# **Southwark Health and Wellbeing Board**

### Health & wellbeing strategy update: children & young people and prevention priorities

- Children & young people health & wellbeing
- Obesity
- Smoking
- Sexual health & HIV
- Alcohol/substance misuse
- Mental wellbeing

### 1,000 Lives – Stories from Southwark residents

Southwark Joint Strategic Needs Assessment www.southwark.gov.uk/jsna

**Southwark Health & Wellbeing Strategic Framework** 

### **Priorities & programmes**

- Best start
- Wider socio-economic determinants.
- Prevention
- Common chronic health conditions
- Neglect & vulnerabilities
- Integration

Priority and programme deep dive seminars and health & wellbeing board reports

Monitoring of health & wellbeing outcome

## Improving health in Southwark

THIS IS HOW WE'LL DO IT

### Best start

Ensure best possible start to life for children, young people & families

# Tackling neglect vulnerabilities

Support vulnerable children, & young people & ensure positive transition to adulthood

Ensure choice & personalisation for people with disabilities.

Independent living for older people in an age friendly borough

#### Prevention

Promote positive lifestyle changes & responsibility for own health, tobacco control & smoking, healthy weight, physical activity, alcohol, sexual health & HIV

Improve people's wellbeing, resilience & connectedness

### Integration for better health & wellbeing outcomes

A more joined up service that is personalised

Shift away from over reliance on acute care towards primary care & self care

# Wider socio economic reterminants

Maximise opportunities for economic wellbeing, development, jobs & accremiceships

Make homes safe, warm & dry

# Long term health conditions

Improve detection & management of common health conditions including self management & support

### Southwark Health & Wellbeing Board

Health & Wellbeing Strategy 2015 - 2020

Priority	Programmes All programmes require ♦ partnership working but • have a Council lead and • a NHS lead)	Timescale	Associated implementation key strategies & action plans	Board / partnership	Health and wellbeing board member lead(s)
Early years & children's health & wellbeing	<ul> <li>Purposeful action to reduce obesity in children and young people (more detail is under the prevention update)</li> </ul>	2015/16	Children & young people strategy & action plans	Children & young people board	Strategic Director of Children & Adult Services Cabinet member for children & schools
	Deliver Family Matters to ensure effective early support to children, young people and their families, including parenting support, to achieve better outcomes and help prevent problems from escalating.	2015/16		Commissioning strategy board	Chair of CCG Chief Executive – CCG CCG clinical lead for resilience, wellbeing
	<ul> <li>Review the Children and Young People's Plan 2013-2016 through a Local Account for CYPP</li> <li>Deliver a joint Children and Young People's Strategy across the CCG and the LA, underpinned by joint commissioning intentions</li> </ul>	2015/16			& prevention Director of Public Health Kings Health Partners
	♦ Shifting the balance to preventing problems when they arise to relieve the pressure on specialist services e.g. A&E, specialist clinics	2015/16			
	<ul> <li>Ensure greater choice and control for children and young people with Special Educational Needs and disabilities.</li> </ul>	2015/16			
	<ul> <li>Improve childcare provision across the borough, responding to the recommendations of the Childcare Commission.</li> </ul>	2015/16			

Priority	Programmes All programmes require ♦ partnership working but • have a Council lead and • a NHS lead)	Timescale	Associated implementation key strategies & action plans	Board / partnership	Health and wellbeing board member lead(s)
Obesity	<ul> <li>Develop a Southwark Obesity Strategy which takes a whole systems approach to effectively tackle obesity</li> <li>Continue to progress the commissioning of agreed children's healthy weight services:         <ul> <li>Implement INICEF Baby Friendly Initiative</li> <li>Implement good nutrition and dietary practice in children's centres</li> <li>Implement healthy schools programme</li> <li>Provide specialist healthy weight practitioner support</li> <li>Provide capacity building training to professional workforce to implement healthy weight care pathway</li> <li>Provide Levels 2 and 3 weight management services</li> </ul> </li> </ul>	2015/16	Southwark Plan Council Plan Physical Activity & Sports Strategy Walking Strategy (in progress) Cycling strategy (in progress) CCG Prevention& Resilience Programme Action Plan Action plans for healthy weight, Kings public health committee work programme	Council Cabinet Proactive Southwark CCG Resilience & Prevention Board Healthy Weight Network King's Public Health Committee	Leader, Southwark Council Cabinet member for public health, parks & leisure Cabinet member for adults care, arts & culture Chief Executive of Southwark Council Director for Public Health CCG clinical lead for resilience, wellbeing & prevention King Health Partners
	<ul> <li>Maximise opportunities of supporting plans,</li> </ul>				

