

Health Inequalities in Southwark

Report for the Healthy Communities Scrutiny Commission – December 2018

People and Health Intelligence

Southwark Public Health Division, Place & Wellbeing

December 2018

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GATEWAY INFORMATION

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This report outlines how Southwark Council is tackling health inequalities and where key gaps exist

The report covers:

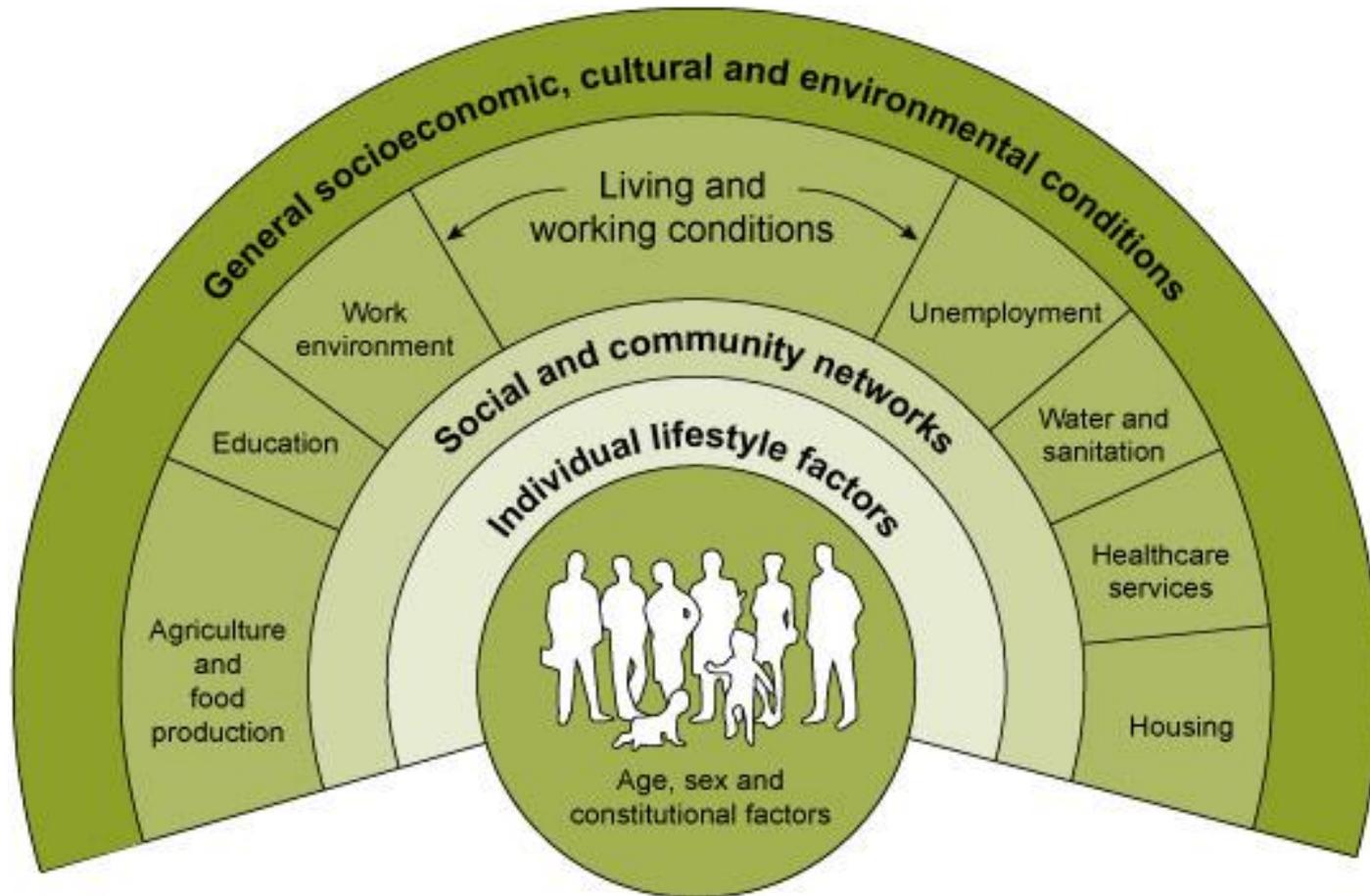
- **Background and Introduction:** Definition, Theory, Frameworks, Approach to tackling inequalities in Southwark.
- **What do our data tell us on health inequalities in Southwark**
- **A more detailed snapshot of inequalities and key determinants in Southwark**
 - Risk behaviours – Smoking, Sexual Health, Drugs and Alcohol, Physical activity, Mental Wellbeing
 - Health care provision and access in the borough – Screening, Immunisations, Health Checks
 - Wider determinants – Education, Work, Food poverty, Social regeneration, Poverty, Social Isolation
- **Actions - Southwark's approach to tackling inequalities**

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4. **Southwark's approach - summary**

A wide range of individual, social & wider economic factors determine health

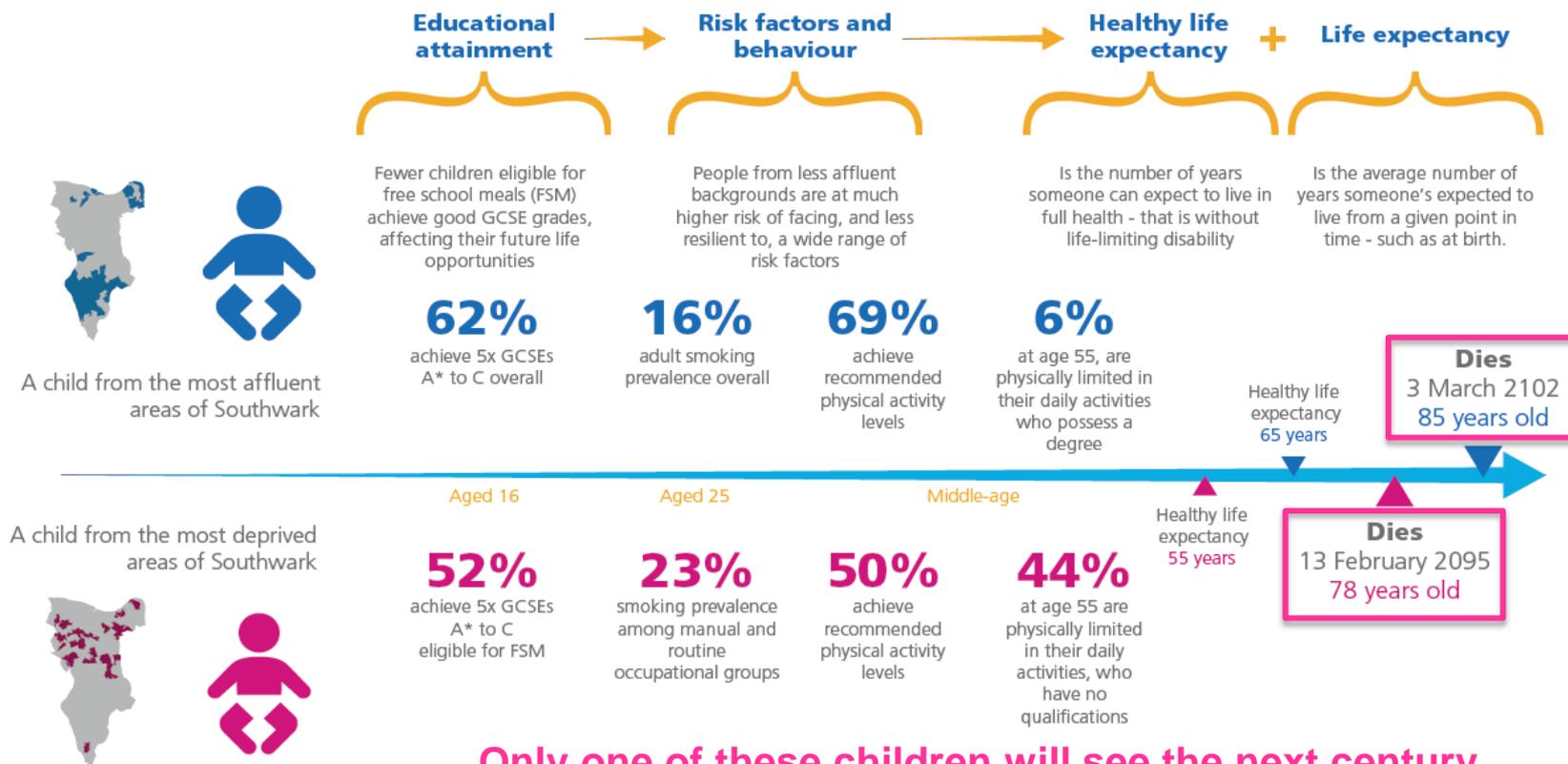
MODEL OF THE MAIN DETERMINANTS OF HEALTH



Health inequalities persist within Southwark, which has a marked effect on the health outcomes of residents

HEALTH INEQUALITIES OVERVIEW

Health inequalities arise from a complex set of interactions between socio-economic, geographic and cultural factors, which have a clear impact on life expectancy among Southwark residents.



