

# Health

# Chapter 10

- » Almost a **quarter of men in London were current cigarette smokers in 2007**. This figure (24 per cent) was the same as the national average for England. The percentage of women who smoked (17 per cent) was, however, lower than the national figure of 21 per cent.
- » Within London, **smoking prevalence was much higher for people in the White ethnic group** compared to those in Asian / Asian British or Black / Black British ethnic groups.
- » Of all the English regions, **London had the highest proportion of people who have never regularly smoked cigarettes** and who had not drunk any alcohol in the previous week.
- » **Almost four-fifths (79 per cent) of those in the Asian / Asian British ethnic groups had not drunk alcohol in the previous week**, compared to just under a third (31 per cent) in the White ethnic group.
- » In 2007, **60 per cent of men in London were classified as being either overweight or obese**. This was, however, **the lowest percentage of any English region**. The proportion of women in London who were overweight or obese was 54 per cent, slightly lower than the England average.
- » In London in 2007/08, just over **one in ten children (11 per cent) aged four to five were at risk of being obese** - the highest proportion of any English region. By ages 10-11, the proportion at risk of obesity increased to over one in five (22 per cent), again **the highest level in England**.
- » The prevalence of children aged 10-11 **at risk of obesity was 80 per cent higher for those living in the most deprived areas of London**, compared with those in the least deprived areas.
- » **London has the highest prevalence of sexual ill health of any English region, including the highest numbers of sexually transmitted infections.**
- » There were around 5,700 conceptions in girls aged under 18 in London 2007. **The teenage conception rate in London in 2007 was higher than the national average but rates vary considerably within the capital.** The highest rate was in Southwark (76 per 1,000 girls aged 15-17) while the lowest was in Richmond at 16 per 1,000.
- » For local authorities in 2005-07, **the highest life expectancy in both London and England was in Kensington and Chelsea for both sexes.**

## Introduction

While life expectancy is now higher in London than the England average, in other respects the health of Londoners is worse than in the nation as a whole. This chapter presents a range of indicators which illustrate features of good and poor health in the capital, focussing particularly on aspects of lifestyle and behaviour, including smoking, drinking, obesity and sexual health.

In some of these areas London performs favourably in comparison to other regions. For example, in 2007 London had the highest proportions of people who had not drunk any alcohol in the previous week and had never regularly smoked cigarettes. However, compared to other English regions, London had the highest numbers of sexually transmitted infections and the highest risk of obesity in children.

London has the most diverse population in England and this chapter also examines how certain aspects of health behaviour differ between ethnic groups within the city.

Levels of deprivation also vary widely within the capital, with some of the most deprived local authorities in England found in Inner London. This inequality is reflected in some of the indicators presented here, such as teenage conception rates, and in the summary of life expectancy which concludes the chapter.

## Healthy Lifestyles

The Health Survey for England monitors trends in the nation's health by interviewing a nationally representative sample of adults and children living in private households. In the 2007 survey, the questions focussed on knowledge and attitudes towards key aspects of lifestyle which particularly impact on health, such as smoking, drinking, physical activity and diet.

## Smoking

Smoking is widely acknowledged to be one of England's biggest causes of premature death, preventable illness and health inequalities. It has been estimated that in 2007, almost 83 thousand deaths in England of people aged 35 and over were a result of smoking. The Government has a target to reduce smoking prevalence to 21 per cent by 2010.

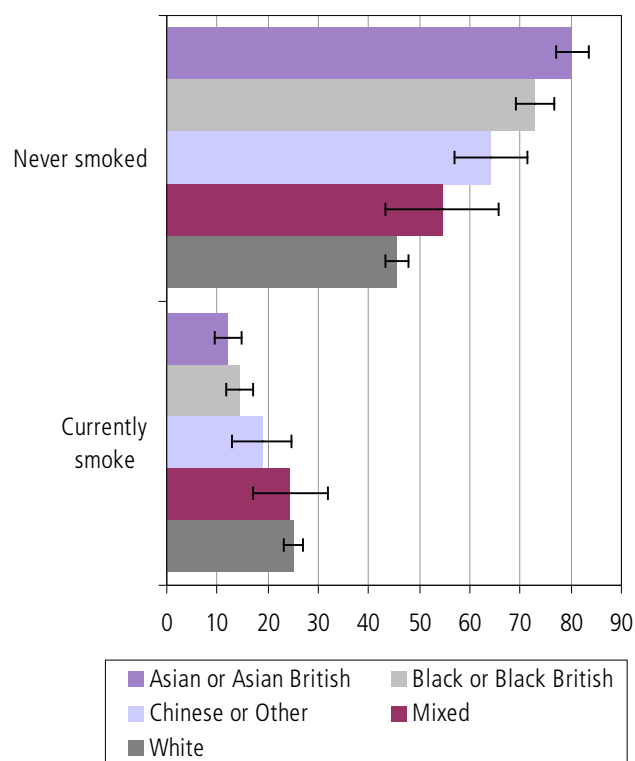
In the 2007 Health Survey for England, almost a quarter of men in London aged 16 and over were current cigarette smokers. This figure (24 per cent) was the same as the national average for England. The percentage of women in London who smoked (17 per cent) was, however, lower than the national figure of 21 per cent. Of all the English regions, London had the highest proportion of people who had never regularly smoked cigarettes. Two-thirds of women in London (66 per cent) had never regularly smoked compared to only 43 per cent in the North East and 58 per cent in England as a whole.

