

# Healthy People in Healthy Places

Annual Public Health Report of the  
Director of Health & Wellbeing 2017

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# Foreword from the Director of Health & Wellbeing

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Each year, Directors of Public Health in local authorities across England fulfil a statutory requirement to write an annual report on the health of their population. The Annual Public Health Report (APHR) is a vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed. It is often an extremely powerful tool both to engage with local communities and fellow professionals in public health, health and social care.

Since starting as Southwark's Director of Health and Wellbeing in April 2017 I have had the privilege of working across the Council and alongside a range of healthcare, community, business, academic and other partners to help ensure that the health and wellbeing of current and future generations of Southwark's residents are at the centre of everything we do. Our public health team have identified five overarching priorities in support of the [Council's Fairer Future for All](#) promises: social regeneration; providing effective and high quality care for all; improving health outcomes; making health everyone's business; and investing in our staff. Today, our work is underpinned by three core values: tackling inequalities; promoting effective partnerships, and using data and evidence to inform practice and policies.

With this renewed strategic focus and streamlined approach to our population health priorities, the past year has seen a strengthening of our visibility and relationships across the Council. We now have innovative and robust partnerships with colleagues in Education, Planning, Social Care, Regeneration, Culture, Leisure, the Environment and Communities. We have

strengthened our work with the Southwark CCG, local health providers, and the wider primary care family. And we are increasingly working alongside local businesses and communities to tackle a range of issues including mental ill health, food poverty, and social regeneration. These partnerships form the cornerstone of our [health in all policies](#) approach and address to the fundamental truth that [health](#) is much more than healthcare, but a state of complete physical, mental, social and spiritual wellbeing.

This year's APHR provides an opportunity to reflect on our collective progress in improving health and tackling inequalities in Southwark over the past year. The report's theme, "Healthy People in Healthy Places", reflects Southwark's commitment to place individual and community wellbeing at the heart of its efforts to revitalise communities. From major regeneration projects currently planned or underway across the borough, to efforts to create healthier high streets, place matters. We now have unparalleled opportunities to be global exemplars in leveraging regeneration efforts to fundamentally change our borough's health profile, including improving increasing healthy life expectancy and reducing the wellbeing gap, for new and existing communities.

Our "Healthy People in Healthy Places" report is in three parts. In Part A we provide a thematic review of the importance of place in shaping health and addressing inequalities. We identify a few key recommendations to our system partners to help accelerate our progress on place shaping for health in the year ahead. In Part B, we provide a statistical bulletin which builds upon the comprehensive review of our community health profile covered in our [APHR 2016](#). This section focuses on a

few areas where we have made good progress in the past year, but where further action is required. Part C includes links to key resources on health and wellbeing in the borough including our new APHR video, PowerPoint slides, with links to other data and intelligence tools and resources. We will be adding new infographics to this resource pack in the coming months.

In summary, this year's report sets out where we will focus our efforts over the next year, from prioritising place shaping for health and wellbeing and relentlessly striving to address the borough's key health priorities, to improving the ways in which we communicate, engage and work with partners and local communities, and providing useful and innovative tools to inform decision making. In all of this, we will be engaging further with stakeholders including and beyond the traditional realms of healthcare, ensuring the most effective use of our resources, tailoring our support to where we can have the greatest impact, and pushing for even greater influence where it matters most.



PROFESSOR KEVIN FENTON MD PhD FRCR  
Director of Health and Wellbeing  
*incorporating the role of Director of Public Health*

March 2018

# Acknowledgments

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# Healthy People in Healthy Places

Annual Public Health Report of the  
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Part A. The role of place in shaping health and  
wellbeing in Southwark



# Place and health



"...the places in which we are **born, live, work and age** influence our health and wellbeing..."

## Introduction

From the air we breathe to the streets we walk, the places in which we are born, live, work and age influence our health and wellbeing by enabling or hindering healthy lifestyles. The fabric of our neighbourhoods can bear heavily on what we eat, how active we are, how we interact with others, and what activities we take part in. How these places and spaces are designed, maintained and evolve is therefore vital to the health and wellbeing of the people and communities within them.

Healthy places are those which enable:

- Connection with others
- Healthy affordable homes
- Active living and travel
- Affordable quality food
- Safe, attractive public spaces for play and recreation
- Contact with nature in everyday life
- Access to quality services and amenities.

Shaping place for health is an active process. Local authorities are strategic leaders in place-shaping, able to respond to residents' ambitions and aspirations and work with partners to deliver relevant services. Indeed, it is an exciting time for shaping place to health given local authorities' focus on economic development and economic purpose for local communities; new statutory arrangements;

new local strategic partnerships that can influence place; new institutional arrangements and ways of working.

Today, Southwark's annual residents survey provides evidence of residents' requirements and aspirations. Our rolling programme of Joint Strategic Needs Assessments provide evidence of local needs across a range of functions and support the Council and our partners to deliver its place-shaping role effectively.

Place-shaping is a highly important concept for those involved both in revitalising existing, and building new communities to understand. In some areas of the borough, the volume of new housing compared to the number of existing homes, where they exist, will be large. And their development will affect the character of a place and therefore this is a process that needs to be managed. In other areas, even limited development can be used to influence health, whether through changing the high-street, increasing opportunities for health promoting retailers and spaces, or improving the built environment. To support this, Southwark have been one of ten local authorities exploring an improved understanding and relationship with developers through the Town and Country Planning Association's Developer and Wellbeing programme. This is an important step in working towards a shared vision for health through place shaping that can account for local health needs, meet the viability test and also satisfy healthy planning policy requirement.



# Place and health

## Shaping place for health: the role of regeneration

Urban regeneration describes a process of redevelopment and renewal in cities, and is one of many options available for shaping place to improve health and wellbeing by influencing the built and social environment within a locality. Regeneration improves geographical areas with complex challenges by transforming housing, streets, transport and green spaces.

Regeneration is too often only considered in terms of the built environment and the physical conditions in which we live. In Southwark, our approach to regeneration is also about ensuring access to quality services and amenities and supporting the creation of jobs. Regeneration has a fundamental role in improving the health, wellbeing and life chances of communities.

Southwark is delivering some of Europe's most exciting and complex regeneration schemes which are helping to shape neighbourhoods at Elephant and Castle, Aylesbury, Canada Water and the London Bridge Quarter.

In the ten years prior to 2015, Southwark fell from being the 10th most deprived local authority in the UK to the 41st. This has had a visible impact on people in Southwark with more adults in employment, more young people in education, employment or training, and fewer children living in deprivation. Of all the wider determinants of health and causes of health inequalities, deprivation is perhaps the most influential, meaning this economic growth will have a positive impact on the health of local people.



**"Regeneration has a fundamental role in improving the health, wellbeing and life chances of communities."**

# Place and health

## The health of Southwark's population

Southwark is a densely populated and diverse inner London borough situated on the south bank of the River Thames, with Lambeth to the west and Lewisham to the east. Home to some 313,000 people, Southwark is a patchwork of communities: from leafy Dulwich, to bustling Peckham and Camberwell, and the rapidly changing Rotherhithe peninsula.

There have been a number of significant improvements in health outcomes in Southwark in recent years [1]:

- Life expectancy in the borough continues to increase. Latest figures show that boys born today can expect to live to 79.1 years; just over five years longer than a boy born in Southwark in 2001. Girls born today can expect to live almost four years longer than their counterparts born in 2001, with a life expectancy today of 83.8 years. Life expectancy is still lower than the London average by 1.3 years for men and 0.4 years for women, however the gaps have been narrowing over time and have decreased by one-third for men and by half for women since 2001-03.
- Infant mortality is often used as a measure of the overall health and wellbeing of the population, reflecting a wide range of factors that influence health, such as economic development and living conditions as well as maternal health and wellbeing. Since 2001 the infant mortality rate in Southwark has fallen by 62% and is now below the national average.
- There have also been significant reductions in the rate of premature mortality in the borough,

with the levels of cardiovascular mortality falling by more than half since 2001, and cancer falling by a fifth.

- Levels of teenage pregnancy in Southwark are at their lowest levels since monitoring began, numbers have fallen by over 200 per year compared to 1998, a much sharper reduction than seen in London as a whole.

While there have been improvements in many areas, challenges remain, particularly in relation to sexual health, childhood obesity and mental health.

- Southwark has high levels of sexual health need due to its young, mobile and diverse population. Nationally, Southwark has the second highest rate of new STIs (excluding chlamydia). In 2016, 8,117 new sexually transmitted infections (STIs) were diagnosed in residents. The borough also has the second highest prevalence of HIV in England, with 2,557 residents diagnosed with the condition.
- Healthy weight continues to be a complex challenge faced by many people in our communities. The prevalence of being overweight or obese among eleven year olds in Southwark is among the highest in London, and above the national average.
- Severe mental illness (SMI) affects about 0.9% of people nationally, although Southwark demonstrates a higher burden: about 1.2% of the population (close to 4,000 people) are recorded by their GP as having a psychotic disorder – schizophrenia, bipolar affective disorder and schizoaffective disorder.

- While nearly two-thirds of the general population of children in the borough are achieving high GCSE attainment, just half of children with free school meal status and only 18% of children in care achieve the same level. Homelessness has increased since 2010/11 with more families living in temporary accommodation, and violent crime rates have not reduced.

We also know that there is a strong association between social economic deprivation and experience of poorer health. Unemployment or poor quality of employment, low income, low levels of education attainment and poor housing are all factors that impact on lifetime health outcomes.