Only one of these children will see the next century

References

1. Southwark.gov.uk/publichealth

The gap in life expectancy between Southwark and London has been narrowing, but deprivation gap remains

LIFE EXPECTANCY

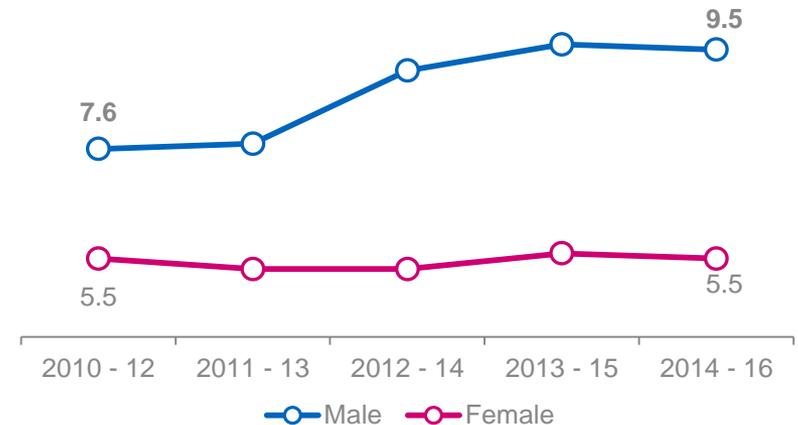
Life expectancy at birth has been increasing steadily over time, particularly in Southwark.

- In 2014-16, life expectancy at birth for men was 79.1 years and 83.8 years for women in Southwark.
- This represents a 5 year average life expectancy gain for men and 4 years for women.
- In 2014-16, life expectancy for men in Southwark was still 1.3 years below the London average and 0.4 years for women.
- However, these gaps have been narrowing over time and have decreased by one-third for men and by half for women since 2001-03.

There is still a considerable gap in life expectancy between the most and least deprived parts of the borough.

- 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.

Slope index of inequality in Southwark, 2010-12 to 2013-15

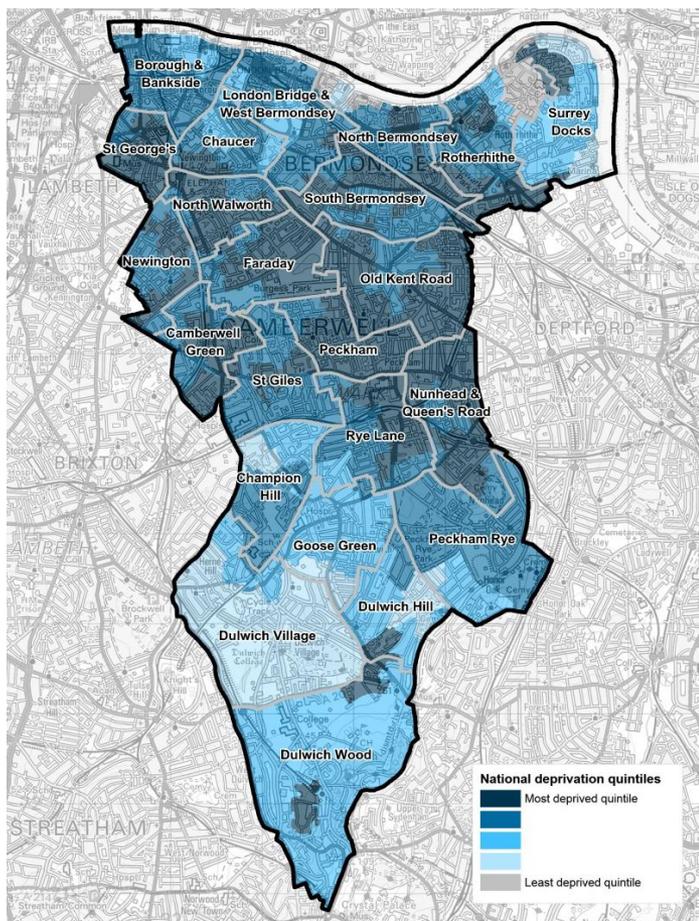


Reference

1. ONS 2017, Life expectancy at birth by local areas, UK, 2001-03 to 2014-16
2. Public Health Outcomes Framework, Slope index of inequality in life expectancy at birth

In Southwark, 38% of our residents live in the most deprived communities nationally

DEPRIVATION



Indices of Deprivation 2015

Data source: Department for Communities & Local Government
Southwark Public Health Department | People & Health Intelligence | publichealth@southwark.gov.uk
July 2017.
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Whilst there has been significant regeneration in Southwark in recent years, the borough remains one of the most deprived in the country.

- Southwark is the 40th most deprived of 326 local authorities in England and ninth most deprived out of 32 local authorities in London.
- Two in five Southwark residents live in communities ranked in the 20% most deprived areas nationally.
- By contrast, only two in one hundred residents live in communities considered the least deprived nationally.

Deprivation has an important, adverse impact on health.

- Women living in the most deprived areas in Southwark live on average 5.5 years less than their least deprived neighbours. For men the discrepancy is even larger at 9.5 years and this gap has been widening over time.
- Residents of a deprived area will, on average, experience multiple health problems 10-15 years earlier than those living in affluent areas.
- People in the poorest social classes have a 60% higher prevalence of long-term conditions than those in the richest, and 30% more severity of disease.

References

1. Annual Public Health Report of the Director of Health and Wellbeing 2017, London Borough of Southwark
2. [Kings Fund. Trends disease and disability long-term conditions multi morbidity](#)

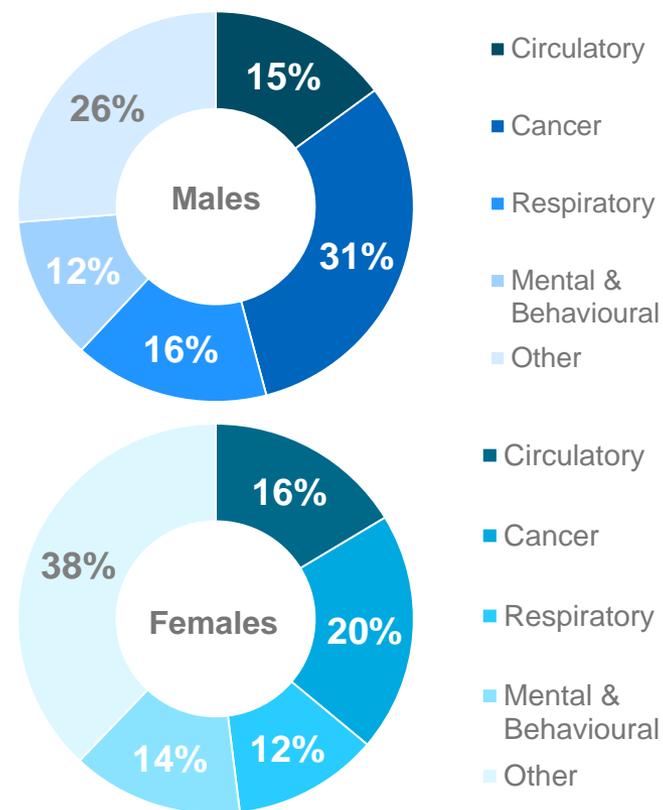
More deprived areas see higher numbers of deaths compared to less deprived areas in Southwark

DEPRIVATION – EXCESS DEATHS

Men in the lowest deprivation quintile suffer higher numbers of excess deaths compared to women

- Between 2012-14 there were 245 more male deaths in the most deprived quintile compared to the least deprived, and 170 excess deaths among women.
- For men in Southwark, cancer was responsible for the largest proportion of excess deaths in the most deprived quintile.
- For women, deaths due to other causes were responsible for the largest percentage of excess deaths in the most deprived quintile.
- The 'other' category includes deaths due to digestive diseases, alcohol-related conditions and external causes, such as injury, poisoning and suicide.

Breakdown of excess deaths between most and least deprived quintiles by broad cause of death, 2012-14



References

- PHE Gap Segmentation Tool

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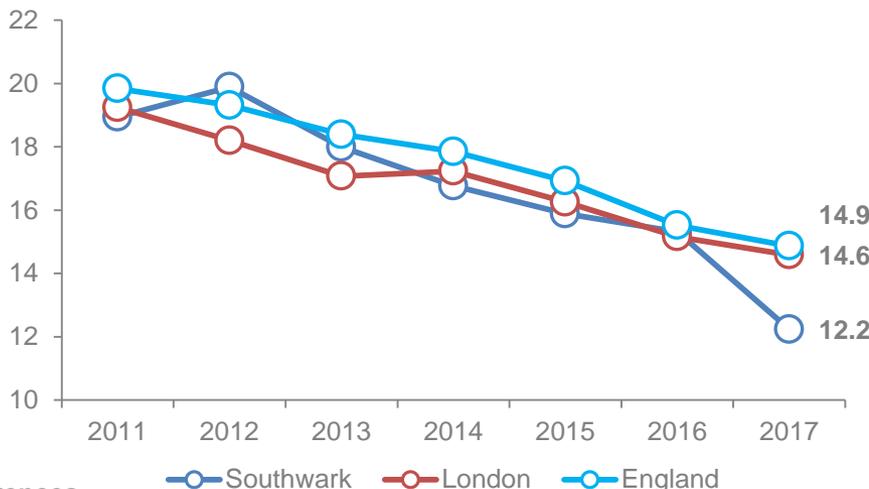
Smoking prevalence among adults in Southwark fell by more than a third between 2011 and 2017

SMOKING PREVALENCE

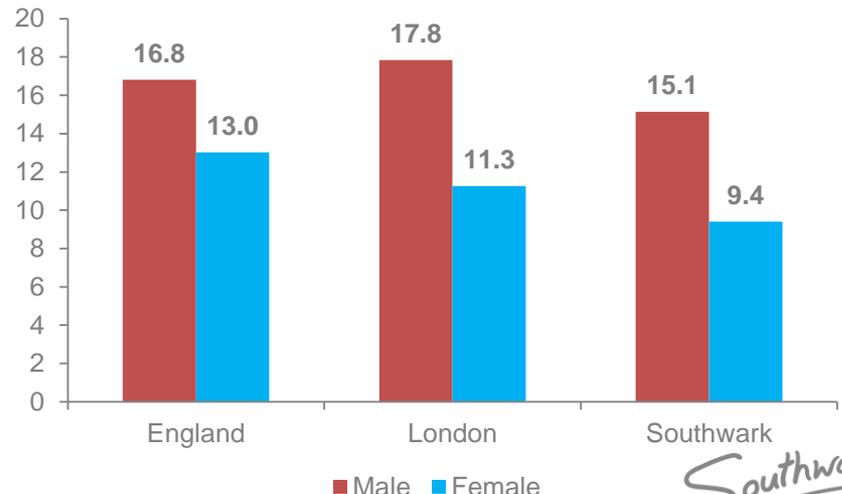
Latest figures show that the smoking among adults in Southwark continues to decline and the prevalence is now lower than both the London and national average.

