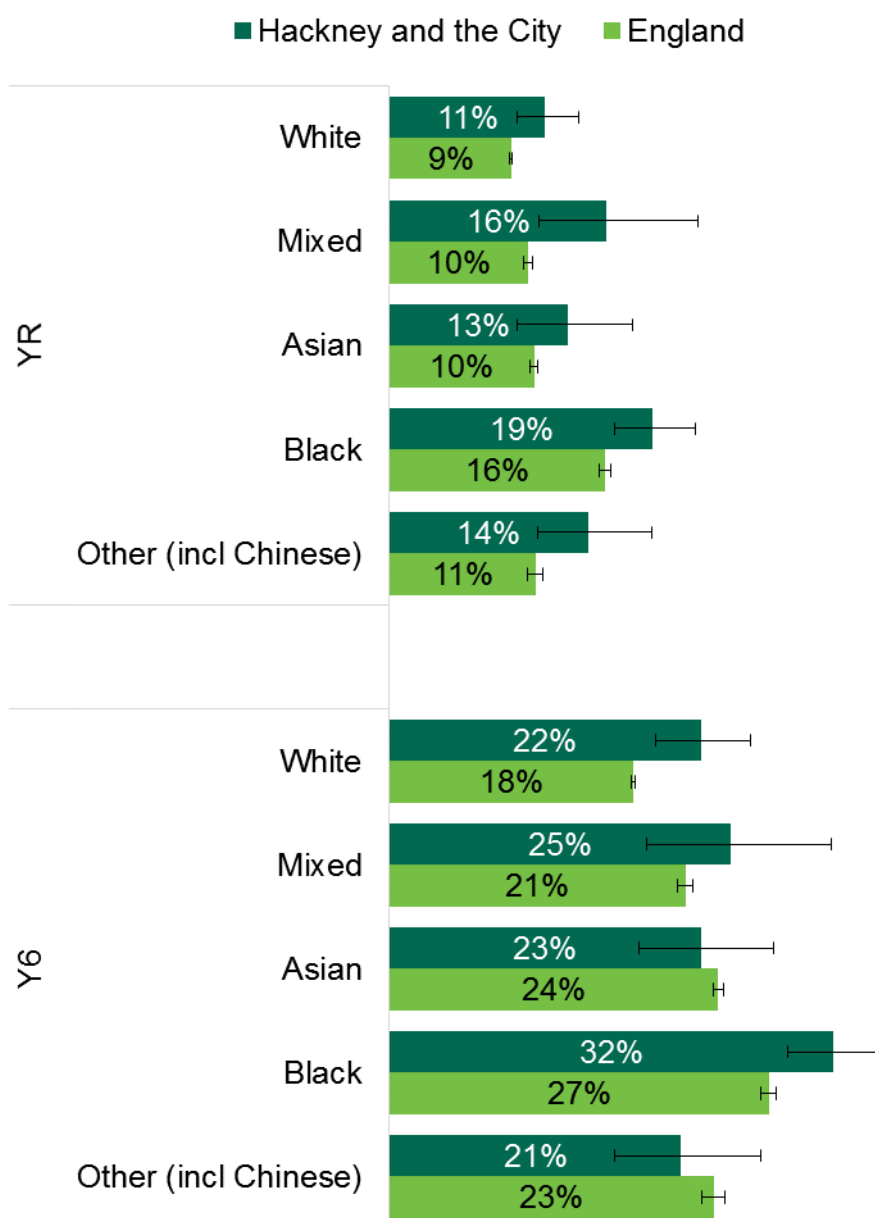
No local data are available on sexually transmitted infections (STIs) and HIV by ethnicity in young adults. Nationally, we know that there are higher levels of reported risk among Black Caribbean and Black African adults (of all ages), and lower levels of risk among Asian adults. [29]

Obesity

Figure 13 shows that, nationally, children of Black ethnicity are significantly more likely to be obese than other ethnic groups, while children of White ethnicity have lower rates of obesity on average. When looking at the data for Hackney and the City, obesity prevalence in Black ethnicity Reception Year age children is similar to other minority ethnic groups (but higher than among White children). In Year 6, however, Black children are significantly more likely to be obese than children from all other backgrounds, except Mixed ethnic groups.

However, questions have been raised about the validity of the current method of calculating body mass index (BMI) in children of different ethnic groups and therefore the reliability of these comparisons. As the relationship between BMI and 'fatness' varies with age and sex in children, children's BMI results are generated by comparison to a reference growth chart. The NCMP BMI data are based on the British 1990 (UK90) growth reference, but the cohort measured in 1990 only included White children. [30] [31]

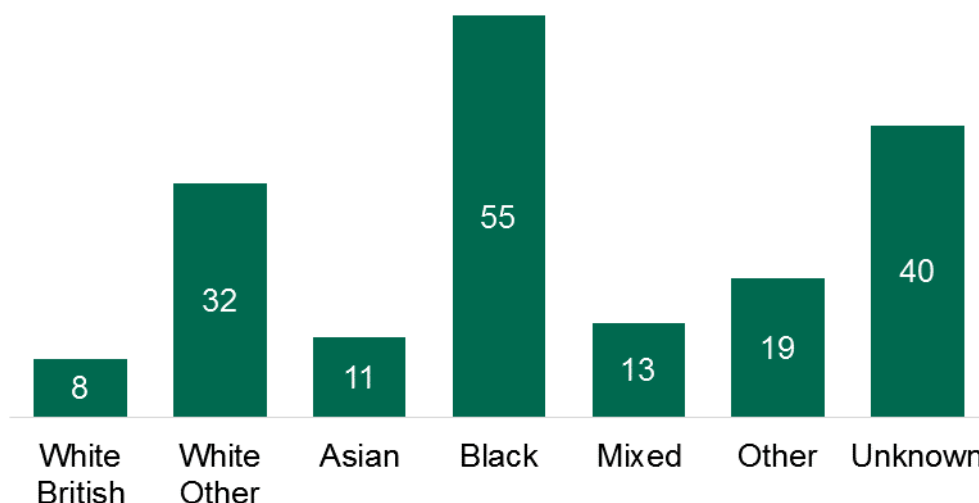
Figure 13: Prevalence of obesity by ethnicity (2013/14)



Source: National Child Measurement Programme

In line with recorded prevalence rates, children of Black ethnicity make up a high proportion (40%) of all referrals to the local obesity treatment service (see Section 3.7), where ethnicity is recorded (Figure 14). This is higher than the proportion of Hackney’s 5-19 population who are Black (31%). White Other children made up 23% of referrals to the service in 2014, the majority of whom (75%) were of Turkish or Turkish Cypriot origin. At the other end of the spectrum, only 6% of referrals were White British children, despite making up 27% of the local 5-19 population, which is in line with lower recorded prevalence rates among this group.

Figure 14: Number of referrals to children's obesity treatment service in Hackney and the City by client's ethnicity (2014)



Source: Homerton University Hospital departmental communication, 2015

In related national survey data, 15 year olds from Asian, Other and Black ethnicities are much less likely than other groups to report that they participate in more than an hour of physical activity each day. Sedentary behaviour (i.e. more than seven hours a day during the week) is much more common in White and Black children of this age. [22]

Substance misuse

Smoking

Nationally, 15 year olds from a White or Mixed ethnicity background are significantly more likely to report that they are a current smoker compared to young people from Asian, Black or Other ethnic groups (Table 5). A different pattern is found for trying out other tobacco products (including shisha), which is much more common among 15 year olds of non-White origin. [22]

Table 5: Proportion of 15 year olds in England who report being a current smoker, or having tried other tobacco products, by ethnicity (2014/15)

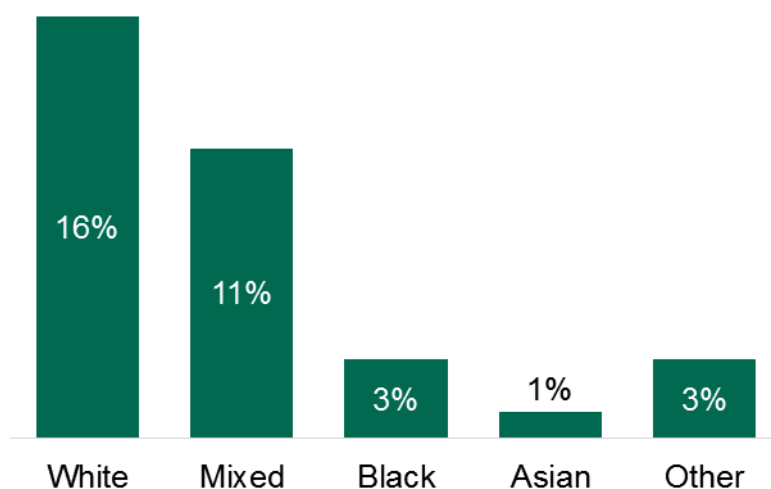
	Current smokers (%)	Tried other tobacco (%)
White	9.2	14.8
Mixed	9.0	22.1
Asian	2.6	15.9
Black	2.4	18.0
Other	2.9	22.4

Source: What About YOUth? survey, HSCIC, 2015

Alcohol

National data reveal that frequent drinking (at least every fortnight) is most common in 15 year olds of White ethnicity (Figure 15). Hackney's ethnic diversity may partially explain the relatively low rates locally (see Section 3.5).

Figure 15: Proportion of self-reported frequent (at least once per fortnight) alcohol drinking in 15 year olds in England by ethnicity (2015)

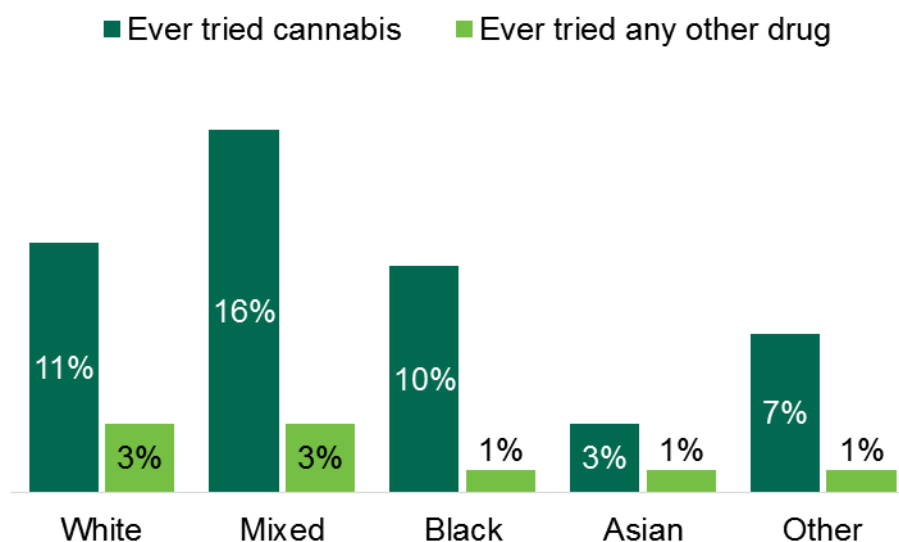


Source: *What About YOUth?* survey, HSCIC, 2015
Confidence intervals not provided

Other substances

There is a less clear distinction in reported drug use (Figure 16) between White and ethnic minority young people in national data compared with alcohol use (Figure 15).

Figure 16: Proportion self-reporting ever having tried drugs in 15 year olds in England by ethnicity (2015)



Source: *What About YOUth?* survey, HSCIC, 2015
Confidence intervals not provided

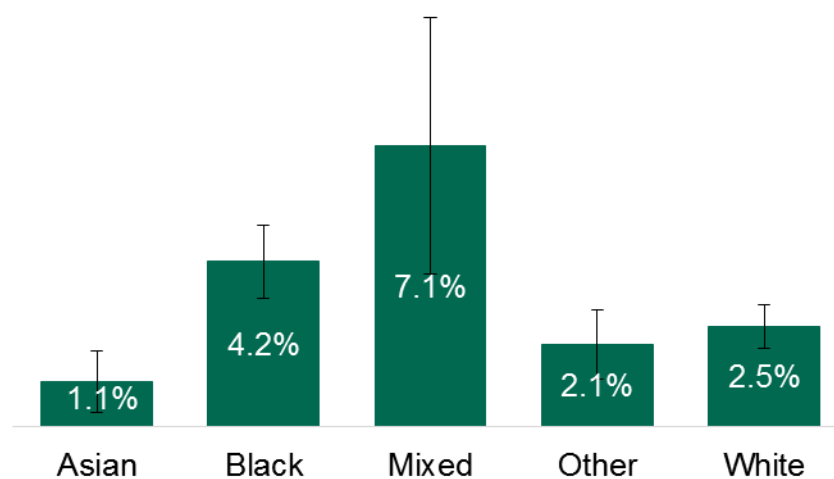
The ethnic profile of those accessing Hackney’s young people’s substance misuse services is broadly similar to Hackney’s population, although due to the small number of clients no strong conclusions can be drawn. Of those with ethnicity recorded in 2014/15, 40% of clients were White and 40% of clients were Black. It is

worth noting that around a third of clients did not have their ethnicity recorded (or data are inconsistent/unreliable), compared to only 1% nationally. The National Drug Treatment Monitoring System does not produce an equivalent report for young people receiving substance misuse interventions for the City of London.

Reproductive health

A much smaller proportion of local births to Asian women at Homerton University Hospital (HUHFT) are in those aged 14-19 compared with other ethnic groups. Births to women of Mixed and Black ethnic origin are the most likely to be in young age groups (Figure 17).

Figure 17: Births at HUHFT to women aged 14-19 as a proportion of total births by ethnicity (2013/14-2014/15)



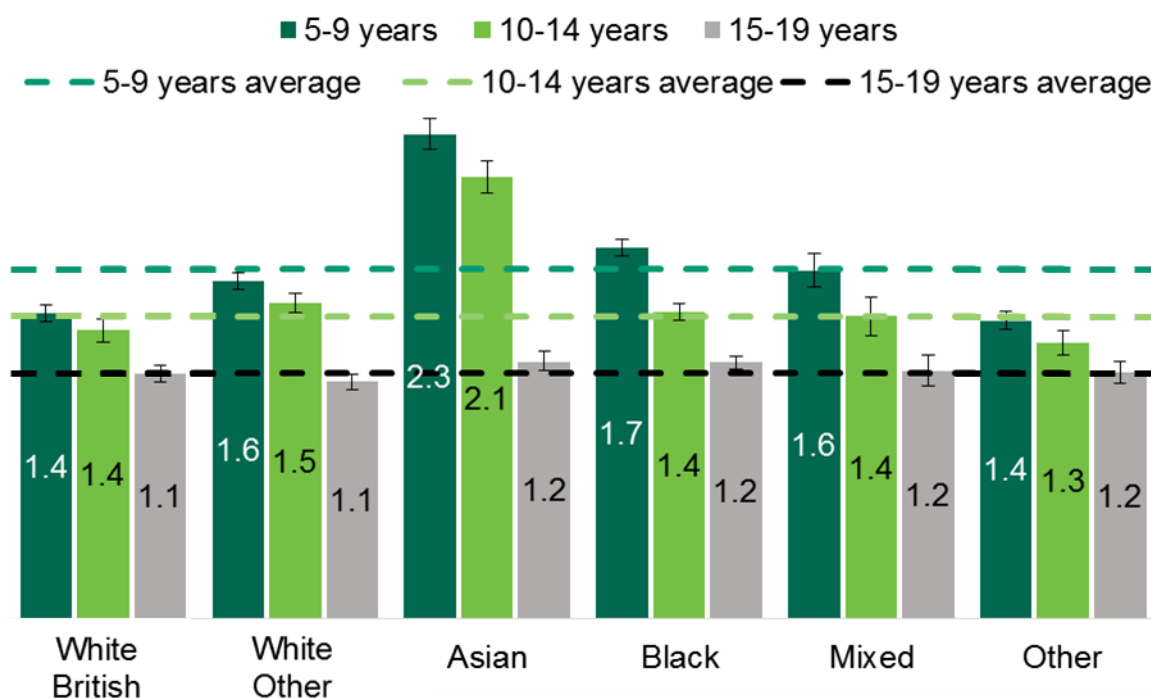
Source: Homerton University Hospital NHS Foundation Trust

Long-term conditions

While a breakdown for asthma, epilepsy and diabetes by ethnicity is not available for local children and young people, the number of Hackney and City primary care consultations broken down by ethnicity is available. Although this does not necessarily correlate to the rate of long-term conditions, as parents and young people may have different thresholds at which to consult a medical practitioner, it does provide an indication of medical service access.

Figure 18 shows that, overall, Asian children and young people have the highest rate of GP consultations in Hackney and the City.

Figure 18: Rates of primary care consultations per head of registered population per year by age group and ethnicity (Dec 2014-Dec 2015)



Source: City and Hackney CCG

3.4.4. Sexuality

Communicable diseases

No local data is available on STIs and HIV in young people specifically by sexual orientation or behaviour. In 2014, 44% of all new STI diagnoses in male Hackney residents where sexual orientation was known were for gay or bisexual men. [32] In 2015, 51% of Hackney residents and 83% of City residents with an HIV diagnosis (all ages) were men whose probable route of infection was sex with men. [28] [33]

Obesity

Across the country, reported levels of physical activity in the 2015 *What About YOUth?* (WAY) survey were much lower among young people (aged 15 years) who are gay/lesbian, bisexual or other minority sexualities than in heterosexual groups (Table 6). [22] Conversely, sedentary behaviour was much more common in gay/lesbian or bisexual young people responding to this survey.

