

# Health Inequalities in Southwark

Health and Wellbeing Board

4<sup>th</sup> March 2019

Place and Health Improvement

Southwark Public Health Division, Place & Wellbeing

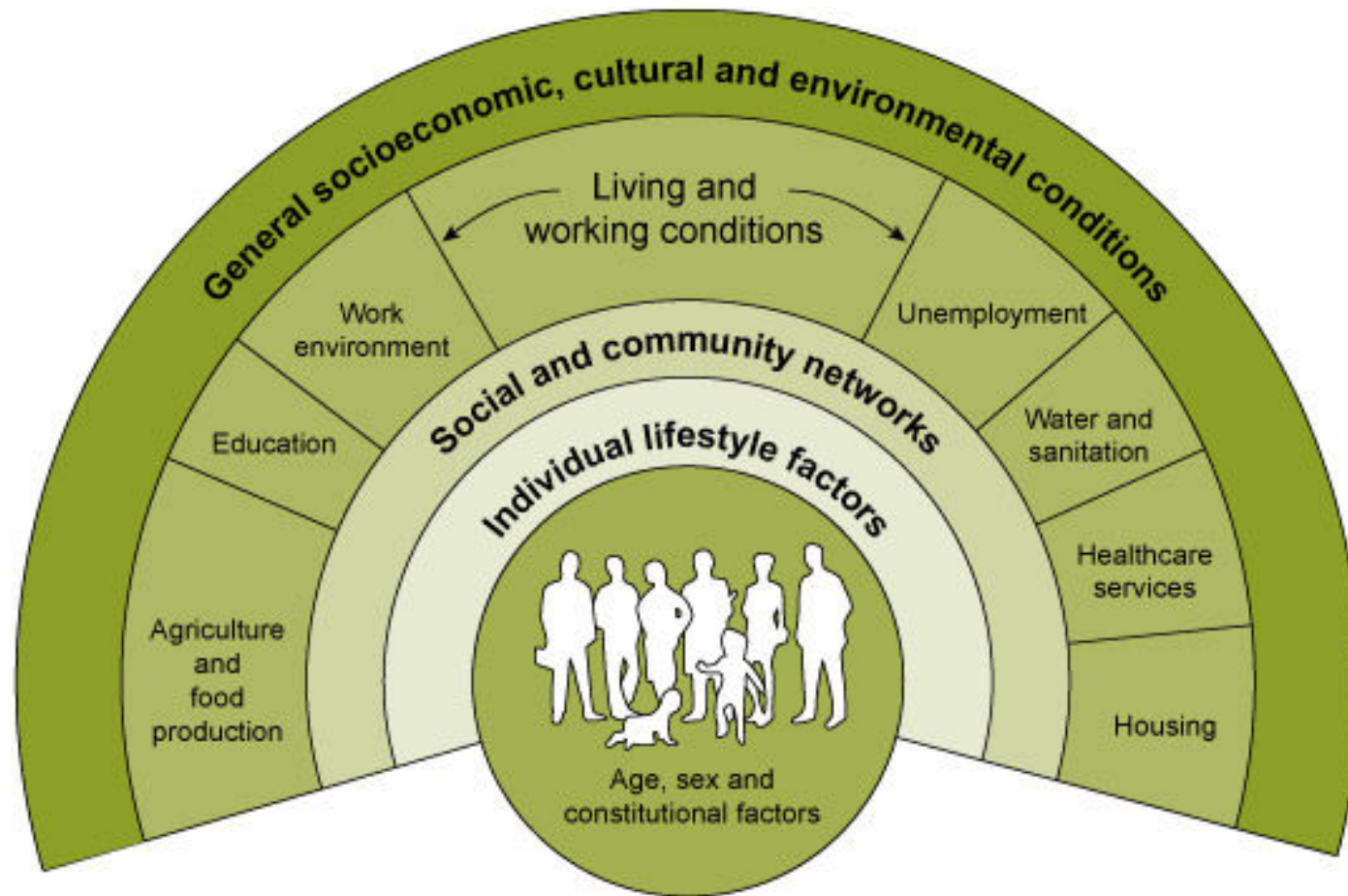
March 2019

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

