



Aylesbury NDC Community Health Profile

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Prepared by
Christian Castle and Philip Atkinson

On behalf of the Public Health Department,
Southwark Primary Care Trust

Southwark 
Primary Care Trust

Executive Summary: Key Facts

This report presents the findings of the Community Health Profile for the Aylesbury New Deal for Communities (NDC) Partnership. The partnership is aiming to regenerate the Aylesbury Estate situated in Southwark, south London, with some of the £56.2 million of NDC funds awarded to the partnership in 1999.

Key findings for the following subjects were:

Demography

- There were approximately 8,345 people living on the Aylesbury Estate in 2001.
- The population of Faraday Ward (which contains the Aylesbury Estate) has risen by 17% between 1991 (10,559) and 2001 (12,697).
- Faraday Ward contains the fifth largest population in Southwark, yet occupies the fourth smallest area (87 hectares).
- The Aylesbury Estate contains a younger population than the UK - 75% of Aylesbury Estate is under the age of 45 compared to 60% of the UK population.
- Faraday Ward contains a larger proportion of ethnic minorities than both Southwark and the UK. In particular there are a large proportion of people of black (35%, especially African), and Chinese/other origins (5%).
- The age distribution of all ethnic groups, including people of black and Chinese origin are similar to both Southwark and the UK.
- Faraday Ward contains large numbers of both black and Chinese people, who tend to be young compared to the general population. This leads to a younger population overall compared to Southwark and the UK.

Health Assessment

- Faraday (14.93%) contains a slightly higher proportion of people with a long-term limiting illness than both Southwark (13.40%) and the UK (14.16%).
- Aylesbury residents do not believe their health is any worse than those in other NDC areas and the UK in general.

- Life expectancy for men in Faraday was a little less than that in London, but greater than the whole of Southwark. However, the differences are not significant.
- The SMR for all causes of death for males under 75 within Faraday (127%) is significantly higher than the UK, but not as high as the SMR for the whole of Southwark.
- SMRs for deaths due to circulatory disease, CHD and cancer within Faraday are not significantly different to those seen within the UK.
- However, SMRs for male deaths due to circulatory disease in Faraday are higher than the UK, but male deaths due to CHD are lower than the UK. This suggests a high proportion of deaths due to stroke in Faraday Ward.
- The teenage pregnancy rate in Faraday ward is similar to that in Southwark and England, but the rate rose by 25% between 1999 and 2000.
- Faraday has the tenth and twelfth highest new diagnosis of chlamydia and gonorrhoea in the borough (180 and 109 in every 100,000 people, respectively).
- A high proportion of babies in Faraday Ward suffered from either low or very low birth weight compared to either Southwark or Faraday.
- Faraday demonstrates higher proportions of newborn babies with sickle cell gene compared to Southwark, although numbers are small.
- Standardised Admission Ratios (SARs) for emergency admissions in Faraday are higher but not significantly different from those in the UK.

Health Determinants

- Faraday Ward suffers from high levels of vehicle crime, drug related arrests, street crime and public order offences, but low levels of burglary.
- Consequently the national evaluation of NDCs survey shows that 48% of residents from the Aylesbury Estate feel very unsafe when walking alone in, or around the area, after dark.

- The level of unemployment within Faraday Ward (8.2%) is over twice that of England and Wales (3.2%).
- The National evaluation of NDCs survey results for mental health were comparable to those for all NDCs.
- Thirty percent of the Aylesbury Estate residents said they smoked, 10% less than the NDC aggregate. Sixty eight percent of these people said they would like to give up, which was slightly higher than the NDC average.
- Aylesbury residents eat more fruit and vegetables than people living in other NDC areas.
- Aylesbury residents appear to do more exercise than their NDC counterparts, namely walking and housework.

Health Services

- Ninety percent of children received three diphtheria vaccination doses before their 2nd birthday, 3% lower than the uptake achieved across England.
- Seventy eight percent of Faraday children were vaccinated with MMR before their 2nd birthday, 5% lower than the uptake achieved across England.
- 10,234 people on the Aylesbury estate are registered to a doctor within Southwark, Lambeth or Lewisham boroughs; 9,903 visit GP's within the borough of Southwark.
- Over 95% of patients (9,746) visit a doctor within three kilometres of their home.
- Seventy eight percent of all patients on the Aylesbury Estate visit one of the following four GP practices: Taplow (4,868), Villa Street Medical Centre (1,322), East Street (1,000), or Penrose Street (483).
- Seventy three percent of residents within the Aylesbury Estate said they had visited their doctor within the last 6 months, 9% between 6-12 months, 15% longer than a year. None of these values were more than 4% different than those observed across all the NDCs.
- Almost three quarters of those who responded to the Aylesbury Estate NDC household survey found it fairly or very easy to visit their GP, which was comparable to the combined national NDC average for these categories.

- Eighty four percent of residents said that they were fairly or very satisfied with their family doctor/GP, again comparable to the combined national NDC average for these categories.
- In 2003 the flu vaccination target for Southwark PCT was set at 70% of the population which qualified; the final average achieved was 49%, the third worst PCT in the country. The local practice on the Aylesbury Estate vaccinated 39% of its eligible registered patients.
- 81.2% of the eligible population within England were screened for cervical cancer in 2003. This compares to 70.4% in Southwark, and 63% in the local practice on the Aylesbury Estate.

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1. Introduction

This report presents the findings of the Community Health Profile (CHP) for the Aylesbury New Deal for Communities (NDC) Partnership. The partnership aims to regenerate the Aylesbury Estate situated in Southwark, south London, with some of the £56.2 million of NDC funds awarded in 1999.

CHPs are developed to build an understanding of local neighbourhoods. They can be a mix of hard statistical data and/or softer indicators, such as how people view their own health. The objective of a CHP is to identify the health problems in the neighbourhood and the factors that are contributing to poor health. This is essential to help identify what problems need to be addressed, as well as allowing communities to know when and whether they are beginning to deal effectively with those problems through local programmes i.e. providing a starting point against which to measure subsequent progress. It is important to be aware that CHPs must be viewed in a wider context. The specific results for a locality should, as far as possible, be compared with figures elsewhere. It is also important to collect data on trends as local health inequalities may change over time.

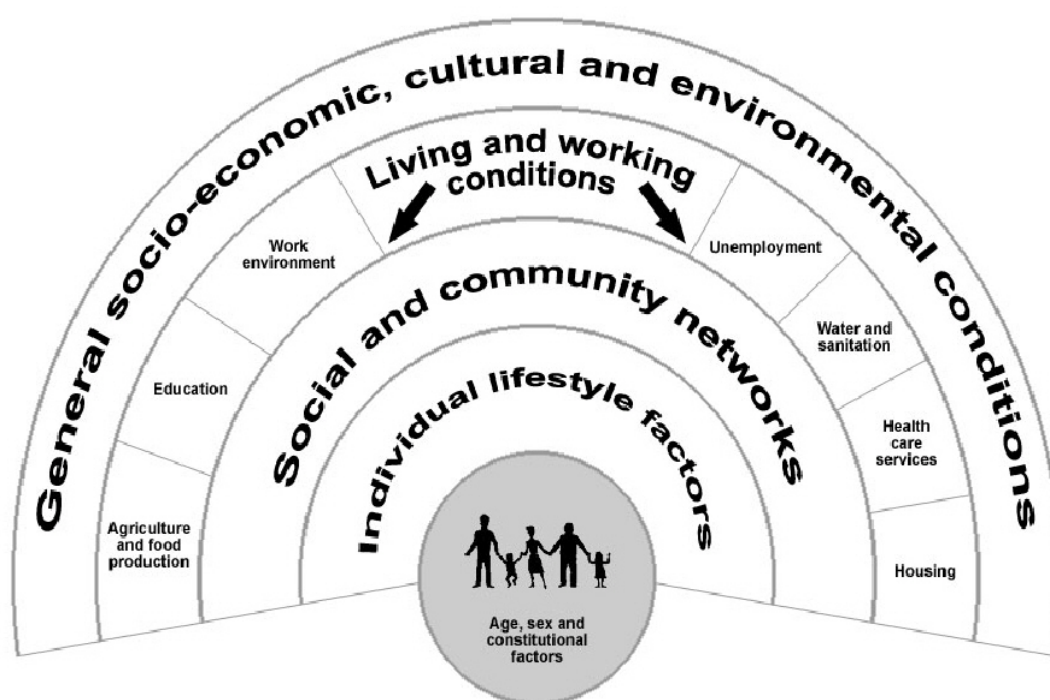


Figure 1.1: Social Model of Health (Dahlgren and Whitehead, 1991).

CHPs look at more than just health data since the root causes of ill health are so varied that they cannot be dealt with by focusing on illness alone, or by defining health simply as the absence of illness. Thus, improving health will mean addressing the wider determinants of health as well as 'lifestyle factors', such as diet, exercise, smoking, and misusing alcohol and drugs (Dahlgren and Whitehead, 1991). This is known as a socio-economic model of health, and Figure 1 shows the main determinants of health as layers of influence.

In light of this, the remainder of this CHP is as follows:

- **Chapter 2)** discusses the **Sources of Information** used to produce this report;
- **Chapter 3)** looks at **Aylesbury Estate's** location and infrastructure.
- **Chapter 4)** analyses Aylesbury Estate's and Faraday Ward's **Demography** i.e. age, gender, ethnicity, etc;
- **Chapter 5)** provides a general **Health Assessment** of the people in the neighbourhood, including the illness, injury and disability they experience and their lifestyles;
- **Chapter 6)** analyses the social, economic and environmental factors that are affecting the health of the neighbourhood: the 'wider **Health Determinants**'; and,
- **Chapter 7)** reviews the **Health Services** available to the neighbourhood, in terms of the range of services, accessibility, and quality.

2. Sources of Information

Throughout this report information has been used that relates specifically to the area covered by Aylesbury NDC. This is usually an aggregation of several census Output Areas (OAs) that match the NDC area as closely as possible. However, in some cases data is only available for larger areas that include the estate e.g. wards. Thus, Faraday Ward within the London Borough of Southwark has been used as a surrogate for analysis where data was unavailable at OA. Sixty six percent of the population within Faraday Ward live on the Aylesbury Estate, and analysis shows that the ethnicity-age-sex structure within the ward is very similar to the ethnicity-age-sex structure on the estate. This, and other factors are discussed in detail in the following demography chapter.

To produce this health profile data was utilised from numerous sources; including:

- 1991 & 2001 Census (Office of National Statistics)
- Landline-Plus (Ordnance Survey)
- London Health Observatory
- Office of Deputy Prime Minister
- Metropolitan Police postcode precision CRIS crime allegation data
- South East Shared London Data Services Partnership
- Southwark Primary Care Trust
- Lambeth Primary Care Trust
- National Evaluation of NDCs Survey

Throughout this report, explanations of the data used from their retrospective sources will be discussed at each relevant section. However, results and information collected by a national household survey to evaluate NDCs will be discussed throughout this report; since the survey covers multiple subjects. In light of this, some background information will be provided below to explain this data and collection methods.

A total of 19,511 interviews were conducted face-to-face in homes among residents aged 16, or over, across NDC areas in the UK between July-October 2002. Of these, 500 interviews were conducted amongst residents of the Aylesbury NDC. In 2004 a follow-up household survey is planned to evaluate changes since the 2002 survey. Data was weighted by the population of adults aged 16+ in each household. Where data is based on household information it is weighted only to correct for multiple dwellings or households at an address.

The respondents to the survey are a sample of the total population in the NDC areas. Thus, caution must be applied when looking at differences between the Aylesbury Estate, NDC aggregate, and national benchmarks. As a rough rule of thumb, differences of more than 4 or 5% between figures recorded from the Aylesbury Estate and the aggregate figures or national benchmarks are required to be sure they represent actual differences.

3. The Aylesbury Estate

3.1: Location

The Aylesbury Estate is situated to the north west of the London Borough of Southwark, and is entirely contained within Faraday Ward (figure 3.1). The Aylesbury Estate is home to approximately 8,345 residents in 2,742 dwellings, almost 90% of which are owned by Southwark Council (Southwark PCT, 2004).

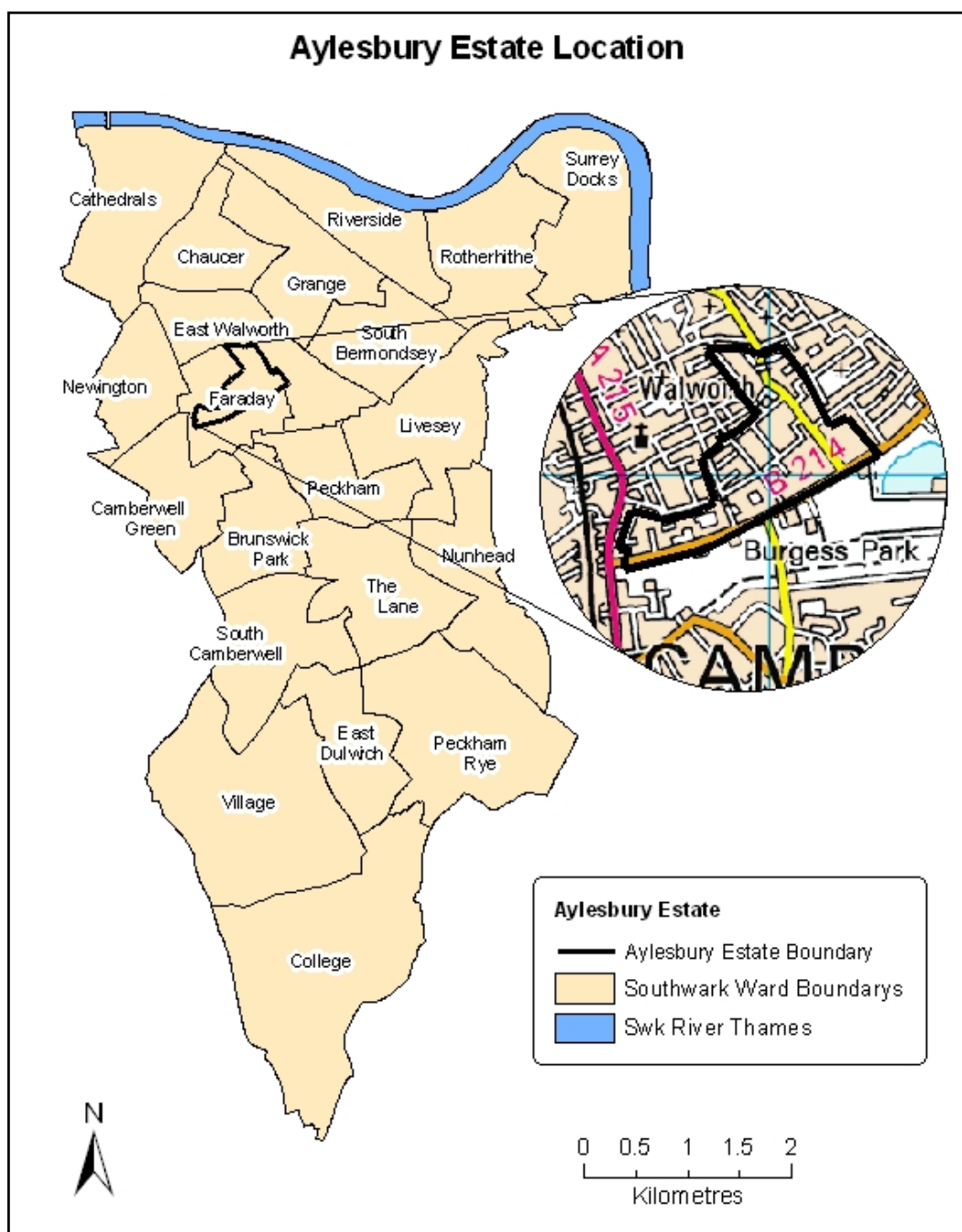


Figure 3.1: Aylesbury Estate Location

3.2: Infrastructure

Figure 3.2 displays the general infrastructure of the borough of Southwark. It can be seen that the Aylesbury NDC borders Burgess Park to the south, and one of the busiest roads in the area (Walworth Road) runs adjacent to the western edge of the estate north towards Elephant & Castle. There are no nearby train or tube stations, but a number of bus routes run through the area. Figure 3.3 provides an enlarged image of the Aylesbury estate as well as illustrating some of the projects which have already received NDC funding.

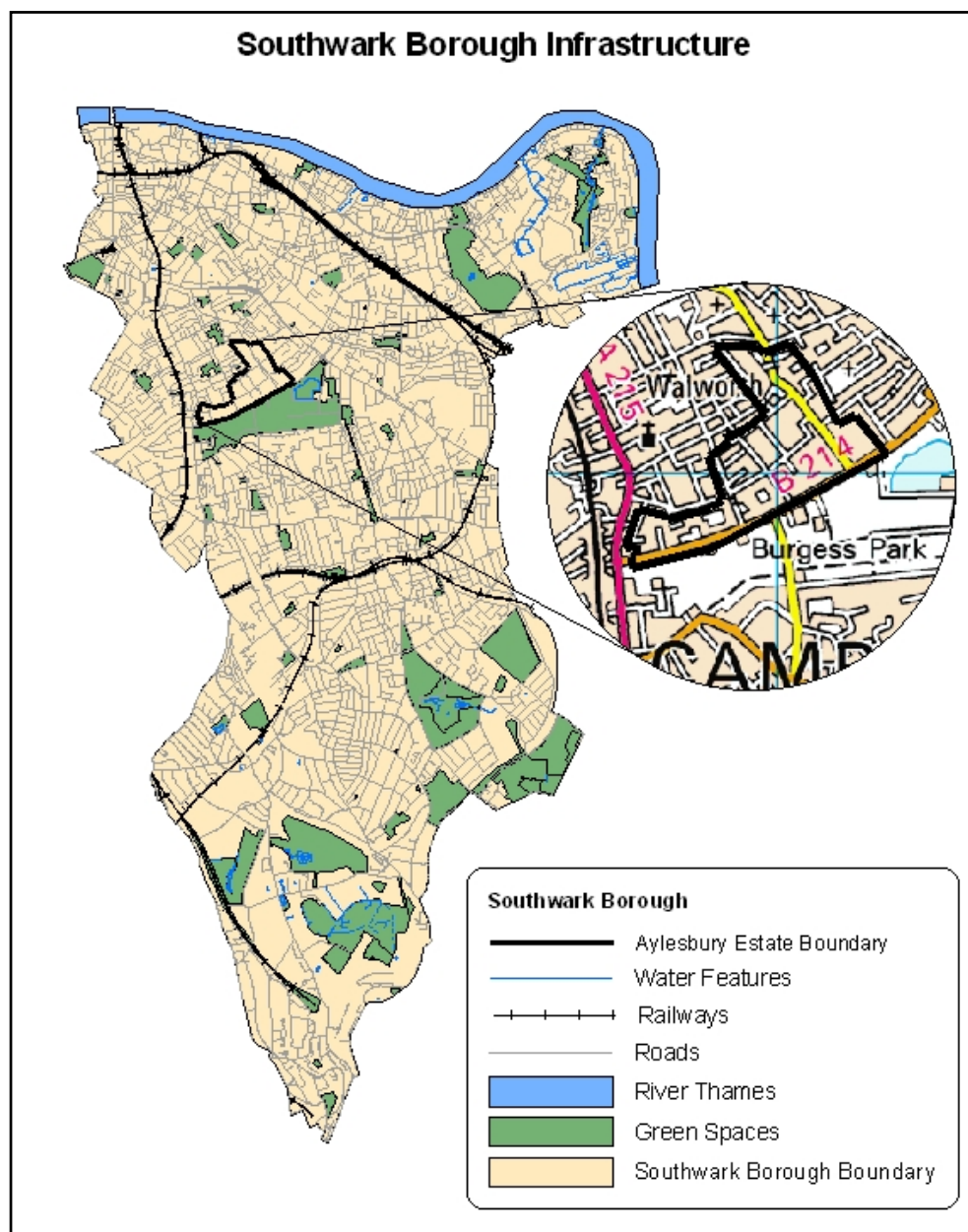


Figure 3.2: Southwark Borough infrastructure

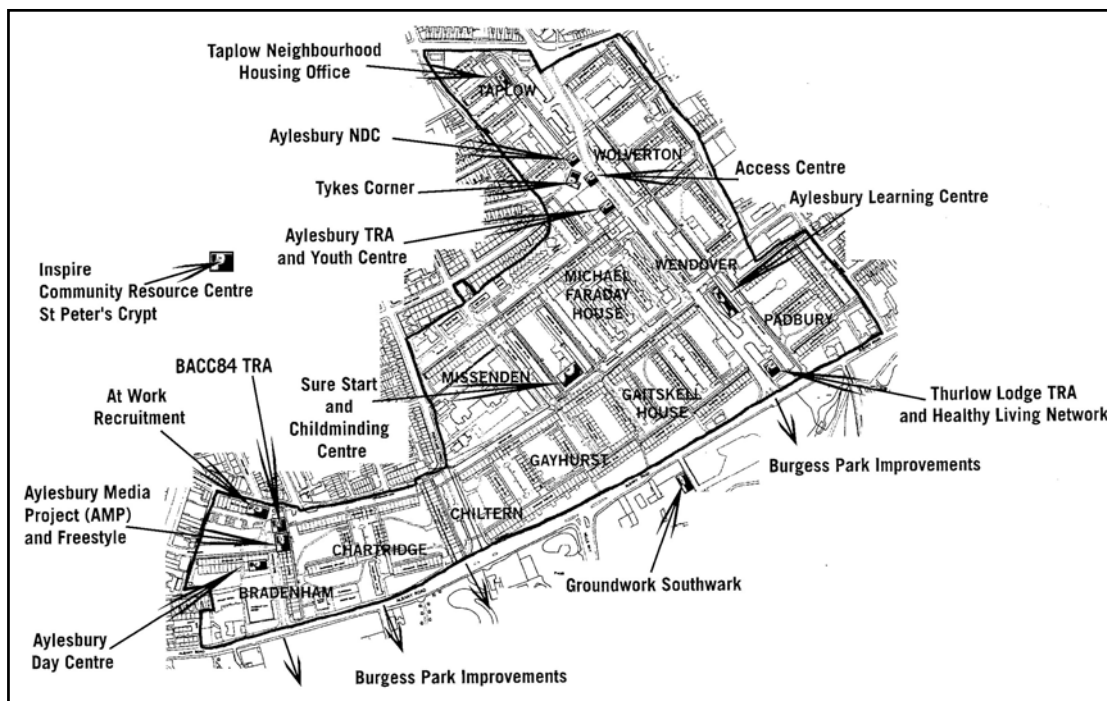


Figure 3.3: Aylesbury Estate Map (Aylesbury NDC, 2003)

4. Demography

4.1: Usual Resident population

The total approximate population of the Aylesbury Estate based on a selected group of OAs is 8,345 people. This was calculated from the total population contained within each of the 25 OAs covering the whole Aylesbury Estate (figure 4.1, insert). This approximate population estimate is likely to over estimate the actual resident population as some OAs include areas outside the Aylesbury Estate boundary.

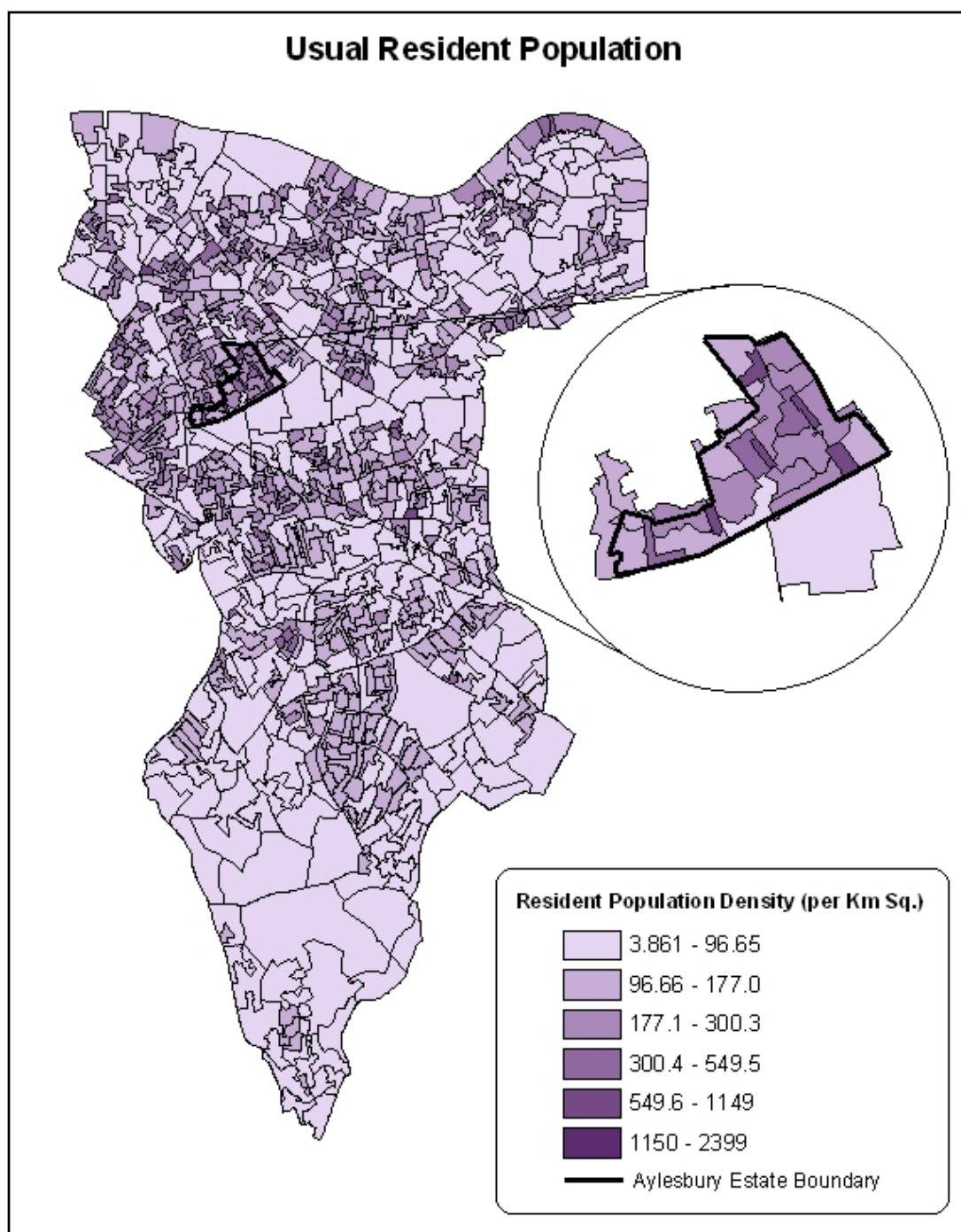


Figure 4.1: Usual resident population of Southwark by OA.

