Over the past fifty years, there has been a significant improvement in the health of the people of Southwark, but inequalities still remain. There are considerable differences in the length and quality of life between the most and the least well off. These inequalities are harmful to society as a whole, not just the most disadvantaged.

Under the 2012 Health and Social Care Act local authorities have been given a new duty to improve the health of their population. This gives us a unique opportunity to tackle the causes of ill-health – the wider determinants of health. Local authorities are well placed to give strategic leadership for public health and forge local partnerships to act on shared goals and common priorities.

The way Public Health is organised in England is undergoing tremendous changes. There will be an increased focus on localism, granting local authorities and their partners more responsibility in identifying their own health priorities and in the improvement and protection of the health of their communities. The specialist public health function, currently located in the NHS is moving to local authorities.

It is an exciting time for both Public Health and Local Authorities as they develop new ways of working together to improve population health. Our report focusses on the Public Health Outcomes framework – a national document that helps set the strategic direction for public health over the coming years. Whilst we have had many successes in public health over the last decade, there is still considerable work to do in Southwark.

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Director of Public Health

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Housing policy team – Southwark Council

1 Department of Health: Healthy Lives, Healthy People. November 2010.
## 1.0 Key recommendations

The key recommendations from this report reflect the widening role of public health. Implementing these recommendations will require partnership working with many agencies.

<table>
<thead>
<tr>
<th>Wider determinants of health</th>
<th>Health improvement</th>
<th>Health protection</th>
<th>Health care public health and preventing premature mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Health and Wellbeing Board should ensure a strong focus locally on addressing the health impact of the wider determinants of health and their influence on health inequalities.</td>
<td>4. The NHS, council and voluntary agencies should develop a comprehensive multi-agency approach to reducing levels of overweight and obesity in children.</td>
<td>8. The NHS, council and voluntary sector must continue to work together to support and deliver effective tobacco control, smoking prevention and smoking cessation services.</td>
<td>11. The NHS commissioning board should continue to work with GPs to encourage the identification of patients with undiagnosed chronic conditions.</td>
</tr>
<tr>
<td>2. Develop, publish and implement a child poverty strategy in 2013.</td>
<td>5. It will be important to maintain the focus and funding to reducing teenage conceptions in order to maintain Southwark’s success in this area.</td>
<td>9. The council and the NHS should collaborate to increase the uptake of key childhood vaccinations including the HPV vaccine.</td>
<td>12. The 2010 Annual Public Health Report identified marked variations between some practices for quality of care indicators. Work should continue to improve the quality of care across primary care.</td>
</tr>
<tr>
<td>3. The specialist public health team should work in partnership with all council departments to maximise their contribution to improving health and reducing health inequalities.</td>
<td>6. The NHS, council and voluntary agencies should develop a multi-agency strategy for improving the mental wellbeing of children and adults in Southwark, particularly in areas of deprivation.</td>
<td>10. The public health department should ensure a smooth transition of the cancer screening function to the NHS Commissioning Board and work with local commissioners and providers to identify further actions to increase uptake.</td>
<td>13. There are many opportunities for further integrating health and council services. Opportunities for innovative partnerships that can improve public health should be explored.</td>
</tr>
</tbody>
</table>

Implement the Southwark Alcohol Strategy 2012-2015.
The purpose of the Director of Public Health’s Annual Public Health Report is to give an overview of the health of the local population. This year’s report focuses on the 2012 Public Health Outcomes Framework (PHOF) and uses this framework to take stock of where Southwark is and the areas we need to focus on to improve the health of our population.

This introduction outlines the evolving role of the local authority in local strategic leadership and delivery of public health. Following a brief overview of Southwark’s public health needs and public health successes, each chapter benchmarks Southwark’s performance against the England average. Where Southwark’s performance is statistically different from the England average, this is shown. We also highlight action that is being taken locally to address key public health issues and make thirteen key recommendations.

There are multiple causes of ill-health; some we cannot change such as our genetic inheritance, but many are modifiable (Figure 1). Many people are aware that lifestyle factors, such as smoking, exercise and diet can affect our health. However there are other factors, the wider determinants of health that are also influential. These include the circumstances in which we are born, grow-up, live and work. There are determinants which affect our health directly or influence our ability to manage our own health and these help explain the difference in health and life expectancy between the poorest and richest in society.

The Marmot Review into health inequalities ‘Fair Society, Healthy Lives’ gives a comprehensive overview of the effect that the social determinants of health have on ill-health and mortality in Britain. This review, commissioned by the government in 2008, highlights that health inequalities are not inevitable and can be significantly reduced. They stem from avoidable inequalities in society such as income, education, employment and neighbourhood circumstances. We know from evidence that disadvantage starts before birth and accumulates throughout life.

What do we mean by health inequalities?
Health inequalities are the avoidable differences in the health, well-being and life expectancy between people. Marmot highlights how these differences result from the conditions in which people are born, grow, live, work and age.

The Marmot review suggests that action should be taken to reduce inequalities throughout peoples’ lives. Chief amongst these is to give every child the best start in life, in line with evidence that suggests that the first three years of life are critical in determining a child’s life chances.

The top six policy objectives to reduce health inequalities

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

How will the changes to public health benefit the residents of Southwark?

• Public sector bodies will all be working to shared goals through the Health and Wellbeing Board, informed by the Joint Strategic Needs Assessment
• Public sector bodies can work across boundaries – this decreases duplication and increases opportunities to work together for the benefit of patients and the wider population
• Public health specialists can work with all the council’s departments to ensure their services improve health
• Issues such as alcohol can be tackled from many angles – health service, licencing of premises and policing, making our response more effective
• There will be more democratic accountability for the decisions made
• The council can influence many of the determinants of health – housing, planning, transport, environment and the local economy.
Local authorities will take on some of the public health functions currently provided by the NHS. Whilst some public health services are mandated – they are named in legislation, other public health actions will be determined by the needs of the local community. The mandated services include:

- Sexual health services
- Public health advice to Clinical Commissioning Groups
- NHS Health Checks
- The national child measurement programme
- The development of health protection plans

As part of the changes, the dedicated local specialist public health team which is currently located in the NHS will move to local authorities. Public health specialists bring a unique combination of skills including analysing and interpreting population data, service improvement and redesign, partnership development and identifying and implementing evidence based interventions for health improvement.

Local Health and Wellbeing Boards will bring together the NHS, local authorities and other key agencies to develop a shared understanding of the health and wellbeing needs of the community. They will undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and social care. This provides an opportunity to strengthen democratic legitimacy and join up commissioning across the NHS, social care and public health.

Southwark Council’s shadow Health and Wellbeing Board has identified four key priorities where working together will have the biggest impact. These are:

- Prevention or reduction of alcohol-related misuse
- Coping skills, resilience and mental well-being
- Early intervention and families
- Healthy weight and exercise

The Public Health Outcomes Framework sets out the desired outcomes for public health and how these should be measured. There are two high-level outcomes. These relate to the length and quality of life and the differences in life expectancy between the most and the least well off.