- The annual population survey suggests there are approximately 30,300 current smokers in Southwark; equating to a prevalence of 12.2%.
- Figures for 2017 (below) show Southwark has the 9th lowest rate of smoking in the capital.
- Since 2011 the prevalence of smoking in the borough has fallen by more than a third.
- However trends show an inequality in smoking prevalence between men and women with men continuing to have a higher prevalence than women, locally, regionally and nationally.

Current smoking prevalence in Southwark compared to London and England



Current smoking prevalence in men and women in Southwark compared to London and England, 2017



References

1. PHE: Local Tobacco Control Profiles

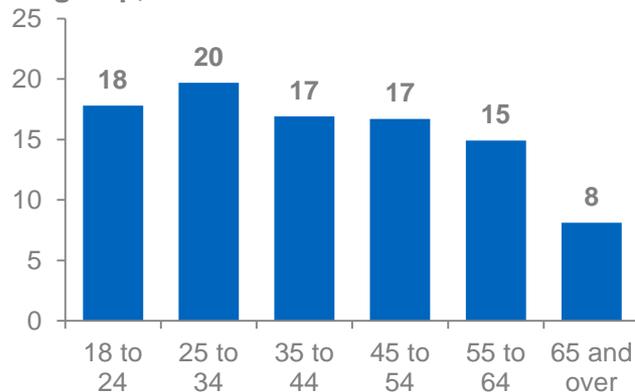
Smoking prevalence is highest among those of mixed ethnicity, young adults and those on low income

INEQUALITIES IN PREVALENCE

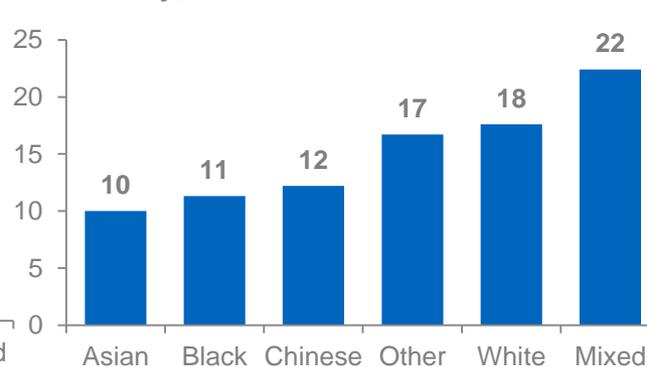
Smoking prevalence varies significantly between different demographic, socio-economic and age groups, as well as different occupations.

- National estimates highlight the inequality in smoking prevalence by ethnicity, with the highest levels among those of mixed and white ethnic groups.
- Nationally, smoking prevalence is 1.5 times higher among the most deprived areas when compared to the least deprived. In Southwark the most deprived areas have the highest populations of residents from black ethnic groups.
- National models show that smoking prevalence is highest among those aged between 25 and 34 years and reduces with age.
- National estimates show that prevalence is highest among those on lower incomes, particularly those earning below £30,000.
- A comparison of prevalence by occupation shows that more than 1 in 4 people in routine and manual occupations smoke compared to just 1 in 10 people in managerial and professional roles.

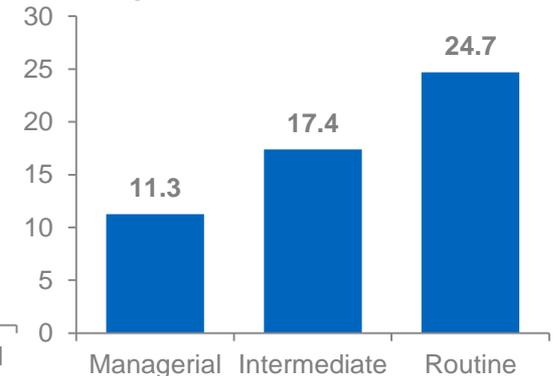
National smoking prevalence by age group, 2017



National smoking prevalence by ethnicity, 2017



National smoking prevalence by occupation, 2017



References

1. Adult smoking habits in the UK: 2017; Office for National Statistics

Local services have a higher success rate at 4 weeks across all key population groups than the national average

SMOKING CESSATION SERVICES

Southwark has higher quit rates across all at-risk groups when compared to England, though numbers are small for some demographics.

- Within specialist services, at risk groups are achieving higher quit rates than the England average.
- However there are a low number of quitters using our specialist services compared to the estimated number of smokers within these groups in Southwark- tackling this is a priority for the service in the next couple years.

Population Group	Number Setting a Quit Date	Number of Quitters	Southwark Quit Rate	England Quit Rate
BME	135	77	57%	52%
Under 18	<5	<5	67%	41%
Routine & Manual	77	54	70%	53%
Pregnant Women	40	28	70%	45%

References

1. NHS Digital - Stop Smoking Services 2017-18

Southwark has among the highest levels of childhood excess weight and obesity in London and England

CHILDHOOD OBESITY

The National Child Measurement Programme measures the height and weight of children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) in state maintained primary schools across England.

- Excess weight among children in Southwark is consistently above London and national levels. In 2017-18, Southwark had the 4th highest level of excess weight (overweight and obese) out of the 32 London Boroughs for children in Reception (25.4%) and 11th highest for children in Year 6 (39.8%).
- 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.

Percentage of children who are overweight or obese in Reception and Year 6, 2017-18



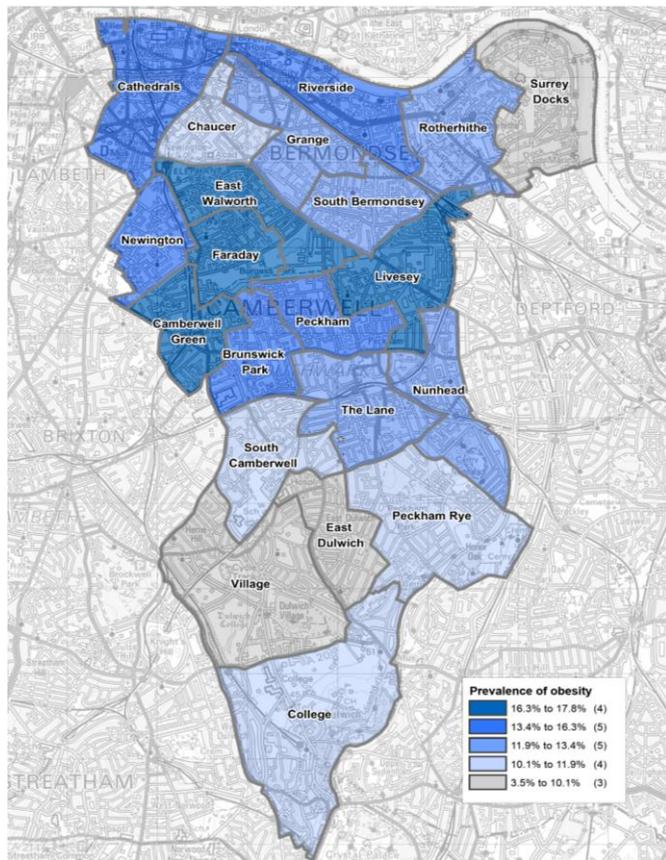
References

1. National Child Measurement Programme- England, 2017-18

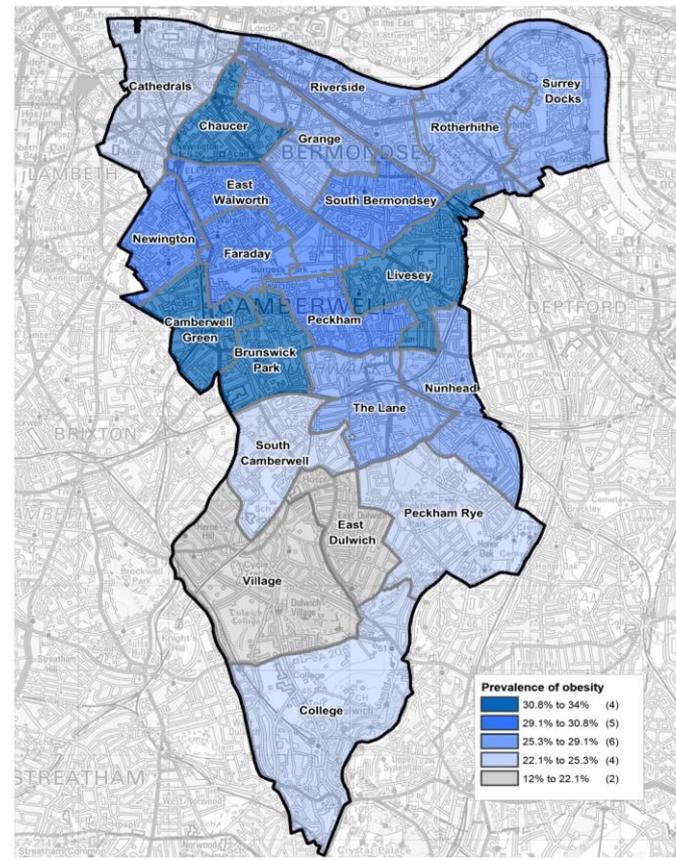
There are disparities in obesity prevalence among Reception and Year 6 children across Southwark