A caveat should be made regarding the inclusion of the large OA to the south of the Aylesbury Estate. This mainly occupies Burgess Park where no resident population is housed (figure 3.2), so there should be no significant effects on any demographic statistics. The insert map within figure 4.1 illustrates the higher population in OAs covering the Taplow, Wendover, Walverton, Padbury, Michael Raraday House, Chiltern, and Bradenham blocks.

Table 4.1 and figure 4.2 reveal some interesting information about Faraday Ward. Firstly the population of Faraday Ward was 12,712 at the time of the 2001 census, an increase of 17% (10,559) from the population recorded 1991. Since 1991 the population of the Borough of Southwark as a whole has grown considerably. According to Cook and Lally (2003), it has experienced a registered population growth of approximately 11.7% (one percent above that for Inner London, and 2.6 times the growth rate for that of England). Secondly, Faraday contains the fifth largest population within the borough, yet occupies the fourth smallest area (87 hectares). Finally, Faraday houses the second highest proportion of females within the borough, and the sixth largest proportion of males.

Ward	Resident Population								
	Usual	% of Total	Rank	Male	% of Total	Rank	Female	% of Total	Rank
Brunswick Park	11,136	4.55	16	5,355	2.19	16	5,781	2.36	14
Camberwell Green	12,798	5.23	4	6,274	2.56	3	6,524	2.66	4
Cathedrals	13,115	5.36	1	6,439	2.63	2	6,676	2.73	1
Chaucer	13,058	5.33	2	6,628	2.71	1	6,430	2.63	5
College	10,294	4.20	20	4,967	2.03	20	5,327	2.18	19
East Dulwich	10,840	4.43	18	5,170	2.11	18	5,670	2.32	16
East Walworth	12,000	4.90	7	5,933	2.42	8	6,067	2.48	8
Faraday	12,697	5.19	5	6,035	2.46	6	6,662	2.72	2
Grange	11,985	4.89	8	6,011	2.45	7	5,974	2.44	10
Livesey	12,070	4.93	6	5,859	2.39	9	6,211	2.54	7
Newington	12,870	5.26	3	6,238	2.55	4	6,632	2.71	3
Nunhead	10,271	4.19	21	4,959	2.03	21	5,312	2.17	20
Peckham	11,381	4.65	12	5,404	2.21	14	5,977	2.44	9
Peckham Rye	11,248	4.59	15	5,333	2.18	17	5,915	2.42	13
Riverside	10,979	4.48	17	5,621	2.30	13	5,358	2.19	18
Rotherhithe	11,395	4.65	11	5,670	2.32	12	5,725	2.34	15
South Bermondsey	11,631	4.75	10	5,683	2.32	11	5,948	2.43	11
South Camberwell	11,295	4.61	14	5,373	2.19	15	5,922	2.42	12
Surrey Docks	11,346	4.63	13	6,057	2.47	5	5,289	2.16	21
The Lane	11,973	4.89	9	5,756	2.35	10	6,217	2.54	6
Village	10,484	4.28	19	5,052	2.06	19	5,432	2.22	17
Total	244,866	100		119,817	48.93		125,049	51.07	

Table 4.1: Proportion of total, male, and female Southwark resident population.

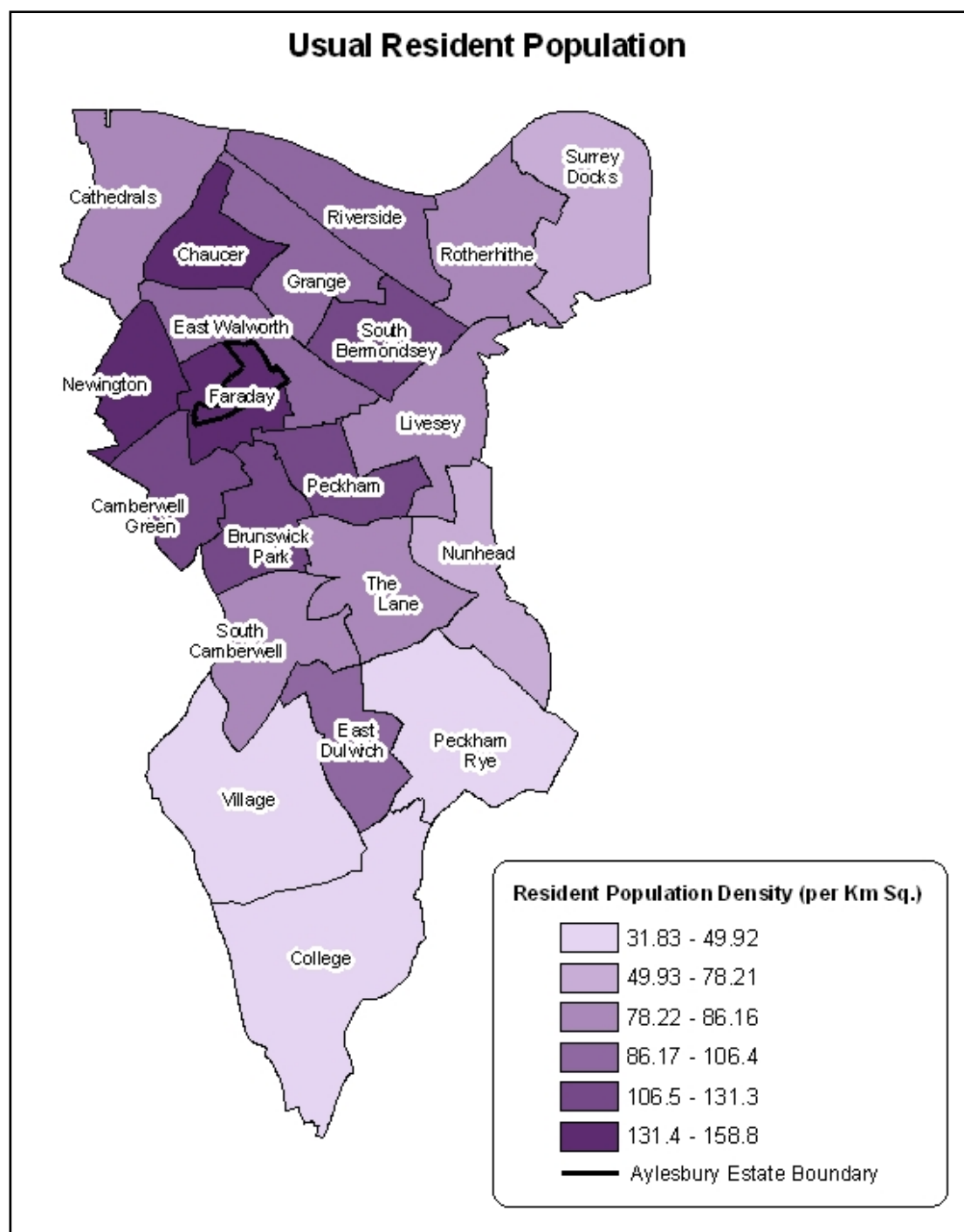


Figure 4.2: Usual resident population of Southwark by Ward.

4.2: Gender

Figures 4.3 & 4.4 provide a closer look at the distribution of gender within the study area. Closer inspection reveals only marginal differences in the male and female population distribution within the OAs occupied by the Aylesbury Estate.

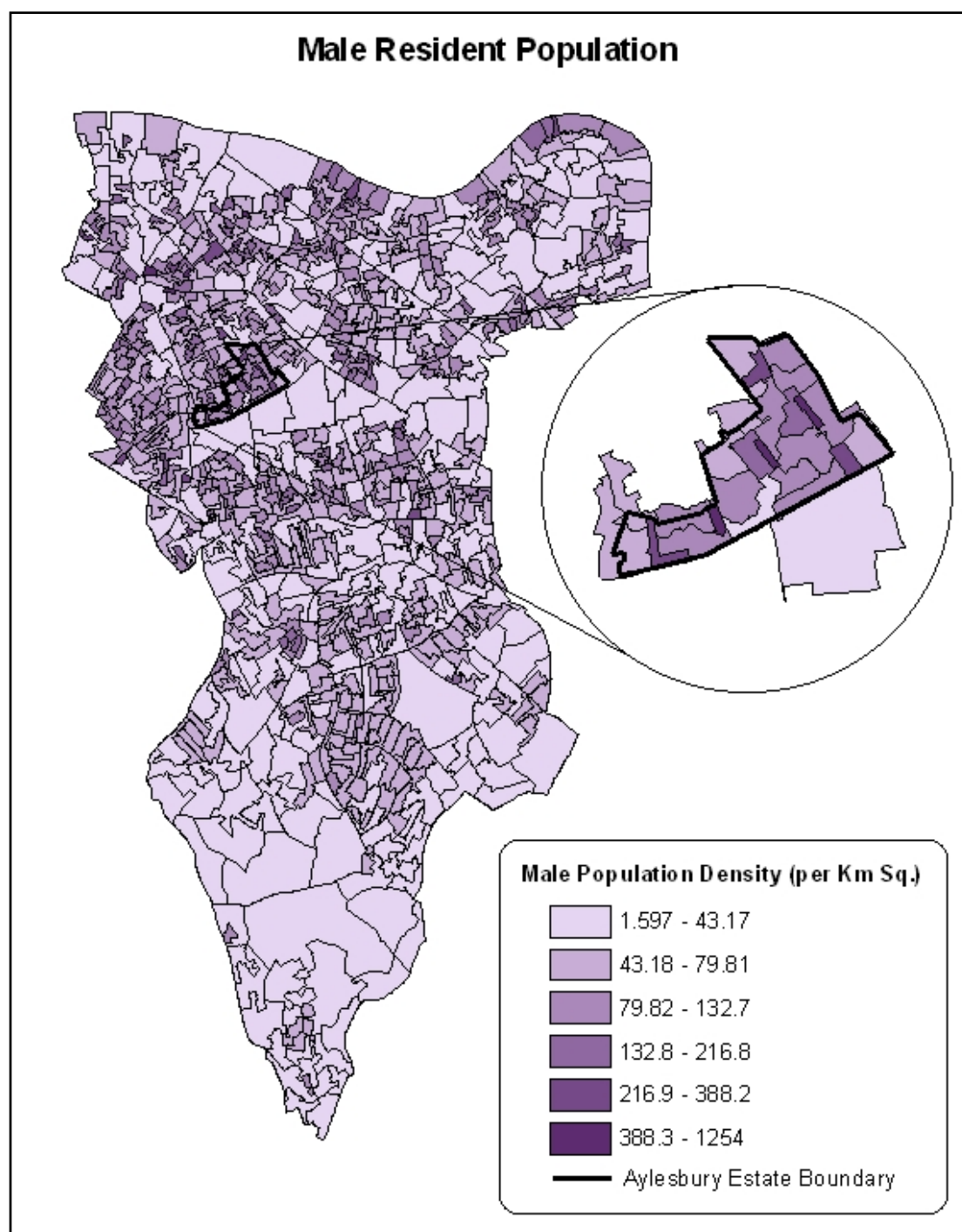


Figure 4.3: Usual male resident population of Southwark by OA.

These maps present a more detailed picture of the gender and population distributions compared to the previous map of population density at ward level (figure 4.2).

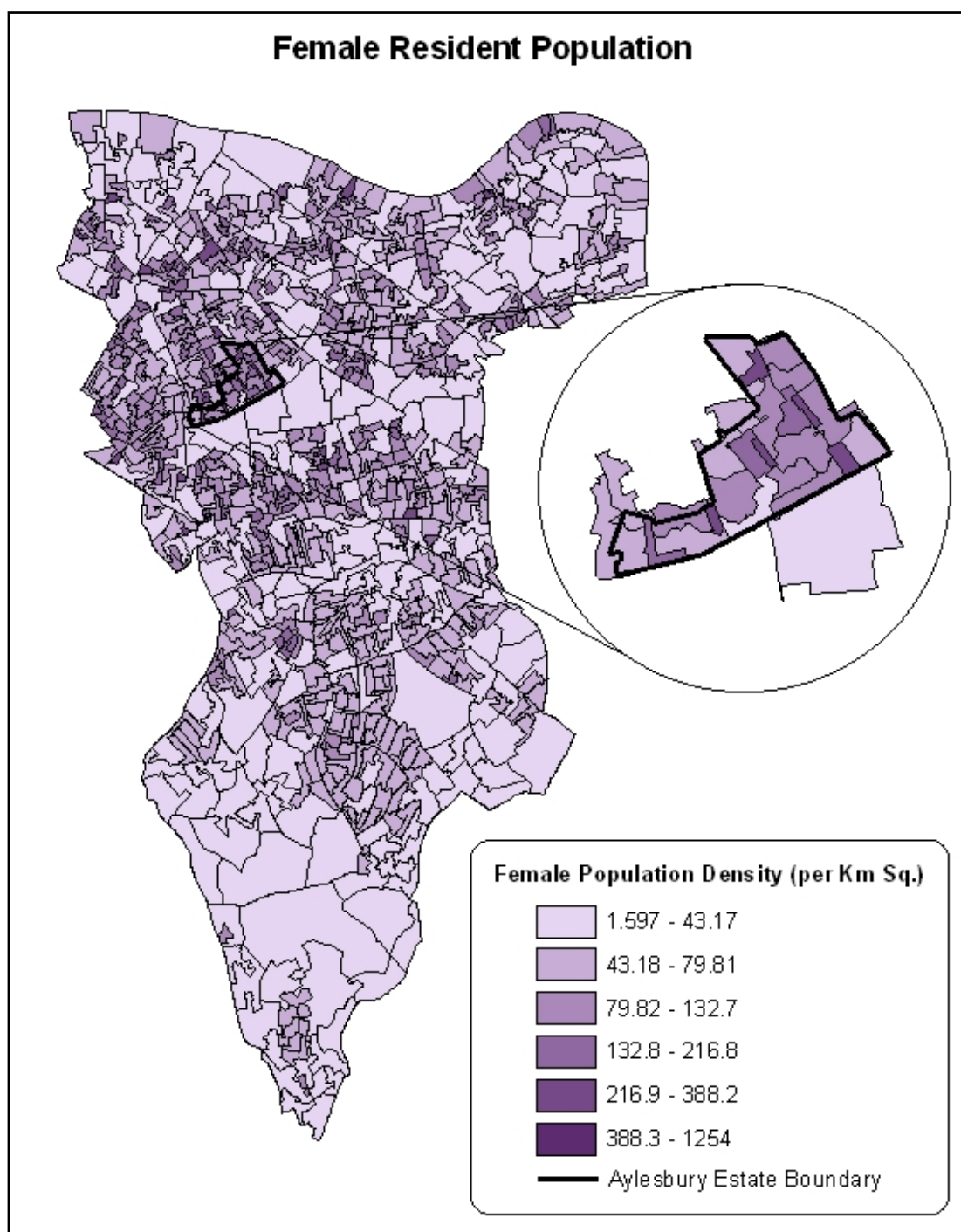
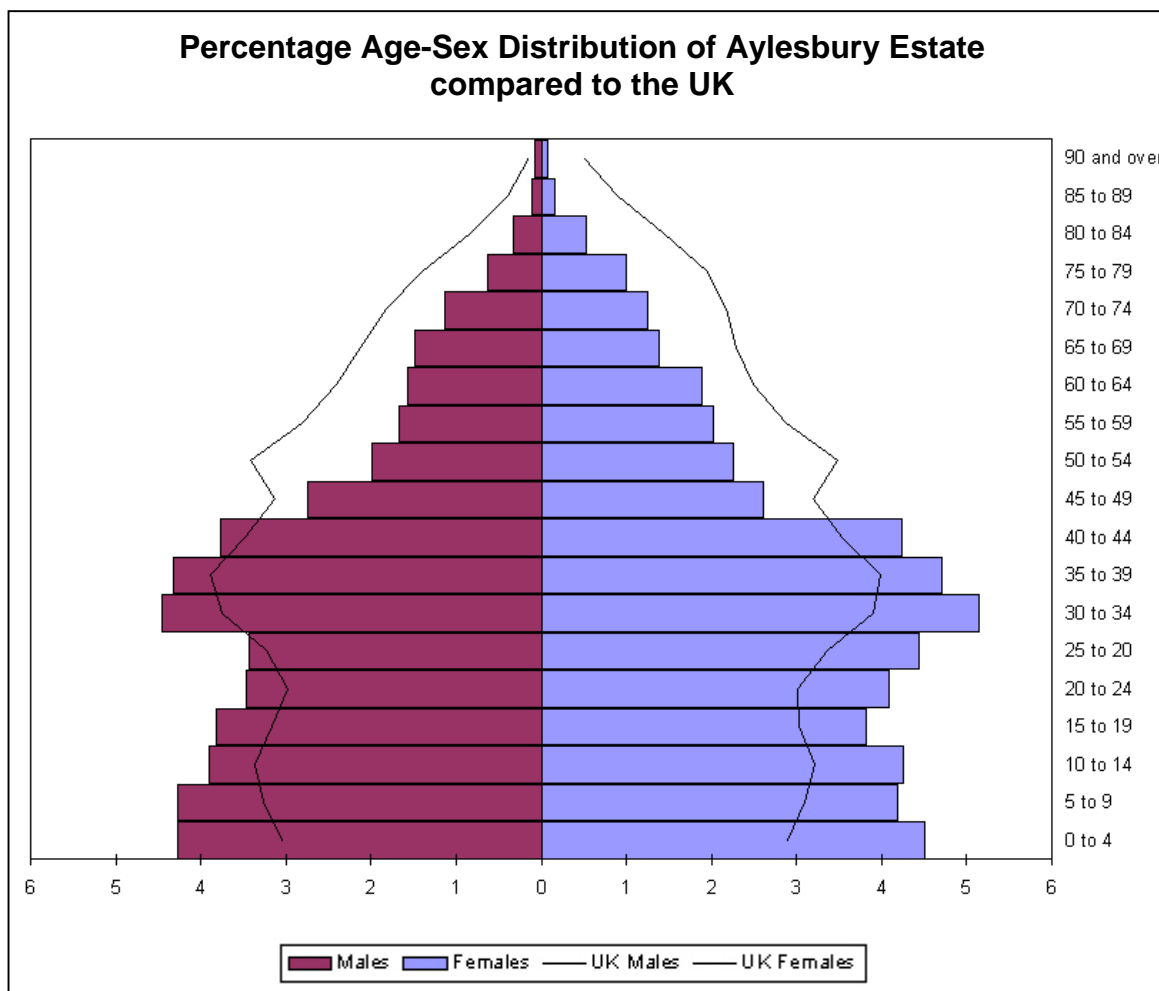


Figure 4.4: Usual female resident population of Southwark by OA.

4.3: Age & Sex

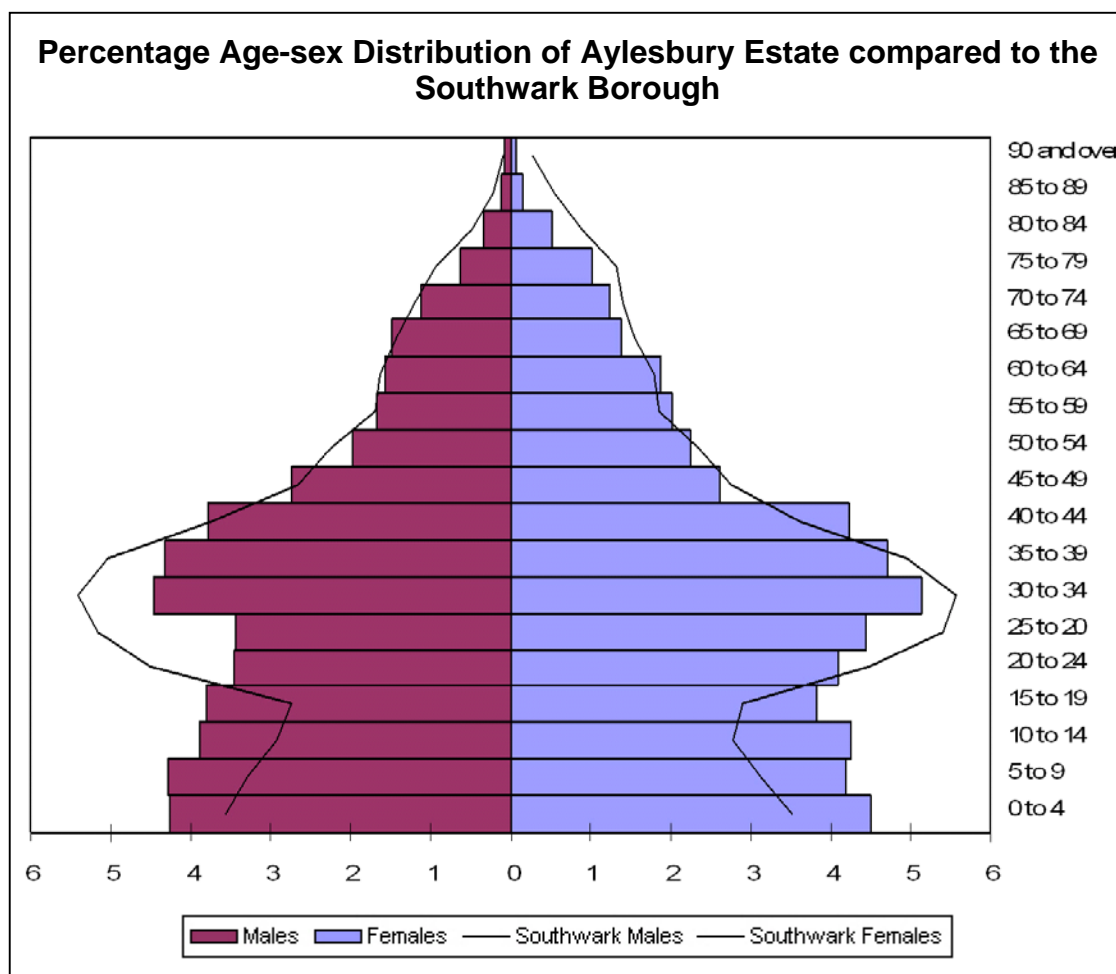
Graph 4.1 illustrates that a higher proportion of children less than 10 years old (8% boys, 9% girls) live on the Aylesbury Estate compared to the UK (6%, boys and girls). In addition, there is an increased proportion of children aged between 10 and 19 within the estate (8%, boys and girls), compared to the UK (6%, boys and girls). This higher proportion of young people continues through middle age up until 45 years old. Consequently the proportion of adults over the age of 45 is less on the estate (12% men, 13% women) than in the UK (18% men, 21% women).



Graph 4.1: Percentage age-sex distribution of Aylesbury Estate compares to the UK.

Graph 4.2 shows that the Aylesbury Estate population also contains a higher proportion under the age of 20 (33% overall, 17% female) compared to that of Southwark (24% overall, 12% female). On the other hand, there is a smaller proportion of young adults age 20 to 39 on the estate (34% overall, 18% females), especially males, compared to Southwark as a whole (40% overall, 20% females).

Further analysis of the age-sex distribution between the Aylesbury Estate and Faraday Ward showed that there was no significant difference between the two.



Graph 4.2: Percentage age-sex distribution of Aylesbury Estate compared to the Southwark.

4.4: Ethnicity

There is large and diverse literature looking at differences in the prevalence of disease between ethnic groups. For example, Table 4.2 lists some of the most commonly cited areas where prevalence is higher amongst some minority ethnic groups than the rest of the population (London Health Observatory, 2004b). By understanding the ethnicity of groups living in the catchment area, health needs of residents can be assessed, although it is essential to distinguish between health differences that are produced by ethnic difference or simply deprivation.

Figure 4.5 and table 4.3 illustrate that Faraday Ward has a larger proportion of ethnic minorities than both Southwark and the UK. Particularly noteworthy is the large proportion of people of black (35%), and Chinese/other origins (5%). Of the black or black British population, 71% are black African, the third largest proportion within the borough (table 4.3).

Condition	Summary of patterns
Diabetes	Lower rates of Insulin Dependent Diabetes (Type I) in S Asian and Caribbean populations.
	But much higher rates of Non-Insulin Dependent (Type II; later onset). Higher rates of diabetes also linked with other conditions such as renal failure and coronary heart disease.
Tuberculosis	High mortality amongst people born in Ireland.
	High incidence amongst new entrants to UK from S Asia.
Coronary Heart Disease	Mortality rates high in S Asian and white populations, and lower in Caribbean.
Stroke	Higher mortality rates amongst people from African and Caribbean commonwealth
Thalassaemia	More common amongst people from S. Europe, Middle East and S Asia.
Sickle Cell	Prevalent in African and Caribbean populations.
Cancer	Mortality rates high amongst people born in Ireland.
	Lower rates for major cancers in those born in Indian subcontinent and (except cervical) Caribbean and African Commonwealth.
	Oral cancers high in South Asian, African groups.

Table 4.2: Examples of conditions where prevalence is known to vary by ethnic group (London Health Observatory, 2004b).

