Southwark JSNA – implications for 2011/12 to 2012/13
Executive Summary

Southwark’s Joint Strategic Needs Assessment (JSNA) is a ‘live process’. The JSNA can be accessed at www.southwarkjsna.com and is by thematic topics: children & young people (0 – 5 year olds, 6 – 12, 13 – 18, and vulnerable children); adults (older people, sensory and physical disabilities, learning disabilities and carers); health behaviours (smoking, alcohol and substance misuse, mental health); ill health (cardiovascular disease, cancers, diabetes, chronic kidney disease, hypertension, respiratory). Topics are prioritised for refresh and update during the year. This summary draws together what we know about the key population groups, their health behaviour and ill health and the summary implications for the commissioning process 2011/12 – 2012/13.

Socio-demographics

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

- Population – Southwark's population is estimated at 285,600. In terms of numbers this makes Southwark London’s second largest inner London borough, just behind Wandsworth. Southwark's population has increased by 37,700 over the last 10 years (ONS Mid-1991 Population Estimates) and is estimated to increase by 37,500 (13%) between 2010 and 2020. 80% of the population is under the age of fifty with a large proportion of the population aged between 20 and 45. There are 319,500 patients registered with local general practice (Exeter Dec 2010).

- Ethnicity - There is a high level of ethnic diversity with 63% of people being white, 26% black (of which 16% are of African origin). Amongst younger people, 68% of school pupils are from ethnic minority backgrounds. The black population is more concentrated in Peckham, Camberwell Green, Faraday and Chaucer wards of the borough, which are also amongst the most deprived.
**Deprivation** - Southwark’s level of deprivation has improved in recent years but still remains the 12th most deprived London Borough (41st nationally). Deprivation is not evenly distributed across the borough but concentrated in the area between the more affluent strip close to the river and Dulwich in the south. More than 50% of local residents live in rented accommodation (42% council and 11% registered social landlord) which is more than double that in London (26%) and England (18%).

**Life expectancy** - Men in Southwark can expect to live for 77.8 years, women 82.9 years. Male life expectancy is lower in Southwark than London or England. However, life expectancy for males has increased over the last decade and the gap between Southwark and England is steadily reducing. Over the last decade female life expectancy has been steadily increasing and is now higher than the national average. Within Southwark there is much variation in life expectancy, the difference between the worst off and best off is 9.5 years for males and 6.9 years for females. Continuing inequalities in health within the borough remain of concern.

**Causes of ill health & death**

- The numbers of deaths per year are reducing in Southwark. In 2000 there were 1904 deaths and in 2009 there were 1402, a reduction of more than 25%. The death rate has also fallen, from 786.5 per 100,000 in 2000 to 523.4 per 100,000 in 2009, bringing it broadly in line with the rate for London (523.1) and England (547.3) and below near neighbours Lambeth (644.4) and Lewisham (604.2).

- Approximately under a third of these deaths are ‘early deaths’ (under the age of 75): there were 584 early deaths in 2009. The main causes of premature mortality are cancers (35%), circulatory disease (23%) and respiratory disorders (5%), with major contributions to long term morbidity from diabetes and renal disease, hypertension, mental illness and HIV, linked to the specific population demographic.

- The mortality rate from circulatory diseases is declining but the Standardised Mortality Ratio (SMR) for those aged under 75 is 117, with at least two wards with ratios significantly higher than this figure. There has been a recent increase in death rates for heart disease and within this there is a significantly higher SMR for heart attacks.

- The SMR for cancer is very slightly above the national average and there has been significant decline in mortality and narrowing the gap with England. However there has been a recent increase in mortality fully related to an increase in deaths from lung cancer which is almost always related to smoking.

- While death rates directly caused by diabetes are relatively low there is a large amount of morbidity, mortality and hospital care services related to
complications, especially detection and management of renal disease, and circulatory diseases.