The overall outcomes are supported by a set of supporting indicators that have been developed to help us understand progress year by year nationally and locally on some key public health priorities. These are divided into four domains (Figure 2).

The data in this report relates to the year 2010/11 and gives a baseline for monitoring our progress in tackling key public health issues over the coming years. Local authorities will be held to account on their performance against the public health outcome framework. Whilst the local authority has direct influence over some of the outcomes, for others they will have to influence and need to work with partners in the health service and other agencies to make improvements.
3.0 The health of the people of Southwark: Where are we now?

3.1 Summary

The people of Southwark are living longer than ever before. Life expectancy at birth was 78 years for men and 83 years for women in 2010. But the headline figures mask significant inequalities, with a ten year gap in life expectancy between men born in the most well off and least well off parts of Southwark.

Children are more likely than ever to reach adulthood and we have made significant in-roads into some of the key issues affecting children in Southwark. However there are still many challenges to their health and wellbeing. Southwark’s infant mortality rate – a measure of the number of babies that die in their first year of life, is higher than that for London and England. The proportion of school children aged 10-11 who are classified as either overweight or obese is 43%, nearly double the England average. Over sixteen thousand (32%) children in Southwark live in relative poverty.

Encouraging people to take control of their health and to participate in screening programmes can increase longevity and help prevent the development of disease. The proportion of people attending screening for cancer and cardiovascular disease in Southwark is lower than the national average, and results from the Health Survey for England show that a higher proportion of women in Southwark may have mental health problems as compared to the average for England. Many of the factors that affect our wellbeing, such as social networks, housing and the environment can be improved locally.

The rate of death from all causes in Southwark has been falling for the last ten years, as have the rates of death from cancer and cardiovascular disease. Yet the mortality rate in the under 75 age group is higher than for England as a whole. These deaths are potentially preventable. There are twice as many deaths from chronic obstructive pulmonary disease in men under 75 years in Southwark than would be expected given national rates.

Physical and mental health is interlinked and wellbeing and happiness are essential to our quality of life. Yet children’s wellbeing in Southwark, as measured by the child wellbeing index is lower than the national average and results from the Health Survey for England show that a higher proportion of women in Southwark may have mental health problems as compared to the average for England. Many of the factors that affect our wellbeing, such as social networks, housing and the environment can be improved locally.

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3.2 Southwark’s public health needs

3.2.1 Overall

- There are stark health inequalities between the least well off and the most well off in Southwark, and the gap in life expectancy is widening

3.2.2 Improving the wider determinants of health

- 16,690 (32%) of children aged 0-16 years are living in relative poverty in Southwark, http://www.hmrc.gov.uk/statistics/child-poverty-stats.htm
- The rate of referral to social services and the rate of children defined as ‘in need’ is higher than the inner London rate
- Rates of violent crime are higher than the England average, as are first time entrants to the youth justice system
- The rate of people killed or seriously injured on Southwark’s roads is higher than the rate for England
- There is a severe shortage of affordable housing to meet need and 12% of households live in overcrowded conditions. Southwark is the largest local authority landlord in London
Health improvement

- The proportion of primary school aged children that are overweight and obese is significantly higher than the national average.
- National surveys and other measures of well-being indicate that the wellbeing of children and adults in Southwark is relatively low.
- According to estimates the proportion of adults smoking in Southwark is lower than the national average at 21%, however smoking is a major cause of ill-health and increases health inequalities.

Health protection

- We have seen a sustained improvement in the proportion of children receiving essential childhood immunisations, however there is still scope for further improvement.
- The proportion of eligible people attending breast and cervical screening has improved but is lower than the average for London and England. We also need to improve our bowel screening rates especially amongst men.
- Southwark has high rates of new diagnoses of sexually transmitted infections and prevalence of HIV is one of the highest in the country.

Healthcare public health and preventing premature mortality

- Our infant mortality rate, whilst falling is still higher than the rate for London and England.
- Long term conditions affect a large proportion of people living in Southwark – we estimate that in Southwark there are almost 60,000 cases of long-term conditions and that 50% of all coronary heart disease, stroke and hypertension and 40% of diabetics remain undetected.
- In 2010, 625 people aged under 75 years died in Southwark, deaths that are potentially preventable. The main causes of premature death were cardiovascular disease, cancers and respiratory conditions.
- The mortality rate for people aged under 75 years is higher than the England mortality rate. More than twice as many men die of Chronic Obstructive Pulmonary Disorder (COPD) than we would expect given the national picture.

Summary: Southwark’s public health successes

Improving the wider determinants of health

- The proportion of children living in relative poverty has declined over the last five years.
- The gap in attainment between the bottom 20% and the rest in the early years foundation stage has narrowed and attainment at GCSE is similar to the national average.
- The number of people killed and seriously injured on Southwark’s roads has declined in the last 10 years.

Health improvement

- The rate of teenage conceptions has reduced by 39% since 1998, achieving larger reductions than both London and England.
- National surveys and synthetic estimates suggest that the rates of smoking and binge drinking in the adult population in Southwark are lower than the England average.
- Breastfeeding rates at birth and six weeks are higher than those for London and England and are increasing.

Health protection

- There has been an increase in the proportion of children receiving vital immunisations in the last five years, so that coverage in Southwark is consistent with the London average.
- The proportion of women attending for cervical and breast cancer screening has improved over time.
- Southwark is one of the top five areas in the country for meeting the national chlamydia screening programme targets.
- The proportion of HIV infections diagnosed late is lower than the national average.

Healthcare public health and preventing premature mortality

- There have been reductions locally and nationally in premature mortality from cancer and cardiovascular disease.
- The infant mortality rate has reduced over the last ten years from 7.6/1000 live births in 1999-2001 to 5.3 per 1,000 live births in 2009-2010.
The overarching outcomes for public health

The two high-level outcomes in the Public Health Outcomes framework are:

4.1 Healthy life expectancy (male and female)

Healthy life expectancy (HLE) is the length of time an individual can expect to live in very good or good health. It is calculated by combining self-reported health and mortality data. This reflects the changing patterns of death and disease as more people live longer but suffer with long-term health problems. We also look at the difference in communities as an overall measure of health inequalities. Whilst these indicators are not available yet, we do have data that we can use as proxy measures.

Disability free life expectancy (DFLE) can be used as a proxy indicator for healthy life expectancy. DFLE is the number of years of life free from long-standing illness or disability a person could expect to live. This assumes he or she experiences the same prevalence of limiting long-standing illness or disability and age-specific death rates that exist today. The DFLE for males and females in Southwark is lower than for London and England (Table 1). This means that the population of Southwark are expected to spend a smaller proportion of their lives free from disability or long-standing illness.

The slope index of inequalities measures the difference in life expectancy between people in the most deprived areas and those in the least deprived areas. In 2006/10 men in the least deprived 10% of the borough could expect to live nearly 10.4 years longer than those in the most deprived part of the borough. This gap is 8.6 years for women (Figure 4). This gap is widening; the differences were 7.0 for males and 6.0 for females respectively in 2001-05.

A graphic illustration of the differences in life expectancy is shown in Figure 5, which shows life expectancy along the 48 Bus Route.