The sample size of adults in the 2007 Health Survey for England allows for analysis at regional level but not for smaller areas such as London Boroughs. To allow this to be undertaken a larger sample size would be needed. To achieve this, London Primary Care Trusts funded a boost to the Health Survey for England in 2006 (see

**Figure 10.1**

### Smoking prevalence by ethnic group<sup>1</sup>, London, 2006

Percentages



<sup>1</sup> The error bars represent the 95% Confidence Interval.

Source: Health Survey for England 2006, analysis of data for London boost by London Health Observatory

Notes and Definitions). Using these data, the London Health Observatory has produced analyses at PCT level in London as well as looking at factors such as deprivation and ethnicity.

These results show how smoking prevalence differs by ethnic group within London (Figure 10.1). For those in the Asian or Asian British ethnic group, the proportion classified as never smoking was 80 per cent. In the Black / Black British ethnic groups this proportion was 73 per cent, while in the White ethnic group, only 46 per cent of Londoners were never smokers. In addition, a quarter of White Londoners (25 per cent) were current smokers compared with only 12 per cent of those classified as Asian / Asian British and 14 per cent of Black / Black British.

However, these figures do mask variations by sex within ethnic groups. In the Asian / Asian British category, for example, men are far more likely to be current smokers than women. The results for broad ethnic groups also mask differences within these categories. National data shows, for example, that Bangladeshi and Pakistani men have a much higher prevalence of smoking than Indian men, and Black Caribbean women are more likely to smoke than Black African women.

## Alcohol consumption

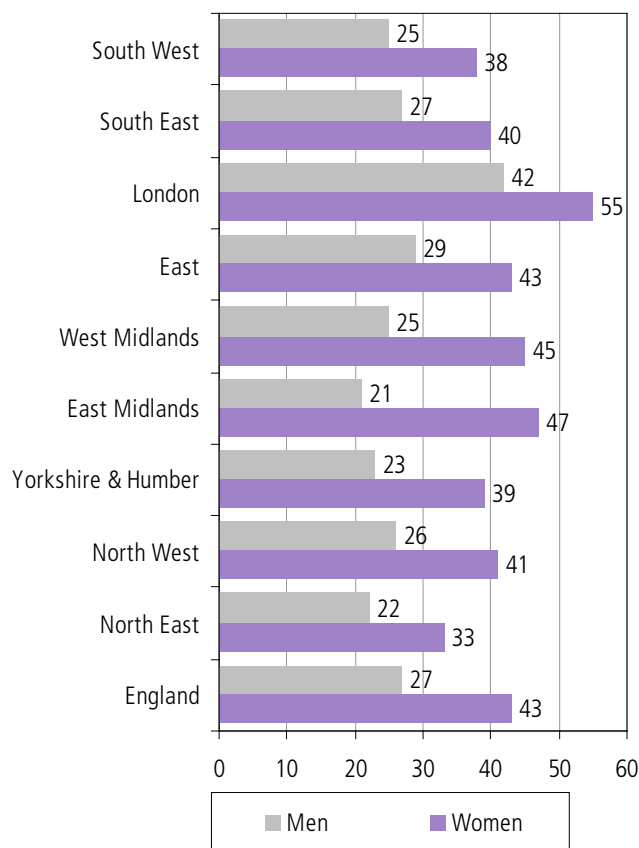
Alcohol consumption is associated with a range of conditions including liver disease, selected cancers, and high blood pressure, as well as being a common factor in deaths and injuries from accidents, self-harm and violence. Current guidelines are that men should not regularly drink more than three to four units of alcohol per day, and women should not regularly drink more than two to three units. One unit is equivalent to a single measure of spirits or half a pint of normal strength beer or lager. A large glass of wine contains three units while a pint of strong beer or lager contains four. Men who regularly drink more than eight units a day, and women who regularly drink more than six units, are considered to be at particular risk of alcohol-related harm.