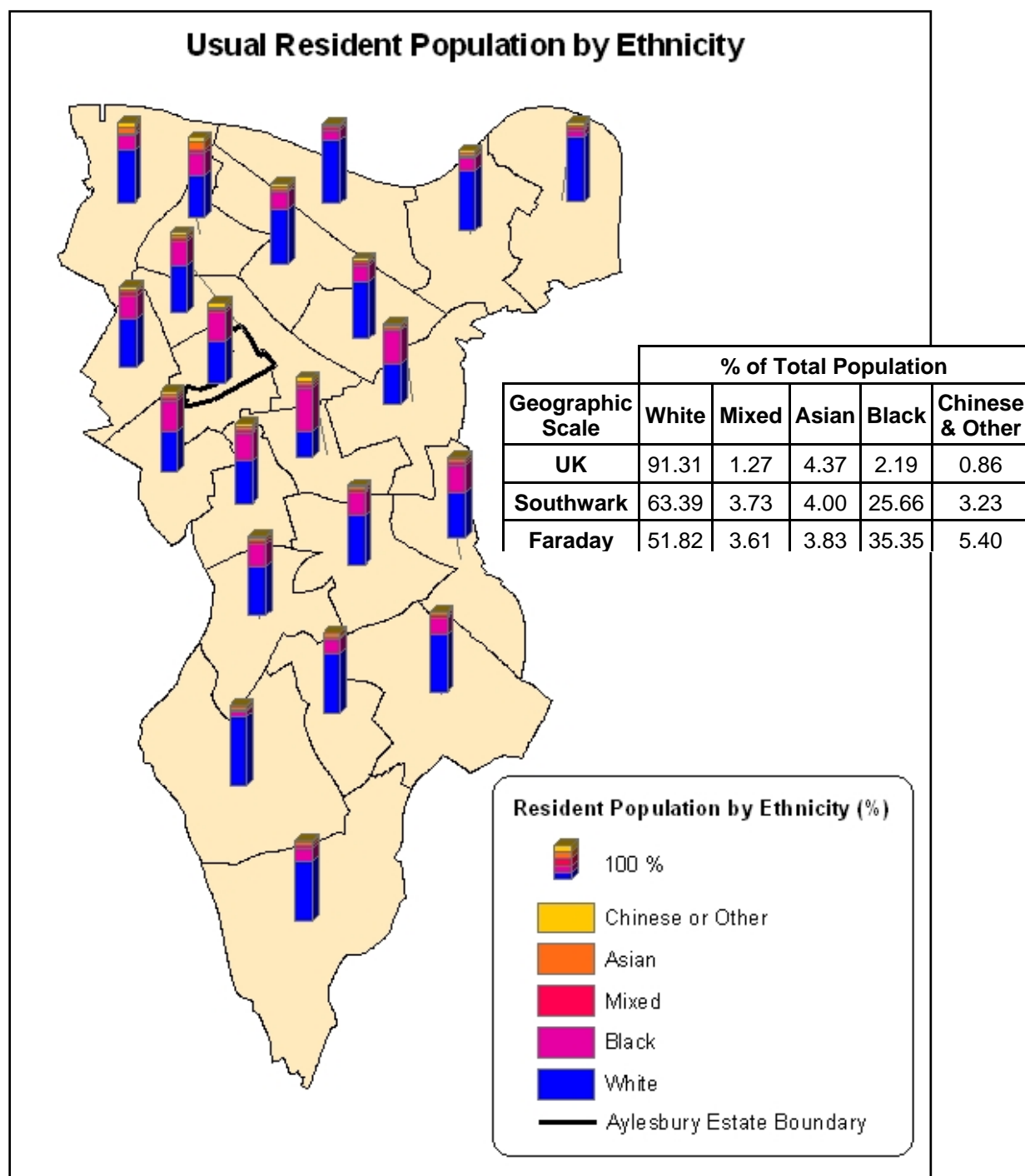


Figure 4.5: Usual resident population by ethnicity for Southwark by Ward.

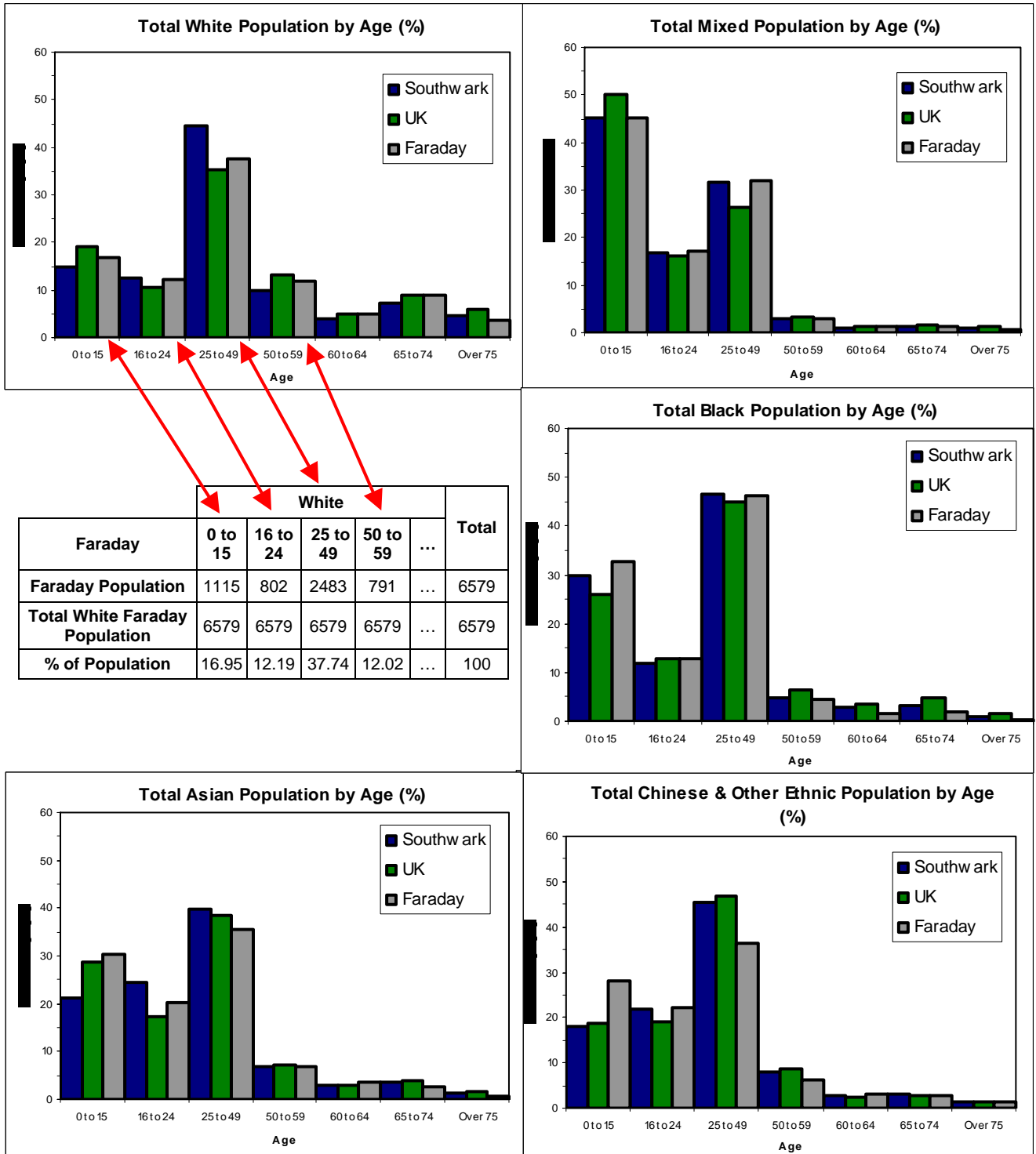
Southwark Primary Care Trust: Aylesbury NDC Community Health Profile

Geographic Scale	White			Mixed				Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group	
	British	Irish	Other White	White & Black Caribbean	White & Black African	White & Asian	Other Mixed	Indian	Pakis-tani	Bangla-deshi	Other Asian	Black Caribb-ean	Black African	Other Black	Chinese	Other Ethnic Group
Brunswick Park	43.88	2.68	7.21	1.58	1.00	0.30	0.98	1.20	0.17	1.63	0.70	12.02	20.24	2.87	1.57	1.93
Camberwell Green	40.41	2.89	6.84	1.86	0.84	0.24	1.20	1.19	0.34	1.32	0.61	11.55	24.60	2.56	1.78	1.73
Cathedrals	50.03	3.62	12.06	1.16	0.81	0.67	1.04	2.13	0.77	3.70	0.69	4.10	12.41	1.25	3.16	2.36
Chaucer	40.23	3.03	9.80	1.27	1.04	0.56	1.40	3.13	0.64	6.26	1.15	4.72	20.37	1.9	2.75	1.80
College	63.69	2.91	6.73	1.47	0.51	0.60	0.87	2.29	0.63	0.94	0.89	6.67	8.57	1.28	1.22	0.60
East Dulwich	63.28	3.79	6.63	1.22	0.54	0.70	0.89	1.94	0.91	0.63	0.79	9.91	5.53	1.67	0.83	0.74
East Walworth	47.28	3.85	7.63	1.36	0.75	0.61	1.11	1.13	0.31	2.92	0.29	6.13	20.98	2.17	1.96	1.53
Faraday	41.49	3.25	7.07	1.29	1.04	0.39	0.91	0.50	0.43	2.63	0.27	7.60	25.18	2.54	3.28	2.13
Grange	56.06	3.96	8.39	1.28	0.78	0.48	1.05	1.79	0.49	1.08	0.66	3.91	16.10	1.09	1.37	1.46
Livesey	41.35	2.96	5.69	1.77	0.83	0.30	0.70	0.89	0.31	0.83	0.38	10.94	27.21	2.83	1.29	1.79
Newington	49.69	4.16	7.02	1.69	1.10	0.34	1.08	0.89	0.02	2.08	0.57	8.25	18.42	1.76	1.55	1.40
Nunhead	46.31	3.08	5.57	1.89	0.98	0.74	1.07	1.28	0.38	0.95	0.77	16.67	15.11	2.86	0.83	1.54
Peckham	25.73	1.93	4.58	1.87	1.07	0.34	1.17	0.69	0.34	1.27	0.67	15.45	35.67	3.59	3.51	2.14
Peckham Rye	60.35	3.34	7.04	1.43	0.77	0.72	1.00	1.22	0.57	0.23	0.96	10.47	9.02	1.71	0.48	0.72
Riverside	63.30	3.52	11.44	0.75	0.64	0.59	0.64	1.27	0.38	0.51	0.45	2.16	10.55	0.85	1.64	1.30
Rotherhithe	63.54	2.64	8.44	0.94	0.55	0.30	0.98	1.50	0.52	0.41	0.53	3.09	12.23	0.99	2.28	1.07
South Bermondsey	61.17	2.65	6.86	1.05	0.62	0.54	1.02	1.13	0.23	0.46	0.50	4.53	14.64	1.08	2.13	1.36
South Camberwell	51.34	2.78	7.26	1.33	0.93	0.57	1.00	1.87	0.75	0.93	0.77	11.07	14.44	1.64	2.03	1.33
Surrey Docks	67.42	2.55	11.22	0.67	0.66	0.82	0.87	2.04	0.30	0.26	0.47	1.89	6.05	0.58	2.82	1.31
The Lane	52.65	3.10	6.26	1.85	0.60	0.76	1.50	1.01	0.76	0.41	0.60	14.16	11.59	2.73	0.79	1.19
Village	75.24	2.85	7.49	0.89	0.52	1.00	0.77	2.48	0.31	0.23	0.47	3.33	2.74	0.58	0.60	0.49
UK	87.49	1.23	2.59	0.46	0.15	0.36	0.30	1.99	1.37	0.54	0.46	1.08	0.92	0.18	0.44	0.42
Southwark (inc Faraday)	52.59	3.12	7.68	1.36	0.79	0.55	1.01	1.50	0.46	1.41	0.63	8.03	15.79	1.83	1.80	1.42
Faraday	41.49	3.25	7.07	1.29	1.04	0.39	0.91	0.50	0.43	2.63	0.27	7.60	25.18	2.54	3.28	2.13

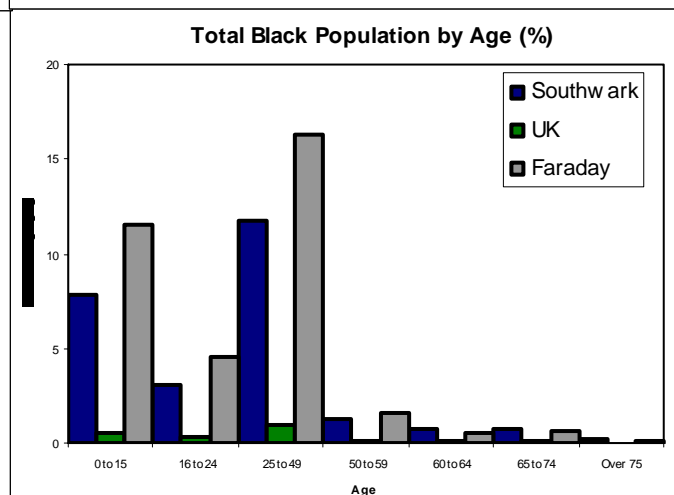
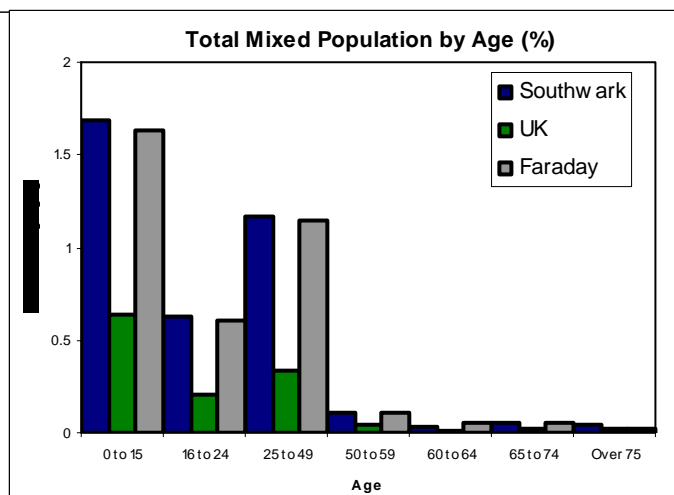
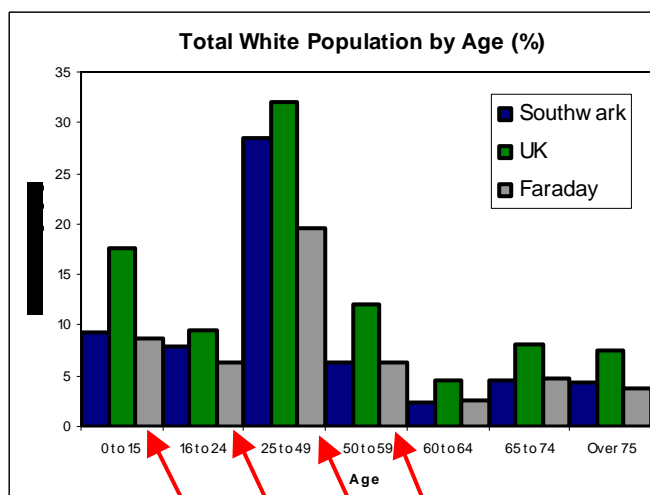
Table 4.3: Proportion of population in Ethnic Groups by ward in relation to the total UK population and Southwark as a whole.

Graphs 4.3 a-e show the distributions of ethnicity as a proportion of each ethnic group, by age, at three different levels of geographical scale. Thus, by adding a classification of bars from one graph together e.g. Faraday, would equal 100% (table 4.4). These graphs illustrate that Faraday contains a high proportion of young children among black and Chinese ethnic groups compared to the age distribution of these groups in either Southwark or the UK. Overall, the age distributions of ethnic groups within Faraday Ward are similar to those within Southwark and the UK.

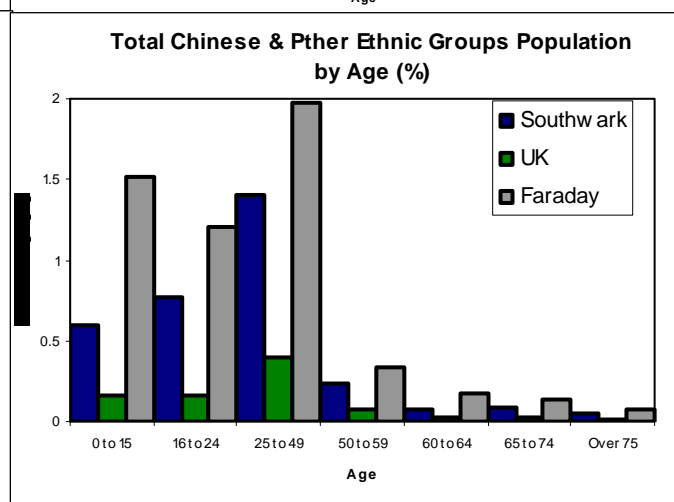
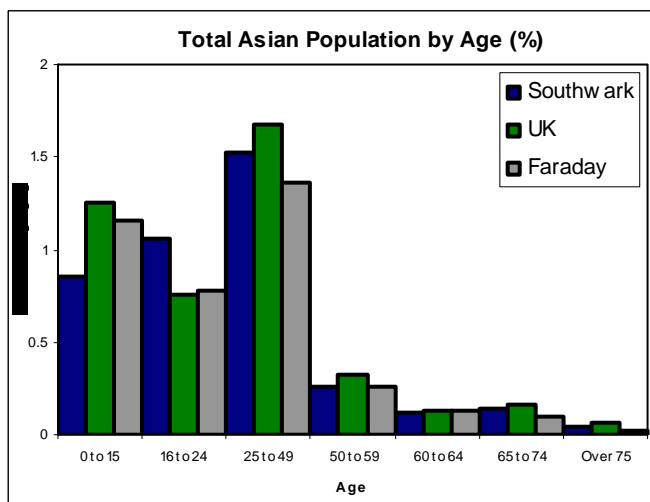
Graphs 4.4 a-e show the distribution of ethnicity as a proportion of the total population, by age, at the three different levels of geographical scale. Thus, adding all of the Faraday bars together in the five graphs would equal 100%. It is important to observe there are different scales on some of the graphs. With this in mind, Faraday's population mainly consists of white and black people under 49 year olds (44%, and 33% respectively).



Graphs 4.3 a-e, & Table 4.4: Ethnicity as a Proportion of each Ethnic Group, by Age.



Faraday	White					Total
	0 to 15	16 to 24	25 to 49	50 to 59	...	
Faraday Population	1115	802	2483	791	...	6579
Total Faraday Population	12697	12697	12697	12697	...	6579
% of Population	8.78	6.32	19.56	6.23	...	100



Graphs 4.4 a-e, & Table 4.5: Ethnicity as a Proportion of the Total Population.

4.5: Demography Key Statistics

- There were approximately 8,345 people living on the Aylesbury Estate in 2001.
- The population of Faraday Ward (which contains the Aylesbury Estate) has risen by 17% between 1991 (10,559) and 2001 (12,697).
- Faraday ward contains the fifth largest population in Southwark, yet occupies the fourth smallest area (87 hectares).
- The Aylesbury Estate contains a younger population than the UK; 75% of Aylesbury Estate is under the age of 45 compared to 60% of the UK population.
- Faraday ward contains a larger proportion of ethnic minorities than both Southwark and the UK. In particular there are a large proportion of people of black (35%, especially African), and Chinese/other origins (5%).
- The age distribution of all ethnic groups, including people of black and Chinese origin is similar to both Southwark and the UK.
- Faraday ward contains large numbers of both black and Chinese people, who tend to be young compared to the general population. This leads to a younger population overall compared to Southwark and the UK.

5. Health Assessment

5.1: Limiting Long-Term Illness

Limiting long-term illness covers any long-term illness, health problem, or disability which limits daily activities or work, where the working age of the population is 16 – 64 years inclusive for men, and 16 – 59 years inclusive for women). As such, figure 5.1 shows that Faraday (14.93%) contains slightly more people with a LLTI than both Southwark (13.40%) and the UK (14.16%).

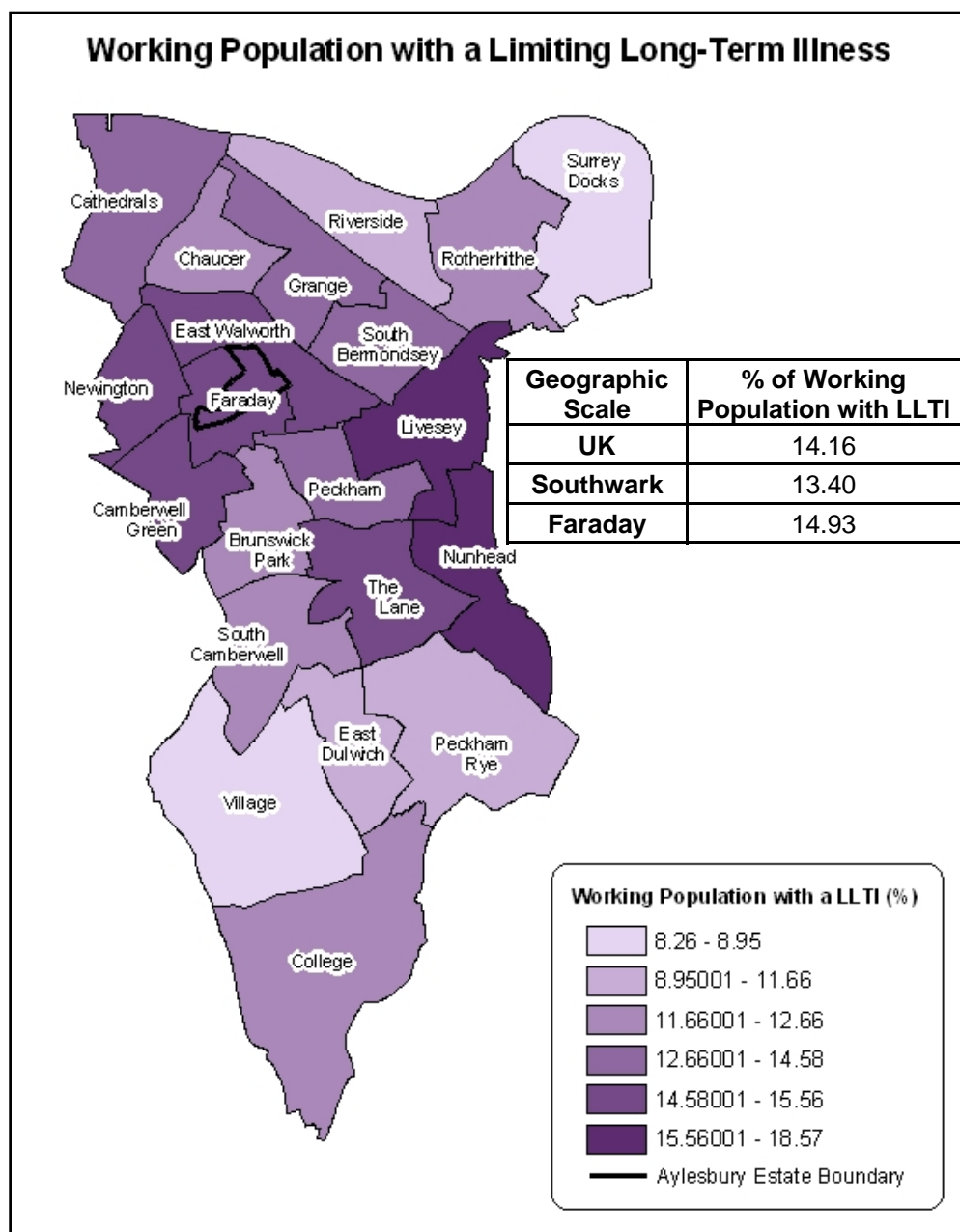


Figure 5.1: Working population with a LLTI within Southwark by Ward.

5.2: General Health

As part of the 2001 census, people were also asked to rate whether over the 12 months prior to Census day (29 April 2001) they perceived their general health to be good, fairly good, or not good (The Office of National Statistics, 2004a). At this point a caveat should be noted since these classifications are dependant on people self-defining their own health.

