# Southwark socio-demographic profile Supplement for the APHR 2016

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PRE-RELEASE VERSION

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People & Health Intelligence Section Southwark Public Health

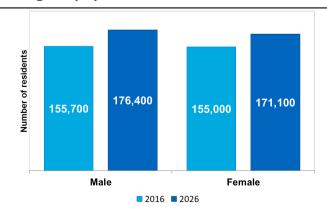


# In the next 10 years Southwark population is predicted to increase by 37,000

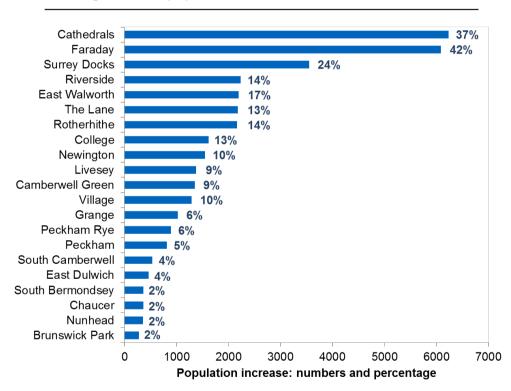
### **POPULATION**

- 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

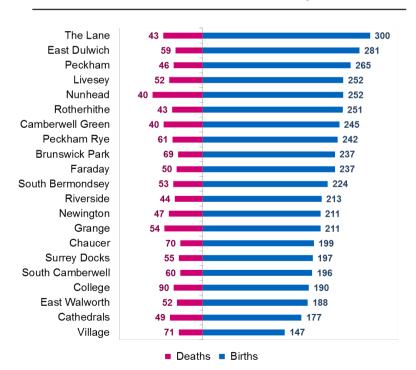


### Population growth will be driven by natural changes in the population

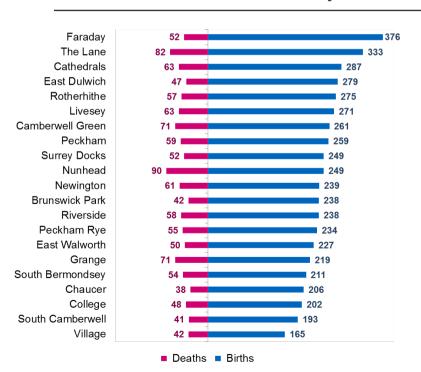
### **POPULATION**

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



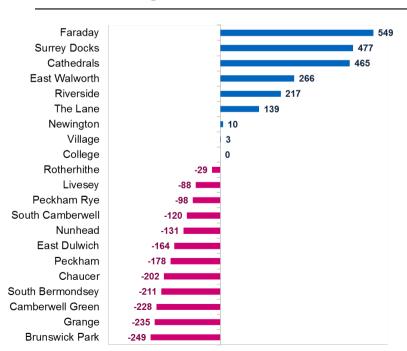
# In 2026 more people are predicted to move out of Southwark compared to those moving in

### **POPULATION**

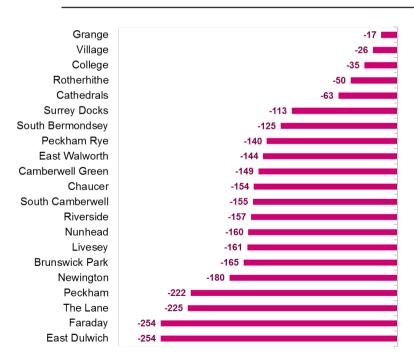
Net migration is the difference between in- and out-flows of the population.