CHILDHOOD OBESITY

Prevalence of Obesity among Reception children (ages 4-5), 2013/14-2015/16



Prevalence of Obesity among Year 6 children (ages 10-11), 2013/14-2015/16



References

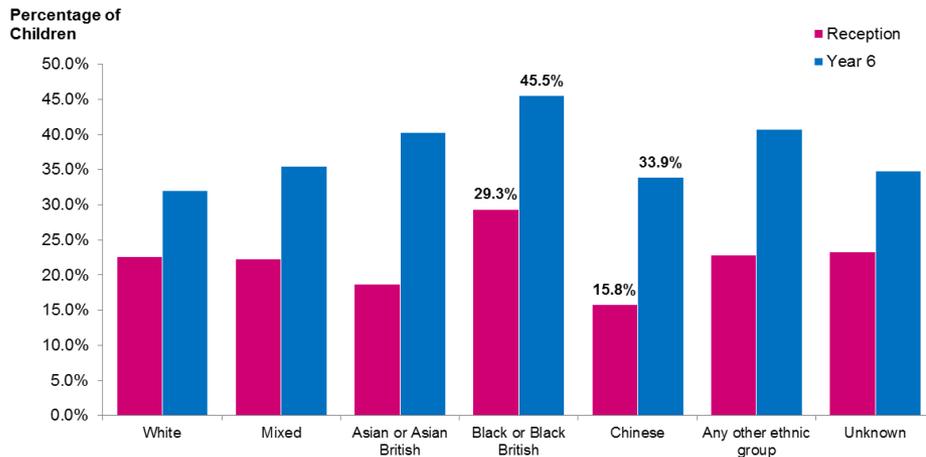
1. National Child Measurement Programme. © Crown Copyright and database rights 2018, Ordnance Survey (0)100019252

Children from Black or Black British ethnic groups are significantly more likely to be overweight or obese

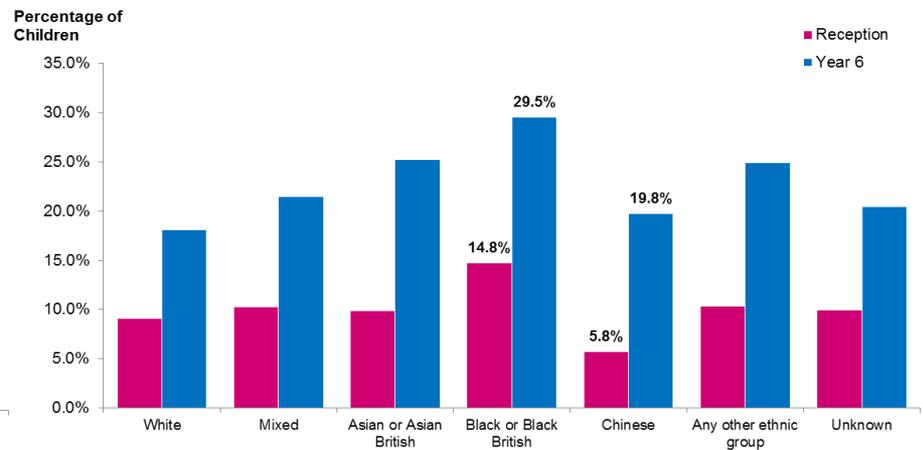
WEIGHT AND ETHNICITY

- National results show that excess weight and obesity is highest among children from Black or Black British ethnic groups for both Reception and Year 6 cohorts.
- Excess weight and obesity is lowest among children from Chinese ethnic background among both Reception and Year 6 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.

Excess Weight



Obesity



References

1. NHS Digital: <http://content.digital.nhs.uk/catalogue/PUB19109>

The Southwark Healthy Weight Strategy sets a whole-systems approach to tackling obesity

LOCAL RESPONSE

Southwark Healthy Weight Framework

Whole systems

Evidence based

Life course

Family based

Maternity and early years

Environment

Universal services for all

Targeted services for higher risk

Children and young people

Adults

Healthy weight is everybody's business, strong partnerships are essential

Tackle the obesogenic environment where Southwark residents work, live, learn and play

The workforce is competent and confident in promoting healthy weight

Provide effective support for adults, children and families that want to lose weight

- 400m takeaway exclusion zone
- Healthier Catering Commitment
- Food growing
- Healthy Workplace Charter
- Active travel
- Active design
- Kitchen & Cooks Force programme

- Enhanced school programme
- Multi layered neighbourhood programme (GSTC Home, School & Businesses approach)
- Faith Communities programme

- Tier 2 and Tier 3 adult weight management programme
- Exercise on Referral scheme
- Free Swim and Gym
- Healthy weight training and MECC

- UNICEF Baby Friendly Initiative accreditation
- Breastfeeding Welcome Scheme
- Eat Better, Start Better guidelines in children's centres
- Healthy eating and cooking workshops in children's centres
- Making Every Contact Count training
- Healthy weight brief advice & intervention training
- Free, healthy school meals
- NCMP and Healthy Weight Specialist Nurse
- Healthy Schools London whole school approach
- Tier 2 Weight management programme for children aged 4-17 years and their families

References

1. Southwark Council. Everybody's Business: Southwark Healthy Weight Strategy 2016-2021. Available from: <http://www.southwark.gov.uk/health-and-wellbeing/public-health/for-professionals?chapter=3>

Good sexual and reproductive health is not distributed evenly in the population

INEQUALITIES – REPRODUCTIVE HEALTH AND HIV

Black communities, men who have sex with men (MSM) and young people are most at risk of poor sexual health, and considered ‘sexual health priority groups’ nationally and locally.

- Good reproductive health is not equally distributed in the population. If the need for abortion is used as a proxy measure for not having reproductive needs met (abortion being the last intervention to prevent an unwanted maternity), **black women in LSL suffer the poorest reproductive health.**
- The rate of abortion is higher in LSL amongst women describing themselves as of black Caribbean and black African ethnicities.
- Nationally, women that have sought abortion on more than one occasion are more likely to be black, have left school at an earlier age, be living in rented accommodation, have their first sexual experience at an earlier age, be less likely to have used a reliable method of contraception at sexual debut and report a greater number of sexual partners.

While new diagnoses of HIV are declining due to changing sexual practices and increased testing, this is not amongst all groups.

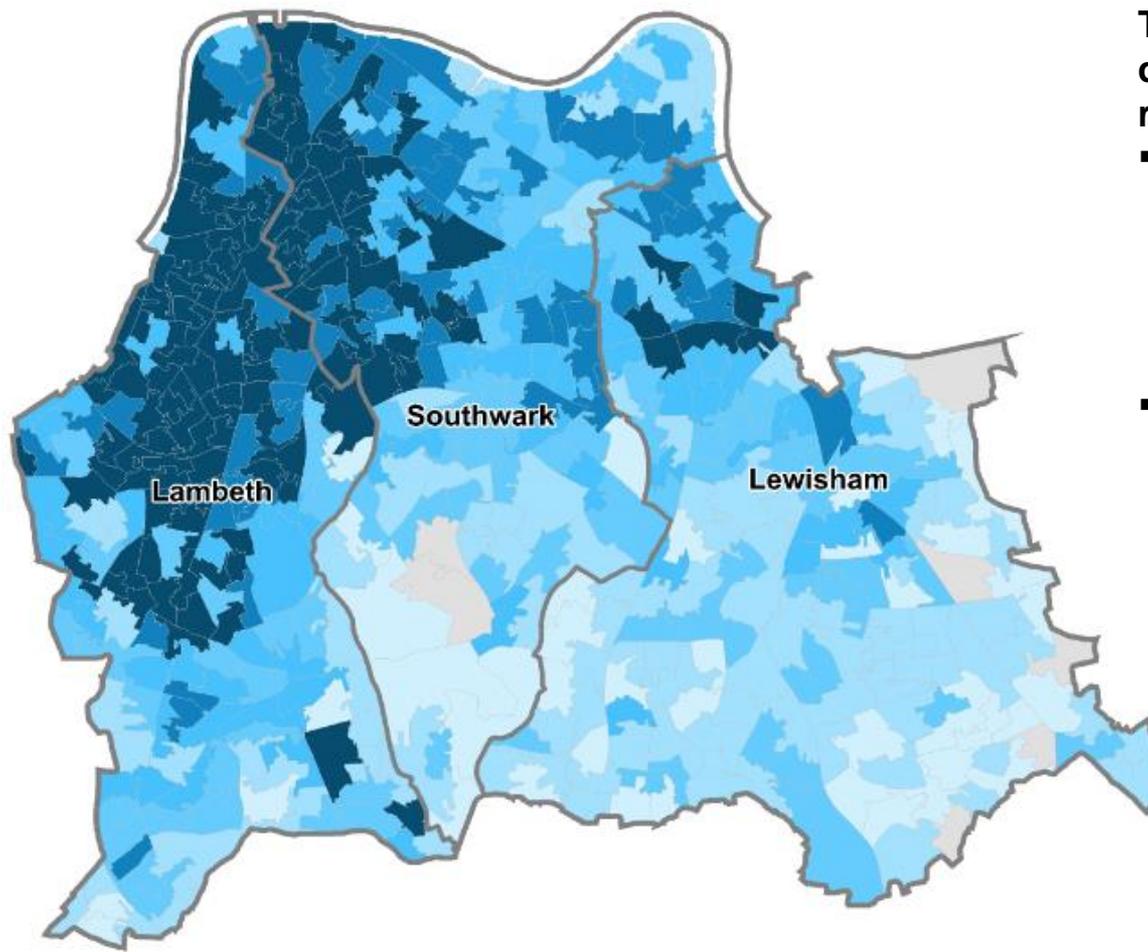
- Across LSL, **new HIV diagnoses in heterosexual women and black African men remain disproportionately high.**
- Late diagnosis of HIV infection is associated a ten-fold risk of death compared to those diagnosed promptly.
- In 2016, certain groups had a higher proportion of people with late diagnosis, including those aged 50-64 (53%), those identifying as black African (49%), those identifying as ‘other’ ethnicity (46%), those whose route of transmission was through heterosexual contact (59%), and women (55%).
- **A disproportionate number of HIV cases locally are diagnosed in people living in the 40% most deprived areas of Southwark.**
- Women and BAME groups are less likely to accept HIV testing and this is reflected in higher rates of late diagnosis.

