

SOUTHWARK HEALTH SUMMARY

August 2013

Foreword

This report contains a summary of health and wellbeing issues represented through available statistics obtained from reliable sources. This document forms a part of the suite of documents published as a part of the Joint Strategic Needs Assessment work programme. The document is intended to provide an understanding of the health and well-being of Southwark residents. The content of this report is meant to support the health and social care commissioners; along with other stakeholders in primary, secondary and community care including local voluntary sector agencies. While every precaution is taken to ensure that the information included in this document is accurate, interpretation of certain types of information (which includes smaller numbers) should be treated with caution.

The information is derived from various reliable sources such as the Office for National Statistics (ONS), Public Health England, Secondary Uses Services (SUS), London Health Observatory (LHO), Greater London Authority (GLA) amongst others. Detailed data tables can be made available on request. Readers are advised to also refer Southwark's Health and Wellbeing Strategy and Annual Public Health Report. If you need further information please

Created: August 2013

London Borough of Southwark 2013©

SOUTHWARK HEALTH SUMMARY

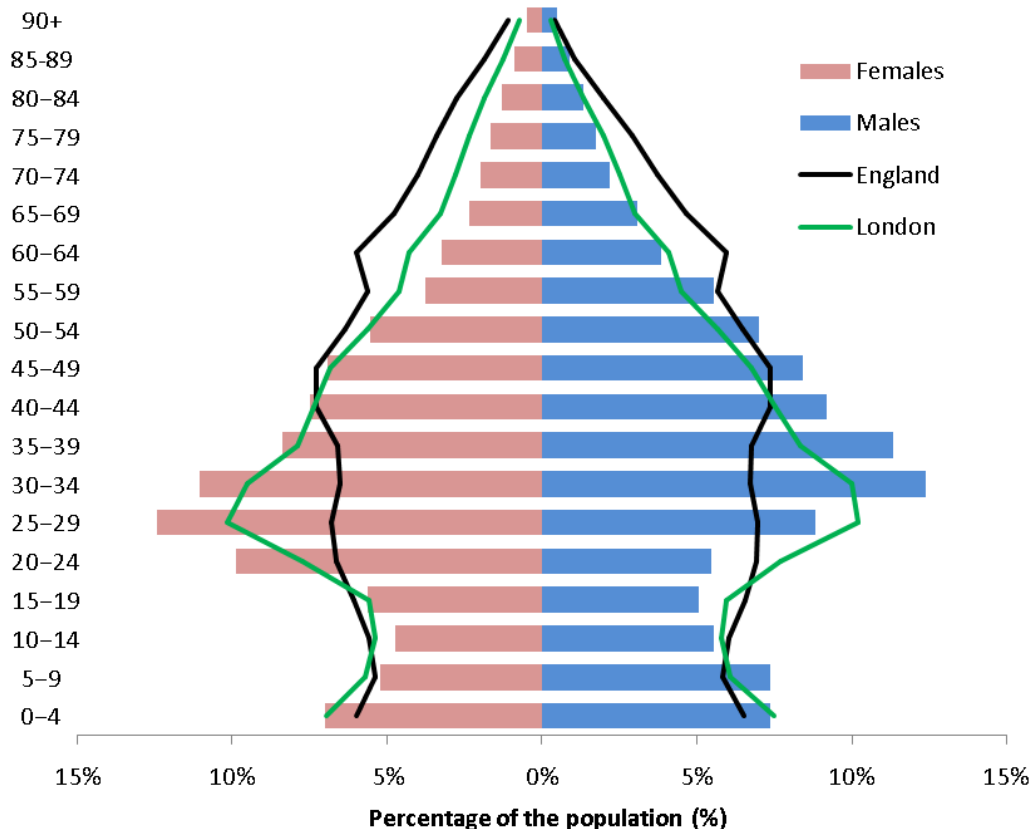
1. DEMOGRAPHY

Population

Southwark is a densely populated, geographically small and narrow inner London borough that stretches from the banks of the river Thames to the beginning of suburban London south of Dulwich. The population is relatively young, ethnically diverse, with significant contrasts of poverty and wealth. There is wide distribution in educational achievement, access to employment and housing quality. Major regeneration programmes have been underway for some time leading to significant changes in landscape and population structure and this continues to be the case. Major health indicators such as mortality and life expectancy have improved, but there are significant inequalities in these indicators for people living in different parts of the borough.

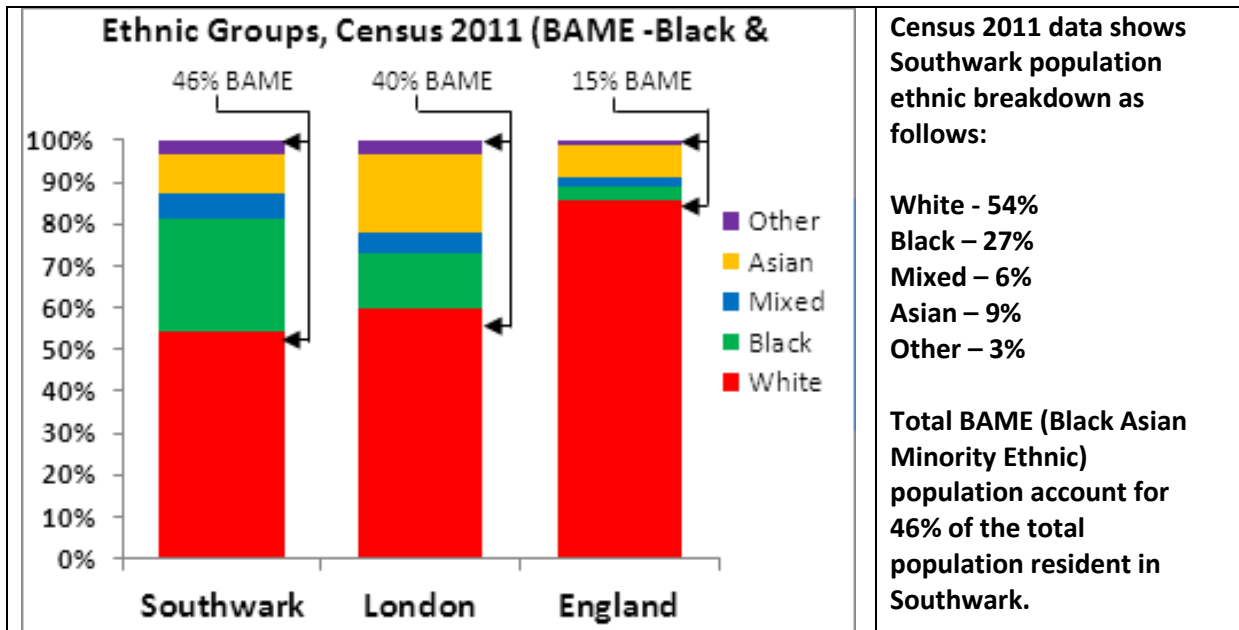
Census 2011 recorded Southwark's resident population at 288,200, which is an increase of 18% since 2001. The latest mid-year estimate (2012) estimated the population at 293,530. The population registered with Southwark general practices [see Appendix 2] has also increased from 298,000 in 2007-08 to 327,800 in 2012-13. The population pyramid (below) created using Census 2011 resident population data shows a younger population in Southwark compared to England and London.

