



Newham London

NHS
Newham

Joint Strategic Needs Assessment 2010
The London Borough of Newham

18th January 2011

13.0 Healthy Newham

13.1 Introduction

Having a healthy lifestyle, avoiding risky behaviours and engaging in preventative behaviours such as breastfeeding and immunisation are important for both reducing illness and maintaining and improving physical and mental health.

This chapter focuses primarily on evidence relating to health behaviours that can promote health and healthy outcomes, whilst examining the prevalence of risky behaviours that can in turn lead to mental or physical ill health.

Access to health services, screening and treatment are important for enabling early identification of illness, reducing the risks of getting ill and preventing further ill health. Further information on this is included in chapter 7 (Mortality and Morbidity).

This chapter includes information on a number of health related behaviours across the life course:

- Healthy pregnancy and breastfeeding
- Immunisations
- Smoking
- Physical activity, sport and leisure
- Healthy eating
- Obesity
- Mental wellbeing
- Sexual health
- Alcohol
- Drugs.

13.2 Self Reported Health

Self reported data from the Place Survey (2008/09) show that 74% of Newham residents measure their overall health and wellbeing as very good or good. This falls just below London (79%) and England (76%) levels.

When the Tellus4 survey (2009) asked children in Newham about worries surrounding health, 25% said they did worry about being healthy and 11% said that they would like more advice about being healthy. Both are similar to national results.

13.3 Healthy Pregnancy

A healthy start in life begins with good prenatal and antenatal care to support a healthy pregnancy. This includes early access to maternity services, avoiding risky behaviours such as alcohol, drugs or smoking during pregnancy and maintaining a healthy weight.

Approximately 80-82% of Newham women deliver their babies at NUHT, with the remainder mainly delivered at Homerton Hospital, Whipps Cross Hospital and The Royal London Hospital.

13.3.1 Early Access to maternity services

Early Access to maternity services is a key aspect of a healthy pregnancy. Reducing the number of women who have their assessment after the 12th week of pregnancy can ensure choice to all pregnant women on the antenatal care received, as well as providing information, advice and screening to reduce health inequalities in health outcomes.

Ensuring early access to maternity services is particularly important in Newham because the local diversity and deprivation presents particular issues for the delivery of maternity services. There are high levels of complex medical and social needs –including diabetes, HIV, pre term births, low birth weight, Intra Uterine Growth Restriction (IUGR) and still births.

Approximately a third of all women accessing maternity services require language translation support. This is provided either by the woman's own family or from the bilingual health advocacy team (BHAT).

In quarter 4 of 2009-10 32% of women booked late (i.e. had not seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy)¹.

As reported in chapter 6, Newham has seen a year on year increase in births. Newham University Hospital Trust is funded for one midwife to 28 births, in line with Birthrate Plus, the national gold standard. The vacancy rate for midwives is currently below 10%². Since there are more women who book at NUHT but do not deliver there (+20% through early miscarriage or mobility), there is a need identified to ensure that numbers of midwives are sufficient to ensure optimal antenatal care.

13.3.2 Smoking during pregnancy and at time of birth

Smoking is known to have adverse effects on the developing baby, the most significant being growth restriction. Smoking in pregnancy is therefore an important indicator of infant health. Compared to a higher level of 7.4% in 2008-2009, 6.6% of mothers in Newham were recorded as smoking at the time of delivery in 2009-2010.

Levels of recorded smoking at the time of delivery in Newham are on a par with London levels but fall well below the England average. National figures show that 14.1% of mothers were smoking at time of delivery in 2009/10, compared with 14.4% in 2007-08. Smoking status was unknown for 0.9% of mothers in 2009-10, compared with 1.6% in 2007-08.

Table 13.1: Prevalence of smoking recorded at time of delivery in Newham 2003-10

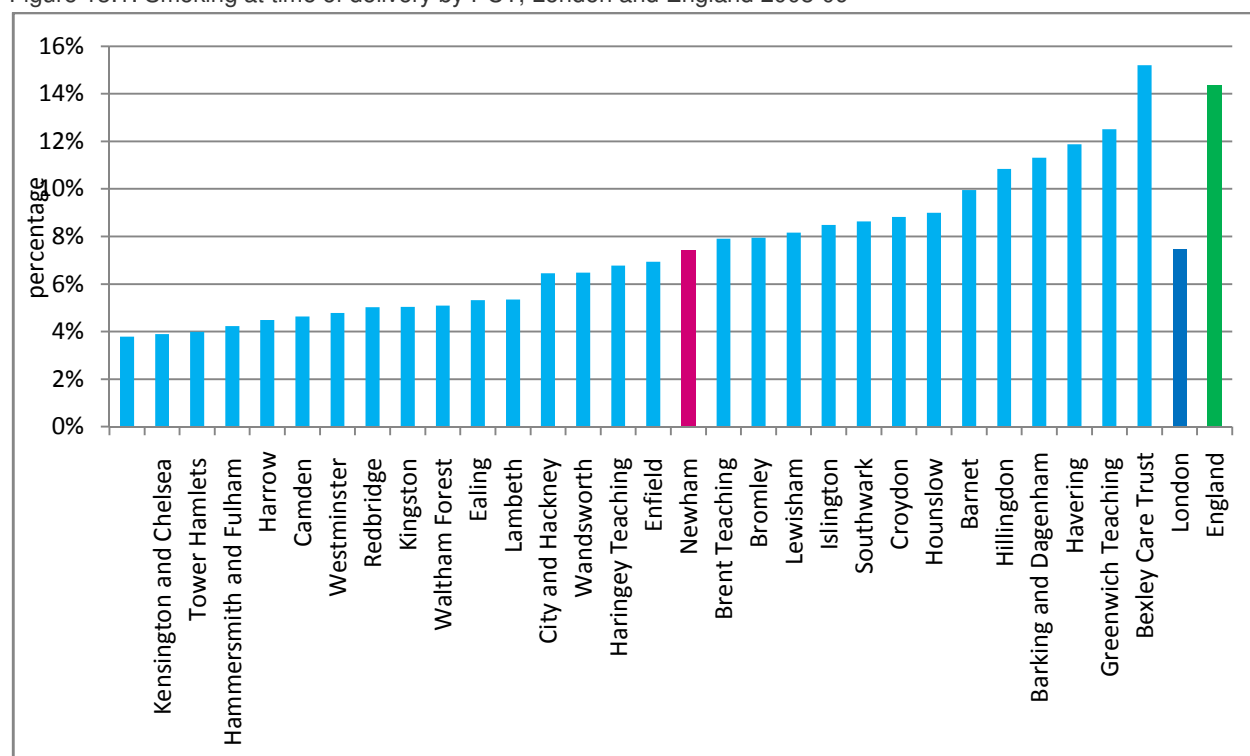
	2003- 2004	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010
Number of maternities	4748	5240	5600	5800	6127	5915	6037
Percentage where smoking status not known	12.0%	6.0%	7.0%	2.0%	4.8%	2.0%	1.1%
Number of women known to have been smokers at the time of delivery	351	189	182	375	420	439	398
Percentage of women smoking at the time of delivery	7.4%	3.6%	3.2%	6.5%	6.9%	7.4%	6.6%

Source: NHS Newham Performance Data / Vital Signs Unify2, 2010

¹ NHS Newham Vital Signs Monitoring Returns, Q4 2010

² NUHT Maternity Services, 2010

Figure 13.1: Smoking at time of delivery by PCT, London and England 2008-09



Source: Department of Health, NHS IC Omnibus, accessed 2010

13.3.3 Low Birth Weights

Low birthweight is usually defined as weight less than 2500 grams. Studies consistently show a strong relationship between social disadvantage and low birthweight³ and reports suggest that low birth-weight is a risk factor for immediate and long-term health problems⁴.

Compared to London, England and most statistically similar London boroughs, Newham has a very high proportion of low birth weight babies with 9.3% of births falling below 2500 grams. When compared with statistical neighbours over the three-year period the trend is very inconsistent for the majority of authorities, with none showing a clear up or down trend.

13.3.4 Breastfeeding

Breastfeeding has health benefits for both mother and child, in the short and long term. For example, babies who are not breastfed are five times more likely to acquire infections such as gastroenteritis in their first year⁵. If all UK infants were breastfed exclusively, it is estimated that the number of babies hospitalised each month with diarrhoea would be halved, and the number hospitalised with a respiratory infection would be cut by a quarter⁶. In addition, there is evidence that babies who are not breastfed are more likely to become obese in later childhood⁷.

³ WHO Department of Mental Health and Substance Abuse. *Maternal mental health and child health and development in low and middle income countries. Report of the meeting held in 2008 Jan 31-Feb 1; Geneva, Switzerland.* Geneva: World Health Organization, 2009; and Wilkinson R, Marmot M. (2003) *Social determinants of health: the solid facts.* 2nd Edition. Denmark: WHO Regional Office for Europe.

⁴ Bale, JR; Stoll, BJ, Lucas, AO 9eds.) (2003) *Improving birth outcomes- meeting the challenge of the challenge of the developing world.* Washington DC The National Academies, Press. Also see http://www.childinfo.org/low_birthweight.html

⁵ Horta BL, Bahl R, Martines JC et al. (2007) *Evidence on the long term effects of breastfeeding: systematic reviews and meta-analyses.* Geneva: World Health Organization.

⁶ Quigley MA, Kelly YJ, Sacker A (2007) *Breastfeeding and hospitalisation for diarrheal and respiratory infection in the UK millennium cohort study.* *Pediatrics* 119: 837–842.

⁷ Department of Health (2004a) *Choosing a better diet: a food and health action plan.* London: Department of Health.

The Department of Health promotes exclusive breastfeeding (feeding only breast milk) for the first 6 months. Thereafter, it is recommended that breastfeeding should continue for as long as the mother and baby wish, while gradually introducing a more varied diet⁸.

Prevalence of breastfeeding at birth is strongly related to a number of demographic characteristics including socioeconomic status, age and education level of the mother and whether or not it is a first baby, with first children more likely to be breastfed⁹.

As presented in the table below, 84% of new mothers initiated breastfeeding in Newham in 2009-10. This is just below the London figure of 85.6% but above the national figure average 76.7%, according to the Department of Health, Vital Signs Monitoring Return)

Table 13.2: Maternities and Breastfeeding rates for years 2005-6 to 2009-10

	2005-6	2006-07	2007-08	2008-09	2009-10
Maternities	5,600	5,800	6,127	5,915	6,037
% Initiating Breastfeeding	70.0%	73.0%	90.0%	83.0%	84.0%
% Unknown	19.0%	0.8%	0.0%	1.1%	2.2%

Source: NHS Newham Performance data- Vital Signs, Q4 2010

13.3.5 Recommendations for commissioning maternity

As the number of births is projected to continue to rise, the challenge for NHS Newham is to ensure that sufficient high quality services are provided to meet the needs and demands of pregnant women. Recommendations include:

- Continue to audit reasons for late booking and implement an action plan based on findings.
- Further information is required on the numbers of N12s (admissions not related to delivery) and the reasons for admissions
- Language support needs in maternity services should be identified in order to inform service planning.
- In addition to monitoring breastfeeding initiation, infant feeding should be monitored on discharge, with systematic breastfeeding support available in the community. Breastfeeding status on discharge will impact on status at 6-8 weeks.
- Understanding reasons for not breastfeeding at 6-8 weeks to inform further work in this area
- Further analysis of number of partners referred to the Stop Smoking Service with pregnant women and their quit outcomes
- Further work is required on profiling the referrals to the pregnancy stop smoking service, including partners referred, so as to inform targeted work. Improvements are required to the categorization of ethnic groups to assist in profiling
- There is a need to identify existing levels of Foetal Alcohol Syndrome in Newham in order to inform harm reduction plans
- There is a need for systematic data collection on maternal obesity and appropriate intervention.

