

# **Public Health in Lambeth and Southwark**

Director of Public Health Report

October - December 2014

## **Introduction**

This is the quarterly report of the Director of Public Health for Lambeth and Southwark for the third quarter of 2014-15. The report is for the London boroughs of Lambeth and Southwark and Lambeth and Southwark Clinical Commissioning Groups as well as for all Health and Wellbeing Boards partners.

The aim of the quarterly reports is to update partners on the activities of the Lambeth and Southwark specialist public health team and work being done in partnership; and to provide information about current public health issues relevant to Lambeth and Southwark, including alerting people to areas of concern or risk.

This quarter summaries are from the health intelligence work streams, including an update on the annual public health reports for Lambeth and Southwark, Public Health Outcomes Framework – update on Health Care Public Health domain, update on Marmot indicators, Joint Strategic Needs Assessment – including web site development, new factsheet on suicides; summary of data section of; development of primary care profiles; key findings from the Shisha survey in South East London and alcohol licensing.

Comments and ideas for future topics are welcome. Please contact [PHAdmin@southwark.gov.uk](mailto:PHAdmin@southwark.gov.uk)

## **2. Annual Public Health Reports (APHR) – data section**

The APHR data section is a supplemental indicator profile supporting the APHR. Indicators cover geography, population, life expectancy, infant mortality, teenage conceptions, mortality, long term condition prevalence and vital statistics.

### **Lambeth**

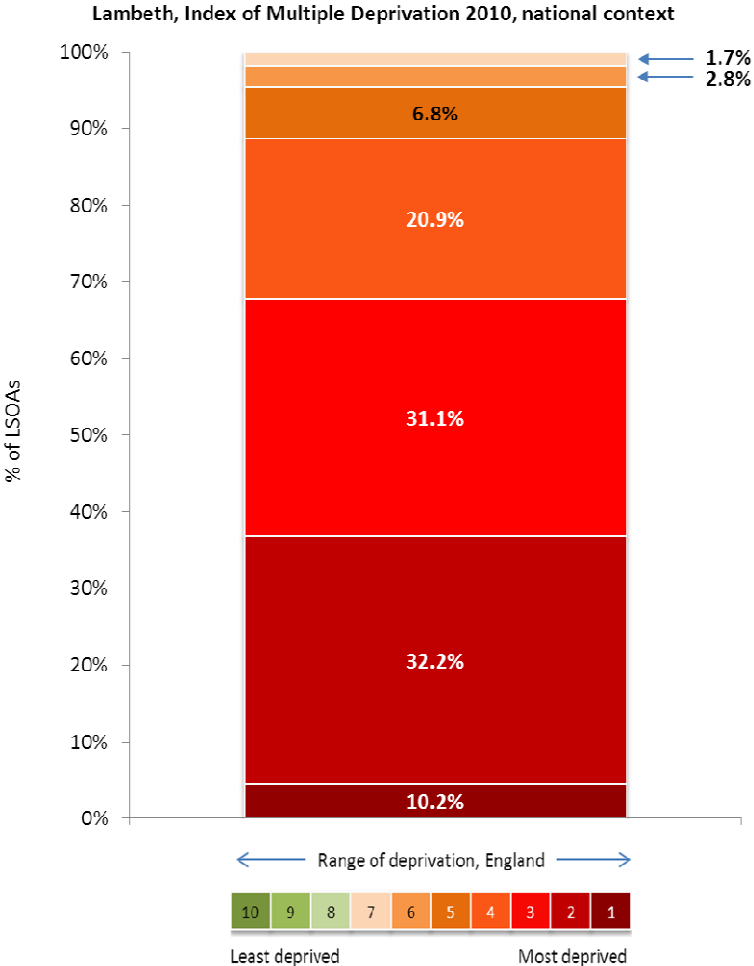
Lambeth is a densely populated, young ethnically diverse population with over 150 languages spoken. The resident population, 314,242, is estimated to increase by 9% over the next 10 years. Lambeth will remain a young borough in 2024 with 21% of the population aged under 20 and 50% of the population aged 20-44.

Lambeth records comparatively high levels of internal migration, migrant national insurance number registrations, estimates of non-UK born residents and migrant GP registrations. Lambeth has an ethnically diverse population with the Black, Asian and Minority Ethnic (BAME) community accounting for around 43% of the total population. Approximately 30% of people are classified as Black with almost equal proportions of Black African (12%) and Black Caribbean (9%). Projections estimate the

Black Caribbean population is likely to decrease by 6% in the next 10 years, compared to increase in the Black African population by 9%. The Chinese & Pakistani population will experience a population increase by 19% and 5% respectively. The projections suggest BAME overall will increase by 14%.

The 2010 Index of Multiple Deprivation (IMD) places Lambeth as the 9th most deprived borough in London and 29th most deprived in England. Variation of deprivation can be seen across the borough, 37% of Lower Super Output Areas (LSOAs) are in the 20% most deprived areas in England and 89% of LSOAs are in the 40% most deprived areas in England. Fig 1 shows the proportion of Lambeth LSOAs assigned to each deprivation range

**Fig 1**



Source: Index of Multiple Deprivation 2010 (IMD) <sup>1</sup>

The 2012 under-18 conception rate for Lambeth is 33.2 per 1,000 girls aged 15-17, representing an overall decline of 61.1% since 1998, the baseline, and a 65.4% reduction since 2003, when under 18

<sup>1</sup> Index of Multiple Deprivation 2010 (IMD)