Census 2011 Population Pyramid, Southwark Vs England & London



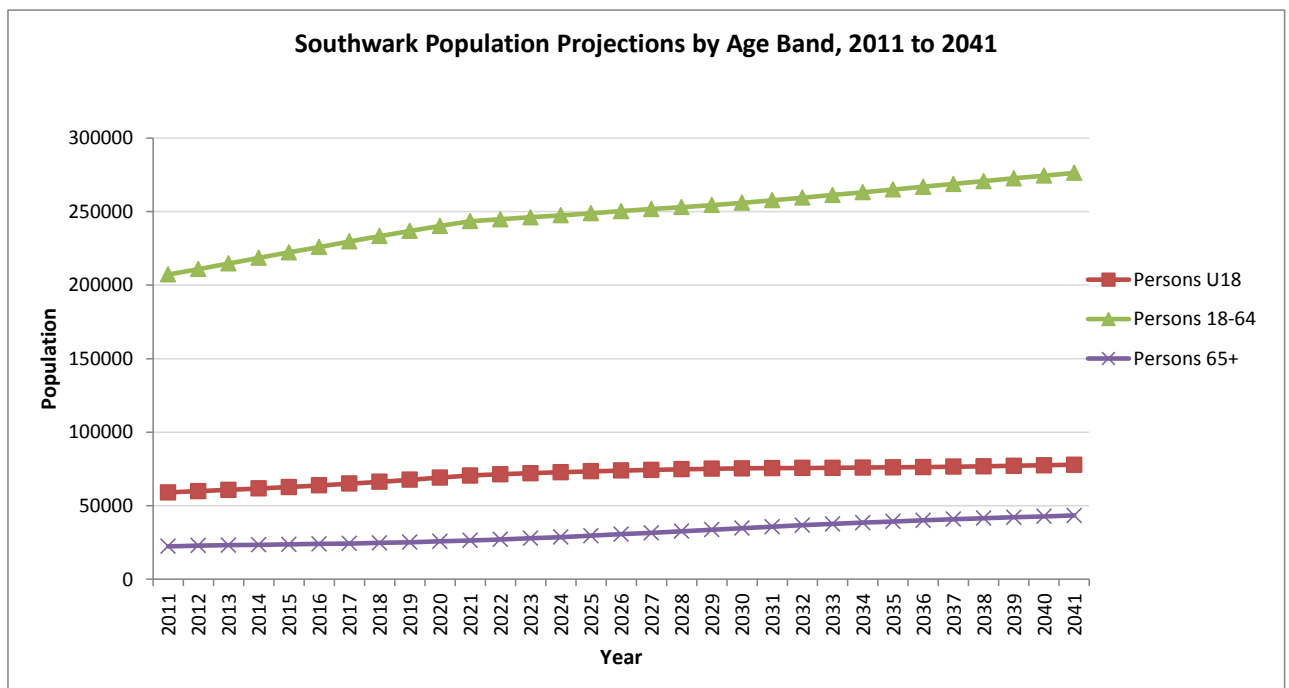
58% of Southwark population is aged 35 or under and Southwark has the 9th highest population density in England and Wales. Southwark is ethnically diverse with the highest proportion of residents born in Africa in the country (12.9 per cent), as well as significant populations from Latin America, the Middle East, South East Asia and China. 75% of reception-age children are from Black

and Minority Ethnic (BME) groups with over 120 languages spoken in Southwark and in 11% of households nobody has English as a first language. See figure below showing ethnic breakdown of population.



Population projection

By 2031, the Southwark resident population will have grown by approximately 28% to 369,000 individuals compared to 288,200 at present. The adult population aged 18-64 will see the largest growth followed by the <18 and 65+ population (see fig below).



2. HEALTH AND WELLBEING

Introduction

The main public health concerns are as follows

- Health inequalities
- Deprivation
- Alcohol related harm
- Smoking and tobacco consumption
- Nutrition
- Violence and injury
- Wellbeing
- Child health (obesity), child poverty
- Infant mortality
- Teenage pregnancy
- Flu immunisation uptake
- Premature deaths from heart disease and cancer
- Health impact of recession, unemployment, benefit changes, migration and overcrowding.

Key health facts for Southwark

- Male Life expectancy is 78.2 years compared to 78.5 years in England.
- Female Life expectancy is 83.4 years compared to 82.5 years in England.
- Infant mortality rate (death in babies under 1 year) has decreased year on year and but is 6.17 per 1000 live births compared to 4.29 in England.
- Lifestyle risk factors such as alcohol/substance misuse, smoking, unhealthy diet (e.g.child obesity) and unprotected sex continue to be a major risks to good health in the population.
- As a consequence, there is higher incidence of emergency hospital admissions due to alcohol related conditions, high rates of teenage pregnancy and HIV, high rate of premature deaths from cancer and cardio-vascular diseases and high prevalence of mental illness in the local population.
- Coronary heart disease, malignant neoplasms (cancers) and respiratory diseases remain the top 3 causes of death in the population.
- Disease prevalence models have shown that there are high numbers of undetected cases of diabetes, hypertension and heart disease in Southwark population. Early detection and treatment is beneficial for patient's health outcomes as well as cost of treatment to the NHS.
- Socio-economic challenges such as unemployment, poor housing result in high rate of child poverty and social exclusion which subsequently contribute to poor physical and mental health manifesting health inequalities.

Health & Wellbeing related issues (See Appendix 3 for spine chart)

- 1. DEPRIVATION:** Index of Multiple Deprivation (2010) shows Southwark as the 12th most deprived borough in London with an average score of 29.7 compared to 19.8 in London which means there are approximately 97,000 individuals facing life challenges due to deprivation. [See Appendix 1 – Southwark Deprivation IMD 2010]
- 2. BIRTHS:** In 2010, there were 5131 live births recorded in Southwark which is higher than in 2009 at 4873. The trends show a rise over the past few years although it is a bit unpredictable to state whether the rise in births will continue at that rate.
- 3. TEENAGE PREGNANCY (TP):** The TP rate in Southwark has reduced from 84.8 per 1000 females aged 15-17 in 1998-2000 to 53.3 in 2010.
- 4. ALCOHOL:** 1 in 5 adults in Southwark are high risk alcohol drinkers. Hospital stays for alcohol related harm in Southwark account for 4330 admissions each year with a rate of 1809 per 100000 population compared to England average of 1895. Despite this lower rate, alcohol attributable mortality, alcohol specific hospital admission for males and Alcohol related crimes and sexual offences rate are worse in Southwark compared to England. The proportion of young people admitted for alcohol related illness as well as due to self-harm (mental health related) is lower in Southwark.
- 5. SMOKING & OBESITY:** 1 in 5 adults (21.4%) in Southwark smoke based on findings from the health surveys. Similarly just over 1 in 5 adults (22.5%) are obese. % Females smoking in pregnancy is lower in Southwark. 35.6% adults were estimated to be eating healthy food compared to 28.7% in England based on Health Survey for England survey. The Active People Survey data suggests that about 50% of Southwark people are considered 'inactive' ie doing less than 30mins a week moderate activity.
- 6. CHILD OBESITY:** 1 in 4 children (24%) are recorded as obese in year 6 (aged 10-11) through the National Child Measurement Programme (NCMP) which is higher than the England average of 19%.
- 7. SEXUAL HEALTH:** Annually 5130 acute sexually transmitted infections are recorded with a crude rate of 1787 per 100000 population compared to England average of 775. Chlamydia diagnosis rates are highest at 6132 per 100000 15-24 year olds compared to 1979 in England.