Figure 4: Percent of adult life lived disability free (2007-2009)

Figure 5: Life expectancy at birth by gender and deprivation decile (2006-10 rolling average)

Figure 5:
Life expectancy at birth by gender and deprivation decile (2006-10 rolling average)

We need to take action across the four domains of public health practice to improve healthy life expectancy and reduce the differences in life expectancy between the most and the least well off. The next four chapters give details of Southwark’s performance against the public health outcomes framework four domains.
5.0

Domain 1: Improving the wider determinants of health

The indicators in domain one of the Public Health Outcomes Framework relate to the wider social and environmental factors which have been shown to influence our health and wellbeing, such as housing, education, crime and poverty. These factors all affect our socio-economic position. Although national policy has a big influence on these factors, local authorities can drive the strategic direction and delivery of these services at a local level, in partnership with other agencies where required.

The link between socioeconomic position and health
“People with a higher socioeconomic position in society have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. … This link between social conditions and health is not a footnote to the ‘real’ concerns with health – health care and unhealthy behaviours – it should become the main focus.” The Marmot Review: Fair Society Healthy Lives.

In this chapter we examine three of the domain one indicators where Southwark can improve relative to England as a whole. The indicators are children in relative poverty, accidents on the road and housing and homelessness.

### Domain 1 Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Swk Value</th>
<th>England Avg</th>
<th>England Worst</th>
<th>England Range</th>
<th>Swk Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.01 Children in poverty</td>
<td>16,690</td>
<td>31.4</td>
<td>21.1</td>
<td>45.9</td>
<td>7.4</td>
</tr>
<tr>
<td>1.02 Pupil absence</td>
<td>508,849</td>
<td>5.6</td>
<td>5.6</td>
<td>7.1</td>
<td>4.8</td>
</tr>
<tr>
<td>1.04 First time entrants to the youth justice system</td>
<td>279</td>
<td>1,991</td>
<td>928</td>
<td>3,750</td>
<td>393</td>
</tr>
<tr>
<td>1.05 16-18 year olds not in education, employment or training</td>
<td>330</td>
<td>4.4</td>
<td>6.1</td>
<td>11.8</td>
<td>5.6</td>
</tr>
<tr>
<td>1.06 Adults with learning disabilities who live in stable and appropriate accommodation</td>
<td>320</td>
<td>63.5</td>
<td>59.0</td>
<td>19.1</td>
<td>64.2</td>
</tr>
<tr>
<td>1.07 Adults in contact with secondary mental health services who live in stable and appropriate accommodation</td>
<td>1,710</td>
<td>66.7</td>
<td>68.8</td>
<td>1.3</td>
<td>62.8</td>
</tr>
<tr>
<td>1.10 Killed and seriously injured casualties on England’s roads</td>
<td>418</td>
<td>48.5</td>
<td>42.2</td>
<td>82.4</td>
<td>16.1</td>
</tr>
<tr>
<td>1.11 Violent crime (including sexual violence) - violence offences</td>
<td>7,711</td>
<td>26.9</td>
<td>14.6</td>
<td>34.6</td>
<td>8.3</td>
</tr>
<tr>
<td>1.13 Re-offending levels - percentage of offenders who re-offend</td>
<td>1,220</td>
<td>26.4</td>
<td>28.7</td>
<td>35.3</td>
<td>17.3</td>
</tr>
<tr>
<td>1.15 Re-offending levels - average number of re-offences per offender</td>
<td>3,145</td>
<td>0.7</td>
<td>0.8</td>
<td>1.2</td>
<td>0.4</td>
</tr>
<tr>
<td>1.16 The percentage of the population affected by noise - number of complaints</td>
<td>9,636</td>
<td>33.6</td>
<td>7.8</td>
<td>66.7</td>
<td>1.3</td>
</tr>
<tr>
<td>1.17 Statutory homelessness - homelessness acceptances</td>
<td>510</td>
<td>4.1</td>
<td>2.0</td>
<td>9.7</td>
<td>0.1</td>
</tr>
<tr>
<td>1.18 Statutory homelessness - households in temporary accommodation</td>
<td>752</td>
<td>6.1</td>
<td>2.2</td>
<td>33.6</td>
<td>0.0</td>
</tr>
<tr>
<td>1.19 Utilisation of outdoor space for exercise/health reasons</td>
<td>n/a</td>
<td>6.9</td>
<td>14.0</td>
<td>2.2</td>
<td>29.1</td>
</tr>
</tbody>
</table>

**KEY**
- Significantly better than England average
- Not significantly better than England average
- Significantly worse than England average
- No significance can be calculated
5.1 Percent of children in relative poverty (PHOF 1.1)

Children in relative poverty is defined as children living in households where the income is less than 60% of national median income before housing costs. This would mean a couple with two children aged five and 14 are living in poverty if they have a yearly income of around £16,800 or less, after housing costs (estimate from 2018).1

Socio-economic disadvantage in the early years of life has a strong and lasting effect on a child’s life chances, health and wellbeing. Children born in poverty are more likely to have a low birth weight and to die in their first year of life than children in better off families. Asthma, anaemia, neuro-developmental problems and poor mental health are all linked to childhood poverty. Children with poor health are more likely to have ill-health as an adult, even if they move out of poverty later on. Poverty in childhood is also associated with lower educational attainment, unemployment or low paid employment in later life.4

In the UK social mobility (moving into a different social-economic group from the one you were born into) is at the lowest level it has been for fifty years. Children born into poverty in the UK are more likely to remain poor than in many other developed countries. Figure 6 shows that Danish children’s prospects are much less influenced by their family background than children in the UK (<20% vs. >50%). Tackling the causes and consequences of poverty through improving the life chances of the child and the socio-economic position of the family can provide lifelong benefits to their health and wellbeing, and that of society.

Between 2006 and 2010 the proportion of children in Southwark estimated to be living in relative poverty fell from 36.6% to 31.4%. There are higher rates of relative poverty in Southwark than in England (21.1%). 16,690 children in Southwark were living in relative poverty in 2010. The recent welfare reforms may have a negative impact on the number of children in poverty.

What Southwark is doing to tackle child poverty

- Focussing on providing the best start in life through providing universal and specialist maternity and health visiting services
- Providing services for young families through Children’s Centres and free school meals for all children in Southwark’s primary schools
- Improving the educational attainment for all, including closing the gap between the bottom 20% of pupils and the rest
- Providing educational maintenance supplements for some 16–18 year olds to enable them to remain in education and training
- Southwark’s Economic Wellbeing strategy 2012-2020 focuses on raising the employment rate and promoting financial wellbeing and independence.

