

Item no.	Classification: Open	Date: 22 nd November 2016	Meeting Name: Healthy Communities Scrutiny Sub Committee
Report title:		Update on Public Health priorities	
Ward(s) or groups affected:		All	
		From: Director of Public Health	

SUMMARY

1. This is an update on the Public Health priorities for 2016-2017.
2. The key issues affecting the health of Southwark's population are:
 - Wider determinants of health are an issue for Southwark:
 - The borough is within the 20% most deprived in England.
 - More than a quarter of children in the borough live in poverty (15,000 children).
 - Levels of long term unemployment are significantly higher than the England average (over 1,700 people).
 - Life expectancy is significantly higher than England for females in Southwark (83.9 years), but significantly lower for males (78.9 years).
 - Children in the borough tend to have a good start in life:
 - Infant mortality is now comparable to the England average.
 - Smoking during pregnancy is significantly lower in Southwark than the England average.
 - Breast feeding initiation is significantly higher than the England average.
 - Alcohol admissions among young people are significantly better than the England average.
 - However obesity among children is significantly above the London and England average, and the gap has remained relatively stable since monitoring began. More than 1 in 4 children in Year 6 are obese.
 - Around 1 in 6 adults in the borough are current smokers, and the rate of smoking related deaths in Southwark is significantly above England.
 - Southwark has one of the highest rates of new STI diagnoses in the country.
 - The incidence of TB is significantly above the England average.
 - Premature deaths from cardiovascular disease and cancer are also significantly higher than England.

Please see Appendix 1 for more information.

3. The public health priority programmes of work are:
 - 'Place shaping' – supporting the creation of healthier physical environments through for example Planning Policy, Licensing and healthier workplaces
 - Health improvement – strengthening tobacco control and supporting people to stop smoking, be of healthier weight and improving their sexual health
 - Improving the detection of common health conditions

BACKGROUND INFORMATION

4. The health of Southwark's population is described in the Southwark JSNA and Annual Reports of the Director of Public Health

http://www.southwark.gov.uk/info/200519/joint_strategic_needs_assessment

http://www.southwark.gov.uk/info/100010/health_and_social_care/3768/southwark_annual_public_health_report_2013-14

They are currently being refreshed and the expected publication date for the new Annual Report for the Director of Public Health will be at the beginning of 2017.

KEY ISSUES FOR CONSIDERATION

The work programme for 2016/17 will include:

5. **Wider determinants and place shaping**

- Working with Planning Policy and Regeneration to create and shape a healthier physical environment so that the healthier choice is the easier one. This includes for example creating physical environments that promote physical activity and active travel and supports healthier eating.
- Working with Licensing so that where potential health impacts affect the licensing objectives, they are identified and considered.
- Providing public health advice in the development of the air quality action plan
- Providing public health input to the development of the housing strategy refresh and realise health promotion opportunities for healthier homes
- Supporting businesses to be healthier through the healthier workplace charter

6. **Health improvement**

- Implement the Southwark Healthy Weight Strategy '*Everybody's business*' which focuses on a life course approach with an emphasis on early years; treatment as well as prevention; tackling the 'obesogenic environment'; and taking a targeted approach.
- Implement the Tobacco Strategy '*Breaking the chain*' which includes a renewed focus on tobacco control and refocusing smoking cessation support so that there are better outcomes for those most 'at risk' such as pregnant women, people with long term conditions including heart disease and respiratory illness and people on lower incomes.
- Leading the physical inactivity workstream for ProActive Southwark and developing the health and inactive referrals into the Council's Free Swimming and Gym offer
- Doubling the numbers of Health Checks so that people with increased cardiovascular risks are identified, detecting people with undetected common conditions (eg diabetes, hypertension) and improving the outcomes for the programme.
- Informing the development of the sexual health pathway so that there is improved detection and treatment of poor sexual health and HIV.