- 8. LONG TERM CONDITIONS (LTC):** The GP registers for long term conditions show the following as at March 2013: 5812 people with cardiovascular diseases, 32104 with hypertension, 11,975 with diabetes, 3899 with chronic obstructive pulmonary disease, 4708 with coronary heart disease, 2757 with stroke, 3209 with cancer and 5335 with chronic kidney disease. Please note a patient can be on multiple disease registers so the above figures should not be added to get a total number of individuals with LTCs. The prevalence models published by APHO have shown under detection of conditions such as diabetes, hypertension and kidney disease in Southwark.
- 9. QOF SUMMARY:** The QOF summary for 2011-12 for Southwark shows underperformance in the following areas - hypertension control, diabetes control, BP control in patients with kidney disease, control in stroke patients. (Appendix 4)
- 10. Screening –** Breast cancer screening uptake rates in Southwark were 61.3% compared to England average of 76.9% while cervical cancer screening uptake rate was 68.4% compared to 75.3% in England (in 2012). Diabetic retinopathy screening uptake is 77% compared to 80.9% in England.
- 11. IMMUNISATION:** Child immunisation rate is rising but lower than the England average especially MMR (82.3%) and immunisation in children in care (currently 72% compared to 83% in England). Flu immunisation rate in 65+ population was 68.9 in 2011-12 compared to 74% in England.
- 12. BREAST-FEEDING:** Breast feeding initiation, as well as maintenance at 6-8 weeks are higher in Southwark compared to England.
- 13. FALLS:** Injuries due to falls in both males and females aged 65 and over is higher in Southwark compared to the England average. Age standardised emergency hospital admission rate due to hip fractures in 65+ is slightly higher than the England average with a scope to reduce further.
- 14. MORTALITY:** Premature mortality rate (deaths in <75 year olds) due to circulatory diseases is higher at 74 per 100000 compared to England at 60. Similarly the death rate in <75s due to cancer is higher at 122 per 100000 compared to 108 in England. Mortality rate from liver disease, respiratory disease, communicable diseases was also higher in Southwark than the England average. Excess winter deaths index in 65+ population is slightly higher in Southwark (17.2) compared to England (15.6)

15. LEARNING DISABILITIES (LD): There are approximately 770 adults with moderate/severe LD and LD profiles for 2012 show high admission rates for non-psychiatric ambulatory care sensitive conditions in people with LD in Southwark.

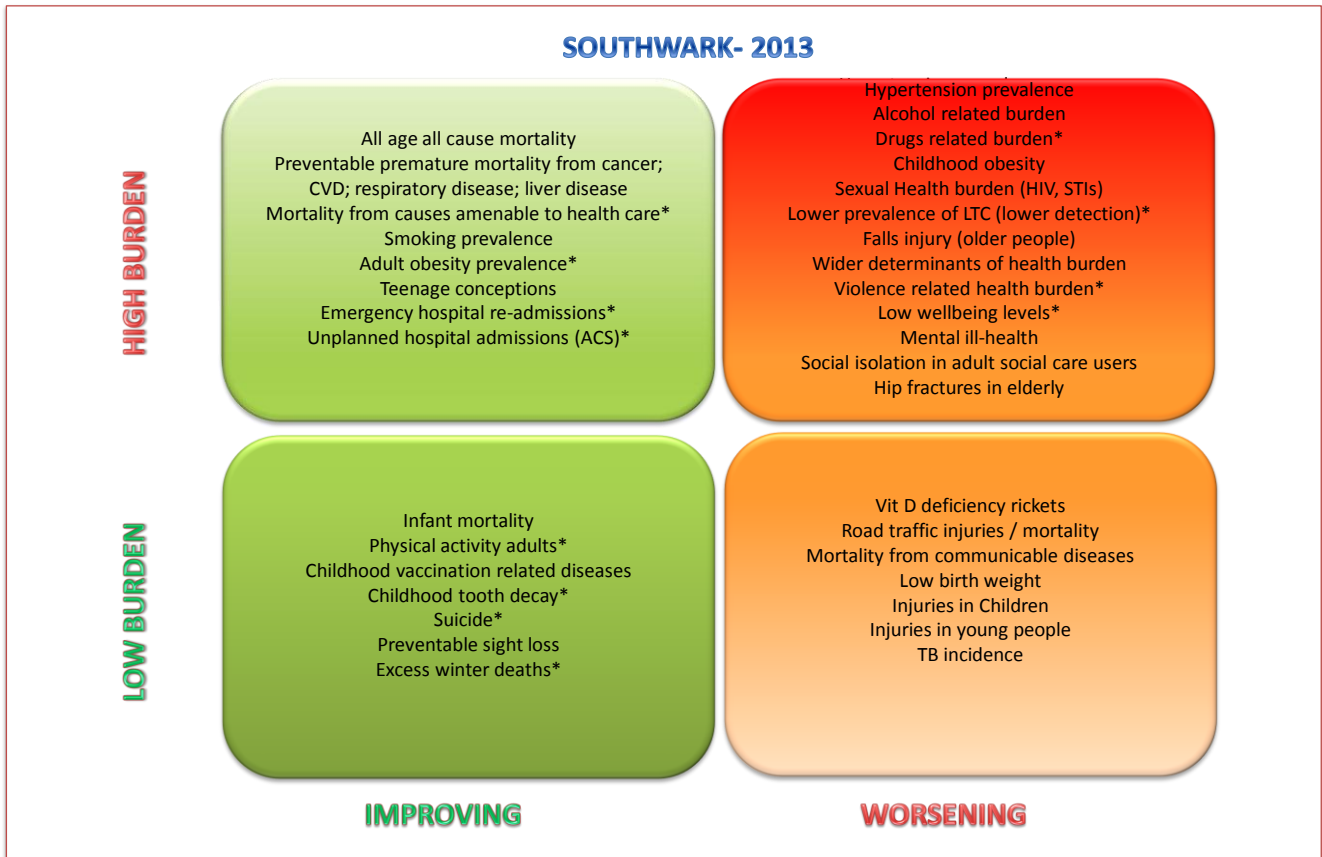
16. SPEND & OUTCOMES TOOL (SPOT):The SPOT tool highlights spend versus outcome and several areas related to managing long term conditions in Southwark appear in the 'lower spend and worse outcome' bracket. Neonatal and maternity, and treating infectious diseases are areas is where the spend is high but outcomes are worse. [See section 4]