Children and young people

- There are approximately 60,000 younger people aged under 19 in Southwark. Although younger people make up a smaller proportion of the population when compared with London and England populations, we have considerably more 0–4 year olds. The younger population is projected to grow by 25% over the next 20 years. 54% of the young population is from a range of minority ethnic communities.

- Although Southwark’s children are healthy in the main, nonetheless, there are indicators that give cause for concern.
  - Mortality rates for young people are higher than the national average and while the numbers are small it is still of significance.
  - The Index of Well Being (2009) for children in Southwark which is a composite score comprising of health, educational attainment, poverty, housing, vulnerability and crime, is amongst the worst in the country - 348th out of 354 local authorities. However the health domain for this indication is much higher at 241 out of 354.
  - The Income Deprivation Affecting Children Index (2010) which comprises the percentage of children under 16 living in families reliant on various means tested benefits showed that the proportion of Southwark’s children living in deprivation fell from 43% to 37% between 2007 and 2010. However, despite this, two thirds of LSOAs were in the bottom 20% in London, and almost one quarter were in the bottom 10% nationally.

- Infant mortality is of particular concern as the Southwark rate (6.9 per 1,000 births) is 50% higher than London (4.4 per 1,000 births) and England (4.7 per 1,000 births). Trend data for the last 10 years shows a clear reduction in infant mortality across England and London, it is less clearly identifiable in Southwark.

- A major risk factor for the long term health of local children is the continuing trend of unhealthy weight. In 2009/10, Southwark had the highest rates nationally for obesity for Reception Year pupils (5 – 6 year olds) at 14.7% and second highest for Year 6 (10 – 12 year olds) at 26%. Over three quarters of our schools have higher than the national average rates for obese and overweight Year R and Year 6 children. Overweight and obese children are more likely to have poorer health and tend to be adults of unhealthy weight who are at greater risk of type 2 diabetes, hypertension, heart disease and some cancers.

- Immunisation rates across all ages need to improve significantly and are currently lower than the London and England rates.
Southwark has seen a greater percentage reduction in the rate of teenage conception since the baseline year (1998) than England as a whole. However the rates remain high when compared with other parts of London and England.

Southwark’s rate of Looked After Children is much higher that the average with the majority need being because of abuse and neglect.

**Adults – key facts**

- Cardiovascular disease continues to be a significant cause of premature mortality for Southwark, the death rate for under 75s is still 10% higher than the national average.

- Diabetes projections for the future suggest that the prevalence will continue to rise possibly up to 6.13% by 2025 with an estimated number of diabetics in the borough at that time of 17,745. Unhealthy behaviours such as being overweight or obese, leading a sedentary lifestyle and eating an unhealthy diet are major factors in developing type 2 diabetes.

- There is a higher prevalence of hypertension and diabetes in populations of African origin, resulting in a higher risk of developing chronic kidney disease. It is estimated that up to a third of CKD is undetected in Southwark. There is great variation in prevalence across practices as well as variation in the quality of care as measured by blood pressure control. The rates of renal replacement therapy in Southwark are amongst the highest in the country with significant cost implications for the PCT.

- Death rates from cancer have been falling but remain above the national average. The single biggest contributor to cancer deaths is lung cancer with one in four cancer deaths being attributed to lung cancer. It is estimated that around 85-90% of all lung cancers are caused by smoking, or as a result of exposure to second hand smoke.

- Projections on levels of disability point to a steady rise in numbers for those aged 18-64 years, from 16,030 in 2008 to 20,520 in 2025. It is estimated there are 36,600 people in Southwark with a disability, 17.5% of the adult population, more than Lambeth (14.6%), Lewisham (15.2%) and London (16.2%) but less than England (19.2%).