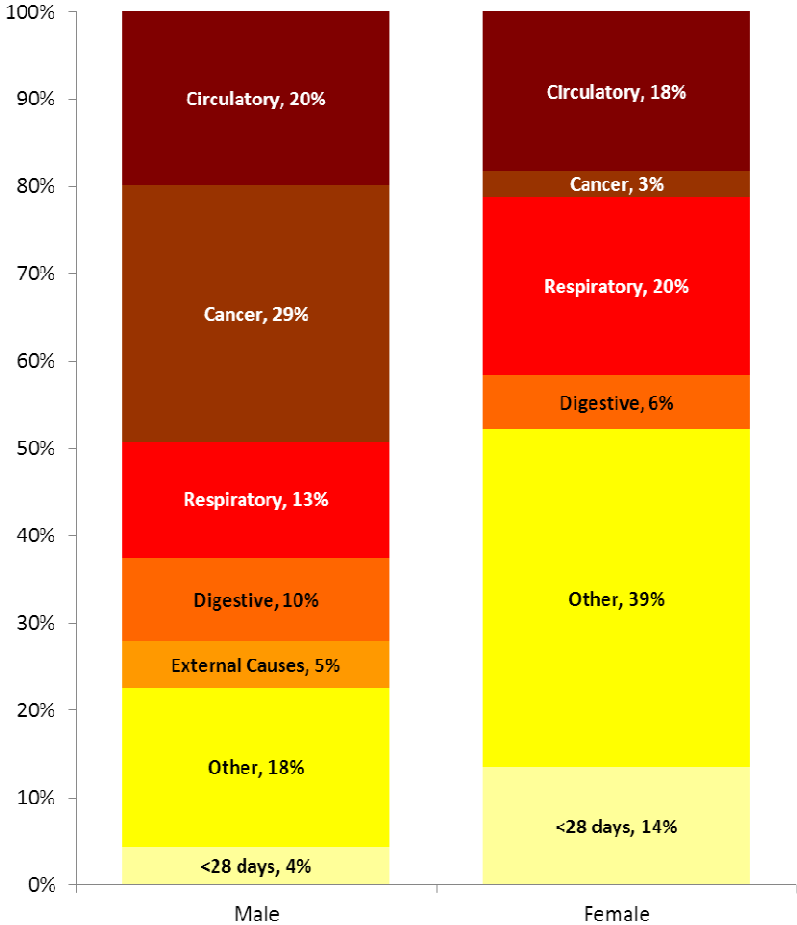
conceptions rate was highest. That is a reduction from 415 in 2003 conceptions to 142 conceptions in 2012.

Infant mortality (deaths of infants aged under 1 year) has dropped from 8.8 per 1,000 live births in 1995-97 to 6.0 per 1,000 live births in 2010/12, which is a reduction of over 33%; however, there is still a gap when compared to the London and England rate.

At national level, Fig 2 shows life expectancy (LE) gap between Lambeth and England. For males and females, circulatory and respiratory conditions are key contributors to the LE gap. For males, cancer related deaths are also key, 2/3 of which were due to lung cancer. Chronic obstructive pulmonary disease explained 100% of male and 60% of female respiratory disease gap.

**Fig 2**

Life expectancy gap between Lambeth as a whole and England as a whole, by cause of death, 2009-2011

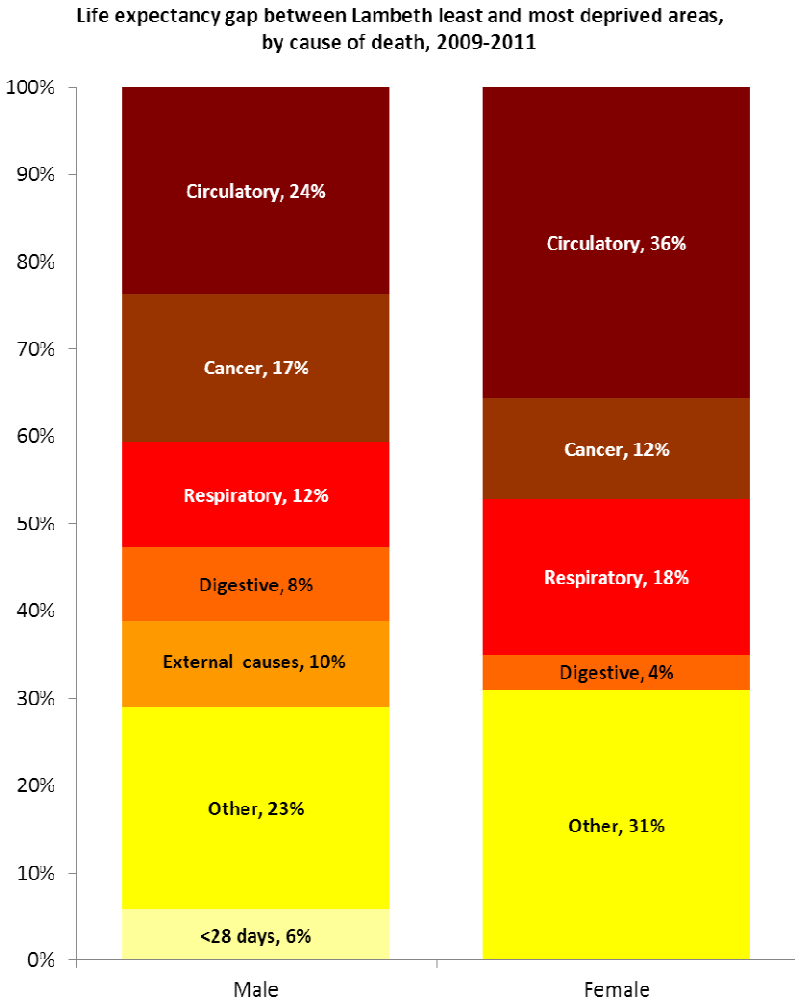


Source: Public Health England, Segment Tool, Life Expectancy Gap 2

<sup>2</sup> Public Health England, Segment Tool, Life Expectancy Gap

At local level, Fig 3 shows LE gap between Lambeth’s least and most deprived areas. For males and females, circulatory and respiratory conditions are key contributors to the LE gap. Heart disease explains 1/3 of male and 2/3 of female circulatory disease. Chronic obstructive pulmonary disease explained 100% of male and 50% of female respiratory disease gap.

