

Public Health 20 years – Then and now



Annual Report of the Director of Public Health for City and Hackney
2017/18



Acknowledgements

Particular thanks to Dr Bobbie Jacobson, previous Director of Public Health, East London and the City Health Authority for allowing us to access historical public health annual reports for the preparation of this report, and to Don Afonso for archiving the reports.

Thanks must also be extended to all of public health's partners in Hackney and the City of London who are striving to make a difference to the health of all residents.

This report was prepared under Dr Penny Bevan as Director of Public Health but has been published following her departure from Hackney Council.

Foreword by Director of Public Health

Dr Susan J Milner, FFPH (Interim Director of Public Health)

The last 20 years have seen huge changes across all aspects of life, including health outcomes, in Hackney and the City of London. Hackney has gone from being a byword for failure to a byword for an innovative borough demonstrating best practice across a range of functions.

This was recognised formally through the Local Government Chronicle Awards in 2016, where Hackney was presented as the 'Council of the last 20 years' award. More than this though, Hackney has become a place internationally renowned for its technology industries, buzzing nightlife and hubs of creativity. Hackney's popularity as a place to live, work and play has grown exponentially, bringing with it its own challenges, particularly around housing and community cohesion.

Public health responsibilities were moved from NHS Primary Care Trusts into local authorities as part of the coalition government's wide-ranging NHS reforms enacted in 2013¹. This transfer to local authorities accompanied an increasing recognition of the wider determinants of health and has enabled work to be carried out across directorates within Hackney Council and the City of London Corporation to improve the public's health. For example, public health now inputs into alcohol licensing and planning decisions for new developments, and are leading a whole systems approach to obesity with partners from services including leisure, transport and housing in order to ensure the area becomes a healthier place to live.

Looking to the future, Hackney Council and the City of London Corporation have begun an ambitious programme of integrating health and social care commissioning with the City and Hackney Clinical Commissioning Group. This will help to align services and, ensure value for money and that budgets are used most effectively in a context of central funding reductions. The next 20 years will involve a whole new range of challenges and opportunities, including an ageing population, advances in technology and the uncertainty of the impact of Brexit on local areas.

However, if the last 20 years have shown anything, it is that Hackney and the City of London have proven they have the creativity and ambition to ensure innovative solutions to seemingly intractable problems, be they educational failure, stubborn health trends or keeping services functioning in the face of hugely reduced funding from central government. Whatever the future may hold, Hackney and the City of London will continue to work hard to improve the daily lives and health of residents and visitors to this small corner of London.

Contents

Director's foreword	2
Introduction	4
City and Hackney: changing health profile	6
Key changes over the last 20 years	6
Demographic changes	10
Key changes over the last 20 years	10
Lifestyle risk factors	14
Early years	15
Exercise	18
Excess weight	19
Healthy eating	20
Sexual and reproductive health	21
Teenage pregnancy	22
Substance misuse	24
Alcohol	24
Smoking	26
Mental health	26
Wider determinants of health	28
Key changes over the last 20 years	28
Deprivation	29
Child poverty	29
Education	30
Health service access for vulnerable groups	31
Housing	32
Air pollution	33
Transport	33
Conclusion	35
References	36

Introduction

With an estimated resident population of 276,00 in 2017, Hackney is a densely populated, highly diverse inner London borough known for being one of London's most desirable boroughs to live in. Over the last 20 years or so the borough has been on a journey which has transformed many aspects of day to day life.

Back in the mid to late 1990s, Hackney Council was deemed to be failing, with housing and educational provision in the borough deemed so poor that responsibilities were taken off the local authority and handed to independent organisations – Hackney Homes and the Learning Trust, a not-for profit entity tasked with improving educational outcomes for young people. Coinciding with the government's 'Building Schools for the Future' initiative, where all of Hackney's secondary and special schools (and several primary schools) were rebuilt, Hackney's educational outcomes drastically improved. For example, the percentage of pupils achieving five or more GCSEs at grades A*-C (i.e. score 9-4 on the new GCSE grading system), including English and maths more than doubled over 12 years, from 32% in 2003/04² to 7% in 2016/17³ and has been above the England average since 2011/12.

Other aspects of local government provision were completely remodelled to improve outcomes and many services now have a national profile; for example Hackney's children's social care unit model was recommended as best practice in the national Munro Review of Child Protection⁴. The Pause Project, which works intensively with mothers who have had multiple children removed by social care, was developed in Hackney and has now been replicated in 17 other local authorities across the country.

The improvement journey Hackney has been on is also reflected in the progress in population health outcomes. Particular highlights have been reductions in teenage pregnancy and increases in measles, mumps and rubella (MMR) vaccination rates.

Hackney's demographics have changed over the last 20 years, with a net increase in migration in the last 10 years. European Union (EU) migrants, who make up approximately 15% of Hackney's population, tend to be younger and more highly skilled than the UK born population⁵.

Hackney's levels of deprivation have also reduced; in 1998 Hackney was deemed the fourth most deprived borough in the whole country with 100% of the population living within the 10% most deprived areas in the country⁶. Although not directly comparable, it is noticeable that in the 2015 Index of Multiple Deprivation, Hackney was ranked the 11th most deprived borough⁷. The rejuvenation of Hackney has meant it is increasingly being seen as a highly desirable place to live, and also boasts internationally renowned nightlife in areas such as Shoreditch, Dalston and Hackney Wick.

The challenge is to ensure that the increase in opportunities is fairly shared among all communities in Hackney, and not just recently arrived wealthier residents. In 2015/16 Hackney Council launched a wide-ranging consultation with residents called 'Hackney: A Place for Everyone' to gauge how residents felt about the changes and explore what could ensure Hackney remains a good place to live for all residents. The borough's draft Community Strategy responds to this and sets out aspirations for the borough over the next 10 years in areas such as housing, transport, education, health, climate change and social cohesion⁸.

The City of London is unique. Although little more than one mile square in size, it is densely developed and is internationally recognised as a financial hub, home to major international businesses in the financial and professional services sectors, among others. According to the latest statistics there are 513,000 people who work in the City. This has grown steadily in the last 20 years and has increased by 153,000 (from 360,000) since 2011⁹. The resident population in the City of London is relatively small compared to other local authorities but has grown in the last 20 years from only 5,700 individuals in 1997 to approximately 7,700 in 2017⁹.

As the resident population has grown, there has been an increased focus within the Corporation on addressing residents' needs and ensuring that the City of London is the best possible place for people to live. Since public health functions transferred into local authorities and the Health and Wellbeing Board was established, the Corporation has been working to positively influence the health of everyone who lives and works in the City; enabling them to live healthily, preventing ill health developing and promoting strong and empowered groups of individuals who are motivated and to drive positive change within their communities and businesses. A noticeable shift in focus over the last few years is the increased focus on mental wellbeing. Good mental health for all is a Health and Wellbeing Board Priority for 2017-2020¹⁰. Like Hackney, the City has also seen an expansion in its night-time economy, with an increased number of premises licensed to sell alcohol over the last 20 years, and work to mitigate the negative health effects has been another ongoing priority.

The City of London Corporation does much to improve the lives of Londoners beyond the confines of the Square Mile. As well as managing two housing estates in the City, the Corporation also manages a further 10 housing estates in six different London boroughs. The Corporation is also responsible for the management and upkeep of a number of green spaces across London, including Hampstead Heath and Epping Forest, which play an integral role by providing space for recreational use and physical activity in the capital. The Corporation also sponsors eight academies across London and funds the City Bridge Trust, London's largest grant-giving body which provides grants totaling about £20m per year towards charitable activity benefitting Greater London.

While this report aims to look at the change in population health over the past 20 years, data for some of the health indicators are not available that far back. Therefore, in many instances the earliest possible year was used instead. This document reflects a highlight summary of the many major factors that affect population health, and more information is available within our Joint Strategic Needs Assessment, (JSNA).

City and Hackney: changing health profile

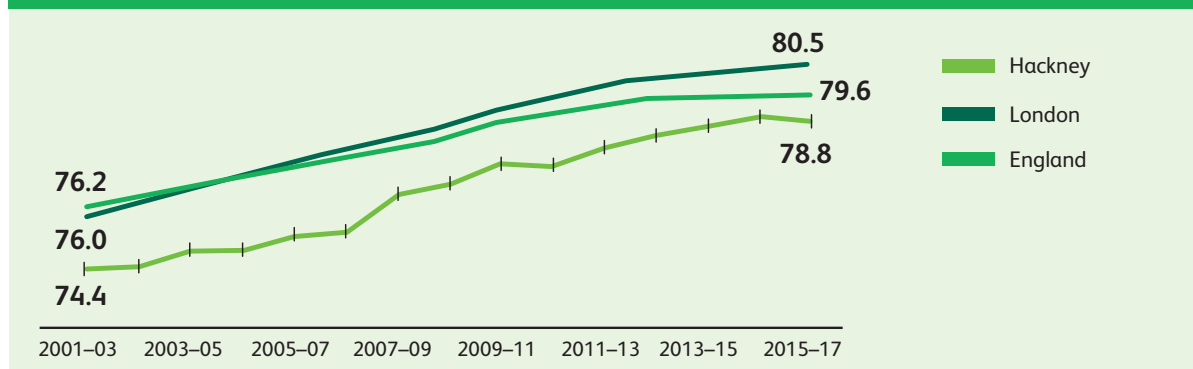
Key changes over the last 20 years

- Life expectancy has increased.
- Causes of death have changed – there has been an increase in deaths attributed to mental and behavioural disorders and a reduction in cardiovascular disease (CVD).
- Preventable mortality has reduced in under 75s – in particular CVD and cancer have reduced. However, a stubborn gender gap remains in preventable mortality.
- Healthy life expectancy demonstrates inequalities by gender, with healthy life expectancy decreasing in males and increasing in females.
- There has been an increase in the GP diagnosed prevalence of all long-term conditions, except coronary heart disease, with the largest increase being in cancer.

The health of populations is affected by many factors, including demographics, the distribution of risk factors and access to good health and social care, as well as the wider determinants of health. Over the past 20 years, City and Hackney have seen a lot of change, from increasing life expectancy and a reduction in all-cause mortality to changes in levels of deprivation and improved infrastructure and education. This section will discuss the changes in population life expectancy, as well as in mortality and morbidity. The following sections will look at the possible reasons behind these changes, such as demographic change and lifestyle risk factor profiles for Hackney and the City, as well as at the changes in the wider determinants of health.

Life expectancy at birth is the average number of years a person would expect to live, based on contemporary mortality rates. In Hackney, both male and female life expectancy at birth is now significantly higher than life expectancy in 2001-03. Similarly to national trends, male life expectancy in Hackney is consistently and significantly below female life expectancy and statistically significantly lower than the England and London values (Figure 1). While marked improvements in life expectancy have been achieved over the past 15 years, more efforts are needed to close the gender gap and the gap between local and national male life expectancy.

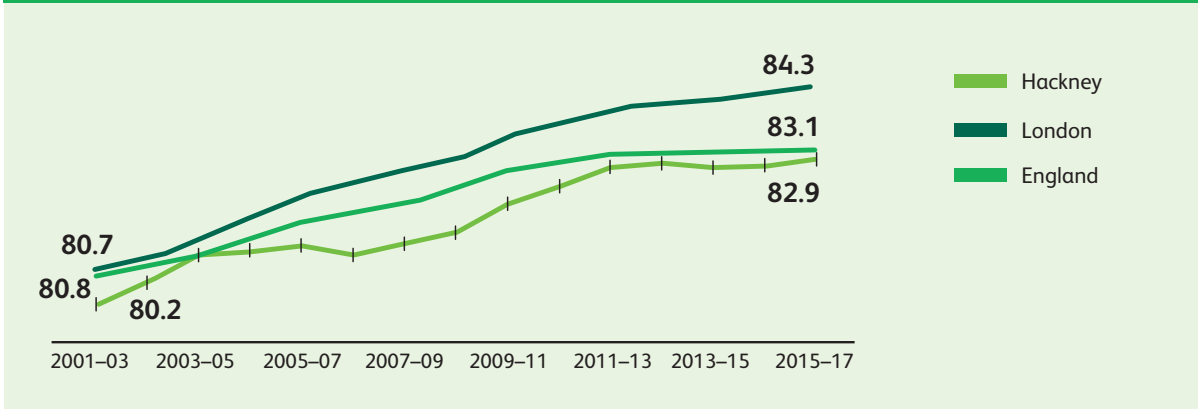
Figure 1: Male life expectancy in Hackney at birth (years, 2001–03 to 2015–17)



Source: Source: Public Health England, Public Health Outcomes Framework

Notes: Life expectancy data for the City of London was not available.

