

Health and Wellbeing Board

Tuesday 31 January 2017

2.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London
SE1 2QH

Appendices 2

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Annual Report of the Director of Public Health 2016

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Foreword from the Lead Member



This year's Report of the Director of Public Health truly reflects the depth and breath of ambition we have for public health in our borough.

Southwark is an amazing part of London in which to grow up, live, work and grow old. But as detailed in the report, it is also a borough that continues to face significant public health challenges and inequalities – from obesity to smoking, substance abuse to physical inactivity.

This administration has been bold in its approach to welcoming public health into local government and the contribution made by the public health team to the wider council agenda is clear to see. The delivery of the pioneering universal Free Swim and Gym scheme in July 2016, as well as free school meals and fruit for all our primary school children, are but two key cross-council public health policies successfully delivered. In addition, the forthcoming Joint Mental Health and Wellbeing Strategy (due in Spring 2017) and the Partnership Commissioning Team are two important examples of partnership working with NHS colleagues.

We are working in challenging times, with national government financial constraints being felt keenly in both local authorities and the wider health system. But in Southwark we will not be dissuaded by these pressures and instead continue to work innovatively and collaboratively in order to ensure that the health and wellbeing of our residents is prioritised. This council has pledged to deliver a 'Fairer Future for All'. With this in mind, what could be more pressing than addressing health inequalities amongst our residents and working to prevent ill health before it occurs?

I am delighted to present this year's report and going forward will keep working to ensure that health and wellbeing continues to be woven into the heart of our borough.

A handwritten signature in black ink, appearing to be 'MA' followed by a long horizontal stroke.

**Cllr Maisie Anderson
Lead Member for Public Health, Parks & Leisure
31 January 2017**

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Foreword from the Director of Public Health

There is a statutory requirement for the Director of Public Health to report on the health of Southwark's population and the major health issues facing the borough. It is with pleasure that I am introducing my report for 2016. I hope you will find much of interest and that the report stimulates debate and discussion.

The environment in which we live, work and play, together with our behaviour influences how healthy we are, and how long we can expect to live. This report identifies how some of these major factors in Southwark, such as living and working conditions as well as lifestyle and behaviour, are affecting our health. There is also an accompanying statistical annex providing more data.

In Southwark, there is much to celebrate: women and men are living longer; earlier deaths from major diseases such as heart disease and cancers are falling; infant deaths follow a year-on-year reducing trend; and teenage pregnancy rates have fallen by 66% over the last decade. The number of smokers is reducing, our population is relatively active and fewer people drink alcohol.

However, we also have significant public health challenges. In particular: very high child obesity rates and very poor sexual health. Health inequalities are widening. Drilling down into the data gives us a fuller picture of the complexities: alcohol related deaths are 2-3 times higher among deprived communities, smoking prevalence is 60% higher in adults in routine and manual occupations (compared to the general Southwark population). And women, especially minority ethnic women, are more likely to be sedentary. Cancer screening uptake is lower among minority ethnic communities.

In this report, I am also providing an update on the recommendations from our previous annual public health report. Over the last 12 months, we have developed and implemented our brand new Healthy Weight Strategy 'Everybody's Business'. We've held alcohol and Great Weight Debate summits to inform our local work. We've engaged extensively with users and the professions to redesign our stop smoking services and set out our new vision for tobacco and smoking in 'Breaking the Chain' – our new tobacco strategy. We have made sexual health infection testing easier through our award winning online offer. And we continue to increase the numbers of health checks we do to detect the early signs of heart disease, diabetes and high blood pressure. Southwark continues to invest in active travel and in our green spaces and parks. In 2016, the Council successfully launched the free swimming and gym offer for everyone.

Looking towards the future, we have already been notified of year-on-year reductions in our funding from central government. We are reviewing our services to ensure that there is continued improvement to outcomes alongside offering better value for money. There will be on-going pathway redesign and service integration. At the same time, we want to better target the support for our most at-risk groups to make healthier choices and to better access services according to need.

We will also be building on our work with other Council teams to address the wider social and environmental determinants of health and to work corporately on shared priorities such as air quality, leisure services, employment and housing. Together with the CCG and our NHS partners, we will be further developing and implementing the South East London Sustainability and Transformation Plan (STP) to ensure that prevention has a central place across all workstreams.

I welcome feedback on the issues I have highlighted in this report and on any other public health concerns. Please email me at publichealth@southwark.gov.uk



Dr Jin Lim

Acting Director of Public Health
Southwark Council

31 January 2017

Acknowledgments

Contributors

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Recommendations for 2017

These recommendations focus on prevention and take a whole systems approach to public health: working through Southwark Council, NHS Southwark Clinical Commissioning Group and our other partners. They are based on evidence that making healthy choices easier is more effective than individual change. The recommendations will be taken forward through the appropriate multi-agency strategic groups.

Environment

1. Tackling **obesity** is a key priority, and should involve making healthy choices easier for the local population and we are committed to realising the Obesity Strategy published in 2016.
1. The borough needs more affordable quality **housing** and housing advisory services to prevent and reduce health inequalities throughout the life-course.
2. Southwark support for the extension of the **ultra-low emission zone** will help to reduce excess deaths from respiratory disease due to air pollution.

Risk Factors

3. Non-sport **activity** should be promoted to reduce inactivity, since any increase in activity from being inactive has a beneficial effect in reducing mortality.
4. Prevention and education are needed to reverse the current increasing trend in **sexually transmitted infections**, and reduce late diagnosis of **HIV**.
5. Lifestyle changes, statin prescribing and treatment of newly diagnosed hypertension should be prioritised to reduce **cardiovascular disease** in the population at risk.

Services

6. Public health in Southwark, with all our local partners, will seek to extract the **best value** for commissioned services in the context of an ever-reducing public health grant and wider fiscal austerity.
7. Making Every Contact Count in primary care, hospitals and social care will assist with **earlier identification and brief advice** for higher risk drinkers, smokers and those who are inactive.
8. Smoking cessation services need to be more targeted to specific groups in future as part of the **Tobacco Control Strategy 2017-20**.

We will report back on progress in our next annual report.



Under 10s swimming class in Southwark
Southwark Council

Executive summary

Demography & high level indicators

- Southwark's population today exceeds 300,000 people in a highly diverse borough characterised by deprivation, affluence and rapid gentrification; over the next ten years Southwark is estimated to grow by 12% in population terms.
- While life expectancy has advanced over recent years, life expectancy for men remains below the national average; yet these statistics mask significant inequalities meaning that those from less affluent backgrounds continue to face high levels of premature ill health.

Early years

- The proportion of children eligible for free school meals has fallen since 2012, however child poverty in Southwark remains high.
- Southwark has good levels of school readiness.
- Many children are classified as overweight or obese and work is required to realise the recently published healthy weight strategy.

Young people and risky behaviours

- Young people are generally healthy, although too many are an unhealthy weight and risky behaviours during adolescence can impact physical and mental health.
- Young people have lower rates of smoking and substance misuse compared to the national average, yet rates of sexually transmitted infections are high and are continuing to increase.

Healthy high streets

- Good town planning, housing and regeneration is needed to support residents in leading healthy, happier and more active lives.

- All major Council policies should consider health improvement.
- Regulation is a vital public health lever for developing healthier high streets and shared urban spaces, with evidence from public health demonstrating how alcohol licensing in Southwark has played a nuanced role in developing the urban environment.

Housing and homelessness

- Poor housing harms mental and physical health, impairs childhood development, and undermines neighbourhood cohesion and wellbeing.
- Good quality housing, housing management, and advisory services prevent and reduce health inequalities throughout the life-course.
- Quality affordable housing, and plans to increase employment, together with provision of primary care, mental health, substance misuse and offender support services, will all help to reduce homelessness.

Air quality

- Poor air quality exacerbates chronic obstructive pulmonary disease and asthma and is responsible for an estimated 113 deaths per annum in Southwark.
- Most of the borough has been declared an Air Quality Management Area and the Council's proposal to the London Mayor to extend the Ultra Low Emission Zone to the whole of the borough will improve health and wellbeing.
- A new Air Quality Action Plan (AQAP) will be established for Southwark in 2017, strengthening existing work to reduce emissions from vehicles, buildings and new developments in the Borough.

An active borough

- Physical inactivity is the fourth-leading risk factor for global mortality worldwide and at least 308 premature deaths in Southwark can be associated with inactivity.
- Surveys suggest that Southwark teenagers in particular are less likely to be physically active, with one in four adults deemed physically inactive; and activity levels are decreasing.

Healthy workplaces

- Investing in workplace health reduces levels of sickness absence and increases productivity.
- Employers need to focus on health-damaging aspects of the workplace, such as sedentary behaviour.
- Approaches to workplace health and wellbeing need to be comprehensive and strategic, and based on evidence of what works.

Sexual health

- Southwark remains in the top five areas for sexually transmitted infection (excluding chlamydia diagnoses) in 15 to 24 year olds nationally.
- Young people, black and minority ethnic communities and men who have sex with men are most likely to have poorer sexual health.
- There are high levels of risky sexual behaviour in Southwark shown by high rates of gonorrhoea and syphilis and a high level of repeat infections amongst men.
- Reducing late HIV diagnosis is a key priority as 90% of HIV deaths are amongst people diagnosed late.

Executive summary continued

Healthy weight

- Obesity continues to be a complex challenge faced by many people in our communities with childhood obesity levels consistently higher than regional and national averages.
- A new healthy weight strategy 'Everybody's Business', launched in 2016, has committed the Council to reducing the levels of childhood obesity over the next five years.
- Tackling the obesogenic environment is key: to make healthy choices easy choices.

Tobacco

- Smoking is not a lifestyle choice but a chronic addiction usually started in childhood or adolescence.
- Southwark has a new tobacco strategy 'Breaking the Chain' which sets a new vision and approach to tobacco control and smoking cessation.
- Smoking cessation services need to be more targeted to specific groups.

Alcohol

- Investing in alcohol interventions is cost-saving in health terms, let alone the benefits to the wider economy and society as a whole.
- A better understanding is needed of the various populations affected by alcohol and a new health needs assessment is currently underway.
- Making Every Contact Count through the use of Identification and Brief Advice (IBA) in primary care, hospitals and social care can reduce the damage of alcohol.

Substance misuse

- Substance misuse affects some of the most vulnerable in our society, alongside some who are highly resilient.
- We need to better understand the scale of substance misuse in the area, and also understand better how our services are performing in treatment terms.
- A new health needs assessment will guide effective action against new drugs and substance misuse among specific population groups.

Mental health

- Mental health problems are driven by a wide range of other factors and can themselves cause problems such as unemployment, homelessness and substance misuse.
- The burden of mental health problems in Southwark is higher than the London or England average: some 3,800 adults in Southwark suffer from severe mental illness.
- Southwark Council is working with NHS partners to develop a pan-agency approach to wellbeing and mental health, and in 2017 will be forming a new suicide prevention group.

Childhood immunisations

- Immunisation is the safest and most effective way of protecting individuals and communities from vaccine preventable diseases.
- A recent London-wide outbreak of measles has been associated with non-immunised children and adults.
- Increasing the uptake of routine childhood immunisations is a priority for public health.

Cancer screening

- Early diagnosis of cancer through screening results in better outcomes and increased survival rate.

- Uptake of bowel cancer screening can be improved by contacting patients who previously did not return their test.
- Bowel scope screening will be introduced in Lambeth and Southwark next year.

Flu vaccinations

- Flu immunisation is one of the most effective interventions to reduce harm from flu and flu-related hospital admissions in winter.
- Immunisation of primary school children is being extended to Primary School Year 3 in 2016/17.
- Frontline health and social care staff are being encouraged to voluntarily receive an annual flu vaccination.

Diabetes prevention

- Diabetes is preventable and its onset can be delayed.
- There need to be close linkages between diabetes prevention, the Obesity Strategy and the Physical Activity Strategy.
- Longer term outcomes (e.g. diabetes mortality, long term complications, prevalence) need monitoring: cardiovascular disease remains a highly prevalent group of conditions within Southwark.

Health Checks

- The number of NHS Health Checks completed in Southwark is increasing every year and we are on a trajectory to meet the national target of 75%.
- The detection of impaired glucose intolerance (pre-diabetes) and diabetes is increasing.
- Lifestyle changes, statin prescribing and treatment of newly diagnosed hypertension should be prioritised to reduce cardiovascular disease in the population at risk.

The state of public health in Southwark

Demography

Southwark is a densely populated and diverse inner London borough situated on the south bank of the River Thames, with Lambeth to the west and Lewisham to the east. Home to some 310,000 people, Southwark is a patchwork of communities: from leafy Dulwich in the south, to bustling Peckham and Camberwell, and the rapidly changing Rotherhithe peninsula. Towards the north, Borough and Bankside are thriving with high levels of private investment and development. Yet there remain areas affected by high levels of deprivation, where health outcomes fall short of what any resident should expect.

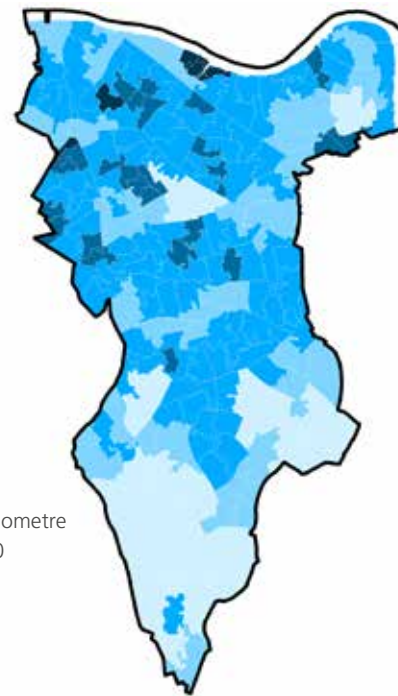
Like much of London when compared to England, Southwark supports a young population. Estimates suggest that over the next ten years the age groups expanding fastest will be among those over the age of 60 years as the housing crisis and cost of living in central London pushes early and mid-career professionals out. Population churn is already a major challenge: 23% of residents move in, out or within the borough each year. This is more than double the London average, and

is an important consideration when planning services. Almost half (46%) of Southwark's residents identify as coming from black and minority ethnic communities; white ethnicity accounts for 55% of the population, black ethnicity 28% and Asian ethnicity 12%.

Over the next ten years the population is projected to grow by 37,000 people, equating to a 12% growth. This will not be uniform. The Council is committed to building 11,000 new council homes for social rent by 2043 (including 1500 by 2018). Alongside a blend of new development across the borough, there are substantial regeneration schemes in Canada Water and Elephant and Castle as well as a new opportunity area along the Old Kent Road.



Figure 1. Population density in London by borough
Office of National Statistics 2014



Persons per square kilometre

- More than 30,000
- 20,000 - 29,999
- 10,000 - 19,999
- 5000 - 9999
- Less than 5000

Figure 2. Population density in Southwark by lower super output area (LSOA)
Office of National Statistics 2014

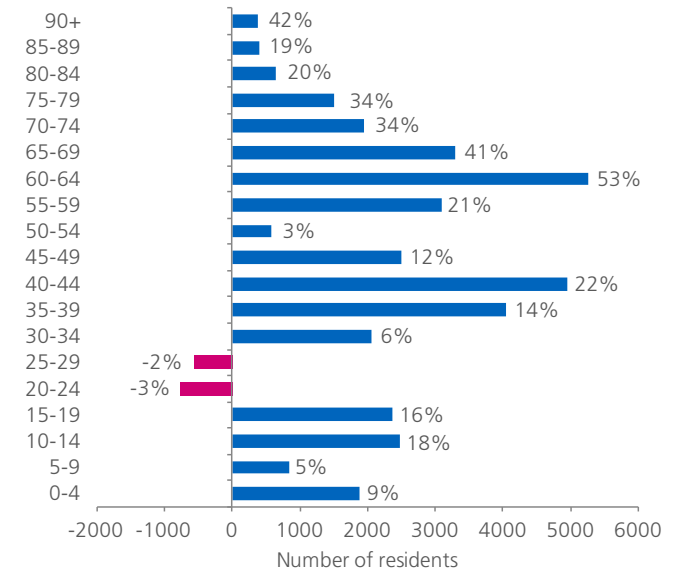


Figure 3. Projected population change in Southwark 2016-2026, by age group, and percentage movement.
Greater London Authority, 2015

Amidst the rapidly changing social, economic and physical environment, important shifts in the borough's population are underway. Historically very deprived, Southwark has seen rapid regeneration in some localities. Approximately 39% of Southwark (by Lower Super Output Area, LSOA) falls within the top five most deprived areas nationally. Many of these areas are in the north and central parts of the borough – including areas of Camberwell, Peckham and the southern parts of Rotherhithe. In fact, only a few small areas along the River Thames make it into the most affluent fifth when compared to the national average. These contrasting outlooks give rise to important inequalities: men living in the most affluent areas lived 7.6 years longer than those in the most deprived areas.

The state of public health in Southwark

High level indicators

Life expectancy in Southwark, like the rest of England, has improved over recent years: life expectancy at birth for women is 83.9 years (83.2 for England) and 78.9 years for men (79.5 for England). This means that on average, women live some five years longer than men. Healthy life expectancy is a subtly different measure and provides an estimate of time spent without disabling conditions. The gap between healthy life expectancy and life expectancy in Southwark for men is 20.3 years and for women 24.2 years. This is considerably more than the national average (16.1 and 19.2 years respectively) meaning that Southwark residents on average spend longer with life-limiting illness.

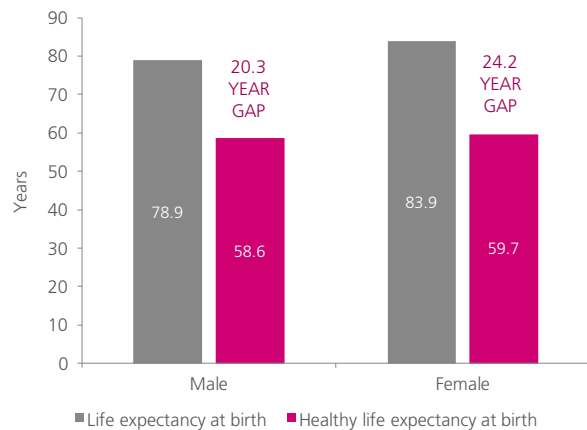


Figure 4. Life expectancy at birth and health life expectancy in Southwark

Public Health England, 2016

Infant mortality – defined as the rate of deaths of children under the age of 12 months – has seen marked improvement in the borough. Over the last decade the rate has approximately halved: whereas before rates were much higher than London and England, the rate is now similar to the regional and national averages.

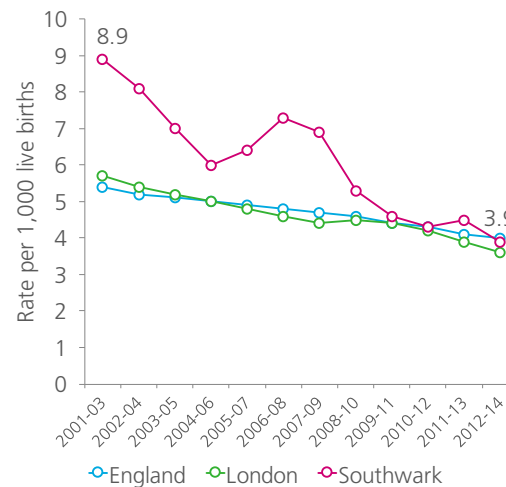


Figure 5. Trends in infant mortality, 2001-2014

Public Health England, 2016

Suicide prevention has received considerable national coverage and focus over recent years, and despite a 22% reduction in suicide rate in Southwark, the borough remains above the London average. Deaths among those aged under 75 years is a sensitive public health indicator: many of these deaths are deemed preventable. Men in Southwark continue to face higher rates of mortality across the board, with cancer, cardiovascular, liver and respiratory disease above the regional and national averages and significantly higher than among their female counterparts within Southwark.

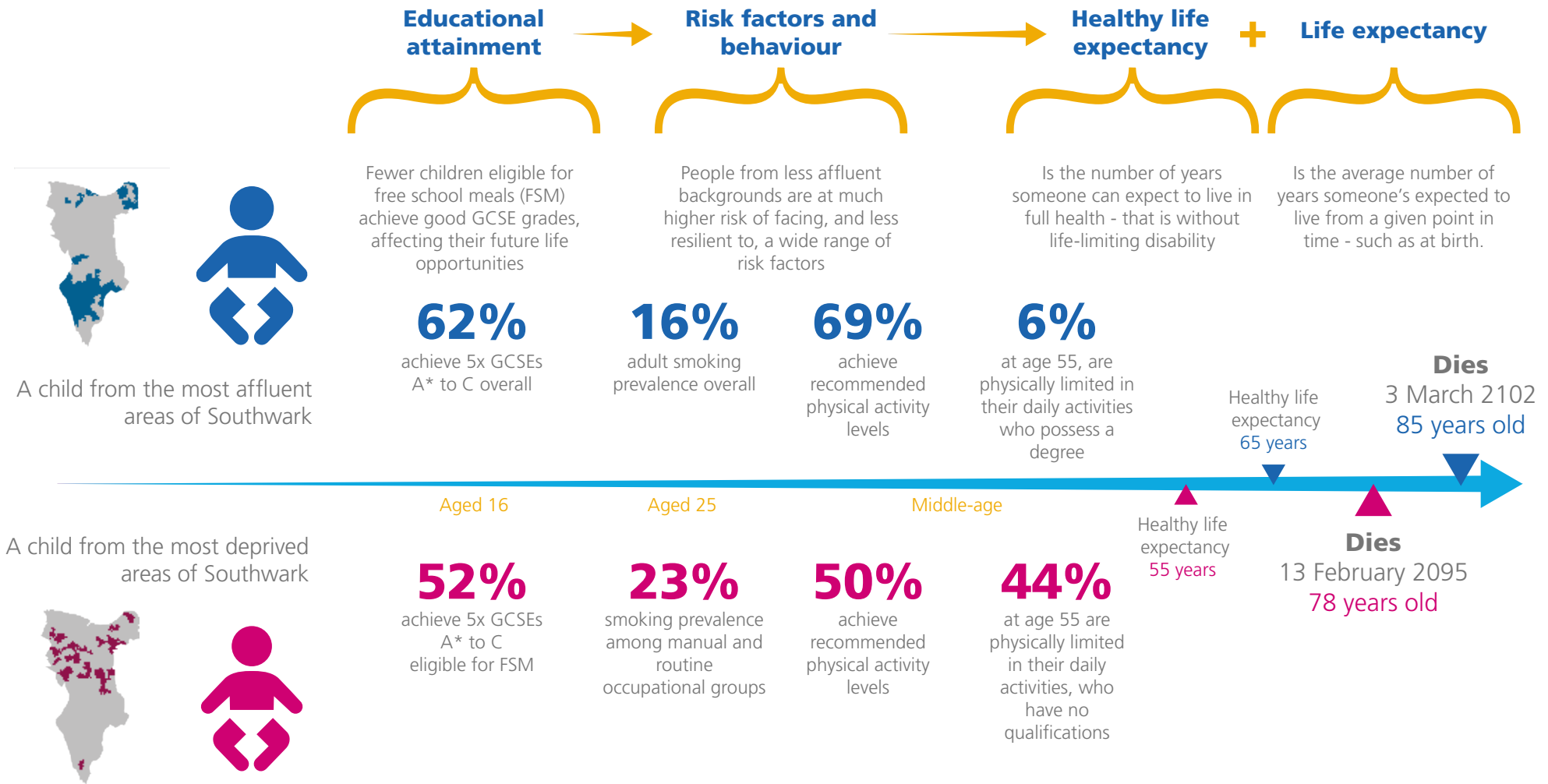
Life expectancy in Southwark, like the rest of England, has improved over recent years: life expectancy at birth for women is 83.9 years (83.2 for England) and 78.9 years for men (79.5 for England).

Outlook

As public health specialists, it is our role to examine sociodemographic trends, articulate problems and examine how they impact the population of Southwark. By doing so, we can work with our partners to develop effective strategies that reduce inequality and achieve better health for all. Over the following chapters, we examine the challenges that face the people of Southwark and we report on the work of public health today and in the future, as we work to enable our residents to live healthier and more fulfilling lives.

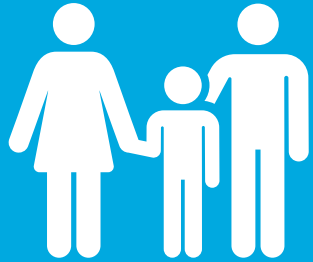
A comprehensive statistical bulletin is included as an annex to this report and can be downloaded from southwark.gov.uk/publichealth.

This is what inequality looks like in Southwark



Only one of these children will see in the new century

Our children & our families



21,400

children under the age of 5
years in Southwark in 2016



4500

births each year
projected to increase
12% over the next decade

PRIORITIES

- Reducing **childhood obesity**
- Avoiding unnecessary **emergency department** attendances
- Increasing the proportion of children **ready for school**

OUR WORK



Linking across Southwark Council and with other partners we're creating a healthier environment in which to grow up



We're working hard with NHS Southwark CCG to improve services through our new Partnership Commissioning Team

Early years

What are the issues?

Southwark is a young and ethnically diverse borough with approximately 4,500 children born each year: a figure set to increase by 12% over the coming decade.

There are 68,500 residents aged under 20 years of whom 46% are from black and minority ethnic groups. Southwark is a comparatively deprived borough, although the proportion of pupils eligible for free school meals has fallen significantly since 2012 and is now similar to the London average. Child poverty is defined as those in households receiving less than 60% of median household income. Twenty-eight percent of Southwark's under 16 population live in this situation, placing the borough sixth in London.