**Fig 3**

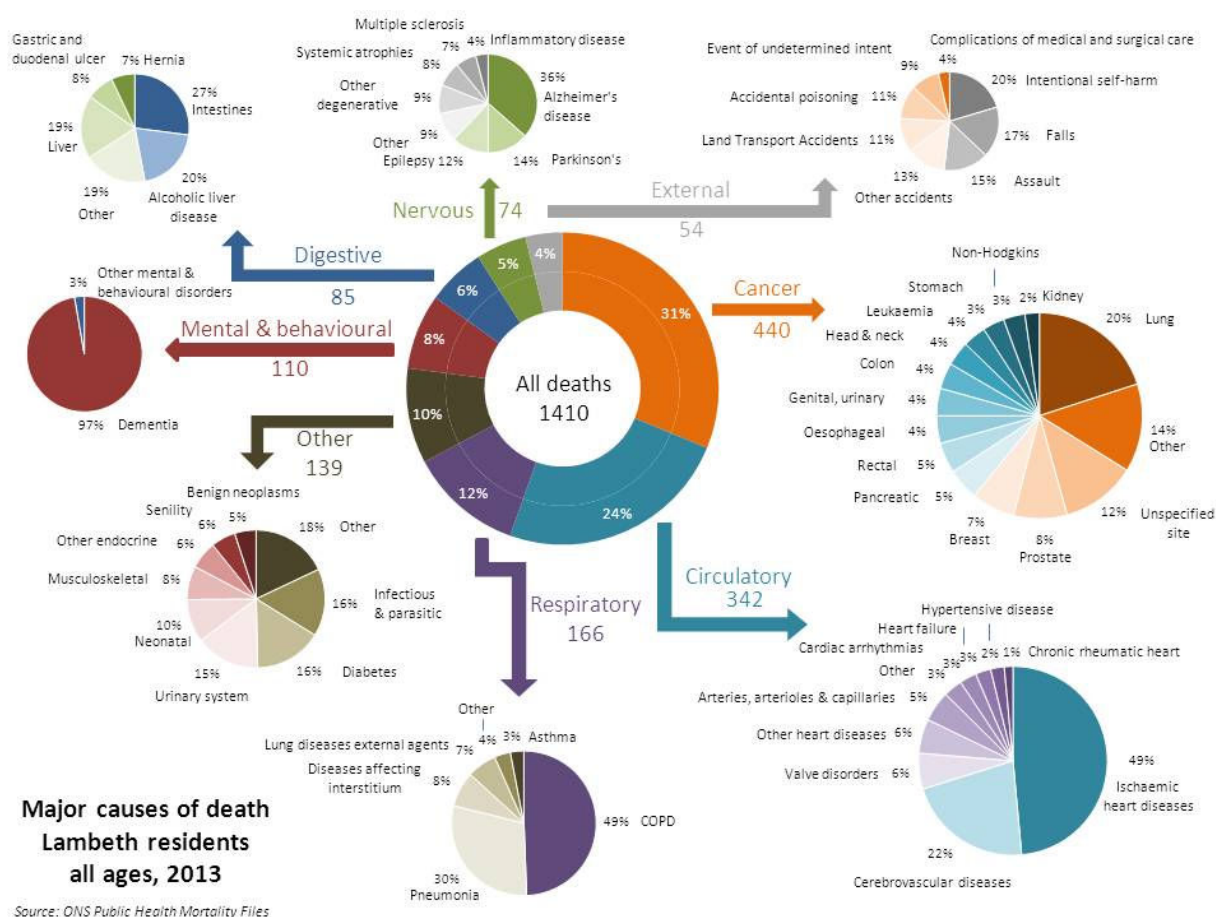


Source: Public Health England, Segment Tool, Life Expectancy Gap <sup>3</sup>

<sup>3</sup> Public Health England, Segment Tool, Life Expectancy Gap

The pie charts in Fig 4 show the proportion each cause of death contributes to total deaths. In 2013 there were 1,410 deaths to Lambeth residents. Cancer is the largest cause of death (31%) followed by circulatory disease (24%).

**Fig 4**



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**Southwark**

Southwark is a densely populated, young ethnically diverse population with over 300 languages spoken. The resident population of 299,304 is estimated to increase by 16% over the next 10 years. Southwark will remain a young borough in 2024 with 23% of the population aged under 20 and 48% of the population aged 20-44.

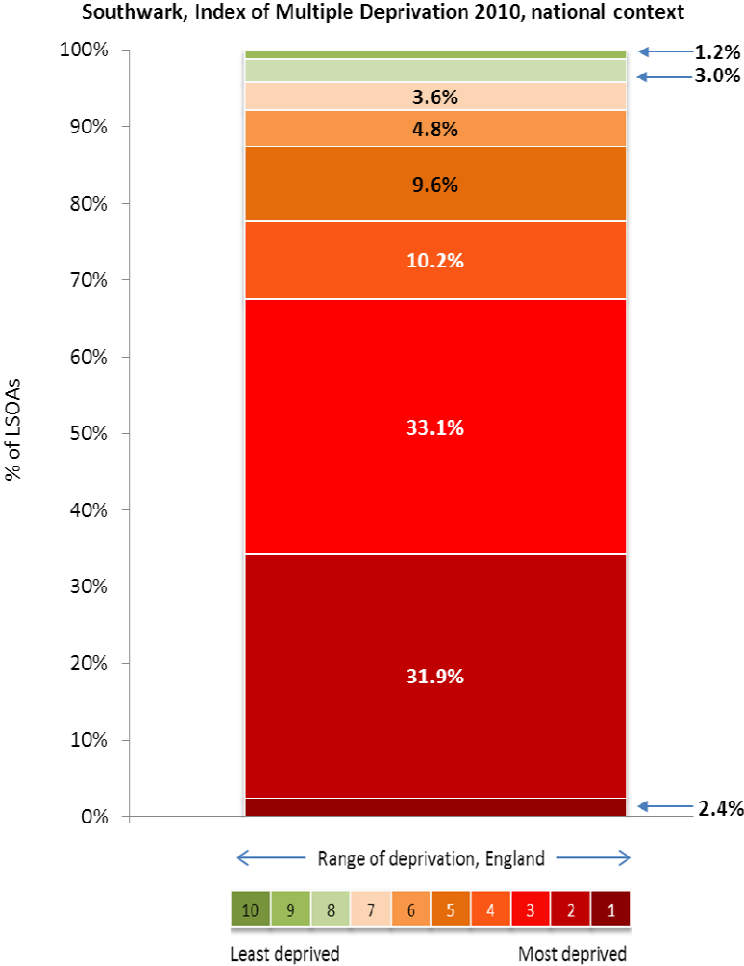
Southwark records comparatively high levels of internal migration, migrant national insurance number registrations, estimates of non-UK born residents and migrant GP registrations. Southwark has an ethnically diverse population with the Black, Asian and Minority Ethnic (BAME) community accounting

<sup>4</sup> ONS Public Health Mortality Files

for around 47% of the total population. Approximately 30% of people are classified as Black with a larger proportion of Black African (16%) and Black Caribbean (6%). Projections estimate the Black Caribbean population is likely to decrease by 1% in the next 10 years, compared to increase in the Black African population by 15%. The Asian (Chinese 30%, Pakistani 22% and Indian 20%) population will experience a population increase. The projections suggest BAME overall will increase by 23%.