Table 6: Proportion of 15 year olds in England who report being physically active or sedentary by sexual orientation (2014/15)

	Physically active at least one hour every day (%)	Sedentary over 7 hours per day on average (%)
Heterosexual/straight	14.3	69.9
Gay/lesbian	8.2	77.7
Bisexual	9.0	80.2
Other	9.7	70.2

Source: *What About YOUth?* survey, HSCIC, 2015

Substance misuse

Nationally, gay/lesbian or bisexual 15 year olds reported significantly higher rates of current smoking than other young people in the WAY survey (Table 7). They are also more likely to say they have tried other forms of tobacco (such as shisha). [22]

Table 7: Proportion of 15 year olds nationally who report being a current smoker, or having tried other tobacco products, by sexual orientation (2014/15)

	Current smokers (%)	Tried other tobacco (%)
Heterosexual/straight	7.5	14.9
Gay/lesbian	17.7	18.9
Bisexual	24.7	26.2
Other	9.0	14.1

Source: *What About YOUth?* survey, HSCIC, 2015

3.4.5. Socio-economic disadvantage

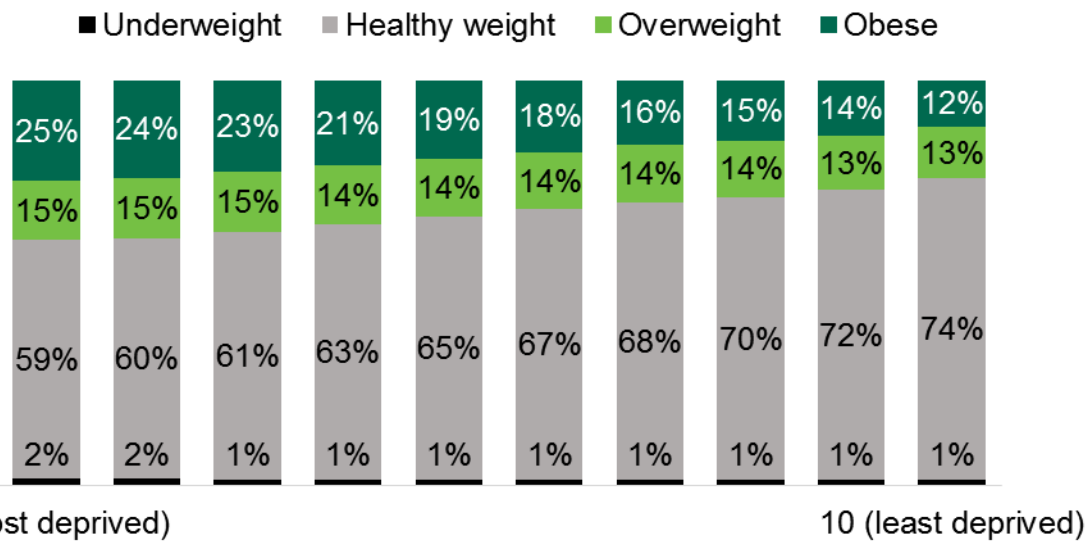
Communicable diseases

Nationally, we know that young people in deprived areas are more likely to test positive for chlamydia. [34] At all ages, HIV is more prevalent in deprived areas. [3]

Obesity

Nationally, obesity is more than twice as common among Year 6 children living in the most deprived areas compared with the least deprived areas (Figure 19). However, there is no association between levels of area deprivation and the proportion of children who are underweight.

Figure 19: National weight groupings in 10-year-old children according to local extent of deprivation (2014/15)

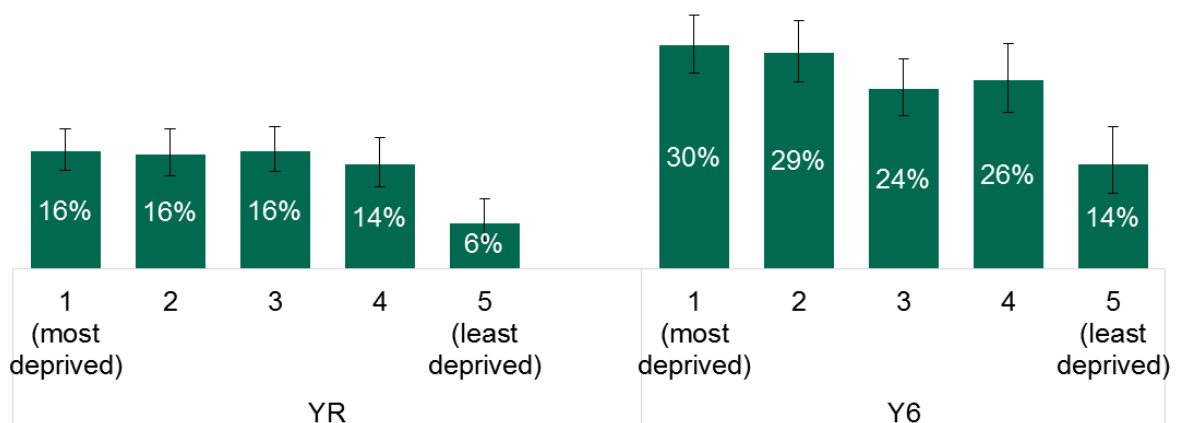


Source: National Child Measurement Programme

Note: The Index of Multiple Deprivation (IMD) uses many indicators across seven domains (income, employment, health and disability, education skills and training, barriers to housing, crime, and living environment) to provide an overall measure of deprivation for each area, relative to other areas within England. Areas have been ranked according to their IMD score and split into 10 groups – from the most deprived 10% of areas (1) to the least deprived 10% of areas (10).

Despite high levels of area deprivation across most of Hackney (see the ‘Society and environment’ JSNA chapter), analysis by deprivation within Hackney and the City is possible, albeit with relatively high degrees of uncertainty. Figure 20 **Error! Reference source not found.** demonstrates that, as nationally, lower area deprivation is generally associated with lower obesity prevalence within Hackney and the City, both in Reception Year and Year 6.

Figure 20: Prevalence of obesity in Hackney and the City by local deprivation quintile¹⁰ (IMD 2010), 2013/14



¹⁰ Deprivation quintiles are the most (1) to least (5) deprived 20% of the given population.

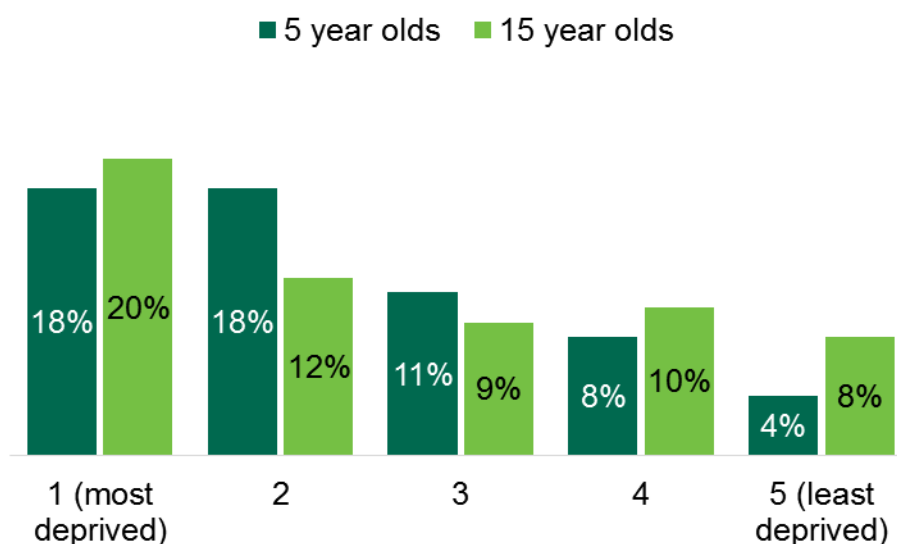
Source: National Child Measurement Programme

In related data from the WAY survey, nationally 15 year olds living in deprived areas are much less likely than those in more affluent areas to report being physically active each day for an hour or more, and more likely to be sedentary for more than seven hours a day during the week. [22]

Dental health

The average number of decayed, missing or filled teeth in five year old children increases with higher area deprivation. [35] Figure 1 also shows that the prevalence of severe or extensive dental decay is around three times higher in the most deprived compared with the least deprived areas, both in five and 15 year olds. In line with the finding that increasing deprivation is linked to increased dental decay, there is evidence that high sugar intake is associated with deprivation [36].

Figure 21: Prevalence of severe or extensive dental decay in England by deprivation quintile (IMD 2010), 2013



Source: NHS England

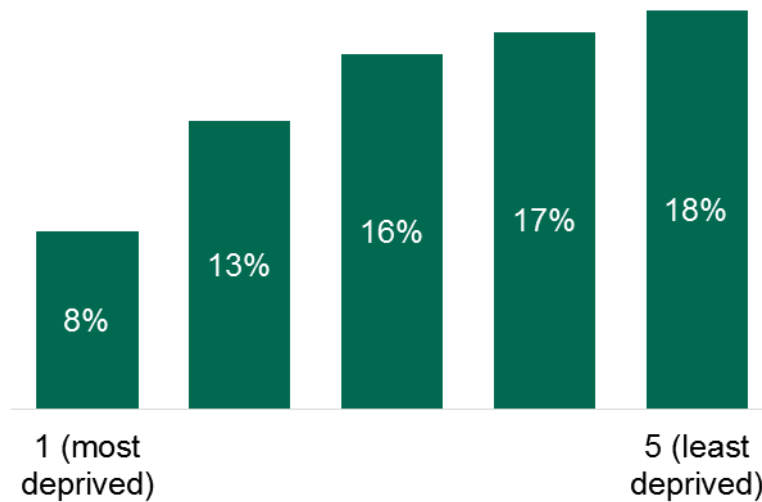
Confidence intervals not provided. For a full definition of deprivation quintile, please see Figure 19 and Figure 23.

Substance misuse

Alcohol

Nationally, the proportion of 15 year olds who report frequent drinking (at least every fortnight) is negatively correlated with area deprivation – frequent drinking increases as deprivation decreases on average according to the WAY survey (Figure 22). In Hackney and the City, the proportion of 15 year olds reporting frequent drinking in this same survey (5.5%) is lower than even the most deprived areas nationally (8%).

Figure 22: Self-reporting of frequent alcohol drinking in 15 year olds in England by local authority deprivation quintile (IMD 2010), 2015

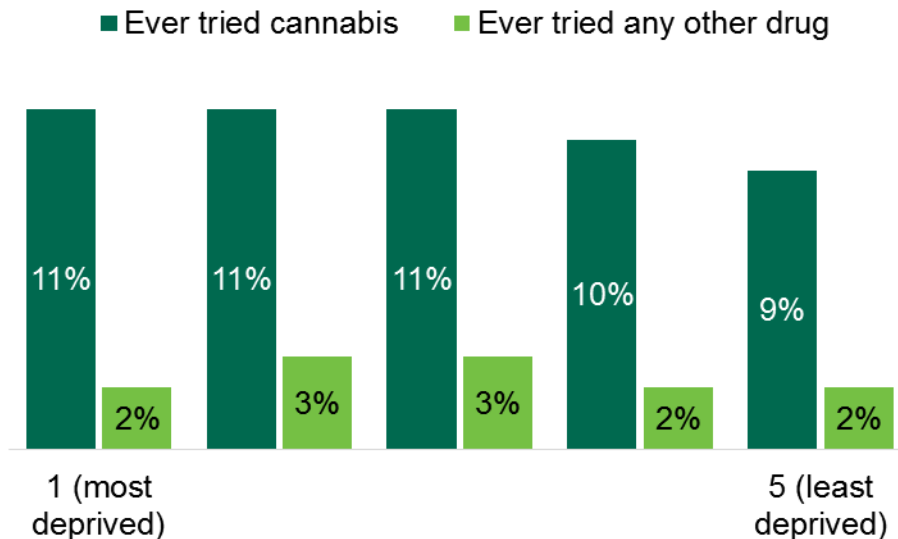


Source: *What About YOUth?* survey, HSCIC, 2015
 Confidence intervals not provided. For a full definition of deprivation quintile, please see Figure 19 and Figure 23.

Other substances

Unlike alcohol use, reported cannabis use appears to be lower in less deprived areas (Figure 23). However, the differences are small and of unknown statistical significance. Neither is there a clear relationship between area deprivation and ever having tried drugs other than cannabis.

Figure 23: Self-reporting of ever having tried drugs in 15 year olds in England by local authority deprivation quintile (IMD 2010), 2015



Source: *What About YOUth?* survey, HSCIC, 2015
 Confidence intervals not provided. For a full definition of deprivation quintile, please see Figure 19 and Figure 23.

Reproductive health

Free school meal eligibility, which can be considered as a crude proxy measure for deprivation, is associated with both an increased rate of teenage conception, and an increased rate of continuing with a teenage pregnancy. Furthermore, area deprivation is associated with an increased risk of teenage pregnancy, even after the individual characteristics of the girls themselves have been taken into account. [13]

Long-term conditions

We do not have local data on links between childhood long-term conditions and deprivation, but there are clear patterns at a national level.

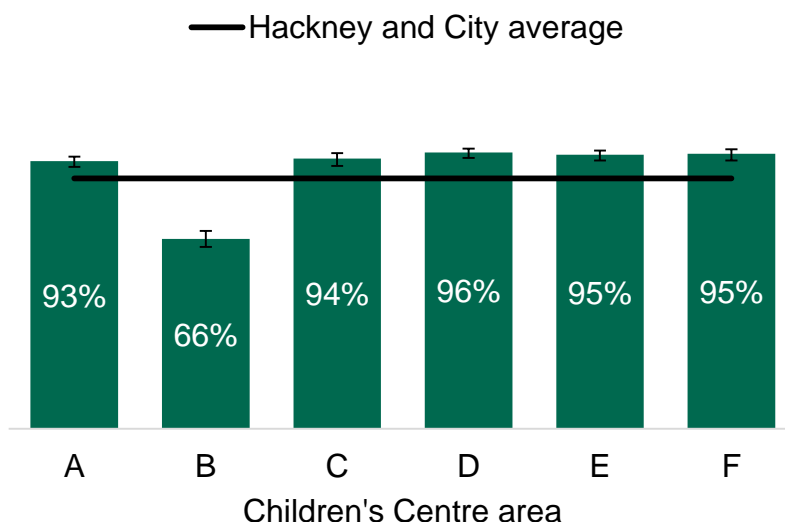
- Deprivation is not linked with childhood asthma prevalence, but is linked to higher severity of symptoms and lower quality of life. [37] [38] This is partly but not wholly due to higher smoking prevalence in more deprived communities.
- There is a strong correlation between social deprivation and higher epilepsy prevalence. [39]
- Type 1 diabetes is not linked to deprivation, but deprivation contributes to worse outcomes for young people with type 1 diabetes. [40] [41] Young people aged 10-19 living in the most deprived quintile of England and Wales are around seven times as likely as those living in the least deprived quintile to have type 2 diabetes. [41]

3.4.6. Location within Hackney and the City

Communicable diseases

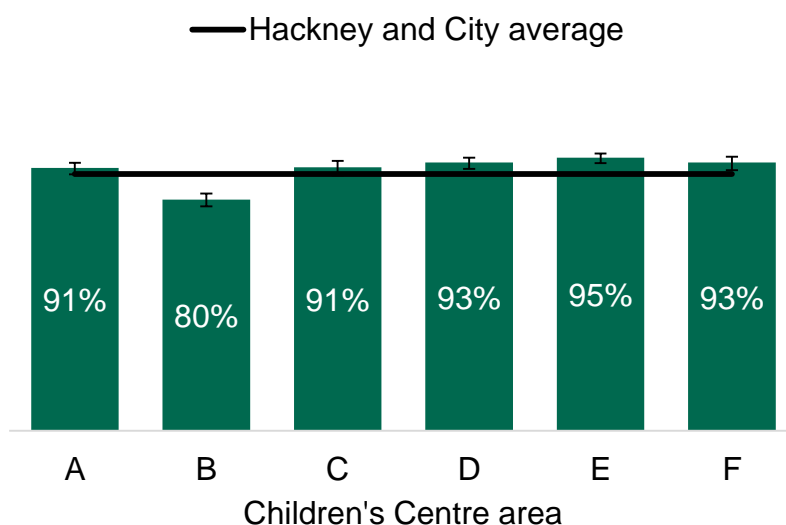
Children's Centre area B (in the north of Hackney) is the only area not to achieve more than 90% coverage (the recommended target) of all three doses of the five-in-one (DTaP/IPV/Hib) vaccination by one year of age, achieving only 65% (Figure 24). Area B also has the lowest coverage of MMR first dose in Hackney (Figure 25). Two of the three measles outbreaks that have occurred in Hackney over the last ten years have been associated with the Orthodox Jewish community (who predominantly reside in area B). [42]

Figure 24: Percentage of one-year-old children having received all three 'five-in-one' vaccine doses by Children's Centre area, 2013/14



Source: Homerton University Hospital Foundation Trust

Figure 25: Percentage of two-year-old children having received their first MMR dose, 2013/14



Source: Homerton University Hospital Foundation Trust

Uptake of the first dose of HPV vaccine was 85% for Hackney and the City during the 2014/15 academic year. [43] Reported results by school varied between approximately 55% (Tayyibah Girls School) and 93% (Cardinal Pole Catholic School). Uptake was reported as 98% for children being home-schooled. At every school, uptake of the second dose of HPV was lower than the first dose, by between 1% and 18% percentage points.

The MenACWY vaccine (see Table 1, page 3) was newly introduced into the routine schedule for the 2015-16 academic year. For the Men C booster used previously, uptake varied between 35% (Upper Regents College) and 88% (Stormont House School) in Hackney schools in 2014/15. [43] Uptake of the Td/IPV booster was

similar to the uptake of Men C in all local schools. Again, home-schooled children had the highest reported uptake of both Men C and Td/IPV, at approximately 97%.

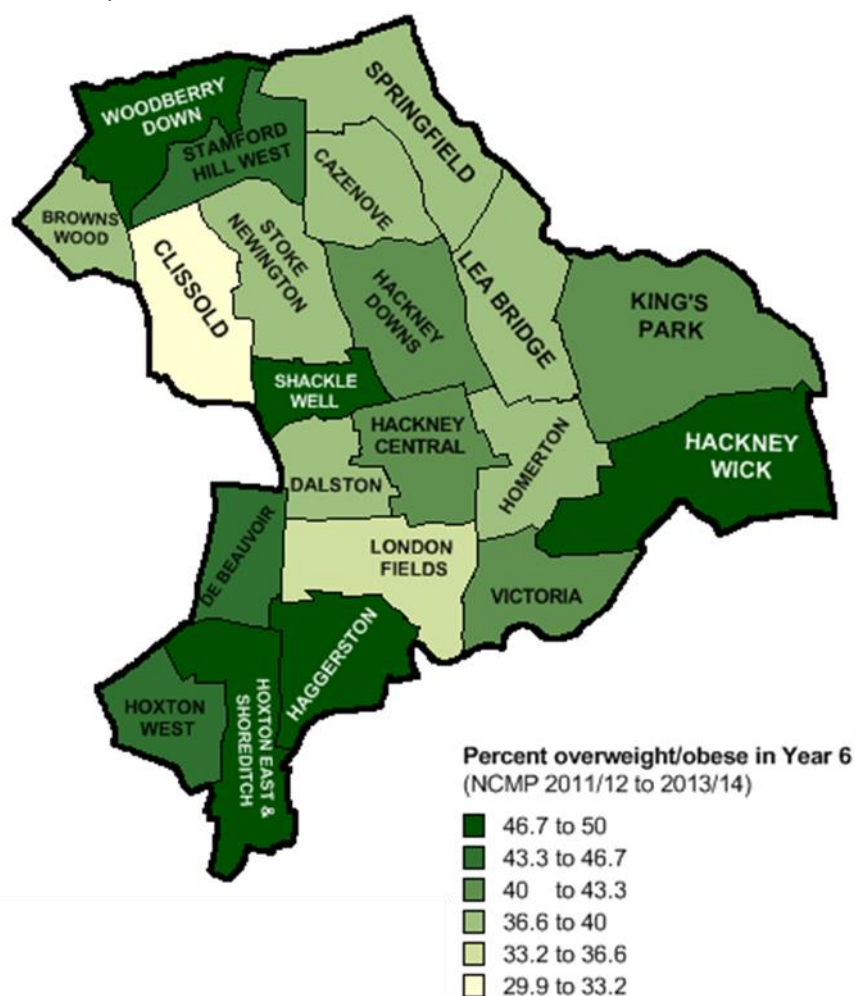
Obesity

Figure 26 demonstrates that the wards of residence with the highest rates of obesity in Year 6 primarily lie on the edges of Hackney – in Brownswood in the north west, King's Park in the east and De Beauvoir in the west. A broadly similar pattern is seen in Reception Year aged children (albeit with lower rates).

