

# Healthy Communities Scrutiny Sub-Committee

Monday 8 December 2014
7.00 pm
Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1
2QH

## **Tabled Documents**

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Item No.TitlePage No.5. Review: Health of the Borough1 - 19

A presentation by Public Health is attached

### Contact

# Health in Southwark: Scrutiny

# **Ruth Wallis Director of Public Health**

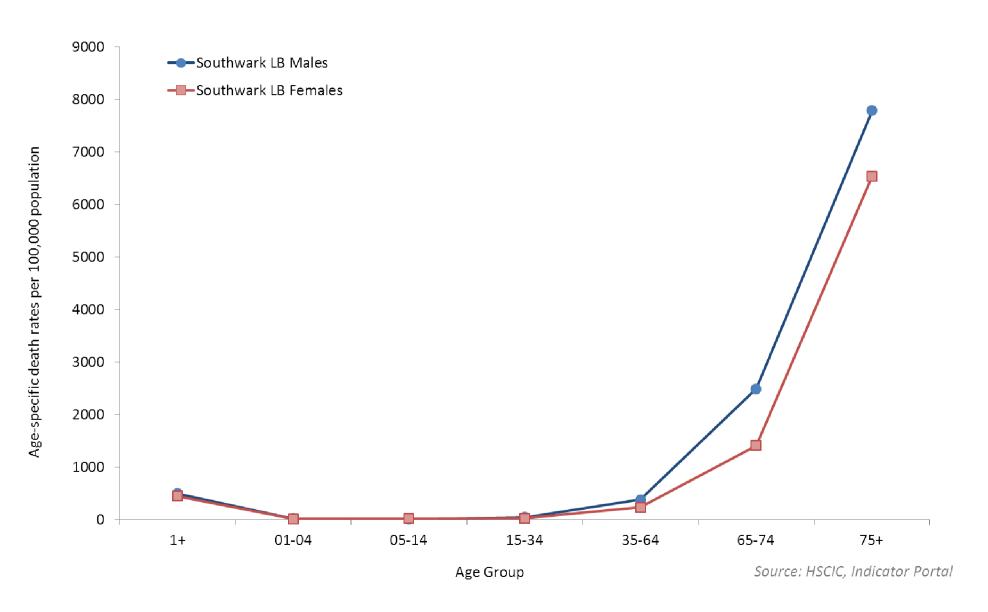
Working together for the public's health





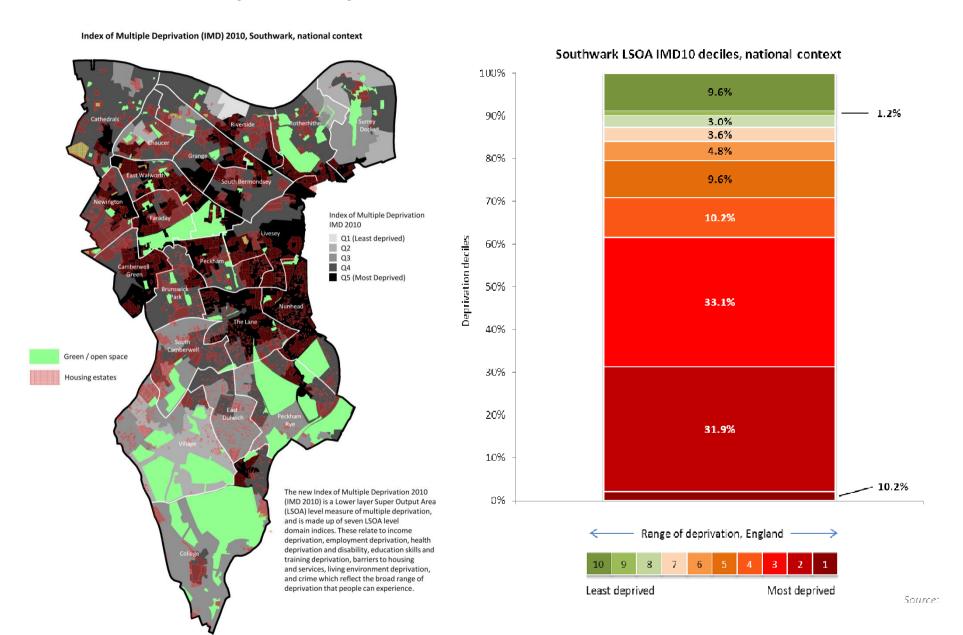
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# Mortality from all causes, age specific death rates per 100,000, 2010-2012 pooled