7. Other areas of work

- Providing public health input to development and commissioning of the -9 to 19 pathway for maternity, early years and young people
- Conduct and support the Neonatal and Child Death Overview Panel and functions
- Maintain an assurance function for cancer screening and immunisations
- Deliver a reactive health protection function and coordinate as necessary with local PHE health protection teams and lead pandemic flu planning
- Provide a training function for the London Deanery for specialist registrars and postgraduate doctors

8. Health care public health

Deliver the Memorandum of Understanding to provide healthcare public health to the CCG including:

- Health care needs assessments
- Health analytics
- Service accessibility and quality
- Prioritisation and commissioning advice
- Health protection and infection protection control

Legal implications

9. There are no legal implications for the report.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Annual Public Health Reports	Public Health	Chris Williamson Chris.williamson@southwark.gov.uk
CCG MOU	Public Health	Richard Pinder Richard.pinder@southwark.gov.uk
Southwark Healthy Weight Strategy <i>Everybody's Business</i>	Public Health	Russell Carter Russell.carter@southwark.gov.uk
Southwark Tobacco Strategy <i>Breaking the Chain</i>	Public Health	Russell Carter Russell.carter@southwark.gov.uk
Link: http://www.southwark.gov.uk/info/100010/health_and_social_care/3768/southwark_annual_public_health_report_2013-14		

Appendix 1 Southwark population health profile

Source: PHE www.healthprofiles.info

Health Profile 2016

Health in summary

The health of people in Southwark is varied compared with the England average. Southwark is one of the 20% most deprived districts/unitary authorities in England and about 28% (15,000) of children live in low income families. Life expectancy for men is lower and for women higher than the England average.

Health inequalities

Life expectancy is 8.3 years lower for men and 6.2 years lower for women in the most deprived areas of Southwark than in the least deprived areas.

Child health

In Year 6, 27.8% (697) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 14.7*, better than the average for England. This represents 9 stays per year. Levels of GCSE attainment, breastfeeding initiation and smoking at time of delivery are better than the England average.

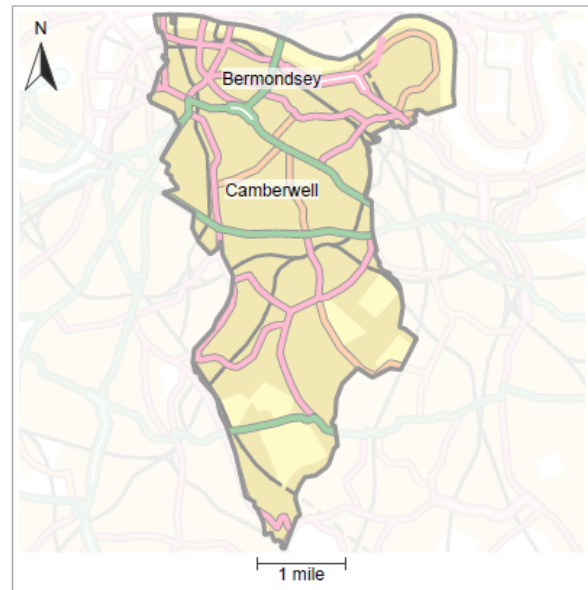
Adult health

The rate of alcohol-related harm hospital stays is 594*, better than the average for England. This represents 1,401 stays per year. The rate of self-harm hospital stays is 95.9*, better than the average for England. This represents 302 stays per year. The rate of smoking related deaths is 317*, worse than the average for England. This represents 251 deaths per year. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections and TB are worse than average. Rates of hip fractures and people killed and seriously injured on roads are better than average.

Local priorities

Priorities in Southwark include wider social economic determinants - improving the social economic wellbeing of the borough, giving our children and young people the best start, supporting risk reduction and positive behaviour changes to reduce the risks for poorer health, improving the detection and management of people who have common health conditions - LTCs, supporting our most vulnerable - tackling neglect and vulnerability and strengthening local approaches to integration so that seamless services are accessible, effective and efficient. For more information see www.southwark.gov.uk

* rate per 100,000 population



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Population: 303,000

Mid-2014 population estimate. Source: Office for National Statistics.