Figure 2: Female life expectancy in Hackney at birth (years, 2001–03 to 2015–17)

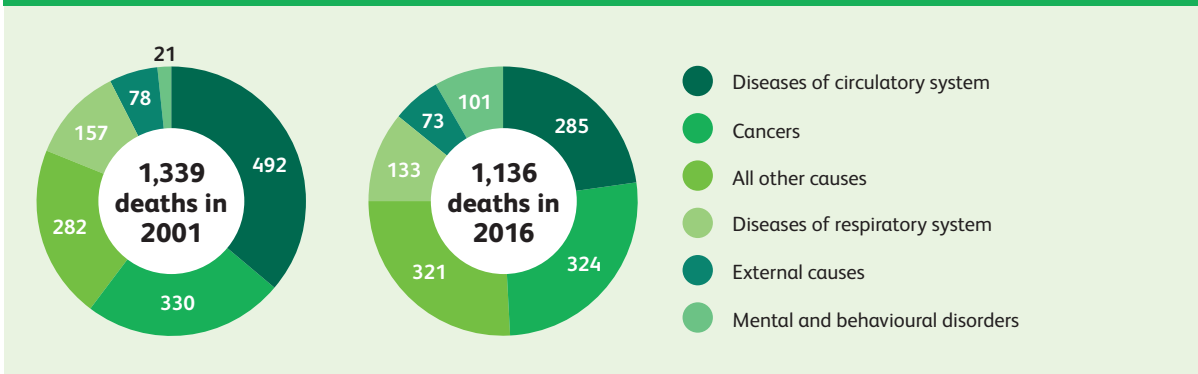


Source: Source: Public Health England, Public Health Outcomes Framework

Notes: Life expectancy data for the City of London was not available.

The main causes of death in Hackney have changed significantly over the past 15 years. Deaths attributable to cardiovascular disease have reduced by 42% (from 492 in 2001 to 285 in 2016³), making cancer the number one cause of death in 2016 (Figure 2). Notably, in 2016 there were nearly five times more deaths attributed to mental and behavioural disorders compared to 2001. The increase in the number of deaths from mental and behavioural disorders is likely the result of increased understanding of mental health conditions in their own right as well as mental health being a risk factor for ill health.

Figure 3: Main causes of death in Hackney in 2001 and 2016 (number of deaths by cause)



Source: NHS Digital, Primary Care Mortality Database **Notes:** Causes of deaths were classified using International Classification of Diseases 10 (ICD-10) codes. Life expectancy data for the City of London was not available.

While death cannot be avoided, it is possible to delay or prevent some deaths from occurring prematurely, and to improve health in later life. The concept of preventable mortality includes deaths which could potentially be avoided through public health interventions. Preventable mortality overlaps with, but is not the same as ‘amenable’ mortality, which includes causes of deaths which could potentially be avoided through good quality healthcare.

Over the past 15 years the rates of preventable mortality have been falling nationally and locally⁴ (Figure 3). Between 2001-03 and 2015-17 a significant reduction in mortality rates was recorded in Hackney with the rates reducing from 324 per 100,000 to 230 per 100,000 of the population respectively. Despite this progress, current preventable mortality rates in Hackney are still statistically significantly above the London and national rates, as well as above the City of London rates. In the City of London, preventable mortality rates have reduced from 187 per 100,000 to 116 per 100,000 of the population. However, this reduction in mortality was not statistically significant.

Figure 4: Mortality from causes considered preventable (age-standardised rates per 100,000 population, 2001–03 to 2015–17)

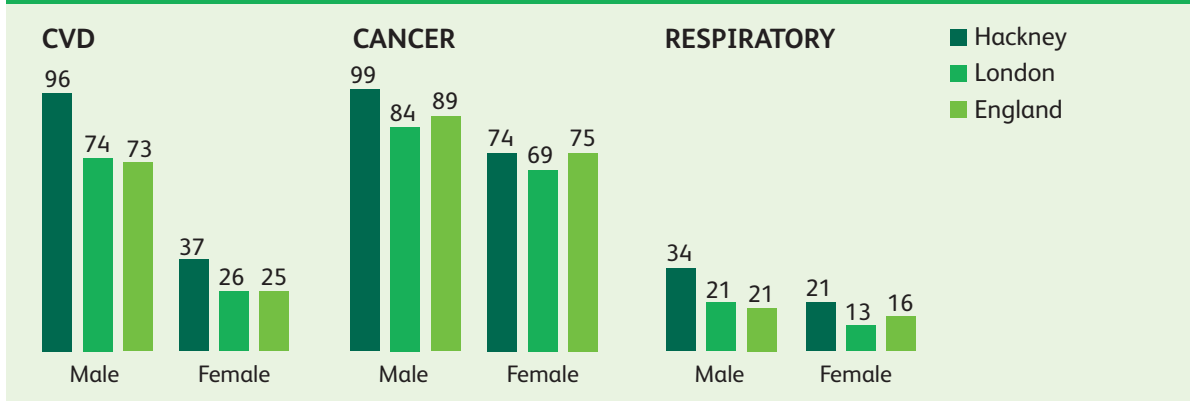


Source: Public Health England, Public Health Outcomes Framework

Between 2001-03 and 2013-15, a statistically significant reduction in preventable mortality related to cardiovascular diseases and cancer was observed in Hackney residents under the age of 75 years. Preventable mortality from cardiovascular disease approximately halved, dropping from 139 per 100,000 in 2001-03 to 65 per 100,000 of the population in 2015-17. The preventable mortality from cancer dropped from 114 per 100 000 population to 90 per 100 000 in the same period. Whilst preventable mortality from respiratory conditions has increased, from 25 per 100 000 population in 2001-03 to 27 per 100 000 population in 2015-17, this is not statistically significant.

In 2015-17 rates for preventable mortality from the three major causes of death were higher in Hackney than the London and England rates. There was a significant gender gap for all three causes of death (Figure 5).

Figure 5: Preventable mortality in people aged under 75 in Hackney, London and England by cause and sex (age-standardised rates per 100,000 population, 2015–17)



Source: Public Health England, Public Health Outcomes Framework

Notes: Cause-specific preventable mortality data were not available for the City of London

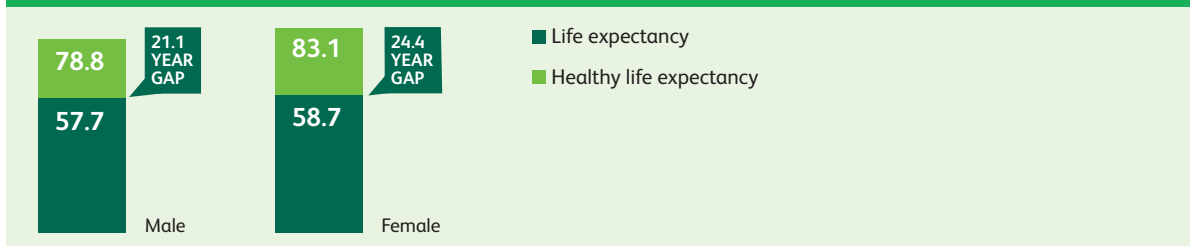
While reducing preventable mortality is an important aim (and indeed prevention is one of the work streams of the integrated commissioning programme), reducing the burden of long-term conditions is equally important as living with a long-term condition often puts a significant strain on an individual and their families. In addition, a high prevalence of long-term conditions in populations has broader impacts for the economy, as well as for health and social care services.

The concept of healthy life expectancy includes the average number of years a person would be expected to live in good health, adding a ‘quality of life’ dimension to estimates of life expectancy. The number of years of life in poor health is important because it closely relates to the demand for health and social care and the associated costs¹².

Healthy life expectancy in Hackney varies according to sex. For males, healthy life expectancy has actually decreased from 58.9 in 2009-2011 to 57.5 in 2015-2017. Conversely, for females, healthy life expectancy has actually increased from 59.5 to 64.0 in that same period. However, these differences are not statistically significant. Healthy life expectancy is based on a self-reported perception of health and this measure is affected by several factors affecting the health of populations. These factors include changes in health expectations, increasing recognition of mental health as a long-term health condition, slow or no reduction in the prevalence of lifestyle risk factors such as physical inactivity, obesity, alcohol and substance misuse, as well as the effects of wider determinants on health^{11, 12}.

Figure 6 overleaf presents the difference between life expectancy and healthy life expectancy for males and females in Hackney. Overall, Hackney residents spend approximately a quarter of their life in poor health. Whilst female life expectancy is higher, the latest data indicates that they also spend fewer years of their life in poor health compared to males: 18.9 years compared to 21.3 years.

Figure 6: Life expectancy and healthy life expectancy at birth in Hackney (years, 2015–17)



Source: Public Health England, Public Health Outcomes Framework

Notes: City of London data on healthy life expectancy was not available.

As life expectancy increases, long-term conditions inevitably become more prevalent. Diabetes, cardiovascular disease, cancer and respiratory conditions are among the most prevalent long-term conditions in Hackney and the City, while mental health problems are estimated to affect around one in four people in any given year¹³. Table 1 presents changes in prevalence of major long-term conditions between 2004/05 and 2016/17.

Changes over time show an increase in prevalence of all long-term conditions except coronary heart disease (CHD). The largest relative increase was recorded for cancer prevalence and notable increases were observed in prevalence of severe mental health problems, diabetes and chronic obstructive pulmonary disease (COPD).

Table 1: Changes in crude prevalence of long-term conditions diagnosed in Hackney and the City primary care (percent, 2004/05 and 2016/17)

CLINICAL GROUP	CONDITION	2004–05	2016–17	Change (%)
Cardiovascular conditions	CHD	1.8%	1.5%	-17%
	Stroke and Transient ischaemic attack (TIA)	0.7%	0.9%	16%
	Hypertension	8.7%	9.4%	8%
High dependency conditions	Cancer	0.3%	1.4%	358%
	Diabetes	3.5%	5.7%	66%
Respiratory conditions	COPD	0.7%	1.1%	46%
	Asthma	4.1%	4.5%	10%
Mental health	Severe long-term mental health problems	0.7%	1.4%	109%

Source: NHS Digital, Quality Outcomes Framework

The rising prevalence of long-term conditions may be the result of several factors including better diagnosis, longer survival, and an aging population. The next section will discuss the demographic changes among Hackney and City populations.

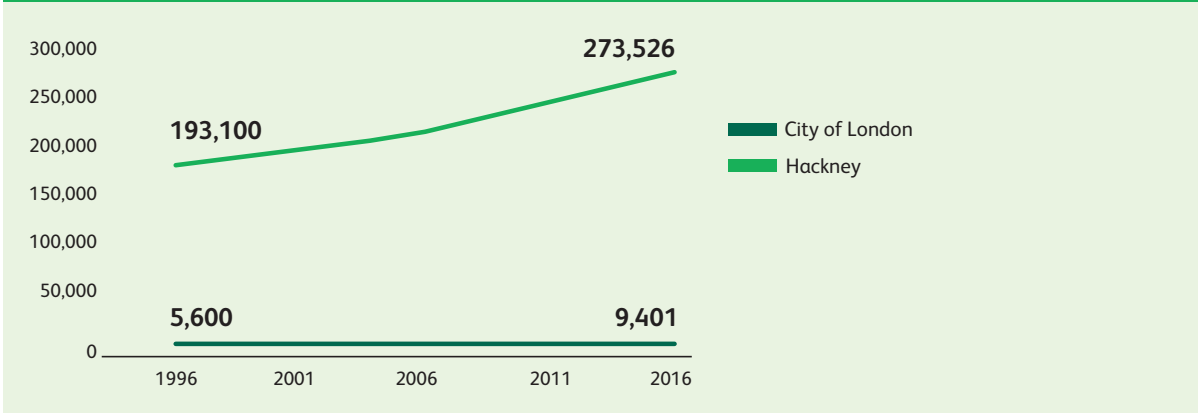
Demographic changes

Key changes over the last 20 years

- The populations of both Hackney and the City of London have dramatically increased.
- The age profiles have changed over time and by borough, with an increase in the 25-55 years age group in Hackney and an increase in the 0-14 and 55-70 age group of City residents. with decreases in all other age groups.
- Across the City and Hackney, there have been decreases in the White British/Irish population, and increases seen in the 'White Other', 'Other', and 'Mixed' ethnic groups
- There has been a large increase in those who have no religion, which now comprises the largest proportion in Hackney, and decreases in those who identify with Christian and Muslim faith groups.