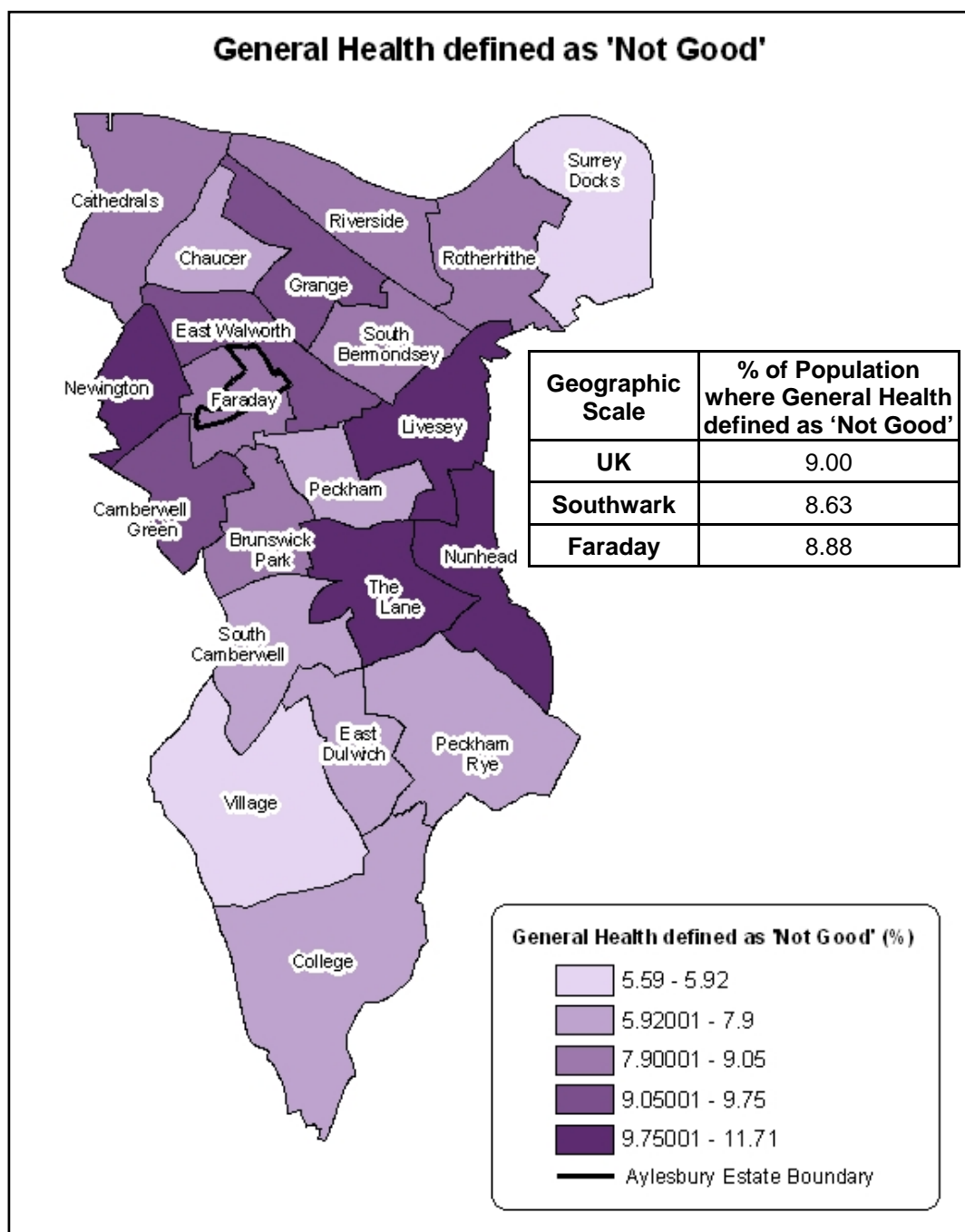
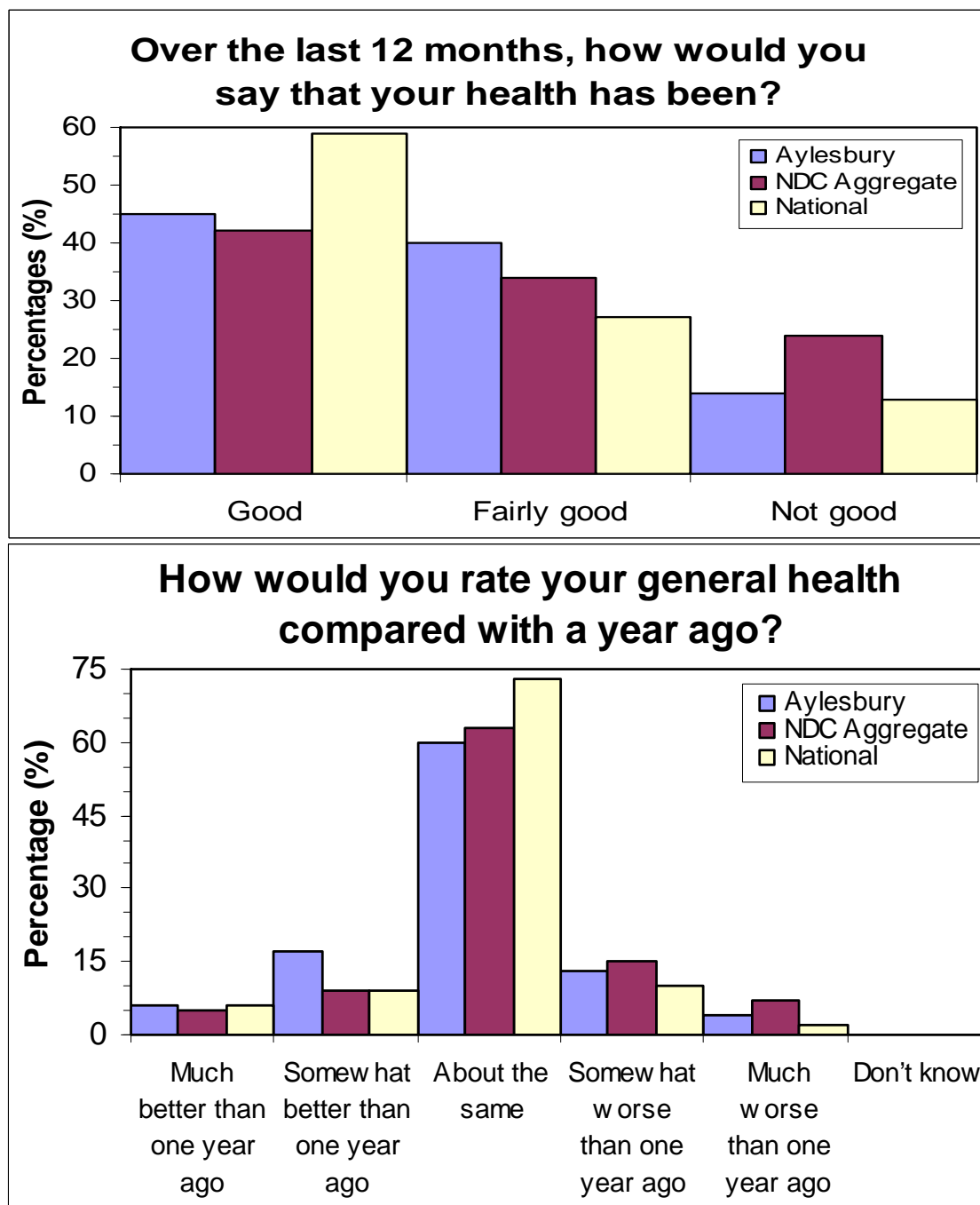


Figure 5.2: All people with not good health within Southwark by Ward.

Nevertheless, the results indicate that fewer people living within Faraday (8.9%, figure 5.2) consider their health to be not good, compared to the UK (9%). However, this is a higher proportion than that recorded among the population of Southwark as a whole (8.6%).



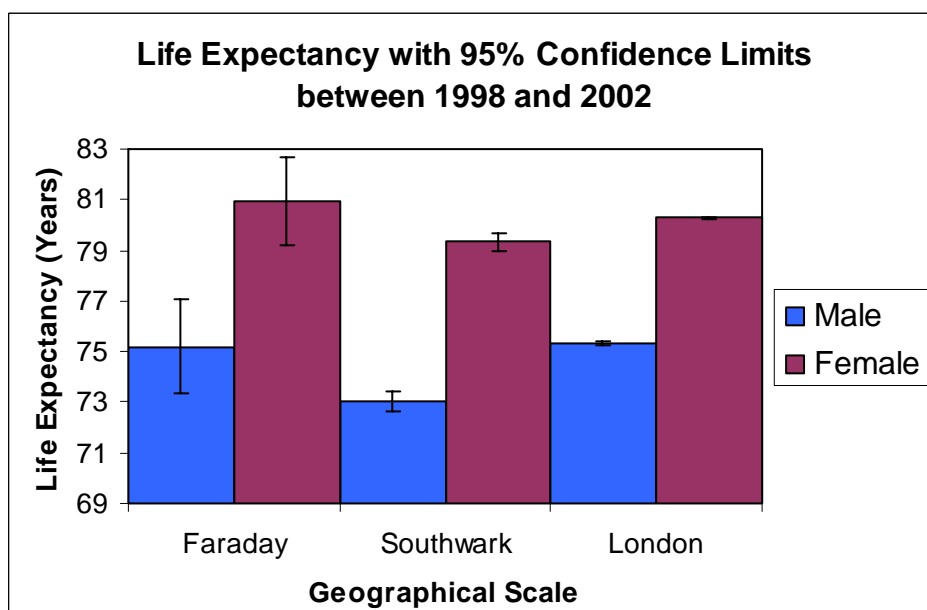
Graph 5.1: General health results from the national evaluation of NDCs survey.

Results from the national evaluation of NDCs survey supports this evidence. When people within the Aylesbury were asked: 'Over the last 12 months, would you say that your health has on the whole been good, fairly good or not good', 12% responded 'not good' (graph 5.1), the same proportion as the country as a

whole. However, 17% of residents thought their general health was somewhat worse or much worse than a year ago (compared to 12% nationally, and 22% for all NDCs). Nevertheless, 23% of residents thought that their general health was somewhat better or much better than a year ago (compared to 15% nationally, and 14% for all NDCs). Thus, an almost equal proportion of residents perceived their general health to have altered (60% thought it had stayed the same).

5.3: Life Expectancy

Average life expectancy is an estimate of how long a baby would be expected to live if current age specific mortality rates remained constant (The London Health Observatory, 2004a). The average life expectancy in England in 1997-99 was 75.2 for males and 80.1 for females (Griffiths and Fitzpatrick, 2001). Between 1998 and 2002 the average life expectancy of a male and female resident in Southwark was 73.1 and 79.3 years respectively (figure 5.3). During that same time period the average life expectancy for Londoners was slightly higher 75.4 and 80.3 for males and females respectively (graph 5.1). Life expectancy for men in Faraday was virtually the same as in London, and only slightly higher for women. However, confidence intervals were wide, so Faraday life expectancy values are not classified as being significantly different to those across London as a whole.



Graph 5.2: Life Expectancy with 95% Confidence Limits Between 1998 and 2002.

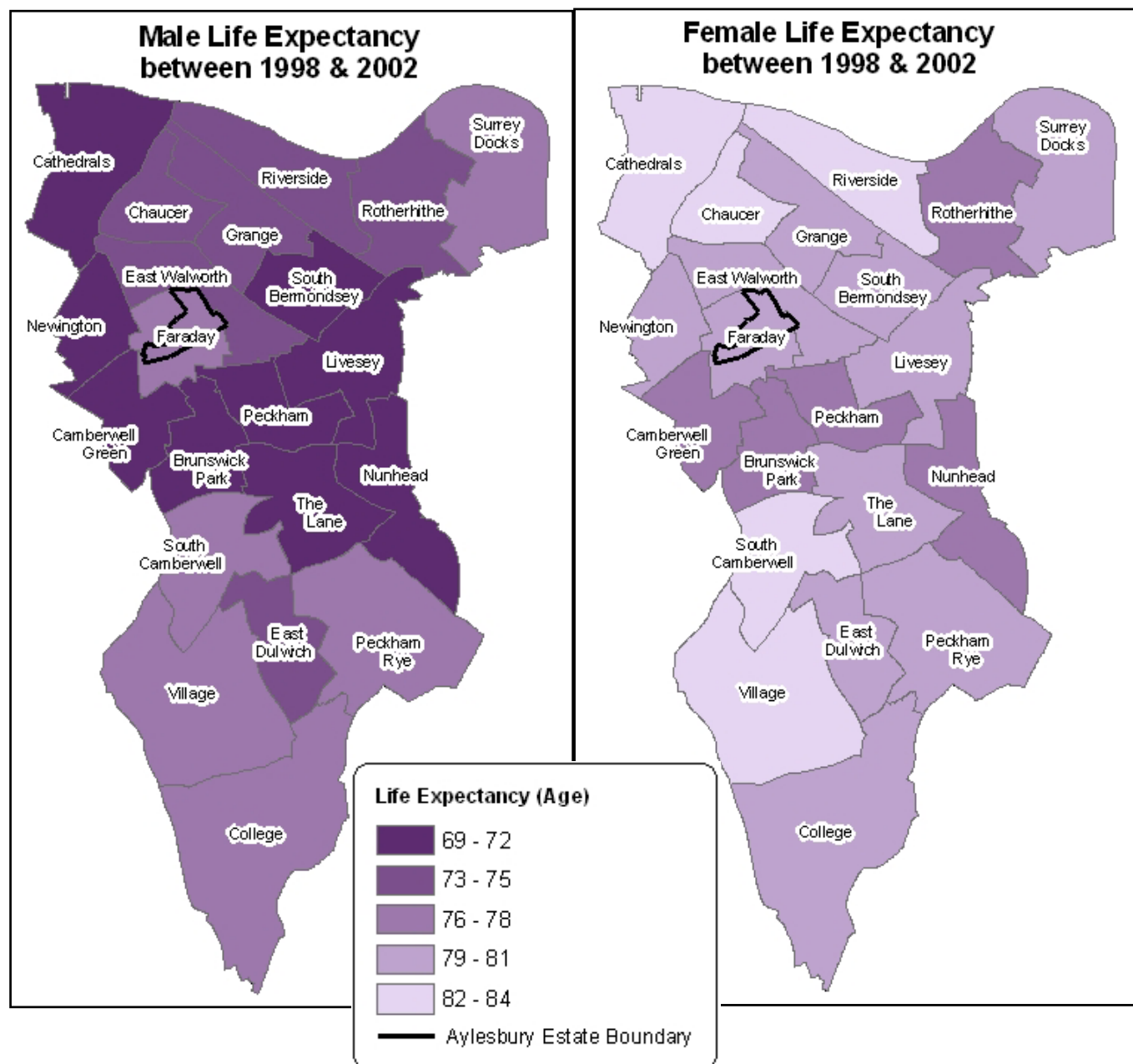


Figure 5.3: Male and female life expectancy between 1998 and 2002 within Southwark by Ward

5.4: Standard Mortality Ratios

Standard Mortality Ratios (SMR) take account of both the size and age structure of a population thereby allowing the mortality experience of two populations to be compared. By definition, the SMR of the 'standard' population (usually the population of the UK as a whole) is set at 100 and an SMR in the 'comparison' population of over 100 indicates that, after accounting for differences in age and sex, there were more deaths than would be expected. An SMR below 100 indicate fewer deaths than expected. The SMR can be interpreted as a percentage, and an SMR of 110 means that the

mortality in the comparison populations is 10% higher than in the standard population.

5.4.1: SMRs for All Causes

Figure 5.4 and graph 5.3 illustrate the variation of SMRs for all causes of death for people under the age of 75 between 1998 and 2002 by ward in Southwark.

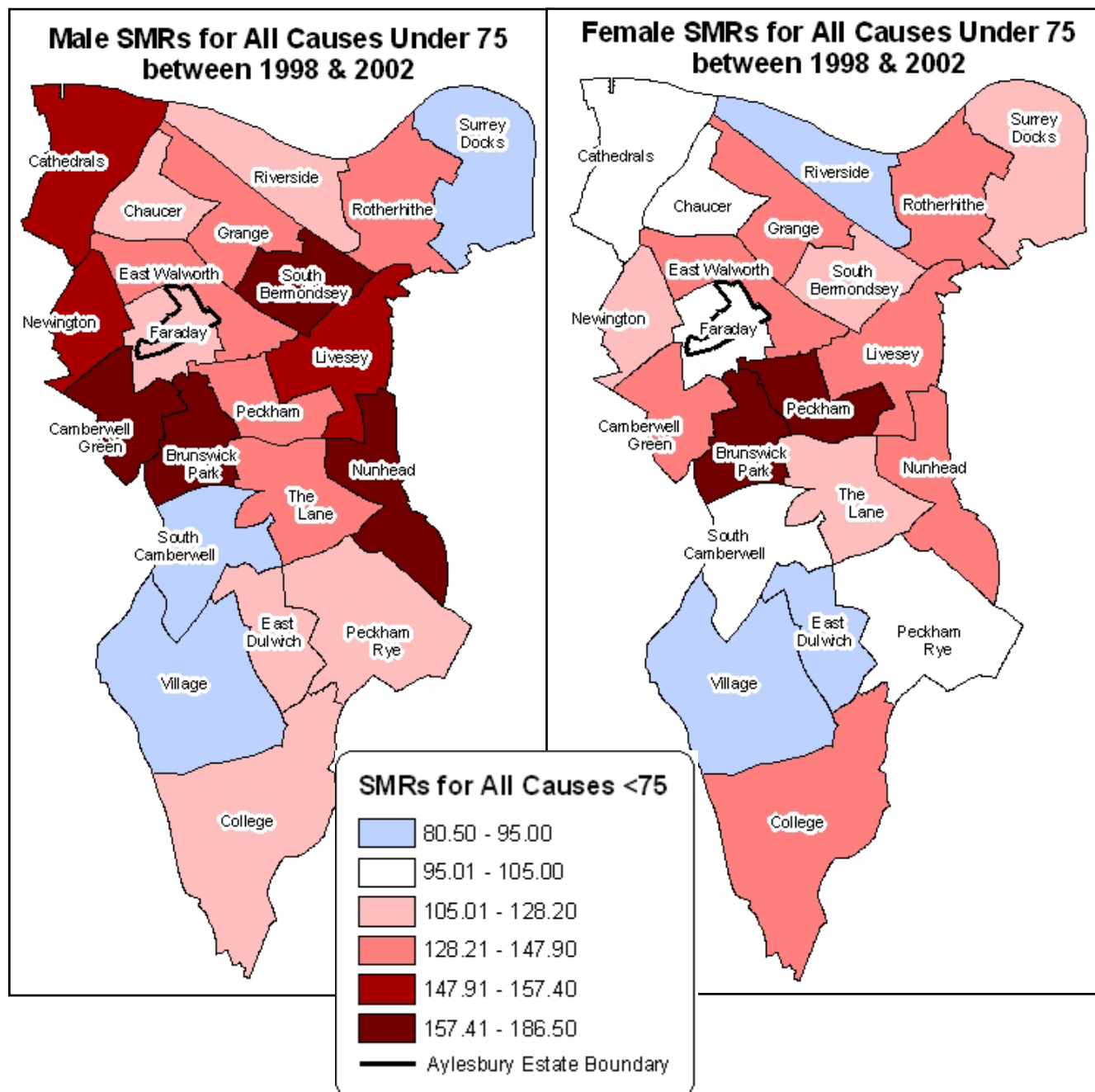
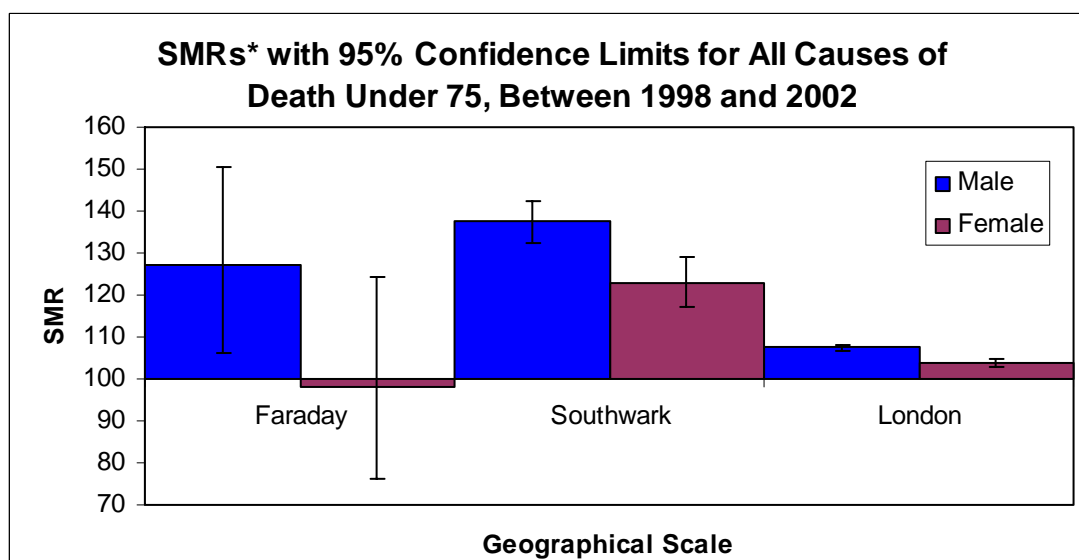


Figure 5.4: Male and female SMRs for all causes under 75 between 1998 and 2002.

Deaths under 75 are less likely to be due to old age, and therefore might be avoidable. SMRs for males within Faraday are 27% higher than the UK,

although they are lower than Southwark compared to the UK (137%, graph 5.3). It should be noted that the lower confidence level of Faraday's male SMRs is greater than 100, so SMRs for all causes is significantly greater than that of the UK. However, SMRs for females within Faraday are virtually the same as the UK.



Graph 5.3: SMRs with 95% Confidence Limits for All Causes of Death Under 75, between 1998 and 2002 (* 100 = Baseline/UK level), for Faraday, Southwark, and London.

5.4.2: SMRs for Circulatory Disease

Heart and Circulatory Diseases are the biggest killers in the United Kingdom; within this Coronary Heart Disease (CHD) is the most common cause of premature death. Although the death rates from this disease have been falling steadily in recent years, only Ireland and Finland have a higher death rate from CHD among developed countries (British Heart Foundation, 2003).

Graph 5.4 and figure 5.5 show that 30% more deaths were attributed to circulatory disease amongst men less than 75 years old within Faraday, between 1998 and 2002, than within the UK. However, the lower confidence level of Faraday includes 100 so this value is not significantly different to the UK as a whole. Unfortunately, data was unavailable for women in Faraday Ward, although SMRs for Southwark were higher for men than women (131%).

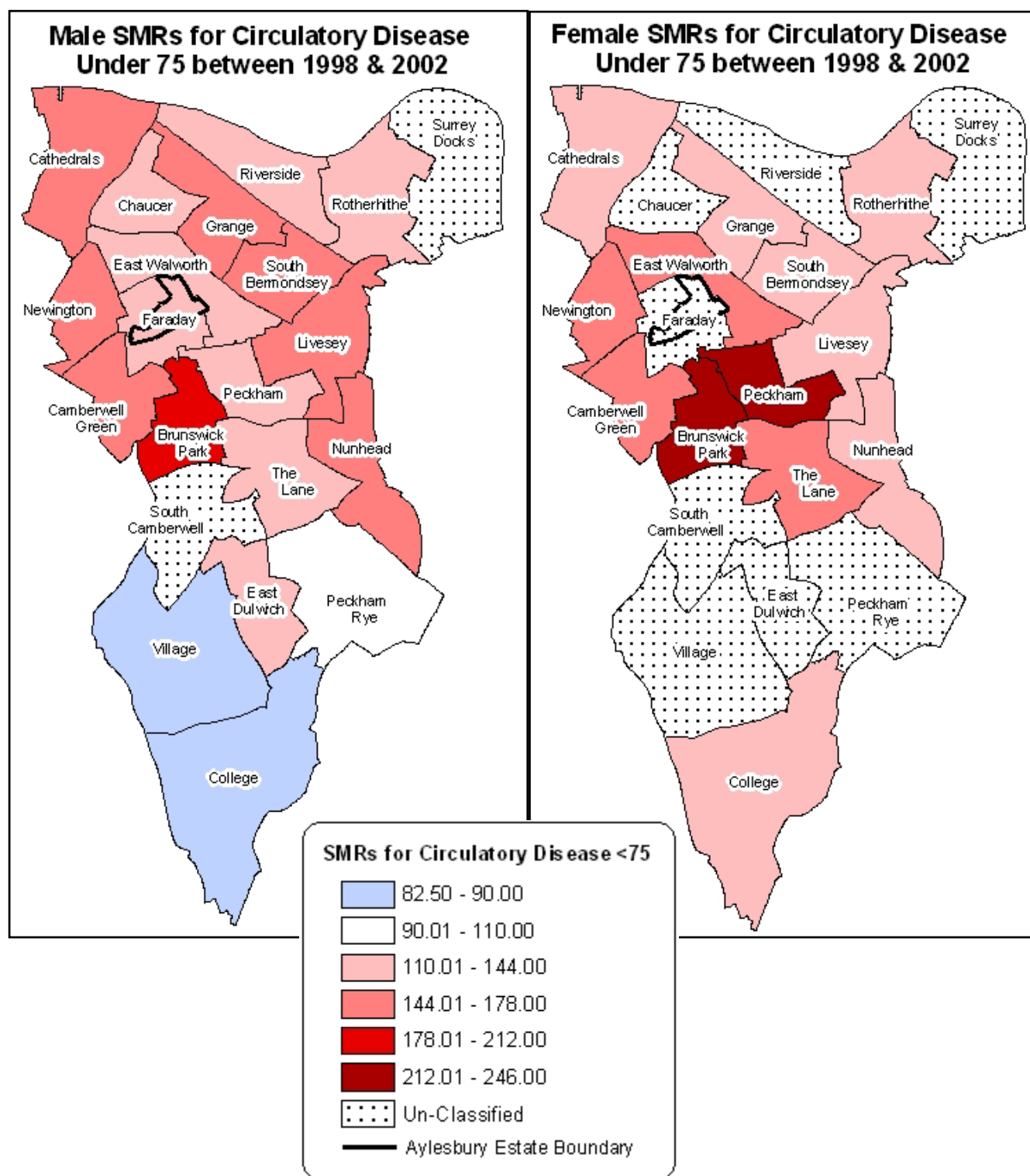
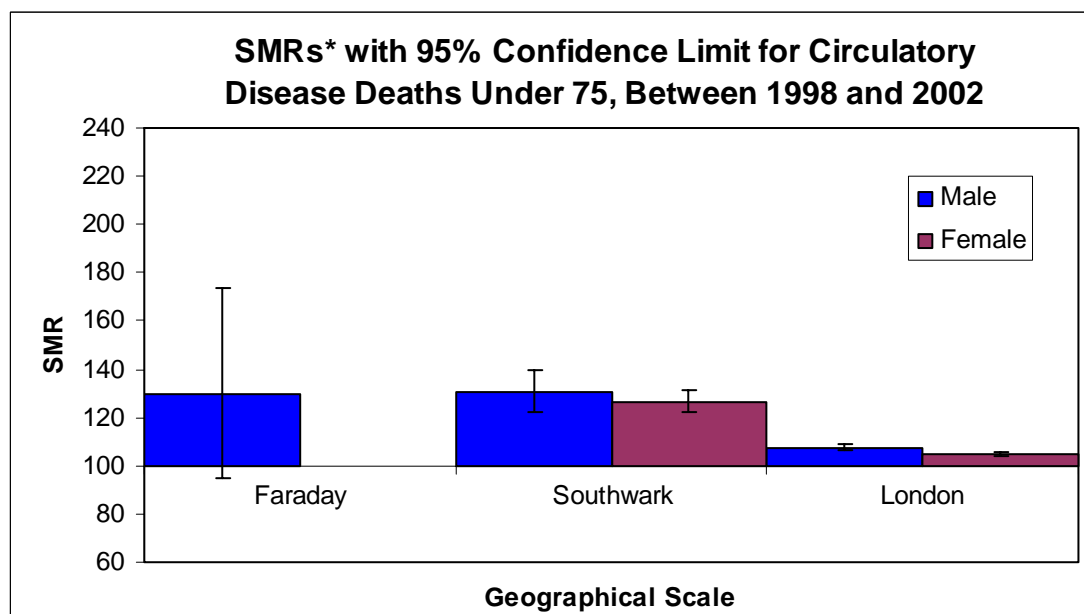


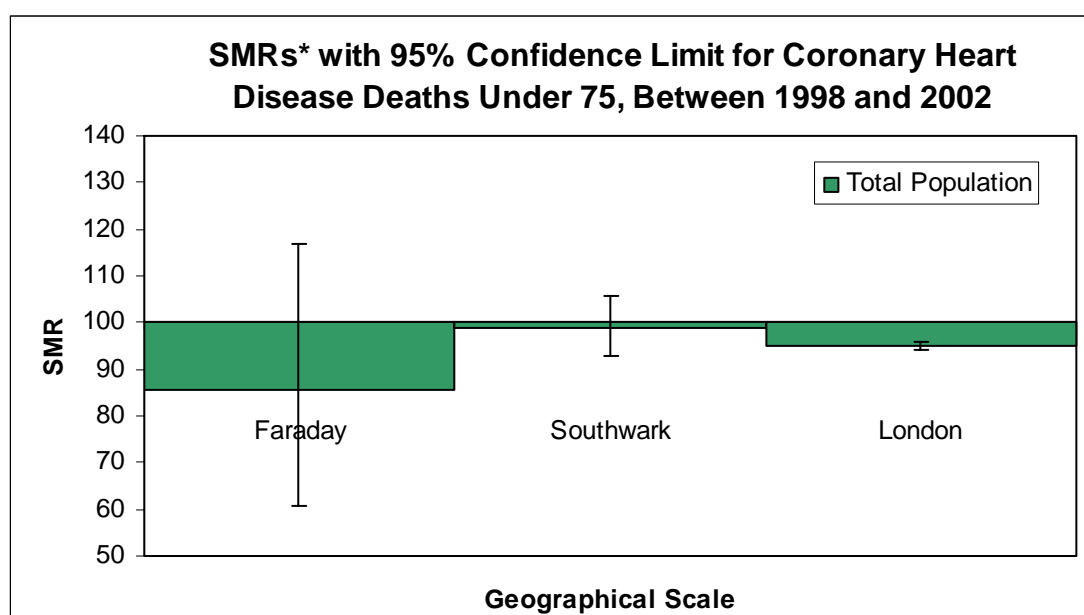
Figure 5.5: Male and female SMRs for Circulatory disease under 75 between 1998 and 2002.