### (1)

# Map of Inequalities, IMD 2010, Southwark



# Summary of health issues, Southwark, 2014

# LOW BURDEN

HIGH BURDEN

Life expectancy (LE)
Gap in LE (males)

Preventable premature mortality from cancer;
CVD; respiratory disease; liver disease

Mortality from causes amenable to health care\*
Smoking prevalence (overall)
Teenage conceptions
Hip fractures in elderly
Child poverty

Healthy (LE) LE gap (males) Hypertension prevalence Alcohol related burden Drugs related burden Childhood & adult obesity prevalence Sexual Health burden (HIV, STIs) Lower prevalence of LTC (lower detection) Falls injury (older people) Wider determinants of health burden Violence related health burden Low wellbeing levels\* Mental ill-health Smoking in routine and manual groups Social isolation in adult social care users Emergency hospital re-admissions

Gap in LE (females)
Infant mortality
Physical activity adults
Childhood vaccination related diseases
Childhood tooth decay\*
Preventable sight loss
Excess winter deaths\*
Injuries in young people
Mortality from communicable diseases
Low birth weight
Road traffic injuries / mortality

Vit D deficiency rickets
Injuries in Children
TB incidence
Suicide

**IMPROVING** 

WORSENING

# Marmot indicators, Southwark, 2011

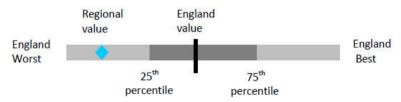




### Marmot Indicators for Local Authorities in England, 2011 - Southwark

The chart below shows key indicators of the social determinants of health, health outcomes and social inequality that correspond, as closely as is currently possible, to the indicators proposed in Fair Society, Healthy Lives. Results for each indicator for this local authority are shown below. On the chart, the value for this local authority is shown as a circle, against the range of results for England, shown as a bar.

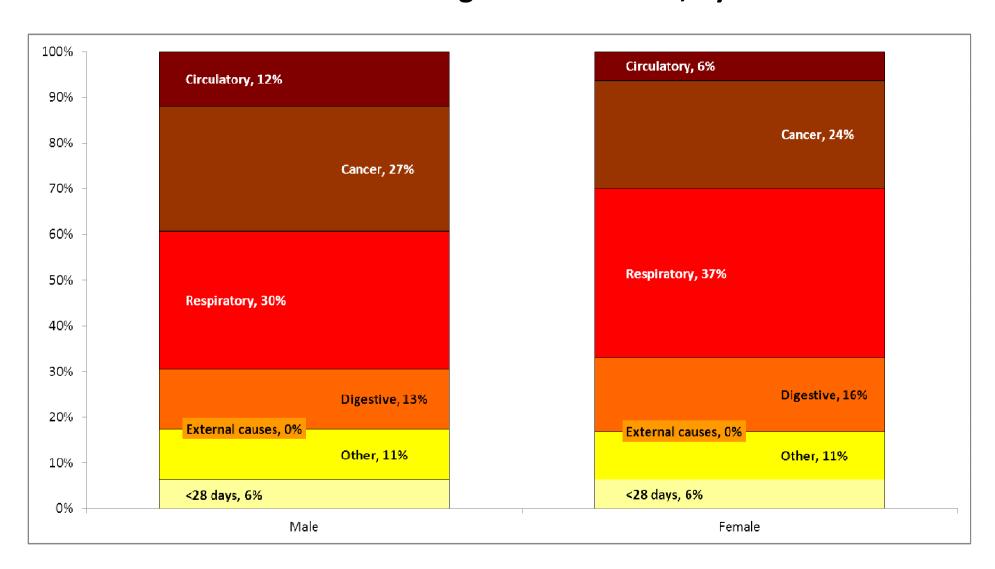
Significantly better than the England value
 Not significantly different from the England value
 Significantly worse than the England value



