

Introduction

- Individual behaviour plays an important role in determining how healthy or unhealthy people are. Whether someone smokes, how much exercise they do, the quality of their diet and their drinking habits, all contribute to their risk of disease, disability and death.
- Most of these health behaviours are strongly linked to the environment in which people live their lives, rather than being a free lifestyle choice. And, despite some clear guidelines on what constitutes a 'healthy' lifestyle, many people do not achieve this. Effective interventions to address health-harming behaviour therefore requires a broad and complex set of responses.
- Exposure to multiple behavioural risk factors is linked to higher risk of poor health outcomes, and more commonly affects people living in disadvantaged circumstances.
- Reliable data on many health behaviours is hard to come by, and so much of the data in this chapter relies on local and national survey data – with implications for the reliability of some of the estimates reported.
- This section describes four of the major behavioural risk factors for health – physical activity (and inactivity), diet, smoking and alcohol. Each of the four main sections of this chapter covers a different topic and is structured according to a consistent format, using the following headings.
 - Causes and risk factors
 - Local data and unmet need
 - Inequalities
 - Comparisons with other areas and over time
 - Evidence and good practice
 - Services and support available locally
 - Service gaps and opportunities.

Section 1: Physical activity and inactivity

- Physical inactivity contributes to one in six deaths in the UK and is a major risk factor in a wide range of health problems. Despite clear guidelines on desirable levels of physical activity across the life course, significant proportions of the population are not sufficiently active to benefit their health.
- Commonly cited barriers to physical activity include perceived lack of time, cost and access issues, lack of confidence, low awareness of available activities, cultural norms and health problems.
- Most children and young people in Hackney and the City are failing to exercise at levels recommended by government guidelines. More than three quarters report being sedentary for more than seven hours a day.
- Local adult residents are more likely to meet physical activity guidelines than children, but a significant minority are not. On one estimate, almost 55,000 adults in Hackney and the City are doing less than 30 minutes of moderate exercise a week. If just half of adults in Hackney were active at recommended levels, approximately 400 cases of diabetes and almost 40 deaths (from any cause) may be avoided each year in Hackney (estimates are not available for the City).

- Physical activity falls significantly with age and males are more active than females in every age group. There is also evidence of lower levels of physical activity in some minority ethnic groups, people with disabilities and long-term health problems, LGBT+ people and those living in socio-economically disadvantaged circumstances.
- Estimates of physical activity and inactivity in the local child and adult populations do not appear to differ significantly from other similar areas or the London average. Levels of cycling, however, are comparatively very high (a quarter of adults in Hackney report cycling at least once a month).
- There is a wealth of evidence on effective approaches to increasing levels of physical activity at a population level, which requires action across a range of settings (covering the physical environment, social norms, tailored approaches for specific communities, plus group and individual level approaches), and at all life stages. Active travel (e.g. walking and cycling) helps to embed physical activity as part of everyday lives, and can be effective for even the most inactive people.
- Identification and early intervention (e.g. through primary care) requires a targeted, tailored approach, focusing on those who are least active who have the most to gain in health terms from doing a little more exercise. Physical activity on referral can help to prevent future health problems in those with the greatest risk of inactivity-related illness.
- There are many programmes and initiatives underway in both Hackney and the City to encourage physical activity in the local population. This includes planning policies which promote walking and cycling through infrastructure design, targeted walking and cycling interventions, exercise classes for all ages, as well as council-provided leisure centres. In addition, Get Hackney Healthy is a borough wide programme to improve the health of local children and local people by reducing obesity, and increasing physical activity – this includes the Health Heroes project in a number of Hackney primary schools.
- New 'healthy lifestyle' services for adults in both Hackney and the City of London, which launched in 2016, are valuable additions to existing provision to help adults at the highest risk of inactivity-related poor health become more active.
- Local efforts to increase levels of activity in the local population will continue through various initiatives being led by Hackney Council and the City of London Corporation.

Section 2: Diet

- Nationally, a poor diet is now the leading behavioural risk factor for illness and death (along with smoking). A healthy diet promotes positive physical and mental wellbeing in a number of ways.
- As with physical activity, despite clear scientific guidance on what constitutes a healthy diet, the majority of adults and children do not achieve this.
- The most important risk factors for a poor diet are ageing, ill health, eating disorders and living in socially deprived circumstances. Taste, habit, advertising, mistrust of health messages and cultural influences all play a major role in what, and how much, people eat and drink. Cost and availability of healthy food options in a local area are also key influencers.