Between the most and least deprived in the borough, there is a 5½-year life expectancy difference among women and a 9½-year difference among men. While for women this inequality has not changed over the last three years, it has increased by two years in men. There is also a strong social dimension to health behaviours such as smoking, unhealthy weight, physical activity and uptake of screening and preventive interventions.

**"Since 2001 the infant mortality rate in Southwark has fallen by 62%..."**



# Place and health

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## Making regeneration work for everyone

Improving wellbeing and population health in Southwark will require action on many fronts. There is an opportunity to leverage urban renewal taking place across the borough to be a key driver of change in improving economic opportunities and productivity, health, wellbeing, sustainability and cohesion for local communities.

Place shaping through regeneration will be critical to help tackle the wider social determinants of health. The evidence suggests that this may be achieved by ensuring that communities and health and wellbeing are at the centre of our regeneration process and that there is a “whole council approach” that drives regeneration so that changes in the physical environment contribute to the delivery of positive outcomes across the system: from affordable housing, to new schools and health and community facilities to improved health and wellbeing. Southwark has embarked upon a whole council approach on maximising the opportunities from urban renewal, and the 2017 Southwark Conversation was the council’s largest event consultation with local residents about their aspirations, expectations and recommendations for changes in the borough.

In Southwark, we are integrating health and wellbeing into planning. This approach is evident in how the New Southwark Plan (NSP), currently out to consultation, captures the many ways that the physical environment can affect health. The NSP is more than just about land use: through high quality spatial planning, we want to ensure that place shaping for health works for everyone. The NSP will support economic growth and provide affordable housing. Health and wellbeing is embedded throughout the NSP. Strategic policies within the

NSP aim to encourage healthy lives by tackling the causes of ill-health and inequalities in Southwark, such as employment, active travel, poor air quality, protection and improvements to green space and are underpinned by management policies on training and apprenticeships, hot food takeaways, betting shops, pay day loans and active design, all of which will have a positive impact on health and wellbeing locally.

We are also developing evidence informed strategic health and wellbeing plans in urban renewal areas, ensuring that all opportunities to improve health are realised. In Southwark, we have made use of the practical toolkits and checklists provided by the Town and Country Planning Association [2], the Healthy Urban Development Unit [3] as well as learning from the Healthy New Towns programme [4], to inform how we work across the Council and with developers. Key among these are the development of locality specific health and wellbeing plans; promoting active travel; ensuring viable requirements for play areas, open spaces, leisure and access to food growing and healthy food choices; mitigating the impacts of pollution and noise; responding to local health needs and developing relevant performance indicators/targets for health-related policies. In our major regeneration areas, such as Canada Water, Bermondsey and Old Kent

Road, we are working on health plans, charters and outcome frameworks to ensure that regeneration impacts positively on health and wellbeing.

Together with NHS Southwark Clinical Commissioning Group (CCG) and NHS partners, our Five Year Forward View outlines an ambition to create a much stronger emphasis on prevention and early action as well as deeper integration across health and social care, and wider council services [5]. Our ambition is informing not just service developments but how and where some of them will be made real through regeneration, innovative co-location and investment in community infrastructure.

## Working with local communities

We have an opportunity to work towards achieving the best possible outcomes from redevelopment and renewal taking place across the borough. Evidence suggests that this means local communities must be engaged from the earliest point to be involved in the co-identification of needs and co-design of solutions and to bridge communities to local resources. Engaging and empowering local communities can improve community health and wellbeing, promote equity and increase people’s control over their health and lives, which are key to addressing health inequalities.

**"Place shaping through regeneration will be critical to help tackle the wider social determinants of health."**



# Place and health

## Next steps

The recent consultation (the Southwark Conversation) provides a rich source of information to help us further shape our borough so that the environment in which we live supports healthier lives. We will be working closely across the Council and with our NHS, voluntary and community sector partners and businesses to draw out implications for how we create healthier urban environments. We will want to continue listening to communities and ensuring that there is strong community engagement and participation in developing local regeneration plans.

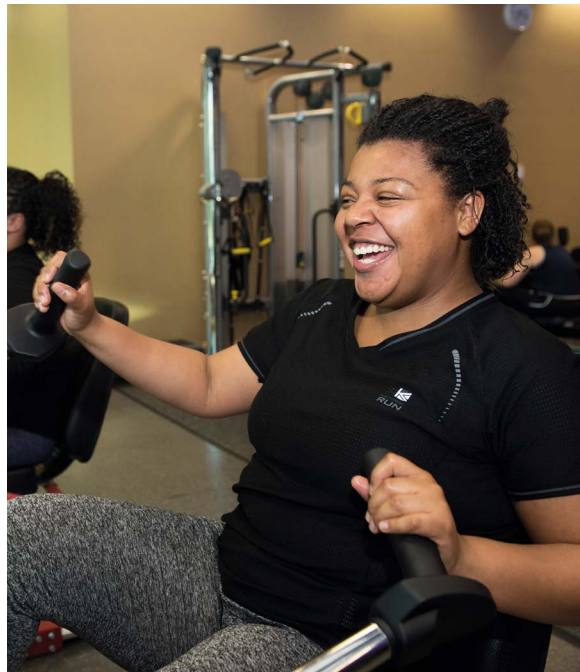
A priority for us will be the development of sound health plans for our major regeneration areas. We know that deprivation, poorer life chances and poor health are all inextricably connected. Our health plans will test and question our assumptions so that we help ourselves and partners to think creatively outside the box to address some of our complex health concerns such as childhood obesity.

While we will aim to create healthier places where the 'healthier choice is the easier choice' we will also be looking at opportunities for integration, co-location and bringing services closer to communities. This will help us to drive improvement and equity in population health, both within and outside services. Supporting the CCG in the future development of 'community hubs' will provide one opportunity to explore a more integrated 'upstream' prevention model that could see housing and benefits advice provided alongside sign posting to health improvement services, improved models for brief advice and broader mental wellbeing services.

Finally, we are developing high level indicators which will enable us to assess inequalities in health across the borough and to measure not just how regeneration impacts on people in local areas but to demonstrate that the benefits extend to people in other parts of the borough too.

## Recommendations

In summary, given Southwark's commitment to shaping place for health and wellbeing and reducing health inequalities through regeneration, there are five key recommendations to accelerate progress and demonstrate the impact of this important strategic imperative:



1. **Leadership:** Develop and enhance cross-council governance, partnership and communication opportunities on social regeneration efforts to raise awareness, facilitate collaboration, and encourage more systematic evaluation of the opportunities and impact of urban renewal to improve health and wellbeing, reduce inequalities and improve life chances.
2. **Strategy:** Ensure local health and wellbeing plans are in place for all major regeneration efforts taking place across the borough and that these are developed through wide engagement with local communities and stakeholders.
3. **Evidence-based policy:** Further accelerate the use of local health, social and other relevant data into local planning decisions to ensure that a more comprehensive understanding of the wellbeing needs and potential health and inequalities impacts are considered.
4. **Monitoring and Evaluation:** Develop a standard set of key indicators for social regeneration, working collaboratively with a wide partners including local communities, to guide the evaluation of all urban renewal projects in the borough.
5. **Partnership:** Develop and maintain robust governance, communication and other opportunities to support community participation and to engage key stakeholders on the Council's progress on social regeneration and identify opportunities for collaboration.

# Place and health



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# Healthy People in Healthy Places

Annual Public Health Report of the  
Director of Health & Wellbeing 2017

Part B. Statistical Bulletin 2017: A summary of  
Southwark's progress against key health priorities





## OVERVIEW

The Statistical Bulletin to this year's Report focuses on a smaller number of key health and wellbeing priorities in the borough that affect our residents across the life course. It builds upon the more detailed review of public health priorities undertaken in the Annual Public Health Report 2016. By focusing on fewer areas, we aim to provide a more thorough review of each topic, including analysis of demographic, epidemiological and geographical inequalities within the borough. We also reflect on some of the key accomplishments in these areas over the past year and highlight priority action for the year ahead.

This year's Statistical Bulletin consists of the following sections:

1. Changing demographics in Southwark
2. Childhood obesity
3. Sexual health
4. Mental health
5. Long-term conditions and co-morbidities
6. Air quality

The selected public health priorities represent particular challenges in health and wellbeing across the life-course in Southwark. In some areas we are making steady progress and in others the improvements are slow and modest. In all areas, our commitment to partnership working, building upon the available evidence, and adopting multi-level approaches to improving health and tackling inequalities are paramount. These approaches have already yielded benefits in other areas in Southwark, including scaling up the NHS Health Check programme, promoting physical activity through our free swim and gym programme, introducing healthy and free school meals, transforming our local sexual health services, delivering new strategic approaches to suicide prevention and mental health and wellbeing, and strengthening our collaboration with planning and regeneration colleagues to ensure regeneration works for all and has the wellbeing of communities as a key outcome.

Looking ahead, key to our success will be working with our partners to do a few things well, efficiently and at scale. The priorities highlighted in this report reflect areas where there are existing and potential opportunities to achieve prevention at scale and truly improve population health outcomes. Key to this will be strengthening our health in all policies approach in our collaboration with the council, with our NHS partners, business, education, academic, community and other sectors to realise our shared ambitions for success.