- 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

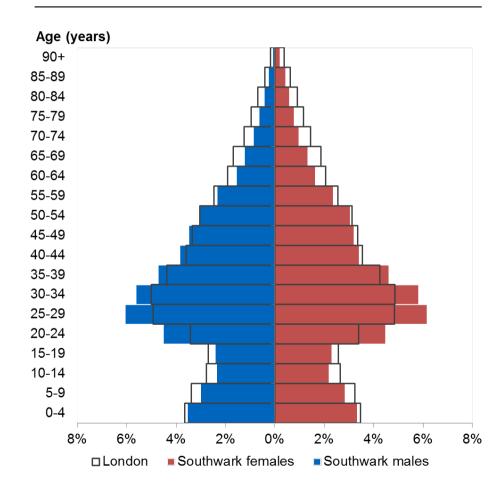


# Southwark population is one of the youngest in the country with median age of 32.7 years old

### **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



### References

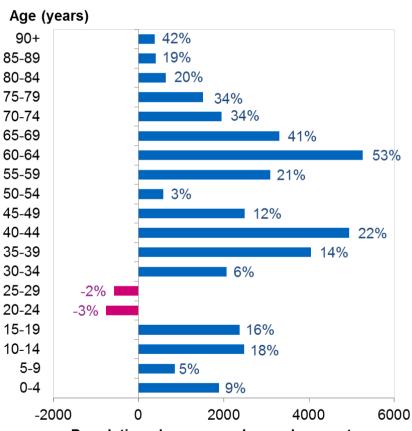


### Southwark population is predicted to grow older in the next 10 years

### **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



Population change: number and percentage

### References



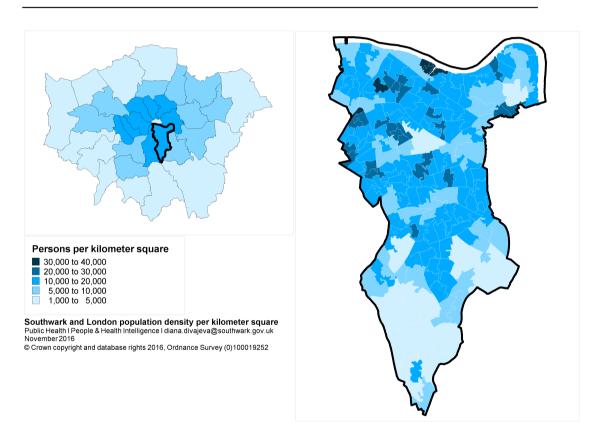
# Southwark is the 9<sup>th</sup> most densely populated borough in London

### **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

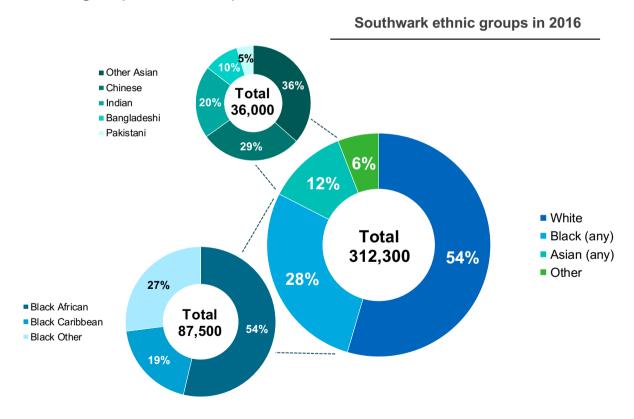
1. Office for National Statistics Super Output Area population data 2014



# 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



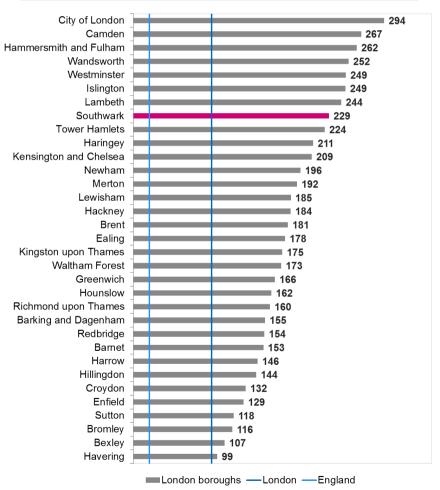
# Southwark population turnover rate is 8<sup>th</sup> highest among London boroughs