References

1. LSL Sexual and Reproductive Health Strategy 2019-23 – forthcoming.

There is substantial variation in the diagnosis rate of new STIs across the region.

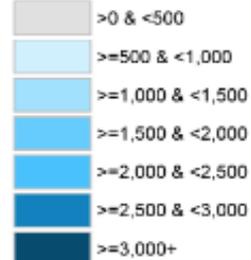
INEQUALITIES - STIs



There is substantial variation in the diagnosis rate of new STIs across the region.

- New diagnoses of STIs are not evenly distributed across LSL, with rates particularly high in northern and central Lambeth, north-west Southwark and north Lewisham.
- However the picture is complex. Lower diagnosis rates in some communities may reflect lower levels of access / attendance rather than lower levels of need.

Rate per 100,000 residents



Diagnosis rate of new sexually transmitted infections across LSL, 2017

References

1. GUMCADv2
2. © Crown copyright and database right 2018, Ordnance Survey (0) 100019252

Southwark Council has a range of sexual health services and prevention programmes in place to reduce inequalities

SUMMARY

- Under their public health duties, local authorities are required to provide open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons, and free provision of contraception. Local authorities are responsible for providing:
 - comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP-provided contraception;
 - sexually transmitted infection (STI) testing and treatment, chlamydia testing, and HIV testing;
 - specialist services, including young people’s sexual health, outreach, HIV prevention, sexual health promotion, and targeted services, e.g. in schools, college and pharmacies.

- We commission the following services and programmes:

For everyone	For at-risk groups
Open access sexual and reproductive health clinics	For Black communities: Community-based sexual health promotion and HIV prevention service, including working with faith groups (Rise Partnership)
Online sexual health services (STI self-testing)	For MSM: London HIV Prevention Programme (HIV testing, condom distribution and sexual health promotion) and the Rise Partnership
Pharmacy services (emergency and ongoing contraception) and GP services (long acting reversible contraception)	For young people: A specialist young people’s wellbeing service (Healthy Young People), condom distribution and sexual health promotion scheme (Come Correct), Southwark Family Nurse Partnership (intensive support for first time mothers under 20 years old until their child is two years old, including support to prevent further unplanned pregnancies and pathways into further education and employment)

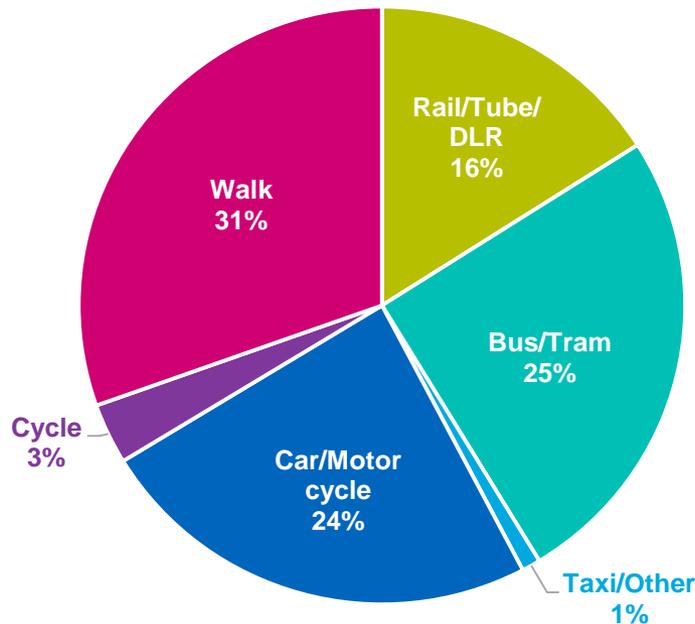
Between 2008/9 and 2010/11, walking has increased from 31% to 37%, while cycling has remained low at 3%

MODES OF TRAVEL – OVERVIEW

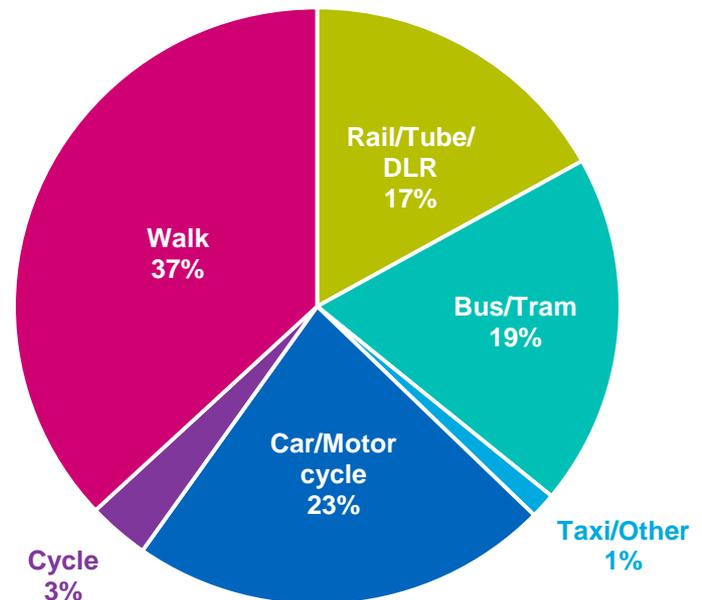
Content

- Walking has increased from 31% to 37% while cycling has remained low at 3%.
- Car mode share has decreased from 24% to 22%, however the absolute number of trips have increased significantly in the past years.
- Bus journeys decreased from 25% to 19%. This is probably correlated with the increased excess waiting time and congestion.

Southwark mode share 2008/9 to 2010/11



Southwark mode share 2014/15 to 2016/17



References

1. Movement Plan Evidence and Future Report

Levels of physical activity among residents in Southwark appear to be closely linked to transport behaviour

ACTIVE TRAVEL IN SOUTHWARK

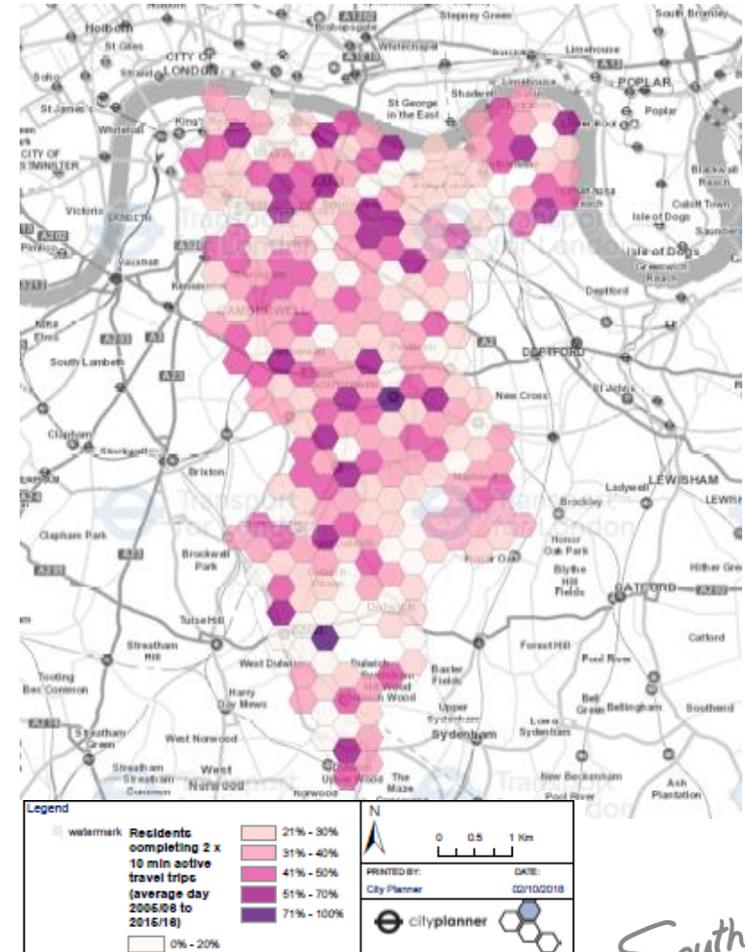
Six out of 10 Southwark residents do at least 2.5 hours of physical activity a week with much of this coming from transport alone.

- Only 20% of Southwark's population participate five times per week in physical activity for at least 30 minutes.
- Nearly 60 % of Southwark's population participate in at least 30 minutes of physical activity once a week.

Individuals who live close to stations or town centres are more likely to participate in active travel.

- Easy access to public transport and shops within walking distance.