The 2010 Index of Multiple Deprivation (IMD) places Southwark as the 12th most deprived borough in London and 41st most deprived in England. Variation of deprivation can be seen across the borough, 35% of LSOAs are in the 20% most deprived areas in England and 79% of LSOAs are in the 40% most deprived areas in England. Fig 5 shows the proportion of Southwark LSOAs assigned to each deprivation range

**Fig 5**



Source: Index of Multiple Deprivation 2010 (IMD) 5

<sup>5</sup> Index of Multiple Deprivation 2010 (IMD)

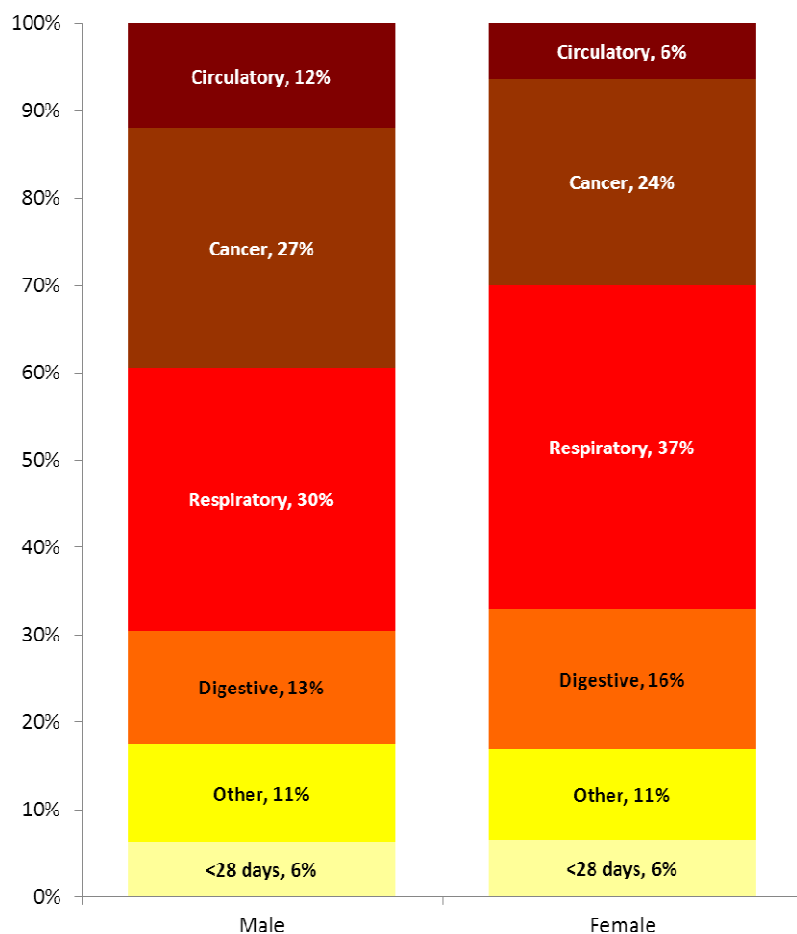
The 2012 under-18 conception rate for Southwark is 31.8 per 1,000 girls aged 15-17, representing an overall decline of 63.5% since 1998, the baseline, and a 25.5% reduction since 2011. This accounts for a reduction of 46 conceptions between 2011 and 2012.

Infant mortality (deaths of infants aged under 1 year) has dropped from 8.2 per 1,000 live births in 1995-97 to 4.3 per 1,000 live births in 2010/12, which is a reduction of 48%. Southwark's rate is similar when compared to the London and England rate.

At national level the following Fig 6 shows life expectancy (LE) gap between Southwark and England. For males and females, respiratory disease and cancer were key contributors to the LE Gap. Chronic obstructive pulmonary disease accounts for 90% of all respiratory diseases for males, and 100% for females. 2/3 cancer deaths contributing to the gap were due to lung cancer.

**Fig 6**

Life expectancy gap between Southwark as a whole and England as a whole, by cause of death, 2009-2011



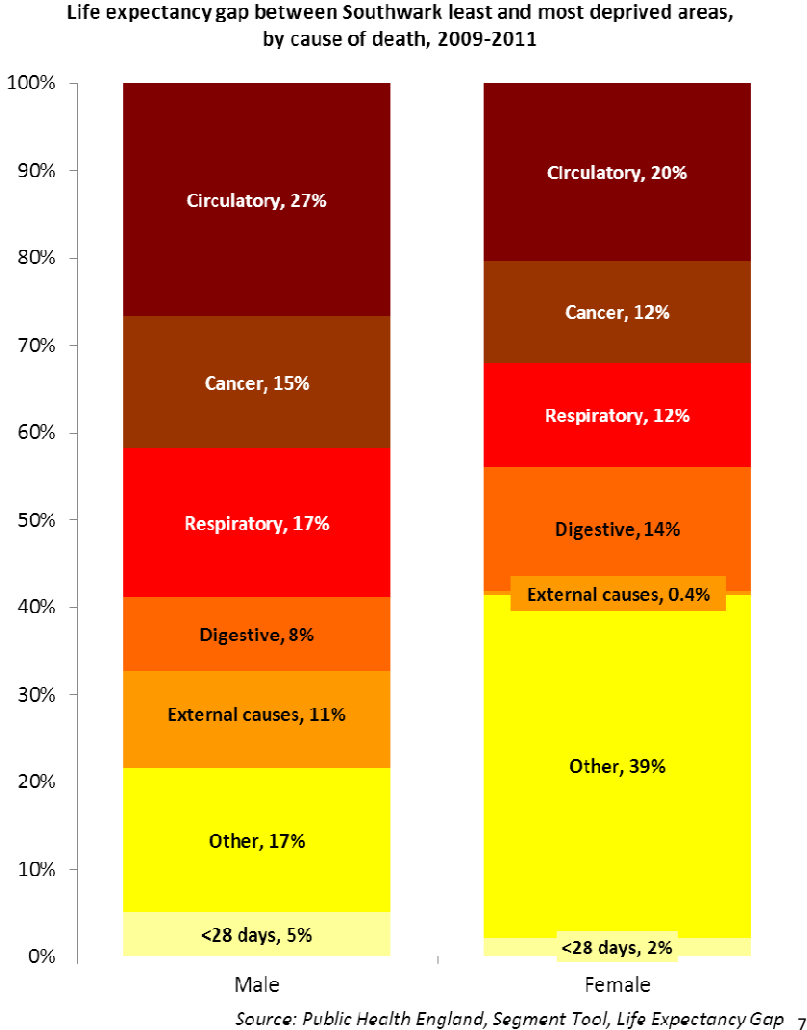
Source: Public Health England, Segment Tool, Life Expectancy Gap 6

<sup>6</sup> Public Health England, Segment Tool, Life Expectancy Gap



At local level, Fig 7 shows the life expectancy gap between Southwark’s least and most deprived areas. For males and females, circulatory diseases were a key contributor to the LE gap, as were respiratory diseases and cancer. For females, mental and behavioural disorders contributed to the LE gap. Heart disease explained 40% of male and 65% of the female gap. Other conditions not specified for females contributed to 22% of the gap. COPD accounted for most of the gap for respiratory disease.