Given that there is only one state-maintained school in the City of London (many children who live in the City attend school in other boroughs), and that the City of London has a small child population, it is not possible to map obesity data for children living in the City.

It must be remembered that reported obesity prevalence in the north east of the borough is not representative of the whole child population living here, as this area contains Stamford Hill, where the majority of Charedi children live. These children predominantly attend independent schools and are, therefore, not routinely measured as part of the NCMP. As reported in Section 3.3, a recent local pilot found that obesity rates in Reception Year age children are lower than average in these schools.

Figure 26: Prevalence of obesity in Year 6 children by ward of residence (pooled data 2011/12-13/14)



Source: National Child Measurement Programme

Reproductive health

Figure 27 shows that, per head of population, women aged 14-19 years in Children's Centre areas B and D (in the north and east) are significantly more likely to have a child than those in Children's Centre area E (in the west). Fewer than 5% of women from the City of London deliver at Homerton University Hospital, in comparison to 77% of Hackney's women, and therefore these figures are only applicable to Hackney.

Figure 27: Birth rate in 14-19 year olds (per 1,000 female residents age 14-19 per year), 2013/14-14/15



Source: Homerton University Hospital NHS Foundation Trust

3.4.7. Vulnerability

Communicable diseases

Among children under 18 years of age who have been looked after continuously for at least 12 months, 87% were up to date with their immunisations in Hackney as of 31 March 2015. [18] Conversely, a local audit performed in Hackney between 15 January and 30 April 2015 found that half (48%) of the 38 children who had an initial health assessment on entering care did not have up-to-date immunisations. Comparable data are not available for the City of London as the number of looked after children (LAC) is small.

Substance misuse

The most common source of referral to young people's substance misuse services in Hackney is youth justice services. This is a much more important source of referrals locally than nationally (Table 8).

Table 8: Sources of referral to young people's substance misuse service, 2014/15

	Hackney (%)	England (%)
Children & family services	20	19
Education	8	27
Health & mental health	3	8
Substance misuse services	0	4
Youth justice services	63	27
Self, family & friends	8	12
Other (inc. blank)	0	4

Source: National Drug Treatment Monitoring System

Note: National figures relate to the final quarter of 2014/15, whereas Hackney figures relate to the whole year (2014/15) so numbers are not so low as to be identifiable.

Fewer young people accessing Hackney's substance misuse services are in education than nationally, with a correspondingly larger proportion of clients being classified as not in education, employment or training (NEET) (Table 9).

Table 9: Education/employment status of young people in substance misuse services, 2014/15

	Hackney (%)	England (%)
Education	44	74
Apprenticeship	8	4
Employed	4	2
NEET	44	14
Inconsistent/other	0	7

Source: National Drug Treatment Monitoring System

Note: National figures relate to the final quarter of 2014/15, whereas Hackney figures relate to the whole year (2014/15) so numbers are not so low as to be identifiable.

3.5 Comparisons with other areas and over time

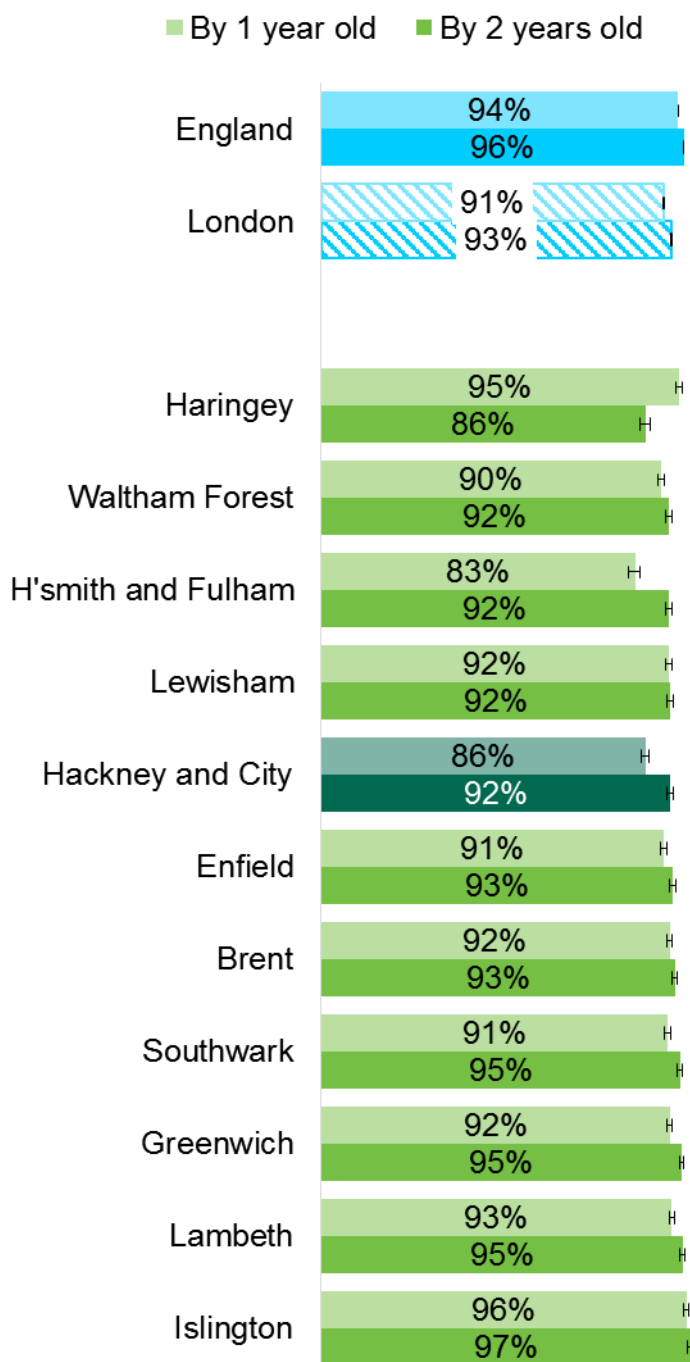
Communicable diseases

Vaccine-preventable

Coverage of all three doses of the five-in-one vaccine by one year of age is significantly lower in Hackney and the City than the London and national averages; coverage rates are lower locally than in nine of Hackney's 10 statistical peers (Figure 28). However, by age two, local vaccine coverage is similar to London and among the highest when ranked against Hackney's statistical peers.

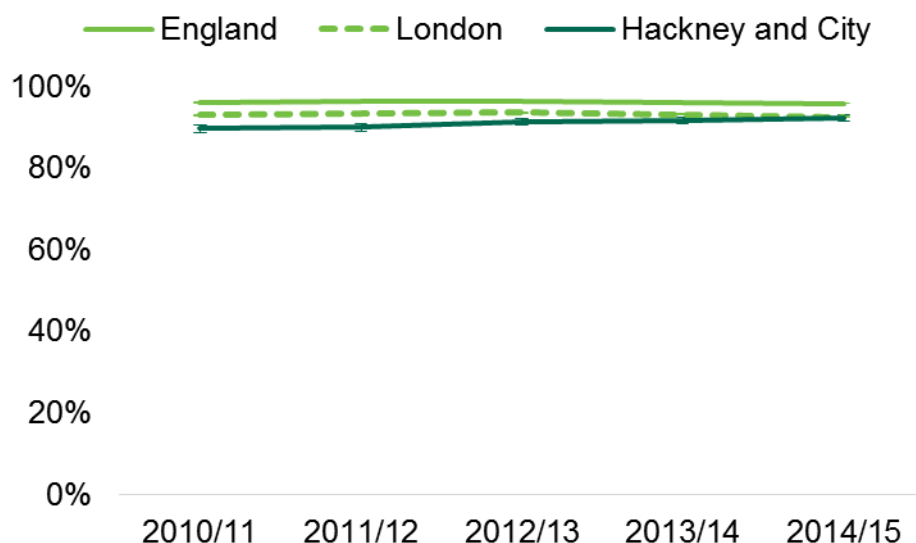
Hackney and the City's coverage for the five-in-one vaccine by two years of age has improved over the period 2010/11 to 2014/15 while the London and national rates have remained steady (Figure 29).

Figure 28: Percentage of children receiving all three doses of DTaP/IPV/Hib, 2014/15



Source: Public Health England Public Health Profiles Tool

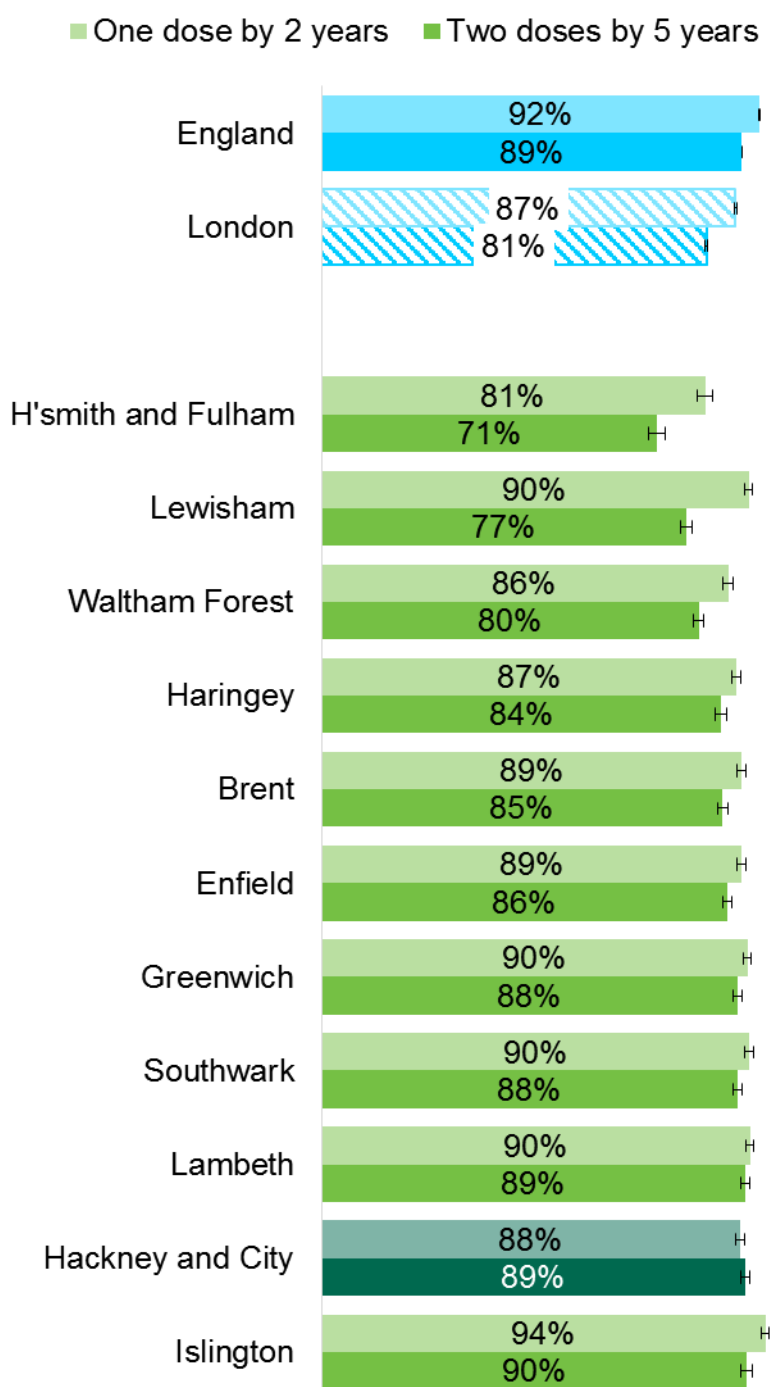
Figure 29: Percentage of children receiving all three doses of DTaP/IPV/Hib by two years of age over time (2010/11 - 2014/15)



Source: Public Health England Public Health Profiles Tool

A 'lag effect' is also observed with other vaccines in Hackney and the City. For example, a greater proportion of local children have both MMR doses by age five than the first dose by age two – a phenomenon that is not seen in any of Hackney's 10 statistical peers (Figure 30).

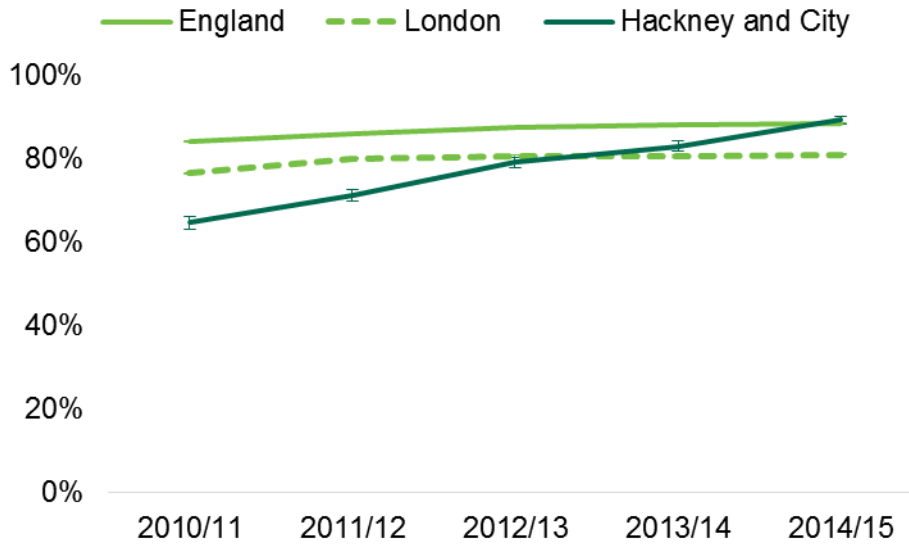
Figure 30: Percentage of children receiving MMR vaccinations, 2014/15



Source: Public Health England Public Health Profiles Tool

The proportion of five year olds in Hackney and the City who have received both MMR doses has dramatically improved from 65% in 2010/11 to 89% in 2014/15, overtaking the London and national averages in the process (Figure 31). However, coverage remains below the 95% required to achieve measles 'herd immunity' (see Section 3.2 for a definition).

Figure 31: Percentage of five year olds having received both MMR doses, 2010/11-2014/15



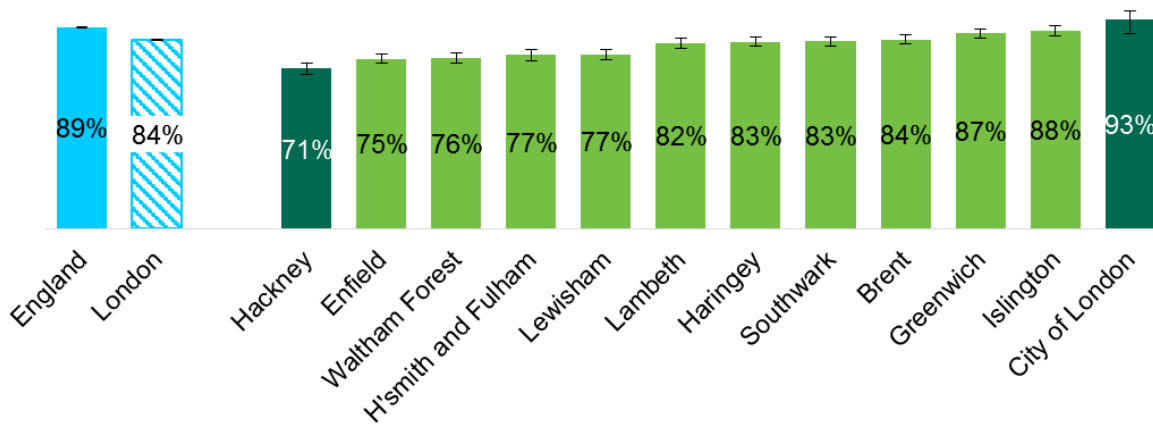
Source: Public Health England Public Health Profiles Tool

In the measles outbreak of 2012, Hackney was by far the most affected local authority area with 45 confirmed cases (a case rate of 18.2 per 100,000 population, compared with a London average of 1.69 per 100,000). To provide further context, the second most affected local authority was Barnet with 14 confirmed cases, at a rate of 3.92 per 100,000. [44]

Uptake of HPV vaccine in Hackney is significantly below the London and national averages and lower than virtually all of Hackney’s statistical peers (Figure 32). The City of London has similar levels of uptake to London and England.

Trend data are not available, as the HPV vaccine changed from three doses to two doses in 2014/15.