## MODEL OF THE MAIN DETERMINANTS OF HEALTH



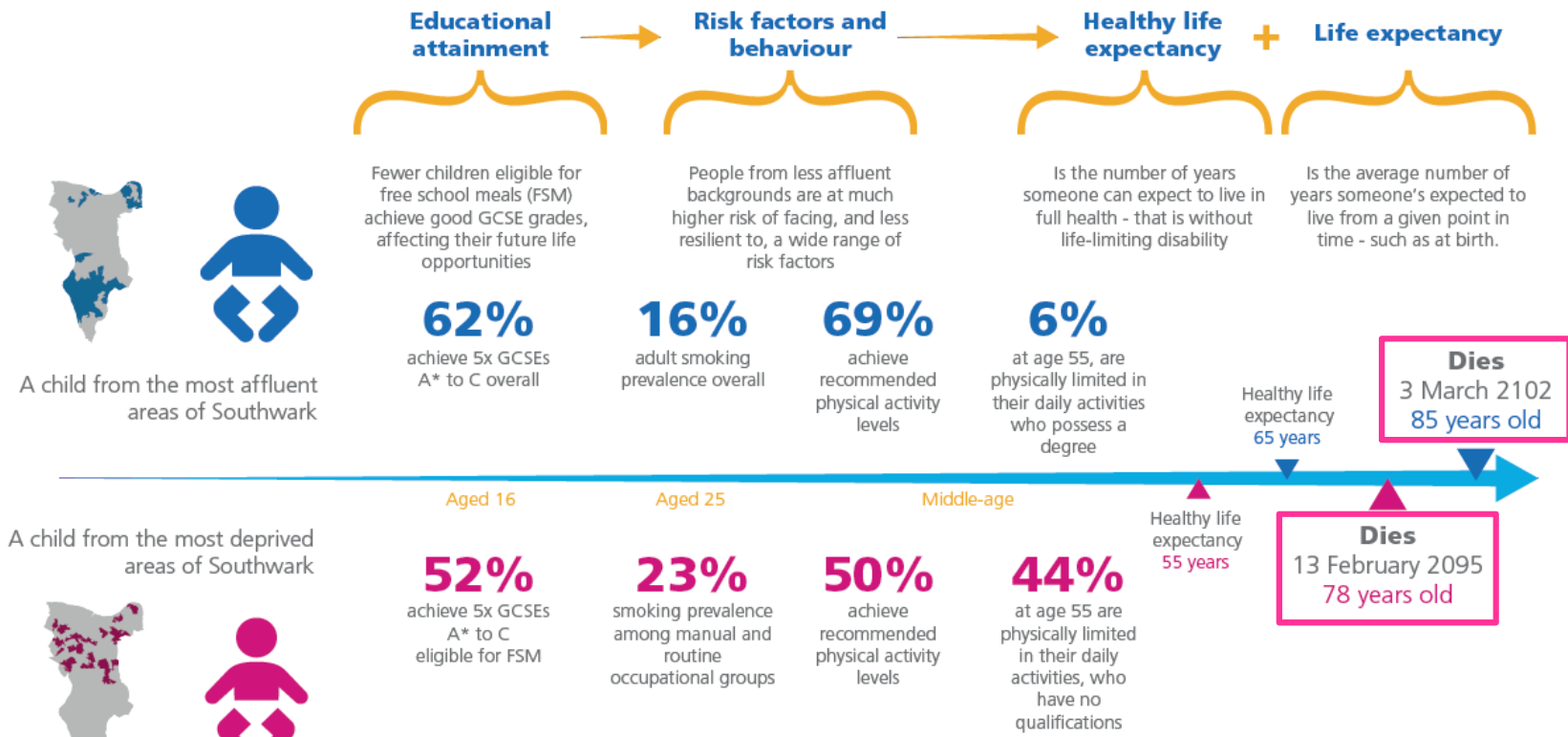
Dahlgren and Whitehead, 1991

Slide 2

# 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.

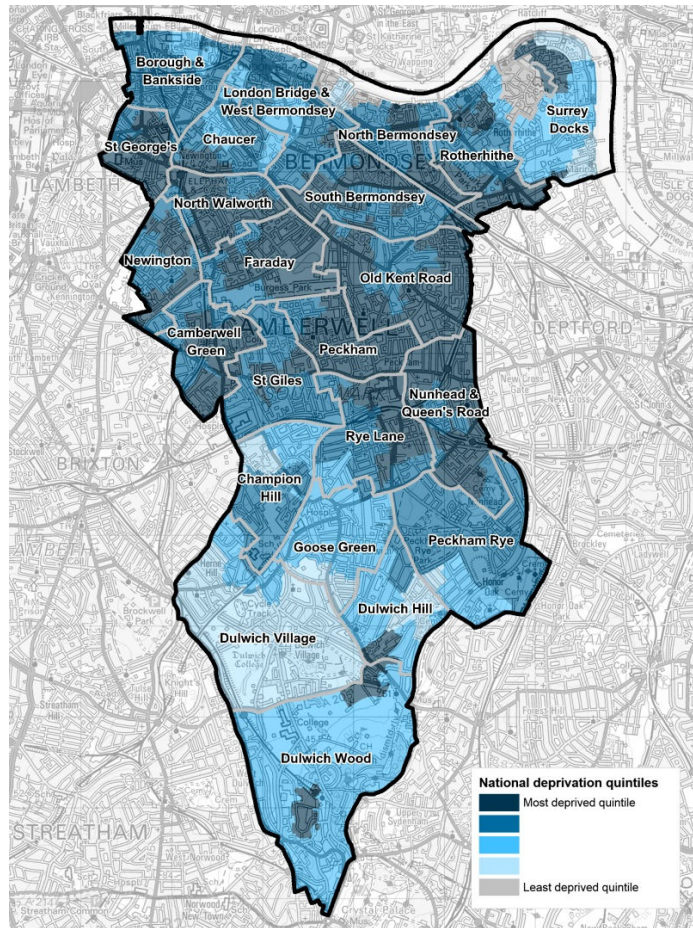


Only one of these children will see the next century

References  