13.4 Conception and Abortion

13.4.1 Introduction

The national rate of conception amongst young women under 18 in the 10% most deprived local authority wards is four times higher than the rate in the 10% least deprived wards¹⁰, which again may contribute to higher rates of teenage pregnancy in deprived areas. In addition groups who are more vulnerable to becoming teenage parents include young people who are in or leaving care, homeless, those underachieving at school, children of teenage parents, and members of some ethnic groups, those involved in crime, living in areas with higher social deprivation.

⁸ Department of Health (2003) Infant feeding recommendation.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4097197_58

⁹ Infant Feeding Survey (2005). The Information Centre <http://www.ic.nhs.uk/pubs/ifs2005> (accessed 28/7/10)

¹⁰ Department for Education and Skills, 2006a

Being a teenage mother also brings increased health risks to babies with a 60% higher risk of infant mortality and an increased risk of low birth weight babies impacting on the child's long term health. Teenage mothers are also 3 times more likely to suffer from post-natal depression or poor mental health for up to 3 years after the birth¹¹. Given reasons for abortion are typically varied but may include:

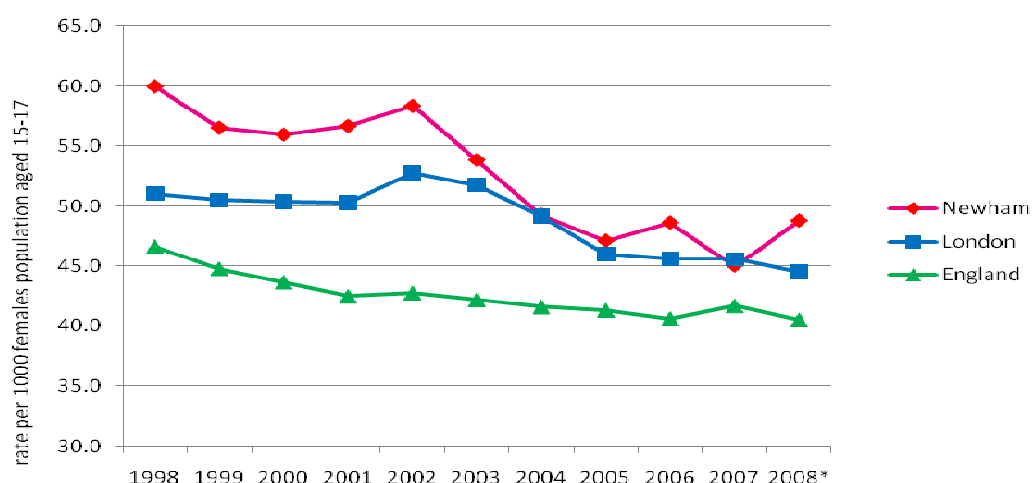
- abnormalities of the foetus in a wanted pregnancy
- an existing medical condition that would be aggravated by pregnancy
- existing personal circumstances that may range from financial reasons, age or conflicting interests¹².

Abortion rates are frequently linked to deprivation, whereby the most deprived areas tend to have the highest overall rates of abortion¹³, although research does suggest that abortion rates amongst under 18 year olds are higher in more affluent areas¹⁴.

13.4.2 Teenage conception

Newham had high rates of teenage conceptions in 1998 and was given a challenging target of reducing teenage pregnancies by 55% by 2010. The latest provisional 2008 figures indicate a 19% reduction despite a small rise in conception rates to 48% from 2007. This leaves Newham with the thirteenth highest teenage conception rate of London boroughs. In comparison, England and London levels have witnessed a drop of 13% in conception rates between 1998 and 2008.

Figure 13.2: Under 18 conception, Newham, London and England, 1998 – 2008



Source: Office for National Statistics and Teenage Pregnancy Unit (* results for 2008 are provisional)

At ward level, the highest teenage pregnancy rates in Newham are to be found in the South of the borough in the Canning Town and Royal Docks areas, however, the rate is also high in East Ham South ward. There is a four-fold variation in rate between Green Street West and Royal Docks wards.

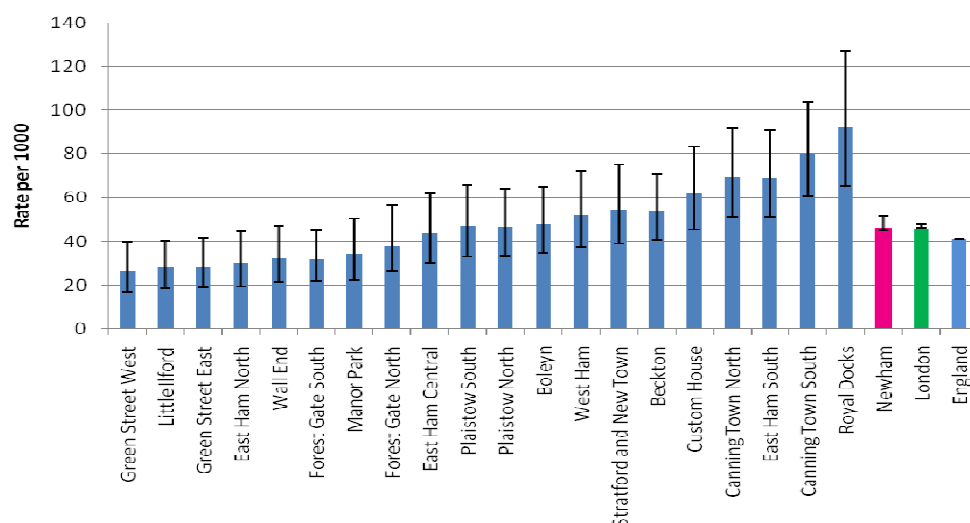
¹¹ <http://www.younglondonmatters.org/resourcecentre/2/teenagepregnancy>, 2009

¹² <http://www.healthcentre.org.uk/abortion/abortion-reasons.html>

¹³ National Centre for Health Outcomes Development, 2006

¹⁴ National Centre for Health Outcomes Development, 2006b

Figure 13.3: Under 18 years conceptions rates in Newham wards, London and England, 2004-2006



Source: Health Information Centre

13.4.3 Teenage Conceptions Leading to Abortion

In Newham the percentage of abortions resulting from teenage conception are consistently low, with the figure of 50% in 2008 being the lowest of all London Boroughs. However this has seen a rise from 45% in 2007. Nevertheless in Newham the rate of teenage conceptions leading to abortions is on par with the national average and falls well below the London rate of 61%. Deprivation may be a factor influencing lower teenage abortion rates in Newham, although this is hard to determine given the current available data.

Table 13.3: Number and rate of teenage conceptions and % leading to abortion, Newham, London, England (2008)

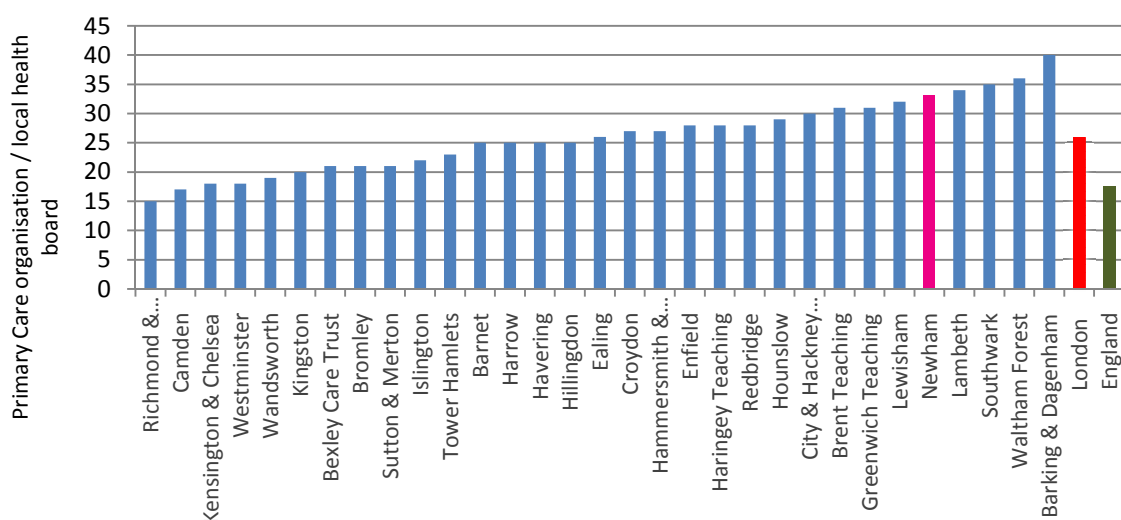
Conceptions	Number	rate per 1,000	% leading to abortion
England	38750	40.4	50
London	5508	44.6	-
Newham	226	48.3	50

Source: Office for National Statistics and Teenage Pregnancy Unit

13.4.4 Abortion Rates

National data show that the rates of conception and abortion vary widely among women from different areas in England. As shown in the Figure below the abortion rate (per 1000 women) in Newham in 2009 is higher than in London and England. This is fairly consistent across all age groups except under 18s where there is little difference between Newham (23%), London (23%) and England (18%). Since 2008 increased rates are apparent for women between 20 and 29 years but with little change in other age groups.

Figure 13.4: Abortion rates per 1000 women resident aged 15-44 in London boroughs and England, 2009



Source: Health Information Centre

13.4.5 Recommendations

The abortion and conception levels offer little insight into the underlying reasons for choices of young women in Newham. Further qualitative research to investigate this would be beneficial in supporting intervention measures.

Equally little information is known surrounding the profile of adult female residents of Newham who choose to have an abortion. Knowing more about this group might help to understand the higher rates of abortion that exist in Newham compared to other London boroughs.

13.5 Immunisations and Infectious Diseases

13.5.1 Introduction

As a result of immunisation programmes, death and adverse health outcomes from what used to be common childhood illnesses have been virtually eradicated and levels of illness have been reduced. However, these programmes need to have high coverage in order to be effective.

Injections included in Newham's comprehensive programming for immunising children against infectious diseases in the first 5 years of life are given below.

13.5.2 Measles, Mumps and Rubella (MMR), Meningitis C, 5 in 1 and PCV

Uptake of MMR reduced substantially across the country following a report suggesting adverse outcomes from the vaccination¹⁵. There proved to be no scientific basis for these suggestions, however it has proved difficult to increase the immunisation uptake rates to their previous levels.

However, immunisation uptake in Newham has substantially improved following the introduction of an incentive scheme for primary care practices. In 2008/9 Newham had the highest uptake of MMR1 in London for children aged 2 years (88%) the 5th highest rates of MMR1 at 5 years (89%) and the 4th highest uptake of MMR2 at 5 years (80%).

¹⁵ NHS Choices (accessed 26/7/10) <http://www.nhs.uk/conditions/Mumps/Pages/Introduction.aspx>

These rates are good compared with other boroughs, although more work needs to be done to achieve the 90% level for both doses of MMR, to ensure adequate protection for Newham children.

As for MMR, there have been significant improvements in the uptake of the remaining immunisations with uptake in Quarter 4 of 2008/9 for Meningitis C and 5-in-1 immunisations at 89% and 86% for PCV for children aged 12 months. Similar levels were achieved in children at 2 years. This represents a considerable achievement in view of the high levels of mobility of the population. However, as with MMR, the uptake needs to be increased to achieve optimal protection from these diseases.

