

## 2. Society and environment

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A full update of the Society and environment section will be undertaken during 2014, informed by strategy and policy updates. In the meantime, refer to the previous health & wellbeing profile: [page 31](#)

## 3. Lifestyle and behaviour

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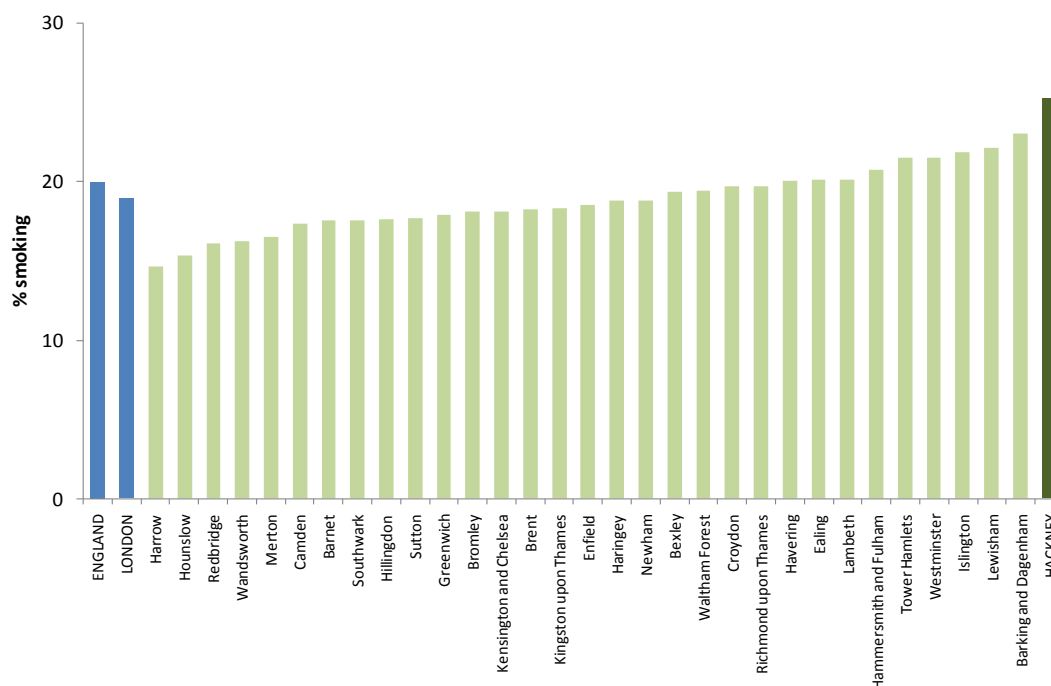
### Smoking

#### Prevalence

The new Public Health Outcomes Framework, which sets out desired outcomes for public health, includes supporting indicators that measure the prevalence of smoking among adults and 15-year-olds, and the prevalence of women smoking at the time of delivery.

Local data on smoking is available from two sources: the national Tobacco Control Profiles, created using data from the national Integrated Household Survey 2011/12, and the results of the GP Patient Survey. The Tobacco Control Profiles indicate a high prevalence of smoking in Hackney: 25% of all residents are currently smokers. This is significantly higher than the average for London, and is the highest figure in the capital (Figure 3.1).

Figure 3.1 Smoking prevalence by borough (Tobacco Control Profiles)