Over the past 20 years the population of the City of London has increased by around 38% and the population of Hackney by around 43% (Figure 7). The population growth was larger than the England and London rates of 15% and 27% respectively.

Figure 7: Change in the number of residents over time (1996 to 2017)

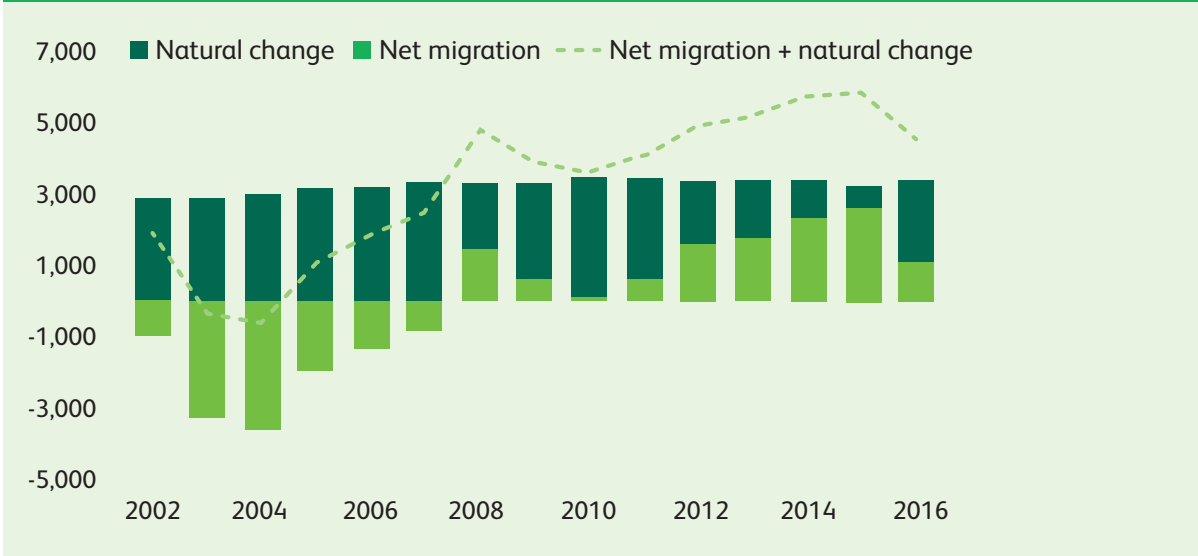


Source: NOMIS

While the City of London resident population is relatively small, it has a significant daytime population of people, who work in the City and travel back out in the evenings. The Greater London Authority (GLA) estimated that in 2014 over half a million people visited the City of London for work or tourism¹⁴. Most of the people who travelled to the City during the day went there for work. A large daytime population has an impact on local service use, including healthcare services.

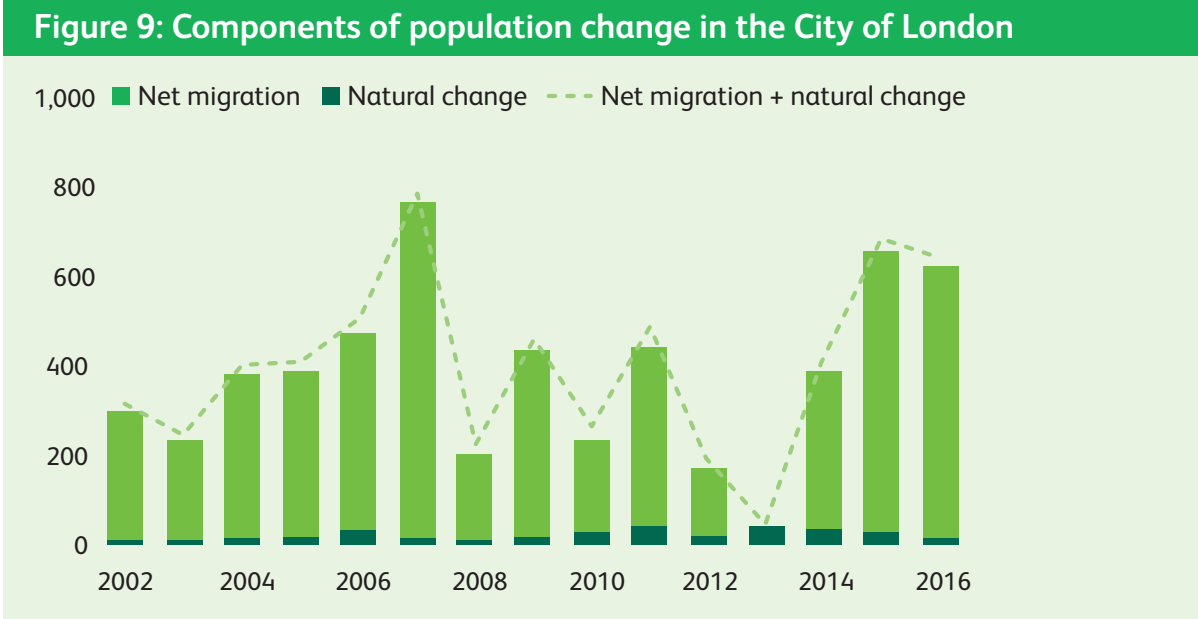
The main drivers behind the population increase differ between the City of London and Hackney. In Hackney, the population has increased predominantly as a result of positive natural change, which happens when the number of births exceed the number of deaths (Figure 8). Net migration includes domestic and international migration, and is the difference between the numbers of people moving in and people moving out of the borough. Net migration was negative up until 2008, as more people chose to leave the borough than move in. Since 2008, net migration has been contributing to Hackney's population growth. The latest year shows, for the first time since 2007, that net migration to Hackney is negative.

Figure 8: Components of population change in Hackney



Source: ONS, Population estimates

The City's population has increased, mainly as a result of positive net migration. As Figure 9 demonstrates, net migration was higher than natural population change for every year from 2002, with the exception of 2013 (Figures 9). Please note the difference between the population size in the Hackney and the City figures.

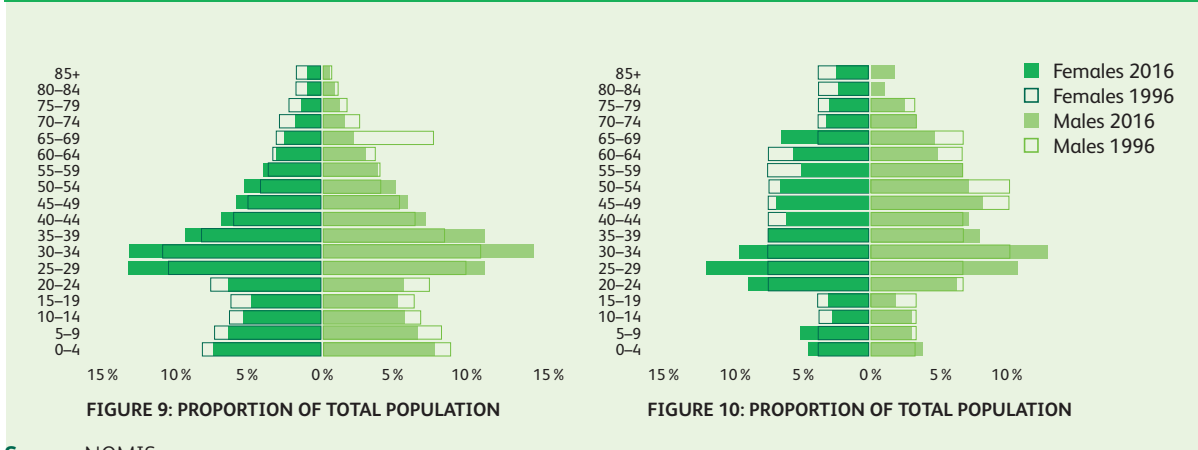


Source: ONS, Population estimates

It is predicted that in the next 20 years Hackney's population will grow by 13% reaching around 320,000 residents by 2039. The City of London population is predicted to grow by 34%, reaching approximately 10,400 residents in 2039¹⁶. These projections have not taken into account the impact of Brexit which, if freedom of labour movement for EU nationals is curbed, could have a significant impact on population figures. Hackney Council recently published a paper which modelled possible scenarios, including how percentage reductions in international migration would slow down population growth in the borough¹⁶. However, with current uncertainty around many aspects of how Brexit will work, it is impossible at this time to give an accurate growth percentage.

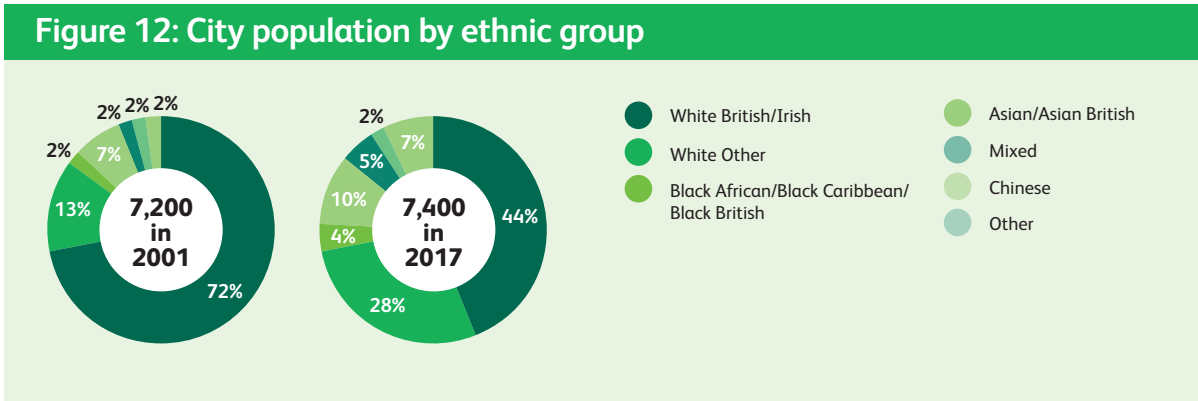
Age structure is another significant demographic change which has occurred over the last 20 years. In Hackney, the proportion of children and young people aged under 24 years, as well as the proportion of older people aged 60 years and over, has decreased. At the same time, the proportion of people aged between 25 and 60 years has increased (Figure 10). In the City of London, there has been a marked increase in the proportion of people aged 20 to 40 years, while the proportion of people in most other age groups has decreased (Figure 11).