Of the men in London who said that they had drunk alcohol in the week before they were surveyed, a third (33 per cent) consumed more than eight units on at least one day. This was less than for men in the northern regions, but similar to those in the midlands and south.

Figure 10.2

## Adults who did not drink alcohol in previous week, 2007

Percentages



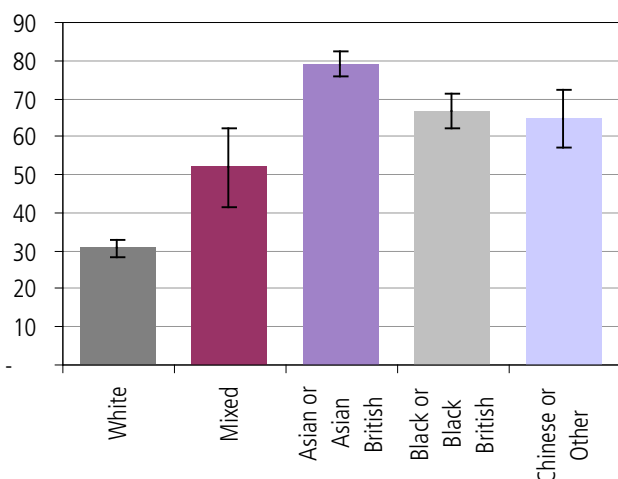
Source: Health Survey for England 2007, analysis by NHS Information Centre

For women in London who had drunk in the past week, a fifth (20 per cent) consumed more than six units on at least one day. This was the lowest percentage amongst the English regions. For women in the North East, the equivalent figure was 36 per cent. Half of men, and nearly two-thirds of women, in London were not aware of the recommended maximum daily intake of alcohol for their sex, or had not heard of units.

People in London were much more likely to have not drunk any alcohol in the previous week than those in any other English region (Figure 10.2). Among men, 42 per cent had not had a drink, higher than the national average of 27 per cent and double the figure for the East Midlands. Women were more likely to have not drunk alcohol in the previous week than men, with the percentage again particularly high in London. Of women in London, 55 per cent had not consumed alcohol in the

**Figure 10.3**  
**Adults who did not drink alcohol in previous week<sup>1</sup>, by ethnic group in London, 2006**

Percentages



<sup>1</sup> The error bars represent the 95% Confidence Interval.

Source: Health Survey for England 2006, analysis of data for London boost by London Health Observatory

previous week, compared to a national average of 43 per cent.

Data from the London boost to the 2006 Health Survey for England, show how the proportion who did not drink in the previous week varies by ethnic group (Figure 10.3).

Almost four-fifths (79 per cent) of people in the Asian / Asian British category had not drunk alcohol in the previous week, as had two-thirds (67 per cent) of people in the Black / Black British ethnic group. The proportion in the White ethnic group was less than a third (31 per cent).

### Physical activity

Lack of physical activity is associated with a range of chronic conditions, including heart disease, diabetes, osteoporosis and obesity. Guidelines issued in 2004 recommended that adults should be active at least five days a week, for at least 30 minutes a day. The Health Survey for England found however that over two-thirds of adults were not aware of how much physical activity they should do, or thought it was less than that recommended in the 2004 guidelines.

For adults aged 16-64 in London in 2007, just over three-quarters of men (78 per cent), and two-thirds

(66 per cent) of women rated themselves as very, or fairly, physically active. These figures were comparable to national averages, however more women in London reported themselves as being very physically active than in any other English region. The biggest barriers to Londoners doing more physical activity were their work commitments and lack of leisure time.

### Diet

Poor diets have many health risks and have been estimated to contribute to one in ten premature deaths. The Government's '5 A DAY' campaign has been one initiative to raise awareness of the benefits of healthy eating, by recommending that people consume at least five portions of fruit and vegetables every day.

In 2007, over a third of Londoners had eaten at least the recommended five portions or more, on the day before they were surveyed. At 36 per cent, the proportion for men was higher than the national average (27 per cent) and considerably higher than the North East where only 17 per cent of men had eaten at least five portions. Of women, 35 per cent had eaten the recommended amount, also higher than the national average (31 per cent). Only six per cent of men and four per cent of women in London had eaten no fruit or vegetables on the previous day.

### Adult obesity

The prevalence of obesity is increasing nationally, with England now reported to have some of the highest levels of obesity in Europe. Being overweight, or obese, is associated with a number of chronic conditions, including heart disease, cancer, Type 2 diabetes and high blood pressure. Obesity is therefore associated with decreasing life expectancy and increasing disability at older ages.

Participants in the Health Survey for England were weighed and their height was recorded, so that each individual's Body Mass Index (BMI) could be calculated. These results were used to classify people into five mutually exclusive categories: underweight, normal, overweight, obese, and morbidly obese (see [Notes and Definitions](#)).