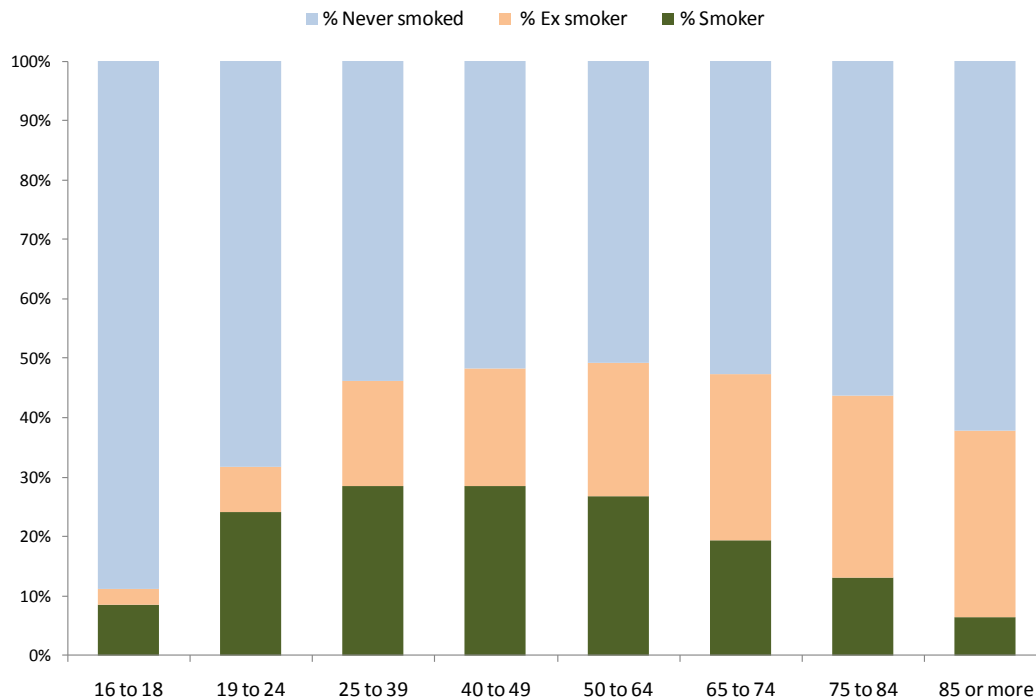


The results of the 2012/13 GP Patient Survey suggest that 23% of residents in Hackney and the City are smokers. 12% of these said they were regular smokers and 11% said they were occasional smokers. Around one-fifth (21%) were former smokers and 56% had never

smoked. Both these rates are higher than the average for England, where 18% of people are smokers (11% regular smokers and 7% occasional smokers).

Local GP data, which tends to underestimate overall smoking prevalence, shows that smoking prevalence peaks in 25 to 49 age ranges, while the proportion of ex-smokers in the population also begins to increase in these age ranges (Figure 3.2).

Figure 3.2 GP recorded smoking prevalence in City & Hackney by age range (CEG 2013)

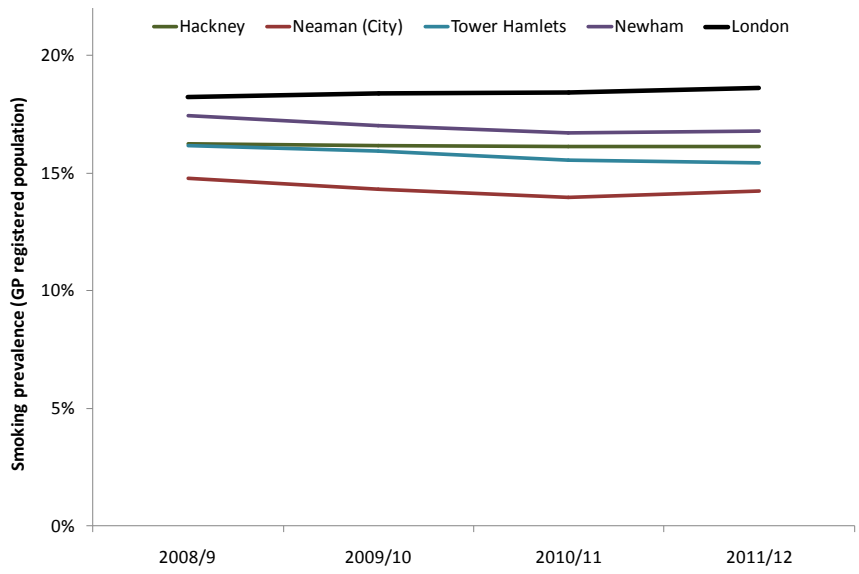


The prevalence of women in Hackney and the City smoking at the time of delivery is one of the lowest in the country, at 4.9% in 2012/13. This compares with a London figure of 5.8% and a national figure of 12.7%.

In 2012/13 we conducted local research to find out how many young people in the area currently smoke. We found that 4% of 11 to 15-year-olds, 9% of 15-year-olds, 18% of 16 to 17-year-olds and 28% of 18 to 19-year-olds smoke. These figures are similar to the national average of 4% of 11 to 15-year-olds, 10% of 15-year-olds and 18% of 16 to 19-year-olds smoking.