Priority	Programmes All programmes require ♦ partnership working but • have a Council lead and • a NHS lead)	Timescale	Associated implementation key strategies & action plans	Board / partnership	Health and wellbeing board member lead(s)
	strategies and policies	2015/16			
	Diet and nutrition				
	<ul> <li>Monitor the free healthy school meals programme</li> </ul>	2015/16			
	<ul> <li>Monitor and obtain feedback from the implementation of the free fruit scheme</li> </ul>	2015/16			
	Healthier environment				
	<ul> <li>Embed health into the Southwark Plan to create healthier physical environments by promoting active urban design, access to quality green space, balanced mixed local economy and prevent over concentration of uses including A5, active travel and social infrastructure.</li> </ul>	2015/16			
	Physical activity				
	<ul> <li>Embed cycling policies in all strategic documents to improve cycling safety, cycling routes, access and targeted promotion.</li> </ul>	2015/16			
	Proactive Southwark Partnership to develop programmes to increase participation in physical activity from at risk groups (early years, CYP, women & girls, older people,	2015/16			

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	<ul> <li>Deliver free swims and gym for all Southwark residents and support less active to be more active. Focus on under 18s, older people and people with disabilities 2015/16.</li> </ul>	2015/16/17			

Priority	Programmes  All programmes require ♦ partnership working but  • have a Council lead and • a NHS lead)	Timescale	Associated implementation key strategies & action plans	Board / partnership	Health and wellbeing board member lead(s)
Smoking	<ul> <li>Produce a comprehensive tobacco control strategy</li> <li>Stopping the promotion of tobacco use</li> <li>Making tobacco less affordable and more effective regulation of tobacco products</li> <li>Helping tobacco users to quit</li> <li>Reduce exposure to second hand smoke</li> <li>Effective communication for tobacco control</li> </ul>	2015/16	Action plans for tobacco & smoking Kings public health committee work programme	Council Cabinet CCG Resilience & Prevention Board Tobacco Alliance King's Public Health Committee	Leader, Southwark Council Cabinet member for public health, parks & leisure Cabinet member for adults care, arts & culture Chief Executive of Southwark Council Director for Public Health CCG clinical lead for resilience, wellbeing & prevention King Health Partners

Priority	Programmes All programmes require ♦ partnership working but • have a Council lead and • a NHS lead)	Timescale	Associated implementation key strategies & action plans	Board / partnership	Health and wellbeing board member lead(s)
Alcohol & substance misuse	<ul> <li>Review the Southwark Statement of Licensing Policy to ensure that the Licensing Act objectives are met and best practice followed.</li> <li>Review prevention and treatment services for drugs and alcohol to re-commission services</li> <li>Adult Integrated Drug and Alcohol Treatment System tender exercise.</li> <li>Award of Adult Integrated Drug &amp; Alcohol contract.</li> <li>Adult Integrated Drug and Alcohol Treatment System implementation.</li> <li>Tier 4 (Residential Rehabilitation &amp; Inpatient Detoxification) delivery pathway review and restructure.</li> <li>Development of a Drug &amp; Alcohol Treatment Plan based on our Needs Assessment findings.</li> <li>Review of Southwark Alcohol Strategy 2013-16- Development of an Alcohol Strategy for Southwark 2016/19</li> <li>Integrate the Hidden Harm service into the</li> </ul>	2015/16  2015/16  Q1-Q3 2015/15  Q3 2015/16  Q4 2015/16  Q2-Q3 2015/16  Q2 2015/16	CCG Prevention& Resilience Programme Action Plan Action plans for, substance misuse & alcohol Kings public health committee work programme  Drug & Alcohol Needs assessment 20/15/16  Southwark Alcohol Strategy 2013/16  Drug & Alcohol Treatment Plan (in development. Due September 2015)	Southwark CCG Resilience & Prevention Board Alcohol Strategy Group SSP Substance misuse performance Delivery Group Safer Southwark Partnership Executive King's Public Health Committee	Cabinet member for public health, parks & leisure Cabinet member for adults care, arts & culture Director for Public Health CCG clinical lead for resilience, wellbeing & prevention King Health Partners