The mean BMI for adults (ages 16 and over) in London was very similar for both sexes – 26.9 and 26.4 for males

and females respectively. These values fall within the classification for overweight (BMI in range 25-29). Both figures are similar to the national average and the Health Survey for England did not find significant differences between mean BMI values for the English regions.

In 2007, 60 per cent of men in London were classified as being either overweight or obese (including morbidly obese). This was, however, the lowest percentage of any English region. The proportion of women in London who were overweight or obese was 54 per cent, lower than for men and, again, slightly lower than the England average.

### Childhood obesity

Levels of obesity in England are increasing in all age groups, including amongst children and adolescents. Obesity at younger ages frequently persists into adulthood, where the risks to health are well established. As part of the Government's strategy to tackle obesity, the National Child Measurement Programme (NCMP) was established in 2005 to increase understanding of weight issues in children and as a means of engaging children and families with healthy lifestyle issues. The programme measures the height and weight of children aged four to five (Reception) and 10-11 (Year 6). The most recent data are for 2007/08 when measurements were collected for over 145 thousand children in London.

Data from the NCMP are used to classify children at risk of being overweight or obese. This prevalence is calculated by applying every child's BMI to an age and sex-specific national standardised growth chart (see [Notes and Definitions](#)).

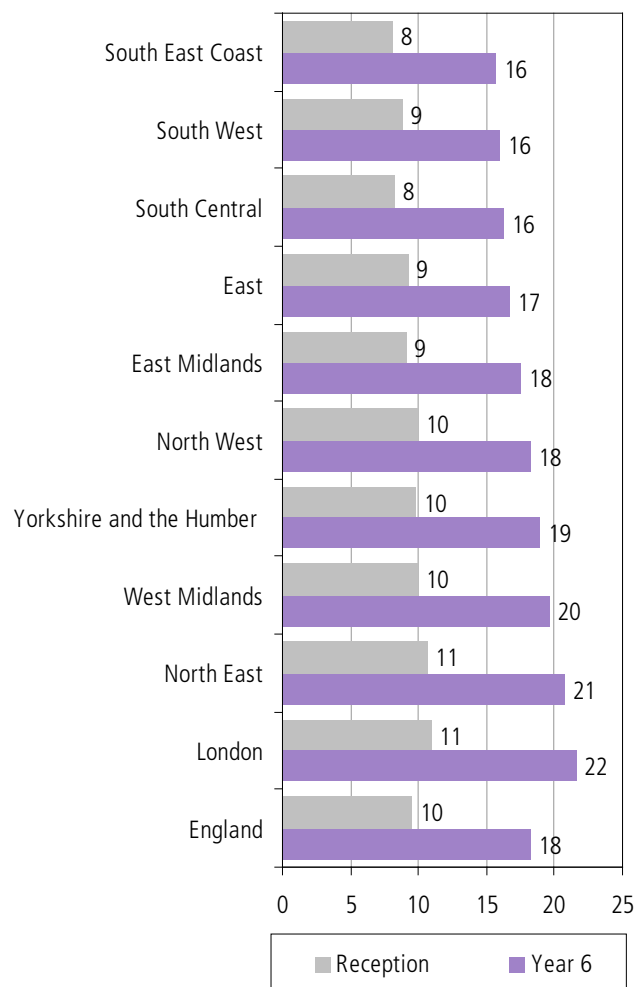
In London in 2007/08, almost a quarter of children in Reception (23 per cent), and over a third of children in Year 6 (36 per cent), were at risk of being either obese or overweight. In London, as in England, the prevalence of children at risk of obesity was significantly higher in boys than in girls, in both Reception and Year 6.

In reception year, just over one in ten children (11 per cent) in London were at risk of being obese - the highest proportion of any English region. By Year 6, the proportion at risk of obesity increased to just over two in ten (22 per cent), again the highest level in England.

**Figure 10.4**

### Children at risk of being obese at Reception and Year 6, English Strategic Health Authorities, 2007/08

Percentages



Source: National Child Measurement Programme, analysis by London Health Observatory