Graph 5.4: SMRs with 95% Confidence Limits for Circulatory Disease Deaths Under 75, between 1998 and 2002 (Faraday Females = no data available, * 100 = Baseline/UK level) , for Faraday, Southwark, and London.

5.4.3: SMRs for Coronary Heart Disease (CHD)

Unfortunately statistics of SMRs for CHD were unavailable separately for men and woman under 75 years old (graph 5.5 and figure 5.6). Nevertheless SMRs for CHD amongst all people under 75 years old were lower in Faraday (85%) than the UK. However, the upper confidence level includes 100, so this is not considered significantly different.



Graph 5.5: SMRs with 95% Confidence Limits for Coronary Heart Disease Deaths Under 75, between 1998 and 2002 (* 100 = Baseline/UK level), for Faraday, Southwark, and London.

Since SMRs values of all circulatory disease under 75 equalled 130% for men within Faraday, but CHD SMRs were lower (85% for men and women), it is reasonable to assume that SMRs for other circulatory diseases must be high to have produced these overall circulatory disease values. Although data are not available, this suggests stroke SMRs may be higher in Faraday Ward, and possibly Southwark as a whole.

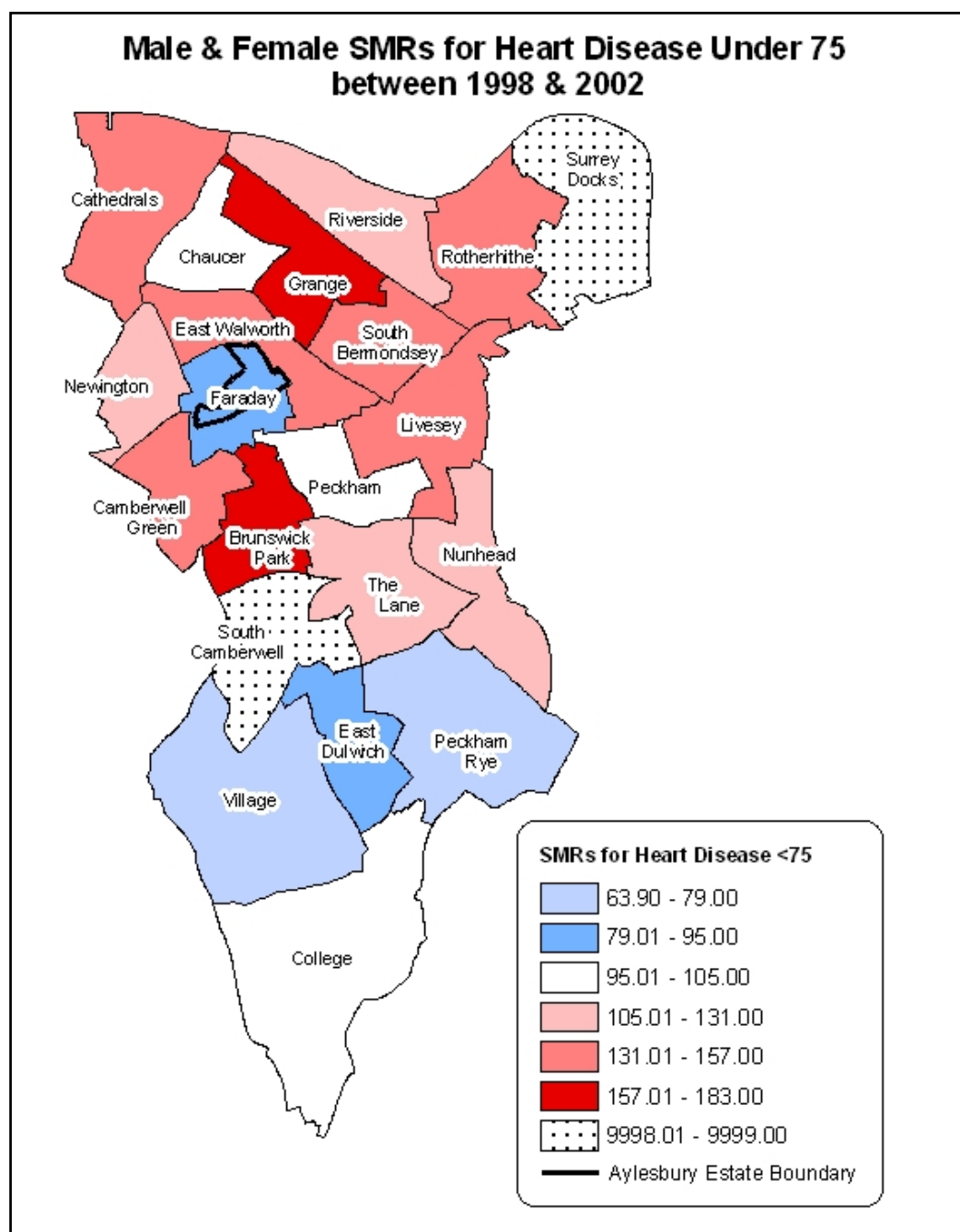


Figure 5.6: Male and female SMRs for heart under 75 between 1998 and 2002.

5.4.4: SMRs for Cancer

Similar to the other SMR values discussed above, statistics of cancer SMRs were unavailable separately for men and woman under 75 years old. Nonetheless, figure 5.7 and graph 5.6 show cancer SMRs amongst people under 75 years old were higher in Faraday (114%) than within the UK, although the lower confidence level of Faraday was again large, and included 100. Unfortunately, SMRs for different types of cancer were unavailable at ward level i.e. lung, breast, etc.

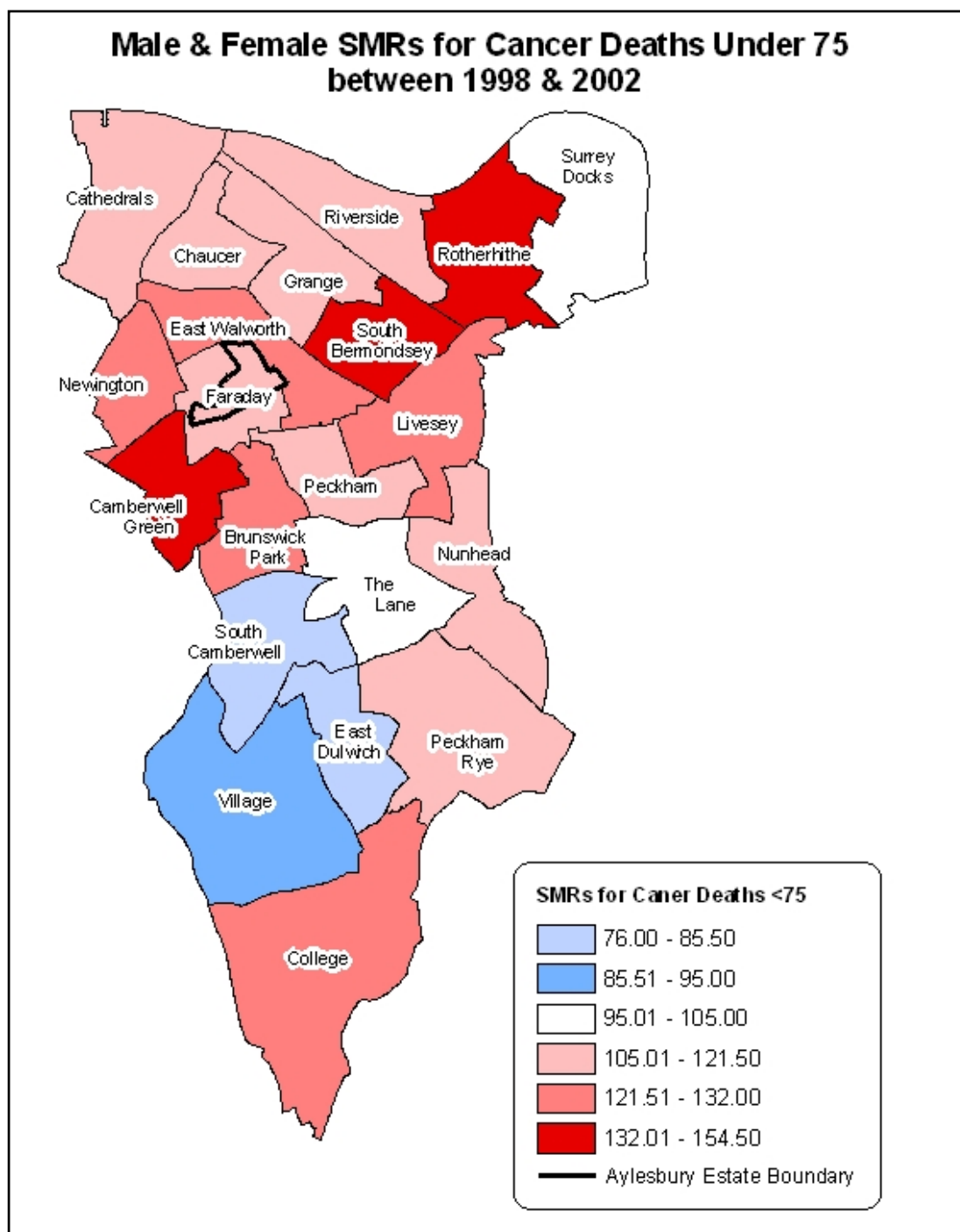
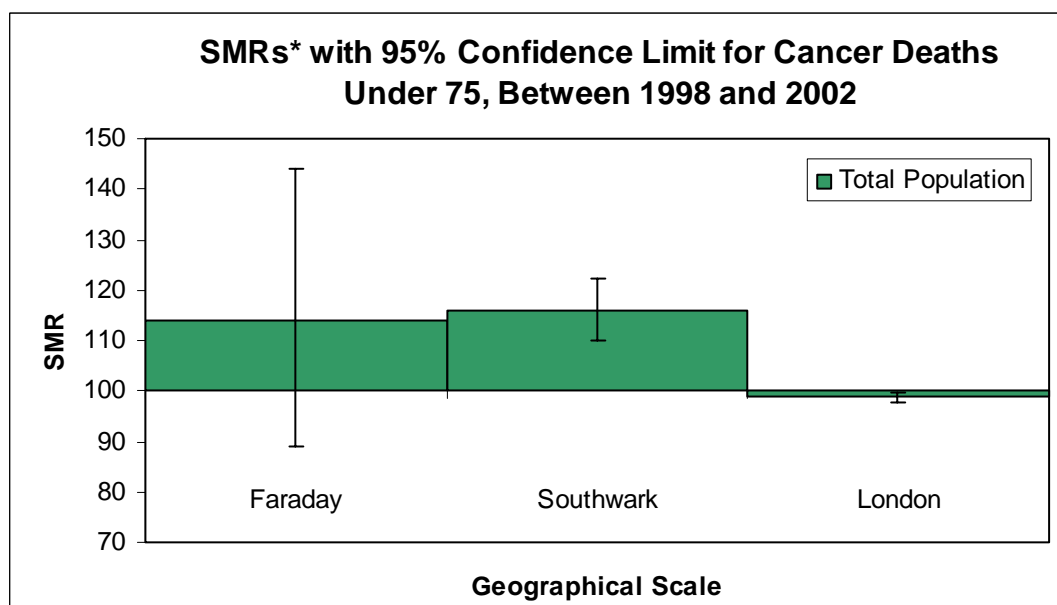


Figure 5.7: Male and female SMRs for cancer under 75 between 1998 and 2002.



Graph 5.6: SMRs with 95% Confidence Limits for Cancer Deaths Under 75, between 1998 and 2002 (* 100 = Baseline/UK level) , for Faraday, Southwark, and London.

5.5: Teenage Pregnancy

According to the DoH (2004) Britain has the highest teenage pregnancy birth rate in Western Europe. In 1998, the baseline year for Government's *Teenage Pregnancy Strategy*, there were around 41,000 conceptions among the under 18s in England, resulting in 23,600 births. Britain's teenage birth rates are three times those in France and six times those in the Netherlands. While other countries have achieved dramatic reductions in teenage pregnancy rates during the 1980s and 1990s, the UK rates have remained static. Although many young parents manage extremely well, teenage births carry increased risks for both the parents and their babies. Teenage parents are more likely than their peers to be living, and trapped in poverty, through lack of access to education, employment, child care and other support.

Analysis of figure 5.8 shows Faraday Ward had a rate of 44.8 conceptions per 1,000 females between 13 and 17 years old, during 2000, a 25% increase in conceptions for the same age group from 1999. Nevertheless, this rate is only 0.5% higher than the UK rate, slightly less than that of Southwark as a whole, which stands at 45.3 per 1,000.

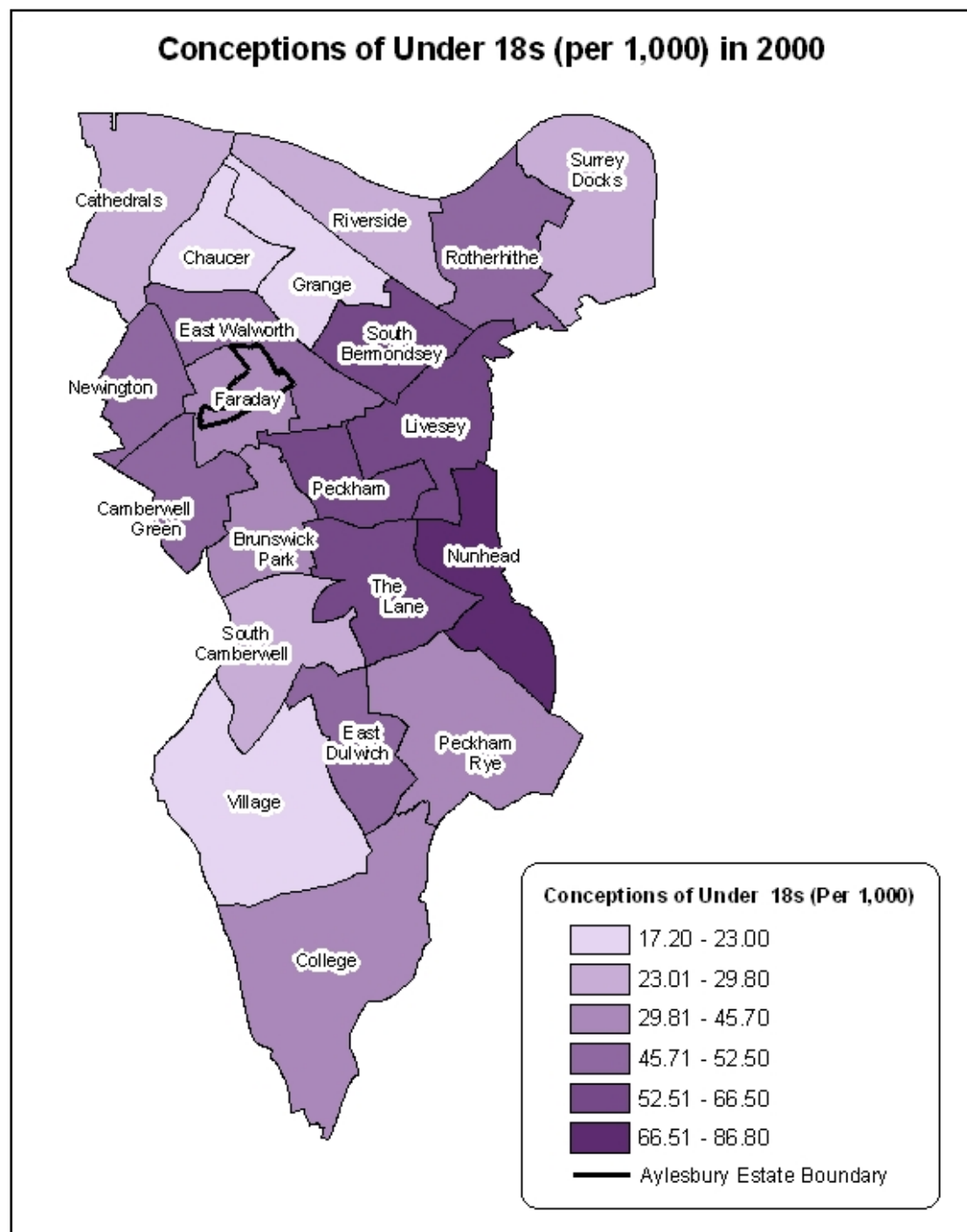
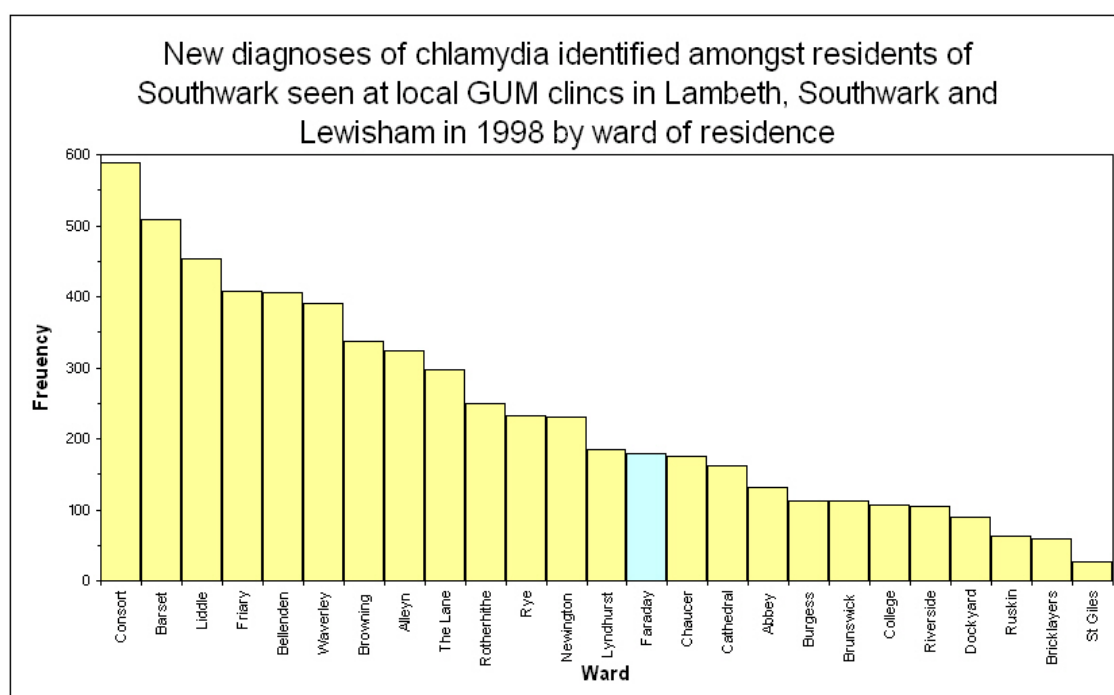


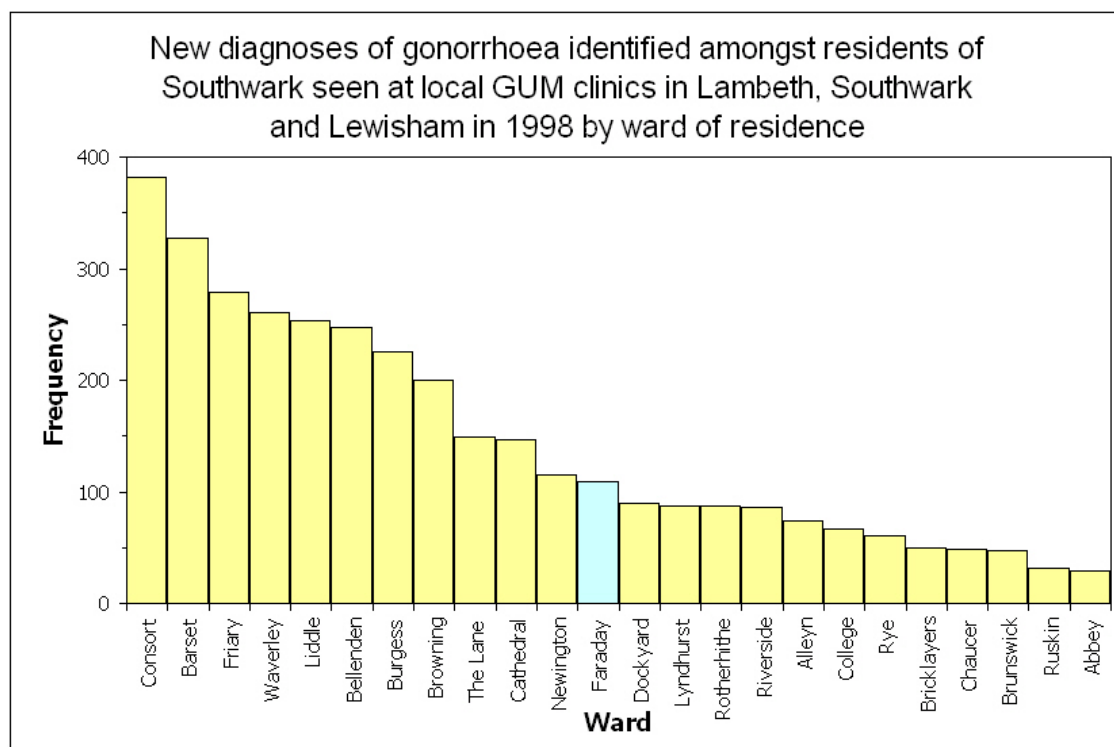
Figure 5.8: Conceptions of under 18s in 2000.

5.6 Sexually Transmitted Diseases

The information analysed below represents the latest local disaggregate STD data available at both borough and ward level. Diagnoses of all conditions were made locally at Genitourinary Medicine (GUM) clinics, and then matched against the 1998 postcode dataset for the United Kingdom to assign ward of residence. In total 61.0% (793/1301) of gonorrhoea diagnoses reported to Southwark PCT were ascribed a borough and ward of residence, as were 57.8% (1172/2029) of chlamydia diagnoses. The total number of gonorrhoea and chlamydia diagnoses matched to the borough and wards in Southwark appears in graphs 5.7 and 5.8. These show there were twenty three and fourteen cases of Chlamydia and Gonorrhoea in Faraday during 1998, respectively. This equates to 180 and 109 new diagnoses in every 100,000 people, the tenth and twelfth worst levels in the borough. Southwark has a very high incidence of sexually transmitted disease, so although these are not the highest rates in the borough, they are still cause for concern. Again a caveat should be noted within this dataset since evidence suggests the actual number of diagnoses occurring amongst Southwark residents is almost certainly higher than those reported.



Graph 5.7: New diagnoses of chlamydia identified amongst residents of Southwark seen at local GUM clinics in Lambeth, Southwark and Lewisham during 1998, by ward of residence.