Southwark Health Profile 2012 – Summary of indicators

No.	Indicator	Performance against England
1.	Deprivation	Poor
2.	Children in poverty	Poor
3.	Homelessness	Poor
4.	Long term unemployment	Poor
5.	Obesity in children	Poor
6.	Teenage pregnancy	Poor
7.	Drug misuse	Poor
8.	Sexually transmitted infections	Poor
9.	Smoking related deaths	Better
10.	Early deaths from cancer	Better
11.	Smoking in pregnancy	Better
12.	Breast feeding initiation	Better
13.	Healthy eating and obesity in adults	Better
14.	Hospital stays for self harm	Better
15.	Life expectancy female	Better

Red box for Southwark – 2013

SUMMARY OF HEALTH ISSUES

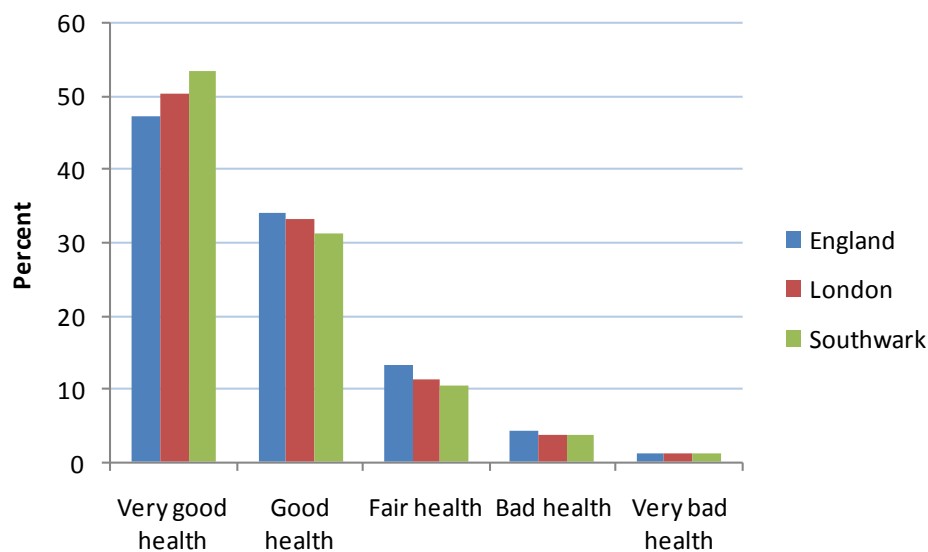


3. Health survey summary

General Health

Residents were asked to assess their general state of health on a five point scale: very good, good, fair, bad or very bad. The majority of Southwark residents, 84.7% (244,208) described themselves as being in good or very good health, slightly higher than the England figure (81.4%). Only 4.9% (14,140) described their health as being bad or very bad. This may reflect the younger age structure of Southwark compared to England as the data is not standardised (Figure 1).

Figure 1: General Health, England, London and



Southwark

Source: 2011 Census, Table KS301EW

The findings are not directly comparable with the 2001 Census as the structure of the question was different – it was based on a three point scale: good, fairly good or not good. In 2001, 70.3% of the Southwark population rated their health as good, compared to 70.8% for London and 68.8% for England.

Long-term activity-limiting illness

In 2011, those reporting a long term health problem or disability that limited their day-to-day activities and that had lasted, or was expected to last, at least 12 months, were asked to assess whether their daily activities were limited a lot, a little or not at all by such a health problem.

In Southwark 6.6% (18,978) reported that they had a long-term problem that limited their day to day activities a lot and 6.9% (20,002) reported that it limits their activities a little. These figures were slightly lower than that for London (6.7% a lot, 7.4% a little) and lower than the England average (8.3% a lot and 9.3% a little).

In the 2001 Census, the long term activity limiting illness response categories were 'yes' and 'no'. To compare 2001 and 2011, the 2011 results for 'Yes, limited a lot' and 'Yes, limited a little' have been amalgamated into a single 'Yes' response. In Southwark and London the proportion of people of all ages with a limiting illness has decreased over the 10 year time period, whereas for England it has changed very little (Table 1). However, in the working age population, there has been only a very small decrease in the proportion of people with a limiting illness for Southwark and London, and for England it remains the same.

Table1 : Level of activity limited by long-term health problems or disability by age bands

Year	Area	Limited, all ages Per cent	Limited, working age* Per cent
2001	England	17.9	8.2
	London	15.5	7.8
	Southwark	15.6	8.5
2011	England	17.6	8.2
	London	14.1	7.6
	Southwark	13.5	8.3

*working age in 2001 is defined as 16-64 for males and 16-59 in females. In 2011 working age is 16-64 for both males and females. Source: 2011 Census, Table KS301EW and 2001 Census, Table KS08

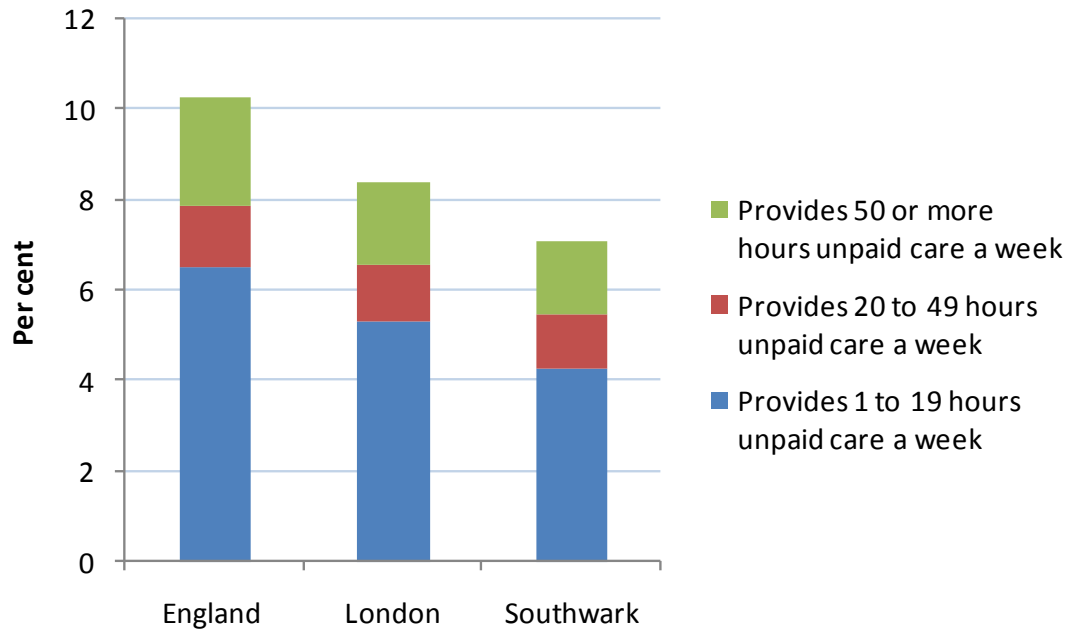
Provision of Unpaid Care

A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age.

In Southwark, 7.1% (20,725) residents were providing such care in 2011. This is lower than London (8.4%) and England (10.3%). This may be a reflection of the figures above which show lower self-reporting of poor health and limiting illness or the age structure of the local population which is largely of working age.