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	Adult Integrated Drug and Alcohol Treatment System.	Q4 2015/16			

Priority	Programmes All programmes require ♦ partnership working but • have a Council lead and • a NHS lead)	Timescale	Associated implementation key strategies & action plans	Board / partnership	Health and wellbeing board member lead(s)
Sexual health & HIV	<ul> <li>Implementing the Lambeth, Southwark and Lewisham Sexual Health Strategy which includes a commitment to improving access to HIV testing by delivering on programmes of work outlined below</li> <li>Implementing NICE guidance on HIV testing</li> <li>Widening access to HIV &amp; STI testing across primary care settings (this may include expanding testing in specific locations and could include GP practices and potentially in high street pharmacies)</li> </ul>	2015/16 - 2020 2015/16 2015/16	Southwark Plan Council Plan Sexual health & HIV strategy misuse & alcohol Kings public health committee work programme	Council Cabinet Resilience & Prevention Board Sexual health board King's Public Health Committee	Cabinet member for public health, parks & leisure Cabinet member for adults care, arts & culture Director for Public Health CCG clinical lead for resilience, wellbeing & prevention King Health Partners
	<ul> <li>Widening provision of HIV testing in acute settings (this may include providing additional testing services in medical wards, A&amp;E and out patient services)</li> </ul>	2015/16			
	<ul> <li>Engaging with stakeholders (GUM, Primary Care, Community Services and patients/public) in designing and implementing</li> </ul>	2015/16			

Priority	Programmes All programmes require ♦ partnership working but • have a Council lead and • a NHS lead)	Timescale	Associated implementation key strategies & action plans	Board / partnership	Health and wellbeing board member lead(s)
	<ul> <li>♦ Widening access to HIV testing through SH24, Lambeth and Southwark's online sexual health service (SH24 is working with GUM clinicians to provide a viable alternative to people who are asymptomatic by signposting appropriately to the online service and reducing service cost)</li> <li>♦ Establishing an LSL wide C-card scheme (condom distribution) for both young people and vulnerable adults as part of a wider sexual health promotion programme</li> <li>♦ Developing a 'Halve it delivery plan' (which includes prevention) for consideration by Cabinet in six months.</li> </ul>	2015/16 2015/16 2015/16			

Priority	Programmes All programmes require ♦ partnership working but • have a Council lead and • a NHS lead)	Timescale	Associated implementation key strategies & action plans	Board / partnership	Health and wellbeing board member lead(s)
Mental health & wellbeing	<ul> <li>Build community resilience &amp; wellbeing across the system:         <ul> <li>Increase mental health literacy and reduce stigma</li> <li>Implement the PHE framework on public mental health workforce development (mental health awareness, suicide awareness)</li> <li>To work with faith communities by delivering a Spiritual and Pastoral Awareness course</li> <li>Host a wellbeing network, e-bulletin and wellbeing small grants scheme</li> <li>To work with education to deliver an emotional wellbeing strand within the PSHE &amp; Health &amp; Wellbeing Programme (schools)</li> <li>Work with the CCG to support the development of the Southwark Wellbeing Hub</li> <li>Promote the impact of arts/creativity on health and wellbeing through the Lambeth &amp; Southwark Arts and Health Group</li> </ul> </li> </ul>	2015/16	Housing Strategy CCG Mental wellbeing & parity of esteem Programme Action Plan Lambeth & Southwark Mental Wellbeing Programme Joint Mental Health Strategy	Council Cabinet CCG Mental wellbeing & parity of esteem board Mental health strategy group	Leader, Southwark Council Cabinet member for Adult care, arts & culture Chief Executive of Southwark Council CCG clinical lead for resilience, wellbeing & prevention Kings Health Partners