13.5.3 Communicable Diseases¹⁶

The latest data, from the Health protection Agency, for 2009 shows that the top five communicable diseases in Newham (with the highest number of new cases) are Campylobacter, Salmonella, Tuberculosis, Mumps and Scarlet Fever. This is followed by Typhoid, Measles, Hepatitis A and B.

Table 13.4: Rates of communicable diseases per 100,000 population, for Newham and neighbouring boroughs¹⁷

Diagnosis	Barking & Dagenham	City & Hackney	& Havering	Redbridge	Tower Hamlets	Waltham Forest	Newham
Campylobacter	14	41	6	21	72	44	37
Salmonella	5	20	<5	5	18	9	16
Tuberculosis	<5	7	0	7	8	<5	14
Mumps	7	104	10	14	31	5	13
Scarlet Fever	25	8	7	15	17	9	8

Source: North East London and Central Health Protection Unit, 2009 data (provided July 2010)

Rates of Communicable diseases are higher in Tower Hamlets (235 new cases per 100,000) and City and Hackney (204 per 100,000) than in Newham (124 per 100,000 population). This reflects the high number of cases on Campylobacter reported in Tower Hamlets in 2009 and the high number of Mumps in City and Hackney in 2009¹⁸. However, the rate of all communicable diseases in Newham has more than doubled since 2006 from 14 (per 100,000) to the current rate of 37 (per 100,000) with the rate of mumps having seen the greatest rise in 2009.

Table 13.5: Rates of communicable diseases per 100,000 population for Newham from 2006 - 2009¹⁹

Diagnosis	2006	2007	2008	2009
Mumps	14	<5	<5	37
Tuberculosis	8	14	13	16
Campylobacter	<5	6	20	14
Salmonella	6	7	16	13
Scarlet Fever	<5	<5	6	8

Source: North East London and Central Health Protection Unit, 2009 data (provided July 2010)

¹⁶ Communicable diseases are characterised by the potential of transmission from one person to another through physical or close contact with infected individuals.

¹⁷ Rate calculation based on ONS 2008 (Analysis undertaken by North East and Central London Health Protection Unit, 2010)

¹⁸ Figures provided by North East London and Central Health Protection Unit, 2009 data (provided July 2010)

¹⁹ Rate calculation based on ONS 2008 (Analysis undertaken by North East and Central London Health Protection Unit, 2010)

13.5.4 HPV

Girls are given immunisations against Human Papilloma Virus (HPV) at 12-13 years to protect against cervical cancer. The 2009 (experimental) levels of HPV immunisation in Newham are the 2nd highest in London with 85% of 12-13 year olds in Newham having been given all three doses²⁰²¹.

13.5.5 Hepatitis B

Babies of mothers who test positive for Hepatitis B in pregnancy have a programme of immunisations throughout their first year to prevent them developing the disease themselves. The current service vaccinates the baby within 24 hours of delivery and at 1, 2 and 12 months. Babies born to women with a higher risk of transmission also receive the additional Hepatitis B specific immune globulin (HBIG). As this is a recently developed service, the full dataset for this service has yet to be released but will be available for the JSNA 2011.

13.5.6 Hepatitis C

Hepatitis C infection affects people differently. Most people experience no symptoms at all while others have a range of fatigue, weight loss, nausea, 'flu like symptoms, problems concentrating, abdominal pain and jaundice. It is estimated that around 15-20% of infected people clear their infections naturally within the first 6 months of infection. For the remainder, hepatitis C is a chronic infection that can span several decades and can be life-long, leading to severe liver disease.

In a study focusing on the south Asian community living in England, prevalence was highest where the country of origin was Pakistan (2.7%); lower prevalence was found in those born in Bangladesh (0.6%), India (0.2%) and the UK (0.4%)²². In the developing world, the route of transmission for Hepatitis C is not clear, but includes contaminated medical equipment and razors. In the developed world, transmission is associated with high risk behaviour, such as injecting drug use. Estimated prevalence of hepatitis C in Newham intravenous drug users is high at 55% for 15-59 year olds, according to the Health Protection Agency.

Prevention of Hepatitis C transmission is highly important. However, treatment for Hepatitis C is also available, requiring early detection for the best outcome. Reported cases of acute hepatitis C are uncommon because most new infections are mild or asymptomatic. There is no requirement on clinicians to notify chronic Hepatitis C, however since October 1st 2010 labs have been required to report all cases of viral hepatitis to the Health Protection Agency.

13.5.7 Immunising the over 65's

People at risk of developing serious complications in the event of catching seasonal flu include among other groups over 65 year olds. This priority service has led to 74% of over 65's in Newham being immunised, which compares well to a rate of 74% in England and 73% in London.

13.5.8 Recommendations

The immunisation data has seen data quality issues relating both to the mobile population inherent in Newham and the often manual method of extracting GP data leading to timeliness issues. It is therefore necessary to continue to support current initiatives that aim to improve the methods of extracting data and direct electronic feeds from GP systems. These should improve data quality in the future in terms of timeliness and resource constraints for manual data entry of the GP data.

²⁰ Source: Department of Health June Survey (Data from 01/09/2008 to 31/06/2009)

²¹ The HPV immunisation programme began in, and the data has been collected for the first time from, September 2008; the above data is consequently incomplete, being only to end June 2009, and therefore has been labelled as experimental

²² Uddin et al, Prevalence of chronic viral hepatitis in people of south Asian ethnicity living in England: the prevalence cannot necessarily be predicted from the prevalence in the country of origin, *Journal of Viral Hepatitis*, 2010, 17, 327-335.

13.6 Healthy Lifestyles: Smoking

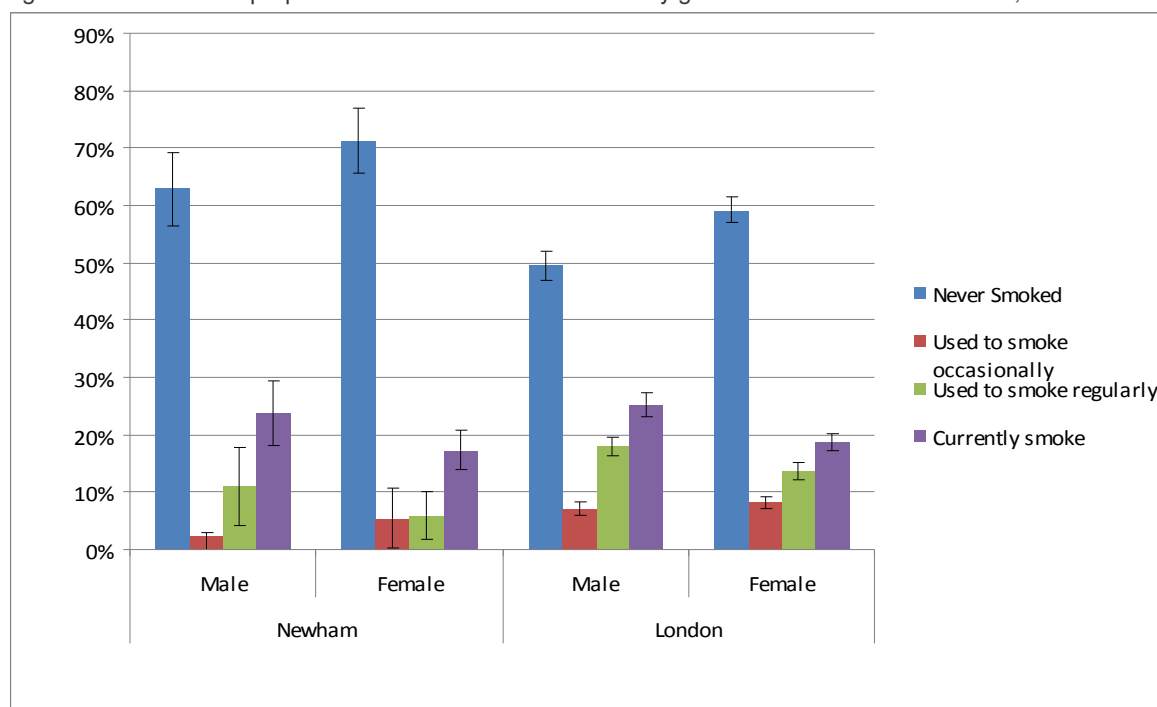
The main modifiable risk factors that impact on poor health outcomes in the borough are high levels of smoking, low levels of physical activity and poor diet. Smoking has long been described as the single biggest preventable cause of early death, but recent evidence suggests that obesity is challenging this position. This next section covers smoking, physical activity, sport and leisure, healthy eating and obesity.

13.6.1 Smoking

Children who smoke become addicted to nicotine very quickly²³ and tend to continue the habit into adulthood. Around two-thirds of people who have smoked took up the habit before the age of 18. Children who live with other smokers are more than twice as likely to smoke regularly compared with those living in non smoking households and there is a strong association between smoking and other substance use such as alcohol and drugs²⁴. Because the risk of disease is related to the length of time a person has smoked, people who take up smoking before the age of 18 face a greater-than-average risk of developing lung cancer or heart disease²⁵.

The Health Survey for England (HSE) London boost²⁶ provides estimates of adult smoking prevalence by Primary Care Trust. Estimated smoking rates for Newham adults are below the average for London for both women and men. Smoking rates nationally are higher in more deprived local authorities such as Newham, but locally that effect is more than countered by low smoking rates amongst particular ethnic groups. NHPS Wave 5 survey in 2008 showed that local smoking rates were highest for Eastern Europeans of both sexes, but particularly low for Pakistani, Bangladeshi and Indian women²⁷.

Figure 13.5: Estimated proportion of smokers / non smokers by gender in Newham and London, 2006



Source: HSE 2006 London Boost

²³ [Children may show signs of addiction within four weeks of starting to smoke and before they commence daily smoking] Di Franza JR et al. Initial symptoms of nicotine addiction in adolescents. *Tobacco Control* 2000; 9: 313-319

²⁴ Smoking, drinking and drug use among young people in England in 2008. The Information Centre for Health and Social Care, 2009

²⁵ Smoking and the Young. Royal College of Physicians, London, 1992

²⁶ In July 2009 enhanced Health Survey for England (HSE) data was published for London boroughs. This enhanced survey took larger samples from each London borough (the "London boost") to give a more detailed picture on key lifestyle topics. This data allows some comparisons to be drawn London between boroughs, albeit with statistical caveats around sample size and confidence intervals.

²⁷ NHPS – Wave 5 (2008) Data should be treated with caution due to statistical caveats around sample size particularly amongst smaller ethnic groups.

Table 13.6: Smoking prevalence in different ethnic groups, 2008

Ethnicity	Crude Prevalence (%)	Ethnicity	Crude Prevalence (%)
White British	36%	Bangladeshi	24%
Other white	34%	Other Asian	21%
Indian	13%	Black Caribbean	25%
Pakistani	20%	Black African	9%
Other, including mixed	23%		

Source: Newham Household Panel Survey 2008

13.6.2 Commissioning Recommendations: Smoking

- Continued investment in, at a minimum at current levels, in the Newham Stop Smoking Service, so that it can deliver both population wide and targeted interventions
- Further targeted work to reflect priority groups (based on NHPS wave 5 findings on smoking prevalence). Review priority groups based on Wave 6 NHPS findings
- There is no local data on the usage of smoke free tobacco products or which groups are using them. Needs assessment should be undertaken to understand more about usage of smoke free tobacco products in the borough. Further work is required surrounding tobacco control and enforcement.