Figure 32: Uptake of both doses of HPV vaccine by 12-13 years of age, 2014/15

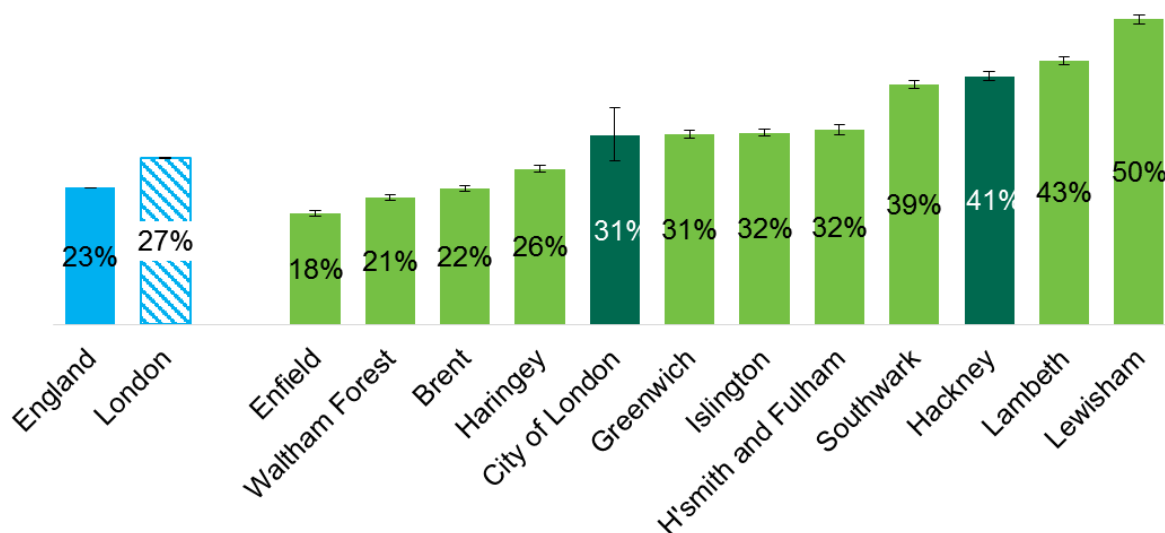


Source: Public Health England Public Health Profiles Tool

Sexually transmitted infections

Overall, Hackney performs relatively well in terms of chlamydia screening, with a high proportion of 15-24 year olds being tested in 2015. This was among the highest of its statistical peers, and higher than the London average and the England average (Figure 33).¹¹ Chlamydia testing rates are also comparatively high in the City of London.

Figure 33: Proportion of 15-24 year olds screened for chlamydia (2015)

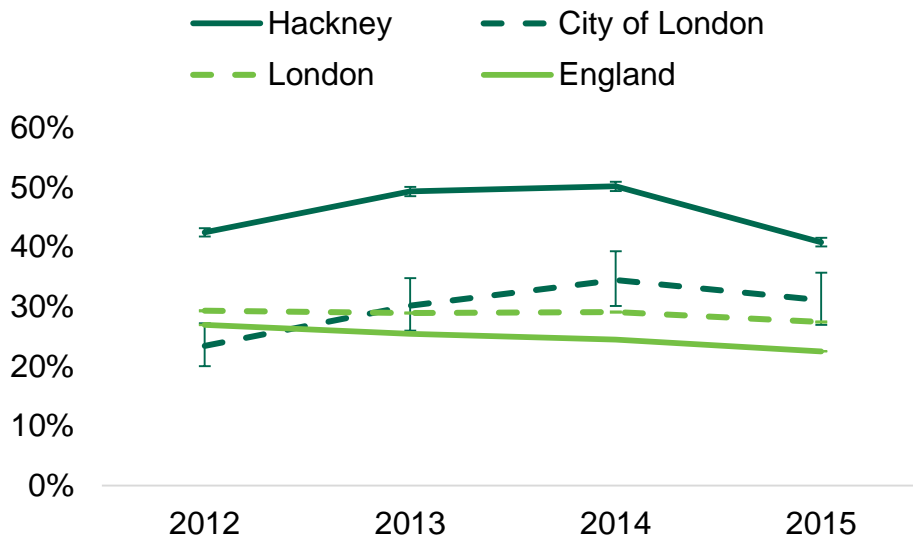


Source: National Chlamydia Screening Programme

The rate of screening increased in Hackney between 2012 and 2013, but plateaued in 2014 and fell in 2015. Testing rates have not changed much in City of London, but have fallen slightly across London and England (Figure 34).

¹¹ Both the screening rate and detection rates are based on the number of screens and the number of positive results, respectively, with a maximum of one result every six weeks per individual included. Therefore a lower proportion of the population may have been covered than reported here, as some individuals may have been screened or diagnosed more than once per year (if at more than six-week intervals).

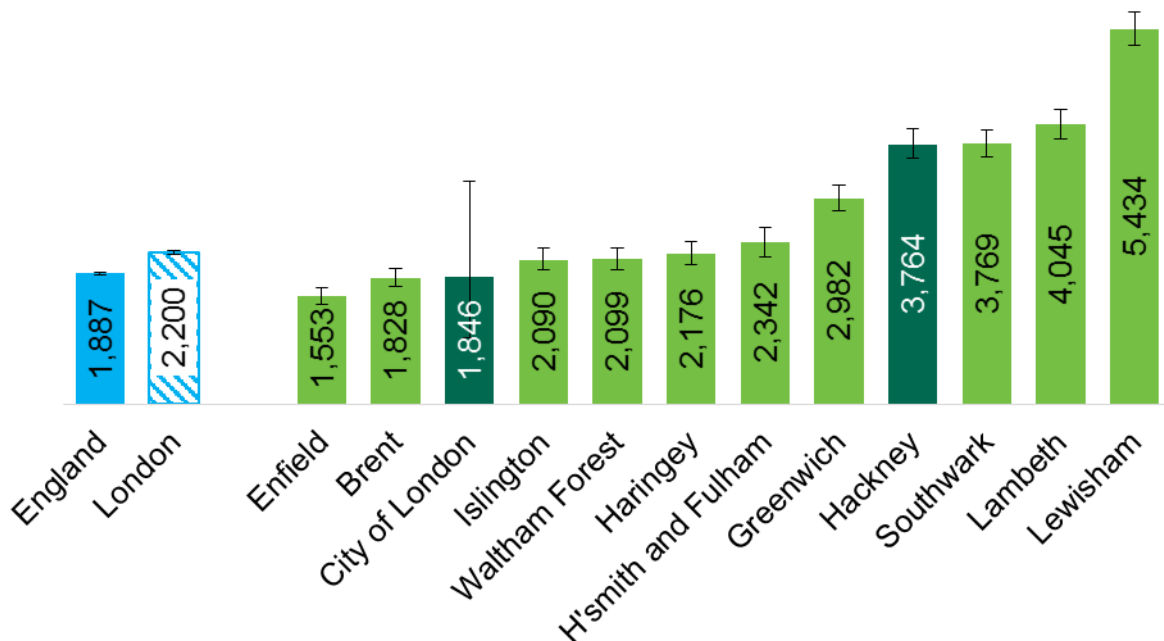
Figure 34: Proportion of 15-24 year olds screened for chlamydia over time (2012-2015)



Source: National Chlamydia Screening Programme

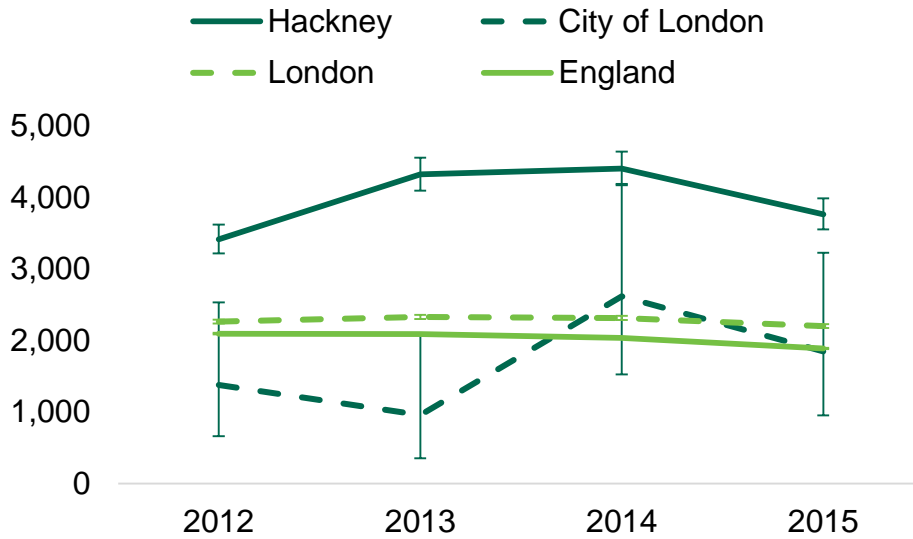
Hackney achieves a significantly higher chlamydia detection rate than the national goal of 2,300 diagnoses per 100,000 young people aged 15-24; local detection rates were just under 3,800 diagnoses per 100,000 in 2015. Hackney’s detection rate is to the higher end of its statistical peers, and much higher than the London or England averages (Figure 35). [45] Detection rates in the City of London are lower than Hackney, but fluctuate around the London and England averages. Trends in detection rates in Hackney mirror those observed in local screening rates (Figure 36). No trend data are available for the City of London.

Figure 35: Chlamydia detection rate in 15-24 year olds per 100,000 (2015)



Source: National Chlamydia Screening Programme

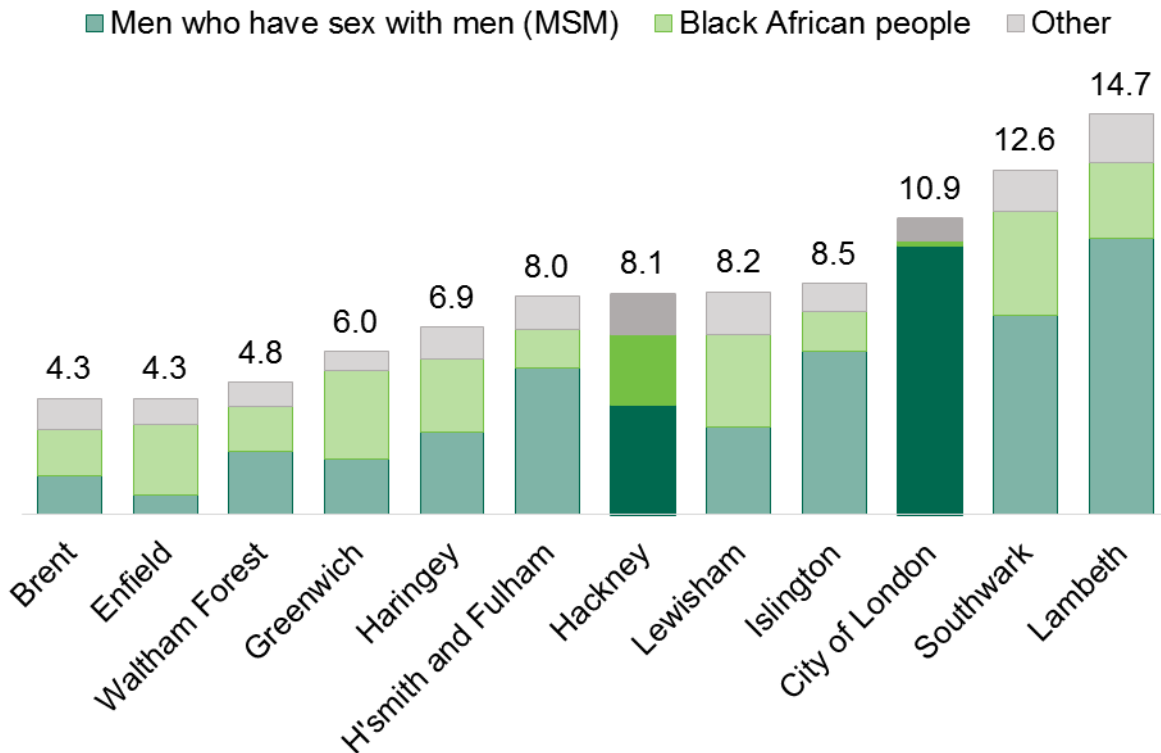
Figure 36: Chlamydia detection rate in 15-24 year olds per 100,000 over time (2012-15)



Source: National Chlamydia Screening Programme

The City of London has the third highest HIV prevalence rate in England, but the absolute numbers are very small (only 57 people in 2013). Hackney has the ninth highest HIV prevalence in England and ranks around the middle of its statistical peers (Figure 37).

Figure 37: HIV prevalence in 15-59 year olds by borough per 1,000 residents aged 15-59 (2013)



Source: 'HIV in the United Kingdom: 2014' report, Public Health England

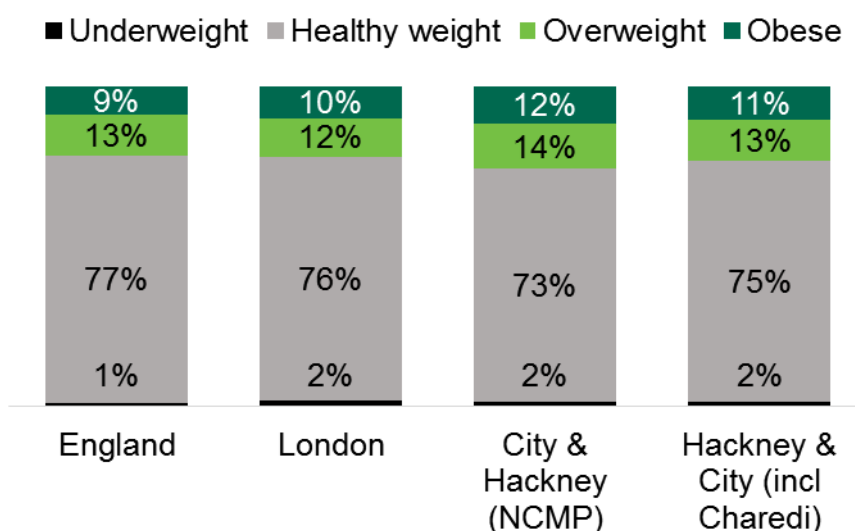
Non-communicable public health priorities

Obesity

Participation in the National Child Measurement Programme (NCMP) is higher in Hackney and the City than the national average (98.3% of pupils attending state schools in 2014/15, compared with 94.8% in England), and has been so since the programme began.

When the Charedi Reception Year pilot data are factored in to provide a more complete picture of obesity in Hackney and the City, overweight and obesity prevalence remains higher than the London and national averages (Figure 38). However, including these data mean that Hackney and the City falls from having the 7th highest Reception Year prevalence in the country to the 27th highest.

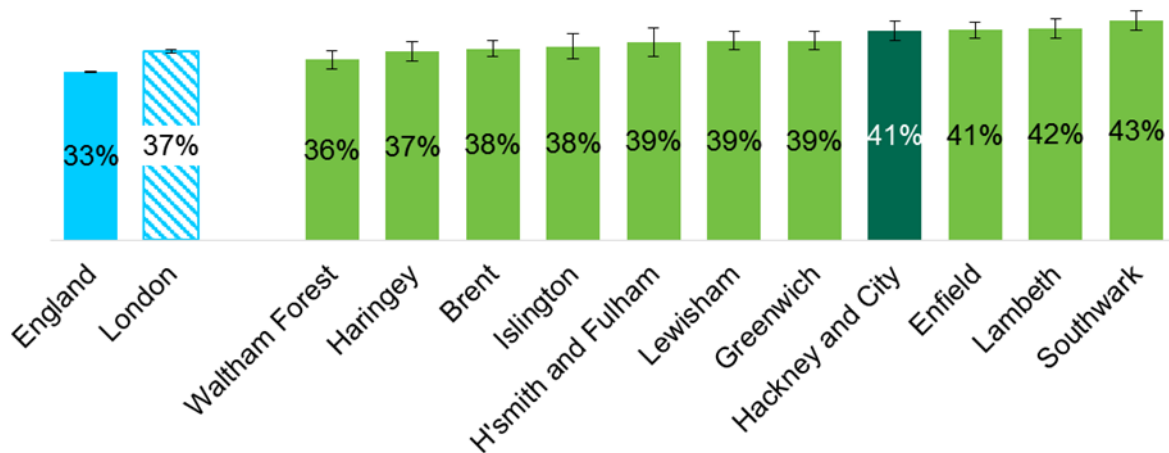
Figure 38: Proportion of Reception Year children in each weight category, 2012-15



Sources: National Child Measurement Programme; locally sourced data

Hackney and the City has among the highest prevalence of Year 6 obesity (state schools only) among comparable local authorities, but the differences are small (Figure 39). Waltham Forest is the only area to have statistically lower prevalence than Hackney. Figure 39 also shows that, on average, prevalence is much higher across London than nationally.

Figure 39: Prevalence of overweight and obesity in Year 6 pupils, 2014/15



Source: National Child Measurement Programme

Figure 40 shows that the prevalence of childhood overweight and obesity locally, regionally and nationally has remained relatively stable since the first data were collected in 2008/09. Locally, 2014/15 saw the lowest prevalence of overweight and obesity in Reception Year since the NCMP began, but it is not possible from the data to discern if this is a 'real' reduction and it is too early to say whether this represents a downward trend. No such pattern is observed for Year 6 overweight and obesity prevalence.

Figure 40 also shows that the phenomenon of overweight and obesity prevalence in Year 6 being double that in Reception Year holds true in London and nationally, as well as locally in Hackney and the City of London.

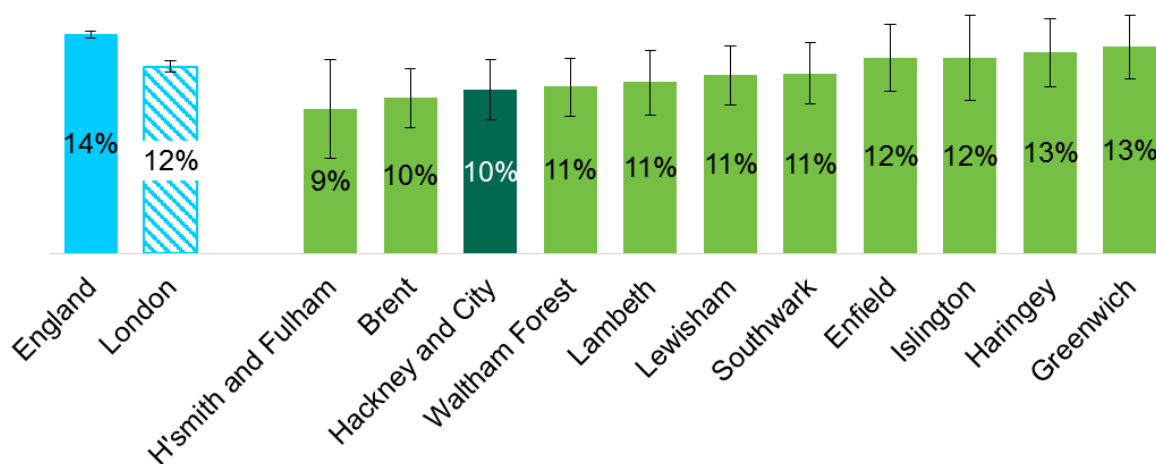
Figure 40: Trends in childhood overweight and obesity prevalence over time (2008/09-2014/15)



Source: National Child Measurement Programme

In related data from the 2015 WAY survey, the proportion of 15 year olds reporting being physically active for at least an hour per day every day for a week varies between 9% and 13% across Hackney’s 10 statistical peers. At 10%, Hackney and the City are towards the lower end of this range and significantly lower than the national average (Figure 41).