Stark inequalities remain which impact from conception, through pregnancy and the early years; by the time children start school inequalities are evident in the emerging gap between children's health and educational attainment and school readiness.

Key priorities to improve health of under-5s include:

- Reducing obesity in reception age children - 26% of four and five year olds are overweight or obese.
- Reducing emergency department attendances.
- Continuing to improve school readiness – 70% of children starting school in Southwark are meeting their expected levels of development which is better than London and England rates.

What's happening at the moment?

Southwark Council and its NHS partner (Southwark Clinical Commissioning Group, CCG) are working together to improve the way services for children and young people are commissioned and delivered.

Priorities include:


- Developing an integrated early-years pathway as part of our universal healthy child offer to support children to be healthy and ready for school. Improving the health and wellbeing of looked-after children.
- Minimising the impact of long term conditions on children's health, wellbeing and educational attainment.
- Improving outcomes for children with complex health and social care needs.


Southwark Council and Southwark CCG are part of a major collaboration across a range of local partners including Evelina Children's Healthcare, Guy's and St Thomas' NHS Foundation Trust, King's College London and the Guy's and St Thomas' Charity. The Children and Young People's Health Partnership (CYPHP, pronounced "chip") is a cutting-edge programme to redesign local care pathways and develop evidence around clinical effectiveness in the context of children and young people's services.

What more can be done?

There is increasing evidence that demonstrates the substantial impact of early years on a range of long term health, social and educational outcomes. Local service planning should place greater emphasis on prevention and early intervention in pregnancy and the early years.

Where can I find out more?

 Southwark Council. Everybody's Business: Southwark's Health Weight Strategy http://www.2.southwark.gov.uk/downloads/file/14232/everybodys_business_southwark_healthy_weight_strategy_2016-2021

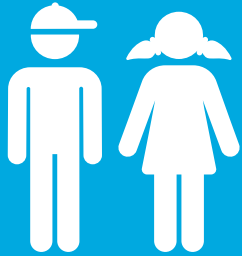
 Children and Young People's Health Partnership. www.cyphp.org

 National Child and Maternal Health Intelligence Network. <http://www.chimat.org.uk/>



Swimming lesson at Dulwich Leisure Centre

Southwark Council



47,508

young people aged of 5 to 19
years in Southwark in 2016

14,000

11-15 year olds use
illicit drugs each year in
Southwark: a rate that's
doubled since 2008

LOCAL CHALLENGES

**sexually transmitted infections,
substance misuse,
poor mental health and obesity**

OUR WORK



Working with NHS Southwark Clinical Commissioning Group, we will be launching a new joint health and well-being strategy in Spring 2017



Later in the year, we will be launching a new shared sexual health and substance misuse service for young people in Southwark

Young people

What are the issues?

Young people between the ages of 10 and 19 years in Southwark are predominantly a healthy group. Adolescence is a time of risk-taking behaviour which can impact on physical and mental health – both at the time and into the future.

Southwark 15-year-olds have lower rates of smoking (4.5%) compared to London (6.1%) and England (8.2%), and lower rates of alcohol-related hospital admissions.

Rates of substance misuse admissions among 15-24 year olds are lower than London and England. Yet rates are rising and have almost doubled since 2008. It is estimated that approximately 14,029 11 to 15-year-olds use illicit drugs in Southwark.

Self-harm admission rates among 10-24 year olds, although lower than London and England rates, are also increasing (90.5 per 100,000 in 2007 to 116.3 per 100,000 in 2010) and the prevalence of mental health disorders are estimated to affect one in 10 young people.

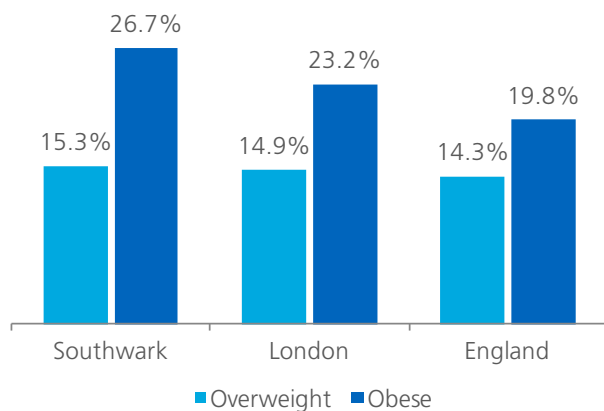


Figure 6. Overweight and obesity among Southwark 10/11-year-olds, with regional and national averages

National Child Measurement Programme, Public Health England, 2016

Rates of sexually transmitted infections are highest among under 25 year olds, with chlamydia being the most common infection. In 2015, 26% of all new STIs were diagnosed in the 15-24 age group. Southwark has made significant progress in reducing the numbers of teenage conceptions, with a 69% reduction since 1998. The current teenage rate is 27.4 per 1,000 15 to 17 year olds, compared to a London rate of 21.5 per 1,000. Sickle cell disease, asthma, viral infections, abdominal and pelvic pain comprise about 25% of the emergency admissions in this age group.

Too many young people are an unhealthy weight: 42.1% of 11 year olds are overweight or obese and this proportion increases as they grow older.

What's happening at the moment?

Southwark Council and Southwark Clinical Commissioning Group, through the Children and Young People's Strategic Framework, are working together to improve the way services for young people are commissioned. This includes looking at how we prevent risky behaviours and promote resilience and good health and wellbeing among young people – particularly those who are most vulnerable.


Work is also underway to improve local child and adolescent mental health services (CAMHS). More broadly too, the Council and CCG are developing a Joint Mental Health and Wellbeing Strategy as they move towards a partnership commissioning model.

What more can be done?


- The evidence suggests that effective prevention of risky behaviours in young people requires close partnerships between services, schools, communities and parents. A key priority is to promote partnerships to support young people to negotiate risk-taking and promote their physical and emotional health.

- Child and adolescent mental health is identified within the South East London Sustainability and Transformation Plan (STP) as an area that could benefit from multi-borough collaboration across south east London.

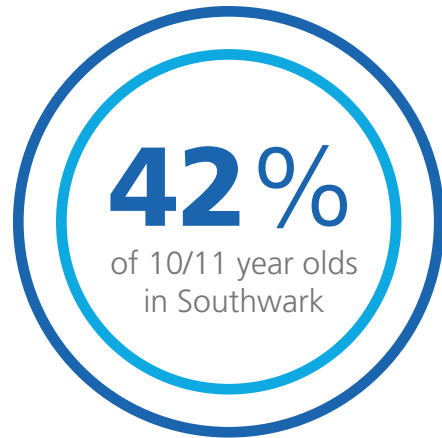
Where can I find out more?

 Children and Young People's Health Partnership. <http://www.cyphp.org>

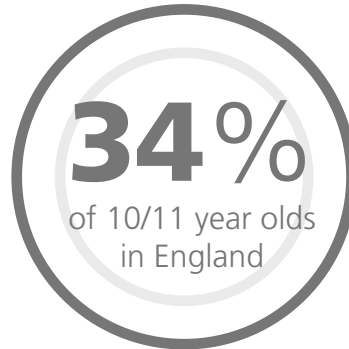
 National Child and Maternal Health Intelligence Network. <http://www.chimat.org.uk/>

 Our Healthier South East London (OHSEL): Sustainability and Transformation Plan (STP) <http://www.ourhealthiersel.nhs.uk/Downloads/Strategy%20documents/South%20East%20London%20STP%20October%202016.pdf>

Southwark children have some of the highest levels of excess weight in England



VS.

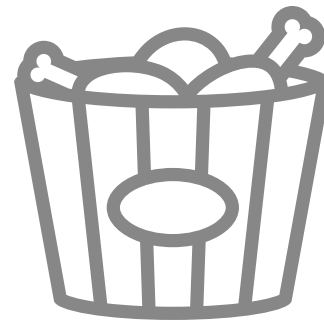


Children from the most deprived areas in Southwark are





120% 
more likely to be obese

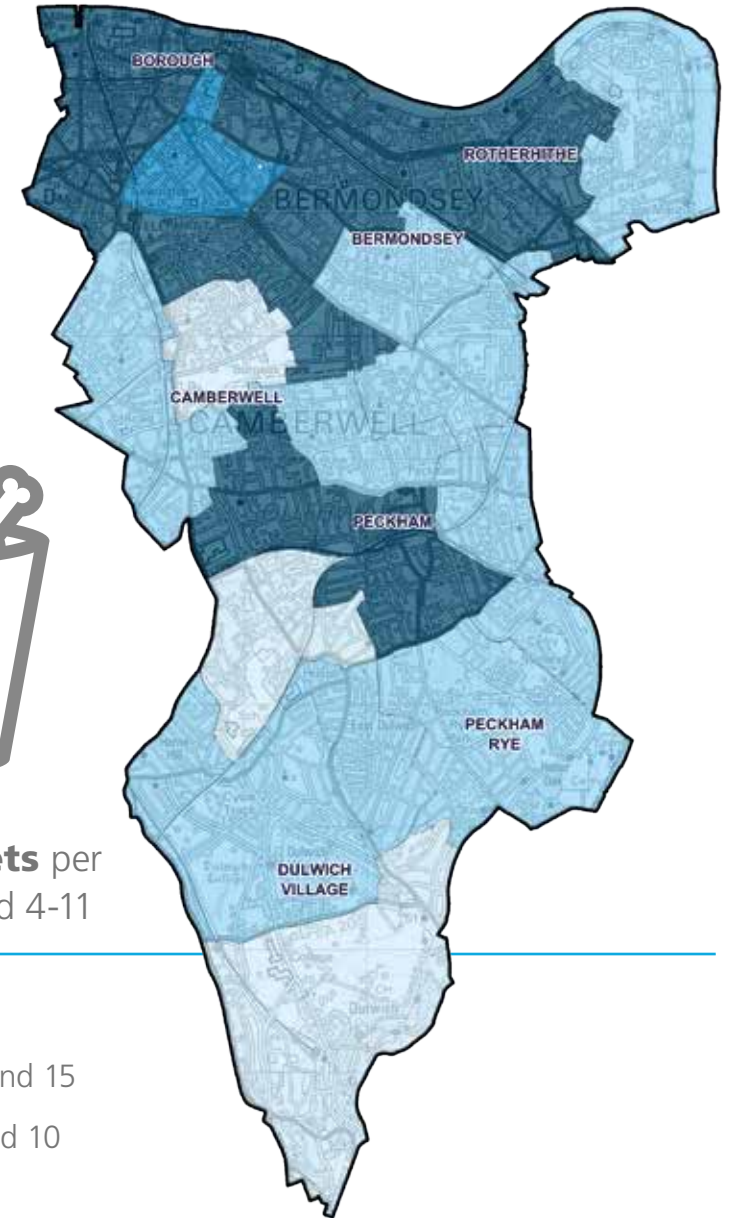
...than children in the most affluent parts of the borough.

At school we provide all of our primary school children with a free, healthy school meal, but with so many fast food outlets it's easy for children to access an unhealthy breakfast or dinner outside of school hours.



Fast food outlets per 1000 children aged 4-11

-  More than 15
-  Between 10 and 15
-  Between 4 and 10
-  Less than 4



Our borough

Healthier high streets

Fast food-filled



high streets
shape our
decision-
making...



Gambling



Payday Loans



Alcohol

Working with licensing and planning colleagues, we need to cultivate a healthier environment in which Southwark residents can thrive

Healthier high streets

What are the issues?

The physical environment in which we live and work affects our health in many ways. Southwark Council aims to create a borough that supports people to be healthier, where making the healthier choice is the easier choice, by embedding health improvement in all major borough policies.

There is a strong case for good town planning and urban design to support people to be healthier, lead more active lives, and to feel more connected, and improve air quality in the borough.

National and local regulation is also important for alcohol licensing, e.g. to reduce alcohol availability, fast food outlets etc. There are noticeably higher concentrations of fast food and unhealthy eating opportunities in parts of the borough.

The impact of betting shops and payday loan shops and their numbers on some of our high streets and in our town centres has also been considered locally. More vulnerable individuals and less financially resilient communities tend to be more affected by problem gambling and high interest loans.

What's happening at the moment?

Encouraging 'healthy active lives' is a key strategic policy for Southwark. The borough's priorities include active design principles for the built environment, supporting active travel including safer walking and cycling routes, preserving green space including investment in our parks, building quality homes and ensuring excellent community infrastructure such as health facilities. There will also be restrictions on hot food takeaways, betting shops and pay day loans. Some examples of good practice are the development of 'Play Streets' and Smoke Free playgrounds in Southwark's parks.

Although Health is not a licensing objective under the (alcohol) Licensing Act 2003, Public Health works closely with relevant 'Responsible Authorities' to support a safer environment and reduce alcohol-related crime and disorder.

The Food Safety Team inspects food businesses to ensure that they meet the required standards outlined in the Food Safety Act, Regulations and Codes of Practice on Food Hygiene.

Food businesses are also encouraged to sign up to the London Healthier Catering Award which encourages businesses to reduce fat, salt and sugar and provide healthier food options.

In addition to encouraging people to cycle, walk and use public transport, Southwark Council is supporting the extension of the Ultra Low Emission Zone to cover the whole of the borough in order to improve air quality

What more can be done?




Locally and nationally, action is needed to:

- Continue to work with town planning to strengthen the evidence base to support the introduction of restrictions to hot food takeaways, to create streets that support healthier options and to promote walking, cycling and opportunities for reducing social isolation.
- Work with government to advocate for a fifth licensing objective in line with the London devolution settlement.
- Investigate the existing supply of cheap alcohol to support the case for minimum unit pricing.
- Work with Environmental Protection colleagues to action the priorities identified through the Air Quality Action Plan.



The Blue, South Bermondsey
Southwark Council

Where can I find out more?

-  Southwark Council. The Southwark Plan. http://www.southwark.gov.uk/downloads/download/4346/new_southwark_plan_preferred_option
-  Chartered Institute of Environmental Health. The healthier catering commitment. <http://www.cieh.org/healthier-catering-commitment.html>
-  Southwark Council. Air Quality Action Plan. http://www.southwark.gov.uk/downloads/download/2637/air_quality_strategy_and_action_plan

Housing and homelessness



18,475

crowded Southwark households from 2011 census data






32

rough sleepers in November 2015

In 2014/15 in Southwark, 857 households were declared statutorily homeless.

Homelessness covers a range of situations: from sofa-surfing through to those sleeping rough.

Based on national research from Homeless Link in 2016:

-  71% are male
-  36% report a disability
-  26% will be prison-leavers
-  5% left care in the last five years
-  6% are in employment

These are some of the most vulnerable people in our society.

Housing and homelessness

What are the issues?

A warm, dry and secure home is associated with better health, while poor housing is associated with increased risk of cardiovascular and respiratory disease, depression and anxiety. In addition to basic housing requirements, security of tenure, modifications for those with disabilities and the neighbourhood (green space and feeling safe) impact upon wellbeing.

Increasing energy efficiency and provision of affordable warmth may allow householders to heat more rooms in the house, and more usable living space may allow increased levels of privacy and improve relationships within the home.

The highest rates of overcrowding in the UK are in inner London boroughs such as Southwark. This can impact on educational attainment, home accidents and mental health. The 2011 census showed that there were 18,475 overcrowded households in Southwark including 3,526 that were severely overcrowded.

Homelessness has increased in recent years due to the lack of affordable housing. The shortage of affordable housing has made it difficult for Councils to find sustainable accommodation for rough sleepers, those in temporary accommodation, and households threatened with homelessness.

In Southwark, 857 households were accepted as statutorily homeless in 2014/15, compared to 555 in 2013/14. Out of these, 108 (13%) were lone person households, and 558 (65%) were lone parent households with or expecting dependent children. In November 2015, there were 32 rough sleepers identified in the official rough sleepers count for Southwark, compared to 22 in 2014.

Research conducted by Homeless Link shows that almost all physical health problems are more prevalent in homeless people than in the general population, although

the average age of homeless people is much lower. Homeless people also experience higher levels of stress, anxiety and other mental health problems.

What's happening at the moment?

The Council has promised to increase the supply of Quality Affordable Homes, Revitalise Neighbourhoods, and develop a Cleaner Greener Safer borough by 2017/18. A new 30-year Housing Strategy was agreed in January 2015, including plans to build 11,000 new council homes for social rent in the borough. A new Southwark Plan for regeneration sets ambitious targets for more than 20,000 net new homes by 2025, of which at least 7,000 will be affordable homes. The Plan will also set the standard for all new homes built in the borough regardless of ownership.

The housing strategy sets out a commitment to help vulnerable individuals and families to meet their housing needs and live as independently as possible, by connecting people to services and support that they need – across health, education, childcare, training and employment. Actions to prevent homelessness include:

- Providing a professional homelessness and housing advice service.
- Providing tenancy sustainment support services across all housing types to help people at risk of losing their homes.
- Ensuring that victims of domestic abuse and their children can remain safe in their homes, either through security in their home or supporting them into accommodation.
- Increasing the range of housing options for vulnerable young people by jointly commissioning schemes for young people at risk of homelessness, on the edge of care and leaving care.
- Increasing affordable housing and employment,


together with provision of high quality primary care, mental health and substance misuse and offender support services, will reduce homelessness.


Southwark Council will be delivering a five-year homelessness strategy over the coming year.

What more can be done?

- Refresh the Council's housing strategy in response to the Housing and Planning Act 2016 and other national issues such as welfare reforms.
- Continue to invest in council homes to make them Warm, Dry and Safe.
- Implement a licensing and accreditation scheme for private landlords to drive up standards and reward good practice in the sector.
- Work in partnership across the council, NHS, and voluntary sector with vulnerable individuals and families, to prevent homelessness.

Where can I find out more?




 Chartered Institute of Environmental Health: The impact of poor housing
<http://www.cieh.org/policy/housing/poor-housing.html>

 Homeless Link: Homelessness and health research
<http://www.homeless.org.uk/facts/our-research/homelessness-and-health-research>

Southwark Council is London's largest social landlord:

38,000 council homes  63% decent in 2009
91% today

Good quality decent housing:

-  Prevents accidents in the home
-  Reduces winter-related deaths
-  Protects against mental ill health

Council owned



34,580 decent



3420 not decent

11,050 decent 



5950 not decent 



40,810 decent 



36,190 not decent 



Privately rented 2008 data



Poor quality, cold homes cause heart and breathing problems and our older residents are most vulnerable.

Let's make all of Southwark's houses into decent homes

Our approach to behaviour change

Behavioural insights in Southwark

SPOTLIGHT

What is it?

We could be all healthier if we made healthier choices.

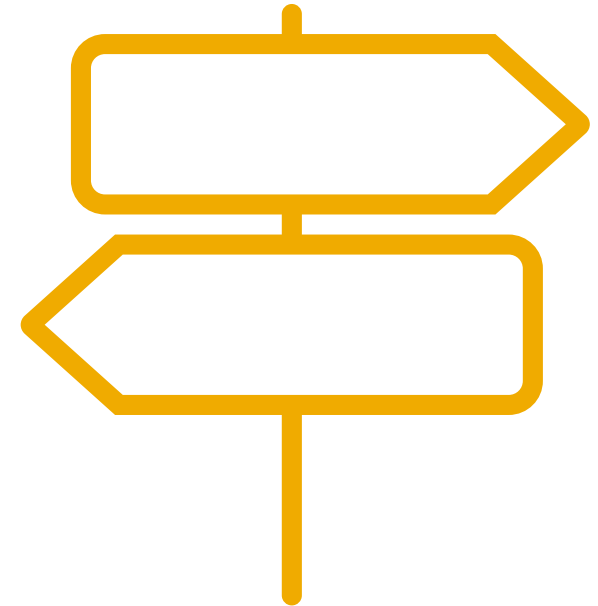
Behavioural insights applies a blend of health psychology and economics to influence our choices.

Behavioural insights seeks to take the least restrictive approach necessary to change behaviour - by enabling choice, changing defaults, and guiding choice through incentives and disincentives.

It can be applied to traditional public health areas such as nudging people to eat better or exercise more. But the approach can be used to increase engagement and uptake with services and maximise digital opportunities.

35,000 the number of choices an average adult makes each day

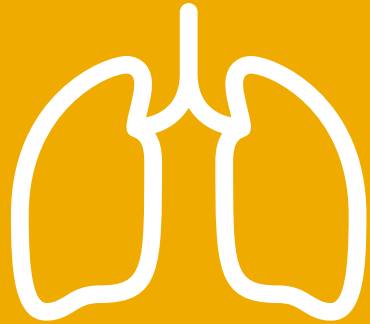
227 food choices the average adult makes each day



What are we doing in Southwark?

Southwark has already used the approach effectively in Health Checks and healthy weight clinics, but in the next year we will be embedding the approach across our activities.

Air quality



113

deaths each year in Southwark attributable to poor air quality

56.3%

of nitrogen dioxide (NO₂) in Southwark is produced by road traffic



Most of Southwark is already designated as an air quality management area (AQMA).



In early 2017 Southwark Council will consult on a new Air Quality Action Plan (AQAP)

Public health action is needed at national, regional and local level to protect our residents.

Air quality

What are the issues?

Long term exposure to particulate air pollution contributes to deaths from cardiovascular and respiratory disease and lung cancer. In the WHO European Region alone, exposure to particulate matter (PM) decreases the life expectancy of every person by an average of almost one year. Air pollution is a major problem in urban areas (largely driven by high motor traffic volumes); London has the most polluted air in the United Kingdom.

Two of the main air pollutants are fine airborne particulate matter (PM) and nitrogen dioxide (NO₂).

- Particulate matter is usually referred to as PM₁₀, or PM_{2.5}; the latter is more harmful because being smaller, it goes deeper into the lungs. Important sources of PM_{2.5} in London are road traffic, particularly diesel engines, and building work.
- Nitrogen dioxide is mainly derived from road transport and heating systems. Modelling by Public Health England suggests particulates (PM_{2.5}) are responsible for 7.9% of deaths in Southwark (or 113 deaths in over 25s annually) compared to 7.2% in London and 5.6% in England as a whole.

Nitrogen dioxide and PM can exacerbate asthma and chronic obstructive pulmonary disease in children and adults, resulting in hospital admission. Young children and older adults are the most susceptible to the negative health impacts of air pollution.

In general, more deprived areas are likely to experience higher levels of pollution. Indoor air pollution from biological agents in indoor air related to damp and mould increases the risk of respiratory disease in children and adults by 50%.

Local Authorities are required to regularly review air quality and assess whether UK Air Quality Standards are being met. Ozone, NO₂ and PM are continuously measured at two automatic monitoring sites in

Southwark: Old Kent Road and Elephant and Castle. These are supplemented with passive monitoring of nitrogen dioxide at a further 42 sites across the borough. If limits are being exceeded the authority must declare an Air Quality Management Area (AQMA) and prepare an Air Quality Action Plan (AQAP).

In 2002, Southwark Council designated most of the borough as an AQMA due to the levels of NO₂ and PM₁₀. In 2013, the GLA identified nine Air Quality Focus Areas in Southwark which focus on areas with most potential for improvement e.g. the Old Kent Road, junctions, e.g. Herne Hill / Croxted Road, or roundabouts e.g. Elephant and Castle. In July 2016, Southwark's Health and Wellbeing Board adopted air quality as a local priority.

What's happening at the moment?

London-wide initiatives include the Clean Air 4 Schools project which enables school children to undertake 'citizen science' and offers practical approaches to reducing pupil and teacher exposure to polluted air.

Southwark has an existing Air Quality Strategy with an accompanying AQAP which aims to:

- Reduce emissions from vehicular transport.
- Tackle emissions from existing fixed sources.
- Reduce emissions from new developments.
- Protect public health and monitor air quality.

A new AQAP will be put in place in 2017 following engagement and consultation. Southwark is taking action to reduce vehicle emissions by encouraging walking or cycling, use of car club schemes and educating drivers on ways to reduce emissions, such as reducing unnecessary engine idling, particularly close to schools. There are plans to introduce energy efficiency measures in council buildings and new housing. Major developments, such as the Elephant and Castle development, require developers


to adopt measures contained in GLA guidance on reducing the impact of construction and demolition on air quality.

What more can be done?

Action needs to be at national, regional and local levels. There is a need to:

- Quantify the health impacts of poor air quality at sub-borough level to better target action to reduce harm.
- Develop a cascade system to alert vulnerable residents on days when pollution levels are likely to be high using an existing air quality monitoring system such as AirTEXT (similar to heatwave and cold weather alerts).
- Rationalise movement of freight across Southwark.
- Effectively engage and educate the public about air quality through consultation on the new AQAP and social marketing campaigns.

Where can I find out more?

-  Southwark Council. Air Quality topic page. <http://www.southwark.gov.uk/air-quality>
-  Southwark Council. Air Quality Action Plan. <http://www.southwark.gov.uk/air-quality/strategies-plans-and-reports>
-  Mayor of London & London Assembly. Pollution and air quality. <https://www.london.gov.uk/WHAT-WE-DO/environment/pollution-and-air-quality>
-  Department for the Environment, Food and Rural Affairs. UK AIR Information Resource. <https://uk-air.defra.gov.uk/>

Physical activity



150

minutes

the recommended
amount of weekly
activity for adults

59.7%

of Southwark adults who
achieve the recommended
activity level



In 2016 Southwark Council
launched its Free Swim and Gym
offer to residents.



**With Southwark's parks and leisure facilities,
including the brand new Castle Leisure Centre,
Southwark Council is creating
a healthier borough.**

Physical activity

What are the issues?