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	<ul> <li>♦ Access the impact of policies and plans using wellbeing impact assessment eg phases 2 and 4 regeneration of Aylesbury Estate</li> <li>♦ Promote the measurement of wellbeing in services and inclusion as part of JSNA as well as suicide and self harm data.</li> <li>♦ Invest in mental health and achieve parity of esteem:         <ul> <li>Implement CAMHS service development plan</li> </ul> </li> <li>Re procurement of IAPT</li> <li>Review &amp; invest in mental health urgent care</li> <li>Improve access to specialist mental health support, alongside preventative work to reduce emotional ill-health.</li> </ul>	2015/16			

# Health & wellbeing strategy update: prevention priorities Public Health Outcomes Indicator Set

- Children & young people
- Obesity
- Smoking
- Sexual health & HIV
- Alcohol/substance misuse
- Mental wellbeing

# Children & young people

### Southwark Child Health Profile

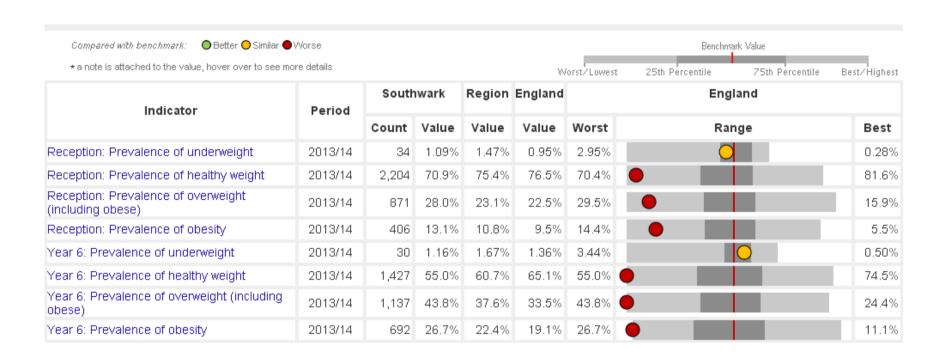
### March 2014

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

	gnificantly worse than England average  Onot significantly di  Regional average	fferent				25th percentile	England	average	75th percentile	
	Indicator	Local no.	Local value	Eng. ave.	Eng. worst					Eng. best
ature ality	1 Infant mortality	22	4.3	4.3	7.7			<b>—</b>		1.3
Premature mortality	2 Child mortality rate (1-17 years)	8	15.9	12.5	21.7					4.0
_	3 MMR vaccination for one dose (2 years)	3,994	85.7	92.3	77.4					98.4
dio di	4 Dtap / IPV / Hib vaccination (2 years)	4,340	93.1	96.3	81.9					99.4
Health protection	5 Children in care immunisations	260	72.2	83.2	0.0		Ö	-		100.0
ď	6 Acute sexually transmitted infections (including chlamydia)	2,423	57.2	34.4	89.1					14.1
	7 Children achieving a good level of development at the end of reception	2,166	59.6	51.7	27.7					69.0
	8 GCSEs achieved (5 A*-C inc. English and maths)	1,529	65.2	60.8	43.7					80.2
Wider determinants of ill health	9 GCSEs achieved (5 A*-C inc. English and maths) for children in care	10	26.7	15.3	0.0					41.7
r determina of ill health	10 16-18 year olds not in education, employment or training	640	7.7	5.8	10.5					2.0
eter I he	11 First time entrants to the youth justice system	147	651.5	537.0	1,426.6					150.7
of il	12 Children in poverty (under 16 years)	16,565	30.7	20.6	43.6					6.9
Vide	13 Family homelessness	508	3.8	1.7	9.5					0.1
>	14 Children in care	565	95	60	166					20
	15 Children killed or seriously injured in road traffic accidents	14	25.5	20.7	45.6					6.3
	16 Low birthweight of all babies	402	7.9	7.3	10.2					4.2
	17 Obese children (4-5 years)	348	13.8	9.3	14.8					5.7
ent	18 Obese children (10-11 years)	570	26.0	18.9	27.5		<b>+</b>			12.3
Health improvement	19 Children with one or more decayed, missing or filled teeth	-	21.9	27.9	53.2					12.5
He	20 Under 18 conceptions	180	42.7	30.7	58.1					9.4
Ē	21 Teenage mothers	27	0.6	1.2	3.1					0.2
	22 Hospital admissions due to alcohol specific conditions	9	14.6	42.7	113.5					14.6