Graph 5.8: New diagnoses of gonorrhoea identified amongst residents of Southwark seen at local GUM clinics in Lambeth, Southwark and Lewisham during 1998, by ward of residence

5.7: Low Birth Weight

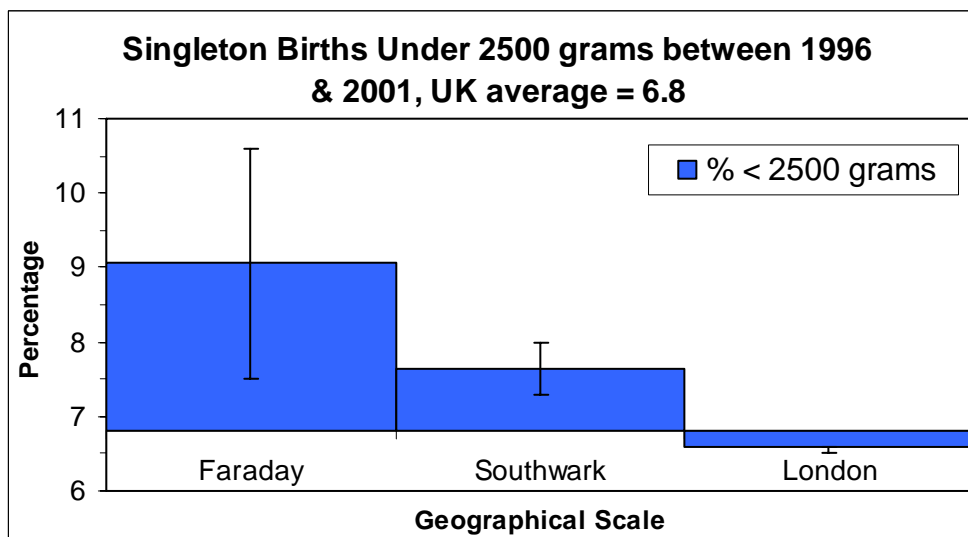
Low birth weight (LBW) is a major contributor to infant mortality and morbidity, and care of the LBW infant is costly. These data are limited to singleton births in order to explore factors other than plurality (multiple births) that may be influencing LBW trends. The London Health Observatory has mapped infant mortality by London Boroughs for a study of Health Inequalities across London for 2001. This research showed that 4 Boroughs had a higher rate of low birth rates than the rest of London: Hackney, Lewisham, Southwark and Lambeth (Fitzpatrick and Jacobson, 2001).

The World Health Organisation defines categories of birthweight as the following (World Health Organisation, 1999):

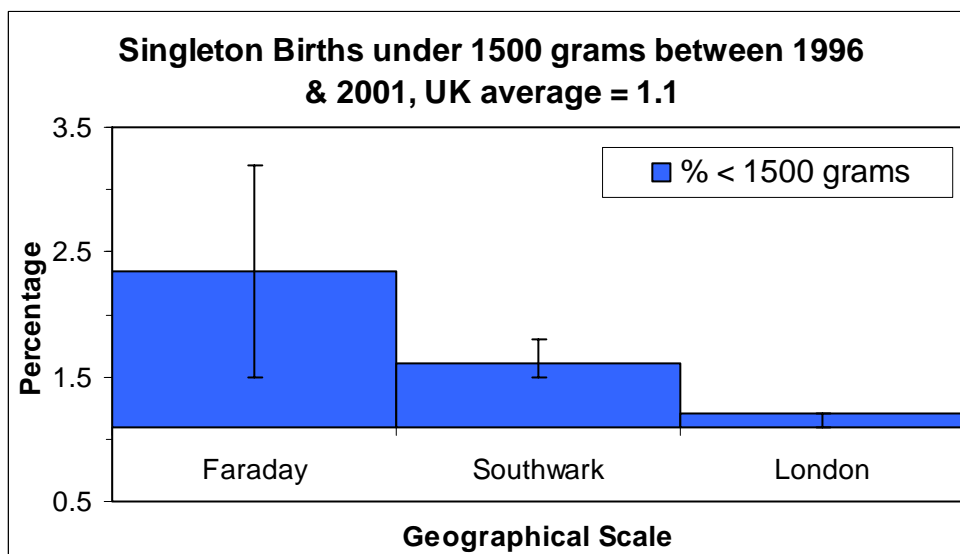
- **Very Low Birthweight:** weight of foetus or newborn after birth is less than 1,500g (up to and including 1,499 g)
- **Low Birthweight:** weight of foetus or newborn after birth is less than 2,500g (up to and including 2,499g)

Birthweight specific infant mortality rates show that infant mortality decreases dramatically with increasing birthweight, conversely the likelihood of an infant's chance of survival decreases with falling birthweights, once birthweight falls below 1,500g the mortality the rate rises abruptly.

Thus, areas with a large percentage of very low birthweight babies have higher infant mortality rates. In 2001 1.2 % of all live births in England weighed less than 1,500 grams while 7.2 % of babies weighed less than 2,500g. In Faraday, 23% of babies weighed less than 1,500g, and 9.11 less than 2,500g (between 1996 and 2001, table 5.2, and graphs 5.10 and 11), significantly different than the national figures



Graph 5.9: Singleton births under 2500 grams between 1996 & 2001.



Graph 5.10: Singleton births under 1500 grams between 1996 & 2001.

Ward Name	Live Births 1996-2001	live births with birthweight recorded	Live < 2,500	live < 1,500	% < 2,500	Lower Confidence Interval	Upper Confidence Interval	% < 1,500	Lower Confidence Interval	Upper Confidence Interval
Brunswick Park	1240	1223	82	20	6.70	5.30	8.10	1.64	0.90	2.30
Camberwell Green	1386	1367	119	30	8.71	7.20	10.20	2.19	1.40	3.00
Cathedrals	836	808	72	12	8.91	6.90	10.90	1.49	0.70	2.30
Chaucer	1149	1128	86	26	7.62	6.10	9.20	2.30	1.40	3.20
College	870	855	53	6	6.20	4.60	7.80	0.70	0.10	1.30
East Dulwich	1099	1088	60	16	5.51	4.20	6.90	1.47	0.80	2.20
East Walworth	1322	1290	115	27	8.91	7.40	10.50	2.09	1.30	2.90
Faraday	1294	1281	116	30	9.06	7.50	10.60	2.34	1.50	3.20
Grange	1059	1044	86	10	8.24	6.60	9.90	0.96	0.40	1.50
Livesey	1411	1396	99	24	7.09	5.70	8.40	1.72	1.00	2.40
Newington	1147	1129	104	27	9.21	7.50	10.90	2.39	1.50	2.20
Nunhead	1146	1127	113	22	10.03	8.30	11.80	1.95	1.10	2.80
Peckham	1611	1593	135	30	8.47	7.10	9.80	1.88	1.20	2.60
Peckham Rye	1115	1099	68	11	6.19	4.80	7.60	1.00	0.40	1.60
Riverside	924	910	79	11	8.68	6.90	10.50	1.21	0.50	1.90
Rotherhithe	999	983	81	17	8.24	6.50	10.00	1.73	0.90	2.50
South Bermondsey	1250	1232	89	14	7.22	5.80	8.70	1.14	0.50	1.70
South Camberwell	1027	1018	73	15	7.17	5.60	8.80	1.47	0.70	2.20
Surrey Docks	940	932	54	10	5.79	4.30	7.30	1.07	0.40	1.70
The Lane	1243	1228	84	18	6.84	5.40	8.30	1.47	0.80	2.10
Village	968	957	44	6	4.60	3.30	5.90	0.63	0.10	1.10
Southwark	24026	23688	1812	382	7.65	7.30	8.00	1.61	1.50	1.80
London	630704	609505	40076	7019	6.6	6.50	6.60	1.2	1.10	1.20
England	1784630	1730976	118021	18916	6.8	6.80	6.9	1.1	1.10	1.10

Table 5.1: Singleton births by birthweight throughout the UK, between 1996 & 2001.

5.8: Sickle Cell Disease

Sickle Cell Disease is a group of inherited red blood cell disorders. Normal red blood cells are round like doughnuts, and they move through small blood tubes in the body to deliver oxygen. Sickle red blood cells become hard, sticky and shaped like sickles (used to cut wheat). When these hard and pointed red cells go through the small blood tube, they clog the flow and break apart. This can cause pain, damage and a low blood count, or anaemia.

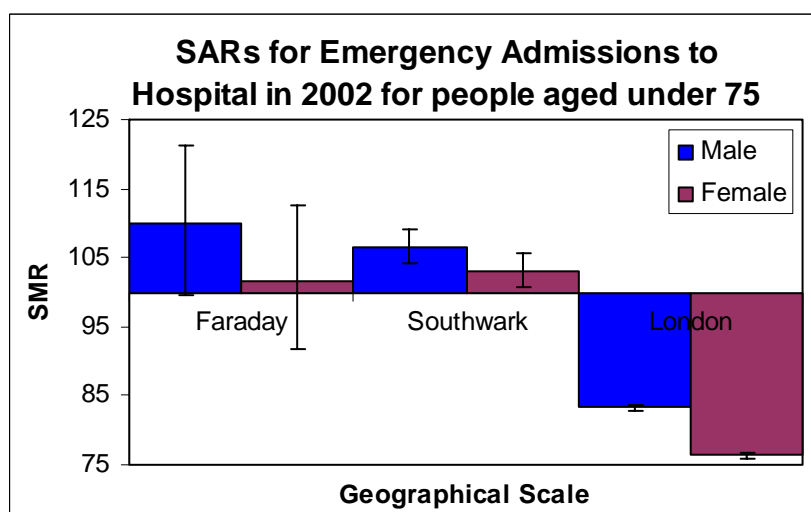
Red blood cells become sickle if haemoglobin that carries oxygen inside the cell changes, causing the haemoglobin to form long rods in the red cell when it gives away oxygen. These rigid rods change the red cell into a sickle shape instead of the round shape. Sickle cell disease is inherited through abnormal haemoglobin from the parents, who may be carriers or parents with sickle cell disease. It cannot be caught; a person is born with the sickle cell haemoglobin which is present for life..

Sickle cell disease develops in many nationalities, especially Americans, Africans, Arabs, Greeks, Italians, Latin Americans, and those from India. A person can also be Caucasian and have sickle cell disease. Thus, all races are screened for this abnormal haemoglobin at birth. This simple blood test will detect sickle cell gene, and other abnormal forms of haemoglobin, such as C trait or E trait.

From July to December 2002 (inclusive) 167 newborn children were tested for sickle cell disease whose mother was normally resident in Faraday Ward. Of these, 155 (93%) tests showed no signs of sickle cell gene, a further ten (6%) showed signs of haemoglobin causing sickle cell disease, and only one (1%) haemoglobin C trait. Of the 4,121 newborn children tested across Southwark, 3,973 (96%) showed no signs of sickle cell disease, 120 (3%) haemoglobin causing sickle cell disease or trait, and 29 haemoglobin C trait (1%). These numbers are very small, making comparisons difficult, but it seems Faraday has a higher incidence of sickle cell among newborns than Southwark as a whole. However, results are not unsurprising, given the high proportion of ethnic minorities in Faraday.

5.9: Emergency Admissions

Emergency hospital admissions evaluate the number, and age-structure of admissions rates caused by a wide range of different injuries. Types of injury include accidents (broken down into road traffic accidents, accidents caused by fire, accidental falls), suicide, undetermined injury, and homicide (London Health Observatory, 2004c). Figure 5.9 and graph 5.11 show that the Standardised Admission Ratios (SARs) in Faraday Ward are 10 and 2% (male and female, respectively) higher than the levels seen in the UK. However, both of these values have confidence levels which include 100, so they are not significantly different to the country as a whole. In London though, SARs are significantly lower than the UK, with rates for men and women 27 and 14% lower (respectively).



Graph 5.11: SARs for emergency admissions to hospital in 2002 for people ages under 75, compared to the UK as a whole.

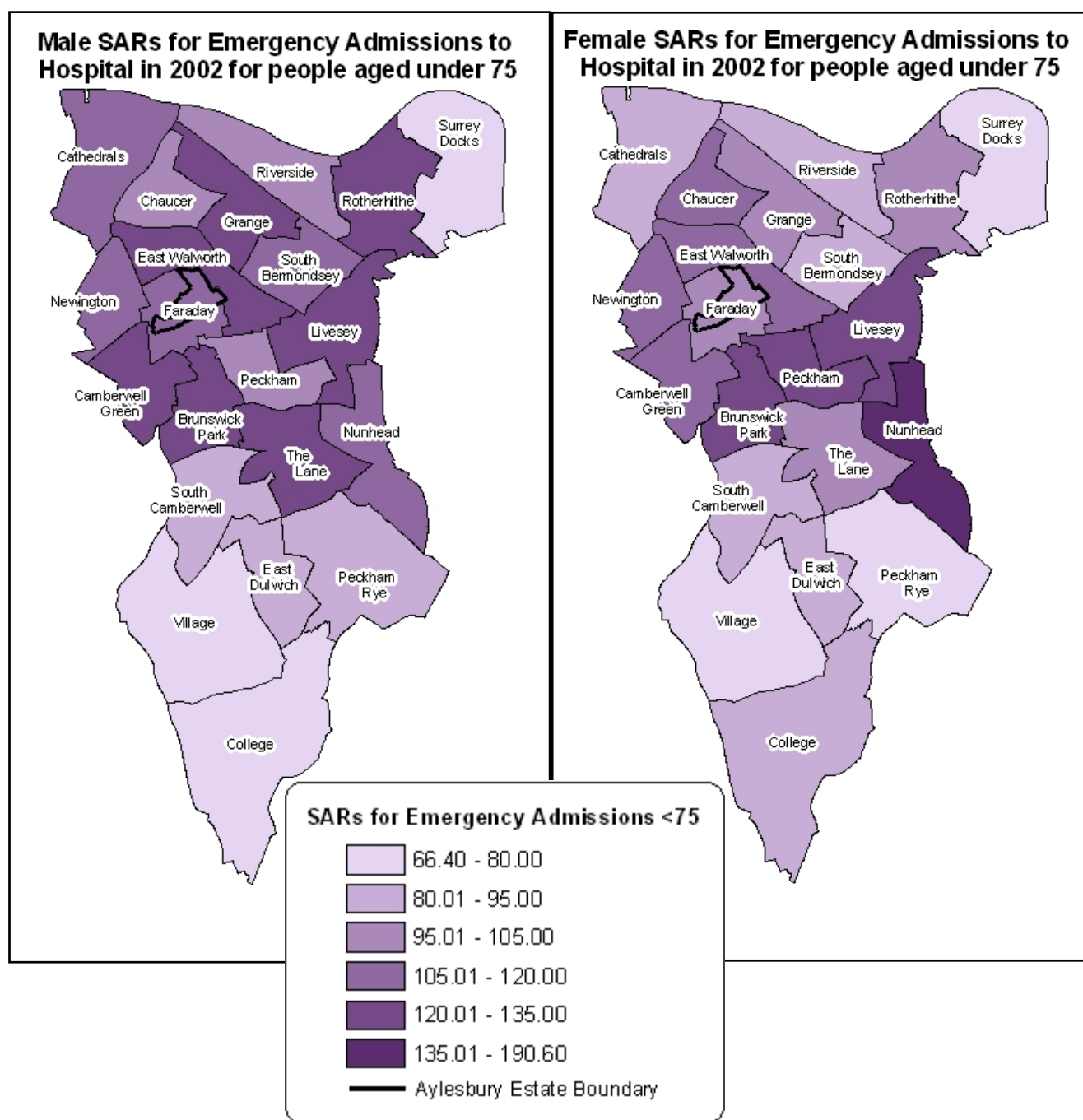


Figure 5.9: SARs for emergency admissions to hospital in 2002 for people ages under 75.

5.10: Health Assessment Key Statistics

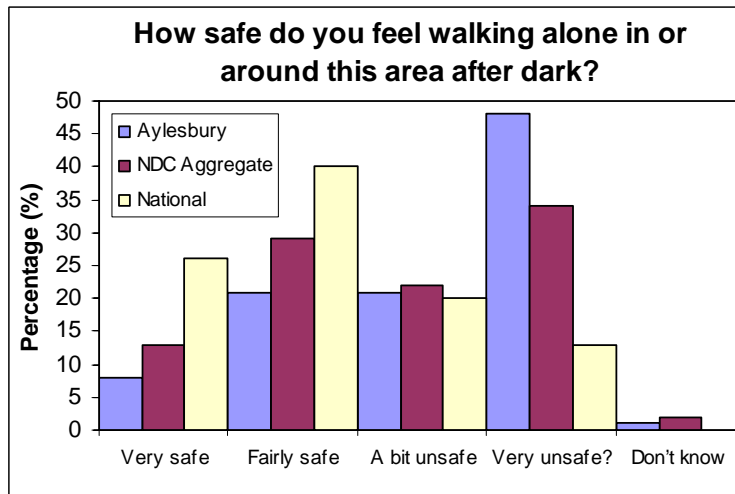
- Faraday (14.93%) contains a slightly higher proportion of people with a LLTI than both Southwark (13.40%) and the UK (14.16%).
- Aylesbury residents do not believe their health is any worse than those in other NDC areas and the UK in general.
- Life expectancy for men in Faraday was a little less than that in London, but greater than the whole of Southwark. However, the differences are not significant.
- The SMR for all causes of death for males under 75 within Faraday (127%) is significantly higher than the UK, but not as high as the SMR for the whole of Southwark.
- SMRs for deaths due to circulatory disease, CHD and cancer within Faraday are not significantly different to those seen within the UK.
- However, SMRs for male deaths due to circulatory disease in Faraday are higher than the UK, but male deaths due to CHD are lower than the UK. This suggests a high proportion of deaths due to stroke in Faraday Ward, and possibly Southwark as a whole.
- The teenage pregnancy rate in Faraday ward is similar to that in Southwark and England, but the rate rose by 25% between 1999 and 2000.
- Faraday has the tenth and twelfth highest new diagnosis of Chlamydia and Gonorrhoea in the borough (180 and 109 in every 100,000 people, respectively).
- A high proportion of babies in Faraday Ward suffered from either low or very low birth weight compared to either Southwark or Faraday.
- Faraday demonstrates higher proportions of newborn babies with sickle cell gene compared to Southwark, although numbers are small.
- Standardised Admission Ratios (SARs) for emergency admissions in Faraday are higher but not significantly different from those in the UK.

6. Health Determinants

6.1: Crime

Metropolitan Police postcode precision CRIS crime allegation data in 2003 (table 6.1), demonstrates that Faraday Ward suffered from some of the highest levels of crime within Southwark. For example, over 182 households (which own a vehicle) experienced some kind of vehicle crime out of every 1,000 households in Faraday, the sixth highest rank within Southwark. Similarly, Faraday is ranked the sixth highest ward in Southwark for people who have been arrested for possessing, or supplying drugs, and committing violence against a person (9.36, and 28.67 people respectively, per 1,000 applicable people). Faraday also has the fourth and fifth highest level of street crime and public order offences (18.9, 3.27 people per 1,000 applicable people, respectively). However, Faraday is only the fifteenth highest ranked ward where residential burglary occurs, with just over 23 in every 1,000 households burgled during 2002.

Consequently, the national evaluation of NDCs survey shows that 48% of residents from the Aylesbury Estate feel very unsafe when walking alone in or around the area after dark (graph 6.1). This level is 15% percent higher than the NDC aggregate, and 35% higher than the national average.



Graph 6.1: Perception of fear results from the national evaluation of NDCs survey.

Southwark Primary Care Trust: Aylesbury NDC Community Health Profile

Ward Name	Violence Against the Person	Proportion of Total population (Per ,000)	Rank	Street Crime	Proportion of Total population (Per ,000)	Rank	Residential Burglary	Proportion of Households (Per ,000)	Rank	Vehicle Crime	Proportion of Households with a Vehicle (Per ,000)	Rank	Public Order Offence	Proportion of Total Population 18 & Over (Per ,000)	Rank	Drugs (Possession & Supply)	Proportion of Total Population 18 & Over (Per ,000)	Rank
Brunswick Park	309	27.75	7	150	13.47	6	193	42.03	4	362	171.97	8	16	1.90	13	44	5.23	11
Camberwell Green	518	40.48	3	344	26.88	1	212	38.54	8	569	275.54	1	34	3.54	3	101	10.52	5
Cathedrals	352	26.84	9	153	11.67	8	117	22.48	16	532	251.18	2	25	2.30	10	71	6.52	8
Chaucer	323	24.74	12	127	9.73	11	83	16.08	21	221	102.89	15	18	1.74	14	51	4.92	12
College	176	17.10	18	53	5.15	18	195	42.35	2	227	78.82	21	8	0.99	20	17	2.10	17
East Dulwich	201	18.54	16	48	4.43	20	118	25.36	13	238	85.03	19	17	1.93	12	17	1.93	19
East Walworth	478	39.83	5	244	20.33	3	219	40.68	5	410	192.85	4	25	2.69	8	111	11.94	4
Faraday	364	28.67	6	240	18.90	4	121	23.07	15	389	182.12	6	30	3.27	5	86	9.36	6
Grange	315	26.28	10	120	10.01	10	149	26.23	11	420	177.97	7	29	3.02	6	57	5.93	10
Livesey	482	39.93	4	122	10.11	9	166	32.49	10	492	232.62	3	20	2.27	11	120	13.64	3
Newington	327	25.41	11	169	13.13	7	111	19.24	17	235	101.42	17	27	2.73	7	61	6.16	9
Nunhead	280	27.26	8	89	8.67	13	183	40.46	6	336	157.97	9	11	1.38	17	66	8.29	7
Peckham	463	40.68	2	210	18.45	5	80	19.02	19	264	134.42	12	29	3.82	2	140	18.42	1
Peckham Rye	169	15.02	19	40	3.56	21	129	26.16	12	246	83.90	20	6	0.68	21	17	1.94	18
Riverside	242	22.04	14	97	8.84	12	96	17.74	20	360	135.70	11	13	1.43	16	41	4.50	14
Rotherhithe	276	24.22	13	76	6.67	15	125	24.35	14	463	185.27	5	30	3.36	4	35	3.92	15
South Bermondsey	230	19.77	15	60	5.16	17	171	32.81	9	284	115.31	14	22	2.49	9	40	4.53	13
South Camberwell	200	17.71	17	70	6.20	16	204	42.24	3	257	102.23	16	10	1.12	18	23	2.57	16
Surrey Docks	159	14.01	20	57	5.02	19	101	19.17	18	319	100.00	18	16	1.68	15	18	1.89	20
The Lane	499	41.68	1	273	22.80	2	204	38.55	7	352	144.50	10	45	4.83	1	142	15.23	2
Village	110	10.49	21	80	7.63	14	188	45.95	1	342	117.24	13	8	1.01	19	14	1.76	21
Southwark Total	6,473	26.12		2,822	11.28		3,165	30.24		7,318	149.00		439	2.29		1,272	6.73	

Table 6.1: Crimes by ward within Southwark, between 2002 and 2003 (Metropolitan Police postcode precision CRIS crime allegation data).

6.2: Index of Multiple Deprivation

The Index of Deprivation 2000, developed for the then Department of the Environment, Transport and the Regions, is a measure of deprivation for every ward and local authority area in England. It combines a number of indicators which cover a range of domains (Income, Employment, Health Deprivation and Disability, Education, Skills and Training, Housing and Geographical Access to Services) into a single deprivation score for each area.

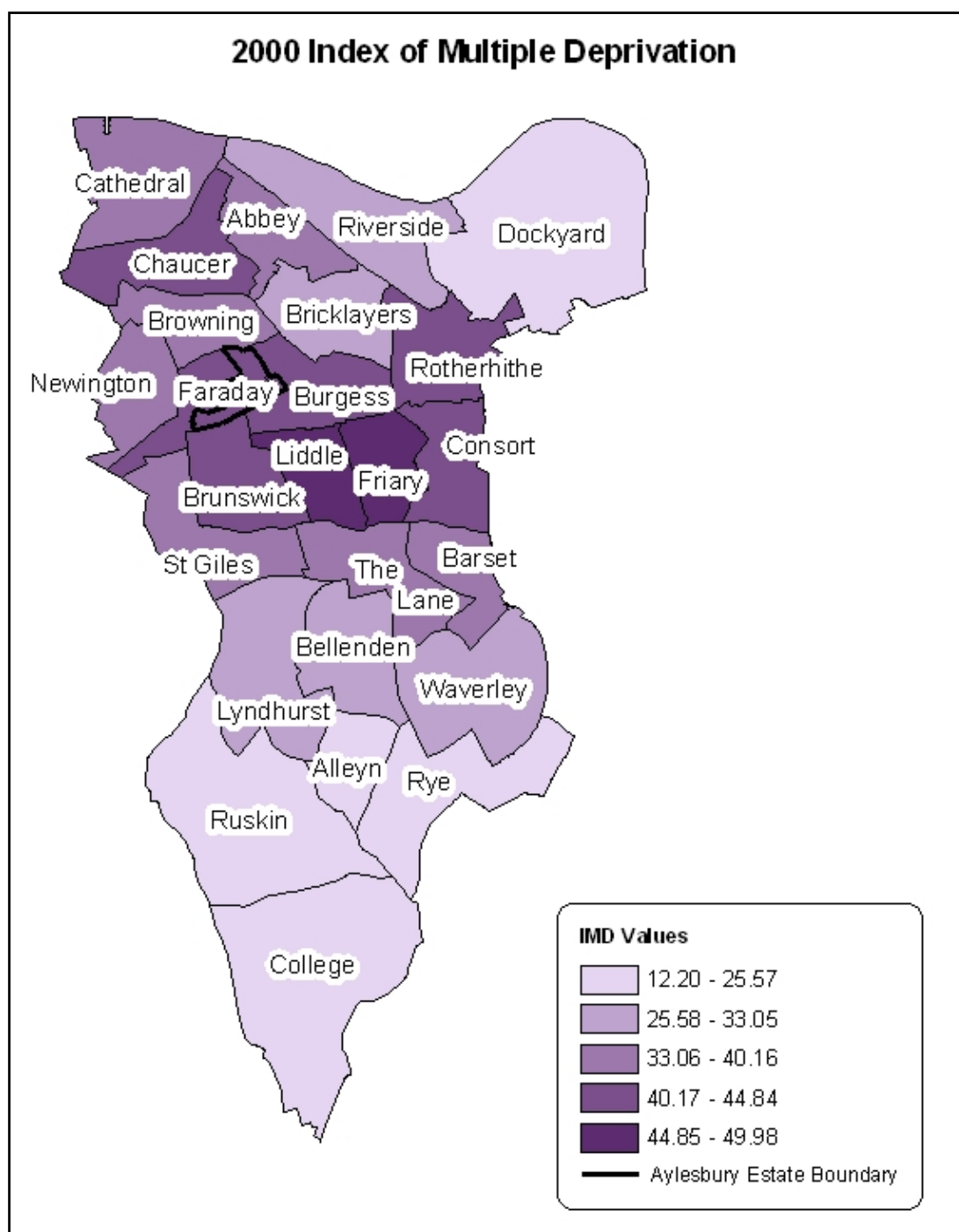


Figure 6.1: 2000 Indices of Multiple Deprivation values with Southwark.