An active borough encourages people to be physically active at home, work, school, in public spaces, through better housing, healthy workplaces, active transport, and use of green space.

Physical inactivity has been identified as the fourth leading risk factor for global mortality worldwide, causing an estimated 3.2 million deaths per annum reference.

It is estimated that at least 308 premature deaths are recorded in Southwark every year as a result of inactivity. All moderate intensity activity is beneficial to health.

National guidance recommends 150 minutes of physical activity (including non-sport activities such as brisk walking, recreational cycling and gardening) per week, and 59.7% of adults in Southwark are 'active' compared to 57.0% nationally. This is similar to the London average. Men and women from lower income groups are least likely to be active .

More than one in four adults in Southwark are inactive and physical inactivity levels have worsened since 2013. In 2014, 26.2% of adults were inactive (taking less than 30 minutes of physical activity per week), but this is lower compared to the England (28.7%) and London (28.1%) average.

Southwark surveys show increasing trends for cycling and walking from 2006 to 2013 and decreasing car use (in part due to increased traffic congestion, and introduction of the Congestion Charge Zone from 2003).

What's happening at the moment?

Local action to increase activity is complementary to London and national policies, such as improved London Cycle Networks.

Southwark Council made a Fairer Future promise to promote 'Healthy Active Lives', including increasing the use of 'play streets' and safe cycling networks. The

PRO-ACTIVE Southwark Community Sport and Physical Activity Network, aims to increase everyday activity, active recreation, physical activity and sport. Progress on Southwark's Physical Activity and Sport Strategy 2014-17 so far includes:

- Launch of the Southwark Free Swim and Gym scheme in 2016 for residents and staff, including an enhanced offer for older people, people with disabilities and those referred through health programmes.
- Re-commissioning the leisure management contract with emphasis on health and social impact.
- Supporting local community initiatives including SilverFit, OurParks and GoodGym.
- Supporting a physical activity funding bid to Sport England to promote activity in 28-40 year old women who face multiple barriers to participation.
- Securing funding for the Southwark 'Get Moving' programme which aims to increase strength and balance among older people to prevent falls.
- Allocating 40% of Southwark Council's Cleaner, Greener, Safer fund (2010-2014) to supporting infrastructure for play, sport, walking, cycling and growing projects; including a re-launch of the Cycle to Work scheme.

What more can be done?

We need to:

- Evaluate the impact of the Southwark Free Swim and Gym programme on inactivity, inequalities, and improved health outcomes.
- Refresh the Physical Activity and Sport Strategy to reflect national policy changes and Sport England strategies.
- Complement and align resources with the new Southwark Healthy Weight Strategy 2016 to 2021.

Where can I find out more?

-  Southwark Council. Free swim and gym landing page. <http://www.southwark.gov.uk/freeswimandgym>
-  Sport England. A national and local sport activity research tool. <https://www.sportengland.org/research/who-plays-sport>
-  Sport England. The Active People Survey. <https://www.sportengland.org/research/about-our-research/what-is-the-active-people-survey/>
-  Southwark Council. Active people and health factsheet, 2015. http://www.southwark.gov.uk/download/downloads/id/12203/active_travel_and_health_factsheet_2015

10,000 steps each day means you:

Cut your risk of heart attack, stroke, cancers, diabetes and even hip fractures



Reduce anxiety, help your mood, and minimise your dementia risk

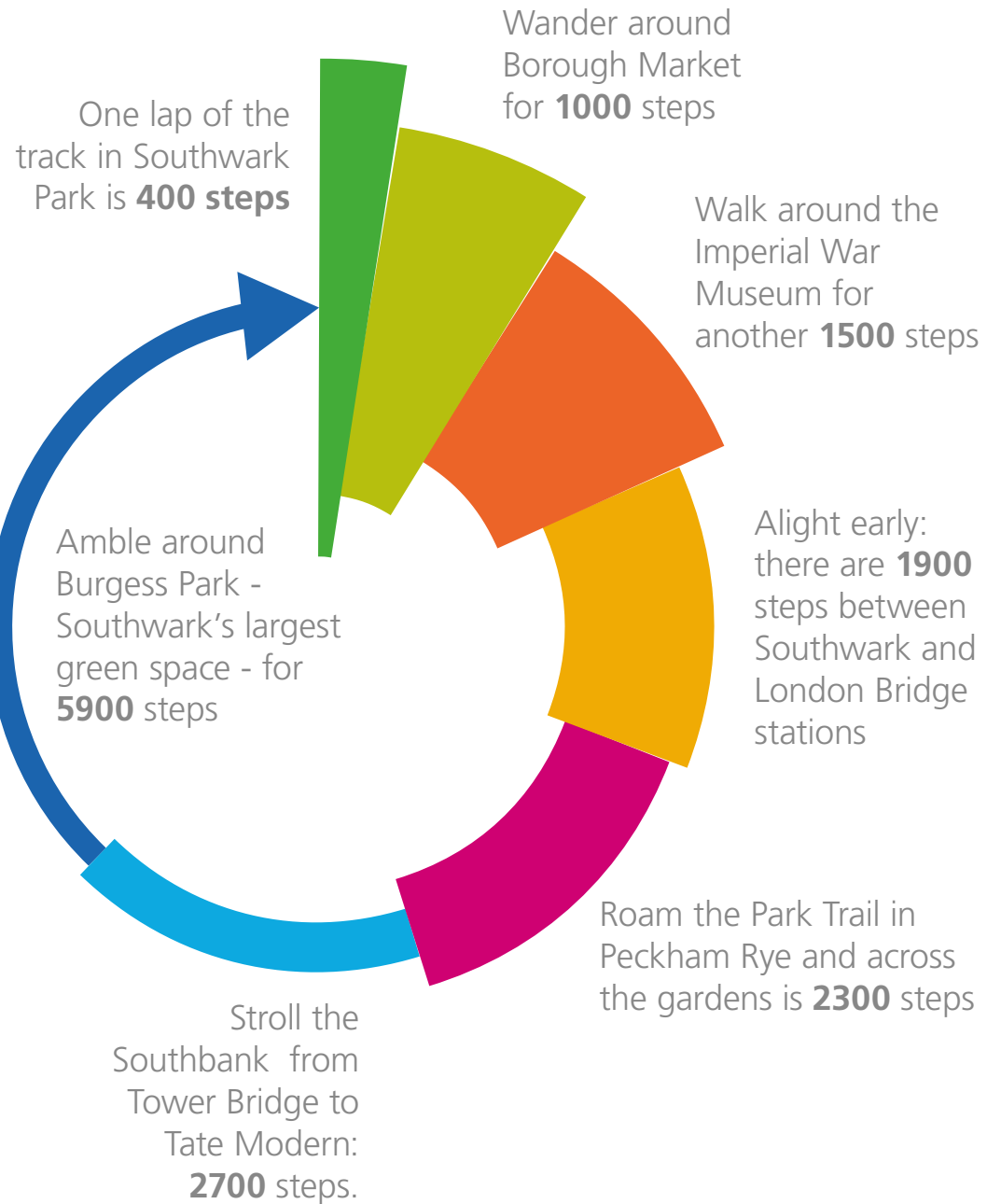


Boost your self-esteem, sleep better and enhance your wellbeing



You can track your activity using your smartphone or wearable device.

How many steps did you walk yesterday?



Improving health in Southwark

Free Swim and Gym offer

SPOTLIGHT

What is it?

Southwark now offers all residents free access to the Council's swimming pools and gyms all-day Friday and in the afternoons at weekends. Disabled residents and those referred for healthy lifestyle programmes can use the facilities at any time free of charge. For residents who are over 60 years of age, a range of classes - Silver Sessions - are available all week too.

Who's using it?

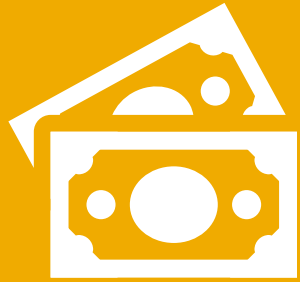
In the scheme's first five months of operation more than 64,000 residents registered and more than 100,000 attendances have been recorded. Use was equally split between men and women (in spite of much lower participation rates for women in the borough compared to men). The scheme showed high use by ethnic minority residents too, with 65% of attendance associated with ethnic minority participation (compared to 46% as a population share in the borough).

How do I find out more?

You can sign-up at Southwark's EveryoneActive website at <https://www.everyoneactive.com/southwarkfreeswimandgym/>.



Healthy workplaces



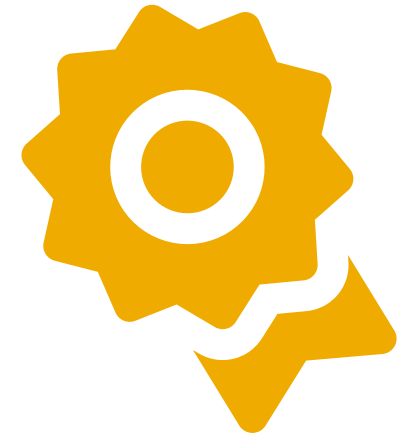
£250k

the amount a London business
can save by applying
healthy workplace principles

27.3%

less time off work for
physically active employees

In Southwark, 29 local
organisations have signed up to the
Healthy Workplace Charter
- more than any other
London borough



**Public health will continue to support all
our local partners to improve the health
of their workforce by improving physical
and mental health, and by promoting
wellbeing in the workplace.**

Healthy workplaces

What are the issues?

Employment is, for the most part, a positive driver of individual health and wellbeing. But for some it can be part of the problem. In 2014/15 the Labour Force Survey (LFS) found 1.2 million people reported a work-related illness, mainly musculoskeletal disorders (MSDs), stress, depression or anxiety. The professional categories with the highest rates of work related stress were public administration and defence, compulsory social security, education, health and social work activities. An average London business employing 250 people can lose up to £250,000 per year due to sickness absence.

Work is becoming increasingly sedentary in nature, presenting a risk factor for MSDs, cardiovascular disease and diabetes. It has been estimated that around 65% of time at work (amongst office workers) is spent sitting. Risk factors for work related stress include workload (tight deadlines, too much work / pressure / responsibility), lack of control over work, lack of support (especially managerial), organisational changes at work, violence and role uncertainty.

Research shows that physically active workers take 27% fewer sick days than their physically inactive colleagues. Evidence-based workplace health programmes provide a positive return on investment, averaging £3.48 for every £1 invested.

What's happening at the moment?

NICE has recently published guidance on Workplace health: policy and management practices. The Public Health team in Southwark supports employers in the Borough to create healthier working environments and improve the health of their workers, including accreditation against the GLA's London Healthy Workplace Charter. In Southwark, 29 organisations have signed up to the London Healthy Workplace Charter across health, local authority, fire service, academic institutions and the voluntary sector.





In 2015 to 2016, training was provided (via Community Southwark) to 15 voluntary sector organisations on workplace health, and via small grants they achieved more flexible working, improvements in staff morale, greater staff awareness of healthy lifestyle issues, introduced health champions, and set up a support network.

In partnership with public health, the CCG, Guy's and St Thomas' Foundation Trust and King's College Hospital Foundation Trust are developing local and national incentive schemes (CQUINs) for health and wellbeing, with a focus on smoking, alcohol consumption and physical activity, based on Making Every Contact Count (MECC) with staff and patients.

What more can be done?

- Employers in Southwark should seek accreditation for the London Healthy Workplace Charter.
- Creative solutions should be developed at work to increase physical activity such as walking meetings, incentivising active travel, standing meetings.
- Employers should consider implementing the Health and Safety Executive Management Standards for work-related stress (including their stress audit tool), NICE guidance on mental wellbeing at work, and Marmot's recommendations on healthier workplaces.
- Making Every Contact Count should be maintained and rolled out across the NHS Trusts as far as possible, to increase the spread of the initiative.

Where can I find out more?

-  Mayor of London. The healthy workplace charter <https://www.london.gov.uk/what-we-do/health/healthy-workplace-charter>
-  British Heart Foundation. The health at work programme <https://www.bhf.org.uk/health-at-work>
-  NICE Guidance on workplace health, mental wellbeing at work and physical activity <https://www.nice.org.uk/guidance/settings/workplaces>
-  Health and Safety Executive. Management standards for work-related stress <http://www.hse.gov.uk/stress/standards/>
-  UCL Institute of Health Equity. Promoting good quality jobs to reduce health inequalities https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/460700/2a_Promoting_good_quality_jobs-Full.pdf

Healthier for longer

Our local online sexual health service

SH:24

SPOTLIGHT

What is it?

SH:24 works with our local NHS partners to deliver free and confidential STI testing accessible 24/7. Via post or for local pick-up, SH:24 can test for chlamydia, gonorrhoea, syphilis and HIV.



How do people access services?

Find out more by visiting the SH:24 website at sh24.org.uk.

Alternatively, Southwark residents can also access sexual health advice and support through the borough's pharmacies and specialist sexual health clinics - all details are on the website.

Sexual health

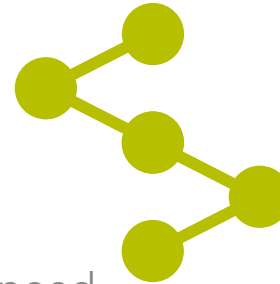


7610

the number of sexually transmitted infections recorded in 2015 for Southwark residents

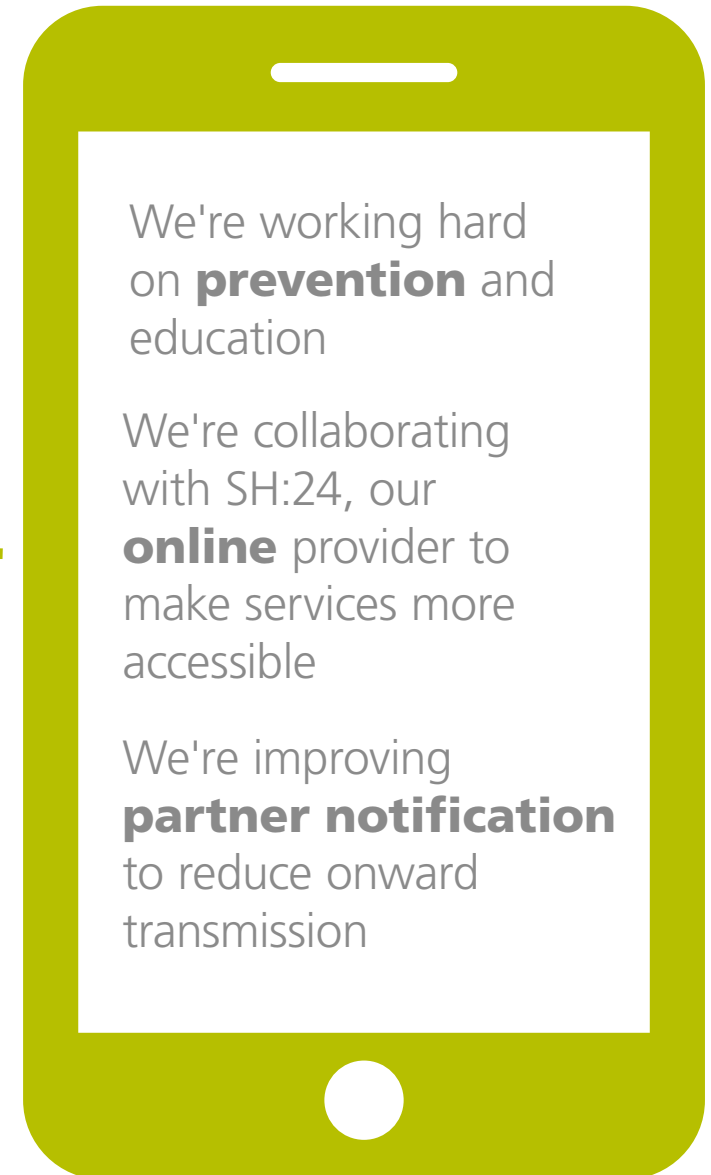


5th
highest
nationally for sexually transmitted infections



Sexual health need in Southwark is high because our population is:

mobile
young
diverse



We're working hard on **prevention** and education

We're collaborating with SH:24, our **online** provider to make services more accessible

We're improving **partner notification** to reduce onward transmission

Sexual health

What are the issues?

Southwark has high levels of sexual health need due to its young, mobile and diverse population. Nationally, Southwark has the fourth highest rate of new STIs (excluding chlamydia). In 2015, 7610 new sexually transmitted infections (STIs) were diagnosed in residents. Of those diagnosed with an STI 67% were men and 31% were women (2% unknown) and 33% were aged 15-24 years. Between 2012 and 2013 rates of all sexually transmitted infections (except genital warts) increased. Syphilis, an indicator of risky sexual behaviour, rose by 50% in Southwark.

Young people, men who have sex with men (MSM) and black and minority ethnic groups are more likely to experience poor sexual health and are key groups for sexual health promotion and testing.

Young people have high rates of STIs, chlamydia being the most common infection amongst 15 to 24 year olds. Southwark performs well in detecting chlamydia infection in young people through its chlamydia screening programme. Young people are also more likely to re-acquire STIs, as they are more likely to lack the skills and confidence to negotiate safer sex. Between 2010 to 2015, among people aged 15 to 19 years old presenting with a new STI at a genitourinary medicine (GUM) clinic, 14% of women and 15% of men became re-infected.

Where sexual orientation was known, 61% of Southwark men using sexual health clinics were MSM. There have been a number of outbreaks of infections in MSM, some of which are related to high risk sexual activity and substance use. Many of these men have concomitant STIs, HIV and other blood-borne viruses.

Southwark has the second highest prevalence of HIV nationally and the rate of new infections is almost double the London rate (60 per 100,000, compared to 36 per 100,000 in London). In 2015, 2950 residents (aged 15 years and older) received HIV-related care. The main

infection route for HIV continued to be amongst men who have sex with men. Between 2013 to 2015 (the most recent data available) 37% of new diagnoses in Southwark were late and 16% very late. This is lower than in London where the rates are 42% and 23% respectively.

Some black and minority ethnic groups are more likely to experience poor sexual health due to a complex interplay between culture, deprivation and access to and use of sexual health services.




What's happening at the moment?

Demand for sexual health services is increasing and services are currently operating at full capacity. This rising demand, combined with the service being open access, has resulted in a significant overspend to sexual health budgets and a disproportionate focus of spend on GUM activity (90%). The key challenges are to increase community-based access to testing services (within pharmacies and primary care), to free up capacity to better meet complex needs in GUM services, and to increase self-testing with our online sexual health provider SH:24. As a partner in the London Sexual Health Transformation Programme, Southwark will be part of a new model of sexual health services working across the capital.

What more can be done?

- A renewed focus on prevention with specific prevention programmes targeted at groups at highest risk of STIs and HIV.
- Increased use of home and self-sampling STI tests, with GUM services effectively triaging the service users who are vulnerable or have complex needs.
- Improved partner notification across the sexual health system.

Where can I find out more?

-  SH:24. Southwark's online sexual health service <https://www.sh24.org.uk/>
-  Sexual Health Information. Southwark's partner notification and sexual health service finder. <https://www.sxt.org.uk/>
-  Public Health England. Sexual and reproductive health profile for Southwark. <http://fingertips.phe.org.uk/profile/sexualhealth>

Healthy weight

42.1%

of 10/11-year-olds in Southwark suffer from unhealthy weight



55.3%

of Southwark's adults are overweight or obese



2013-16, Public Health England



= 15.3% + 26.7%

of Year 6 children overweight

of Year 6 children clinically obese

2014/15, Public Health England

Obesity among adults is associated with:

- Musculoskeletal problems
- Cardiovascular disease
- Endocrine disorders
- Cancer
- Reproductive disorders
- Respiratory disease
- Liver disease
- Gastrointestinal problems
- Mental illness

Find out more about Southwark's healthy weight strategy:
["Everybody's Business"](#)

Healthy weight

What are the issues?

Healthy weight continues to be a complex challenge faced by many people in our communities. The prevalence of being overweight or obese among eleven year olds in Southwark is among the highest in London, and above the national average.

Obesity in childhood can have many negative consequences, including: school absences; bullying and stigma leading to low self-esteem; increased healthcare needs; and becoming obese in adulthood.

Obese adults are more likely to suffer from ill health and disability and live shorter lives.

Data collected from the National Childhood Measurement Programme (NCMP) show that nationally there is a strong relationship between deprivation and obesity in children for each age group.

We know that Black ethnic groups in Southwark communities are more likely to be obese than those of Mixed, Asian, Other and White ethnic groups.

Adult obesity has increased nationally from 14.9% to 25.6% between 1993 and 2014.

What's happening at the moment?

Southwark published its comprehensive Healthy Weight Strategy in Autumn 2016 with ambitions to significantly reduce childhood obesity over the next five years. The four keystones of the Strategy are that it is i) family orientated; ii) evidence-based iii) across the life course, and iv) across the whole system. Healthy weight will be tackled in partnership with Parks and Leisure, Planning and Education, NHS partners and voluntary sector. The Action Plan includes prevention and treatment.

Priority areas for action include schools and early-years settings which will need to take a whole-settings approach to increasing healthy eating and physical activity. This includes Healthy Schools approaches,

maternity services working towards UNICEF Baby Friendly Initiative accreditation, and comprehensive training for all health professionals working with children and families to build capacity to effectively tackle excess weight and obesity.

Comprehensive healthy weight care pathways for zero to four and five to 12 year olds will enable professionals to refer to age-appropriate, evidence based services.

An adult care pathway is also currently under development. The preventive elements aim to develop an environment that promotes a healthy weight for all.

The Healthy Weight strategy will link with active borough initiatives such as the Free Swim and Gym offer, gardening projects on housing estates, 'Play Streets' and the National Diabetes Prevention Programme.

What more can be done?

- Ensure that all strategy partners work together in a coordinated fashion to reduce obesity, in particular childhood obesity.
- Continue to prioritise the most urgent actions from the strategy, including age appropriate care pathways, whilst planning for more long-term actions.
- Continue to explore evidence based and innovative approaches to maintaining a healthy weight among the population.

Where can I find out more?



Southwark Council. Everybody's Business: Southwark's healthy weight strategy. http://www.southwark.gov.uk/info/200507/healthy_living/3262/healthy_weight



The children's play area in Nunhead Green
Southwark Council

Tobacco control



1659

hospital admissions in 2014/15
for Southwark residents
attributable to tobacco

46,000

Southwark still
smoking this year

Southwark adults smoking:

21% → 16%
in 2010 today

Yet we'll be dealing with the consequences of tobacco for decades to come.

But still, some young people start smoking: whether cigarettes or shisha...

Find out more about Southwark's tobacco control strategy: ["Breaking the Chain"](#)

Tobacco control

What are the issues?

About 46,000 people smoke in Southwark marking a reduction from 21% in 2010 to 16% today: lower than the average for London and England.

One in two smokers will die of smoking related diseases. Smoking-related death rates are higher in Southwark compared to England.

Smoking is the single biggest cause of inequality in death rates between the richest and poorest, and tobacco control is central to improving the health of the poorest, fastest.

In Southwark smoking prevalence in routine and manual workers is 25% higher than the average for London. Emerging issues include increased use of shisha smoking (46% in 2014 among Southwark secondary school pupils aged 12-15 years).

The overall economic burden of tobacco use in Southwark is estimated at £78 million a year. Modelling by the Healthy London Partnership estimated that for every 100 smokers who quit, the NHS would save £73,400, equating to savings of £2.9 million over five years in Southwark if 10% of current smokers were to give up.

Nationally, there is evidence linking tobacco smuggling with serious organised crime, people smuggling and prostitution.

What's happening at the moment?

Action to reduce smoking has taken place under the six internationally recognised strands for tobacco control:

- Stopping the promotion of tobacco.
- Making tobacco less affordable.
- Effective regulation of tobacco products.
- Helping tobacco users to quit.

- Reducing exposure of second hand smoke.
- Effective communications for tobacco control.

Nationally, cigarettes will be sold in plain, standardised packaging (the UK is the second country after Australia to do this) from 2016/17, and locally Trading Standards staff have received training to enforce this law. Peer education (to Year 8 pupils) has been delivered in four Southwark secondary schools on tobacco, cannabis and alcohol. A pan-London approach is being taken to address the increasing uptake of shisha smoking.

Trading Standards have worked with HM Revenue and Customs (HMRC) to reduce the supply of illegal tobacco. The Southeast London Illegal Tobacco Network received an MJ Local Government award in 2016 for the 2015 'Keep it Out Illegal Tobacco Campaign'. Age-of-sale legislation and smoke-free legislation has been regulated through test purchasing, monitoring niche tobacco sales, and testing adherence of small businesses to tobacco legislation.

Following a service review, a new service (targeting pregnant women, people with long term conditions and routine and manual workers) will be in place by April 2017, including the offer of e-cigarettes as a harm reduction measure. A Public Health England evidence review found that e-cigarettes are around 95% less harmful than smoking, and do not lead to initiation of traditional tobacco consumption.




Southwark Council Parks and Leisure, Communications and Public Health departments collaborated to introduce an evidence - based voluntary ban on smoking in 60 Southwark playgrounds, to reduce exposure of second hand smoke for children during play and de-normalise smoking. Two pupils from Bellenden Primary School won a competition for the winning signage stating 'Smoking harms our health. Please do not smoke in our playground.' The public are encouraged to enforce it.

The Lambeth and Southwark Tobacco Control Alliance acts as a forum to ensure clear and consistent communication on tobacco control across all agencies in Lambeth and Southwark.

What more can be done?