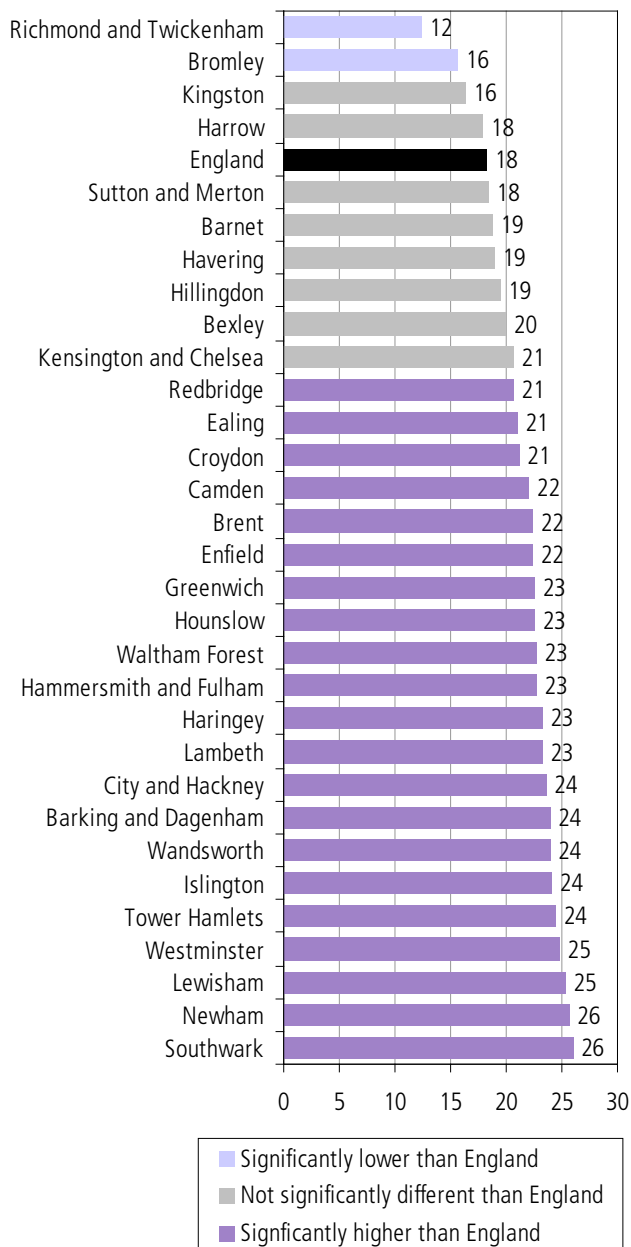
The lowest proportions were in the south east and south west of England (Figure 10.4).

Within London, there was substantial inequality in the risks of being overweight or obese in 2007/08. In reception year, the proportion of children at risk of being obese ranged from 6.2 per cent in Richmond to 14.4 per cent in Southwark. In Year 6, Richmond and Southwark also had the lowest and highest proportions of children at risk of obesity (12.4 and 26.0 respectively). Richmond was one of only two areas in London (with Bromley) where the risk of obesity was significantly lower than the English average in Year 6 (Figure 10.5). In 21 areas

Figure 10.5

### Prevalence of children at risk of being obese at Year 6 by PCT, 2007/08

Percentages



Source: National Child Measurement Programme, analysis by London Health Observatory

the proportion at risk was significantly higher than for England.

Besides these geographical differences, there were also inequalities in the risk of obesity by level of deprivation and ethnic group. To examine the former, children were assigned to one of five deprivation groups within London, based on their home address. In Reception,

the prevalence of children at risk of obesity in the most deprived group was more than double that of the least deprived group. In Year 6 the prevalence was 80 per cent higher in the most deprived compared to the least deprived group.

Completion of data on ethnic group was high in 2007/08 (93 per cent) and indicated that inequalities also existed by ethnicity. People in the Black Caribbean, Black African and Other Black groups had significantly higher percentages of children at risk of obesity than the London average in Year 6. Children in White ethnic groups tended to have a significantly lower risk of obesity compared to London as a whole in both year groups. Deprivation and ethnicity both appear to be associated with the prevalence of obesity and this is likely to be a factor in the higher obesity risks in London where one in five of the children measured was in a Black ethnic group compared with about one in 100 in the rest of England.