### **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



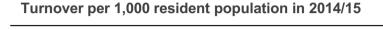
### References

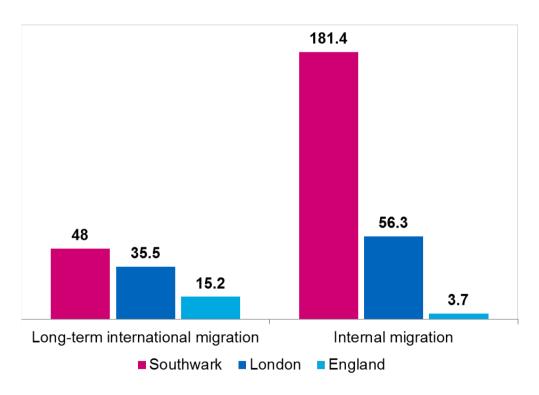


# High population turnover rates in Southwark are largely driven by internal migration

### 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.





### References



### 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.

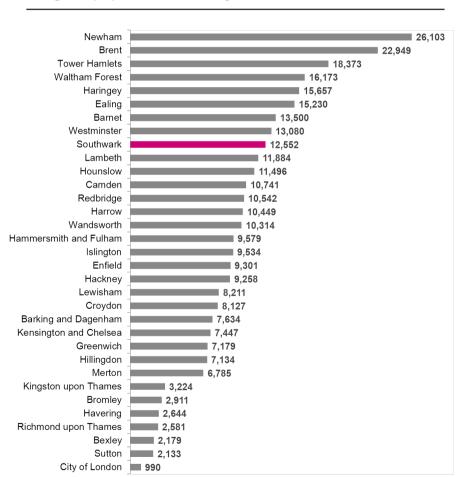




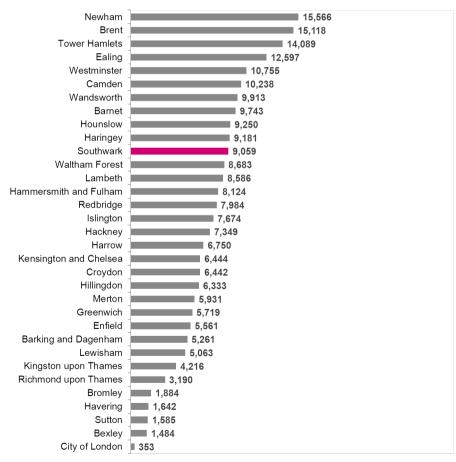
### Locally, there were 3,500 fewer GP registrations than issued national insurance numbers in 2015

### **POPULATION**

### Migrant population NINo registrations in 2015



### Migrant population first time GP registrations in 2015



### References



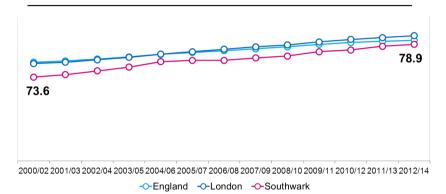
# Despite an overall increase in life expectancy a significant deprivation and gender gap remains

### **HEALTH OUTCOMES**

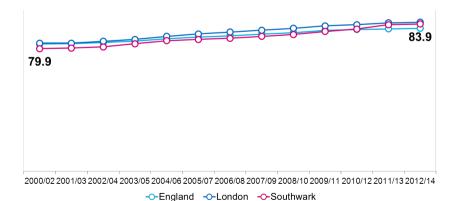
Life expectancy (LE) at birth estimates the average number of years a person would be expected to live based on contemporary mortality rates.

- 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



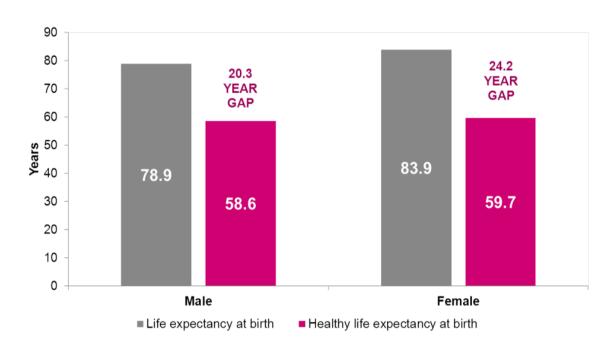
### Southwark residents spend more than a quarter of their life in poor health

### **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



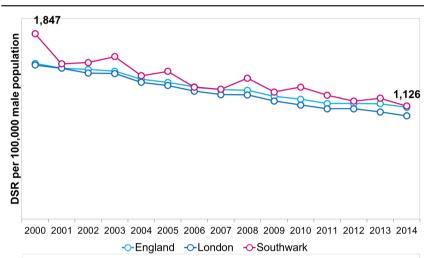
# All-cause mortality has decreased significantly over the past 15 years

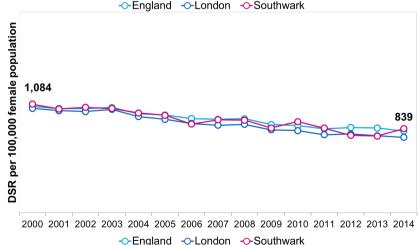
### **HEALTH OUTCOMES**

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

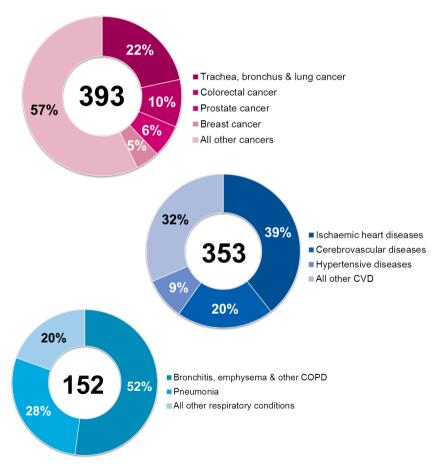


### Around 66% of all deaths in Southwark are due to cancer, cardiovascular and respiratory diseases

### **HEALTH OUTCOMES**

- Cancers, cardiovascular diseases (CVD) and respiratory conditions accounted for about twothirds 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