## DEMOGRAPHY

Southwark is a densely populated and diverse inner London borough situated on the south bank of the River Thames, with Lambeth to the west and Lewisham to the east. Home to some 313,000 people, Southwark is a patchwork of communities: from leafy Dulwich in the south, to bustling Peckham and Camberwell, and the rapidly changing Rotherhithe peninsula. Towards the north, Borough and Bankside are thriving with high levels of private investment and development. Yet there remain areas affected by high levels of deprivation, where health outcomes fall short of what any resident should expect.

### 1.1 Population trends and projections

The population of Southwark has been growing since the late 1980s, surpassing 300,000 inhabitants in 2014. This trend is set to continue across almost all areas of the borough in the next decade. In particular, redevelopments around Old Kent Road, South Bermondsey and Elephant and Castle, will lead to significant population increases in these communities.

Population projections from the GLA for all London boroughs estimate 10% growth in Southwark, which is comparable to 10% growth in greater London and across other boroughs in south east London between 2016 and 2026, as seen in Figure 2. However, the projections used locally for service planning suggest the increase could be as high as 20%.

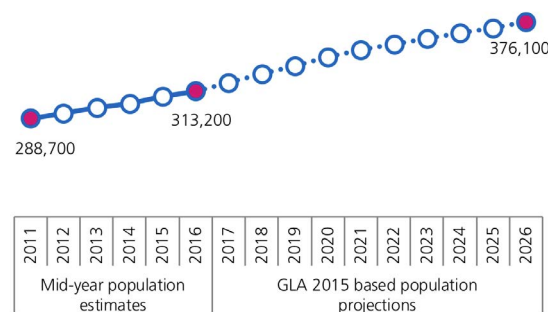


Figure 1. Population projections in Southwark, 2011-2026

Source: GLA 2017, 2015 Southwark Borough Preferred Option Projections



Figure 2. Proportionate increase in population across South East London boroughs, 2016-26

Source: GLA 2017, 2016-based population projections & borough preferred option

### 1.2 Age

The average age in Southwark is 32.9 years; almost seven years younger than the national average and two years younger than the London average. The young average age of the borough, stems not from a large number of children, but from a large number of young working age residents. Over 40% of the Southwark population consists of those aged 20 to 39, compared to 34% in the rest of London. Looking at the older age ranges, only 8% of the population of Southwark is aged over 65 compared to 12% in London and 18% in England.

The ethnic diversity of the borough varies markedly across age groups and the population under 20 is much more diverse than other age groups, with a similar proportion of young people from white and black ethnic backgrounds.

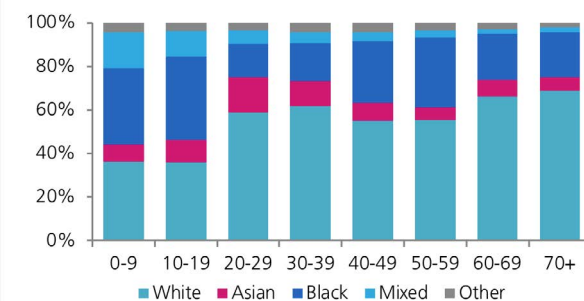


Figure 3. Population of Southwark in 10-year age bands, by ethnicity, 2016

Source: GLA 2017, Round trend-based ethnic group projections, 2016

## 1.3. Diversity

Southwark is a diverse borough with people from a wide range of ethnicities and backgrounds. Over 120 languages are spoken here, and 11% of households have no members who speak English as a first language. According to the 2011 census, 39% of Southwark residents were born outside the UK, showing not only the ethnic diversity of the borough, but also the cultural diversity.

Just over half (54%) of Southwark's population is of white ethnicity, a quarter (25%) black and a third of Asian (11%) or other (10%) ethnicities (Figure 5). This differs from the rest of London where a considerably smaller proportion identify as black (13%) and a considerably larger proportion identify as Asian (21%).

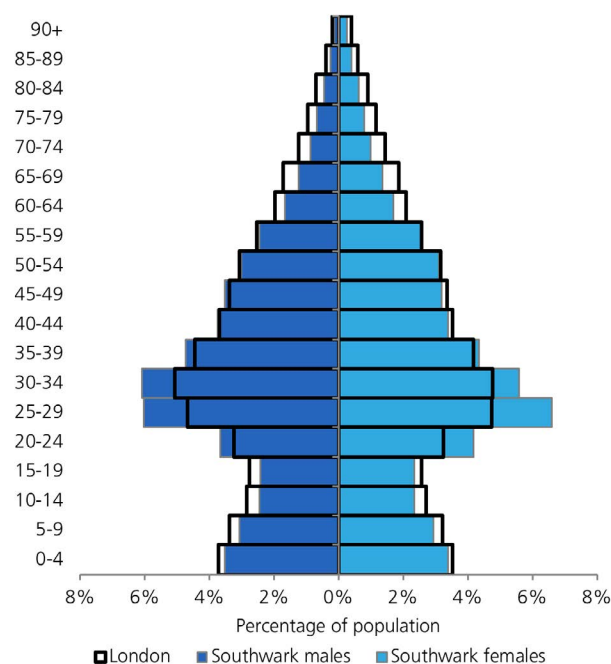


Figure 4. Age and sex distribution of the population in Southwark, London and England, 2016

Source: ONS 2017, Mid-year 2016 resident population estimates

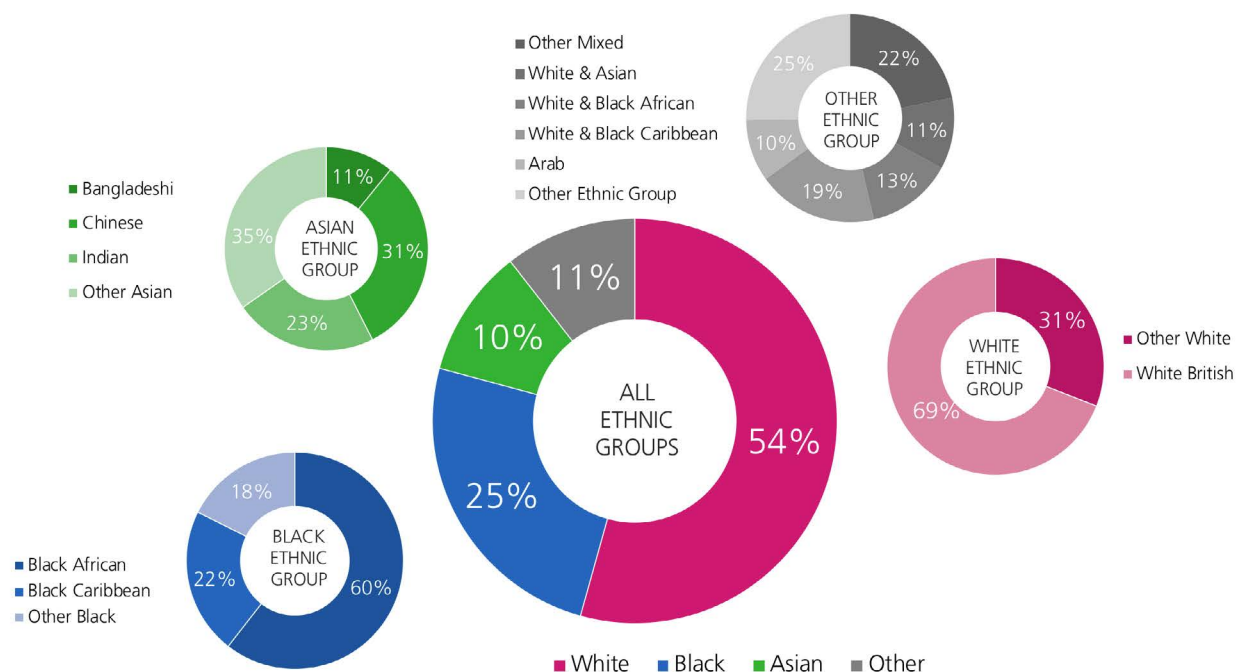


Figure 5. Population of Southwark, by ethnicity, 2016

Source: GLA 2017, Round trend-based ethnic group projections, 2016

## 1.4. Sexual orientation

Research from the Office for National Statistics suggests that Southwark has one of the largest gay and lesbian populations in the country, where 5% (12,000 people) of the population of Southwark identify as being gay or lesbian, compared to only 2% of the entire London population and 1% in England. Estimates of those identifying as either bisexual, transgender are not considered reliable enough for practical use.

Table 1. Age and sex distribution of the population in in Southwark, London and England, 2016

Source: ONS, Subnational sexual identity estimates, UK: 2003 to 2015

	Adults aged 16 or older	Southwark	London	England
Heterosexual	215,000	88.0%	90.2%	93.6%
Gay or lesbian	12,000	5.0%	1.9%	1.1%
Bisexual	2,000	0.8%	0.7%	0.6%
Other	2,000	0.9%	0.3%	0.3%
Don't know / refuse	13,000	5.2%	6.9%	4.5%

## 1.5. Deprivation

The Indices of Deprivation 2015 is used to measure levels of relative deprivation between communities in England.

- Southwark is the 40th most deprived of 326 local authorities in England and ninth most deprived out of 32 local authorities in London
- There is significant variation in deprivation across the borough, with around 119,000 (38%) Southwark residents living in communities ranked in the 20% most deprived areas nationally.
- By contrast, only around 6,700 (2%) of residents live in communities considered the least deprived nationally.
- Around 15,000 children (28%) in Southwark aged under 16 live in low income families

The most deprived areas are situated in Peckham through to Elephant and Castle in the north-west. However, there are pockets of deprivation across the borough. Parts of the river front and Dulwich are the least deprived parts of the borough.