13.7 Sports, physical activity and leisure

13.7.1 Introduction

The current levels of physical, sporting and leisure activity reflect personal attitudes as well as cultural and societal values. Factors inherent to people's home and local environments may also be factors related to levels of physical activity or take part in sport and leisure activities. The Department of Health recommends that adults should participate in a minimum of 30 minutes of moderate intensity physical activity (such as brisk walking, cycling or climbing the stairs) at least five days or more a week²⁸.

Benefits of these are thought to include amongst others:

- Reducing the risk of premature death from cardiovascular disease and some cancers
- Reducing the risk of type two diabetes
- Providing benefits to psychological well-being

The recommendation for children is slightly more demanding with the Department of Health recommending that young people ((5-16 years) engage in at least 60 minutes of at least moderate intensity physical activity each day. In addition to physical activity, involvement in creative or cultural activities is linked to improvements in health and wellbeing as well as social cohesion²⁹.

13.7.2 Physical activity in adults

The Active People Survey covering the period April 2009 – 2010 indicates that Newham is the 12th least active local authority population in England and the least active in London, with just under 12% of adults describing themselves as taking part in 30 minutes of active sport on at least 3 occasions in the previous week (3 X30 target)³⁰. Despite a significant increase in London levels to 17.4%.there is no significant change in Newham's participation rates across all three previous surveys dating back to 2006

²⁸ Department of Health, 2004. At least Five a Week. Evidence on the impact of physical activity and its relationship to health. A report from the Chief Medical Officer. London: Department of Health

²⁹ SHM Productions Ltd (2000) *Art for Health. A Review of Good Practice in Community Based Arts Projects and Initiatives Which Impact on Health and Well-being*. London: NHS Health Development Agency; Reeves (2002), p. 37.

³⁰ To note that the sample size for individual years is fairly small at n=508

Analysis of the survey has found a strong correlation between greater physical activity and both managerial and professional occupation and household income, which may account for the lower physical activity rates in Newham.

The survey revealed that 75% of the Newham population have access to 3 sports facilities within 20 minutes (walking in urban environments) which is higher than the London average of around 57%. This implies that proximity to services is not a determining factor in physical activity levels.

Socio-demographic breakdowns of the same survey indicate greater levels of physical activity amongst males and slightly higher rates amongst 16-34 year olds compared to older age ranges, whereas no significant differences were apparent according to white or BME classification.

From a health perspective the proportion of adults who state that they participate in little or no physical activity on a weekly basis is just as significant. The most recent results from the Active People Survey (April 2009 – 2010) show that 59% of Newham adults describe themselves as inactive, participating in little or no physical activity on a weekly basis, compared to lower levels in London (49%) and England (52%).

13.7.3 Physical activity in children

Since 2008-9, the School Sport Survey includes data on the percentage of pupils (5-16 years of age) participating in at least three hours of high quality PE and out of hours school sport per week³¹. Just 46% of Newham pupils met the target of three hours physical activity in 2008-09, compared with 49% for London and 50% for England.

13.7.4 Sport and Leisure

A Newham survey surrounding communications and involvement in cultural activities found that only 28% of Newham residents take part in cultural and creative activities compared to a national level of 52%³². Lower levels were apparent amongst the over 55's, but barriers to involvement cited across all ages included lack of free time, and the lack of information. Contrary to the aforementioned findings of the Active People survey in relation to physical activity, the proximity of cultural facilities was cited as a barrier to involvement in cultural activities.

Despite these low figures there is some evidence that sports participation is thriving in the borough. For example, the number of sports clubs in the borough has risen from 150 to 400 (between 2004 and 2009) incorporating 20,000 members³³, 25,000 people have benefited from the use of school sites that double as sport facilities, 40,000 under 16's are recorded as having visited leisure centres in 2009, whilst 80 schools (2400 pupils) partake in swimming lessons on a regular basis³⁴.

13.7.5 Recommendations

Problems in assessing engagement in sport and leisure activities stem from the flexible nature in which Sports, Arts and Culture can be provided, along with their non-statutory status. This has resulted in difficulties in comparing actual sport and recreational provision. Newham's Liveability Survey 2010 will be asking residents new questions surrounding sports provision and levels of activity and leisure, however further improvements still might be made by establishing a Performance Information Exchange that would serve to benchmark actual provision and access across boroughs.

Further information is required on older people and physical activity, including barriers to participation. Research being undertaken in 2010 to understand more about participation motivators and barriers will be useful to inform targeted work.

³¹ For the first five surveys, schools were asked to indicate the number of pupils in each year group who participated in at least two hours of high quality PE and out of hours school sport in a typical week, and by 2007/08 90% of pupils across Years 1 - 11 in partnership schools achieved this level of participation, which exceeded the PSA indicator. As a result of this it was decided that the bar should be raised and that for the survey schools should be asked to provide information about three hours.

³² Survey on communication and taking part in cultural and creative activities, Corporate Research Department, LBN, 2008

³³ Sports England, 2009

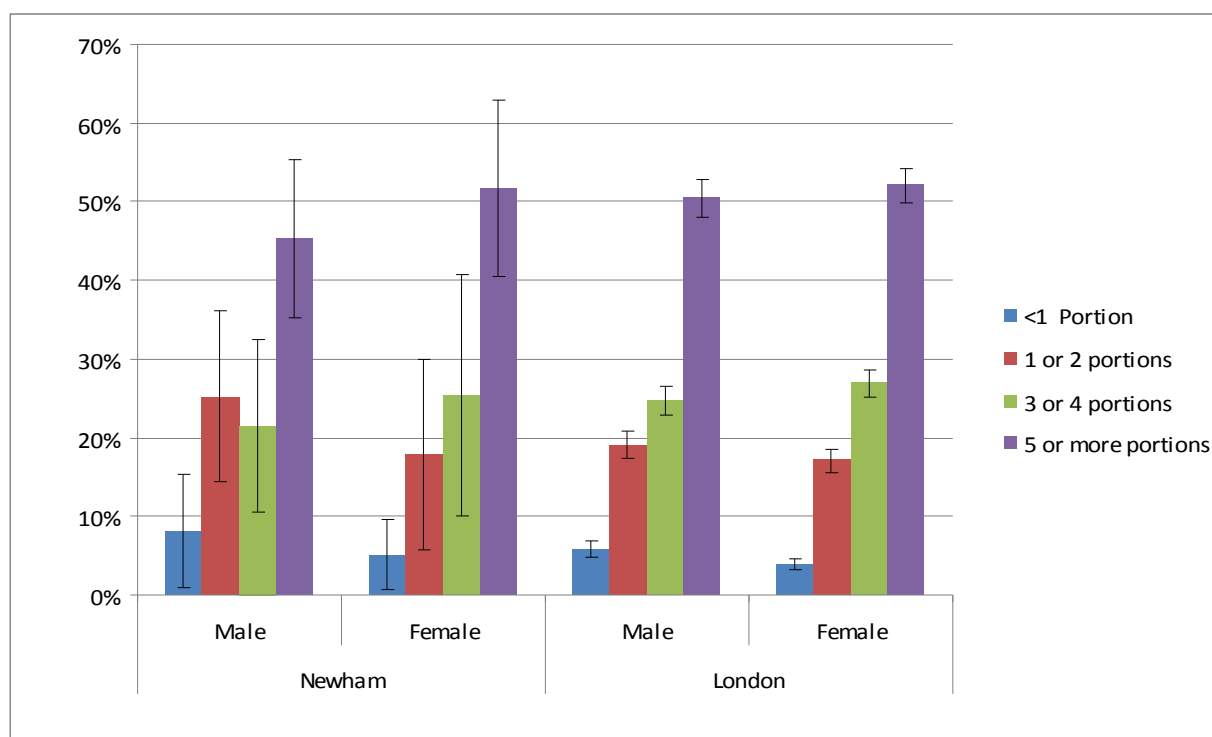
³⁴ London Borough of Newham Overview and Scrutiny Committee, 2009

13.8 Healthy Lifestyles: Food and nutrition

Healthy diets contribute to healthy growth and development in children and healthy weight for all age groups. The government has recommended that in order to reduce the risk of death from diseases such as heart disease, stroke and cancer everyone should eat at least 5 different portions of fruits and vegetables each day.

The Health Survey for England (London boost, 2006) described low levels of fruit and vegetable consumption for Newham adults, with 45% of men and 51% of women stating that they had eaten the recommended minimum level of 5 portions of fruit and vegetables on the previous day. Fruit and vegetable consumption rates in Newham were not, however, significantly different from the rates for London.

Figure 13.6: Consumption of fruit and vegetables on previous day by gender in Newham and London, 2006



Source: HSE 2006 London Boost

Results from the most recent Tellus Survey (Tell Us 4, 2009) suggest that only 17% of children and young people in Newham consumed the recommended 5 or more portions of fruits and vegetables per day compared with 19% nationally. 13% of children in Newham reported not consuming any portions of fruit and vegetables, compared with 9% nationally and a lack of intake may indicate risk of nutritional deficiency. Caution is required in interpreting the Tell Us figures as the sample size is small.

13.8.1 Food in schools

Food eaten in school makes an important contribution to the overall nutritional intake of the children and young people. An audit of over 200 packed lunches across 12 primary schools in Newham in 2009 identified that nutritional standards were poor with only a handful of packed lunches meeting the Food Standards Agency guidelines. Over half did not contain any fruit, and almost 80% did not contain any vegetable item. 76% had a high fat/sugar item, and several had more than one unhealthy item. This highlights the need to ensure access to healthy fresh foods for children in schools.

Since September 2009, all primary schools in Newham have offered universal free school meals. The percentage of primary school pupils taking up school meals has increased from a baseline of 49.6% in 2008-2009 (before free school meals were available to all) to 60.3% in 2009-10. Current figures for inner and outer London are 62.5% and 40.3% respectively and 41.4% for England. The England average has increased by 2.1% since 2008-9. (Source: School Food Trust, 2009-10)

Local data from recent months has shown that weekly average uptake has now increased further, averaging 71-75% take up for April-May 2010³⁵. This equates to around 9,000 extra children in receipt of a school lunch per day since the introduction of universal provision. Despite the overall increase, there still remain some schools where take up is below the borough average.

For secondary schools, 41.3% of pupils took up school meals in 2009-10, compared with 41.3% in inner London, 40.5% in outer London and 35.8% in England (Source: School Food Trust, 2009-10)

13.8.2 Takeaway food

In 2007, the Newham Household Panel Survey (NHPS) for children and young people aged 11-15 included a question on how often children ate fast food and takeaways. 7% said every day or nearly everyday, 42% said about once a week, 41% said every now and then and 10% said never or hardly ever. Worryingly, 41% the respondents said they had crisps or sweets or fizzy drinks every day or nearly everyday. Males and females were equally likely to eat fast foods and takeaways and crisps, sweets or fizzy drinks. Females were found to eat unhealthy snacks on a slightly less regular basis than males.

13.8.3 Food mapping

A food mapping exercise was carried out in 2009 to identify provision of takeaway establishments across the borough. The mapping identified a total of 248 takeaways and a number of hotspot areas, where clustering of takeaways was evident. Hotspot areas included East Ham, Stratford, Forest Gate, Green Street/ Prince Regent Lane and Canning Town. The final report is due September 2010 and this will inform future work.³⁶

13.8.4 Recommendations for Healthy eating

- Focused research is required to understand reasons for not taking up free school meals in school areas with lower uptake
- Utilise the findings of the jointly commissioned food mapping project to inform planning policy (through the Local Development Framework)³⁷ to support better access to affordable fresh fruit and vegetables and to at least limit the proliferation of fast food outlets.