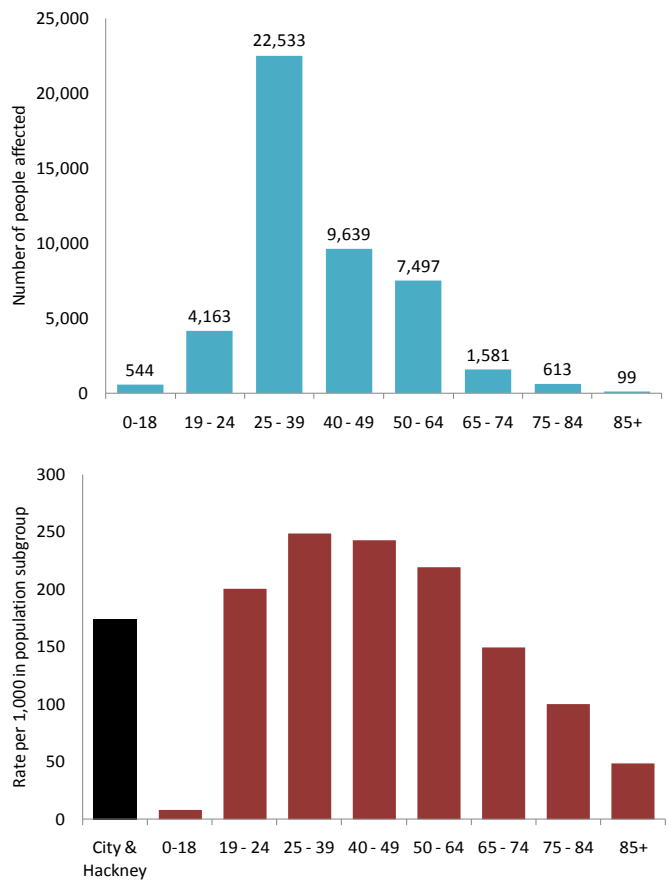
The prevalence of the recorded smoking population registered with a GP remains lower than the averages for both London and Newham.

Figure 3.3 Prevalence of recorded smoking in the GP-registered population over time (QOF)



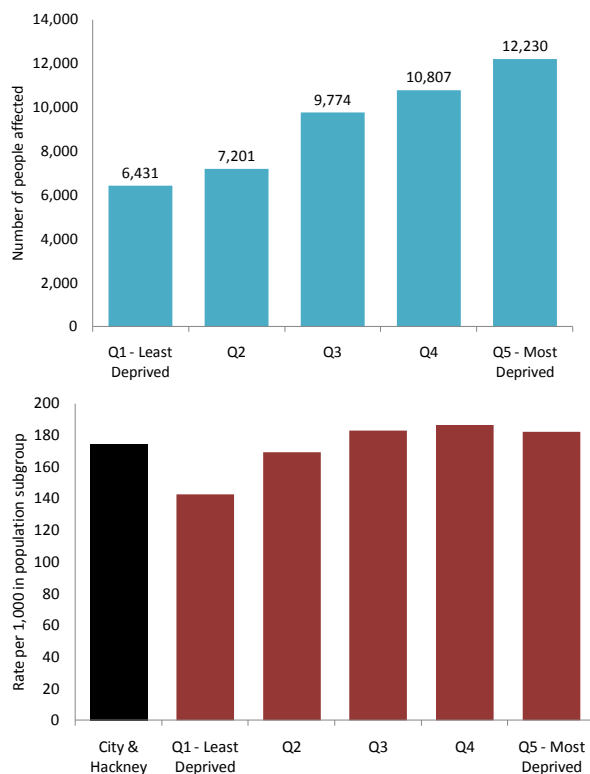
The prevalence of recorded smokers in Hackney and the City is higher among men than women – 20.8% in men compared with 14.2% in women (Source: CEG 2013). The highest numbers of smokers are found in the 25 to 39 age group (22,533) and the rate of smoking is highest among the working age population.

Figure 3.4 Prevalence of recorded smoking in Hackney and the City by age: overall numbers and rate per age group (CEG 2013)



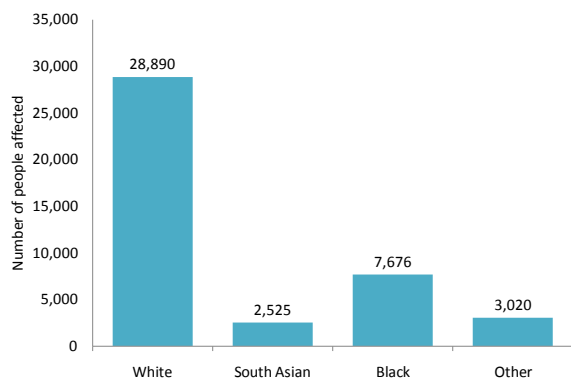
There is a clear correlation between the numbers of people smoking and deprivation, with the third, fourth and fifth most deprived groups smoking more than the least deprived. However, the rate is fairly similar among all groups other than the least deprived, who have the lowest rates of smoking (Figure 3.5).