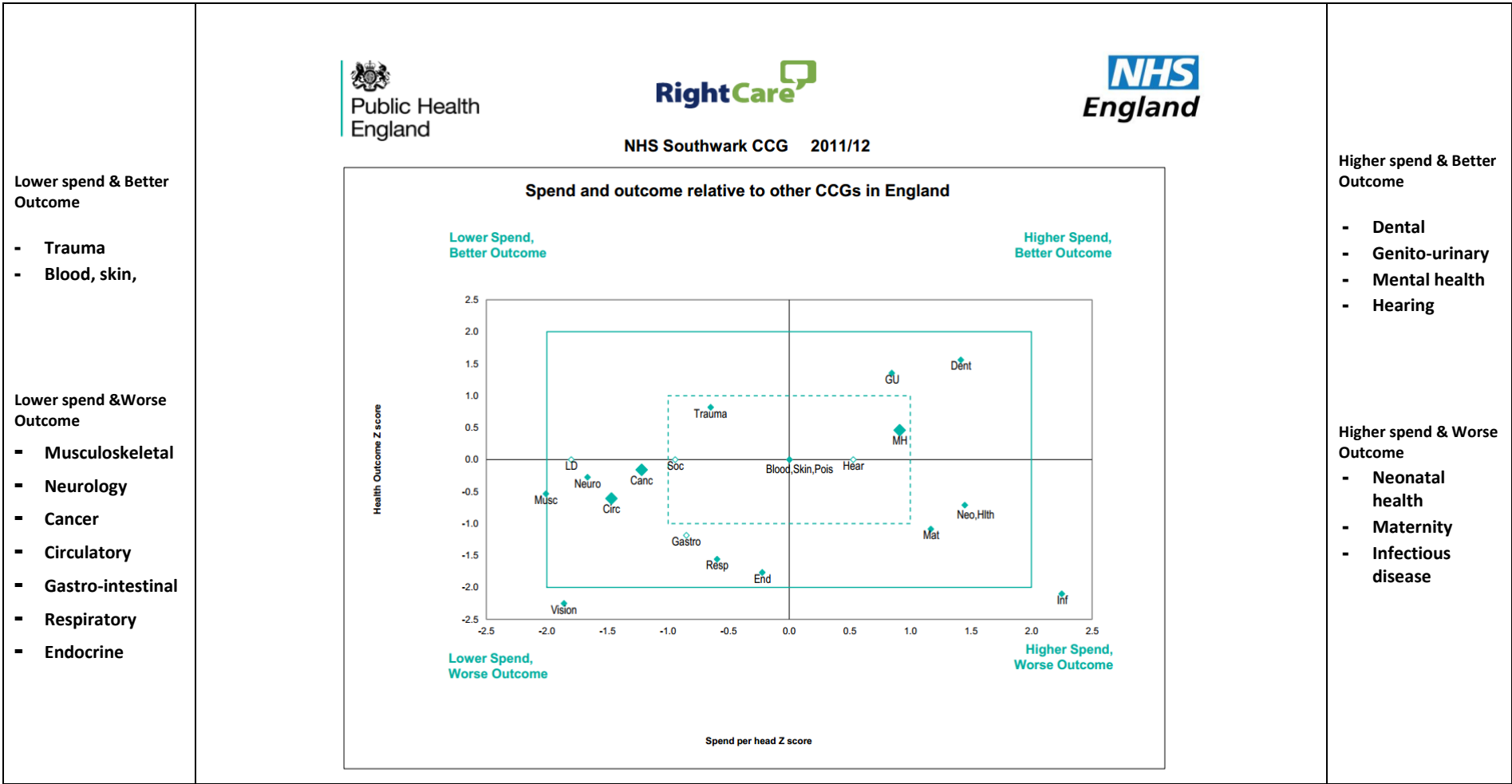
Nearly a quarter of the unpaid carer's (4,748) were providing more than 50 hours of unpaid care per week. A further 3,446 were providing 20 to 49 hours per week.

Figure 2: Provision of unpaid care by hours given.