13.9 Obesity

Obesity is one of the main preventable causes of early death and ill health. No meaningful trend data for obesity exists at local population level for adults. Estimates based on the Faculty of Public Health toolkit suggest that there may around 45,600 obese adults in the borough³⁸.

A useful proxy measure for adult obesity is the prevalence of obesity in children. The National Child Measurement Programme (NCMP) provides good population level data for the prevalence of healthy and unhealthy weights in children aged 5 and 11.

Newham collected data on child weight and height for the first time in 2006-07 and reached 93% coverage of children in reception and year 6 in 2008/9. In 2008-9 14.2% of Reception children (joint 2nd highest in England) and 24.6% of Year 6 children (joint 4th highest in England) were classified as obese.

³⁵ Source: School Food Trust Annual Survey of School lunch take up and Newham Council Catering Services.

³⁶ Food mapping Report available via the following link: <http://www.newham.gov.uk/NR/rdonlyres/C8D96F95-8A3D-4702-824D-8C3022F7DC25/0/FoodOutletMappingintheLondonBoroughofNewham190710.pdf> (accessed 20/7/10)

³⁷ <http://www.newham.gov.uk/Planning/LocalDevelopmentFramework/LDFevidencebase.htm>

³⁸ Prevalence estimates based on GLA population estimates for adults aged 16 and over for 2010 (GLA low, 2008 Round) and HSE data. This figure needs to be interpreted with caution since modelled estimates do not take count of ethnicity or deprivation levels.

Table 13.7: Percent in each weight category for Newham, London and England, 2008-09

	% under weight	% healthy weight	% over weight	% obese	% measured
Newham Reception	2.2	71.6	12.0	14.2	91.7
London avg. Reception	1.3	75.1	12.4	11.2	91.0
England avg. Reception	1.0	76.2	13.2	9.6	91.2
Newham Year 6	2.1	58.7	14.6	24.6	93.7
London avg. Year 6	1.6	62.4	14.7	21.3	90.2
England avg. Year 6	1.3	66.1	14.3	18.3	89.1

Source: National Child Measurement Programme

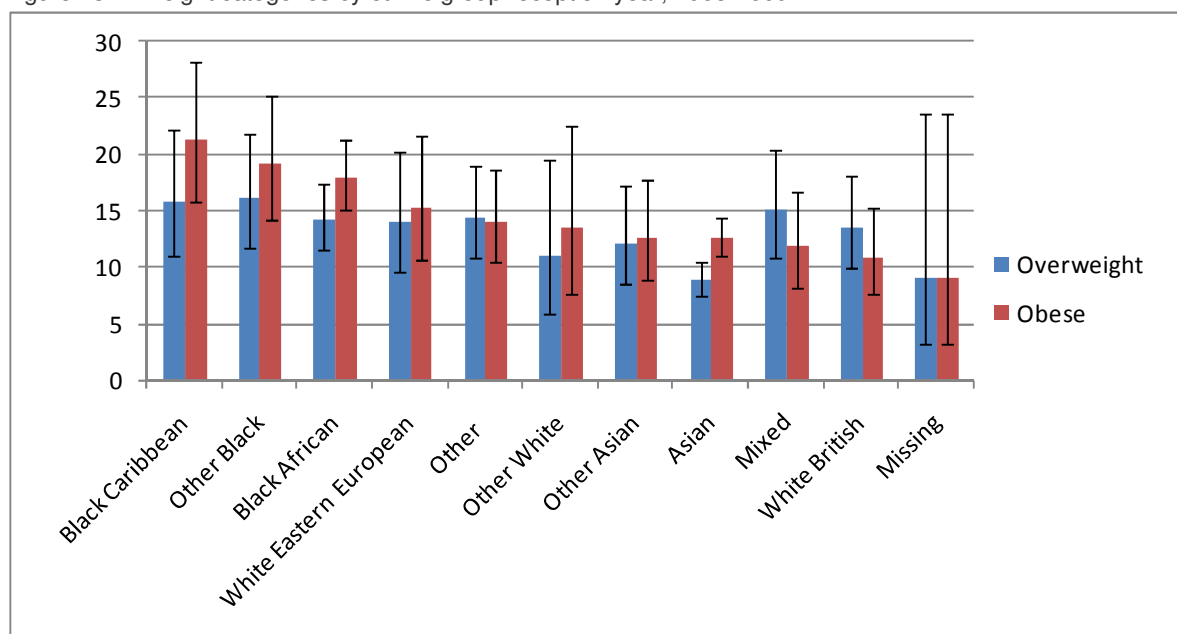
13.9.1 Difference by sex

There was little difference between the proportions of males and females categorised as healthy weight in reception, however, a greater proportion of females were categorised as healthy weight in year 6. A higher percentage of males than females were categorised as obese in year 6.

13.9.2 Difference by Ethnicity

Obesity is more prevalent within Black Caribbean, Black African and White groups, including East Europeans. Since Newham has higher proportions of Black and Minority ethnic groups, comparison between national and local rates and within ethnic groups needs to be interpreted with caution. Some critics have suggested that the 1990 growth charts used with BMIs do not reflect the ethnic variation in the current UK population and may not be sufficiently sensitive to recent changes in growth patterns³⁹.

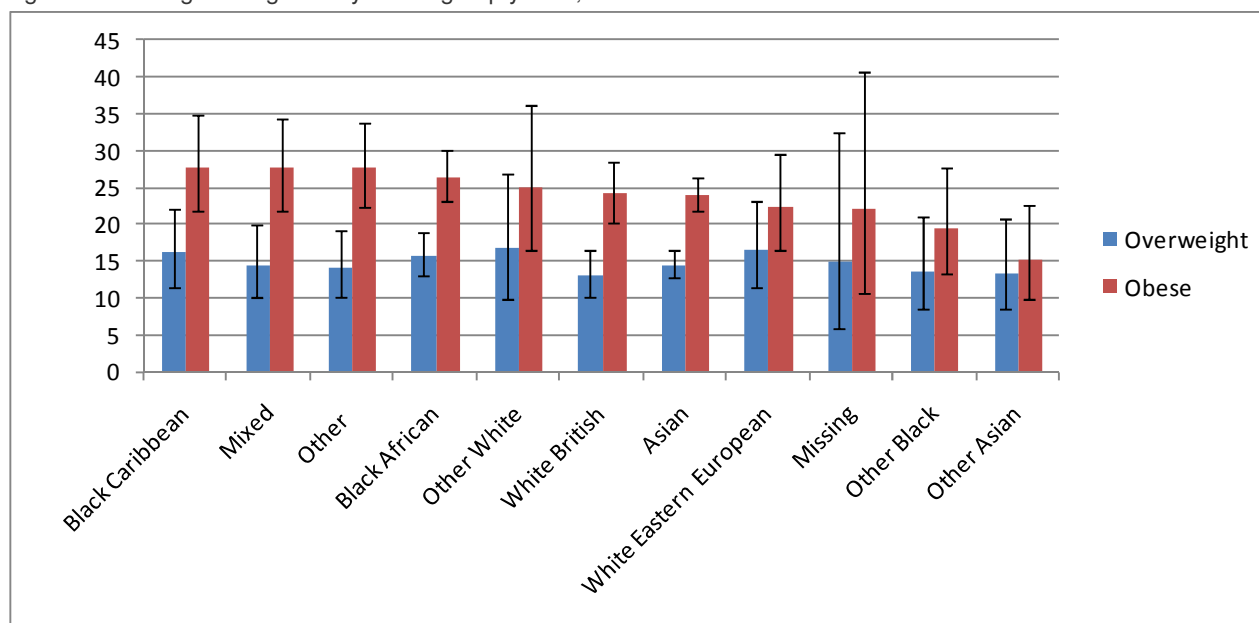
Figure 13.7: Weight categories by ethnic group reception year, 2008-2009



Source: National Child Measurement Programme 2008-09

³⁹ Ells, L., Dinsdale, H., and Rutter, H. (2008) Expert Editorial: Childhood Obesity Surveillance in NELH <http://www.library.nhs.uk/publichealth/ViewResource.aspx?resID=283599> (accessed 17/3/09)

Figure 13.8: Weight categories by ethnic group year 6, 2008-2009



Source: National Child Measurement Programme 2008-09

Nationally, there is a correlation between child obesity and deprivation, however, this is more evident for the data relating to year 6 than the reception year and other factors need to be taken into consideration.

The key concern is that overweight children tend to become overweight adults. Obesity is associated with higher rates of heart disease, cancer, hypertension, orthopaedic problems. Diabetes is particularly related to obesity and an item of national concern is that type 2 diabetes, which normally doesn't develop until middle age, is being seen in overweight teenagers. Newham already has high rates of diabetes as some ethnic groups are more prone to diabetes than others and increasing obesity is likely to compound this.

National population trends in obesity suggest that the proportion of people who don't achieve a healthy balance between physical activity and dietary intake will continue to rise over the next five years. Data we have for Newham from the National Child Measurement Programme does not show a significant improvement for obesity prevalence over the past three cohorts measured.

13.9.3 Key commissioning recommendations, obesity

- Further analysis is needed of trends and patterns for child obesity, in relation to ethnicity and deprivation.

13.10 Mental wellbeing

13.10.1 Introduction to key issues

This section includes information on positive mental health and wellbeing. Sustaining and enhancing mental wellbeing is important to promote positive health and prevent poor health outcomes. Information on mental ill health is included in chapter 7.

Self reported data from the Place Survey (2008-09) show that 74% of Newham residents measure their overall health and wellbeing as very good or good, however, this indicator does not reflect a wider definition of wellbeing, nor the wider influences on wellbeing such as access and opportunities, wider social determinants (income, employment, educational attainment, housing, quality of environment), sense of belonging and social cohesion.

Table 13.8: Wellbeing indicators

Indicator		Place Survey 2008/9	London	England
Sense of belonging and community cohesion				
NI 1	% of people who believe people from different backgrounds get on well together	68% ⁴⁰	76%	76%
NI 2	% people who feel they belong to their neighbourhood	47%	52%	59%
NI 6	Participation in regular volunteering	21%	21%	23%
NI 23	Perception that people in the area treat one another with respect and consideration	53%	38%	31%
Quality of local area and environment				
NI 5	Overall/general satisfaction with the local area	56%	75%	80%
Health and mental wellbeing				
NI 119	Self reported measure of people's overall health and wellbeing as very good or good	74%	79%	76%
Access and opportunities				
NI 4	% people who feel they can influence decisions in their area	46%	35%	29%

Source: Place Survey, 2008

The Tell Us 4 survey's universal measure of wellbeing indicates a lower level of wellbeing amongst Newham's young people (50%) compared to England (53%). When asked specifically about life satisfaction 65% said they felt happy about life at the moment compared to 67% in England). The top three things that young people in Newham worried about were exams, their future and parents and family.

Best practice guidance includes the need to support and enhance the emotional resilience in young people and to reduce isolation and promote social engagement of older people

13.10.2 Mental wellbeing and behaviours

Good mental health and well-being are central to good health and there is strong evidence that happy people live longer, are healthier and more likely to engage in 'health seeking' behaviour. Conversely, permanent adverse health changes and adverse social and environmental factors do have a lasting and negative effect on people's well-being. Promoting and maintaining wellbeing is important across the life course from the development of emotional resilience to maintaining independence and reducing social isolation in older people.