	Indicator	Local Authority Value	Regional Value	England Value	England Worst	Range	England Best
	Health outcomes						
	Males						
1	Male life expectancy at birth (years)	77.8	78.6	78.3	73.7	9	84.4
2	Inequality in male life expectancy at birth (years)	9.5	7.1	8.8	16.6	•	2.7
3	Inequality in male disability-free life expectancy at birth (years)	9.6	9.1	10.9	20.0	•	1.8
	Females						
4	Female life expectancy at birth (years)	82.9	83.1	82.3	79.1		89.0
5	Inequality in female life expectancy at birth (years)	6.9	4.7	5.9	11.5	•	1.8
6	Inequality in female disability-free life expectancy at birth (years)	7.7	7.9	9.2	17.1		1.3
	Social determinants						
7	Children achieving a good level of development at age 5 (%)	56.6	54.7	55.7	41.9	•	69.3
8	Young people not in employment, education or training (NEET) (%)	9.3	5.8	7.0	13.8	•	2.6
9	People in households in receipt of means-tested benefits (%)	24.6	20.6	15.5	41.1	• •	5.1
10	Inequality in percentage receiving means-tested benefits (% points)	31.3	30.1	30.6	61.3		2.9

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# Breakdown of the life expectancy gap, 2009-2011, between Southwark as a whole and England as a whole, by cause of death

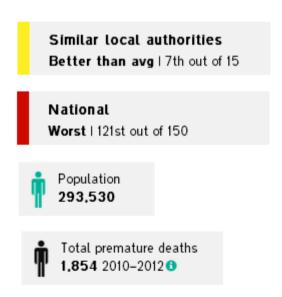


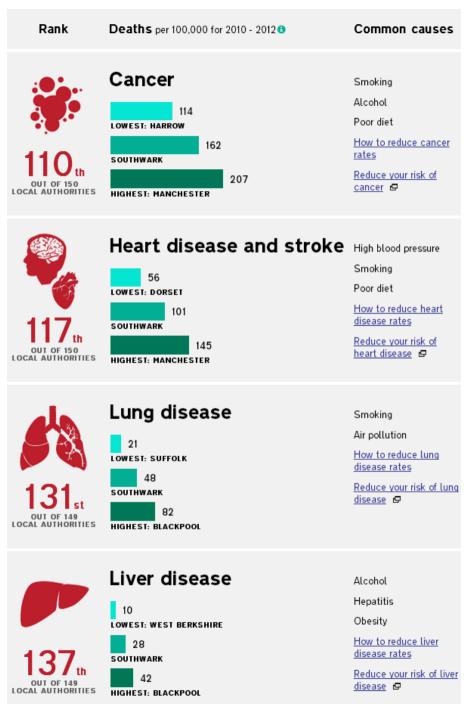
# Southwark, premature deaths

### All local authorities

National view: Southwark's rank within the 150 local authorities in England.