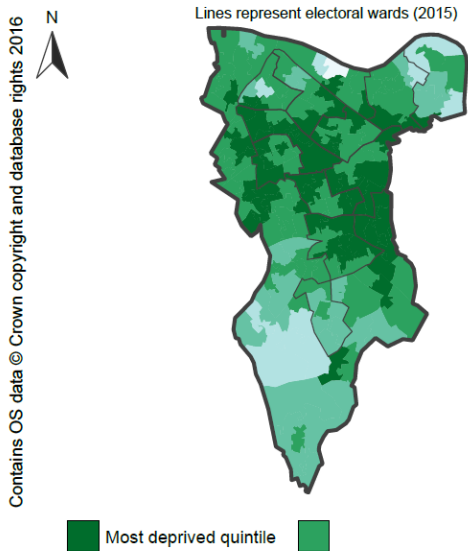
This profile gives a picture of people's health in Southwark. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

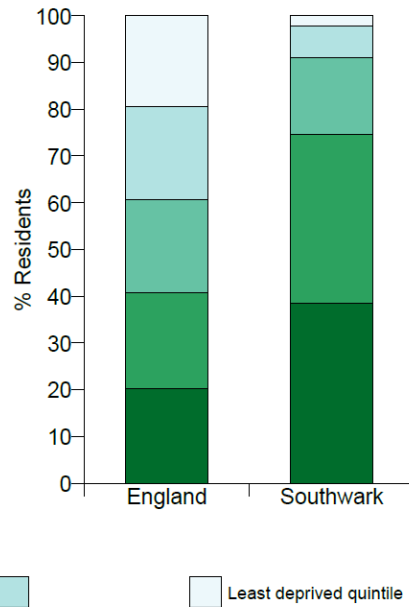
Follow [@PHE_uk](https://twitter.com/PHE_uk) on Twitter

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



This chart shows the percentage of the population who live in areas at each level of deprivation.



Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2012-2014. Each chart is divided into deciles (tenths) by deprivation (IMD2010), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 8.3 years