Consultation as part of a local needs assessment found that mental health service users identified health behaviours to correspond with good health and positive wellbeing. Other factors associated with mental wellbeing included having meaningful work/ employment, feeling safe, being able to function and have self worth and having creativity (Source: Mental health Strategies, Mental Health Needs Assessment, 2010).

Groups at risk of having poor mental wellbeing have been identified by New Horizons and local needs assessments to include older people, carers, drugs and alcohol misusers and people with diagnosed mental health problems. Further information on these groups is presented in Chapter 13, Healthy Newham.

⁴⁰ Corresponding responses from Liveability show NI 1 as 86% and NI 5 as 72%.

13.10.3 Recommendations

The current mental health needs assessment (2010) includes people aged 18-64. While information is available on mental ill health and diagnosed mental health problems of specific groups, further work is required to identify needs of children and young people and older people, as well as specific groups to support and enhance positive mental wellbeing.

- Incorporate mental wellbeing throughout strategies
- Implement a comprehensive measure of wellbeing
- Reduce isolation- particularly in older people
- Workplace mental health and wellbeing should be a priority for strategic partners.

13.11 Sexual Health and HIV

13.11.1 Introduction

According to the Department of Health (2001)⁴¹, sexual health extends beyond illness and disease and can have implications with regards to *'the capacity and freedom to enjoy and express sexuality without exploitation, oppression, physical or emotional harm with equitable access to services to maintain and improve well-being'*.

Sexual health is influenced by a complex range of factors ranging from sexual behaviour and attitudes and societal factors, to biological risk and genetic predisposition. The highest burden of sexual ill-health is experienced by women, gay men, teenagers/ young adults and black and minority ethnic groups. Sex workers and their clients are another group who experience sexual ill-health disproportionately compared to the population as a whole.

Common sexual health issues include sexually transmitted infections (STIs), unintended pregnancy and abortion, fertility problems, HIV, cancers resulting from STIs, and sexual dysfunction. Poor sexual health can be serious and have a long term impact on people's lives. Sexually transmitted infections, if untreated, can cause:

- Pelvic inflammatory disease, which can cause ectopic pregnancies and infertility (caused by chlamydia)
- Organ and nerve damage (caused by syphilis)
- Hepatitis B
- Recurrent genital herpes
- Bacterial vaginosis and premature delivery
- Cervical cancer is caused by sexual transmission of human papilloma virus – HPV
- Infertility.

13.11.2 Sexual health and demography

Ethnicity has an impact on the differences in the sexual health risk between particular groups of people. Nationally, there is a higher prevalence of STIs among the African Caribbean and a lower prevalence among Asian groups, when compared with the white British population (Shahmanesh et al⁴², 2000; Low et al, 2001⁴³).

⁴¹ Department of Health. (2001). National Strategy for Sexual Health and HIV. London: Department of Health.

⁴² Shammanesh, M, Gayed, S. Ashcroft, M. (2000). Geo-mapping Chlamydia and gonorrhoea in Birmingham. *Sexually Transmitted Infections*, 76, 268–272.

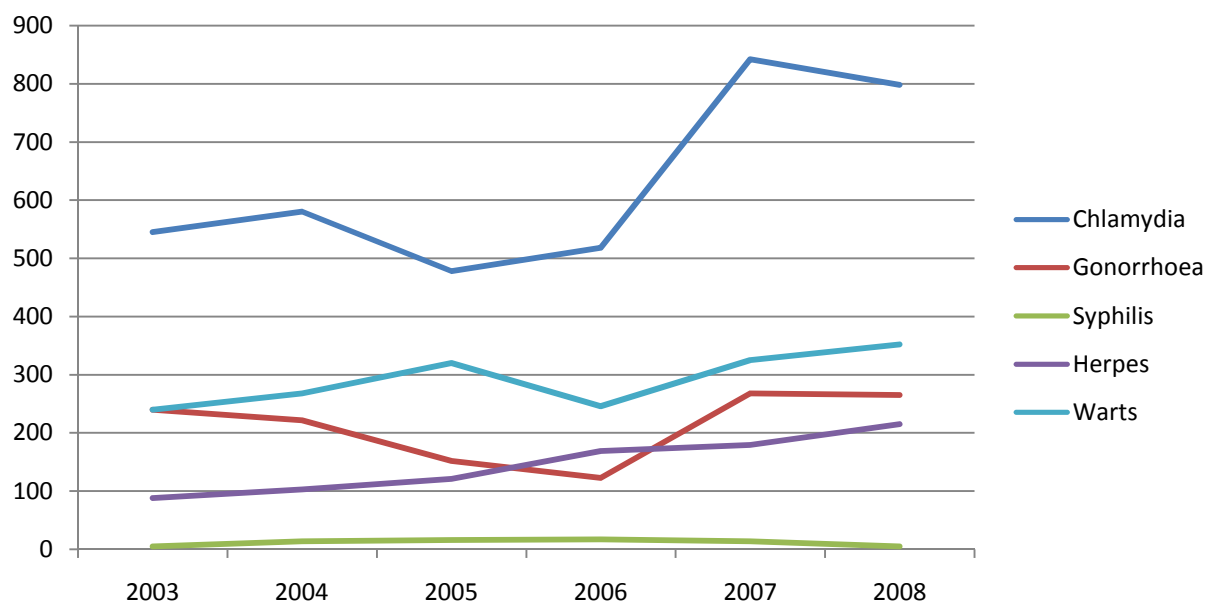
⁴³ Low, N, Sterne, J. & Barlow, D. (2001). Inequalities in rates of Chlamydia between Black ethnic groups in southeast London: cross sectional study. *Sexually Transmitted Infections*, 77, 15-20.

13.11.3 Trends in sexually transmitted diseases

There has been a small reduction in the levels of Chlamydia since 2007, but nevertheless the levels of Chlamydia diagnosis remain high. This increase in diagnoses coincides with the implementation of the National Chlamydia Screening Programme in 2005. There have also been slight increases in Gonorrhoea and Warts since 2006, following a period of previous decline.

- Men and women between 16 and 24 years of age are most at risk of contracting non-HIV sexually transmitted infections⁴⁴.

Figure 13.9: Trends in new diagnoses of selected STIs, Newham 2003-8



Source: Health Protection Agency, 2009

13.11.4 HIV

Newham has high rates of HIV infection, although not the highest in London and numbers have continued to increase. There are several main routes of infection including:

- Heterosexual transmission, mainly in people who have been exposed to HIV while abroad (73%)
- Men who have sex with men (20%)
- Mother to child transmission (4%)
- Injecting drug users (1%).

Numbers of people living with HIV have increased by 10% since 2007 from 1244 to 1380 and the rate of 0.56% is higher than both London (0.35%) and England (0.11%). In Newham 65% of people infected by HIV are Black African compared to 35% in London and 38% in England with higher rates of infection are apparent among men in the 40-54 year age group and women in the 29-34 year age groups.

The rate of HIV transmission amongst men who have sex with men (MSM) in Newham is much lower than national levels (38%)⁴⁵. It is possible that BME diagnoses are wrongly reported due to stigma associated with MSM behaviour⁴⁶. Nationally, 70% of reported heterosexual transmissions are from black Africans, suggesting that Newham's disproportionate numbers of people who were infected with HIV through heterosexual sex could be linked to the significant size of the black African communities in the borough.

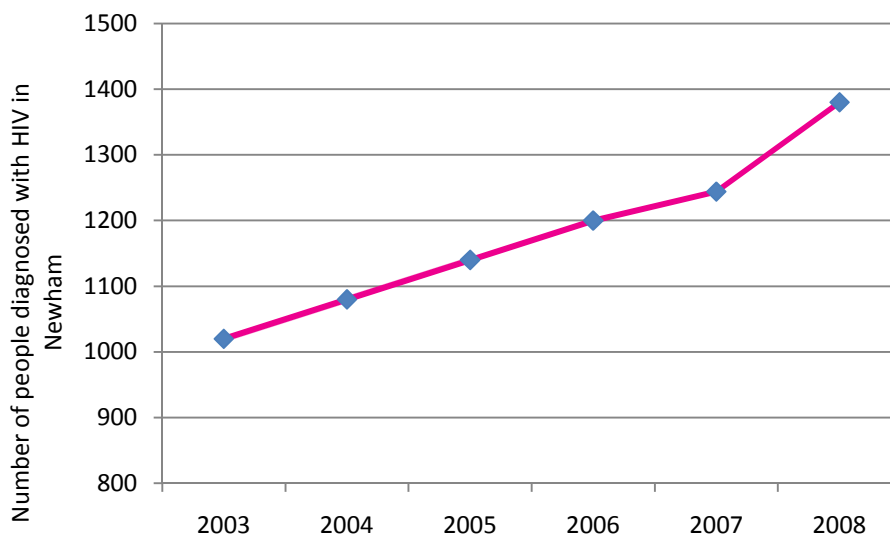
⁴⁴ Health Protection Agency (HPA) 2008

⁴⁵ HIV in the United Kingdom, 2009, HPA report

⁴⁶ Health Protection Agency; *A complex picture: HIV and other sexually transmitted infections in the UK: 2006*; (UK Collaborative Group for HIV and STI Surveillance, 2006).

It is estimated that 27% of people living with HIV in Newham are undiagnosed and despite a London target to reduce the proportion of late diagnoses to 15% by 2010-11, 38% of people in 2008 were diagnosed late – a rise of 4% from the previous year. This proportion was higher in people in whom the disease was acquired heterosexually with a rise amongst this group from 38% in 2007 to 44% in 2008. Late diagnosis reduces the capacity to benefit from drug treatment and the disease has often progressed to AIDS.

Figure 13.10: Trends in Numbers of people diagnosed with HIV, Newham



Source: HPA, 2009

13.11.5 Recommendations

- It would be useful to investigate factors that influence the transmission of STI's and HIV in Newham including further socio-demographic profiling or qualitative investigation surrounding the impact of intervention programmes
- Available demographic data would also be useful in trying to assess the reasons for the recent increase in the number people diagnosed with HIV in Newham
- Identify where inaccuracies exist in the reporting of HIV transmission by MSM (Men having sex with Men), specifically addressing likely social stigmas relating to misreporting in BME in Newham.

13.12 Alcohol

13.12.1 Introduction to key issues in Newham

The Department of health has provided guidance about *sensible drinking*:

- Adult women should not regularly drink more than 2–3 units of alcohol a day
- Adult men should not regularly drink more than 3–4 units of alcohol a day.

Harmful drinking is drinking at levels that lead to significant harm to physical and mental health and at levels that may cause substantial harm to others. This includes women who regularly drink over six units a day (or over 35 units a week) and men who regularly drink over eight units a day (or 50 units a week). Women who drink heavily during pregnancy put their babies at particular risk of alcohol related harm.

Binge drinking is drinking too much alcohol over a short period of time. It has immediate and short-term risks to the drinker and to those around them. Binge drinking is usually measured by those drinking over six units a day for women or over eight units a day for men.

Awareness of the effects of alcohol on health is increasing, however the data on who drinks and how much people drink is poor, often relying on estimates derived from national survey data, or on small local surveys.

Synthetic estimates suggest that Newham has the lowest number of hazardous drinkers in England (14.1%) of the population aged over 16 years. Despite this, statistics produced by the North West Public Health Observatory (NWPHO) show that Newham has the 3rd highest rate of alcohol-related hospital admissions in London, and 39th highest nationally. In contrast, the rate of alcohol-related hospital admissions for under 18s is the 7th lowest nationally (19.2 per 100,000 of the population 2005-6 to 2007-8, compared to a regional average of 43.6⁴⁷).