1. Southwark.gov.uk/publichealth

# 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](#)

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

## LIFE EXPECTANCY

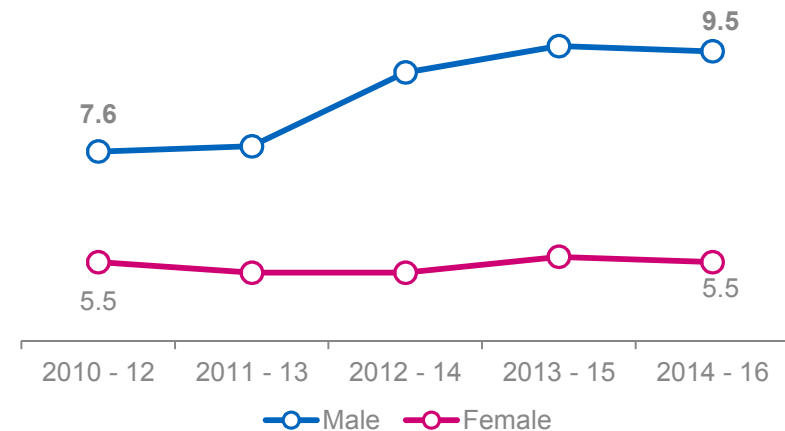
**Life expectancy at birth has been increasing steadily over time, particularly in Southwark.**