Figure 6: The extent to which children’s prospects are predictable from parents’ circumstances

5.2 People reported killed or seriously injured on the road (PHOF 1.10)

Road traffic accidents are a significant cause of injury and death, particularly in children and young people, but accidents are preventable. Nationally, unintentional injury is a leading cause of death among children aged 1–14, and in 2008 44% of such deaths were transport-related.11

Children living in deprived areas are more likely to be killed or seriously injured in a road traffic accident than children in better-off areas.12 Unsafe roads have other effects on health and lifestyle apart from the immediate effects of accidents; if walking, cycling or playing outside is seen as unsafe due to traffic conditions then children and adults will have fewer opportunities for physical activity.13

Four-hundred and eighteen people died or seriously injured on Southwark’s roads in in 2009-2011 – a rate of 48.5 / 100,000 population which is higher than the England average of 42.2 / 100,000. The total number of road casualties in Southwark fell by over 30% between 1990s and 2007 (Figure 7) particularly for vehicle occupants and pedestrians but since then the number of casualties per year has remained fairly constant.14

Figure 7: Three year rolling averages for all road casualties on Southwark’s roads by type of road user
Violence against the person ranges from pushing and shoving without injury through to homicide and includes domestic, stranger and acquaintance violence, as well as possession of weapons, female genital mutilation, sexual assaults and harassment. The rate in Southwark in 2010-11 was 26.9 per 1,000 population, significantly above the England average of 14.6 per 1,000 population, and above the London average of 21.6 per 1,000. It should be noted that rates can be overstated in inner city areas where the resident population is much lower than visitor population.

What Southwark is doing to reduce violent crime amongst young people

Southwark public health has led the introduction of a public health approach to violence prevention through collaborative working with our local Accident and Emergency departments. This includes anonymised data sharing by the A&E departments on all assaults with our local Crime and Disorder Reduction Partnership (Safer Southwark) and the police. Evidence suggests that over 70% of assaults attending A&E departments are not reported to the police. This data contributes to our risk of crime profile in addition to enabling positive preventive policing in identified trouble spots.

Our A&E departments host a youth outreach service delivered by a voluntary sector organisation with expertise in working with young people and violence prevention. This draws on the organisations expertise in engaging young people involved in violence and provides an opportunity for both “reachable moments” and “teachable moments”.

Housing is a major influence on health. Not having a warm, dry home with appropriate space and facilities can lead to a wide range of physical and mental health problems. The most common housing related health problems are respiratory infections, asthma, injuries and accidents. Studies following people over a period of time have shown that growing up in poor housing affects children’s all-round development and makes it more likely they will develop long term health conditions such as heart disease when they are older.

Southwark is the largest local authority social landlord in London with 55,000 properties. The council has pledged to ensure that all homes are warm, dry and safe by 2015. In 2010-11 510 households in Southwark were classified as homeless and a further 752 households were living in temporary accommodation. The rates of homelessness in Southwark are lower than the London average, but higher than the England average, reflecting the characteristics of housing availability and cost in London (Figure 8). London has the most overcrowded accommodation of any region in the UK, with 224,000 overcrowded households in 2008/09.

In March 2012 the Welfare Reform bill came into effect which reduced eligibility for housing benefit and other benefits and placed caps on the maximum amount that could be claimed. It has been predicted that this will cause an increase in homelessness and in the number of families in temporary accommodation, with a knock-on effect on their health, attainment at school and wellbeing.

What Southwark is doing to reduce homelessness:

- Facilitating council house swaps to enable people with spare rooms to move to smaller accommodation and reduce their rent
- Housing Options Service is using Discretionary Housing Payment allocations funding to target those experiencing the biggest losses and households who are vulnerable or known to Children’s Services
- Preparing residents for welfare changes
- Offering debt advice and employment advice.

Figure 8: Households accepted as homeless and in temporary accommodation 2010/11 rate per 1,000 households
Domain 2: Health improvement

PHOF Objective: to reduce health inequalities and enable people to make healthy choices.

Everyone is aware of lifestyle behaviours which increase the risk of disease such as smoking, excessive alcohol intake, poor diet, being overweight and having a sedentary lifestyle. In a large British study, smoking, high blood pressure and high cholesterol accounted for 81% of heart attacks seen in the study population. Good health and a healthy lifestyle during pregnancy can give a child the best start in life and evidence suggests that conditions experienced in the womb may have an effect on health even forty or fifty years later by affecting the risk of developing diabetes or heart disease. In this chapter we focus on the PHOF indicators that relate to the Health and Wellbeing Board priorities. We also consider screening for early identification of heart disease, breast cancer and cervical cancer.

PHOF Objective: to reduce health inequalities and enable people to make healthy choices.

Improving the health of children and young people

Maximising health and development for all children in the early years of life can help prevent children born into poorer families suffering lifelong effects of poverty – what the Marmot Review calls “the accumulation of disadvantage”.

Breastfeeding at birth and at six weeks (PHO 2.2)

The longer a baby is breastfed, the greater the benefits. These include:

• Fewer lung and gastrointestinal infections in the first year of life
• Potential benefits for babies’ neurological (brain) development
• A reduced risk of developing obesity in adolescence and adulthood; the risk of developing diabetes, and hypertension in later life is also reduced
• Mothers who breastfeed lower their risk of breast and ovarian cancer and are more likely to lose their ‘baby weight’

A higher proportion of babies are breastfed at birth and at six weeks of age in Southwark than the average for England, and the numbers have been increasing. Some challenges still remain; we know that some babies are mix-fed and few babies are exclusively breastfed to six months, as recommended by the World Health Organisation, locally and nationally.
6.1.2 Child obesity (PHO 2.6)

Childhood obesity is a condition where excess body fat negatively affects a child’s health and wellbeing. Childhood obesity has both physical and psychological consequences that can last a lifetime. Obese children are more likely to suffer from sleep disorders, asthma and exercise intolerance.23 Doctors now report seeing cases of type 2 diabetes in overweight children, this disease was previously unknown in childhood. It is important to help children maintain a healthy weight as obese children are more likely to become obese adults, with associated negative health consequences.24,25

The National Child Measurement Programme measures the height and weight of all school children at Reception and year 6 to detect children who are overweight or obese. In 2012 26% of Southwark’s Reception year children and 43% of Southwark’s year 6 children were classified as either overweight or obese. The proportion of year 6 children classified as either overweight or obese was the highest in the country.

Our data shows that children living in areas of relatively higher deprivation, especially Walworth, Rotherhithe and Peckham and those from ‘Black African’, ‘Black Caribbean’ and ‘Any other black background’ ethnic groups are more likely to be overweight and obese.

There is an increasingly strong evidence base for methods to prevent and treat unhealthy weight.26 Figure 9 shows some of the evidence based programmes in Southwark to reduce childhood obesity and encourage healthy eating.

**Figure 9:**
Programmes in Southwark to reduce childhood obesity

- Limit access to fast foods
- Encourage active travel
- Open spaces & parks
- Whole school approach
- Healthy children’s centres
- Maternity
- Early years
- West African communities
- Health visitors (Healthy Child Programme)
- School nurses NCMP follow up
- Weight Management

6.1.3 Under 18 conceptions (PHO 2.4)

Teenage pregnancy is both a cause and consequence of poverty. Preventing early parenthood is important as it is strongly associated with poorer outcomes in later life. Teenage parents are less likely to continue in education beyond age 16, to have any qualifications or to be in employment at the age of 30. Babies born to teenage mothers are more likely to have a low birth weight and have higher rates of infant mortality. They are also at higher risk of living in poverty, having poor nutrition and poor housing27 with associated poorer educational achievements and poorer health. Children of teenage parents are more likely to become teenage parents themselves.