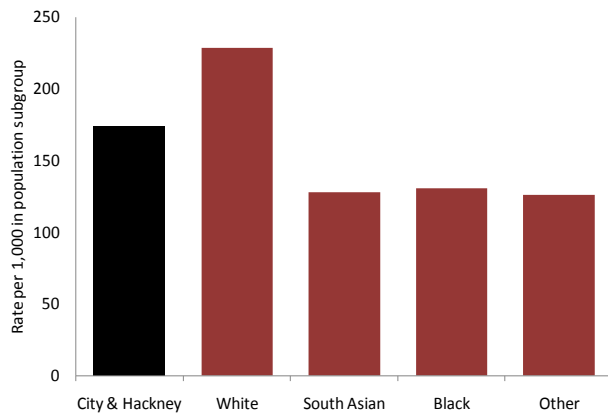
Figure 3.5 Prevalence of recorded smoking in Hackney and the City by local deprivation quintile: overall numbers and rate per quintile (CEG 2013)



The number and rate of smoking is highest in the white community. The rate of smoking is similar among the South Asian, black and other communities (Figure 3.6).

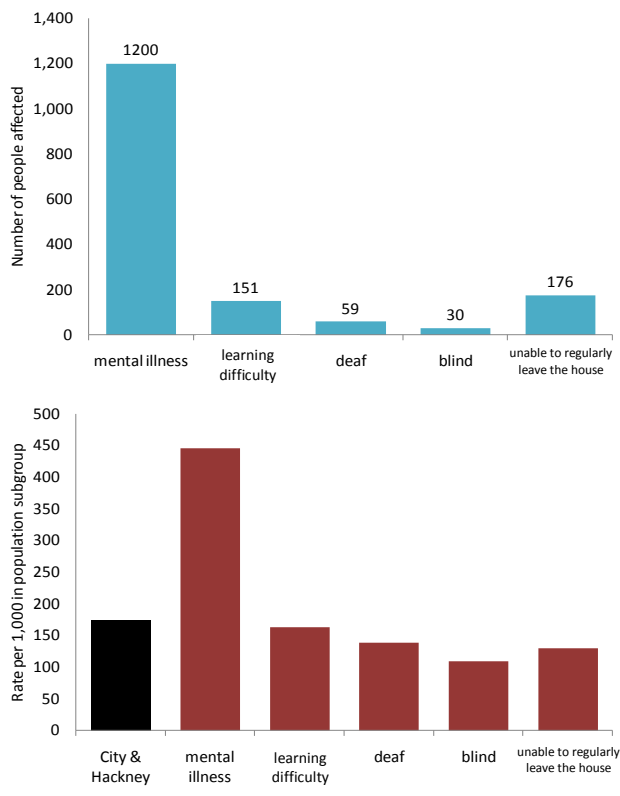
Figure 3.6 Prevalence of recorded smoking in Hackney and the City by ethnicity: overall numbers and rate per ethnic group (CEG 2013)





When it comes to smoking among people in care groups, the prevalence of recorded smokers is highest among people with mental illnesses; the rate of smoking is more than triple the average for this group (Figure 3.7).

Figure 3.7 Prevalence of recorded smoking in Hackney and the City by care group: overall numbers and rate per group (CEG 2013)



### The City

A local study of City workers<sup>5</sup> in 2010 reported that 24.7% of respondents were smokers, representing approximately 91,000 people. This was above the average for both London

<sup>5</sup> *The Public Health and Primary Healthcare Needs of City Workers*, PHAST and City of London, 2010

(17%) and England (20%) in that year. Of the respondents who reported smoking, about 15.1% smoked regularly and 9.7% were occasional smokers.

Among residents, there is currently no robust data for smoking prevalence, although patients registered with the Neaman practice have low rates of current smoking (as disclosed to their GPs).

### Health impacts of smoking

The *Health and Wellbeing Profile 2011/12* is up to date: [page 93](#).