	23 Hospital admissions due to substance misuse (15-24 years)	19	42.5	75.2	218.4					25.4
	24 Smoking status at time of delivery	220	4.8	12.7	30.8			<b>(</b>		2.3
	25 Breastfeeding initiation	4,107	89.6	73.9	40.8			- (		94.7
_	26 Breastfeeding prevalence at 6-8 weeks after birth	-	-	47.2	17.5				•	83.3
tion	27 A&E attendances (0-4 years)	14,652	700.6	510.8	1,861.3		•			214.4
Prevention of ill health	28 Hospital admissions caused by injuries in children (0-14 years)	561	108.6	103.8	191.3					61.7
Pre of il	29 Hospital admissions caused by injuries in young people (15-24 years)	442	104.4	130.7	277.3					63.8
	30 Hospital admissions for asthma (under 19 years)	158	250.0	221.4	591.9					63.4
	31 Hospital admissions for mental health conditions	54	89.6	87.6	434.8					28.7
	32 Hospital admissions as a result of self-harm (10-24 years)	90	157.6	346.3	1,152.4					82.4

Notes and definitions - Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

### Obesity





	Period		South	nwark	Region	England		England	
Indicator		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest	
2.11i - Fruit and Veg '5-a-day'	2014	227	47.8%	51.9%	56.3%	39.8%		64.5%	
2.11ii - Average portions of fruit eaten	2014	1,226	2.50	2.56	2.64	2.23	<u> </u>	2.92	
2.11iii - Average portions of vegetables eaten	2014	1,011	2.10	2.22	2.36	1.80		2.64	
2.12 - Excess Weight in Adults	2012	389	56.3%	57.3%	63.8%	74.4%		45.9%	
2.13i - Percentage of physically active and inactive adults - active adults	2013	259	58.2%	56.2%	56.0%	43.5%	O	67.0%	
2.13ii - Percentage of active and inactive adults - inactive adults	2013	171	25.6%	27.5%	28.9%	40.5%	O	15.9%	

# **Smoking**

		Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
1	Smoking Prevalence (IHS)	2013	20.7	18.4	29.4	O	10.5
2	Smoking prevalence - routine & manual	2013	29.3	28.6	47.5	<b>O</b> •	16.5
3	Successful quitters at 4 weeks	2013/14	2859	3524	1251		8946
4	Successful quitters (CO validated) at 4 weeks	2013/14	1667	2472	525		6950
5	Completeness of NS-SEC recording by Stop Smoking Services	2013/14	42.2	86.2	25.2		100
6	Smoking status at time of delivery	2013/14	3.8	12.0	27.5	•	1.9
7	Low birth weight of term babies	2012	2.7	2.8	5.0	••	1.5
8	Smoking prevalence age 15 years - regular smokers	2013		8			
9	Smoking prevalence age 15 years - occasional smokers	2013		10			
10	Lung cancer registrations	2010 - 12	97.7	76.0	146.8	• •	40.1
11	Oral cancer registrations	2010 - 12	10.2	13.2	21.5	• 0	8.1
12	Deaths from lung cancer	2011 - 13	73.7	60.2	111.6	• •	32.3
13	Deaths from chronic obstructive pulmonary disease	2011 - 13	74.4	51.5	101.0	• •	26.8
14	Smoking attributable mortality	2011 - 13	329.8	288.7	471.6	• •	186.6
15	Smoking attributable deaths from heart disease	2011 - 13	32.7	32.7	65.5	<b>(</b>	20.6
16	Smoking attributable deaths from stroke	2011 - 13	10.7	11.0	21.5	<b>O</b>	7.2
17	Smoking attributable hospital admissions	2012/13	1834	1688	2884		906
18	Cost per capita of smoking attributable hospital admissions	2011/12	36.1	38.0	59.3		23.0