Source: 2011 Census, Table KS301EW

4. SPEND AND OUTCOMES TOOL – SPOT

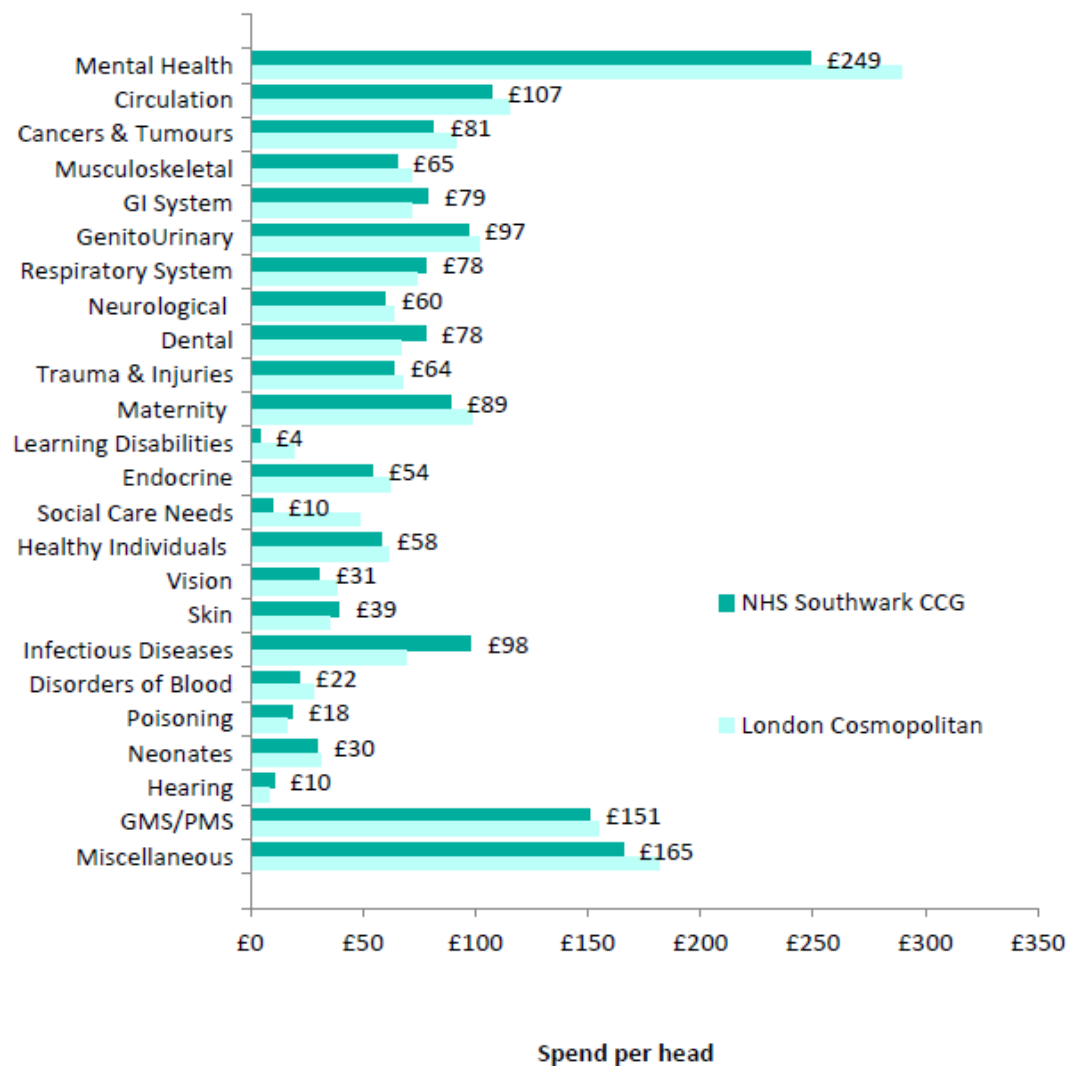


- ◇ No outcome indicators readily available
- ◆ Outcome indicators available

Programme Area Abbreviations

Infectious Diseases	Inf	Hearing	Hear	Disorders of Blood	Blood
Cancers & Tumours	Canc	Circulation	Circ	Maternity	Mat
Respiratory System	Resp	Mental Health	MH	Neonates	Neo
Endocrine, Nutritional & Metabolic	End	Dental	Dent	Neurological	Neuro
Genito Urinary System	GU	GI System	Gastro	Healthy Individuals	Hth
Learning Disabilities	LD	Musculoskeletal	Musc	Social Care Needs	Soc
Adverse effects & poisoning	Pols	Trauma & Injuries	Trauma		

Spend compared to ONS Cluster

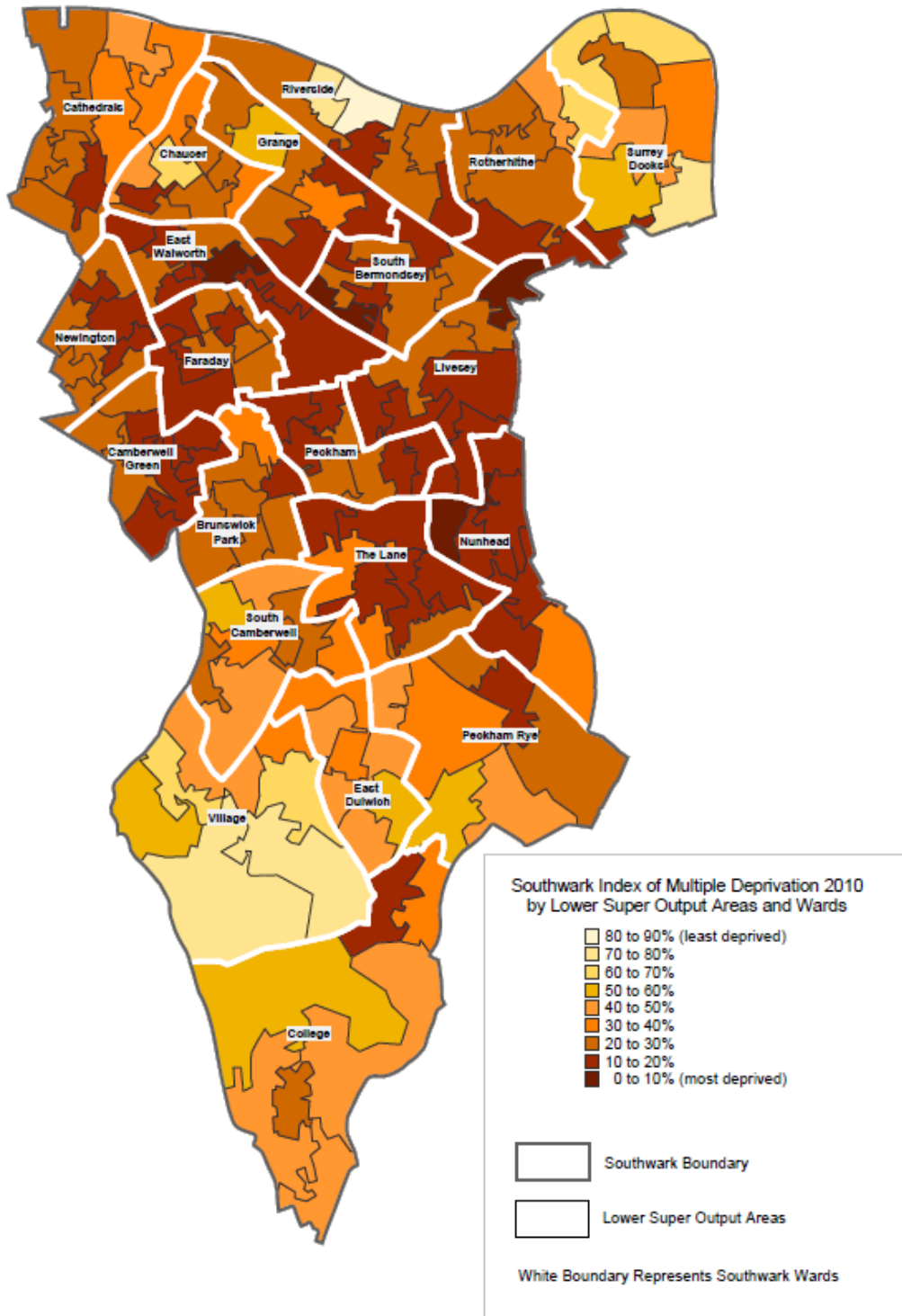


This chart shows spend per head of population for your CCG and ONS cluster.