- 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



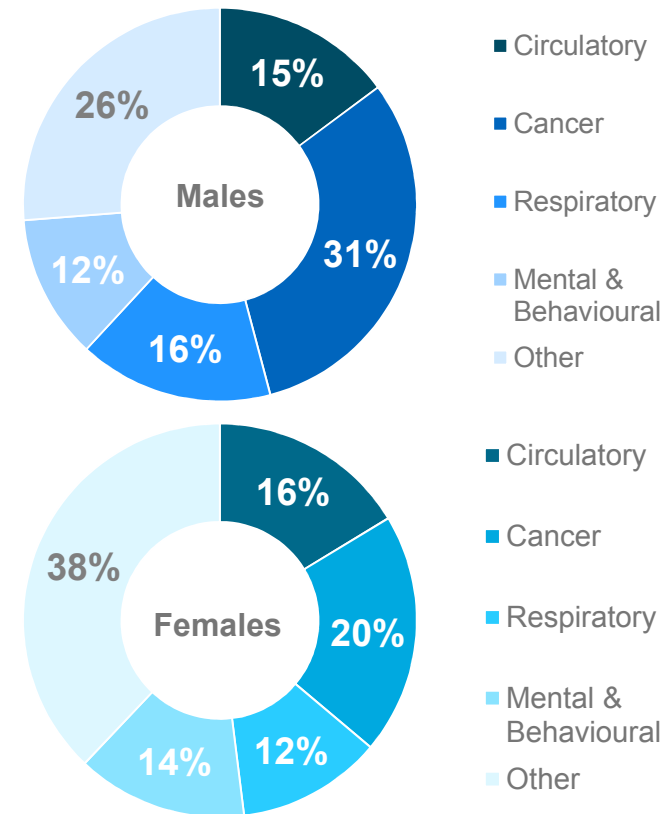
# More deprived areas see higher numbers of deaths compared to less deprived areas in Southwark

## DEPRIVATION – EXCESS DEATHS

### Men in the most deprived 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

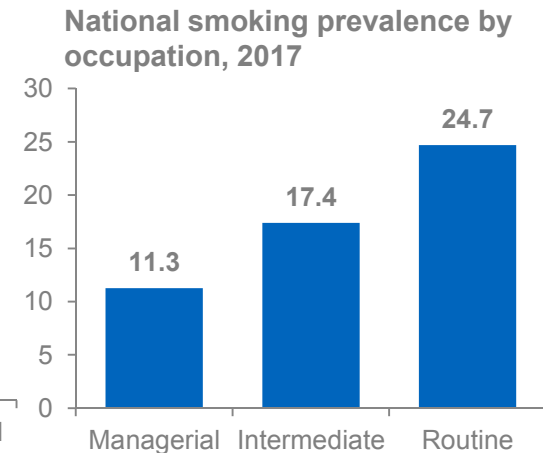
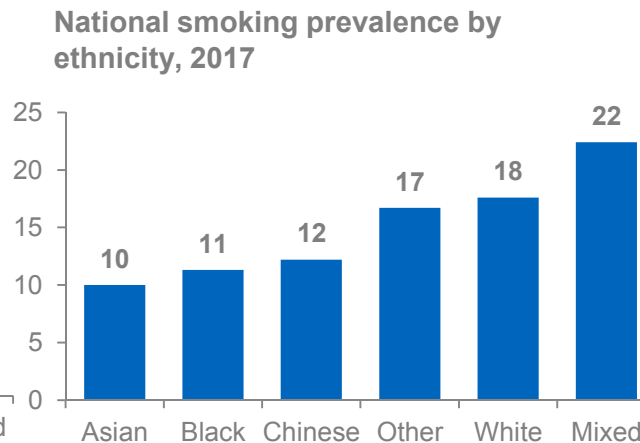
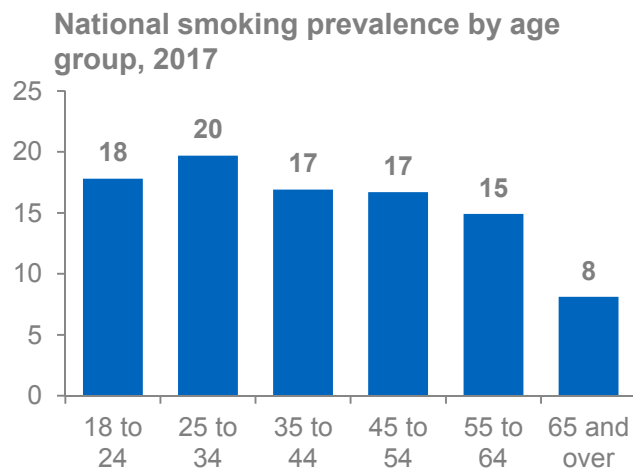
- PHE Gap Segmentation Tool