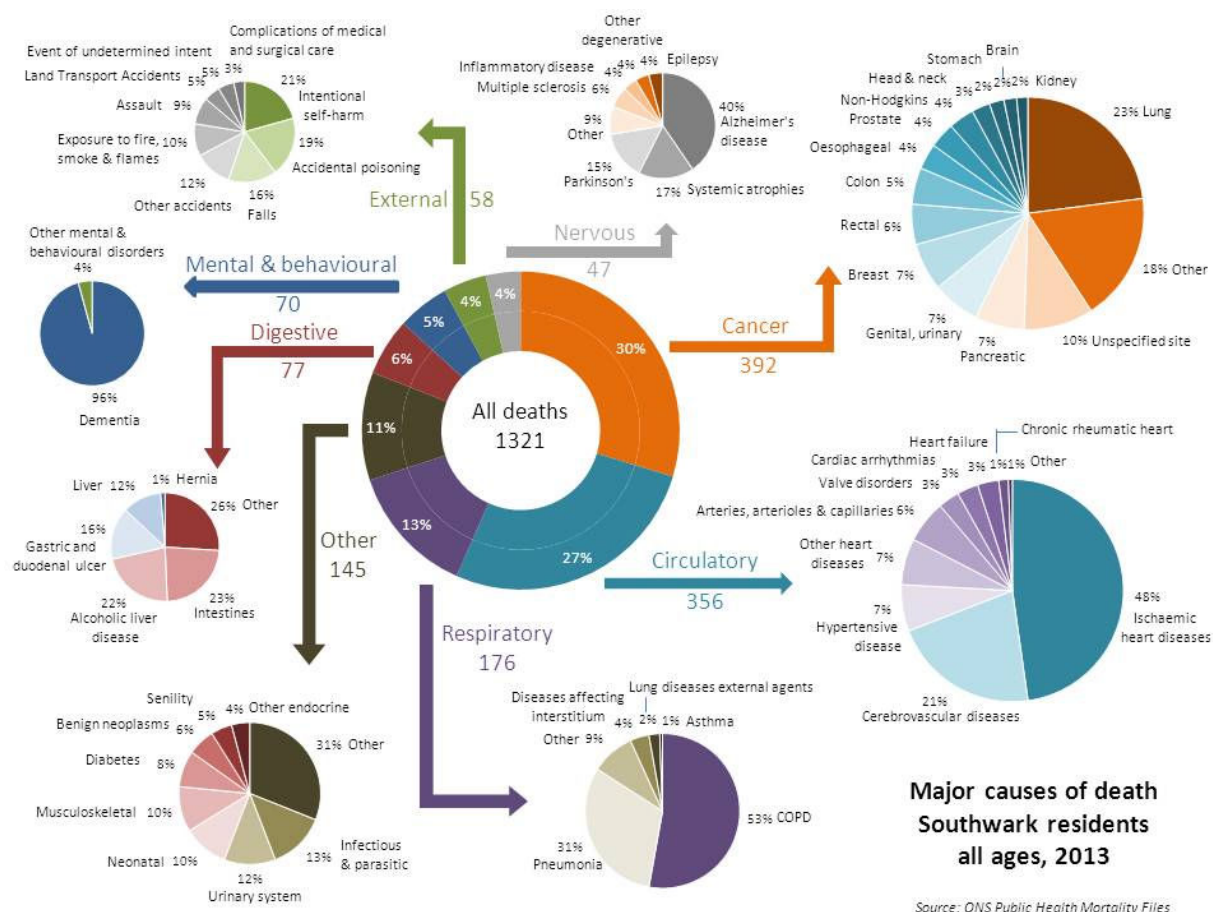
**Fig 7**



<sup>7</sup> Public Health England, Segment Tool, Life Expectancy Gap

The pie charts in Fig 8 show the proportion each cause of death contributes to total deaths. In 2013 there were 1,321 deaths to Southwark residents. Cancer is the largest cause of death (30%) followed by circulatory disease (27%).

**Fig 8**



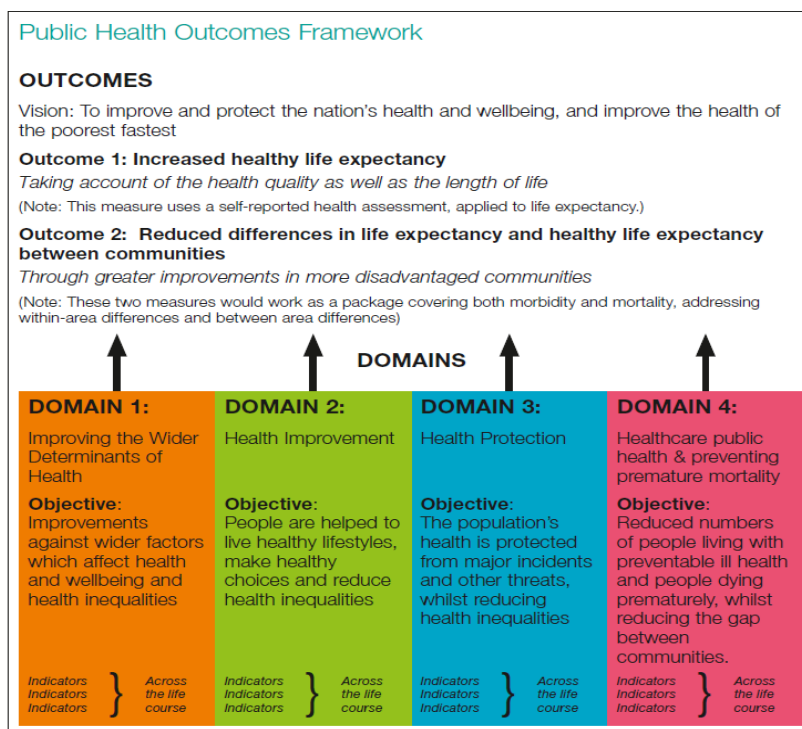
**Major causes of death Southwark residents all ages, 2013**

Source: ONS Public Health Mortality Files

### 3. Public Health Outcomes Framework – update on Health Care Public Health domain

The PHOF “Healthy lives, healthy people: Improving outcomes and supporting transparency” sets out a vision for public health, desired outcomes and the indicators that help us to understand how well public health is being improved and protected.