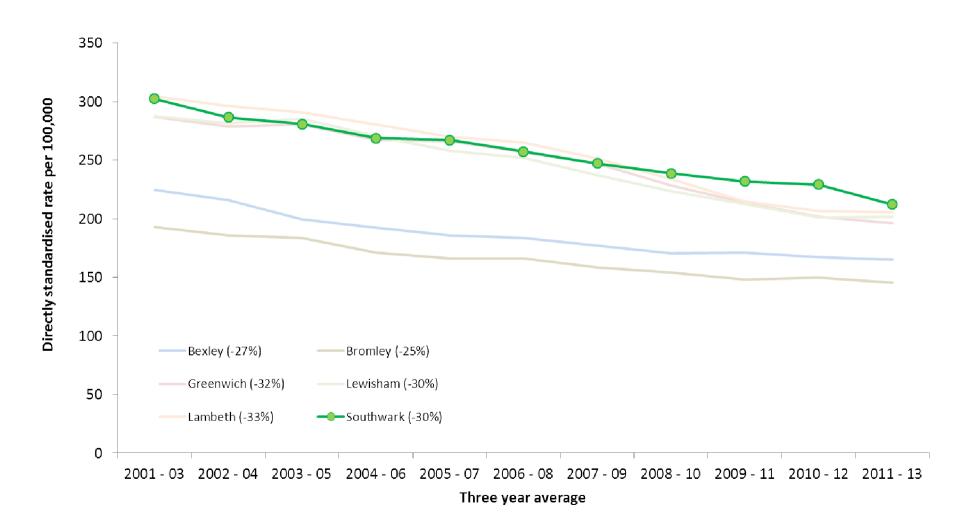




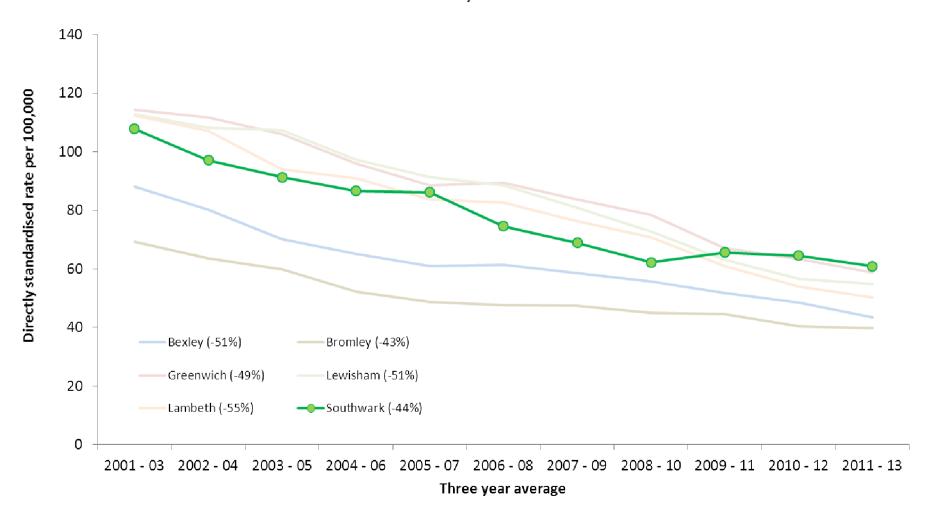


# **Premature mortality by cause**

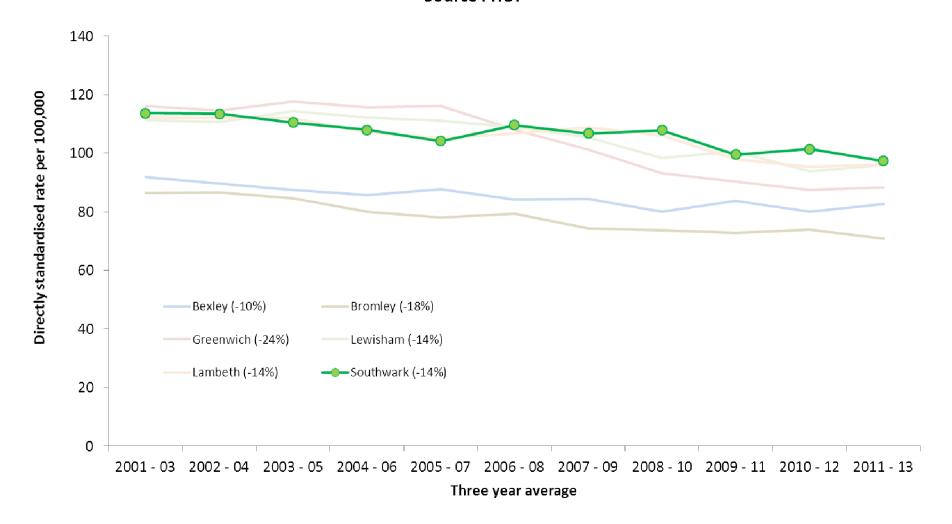
4.03 - Mortality rate from causes considered preventable: trend between 2001-13; Source PHOF



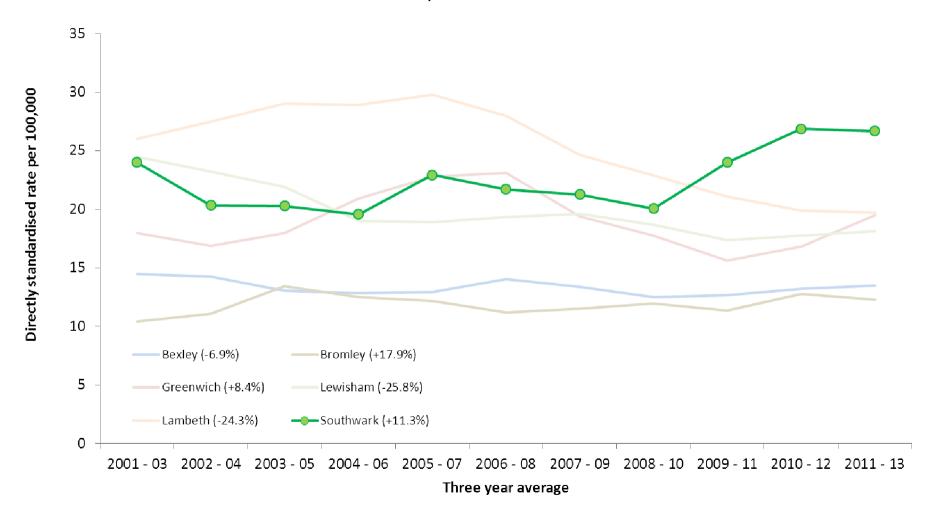
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable: trend between 2001-13; Source PHOF