### Quitting

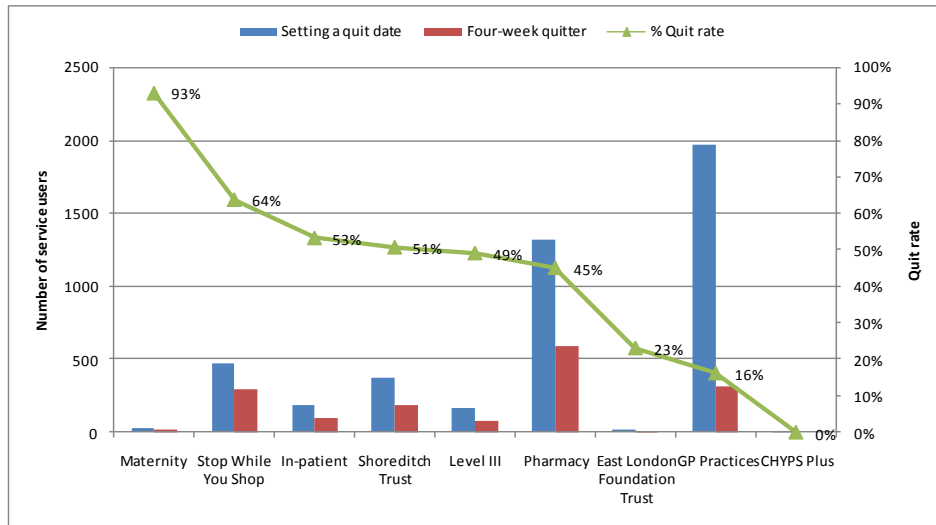
In 2012/13, 4,539 smokers set a quit date using Hackney stop smoking services. Over one-third of these went on to be successful four-week quitters (Table 3.1). Although the number of people using stop smoking services was slightly lower than in the previous year, the number quitting at four weeks was comparable. The local Department of Health (DH) target for 2012/13 of 1,580 four-week quitters was exceeded.

Figure 3.8 describes the range of stop smoking services accessed in Hackney in 2012/13 and the quit rates achieved by each. Most people quit using pharmacy and GP services, but the highest quit rates were in maternity, Stop While You Shop, in-patient and Level III services.

Table 3.1 Use of Hackney stop smoking services and successful four-week quitters, 2010–13 (local data)

	2010/11	2011/12	2012/13	Change
Smokers setting a quit date	4,768	4,750	4,539	–4%
Successful four-week quitters	1,454	1,597	1,611	+1%
Quit rate	30%	34%	35%	+1 pp

Figure 3.8 Hackney stop smoking services by service type, 2012/13 (local data)



## The City

In the City, 1,145 people set a quit date in 2012/13 and 606 (53%) went on to be successful four-week quitters. Table 3.2 describes the quit rates across different population subgroups. The majority of those accessing quitting services were City workers rather than residents, of whom most were in managerial or professional roles. However, quit rates were slightly higher among the smaller numbers of people in intermediate professions, those not employed and those aged 60 or over. Quit rates were lower among 18 to 34-year-olds and the white British/Irish population.

Table 3.2 People not smoking four weeks after quitting: absolute number and percentage quit rate by population subgroup in the City, 2012/13 (Source: DoH)

Population group	Number of four-week quitters	Percentage quit rate
<b>Gender</b>		
Male	352	53%
Female	254	52%
<b>Age</b>		
18–34	255	49%
35–44	202	55%
45–59	128	59%
60+	16	64%
<b>Ethnicity</b>		
White British/Irish	461	53%
White other	50	54%
Black	19	58%
Asian	35	47%
Mixed	29	54%
<b>Work/socio-economic status</b>		
Not employed	20	57%
Employed: managerial/professional	471	52%
Employed: intermediate professions	9	56%
Employed: routine and manual	35	52%



# Healthy weight, diet and exercise

## Obesity

Obesity is a major public health issue. Being overweight or obese can increase the risk of diabetes, cancer, heart disease and liver disease, resulting in huge costs to the individual and society. While it is difficult to estimate the wider impacts of people being overweight and obese at a local level, one estimate cites a cost to the NHS in Hackney and the City of £85.3 million in 2007, projected to increase to £94.6 million by 2015.<sup>6</sup>

The Government recently published a new obesity strategy, *Healthy Lives, Healthy People: A call to action on obesity in England*.<sup>7</sup> This adopts a life-course approach to tackling obesity from pre-conception through pregnancy, infancy, early years, childhood and adolescence into adulthood and older years.