In 2010 the teenage conception rate in Southwark28 was 53.4 per 1,000 females aged 15-17 years. As figure 10 shows this is well above the national and London average rates. Southwark is rapidly reducing the gap: since 1998 Southwark has achieved a 39% reduction in the teenage pregnancy rate compared to a 24% reduction in England and 27% reduction in London.

The reduction in teenage pregnancies in Southwark has been the result of a sustained multiagency partnership. The current Teenage Pregnancy Strategy has been developed in partnership with our community board – half of all members are young people from Southwark and other members include parents and school governors.

**Figure 10:**

- Providing comprehensive and easy to access young people friendly sexual health services through pharmacies and sexual health centres, as well as outreach work during the summer holidays via the youth bus
- Providing one to one support from a specialist support worker for the most vulnerable looked after children and specialist health huts for one to one advice in four schools
- Offering secondary schools a package of sexual health and relationships education, including the delivery of a comprehensive SRE programme exploring self-esteem and confidence. This is particularly aimed at faith schools and has been delivered in four schools in 2012
- Providing an opportunity for ‘straight talking’ – sixteen teenage parents have been trained to talk to young people about the realities of teenage parenthood. This was taken up in 14 secondary schools in 2011/12
Wellbeing has been shown to positively influence educational outcomes, lifestyle behaviours, productivity at work, income, health status, and mortality. In 2009 the UK ranked 24/29 European countries in child wellbeing. Southwark has poorer wellbeing than the England average, scoring worse on all four dimensions: satisfaction, feeling worthwhile, happiness and low anxiety. Forty-six percent of people in Southwark felt highly anxious compared to an average of 40.1% for England.

As well as improving people’s lives, enhancing wellbeing can help reduce health and social care costs. In addition, other sectors such as the criminal justice system also make savings. Every pound spent on parenting programmes for children with a conduct disorder saves over seven pounds when wider costs of crime are included. Potential savings from school based emotional and social learning programmes are estimated at £75,000 and £150,000 per child with moderate and severe conduct disorder respectively.

Measures of wellbeing are still under development. The Greater London Authority has created an index where scores under zero indicates that the population on average experiences worse well-being. Only three wards in Southwark rank better than the England rate for wellbeing (Figure 11).

Figure 11: The Wellbeing Index by Southwark wards

Southwark 2010

<table>
<thead>
<tr>
<th>Ward</th>
<th>Score</th>
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<tbody>
<tr>
<td>Village</td>
<td>Low</td>
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<tr>
<td>Chaucer</td>
<td>Low</td>
</tr>
<tr>
<td>East Dulwich</td>
<td>High</td>
</tr>
<tr>
<td>Peckham Rye</td>
<td>High</td>
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<tr>
<td>Cathedrals</td>
<td>High</td>
</tr>
<tr>
<td>South</td>
<td>High</td>
</tr>
<tr>
<td>Surrey Docks</td>
<td>High</td>
</tr>
<tr>
<td>Riverside</td>
<td>High</td>
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<tr>
<td>College</td>
<td>High</td>
</tr>
<tr>
<td>Rotherhithe</td>
<td>High</td>
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<tr>
<td>Brunswick Park</td>
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<tr>
<td>Newington</td>
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</tr>
<tr>
<td>Livesey</td>
<td>High</td>
</tr>
<tr>
<td>Nunhead</td>
<td>Low</td>
</tr>
</tbody>
</table>

Improving wellbeing in Southwark

- Walking for health and wellbeing. The Bermondsey Bombers, a walking group set up with our help was recently featured in The Guardian newspaper – not only did they impress the writer with the benefits of joining a walking group – for social as well as physical benefits, they also impressed her with their walking prowess.

- Preschool prevention programmes in Southwark’s Children’s Centres – aim to improve cognitive function in children especially in the most deprived areas.

- Excellence in Schools provides a wide range of enrichment and extension opportunities. Improving educational attainment has been shown to reduce depression, particularly in girls.

- Employers in Southwark are being encouraged to sign up to the London Workplace and Wellbeing Charter which includes the promotion of mental wellbeing e.g. through work-life balance and stress management.

- Environmental and housing improvements through regeneration programmes and improving community buildings such as libraries, schools and leisure centres.
Alcohol-related admissions to hospital (PHO 2.18)

Whilst the majority of people who drink alcohol enjoy it responsibly the harmful use of alcohol has a significant adverse impact on our communities. Misuse of alcohol and drugs can seriously affect an individual’s physical and psychological health as well as having a wider impact on crime, anti-social behaviour and domestic violence. It has been estimated that alcohol costs the NHS £2.7 billion per year (2006-07 costs) while the costs of alcohol related crime and antisocial behaviour are estimated to be £7.3 billion per year.24 Alcohol-related costs are potentially avoidable and are an unnecessary financial burden on the NHS, criminal justice system and society.

Southwark has one of the highest rates of alcohol-attributable recorded crime in the country. It is ranked 147/152 local authorities for overall alcohol attributable crime and 148/152 local authorities for alcohol-attributable violent crime (where 1 is low rates of crime and 152 is high).

The only PHO indicator for alcohol is ‘alcohol related admissions to hospital’ (Figure 12) but this provides an incomplete picture of the totality of alcohol related harm in the borough. Since 2007/08 Southwark has had a lower rate of alcohol related admissions than London or England average (1,524 vs. 1,742 per 100,000). In 2009/10, 3,665 Southwark residents were admitted to hospital for alcohol-related harm. Figure 13 shows the estimated number of people in Southwark affected by alcohol misuse and the treatment they require.

There is robust evidence from the National Institute of Health and Clinical Excellence (NICE) which shows that five minutes of structured motivational advice is effective in reducing the health risks from alcohol in 1 in 8 people. All those who have been identified as increasing or higher risk drinkers should be offered a session of structured brief advice on alcohol. NICE also recommends that minimum pricing, reducing the availability of alcohol, protecting children and young people from alcohol advertising and using licensing laws to limit new premises and prevent under-age sales can help prevent harmful drinking.25

Figure 12: Alcohol related admissions to hospital per 100,000 population

Figure 13: Southwark alcohol related risk and dependency estimates (aged 16 and over)

Tackling the misuse of alcohol and drugs in Southwark

- Multi-agency alcohol strategy: Partners are developing a new alcohol strategy 2012-2015
- Alcohol and brief motivational advice training: This is being provided for a wide range of health and non-health professionals (e.g. police, probation service, youth offending teams, midwives, health visitors, GPs and practice nurses).
- The Night Time Economy Team has been working in the north of the borough to reduce crime and fear of crime and provide a rapid response to tackle anti-social and violent behaviour.
- Reducing illegal sales of alcohol: The council is reducing illegal alcohol sales and working with licensed premises to ensure that they don’t sell to those already intoxicated.
- Southwark Alcohol Clinical Network have aided the development of a range of treatment services for dependent drinkers and drug users, including increased access in primary care, focussing on social factors that impact on drug or alcohol use.