Figure 10: Hackney population age structure
Figure 11: City of London population age structure

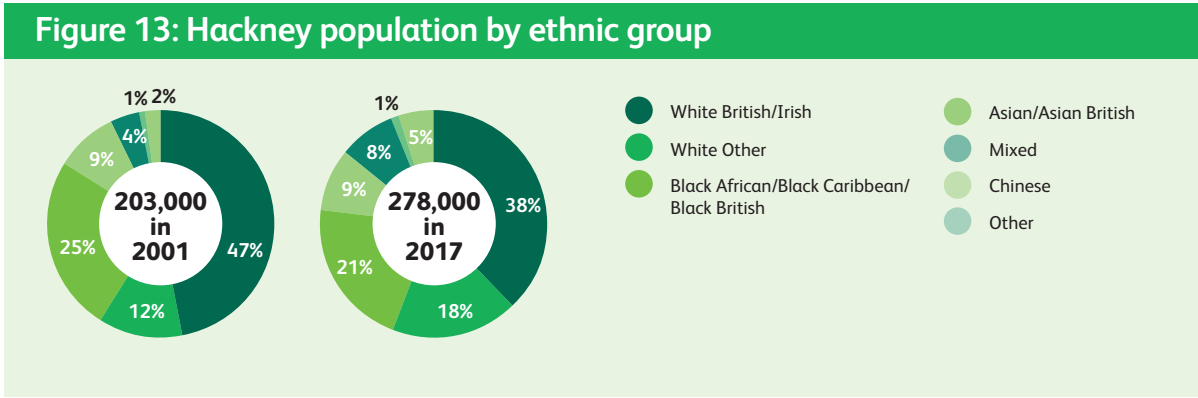


Source: NOMIS

Both City and Hackney’s ethnic mix have changed – with decreases in the White British/Irish population, and increases seen in the ‘White Other’, ‘Other’, and ‘Mixed’ ethnic groups. (Figures 12 and 13).



Sources: ONS Census data 2001, GLA Population Projections 2016-Housing led model

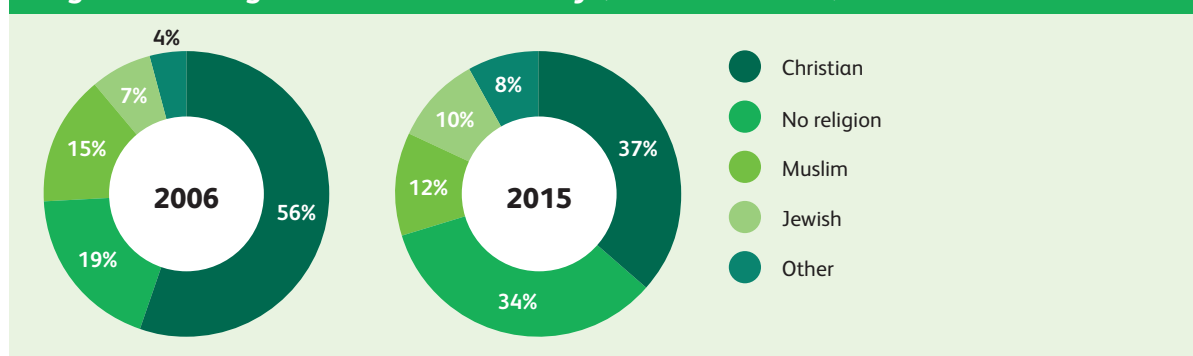


Sources: Sources: ONS Census data 2001, GLA Population Projections 2016-Housing led model

The proportion of Hackney residents who are not religious has increased significantly over the years, comprising the largest proportion in the borough, while the proportion identifying themselves as Christian or Muslim has decreased (Figure 14). An increase has also been noted for the proportion of residents identifying as having other religious beliefs. The data was not available for the City of London.

Hackney is home to a large Orthodox Jewish community who account for around 7% of the Hackney population, according to a report commissioned by Hackney Council in 2011¹⁸. The report estimated that between 2007 and 2011 the community increased by around 2,000 people, totalling 17,600. The Orthodox Jewish population has a very large proportion of children and the average household sizes are much larger than the Hackney average.

Figure 14: Religious beliefs in Hackney (2004 and 2016)



Source: Annual Population Survey 2004 and 2016

Demographic population profiles are important to bear in mind when planning for health and social care, education and other public services in the borough. Different age groups have different health needs; for example, younger residents might drive the demand for additional planning for accident and injury recovery, while older residents might have more complex health needs involving multiple health and social care organisations.

Another factor affecting the health needs of populations is the distribution of lifestyle risk factors, which is discussed in the next section.

Lifestyle risk factors

Key changes over the last 20 years

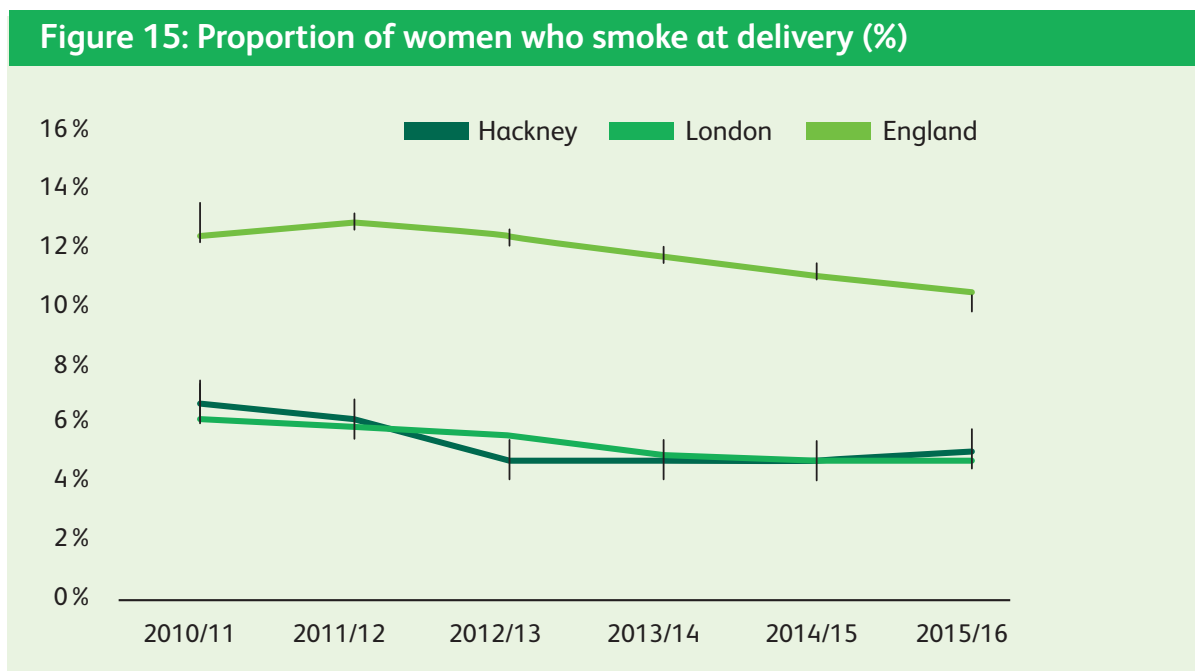
- Smoking in pregnancy has significantly declined and is significantly below the national average.
- Rates of breastfeeding initiation have increased and are significantly higher than the national average.
- Vaccination uptake was increasing after historical low levels, but, concerningly, are now decreasing.
- Wider determinants of physical activity levels and weight are now much more recognised and interventions have been put in place to create healthier environments.
- Teenage pregnancy has hugely reduced over the past 20 years and is now in line with London and England rates.
- Rates of deaths from drug misuse have slightly increased.
- Smoking rates have drastically reduced but are still significantly higher than the London and national averages.
- Awareness of the importance of preventing poor mental health, rather than just treating serious mental health issues, has increased over time.

Lifestyle risk factors including smoking, sedentary activity, poor nutrition and unhealthy eating practices, excess alcohol intake, substance misuse, and risky sexual behaviours can significantly increase the chances of poor health and contribute to preventable morbidity and mortality. This section will discuss the changes in the distribution of lifestyle risk factors in Hackney and the City of London.

Early years

Health behaviours before, during and after birth have been shown to affect the health of a baby over the life course¹⁷. This section will review three significant factors affecting the development of a baby and their chances in later life, namely smoking in pregnancy, breastfeeding and childhood immunisations.

Smoking in pregnancy is one of the most serious risk factors affecting foetal development, increasing the risk of miscarriage, stillbirth and placental problems, causing sudden and unexpected death in infancy, breathing problems throughout childhood and cleft lip or palette¹⁸. In Hackney, the proportion of women who smoke at delivery has reduced significantly over the past seven years and is significantly lower compared to the national average (Figure 15).



Source: PHE, Public Health Outcomes Framework. Data for the City of London was not available.

Given the significant harms from smoking in pregnancy, National Institute of Clinical Excellence, (NICE), recommends that all pregnant women be given a carbon monoxide (CO) test by midwives at their booking appointment. In addition, all women who smoke, have stopped smoking within the last two weeks or who have a CO reading of 4ppm or above, should be referred (via an opt out system) to the local Stop Smoking Service.

The Hackney Public Health Team has worked with Homerton Hospital (HUH) to implement this guidance in order to identify smokers and/or those at risk of CO exposure in the maternity service, and to ensure anyone with a raised reading is then offered the support they need. All community midwives are trained in delivering the CO test and there are embedded referral pathways between HUH and the Hackney Stop Smoking Service. Compliance rates at booking and at 34-36 weeks have also been developed in order to financially incentivise the Homerton.

It is a priority for the Hackney Public Health Team to continue to support pregnant women who smoke to quit and remain smoke-free after childbirth, and this is facilitated through Hackney's Smoking in Pregnancy and After Childbirth task and finish group.

Breastfeeding reduces the risk of death in infancy, as well as the risk of infections, type 2 diabetes, obesity and cardiovascular disease in adulthood¹⁹. In addition, it reduces a mother's risk of breast and ovarian cancer, osteoporosis, cardiovascular disease and obesity. The national picture shows that mothers are continuing to breastfeed for longer with initiation and prevalence rates showing increases over the last twenty years in the UK²⁰.

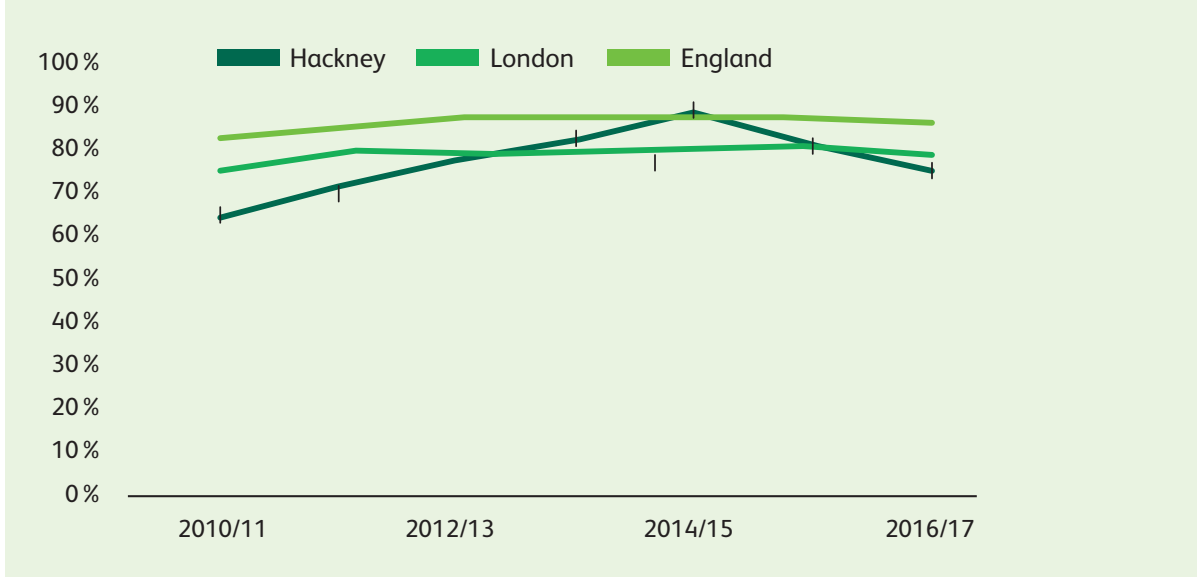
The 1995/96 City and Hackney Director of Public Health's Annual Report, stated that paid maternity leave was too short with a statutory minimum of 14 weeks, 11 of which may be before the birth. It stated that the prospect of having to go back to work after a few weeks deterred women from beginning or continuing to breastfeed²¹. Breastfeeding rates while still in the hospital were reported at 37% in Homerton in 1994²¹. At the same time, the UNICEF Baby Friendly initiative launched in the UK in 1994 as a national attempt to encourage breastfeeding.