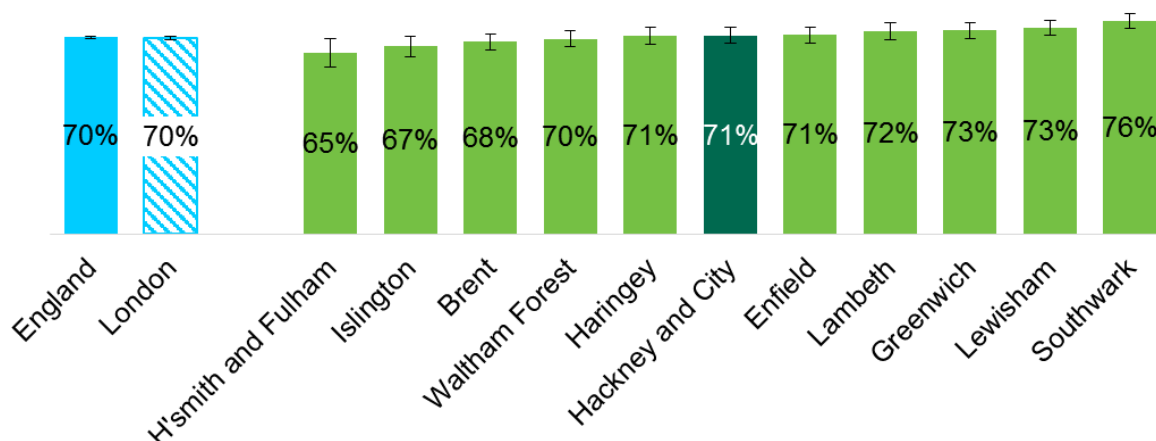
Figure 41: Self-reported physical activity of at least one hour per day every day of the last week in 15 year olds (2015)



Source: What About YOUth? (WAY) survey, HSCIC, 2015

When considering sedentary behaviour, the proportion of 15 year olds in this survey reporting a mean weekday daily sedentary time of more than seven hours varies between 65% and 76% among Hackney’s 10 statistical peers. At 71%, Hackney and the City are in the middle of this range and similar to the London and national averages (Figure 42).

Figure 42: Self-reported mean sedentary time of greater than seven hours per day each weekday in 15 year olds (2015)

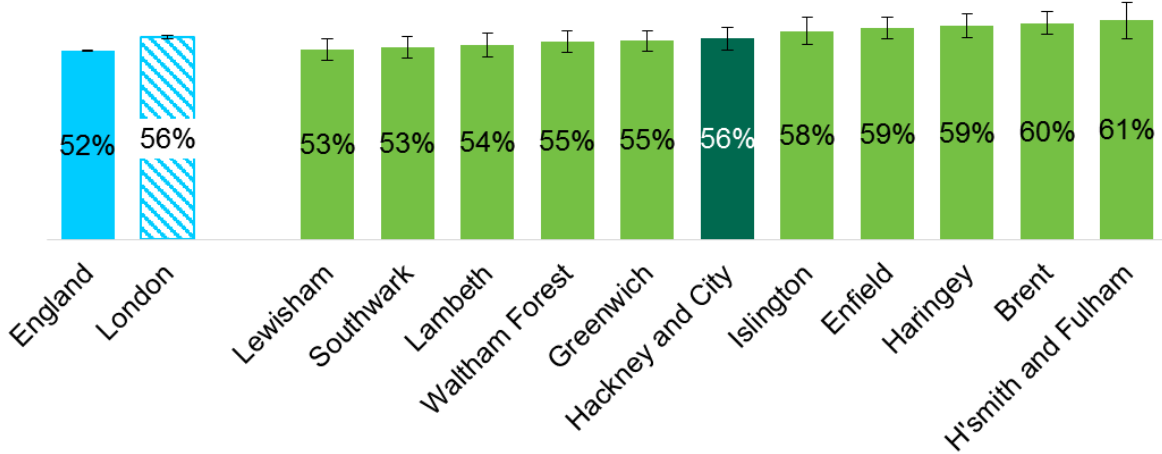


Source: What About YOUth? survey, HSCIC, 2015

The same source reveals that just over half (56%) of Hackney and the City’s 15 year olds report consuming at least five portions of fruit and vegetables per day, again in

the middle of the range of Hackney’s statistical peers and slightly better than the national average (Figure 43).

Figure 43: Self-reported consumption of five portions of fruit and vegetables per day in 15 year olds (2015)

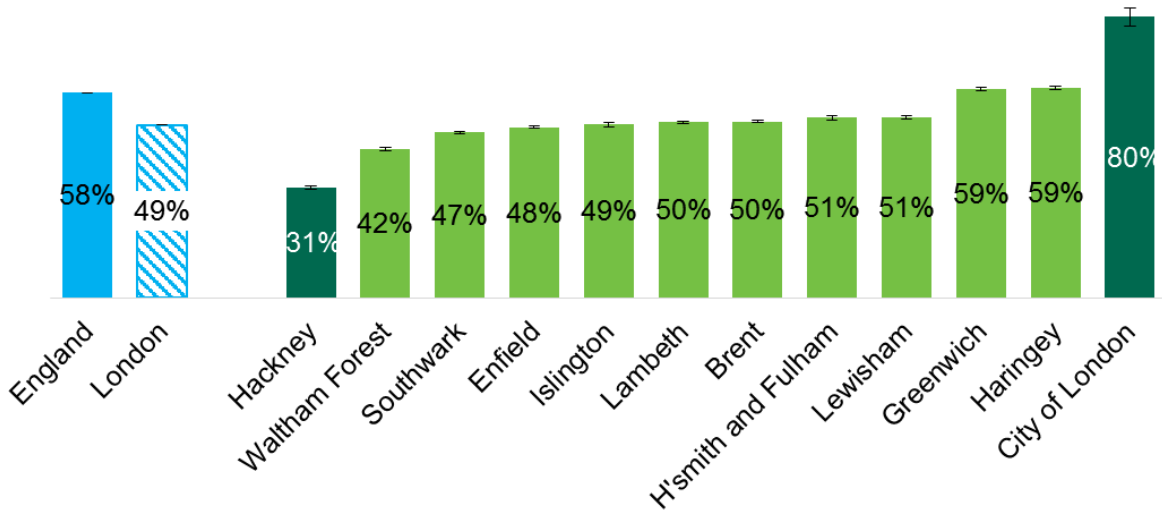


Source: What About YOUth? survey, HSCIC, 2015

Dental health

Children and young people in Hackney are less likely to visit a dentist than in any comparable local authority, London or England (Figure 44). In contrast, children and young people in City of London are more likely.

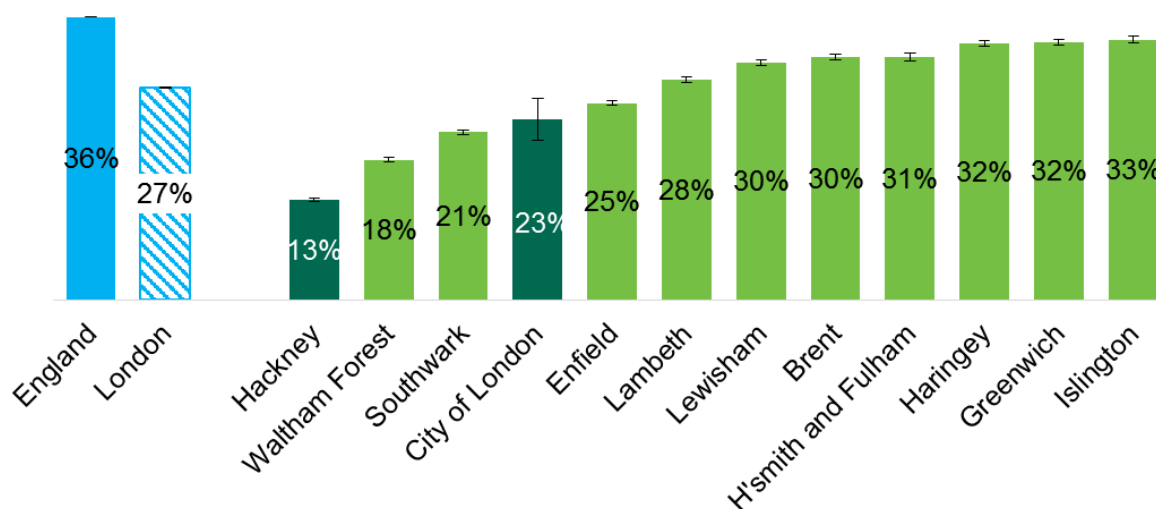
Figure 44: Number of child patients seen in previous 12 months as a proportion of the 0-17 year old resident population (2015/16)



Source: NHS Dental Statistics for England, HSCIC

A lower proportion of Hackney’s children have had a fluoride varnish application¹² than all 10 of Hackney’s statistical peers (Figure 45). In the City of London, this is much higher, at, but still lower than many other areas, including the London and England figures.

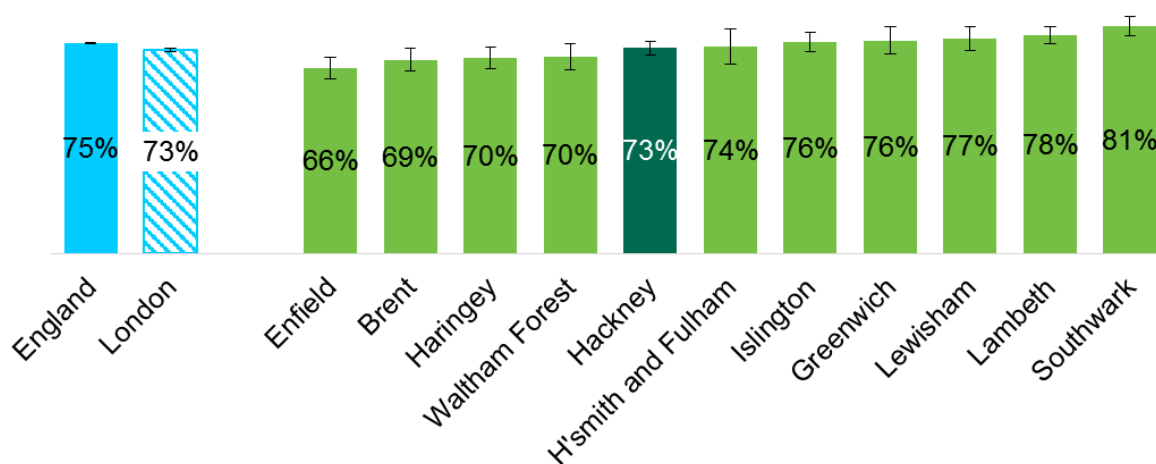
Figure 45: Fluoride varnish applications in 0-17 year olds (2015/16)



Source: NHS Dental Statistics for England, HSCIC

Survey data from 2014/15 show that tooth decay in five year olds in Hackney is towards the middle of the range of its statistical peers and similar to the London and England averages (Figure 46). Data are not available for the City of London due to small numbers.

Figure 46: Proportion of five-year-olds free of dental decay (2014/15)



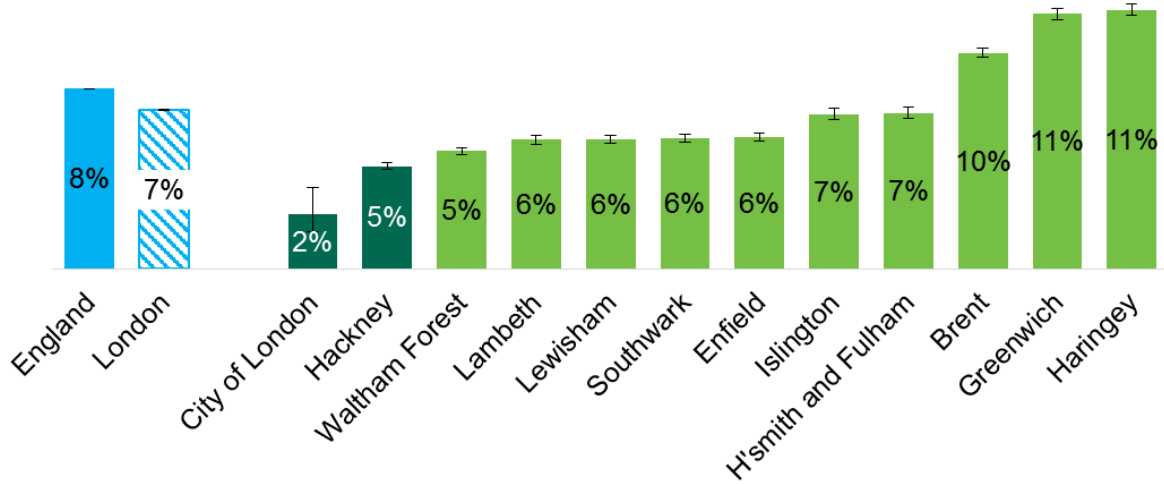
Source: Public Health England Health Profiles Tool

When tooth extractions are assessed separately (i.e. excluding decayed but not extracted teeth), and for 0-17 year olds not five year olds, both Hackney and the City

¹² Dentists and trained dental nurses can apply a layer of fluoride directly to children’s teeth to strengthen tooth enamel and protect against dental decay – for more information see Section 3.7.

perform better than all ten of Hackney’s statistical peers, London and England (Figure 47).

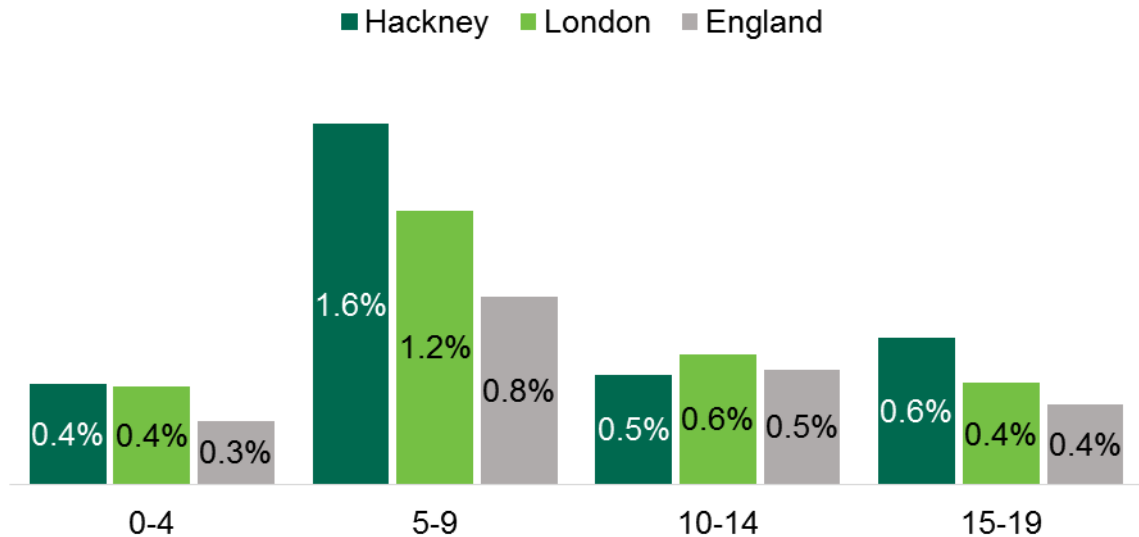
Figure 47: NHS tooth extractions in 0-17 year olds, (2015/16)



Source: NHS Dental Statistics for England, HSCIC

Tooth extractions undertaken *in hospital* are more common in Hackney than the London or England averages, particularly among 5-9 year olds (Figure 48). Trend data for inpatient dental extractions over the past three years reveal a relatively static picture across Hackney, London and England. [46] Given the small number of in-hospital extractions, data have not been published for the City of London.

Figure 48: Hospital tooth extractions by age (2013/14)



Source: Dental Public Health Intelligence Programme

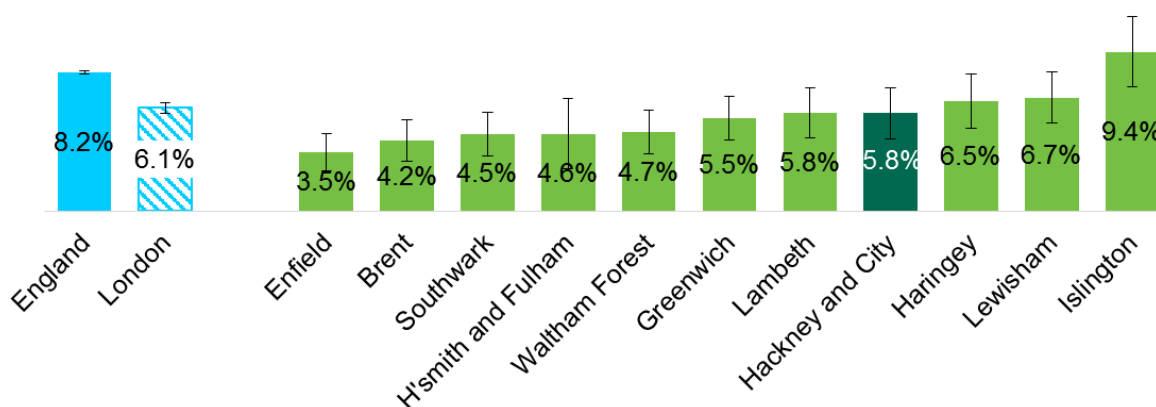
In conclusion, in relation to dental health, the data suggest that Hackney has relatively fewer teeth extracted for the rate of decay, but a comparatively high proportion of tooth extractions being undertaken in hospital.

Substance misuse

Smoking

The proportion of Hackney and the City’s 15 year olds responding to the 2015 WAY survey who said they smoke is in the middle of the range of Hackney’s statistical peers and similar to London, but lower than the national average (Figure 49).