Residents completing 2 x 10 minutes of active travel trips (Average day 2005/06 to 2015/16).
TfL City Planner Tool



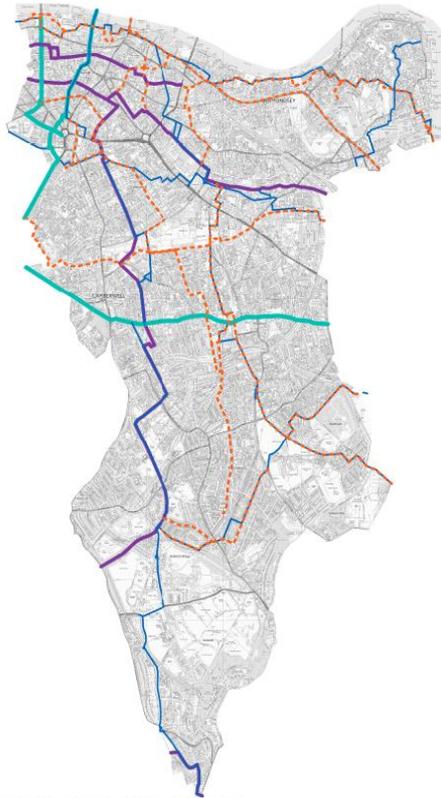
References

1. Movement Plan Evidence and Future Report

Uptake of cycling is unevenly distributed across the borough, mirroring availability of cycle networks

ACTIVE TRAVEL IN SOUTHWARK

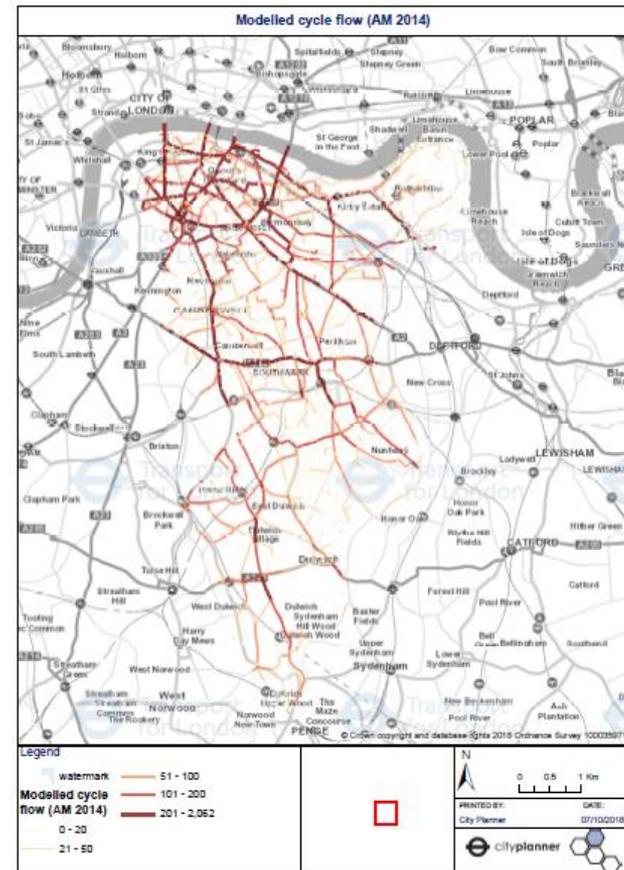
Southwark Cycle Network: Existing and Planned



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- Existing Cycle Network**
- Cycle Superhighway
 - London and National Cycle Network
 - Quietways
- Planned Cycle Network**
- - - Quietways

Modelled cycle flow. (AM 2014) TfL City Planner Tool.



References

1. Movement Plan Evidence and Future Report

Southwark and TfL have been working to improve cycle routes and road safety throughout Southwark

IMPROVING UPTAKE OF WALKING & CYCLING

Southwark and TfL have been working to improve cycle routes and road safety throughout the borough, including:

- Designing and delivering quietways for local trips.
- Cycle Superhighways for longer distance journeys for more confident cyclists.
- Cycle Hire, which is currently provided across the north west of the borough, principally in Zone 1.

Adult Cyclist training (the borough provides free adult cyclist training for anyone who lives, works or studies in Southwark). The programme includes:

- Complete beginner training, on-road training and family cycling;
- Expertise with planning and riding your commute;
- Exploration of local cycling infrastructure

Bikeability training is currently offered to all Southwark schools and includes:

- Scooter training, Balance bike training, Transitional junior to secondary school, after school clubs, Fix a bike
- Programmes of holiday cycling.

There are also a number of initiatives underway to improve walking in Southwark, including:

- Beat the Street (19th September to 7th November 2018)
- Pedestrian training in our junior and primary schools
- Practical training for children in years 3 and 4 (ages 7-9) and a welly walks initiative

References

1. Movement Plan Evidence and Future Report

Many people in Southwark experience mental ill-health, particularly women, CYP and vulnerable groups

MENTAL HEALTH & WELLBEING

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

- Almost 50,000 adults in Southwark experience a Common Mental Disorder (CMD), which comprises different types of depression and anxiety, and this is expected to rise.
 - All types of CMD are more prevalent in women than men: 1 in 5 women report experiencing CMD, compared to 1 in 8 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 (SMI) 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.

Locally, findings from the 2016 Schools Health Education Unit (SHEU) Survey also revealed a high prevalence of poor mental wellbeing.

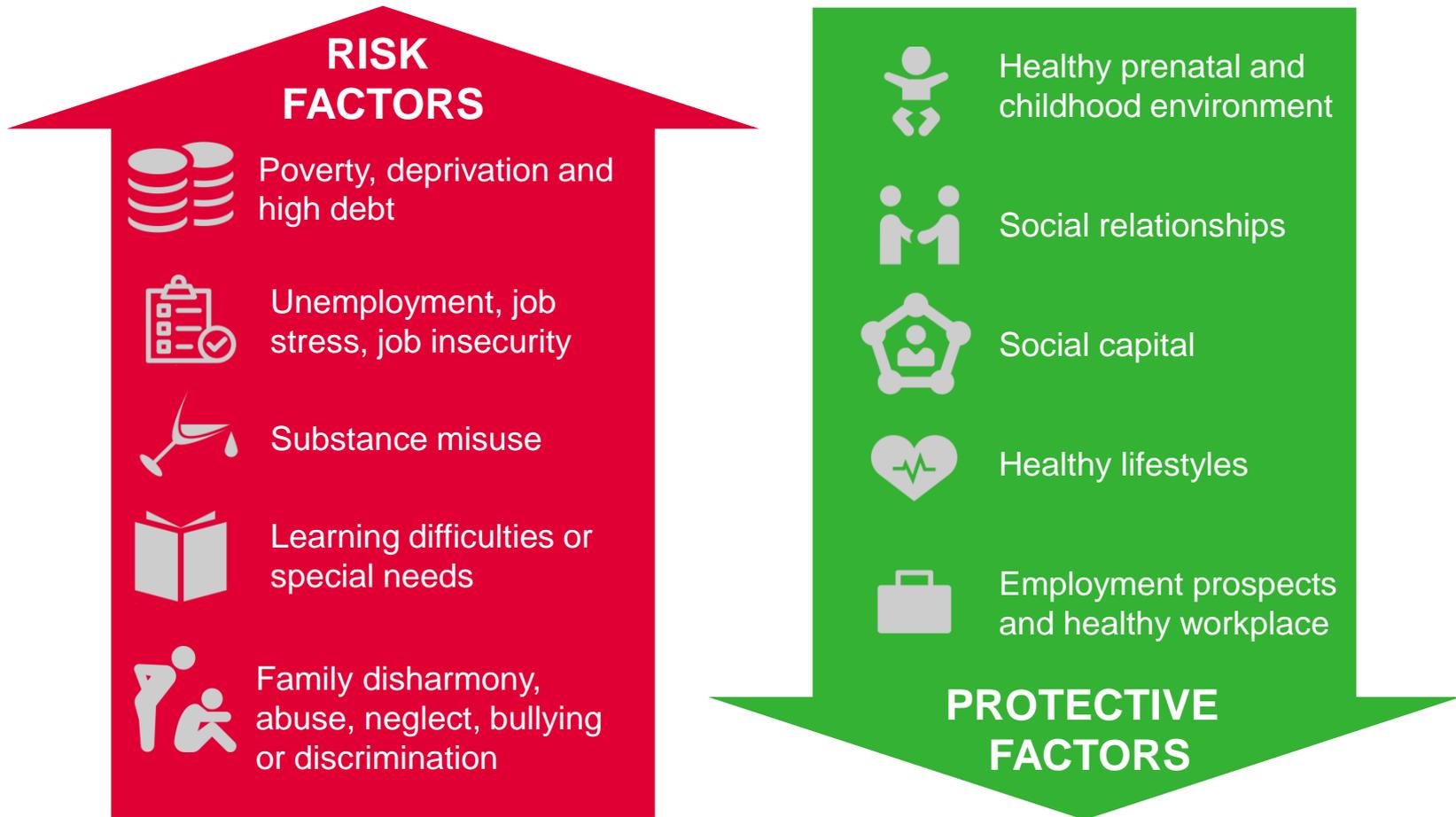
- 31% of primary school students (ages 8-11) scored medium-low on the self-esteem questions and 25% said they were being bullied because of the way they look
- 28% of Year 6 pupils (ages 10-11) responded they felt stressed in the two weeks before the survey
- Less secondary students aged 12-15 in Southwark reported high self-esteem compared to the wider sample (37% vs. 42%); among primary students, the difference was even greater (24% in Southwark vs. 37% in the wider sample)

References

1. NHS Digital, Adult Psychiatric Morbidity Survey, 2014
2. SMI Register, Southwark General Practice; EMIS Web Extract, December 2017
3. NHS Digital: Adult Psychiatric Morbidity Survey 2014
4. NOMIS. Employment Support Allowance Claimants by Condition www.nomisweb.co.uk (Accessed January 2017)

Addressing the wider determinants of health remains the key to improving mental health and wellbeing

DETERMINANTS OF POPULATION MENTAL ILL-HEALTH



References

1. World Health Organization (2011). Impact of economic crisis on mental health Geneva: WHO

The quality and quantity of social relationships, or lack thereof, is linked to health inequalities

SOCIAL ISOLATION

“Social Isolation” and “Loneliness” are often used interchangeably, but they are different. It is possible for people who are not socially isolate to experience loneliness.