The London Health Improvement Board has prioritised child obesity and will be developing a pan-London strategy. The strategy will include a revitalised healthy schools programme and a focus on increasing sporting activities to harness the Olympic legacy.

Locally, the Child Obesity Strategic Partnership and Adult Obesity Strategic Partnership bring together representatives of key organisations from the NHS, London Borough of Hackney, City of London Corporation and the voluntary sector to assess need and plan interventions for the local population. A refresh of the action plans accompanying the strategy *Achieving a Healthy Weight for All in Hackney and the City* has been prioritised, including a review of care pathways.

## Prevalence of adult obesity

The prevalence of obesity in the UK has more than doubled in the last 25 years. In England, two-thirds of adults and one-third of children are obese or overweight.<sup>8</sup> Unless we take effective action now, it is predicted that by 2050 the prevalence of obesity alone (not including overweight) may rise to 60% in adult men, 50% in adult women and 25% in children.<sup>9</sup>

The Health Survey for England 2006–08 estimated that 22.6% of adults in Hackney are obese. Although this figure is high, it is below the national average of 24.2%.<sup>10</sup> The prevalence of adult obesity as recorded in general practice is lower: in 2010/11, 11.6% of adults in Hackney who were registered with a GP were recorded as obese. This is the fifth highest prevalence in London. In London as a whole, the obesity prevalence is 9.3%.

Over the past two years the GP-recorded obesity prevalence has fallen, following a rise in the previous two years (Figure 3.9). For technical reasons, Figure 3.9 shows the obesity rate in adults as a proportion of the whole population. The actual adult obesity rate (described above) is higher. However, Figure 3.9 is an accurate illustration of the trend, which is currently moving in the opposite direction to the London average.

The variations in obesity prevalence within the GP-registered population of Hackney by age, ethnicity and care group (including mental illness and disability) are illustrated in Figures

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<sup>6</sup> *Healthy Weight Healthy Lives: A Toolkit for Developing Local Strategies*, Department of Health, 2008.

<sup>7</sup> *Healthy Lives Healthy People: A call to action on obesity in England*, Department of Health, 2011.

<sup>8</sup> Health Survey for England 2009, Volume 1, Health and Lifestyles, The Health and Social Care Information Centre, 2010.

<sup>9</sup> Tackling Obesities: Future Choices Project, Foresight, 2007.

<sup>10</sup> *Health Profile for Hackney, July 2010*, APHO and Department of Health, Crown copyright 2010.

3.10 to 3.12. Each pair of charts compares the absolute number of people in each population subgroup with the rate in each subgroup. The numbers of obese people in Hackney are highest in the working age population aged over 25, although prevalence is highest in the 40–84 groups. Prevalence is higher than average in the black population.

Obesity is strongly associated with mental illness, learning disability and, as might be expected, the housebound population. Prevalence is also high among deaf and blind residents. There is a marked difference in the prevalence of obesity between men and women: among men, the prevalence is 106 per 1,000 men, while among women the prevalence is 163 per 1,000 women.

A local health needs assessment of the Charedi (Orthodox Jewish) population in Hackney identified high prevalence of obesity: 55% of Charedi men and 64% of women were overweight or obese.<sup>11</sup>

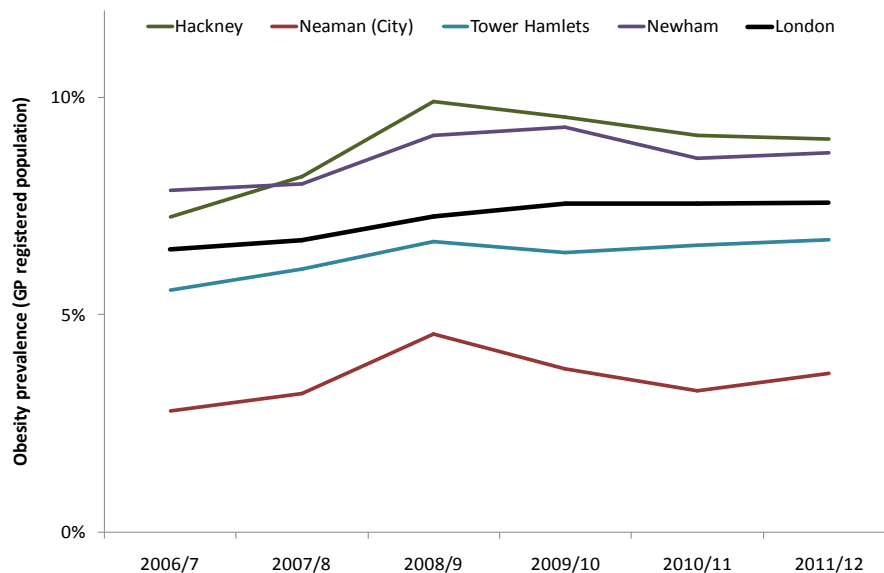
There is a diverse range of healthy weight-related projects operating in Hackney and the City, which together target many of the key determinants of obesity identified in both research evidence and national strategies. However, there are some notable gaps, such as projects that attempt to change the environment itself through, for example, working with the food industry.