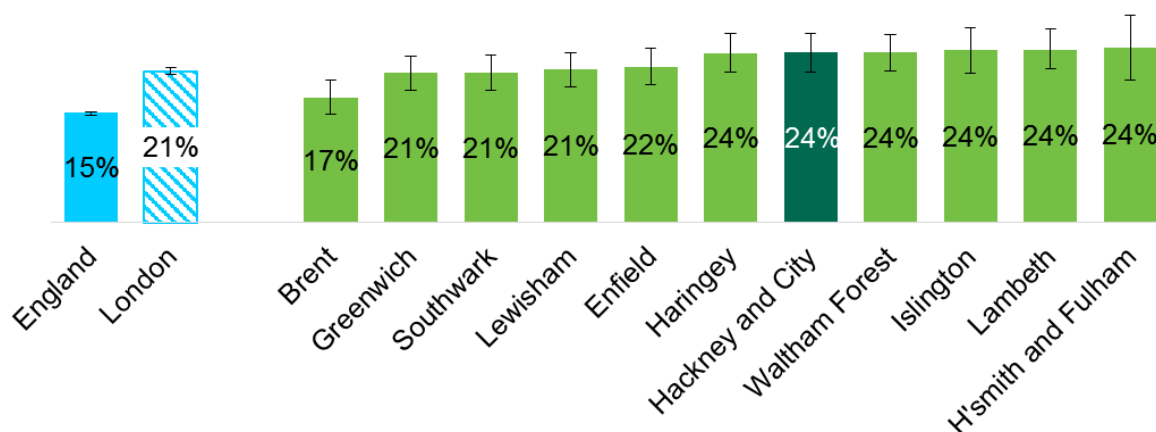
Figure 49: Self-reporting of being a current smoker in 15 year olds (2015)



Source: What About YOUth? survey, HSCIC, 2015

A quarter (24%) of 15 year olds in Hackney and the City also report having tried tobacco other than in cigarettes (such as shisha), which again is similar to most of Hackney’s statistical peers and London as a whole, but this time *higher* than the national average (Figure 50).

Figure 50: Self-reporting of trying tobacco products other than cigarettes in 15 year olds (2015)



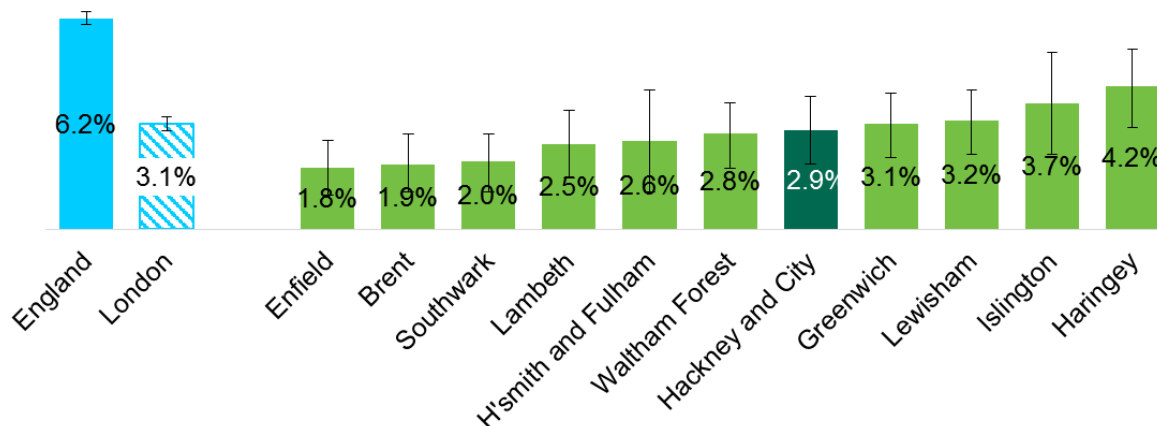
Source: What About YOUth? survey, HSCIC, 2015

Alcohol

Again according to the WAY survey, fewer 15 year olds report being a current drinker in Hackney and the City (29%) than most of Hackney’s statistical peers, the London average (35%) or the national average (57%). When looking at frequent

drinking (at least once a fortnight), again the rate is lower in Hackney and the City (6%) than across London (7%) or England (14%) and many of Hackney's statistical peers (Figure 51).

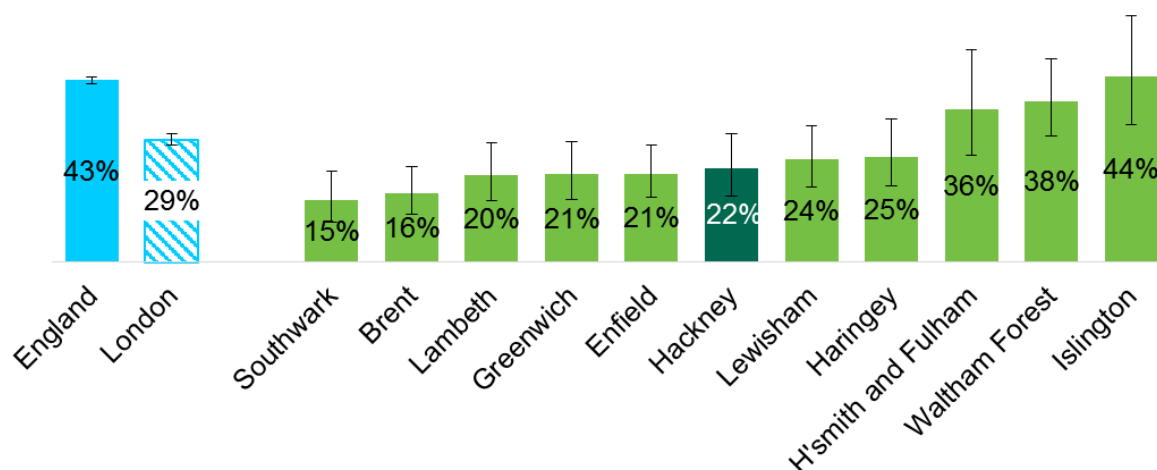
Figure 51: Self-reporting of frequent alcoholic drinking in 15 year olds (2015)



Source: What About YOUth? survey, HSCIC, 2015

Examining rates of alcohol-related hospital admissions in under-18s, as a measure of harmful drinking in young people, reveals that Hackney has a rate in the middle of the range of its statistical peers (22 per 100,000 population), but significantly lower than the national average (Figure 52).

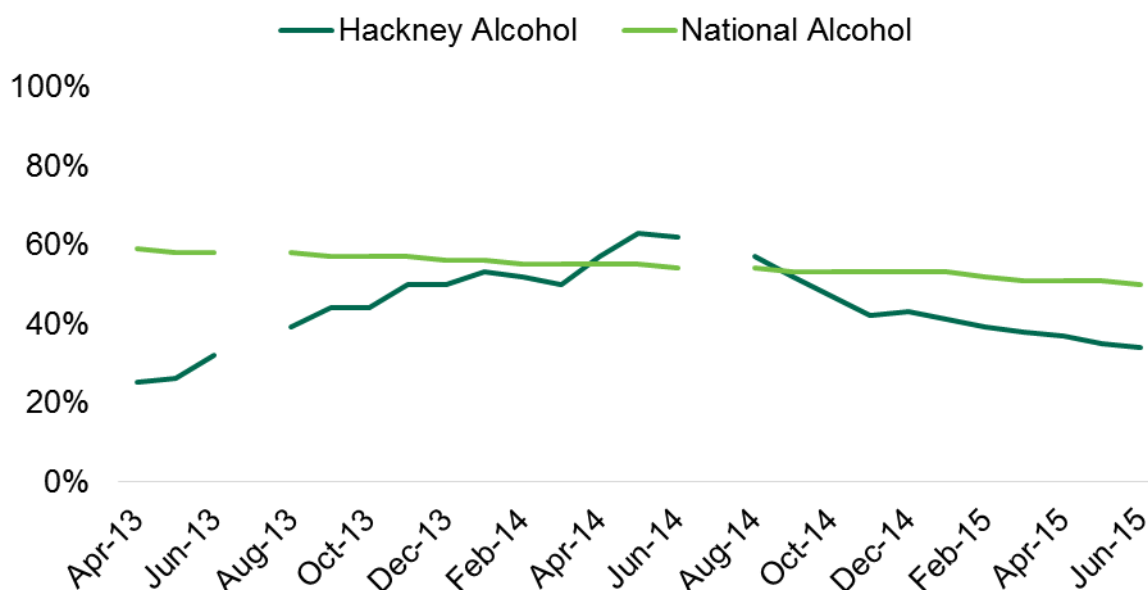
Figure 52: Alcohol-related hospital admissions in under-18s (pooled data 2010/11-2012/13)



Source: Public Health England Public Health Profiles Tool

Analysing the proportion of clients reporting alcohol misuse in the young people's substance misuse service over time reveals that use peaked locally in May 2014 before falling back to 2013 levels, with the national rates being relatively stable (Figure 53).

Figure 53: Proportion of clients reporting alcohol misuse over time (April 2013 – June 2015)



Source: National Drug Treatment Monitoring System

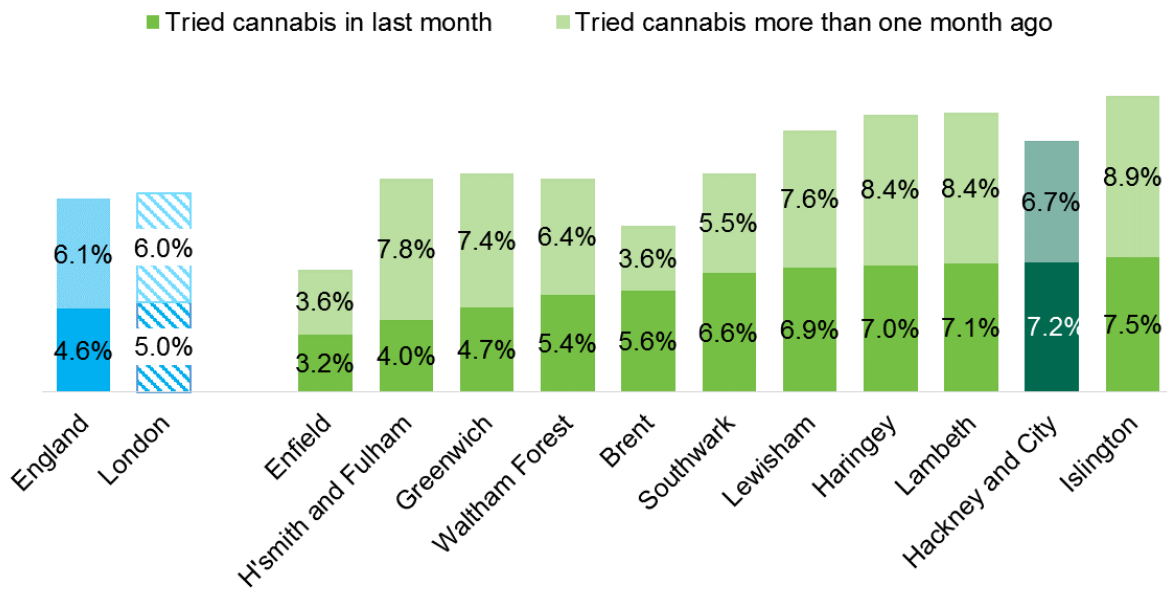
Other substances

Hackney and the City have relatively high rates of reported use of cannabis among a sample of 15 year olds (14% ever using), compared with Hackney’s statistical peers and the rest of London and England. A relatively high proportion also say they have used cannabis specifically in the past month (Figure 54).

Cannabis use is also more commonly reported as a substance used by young people receiving specialist drug and/or alcohol treatment services in Hackney – reported by 96% in 2014/15, compared with 88% across England as a whole.¹³ [47] Cannabis use among young people receiving specialist drug and/or alcohol treatment has remained stable between 2013 and 2015, both locally and nationally.

¹³ For these and subsequent data on substance misuse service use, national figures relate to the final quarter of 2014/15, whereas Hackney figures relate to the whole year (2014/15) so numbers are not so low as to be identifiable

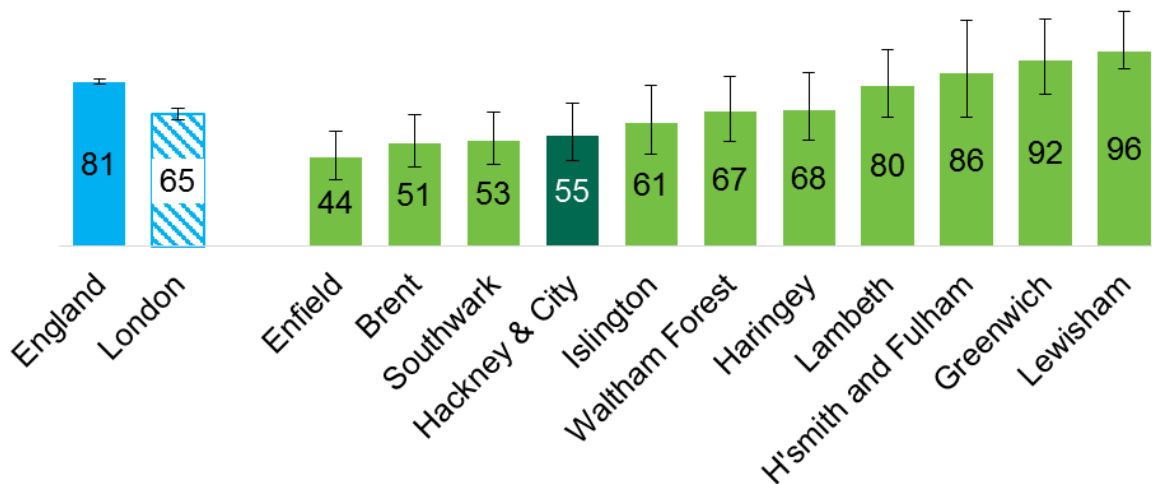
Figure 54: Trying cannabis with breakdown by time of most recent use in 15 year olds (2015)



Source: *What About YOUth?* survey, HSCIC, 2015

Hackney and the City have a relatively low rate of substance misuse related hospital admissions in 15-24 year olds – lower than the national average and many of Hackney’s statistical peers (Figure 55).

Figure 55: Substance misuse-related hospital admissions in 15-24 year olds (pooled data 2011/12-2013/14)



Source: Public Health England Public Health Profiles Tool

While the proportion of substance misuse-related hospital admissions is rising both in London and nationally, the rate has plateaued in Hackney and the City. The local rate is now significantly better (i.e. lower) than across England (Figure 56).

Figure 56: Substance misuse related hospital admission in 15-24 year olds (2008/09-2010/11 to 2011/12-2013/14)



Source: Public Health England Public Health Profiles Tool

It is worth noting here a couple of differences in the demographic profile of young substance misuse service users in Hackney compared with England¹⁴. A lower proportion of those receiving treatment in Hackney are girls (17%) than the national average (35%). Also, service clients in Hackney tend to be older than nationally – 40% are 17 years old compared to 26% nationally.

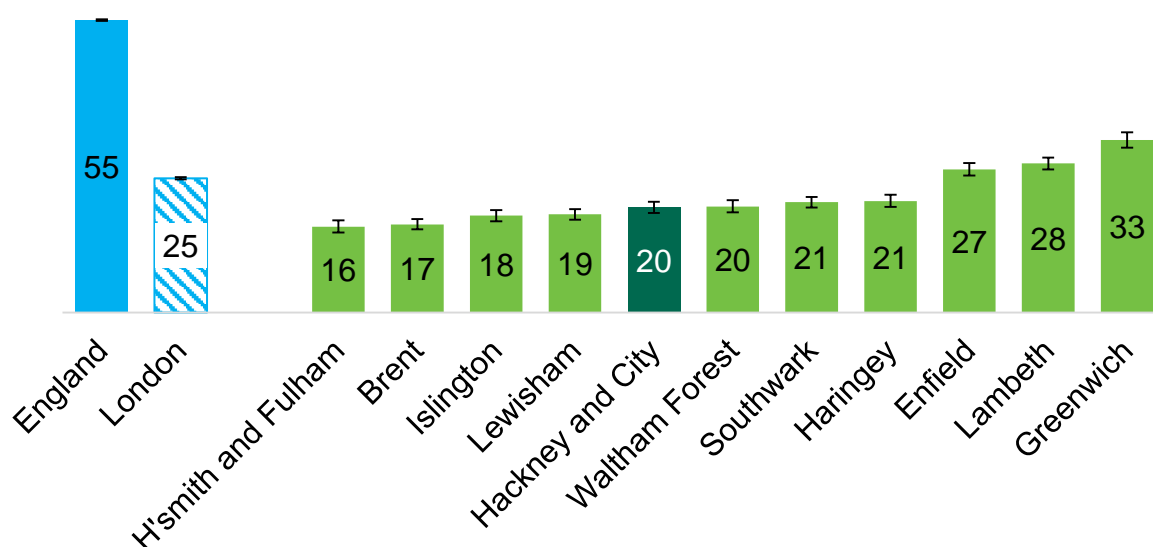
Reproductive health

Data show that across London the rate of GP prescriptions for long-acting reversible contraception (LARC) in women aged 15-44 years is less than half the rate in England (data for younger women specifically are not available). LARC prescribing rates in Hackney and the City are significantly below the London average and some of Hackney's statistical peers (Figure 57). Locally, LARC prescribing is much more common through sexual and reproductive health (SRH) services than GP practices, making up 26% and 8% of contraception prescriptions in these services respectively.¹⁵

¹⁴ For these data, national figures relate to the final quarter of 2014/15, whereas Hackney figures relate to the whole year (2014/15) so numbers are not so low as to be identifiable.

¹⁵ Comparable SRH service data are not available for other boroughs and therefore it may be that Hackney's low GP LARC prescription rate reflects a different pattern of service use, rather than lower uptake of LARC in the local population.

Figure 57: GP prescriptions for long-acting reversible contraception (2014)

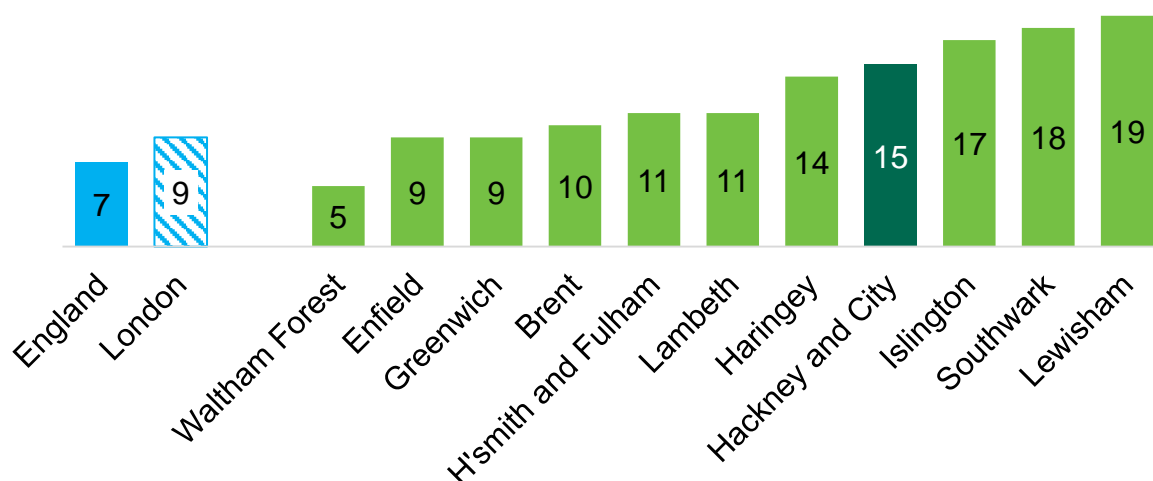


Source: Public Health England Public Health Profiles Tool

While the rate of GP LARC prescribing in England has risen by 10% over the past three years, the rate has remained stable in London and has decreased by over 20% in Hackney and the City of London during this time.