Source: <http://www.yhpho.org.uk/quad/Default.aspx>

APPENDIX 1 – Southwark map of index of multiple deprivation

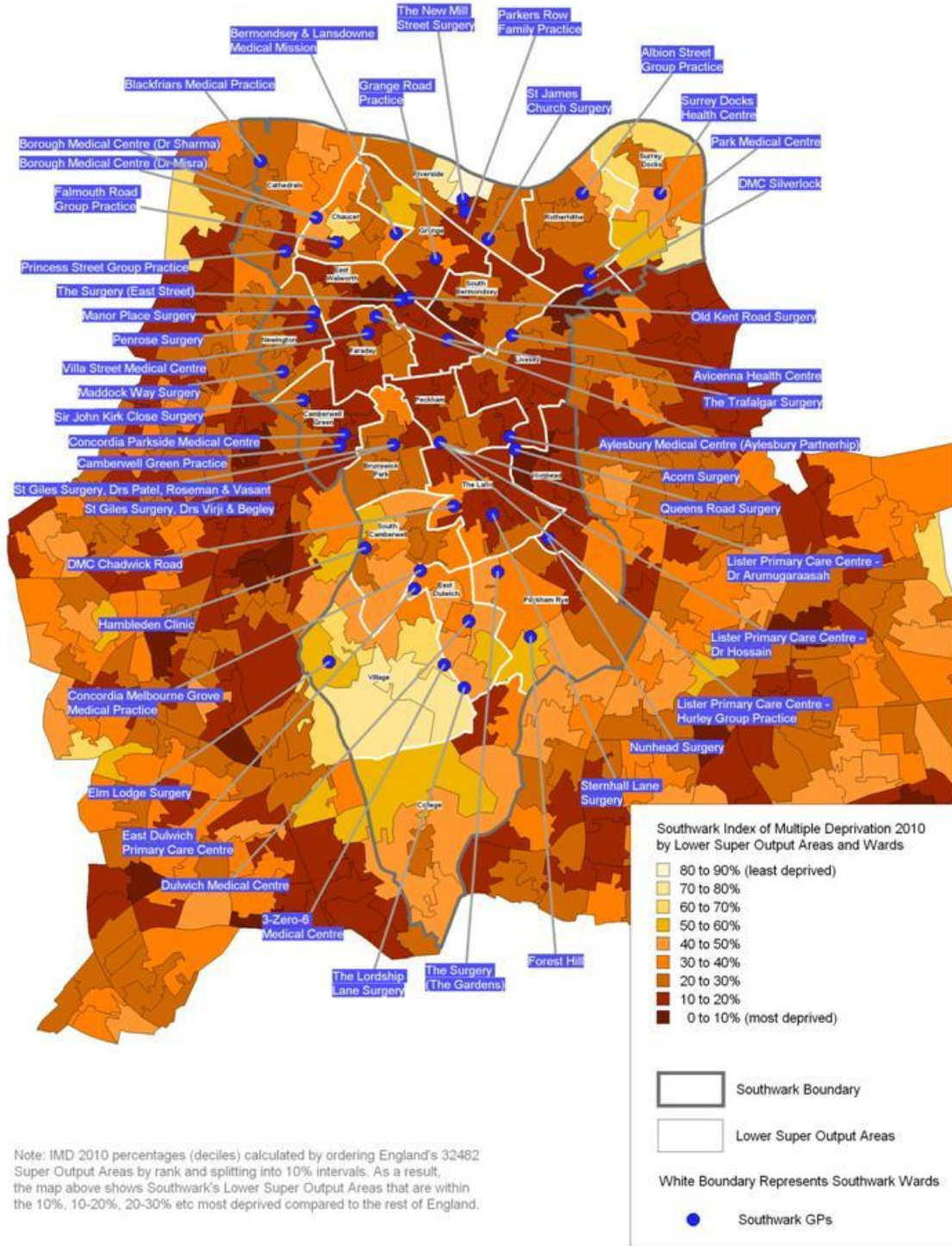
Southwark Overall Index of Multiple Deprivation 2010



For further information please visit <http://data.gov.uk/dataset/index-of-multiple-deprivation>

APPENDIX 2 – Southwark map of General Practices against deprivation

Southwark Overall Index of Multiple Deprivation 2010 and Southwark General Practices



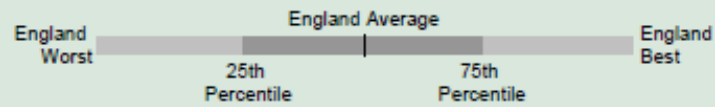
Note: IMD 2010 percentages (deciles) calculated by ordering England's 32482 Super Output Areas by rank and splitting into 10% intervals. As a result, the map above shows Southwark's Lower Super Output Areas that are within the 10%, 10-20%, 20-30% etc most deprived compared to the rest of England.

Produced by Lambeth & Southwark Public Health
 N. Jani 2011
 Updated August 2013

Contains Ordnance Survey data
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APPENDIX 3 – Summary Health Profile - Southwark

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



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	97239	34.4	19.8	83.0	●	0.0
	2 Proportion of children in poverty ‡	16985	32.3	21.9	50.9	●	6.4
	3 Statutory homelessness ‡	510	4.1	2.0	10.4	●	0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1355	58.0	58.4	40.1	●	79.9
	5 Violent crime	7711	27.0	14.8	35.1	●	4.5
	6 Long term unemployment	2318	11.0	5.7	18.8	●	0.9
Children's and young people's health	7 Smoking in pregnancy ‡	217	4.9	13.7	32.7	●	3.1
	8 Breast feeding initiation ‡	4025	91.2	74.5	39.0	●	94.7
	9 Obese Children (Year 6) ‡	635	26.5	19.0	26.5	●	9.8
	10 Alcohol-specific hospital stays (under 18)	11	20.1	61.8	154.9	●	12.5
	11 Teenage pregnancy (under 18) ‡	226	61.5	38.1	64.9	●	11.1
Adults health and lifestyle	12 Adults smoking ‡	n/a	21.4	20.7	33.5	●	8.9
	13 Increasing and higher risk drinking	n/a	21.4	22.3	25.1	●	15.7
	14 Healthy eating adults	n/a	35.6	28.7	19.3	●	47.8
	15 Physically active adults ‡	n/a	10.5	11.2	5.7	●	18.2
	16 Obese adults ‡	n/a	22.5	24.2	30.7	●	13.9
	Disease and poor health	17 Incidence of malignant melanoma	10	4.6	13.6	26.8	●
18 Hospital stays for self-harm ‡		172	61.1	212.0	509.8	●	49.6
19 Hospital stays for alcohol related harm ‡		4332	1809	1895	3276	●	910
20 Drug misuse		2339	11.0	8.9	30.2	●	1.3
21 People diagnosed with diabetes ‡		12262	4.4	5.5	8.1	●	3.3
22 New cases of tuberculosis		103	36.1	15.3	124.4	●	0.0
23 Acute sexually transmitted infections		5130	1787	775	2276	●	152
24 Hip fracture in 65s and over ‡		134	391	452	655	●	324
Life expectancy and causes of death	25 Excess winter deaths ‡	67	14.2	18.7	35.0	●	4.4
	26 Life expectancy – male	n/a	78.2	78.6	73.6	●	85.1
	27 Life expectancy – female	n/a	83.4	82.6	79.1	●	89.8
	28 Infant deaths ‡	26	5.3	4.6	9.3	●	1.2
	29 Smoking related deaths	305	253	211	372	●	125
	30 Early deaths: heart disease and stroke ‡	141	73.7	67.3	123.2	●	35.5
	31 Early deaths: cancer ‡	235	122.2	110.1	159.1	●	77.9
	32 Road injuries and deaths ‡	152	53.3	44.3	128.8	●	14.1

‡ Substantially similar to indicator proposed in the Public Health Outcomes Framework published January 2012