- **Social isolation** refers to the inadequate quality and quantity of social relations with other people at the different levels where human interaction takes place (individual, group, community and the larger social environment)
- **Loneliness** is an emotional perception that can be experienced by individuals regardless of the breadth of their social networks.

Social isolation is a health inequality issue because many of the associated risk factors are more prevalent among socially disadvantaged groups.

- Risk factors include: poor maternal health and teenage pregnancy; unemployment; poor physical and mental health and/or illness later in life, including dementia.
- Many of the risk factors associated with social isolation accumulate throughout life; for example, social isolation in childhood is associated with isolation in adolescence and adulthood.

The build environment can also be a barrier to social connections, especially in deprived areas that may lack:

- Good public transport links; and
- Adequate provision of green and public spaces where people can socialise.

References

1. PHE, Local action on health inequalities: Reducing social isolation across the lifecourse, 2015 available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf

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People living in more deprived areas were more likely to attend the NHS Health Check

Characteristics of people having had a health check 2013 - 2018

Characteristics	Southwark Population Estimates (%)	Invitations Sent %	Health Checks Completed (%)
Gender:	(Aged 40 – 74)		
Male	51,295 (50.1%)	54.6%	20,323 (48.1%)
Female	51,010 (49.9%)	45.4%	21,891 (51.9%)
Ethnicity:	(Whole Population)		
British or Mixed British	54%	49.6%	21,451 (50.8%)
BME	46%	39.6%	19,888 (47.1%)
Not stated/refused/unknown		10.8%	877 (2.1%)
Quintile of deprivation:	(Aged 40 – 74)		
Not Recorded		1.4%	673 (1.6%)
1 (most deprived)	19.2%	19.7%	8,665 (20.5%)
2	21.6%	20.9%	8,936 (21.2%)
3	20.0%	20.0%	8,755 (20.7%)
4	19.6%	18.2%	7,851 (18.6%)
5 (least deprived)	19.5%	19.8%	7,336 (17.4%)

Medical and lifestyle risk factors were identified through health checks in Southwark (1 of 2)

MEDICAL RISK FACTORS

Many medical risk factors can increase the likelihood of developing CVD, including high blood pressure, high blood cholesterol and diabetes.

	2013-14	2014-15	2015-16	2016-17	2017/18
Health Checks completed	7,588	8,870	9,803	7,945	8,010
Hypertension $\geq 140/90$ mmHg	1,295 (17.1%)	1,527 (17.2%)	1,533 (15.6%)	1,165 (14.7%)	1,189 (14.8%)
Cholesterol ≥ 5	3,727 (49.1%)	4,151 (46.8%)	4,452 (45.4%)	3,784 (47.6%)	3,755 (46.9%)
Diabetes	86 (1.1%)	99 (1.1%)	153 (1.6%)	92 (1.2%)	101 (1.3%)
Impaired glucose tolerance	401 (5.3%)	411 (4.6%)	726 (7.4%)	497 (6.3%)	527 (6.6%)
CVD risk:	JBS2:	JBS2:	QRISK:	QRISK:	QRISK:
Mod $\geq 10\%$ ->20%	1,496 (19.7%)	1,436 (16.2%)	1,028 (10.5%)	748 (9.4%)	790 (9.9%)
High $\geq 20\%$ - 30%	338 (4.5%)	384 (4.3%)	220 (2.2%)	102 (1.3%)	86 (1.1%)
Very High > 30%+	123 (1.6%)	121 (1.4%)	55 (0.6%)	18 (0.2%)	6 (0.1%)
Number of people with an irregular pulse	39 (0.5%)	47 (0.5%)	67 (0.7%)	36 (0.5%)	43 (0.5%)

Medical and lifestyle risk factors were identified through health checks in Southwark (2 of 2)

LIFESTYLE RISK FACTORS

The NHS Health Check also identifies lifestyle risk factors such as physical activity, smoking and alcohol

	2013-14	2014-15	2015-16	2016-17	2017/18
Health Checks completed	7,588	8,870	9,803	7,945	8,010
Morbidly obese (BMI ≥40 kg/m ²)	155 (2.0%)	211 (2.4%)	244 (2.5%)	171 (2.2%)	162 (2.0%)
Obese (BMI>30 kg/m ²)	1,846 (24.3%)	1,987 (22.4%)	2,185 (22.3%)	1,751 (22.0%)	1,697 (21.2%)
Overweight (BMI 25-29.9 kg/m ²)	2,772 (36.5%)	3,137 (35.4%)	3,457 (35.3%)	2,787 (35.1%)	2,881 (36.0%)
Physical Activity:					
Inactive	1,371 (18.1%)	1,649 (18.6%)	1,934 (19.7%)	1,415 (17.8%)	1,209 (15.1%)
Moderately- Inactive	1,329 (17.5%)	1,460 (16.5%)	1,588 (16.2%)	1,205 (15.2%)	946 (11.8%)
Moderately- Active	1,712 (22.6%)	1,612 (18.2%)	1,508 (15.4%)	1,198 (15.1%)	1,227 (15.3%)
Active	2,266 (29.9%)	3,248 (36.6%)	3,819 (39.0%)	3,241 (40.8%)	3,742 (46.7%)
Current smoker	1054 (13.9%)	1320 (14.9%)	1514 (15.4%)	1375 (17.3%)	1344 (16.8%)
FAST Alcohol score Excessive drinkers	785 (10.4%)	834 (9.4%)	1013 (10.3%)	967 (12.2%)	857 (10.7%)

Generally, people at higher risk of the condition are less like to be screened

CANCER SCREENING

Screening aims to identify people who are at risk of having a particular disease or medical condition before they show any sign of having it. Early diagnosis of cancer through screening results in better outcomes and increased survival rate.

There are three NHS Cancer Screening Programmes currently running in England:

- Breast cancer screening (women aged 50-70 every 3 years)
- Cervical cancer screening (women aged 25-49 every 3 years & 50-64 every 5 years)
- Bowel cancer screening (people aged 60-74 every 2 years)

Table: Cancer screening coverage 2016/17, PHE Public Health Profiles

Programme	Target	Southwark coverage 2016/17	London coverage 2016/17	England coverage 2016/17
Breast screening	70%	62.7%	65.6%	72.5%
Bowel screening	60%	43.1%	49.5%	59.1%
Cervical screening	80%	66.5%	65.8%	72.1%

- Many of the conditions for which screening is offered disproportionately affect individuals from socio-economically deprived backgrounds or those with the nine protected characteristics as described in the 2010 Equality Act.
- Variation in participation exists both within and between national screening programmes and generally, people at higher risk of the condition being screened are less likely to participate.
- Ethnicity information has generally not been well recorded in the UK which means that routine data on ethnic differences in cancer incidence and cancer screening is not very reliable.

Bowel cancer screening is lower among those living in deprived areas and those from a Black ethnic background

CANCER SCREENING - BOWEL

Epidemiology

- Bowel cancer is the 4th most common cancer in the UK..
- There were 320 new bowel cancer cases in Southwark in 2014-16, equating to around 110 per year, up from 246 new cases in 2001-03. The incidence rate in Southwark is comparable to rates in England and South East London.
- The incidence of bowel cancer varies by age, with rates significantly higher among older people. .
- Approximately a quarter of new cases in Southwark are diagnosed among those under the age of 60, a quarter among those in their 60's and half among those aged 70 and over.
- The incidence of colorectal cancer is highest among those from a White ethnic background, with rates significantly lower among those from Black and Asian ethnicities.
- There is a small association with deprivation and colorectal cancer among men, while there is no association evident among women. Incidence rates are 13% higher for males living in the most deprived areas compared to the least deprived.

Bowel screening

- Uptake of bowel cancer screening in Southwark (43%) is lower than uptake across London (49%) and England (59%), and significantly lower than most boroughs in SEL.
- The uptake rate in Southwark does not meet the national acceptable threshold of 52%.
- Bowel cancer screening is lower among people living in the most deprived areas, those without English as a first language, people from a Black ethnic background and those who are housebound.
- Uptake of screening generally improves with age.

References

1. National Cancer Registration & Analysis Service (NCRAS)
2. Cancer Research UK. Colorectal cancer incidence statistics. www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer/incidence#heading-Seven

Black women are less likely to attend breast screening, but experience greater severity at an earlier age

CANCER SCREENING – BREAST

Epidemiology

- Breast cancer is the most common cancer in the UK, and is more common in White females than in Asian or Black females.
- It is less common in those women living in deprived areas, although there is no association for men.
- The median age at diagnosis was younger in Black women compared with those known to be White (50 compared with 62 years).
- Black women are more likely to have high grade tumours. Were more likely to have a mastectomy with immediate reconstruction and because of their poor prognostic tumours and their younger age, they were also more likely to have chemotherapy (65% compared to 41% in those known to be white).
- Had a slightly lower 1 year relative survival rate compared to those known to be white (94.1% compared to 95.7%). There was no significant difference in 5 year survival rates.
- 1 and 5 year survival rates were highly dependent on deprivation; with patients in most affluent quintile having significantly higher 1 and 5 year survival than those in most deprived quintile.