Fifteen women per 1,000 aged 13-54 were given emergency contraception in 2014/15 through SRH services in Hackney and the City of London. This is higher than the London and national averages and most of Hackney’s statistical peers (Figure 58).

Figure 58: Proportion of women aged 13-54 given emergency contraception (2014/15)

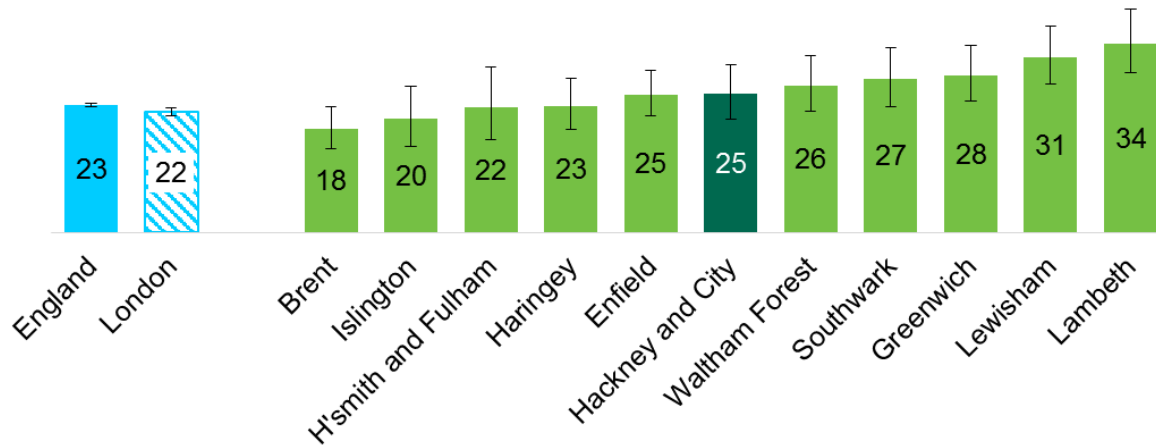


Source: Sexual and Reproductive Health Activity Data Set (SRHAD)

Note: Emergency contraception includes prescribed oral and intrauterine device (IUD) methods, but does not include over the counter purchases.

In 2013, teenage conceptions in Hackney and the City were broadly similar to England, London and Hackney’s statistical peers (Figure 59).

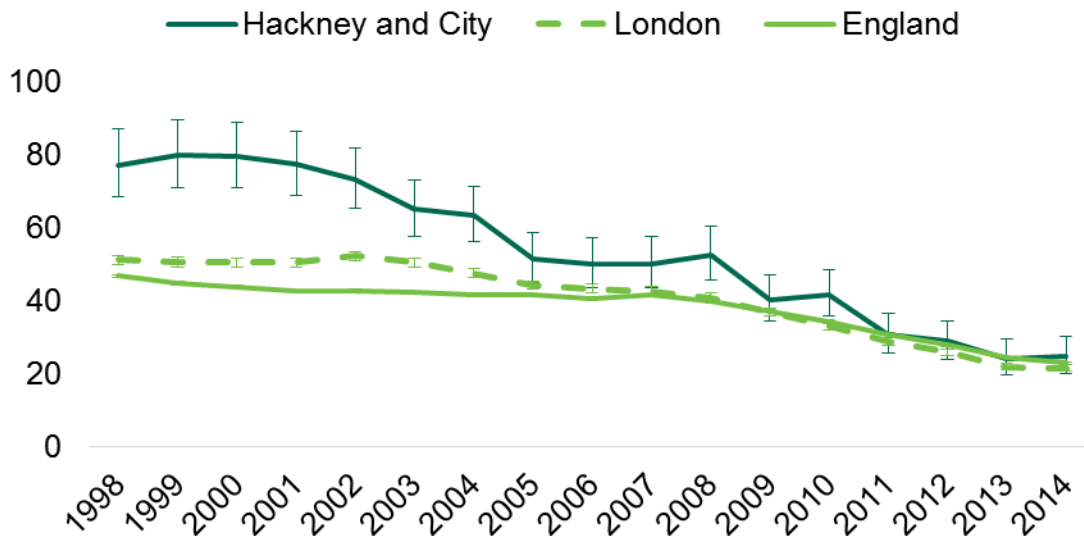
Figure 59: Conceptions in under 18 year olds per 1,000 females age 15-17 (2014)



Source: Public Health England Public Health Profiles Tool

Figure 60 shows that the rate of conceptions in 15-17 year olds in Hackney and the City has fallen significantly since the late 1990s, from a peak of 80 per 1,000 in 1999 to a rate that is similar to the national average today (24 per 1,000).

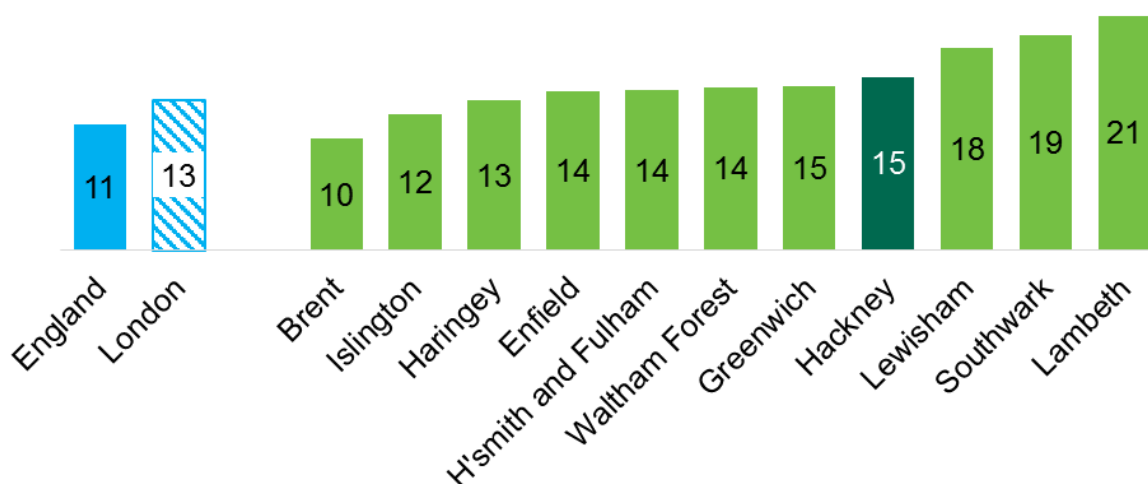
Figure 60: Rate of conceptions per 1,000 females aged 15-17 (1998-2014)



Source: Office for National Statistics (ONS)

Abortion rates in women aged 18 and under in Hackney are relatively high when compared to England, London and many of Hackney's statistical peers (Figure 61).

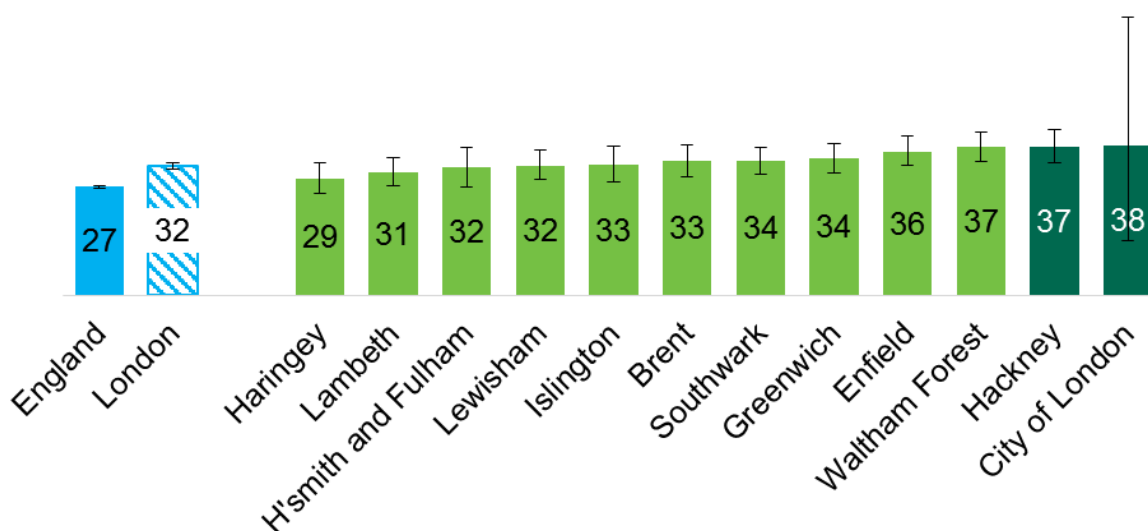
Figure 61: Rate of abortions in those under 18 per 1,000 females aged 15-17 (2014)



Source: Public Health England

The rate of repeat teenage abortions is also comparatively high in Hackney (Figure 62). While the City of London is also reported to have a relatively high rate of repeat abortions in women aged 24 and under, the numbers involved are very small and therefore there is considerable uncertainty around the rate reported below (i.e. the confidence intervals are very wide).

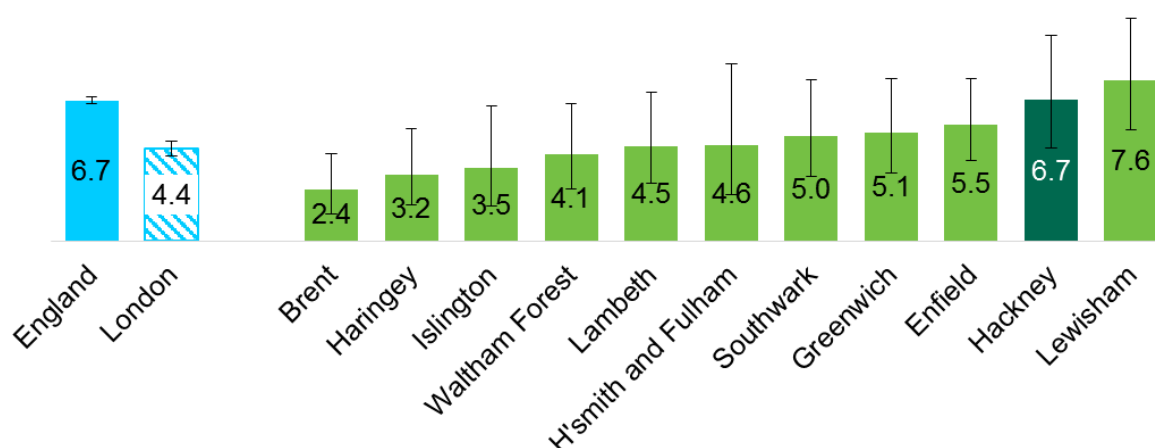
Figure 62: Repeat abortions in women aged 24 and under (2014)



Source: Public Health England Public Health Profiles Tool

Hackney and the City of London have a rate of births to mothers aged 15-17 that is similar to Hackney's statistical peers, London and England as a whole (Figure 63). As discussed previously, there is a higher rate of emergency contraception use and abortions in this age group locally.

Figure 63: Births to females aged 15-17 (2013)



Source: Public Health England Public Health Profiles Tool

Common long-term conditions

As data on the prevalence of long-term conditions by local authority are not published nationally, comparisons against statistical peers are not available.

3.6 Evidence for what works

3.6.1. Prevention

Vaccine-preventable diseases

A comprehensive immunisation programme is in place in the UK to help prevent the spread of vaccine-preventable diseases (see Table 1 in Section 3.2).

Obesity

Given the range and complexity of influencing factors, preventing obesity is not straightforward. The 2007 'Tackling Obesity: Future Choices Project' report highlighted that a *'bold whole system approach is critical'* to tackle unhealthy diets and the built environment, and to foster a change in cultural attitudes around weight. [7]

Guidance from the Chief Medical Officer makes the following recommendations about physical activity in children aged 5-18 to maximise health benefits (including obesity prevention). [48]

1. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

In terms of diet, the 'Eatwell Guide' provides practical recommendations aimed at the public (Figure 64), including the following.

1. Eat at least five portions of a variety of fruit and vegetables a day.
2. Base meals on starchy carbohydrates (which are wholegrain where possible)
3. include some dairy or dairy alternatives (that are lower-fat and lower-sugar where possible.)
4. Eat beans/pulses/fish/eggs/meat as sources of protein and aim for two portions of fish every week (one of which should be oily).
5. Choose unsaturated oils and spreads and eat foods high in fat, salt and sugar less often and in small amounts.
6. Drink plenty of fluids (aim for six to eight glasses a day).

Figure 64: Eatwell Guide



Source: Public Health England (PHE) in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland.

Dental health

Sugar consumption is a major risk factor for tooth decay (also referred to as dental caries). [49] The Scientific Advisory Committee on Nutrition (SACN) recommends that the average population intake of free sugars¹⁶ should not exceed 5% of total dietary energy from two years of age. [50] Current estimates of UK sugar intake from the *National Diet and Nutrition Survey* (2008/09-2011/12) for school-aged children (4-18 years) suggest this is around 15% of energy intake, three times the maximum

¹⁶ 'Free sugars' comprises all monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices. Under this definition lactose, when naturally present in milk and milk products, is excluded. [50]

recommended level. [51] PHE has estimated that almost 250,000 cases of dental caries could be avoided each year if the SACN target was achieved over the next five years. [36]

National research reveals that soft drinks (excluding fruit juice) are the largest single source of sugar for children aged 11-18 years, providing 29% of daily sugar intake on average. [36] Measures to reduce the consumption of these drinks could have a major impact, not only in improving dental health but also in tackling child obesity. Another method of preventing dental decay is through the use of fluoride, a naturally occurring mineral that is found in tea, fish and some water supplies that can be added to a range of products to strengthen tooth enamel.¹⁷ Most toothpastes have added fluoride (to varying extents). Children up to age six are advised to brush their teeth at least twice daily with toothpaste containing more than 1000 parts per million (ppm) fluoride. Older children (and adults) are advised to brush their teeth at least twice daily with a toothpaste containing 1350-1500ppm fluoride. [52]

One of the best options for increasing the availability of topical fluoride, regardless of the levels of fluoride in the water supply, is fluoride varnish applied by a dentist or trained dental nurse. [53] It is recommended that children should be offered fluoride varnish treatment at least twice a year from the age of three (younger children may be offered treatment if deemed necessary by a dentist); it has been shown that two or more applications per year produces an average reduction in dental decay progression of 37% in the primary ('baby') teeth and 43% in the permanent ('adult') teeth. [53]

Substance misuse

Guidance for best practice around prevention, intervention, treatment and ongoing support smoking, alcohol and substance misuse in children and young people is summarised in Table 10.

¹⁷ Approximately 10% of England's population benefit from a water supply where the fluoride content (natural or artificial) is at the optimum level for dental health – this is predominantly in the West Midlands and the North East of England. [53]

Table 10: Substance misuse

	Prevention	Identification/Early intervention	Treatment/Ongoing support
<p>Smoking</p> <p>NICE guideline on smoking: preventing uptake in children and young people – PH14¹⁸</p> <p>NICE guideline on smoking prevention in schools – PH 23¹⁹</p> <p>Healthy Child Programme [54]</p> <p>See also ‘Smoking’ section of the ‘Lifestyle and behaviour’ JSNA chapter</p>	<p>Anti-smoking campaigns graphically portraying tobacco as harmful and deadly.</p> <p>Whole school smoke free policies should be developed and schools should integrate the negative consequences of smoking into the curriculum.</p> <p>Local authorities and trading standards should provide training to retailers and encourage them to request proof of age for anyone who appears younger than 18.</p>	<p>The Healthy Child Programme recommends that those working in schools and healthcare settings should provide very brief advice using the ‘3As’ to identify young people who smoke and encourage them to quit:</p> <ul style="list-style-type: none"> • Ask if they smoke • Advice them about stopping and the efficacy of local NHS Stop Smoking services (the most effective evidence-based opportunity to stop smoking) • Act by offering a referral to the local service. 	<p>Schools should consider offering evidence-based, peer-led interventions to young people aged 11-16 years (such as the ASSIST – A Stop Smoking in School Trial – programme).</p>
<p>Other substances – including alcohol</p> <p>NICE guideline on substance misuse interventions of</p>	<p>Therapeutic interventions should be provided before and during the transition to secondary school to children who are at high risk of substance misuse.</p>	<p>Use existing screening and assessment tools (such as the Common Assessment Framework) to identify vulnerable or disadvantaged young people who are currently,</p>	<p>Young people with substance misuse problems should be referred to local specialist services as part of a multi-agency strategy. These services should ensure that they are accessible to looked after</p>

¹⁸ <https://www.nice.org.uk/guidance/ph14>

¹⁹ <https://www.nice.org.uk/guidance/ph23>

	Prevention	Identification/Early intervention	Treatment/Ongoing support
vulnerable under-25s – PH4 ²⁰	<p>Parents with substance misuse issues should be identified and referred to services.</p> <p>For more information on prevention, see Section 7.6.1 of the 'Mental health and substance misuse' chapter of the JSNA.</p>	<p>or at risk of, misusing substances.</p> <p>Where issues are identified, motivational interviews should be offered to both the young person and their parents or carers. Parenting skills training may be offered.</p> <p>Young people entering a secure estate should receive a substance misuse assessment to identify those who have used substances, and to what extent, and this screening should be undertaken as soon as possible after a young person's arrival.</p>	<p>children with clear, effective referral routes in place.</p> <p>Support should be coordinated with the young person's parents or carers, education welfare services, children's trusts, school drug advisors and child and adolescent mental health services. A family-based programme of structured support should be offered over at least two years.</p>

²⁰ <https://www.nice.org.uk/guidance/ph4>

Sexual and reproductive health

The 'Healthy Child Programme' (see Section 2.7.2) recommends that all young people should be reminded of the continuing risk of sexually transmitted infections (STIs) and access to condoms should be promoted. Information about local services should be provided to young people through personal, social, health and economic (PSHE) education. [54]

Long-acting reversible contraception (LARC) methods do not rely on user-dependence and protection is maintained for a long time. NICE therefore recommends increasing the uptake of LARC to reduce the number of unintended pregnancies. [55]

NICE recommends that GPs, nurses and other clinicians should provide targeted prevention to vulnerable young people under 18 years of age.²¹ [56] This could involve one-to-one sexual health advice on how to prevent sexually transmitted infections, how to prevent unwanted pregnancies, methods of reversible contraception or how to get and use emergency contraception.