Deprivation has an important impact on health, as more deprived areas have lower life expectancy and higher prevalence of many behavioural risk factors than less deprived areas. These health inequalities are underpinned by inequalities in the broad social and economic circumstances which influence health.

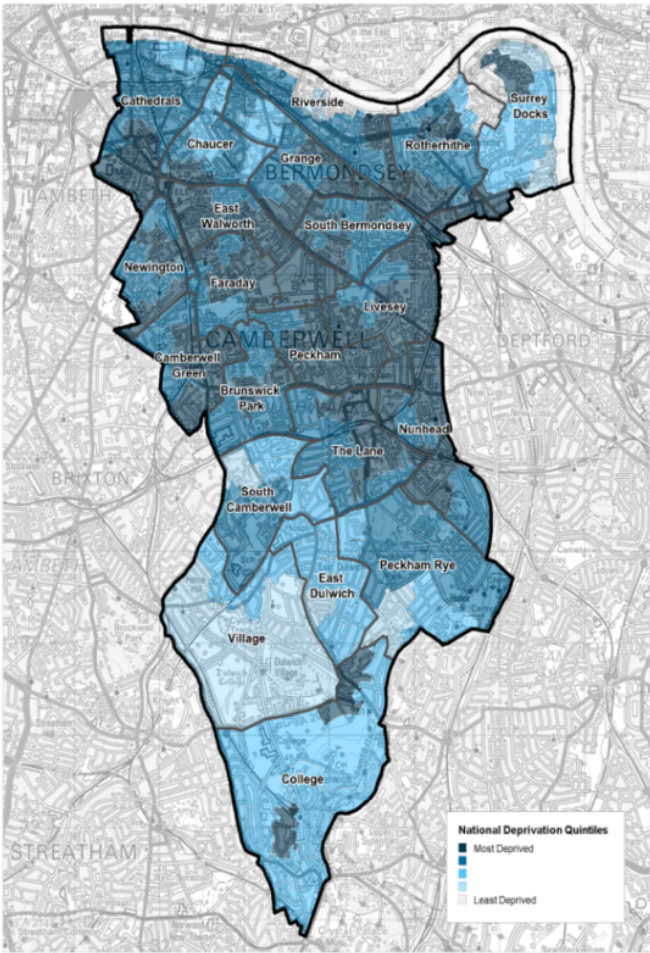


Figure 6. Indices of deprivation 2015

Source: Department of Communities and Local Government, English Indices of Deprivation 2015

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# Statistical Bulletin

## 1.6. Life expectancy

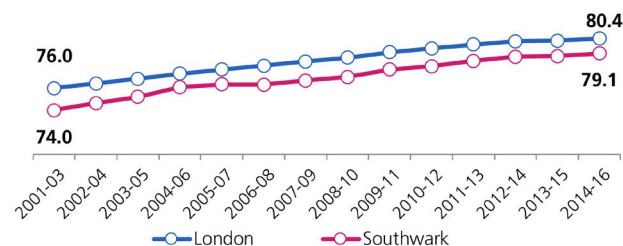
Life expectancy at birth has been increasing steadily over time. This is true across London and England, but the improvement has been more pronounced in Southwark. In 2014-16, life expectancy at birth for men was 79.1 years and 83.8 years for women in Southwark.

Between 2001-03 and 2014-16, the average number of years that a new-born baby would expect to live, based on contemporary mortality rates, increased by four years for women and five years for men. However, life expectancy in Southwark is still below the London average and ranks 26 out of the 32 boroughs in London for both men and women.

**Table 2. Absolute and relative increase in life expectancy in Southwark and London, 2001-03 to 2014-16**

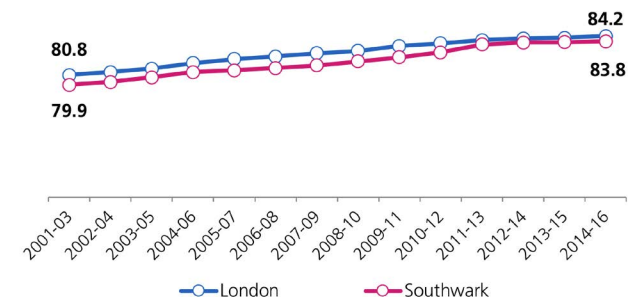
Source: ONS 2017, Life expectancy at birth by local areas, UK, 2001-03 to 2014-16

	Life expectancy at birth		Change over time
MEN	2001-03	2014-16	
Southwark	74.0	79.1	+5.1 yrs
London	76.0	80.4	+4.4 yrs
Gap	2.0	1.3	-33%
WOMEN			
Southwark	79.9	83.8	+3.9 yrs
London	80.8	84.2	+3.4 yrs
Gap	0.9	0.4	-49%



**Figure 7. Trends in life expectancy for men, 2001-03 to 2014-16**

Source: ONS 2017, Life expectancy at birth by local areas, UK, 2001-03 to 2014-16



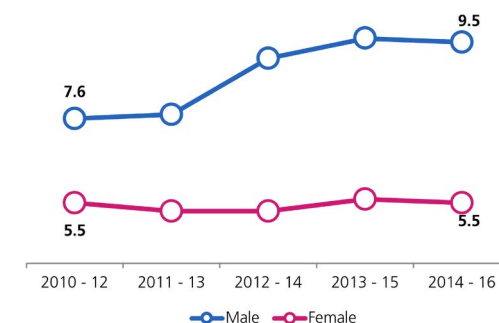
**Figure 8. Trends in life expectancy for women, 2001-03 to 2014-16**

Source: ONS 2017, Life expectancy at birth by local areas, UK, 2001-03 to 2014-16

In 2014-16, life expectancy for men in Southwark was 1.3 years below the London average and 0.4 years for women. It's worth noting however, that these gaps have been narrowing over time and have decreased by one-third for men and by half for women since 2001-03.

Whilst there has been a significant increase in life expectancy in Southwark over time, this improvement has not been the same across all our communities. The Slope Index of Inequality tells us how much life expectancy at birth varies between our most and least deprived neighbourhoods.

The range in years of life expectancy from the most to least deprived areas in Southwark was 5.5 years for women in 2014-16 and 9.5 years for men. This discrepancy has been increasing over time for men, but has stayed roughly the same for women.



**Figure 9. Slope index of inequality in Southwark, 2010-12 to 2013-15**

Source: PHE 2017, Public Health Outcomes Framework





# Statistical Bulletin

## 1.7. Healthy life expectancy

Whilst our local residents are living longer, the length of the time spent living in good health is also an important factor. Healthy life expectancy is often considered a measure of whether we are adding life to years, as well as years to life. In 2014-16, there was a 17.9 year gap between life expectancy and healthy life.

National intelligence indicates that not everyone can expect the same number of years spent living in good health. The gap in healthy life expectancy between the most and least deprived areas of the country stands at 19 years for both males and females.

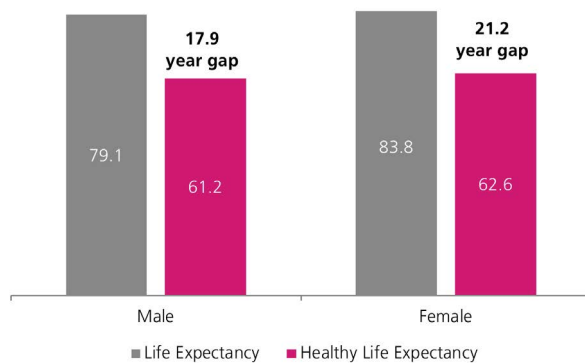


Figure 10. Gap in life expectancy in Southwark, by sex 2014-16

Source: ONS 2017, Health state life expectancy at birth and at age 65 by local areas, UK





## CHILDHOOD OBESITY

### 2.1. Why is this important?

Healthy weight (BMI above 2<sup>nd</sup> centile but less than the 85<sup>th</sup> centile) continues to be a complex challenge faced by many people in our communities. Excess weight (BMI greater than or equal to the 85<sup>th</sup> centile) in childhood typically persists into adulthood and is associated with increased risk of a range of health consequences such as diabetes, hypertension and exacerbation of asthma, childhood obesity also puts children at risk of psychological problems.

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception (aged four to five years) and Year 6 (aged 10-11 years) in state maintained primary schools across England.

### 2.2. What is the picture like in Southwark?

Obesity among children in Southwark is consistently above London and national levels. In 2016-17, Southwark had the third highest level of



Figure 11. Percentage of children who are overweight or obese in Reception and Year 6, in Southwark, London and England, 2016-17

Source: National Child Measurement Programme 2016-17

excess weight (overweight and obese) out of the 32 London Boroughs for children in Reception (26%) and fourth highest for children in Year 6 (43%).

Trends indicate that there has been little change in the prevalence of excess weight since measuring began in 2007, mirroring the national and regional picture. Southwark's Healthy Weight Strategy Everybody's Business aims to reduce obesity by 2020-21 to 11% among children in Reception and 25% among Year 6 children.

Excess weight and obesity in Reception is significantly higher than the Southwark average in the areas immediately south of the Old Kent Road, from Peckham through to Walworth and Elephant and Castle in the north west. By Year 6 there is little significant difference across the borough, indicating a whole population approach is required by this age.