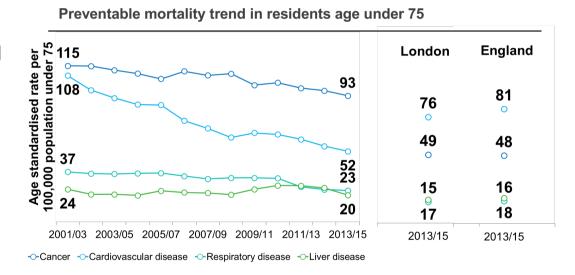


# Rates of preventable mortality are higher in Southwark than the national average

### **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

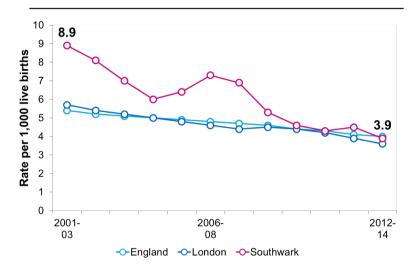


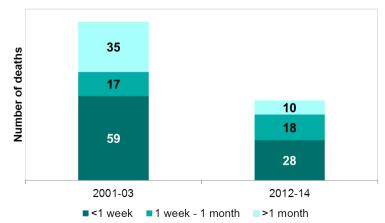
### Southwark infant mortality has more than halved since 2001

### **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





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

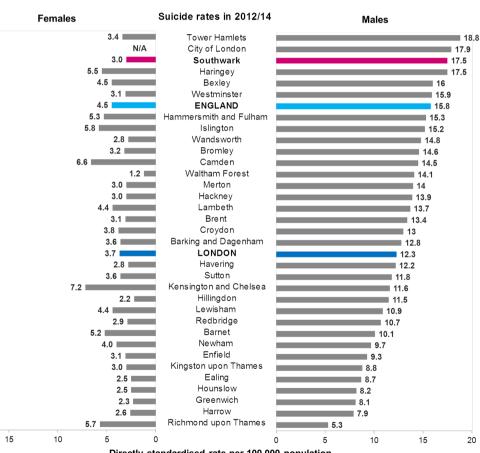


### Male suicide rates in Southwark are almost six times higher than the rate among females

### **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. 20





Directly standardised rate per 100,000 population

### References

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





# 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%

<sup>\*</sup> 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

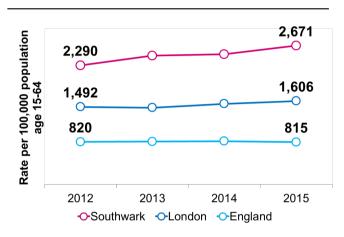
### **HEALTH OUTCOMES**

- 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.

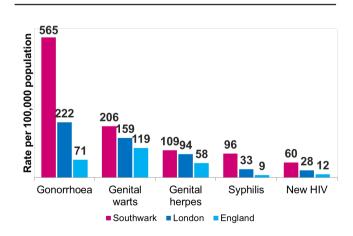
### References

- 1. Public Health Outcomes Framework 2016
- \* Excluding Chlamydia in residents aged under 25 years old

### Trend of new STI diagnoses



### STI diagnostic rate in 2015



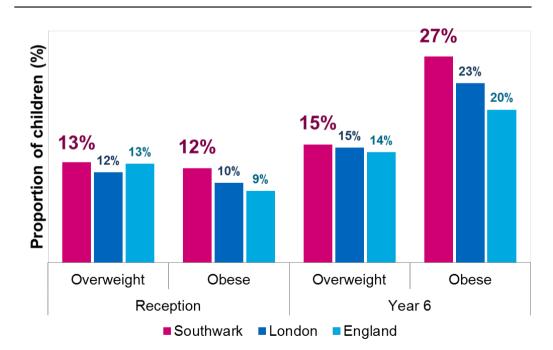


### Child obesity and excess weight in Southwark is significantly above the London and national average

### **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



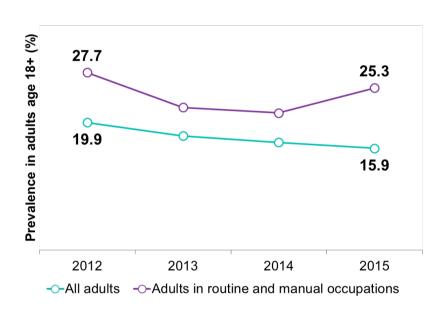
### Smoking prevalence in Southwark is higher in more deprived population