- Implement 'Breaking the Chain', Southwark's tobacco control strategy, for 2017-2020.
- Remodel Stop Smoking services by April 2017.
- Encourage members of the public report illegal tobacco sales to trading standards.

Where can I find out more?

-  Southwark Council. Breaking the chain: Southwark's tobacco control strategy. http://www.2.southwark.gov.uk/downloads/file/14231/breaking_the_chain_a_new_approach_to_tobacco_control_in_southwark
-  Illegal Tobacco: Keep It Out. Campaign website. www.keep-it-out.co.uk
-  Guy's and St Thomas' NHS Foundation Trust. Stop Smoke Services. <http://www.guysandstthomas.nhs.uk/our-services/stop-smoking-service/overview.aspx>



3113

hospital admissions in 2014/15
for Southwark residents
attributable to alcohol
(broad definition)

50%

of patients admitted to mental
health beds have a concurrent
alcohol problem

Every 500 patients
screened in primary
care prevents
7 emergency
department visits
and 6 hospital
admissions.

£2,500 spend
£9,000 saving
£6,500 return

One alcohol liaison
nurse prevents
97 emergency
department visits
and 57 hospital
admissions.

£60,000 spend
£90,000 saving
£30,000 return

Every 100 alcohol
dependent people
treated can prevent
18 emergency
department visits
and 22 hospital
admissions.

£40,000 spend
£60,000 saving
£20,000 return

Screening and treatment saves money.

Return on investment data reproduced from Public Health England

Alcohol

What are the issues?

Alcohol misuse has negative health, societal and economic impacts and plays a role in violent crime, public disorder, domestic violence and family breakup. In total, alcohol misuse is estimated to cost the UK economy over £21 billion each year.

Alcohol ranks third of the top UK and global risk factors for disease, disability and death: after only smoking and obesity.

Approximately one fifth of adults drink above the recommended levels, despite UK consumption per capita declining over the last decade. Young adults partaking in heavy episodic or binge drinking has reduced by approximately 10%. However, mortality from alcohol among Southwark men (measured as age-standardised alcohol-specific death rate) is above the England rate (19 compared to 16 per 100,000 population respectively) in 2012/14.

The pressure on hospitals too from Southwark residents (in terms of alcohol-related admissions) is also higher than the regional and national rates.

Although alcohol misuse occurs across all ages, ethnic groups and social class, inequalities exist in its health impact, and it is estimated that the most deprived 20% of the population suffer two to three-fold greater loss of life attributable to alcohol than their more affluent counterparts.

What's happening at the moment?

Southwark has been at the forefront of public health work to influence the licensing process. The Director of Public Health is one of nine Responsible Authorities that is notified of all alcohol licence applications made within Southwark. Despite the absence of a public health licensing objective, public health works closely with Licensing and the other Responsible Authorities to reduce

the number of street drinkers and alcohol misusers, through restriction of the number of hours that alcohol is for sale, restricting sales of low cost, high strength alcohol and promoting regeneration that is not alcohol-led, such as restaurants and coffee shops. Work has also been undertaken to examine the effect of supply-side measures (including the cumulative impact zones) locally.

For those more seriously affected by alcohol, Southwark's new integrated drug and alcohol service - the LifeLine Project - has been in place since January 2016. Alcohol and other substance misuse services for younger people will be re-commissioned in 2017.

What more can be done?

The impact of alcohol is felt every day across GPs, hospital services, addiction services, social care, and our blue light services. A recent Alcohol Summit held by Southwark Council in July 2016 identified a range of opportunities for earlier identification of people at risk of alcohol misuse, sign-posting to services and intelligence sharing.


The Summit also identified a potential gap for those people consuming significant or hazardous quantities of alcohol, but for whom treatment services seemed a distant prospect and who were otherwise maintaining their relationships, housing and employment. Higher risk drinking is occurring among specific sub-groups such as the elderly, Eastern European migrants and people with mental health and alcohol misuse problems. Further examination to identify potential population segments is needed for these groups.


Evidence-based, informed decision making will assist with targeting services and funding towards areas of greatest need. Good quality local data are available, such as street-level crime data from the police, and drinking rates broken down to a local level. Yet there remains a need to triangulate these phenomena with alcohol-related

health outcomes, alcohol availability information and deprivation data to shape local policy and provide better insights into the likely impact of intervention.

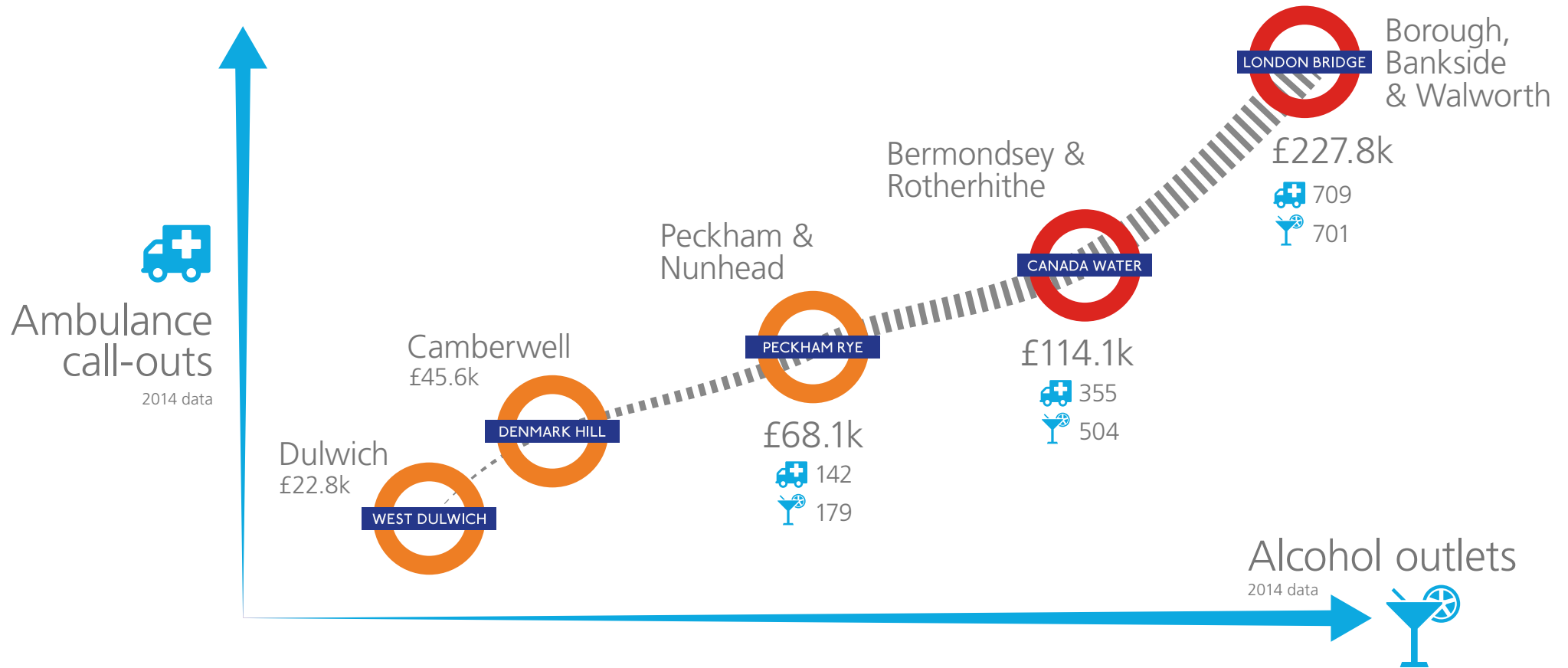
Regulation is needed of underage alcohol sales, licensed premises, and illegal alcohol sales.

Where can I find out more?

 Lifeline Southwark, Lifeline Project. Southwark's substance misuse integrated provider. <http://www.lifelinesouthwark.org>

 Public Health England. Local Alcohol Profiles for England (including Southwark). <http://www.lape.org.uk/>

Alcohol-related ambulance call-outs alone cost us £480,000 every year in Southwark



If you're going to drink, then drink responsibly

Our local substance misuse service

Lifeline Southwark

SPOTLIGHT

What is it?

Lifeline is our new provider of integrated substance misuse services for Southwark residents. Anyone wanting to change their use of alcohol or drugs can approach Lifeline for help and support.



How do people access services?

Lifeline is accessible in lots of different ways:

w. lifelinesouthwark.org

t. 0207 358 7266

Or people can attend the support centre at
146 Camberwell Road, London SE5 0EE.



1500+

adults in drug treatment services in Southwark

700+

people who inject drugs who live in Southwark

Southwark has higher levels of substance misuse need than many other places: we have a young and diverse population.

While injecting drug use is declining, Southwark residents face a range of emerging drug problems including novel psychoactive substances and prescription drugs.

Southwark's public health team will be undertaking a health needs assessment to identify those whose needs may not be met by more-traditional treatment services.



Drugs

What are the issues?

Substance misuse is defined as the harmful use of psychoactive substances, including alcohol and illicit drugs. Misuse can lead to behavioural and psychological disorders, suicide/psychosis, heart and respiratory problems, HIV and viral hepatitis. Although the number of individuals with a substance misuse problem is small, their dependency and behaviours can have a devastating effect on the lives and wellbeing of families and dependent children. There is a strong link between substance misuse and alcohol which is frequently a secondary substance, with mental health problems, and with crime.

Alcohol dependence is the most common form of substance misuse, but other substances include cannabis, cocaine, crack, heroin, ecstasy, misuse of glue, Novel Psychoactive Substances (NPS, previously known as “legal highs”) and prescription drugs. Estimated prevalence for all classes of problem drug use in Southwark are significantly higher than national averages.

The number of Opiates and/or Crack Cocaine Users (OCUs) has been declining, locally and nationally, while misuse of other substances, such as alcohol, powder cocaine, amphetamines, emerging drugs, over the counter medicines, and prescribed drugs are increasing. Southwark has seen an increase in the use of party drugs and “legal highs” and a particular increase among men who have sex with men, due in part to an expanding club scene. Experimental use of illegal drugs is prevalent among all social groups, but dependency and regular use are more likely to develop among young people from more deprived backgrounds.

Many people do not seek help for their substance misuse problem or are not known to services. In 2012 to 2013, 242 people entered prison with a substance misuse problem, who were not known to community services, a higher proportion than across comparable boroughs and England.

What’s happening at the moment?

A new Southwark integrated adult drug and alcohol treatment service was commissioned in 2015 and began work in January 2016. The LifeLine Project will deliver improvements in treatment completion, maintenance of recovery and reintegration into communities. Impact and outcomes will be evaluated in due course. Drug services for Southwark’s young people will be re-commissioned in the coming year.



What more can be done?

A needs assessment is required to review the needs, use and harms of NPS, (informed by new NICE guidance) and on other risk groups such as those who use ‘chemsex’.

A priority group for targeted prevention is men who have sex with men (MSM), especially those who use one or more of three drugs (‘chems’): methamphetamine, mephedrone, gammahydroxybutyrate (GHB) / gamma-butyrolactone (GBL) - ‘chemsex’ to facilitate or enhance sex. Chemsex is associated with injecting drug use, unsafe sex, STIs, and injuries. The prevalence of chemsex is increasing and extending beyond the MSM cohort.

Further education of children and young people is needed. The new young person’s service will need to respond to the needs of looked after children who are a high risk group for substance misuse.

Where can I find out more?

-  Lifeline Southwark, Lifeline Project. Southwark's substance misuse integrated provider. <http://www.lifelinesouthwark.org>
-  Home Office. New Psychoactive Substances (NPS) resource pack. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/412168/150311_Psychoactive-drugs11-colour_18-33-44_-_1_.pdf



3800+

adults with psychotic disorders
in Southwark

2000+

adults with dementia in
Southwark



Working with NHS Southwark Clinical Commissioning Group, Southwark Council will be publishing a new joint mental health and wellbeing strategy in Spring 2017.



Mental health

What are the issues?

Good mental health and wellbeing is central to people living healthy and fulfilling lives. Conversely, poor mental health is associated with a wide range of social problems including a higher prevalence of physical ill health, and earlier death and disability.

Common mental illnesses such as anxiety and depression affect one in five people over the course of their lifetime, and up to 15% of the population at any point in time. Many people do not seek help or they present late; those who do seek help are mostly treated by their general practitioner and through the talking therapies service (Improving Access to Psychological Therapies, IAPT).

Severe mental illness (SMI) affects about 1% of people nationally, although Southwark demonstrates a considerably higher burden: about 1.4% of the population (close to 4,000 people) are recorded by their GP as having a psychotic disorder – schizophrenia, bipolar affective disorder and schizoaffective disorder. Many patients in Southwark with these types of mental health problems are from our Black and Minority Ethnic (BME) backgrounds, meaning that reducing inequalities in access and early intervention remains a priority for service improvement. Severe mental illness is also closely connected with a range of other problems: substance misuse, unemployment and housing issues.

Mental health problems also affect older people and can be made worse by social isolation and physical health issues. Only four in ten people using social care services, and their carers, report they have enough social contact.

Dementia affects about 2,000 residents, or 4.5% of those over the age of 65 years. While many of these people may be very independent in the early stages of disease, they will go on to require high levels of care and support as their disease progresses.

What's happening at the moment?

Promoting positive mental health and wellbeing requires stronger communities, a better environment and improved opportunities for Southwark's residents. Public health will continue to work with government and health service partners to achieve a better and brighter borough, for example, through the new Joint Wellbeing and Mental Health Strategy being developed by Southwark CCG and Southwark Council for Spring 2017.

In order to identify people with common mental illnesses early and develop their resilience, Southwark has a robust Mental Health First Aid programme, and the NHS provides primary care and Improving Access to Psychological Therapies (IAPT) services. Locally, people with SMI have been identified as a group facing particular inequalities who could benefit from additional support. Public health is supporting the new SMI Commissioning Development Group that will develop a more integrated approach to care across the Council and NHS.




In 2015, Southwark became the first London borough to be recognised by the World Health Organization as 'Age Friendly', joining a global network of cities and communities across which learning and experience will be shared. In 2016, Southwark was accredited as a 'Dementia Friendly' borough – a symbol of the hard work undertaken across social care and other Council teams to create an inclusive and supportive environment.

Further afield, mental health has been identified as a priority for development within the prevention workstream of the South East London Sustainability and Transformation Plan (STP).

What more can be done?

- Public health will support and drive forward the Joint Wellbeing and Mental Health Strategy as a means to build healthier and happier communities across Southwark. The introduction of a 'health in all policies' approach should also be explored so that health and wellbeing is considered as part of all Southwark's decision-making.
- Through health intelligence and wider appraisals of the evidence base, public health will support the CCG and other NHS colleagues to develop more innovative, responsive and effective services for those suffering from mental health problems across the STP footprint.
- Public health, with NHS, council, transport and third-sector partners, will develop and propose a suicide prevention strategy for Southwark in 2017.

Where can I find out more?

-  HM Government. No Health Without Mental Health. <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>
-  Public Health England. Mental health dataset <http://fingertips.phe.org.uk/profile-group/mental-health>
-  The Alzheimer's Society. Dementia Friends information resource. <https://www.dementiafriends.org.uk/>
-  Our Healthier South East London. Sustainability and Transformation Plan (STP). <http://www.ourhealthiersel.nhs.uk/Downloads/Strategy%20documents/South%20East%20London%20STP%20October%202016.pdf>

Stay mentally well in Southwark

with five ways to well-being

Connect

- ▶ Call up a family member or a friend
- ▶ Start a new hobby or volunteer

Be active

- ▶ Use Southwark's free swims and gyms
- ▶ Visit the borough's parks and walk

Take notice

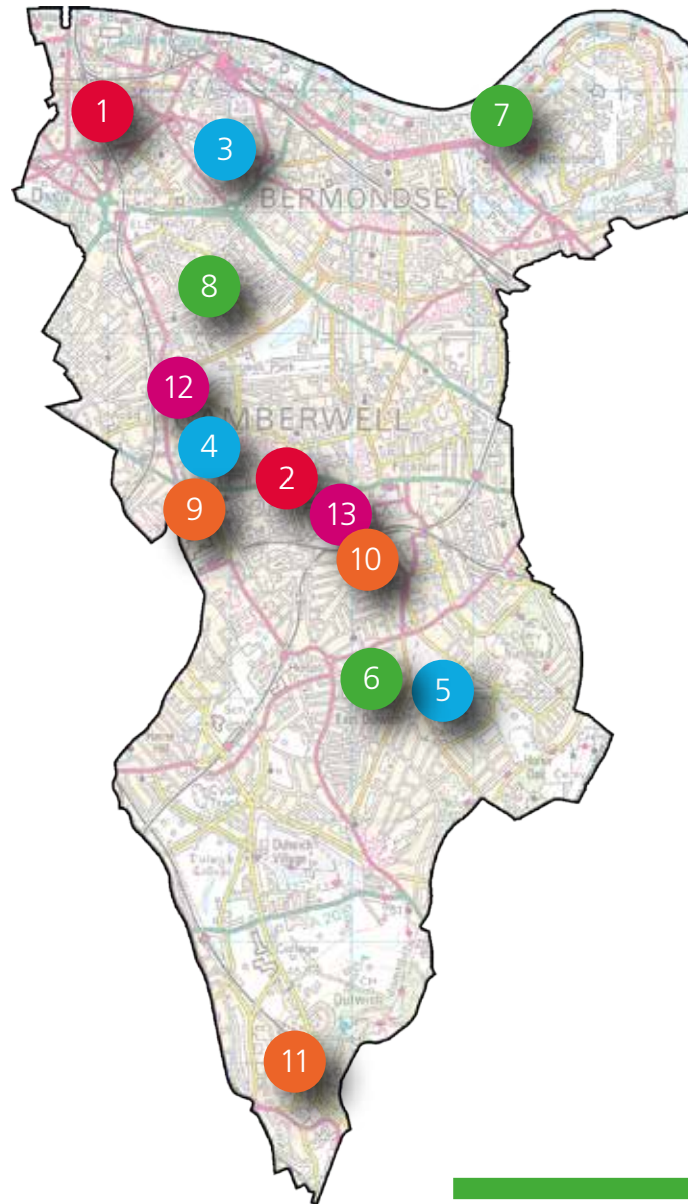
- ▶ Explore our markets and museums
- ▶ Attend local events

Keep learning

- ▶ Take a course such as ICT or cookery
- ▶ Rediscover your former interests

Give

- ▶ Help a friend or neighbour
- ▶ Join our thriving voluntary sector



- 1 Meet people:
Koruso! Community Choir
- 2 Learn a new skill:
Blackfriars Settlement
- 3 Free Swim & Gym:
The Castle Leisure Centre
- 4 Get active:
Burgess Park outdoor gym
- 5 Walk:
Peckham Rye & Common
- 6 Explore:
North Cross Road Market
- 7 Visit:
The Brunel Museum
- 8 Wander:
East Street Market
- 9 Learn something new:
Camberwell Library
- 10 Adult learning:
Thomas Calton Centre
- 11 Discover a new interest:
Kingswood House
- 12 Volunteer:
Community Southwark
- 13 Help others:
Southwark Foodbank

High quality services

Childhood immunisations



86.3%

of Southwark children up to date on their primary vaccinations by their first birthday

500+

infants (under 12 months) are unprotected against vaccine preventable diseases

"The two public health interventions that have had the greatest impact on the world's health are clean water and vaccines."

- The World Health Organization

Since the **measles** vaccine was introduced in 1968, the number of confirmed measles cases **has fallen by 99.9%**.

Since the **meningitis C** vaccine was introduced in 1999, the number of confirmed Meningococcus type C cases has **fallen by 96.8%**.

Vaccines work.

Childhood immunisations

What are the issues?

Immunisation is the safest and most effective way of protecting individuals and communities from vaccine preventable diseases. While the primary aim of vaccination programmes is to protect the individual who receives the vaccine – everyone else benefits too because an immunised person is less likely to act as a source of infection. This means that individuals who cannot be vaccinated, for example very young babies, will still benefit from the routine vaccination programme – a concept known as ‘herd’ immunity. The NHS offers a whole programme of vaccinations to infants, children and adults.

A measles outbreak was declared in London by PHE during 2016. The outbreak was among non-immunised individuals. Measles is an unpleasant illness and can be extremely serious - during this outbreak several people were admitted to hospital. MMR coverage in Southwark is good in children under 5 years of age but it is important to ensure that people of all ages are vaccinated to prevent further outbreaks and serious illness in non-immunised individuals especially teenagers and adults.

Since 2015 there has been a global shortage of the BCG vaccine (used to prevent tuberculosis) which led to a temporary postponement of the offer of BCG vaccine to all babies up to one-year-old in London. Recently, a short-term supply of an alternative BCG vaccine has been secured, and London is now able to offer the BCG vaccine to all babies born after 1 September 2016. This will be offered to babies in the maternity unit up to 28-days-old. After this, only babies with a parent or grandparent who was born in a high risk country will be offered a BCG vaccination in Southwark. This protocol is subject to change as the BCG stock situation changes.

New national vaccination schedules to protect against meningitis and meningococcal disease are being rolled out with support from Public Health in communicating and providing local updates. The Meningococcal B

vaccination programme started in the UK in 2015 and is recommended for babies aged 8 weeks, 16 weeks and one year old as part of the routine childhood vaccination programme. Babies also receive a vaccination protecting against Haemophilus influenzae type b and Meningococcal C (Hib/MenC) vaccination at one year old. A vaccination giving protection against four strains of the disease, Meningococcal A, C, W & Y, was added to the national immunisation programme in August 2015 for children aged 14 and first time students

What’s happening at the moment?

Our providers and commissioners, with the support of Public Health, work hard to improve performance and coverage in the vaccination programmes. Southwark faces particular challenges with a highly mobile population, and a range of demographic factors associated with lower vaccination uptake.

In Southwark for 2015/16, 86.3% of children reaching their first birthday had completed their primary immunisation courses against Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenzae type b (DTaP/IPV/Hib), also known as the 5-in-1 vaccine; this compares to 89.2% in the London Region and 93.6% nationally.

Coverage of the first dose of the Measles, Mumps and Rubella (MMR1) vaccine for children reaching their second birthday decreased slightly in Southwark to 86.1% in 2015/16; this compares to 86.4% in the London region and 91.9% nationally. Coverage for the second dose of MMR (MMR2) for children reaching their fifth birthday was 85.3% in Southwark in 2015/16; this compares to 81.7% in London and 88.2% nationally.




Public Health and NHS Southwark Clinical Commissioning Group facilitated two immunisation update training sessions during 2015/16, attended by some 150 general practice-based nurses. These sessions ensure that practice staff are up to date with changes to

the immunisation schedule. The Immunisation Team at Guy’s and St Thomas’ also provides on-going training to health visitors and other immunisers.

What more can be done?

- We will continue to work closely with community services, NHS England, the CCG and PHE to ensure local delivery of immunisations is effective for our population.
- Improving uptake of the MMR vaccine will remain a priority with local campaigns to raise awareness and catch up sessions for children.
- Immunisation update sessions will be held for practice nurse staff and health care assistants.
- We will work to identify all under-served groups to ensure they have access to vaccinations, including looked after children, the homeless and the travelling community.

Where can I find out more?

-  National Health Service. Vaccination schedule. <http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx>
-  Public Health England. Information for professionals undertaking immunisations. <https://www.gov.uk/government/collections/immunisation>
-  Public Health England. Immunisation against infectious disease: The Green Book. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Cancer screening



90,856

first-stage cancer screening tests completed in 2015 for Southwark adults

Southwark remains behind the regional averages for breast and bowel screening.

Cervical screening

Women aged 55-70
Every three years

Previously termed a 'smear test', a sample of cells taken by the practice nurse from the cervix is tested for human papillomavirus (HPV).

Breast screening

Women aged 25-49
Every three years

Women aged 50-64
Every five years

Mammography - often in a hospital or mobile unit - uses a type of x-ray to identify abnormal tissue in the breast.

Bowel screening

Adults aged 60-74
Every two years

A home-testing kit is sent and participants return a series of faecal samples in a sealed-package to the laboratory.

	Cervical screening uptake ¹	Breast screening uptake ²	Bowel screening uptake ³
Southwark	70.6%	62.8%	43.3%
Target	80.0%	70.0%	60.0%
London average	68.4%	65.1%	48.8%
Completed tests in Southwark ⁴	68,386	13,361	9109

1. Over the previous 42 months (if aged 24-49 years) or 66 months if aged 50-64 years; national reporting standard, 2015/16.

2. Over the previous 36 months; national reporting standard, 2015/16.

3. Over the previous 30 months; national reporting standard, 2015/16

4. Over the calendar year in 2015.

Cancer screening

What are the issues?

Cancer screening aims to identify people with early stage disease who are asymptomatic. Early diagnosis of cancer through national screening programmes results in better outcomes and increased survival rates.

There are three NHS Cancer Screening programmes currently running in England:

- Breast cancer screening (women aged 50-70 every three years).
- Cervical cancer screening (women aged 25-49 every three years and 50-64 every five years).
- Bowel cancer screening (people aged 60-74 every two years).

One way of measuring the effectiveness of screening programmes is to look at uptake (the proportion of people invited for screening for whom a test result is recorded) or coverage (the proportion of people eligible for a screening programme who have had a test), as shown below.

Some of the challenges for our screening programmes include:

- Southwark's highly mobile population leading to sometimes erroneous patient details and contact information on GP records.
- Our local diversity: commonly there is lower uptake of screening among low income communities, black and ethnic minorities and people of Muslim faith, leading to inequalities in outcomes for screening.
- Participant perception: the bowel cancer screening test is sometimes perceived as complicated and unpleasant.