Lower risk drinkers Do not regularly drink more than 3 to 4 (men) or 2 to 3 (women) units a day

Increasing risk drinkers Regularly drink more than 3 to 4 (men) or 2 to 3 (women) units a day

Higher risk drinkers Regularly drink more than 8 units a day or more than 50 units of alcohol per week (men) or 6 units a day or more than 35 units of alcohol per week (women)
**Screening for cancer**

Percent of women eligible for breast screening screened adequately (PHO 2.20i)

Percent of women eligible for cervical screening screened adequately (PHO 2.20i)

The breast cancer and cervical cancer screening programmes aim to identify cancers at an early stage when treatment might be less invasive and have better outcomes than if the cancer was identified later. Increasing the proportion of women who are screened for these cancers will reduce the numbers of deaths. Cancer is responsible for around 30% of deaths in Southwark and breast cancer and cervical cancer are two of the major cancers affecting women.

In the breast screening programme, coverage is defined as the percentage of 53-70 year old eligible women that have had a breast screen result in the last three years. The national target is 70%. In Southwark, the coverage rate for breast cancer screening is below the national rate, though consistent with similar London boroughs. There was a 2% increase in coverage between 2009/10 and 2010/11.

For cervical screening, coverage is defined as the percentage of eligible women between the ages of 25 and 64 years who have had an adequate test result in the last five years. The national target is 80%. In Southwark, cervical screening coverage has improved slightly in recent years, but remains below the average for England. It should be noted that local coverage data differs from the data presented in the public health outcomes framework, with coverage for both breast and cancer screening being higher than stated. In quarter four 2011/12 63.8% of eligible women were screened for breast cancer and 74% for cervical screening.

There are some challenges in Southwark that hamper our ability to increase coverage. We have a high population turnover resulting in more people being on General Practice registers than actually live in the borough. The multi-ethnic local population is also thought to contribute to the lower numbers of people attending screening, although a health equity audit which analysed attendance by ethnic group for breast cancer screening did not show that any particular ethnic group was less likely to attend.

In order to improve screening uptake, a combination of interventions is likely to have the greatest effect and therefore a variety of interventions and methods have been used locally to improve screening coverage rates.

**What are we doing to increase cancer screening in Southwark?**

- Awareness raising with GP locality groups to inform them of best practice and ways in which they can work to improve coverage rates
- A project to actively follow-up women that have not attended breast screening
- A London wide exercise to check the accuracy of GP lists is currently under way to reduce the number of ‘ghost patients’ on practice records. This is likely to have a significant impact on our coverage.

**Identifying heart disease and diabetes with Health Checks**

The NHS Health Checks programme, launched in 2009, is a national primary care based programme which aims to reduce the incidence of cardiovascular disease, heart attacks and stroke. The programme is targeted at people aged between 40-75 years. The programme increases the early detection and treatment of disease, provides lifestyle advice to reduce risk, and appropriate interventions or referral where required, for example to exercise or weight management programmes. This way people will be supported to remain well.

The government has set targets for the number of people to be offered and the number of people accepting health checks each year. In Southwark this means that 11,790 health checks need to be completed each year. In 2011/12 19.2% of the people offered a health check took up the offer. This compares with 51.6% for England. The Southwark figure is low because GPs did not start to offer health checks until December 2011.

What Public Health is doing in Southwark to promote NHS Health checks

- We are raising awareness of cardiovascular disease and diabetes amongst communities in parts of the borough where we think there is under detection for example, through community groups, voluntary sector organisations and awareness campaigns
- Since December 2011 NHS health checks have been phased into Southwark GP practices. There is also an outreach programme that offers health checks in community locations to increase uptake from those who are less likely to visit their GP
- Additionally, because of the high numbers of undetected diabetes cases, we are piloting testing for raised blood glucose levels (HbA1C) in certain patients as part of the Health Checks Programme
- GPs have been asked to look at the number of patients with chronic obstructive pulmonary disease, hypertension and diabetes on their register and compare with the numbers we would expect in their practice population and proactively identify people living with undetected disease.
## Domain 3: Health protection

Protecting the public from major incidents and other threats, while reducing health inequalities

Health protection is concerned with protecting the public from infectious disease and other threats to health such as chemicals, radiation and environmental health hazards. It also involves ensuring there are robust plans in place to protect the health of the public in emergency situations and to ensure the right people are mobilised when needed.

The public health outcomes framework focuses on sexual health and vaccination, and these are discussed in further detail in this chapter. Good quality sexual health services and vaccination programmes are essential elements in protecting the population against infectious disease.

### Chlamydia prevalence (PHO 3.2)

Chlamydia is the most common bacterial sexually transmitted infection in the UK. If left untreated, chlamydia can cause pelvic inflammatory disease and infertility in women. Chlamydia does not always cause symptoms and so many infected people are unaware that they have it and can pass it on to others. Rates are highest in sexually active young people under 25 and this group are advised to have a chlamydia test annually. Research studies have shown that screening can reduce the number of people in the community with chlamydia and help prevent subsequent complications. In Southwark testing and treatment is offered in a wide variety of healthcare settings, including sexual health clinics, GP practices, pharmacies and through the post.

The public health outcomes framework looks at the crude rate of chlamydia diagnoses per 100,000 people aged 15–24 years. Southwark's rate was significantly higher than the crude rate for England (2,220). The higher rates of chlamydia diagnoses in Southwark may partly be due to Southwark being in the top five boroughs that an on the spot HIV test is offered as part of the vaccination programme.

### Sexual health and preventing transmission of sexually transmitted disease

Many sexually transmitted infections have long-term consequences including infertility if not treated properly. Early detection and treatment not only benefits the individual, but also prevents onward transmission. Sexual health services are essential for providing confidential, non-judgemental prevention and treatment services for sexually transmitted diseases. Sexual health services also provide access to, and advice on contraceptive choices, thus preventing unwanted or unplanned pregnancies.

### Diagnosing HIV infection at a late stage (PHO 3.4)

Human Immunodeficiency Virus (HIV) is a virus which attacks the body’s immune system preventing it from fighting other infections. If HIV is diagnosed at an early stage, antiretroviral drugs can slow down the progression of the disease, and many people living with HIV will have a normal life expectancy. HIV diagnosed at a late stage when a person's immune system is already severely weakened (defined as a CD4 cell count < 350 mm³ at time of diagnosis) is associated with poor quality of life, shorter life expectancy and expensive hospital admissions. It also increases the risk of people unknowingly transmitting the infection to others.

The PHOF does not report on this indicator as data is not yet available for 2010-11, however as HIV is a major health concern in Southwark, we have reported using 2009-10 data. Southwark has the second highest prevalence of Human Immunodeficiency Virus (HIV) in the UK, at 10.4 per 1,000 residents.

Southwark has a lower percentage of late diagnoses (45.9%) than London (47.4%) and England (51.3%, 2009-10 data) but there is still room for improvement. The prompt detection and treatment of HIV is therefore a priority for Southwark.