- Local survey data suggests that, while virtually all adults are aware of the recommendation to eat five portions of fruit and vegetables each day, only just over third achieve this in practice. A large proportion of adults report that they regularly eat a home cooked meal.
- As many as 273 deaths in Hackney may be due to dietary risk factors. Reliable estimates are not available for the City of London.
- Adolescent diets are often the furthest from dietary guidance. This is reflected in local survey data, which shows the popularity of takeaways and comparatively low levels of fruit and vegetable consumption among young people in Hackney.
- In general, women have healthier diets than men (e.g. they are more likely to eat fruit and vegetables, and to eat home cooked meals). There is mixed evidence on differences in the 'healthiness' of diets by ethnicity.
- People with learning disabilities are at increased risk of dietary-related poor health, due to a number of factors – such as difficulties swallowing, specific conditions (such as Prader Willi syndrome which causes insatiable appetite) and poor access to a balanced diet in supported accommodation.
- On one specific healthy diet indicator (proportion of the population eating '5-a-day'), Hackney does not appear to be very different from other similar areas or the London or national average. Reliable data are not available for the City.
- Various evidence-based interventions to improve diet across the life course are described in this section, highlighting the importance of establishing good eating habits from an early age. Schools are important settings for promoting healthy eating and there are national standards which set out requirements for school food provision. Similarly, a number of resources are available which provide dietary advice and guidance for older people. The Eatwell Guide outlines the government's recommendations for a healthy diet across all ages.
- Locally, access to nutritional support during and after pregnancy is available through breastfeeding programmes and the Healthy Start vitamins and food voucher schemes. This is complemented by a range of other help available through early years settings. Health Heroes, which is part of the Get Hackney Healthy programme, works with primary schools to increase knowledge of healthy eating and carry out school catering reviews. In addition, the local Community Kitchens programme delivers a range of food budgeting and cooking skills sessions targeting adults and families living in deprived areas across Hackney.
- Understanding the complex set of drivers of individual behaviour in relation to diet, and designing appropriate strategies to address these, is key to influencing behaviour change at a population level. Local research and insight is needed in order to be able to design effective, tailored behaviour change programmes in response to local needs. These principles are currently being used in the design of an intervention to tackle child obesity on a housing estate in Hackney, focused on improving access and uptake of a healthier diet.

Section 3: Smoking

- Smoking is a leading cause of preventable disease and death and one of the most significant factors contributing to health inequalities. It is a contributory factor in a huge variety of different health conditions and, in pregnancy, significantly increases the risk of poor birth outcomes. Second hand smoke means that the habit harms not just smokers, but those around them.
- Risk of smoking is strongly linked to socio-economic disadvantage, with most smokers starting in their teens. Parental and peer influences, as well as cultural norms, all have a strong part to play in smoking uptake.
- Over 47,000 adults (age 16+) in Hackney, and around 600 in the City are recorded as current smokers in local GP records. This equates to a prevalence rate of 23% and 10%, respectively, of all GP registered patients across the two local authorities. The 'official' measure of smoking prevalence (based on national survey data) estimates that just over 20% of adults smoke in Hackney (no equivalent estimate is available for City residents). On both of these measures, smoking prevalence is comparably high in Hackney.
- Smoking in young people appears to be lower locally than nationally, but a larger number are estimated to use other tobacco products, including shisha.
- Around 6% of the total number of GP recorded smokers in Hackney accessed local stop smoking services (SSS) in 2015/16 (it is not possible to estimate this for the City) – this is just above the recommended achievable level (5%).
- Smoking prevalence declines after about age 55 in both Hackney and the City, with the lowest recorded prevalence in 15-24 year olds. There is some suggestion from local data that these younger smokers are much less likely to access local SSS for support to quit, and they are also much less likely to quit when they do.
- A complex picture emerges of smoking prevalence by gender and ethnicity. The highest smoking rates in Hackney are observed in White, Black Caribbean and Mixed ethnicity adults, and women are significantly less likely than men to smoke in general. Gender differences are most stark in Asian and also Black Caribbean groups. Smoking is also known to be particularly prevalent in the Turkish and Kurdish, and Vietnamese communities. As well as being less likely to smoke, women are also more likely to use local SSS in Hackney.
- In the City, smoking is again less common among women, but local SSS are more frequently attended by men (likely reflecting the profile of the daytime worker population).
- People with Serious Mental Illness (SMI) are significantly more likely to smoke than average, and these patterns are observed in both Hackney and the City.
- The link between smoking and deprivation is also reflected locally, although average smoking rates in the least deprived areas of Hackney are still higher than the national average. Most people accessing SSS in Hackney are either unemployed or unable to work due to sickness.
- Smoking-related health outcomes reveal a mixed picture. The proportion of babies with low birth weight is comparatively low and declining, but lung cancer registrations and smoking attributable mortality remains above the London and national averages (Hackney data only).