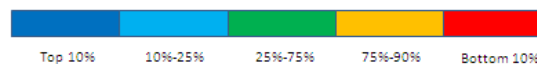
Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2009 3 Crude rate per 1,000 households, 2010/11 4 % at Key Stage 4, 2010/11 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2010/11 6 Crude rate per 1,000 population aged 16-64, 2011 7 % mothers smoking in pregnancy where status is known, 2010/11 8 % mothers initiating breast feeding where status is known, 2010/11 9 % school children in Year 6 (age 10-11), 2010/11 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2008-2010 12 % adults aged 18 and over, 2010/11 13 % aged 16+ in the resident population, 2008/2009 14 % adults, modelled estimate using Health Survey for England 2006-2008 15 % aged 16 and over, Oct 2009-Oct 2011 16 % adults, modelled estimate using Health Survey for England 2006-2008 17 Directly age standardised rate per 100,000 population, aged under 75, 2008-2008 18 Directly age sex standardised rate per 100,000 population, 2010/11 19 Directly age sex standardised rate per 100,000 population, 2010/11 20 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2009/10 21 % people on GP registers with a recorded diagnosis of diabetes 2010/11 22 Crude rate per 100,000 population, 2008-2010 23 Crude rate per 100,000 population, 2010 (chlamydia screening coverage may influence rate) 24 Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2010/11 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.07-31.07.10 26 At birth, 2008-2010 27 At birth, 2008-2010 28 Rate per 1,000 live births, 2008-2010 29 Directly age standardised rate per 100,000 population aged 35 and over, 2008-2010 30 Directly age standardised rate per 100,000 population aged under 75, 2008-2010 31 Directly age standardised rate per 100,000 population aged under 75, 2008-2010 32 Rate per 100,000 population, 2008-2010

Source: http://www.apho.org.uk/?QN=P_HEALTH_PROFILES

APPENDIX 4 – QOF summary

NHS SOUTHWARK VS NHS ENGLAND - CLINICAL QUALITY



2011-12 QOF results published by the NHS Information Centre using QMAS data from Primary Care Trust

No.	Indicator	Southwark PCT Value 2011-12	Southwark PCT 2010-11	Southwark PCT 2009-10	Southwark PCT 2008-09	Min	Max	England	LONDON STRATEGIC HEALTH AUTHORITY
1	CHD6: % Patients with CHD in whom last BP reading (measured in previous 15 months) is 150/90 or less	88.9%	88.3	87.2	88.0	87.3%	92.6%	90.1%	89.3%
2	CHD8: % Patients with CHD whose last measured total cholesterol (measured in previous 15 months) is 5mmol/l or less.	78.6%	80.2	79.1	78.7	73.5%	86.7%	80.4%	78.5%
3	HF2: % Patients with a diagnosis of heart failure which has been confirmed by an echo or specialist assessment	96.5%	97.0	96.2	96.9	90.8%	99.1%	95.7%	95.9%
4	STROKE13: % new patients with a stroke or TIA who have been referred for further investigation	89.2%	89.3	86.6	93.2	83.7%	94.7%	89.6%	88.5%
5	STROKE6: % patients with a history of stroke or TIA in whom last BP (measured in last 15 months) is 150/90 or less	86.6%	86.9	85.5	85.1	84.9%	91.7%	88.6%	87.9%
6	STROKE8: % patients with stroke or TIA whose last measured total cholesterol is 5mmol/l or less	76.0%	76.9	73.8	75.0	70.6%	82.9%	77.2%	75.5%
7	BP5: % patients with hypertension in whom last BP (measured in last 9 months) is 150/90 or less	75.5%	75.9	74.3	75.1	75.3%	85.2%	79.7%	78.5%
9	DM27: % patients with DM in whom the last IFCC -HbA1c (in previous 15 months) is 64mmol/mol or less	73.3%	75.4	71.0		70.6%	84.4%	78.7%	75.6%
10	DM28: % patients with DM in whom the last IFCC -HbA1c (in previous 15 months) is 75mmol/mol or less	83.4%	85.4	81.4		82.1%	92.2%	88.6%	85.4%
12	DM17: % Patients with DM whose last measured total cholesterol (measured in previous 15 months) is 5mmol/l or less.	79.6%	80.4	79.2	79.9	75.2%	86.8%	81.7%	80.0%
15	EPILEPSY8: % of patients age 18 and over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the previous 15 months	71.8%	68.6	67.3	68.4	63.3%	81.0%	74.7%	72.6%
16	ASTHMA8: % of patients aged 8 and over diagnosed as having asthma with measures of variability and reversibility	86.1%	87.4	85.8	88.0	78.7%	91.8%	87.2%	86.5%
17	CKD3: % of patients on CKD register in whom the last BP reading measured in previous 15 months is 140/85 or less	72.7%	71.2	72.2	69.5	70.0%	81.2%	75.1%	74.9%
18	AF4: % of patients with AF diagnosed with ECG or specialist confirmed diagnosis	95.8%	96.6	97.5	96.0	92.9%	97.8%	95.8%	95.5%
19	Southwark PCT	5.1%	5.8	6.41	6.04			5.6%	5.1%

Source: <http://www.qof.ic.nhs.uk/>

FURTHER READING: LINKS TO PUBLISHED PROFILES

No	Resource	Link
1.	Health Protection Profiles	http://www.hpa.org.uk/healthprotectionprofiles
2.	Child health related Profiles	http://www.chimat.org.uk/default.aspx?QN=CHMT0
3.	COPD Profiles	http://www.londonhp.nhs.uk/publications/copd/copd-profiles/
4.	Community Mental Health Profile	http://www.nepho.org.uk/cmhp/
5.	Diabetes Community Health Profile	http://yhpho.york.ac.uk/diabetesprofiles/default.aspx
6.	End of life care Profiles	http://www.endoflifecare-intelligence.org.uk/end_of_life_care_profiles/
7.	Health Profiles	http://www.apho.org.uk/default.aspx?RID=49802
8.	Infant Feeding Profile	https://www.gov.uk/government/publications/infant-feeding-profiles-2010-to-2011
9.	Injury profiles	http://www.apho.org.uk/default.aspx?QN=INJURY_DEFAULT
10.	Learning Disabilities Profile	http://www.improvinghealthandlives.org.uk/profiles/
11.	Alcohol Profile	http://www.lape.org.uk/
12.	Local Tobacco Control Profiles	http://www.tobaccoprofiles.info/
13.	Obesity	http://www.noo.org.uk/visualisation
14.	Sexual health balanced scorecard	http://www.apho.org.uk/default.aspx?QN=SBS_DEFAULT
15.	Kidney Care Profiles	http://www.kidneycare.nhs.uk/our_work_programmes/preventing_ill_health/kidney_disease_ccg_profiles/
16.	Urological Cancer profiles	http://www.ncin.org.uk/cancer_type_and_topic_specific_work/cancer_type_specific_work/urological_cancer/urological_cancer_hub/profiles
16.	Skin Cancer Hub	http://www.swpho.nhs.uk/skincancerhub/
17.	Violence against persons Profile	http://www.evipr.org.uk/LAProfile.aspx?reg=h
18.	Child & Adolescent Mental health	http://www.chimat.org.uk/camhs/tools
19.	Service snapshot disability	http://atlas.chimat.org.uk/ias/profiles/profile?profileid=44&geotypeid=4
20.	Cardiovascular disease profiles	http://www.sepho.org.uk/NationalCVD/NationalCVDProfiles.aspx
21.	APHO - Tools and data links	http://www.apho.org.uk/default.aspx?RID=39403
	Link to other profiles	http://www.chimat.org.uk/profiles/otherprofiles

Note: Please note that data/information in this paper has been obtained from several reliable sources such as Health and Social Care Information Centre, Greater London Authority, Office for National Statistics, Public Health England, etc. If you have any queries, please send an email to ash.more@southwark.gov.uk or nilam.jani@southwark.gov.uk