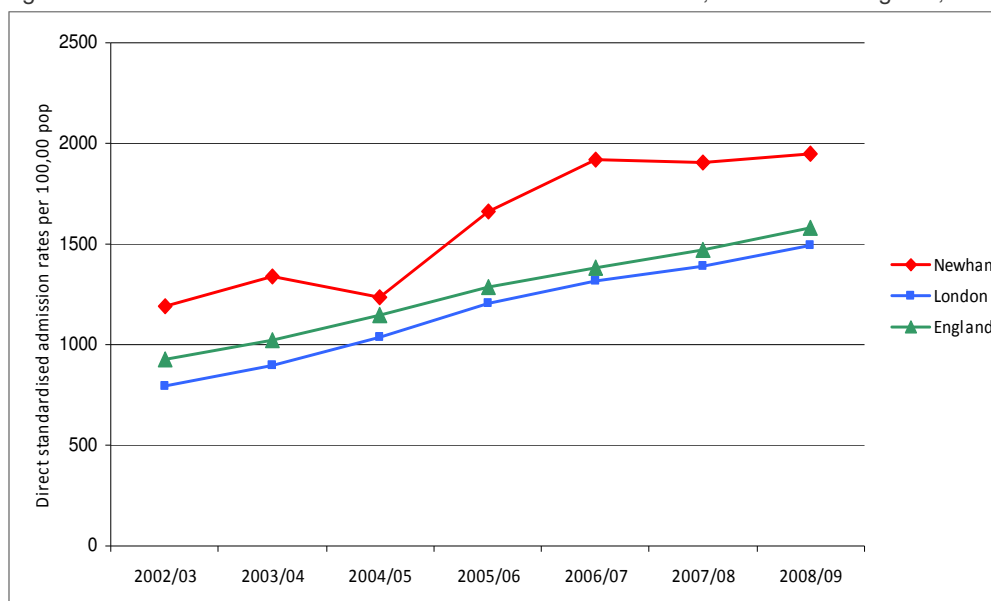
Trend data shows national increases in alcohol related hospital admissions, leading to alcohol misuse becoming a national public health issue. Admission rates in England have almost doubled since 2002-3 whereas Newham's rates have increased by just over 60% and London rates by over 70%.

Admission rates produced by the North West Public Health Observatory (NWPHO) need to be interpreted with caution as the category of alcohol related admissions also includes a proportion of admissions for hypertension and CHD, based on work done in the North West. This may not be appropriate to our population, which does have high rates of CVD.

Alcohol admission rates may reflect the availability of alternative community support facilities. The ongoing review of alcohol related admissions to NUHT suggested that many admissions are for one night only, with patients effectively admitted until they are sober enough to go home. Some of these admissions may thus be avoidable if more appropriate community support options were available.⁴⁸

With a population as diverse as Newham consideration needs to be given to the drinking habits of different populations. At the moment we only have a scant idea around this and further work to understand the local picture is needed to interpret such data as we have.

Figure 13.11: Trend in alcohol related admission rates in Newham, London and England, 2002-03 to 2008-09



Source: NWPHO, 2009

⁴⁷ Rates for admissions in people under 18s are based on 2005-07 ONS Mid Year Estimates for the Local Authority. This does not include attendance at A&E.

⁴⁸ Source: Alcohol Needs Assessment, 2010

Analysis of hospital data covering three whole year periods 2006-7, 2007-8 and 2008-9 identified the following trends:

- Almost half of all admissions are within the 35-54 age group
- Three times as many men as women are admitted, women's admissions are decreasing slightly
- The majority of admissions are White UK British, closely followed by East European. Admissions amongst Asian groups and White other groups are increasing year on year
- Costs incurred by frequent users over the three year period range between 40-44% of all costs even though they represent only 17-20% of admissions
- The majority of alcohol specific admissions among frequent users are categorised as mental or behavioural disorders due to alcohol (77%). Of these, 37% are 'acute intoxication', 27% 'alcohol dependence', 21% 'harmful use' and the remainder are 'withdrawal state'.

13.12.2 Alcohol and Black and Minority Ethnic communities

In the UK, alcohol consumption and related problems appear to be lower in Black and minority ethnic communities than in the population at large⁴⁹. For example, findings from the Fourth National Survey of Ethnic Minorities in England and Wales regarding the frequency of alcohol consumption suggest that total abstinence rates range from 40% in the Chinese population to 60% in the Indian and over 90% in the Pakistani population, compared to just 13% in the White population.

A study of drinking patterns in second and subsequent generation Black and Asian communities in the Midlands indicates that alcohol consumption appears to be relatively low in South Asian groups⁵⁰. However, the study also points to potentially problematic drinking patterns in small minorities of South Asian, including Muslim groups. Similarly, one survey⁵¹ found alcohol problems amongst Sikh men to be higher than for white and Hindu men, with the heaviest drinkers being a small minority of Muslim men.

The Substance Misuse Partnership has commissioned an alcohol needs assessment and are looking into a needs assessment of the substance misuse needs of East Europeans to understand the needs of these communities further.

13.12.3 Mortality and Morbidity from liver disease in Newham

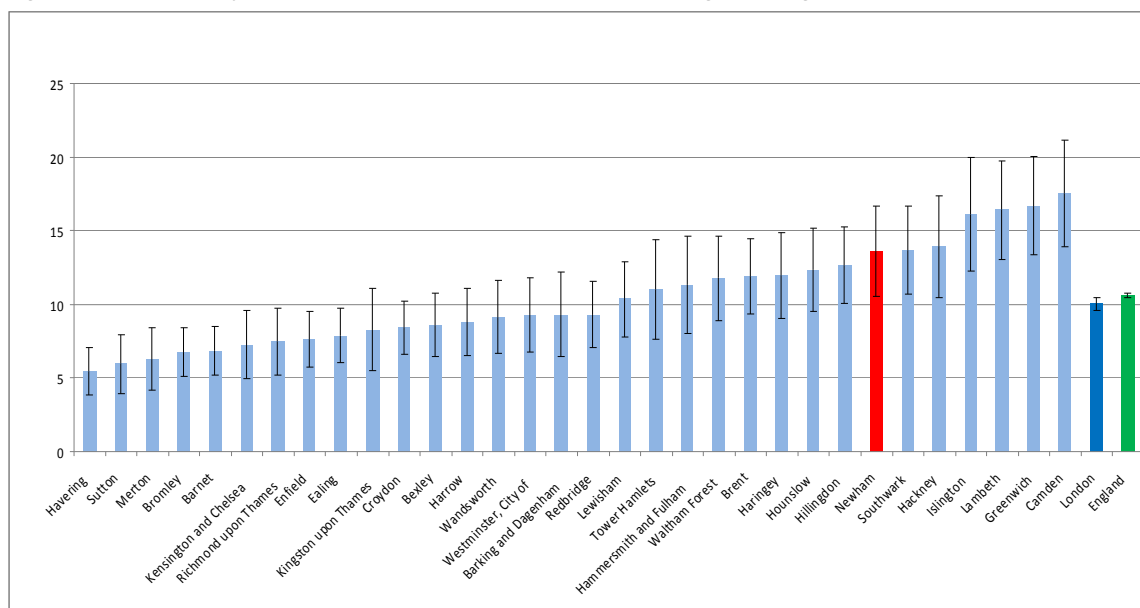
The Newham alcohol needs assessment (2010) includes detailed analysis on risk factors for conditions and mortality attributed to alcohol. Mortality from chronic liver disease is slightly, but not significantly higher in Newham than the average for London or England. There are on around 24 deaths a year from chronic liver disease, of which two thirds are in men. The last 3 years have seen a reduction in the number of deaths for both men and women, although numbers are small.

⁴⁹ Derek Heim, Simon c. Hunte et al alcohol consumption, perceptions of community responses and attitudes to service provision: results from a survey of Indian, Chinese and Pakistani young people in greater Glasgow, Scotland, alcohol & alcoholism vol. 39, no. 3, pp. 220-226, 2004

⁵⁰ Orford, J., Johnson, M. and Purser, B. (2004) Drinking in second generation Black and Asian communities in the English midlands. Addiction Research and Theory 12, 11-30

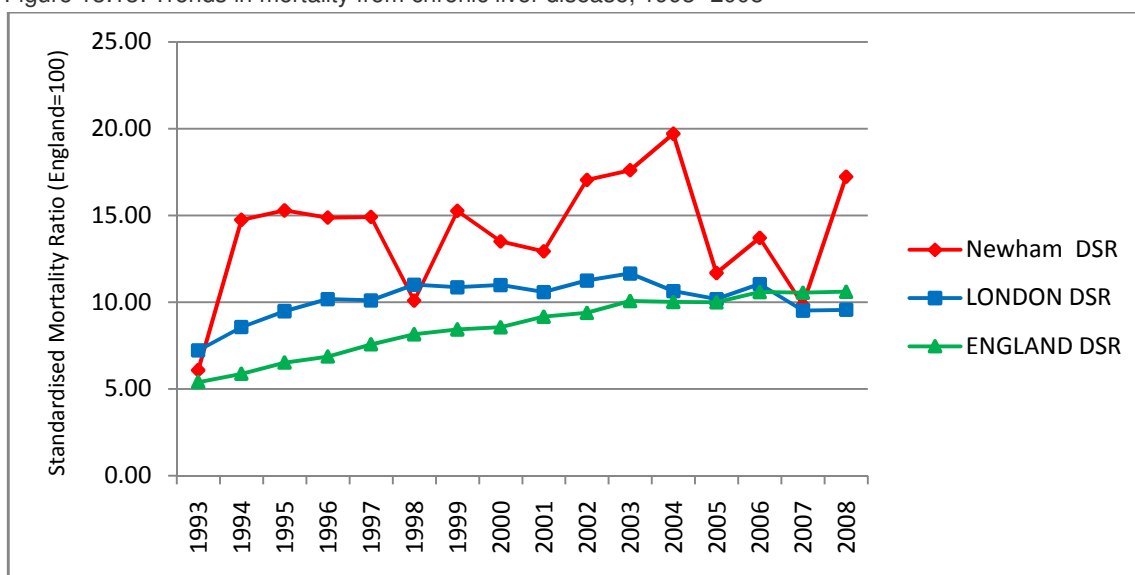
⁵¹ The drinking habits of Sikh, Hindu, Muslim and white men in the West Midlands: a community survey. Cochrane R, Bal S Br J Addict. 1990 Jun;85(6):759-69

Figure 13.12: Mortality from chronic liver disease in London boroughs & England. 2006-08



Source: NCHOD, 2009

Figure 13.13: Trends in mortality from chronic liver disease, 1993- 2008



Source: NCHOD

Chronic liver disease can be caused by the effects of excess alcohol, or by hepatitis infections. Hepatitis is endemic in much of Asia and local data have shown relatively high rates of hepatitis C infection in the Pakistani community.

Further analysis of the mortality data shows that over a 6 year period (2004-8), there were 167 deaths from liver disease in Newham. Of these, 45% were identified on the death certification codes as being alcohol related, the rest were non alcoholic related liver disease. The majority of the alcohol related deaths (80%) were in the population born in the UK, Ireland or Eastern Europe. For the non alcohol related deaths 63% were in the UK, Irish or Eastern European populations. People from South East Asia accounted for twice as many of the non alcoholic liver disease as alcoholic liver disease deaths. Further needs assessment work will be required in order to gain a better understanding of the alcohol issues and service needs of newly arrived East European communities.