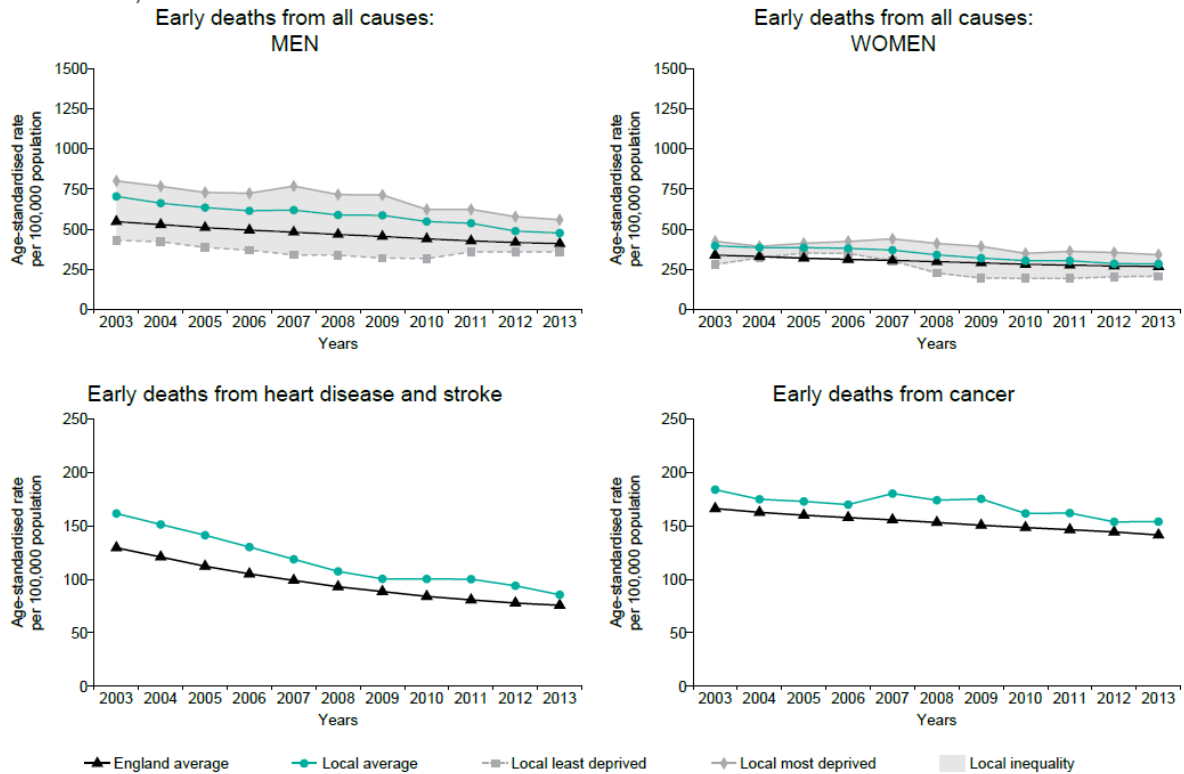


Life expectancy gap for women: 6.2 years



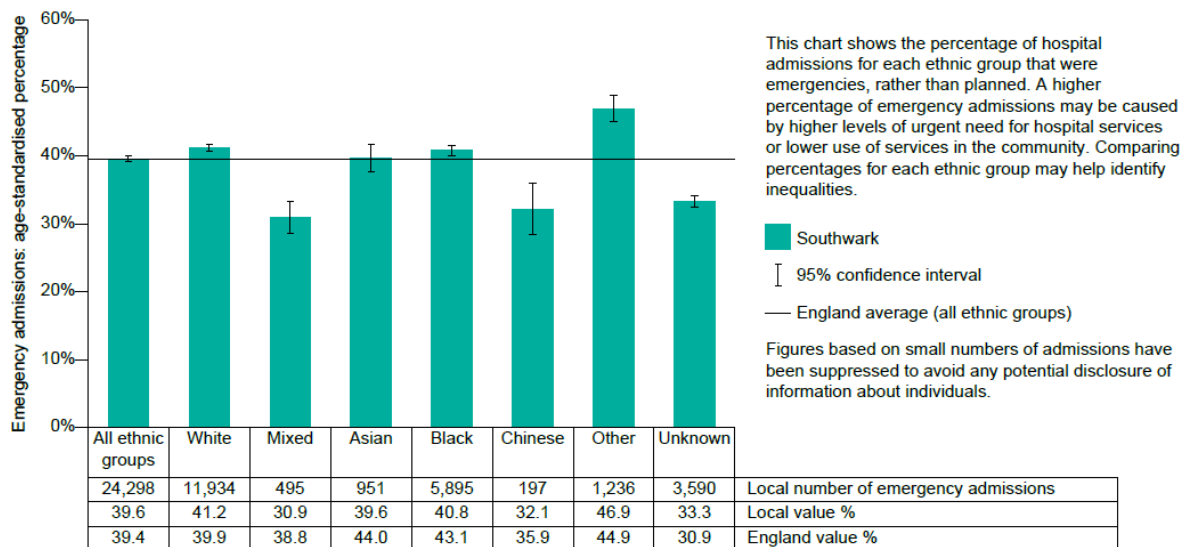
Health inequalities: changes over time

These charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile (IMD2010) in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).