What's happening at the moment?

Public Health work closely with the local Clinical Commissioning Group (CCG) and other organisations to improve performance, coverage and uptake in all the cancer screening programmes, including refresher training of cervical sample takers in 2016. NHS England now requires all cervical sample takers in London to register on a database and upload evidence of their training.

From September 2015, a new national screening call and recall service will be delivered by Primary Care Support England (PCSE) from Leeds.

Public health is working with our local CCG and primary care services to raise awareness and to ensure seamless implementation of:

- A new one-off test at age 55 for bowel cancer, Bowel Scope Screening (BSS), is being rolled out by end 2016: 56 to 60 year olds may opt in if they wish.
- Replacement of the Faecal Occult Blood Test with the simpler Faecal Immunochemical Test, as recommended by the National Screening Committee.
- Replacement of liquid based cytology with HPV testing as the primary cervical screening test, which may allow a longer screening interval following a negative HPV test.

What more can be done?

We need to improve uptake of our screening programmes. Our cervical screening uptake has benefitted from closer working with general practitioners. We will continue to identify opportunities to promote screening opportunities in collaboration with NHS partners and others. A pilot project seeking to improve bowel cancer screening uptake showed that people are more likely to return their test kit following an in-depth discussion conversation with their GP. Evidence such as this underlines our need to incorporate screening and other health improvement messages through established and trusted channels.

We will also seek to maximise the effectiveness of our call and recall system: the operation that identifies and invites participants to take part in screening.

Where can I find out more?

 HM Government. Population screening programmes.
<https://www.gov.uk/topic/population-screening-programmes>

 National Screening Committee (UK).
<https://www.gov.uk/government/groups/uk-national-screening-committee-uk-nsc>

Seasonal influenza vaccinations



45.1%

of at-risk individuals in Southwark were vaccinated against influenza in 2015/16

17,027

vaccinations were given between September 2015 and January 2016

National programme activity

	Southwark	London
65 year olds and over Target 75%	67.3%	66.4%
Pregnant women Target 75%	40.8%	38.6%
6 months to 65 years at risk Target 55%	44.8%	43.7%

Locally, Southwark performs better than the regional averages, but remains short of the national averages and national targets

Local developments

For 2016/17 we've offered free seasonal influenza vaccinations to front-line social care staff including social workers, those working in residential/nursing homes, those providing personal care in the home setting, working with the homeless, and working in schools for children with special educational needs.

We are also collaborating closely with our partners at NHS England to improve uptake through local health services including maternity units.

Seasonal influenza vaccinations

What are the issues?

Influenza, or flu, is an acute, highly infectious viral illness that spreads rapidly, and even people with mild or no symptoms can infect others. Infection is mainly seasonal and for healthy people, flu is an unpleasant but usually self-limiting disease, with recovery generally within a week. The changes in the virulence of the virus from year to year influences the proportion of the population susceptible to infection and the severity of the illness.

Annual immunisation against flu is the most effective way to prevent flu, and reduce hospital admissions due to severe illness. The vaccination is required annually due to flu strain variation.

For winter 2016/17, this year in Southwark we offered flu vaccination to the following groups:

- Anyone over the age of 65 years
- Pregnant women
- People aged six months to 65 years in with an underlying health condition (termed 'clinical risk group')
- People in long-stay residential care homes
- Children aged between two and seven years (on 31 August 2016)
- Carers

In addition, health and social care workers with direct patient contact are encouraged to have the flu vaccine as they may catch flu and expose people who are vulnerable to infection.

Uptake of flu vaccine is consistently low in Lambeth and Southwark compared to the national average and continues to represent a significant risk to our populations, and health and social care services.

What's happening at the moment?

Local organisations are working to improve the uptake of flu vaccination, providing update training for Practice Nurses on how to improve uptake in their general practice.


Front-line social care staff are being offered free flu vaccination, including social workers, those working in residential/nursing homes, providing personal care in the home setting, working with the homeless, and working in schools for children with special educational needs.

What more can be done?

- Explore options with the CCG and local authorities to increase flu vaccination uptake amongst all at risk groups, as well as improving uptake among health and social care staff.
- Identify and reduce local unwarranted variation, and explore the opportunities to apply behavioural insights into future campaigns.
- Work with the new schools-based provider Hounslow and Richmond Community Healthcare (HRCH) to improve vaccination uptake.
- Work with NHS England in their negotiations to commission maternity units to vaccinate pregnant women.

Where can I find out more?

 National Health Service. Flu information. <http://www.nhs.uk/conditions/Flu/Pages/Introduction.aspx>

 Public Health England. Annual flu programme. <https://www.gov.uk/government/collections/annual-flu-programme>



Seasonal influenza vaccination is available to everyone over 65 years of age

Diabetes prevention

1500

Southwark residents invited to the programme in the first four months



483

Southwark residents enrolled in the diabetes prevention programme



Southwark is one of 12 sites in England to be operating the world's first national diabetes prevention programme.



The first invitations went out in July 2016, and almost 500 people have enrolled.

Participants are offered a range of opportunities to improve their health including tailored support programmes to change their diet, increase their physical activity and delay or prevent the onset of diabetes.

The programme is a collaboration of Southwark general practice federations, NHS Southwark Clinical Commissioning Group, NHS England, Public Health England and Diabetes UK.

Diabetes prevention

What are the issues?

Type 2 diabetes is increasing in prevalence, mainly due to rising obesity rates (contrasting with Type 1 diabetes which has remained stable). Prevalence is inversely related to socio-economic status, and increased in people of African and African-Caribbean (three-fold) and Asian ethnic origin (six-fold). Compared to the general population, people with diabetes have a two-fold increased death rate.

The prevention of a further increase in the prevalence of Type 2 diabetes is a public health priority, and requires population level approaches to reduce excess weight, obesity and inactivity, and promote individual lifestyle changes. This will take coordinated local, and national action.

Locally, people are screened through NHS Health Checks for a pre-diabetic state termed non-diabetic hyperglycaemia (NDH). In Southwark there are an estimated 24,819 (10%) people with NDH: early intervention for these people through health programmes can delay (and possibly prevent) the onset of diabetes. If diabetes were reduced by 25% among this population, the Southwark health economy would make savings of £1.2 million per year.

What's happening at the moment?

Public Health supports the National Diabetes Prevention Programme across the 12 boroughs and CCGs of South London, in partnership with Southwark CCG. The programme, which launched in June 2016, has built on experience with lifestyle change programmes including the Southwark Walk Away from Diabetes Programme (WAFD).

The National Diabetes Prevention Programme (NDPP) reference is an intensive multi-component lifestyle change intervention with at least 13 contacts over 18 months, comprising:

- Motivational interviewing to encourage lifestyle change
- Physical activity programme
- Weight management programme
- Nutritional advice

In 2016/17 it is projected that several hundred Southwark residents will use the NDPP, but since the NDPP may not be suitable for all people, vulnerable clients can be referred to the Southwark Walk Away from Diabetes Programme, which is expected to see around 1,000 clients in this period. Referral and drop-out rates and outcomes are being monitored.

What more can be done?

There is a need to:

- Increase the detection of pre-diabetes via Health Checks and closer working with primary care.
- Increase referral rates of people with pre-diabetes to the NDPP and continue to lead programme development across south London (working with NHS partners through the South East London Sustainability and Transformation Plan).
- Drive forward our obesity strategy 'Everybody's Business' to reduce obesity and other factors that increase the risk of diabetes.

Where can I find out more?



NHS England. The National Diabetes Prevention Programme.

<https://www.england.nhs.uk/ourwork/qual-clin-lead/diabetes-prevention/>



NICE Guidance: Preventing type 2 diabetes: risk identification and interventions (PH38).

<https://www.nice.org.uk/guidance/ph38>



A sculpture at Peckham Rye

Southwark Council

NHS Health Checks



28,000

The four-year target for NHS Health Checks through March 2018: double the number taken in the previous period

	2012/13	2013/14	2014/15	2015/16
Health checks completed	6,262	7,631	8,826	9,478
Body measurements				
High blood pressure	17%	15%	11%	12%
High cholesterol	42%	54%	45%	45%
Diabetes	1%	1%	1%	2%
Impaired glucose tolerance	5%	5%	5%	7%
Weight				
Overweight (BMI 25-29.9)	38%	37%	35%	35%
Clinically obese (BMI 30-39.9)	25%	24%	22%	22%
Morbidly obese (BMI ≥40)	2%	2%	2%	2%
Cardiovascular risk				
Moderate	21%	20%	16%	10%
High	6%	4%	4%	2%
Very high	2%	2%	1%	1%
Physical activity				
Inactive	13%	18%	19%	20%
Moderately inactive	17%	18%	16%	16%
Moderately active	30%	23%	18%	16%
Active	28%	30%	37%	39%

NHS Health Checks

What are they?

The cardiovascular risk programme, commonly referred to as NHS Health Checks, aims to detect heart disease, hypertension, diabetes, chronic kidney disease and lifestyle risk factors in 40 to 74 year olds with no pre-existing disease. In Southwark, the NHS Health Check Programme is delivered by local general practices and six community pharmacies. The national target is a 75% completion rate by 2017/18. In 2014/15 Southwark achieved 71% uptake - above the national rate of 49% - and on current projection and within existing resources, is on track to achieve the national target by end of 2016/17.

Southwark Council made a Fairer Future promise to double the number of free NHS Health Checks undertaken from 14,000 in the previous four-year period (2009/10 – 2013/14) to 28,000 by April 2018, and this is projected to be achieved.

What's happening at the moment?

Of those screened in 2015/16, 2354 (24.8%) were identified as being 'at risk', and 707 were referred on to lifestyle programmes as a result of the check.

Key findings from health checks conducted from 2010 to 2016 include:

- Fewer new diagnoses of hypertension, obesity or excess weight. .
- More new diagnoses of diabetes, impaired glucose tolerance and inactivity.

Consequently, the number of Walk Away from Diabetes workshops offered was increased, and Southwark became the lead local authority for the roll out of the National Diabetes Prevention Programme in 2016.


Since NHS Health Checks were first introduced in Southwark in 2012, year-on-year more health checks have taken place. With high completion rates locally (71% vs 49% national average) it is time for us to adapt our

approach. Ahead of 2017/18 we are re-developing our outreach service to provide more strategic input. The new health checks team will increase onward referral rates and identify opportunities to maximise the health benefits for those identified as 'at risk'.


What more can be done?

- There is considerable variation in referral rate between general practice, pharmacies and the outreach team: we need to boost referral rates and ensure that people receive the greatest benefit from their NHS Health Check findings.
- We need to deepen the collaborations and linkages with local opportunities for health improvement and life-style programmes – such as Free Swim and Gym and the National Diabetes Prevention Programme.

Where can I find out more?

 Southwark Council. Local NHS Health Checks. <http://www.southwark.gov.uk/healthcheck>

 National Health Service. NHS Health Checks. <http://www.healthcheck.nhs.uk/>

 NHS England. The National Diabetes Prevention Programme. <https://www.england.nhs.uk/ourwork/qual-clin-lead/diabetes-prevention/>



Progress on previous key recommendations

Progress on previous key recommendations

Public health has established partnerships with Public Health England, Greater London Authority, Southwark and Lambeth CCGs, Lambeth Council, the voluntary sector and many others in order to deliver on our previous recommendations.

1. Prevent widening economic inequalities and work to sustain the financial resilience of residents through structural interventions, with the most critical being the promotion of the London Living Wage across our local employers.

Southwark Council and all its contractors pay the London Living Wage to people over 25 years. All local hospital trusts pay the London Living Wage.

2. All employers in the borough should be encouraged and supported to adopt good practice in relation to health and safety compliance and evidence-based workplace health programmes.

Good progress has been made. To date 29 organisations in Southwark have signed up to the London Healthy Workplace Charter, and have gained accreditation at one of the three Charter levels, or are actively working towards their first accreditation or a higher level of the Charter. Southwark Council was awarded the Achievement level of the London Healthy Workplace Charter in March 2015. Southwark CCG was awarded the Commitment level of the London Healthy Workplace Charter, and is working towards the Achievement award. All NHS Trusts in Southwark have signed up to the Charter and have been accredited or are working towards this.

3. Public sector employers engaged in workplace health initiatives should be encouraged to share their knowledge and expertise

with other employers as well as using their commissioning and procurement processes to encourage compliance with legislation and good employment practice.

Good progress has been made. Public health partnered with Community Southwark to deliver training and development to 15 voluntary sector organisations and, through a small grants scheme, supported them to develop health workplace practice which they identified through the training.

Public health contributes to the King's Health Partners programme of work on Healthy Workplaces (Guy's and St Thomas', King's College Hospital, and South London and Maudsley) with Guy's and St Thomas' achieving the excellence level of the London Healthy Workplace Charter. This benefits staff and volunteers and patient care.

4. Homelessness prevention services need to reach not only those seeking statutory assistance, but also others in critical housing situations, living in unstable or unsuitable accommodation and facing substantial housing need.

In Southwark, homelessness prevention includes debt advice, resolving housing benefit problems, making temporary payments to prevent eviction, conciliation with family members, assistance to enable a person to remain in private sector accommodation, and crisis solutions for people affected by domestic violence, among other actions. A new Welfare benefit pilot service in General Practices started in 2015 and will assist with homelessness prevention.

5. Work towards a coordinated and strategic system to identify those most likely to be at risk of food poverty and ensure that individuals and families at risk are signposted to the appropriate

support services.

Good progress has been made. Southwark Council continues to provide a Free Healthy School Meal to all state-maintained primary school children. In addition, local take up for families eligible for Healthy Start vouchers continues to increase. Healthy Start is the UK food welfare scheme for pregnant women, infants and children in low income families, who are amongst the groups most at risk of being in food poverty.

6. The universal care pathway from conception to early years in Southwark should be reviewed and strengthened using the London Maternity Standards and the enhanced Healthy Child Pathway to ensure we provide services which are fair for all and appropriate for everyone's needs.

Good progress has been made. An Integrated Early Years Pathway for Southwark has been agreed by the CCG and the LA. It will encompass the pathway from maternity to five years old, draw on best practice such as the London Maternity Standards and PHE's Healthy Child Programme, and be co-produced with partner agencies, children and families.

7. The Council and Southwark CCG extend their engagement with school head teachers and governors to develop a sustainable strategy which improves young people's health and wellbeing and enables them to make healthy lifestyle choices.

The Council and CCG have continued to engage head teachers, including those of the new Academies, in order to improve young people's health and wellbeing.

Progress on previous key recommendations

8. Social relationships and community development should be made policy priorities.

Good progress has been made. The Early Action Commission on prevention and resilience has now reported on this matter, and the voluntary sector is being commissioned to develop this.

9. Referral pathways for smoking cessation need to be developed for priority groups, such as those with long-term conditions and mental health issues. These should be implemented along with measures to increase quit rate, prevent relapse and promote targeted community action against illegal sales, to particularly benefit those from disadvantaged groups.

Good progress has been made. The Southwark Tobacco Control Strategy 2017-20 sets ambitions for three key groups: pregnant women, people with long term conditions and routine and manual workers. The strategy highlights key actions for these groups, and progress will be monitored towards these.

10. Investigate whether existing interventions and services designed to prevent and reduce harm and treat substance misuse are actually reaching those most likely to be affected. Ensure that the services meet National Institute for Health and Care Excellence (NICE) guidelines for effectiveness and value for money.

We are monitoring usage of the new substance misuse service to determine whether it is reaching those most in need. The service is expected to adhere to NICE guidelines and the Drug and Alcohol Action Team plans to audit the provider on this.

11. Agree and invest in a long term approach to improve healthy weight.

Good progress has been made. Public health has worked with partners to agree a multi-agency Obesity Strategy. This comprises a whole system approach to obesity, via nutrition education, increasing opportunities for exercise in communities and environments, weight management, and food standards regulation. The strategy links with the:

- Twelve borough South London National Diabetes Prevention Programme (NDPP), of which Southwark is the lead agency.
- Local Walk Away from Diabetes Programme.
- Free Swim and Gym offer for Southwark residents.
- Healthy Foods accreditation of local businesses

12. The promotion of physical activity should routinely be incorporated into building, planning, social, transport, school and workplace strategies and policies. Policies should support people to be more physically active in their everyday lives. Some population groups are less likely to be active and targeted programmes should be considered.

Good progress has been made. The promotion of physical activity is now incorporated into the Southwark Healthy Schools Programme, the Southwark CCG Estates Strategy, and Elephant & Castle regeneration plans, including a new Leisure Centre opened in summer 2016. Southwark Council has a Free Swim & Gym offer, bike loan and Cycle to Work schemes, workplace facilities including showers and bike parking, workplace walking groups, and signage to encourage more use of stairs.

13. Comprehensive sex and relationship education should be implemented in schools in Southwark as part of an integrated Health and Wellbeing programme.

Public Health and Education have commissioned support to the delivery of Sex and Relationships Education (SRE) in secondary schools in Southwark. In addition teachers have been offered CPD in SRE and curriculum resources during 2015-2016.

14. Improve coverage in the cancer screening programmes in Southwark, particularly in the bowel screening programme.

Following an audit of cervical sample takers in primary care and their training history, refresher training was provided to cervical sample takers in practices. We are working closely with the CCG to ensure recommendations from our bowel cancer screening pilot are taken forward. In particular, we are encouraging GPs to have an in-depth discussion about screening with those patients who do not return their bowel test kit.

Get in touch!

southwark.gov.uk/publichealth

publichealth@southwark.gov.uk

Southwark socio-demographic profile

Supplement for the APHR 2016

19 January 2017

PRE-RELEASE VERSION

diana.divajeva@southwark.gov.uk

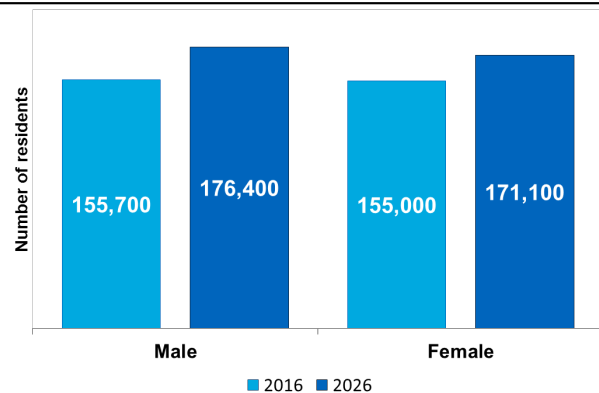
People & Health Intelligence Section
Southwark Public Health

In the next 10 years Southwark population is predicted to increase by 37,000

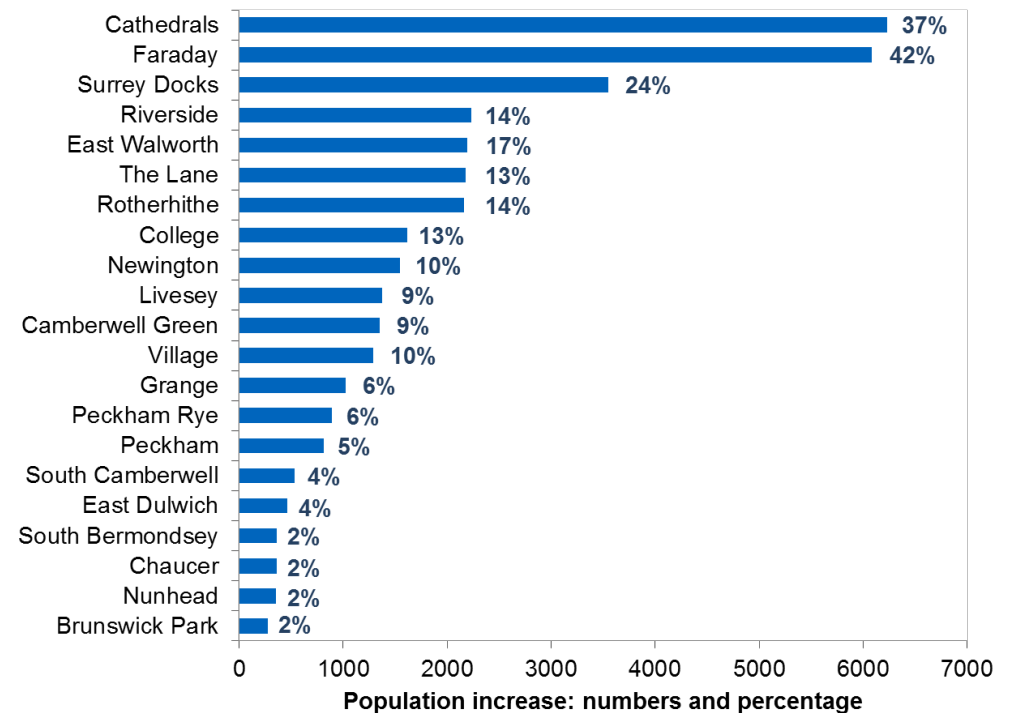
POPULATION

- In 2016 Southwark population was estimated at around 310,000
- The Southwark population is predicted to grow by 12% to 347,000 in 2026
- The increase in population is predicted to vary across the borough
 - Largest increase in resident population is predicted in Faraday ward (42%)
 - Smallest increase is predicted in Brunswick Park ward (2%)

Change in population between 2016 and 2026



Change in ward population between 2016 and 2026



References

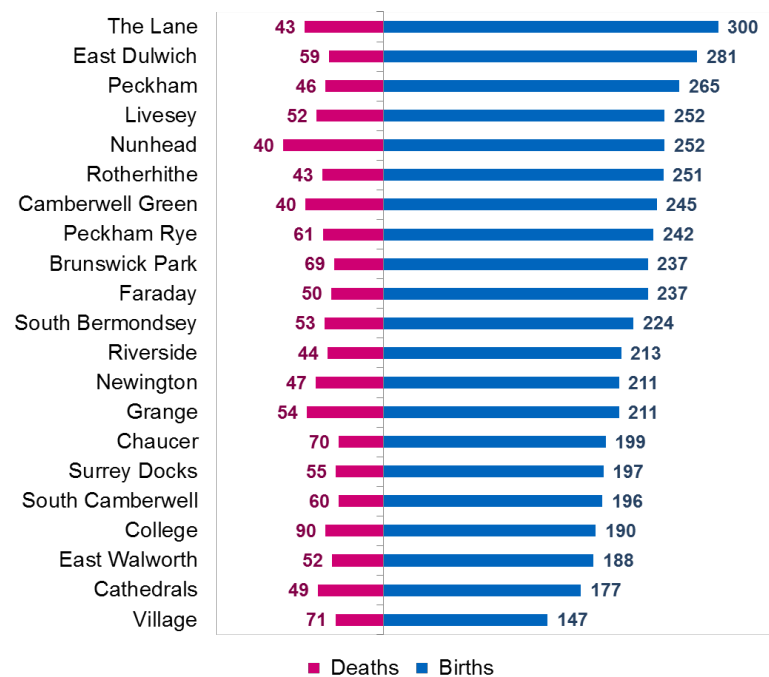
1. Greater London Authority SHLAA capped AHS 2015-based population projections

Population growth will be driven by natural changes in the population

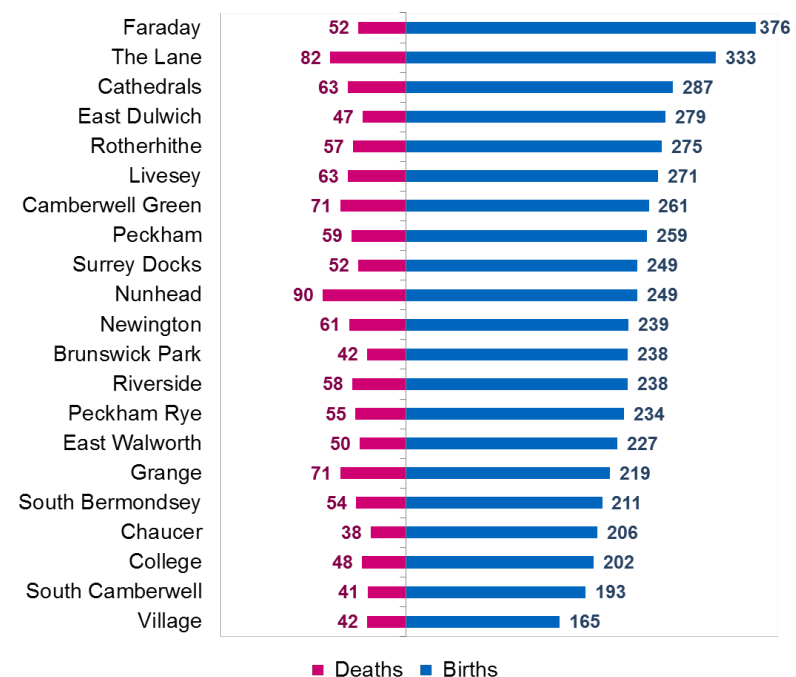
POPULATION

Natural change is the difference between live births and deaths, with the positive natural change indicating that the number of births exceeds the number of deaths in an area. In the next 10 years the increase in the Southwark population will be driven by the positive natural change, with the number of births exceeding the number of deaths in all Southwark's wards.