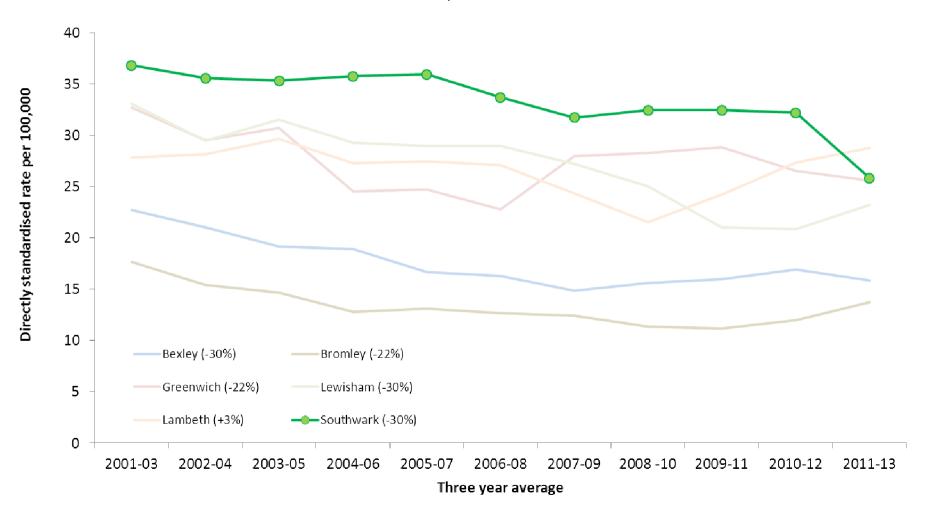
4.05ii - Under 75 mortality rate from cancer considered preventable - trend between 2001-13; Source PHOF



4.06ii - Under 75 mortality rate from liver disease considered preventable: trend between 2001-13; Source PHOF

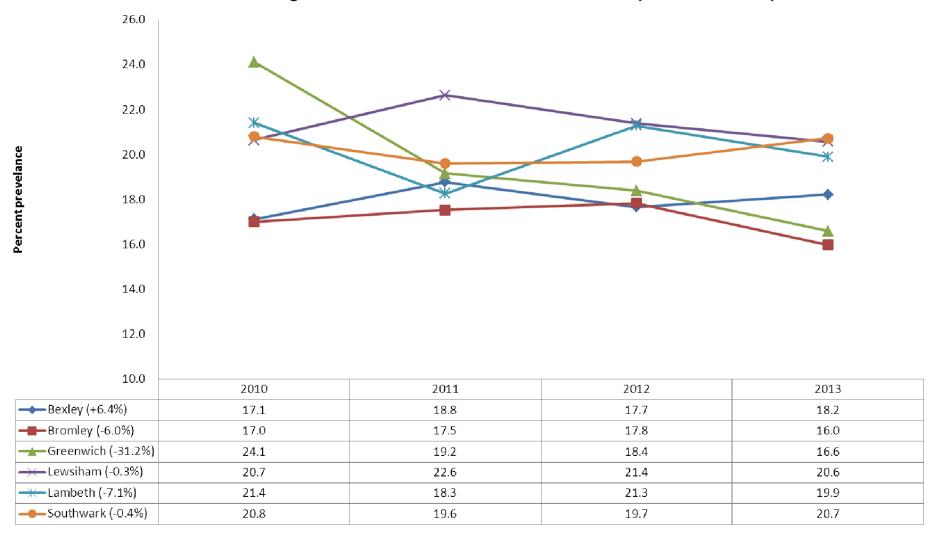


4.07ii - Under 75 mortality rate from respiratory disease considered preventable: trend between 2001-13; Source PHOF