### Sexual Health - Sexually transmitted infections

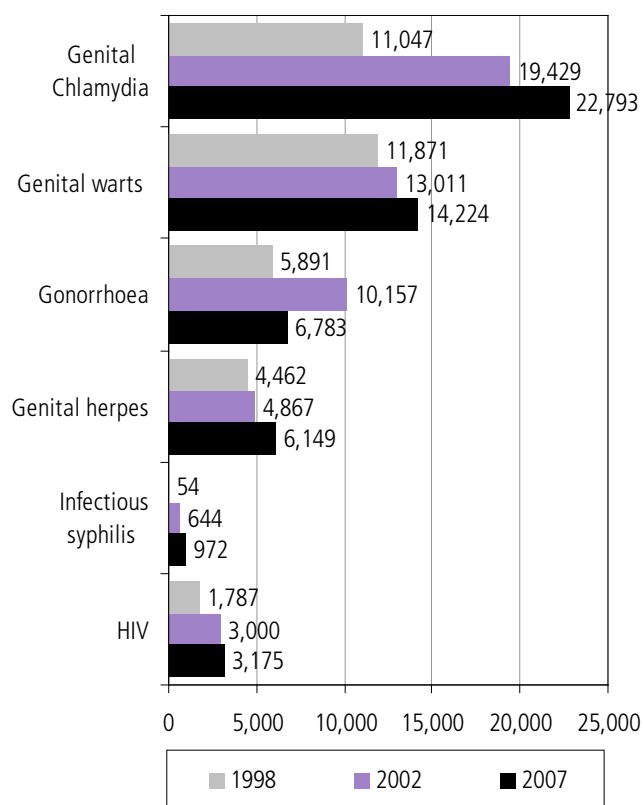
London has the highest prevalence of sexual ill health in the country, including the highest numbers of sexually transmitted infections (STIs). These can result in infertility (such as from untreated chlamydial infection), cervical cancer (from human papilloma virus) as well as the acute and chronic health problems associated with HIV infection. In England in 2007, around one in five diagnoses of genital chlamydia and genital warts, over a quarter of genital herpes diagnoses, almost two in five diagnoses of infectious syphilis and gonorrhoea, and almost half of HIV diagnoses were made in the capital.

There has been a substantial rise in STIs since the end of the 1990s, with over 96 thousand new diagnoses in London Genitourinary Medicine (GUM) clinics in 2007 (and additional infections will have been diagnosed in other settings such as GP clinics). In 2007, the most common STI diagnosed in London GUM clinics was genital chlamydia, for which numbers of diagnoses have doubled since 1998. Diagnoses of genital warts, the second most common STI, have risen by a fifth over the last ten years. Diagnoses of infectious syphilis neared one thousand in 2007 – almost 20 times as many as in 1998 (Figure 10.6).

Figure 10.6

### Numbers of selected STIs diagnosed in London GUM clinics by year of diagnosis

Numbers



Source: Health Protection Agency

## HIV

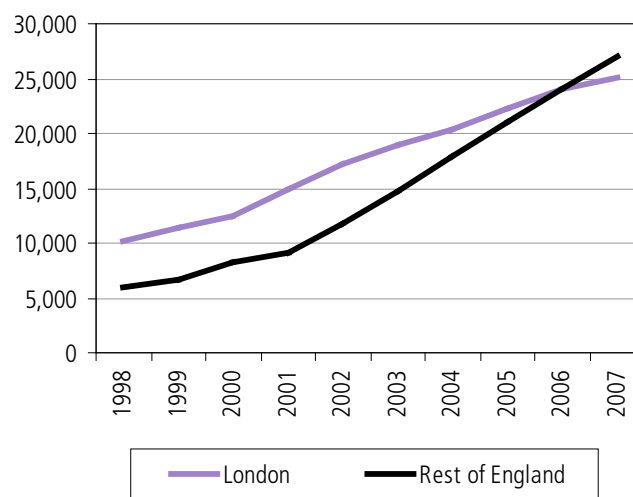
The annual number of new HIV diagnoses rose substantially in the late 1990s and early years of this century (Figure 10.6). Numbers have been more stable since 2003, however there were still 3,175 new diagnoses in London in 2007, representing 45 per cent of all new diagnoses in England. For every woman diagnosed, there were two new diagnoses for men.

Sex between men was the probable route of infection for two-fifths (41 per cent) of new HIV diagnoses in London in 2007. Heterosexual contact accounted for the majority of other new diagnoses, with only small proportions infected through injecting drug use (two per cent) and vertical transmission from mother to infant (one per cent). In 2007, two-fifths of new HIV diagnoses were in people with a White ethnic group (40 per cent), a third were in the Black African category (33 per cent) and five per cent were classified as Black Caribbean.

Figure 10.7

### HIV infected persons accessing care, London and the rest of England, 1998-2007

Numbers



Source: Health Protection Agency

The number of HIV infected people accessing care has been increasing annually, to a total of just over 25 thousand in London in 2007. Until 2006, the number accessing care in London was higher than in the rest of England combined. The number in London was slightly lower than in England in 2007 however (Figure 10.7).

Within London, the prevalence of people accessing care differs considerably between areas, with rates higher in Inner London than Outer London. In Lambeth in 2007, 12 people in every thousand were infected with HIV and accessing care. In Havering this rate was only one person in every thousand.

The number of deaths among HIV infected people fell rapidly in the late 1990s following the introduction of antiretroviral therapy. There were 225 HIV-related deaths in London in 2007.