Breast screening

- Black women are less likely to attend for breast screening. The effect of deprivation on screening attendance is difficult to separate from other factors including ethnicity, which influences attitudes to general health behaviour.
- Black women are less likely to be screen detected - 49% of breast cancer patients known to be black were aged under 50, and therefore were diagnosed before becoming eligible for breast screening.

References

1. Cancer Research UK: www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer#heading-Zero
2. National Cancer Registration & Analysis Service (NCRAS)
3. NHS Cancer Screening Programmes. All Breast Cancer Report. 2006
4. NCIN Data Briefing. Breast Cancer: Ethnicity, Sept 2010.

Women in the most deprived areas are less likely to attend screening and have higher incidence of cervical cancer

CANCER SCREENING - CERVICAL

Epidemiology

- There are around 3,200 new cervical cancer cases in the UK every year - nearly 9 every day. In Southwark in 2016 there were 8 new cases of cervical cancer - age standardised cancer incidence rate of 6.9 per 100,000 person years.
- There are about 870 cervical cancer deaths in the UK every year (2014-2016).
- 99.8% cervical cancer cases are preventable, UK, 2015.
- Cervical cancer in England is more common in females living in the most deprived areas with incidence rates 72% higher in the most compared to least deprived.
- Cervical cancer is more common in White females (8.2-8.7 per 100,000) than in Asian (3.6-6.5 per 100,000) and more similar to rates seen in Black females (6.3-11.2 per 100,000).

Cervical screening

- Women in the most deprived groups are less likely to attend cervical screening.
- Women from ethnic minority groups are less likely to attend cervical screening compared to White females.
- Those women aged between 25 and 29 have the lowest screening rates and are at higher risk of cervical cancer.
- When compared to the rest of the community, women with disability were less likely to use preventive health screening services – most significant among the housebound.
- Women with learning disabilities are less likely to participate in cervical screening.

References

1. The National Cancer Registration and Analysis Service
2. Cancer Research UK, Cervical cancer statistics
3. The National Cancer Registration and Analysis Service

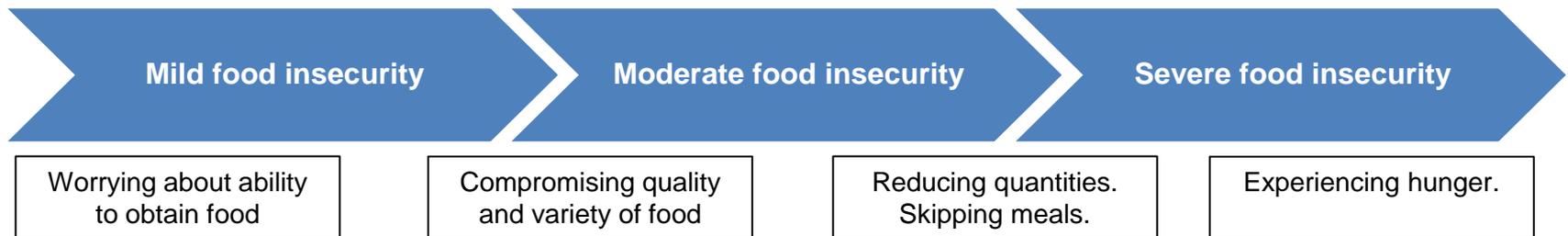
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4. **Southwark's approach - summary**

Food insecurity describes the inability to afford or access adequate nutritious food

OVERVIEW

The United Nation's Food and Agricultural Organisation created the Food Insecurity Experience Scale to show that food insecurity falls on a continuum:



It is estimated that there are 53,600 people (aged 16+ years) in Southwark experiencing food insecurity at some level

- Of these 53,600 individuals, 20,400 may be moderately or severely food insecure (compromising on the food purchased, reducing quantities, skipping meals) and at the most severe end of the scale, experiencing hunger.
- Food insecurity impacts children's future health. Hunger in childhood increases the risk of developing asthma, depression and suicidal tendencies in adolescence and early adulthood.

In the absence of standardised measurements of food insecurity, foodbank data is another useful proxy measure.

- Southwark's two largest foodbanks – The PECAN Southwark Foodbank and Central Southwark Community Hub – received 2613 referrals in 2017-18; PECAN – 4,897 people fed; CSCH – 1,900 people fed
- Research has shown that only 20% of food insecure people will use a foodbank. Problems with benefits, due to delays or changes in the system was the referral reason given in over 50% of cases (n.1320).

References

1. Food and Agriculture Organisation Of The United Nations - (2015)

One in three children in London have problems concentrating at school due to hunger

IMPACT OF HUNGER - CHILDREN

Food insecurity impacts children's future health. Hunger in childhood increases the risk of developing asthma, depression and suicidal tendencies in adolescence and early adulthood.

A third of London children have problems concentrating at school due to hunger.

- A study conducted for the GLA on child hunger showed that among 8-16 year olds, 34% had problems concentrating at school due to hunger and 9% of children went to bed hungry. Applying these percentages at the borough level, could mean that:
 - Over **9,600** Southwark children are having problems concentrating at school due to hunger
 - Over **2,500** Southwark children are going to bed hungry at night.

Locally, a high percentage of foodbank recipients are children

- 46% of those fed by the CSCH Foodbank in 2017/18 were children.
- 38% of those fed by the Southwark Foodbank in 2017/18 were children.

Foodbanks can experience a spike in users during the summer months

- The Central Southwark Community Hub Foodbank saw 128 users in July 2017 and 198 in August 2017. This compared to a mean of 40 users during the months of April, May and June 2017.

References

1. GLA/ IPSOS MORI – Child Hunger in London - 2013
2. Office for National Statistics population data mid-year 2017

A resilience project with surplus food uncovers high levels of chronic food insecurity on a Southwark estate

CURRENT WORK – THE ALBRIGHTON COMMUNITY FRIDGE

The Albrighton Community Fridge was set up as a surplus food redistribution project - to share good, unwanted food that would otherwise go to waste.

- Neighbours and local retailers donate unwanted food to the Fridge that anyone can pick up for free.
- The Fridge is open three times a week, on average 76 visits pw and is located in the Albrighton Community Centre on the Dog Kennel Hill Estate in East Dulwich.
- This project – a partnership between Hubbub, Sainsburys and Southwark Council – was not designed as a food crisis intervention.
- Data collected from a survey of its users (n. 60) has shown high levels of chronic food insecurity among those who use it.

A food lifeline

- 63% of those surveyed visiting The Fridge more than twice a week. Seven out of ten of those surveyed said that The Fridge is the only place that they go to for support with food.

Uncovering high levels of food insecurity

- More than half of the users said they rely heavily on food aid.
- Almost 3/10 surveyed said they felt totally unable to plan where the next meal was coming from.
- 93% of the sample said they were encountering stress and anxiety about their food situation.
- 45% are aged 45-64.
- Currently a JSNA is being compiled for Food insecurity and an action plan is being drafted in collaboration with the Southwark Food Action Alliance which will strengthen resilience projects.

References

1. Data from the Albrighton Community Fridge - 2018

Current work in Southwark focuses on harnessing the existing assets within our local communities

CURRENT WORK – COMMUNITY ENGAGEMENT

Community-centred approaches are not just community-based, but also involve mobilising assets within communities, promoting equity and increasing people's control over their health and lives¹

- Working is already underway supporting services across the council to engage with a range of communities, both in shaping our policies and programmes and in encouraging participation in our delivery of services.
- Examples of this include:
 - Partnering with Public Health to deliver a healthy initiatives with faith organizations
 - Partnering with Community Southwark to promote volunteering
 - Working with ASC and CCG on the delivery of wider engagement with the new mental health strategy action plan
 - Advising ASC on the work they are developing on user engagement
 - Working with faith community to develop a strategy to better link faith organizations and council and voluntary sector to improve outcomes for their congregations
 - Working with Latin American organizations to strengthen their ability to improve the health and well being of the Latin American community in the Borough.

References

1. A Guide to community-centred approaches for health and wellbeing, full report. (2015) PHE and NHS England.

2,972 people responded to the Southwark Conversation

RESPONSES RECEIVED AND THE APPROACH TO MAKE REGENERATION WORK FOR ALL

- The Southwark Conversation informed the development of the SR framework
- 70% of respondents feel wholly or partly positive about change in the borough and 52% feel they have personally benefitted from change
- Important issues identified as neighbourhood concerns included: housing, public realm, transport, education, access to key services such as health and social care, and employment and training.
- Strengthening and supporting all communities to have pride in their neighbourhoods was also highlighted in the Southwark Conversation
- The refreshed framework will be considered at Cabinet early 2018 and will be underpinned by SR Charters and detailed Place Plans
- Community engagement is essential throughout the regeneration process and indicators will be monitored to ensure that regeneration benefits everyone.

In summary, Southwark is closing the gap with the rest of the country but in-borough inequalities persist

Southwark's approach to tackling inequalities

- To address health inequalities, action needs to take place across the whole spectrum of determinants: the socio-economic determinants as well as to reduce variation across population groups in prevention and early detection and access to treatment:
- Ensure we act at all levels (individual, community, population etc).
 - Provision of high quality universal services – proportionate universalism (eg targeted smoking cessation)
 - Applying a life course perspective – addressing ACEs, giving every child the best start in life, healthy ageing etc.
 - Health in all policies for comprehensive approach that tackles determinants
 - Place and health – important role of place shaping to create a healthier physical environment where it becomes easier to make the healthier choice
 - Work and health – important role of good quality work and ensure the London Living Wage is paid, apprenticeships etc in improving health
 - Tackle poverty - critical as this is another key determinant of wider inequalities including food poverty
 - Making benefits of regeneration work for all and making wellbeing a central aim to social regeneration

Find out more at
southwark.gov.uk/JSNA

People & Health Intelligence Section
Southwark Public Health

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