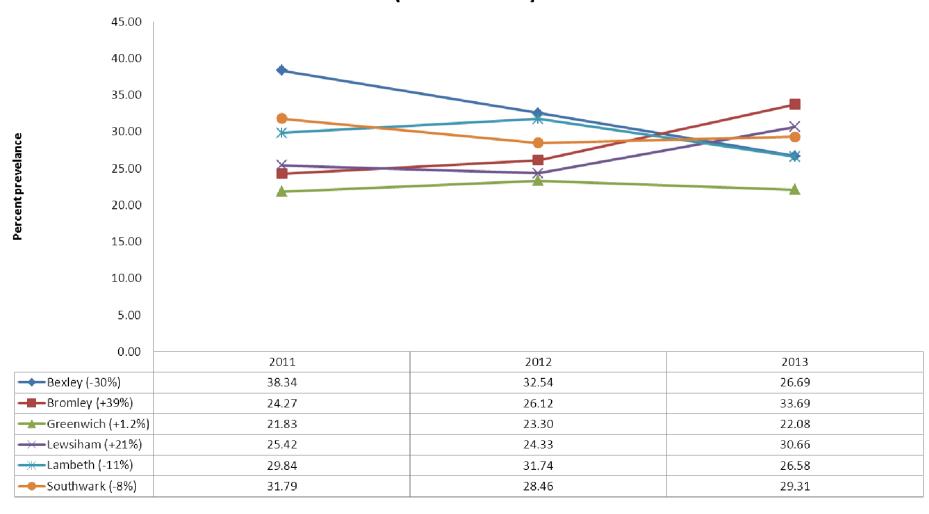


# **Risk factors**

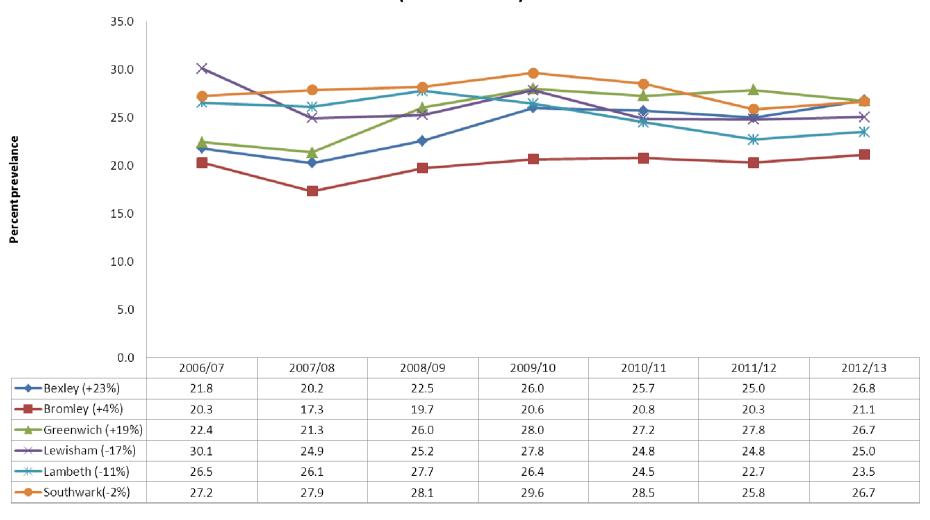
### 2.14 - Smoking Prevalence - trends in SE London (source PHOF)



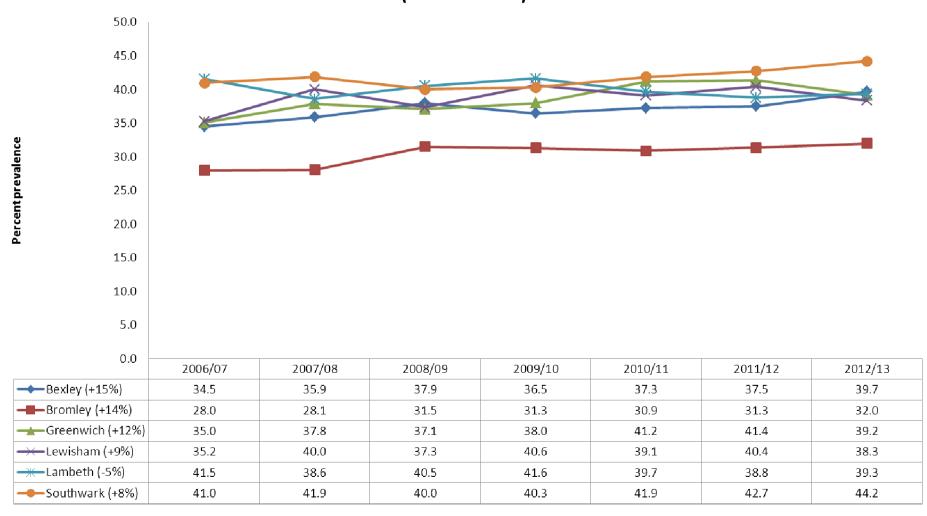
# 2.14 - Smoking prevalence - routine & manual - trends in SE London (Source PHOF)