Health inequalities: ethnicity

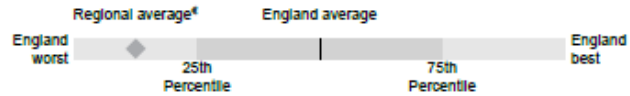
Percentage of hospital admissions that were emergencies, by ethnic group, 2014/15



Health summary for Southwark

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain	Indicator	Period	Local No total count	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1 Deprivation score (IMD 2015) #	2015	n/a	29.5	21.8	42.0	○	5.0
	2 Children in low income families (under 16s)	2013	14,955	27.6	18.6	34.4	●	5.9
	3 Statutory homelessness†	2014/15	247	1.9	0.9	7.5	●	0.1
	4 GCSEs achieved†	2014/15	1,440	62.2	57.3	41.5	●	76.4
	5 Violent crime (violence offences)	2014/15	6,843	22.9	13.5	31.7	●	3.4
	6 Long term unemployment	2015	1,717	7.7	4.6	15.7	●	0.5
Children's and young people's health	7 Smoking status at time of delivery	2014/15	128	3.1	11.4	27.2	●	2.1
	8 Breastfeeding initiation	2014/15	4,065	87.9	74.3	47.2	●	92.9
	9 Obese children (Year 6)	2014/15	697	27.8	19.1	27.8	●	9.2
	10 Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	27	14.7	36.6	104.4	●	10.2
	11 Under 18 conceptions	2014	110	27.4	22.8	43.0	○	5.2
Adults' health and lifestyle	12 Smoking prevalence in adults†	2015	n/a	15.9	16.9	32.3	○	7.5
	13 Percentage of physically active adults	2015	n/a	59.7	57.0	44.8	○	69.8
	14 Excess weight in adults	2012 - 14	n/a	55.7	64.6	74.8	●	46.0
Disease and poor health	15 Cancer diagnosed at early stage #	2014	354	50.6	50.7	36.3	○	67.2
	16 Hospital stays for self-harm	2014/15	302	95.9	191.4	629.9	●	58.9
	17 Hospital stays for alcohol-related harm	2014/15	1,401	594	641	1223	●	374
	18 Recorded diabetes	2014/15	14,837	5.6	6.4	9.2	●	3.3
	19 Incidence of TB	2012 - 14	284	31.7	13.5	100.0	●	0.0
	20 New sexually transmitted infections (STI)	2015	6,016	2671	815	3263	●	191
	21 Hip fractures in people aged 65 and over	2014/15	117	466	571	745	●	361
Life expectancy and causes of death	22 Life expectancy at birth (Male)	2012 - 14	n/a	78.9	79.5	74.7	●	83.3
	23 Life expectancy at birth (Female)	2012 - 14	n/a	83.9	83.2	79.8	●	86.7
	24 Infant mortality†	2012 - 14	56	3.9	4.0	7.2	○	0.6
	25 Killed and seriously injured on roads	2012 - 14	273	30.5	39.3	119.4	●	9.9
	26 Suicide rate†	2012 - 14	69	9.9	10.0			
	27 Deaths from drug misuse #	2012 - 14	31	3.1	3.4			
	28 Smoking related deaths	2012 - 14	753	316.8	274.8	458.1	●	152.9
	29 Under 75 mortality rate: cardiovascular	2012 - 14	373	85.6	75.7	135.0	●	39.3
	30 Under 75 mortality rate: cancer	2012 - 14	669	154.0	141.5	195.6	●	102.9
	31 Excess winter deaths	Aug 2011 - Jul 2014	139	11.2	15.6	31.0	○	2.3

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 12 Current smokers, Annual Population Survey (APS) 13 % adults achieving at least 150 mins physical activity per week 14 % adults classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population 21 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged <1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10+) 27 Directly age standardised rate per 100,000 population 28 Directly age standardised rate per 100,000 population aged 35 and over 29 Directly age standardised rate per 100,000 population aged under 75 30 Directly age standardised rate per 100,000 population aged under 75 31 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values.

€ "Regional" refers to the former government regions.

New indicator for Health Profiles 2016.

More information is available at www.healthprofiles.info and <http://fingertips.phe.org.uk/profile/health-profiles>

Please send any enquiries to healthprofiles@phe.gov.uk

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