NCMP results show that excess weight and obesity among children are strongly associated with socio-economic status. The association grows stronger between Reception and Year 6, by which time children in the most deprived areas are 1.7 times more likely to be overweight or obese than children in the least deprived areas nationally.

National results also show that excess weight and obesity is highest among children from Black or Black British ethnic groups for both Reception (29%) and Year 6 (46%) cohorts. Excess weight and obesity is lowest among children from Chinese ethnic background among both Reception (16%) and Year 6 (34%) cohorts. By Year 6 all ethnic groups, except Chinese, have a significantly higher level of excess weight or obesity than children who have a White ethnic background.

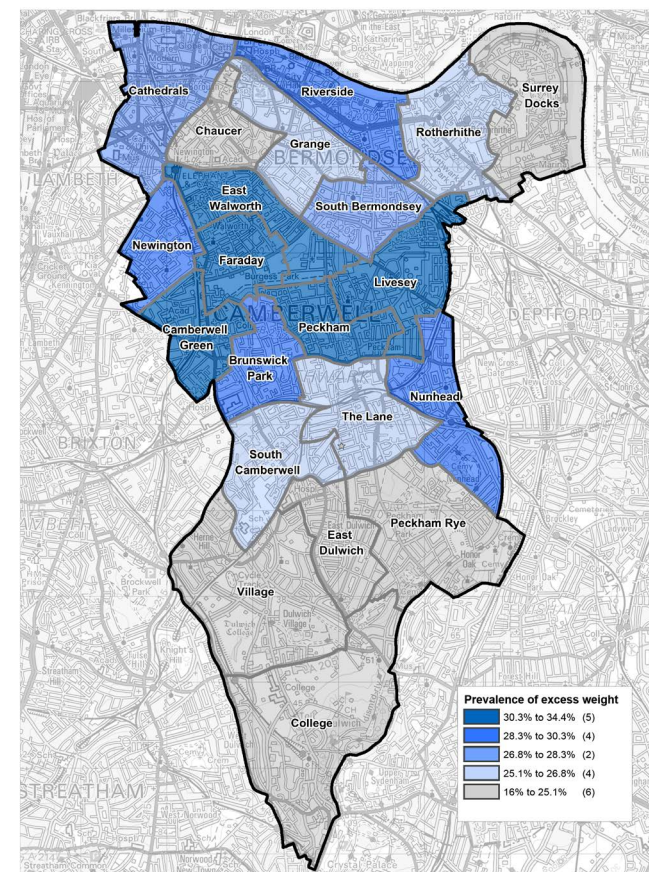


Figure 12a. Prevalence of excess weight among Reception Year children, 2013-14 to 2015-16

Source: National Child Measurement Programme 2013-2016

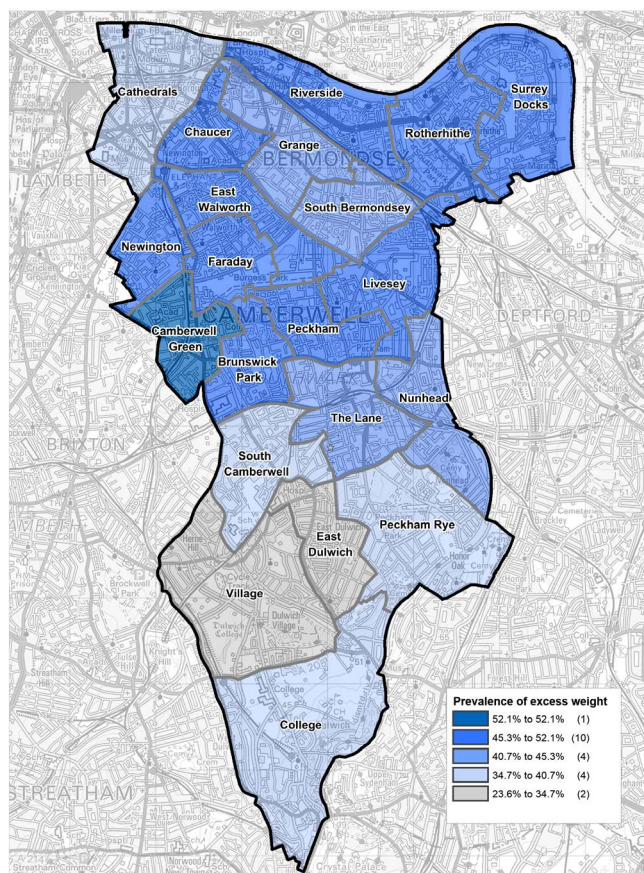


Figure 12b. Prevalence of excess weight among Year 6 children, 2013-14 to 2015-16

Source: National Child Measurement Programme 2013-2016

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## Key achievements in 2017

- In 2017 we enhanced our commitment to early years by progressing to Stage 1 Baby Friendly accreditation, commissioning the Breastfeeding Welcome Scheme, and becoming a Healthy Early Years pilot borough. These initiatives will further develop in 2018.
- In 2017 we linked public health and planning policy teams to ensure resident and community health is a key consideration of all Council planning decisions.
- In 2017 we were formally recognised by the GLA and Sustain for our work addressing food poverty across the borough. We are currently developing a Food Poverty Action Plan to deliver targeted work using a strategic, coordinated approach with community partners.

## Key areas of work in 2018

1. In 2018 we will work to improve the confidence and competence of health and non-health professionals to effectively communicate healthy weight messages through a newly commissioned online training service.
2. In 2018 we will increase levels of physical activity by developing tailored support to schools with the highest levels of excess weight and by piloting a unique Clinical Advice Pad prescribing physical activity to residents.
3. In 2018 we will collaborate with Guy's and St Thomas' Charity, local faith groups and other Council departments to develop sustainable, community-driven interventions around obesity and multiple long term conditions to extend the reach of healthy weight services across the borough.





## SEXUAL HEALTH

### 3.1. Why is this important?

Poor sexual and reproductive health and ongoing transmission rates of HIV have major impacts on population mortality, morbidity and wider wellbeing, and result in significant costs for health service and local authority budgets. Promoting and improving sexual health involves initiatives aimed not only at individual behaviour, but also a wide range of social and environmental interventions.

Young people between 15 and 24 years of age experience high rates of new Sexually Transmitted Infections (STIs) nationally. Teenagers may also be at increased risk of re-infection because they lack the skills and confidence to negotiate safer sex.

### 3.2. What is the picture like in Southwark?

There were 8,117 new STI diagnoses in Southwark in 2016. With a rate of 2,628 new STI diagnoses per 100,000 population in 2016, Southwark has almost double the rate of STI diagnoses in London, and is the second highest of any borough in England, behind neighbouring Lambeth.

Just over one-third of new STI diagnoses were made up of those aged 15 to 24. Young people are also more likely to become re-infected with STIs, contributing to infection persistence. In Southwark, an estimated 14% of 15-19 year old women and 13% of 15-19 year old men presenting with a new STI from 2012 to 2016 became re-infected within 12 months.

Chlamydia was the most common STI in Southwark in 2016, with three times as many new diagnoses (1,155 per 100,000) than in London (571

per 100,000), followed by Gonorrhoea (498 per 100,000) and genital warts (226 per 100,000). 56% of all new STIs diagnoses were in men who have sex with men. Figure 13 shows the count of new diagnoses in 2016 for the most common STIs.

The highest rates of new STIs are concentrated in the north-western part of the borough, while the south of the borough had far fewer cases of new STIs in 2016 (See map on next page). The overwhelming majority (84%) of all new STI diagnoses in Southwark occurred in the two most deprived quintiles.

Half of the new STIs diagnosed in Southwark in 2016 were people who identified as white, one quarter in people who identified as black or black British; this roughly reflects the proportions of the different ethnic groups across the whole population of Southwark. It is worth noting that our infection rates are higher than the national average among all ethnic groups, with particularly large differences among white and mixed groups

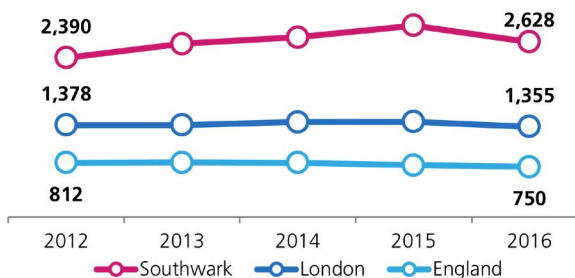


Figure 13. New STI diagnosis per 100,000 in Southwark, 2012-16

Source: PHE 2017, Sexual and Reproductive Health Profiles

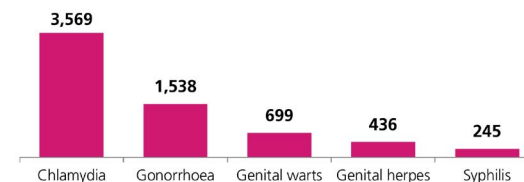


Figure 14. New diagnoses of most common STIs in Southwark, 2016

Source: PHE 2017, Sexual and Reproductive Health Profiles

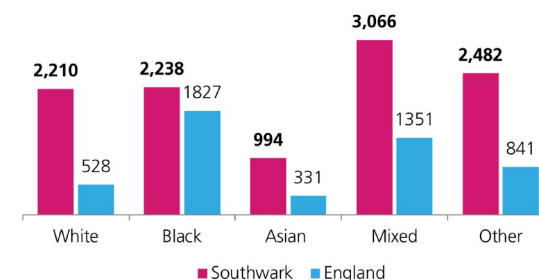


Figure 15. Rates per 100,000 population of new STIs by ethnic group in Southwark and England, 2016