Statutory maternity leave is now 52 weeks, which is likely one of the most significant factors affecting breastfeeding rates. Hackney and the City have excellent breastfeeding rates: the most recent data show that 92% of mothers in Hackney and the City of London breastfed at birth, which is significantly higher than the national average of 75%²². Breastfeeding rates drop to 83% at 6-8 weeks after birth and only 51% of mothers in Hackney and the City of London exclusively breastfeed at 6-8 weeks. Breastfeeding rates are correlated with age, ethnicity and deprivation levels with women under 20, women of Asian or Mixed ethnic groups and women from areas of higher deprivation less likely to breastfeed²³.

Childhood immunisations greatly reduce the risk of contracting potentially life-threatening illnesses in early childhood. In 1987, in the City and Hackney the uptake for diphtheria, tetanus and polio immunisations at 18 months was under 50%²¹. This increased to just under 90% by 1993. The most recent data (2016/17) show that around 84% of City and Hackney children received diphtheria, tetanus, whooping cough, polio and haemophilus influenzae type b (Hib) vaccine, by the time they were 2 years old.

Measles Mumps and Rubella (MMR) uptake was just over 70% in 1990, rising to just over 80% in 1994²¹. The uptake fell following the publication of now discredited research from Wakefield et al., which suggested a link between the vaccine and autism²⁴. Hackney and the City data from 2008/09 suggests that less than 40% of all children received two doses of MMR vaccine in that year. More recent data show that the uptake in Hackney increased until 2014/15, after which it fell significantly and is now significantly lower than the London and England averages (Figure 16).

Figure 16: MMR vaccination coverage for two doses (5 years old, proportion of population)

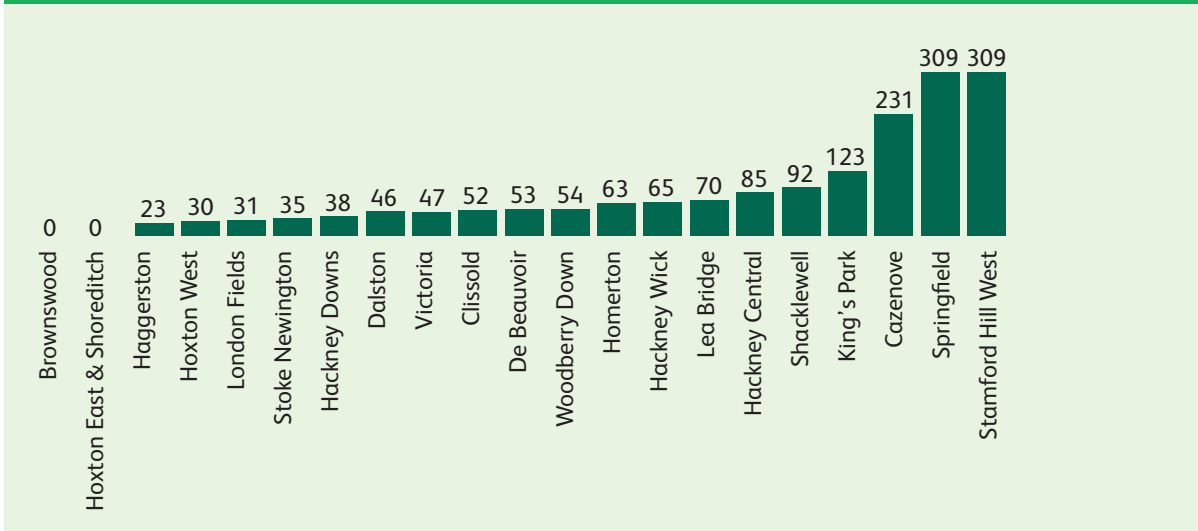


Source: PHE, Public Health Outcomes Framework. Data for the City of London is not available.

There are several reasons behind the low vaccination uptake. The 1995/96 City and Hackney Director of Public Health's Annual Report stated that the reasons for the low immunisation uptake was due to mobile populations, transport issues, high levels of social and material deprivation and a high proportion of Black, Asian, and Minority Ethnic, (BAME), people in the population. While many of these reasons might still apply today, more recent research has also found an over-reliance on herd immunity and the discredited but perceived link between the MMR vaccine and autism (as discussed earlier) to be related to low immunisation rates in some population groups²⁵.

The drop in vaccination rates has resulted in an increase in measles infection. The 2016 measles rates in Hackney were significantly higher than the London and England averages: 23 versus 4 and 1 per 100,000 of the population respectively. There was significant variation in the infection rates locally, ranging from no cases in two wards (Brownswood and Hoxton East and Shoreditch) to over 300 per 100,000 of the population in Springfield and Stamford Hill West wards in the north of the borough (Figure 17). These differences might be related to the wards' ethnic mix, in particular wards in the north east of the borough are home to a significant Orthodox Jewish population, which has particularly low rates of vaccination uptake (ref ^{25, 26}).

Figure 17: Rate of measles in Hackney by ward (2012–16, per 100,000 population)



Source: Public Health England, North East London Health Protection Team (2017)

Exercise

The guidance on physical activity has changed over the past 20 years. In 1996, the government produced a physical activity strategy statement that recommended ‘30 minutes of moderate intensity physical activity on at least five days of the week’ and ‘three periods per week of vigorous intensity physical activity of 20 minutes each’ for people already undertaking heavier physical activity²⁹. In 2010, the UK Chief Medical Officer published physical activity guidelines covering specific recommendations for early years, children and young people, adults and older adults. The guidance has a renewed focus on being active every day and spells out the recommended minimum levels of activity for each age group, as well as warning of the dangers of being sedentary.

According to the City and Hackney 1993 Health Survey, 31% of men aged 16-39 years and 41% of women aged 16-39 years did no exercise at all. In the 40 years and over age group, 77% of men and 79% of women reported no exercise²³. The same survey suggested that 14% of children did no exercise at all at school and 21% did not exercise outside school. The Active People Survey was first introduced in 2005/06 and included a series of key questions to capture the duration, frequency and intensity of participation in sports and physical activity. The survey has altered over time, including a change of name to the Active Lives Survey in 2016/17. The 2016/17 data suggests that around 20% of City and Hackney residents aged 16 years old or over were inactive and around 70% of residents were estimated to be active. The proportion of active Hackney residents was significantly higher than the national and London averages of 62%.

Figure 18: Physical activity levels among Hackney and the City residents (age 16+)



Source: Active Lives Survey 2016/17

Interventions in place locally 20 plus years ago are compared to current interventions below. It is also worth noting the substantial changes in leisure provision over the past 20 years. Clissold Leisure Centre re-opened after a period of closure due to construction faults and is now a high quality, well used centre. London Fields Lido re-opened in 2006 after 20 years of disuse, and was used as a training facility for Team USA during the 2012 Paralympics. It is highly popular with both residents and visitors alike as one of the UK's few heated open air 500m pools. The Royal Institute of British Architects (RIBA) award winning Hackney Marshes Centre opened in 2012 to serve the many teams that play on what is often referred to as the spiritual home of grassroots football. Plans have been developed for Britannia Leisure Centre to be rebuilt with state of the art swimming and training pools, and a range of pitches, courts and fitness spaces.

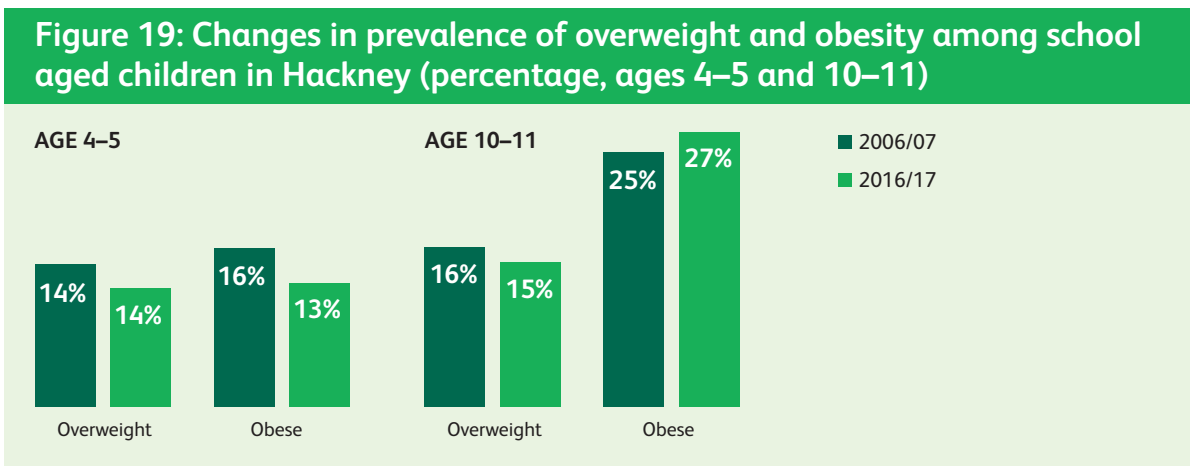
- In 1995/96, Hackney was running a 'Look after Yourself' programme, in which health and fitness classes were being run for the public and employees of local authorities, NHS providers and voluntary sector organisations.
- Hackney Council and the Homerton hospital continue to run staff health and wellbeing activities, and the Council-run 'One You' programme supports 50 exercise classes a week on 21 estates, with around 1,000 participants per quarter. The Sharp End project also provides physical activity and socialising opportunities for older people, alongside other activities run by services such as Young Hackney and Sports Participation.
- In 1995/96, there was considerable interest in setting up an 'exercise prescription scheme' in Hackney.
- Hackney now commissions a physical activity on referral and weight management service, which receives over 3,000 referrals a year from GP practices and the Homerton hospital. In 2016/17, 66% of physical activity on referral completers were doing at least 30 minutes of moderate physical activity per week. 41% of weight management completers lost at least 3% of their initial weight.
- The 1995/96 City and Hackney Director of Public Health's Annual Report, recognised the need to promote physical activity as a routine part of people's lifestyles, for example by using the stairs, walking or cycling, and held cycling for health events.
- Hackney now has partnership initiatives between the Public Health and Transport teams, ranging from joint social marketing campaigns to increase regular brisk walking among inactive adults aged 40-60 years, to joining forces to promote active travel and active design (such as using stairs instead of lifts) by influencing town planning policies and the response to planning applications.

Excess weight

According to the City and Hackney 1993 Health Survey, 25% of residents aged 16-39 years and 47% of those aged 40 years and over were either overweight or obese²³. The 2016/17 data showed that around 5% of Hackney adults aged 18 years and over were either overweight or obese (excess weight) and the prevalence of excess weight in the City of London was 39%²².

Childhood obesity is one of the 21st century's biggest health problems worldwide, and City and Hackney is no exception. In recognition of the need to determine the extent of the problem in local areas, the National Child Measurement Programme was established in 2006 to measure the body mass index of pupils in reception year (aged 4-5 years) and year six (aged 10-11 years).

Figure 19 showcases the prevalence of excess weight amongst children in Reception year and Year 6 in Hackney. In 2006/07, around 30% of reception children in Hackney were either overweight or obese – significantly higher than the national average of 23%. In 2017/18, whilst the prevalence of excess weight in reception year dropped to 25%, this still remains statistically significantly higher than the national average. The prevalence of excess weight (overweight and obese) in year six children was 41% in 2006/07 (compared to a national average of 32%) and has dropped slightly over the past 10 years to 40% in 2017/18, and remains statistically significantly higher than the national prevalence, which is 34%.



Source: Public Health England, School-age children profiles

In line with growing national awareness about the impact of wider determinants of health on obesity and a desire to go beyond an individualistic approach, Hackney launched an Obesity Strategic Partnership (OSP) in February 2016, chaired by Hackney Council’s Chief Executive. The OSP aims to make responding to obesity everyone’s business, and brings together senior leaders with influence over areas including planning, transport, leisure, social care, and NHS services. The OSP has helped to drive forwards initiatives such as the Daily Mile²⁸ (around 3,000 children are now running/walking a mile a day during the school day), and connecting green spaces.

Healthy eating

According to a 1994 study, a third of pupils in Hackney aged 12-13 years ate no fresh food during the study week, and only a fifth ate vegetables every day³¹. Although not directly comparable, Public Health Outcomes Framework data shows that in 2014/15, 56% of 15 year olds consumed five portions of fruit and vegetables. According to 2015/16 data, 67% of City and Hackney adults consumed the recommended amount of fruit and vegetables.