### Sexual health & HIV

	Period	Local count	Local value		Eng.worst / lowest	Range	Eng.best / highest
Syphilis diagnosis rate / 100,000	2013	241	82.1	5.9	90.9	•	0.0
Gonorrhoea diagnosis rate / 100,000	2013	1,168	397.9	52.9	533.2	• •	3.6
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator	2013	1,362	3218	2016	840	₩ ○	5758
3.02) <1900 1900 to 2300 ≥ 2300							
Chlamydia proportion aged 15-24 screened	2013	14,917	35.2	24.9	10.6	♦ ○	58.2
Genital warts diagnosis rate / 100,000	2013	640	218.0	133.4	288.6	• •	70.7
Genital herpes diagnosis rate / 100,000	2013	365	124.3	58.8	182.9	• •	21.4
All new STI diagnoses (exc Chlamydia aged <25) / 100,000	2013	5,508	2516	832	3269	• •	349
STI testing rate (exc Chlamydia aged < 25) / 100,000	2013	83,957	38354	14685	6588	♦ 0	53921
STI testing positivity (exc Chlamydia aged <25) %	2013	5,508	6.6	5.7	4.0	• 0	9.9
HIV testing uptake, MSM (%)	2013	4,018	94.1	94.8	86.1	•	100
HIV testing uptake, women (%)	2013	8,158	69.6	75.8	29.0	• •	94.4
HIV testing uptake, men (%)	2013	9,598	87.7	84.9	58.4		95.9
HIV testing coverage, MSM (%)	2013	2,963	86.4	86.1	63.3	<b>\Q</b>	100
HIV testing coverage, women (%)	2013	7,306	68.1	65.6	26.0	O	85.2
HIV testing coverage, men (%)	2013	8,026	82.6	77.5	50.6	<b>(</b>	86.9
HIV late diagnosis (%) (PHOF indicator 3.04) < 25 25 to 50 ≥ 50	2011 - 13	248	38.7	45.0	77.3		25.9
HIV diagnosed prevalence rate / 1,000 aged 15-59	2013	2,692	12.63	2.14	0.37	♦ 0	14.70
Proportion of TB cases offered an HIV test (TB Strategy Monitoring Indicators)	2013	85	93.4	81.1	0.0	10	100
Antenatal infectious disease screening – HIV coverage (PHOF indicator 2.21i)	2013/14			98.9			
Population vaccination coverage - HPV (%) (PHOF indicator 3.03xii) <pre></pre>	2013/14 age	1,189	85.7	86.7	51.1	• •	96.6