According Thorlby (2002), 20 of the 25 (1991) wards in Southwark fall within 20% of the most deprived wards within England based on the IMD 2000. Faraday Ward has a deprivation score of 49.69 (figure 6.1), which places it between the 567 and 568 ranked ward in the IMD 2000 (where a ranking of 1 = most deprived, and 8414 = least deprived). This would be equivalent to a ward located in the top 10% of most deprived in England. Faraday Ward has only the thirteenth highest IMD score within the borough, compared to Friary Ward which has an IMD of 64.71, the 171 worst in England.

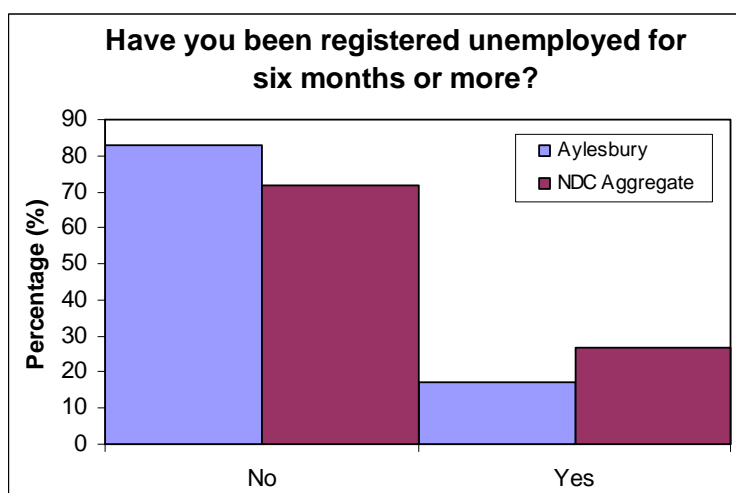
6.3: Unemployment

The 2001 census asked people to answer questions about their working lives. Specifically, people were asked if they had worked in the week prior to the census. If they were not, they were subsequently asked the following (The Office of National Statistics, 2004b):

- Were they looking for work, and available to start a job (or waiting to take one up); or,
- Were they retired, or a student, looking after a family or home, or sick or disabled.

The results of the census show the level of unemployment in Southwark as 6.2%. As a result, Southwark has the fourth highest level of unemployment out of the 33 London Boroughs. Only Hackney (6.9%), Newham (6.7%), and Tower Hamlets (6.6%) have higher levels. In comparison the rate of unemployment in England and Wales is 3.4%. Of all the local authorities in England and Wales, Southwark is ranked sixth from 376. The level of unemployment within Faraday Ward is even higher 8.2% (Office of National Statistics, 2004c).

Results from the national evaluation of NDCs survey concur with the increased levels of unemployment reported in the census. A total of 17% of the Aylesbury Estate population interviewed said that they had been unemployed for the last 6 months (graph 6.2), a little lower than the figure for NDCs as a whole (27%).



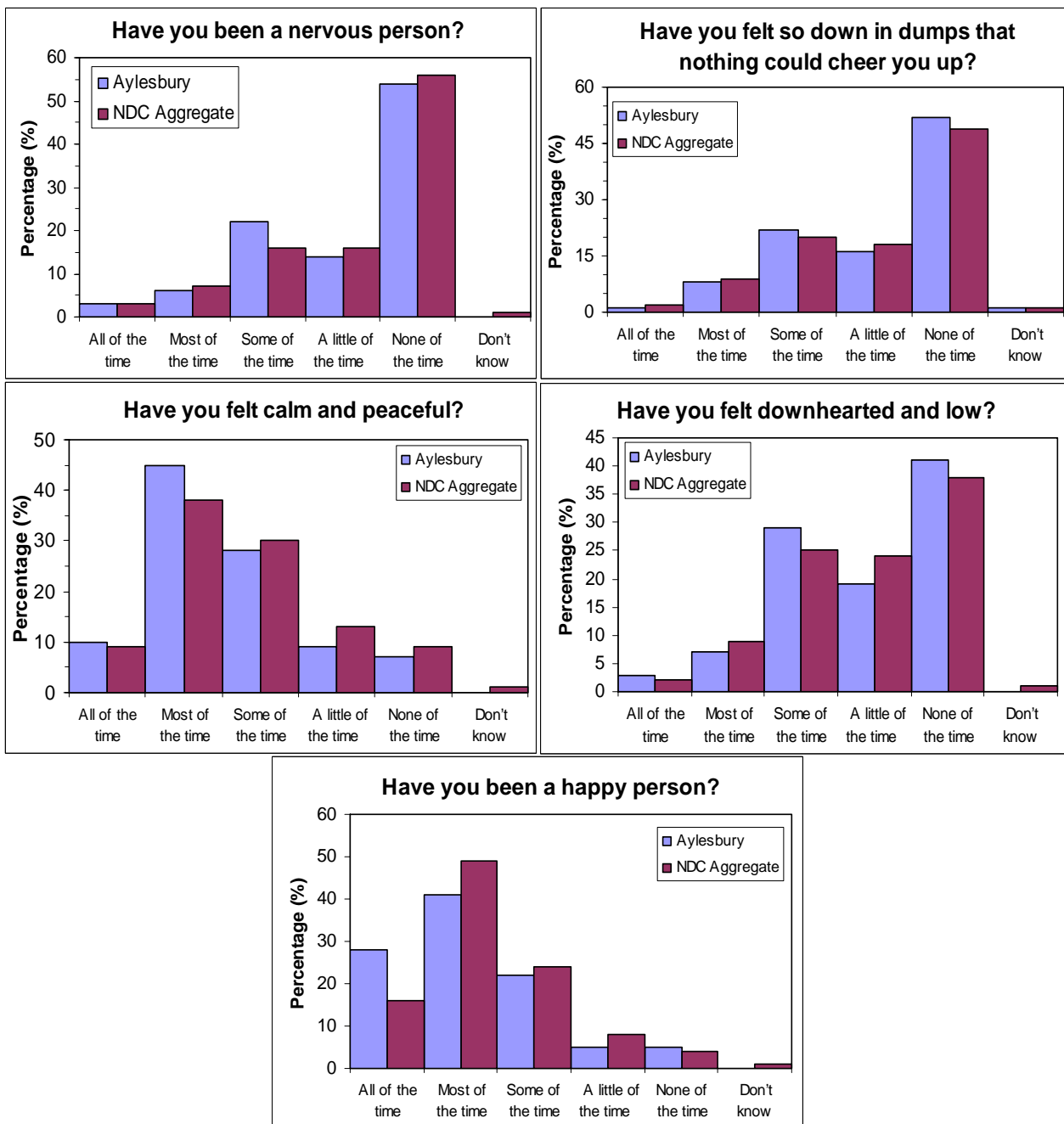
Graph 6.2: Registered unemployment results from the national evaluation of NDCs survey.

6.4 Mental Health Indicators

The national evaluation of NDCs survey asked several other questions which are of relevance to this health profile. Specifically, the following set of questions were asked about how the residents felt, and how things had been with them during the past four weeks:

- 1) Have you been a very nervous person?
- 2) Have you felt so down in the dumps that nothing could cheer you up?
- 3) Have you felt calm and peaceful?
- 4) Have you felt downhearted and low?
- 5) Have you been a happy person?

Over half of the residents interviewed (54%) stated that they had not been a nervous person over the four weeks prior to the survey, which was comparable to the level seen across all the NDCs surveyed (56%, graph 6.3). However, 22% of residents did say they had felt nervous some of the time, 6% higher than the NDC aggregate. Fifty two percent of respondents had not felt down in the dumps recently, again similar to all NDCs. Ten percent of participants stated they felt calm and peaceful all of the time leading up to the survey. A further 45% (7% higher than the NDC aggregate), said they had had felt calm and peaceful most of the time. The fourth question asked the interviewee whether they had felt downhearted and low; to which 41% replied they had not, 19% 'a little of the time', and 29% 'some of the time'. These numbers were similar to those observed throughout the NDCs (38, 34, and 35%, respectively).



Graph 6.3: Mental health results from the national evaluation of NDCs survey.

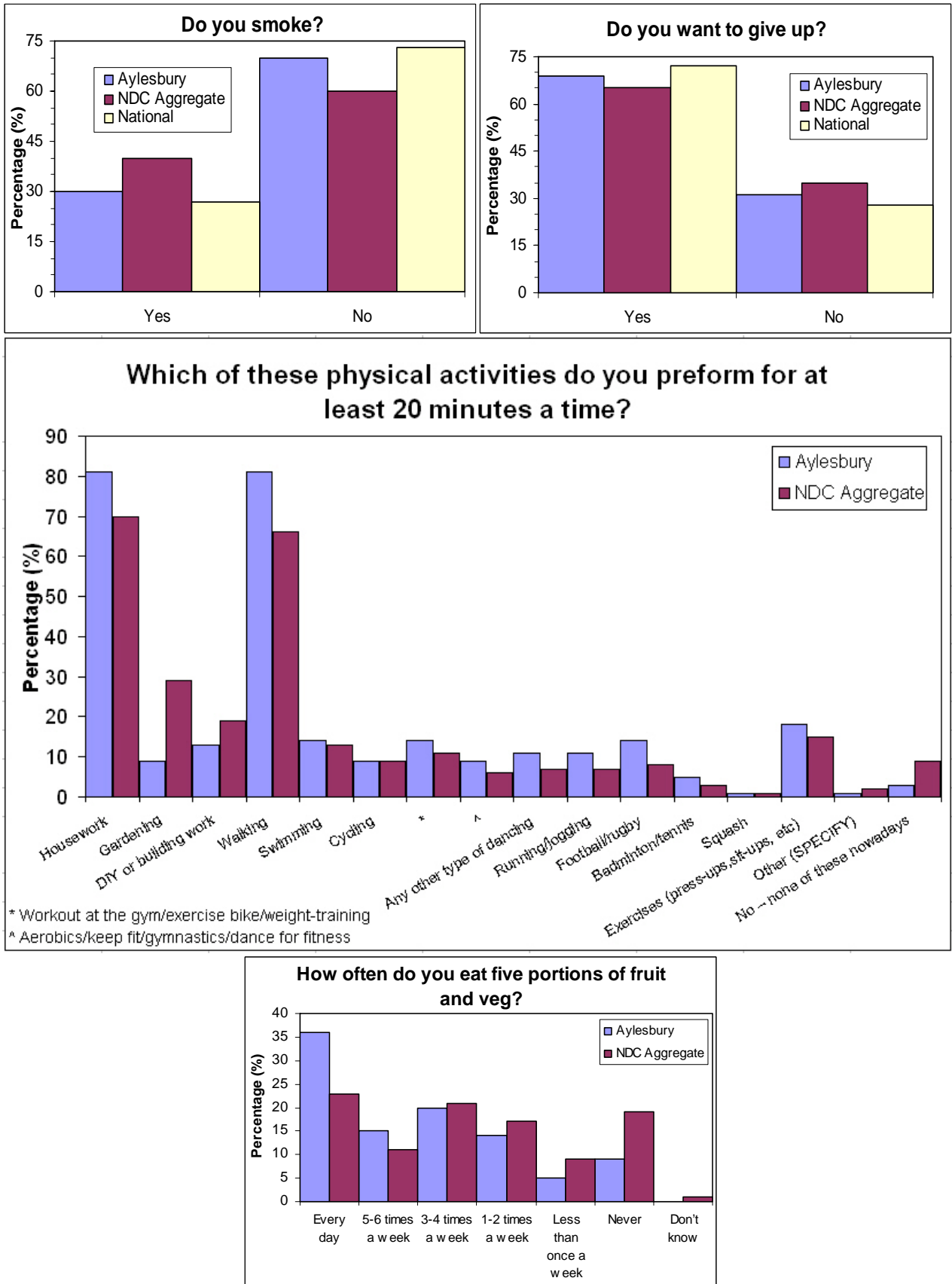
The final question asked people on the Aylesbury if they had been a happy person over the last month. Twenty eight percent felt happy 'all of the time', 41% 'most of the time', 22% 'some of the time', 5% 'a little of the time', and a further 5% 'none of the time'. Again these results were comparable to those seen within the other NDCs. Generally mental health as assessed using these questions on the Aylesbury Estate is comparable to that observed within other NDCs. However, mental health in deprived areas is known to be poor.

6.5 Smoking, Diet, & Exercise

Another set of questions asked by the national evaluation of NDCs survey inquired whether people smoked. Seventy percent of residents said they did not, 10% higher than the NDC aggregate (graph 6.4). People who answered yes to the previous question were subsequently asked if they would like to give up smoking altogether. A further 68% said they would, which was higher than the NDC average, but lower than the national figures.

Subsequently, residents of the Aylesbury Estate were asked whether they performed any of these types (or other similar types) of physical activity, for at least 20 minutes at a time. Eighty one percent of participants stated that whenever they walked or conducted housework they did so for more than 20 minutes. The percentages were 9 and 15% higher than the NDC aggregate of these same activities, respectively. All of the times spent on the remaining activities were comparable to the NDC aggregates. This suggests Aylesbury residents take a little more exercise than others living in NDC areas.

Finally, interviewees were asked how often, on average, they eat five portions of fruit or vegetables a day. An example of a portion was stated as a typical serving or decent-sized helping of fruit and vegetables, for example, an apple, a cupful of grapes or a glass of fruit juice. Thirty six percent of partakers said they did eat five portions of fruit and vegetables a day, 13% higher than the NDC average. A further 49% said that they ate a portion of fruit and vegetables at least once a week, the same as the NDC aggregate.



Graph 6.4: Diet, exercise, and smoking results from the national evaluation of NDCs survey.

6.6: Health Determinants Key Statistics:

- Faraday Ward suffers from high levels of vehicle crime, drug related arrests, street crime and public order offences, but low levels of burglary.
- Consequently the national evaluation of NDCs survey shows that 48% of residents from the Aylesbury Estate feel very unsafe when walking alone in, or around the area, after dark.
- Faraday Ward is within the top 10% most deprived wards in England, based on the IMD 2000.
- The level of unemployment within Faraday Ward (8.2%) is over twice that of England and Wales (3.2%).
- The National evaluation of NDCs survey results for mental health indicators were comparable to those for all NDCs.
- Thirty percent of the Aylesbury Estate residents said they smoked, 10% less than the NDC aggregate. Sixty eight percent of these people said they would like to give up, which was slightly higher than the NDC average.
- Aylesbury residents eat more fruit and vegetables than people living in other NDC areas.
- Aylesbury residents appear to do more exercise than their NDC counterparts, namely walking and housework.

7. Health Services

7.1: Immunisation

During the first year of life the Department of Health recommend that children have the following primary immunisations: three courses of Diphtheria, Tetanus, Poliomyelitis, Pertussis (Whooping cough), and Hib (Haemophilus Influenzae, which can cause meningitis accompanied by bacteraemia). During a child's second year it is suggested that they receive the first dose of the Measles, Mumps and Rubella (MMR1) vaccine (Kendal and Bedford, 1998).

There are no legal requirements for a child to be vaccinated, it is choice of the parent to accept or decline. In 1988 the combined measles, mumps and rubella vaccine was introduced. In the France and Canada this vaccine is compulsory (The British Medical Association, 2002), but controversy surrounding the vaccine has resulted in falling take up rates in the UK. A report produced for the Health Education Authority by the government statistical service identified the following uptake rates for England during July to September 2002 (table 7.1, Health Protection Agency, 2003).

Vaccine	Uptake among 2 year olds
Diphtheria	93.3
Tetanus	93.3
Polio	93.3
Pertussis (Whooping Cough)	92.7
Hib	92.9
MMR	82.5

Table 7.1: Childhood Immunisation Statistics for Children reaching their second birthday during July to September 2002 in England

7.1.1: Diphtheria

Within Faraday Ward 90% of eligible children received three Diphtheria vaccination doses (D3) before their 2nd birthday in the period 1st April 2001 to 31st March 2002, 3% lower than the uptake achieved across England (figure 7.1). Faraday's level of D3 immunisation was 2% higher than Southwark Borough as a whole, ninth out of the twenty five 1991 wards with Southwark. It should be noted that the diphtheria vaccine is normally administered in a combined form with Tetanus and Pertussis (DTP), therefore uptake figures for the three vaccines are usually very similar

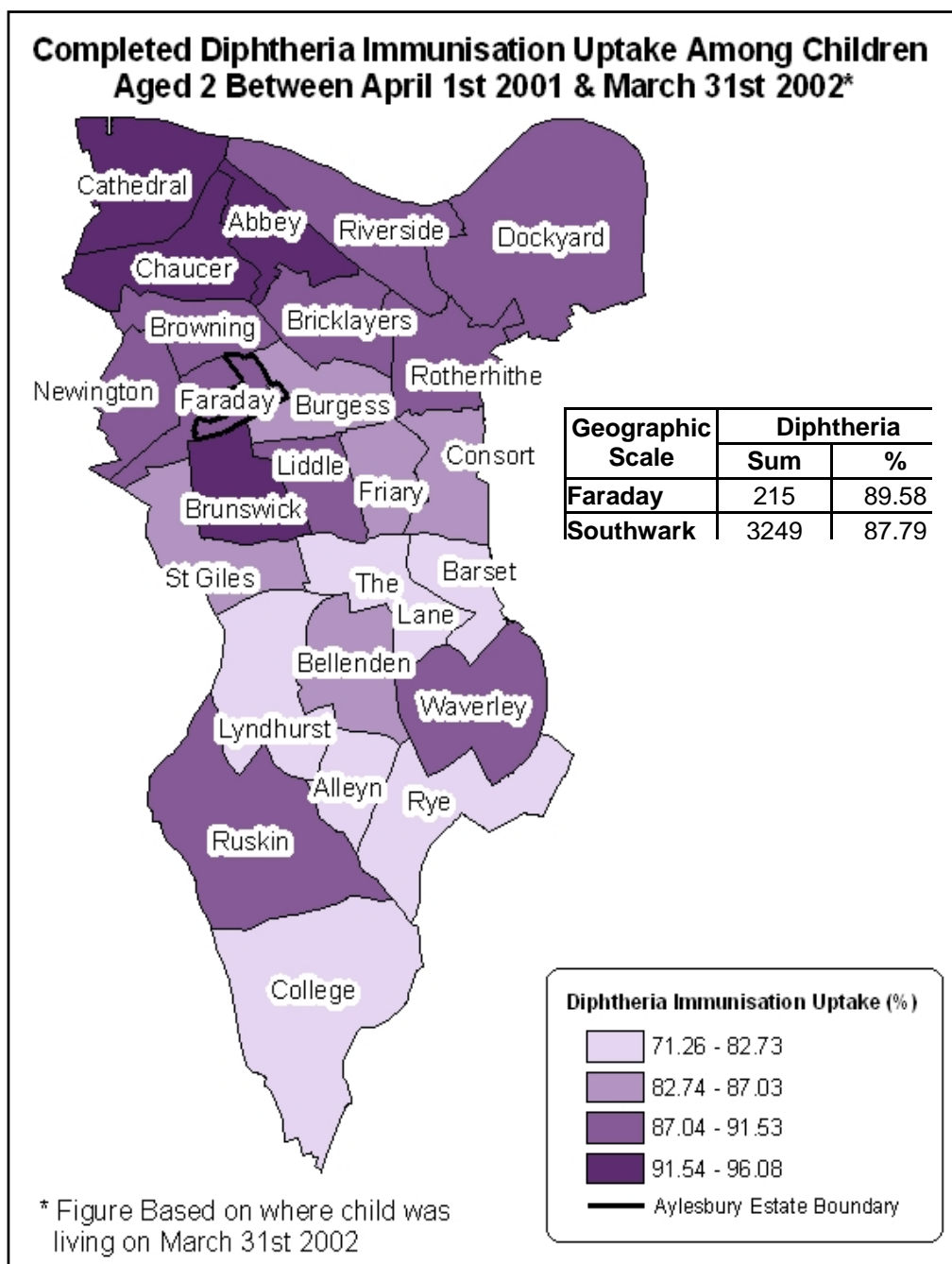


Figure 7.1: Completed diphtheria immunisation uptake among children aged 2 between April 1st and March 31st 2002.

7.1.2: MMR

Seventy eight percent of eligible Faraday children were vaccinated with MMR before their 2nd birthday in the period 1st April 2001 to 31st March 2002, 5% lower than the uptake achieved across England (figure 7.2). Again, this was ninth out of the twenty five 1991 wards within Southwark, a little higher than the figure for the Borough as a whole.

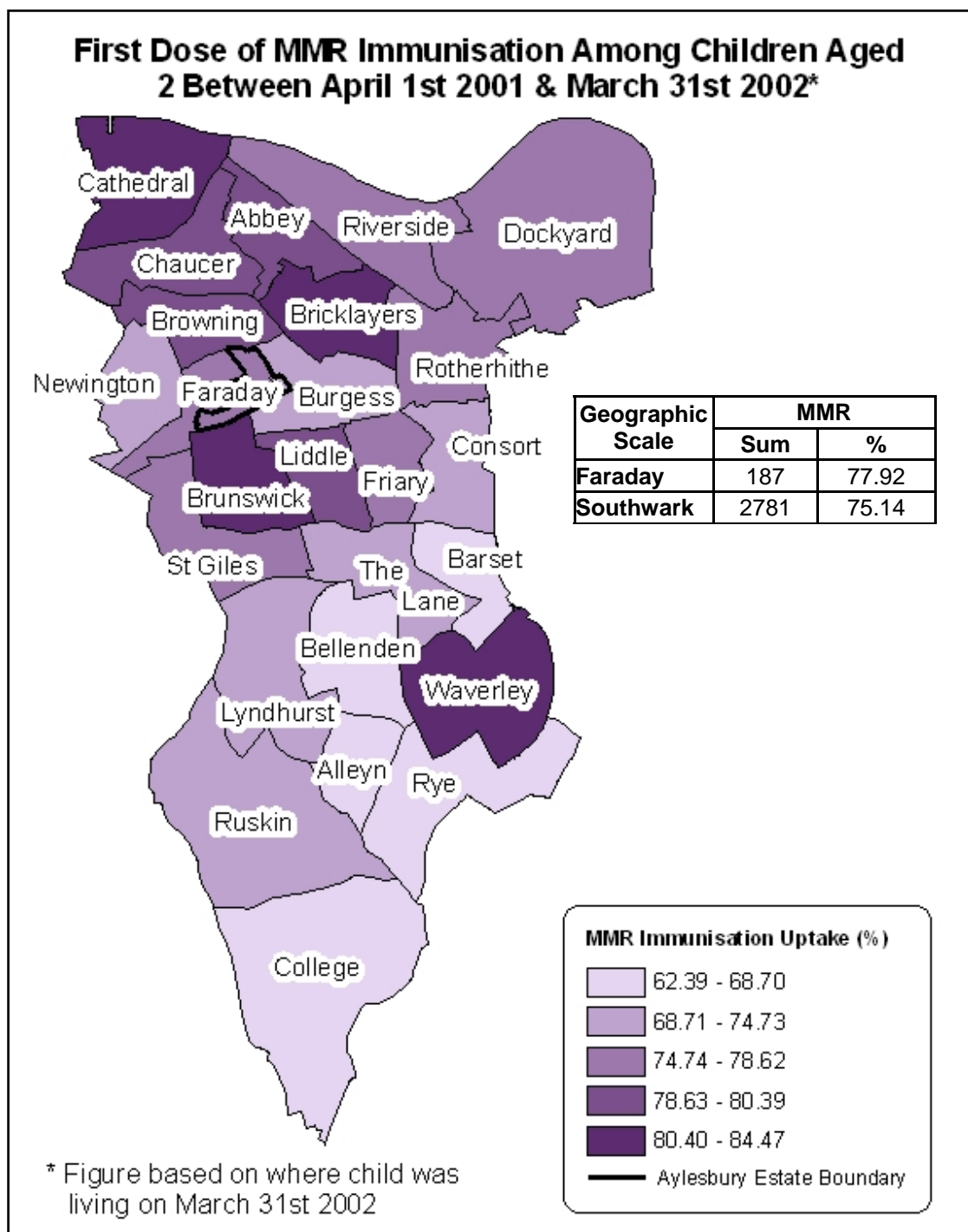


Figure 7.2: First dose of MMR immunisation among children aged 2 between April 1st and March 31st 2002.

7.2: General Practitioner Practices

Figure 7.3 shows the distribution of General Practitioner (GP) practices with the borough of Southwark. Comparison with figure 3.4 demonstrates they are evenly distributed in relation to the resident population density.