3.6.2. Identification and early intervention

Obesity

The Healthy Child Programme reinforces the need for schools to ensure that height and weight are measured as part of the NCMP at the school-entry health assessment (Reception Year) and in Year 6. It also recommends that the health review at school transition in Year 6/7 could include interpretation of the BMI score as part of the NCMP, with an explanation of the implications for diet and lifestyle. In addition, parents of overweight or obese children should receive appropriate information and signposting to further sources of advice and support, as well as referral to appropriate weight management services. [54]

Dental health

The Faculty of Dental Surgery at the Royal College of Surgeons of England has set out the following recommendations to address the poor state of children's oral health. [57]

- Improve children's access to NHS dental services so they can visit a dentist regularly for preventive advice and receive early diagnosis and prompt treatment for any problems identified.
- Address the relative shortage of specialist paediatric dentistry services in some parts of the country, to ensure all children with advanced tooth decay have timely access to specialists with appropriate skills and facilities.
- Collect statistics on children's attendance at an NHS dentist in the previous 12 months (rather than 24 months as currently), in line with NICE guidance on

²¹ 'Vulnerable' includes those from disadvantaged backgrounds (such as living in a deprived area, from a minority ethnic group, refugees, asylum seekers, those excluded from school, NEET (not in education, employment or training), homeless, living with mental health problems, or criminal offenders, those leaving care or those with low educational attainment.

dental recall; PHE should also consider a public campaign to stress the importance of children seeing a dentist.

- Educate parents and children about the risks of tooth decay and the importance of good oral health and prevention; the national government is urged to invest in a national oral health programme to drive improvements in children's oral health in England, as these have proved successful in Scotland and Wales.

Sexual and reproductive health

The Healthy Child Programme advises that all sexually active under-25s should be encouraged to be screened for chlamydia annually or if they change sexual partner. [54]

NICE recommends that commissioners should ensure swift access to flexible, confidential, dedicated young people's contraceptive services, which should be open to those aged under 16 without a parent or carer. [58] These services should provide free same-day pregnancy test results and offer (or signpost to) counselling. It is recommended that routine HIV testing should be offered to all medical admissions in areas with a high diagnosed prevalence, defined as over two per 1,000 15-59 year olds – on this basis, routine testing would be recommended for all admissions in London. [59]

3.6.3. Treatment, care and support

Obesity

NICE guidance PH47 details the recommendations for treatment of childhood obesity. [60] This states that lifestyle weight management services should be family-based, multi-component, multi-agency and community-wide as part of a locally agreed long-term obesity care or weight management pathway. Key principles are highlighted in Box 4.

Box 4: Principles of weight management for children and young people [60]

- Referrers should seek to understand the family's starting point – this could include whether they understand the benefit of a healthy weight, whether they recognise that their child is overweight, and what, if anything, has already been attempted around weight control.
- Programmes should emphasise the importance of parent/carer support, but understand that adolescents may respond better separately.
- Weight maintenance rather than loss may be a realistic short-term goal, especially for children still growing taller.
- Particular attention should be paid as to how best to support children and young people with special educational needs or disabilities, or those in at-risk groups, such as Black or Minority Ethnic communities or low-income families.
- On completion of a weight management programme, young people should be offered ongoing support for at least a year and be informed of other local services that may further support them in their continuing weight management.

Dental health

NICE provides clinical guidance on oral and dental health, including on the treatment of tooth decay at all ages, but at the time of writing no specific guidance is available on treatment in children and young people. [61]

Sexual and reproductive health

NICE recommends the provision of culturally appropriate, confidential, non-judgemental, empathic advice and, if possible, provision of the full range of contraceptive methods (including LARC), condoms and emergency contraception. If this is not possible, services should provide contraception to meet immediate needs and signpost to services that can offer timely provision of the full range of methods. [58] Additional support should also be provided for socially disadvantaged young people, including access to trained interpreters, one-to-one sessions and special facilities for those with disabilities.

3.7 Services and support available locally

Health services for 5-19 year olds in Hackney and the City have recently been re-designed to better meet the needs of the community. The new offer, City and Hackney Children and Young People's Health and Wellbeing Service, began in autumn 2016. It is made up of two distinct services working in close partnership with one another, described below.

- Young Hackney Health and Wellbeing Service (5-19 year olds) – an education and outreach service, delivered by Young Hackney. The service is community based, taking services to children and young people in schools, youth clubs and other places they gather.
- CHYPS Plus (11-19 year olds) – a clinical service, delivered by Homerton University Hospital NHS Foundation Trust (HUHFT). The service includes

delivery of a full clinical offer every evening of the week from its base in Lower Clapton, 'The House', and from four Young Hackney youth hubs (rotating geographically) as well as a Saturday service. It will continue to deliver high quality, holistic, evidence based, youth friendly sexual health, physical and emotional wellbeing services.

Together, these services deliver on key health promotion and clinical interventions as defined in the National Healthy Child Programme for 5-19 year olds.

3.7.1. Prevention

Obesity

HENRY (Health, Exercise, Nutrition for the Really Young) is an eight week group programme for parents of young children in Children's Centres across Hackney and the City of London. It accepts referrals from parents or carers with children under five years of age who are keen to develop their skills to provide a healthy lifestyle for their family.

Get Hackney Healthy is the overarching Hackney-wide work programme of universal provision for 5-18 year olds, which aims to improve the health of children and young people by reducing obesity, with a particular focus on families. The programme is informed by the 'Fair Society, Healthy Lives' report, which highlighted the influence of wider social determinants on health and the need to engage with these to prevent the intergenerational cycle of health inequalities. [62]

Get Hackney Healthy includes the following elements:

- delivery of the 'Eat Better, Start Better' healthy food and drink guidelines in all early years settings (currently 70% of settings are achieving this)
- a training programme for key professionals working with children and young people, with a focus on those working with the under fives and their families
- delivery of the HENRY programme in a range of early years settings
- delivery of Health Heroes, a whole school approach to tackling childhood obesity aimed at primary schools
- delivery of the Play Streets programme across the borough – closing streets to enable children to have space to 'play out'.
- a grants scheme (the Get Hackney Healthy Challenge Fund), which funds community and voluntary sector projects that aim to increase physical activity and/or improve access to or knowledge of healthy food.

Examples of specific Get Hackney Healthy projects are described in Box 5.

Box 5: Some examples of recent Get Hackney Healthy projects aimed at children and young people [63]

Health Heroes (primary schools) – seven schools participated in Health Heroes between 2013 and 2015, with interventions focusing on physical activity, increasing children’s knowledge of healthy eating and school catering reviews.

Play Streets (children and families) – 2,000 children took part in safely playing on closed roads during 2014/15.

Hackney Wild Walks (children and families) – planned walking routes around three Hackney locations – with activities and spots of interest marked out. Maps were distributed to all Hackney residents in July 2014.

Other local authority-funded universal services also contribute to tackling childhood obesity, including Hackney’s Cook and Eat community kitchen programme which teaches residents how to cook healthy, nutritious and tasty meals while keeping to a budget. This programme runs across a number of Hackney’s estates, with some courses being aimed specifically at local families with children.

The Hackney Obesity Strategic Partnership was formed in 2016 to guide a ‘whole systems approach’ to preventing and tackling obesity (in children and adults) across the borough. The partnership is chaired by the chief executive of the council and includes membership from across a range of service areas that can influence aspects of the food and physical activity environment, as well as the NHS.

Dental health

A new oral health service for Hackney and the City of London will be delivered from early 2017. All state-maintained schools will have fluoride varnish programmes at Reception Year (age 4-5) and Year 1 (age 5-6); all independent schools will have the same offer. The provider will work in partnership with the Stamford Hill Orthodox Jewish community to target independent schools within this community. The service will also provide a range of oral health promotion.

Substance misuse

Young Hackney’s Substance Misuse Service is an integrated service for Hackney and City residents aged 8-19 provided by Hackney Council. It includes a strong prevention and education function, as well as an outreach service for those affected by substance misuse, either directly or because a family member is using drugs.

The service works with young people at Tiers 1, 2, and 3 of the four-tier framework for substance misuse treatment – universal and primary prevention is offered at Tier 1. In quarter one (Q1) of 2016/17, around half (54 out of 110) of the young people that the service worked with were accessing Tier 1 and Tier 2 services.

Smoking prevention outreach and education is provided by the new City and Hackney Children and Young People’s Health and Wellbeing Service, working closely with the Young Hackney Substance Misuse Service.

In order to achieve this, the service will provide age-appropriate, impartial and non-judgemental outreach sessions to children and young people in primary and secondary schools and other youth settings. The services will also be responsible for leading on the development of locally-led health promotion campaigns, including smoking prevention, to be developed in partnership with the Council. Youth and treatment workers from Young Hackney's Substance Misuse Service will also be trained to deliver smoking prevention sessions in primary and secondary schools, either as a stand-alone activity or as one element in a wide-ranging session covering different types of substance misuse and addiction.

In addition, four smoking prevention projects were awarded a Healthy Hackney Fund grant in 2015/16 (see Box 6). These projects are currently ongoing and learning from them will inform future plans for prevention activity in the borough.

Box 6: Smoking prevention projects accessible to girls and young women funded by the Healthy Hackney Fund, 2015/16

Chinese Community Centre – working in the Vietnamese and Chinese community with families and young people

Chain Reaction – delivering a theatre production and workshops to young people in six schools

YOH (Youth of Haggerston) – working with children and young people associated with gangs, particularly in the Kurdish and Turkish communities

Adult stop smoking services in Hackney are delivered as part of Smokefree Hackney across a number of locations including pharmacies, supermarkets, shopping centres, libraries, council buildings and GP surgeries.²²

Stop smoking programmes in the City of London are run as part of the Square Mile Health initiative, which supports both residents and City workers.²³ Free and drop-in smoking cessation clinics in the City are available in Artizan Street Library, Barts Hospital and the Guildhall.

Sexual and reproductive health

As discussed in Section 2.7.1, universal access to free contraception and sexual health services for young people is available through a number of channels – primary care (GPs, pharmacies), sexual health clinics, and more specifically through the new City and Hackney Children and Young People's Health and Wellbeing Service (which includes an education/outreach and clinical element).

Alongside this, the Come Correct (C-Card) scheme, delivered locally by young people's sexual health and wellbeing charity Brook, provides access to free condoms for those up to the age of 25 from participating locations across London. This service

²² See www.smokefreehackney.org

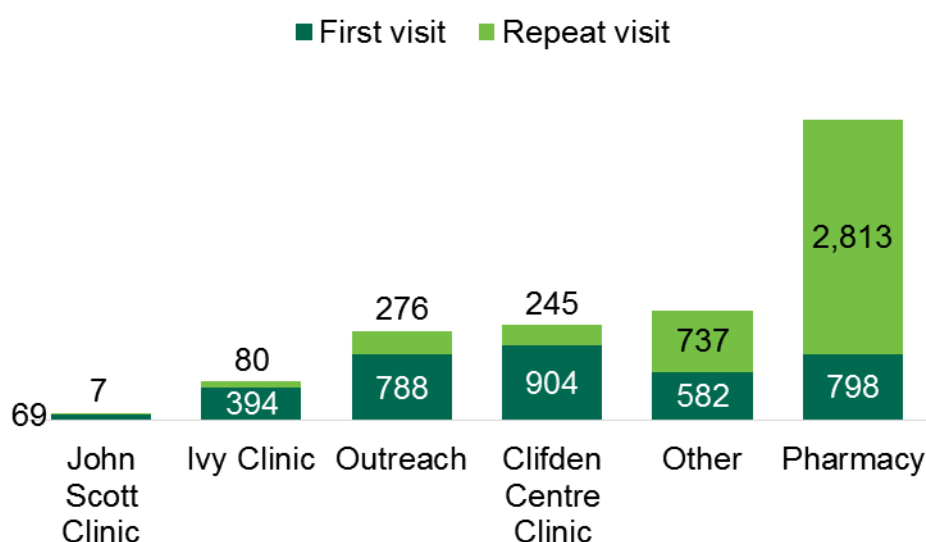
²³ See www.squaremilehealth.org.uk

also provides a safe, non-judgemental and confidential space for young people to discuss, and seek advice about, their relationships and sexuality. Hackney and the City of London have the largest C-Card scheme in London, distributing 80,000 condoms per year with 3,000 new registrations and 4,000 repeat visits through over 80 locations. Of the 80 locations, 41 are pharmacies, five are sexual health clinics and the others consist of educational settings as well as statutory and voluntary sector youth groups.

In Hackney and the City of London, registration for free condoms occurs most often through sexual health clinics. However, the majority of repeat visits for condom collection occur in pharmacies (Figure 65).

Oral contraceptives are available free of charge on prescription from GPs and sexual health services.

Figure 65: Condom distribution in Hackney to under 25s, 2014/15



Source: SRHAD

3.7.2. Identification and early intervention

Obesity

The National Child Measurement Programme (NCMP) is a national programme led by PHE and delivered by local authorities. The programme involves the measurement of height and weight of children in Reception Year (4-5 years old) and Year 6 (10-11 years old), which is used to calculate the child's body mass index (BMI).²⁴

²⁴ The BMI of a child cannot be interpreted using the same thresholds as in adults as normal growth patterns mean that a healthy BMI is age and sex dependent. Instead, a child's BMI is compared to centiles of a reference population of over 32,000 children measured between 1978 and 1994. The British 1990 growth reference (UK90) defines underweight as below the 2nd centile, overweight as above the 85th centile (population monitoring) or 91st centile (clinical assessment) and obese as above the 95th centile (population monitoring) or 98th centile (clinical assessment).

The NCMP services two key purposes:

1. to provide robust public health surveillance data on child weight status for monitoring obesity prevalence and trends, both locally and nationally
2. to provide parents with feedback on their child's weight status to support and encourage individual behaviour change as appropriate. [64]

The programme is mandated in every state-maintained primary and middle school (including academy and free schools) and encouraged in non-state-maintained and special schools where possible. While parents should have the opportunity to withdraw their child from participating, prior explicit parental consent is not required under the Local Authority Regulations. [65]

For those in need of additional support, a 12 week group-based healthy lifestyle family-focused programme is funded by the local authority, working in partnership with the NCMP. One-to-one provision is only provided if needed.

Substance misuse

As described above, Young Hackney's Substance Misuse Service offers services to Hackney and City young people at Tier 1, Tier 2 and Tier 3 – work to reduce risks and vulnerabilities is offered at Tier 2. As mentioned, in quarter one (Q1) of 2016/17, around half (54 out of 110) of the young people that the service worked with were accessing Tier 1 and Tier 2 services.

The service offers training for professionals and work with schools and universal practitioners, close work with Youth Justice and a range of community groups around screening, identification, referral and treatment.

Sexual health

As outlined earlier, universal access to free sexual health services is available to local young people through CHYPS Plus. In addition, local provision includes a sexual health screening service in primary care, a community sexual health liaison nurse and a sexual health pharmacy service to facilitate early intervention. In addition to the universal offer, targeted services include community HIV checks for those at risk of contracting HIV.

Due to shared risk factors, brief screening assessments involving sexual health and viral hepatitis are often carried out with substance misuse clients. The proportion of clients in young persons' substance misuse services who are offered and accept a chlamydia screen is low locally and nationally (Table 11). However, the rate of non-documentation or of screening not being offered without explanation ('Other') is higher in Hackney than nationally.

Table 11: Screening and immunisation rates in clients, 2014/15

	Chlamydia screen (%)		Hep B vaccine (%)		Hep C vaccine (%)	
	Hackney	England	Hackney	England	Hackney	England
Offered and accepted	5	12	0	6	0	5
Offered and refused	20	39	17	36	15	33
Assessed as not appropriate	7	31	22	44	17	47
Other	49	6	61	14	68	15

Source: National Drug Treatment Monitoring System

Note: National data relate to the first quarter of 2015/16, but Hackney data relate to the whole year 2014/15 so that samples are larger to reduce uncertainty or identification.

Chlamydia screening is available in local many settings, with the most common being genito-urinary medicine (GUM) clinics. In 2012, 123,235 tests were performed in London compared with less than 5,000 in pharmacy (Table 12). GUM clinics also have a relatively high positivity rate compared with tests carried out in other settings.

Table 12: Chlamydia testing in London by setting, 2012

	Total tests	Positive tests	% Positive
GUM clinics	123,235	11,527	9.4%
'Other'	72,719	3,843	5.3%
GP	53,772	2,741	5.1%
Contraception and sexual health services	49,286	4,794	9.7%
Pharmacy	4,780	382	8.0%
Termination of pregnancy clinic	3,632	257	7.1%

Source: National Chlamydia Screening Programme, Public Health England

In August 2016, a pan-London collaboration of councils (the London Sexual Health Transformation Programme) issued a tender for a new online e-service for sexual health in London. This service will allow patients to order self-sampling services for HIV and STIs online if it is clinically appropriate.

3.7.3. Treatment, care and support

Obesity

Local interventions include LEAP (Lifestyle Eat-well Activity Positivity), a service based at Homerton University Hospital to cover Hackney and the City. It accepts referrals from healthcare professionals for obese children aged up to, and including, 18 years of age who have a BMI above the 98th centile or a weight above the 99.6th centile (see definition in Section 3.7.2). Children with a BMI between the 91st and 98th centile may also be accepted if they have other medical conditions, psychosocial dysfunction or complex needs/learning difficulty. [66] LEAP provides holistic support

through a multi-disciplinary approach that includes a paediatrician, dietician, nutritionist, physiotherapist and clinical psychologist. Intervention length varies but is generally up to six months with further follow up at three and six months post-intervention to assess progress and support the maintenance of weight loss. Over the 12 months to December 2014, LEAP received 178 referrals, of which 127 clients attended one or more appointments [21].

Tier four provision, commissioned by NHS England, covers children aged 12-18 and involves the bariatric service.

Substance misuse

As already described, the Young Hackney's Substance Misuse Services provides support at Tier 1, 2 and 3 for Hackney and City young people - specialist drug and alcohol treatment is offered at Tier 3.

Young Hackney's Substance Misuse Services cared for 53 Hackney and City clients in the 12 months to June 2015. No Hackney or City residents require a residential service – if this were needed, individual arrangements would be made either with the adult substance misuse services or the Child and Adolescent Mental Health Services (see 'Mental health and substance misuse' JSNA chapter) as appropriate.

Sexual and reproductive health

The clinical treatment aspects of sexual health services in Hackney and City are delivered CHYPS Plus, currently provided by Homerton University Hospital. As well as services provided by CHYPS Plus, children and young people in Hackney and the City of London can also access GUM clinics, which have free universal access.

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