There is a clear trend between deprivation and obesity, with higher rates of obesity among the most deprived populations and lower rates of obesity among the least deprived populations. See Figure 3.11.

### The City

Obesity data is not available for the residents of the City, except for those registered at the Neaman practice in the north-west of the City. Around 4% of these adults are obese, which is lower than the rates for surrounding areas and London as a whole (Figure 3.9).

Figure 3.9 Obese adults as recorded in general practice in Hackney (QOF)



<sup>11</sup> NHS City and Hackney: Orthodox Jewish Needs Assessment (summary), 2011.

Figure 3.10 Prevalence of recorded obesity in Hackney and the City by age: overall numbers and rate per age group (CEG 2013)

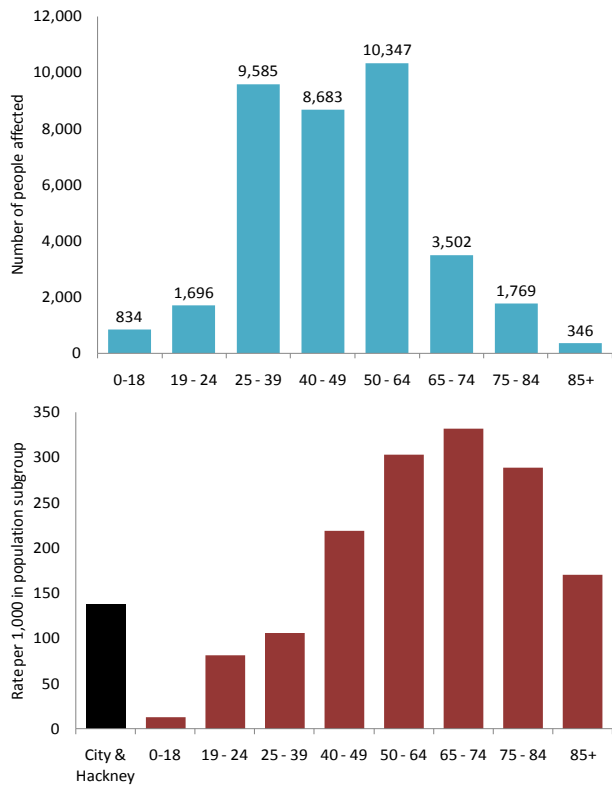


Figure 3.11 Prevalence of recorded obesity in Hackney and the City by local deprivation quintile: overall numbers and rate per quintile (CEG 2013)