# 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.



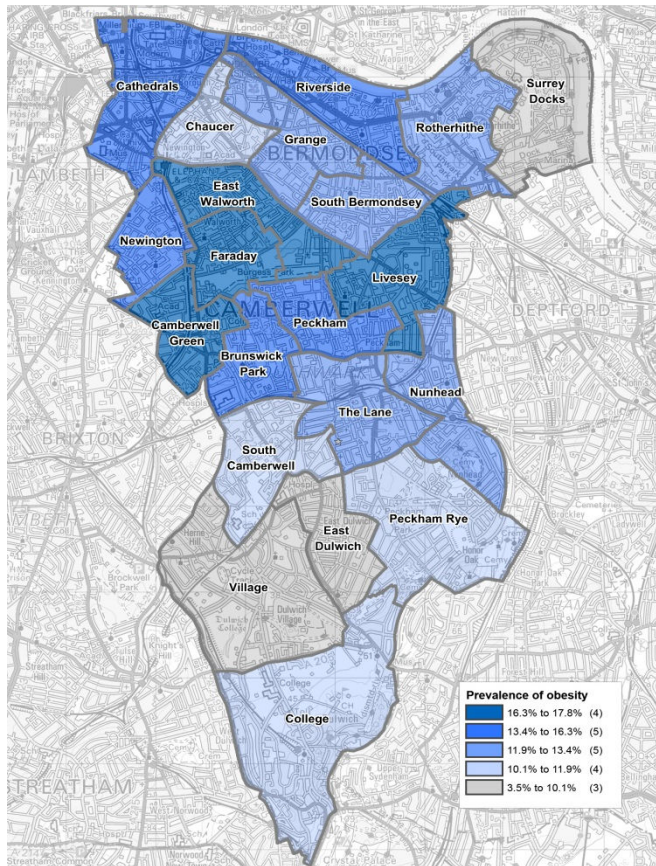
### References

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

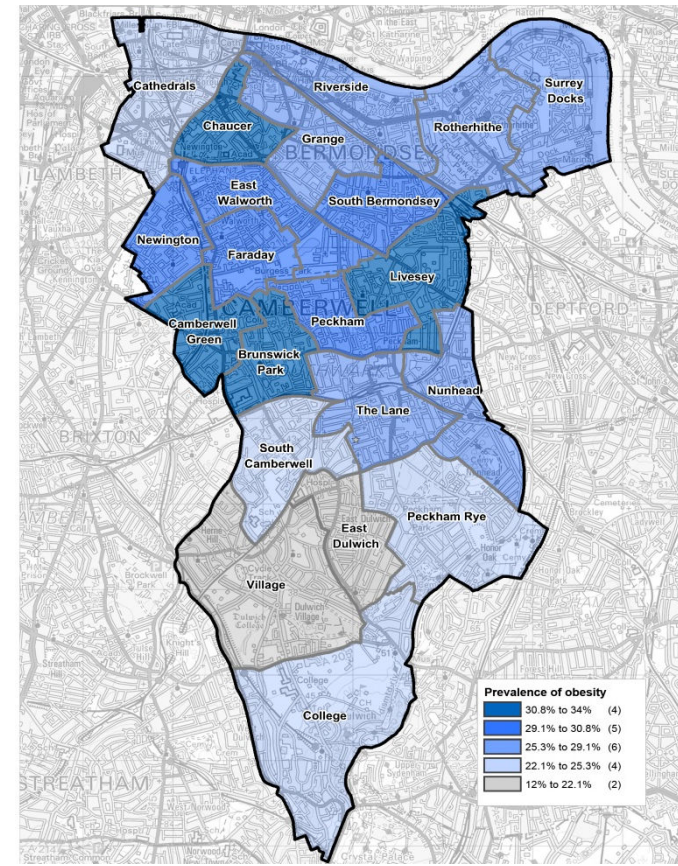
# There are disparities in obesity prevalence among Reception and Year 6 children across Southwark

## 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



# 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

# 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](http://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](http://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



# 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

# Some key actions to reduce health inequalities within Southwark

- Early access to maternity care
- CVD & diabetes prevention
- Cancer screening, detection & treatment
- Sexual health & HIV detection & treatment
- Mental health & access to psychological therapies

**SHORT**

- Smoking cessation
- Brief intervention for alcohol
- Increasing physical activity
- Healthy eating support
- Benefits advice & food poverty

**MEDIUM**

- Education & skills
- Good employment
- Good quality housing
- Building neighbourhoods to sustain long term well being

**LONG**

# 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, 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