The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four ‘domains’ that cover the full spectrum of public health as illustrated in the figure on the left. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life. Data are published as part of a quarterly update cycle in August, November, February and May.



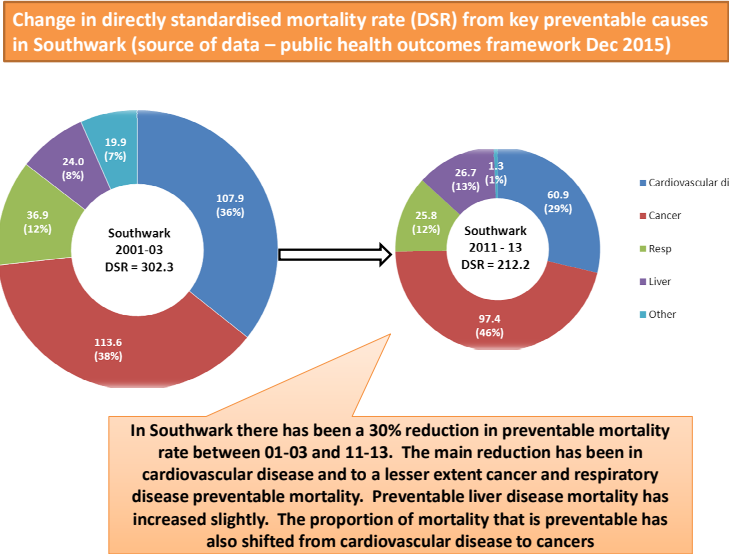
More details on the overarching outcomes and life expectancy can be found in the JSNA web pages ([www.southwark.gov.uk/jsna](http://www.southwark.gov.uk/jsna)<sup>9</sup> and [www.lambeth.gov.uk/jsna](http://www.lambeth.gov.uk/jsna)<sup>10</sup>). In this report, we are updating local boards on the fourth domain (Health Care Public Health and Preventing Premature Mortality), with a focus on premature/preventable mortality.

The figures on the next page summarise the changes in the four main causes of preventable mortality in Southwark and Lambeth. These are heart disease/strokes, cancers, respiratory disease and liver disease. There has been a significant reduction in preventable deaths from heart disease and strokes – this is as a result of reduced smoking levels, better dietary measures and blood pressure controls as well as the availability of effective treatments. However, as the population ages, more people are developing cancers and this is reflected in the shift in the proportion of people dying from preventable cardiovascular diseases to cancers over time. There has been significant change in the preventable respiratory disease mortality in Southwark, with a slight worsening in Lambeth. Lambeth has seen a slight improvement in preventable liver mortality, with Southwark seeing a slight worsening. The

<sup>9</sup> [www.southwark.gov.uk/jsna](http://www.southwark.gov.uk/jsna)  
<sup>10</sup> [www.lambeth.gov.uk/jsna](http://www.lambeth.gov.uk/jsna)

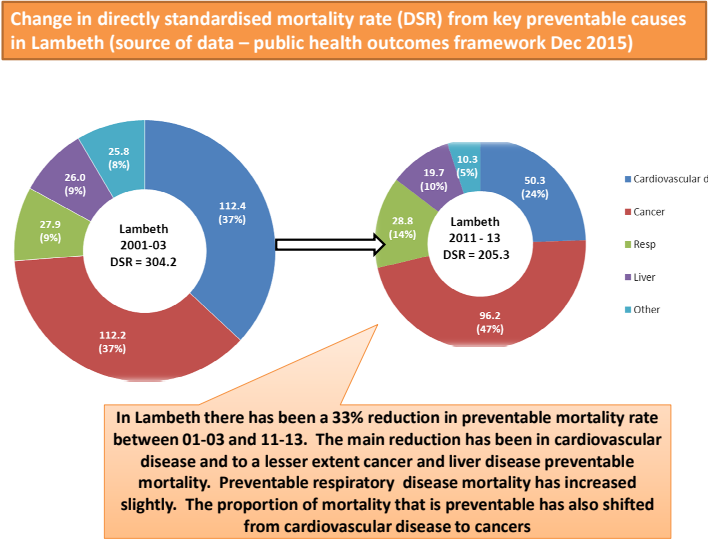
relative percentage of preventable mortality from these two areas has also increased over time. Continuing effort needs to be put into prevention of risk factors related to these four conditions – smoking, blood pressure control, alcohol, obesity (diet and physical activity), and lipid control. These require both the implementation of healthy policy as well as targeted individual behaviour.

**Fig 9**



Source: Public Health Outcomes Framework (PHOF)<sup>11</sup>

**Fig 10**



Source: Public Health Outcomes Framework (PHOF)<sup>12</sup>

<sup>11</sup> Public Health Outcomes Framework (PHOF)

#### 4. Marmot indicators update

The Marmot Indicators are a specific set of indicators that form part of the Public Health Outcomes Framework (PHOF). The Marmot indicators specifically address wider determinants of health, health outcomes and health inequality. The data presented here shows an update of these indicators, and progress since last year. In addition, some new indicators were introduced that seek to reflect educational attainment, wellbeing and income. Unless otherwise stated, indicators cover the period from 2010-12 and compare to the period of 2009-2011.

Overall, the indicators show that the situation has not changed much compared to the previous reporting period. In summary:

- In **Southwark**, healthy life expectancy for women has improved from 60.2 to 62.5 years, but with no change for men, and is significantly worse than the England average. Healthy life expectancy in **Lambeth** has improved from 61.1 to 63.1 years for men and with no change in women 62.3 to 62.2 years, both of which do not differ significantly from the England average.
- Life expectancy at birth in **Southwark** has slightly improved for men (78 years) and women (83.1), but male life expectancy is still significantly lower than for the whole of England. Life expectancy at birth in Lambeth is similar men (78.2 years) and women (83 years), again with male life expectancy significantly lower than for the whole of England.
- **Southwark's** inequality in life expectancy at birth within the borough is 7.1 years for men and 7.3 for women, meaning that people in the poorer parts of Southwark die seven years earlier than those in the wealthier parts. In **Lambeth**, this gap is lower with 5 years for men and 2.8 years for women.
- 7.8 per cent of **Lambeth** residents report a low life satisfaction, which is not significantly different to England's value of 5.8%.<sup>13</sup>

On development and educational attainment, key predictors for later income and health and wellbeing, Lambeth and Southwark achieve different outcomes:

- In **Lambeth** in 2012/13, 46 per cent of children at the age of five have a good level of development, which is significantly worse than England's average of 51.7 per cent. Children at age 5 with free school meals perform close to the English average: 36.5 per cent have a good level of development, compared to England's average of 36.2 per cent. In **Southwark**, more children

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<sup>12</sup> Public Health Outcomes Framework (PHOF)

<sup>13</sup> This indicator is not available at Southwark level

achieve these outcomes: 59.6 per cent of children at the age of five have a good level of development, and 51.6 per cent on free school meals.