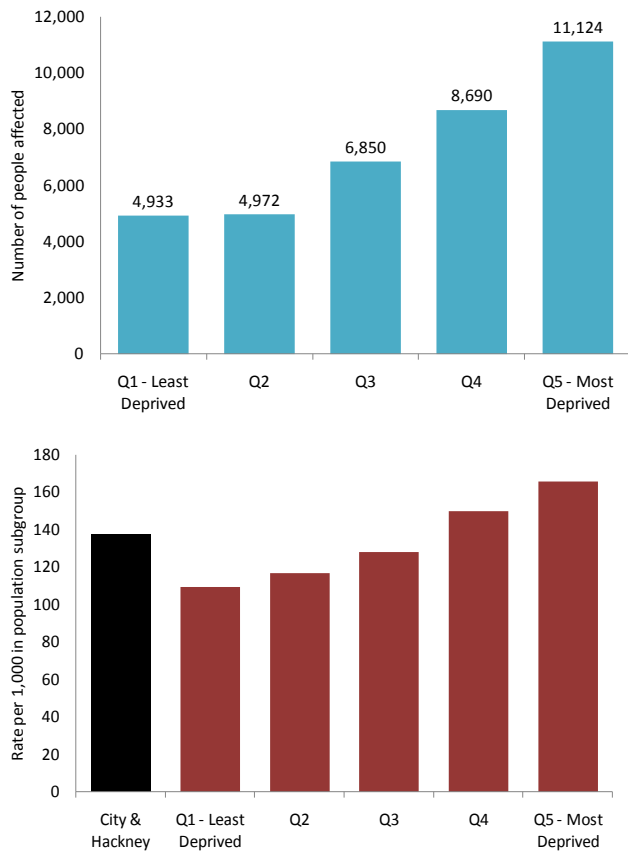
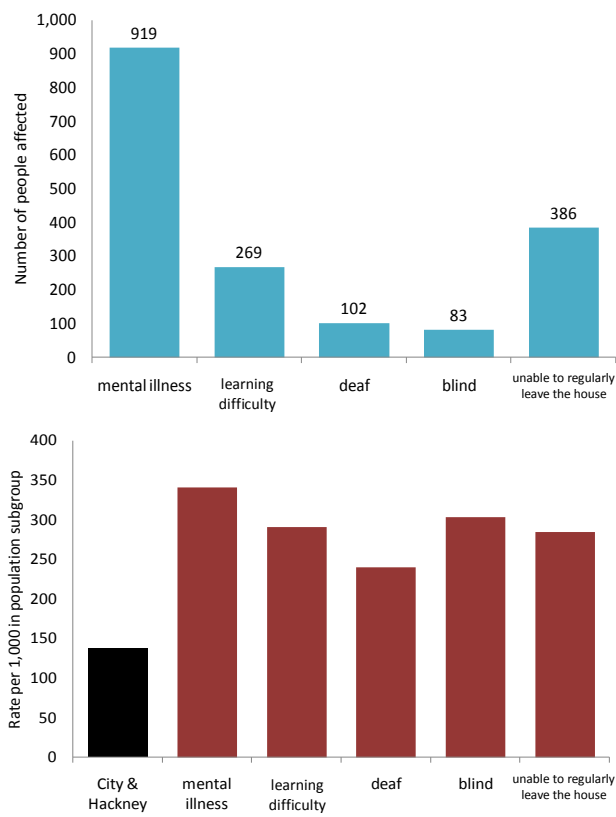


Figure 3.12 Prevalence of recorded obesity in Hackney and the City by care group: overall numbers and rate per group(CEG 2013)



## Alcohol

A full update of the Alcohol section will be undertaken during 2014, informed by the Substance Misuse Needs Assessment which is currently underway. Please see the *City and Hackney Health and Wellbeing Profile September 2012* for the most recent data.

## Substance misuse

A full update of the Substance misuse section will be undertaken during 2014, informed by the Substance Misuse Needs Assessment which is currently underway. Please see the *City and Hackney Health and Wellbeing Profile September 2012* for the most recent data.

## Sex work

Open Doors work in Hackney (advice and support to people working in the sex industry) involves outreach to both street sex workers and off-street sex workers (those working in flats and saunas). The number of street sex workers decreased in 2012/13, while the number of off-street sex workers remained the same. Open Doors team members made contact with 202 street sex workers, 148 of whom received intensive support, and 258 off-street sex workers. The latter group all received condoms and health promotion advice, and 165 of them received a comprehensive clinical sexual health service from the outreach team.

### The City

In 2012/13, the caseload for Open Doors work in Hackney and the City showed an overall decrease in the number of street sex workers supported by the service. 202 unique individuals were made contact with, and 148 of these were case-managed. 47 clients were new to the service, a number that seems to remain fairly constant from year to year.

The data for street sex workers demonstrates that, over time, 45 individuals have gained stability to the extent that they no longer need the support of the Open Doors service. Archiving of files in the past six months confirms that this data is correct.

The caseload for Open Doors work in Hackney and the City shows relative stability in the number of off-street sex workers supported.

258 unique individuals were made contact with during outreach into flats and saunas in Hackney and the City; this outreach offers integrated sexual health interventions. At a minimum, they received condoms and health promotion advice. 165 were given a comprehensive clinical sexual health service, including genito-urinary screening, pregnancy testing and emergency contraception.