ONE YOU fitness programme



Interventions in place locally 20 plus years ago are compared to current interventions below:

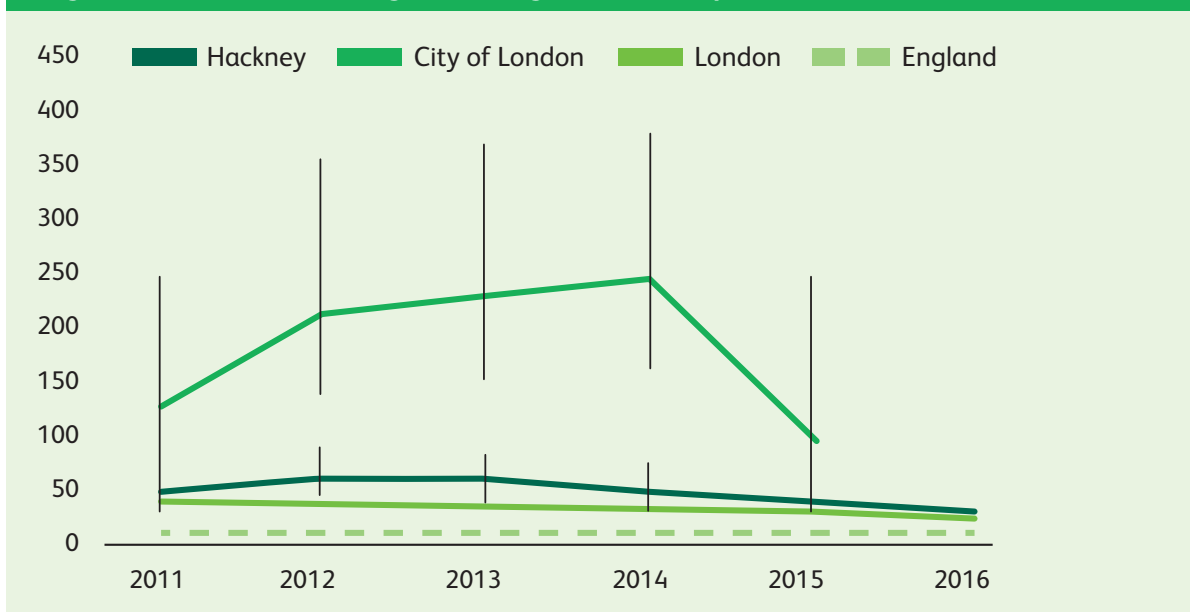
- The 1995/96 report refers to how food choice is influenced by the availability of healthier options. There were initiatives to promote healthy food choices in a range of settings.
- Hackney currently supports the Healthier Catering Commitment initiative, in which Environmental Health Officers work with food settings on changes to make healthy choices easier and more appealing for residents and staff. Hackney also supports the Alexandra Rose scheme which provides vouchers for low income families identified by children's centres that can be redeemed for fresh fruit and vegetables at local markets.
- In 1995/96, promoting smoke free areas within cafes was an important initiative to reduce passive smoking.
- With the introduction of the smoking ban, this health risk from smoking in food-serving indoor spaces has been eliminated.
- In 1995/96, healthy recipe videos and taster days were provided.
- Now, Hackney helps local groups to use kitchens in estate community halls to provide cooking classes for residents. Hackney Council is exploring providing weight management support to its staff, and Homerton Hospital provide staff access to Slimming World classes. The HENRY programme is also commissioned in Hackney, which equips parents of children from 0-5 years old with the skills to ensure healthy food and lifestyles for their family.
- As recognition of the importance of healthy environments has increased, more wide-ranging action is now taken to encourage healthy eating. The Hackney Public Health Team provides input into specifications for catering contracts at Council and other public sector venues, including leisure centres. Homerton Hospital have transformed their catering provision, incentivised by NHS prioritisation of healthier catering and vending at their sites. The draft Local Plan for Hackney for 2019-2033 includes measures to promote a 'healthy weight environment', influenced by Public Health input, such as restricting new hot food takeaways near schools and compelling new takeaways to comply with the Healthier Catering Commitment.

Sexual and reproductive health

According to the City and Hackney 1993 Health Survey, 26% of men and 20% of women thought they might have been at risk of catching HIV²¹. The survey also reported high levels of ignorance among Hackney's school children on topics related to HIV, especially needle sharing. A quarter of school children identified friends as their main source of information about sex²¹.

Current prevalence of diagnosed HIV in Hackney is 7.8 per 1,000 population and in the City it is 17.6 per 1,000 population³⁰. New HIV diagnoses rates have been reducing too, however they are still significantly higher than the national rates (Figure 20).

Figure 20: New HIV diagnoses (age 15+, rate per 100,000)



Source: PHE, Sexual and Reproductive Health Profiles

Teenage Pregnancy

Teenage pregnancy is associated with a range of poorer outcomes for parents and children. Teenage mothers are at higher risk of poor educational outcomes, are more likely to be single parents and living in poverty, and have a higher risk of mental health issues³¹. Infant mortality rates are around 60% higher for babies born to teenage mothers³¹, are more likely to grow up in poor quality housing and are at increased risk of accidents and behavioural problems. Teenage conception rates have reduced significantly since the late 1990s in Hackney and the rates are now statistically similar to the London and England rates. Interventions around teenage pregnancy have been a huge success, not just locally but across the nation.

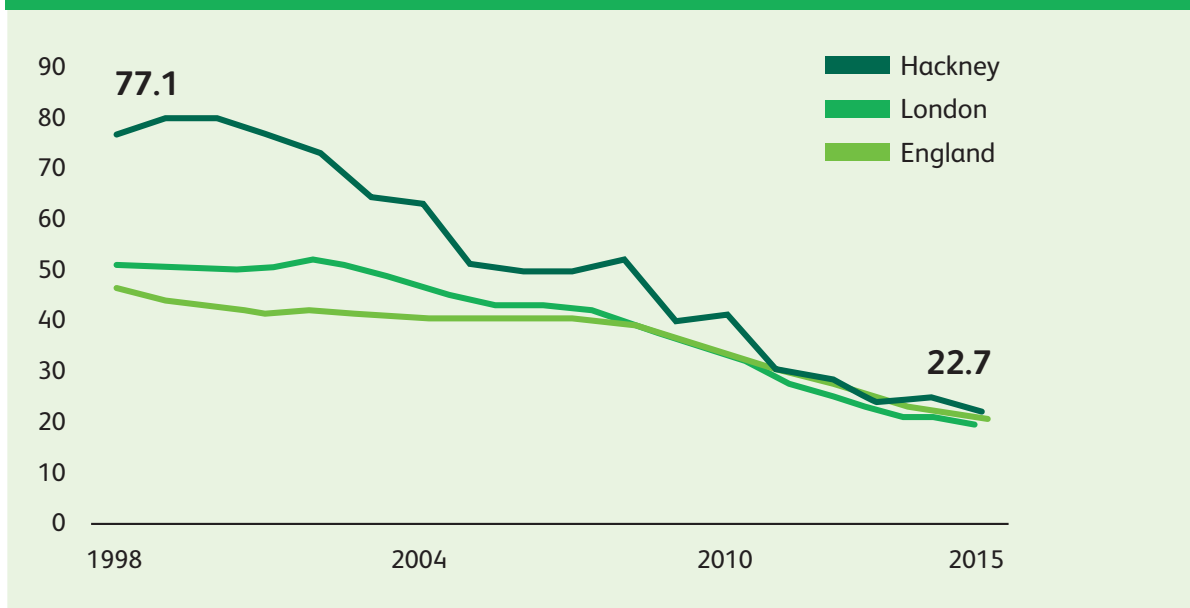
In 1999, the government launched a Teenage Pregnancy Strategy that centred upon better prevention of teenage pregnancy and better support for teenage parents. The government aimed to halve the under 18 conception rate by 2010 but Hackney's target was to reduce this rate by 60%, which was achieved, (figure 21). At the time, Hackney had relatively high pregnancy rates that were attributed to two structural reasons; high levels of social deprivation and a diverse population that included communities where teenage motherhood (often within the context of marriage) were regarded as normal³³.

Hackney employed a range of integrated measures including grants to help young mothers with childcare while they were studying, peer mentoring for young mothers and clinical and safer sex advice through City and Hackney Young People's Service, (now CHYPS Plus) with free condoms via pharmacies, youth clubs and clinics through the London-wide 'Come Correct' condom distribution scheme. Schools were also supported in Hackney to improve their sex and relationships education and a senior level commissioning group in the council led on the oversight of strategy implementation.

Nationally, the rate of teenage pregnancy also dropped, and the Office of National Statistics (ONS) attributed this to an increase in young women’s aspirations towards education, better provision of sex and relationships education and improved access to contraceptives and contraceptive publicity²³.

Hackney continues to offer preventative support and interventions to support young parents through a range of commissioned provision. Services include sex and relationships education being offered in school Personal, Social and Health Education (PSHE) classes through Young Hackney’s Health and Wellbeing team, contraception distribution through ‘Come Correct’ and the ‘Free Condom Project’ and sexual health advice and support being provided through CHYPS Plus and the Homerton Hospital Sexual Health team, Young parents are also supported through the Family Nurse Partnership who work specifically with first time parents under 25 and delivery of parenting programmes in locations such as children’s centres.

Figure 21: Under 18 conception (rates per 1,000 females aged 15–17)



Source: Public Health England, Public Health Outcomes Framework

Substance misuse

Between 2001-03 and 2015-17, there was a slight but not statistically significant increase in deaths due to substance misuse in Hackney. During this period, rates increased from 3.6 per 100,000 (in 2001-03) to 6.4 per 100,000 (in 2015-17)²². This increase mirrors the trends also seen nationally and regionally. Overleaf is an explanation of how the policy landscape in substance misuse treatment has changed over the last 20 years or so:

- In 1991 the first 'Orange Book' (guidance for clinicians treating people with substance misuse issues) was published. Drug misuse and dependence: UK guidelines on clinical management provided guidance around dependence on illicit and legal medicines. Since then the guidelines have been refreshed several times, as the evidence on the treatment of drug dependence grows. The most recent refresh was in July 2017.
- Throughout the 1990s and early 2000s legislative action was taken to integrate health and criminal justice, as harms from substance misuse were viewed as intrinsically linked to criminality. During this period several interventions were introduced, such as drug testing on arrest, and the use of orders and treatment requirements as part of the criminal justice system.
- In 2012, Medications in Recovery³⁴ was published, representing a move away from methadone maintenance treatment and introducing an ambition for more people to recover from drug dependence. This changed substance misuse programmes significantly and they now have more of a recovery focus both nationally and locally.
- Substance misuse services have improved significantly over the last 20 years, and record investment in the early 2000s expanded the availability of services, cutting wait times for service users.

Alcohol

According to the City and Hackney 1993 Health Survey, 15% of men and 12% of women aged 16-39 years admitted drinking over the recommended amount per week²¹. The distinction between male and female alcohol consumption represents the old guidance, which differentiated the maximum number of units of alcohol which could be safely consumed per week by sex. In 2016, the Chief Medical Officer (CMO) issued new guidance which removed the differences between male and female limits³⁵.

According to the most recent data, around 34% of Hackney adults consume more than the recommended amount of alcohol per week²². Data for the City of London was not available.

Below is an explanation of how the policy landscape in alcohol misuse has changed over the last 20 years or so:

- At the time of the 1995/96 City and Hackney Director of Public Health's Annual Report, the Government's sensible drinking message was that:
 - men should not regularly drink more than three to four units a day;
 - women should not regularly drink more than two to three units a day; and
 - after an episode of heavy drinking, it is advisable to refrain from drinking for 48 hours to allow the body to recover.
- In 2016, the Chief Medical Officer updated the advice based on the latest evidence. The new guidance states that people should not drink more than 14 units per week, to minimise the health risks from alcohol.
- Project MATCH³⁶ examined treatment effectiveness for alcohol in 1998, and was the largest alcohol treatment trial ever. This study showed that the major treatment options available to those who are alcohol dependent work successfully.
- In 2004 the Government introduced the first national Alcohol Strategy for England. Since then there have been other strategies and action plans, led by the Department of Health and the Home Office. Currently national strategy on alcohol sits as part of the Modern Crime Prevention Strategy.