### **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



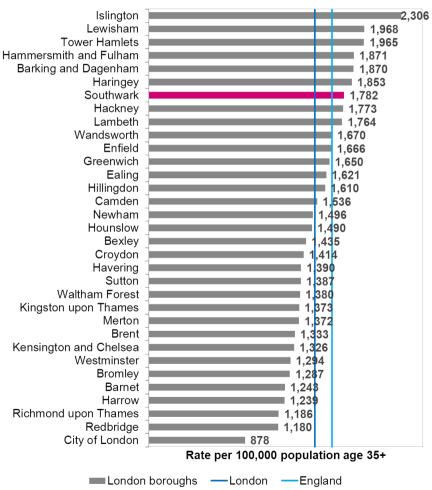
# While today tobacco use in Southwark is falling, admission rates remain high...

### **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

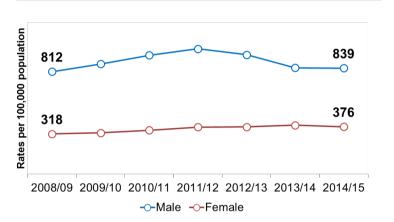


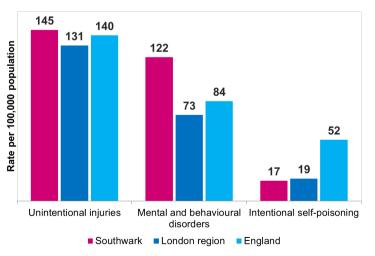
# Men are twice as likely to be admitted to a hospital for an alcohol-related episode

### **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



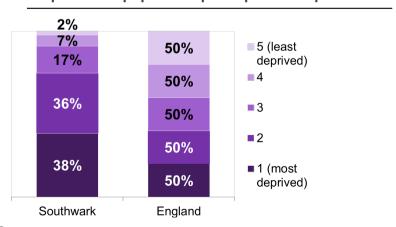
# Almost 40% of Southwark residents live in areas considered most deprived nationally

### WIDER DETERMINANTS OF HEALTH

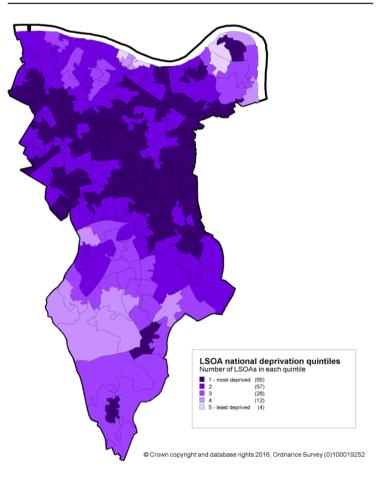
Deprivation is one of the reasons for health inequalities in Southwark.

- 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

### Proportion of population per deprivation quintile



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



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

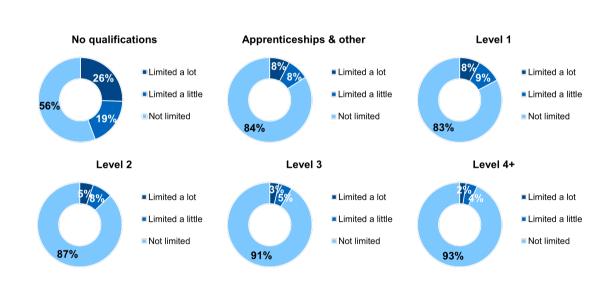


### 45% of Southwark residents with no qualifications have a long-term or a disabling condition

### 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



- 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

### **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).

- 1. Census 2011
- 2. PHE Segment Tool 2016

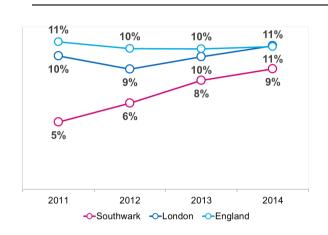


# The number of Southwark households in fuel poverty has nearly doubled in 4 years

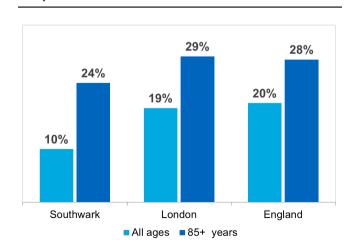
### WIDER DETERMINANTS OF HEALTH

- 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



- 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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