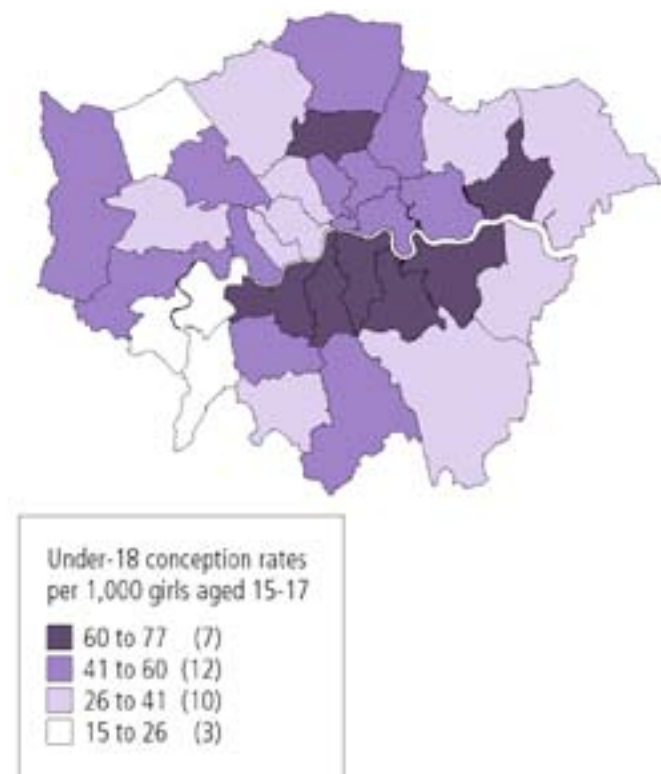
## Teenage conceptions

Teenage pregnancies (conceptions in females aged under 18) can lead to poor health and social outcomes for both mother and baby. Risky behaviours such as early onset of sexual activity, poor contraceptive use, and alcohol and substance misuse are associated with high rates of teenage conception. The UK has one of the highest rates of teenage conceptions in western Europe but there is a

### Map 10.8

#### Under-18 conception rates per 1,000 girls aged 15-17, London boroughs, 2007

Rates



Source: Office for National Statistics

Government target to halve the teenage conception rate by 2010 (compared to a 1998 baseline).

There were around 5,700 conceptions in girls aged under 18 in London 2007. The rate was 45.6 teenage conceptions per 1,000 girls aged 15-17, higher than the England average of 41.7. Rates fell in London and England between 1998 and 2007 by the same amount - 11 per cent. This indicates that London is not on track to meet the target of halving the teenage conception rate by 2010.

Teenage conception rates vary greatly between areas of London (Map 10.8). The rate was higher in Inner London than Outer London (56 per 1,000 and 40 per 1,000 respectively in 2007). The reduction in the rate has however been greater in Inner London, thus reducing inequality within the capital. The rate in Inner London reduced by 16 per cent between 1998 and 2007, compared to only four per cent in Outer London.

The highest and lowest teenage conception rates in England in 2007 were both in London. Southwark was highest (76 per 1,000 girls aged 15-17) and Richmond was lowest at 16 per 1,000. Richmond was also the area with the biggest percentage decrease in London between 1998 and 2007, with the rate falling by nearly a third.

### Life expectancy

Life expectancy has been increasing for many years, both in London and nationally (see Notes and Definitions). Life expectancy at birth for females in London in 2005-07 was 82.4 years, higher than the England average of 81.8 years. London's female life expectancy was higher than the average for England across the period from 1995-97 to 2005-07. Male life expectancy at birth was 77.9 years in London in 2005-07. This was higher than the England figure of 77.7 years but, unlike for females, male life expectancy has only been higher in London than England overall since 2004-06 (Figure 10.9).

In 2005-07, London had the fourth highest life expectancy of the nine English regions for both sexes (after the South East, South West and East of England).

### Figure 10.9

#### Life expectancy at birth, by sex, London and England, 1995-97 to 2005-07

Rates



Source: Office for National Statistics

At local authority level the highest life expectancy in both London and England was in Kensington and Chelsea for both sexes. In 2005-07, male life expectancy at birth there was 83.7 years – more than ten years longer than the local authority with the lowest life expectancy in England (Blackpool, 73.2 years). There was also a difference of almost ten years between female life expectancy in Kensington and Chelsea (87.8 years) and Hartlepool, where female life expectancy was shortest (78.1 years). In London in 2005-07 the lowest life expectancies were in Greenwich for males (74.9 years) and Newham for females (79.8 years). Life expectancies for all London boroughs in 2005-07 are included in [Table 10.10](#).