It is recommended that HIV testing be normalised where possible, and NICE have released guidelines on targeting specific communities at increased risk of HIV infection to increase rates of testing.

### What are we doing to decrease the number of late HIV diagnosis?

- The NHS in Southwark is currently piloting point of care testing at some of its GP practices. This means that an on the spot HIV test is offered as part of the routine health assessment for patients when they register with a GP.
- The aim is to reduce undiagnosed and late diagnosis of HIV, normalise HIV testing in primary care and reduce stigma associated with the disease.
- Partners should consider declaring all late diagnosis of HIV a serious untoward incident and carry out a root cause analysis into the reasons for it occurring.

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*CD4 is a component of the immune system that is destroyed by the HIV virus."
Before the introduction of routine childhood immunisation for common childhood infections, many thousands of children were ill each year, and hundreds died, or were left with permanent disability. Because these diseases are now rare, people have forgotten how serious they can be. In 2007/08 there was a measles outbreak in London connected to a reduction in the take-up of the MMR vaccine due to negative and unfounded publicity surrounding its safety.

Children have a number of vaccinations in their first years of life to protect against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type B and Meningococcal C. As the PHO indicator performance shows, Southwark has lower rates of vaccination than the average for England. For example from October to December 2011, the proportion of children who received a full course of their primary vaccinations (DTaP/IPV/Hib) at one and two years old was 88.9% and 91.4%, respectively - below the England average of 96%.

The take-up of MMR vaccine is measured at two and five years. Two doses are given because 10% of children will not be fully protected after one dose. If a sufficient proportion of children are immunised, even the unimmunised will be protected as the disease can no longer circulate in the population. This is known as herd immunity. The proportion of children receiving one and two doses of the vaccine in Southwark is slightly below the London average (data not shown) and significantly below the England average.

The proportion of Southwark children receiving two MMRs has increased from 51% in 2007/08 to 71% in 2011/12 due to concerted efforts by health professionals to increase uptake.

Human Papilloma Virus (HPV) vaccination PHO 3.3xii

Human Papilloma Virus (HPV) is a sexually transmitted virus that causes over 70% of cervical cancers. HPV is particularly common in the first few years after someone becomes sexually active, and therefore the vaccination is most effective at preventing infection if given before sexual activity commences. In the UK, all girls aged 12-13 years are offered the HPV vaccination which is delivered in schools by school nurses.

The HPV indicator in the outcomes framework refers to the proportion of young women who have received a full course of the vaccination (3 doses). In 2009/10 70.7% of girls had received the HPV vaccination. This is below the proportion vaccinated nationally (84%).

Some groups of people are more vulnerable to infection and the complications of infection. Selective vaccination programmes ensure those most at risk receive appropriate vaccination.

Hepatitis B vaccination for infants by the age of 2 years (PHO 3.3i)

Hepatitis B is a blood borne virus that attacks the liver and can be passed from mother to baby. Eighty-five percent of Hepatitis B infections in newborn babies become chronic, and people with chronic Hepatitis B are at higher risk of developing liver damage and liver cancer later in life. Hepatitis B is more common in migrants from particular countries and so is more of an issue in Southwark than in England generally. Vaccination can prevent infection and therefore babies born to mothers who have Hepatitis B are recommended to have a course of vaccinations to build immunity.

Hepatitis B vaccination coverage in Southwark was 85.1% among its eligible population in 2010/11. Valid comparisons with London and England are not currently available.
Domain 4: Healthcare public health and preventing premature mortality

Healthcare public health means working with a wide variety of NHS and other organisations to improve people’s health through providing better health services. Three million people are treated by the NHS every week, providing a unique opportunity to improve health outcomes by shaping the services provided and working with the people who use them. The outcomes framework for this domain focuses on premature and preventable death.

This chapter focuses on some of the key public health issues for Southwark – infant mortality and premature death. It also highlights emergency readmissions to hospital which are a marker of overall health service quality.

8.1 Crude rate of infant deaths per 1,000 live births (PHO 4.1)

Infant mortality (deaths of children aged under 1 year) is an indicator of the general health status of pregnant women and infants as well as a proxy measure of access to health services. The causes of infant mortality are complex, but rates are higher in areas with the worst health and deprivation indicators.

Southwark’s infant mortality rate has fluctuated over the past ten years but the overall trend is downwards. In 2008-10 the infant mortality rate was 3.3 per 1000 live births. This is lower than neighbouring boroughs such as Lambeth and similar to the average rates for London and England (Figure 14). There are approximately 34 deaths in children under the age of one annually. The majority of infant deaths occur in the neonatal period (up to 28 days of life), and many of these are in babies born prematurely. This finding helps us target local resources and efforts effectively.

National guidance states the most important interventions to decrease infant mortality and this evidence has informed our local strategy to reduce infant mortality.

Reducing infant mortality – What are we doing?

We have been working to reduce infant mortality for many years in Southwark with a local intervention strategy:

- Encouraging women to book before the thirteenth week of pregnancy, to enable them to have the best care throughout their pregnancy
- Working to reduce smoking and obesity in pregnancy
- Working to reduce pregnancies in at risk teenagers
- Providing specialist midwifery services for vulnerable groups e.g. teenagers, people misusing drugs and alcohol, women who have experienced prior infant loss or still birth
- Working in partnership with midwives, obstetricians, commissioners and public health experts through the Lambeth Southwark and Lewisham Maternity and Infancy Group to make infant mortality an important priority and to share best practice
- Targeting interventions to reduce Sudden Infant Death Syndrome
- Using the Child Death Overview Panel to review every child death so we can tailor interventions to reduce infant deaths
- Standardising the issue of neonatal death certificates across the two acute trusts.

**Table 8.1**

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<th>Indicator</th>
<th>Year</th>
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**Figure 14:** Three year rolling average trend in infant mortality, 1997-2010 for London and Southwark
Cancer, cardiovascular disease and respiratory disease are the major causes of death in Southwark, accounting for 72% of all deaths in 2008-2010. People who die before the age of 75 years are considered to have an early (premature) death.

Timely detection and treatment of disease as well as provision of good quality healthcare can help prevent early deaths from cancer, cardiovascular disease and other long-term conditions. Whilst the wider determinants of health (Domain 1) and lifestyle factors (Domain 2), as well as vaccination (Domain 3) have a significant impact on mortality, the health service also plays a key role. Figure 15 gives the general trends for early deaths from Coronary Heart Disease (a subset of cardiovascular disease) and cancer in Southwark, and shows the success of prevention and treatment interventions over the last decade.

The term cardiovascular disease includes coronary heart disease and stroke. The number of people under 75 years of age dying from cardiovascular disease has fallen both nationally and locally in the last two decades. It has been estimated that 42% of the reduction in cardiovascular deaths between 1981 and 2000 in the UK was due to treatments for individuals, such as heart failure treatment, hypertension and initial treatment of heart attacks and 58% due to population risk factor reductions including smoking, blood pressure control and reducing cholesterol.

The cardiovascular mortality rate is still significantly higher for Southwark than the rate for England, both for overall mortality and deaths that are considered preventable. There is a strong association between coronary heart disease and stroke and socioeconomic deprivation. The people who live in the most deprived area of Southwark have a mortality rate that is 1.5 times greater than the rate for those who live in the least deprived area of Southwark.