### Alcohol

_		Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
1	1.01 - Months of life lost due to alcohol (Male)	2011 - 13	12.7	12.0	6.1	<b>\</b>	28.0
2	1.01 - Months of life lost due to alcohol (Female)	2011 - 13	4.6	5.6	13.5		2.8
3	2.01 - Alcohol-specific mortality (Persons)	2011 - 13	12.1	11.9	31.2	<b>O</b>	3.4
4	2.01 - Alcohol-specific mortality (Male)	2011 - 13	20.4	16.6	44.5	<b>○</b>   <b>♦</b>	3.6
5	2.01 - Alcohol-specific mortality (Female)	2011 - 13	4.7	7.5	29.9		1.6
6	3.01 - Mortality from chronic liver disease (Persons)	2011 - 13	13.8	11.7	31.7	<u></u>	3.3
7	3.01 - Mortality from chronic liver disease (Male)	2011 - 13	21.5	15.5	44.8	•	2.4
8	3.01 - Mortality from chronic liver disease (Female)	2011 - 13	6.7	8.2	23.7		0.0
9	4.01 - Alcohol-related mortality (Persons)	2013	46.7	45.3	83.6	<b>O</b>	27.9
10	4.01 - Alcohol-related mortality (Male)	2013	78.0	65.4	117.3	O   •	38.5
11	4.01 - Alcohol-related mortality (Female)	2013	22.2	28.4	68.7		14.8

_	•	Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
12	5.01 - Alcohol-specific hospital admission - under 18s	2011/12 - 13/14	13.9	40.1	105.8		11.2
13	6.01 - Alcohol-specific hospital admission (Persons)	2013/14	493	374	1074	•	131
14	6.01 - Alcohol-specific hospital admission (Male)	2013/14	748	515	1494	•	170
15	6.01 - Alcohol-specific hospital admission (Female)	2013/14	261	241	658	<b>(</b>	77
16	7.01 - Alcohol-related hospital admission (Broad) (Persons)	2013/14	1551	1253	2070	• •	731
17	7.01 - Alcohol-related hospital admission (Broad) (Male)	2013/14	2146	1715	2820	• •	1011
18	7.01 - Alcohol-related hospital admission (Broad) (Female)	2013/14	1064	859	1386	• •	498
19	8.01 - Alcohol-related hospital admission (Narrow) (Persons)	2013/14	469	444	808	<b>O</b>	264
20	8.01 - Alcohol-related hospital admission (Narrow) (Male)	2013/14	651	594	1049		338
21	8.01 - Alcohol-related hospital admission (Narrow) (Female)	2013/14	311	310	583	<b>\(\phi\)</b>	190
22	9.01 - Admission episodes for alcohol-related conditions (Broad) (Persons)	2013/14	2650	2111	3493	•	1115
23	9.01 - Admission episodes for alcohol-related conditions (Broad) (Male)	2013/14	3797	2917	4848	• •	1582
24	9.01 - Admission episodes for alcohol-related conditions (Broad) (Female)	2013/14	1724	1426	2392	• •	727
25	10.01 - Admission episodes for alcohol-related conditions (Narrow) (Persons)	2013/14	601	645	1231		366
52	11.01 - Claimants of benefits due to alcoholism	2014	175.2	131.0	528.3		15.7

### **Substance misuse**



Indicator	Period	Southwark		Region	England		England	
	. cirou	Count	Value	Value	Value	Lowest	Range F	Highest
Estimated prevalence of opiate and/or crack cocaine use [	2011/12	2,829	13.1	9.6	8.4	1.9	0	20.8
Admission to hospital for mental and behavioural disorders due to alcohol	2012/13	363	138.0	90.9	84.1	18.8	0	212.0
Smoking Prevalence (IHS)	2013	-	20.7%	17.3%	18.4%	10.5%	O	29.4%

### **Mental wellbeing**



		Southwark		Region	England	England			
Indicator	Period	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest	
2.23i - Self-reported well-being - people with a low satisfaction score	2013/14	-	*	5.5%	5.6%	-	-	-	
2.23ii - Self-reported well-being - people with a low worthwhile score	2013/14	-	*	4.1%	4.2%	-	-	-	
2.23iii - Self-reported well-being - people with a low happiness score	2013/14	-	10.5%	9.6%	9.7%	15.0%	0	5.8%	
2.23M - Self-reported well-being - people with a high arxiety score	2013/14	-	22.9%	20.6%	20.0%	29.3%	0	9.3%	
2.23v - Average Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) score	2010 - 12	-	-	34.1	37.7	-	-	-	