Number of births and deaths in 2016 by ward



Number of births and deaths in 2026 by ward



References

1. Greater London Authority SHLAA capped AHS 2015-based population projections

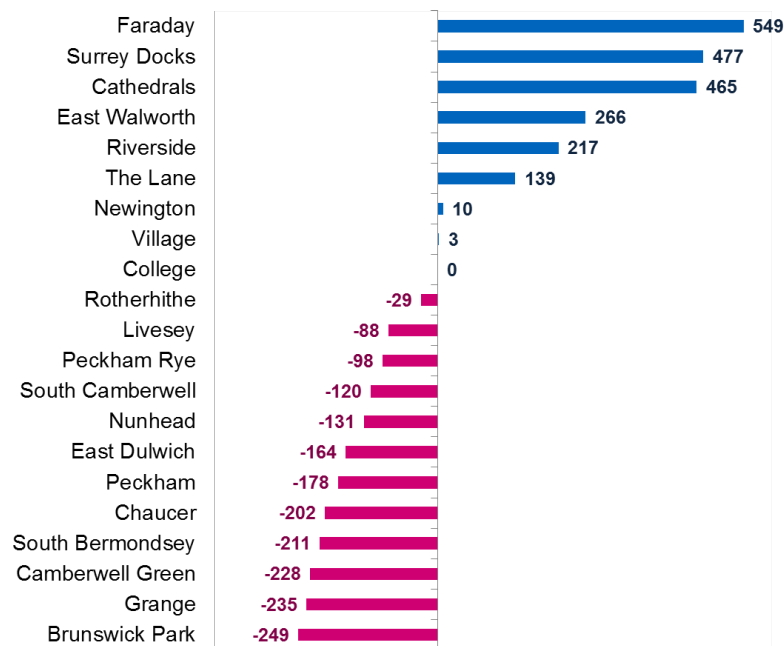
In 2026 more people are predicted to move out of Southwark compared to those moving in

POPULATION

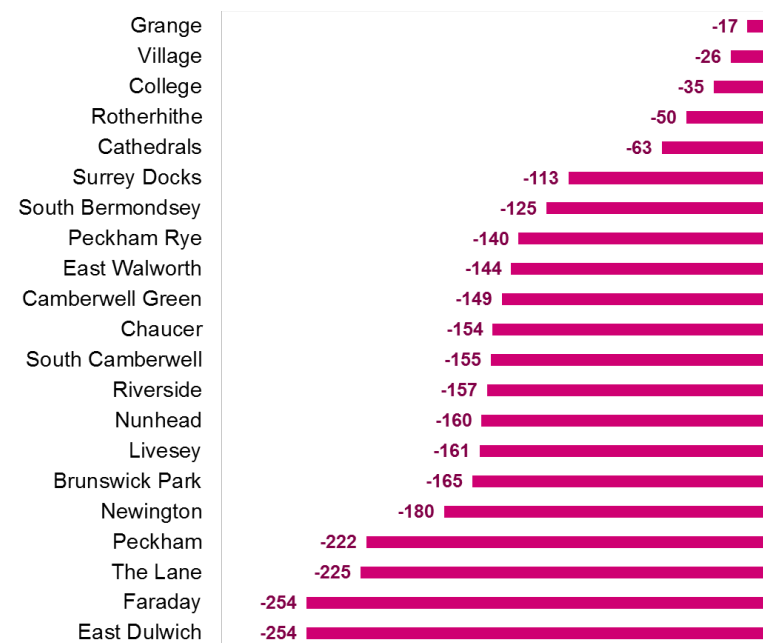
Net migration is the difference between in- and out-flows of the population.

- In 2016, eight out of the 21 wards were predicted to have a positive net migration, indicating that more people were moving into these Wards as opposed to moving out
- In 2026 population out-flows were predicted to exceed in-flows resulting in negative net migration in all wards

Persons moving in and out of wards in 2016



Persons moving in and out of wards in 2026



References

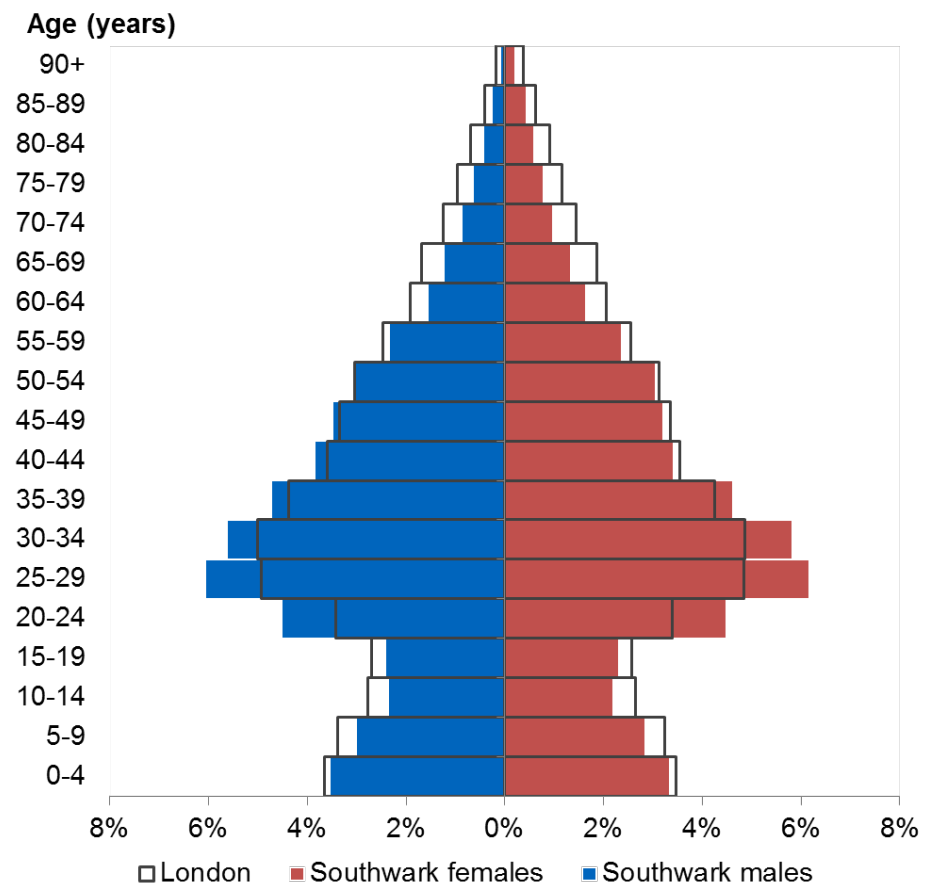
1. Greater London Authority SHLAA capped AHS 2015-based population projections

Southwark population is one of the youngest in the country with median age of 32.7 years old

POPULATION

- The median age in Southwark is 32.7 years. This means that approximately half of Southwark residents are under 33 years of age. In London the median age is 34.6 years and in England 39.8 years.
- Compared to London, the Southwark population has a higher proportion of people age 20 to 50 and lower proportion of people over the age of 60.
- In the next 10 years the Southwark population structure will change substantially with growth mainly among the older age groups (see next slide).

Population age distribution in Southwark and London in 2016



69

References

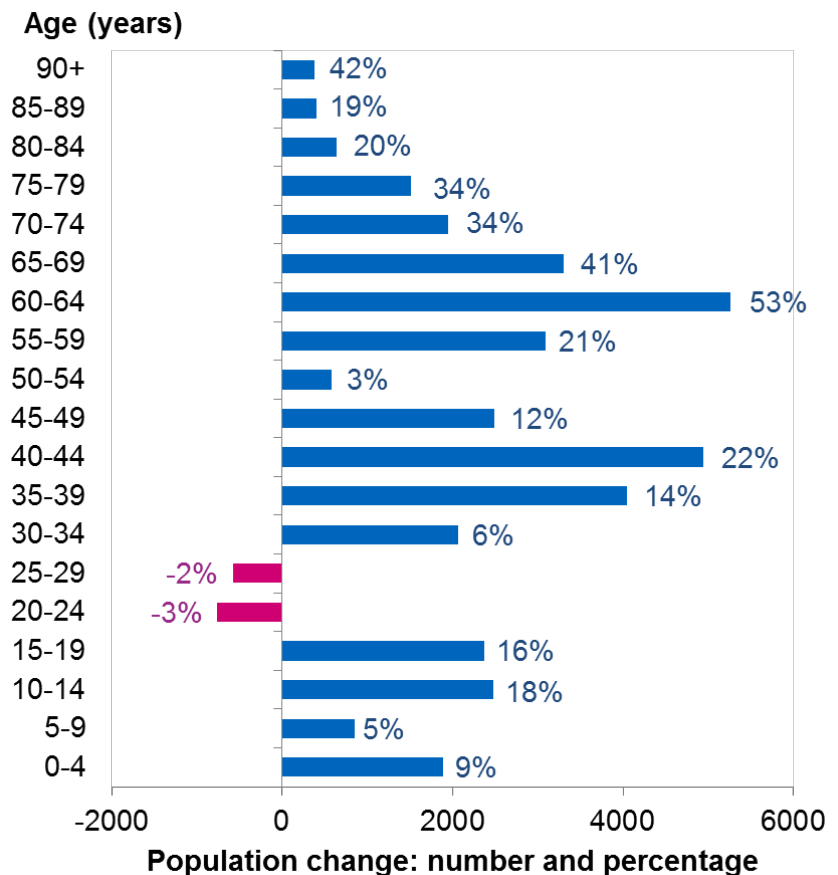
1. Greater London Authority SHLAA capped AHS 2015-based population projections

Southwark population is predicted to grow older in the next 10 years

POPULATION

- The largest increase in the numbers of residents will occur in the following age groups:
 - 60-64 years old: around 5,300
 - 40-44 years old: around 5,000
 - 35-39 years old: around 4,000
- The largest relative increase is predicted for the age groups:
 - 60-64 years old: 53%
 - 65-69 years old: 41%
 - 70-74 and 75-79 years old: 34%
- By 2026, the only two population age groups to decrease in size are:
 - 20-24 years old: -3%
 - 25-29 years old: -2%

Change in population age structure 2016 -2026



References

1. Greater London Authority SHLAA capped AHS 2015-based population projections

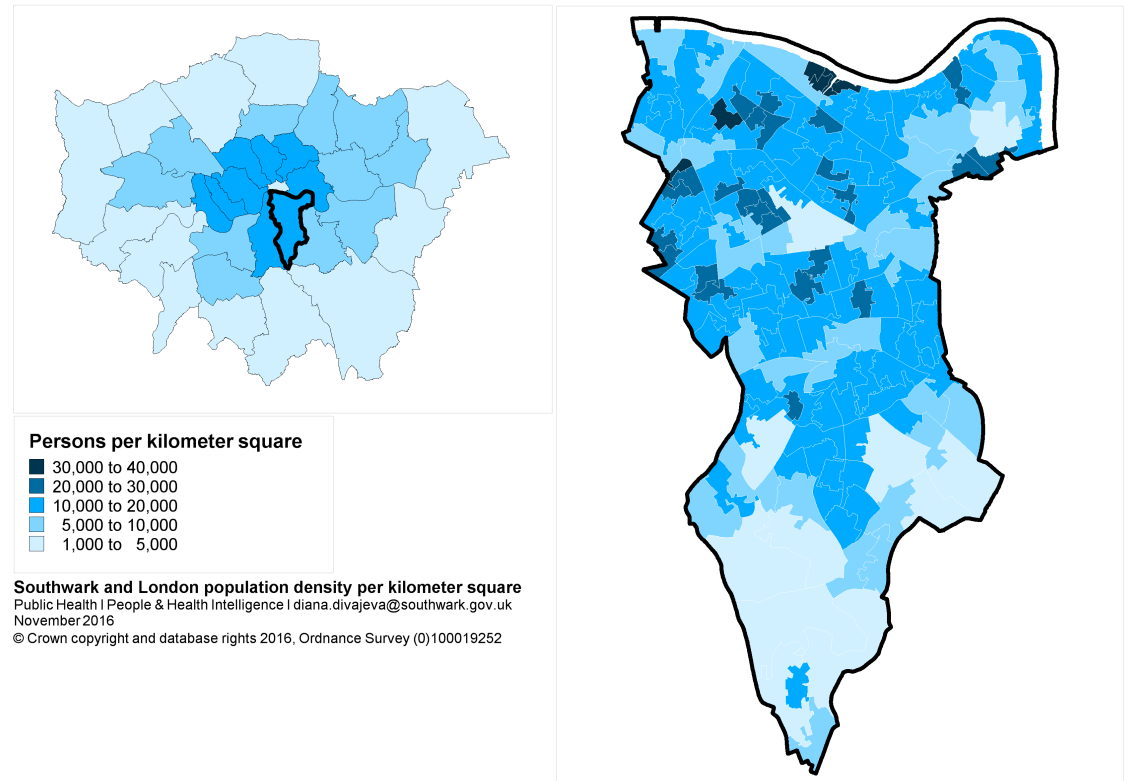
Southwark is the 9th most densely populated borough in London

POPULATION

Southwark has significantly higher population density than London and national averages.

- In 2014 London population density was 5,567 persons per square kilometre.
- England population density was 417 persons per square kilometre.
- Southwark population density was estimated at 10,481 persons per square kilometre.
- Particularly densely populated areas include parts of Borough and Walworth as well as Camberwell and Peckham with population density in these areas exceeding 20,000 persons/km² - almost 48 times the national average

Population density in London boroughs and Southwark in 2016



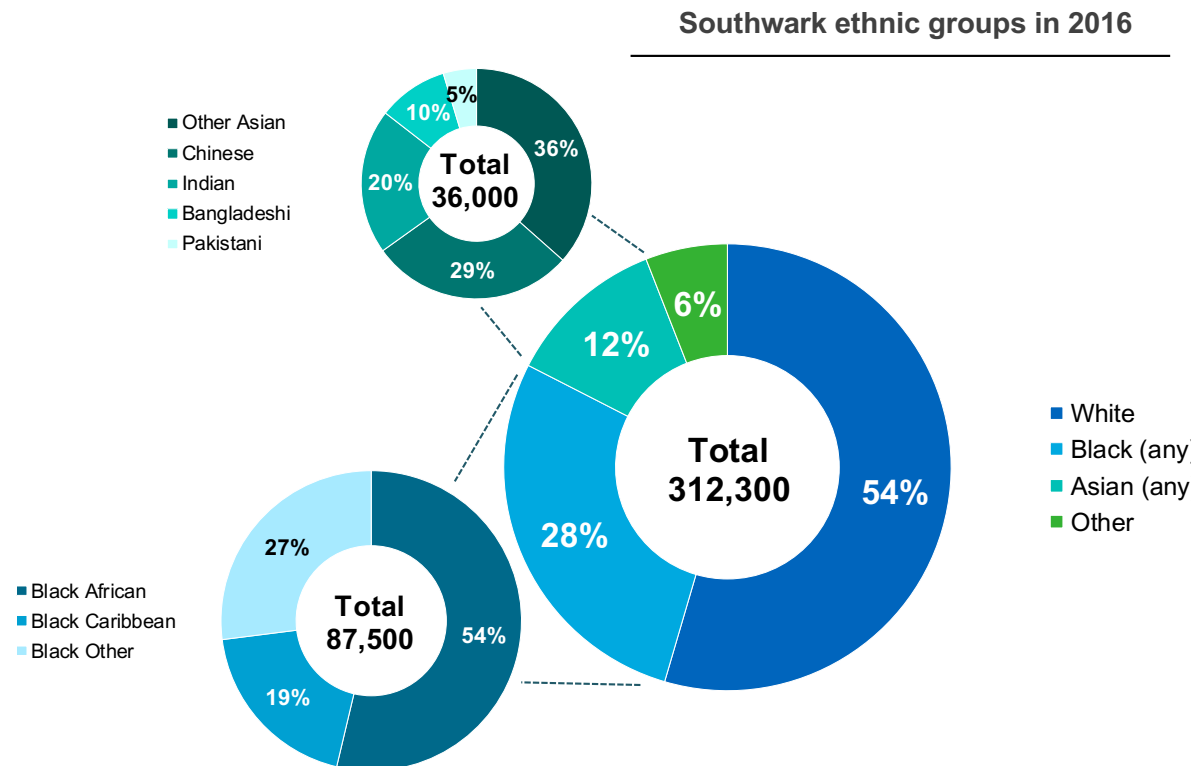
References

1. Office for National Statistics Super Output Area population data 2014

Over the past 15 years Southwark population has become increasingly diverse

POPULATION

The ethnic diversity of Southwark has changed substantially since the turn of the century, with the proportion of the population identifying themselves as White falling from 63% in 2001 to 54% in 2016. There has been a particularly significant increase in local residents identified as Asian and Other ethnic groups over this period.



In the next 10 years, the population is predicted to grow in each of the ethnic groups:

- Number of residents from White ethnic group by around 25,300
- Number of residents from Black ethnic group by around 5,000
- Number of residents from Asian ethnic group by around 6,600
- Number of residents from “Other” ethnic groups by around 6,000

References

1. Greater London Authority EGPP 2014-based population projections capped AHS

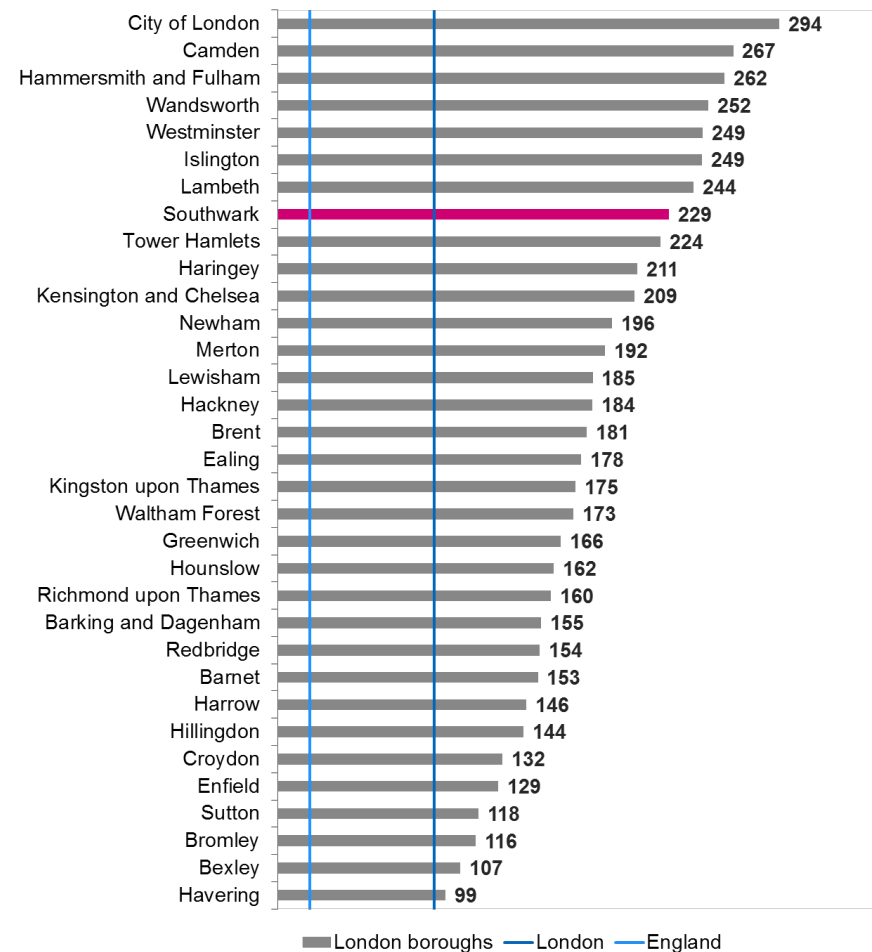
Southwark population turnover rate is 8th highest among London boroughs

POPULATION TURNOVER

Population turnover is measured by summing up annual internal and international migrant in and outflows and dividing the result by the total population in the same year.

- Internal migration includes people moving to Southwark from other parts of the UK and other London boroughs, but excludes residents moving within Southwark.
- International migration includes movements to and from outside the UK. This is the eighth highest among the 33 London local authorities.
- Southwark population turnover rate was significantly higher compared to the national average rate of 19 per 1,000 and the London average rate of 92 per 1,000 resident population.

Turnover per 1,000 resident population in 2014/15



References

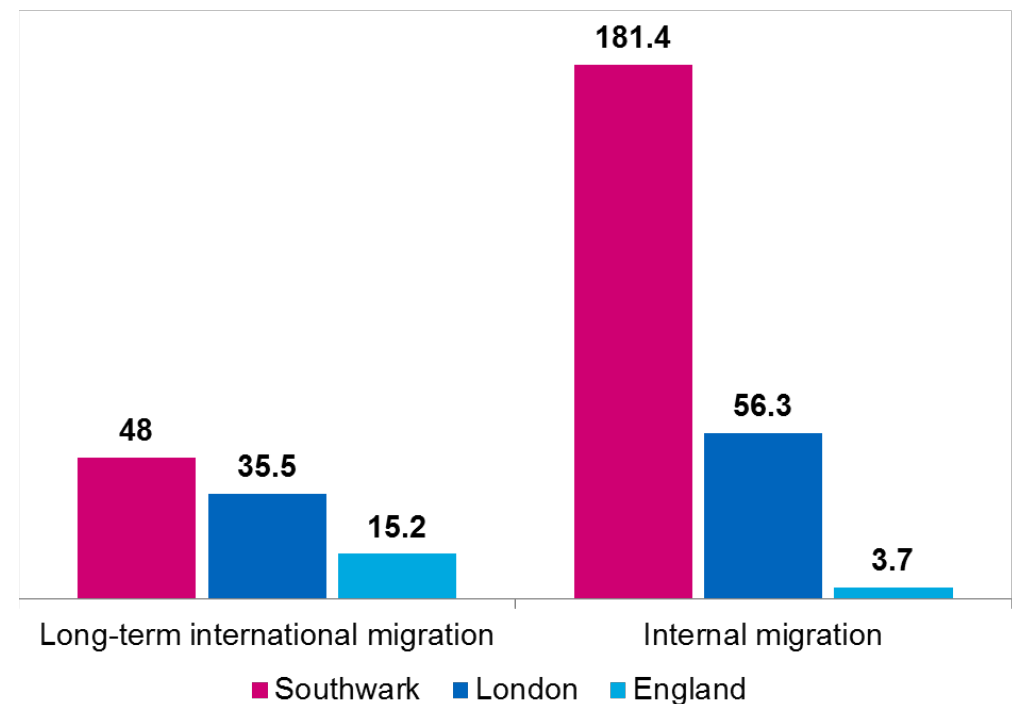
- Office for National Statistics Local Area Migration Indicators 2016

High population turnover rates in Southwark are largely driven by internal migration

INTERNAL AND INTERNATIONAL MIGRATION TURNOVER

- Both long-term international and internal migration turnover rates were higher in Southwark, than the London and England averages.
- Internal migration turnover was around four times higher than the long-term international migration turnover.

Turnover per 1,000 resident population in 2014/15



References

1. Office for National Statistics Local Area Migration Indicators 2016

Locally, there were 3,500 fewer GP registrations than issued national insurance numbers in 2015

POPULATION

Newly arrived migrants face particular challenges for their health and wellbeing and these challenges may be exacerbated by unfamiliarity with services.

In Southwark the number of national insurance numbers issued to people coming from outside the UK increased from 6,700 in 2004 to 12,600 in 2015, suggesting an increase in the international migrant population.

The number of GP registrations in the same period rose from around 8,000 in 2004 to around 9,100 in 2015, leaving a gap of approximately 3,500 registrations – this suggests that there may be several thousand recently arrived migrants who are either not accessing health services, or using them sub-optimally, perhaps relying on more costly urgent care (without a GP).

Charts for national insurance and GP registrations are provided on the next page.