In 2001 the Government set national targets to reduce health inequalities by 2010. One of these is to reduce by at least ten per cent the gap in life expectancy at birth between the fifth of local authorities with the worst health and deprivation indicators and the population of England as a whole. 70 local authorities are in this target category (the Spearhead Group), including 11 London boroughs.

Progress towards meeting this target is being monitored by the Department of Health. Its latest report,

based on life expectancy in 2005-07, shows that although nationally life expectancy has increased for the Spearhead Group, the average increase in non-Spearhead areas has been greater and so the gap has not narrowed.

The picture is different in London, however, where some Spearhead areas have not just narrowed their gaps in life expectancy with the England average, but have closed them completely. Life expectancy for both sexes in Hammersmith and Fulham is now higher than the England average, as is female life expectancy in Hackney, Haringey and Southwark. Seven of the 11 Spearhead areas in London are now on-track to meet the life expectancy target for both sexes by 2010. A further three are on-track to meet the target for either males or females, while only one (Islington) is currently not on-track to meet the target for either sex.

[Table 10.10](#) contains life expectancy results, and selected death rates, which show how London compares to the England average, and which also illustrate the wide inequalities in mortality that persist amongst London boroughs.

Table 10.10

**Life expectancy at birth, directly age-standardised mortality rates, and infant mortality, England, London and London boroughs, 2005-07<sup>1</sup>**

	Years and rates						
	Life expectancy at birth (years)		Deaths from all causes per 100,000 people <sup>2,3</sup>	Cancer deaths per 100,000 people <sup>2,3</sup>	Circulatory disease deaths per 100,000 people <sup>2,3</sup>	Suicides per 100,000 population <sup>2,3,4</sup>	Infant deaths per 1,000 live births <sup>5</sup>
	Males	Females					
Barking and Dagenham	76.3	80.3	674	137	108	5.4	4.4
Barnet	79.5	83.6	506	102	61	7.4	4.3
Bexley	78.7	82.7	546	113	69	7.1	4.2
Brent	78.5	83.8	530	98	89	6.4	5.4
Bromley	79.5	83.5	511	108	56	6.1	2.9
Camden	76.9	82.2	614	118	94	13.2	4.0
Croydon	78.3	82.0	573	104	80	8.2	6.2
Ealing	78.2	83.0	562	109	89	8.4	3.9
Enfield	78.5	82.4	554	107	75	4.0	6.7
Greenwich	74.9	81.4	679	136	99	10.5	4.7
Hackney	75.7	82.1	647	120	113	9.0	5.4
Hammersmith and Fulham	78.0	84.0	551	111	92	10.8	3.6
Haringey	76.1	82.8	605	119	94	8.4	6.0
Harrow	79.6	83.6	503	98	64	6.3	6.3
Havering	78.3	82.1	577	120	72	5.1	3.7
Hillingdon	78.0	82.7	566	114	80	6.6	5.0
Hounslow	76.9	81.2	635	114	94	8.6	4.7
Islington	75.1	80.8	693	134	120	13.0	5.2
Kensington and Chelsea	83.7	87.8	381	76	51	7.5	2.8
Kingston upon Thames	79.3	83.0	535	105	65	5.5	2.9
Lambeth	75.8	80.6	677	130	104	8.7	5.7
Lewisham	76.0	80.8	673	132	102	6.5	4.6
Merton	79.7	83.0	516	101	69	6.9	4.4
Newham	75.7	79.8	706	123	129	6.8	6.0
Redbridge	78.3	82.4	558	99	73	4.7	5.4
Richmond upon Thames	80.0	83.8	500	108	62	4.6	2.6
Southwark	77.0	82.0	611	122	95	8.6	6.4
Sutton	78.7	82.6	555	107	82	6.8	3.8
Tower Hamlets	75.3	80.4	714	142	120	10.5	4.5
Waltham Forest	75.9	81.0	664	120	99	5.2	5.3
Wandsworth	76.9	81.4	633	123	98	8.8	4.2
Westminster	81.5	84.6	466	90	70	11.0	4.4
London	77.9	82.4	577	112	84	7.5	4.8
Males		-	698	126	120	11.3	-
Females		-	476	99	50	3.9	-
England	77.7	81.8	595	115	79	7.9	4.9
Males		-	710	128	111	12.1	-
Females		-	500	104	49	3.8	-

1 All indicators are based on deaths registered in 2005-07.

2 Directly age-standardised rates, standardised to European Standard Population.

3 Deaths from all causes, and suicides - All persons, All ages. Cancer deaths and Circulatory disease deaths - All persons aged under 75.

4 Intentional self-harm or injury/poisoning of undetermined intent.

5 Deaths under 1 year.

Source: Office for National Statistics (life expectancy) and National Centre for Health Outcomes Development