Source: PHE 2017, Southwark Local authority HIV, sexual and reproductive health epidemiology report (LASER): 2016

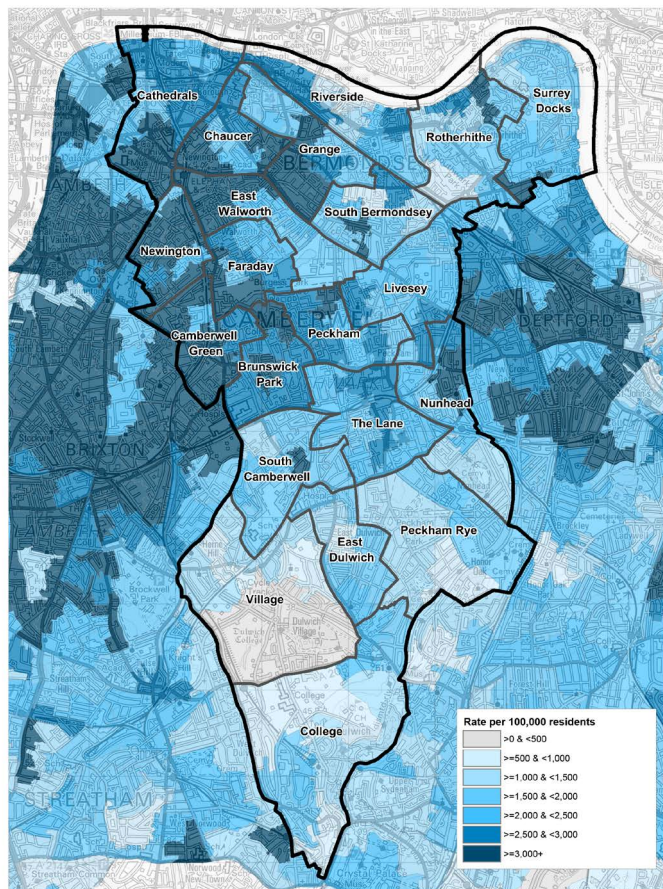


Figure 16. Incidence of new sexually transmitted infections across Southwark in 2015

Source: PHE 2017, GUMCAD & CTAD systems

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Levels of HIV in Southwark are particularly high, with the borough having the second highest prevalence in England, behind neighbouring Lambeth. There are currently 2,557 people living in the borough who have been diagnosed with HIV. Over half (58%) of all diagnosed HIV cases in Southwark were acquired through sex between men, and 37% through sex between a man and a woman.

In 2016, more than 100 people in Southwark were newly diagnosed with HIV, with diagnosis rates significantly higher than the London average. The rate of new HIV diagnosis was 44 per 100,000 in Southwark in 2016, compared to 28 in London. While this is a big discrepancy, the gap has narrowed significantly over time as new diagnoses in Southwark have more than halved since 2011.

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality and this has also improved in Southwark over time. However, still over one-third (37%) of adults newly diagnosed with HIV were diagnosed late in Southwark between 2014 and 2016.

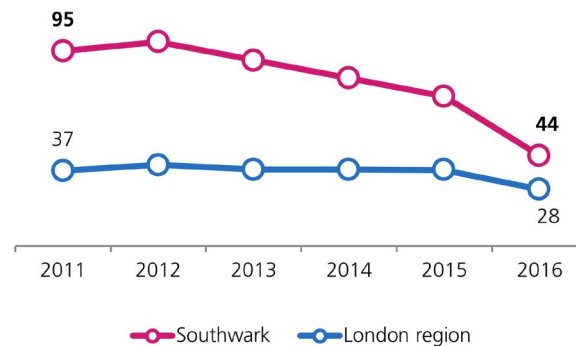


Figure 17. New HIV diagnosis rate per 100,000 in Southwark and London, 2016

Source: PHE 2017, Sexual and Reproductive Health Profiles

## Key achievements in 2017

- Between 2015 and 2016 (latest available data), new diagnoses of STIs declined by 9% and new diagnoses of HIV declined by 40%, while rates of testing continued to increase.
- In 2017, we agreed integrated sexual health contracts with our two local hospital trusts, maintaining high quality services while reducing contract costs by £9.3m over the next 4.5 years.
- In 2017, an innovative integrated young peoples' wellbeing service was commissioned to better meet the multiple needs of young people, including sexual health, drugs and alcohol, and mental wellbeing. We are currently working with the service provider (Brook and cgl Southwark) to embed the new service.

## Key areas of work for 2018

1. In 2018, we will develop a new sexual and reproductive health strategy in partnership with Lambeth and Lewisham councils, which will include annual action plans.
2. Following a pilot, we will explore options for access to oral contraception online, in order to reduce GP appointments and additional demand on specialist GUM clinics.
3. We will develop and implement, in partnership with Lambeth Council, a new model for the delivery of pharmacy sexual health services for our residents, with the aim of improving access to contraceptive options and reducing repeat use of emergency contraception.



## MENTAL HEALTH

### 4.1. Why is this important?

As stated in the Joint Mental Health and Wellbeing Strategy, good mental health and a sense of wellbeing are central to living a purposeful, healthy and enjoyable life, because there is no health without mental health. Yet, for too many people, the reality is that they are living with poor mental health and its wide-ranging and long-lasting consequences for themselves, their family, friends and community.

Mental ill health is driven by a wide range of other factors and can themselves cause problems such as unemployment, homelessness and substance misuse. It is estimated one in every four people will experience a mental health issue in any given year. It is estimated that £1 in every £8 spent in England on long term conditions is linked to poor mental health (King's Fund, 2012).

### 4.2. What is the picture like in Southwark?

It is estimated that almost 47,600 adults in Southwark experience a common mental disorder

(CMD), which comprises different types of depression and anxiety, and this is expected to rise to approximately 52,000 individuals over the next decade as our population grows. All types of CMD are more prevalent in women than among men: one in five women report experiencing CMD, compared to one in eight men. The gender gap is particularly pronounced among those aged 16-24, where more than three times the number of women have a common mental disorder than men.

Severe mental illness refers to psychotic conditions such as schizophrenia and bipolar affective disorder, which affects 1.2% of Southwark residents (4,000 people), compared to 1.1% in London. The prevalence of SMI increases with age among both men and women, peaking among those in their fifties. In contrast to the estimated prevalence of common mental disorders, the number of men diagnosed with SMI in Southwark is greater than women across each age group up to 70.

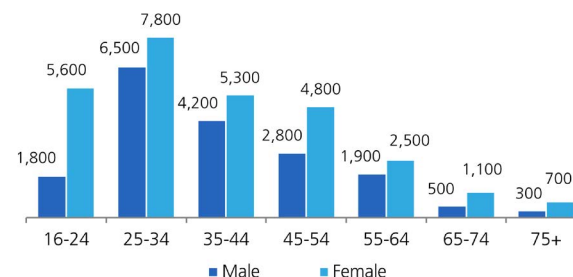


Figure 18. People with an experience of common mental disorders in the past week, by gender and sex in Southwark

Source: NHS Digital, Adult Psychiatric Morbidity Survey, 2014

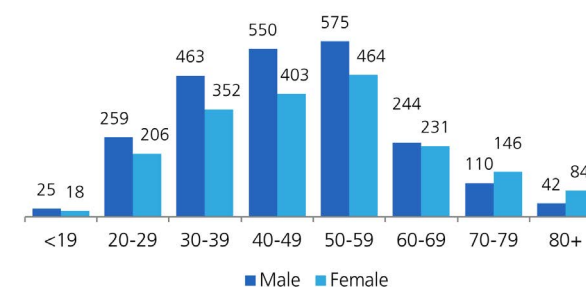


Figure 19. People registered with GP as having SMI in Southwark by age and sex, 2016

Source: SMI Register, Southwark General Practice; EMIS Web Extract, December 2017





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With approximately 13 people taking their life every day in England, suicide and self-harm are a major public health and social concern. The national suicide rate has been increasing year on year since 2006-08 and it is now the leading cause of death among men below the age of 50.

For each of the last three years, between 14 and 32 Southwark residents have taken their own lives. While local figures fluctuate each year due to the small number of cases, there has been a general increasing trend in the number of suicides in Southwark since 2007-09, reflecting the national picture. However, this change is not statistically significant.

The overwhelming majority of suicides in Southwark occur among men, mirroring the national picture. Consistently since 2001-03, almost four out of five local suicides were among men. Southwark is one of five London boroughs to report higher suicide rates than the national average in 2013/15.

Whilst suicide is more common among men, women are much more likely to report having self-harmed. In 2015/16, there were 286 emergency hospital admissions for intentional self-harm in Southwark, 62% of these were women. Young people are also more likely to self-harm. The admission rate for young people is comparable to the overall rate for London (210 per 100,000), but significantly lower than the national average (431 per 100,000). Although the trend in London has stayed stable over time, Southwark has mirrored the national picture of a steady increase over the last five years.