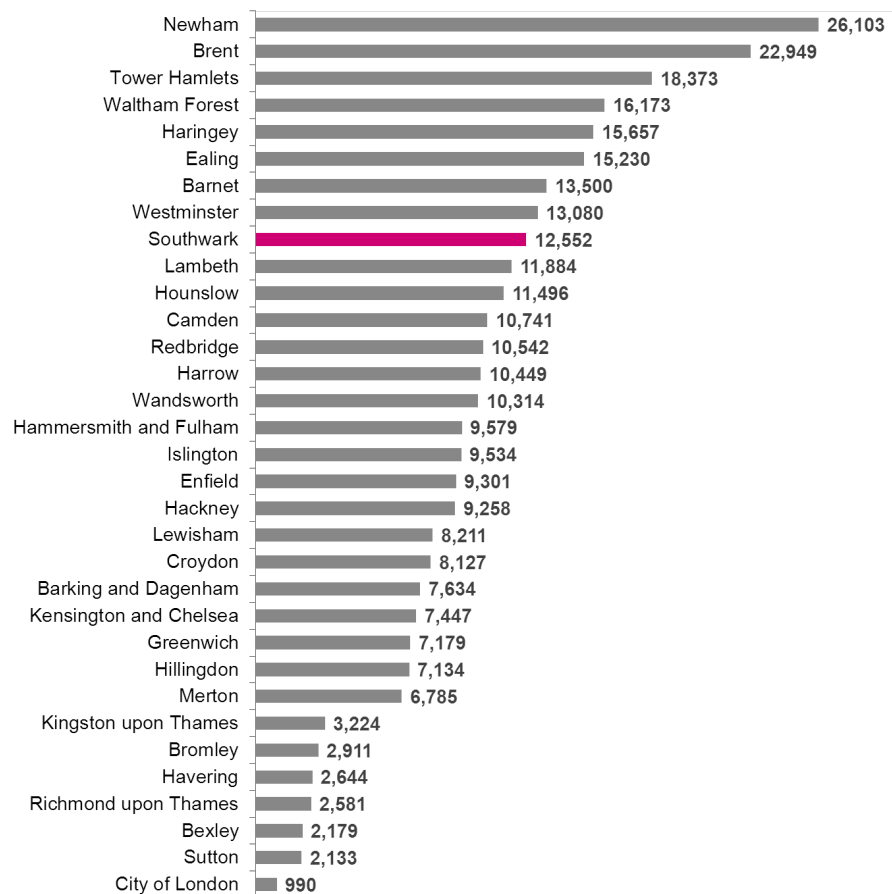
References

1. Office for National Statistics Local Area Migration Indicators 2016

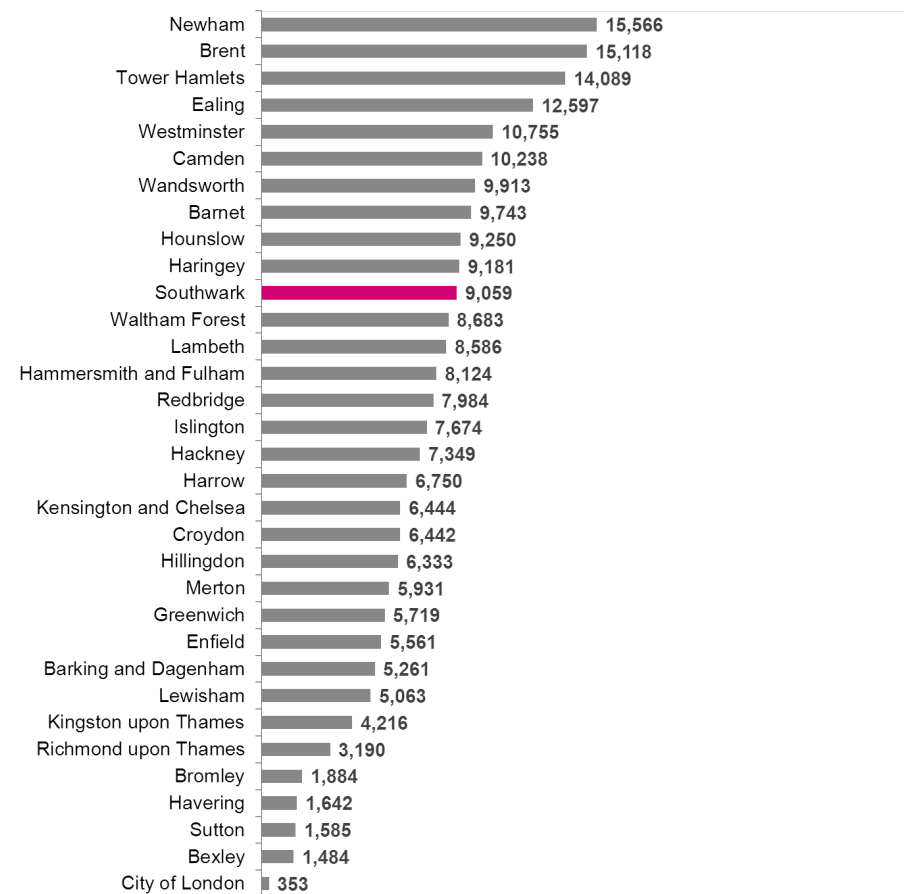
Locally, there were 3,500 fewer GP registrations than issued national insurance numbers in 2015

POPULATION

Migrant population NINo registrations in 2015



Migrant population first time GP registrations in 2015



References

- Office for National Statistics Local Area Migration Indicators 2016

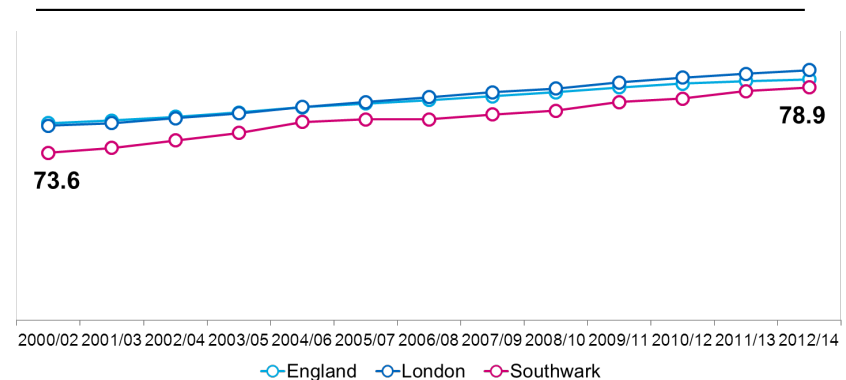
Despite an overall increase in life expectancy a significant deprivation and gender gap remains

HEALTH OUTCOMES

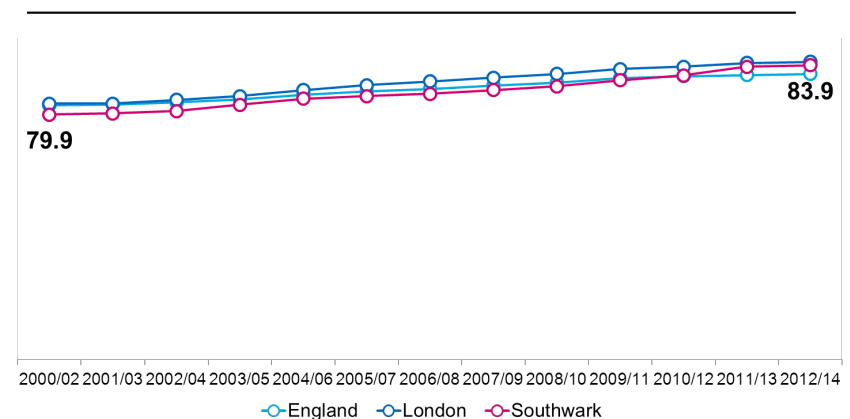
Life expectancy (LE) at birth estimates the average number of years a person would be expected to live based on contemporary mortality rates.

- Between 2000/02 and 2012/14 LE in Southwark has increased by 5.3 years for males and 3.4 years for females, broadly reflecting national trends.
- In 2012/14 Southwark male LE was significantly lower compared to the national average, whereas female LE was significantly higher than the national average.
- There is a significant gender gap in LE in Southwark, mirroring the national picture. Females in the borough are expected to live around 5 years longer than their male counterparts.
- LE varies with deprivation and for males and females in the most deprived quintile it is on average 7.6 and 5.4 years shorter compared to those in the most affluent quintile.

Trend in male life expectancy



Trend in female life expectancy



References

- Public Health Outcomes Framework 2016

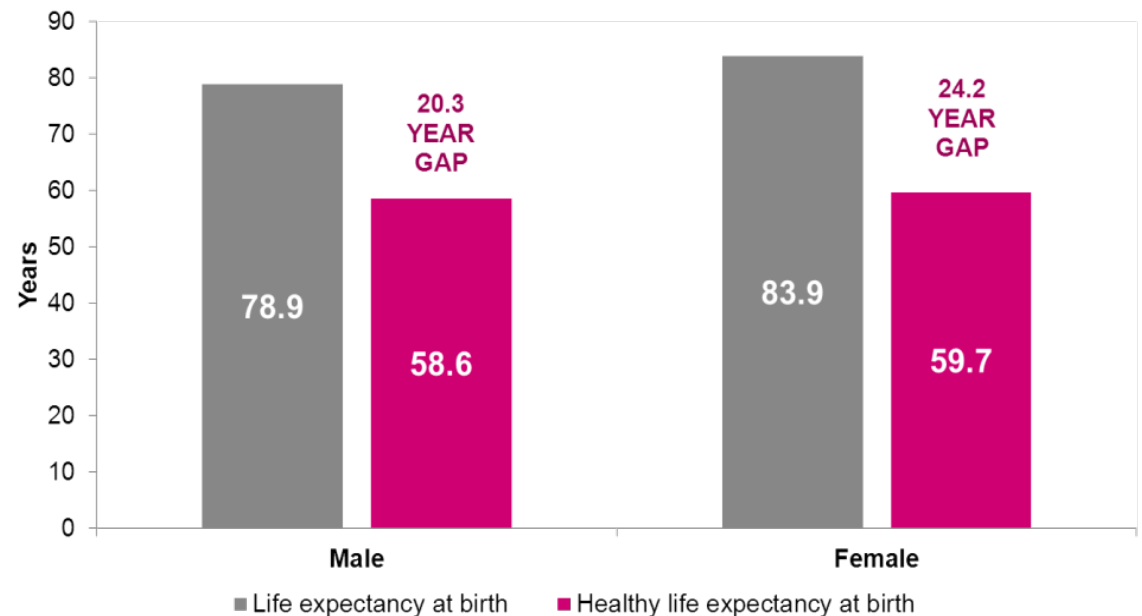
Southwark residents spend more than a quarter of their life in poor health

HEALTH OUTCOMES

Healthy life expectancy (HLE) is an estimate of how many years a person is expected to live in full health.

- HLE in Southwark has remained stable and significantly lower than the national and London averages
- On average males and females in Southwark are predicted to spend around a quarter of their life with a long-term condition or a disability

Life expectancy and healthy life expectancy in 2012/14



References

1. Public Health Outcomes Framework 2016

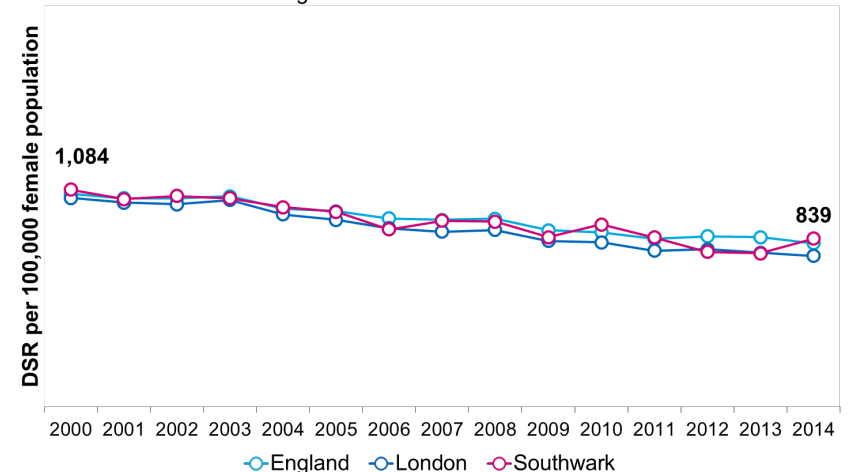
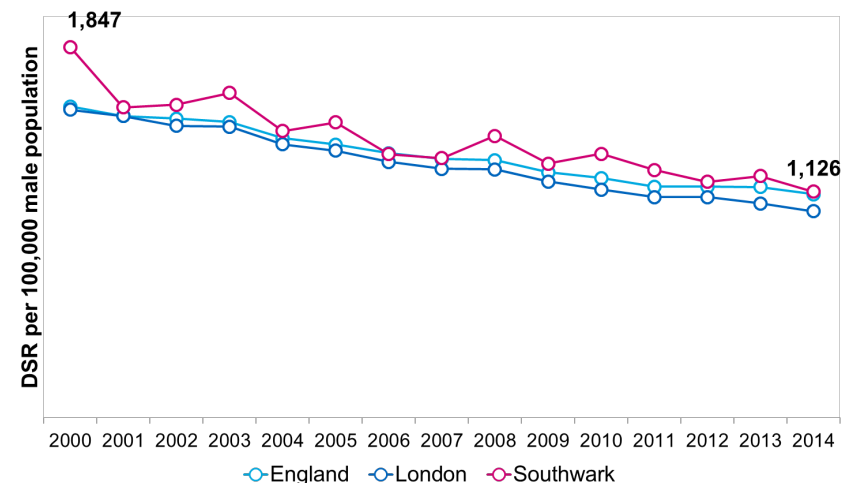
All-cause mortality has decreased significantly over the past 15 years

HEALTH OUTCOMES

Mortality from all-causes has reduced both in Southwark and nationally.

- Southwark male mortality rates have gone down from approximately 1,900 in 2000 to around 1,100 per 100,000 population* in 2014 (39% reduction).
- Female mortality rates have fallen from approximately 1,000 in 2000 to around 800 in 2014 (23% reduction).
- The gap between male mortality in Southwark versus national rate has reduced from around 17% in 2000 to 1% in 2014: a substantial gain.
- In the same time period the gap between female mortality in Southwark versus national rate has increased slightly from 2% in 2000 to 3% in 2014.
- The gender gap in all-cause mortality has fallen from around 52% in 2000 to around 29% in 2014.
- Despite the latter reductions, male all cause mortality rates in 2014 have not yet reached female mortality rates in 2000.

Male and female all cause mortality trend



References

1. Office for National Statistics Deaths Registrations 2015

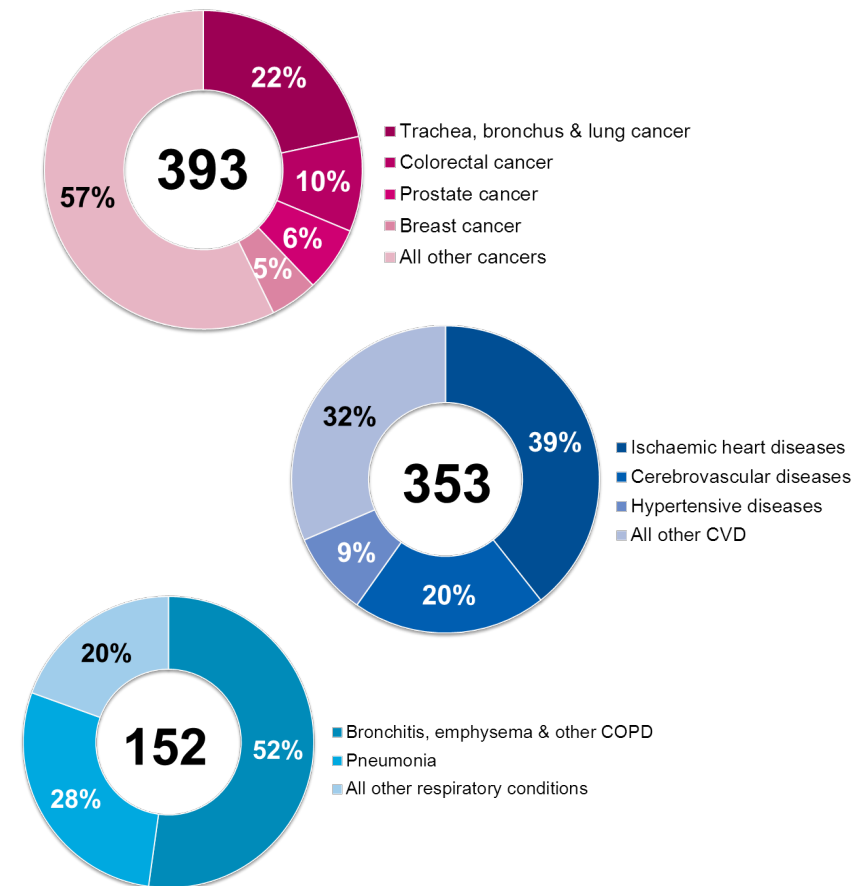
* Directly Standardised Rates per 100,000 European Standard Population 2013

Around 66% of all deaths in Southwark are due to cancer, cardiovascular and respiratory diseases

HEALTH OUTCOMES

- Cancers, cardiovascular diseases (CVD) and respiratory conditions accounted for about two-thirds of all deaths in Southwark in 2015.
- There were 393 cancer deaths in Southwark in 2015. Cancer was the most common cause of death accounting for around a third of all deaths in Southwark. Trachea, bronchus & lung cancer were the most common: around 22% of cancer deaths.
- Cardiovascular disease was the second most common cause of death with 353 CVD deaths in Southwark in 2015. Ischaemic heart disease accounted for about 40% of all cases.
- There were 152 deaths from respiratory conditions in Southwark in 2015. Over a half of these deaths were caused by bronchitis, emphysema or other chronic obstructive pulmonary disease (COPD).

Number and percent of deaths from cancer, cardiovascular diseases and respiratory conditions



References

1. Office for National Statistics Deaths Registrations 2015

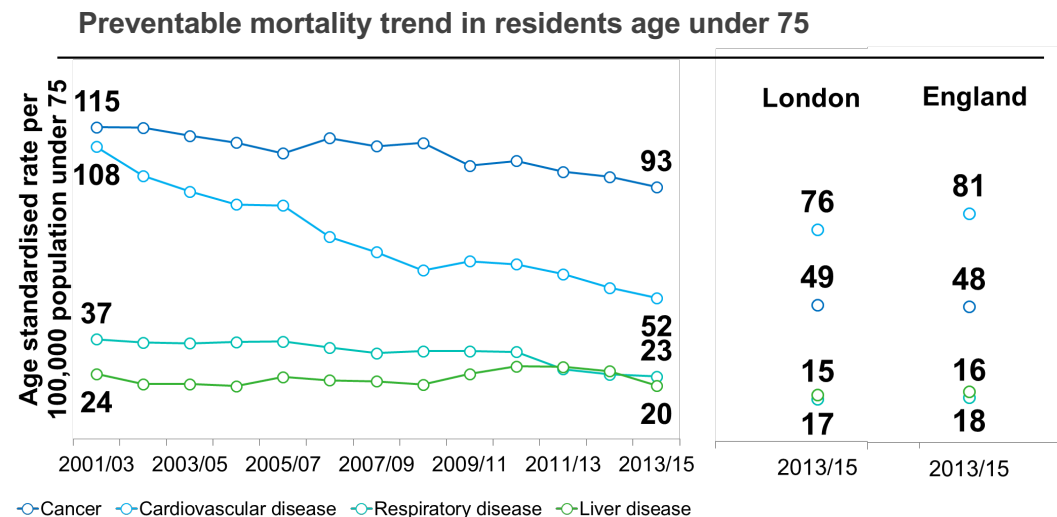
Rates of preventable mortality are higher in Southwark than the national average

HEALTH OUTCOMES

Preventable mortality includes deaths which are considered preventable if all or most deaths from the underlying cause could potentially be avoided by public health interventions in the broadest sense.

In the past ten years in Southwark preventable mortality rates for people age under 75 have reduced for cancers, cardiovascular disease (CVD), respiratory and liver disease.

- Mortality rates from CVD more than halved between 2001/03 and 2013/15
- Mortality rates from respiratory disease reduced by around 37%
- Mortality rates from cancer reduced by around 19%
- Mortality rates from liver disease reduced by around 18%



Despite this progress preventable mortality rates for Southwark residents age under 75 in 2013/15 were higher than the London and England averages:

- Mortality rates from cancer were significantly worse compared to the England and London averages.
- Mortality rates for liver disease were significantly worse than the London average.

References

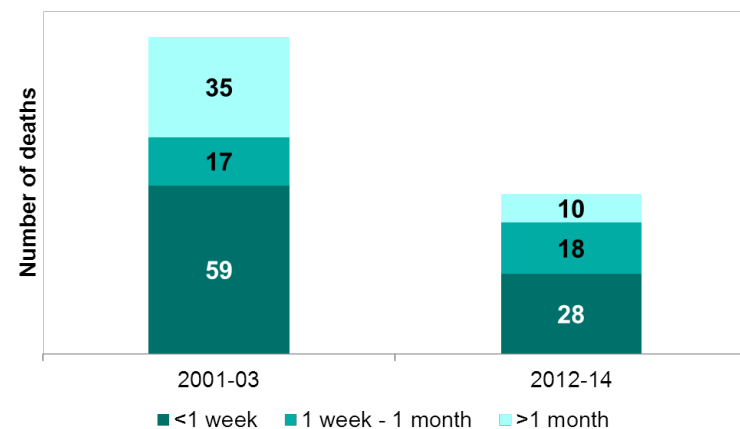
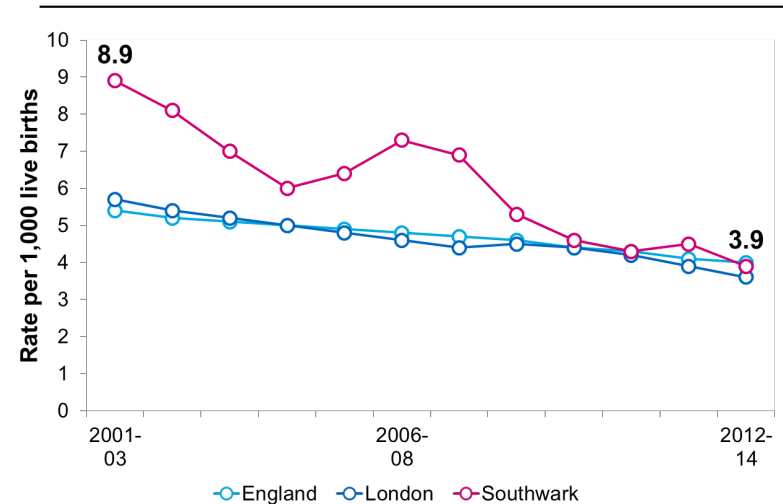
1. Public Health Outcomes Framework 2016

Southwark infant mortality has more than halved since 2001

HEALTH OUTCOMES

- Infant mortality rates are defined as deaths in infants under 12 months of age. Southwark's infant mortality rate has fallen by around 56% between 2001-03 and 2012-14
- Historically, infant mortality rates in Southwark were higher than London and England averages.
- Between 2001-03 and 2012-14 the gap in mortality rates has reduced:
 - From 44% to 8% Southwark against London
 - From 49% to -3% Southwark versus England (negative difference indicating lower infant mortality in Southwark)
- The number of infant deaths has gone down from 111 in 2001-03 to 56 in 2012-14.
- Half of all infant deaths occur in infants under one week of age and this proportion has not decreased between 2001-03 and 2012-14.

Infant mortality trend



References

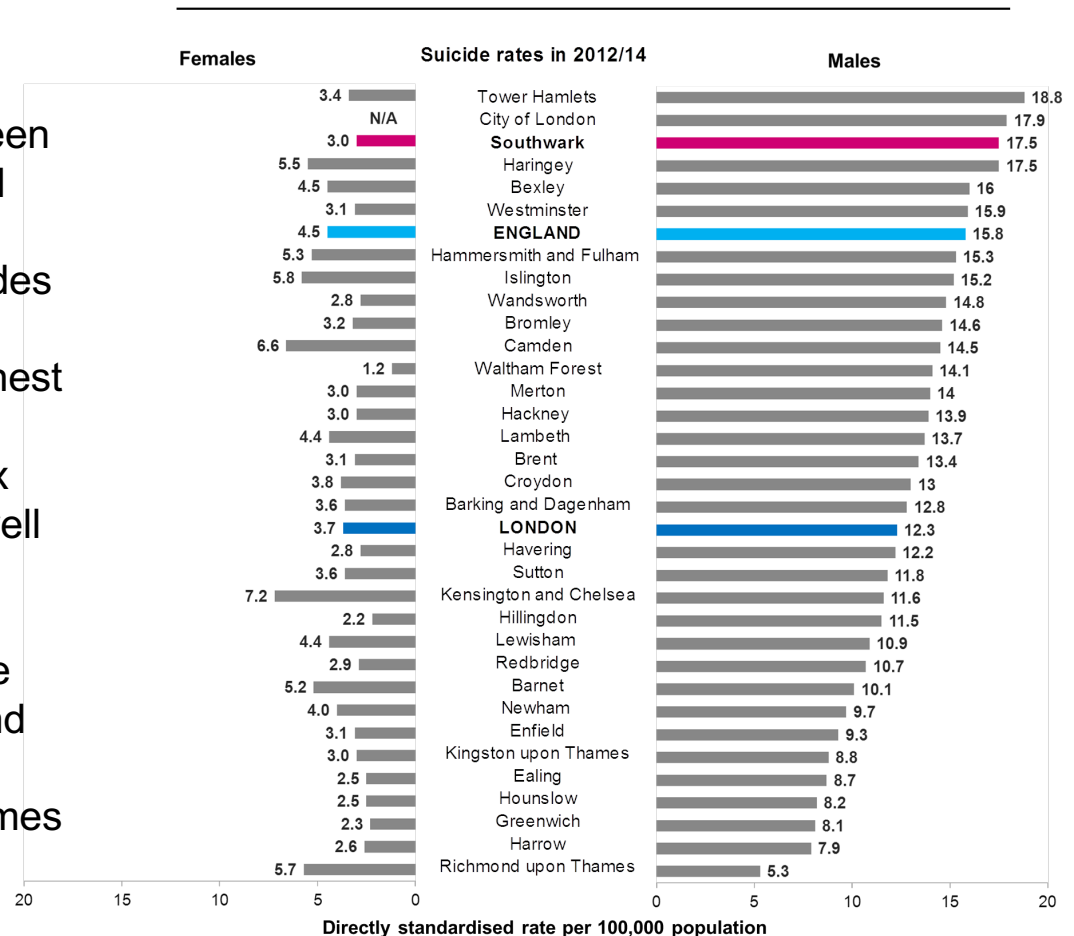
1. Public Health Outcomes Framework 2016
2. NHS Digital Indicator Portal & ONS Vital Statistics Outputs

Male suicide rates in Southwark are almost six times higher than the rate among females

HEALTH OUTCOMES

- Between 2002-04 and 2012-14 the rate of suicides in Southwark fell by 23%.
- Suicide rate in females has been reducing throughout this period, however there has been an increase in male suicide rate in the period from 2009/11 to 2012/14.
- In 2012/14 in Southwark there were 11 suicides among females and 58 male suicides.
- Southwark male suicide rates were third highest among 33 London boroughs.
- Suicide rates in males were 141% (nearly six times) higher compared to female rates as well as 10% and 35% higher compared to the England and London averages respectively
- Southwark female suicide rates, in turn, were 40% and 21% lower compared to the England and London averages respectively
- Nationally suicide rates in males are three times higher compared to females and the highest suicide rates are among males age 45 to 59.