Table 13.9: Deaths from alcoholic and non alcoholic related liver disease by country of birth. Newham, 2004-2008

Country of Birth	Non-Alcoholic liver disease		Alcoholic liver disease	
	n	%	n	%
UK, E Europe, Ireland	58	63.1	60	80.0
SE Asia	19	20.7	8	10.7
Africa	6	6.5	<6	5.3
Other	7	7.6	<6	4.0
Not stated	<6	2.2		
	92	100	75	100

Source: Public Health Authority Files (ONS)

13.12.4 Summary and Recommendations

The trend in hospital admissions for alcohol related harm has increased substantially and Newham is reported to have the 3rd highest level of admissions in London. Further understanding is required of the drinking patterns within our communities and how these impact on service use. Recommendations include;

- Information and intelligence is needed around the hospital admissions for alcohol from the recent needs assessment in relation to age, ethnicity and gender to inform commissioning intentions
- DES and LES performance data on screening (information and brief advice) to inform commissioning intentions
- Target frequent users (admissions) and prevent readmissions.

13.13 Drug Misuse

13.13.1 Introduction to key issues

In Newham:

- Drug misuse causes a range of problems for the individual and for the community, including contracting blood-borne viruses, drug-related deaths, employment problems and often crime
- There are an estimated 2,528 problematic drug users in Newham
- There are a number of hard-to-reach groups who have never accessed treatment for drug misuse
- When drug misusers access treatment, there is a low level of engagement.

Background

Drug use can lead to a range of health problems. These include the increased risk of contracting and transmitting blood-borne viruses (hepatitis B and C, and HIV) and also of accidental poisoning and drug-related deaths. Drug use can also affect several aspects of society, with an impact on the Criminal Justice System from those who commit crime to fund their drug use, and on the loss of employment and the social welfare of communities.

Drug misuse is tackled at many levels including enforcement of drugs supply, crime and antisocial behaviour, harm prevention and minimisation including needle exchange, treatment to reduce the risk of infection and overdose and intervention.

Profiling Problematic Drug Misuse in Newham

Estimating the overall numbers of drug misusers is difficult due to the illicit nature of the substances involved. Therefore, estimates are derived from a number of sources including Police data and Criminal Justice data.

Problematic drug users (PDUs) are defined as users of opiates and/or Crack cocaine. The UK has the highest number of estimated PDUs aged 16-64 in Europe at 10.2 per 1000 population; whereas the level in England is estimated to be lower at 9.8 per 1000 population.

The estimated number of PDUs in Newham is based on the University of Glasgow estimates⁵². The estimated figure for 2008-9 is 2528 (range 2248-2973), compared with 3,222 for 2007-08, 3,222 for 2006-7 and 2,025 for 2005-6. The differences over time reflect changes in the methodology for estimating prevalence and need to be interpreted with caution. Newham's penetration of need, which is the measurement of those in treatment compared to the estimated number of PDUs has dropped from 65% to 41%. If accurate, this gap in treatment suggests that the majority of PDUs are not in treatment⁵³.

Table 13.10: Glasgow University estimates of PDUs by treatment status

Glasgow University Estimates of Crack &/or Opiate Users – PDUs	2007-08	2008-09
Not known to treatment	1,717	1,118
Known to treatment but not treated last year	222	306
In treatment last financial year	338	441
In treatment year end	766	663
Not known to treatment but in DIP- prison/community	179	677
Total	3,222	3,205

Source: University Of Glasgow, 2009

Intravenous drug users are also at risk of contracting and transmitting blood-borne viruses. The overall estimated prevalence of HIV in intravenous drug users in London is 3.8%, with 3.3% in those aged 25-34 years rising to 4.1% in those aged 35 and over, Health Protection Agency, 2008⁵⁴. In London, there were only 39 new diagnoses of HIV in 2008, where the route of transmission was intravenous. In contrast, the estimated prevalence of Hepatitis C in Newham intravenous drug users is higher at 55% for 15-59 year olds (HPA).

Other sections of the JSNA detail issues surrounding Drug use, Domestic Violence and Sex Workers in Newham (e.g. Chapter 7, mortality and morbidity and Chapter 14 Identified Groups).

⁵² Further information on the Glasgow estimates, is available in Singleton et al, (2004-5) Home Office Online Report 16/06 <http://www.homeoffice.gov.uk/rds/pdfs06/rdsolr1606.pdf>

⁵³ Source: Positive Steps Report, Substance Misuse Partnership, 2009- 10

⁵⁴ http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1202115519183

Trends in hospital admissions

When someone is suffering from drug-related problems they may need admission to hospital at some point. Usually the numbers needing this are low. Looking at hospital admissions, the drug misuse related⁵⁵ counts are quite specific to (illegal) substance misuse and mental health issues whereas the drug poisoning related criteria⁵⁶ are wider and include death from both illegal and legal drugs. Both types of counts show an increase over the 5 year period from 2002/3 to 2006/7. Drug related poisoning has increased significantly (83%) from 05/06 to 06/07.

Table 13.11: Admissions for Newham for drug use related and drug poisoning related issues

	02/03	03/04	04/05	05/06	06/07
Drug misuse related	12	30	52	62	41
Drug poisoning related	197	261	243	237	434

Source: London Health Observatory

Treatment

In 2008/09 treatment mapping showed client entries, referrals, transfers and exits. Of the 654 clients that entered treatment the main entries were: Self referrals 286 (44%); Arrest Referral/DIP referrals 147 (22%); Drug Service referrals 137 (21%); Others 84 (13%). Of the self referrals 207 (72%) went on to the Community Drug Team and of those 40 (19%) were transferred on to other treatment providers.

Trends in drug-related deaths⁵⁷

Substance misuse related deaths in Newham are at a similar rate to those in England and Wales. The incidence of death by this cause is low, which results in low numbers for Newham, typically 5-10 per year. For the years 2002-2008 the number of deaths was approximately 32. In terms of gender and age Newham's profile for drug-related deaths is similar to that of England and Wales. An estimated⁵⁸ 90% of all deaths in Newham were male, especially those aged 35-44. In England, 80% of deaths are male, and most deaths are in the 30-40 age groups. Heroin specific deaths accounted for over half of all deaths (Source: Newham Drugs Misuse Needs Assessment, 2010)

Due to the higher numbers of death from accident/misadventure than from deaths relating to mental/behavioural disorders. This highlights the need for carer and peer training for management of overdose or intoxication.

The percentage of crack users accessing treatment can be estimated using Glasgow smooth estimates. For the 12 month period between January to December 2009, the Newham percentage was higher than the National and regional levels for the higher estimate (32%, compared with 28%), but lower than England for the lower estimate.

However, the effective engagement of drug users once in treatment has been problematic in Newham. For example, for crack users in the 12 months between January and December 2009, the national rate for completion of 12 weeks of engagement is 84% while for Newham the figure is 80%.

⁵⁵ From London Health Observatory analysis of Hospital Episode Statistics, using Drug misuse = all admissions where primary diagnosis ICD10 F11-19 excl F17. A hospital episode is a Finished Consultant Episode (a period of admitted patient care under a consultant or allied healthcare professional within an NHS trust).

⁵⁶ As per 4, but where Drug poisoning = all admissions where external cause of admission is X40-44, X60-64, Y10-Y14, X85.

⁵⁷ Data Source - Claudia Wells, Geographic Mortality, Office for National Statistics. The definition used is based on deaths related mostly to illegal substance misuse, thus not including prescribed drugs or alcohol or tobacco.

⁵⁸ An exact profile is not possible due to small numbers (those under 3) being suppressed so as not to show potentially identifiable data, thus estimates are used in profiling excluding those unreported.

Commissioning recommendations

Improve data collection of treatment population profile to inform whether services meet groups.

- Increase engagement with clients from vulnerable groups, to include Crack and stimulant users, parents, BME groups and people from the Criminal Justice System.
- Care planning to actively involve service users; care planning to be outcomes focused; support for carers in care planning
- Carer and peer training in overdose and intoxication management.
- To consult with service users on the location of needle exchange provision
- Workforce development and professional training for wider public health workforce- linking in with joint working to support harm minimisation caused by substance misuse in families.

Substance misuse and CYP

In the Tell Us 4 survey of pupils in years 8 and 10 in 2009 the majority (89%) of children and young people reported that they had never taken drugs. The national figure was marginally lower at 88%. 8% of pupils reported that they had taken drugs, which is slightly lower than the national average of 9%. In support of this data, 2006-7 hospital admissions show that Newham had one of the lowest (7⁵⁹) drug related admissions in contrast to other boroughs.

Reports from the National Drug Treatment Monitoring System (NDTMS) show that;

- In 2008-9, 151 young people were in receipt of substance misuse treatment. Of these, the majority were receiving treatment for the use of Cannabis (85%) and 10% related to alcohol. Referrals for alcohol have increased significantly, but from a low base (increasing from 9 to 15 referrals from 2007-8 to 2008-9)
- The proportion of young people referred during 2008-9 have increased by 32% from 2008. This is in contrast to London as a whole, which saw a decrease of 10%. The majority of referrals are from the Criminal Justice System (65% in 2008-9, compared with 67% in 2007-8). The percentage of those entering into treatment has also increased by 95% in contrast to the previous year
- The majority of referrals into treatment are male (81%) compared with the London average of 65% (NDTMS, 2009-10 (CYP Substance Misuse Needs Assessment). Overall, between 2007-8 and 2008-9, 15 to 17 year olds made up 81% of the in treatment population. The biggest increase in Newham has been seen in 17 year olds (a 38% increase from 2007-8). This is in contrast to the London average which showed a 1% reduction in year old referrals. There has also been an increase in referrals aged 13 across London and this trend has been seen in Newham. In 2007-8 there were no referrals amongst 13 year olds but in 2008-9, there were 8
- White ethnic groups are over represented among young people referred to treatment (34%) in 2008-9. Referrals of Black and Asian ethnic groups have increased but are under represented compared with the population in Newham (32% and 19% respectively). The proportions of Asian and White Young people in treatment were similar for 2008-09 (35% and 31% respectively).

British Crime Survey data (2008), can be used to estimate substance misuse in those aged 11-17. It is estimated that 1,161 young people in Newham may take drugs on a regular basis but are not in treatment. Figures need to be interpreted with caution as they do not take account of the high deprivation in Newham and may be an underestimation⁶⁰. Modelled survey data does suggest a high level of unmet need for girls not accessing treatment.

⁵⁹ Hospital Episode Statistics (HES) Analysis by LHO Nov 2008

⁶⁰ Based on another survey (NatCen 2008) it is estimated that potentially around 448 young people aged 11-15 who take drugs on a regular basis and are not in treatment. [Source: Young People's Substance Misuse Needs Assessment, 2009-10]

Research undertaken in February 2008 into all children with a Child Protection Plan in Newham revealed that there were 110 families with known parental substance misuse; 49% of all the cases and 44% of all children with a Child Protection Plan were harmed by parental substance misuse, equating to 238 children in total. Alcohol was by far the most prevalent drug used, affecting 31% of families and 29% of all children with a child protection plan⁶¹.

Key Recommendations

- Further investigation is required as to why referrals for young people into substance misuse treatment are increasing and why referrals from the Criminal Justice System are higher than the London average
- Further investigation into underrepresentation of Asian and Black young people and girls in substance misuse referral and treatment
- Further profiling of treatment outcomes and reoffending rates would add to the knowledge base.

⁶¹ Newham Child Protection Plan Needs Assessment Research, 2009