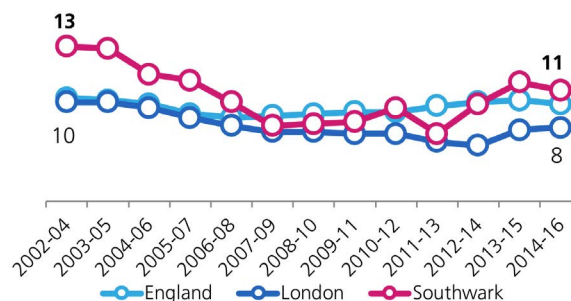


Figure 20. Directly age-standardised rates of suicide per 100,000, 2002-04 to 2014-16

Source: ONS 2017, Suicides in England and Wales by local authority

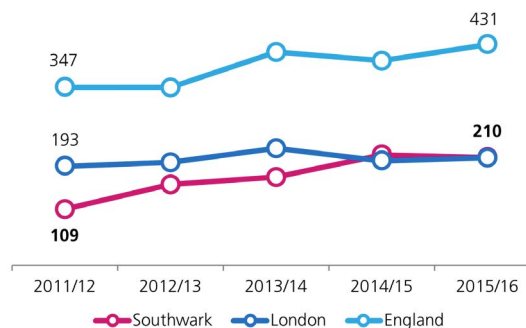


Figure 21. Directly age-standardised rates of hospital admission as a result of self-harm per 100,000 population aged 10-24

Source: PHE, Hospital admissions as a result of self-harm, 2011/12 to 2015/16

## Key achievements in 2017

- Southwark's Public Health Team have established a new multi-stakeholder Suicide Prevention Steering Group and facilitated the co-production of a local Suicide Prevention Strategy and Action Plan 2017-2022.
- Southwark Council and Southwark NHS Clinical Commissioning Group have worked in partnership to develop a Joint Mental Health and Wellbeing Strategy 2018-2021.
- In order to improve care for patients in crisis in A&E, Southwark CCG and Southwark Council have been part of the implementation of a centralised 'Place of Safety' on the Maudsley hospital site.

## Key areas of work for 2018

1. To support the commitment of the Council and Southwark CCG to prevent mental ill health and promote wellbeing, we will work with partners to complete a needs assessment focusing on mental health promotion and wellbeing.
2. We will work with Southwark CCG to ensure the integration of physical health and mental health in Southwark, including work on long term conditions and mental health linked to the delivery of the Southwark Bridges to Health and Wellbeing segmentation model.
3. We will create an improved pathway to promote recovery and step down from high support mental health accommodation placements and also review placements that are out of borough to ensure quality care is being delivered, and ensure that care is provided in Southwark where appropriate.



## LONG-TERM CONDITIONS

### 5.1 Why is this important?

It is estimated that 15 million people in England have a long-term condition (LTC). People with an LTC are said to account for 50% of all GP appointments and around £7 out of every £10 of the total health and care spend is attributed to caring for people with LTCs (Department of Health, 2012).

### 5.2 What is the picture like in Southwark?

Data from General Practices provide a register of recorded disease prevalence for a number of LTCs. Hypertension (11%), Depression (8%), and Diabetes (6%) are the most prevalent measured diagnoses in Southwark, mirroring the national picture.

General Practice data represent only those people who have been diagnosed with the condition, not those who may be living with a long term condition that is yet to be identified. Table 4 provides an estimate of the expected prevalence of certain conditions, by comparison to the diagnosed prevalence in the Southwark population. It is estimated that just under half of hypertension cases are undiagnosed in Southwark, and as many as fourth-fifths of Coronary Heart Disease cases.

Increasingly, patients have to manage more than one LTC at a time. In Southwark, approximately 1% of the registered population have three or more chronic conditions, equivalent to over 3,500 patients. The large majority of people with multiple long term conditions in Southwark are aged over 50 and more than half of people with multiple LTCs are aged 70 and over.

Table 3. Long term conditions in Southwark by GP Federation

Source: NHS Digital, Quality and Outcomes Framework, 2016/17

Group	Condition	IHL*	QHS**	Southwark		London	England
				Cases	Prevalence	Prevalence	Prevalence
Mental health and neurological conditions	Dementia	0.5%	0.3%	1,216	0.4%	0.5%	0.8%
	Depression (18+)	7.6%	7.4%	19,562	7.5%	6.6%	9.1%
	Epilepsy (18+)	0.6%	0.5%	1,377	0.5%	0.6%	0.8%
	Learning Disabilities	0.3%	0.3%	1,001	0.3%	0.4%	0.5%
	Mental Health	1.3%	1.2%	4,001	1.2%	1.1%	0.9%
Cardiovascular conditions	Atrial Fibrillation	0.8%	0.7%	2,470	0.8%	1.1%	1.8%
	CHD	1.4%	1.4%	4,401	1.4%	2.0%	3.2%
	Stroke & TIA	1.0%	0.8%	2,900	0.9%	1.1%	1.7%
	Heart Failure	0.4%	0.5%	1,475	0.5%	0.5%	0.8%
	Hypertension	11.1%	10.2%	34,338	10.6%	11.1%	13.8%
Respiratory conditions	COPD	1.1%	1.6%	4,415	1.4%	1.1%	1.9%
	Asthma	4.6%	4.2%	14,138	4.4%	4.6%	5.9%
Other	Cancer	1.5%	1.4%	4,732	1.5%	1.8%	2.6%
	Chronic Kidney Disease (18+)	1.9%	2.4%	5,630	2.2%	2.4%	4.1%
	Diabetes (17+)	6.5%	5.8%	16,121	6.1%	6.5%	6.7%

\* IHL - Improving Health Limited, the GP federation in the south of the borough

\*\* QHS - Quay Health Solutions, the GP federation in the north of the borough

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The GP Patient Survey assesses the health related quality of life of respondents, including those who identified as having a long term condition. A score out of one (which represents perfect health), gives an indication of a person's physical, mental and social well-being. From those who responded to the GP Patient survey in 2017 in Southwark, the average score was 0.81, while people with a LTC scored an average of 0.73, and those with three or more conditions had a score of 0.47 on average. This suggests that those respondents with multiple LTCs had considerably lower well-being and impairments to some aspect of their daily life such as mobility, self-care or participating in usual activities.

Poor mental health is a big issue for people with long-term conditions and it is estimated that 30% of people with a physical long term condition also have a mental health problem. However, evidence indicates that a significant proportion of these cases go undetected, meaning many people do not get the support they may need.

Table 4. Expected versus diagnosed prevalence in Southwark

Source: NHS Digital, Quality and Outcomes Framework, 2016/17; PHE, Disease and risk factor prevalence; PHE, prevalence estimates for local and regional populations

Condition	Expected prevalence	Diagnosed prevalence
Hypertension	19.4%	10.6%
Depression	11.0%	7.5%
Diabetes*	9.2%	6.1%
Coronary Heart Disease*	7.2%	1.4%
Chronic Kidney Disease*	3.3%	2.2%
Stroke*	3.2%	0.9%
COPD	1.5%	1.4%
Atrial Fibrillation	1.5%	0.8%
Peripheral Arterial Disease*	0.9%	0.4%

\* Diagnosed prevalence from 2016/17 is mapped against the most recent modelled prevalence in the population

## Key achievements in 2017

- Between 1 April 2014 and 31 December 2017, 31,686 Health Checks have been completed in Southwark.
- We provided support to commissioning workstreams and the clinical effectiveness programme with NHS Southwark CCG, including intelligence support and the delivery of Protected Learning Time (PLT) sessions for local GPs.
- We conducted a cardiovascular disease (CVD) risk factors needs assessment, with a focus on primary prevention, to drive better outcomes for CVD at a local level.

## Key areas of work for 2018

1. We will develop and pilot a Digital NHS Health Check which is easy to access and simple to use to further increase uptake and improve health outcomes.
2. Further work is planned for 2018 to assess the CVD profile locally in terms of secondary prevention, and explore benefits of using prevalence and/or budget modelling approaches while setting priorities for public health interventions in the future.
3. We will continue to support the Southwark CCG in their programme of work to improve outcomes for people with long term conditions.





## AIR QUALITY

### 6.1 Why is this important?

Air pollution affects everyone and is one of the six Mayoral objectives for London. Exposure to poor air quality is associated with both ill-health and premature death and is estimated by the Institute for Health Metrics & Evaluation to be ranked as the 10th largest risk factor for mortality and ill-health in England. The health impacts of air pollution cost the UK more than £20bn every year.

There is a strong body of evidence which shows that short-term exposure to high levels of air pollution has a range of adverse health effects. These range from exacerbation of respiratory conditions such as asthma and chronic respiratory disease, through to an increase in emergency admissions to hospital. Poor air quality disproportionately affects the health outcomes of the very young, the elderly and the ill and can contribute to local health inequalities.

While short-term exposure to air pollution is known to adversely affect health, the relative risk associated with long-term exposure is much greater, contributing to the initiation, progression and exacerbation of disease. It is estimated that the average reduction in UK life expectancy associated with air pollution is six months.

In London recent studies have calculated that poor air quality affects the health of approximately 9,500 people every year. The majority of pollutants within London are now at concentrations below national air quality standards, but levels of nitrogen dioxide (NO<sub>2</sub>) and particulate matter (PM<sub>10</sub>) continue

to exceed these standards in some areas and locations, including parts of Southwark.

These key pollutants have varying effects on health. NO<sub>2</sub> can irritate and damage lungs while particulate matter increases the risk of respiratory disease, lung damage, cancer and premature death. PM<sub>2.5</sub> is the pollutant most evidently linked to poorer health outcomes as particulate matter of this size is small enough to pass through lungs into the bloodstream.