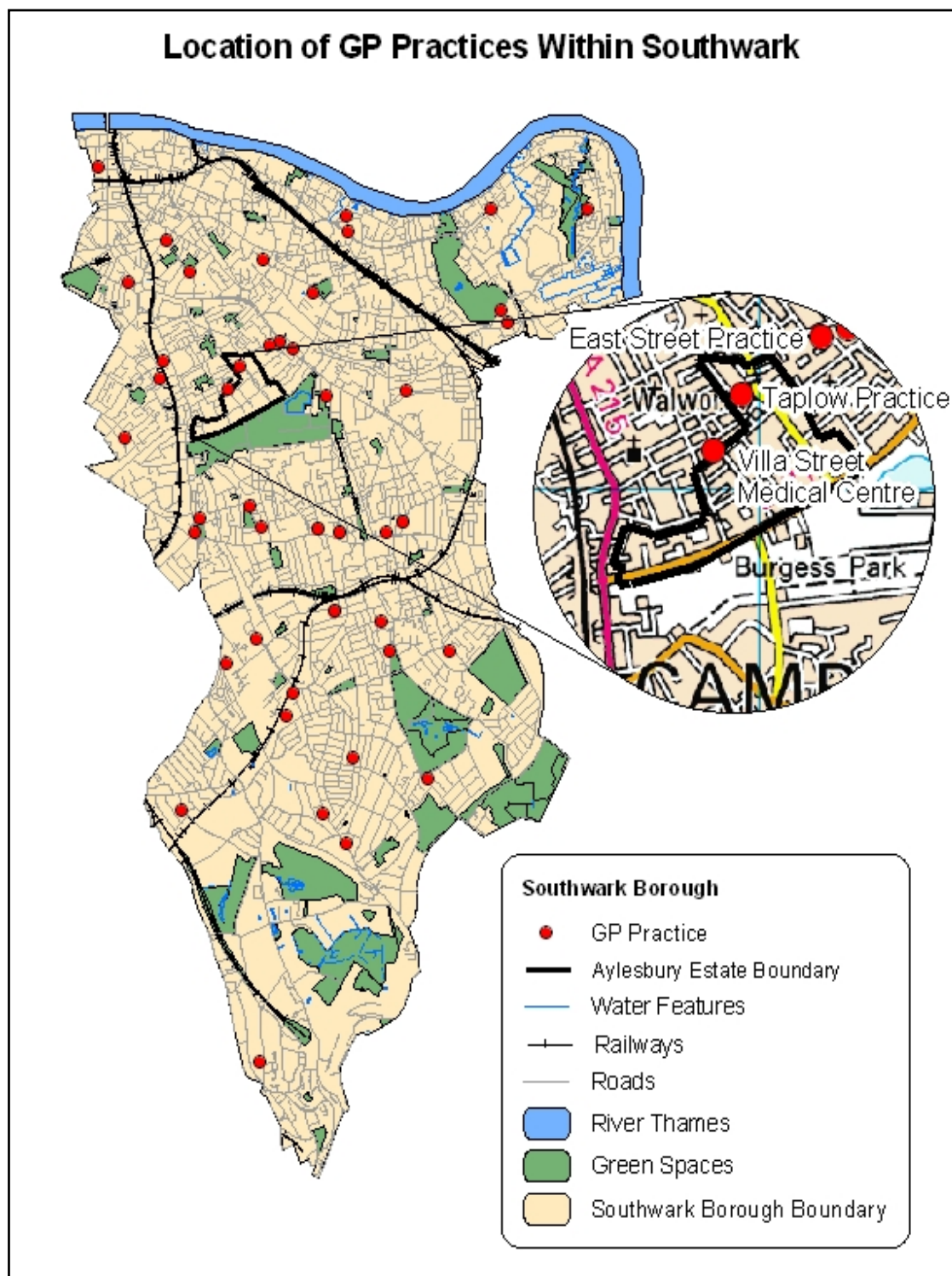


Figure 7.3: Location of GP practices within Southwark during 2003.

7.3: Distribution of Aylesbury Estate's registered GPs

There are 10,234 people on the Aylesbury estate registered with a doctor within Southwark, Lambeth or Lewisham boroughs; 9,903 visit GP's within the borough of Southwark. Over 95% of patients (9,746) visit a doctor within three kilometres of their home (figure 7.4).

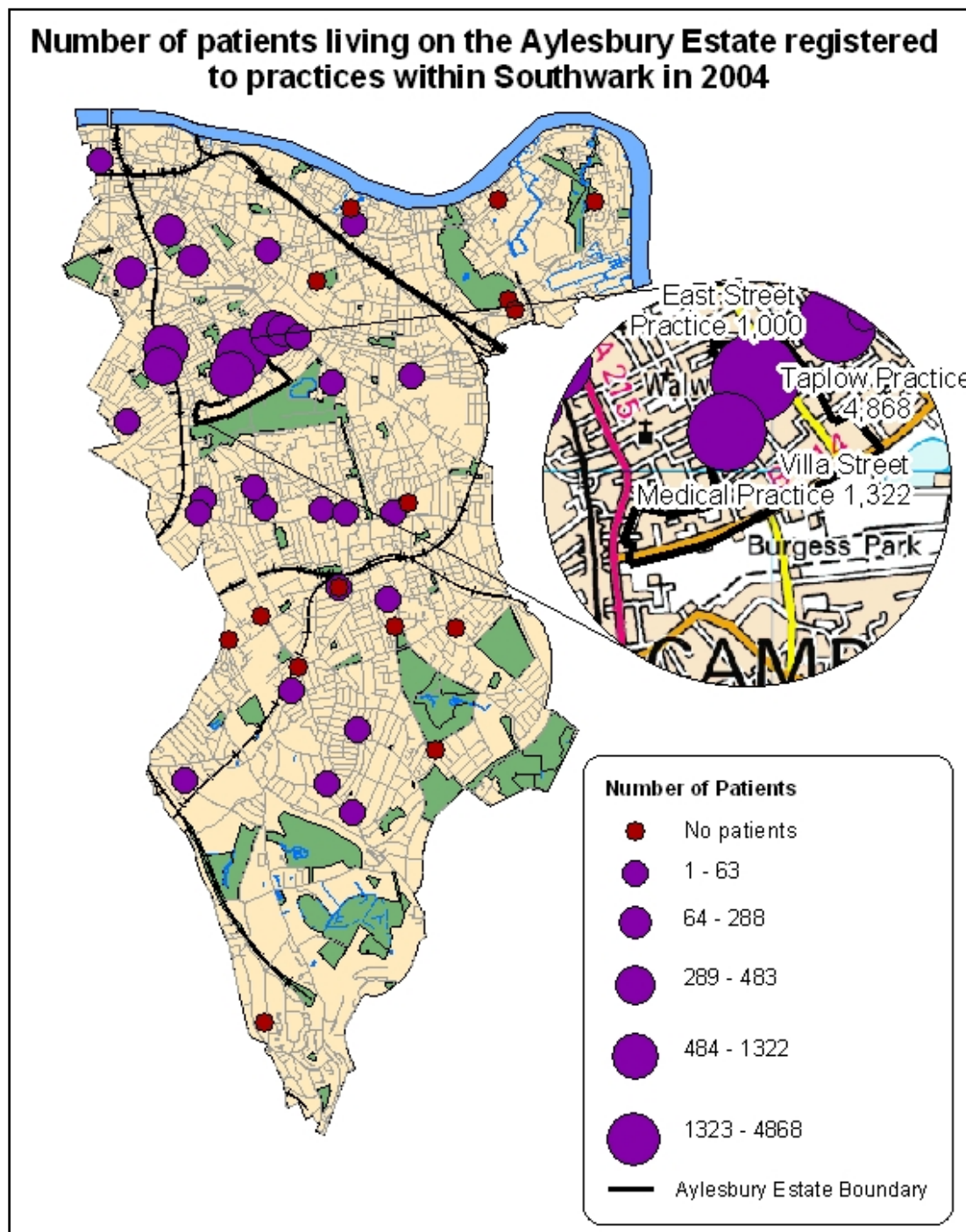
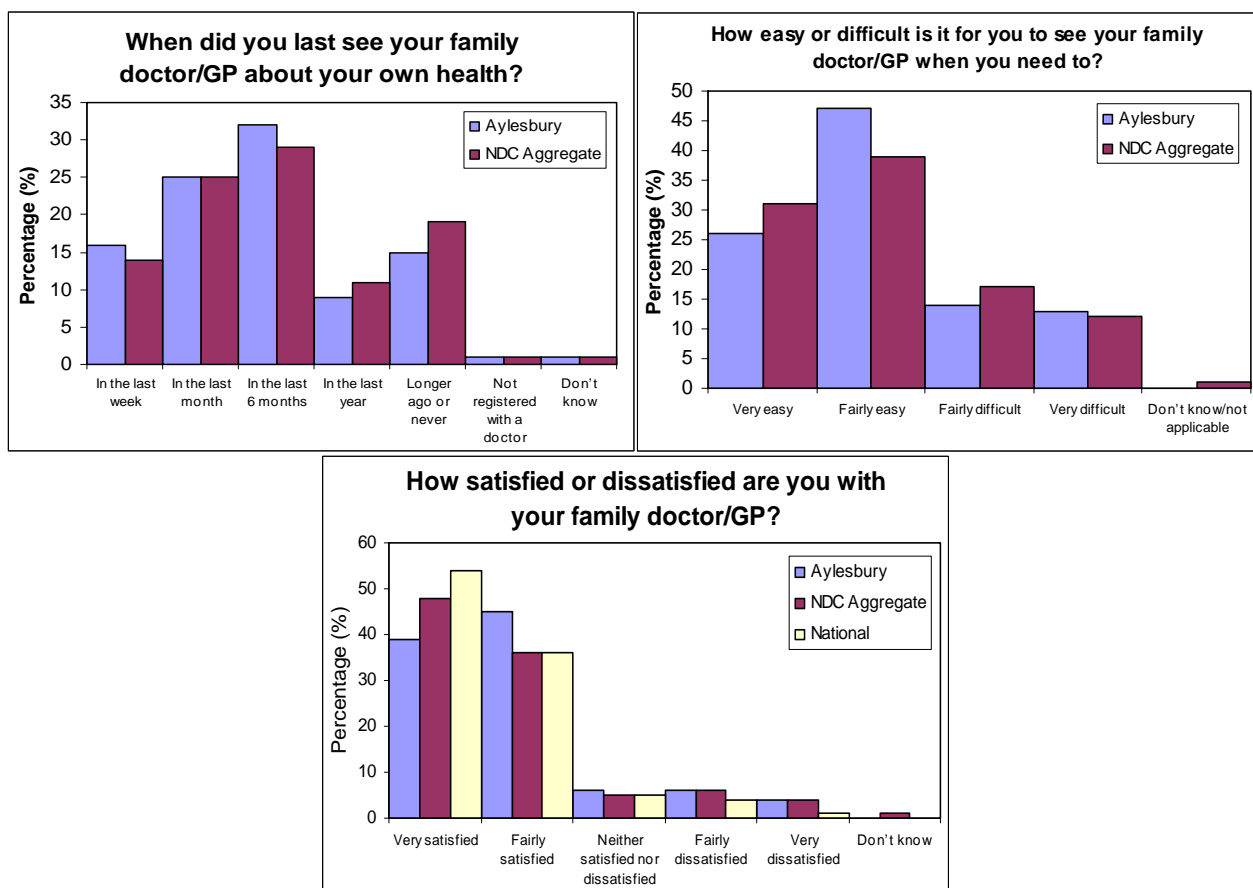


Figure 7.4: Number of patients living on the Aylesbury Estate registered to practices within Southwark in 2004.

Seventy eight percent of all patients on the Aylesbury Estate visit one of the following four GP practices: Taplow (4,868), Villa Street Medical Centre (1,322), East Street (1,000), or Penrose Street (483). In total there are 23,381 patents registered with the Taplow practice. However, these values should be treated with some caution since “ghosts” can exist within the database. Ghosts are patients who are deceased, or who are no longer living in the borough, but have not informed the GP, or the GP has not removed them from the registration list.

A further section of questions asked by the national evaluation of NDCs survey inquired about resident’s interaction with their family doctor/GP. Specifically, residents of NDCs were asked when they had last seen their family doctor/GP about their own health. Sixteen percent said they had within the last week, a further 25% in the last month, 32% in the last 6 months, 9% between 6-12 months, 15% longer than a year, and 1% were not registered (graph 7.1).



Graph 7.1: GP services results from the national evaluation of NDCs survey.

None of these values were more than 4% different than those observed across all of the NDCs. A subsequent question asked how easy or difficult residents found it to see their family doctor/GP when they needed to. Twenty six percent said they found it ‘very easy’, 5% less than the national NDC

average. However, 47% found it 'fairly easy' to visit their GP, 8% more than the national NDC average. The remaining 27% found it either fairly or very difficult to visit their family doctor/GP. Finally, 84% of residents said that they were fairly (39%), or very satisfied (45%) with their family doctor/GP. The former value was 9 and 15% less than the NDC and National averages (respectively), although the later figure was 9 and 18% higher than its NDC and National average counterparts. The final 16% comprised of the alternative four categories, which were comparable with the NDC aggregate and national levels.

7.4: Cervical Cancer Screening by GP Practice (return to content page)

Cervical screening is not a test for cancer. It is a method of preventing cancer by detecting and treating early abnormalities which, if left untreated, could lead to cancer in a woman's cervix (the neck of the womb) (NHS, 2004). The first stage in cervical screening is either a smear test or Liquid Based Cytology (LBC). Early detection and treatment can prevent 80 to 90% of cancers developing but like other screening tests, it is not perfect. It may not always detect early cell changes that could lead to cancer.

All women between the ages of 25 and 64 are eligible for a free cervical smear test every five years. According to DoH (2003), on March 31st 2003 13.8 million women within England were eligible for cervical screening, of which 81.2% were screened within the previous five years. However, throughout 2003 only 70% of eligible women within Southwark were screened. In some cases as few as 43% of women that were eligible and registered at a GP practice were screened. The Taplow Practice demonstrates levels well down on the Southwark average, with only 63% of eligible women screened (figure 7.5).

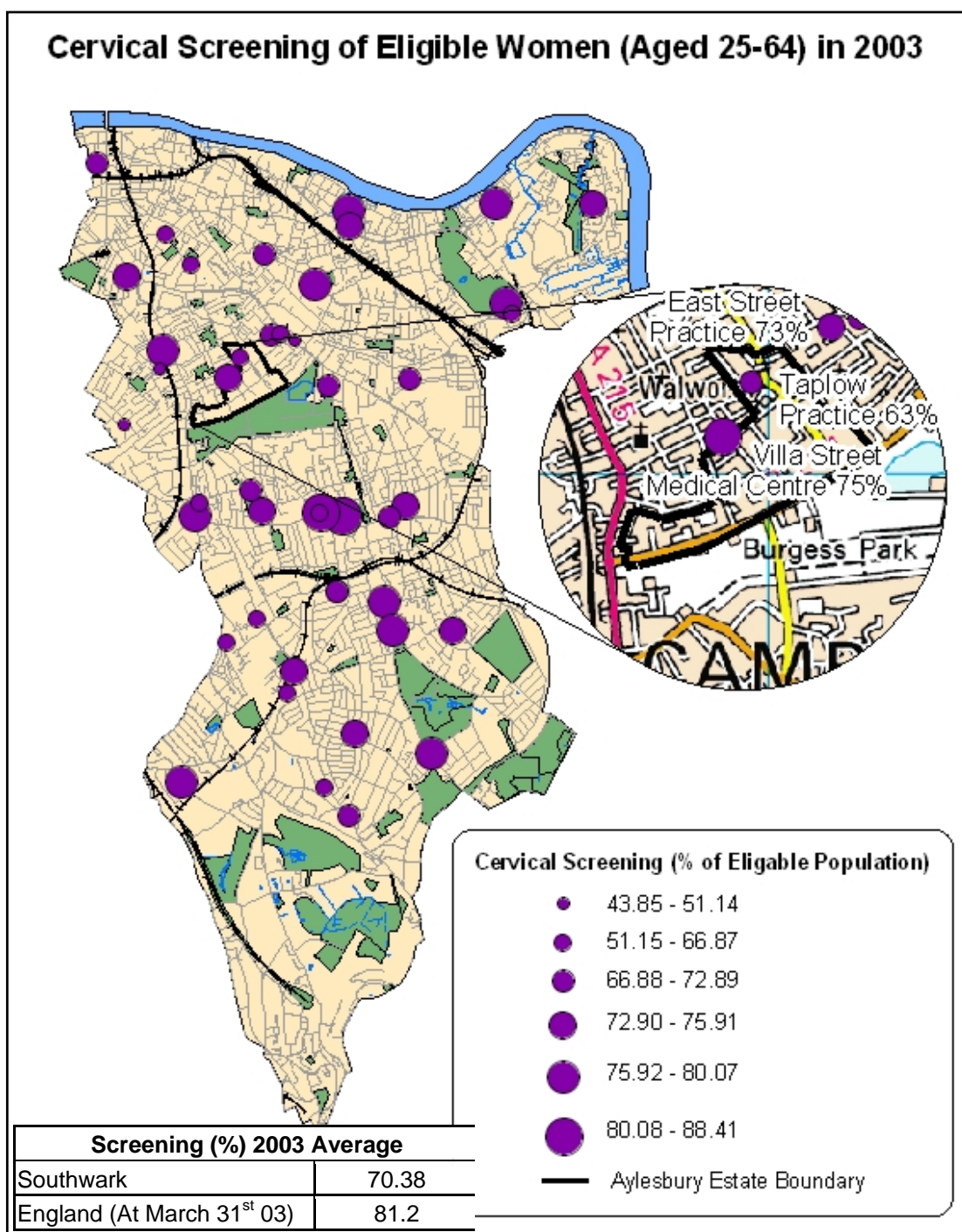


Figure 7.5 Percentage of eligible women registered to a GP who received cervical screening in 2003, within Southwark.

7.5: Flu Vaccination by GP Practice

Flu is an illness caused by a virus which is always changing, so this winter's flu will be slightly different from last winter's (Scottish Executive, 2004). For most people flu is just a nasty experience, but for others it can lead to more serious illnesses such as bronchitis and pneumonia. These illnesses usually require treatment by a doctor and may need treatment in hospital. Sadly, every winter a lot of, mainly older, people die from influenza. As a result a flu vaccination is recommended for people that are 65 years old or over, and other people that are at high risk e.g. over 6 months and have a chronic heart or chest complaint including asthma or bronchitis, or chronic kidney disease. During 2002/3 the flu vaccination target for Southwark PCT was set at 70% of the population which qualified, but the final average achieved was 49%; the third worst PCT in the country (graph 7.2). Figure 7.6 shows the percentage uptake of flu vaccinations by GP practice within Southwark, by proportional symbols. In particular, the Taplow Practice located on the Aylesbury Estate only recorded an uptake rate of 39%.

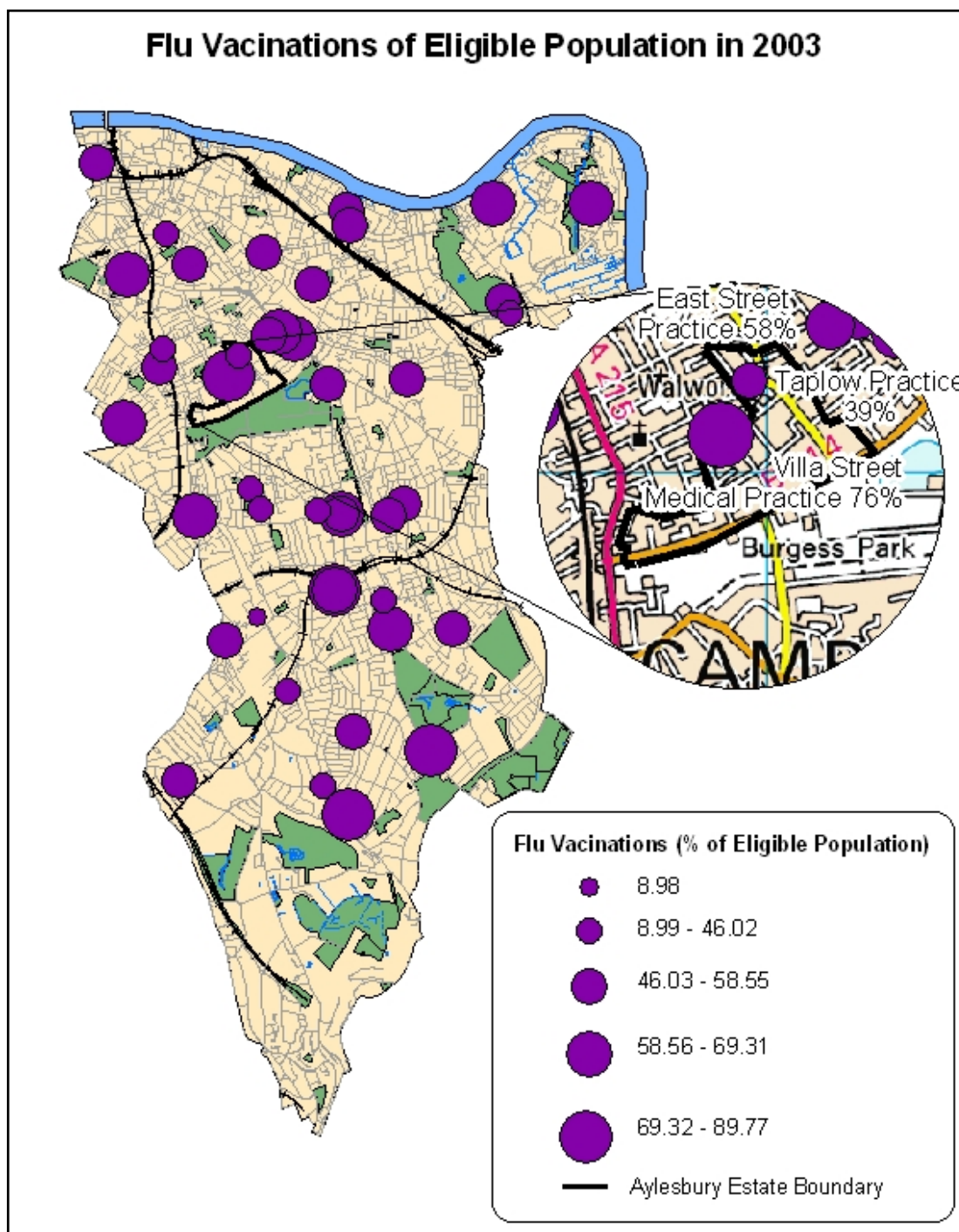
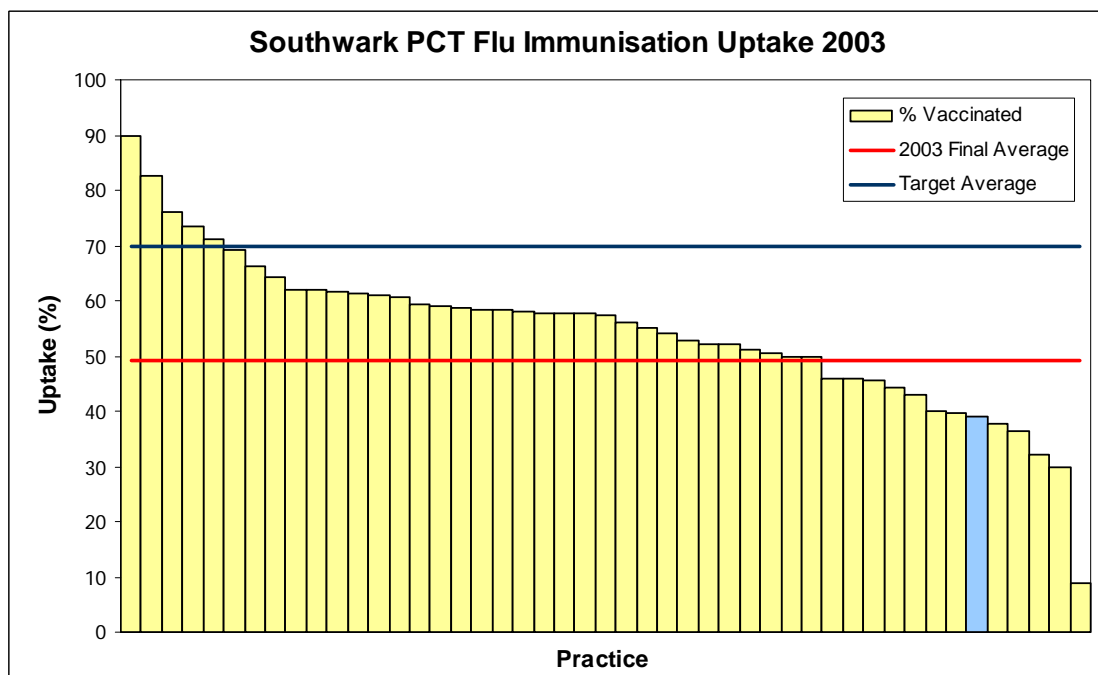


Figure 7.6: Percentage uptake of flu vaccinations by GP practice within Southwark during 2003.



Graph 7.2: Flu immunisation uptake within Southwark during 2003.

7.6: Health Services Key Statistics:

- Ninety percent of children received three Diphtheria vaccination doses before their 2nd birthday, 3% lower than the uptake achieved across England.
- Seventy eight percent of Faraday children were vaccinated with MMR before their 2nd birthday, 5% lower than the uptake achieved across England.
- 10,234 people on the Aylesbury estate are registered to a doctor within Southwark, Lambeth or Lewisham boroughs; 9,903 visit GP's within the borough of Southwark.
- Over 95% of patients (9,746) visit a doctor within three kilometres of their home.
- Seventy eight percent of all patients on the Aylesbury Estate visit one of the following four GP practices: Taplow (4,868), Villa Street Medical Centre (1,322), East Street (1,000), or Penrose Street (483).
- Seventy three percent of residents within the Aylesbury Estate said they had visited their doctor within the last 6 months, 9% between 6-12 months, 15% longer than a year. None of these values were more than 4% different than those observed across all of the NDCs.
- Almost three quarters of those who responded to the Aylesbury Estate NDC household survey found it fairly or very easy to visit their GP, which was comparable to the combined national NDC average for these categories.
- Eighty four percent of residents said that they were fairly or very satisfied with their family doctor/GP, again comparable to the combined national NDC average for these categories.
- In 2003 the flu vaccination target for Southwark PCT was set at 70% of the population which qualified; the final average achieved was 49%, the third worst PCT in the country. The local practice on the Aylesbury Estate vaccinated 39% of its eligible registered patients.
- 81.2% of the eligible population within England were screened for cervical cancer in 2003. This compares to 70.4% in Southwark, and 63% in the local practice on the Aylesbury Estate.

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