- Local data show that, following a steady decline in use of SSS, there was a significant uplift in numbers after 2014/15, and performance (in terms of the proportion of successful quit attempts) has also been improving in recent years.
- NICE has produced a number of guidelines which make detailed recommendations for preventing smoking uptake in young people (including whole school approaches), harm reduction, identifying smokers and referring them to SSS, and delivery of effective SSS. Other best practice resources for commissioners and service providers are available from the National Centre for Smoking Cessation and Training. People who access evidence-based SSS are four times as likely to quit as if they try to go it alone.
- Given the significant harms from smoking in pregnancy, all pregnant women should be given a carbon monoxide (CO) test by a midwife at their booking appointment, in order to validate their smoking status and ensure they have access to early support to quit. These recommendations form part of guidance specifically targeted at high risk groups including pregnant women as well as patients in acute and mental health settings.
- Electronic cigarettes have become a very popular stop smoking aid in recent years and, while the long-term health effects are not established, current evidence suggests they are much less harmful for current smokers than using tobacco. Both Hackney and the City's SSS are 'e-cigarette friendly'.
- A comprehensive programme of tobacco control is in place locally, with smoking remaining a priority in both Hackney's and the City's Joint Health and Wellbeing Strategies.
 - Evidence-based SSS are in operation across both areas, delivering services from a range of settings in the community and providing very brief advice (VBA) training to a wide variety of frontline staff.
 - Wider tobacco control work includes action to tackle sales of cheap/illegal tobacco and effective regulation of tobacco sales, implementation of smoke-free policies across the NHS estate, targeted communication campaigns, and the piloting of innovative projects to prevent smoking uptake in young people. Work is also ongoing to engage with and support high risk groups to quit (including pregnant women, communities with high smoking prevalence, and people with SMI).

Section 4: Alcohol

- This section focuses on increasing risk drinking, rather than harmful or dependent drinking (which is covered in the 'Mental health and substance misuse' JSNA chapter).
- Alcohol can have a positive effect on community life, but higher levels of consumption are harmful to health. Increasing risk and binge drinking is a causal factor in more than 60 medical conditions, is strongly associated with mental health problems, is harmful to the unborn child during pregnancy, affects child development, and is linked with risky behaviour, injuries and crime. Alcohol-related hospital attendances and GP visits place a growing burden on the NHS.

- Parental attitudes and relationships, peer influence and alcohol marketing exposure all affect the drinking behaviour of children and young people. Cultural or religious practices are also important drivers of alcohol consumption.
- Increasing risk drinking is more common in men under 65, especially those in managerial/professional occupations and on higher incomes. Binge drinking is more common in the younger (under 44) adult population. However, older age is a growing risk factor for alcohol-related harm.
- The main sources of data on local drinking patterns are based on self-reported survey data, which is likely to under-estimate true levels of alcohol consumption.
- Local survey data and national estimates suggest that levels of abstinence are high (up to 40%) in the adult population, especially in Hackney. However, most adults who believe they drink within safe limits are drinking to levels that are classified as high risk. Binge drinking appears to be more common than average in the City of London.
- Almost six in 10 adults in Hackney report that they are aware of current alcohol guidelines, exactly the same proportion of women as men, but men appear more likely to disregard this advice - fewer say they are non-drinkers and a higher proportion are high risk drinkers (this is in line with national data). However, girls are more likely to say that they drink alcohol than boys.
- There is notable variation in drinking behaviour across different ethnic groups locally, although analysis is only possible at a very broad level. Asian and Black respondents to a local survey were much more likely to say they do not drink than White respondents (who were more likely to report drinking at high risk levels and also to perceive that they drink over safe limits).
- Despite national and local evidence that people living in more deprived areas drink less than those in more affluent areas, alcohol-related harm is much more common in those from disadvantaged backgrounds. This 'alcohol paradox' has variously been attributed to differential access to healthcare, higher prevalence of binge drinking, and participation in multiple harmful behaviours (including drinking as well as smoking, lack of exercise and poor diet).
- Rates of hospital admissions for alcohol-related unintentional injuries have been consistently higher in Hackney than the London average in recent years. The rate of admissions for mental and behavioural disorders due to use of alcohol is also comparatively high locally. However, admissions of people under 18 for alcohol-specific conditions is low compared to most of Hackney's statistical peers.
- The most effective interventions to prevent or reduce alcohol-related harm across the life course include investment in parenting skills, early childhood education, brief interventions and wider alcohol policies (including measures that affect affordability and availability). Ongoing personal and social skills development, as well as workplace interventions, also show high levels of efficacy.
- Prevention work is carried out in local schools, colleges and youth hubs by the City and Hackney Young People's Substance Misuse Service, through awareness raising and education sessions. In addition, screening is available in primary care, although evidence suggests that currently many increasing

risk drinkers may not be identified (and, therefore, not receiving the support that may help them reduce their risk of alcohol-related harm).

- The Business Healthy initiative provides support to City businesses to improve the health of their workers, including a range of resources and a number of events on alcohol and wellbeing in the workplace. Hackney Council has now joined the City of London Corporation in being awarded London Healthy Workplace Charter status, which provides a platform to support local businesses to invest in staff health and wellbeing (including around alcohol-related harms).
- A range of work is also underway locally to affect the wider alcohol and policy environment – this includes the introduction of a voluntary minimum unit price of alcohol in Hackney, as well as formal Public Health involvement in decisions on new license applications and variations in existing licenses for on and off sales. An innovative pilot project is currently working with local pubs to develop effective approaches to support sensible drinking.
- A potential gap has been identified in the provision of local support for increasing risk (as opposed to high risk or dependent) drinkers.