Primary care has a significant role to play in the prevention of coronary heart disease and stroke, through the detection of the risk factors for disease (e.g. hypertension, high cholesterol, diabetes and atrial fibrillation) and the appropriate treatment of people with established coronary heart disease and previous stroke. NHS Health checks are part of the primary prevention of cardiovascular disease.

Hospital treatment of cardiovascular disease has also improved, with the introduction of rapid access chest pain clinics and emergency treatments such as thrombolysis (clot busting drugs) and percutaneous coronary intervention (to open blocked arteries). The importance of cardiac and stroke rehabilitation is also recognised for maximising recovery and preventing further ill-health.

Reducing early deaths in Southwark

Southwark’s cardiovascular disease strategy will reduce premature deaths from CVD by tackling some of the causes:

- Community nurses are identifying and treating atrial fibrillation (irregular heartbeat) which is a risk factor for stroke
- Southwark has a dedicated heart failure team working with patients
- Pharmacists can provide easy access to specialist advice on hypertension without people having to see a GP or visit a hospital
- GPs are asked to check the number of patients they have with COPD, hypertension and diabetes and compared with the numbers we expect from their practice population and try to identify people living with undetected disease
- The Health Checks programme has an outreach programme to try and reach people in the community who may not normally go to their GP.
Cancer mortality < 75 years (PHO 4.04i)

Cancer is one of the leading causes of death in Southwark. Although cancer mortality rates in people aged under 75 years have been declining in line with national trends, mortality remains high overall compared to the England average. Lung cancer is responsible for the largest proportion of cancer deaths in Southwark; men in Southwark are 1.54 times more likely to die from lung cancer compared to men nationally.

Whilst the primary prevention of cancer through lifestyle modifications is essential, reducing the proportion of cancers which present as emergencies and are therefore diagnosed late is also a key part of improving cancer outcomes. Early diagnosis is one of the key factors that have a positive impact on early cancer deaths. Prompt diagnosis of cancer is essential for effective care but this relies on a patient noticing symptoms and seeking help as well as the GP identifying symptoms and referring appropriately.

To increase the likelihood of an earlier diagnosis, a greater proportion of patients with suspected cancer should be referred by GPs to be seen in hospital within two weeks. For Southwark PCT, just over a third (37%) of people treated for cancer in 2009 were referred on this two week referral pathway. This is lower than the proportion for England (43%). Work is underway to increase awareness of the symptoms of cancer and to improve the coordination and provision of cancer treatment across London, with the aim of improving survival rates.

Mortality from Respiratory disease <75 years (4.04i)

Respiratory diseases include asthma, chronic obstructive pulmonary disease (COPD), pneumonia and upper respiratory tract infections. They are one of the most common forms of ill health and are a leading cause of hospitalisation and death. The mortality rate for people under 75 dying from all respiratory diseases has been gradually decreasing; however there is still a significant difference in respiratory mortality rates between the populations of Southwark and England.

COPD mortality rates in Southwark men aged under 75 are much higher than the national average. More than twice as many men in this group died in Southwark as would be expected given national death rates. COPD is a debilitating, life threatening yet preventable disorder.

A number of actions can help reduce early deaths from COPD. Evidence suggests that reducing the number of smokers, especially those who already have a diagnosis of COPD is essential. Finding people who may be in the early stages of the disease means they can access advice and treatment earlier. Providing coordinated care for people with COPD, through one point of access can also help improve outcomes.

What are we doing in Southwark to reduce COPD mortality?

Modelling suggests that there are 6,155 people living in Southwark with COPD that haven’t been diagnosed. Increasing the detection of people with COPD and treatment is a local priority.

GPs are being encouraged to look for people who are undiagnosed through their primary care contract.

Southwark has developed a single point of contact for referrals to hospital for COPD, to ensure coordination of care.

Emergency readmissions within 30 days of discharge from hospital (PHO 4.11)

The emergency readmission rate refers to the number of patients that are readmitted to hospital as an emergency within 30 days of a previous hospital admission. We measure readmissions because they are one indicator of the quality of hospital care. Emergency readmissions may be due to a complication of a procedure or surgery, an infection acquired in hospital or the failure of after-care. Research suggests that the most costly readmissions are for elderly patients with underlying complex medical problems who were initially treated for common infections. This highlights the fact that factors other than the quality of hospital care may also be responsible for some readmissions.

There is evidence that patients who are readmitted stay longer than they did on first admission. Increased length of stay in hospital is associated with a higher risk of patients developing hospital acquired infections which is a serious contributor to ill-health and even death, particularly for older people.

The readmission rate in Southwark is higher than the England average across all age groups. Providing quality care in the community and good discharge planning can help reduce readmissions.

Helping people to stay out of hospital in Southwark

Southwark is piloting an innovative integrated care pilot to provide high quality care in the community. Professionals from social care, primary care and hospital are working together in teams, so that patients’ care can be coordinated. The pilot is looking particularly at improving care for frail elderly and those with COPD.
Update recommendations from last years Annual Public Health Report

1 List validation: Southwark GPs should be able to demonstrate on an annual basis that patients on their practice lists are appropriately registered and that the contact details are correct.

Public Health Report for Southwark

NHS London is conducting a London wide list validation, implemented through the screening commissioner and London Screening Improvement Board. The exercise is expected to be completed by March 2013. This will ensure practice lists are up to date and accurate.

2 NHS Health Checks: This national programme should contribute to more systematic health improvement interventions and identify those with as yet undiagnosed conditions.

The Health Checks programme will be offered in at least 75% of Southwark GP practices by December 2012. A review is being conducted to see how clinical risk factors are acted upon in primary care. The programme is also piloting diabetes screening for all eligible patients, not just those with known risk factors.

3 People with long term conditions and those not eligible for health checks - these people may require interventions aimed at improving health and identifying undiagnosed conditions.

As part of the contract held between the GP and the NHS, GPs are being asked to find people who may have undiagnosed long-term conditions.

4 Variation: There are marked variations between practices for some indicators: Action should focus on identifying the reasons for low identification and management of health problems.

The GP community have been very interested in the last APH and have noted the variations shown. This work needs to be progressed.

5 Inequalities: Special effort should be made to ensure that interventions are also taken up by groups that have higher levels of health need and/or who do not tend to come forward for preventative measures.

Many of our programmes include outreach components such as health check and teenage pregnancy. When designing health interventions, we target areas of greater health need and deprivation.

6 Updates: Information on GP practice coverage and performance on key indicators should be updated and reported as new data becomes available.

The public health department have updated the information in the 2010 annual public health report and are working closely with Southwark Clinical Commissioning Group on developing relevant indicators for their key service priorities.

7 Monitoring: The results of action taken to improve health and reduce inequalities should be evaluated and reported to the new Health and Wellbeing Board to help inform future strategy.

The Joint Strategic Needs Assessment is being refreshed in 2012. This will inform the resuming Health and Wellbeing Strategy.