### 6.2 What is the picture like in Southwark?

Air pollution data show a decrease in total emissions for nitrogen oxides (NO<sub>x</sub>) and particulate matter (PM) in Southwark.

- NO<sub>x</sub> is the largest pollutant in Southwark with around 1,200 tonnes emitted in 2013 alone, over a quarter less than in 2008.
- Around 110 tonnes of PM<sub>10</sub> were emitted in Southwark in 2013 – a decrease of a fifth since 2008.
- Around 56 tonnes of PM<sub>2.5</sub> were emitted in 2013 – a decrease of over a quarter since 2008.
- These reductions in air pollution have been achieved through legislative standards and improved technology, as well as London-wide and local initiatives.
- All emissions are predicted to continue decreasing until the year 2020. After that it is difficult to predict due to, as yet unplanned interventions and other actions both nationally and locally.

Table 5. Tonnes per year of emissions of NO<sub>x</sub> and PM in Southwark, over time with projections to 2020

Source: GLA, London Atmospheric Emissions Inventory (LAEI) 2013

Year	NO <sub>x</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>
2008	1,639	136	77
2010	1,452	126	69
2013	1,200	110	56
2020	641	96	42



Figure 22. Trend in proportion of deaths linked to PM<sub>2.5</sub>

Source: PHE 2015, Fraction of all-cause adult mortality attributable to anthropogenic particulate air pollution (measured as fine particulate matter, PM<sub>2.5</sub>)

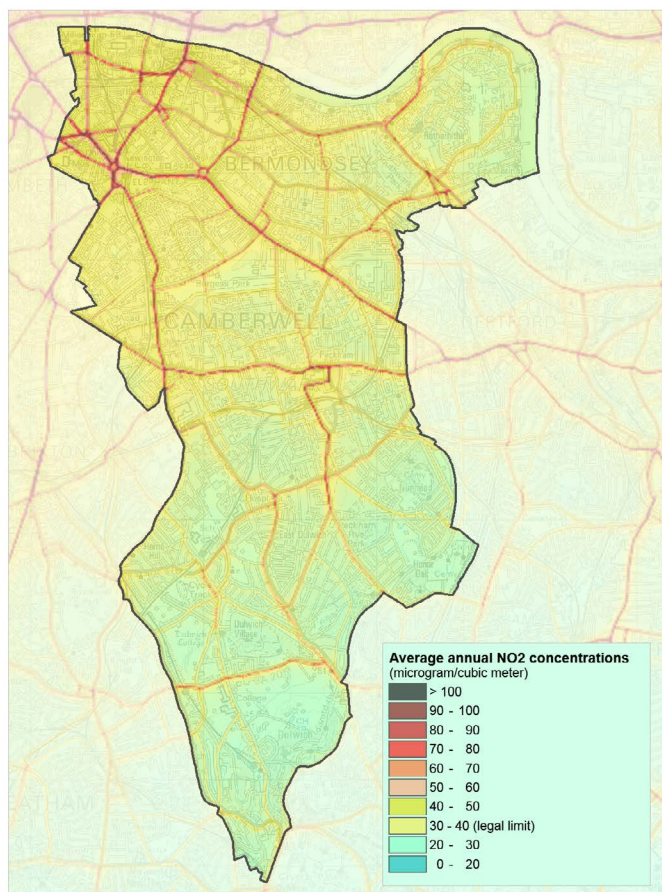


Figure 23. Average annual NO<sub>2</sub> concentrations in Southwark

Source: GLA, London Atmospheric Emissions Inventory (LAEI) 2013

As well as impacting health conditions, long-term exposure to air pollution can increase the risk of premature mortality and PM<sub>2.5</sub> is thought to have an effect equivalent to over 80 deaths per year in Southwark, comparable to the number of deaths caused by lung cancer. The effect of PM<sub>2.5</sub> on mortality is higher in Southwark than in London or England, but rates are falling due to reductions in emission rates.

While emissions are decreasing, concentrations of NO<sub>2</sub> remain above the legal limit along major roads in Southwark, particularly in the north west of the borough (part of the Congestion Charge zone). This is a particular issue for those with long-term conditions and those living along main roads. As there is a social gradient associated with housing on busy main roads, this is likely to contribute to local health inequalities. Estimates show that 45% of people living in Southwark are regularly exposed to high NO<sub>2</sub> levels.

Southwark Council has recently developed a new Air Quality Strategy and Action Plan for 2017-22, outlining cross-council action to address air pollution and has been included in the New Southwark Plan. Air quality is a Public Health priority in Southwark and action is being taken to encourage walking and cycling in the borough, increase public awareness of air quality and protect the health of vulnerable groups.

Successes in the last year include extensive work with schools to support them in reducing children's exposure to air quality. This includes providing guidance, undertaking air quality audits, enforcing vehicle idling and nuisance parking regulations and applying to be part of the pilot scheme, School Streets. Public Health has also undertaken a health

needs assessment on outdoor air quality to create a picture of the local health impacts of poor air quality. This outlines a number of recommendations for action to meet the identified needs in Southwark.

## Key achievements in 2017

- In 2017 Southwark Council undertook a needs assessment on the health impacts of air quality and a new Air Quality Strategy and Action Plan for 2017-22.
- The New Southwark Plan (currently out to consultation) includes a development management policy on air quality.
- We have worked extensively with schools to identify and implement a variety of air quality measures to reduce children's exposure to air pollution.

## Key areas of work for 2018

1. We will be engaging NHS partners in Southwark identify opportunities to improve health outcomes for those most affected by air pollution.
2. We will continue to develop the air quality communications campaign and advocate for wider, regional action to address air quality.
3. We will promote School Travel Plans and increase the number of schools attaining TfL STARs Silver or Gold accreditation each year

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Table 6. Summary table of health indicators in Southwark, March 2018

Source: PHE 2017, Public Health Outcomes Framework

Domain	Indicator	Period	London ranking*	Southwark	London	England
Wider determinants	Life expectancy at birth among males (years)	2014-16	28	79.1	80.4	79.5
	Life expectancy at birth among females (years)	2014-16	22	83.8	84.2	83.1
	Healthy life expectancy among males (years)	2014-16	27	61.2	63.5	63.3
	Healthy life expectancy among females (years)	2014-16	24	62.6	64.4	63.9
Childhood obesity	Excess weight - Reception (%)	2016/17	3	26.3	22.3	22.6
	Excess weight - Year 6 (%)	2016/17	4	43	38.5	34.2
Sexual Health	All new STI diagnosis (rate per 100,000)	2016	2	2,628	1,355	750
	New HIV diagnosis (rate per 100,000 aged 15+)	2016	5	44.2	27.6	103
Mental Health	Diagnosed prevalence of serious mental illness (%)	2016/17	11	1.2	1.1	0.9
	Self-harm hospital admissions (per 100,000 population aged 10-24)	2015/16	15	210.3	209.5	430.5
	Age standardised suicide (rate per 100,000 population)	2014-16	3	10.6	8.7	9.9
Long term conditions	Diagnosed prevalence of Hypertension (%)	2016/17	19	10.6	11.1	13.8
	Diagnosed prevalence of Depression (%)	2016/17	8	7.5	6.6	9.1
	Diagnosed prevalence of Diabetes (%)	2016/17	21	6.1	6.5	6.7
Air Quality	Fraction of all-cause adult mortality attributable to particulate air pollution (%)	2015	8	6.1	5.6	4.7

\* - out of 32, 1 being the highest





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# Healthy People in Healthy Places

Annual Public Health Report of the  
Director of Health & Wellbeing 2017

Part C. Accompanying media and resources



# Videos



**Professor Kevin Fenton**  
Director of Health and Wellbeing, Southwark Council

## HEALTHY PEOPLE IN HEALTHY PLACES (06:42)

Find out about the problems that we face for the health of those living, working and learning in Southwark. We'll introduce you to some of the innovative projects run by our voluntary and community sector partners and how we plan to shape regeneration to maximise health and wellbeing over the years ahead.

## BITESIZE VIDEOS ON PUBLIC HEALTH IN SOUTHWARK



### HISTORY (00:54)

Learn about Southwark's pioneers in health and wellbeing: from London's first female mayor Ada Salter to the Peckham Pioneer Centre



### TODAY'S CHALLENGES (00:50)

Today we're faced with high rates of childhood obesity, poor sexual health, mental illness and substantial inequalities



### THE WAY FORWARD (01:06)

We're building health into all our work: shaping places that enable people to make healthier choices and live more fulfilling lives



**SUBSCRIBE TO SOUTHWARK COUNCIL'S YOUTUBE CHANNEL**

Visit <https://www.youtube.com/user/southwarkcouncil> to learn more



# Additional resources

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Over the course of the year we'll be releasing further resources including:

- Infographics
- Joint Strategic Needs Assessments (JSNA)
- Ward health summaries
- Additional video content

You can already download last year's report along with a wide range of needs assessments and a Microsoft PowerPoint compatible form of this report (including graphics) on our JSNA website available at [southwark.gov.uk/jsna](https://southwark.gov.uk/jsna)

If you are seeking public health expertise for your project or want to discuss a matter in greater detail, please contact the team via email at [publichealth@southwark.gov.uk](mailto:publichealth@southwark.gov.uk)

# Healthy People in Healthy Places

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Learn more at [southwark.gov.uk/publichealth](https://southwark.gov.uk/publichealth)