Hackney and the City of London have an expanding nightlife which is enjoyed by many thousands of residents, workers and visitors. In the last 20 years, as the night-time economy and number of premises licenced to sell alcohol has grown, the levels of anti-social behaviour and alcohol related issues have also increased. To ensure high standards in reducing crime and anti-social behaviour, and to promote safe alcohol consumption, the City introduced a Safety Thirst scheme in 2014. Successful premises who take part in the scheme are awarded a 30% discount on the Late Night Levy. Following two successful pilots in Hackney, the Corporation is funding a pilot scheme by the social enterprise Club Soda called Nudging Pubs³⁸, to promote safe alcohol drinking, support those wanting to drink less alcohol and reduce some of the negative impacts of heavy drinking in a large night-time economy. The scheme aims to improve the options at pubs and bars for customers who want to drink less alcohol or none at all.

In 2003 the Licensing Act was introduced, representing the first major overhaul of licensing in England and Wales since 1964. It removed statutory restrictions on hours of sale of alcohol, moved responsibility for licensing into local authorities, and introduced four licensing objectives which provide the basis for licensing decisions.

Since the move of public health responsibilities from the NHS to local authorities, the Hackney Public Health Team reviews every application for new and varied licences, prioritising those with greatest potential health harm to submit objections on: venues applying for 'off sales' (where alcohol can be bought cheaply to be drunk elsewhere), those in the areas with highest density of alcohol availability, and venues requesting very late hours. The Public Health Team also support other 'responsible authorities' such as the Council's Licensing service and the Police where they raise a review of a premises' licence, because of the potential health dangers associated with poor management. In July 2018, Hackney councillors approved a licencing policy that aims to restrict 'off sales' to 23.00 and introduce standard core hours of licence.

Smoking

According to the City and Hackney 1993 Health Survey, 41% of residents aged 16 to 39 years were current smokers – a figure substantially higher than the national smoking rate in the same year²¹. Smoking was more prevalent in certain population groups, for example in Turkish speaking communities around 74% of men and 45% of women were believed to be current smokers.

Currently around 21% of all Hackney residents aged 18 and over report being smokers – a significantly higher proportion than the London and national averages³⁸. Both locally and nationally, smoking remains much higher in disadvantaged and socially marginalised groups. The majority of adult smokers in Hackney are between 20 and 40 years old, totalling just under 27,000 out of a total of around 43,000. In terms of ethnicity, most adult smokers are White. However, there are significant numbers of Black residents who smoke, reflecting the local population profile. Turkish speaking communities still have some of the highest rates in the borough at 39%³⁸.

Below is an explanation of how the policy landscape in smoking prevention and cessation has changed over the last 20 years or so:

- Over the last 35 years, smoking prevalence has halved nationally. This is principally the result of government action, both supporting smokers to quit and discouraging and de-normalising smoking in society as a whole.
- Since the publication of the first national tobacco control strategy 'Smoking Kills' in 1998, more than 70,000 lives have been saved due to the subsequent decline in smoking rates.
- Tobacco control legislation has been key to driving down prevalence in England, from the ban on smoking in public places in July 2007, to the introduction of standardised packaging in 2017. In between, there have been bans on advertising, larger and more prominent graphic health warnings on packaging and bans on proxy purchasing and smoking in cars with children.
- In July 2017, the government published its new tobacco control plan for England. The plan, titled 'Towards a Smoke free Generation' includes the following four national ambitions to be achieved before 2022:
 1. Reduce prevalence of 15 year olds who regularly smoke and among adults in England.
 2. Reduce the prevalence of smoking in pregnancy.
 3. Improve data collected on smoking and mental health.
 4. Backing evidence based innovations to support quitting.

Mental health

According to the City and Hackney 1993 Health Survey, 38% of men and 51% of women reported feeling 'depressed, sad or anxious' for much of the time in the previous 12 months²¹. In 2014/15 it was estimated that 17% of City and Hackney residents aged 16-74 years had a common mental health disorder²². A GP patient survey found that 10% of 339 respondents (aged 18+) in City and Hackney reported to have long-term mental health problems in 2017/18³⁹. Mental health was largely excluded from public health policy in the past, and it was only in 2010 that the 'Healthy Lives, Healthy People' public health strategy gave parity of esteem to mental as well as physical health⁴⁰. Because of this, the 1995/96 City and Hackney Director of Public Health's Annual Report, is understandably focused on more severe and enduring mental health illnesses, along with inpatient admissions and use of secure facilities.

Public attitudes to mental health and wellbeing have changed considerably over the last 20 years. Since then, attention has increasingly been directed towards thinking about wellbeing and common mental health conditions. Nationally, No Health Without Mental Health, a cross-government strategy for mental health was published in 2011⁴¹ and Public Health England published the 'Prevention Concordat for Better Mental Health' in 2017⁴² which promotes systemic action to promote wellbeing, and itself is an output from NHS England's 'Five Year Forward View for Mental Health'⁴³. In London, the Mayor has launched the Thrive London (Thrive LDN) campaign, which sets six ambitious aims to improve the lives of everyone living in the city, focusing on tackling stigma, maximising the potential of young people and preventing suicide, among others⁴⁴. In Hackney, the Health and Wellbeing Board has agreed an action plan for public mental health⁴⁵. This focuses on five key objectives:

1. Deliver a comprehensive programme of mental health awareness and literacy training: this has been delivered to staff across a broad range of local agencies, in support of the council's programme to improve outcomes for young Black men.
2. Maintain signposting systems that explain services relevant to mental wellbeing which trained staff, partners and residents can use: this recognises the significant barrier to providing excellent support across sectors, and will centralise all relevant information.
3. Make Hackney the most welcoming, healthy, and accessible place in London for residents with severe and enduring mental health conditions: this overarching objective strives to tackle stigma and ensure that all residents feel able to engage in local life.
4. A series of 'Life Events' support packs that provide ideas, advice, phone numbers, video clips, etc. of how to be mentally resilient in times of change or stress: this supports public sector staff and others to help individuals at particularly challenging times.
5. Deliver a child-centred, prevention-focused health and wellbeing education service that builds the resilience of all children and young people in Hackney aged 5-19 years, and up to 25 years for those with additional needs: this aims to engender a whole school emotional wellbeing approach to ensuring young people are supported to thrive

Two more actions have also been recently agreed and focus around:

- preventing suicide and self-harm
- ensuring that the built local environment promotes positive mental wellbeing and creates mentally healthy places.

Good mental health for all is also a City of London Health and Wellbeing Board Priority for 2017-2020⁴⁶. The Corporation has addressed this in a number of ways, including commissioning a social prescribing service in its GP practice, producing and implementing a social isolation strategy to reduce loneliness of City residents and preventing mental health issues arising, and implementing a suicide prevention action plan.

Over the past few decades, as the UK's workforce has moved away from manual roles, with an increasing percentage of the workforce working in the service sector, interpretations of health and safety have also changed to reflect this: workplace health and wellbeing has stemmed from traditional health and safety to become an area of focus in its own right. We now see this reflected among businesses, particularly larger ones. In the City and more widely across London and the UK, health and wellbeing in the workplace seems to have gained real traction over the past ten years, with mental wellbeing developing a profile in its own right over the last four to five years. The growth of grassroots, employee-led initiatives within workplaces has also had a powerful influence, particularly with specific staff networks highlighting individual areas, such as mental health, disability and diversity and inclusion. Some key milestones from Hackney and the City of London linked to workplace health and wellbeing, have spurred ongoing work locally including:

- organisations pledging to improve the mental wellbeing of their staff, and the local authority Mental Health Challenge, which asks councils to name an elected member as their nominated mental health champion. Cllr Tom Rahilly is currently Hackney council's champion.
- London Healthy Workplace Charter – a programme supported by the Mayor of London and run by the Greater London Authority, launched in 2012 and provides a holistic framework for employers to improve staff health and wellbeing in a range of areas, including physical and mental health.
- City Mental Health Alliance launched in 2013 to improve mental health in workplace composed of multi-business city partnerships⁴⁷.
- Business Healthy in the City of London Corporation was created in 2014 to improve workplace health in the City of London⁴⁸.

Wider determinants of health

Wider determinants of health impact people through structural barriers to healthier lifestyles. Such barriers include access to education, jobs, health care, housing and clean built and natural environment.

Key changes over the last 20 years

- There has been a reduction in the proportion of social housing and an increase in private sector housing, alongside an increase in overcrowding.
- Air pollution continues to be a big challenge.
- Public transport access has been transformed over the last 20 years alongside an increase in cycling and a reduction in car ownership.
- Child poverty has reduced, but is still significantly higher than the national average.
- Educational attainment has dramatically improved over time, and Hackney's schools are now highly desirable.
- Health service access for vulnerable groups continues to be a challenge.



Promoting mental health



Deprivation

It is well documented that people living in more deprived areas live shorter and healthier lives and there is a strong association between deprivation and childhood obesity, smoking, physical inactivity and poor diet⁴⁹.

The Index of Multiple Deprivation (IMD) is a combination of a number of indices: income deprivation; employment deprivation; health deprivation and disability; education skills and training deprivation; barriers to housing and services; living environment deprivation; and crime⁵⁰. Much broader than a poverty measure, IMD provides an overall score for the relative level of deprivation experienced in every local authority in England. While IMD is useful in understanding how deprived an area is compared to other areas in England, it is not possible to compare the deprivation data over time due to changes in methodology, changes to geographical units of measure and variables which were included in calculating the index, and because this is a relative measure.

Although not directly comparable due to the reasons outlined above, the deprivation rank in Hackney and the City has changed over time. In 2000, Hackney was ranked the second most deprived local authority in England, dropping to the most deprived by 2004, a decline which could be attributed to a degree to changes in methodology. By 2015 Hackney was ranked as the 11th most deprived local authority in England. The City of London rank has changed from 205 in 2000 to 302 in 2015⁷. In 2015, Hackney continued to rank poorly in domains such as income, crime, barriers to housing and services as well as deprivation affecting children and older people.

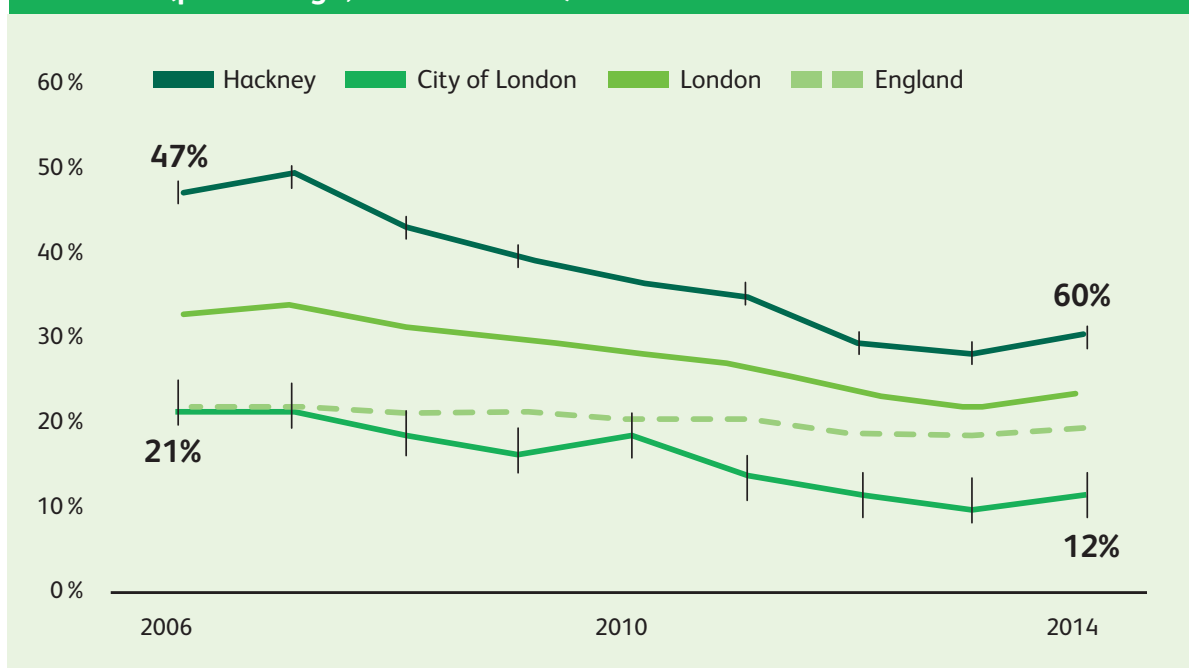
Child poverty

As alluded to in the section above, poverty is just one aspect of deprivation. However, living in poverty can have a detrimental effect on health outcomes and on children's development. A 1995 study of secondary school children in Bethnal Green found that, as a result of poverty, a fifth arrived at school having had no breakfast and 9% had no lunch on the previous day²¹. A small survey in Hackney found that among 12-13 year old children a third ate no fresh fruit during the study week and only a fifth had daily vegetables other than potatoes. A quarter of the girls had less than the recommended iron intake. The main sources of energy were chips, bread and confectionary.