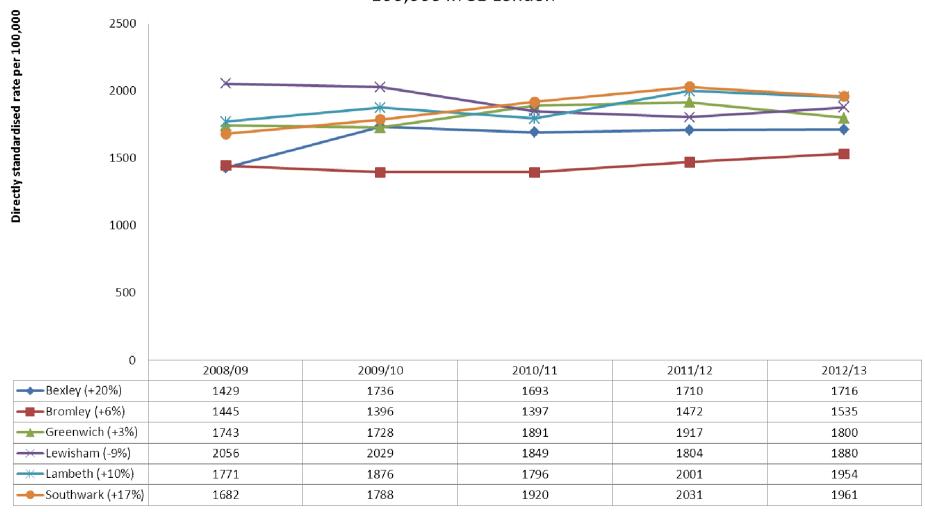
# 2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds - trends in SE London (Source PHOF)



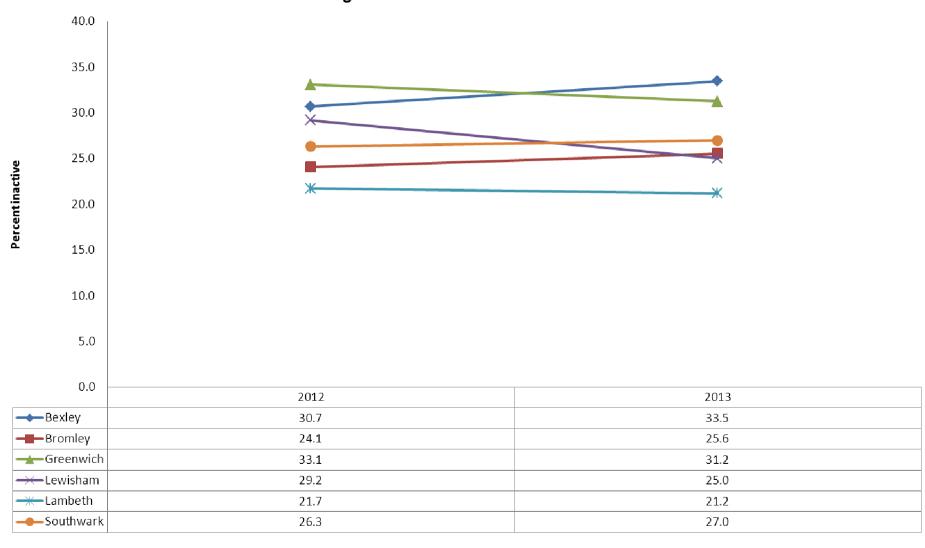
2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds - trends SE London (Source PHOF)



# 2.18 - Alcohol related admissions to hospital - trend in age standardised rate per 100,000 in SE London



### 2.13ii - Percentage of active and inactive adults - inactive adults



# Marmot, reducing health inequalities

- 1. Give every child the best start in life
- 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
- 3. Create fair employment and good work for all
- 4. Ensure healthy standard of living for all
- 5. Create and develop healthy and sustainable places and communities
- 6. Strengthen the role and impact of ill-health prevention.