Suicide rates by sex



References

1. Office for National Statistics Suicides in England and Wales by local authority 2002-2014

* Directly Standardised Rates per 100,000 European Standard Population 2013

Prevalence of major long-term conditions in Southwark is similar or lower than in England

HEALTH OUTCOMES

Diagnosed disease prevalence in 2015/16

Condition Group	Condition	Southwark		London	England
		Cases	Prevalence	Prevalence	Prevalence
Mental Health & Neurological conditions	Depression (18+)	17,624	6.9%	6.0%	8.3%
	Mental Health *	3,856	1.2%	1.1%	0.9%
	Dementia	1,183	0.4%	0.5%	0.8%
	Learning Disabilities (18+)	941	0.3%	0.3%	0.5%
Cardiovascular conditions	Hypertension	33,523	10.6%	11.0%	13.8%
	CHD	4,420	1.4%	2.0%	3.2%
	Stroke & TIA	2,836	0.9%	1.1%	1.7%
	Atrial Fibrillation	2,262	0.7%	1.0%	1.7%
	Heart Failure	1,461	0.5%	0.5%	0.8%
Respiratory conditions	Asthma	13,634	4.3%	4.6%	5.9%
	COPD	4,430	1.4%	1.1%	1.9%
High dependency and other long term conditions	Diabetes (17+)	15,228	5.9%	6.3%	6.6%
	Chronic Kidney Disease (CKD) (18+)	5,157	2.0%	2.4%	4.1%
	Cancer	4,449	1.4%	1.7%	2.4%

* Includes schizophrenia, bipolar disorder, psychoses and patients on lithium therapy

In 2015/16 diagnosed prevalence of most major long-term conditions in Southwark was either similar to or lower than the national and London averages, with the following exceptions:

- Prevalence of mental health conditions was 30% and 12% higher compared to England and London prevalence respectively
- Prevalence of depression was 14% higher compared to the London average
- Prevalence of COPD was 20% higher compared to the London average

In the future prevalence of these long-term conditions in Southwark might change as the population age structure changes.

References

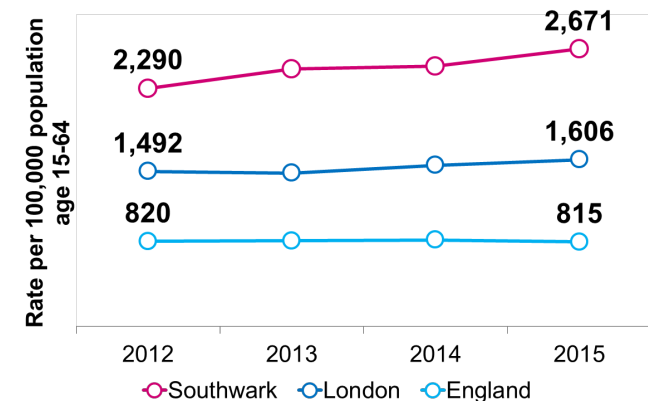
1. Quality Outcomes Framework 2016

The rates of newly diagnosed STIs are rising in Southwark

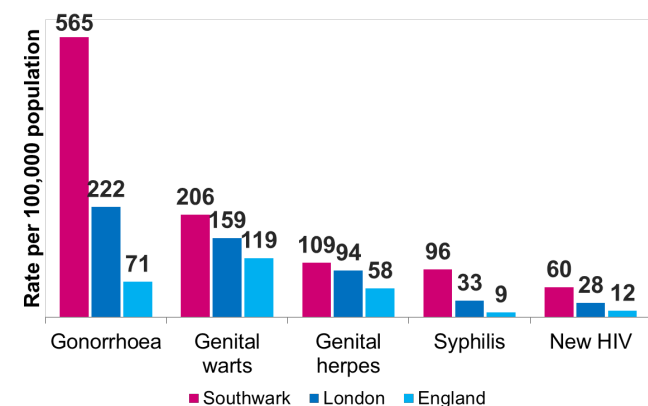
HEALTH OUTCOMES

- The newly diagnosed sexually transmitted infections* (STI) rates in Southwark have increased by 17% between 2012 and 2015.
- In 2015 Southwark ranked fifth highest for new STI diagnoses across 33 London boroughs.
- Southwark diagnostic rate was 104% higher than the national average and 50% higher than the London average.
- In 2015 there were 153 new HIV diagnoses in Southwark; new HIV diagnostic rate was second highest in London after Lambeth.
- Total HIV testing uptake in Southwark was significantly lower than the national and London averages: 74.1% versus 76.2% and 79.5% respectively .
- Furthermore, HIV testing uptake was significantly lower in men who have sex with men (MSM) and women; testing uptake in men was significantly lower than the London average only.
- Southwark ranked third highest in London for gonorrhoea and syphilis diagnostic rates with 1708 and 290 cases registered in 2015 respectively.

Trend of new STI diagnoses



STI diagnostic rate in 2015



References

1. Public Health Outcomes Framework 2016

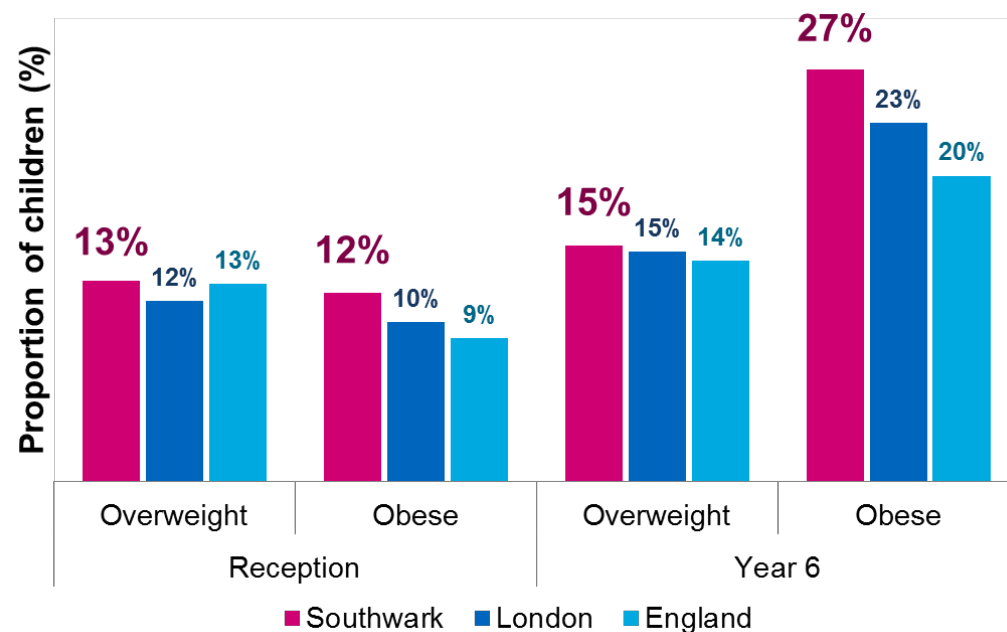
* Excluding Chlamydia in residents aged under 25 years old

Child obesity and excess weight in Southwark is significantly above the London and national average

HEALTH OUTCOMES

- There has been no statistically significant change in the prevalence of excess weight or obesity in Southwark since the National Child Measurement Programme began.
- Southwark is ranked fifth for excess weight and fifth for obesity in Reception and Year 6 children in London.

Prevalence of overweight and obese children in Reception and Year 6



- Fewer than three in 10 children in Reception are overweight or obese (excess weight). By Year 6 this increases to more than 4 in 10 children
- Excess weight and obesity is highest among children from Black or Black British ethnic backgrounds, and lowest among children from Chinese ethnic backgrounds.
- Excess weight and obesity is significantly higher among deprived communities, and the association increases with age.

References

1. National Childhood Measurement Program Southwark Report 2016

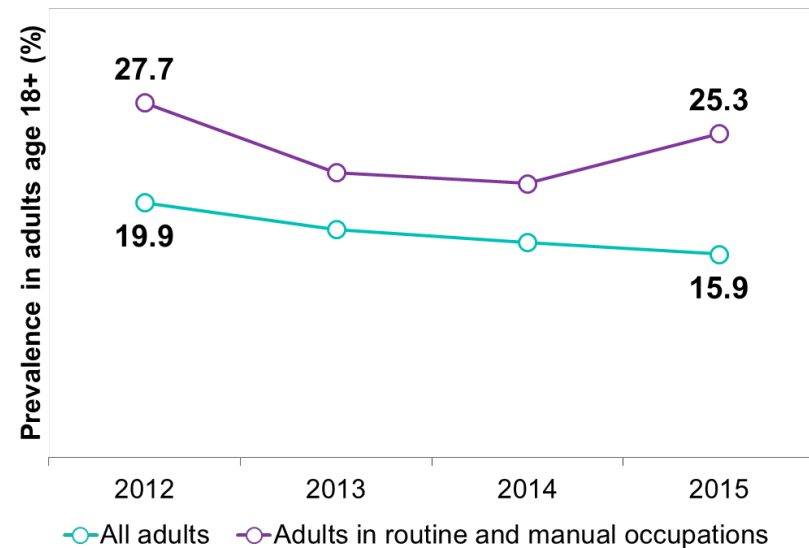
Smoking prevalence in Southwark is higher in more deprived population

HEALTH OUTCOMES

Smoking is the biggest single cause of preventable mortality and morbidity in the world.

- In 2012/14 around 1,500 potential years of life have been lost due to smoking related illness per 100,000 Southwark residents age 35+
- There are significant inequalities in smoking prevalence: it was 60% higher in adults in routine and manual occupations compared to the general Southwark population in 2015
- The number of current and regular smokers among 15-year-olds in Southwark in 2014/15 was similar to the London average and significantly lower compared to the national average
 - About 5% versus 6% and 8% respectively for current smokers.
 - About 3% versus 3% and 5% respectively for regular smokers.

Trend of smoking prevalence in all adults and those employed in routine and manual occupations in Southwark



References

1. Public Health England Local Tobacco Control Profiles 2016

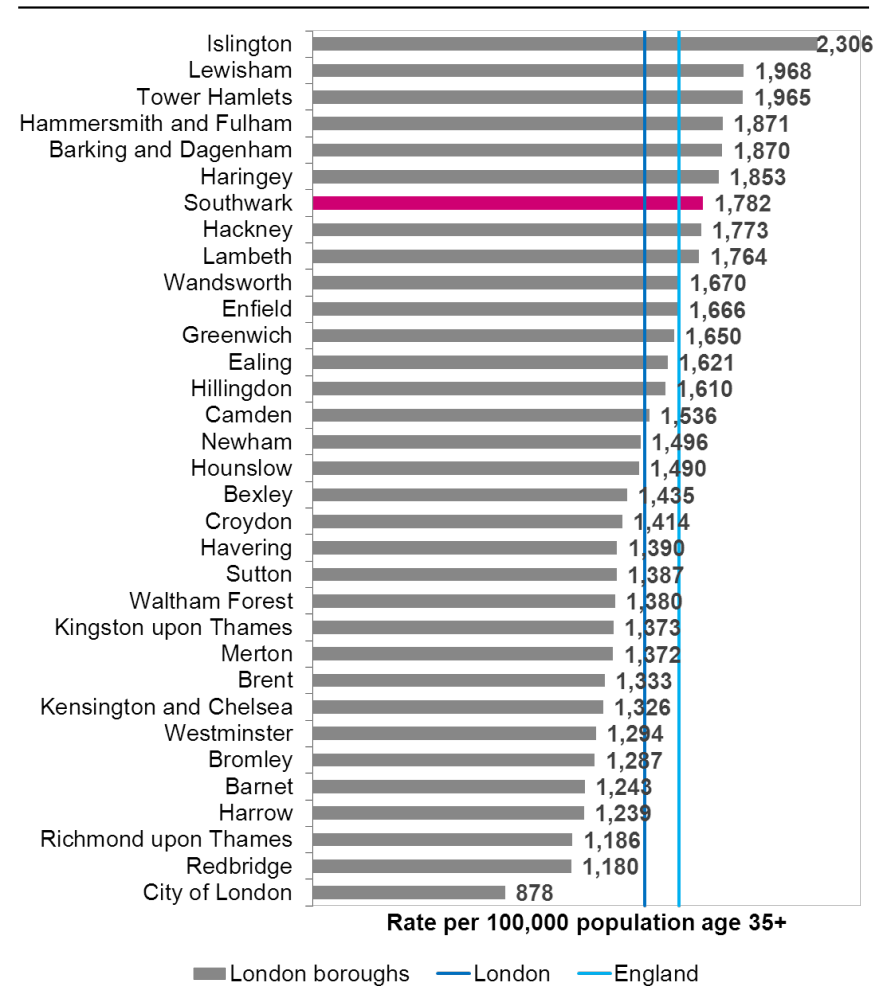
While today tobacco use in Southwark is falling, admission rates remain high...

HEALTH OUTCOMES

Smoking places a huge burden on health services, and in Southwark we are continuing to see the impact of decades of tobacco use.

- Southwark smoking attributable hospital admission rates were significantly higher compared to the London and England averages and seventh highest in London in 2014/15
- Significantly fewer Southwark residents quit after 4 weeks compared to the London and England averages in 2014/15:
 - 1,900 per 100,000 smokers versus 2,900 and 2,600 respectively for self-reported quitters
 - 1,400 per 100,000 smokers versus 2,000 and 1,900 respectively for CO validated quitters

Smoking attributable admission rates in 2014/15



References

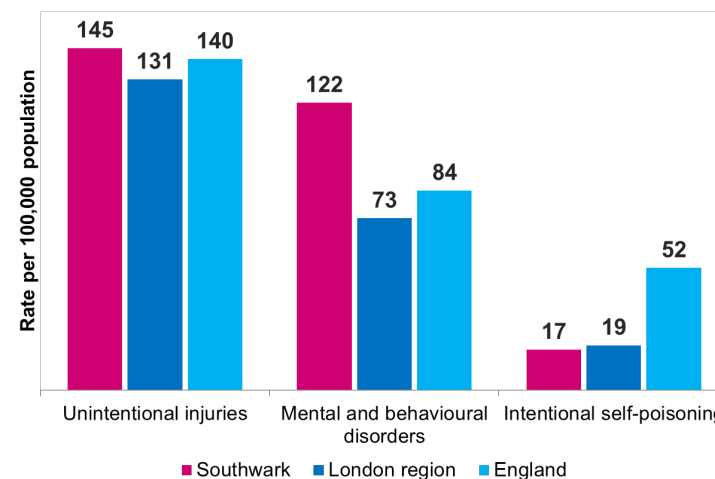
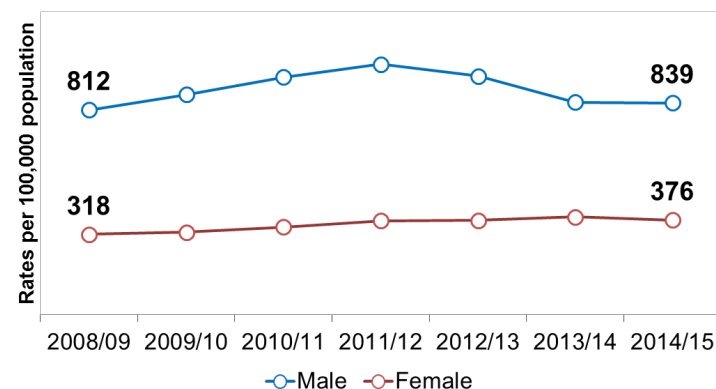
1. Public Health England Local Tobacco Control Profiles 2016

Men are twice as likely to be admitted to a hospital for an alcohol-related episode

HEALTH OUTCOMES

- The hospital admission rate in Southwark has risen slightly since 2008.
- In 2014/15 the hospital admission rate was significantly higher compared to the London average
- Hospital admission rates for mental and behavioural disorders due to use of alcohol were significantly higher than the national and London averages for both males and females
- The rates for alcohol-related unintentional injuries were similar to the national and London average
- The rates for intentional poisoning by and exposure to alcohol in Southwark were similar to the London average and significantly lower compared to the national average

Hospital admission episodes for alcohol-related conditions (narrow definition)



References

1. Public Health England Local Alcohol Profiles 2016

* Directly Standardised Rates per 100,000 European Standard Population 2013

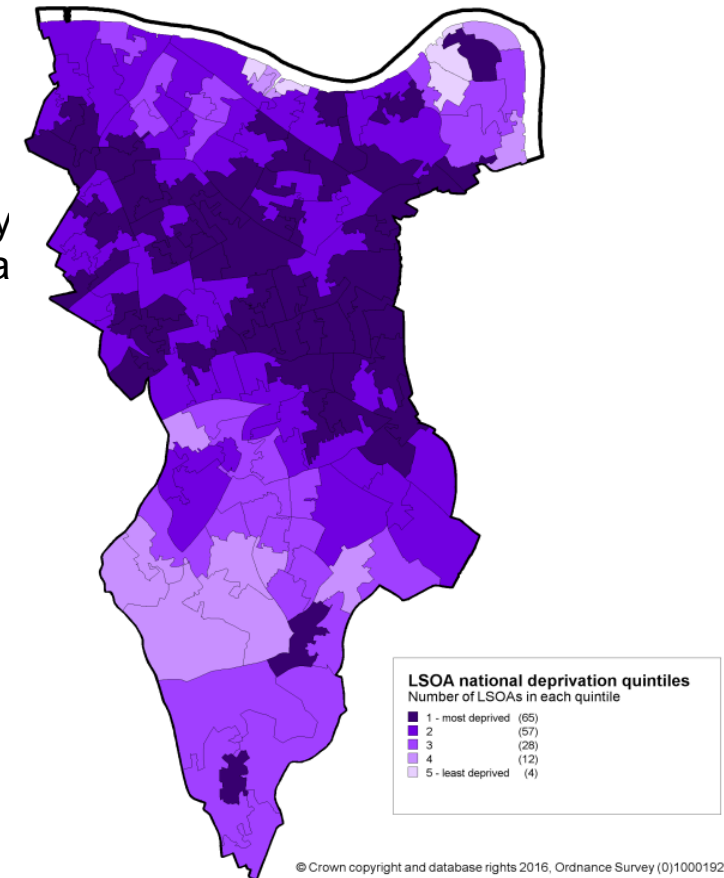
Almost 40% of Southwark residents live in areas considered most deprived nationally

WIDER DETERMINANTS OF HEALTH

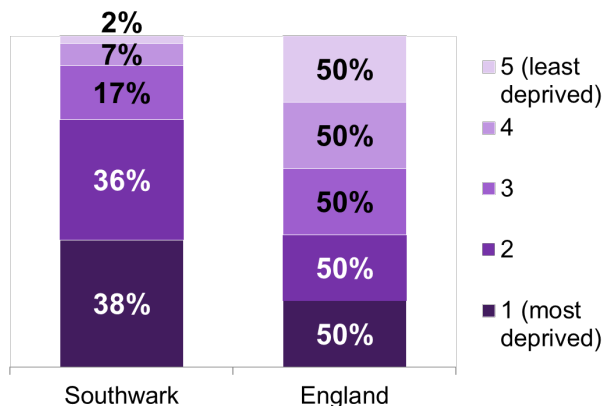
Deprivation is one of the reasons for health inequalities in Southwark.

- Southwark is 40th most deprived out of 326 England local authorities and ninth most deprived out of 33 London local authorities
- There is a significant variation in deprivation across the borough with around 119,000 (38%) Southwark residents living in areas which are among the most deprived nationally
- In comparison, only around 6,700 (2%) residents live in area considered most affluent nationally
- Around 15,000 (one in three) children in Southwark age under 16 years old live in low income families

Deprivation in Southwark: areas of darker shade are among most deprived nationally



Proportion of population per deprivation quintile



References

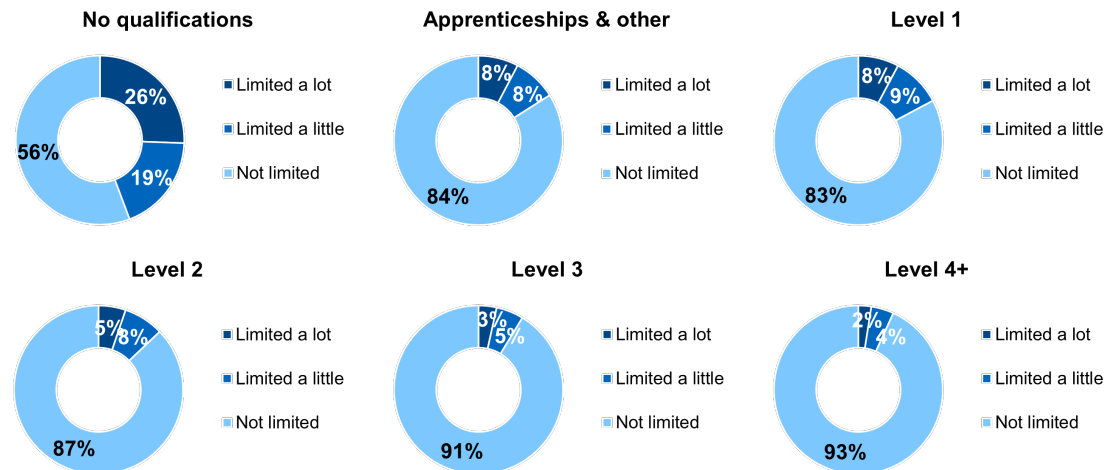
1. Department for Communities and Local Government, English Indices of Deprivation 2015
2. Public Health Outcomes Framework 2016

45% of Southwark residents with no qualifications have a long-term or a disabling condition

WIDER DETERMINANTS OF HEALTH

Education is a strong predictor of the socio-economic position and can serve as a proxy to highlight health inequalities within a population.

Proportion of residents whose day to day activities were limited a little or a lot by educational attainment in 2011



Education levels

No qualifications;

Level 1: 1-4 O Levels/CSE/GCSEs, NVQ Level 1, Basic/Essential Skills;

Level 2: 5+ O Level (Passes)/CSEs (Grade 1)/GCSEs (Grades A*-C), NVQ level 2, City and Guilds Craft;

Level 3: 2+ A Levels/VCEs, NVQ Level 3; City and Guilds Advanced Craft;

Level 4 and above: Degree (for example BA, MSc, PhD), NVQ Level 4-5, Professional qualifications (for example teaching, nursing, accountancy);

Apprenticeships and other qualifications: Apprenticeship, Vocational/Work-related Qualifications, Foreign Qualifications (not stated/level unknown).

- In Southwark 45% of residents who had no qualifications reported a long-term or a disabling condition
- Only 6% of residents who had Level 4 qualifications reported any long-term condition or a disability
- The proportion of people having a long-term condition or a disability increased with lower level of education

References

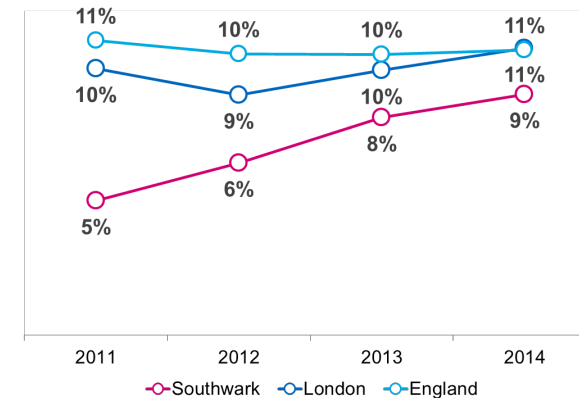
1. Census 2011
2. PHE Segment Tool 2016

The number of Southwark households in fuel poverty has nearly doubled in 4 years

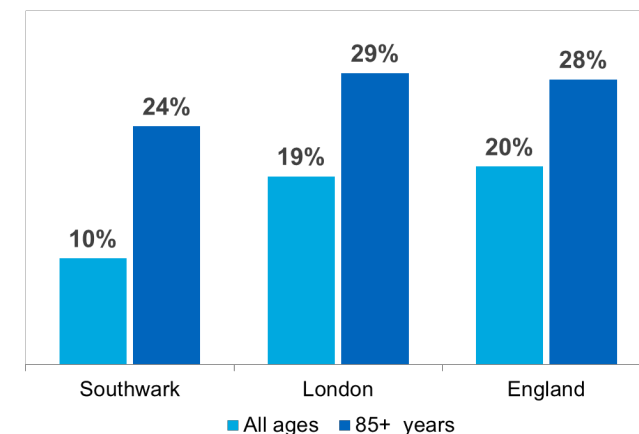
WIDER DETERMINANTS OF HEALTH

- A household is said to be in fuel poverty if its income is below the poverty line (taking into account the cost of energy) and its energy costs are higher than is typical for that household type
- In Southwark the proportion of households suffering from fuel poverty has increased from 5% (5,500 households) in 2011 to 8.9% (10,800 households) in 2014 – an increase of 94%
- Lower income households more likely to be at risk of fuel poverty, further contributing to social and health inequalities
- Cold homes can exacerbate pre-existing health conditions including cardiovascular, respiratory conditions and diabetes
- Low room temperatures are shown to contribute to mental health issues such as anxiety and depression in adults and young people
- Fuel poverty is associated with excess winter deaths, elderly being particularly vulnerable

Proportion of households in fuel poverty



Proportion of excess winter deaths



References

1. Public Health Outcomes Framework 2016
2. PHE and UCL Institute of Health Equity, Local action on health inequalities: Fuel poverty and cold home-related health problems. Health Equity Evidence Review 7: September 2014

CONTACT

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