- In both boroughs, the percentage of young people who have obtained 5 A\*-C GCSEs including English and Maths is higher than the English average (60.8%) for all pupils (Lambeth: 65.9%, Southwark 65.2%), and also for those on free school meals (Lambeth: 59.9%, Southwark: 60.1%, England: 38.1%)
- The percentage of 19-24 year olds not in education, employment or training isn't broken down to borough level, but for **London**, the value is 13.7.

Employment, long-term employment and income in Southwark and Lambeth also reveal some differences to the England average:

- Employment levels in **Southwark** (10.4%) are worse than the England average of 7.4%, but similar in **Lambeth** (8.3%). In **Southwark**, 15.4 per 1000 population are long-term unemployed, and in Lambeth 16.8 per 100,000 (England: 9.9%). In 2012, 7.5 % of **Lambeth** and 6.4% of Southwark households were in fuel poverty, both significantly fewer than the 10.4 % average in England.
- In 2011/12, 2920 per 100,000 Londoners had a work-related illness, and income levels in for 29.4% of Londoners in 2011/12 did not reach minimum income standards.<sup>14</sup>

### **What are we doing locally?**

The Public Health Directorate is working with both councils and the CCGs to improve on these indicators, and to reduce inner-borough inequalities, for example in life expectancy for men and women. Current work includes an analysis of existing PHOF indicators to determine inner-borough inequalities and to include an inequality dimension in an assessment of the impact of certain indicators on the boroughs' populations, such as number of people affected, the severity of the impact, and the financial impact on the person, the council and the NHS. We provide CCGs and the council with expert input and data analysis on departmental strategies (e.g. housing, air quality) and work towards building capacity in recognising the wider determinants of health and ways that organisations can mitigate against them in all their work.

The public health team has worked with the councils on integrating public health outcomes framework with the council plans. For example, we have completed with Southwark CCG an in-depth analysis of inequalities in the borough and are planning to do the same for Lambeth CCG. Public Health is represented on the housing and air quality steering groups to highlight the impact of poor

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<sup>14</sup> Both of these indicators are not available on borough levels

housing and air quality on public health, and to inform what can be done to prevent ill health. Further projects are in development.

## **5. JSNA**

### **Background**

As part of the JSNA, the Public Health Team produces a series of factsheets to bring together local data for Lambeth and Southwark to provide a snapshot profile of current or local issues to a broad audience using standard statistics. Factsheets on *Wellbeing*, *Life Expectancy* and *Demography* have been completed and uploaded to the respective Southwark ([www.southwark.gov.uk/jsna](http://www.southwark.gov.uk/jsna)) and Lambeth ([www.lambeth.gov.uk/jsna](http://www.lambeth.gov.uk/jsna)) JSNA websites.

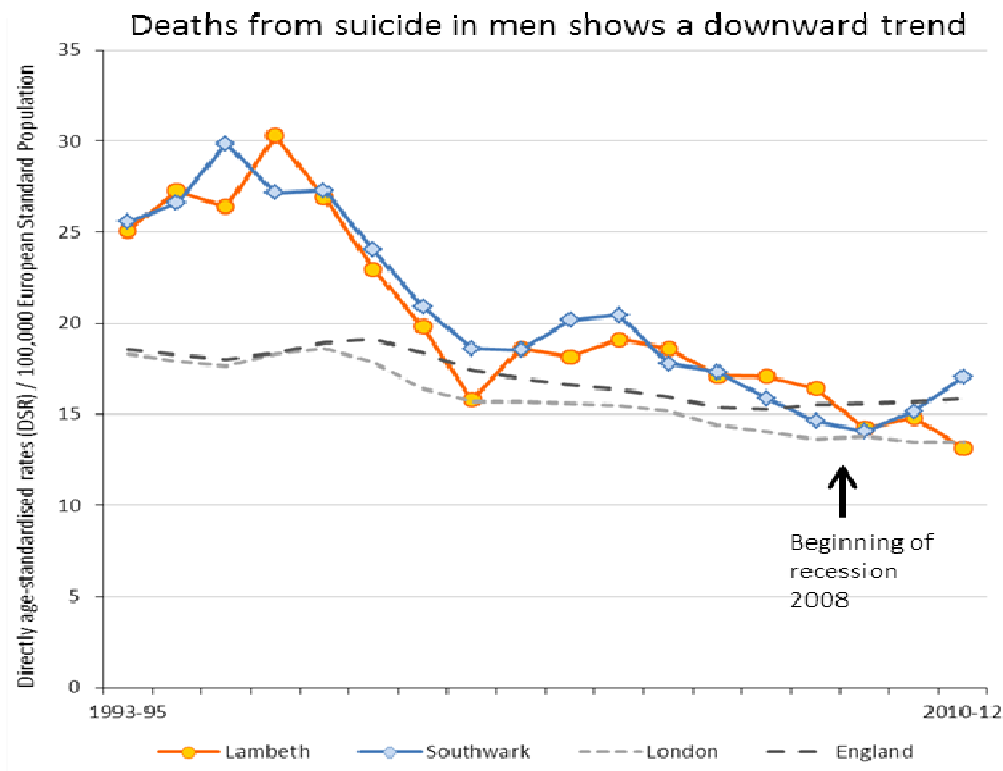
### **5.1 Suicide Factsheet**

The *Suicide* factsheet is the first to cover both Lambeth and Southwark as a single report. It provides a summary of the national context and how Lambeth and Southwark fare compared to national indicators, in addition to a comprehensive list of ‘*What works*’ in terms of suicide prevention strategies.