The impact of poverty on children’s health and economic attainment has been recognised by the Government and in 2015, universal free school meals were introduced for all infants (ages 4-7) at state maintained primary schools, alongside school food standards to ensure healthy meals are served⁵¹. Means-tested free school meals are also available to older children. The aim of this scheme is to improve academic attainment and save families money.

Meanwhile, significant changes have occurred locally. The proportion of children in low income families has reduced significantly since 2006 (Figure 22). In 2006, the estimated number of children in low income families was 130 in the City and 23,460 children in Hackney. By 2016, the number had dropped to 60 in the City and 13,710 in Hackney²². However, it must be noted that Hackney’s figures are still significantly higher than the London and England averages. Work carried out to investigate the reasons suggests that much of the reduction locally can be attributed to falling median income levels, which pushed the child poverty line down together, with increases to benefits and tax credits during this period, rather than increased employment⁵².

Figure 22: Proportion of children under the age of 16 in low income families (percentage, 2006 to 2016)



Source: Public Health England, Public Health Outcomes Framework

Education

Back in the mid to late 1990s, educational provision in the borough was deemed so poor, that in 2002 responsibilities were taken off the local authority and handed to the Learning Trust, a not-for profit entity tasked with improving educational outcomes for young people. Coinciding with the government’s Building Schools for the Future initiative, where all of Hackney’s secondary and special schools (and several primary schools) were rebuilt, Hackney’s educational outcomes drastically improved. For example, the percentage of pupils achieving five or more GCSEs at grades A*-C (i.e.: score 9-4 on the new GCSE grading system), including English and Maths, more than doubled over 12 years, from 32% in 2003/04 to 67% in 2016/17 and has been above the England average since 2011/12. Whereas previously more than half of pupils moving on from Hackney primary schools left the borough for their secondary education, now, despite many additional places having been created, Hackney secondary schools are oversubscribed, with

more than 80% of children preferring to stay within the Hackney state sector. The Learning Trust came back in-house to Hackney Council in 2012, but retained the name and ethos of excellence, becoming a department called Hackney Learning Trust.

Hackney has also managed to hugely improve the attainment of the most disadvantaged pupils, measured through the proxy of eligibility for free school meals (FSM). In 2006, just 28% of FSM pupils attained five or more GCSEs at grades A*-C, including English and Maths (although this was higher than the national average of 20%)². By 2014/15 (the last year for which this particular data is available), 51% of FSM pupils achieved this, significantly higher than the national average of 33%⁵³.

As well as the renewal of a large part of the education estate, Hackney also built 19 children's centres and five youth centres providing a range of services right through childhood from birth to adulthood. In 2006, the percentage of children reaching a good level of development in Hackney schools and settings was 12%, below the national level at 33%. By 2011, the percentage of children reaching a good level of development in Hackney had increased to 54% and the gap to the national level had halved over this period². Although the measure changed in 2013, it is worth reporting that in 2017, 71% of children reached a good level of development in Hackney, which is exactly the same as the national average⁵².

Health service access for vulnerable groups

The 1995/96 report on Health in the East End highlighted the socio-economic disadvantage in east London boroughs including City and Hackney²¹. The findings showed that besides the generally high levels of deprivation, some minority ethnic groups suffered extra economic disadvantage, with nearly half of Bangladeshi, and around 40% of Black African men being unemployed. Compared to White men, Black Caribbean, Pakistani and Bangladeshi men suffered from higher levels of permanent sickness. Levels of overcrowding among Bangladeshi households were among the highest in London.

The same report suggested that there were considerable variations in the perceptions of minority ethnic communities with regard to the availability of health professionals at surgeries or health centres²¹. In addition, the awareness of such health promotion services as immunisations, check-ups and stop smoking services varied widely, with awareness of stop smoking services being particularly low in all population groups²³. The lack of information, including information in languages other than English, was considered as the primary reason for these variations.

Recent qualitative research conducted as part of the process of developing City and Hackney's Migrant Health Needs Assessment found that language continues to be a barrier to health service usage alongside: misinformation and misunderstanding; fear of the state; fear of compromising immigration status; fear of real or perceived costs; stigma and structural barriers⁵⁴.

Housing

Two major reports released in 1994 reiterated the association between poor housing, homelessness and ill health, which were originally set out in the Black report in 1980⁵⁵. These reports highlighted the need for affordable, decent housing.

The Decent Homes Standard was established in 2001 and applies to all social housing⁵⁶. In order to be 'decent', a home should be warm, be in a reasonable state of repair and have reasonably modern facilities. As a result, Hackney launched the Decent Homes programme in 2006, which has seen the Council invest over £184m in improvements to homes. This was managed externally through Hackney Homes which subsequently came back in-house in 2016. In 2015 the Decent Homes programme was replaced by the Hackney Investment Programme.

The Housing Act 2004 changed the face of modern letting, imposing strict definitions on tenancy deposit compliance, houses in multiple occupation, (HMO), Licensing and Housing Health and Safety Rating System, the ultimate threat being an inspection by the Council.

In 1991, just over half of all Hackney's housing stock was owned by the council, accounting for 41,550 dwellings²¹. Out of these 4% were unfit for habitation and 24% were in need of renovation. 32,245 units in the private sector accounted for 39% of all housing stock. Out of all private sector housing units, 43% were unfit for habitation and 17% needed renovation²³. The proportion of council owned dwellings in the City in 1991 was around 6% (175 dwellings). The private sector accounted for the majority of housing stock with 71% (2,147 dwellings). No data on unsatisfactory stock were provided²¹.

As of the 2011 census, 44% of properties in Hackney were social rented, and 56% of properties were in the private sector (30% private rented and 26% owner occupied). This shows a significant growth in the private sector since 1991. The growth of the private rented sector (PRS) is of particular concern, with evidence of poorer conditions in the PRS than social housing.

In Hackney in 1991, overcrowding was higher compared to the inner London average: 7.5% versus 5.6% respectively²¹. Using data from the 2011 census, 12.7% of properties in Hackney have one too few rooms for the number of occupants, and 2.6% have two too few rooms. Using this occupancy rating standard, Hackney has the fifth highest rate of overcrowding in England⁵⁷.

In 1993, 1,151 households were placed in temporary accommodation in City and Hackney and 71 households were placed outside the borough. As at June 2018, there were 2901 families in temporary accommodation. There are currently over 12,000 people on the waiting list in Hackney and the Council is getting through about 10% a year.

A household is said to be fuel poor if it needs to spend more than 10 per cent of its income on fuel to maintain an adequate standard of warmth. The Warm Homes and Energy Conservation Act passed in 2000 called for the elimination of fuel poverty in 15 years⁵⁸. This has not been achieved: 10.2% of households in Hackney were in fuel poverty in 2016.

Air pollution

Air pollution has historically been a problem in London, and was recognised as a problem in the Director of Public Health annual reports from Hackney and the City 20 years ago⁵⁹. Research on asthma and air pollution in east London found that pollution levels from nitrogen oxide and ozone were high, as were hospitalisation rates for asthma. The geography of east London boroughs and the proximity of residential properties to motorways and main roads meant that a lot of households were exposed to motorised transport emissions, even though car ownership among residents was low.

Nowadays, the whole of Hackney is a designated Air Quality Management Area, with zones of high NO₂ (nitrogen dioxide) and PM₁₀ (particulate matter 10) levels⁶⁰. National health-based objectives for NO₂ and PM₁₀ are not being met in the City, so the whole of the Square Mile has also been declared an Air Quality Management Area.

The Public Health Outcomes Framework (PHOF) includes an indicator on the fraction of all-cause adult mortality attributable to particulate air pollution in people aged over 30 years^{61, 62}. In 2017 in Hackney this was 6.9%, the seventh highest in London and in the City, it was 7.1%, the highest in the country.

In Hackney, there are moves to reclaim neighbourhoods from private motor vehicles and make them more liveable, by making the streets more sustainable, safer, healthier and more cohesive. Hackney became a 20mph borough in 2015, to further these aims. The City of London is looking at options to reduce emissions from transport, where possible through timed closure, restricted access and wider support for zero emission vehicles. Both areas have air quality action plans.

Transport

In the past, Hackney was an isolated borough in terms of rail transport. After a sustained period of lobbying starting in 2004, transport in Hackney has been revolutionised by the introduction of new stations (the four east London line overground stations at Dalston Junction, Haggerston, Hoxton and Shoreditch in 2010) and the upgrading of others (including the north London line stations at Dalston Kingsland, Hackney Central, Homerton and Hackney Wick). There are now 14 stations linked to central, inner and outer London through Transport for London's overground network, and one underground station (Manor House which has entrances in Hackney and Haringey, as well as Old Street which is in Islington but on the border with Hackney). The City of London has 12 underground and Docklands Light Railway (DLR) stations, as well as numerous mainline railway stations, an extensive network of bus routes, various commuter coach services and access to two river bus stops.

Hackney and the City of London continue to prioritise investment in public realm improvements to enhance the local environment for pedestrians. Both areas are also big proponents of active travel, with Hackney having the highest rates of cycling of any London borough, and the proportion of residents who cycle to work in Hackney and the City increased by 232% and 228% respectively between 2001 and 2011⁶³. At the same time, car ownership levels have fallen: the proportion of households without a car or van rose from 56% in 2001 to 65% by 2011 in Hackney and from 62% in 2001 to 69% by 2011 in the City of London⁶³.

There are numerous health benefits of increased walking, cycling and use of public transport, as well as decreasing air pollution as mentioned above. Perhaps the most obvious are the benefits of increased physical activity from participation in active travel, but also the reduction in the risk of noise pollution from motorised traffic which can cause sleep disturbance, hearing impairment, heightened cortisol in the blood (a marker of stress), impairment of cognitive performance in children⁶⁴. Reducing the amount of motorised vehicles on our roads can also reduce the risk of road traffic accidents. Increasing recognition of the important links between transport and health has been a feature of the last 20 years.



Cycling in the City of London promotion

Conclusion

Hackney and the City of London have been on a transformational journey over the last 20 years. Vastly improved education, transport links, employment opportunities and a vibrant night-time economy has made Hackney a desirable borough to live and work in, and the population has swelled. However, alongside this, housing has become a major pressure, with a reduction in available social housing leading to overcrowding, and child poverty is still significantly higher than the national average.

Mirroring this, progress has been made in many areas of health but huge challenges still remain. Life expectancy has increased but healthy life expectancy has not, meaning people are living longer but in poor health. The importance of mental health and wellbeing is now widely recognised in a way that they weren't 20 years ago. Breastfeeding figures have improved and teenage pregnancy have seen huge decreases whilst obesity and vaccination rates remain a big challenge. Smoking prevalence has decreased but is still above the national and local averages.

Ultimately, the drive to improve health for all continues, and the future for the public's health lies in working with partners and residents on the wider determinants of health and integrated commissioning. That way stubborn health inequalities can be narrowed and all residents can enjoy happy, healthy lives.

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