Suicide rates in England are historically low and lower than in most other European countries. Rates have remained stable over time. The highest suicide rates overall are in the 45-49 year age group. Men are three times more likely to take their own life. Suicides have substantially decreased since a national target of 20% reduction was set in 1995-97 (see fig 8). Number of deaths from suicide in Lambeth and Southwark remain low in men and very low in women. Suicide rates in Lambeth and Southwark are similar to the England average.

Admissions to hospital after an episode of self-harm or self-poisoning tend to suggest severe harm or a ‘near miss’. This group of people are at higher risk of taking their own lives in the future and are an important group to review alongside deaths due to suicide as they represent a level of severe distress. There has been an increase in admissions in men and women in the last 5 years. Admissions for women remains higher than that for men and rates are highest in young women aged 15-19 (338 per 100,000). Admission rates for intentional self-harm and injury of undetermined intent are lower in Lambeth and Southwark compared to England.

**Fig 11**



Source: IC Indicators (HSCIC) Health and Social Care Information Centre<sup>15</sup>

## 5.2 Primary Care Locality Profiles

The Health Intelligence team has been working with both Southwark and Lambeth CCGs to develop the Primary Care Locality profiles. The final drafts have been presented to the CCGs and further work is on-going to present to localities within the CCGs. The profiles includes a map of the localities with practice locations, key health priorities, demographic information on populations relevant to both primary care and community services, vital statistics, deprivation, variation in Quality and Outcomes related prevalence of specific conditions, and variation in hospital admissions for selected causes. The profiles will be available on the JSNA web pages in January 2015.

<sup>15</sup> IC Indicators (HSCIC) Health and Social Care Information Centre  
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### **5.3 Shisha: An Emerging Public Health Issue in South East London**

The rapidly rising popularity of shisha tobacco is a new and unwelcome development in public health. A shisha smoker inhales large volumes of tar, carcinogens and carbon monoxide deep into their lungs which exposes them to all of the diseases associated with smoking cigarettes.<sup>16</sup> Smoking shisha products that do not contain tobacco is not necessarily less damaging in terms of the effect of the smoke inhaled, as it will still expose users to carcinogens and carbon monoxide.

In response to this emerging problem the South East London Illegal Tobacco Network (SELITN)<sup>17</sup> commissioned an adult and young people survey during 2013-14 and drew together available information on shisha use in South East London.

**Shisha use in South East London is endemic.** The survey of adults revealed that 31% of those adults surveyed had smoked shisha at least once and that 16% had smoked it in the year prior to the interview. This compares to an adult smoking rate for cigarettes of 17.3% for London.<sup>18</sup> Approximately 70% of the adults interviewed indicated that they were aware of shisha before the interview, and 96% of those aware of it had seen it being smoked in the UK. The majority of people who smoked shisha last year were from ethnic groups identifying as 'white', and Arabic or Asian users now represent less than 25% of users in South East London.

**Shisha use is particularly prevalent among younger people.** Amongst the 18-34 age group in South East London, 45% have tried shisha and 25% have smoked it at least once in the last year. By the age of sixteen more than 40% of young people in South East London will have tried shisha. The most common place for young people to report first trying shisha is either at a shisha café or a friend's house.

**The dangers of shisha smoking are poorly understood by the public.** Although the use of shishas is widespread, understanding of what shisha is and its potential impact on health remains poor.

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<sup>16</sup> In smoking shisha using a water pipe the user draws air over a charcoal briquette to create the hot gas that vaporises the shisha molasses, this means that significant quantities of carbon monoxide are inhaled. In addition as the smoke has been cooled more is inhaled and it is inhaled deeper into the lungs.

<sup>17</sup> SELITN is a collaborative network of Trading Standards and Public health teams in the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

<sup>18</sup> Data from London Health Observatory over 18 smoking rates, London 2014 data.

<http://www.tobaccoprofiles.info/>

## **Action Being Taken in South East London**

While an over-arching strategy for dealing with shisha has yet to be agreed these boroughs are taking the following actions to limit its impact on their communities.

- Trading Standards and Environmental Health teams are working to ensure that shisha café type businesses operate in accordance with the laws on under age sales of tobacco products and smoke free legislation (smoking indoors).
- Trading Standards teams are working jointly and individually with HM Revenue and Customs to prevent illegal shisha being sold in in South East London.
- Public Health teams are looking at ways of ensuring that residents of their boroughs can make informed choices regarding shisha use and that parents better understand the risks that shisha poses to their children.
- The SELITN is also working with Public Health England, Action on Smoking and Health (Public Health charity) and the London Trading Standards Association to help develop more effective shisha policies for London as a whole.

## **6. Alcohol licensing**

Public Health is increasing its role in local licensing decisions. Lambeth and Southwark both have large numbers of people who are drinking at unsafe levels. It is estimated that over 100,000 people (in both boroughs combined) are drinking at increasing or higher risk levels. This means drinking more than 3-4 units a day for a man or 2-3 units for a woman; one pint of lager or one large glass of wine can be over three units.

The licensing process is one way Public Health Teams can contribute to reducing alcohol-related harm. Under the Police Reform and Social Responsibility Act (2011), the Government amended licensing legislation to give health authorities a statutory role in the licensing process. This means the Director of Public Health can submit evidence to inform local licensing decisions.

The Lambeth Alcohol Prevention Group (APG) commissioned Safe Sociable London Partnership (SSLP) to develop a Lambeth Public Health Licensing Process Tool and pilot it for five months (Jan – May 2014). The Lambeth & Southwark Public Health Directorate has also funded SSLP to develop a similar Licensing Tool for Southwark, which is now available.

Within the 5-month pilot in Lambeth, 53 applications were received. After putting each application through the Lambeth Public Health Licensing Process Tool, it was decided that for just over a quarter of applications (14 in total), health representations should be made to the licensing sub-committee. Of the 12 representation which have been heard by the sub-committee, 9 (75%) resulted in the license being revoked/refused, withdrawn or granted based on conditions that reduce alcohol-related harm. Verbal feedback indicates that the Lambeth licensing sub-committee and the other responsible authorities welcomed the collaboration with, and representations from Public Health.

The process developed for the Lambeth pilot is being used by Public Health England as an example of best practice for national guidance.

A business case, based on the results of the Lambeth pilot, was put forward to Lambeth and Southwark Councils to jointly fund a 2-day per week post to lead on the delivery of public health input into local licensing decisions. The Lambeth Joint Commissioning Group has recently allocated money to fund half of this post for one year. The post was successfully recruited to in December and work will be evaluated.