- There are estimated to be approximately 707 to 809 adults with moderate/severe learning disabilities and 776 adults receiving social care. PWLDs tend to have poorer health (including epilepsy, hypertension, muscular skeletal problems, circulatory and respiratory problems, hearing impairments and dental problems), be of unhealthy weight and be more sedentary.
Southwark has fewer numbers of older people compared to the rest of London and England. However this number is expected to increase, reflecting the changing local demographics and ethnicity. The main health issues for older people aged 65 and over are: coronary heart disease, stroke, diabetes, hypertension, falls, arthritis, dementia, sensory problems and incontinence. Southwark older people have a higher prevalence of long-term conditions compared to national and London figures, which may reflect ethnic diversity and higher levels of deprivation.

There were a total of 1,902 people with HIV in NHS treatment services in 2007 with nearly two thirds being men, the majority aged 35-44 years and 67% of the male patients were white. The total numbers of cases across Lambeth and Southwark account for about a quarter of all the HIV cases in England. In Southwark, half of newly diagnosed cases were diagnosed late. Late diagnoses have implications for treatment options and outcomes, transmission and treatment costs.

There are an estimated 3,417 Opiate and Crack Users in Southwark, of whom 68% use crack and 70% use heroin. Prevalence rates per 1,000 population for 15-24 (8.77) significantly lower than the inner London average, The majority of people seeking treatment, misuse multiple substances including alcohol.

In Southwark in 2009 there were an estimated 37,881 people (18 and over) drinking at increasing risk levels, 12,168 people (18 and over) drinking at higher risk and 6199 dependent drinkers (18 and over). It is estimated that 45% of the Southwark population drink more than the recommended daily alcohol intake on one or more days of the week. 75 deaths in Southwark in 2008 were attributable to alcohol and the borough experiences particularly high rates of male mortality from chronic liver disease when compared to both England and London. 3262 hospital admissions in Southwark in 2008 were related to alcohol.

**Proposed JSNA priorities**

The table below summarises by ‘thematic areas’ the key evidence from our JSNA and proposes priorities for the NHS SEL Cluster and Southwark Clinical Commissioning Group. For the detailed JSNA thematic reports, go to [www.southwarkjsna.com](http://www.southwarkjsna.com)

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<tr>
<th>Thematic areas</th>
<th>JSNA evidence</th>
<th>Proposed priorities and recommendations 2011/12 – 2012/13</th>
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| Maternity & new born   | High infant mortality and low birth weight rates compared to London and England | Implement recommendations of Infant mortality NST visit including:  
|                        | Increasing trend for numbers of births                                          |   o Data analysis of modifiable factors  
|                        |                                                                                |   o SUDI prevention                                                             |


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<th>Category</th>
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| Children & young people  | - Very high childhood overweight and obesity rates compared to London & England  
- Improving but still relatively low immunisation coverage  
- High teenage pregnancy rates; increase in STIs  
- Children in most deprived parts of Southwark are admitted 60% more often than children in least deprived parts  
- Main chronic conditions affecting our children: diabetes, asthma, epilepsy. Rising numbers of children admitted to hospital for sickle cell.  
(source & additional info: CYP JSNA) | - Promote healthier eating and physical activity  
- Improve immunisation uptake through effective promotion, invites and data recording  
- Promote safer sex, negotiation and SRE messages, LARC uptake, access to EHC and targeted work with YP  
- Improve access to effective care for chronic conditions including re-design of pathways and delivery in appropriate settings including from community bases |
| Staying Healthy          | - Cancers and heart disease account for approximately half of all deaths; other key causes include respiratory and alcohol related liver disease.  
- The biggest modifiable factors are smoking, unhealthy diet, physical inactivity, being over weight or obese and alcohol misuse.  
- Breast, cervical and bowel screening uptake is low compared to the | - Improve smoking cessation performance; enhanced focus on smokers with LTC eg COPD & heart disease  
- Promote prevention as integral to all front line staff (primary, acute and non NHS) & extend effective brief interventions in primary care for alcohol, diet and physical activity  
- Create improved opportunities for recovery – including access to housing, employment, education and training and thus increase |
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<tr>
<th>Long term conditions</th>
<th>High mortality from causes amenable to healthcare compared to London and England, particularly MI, stroke and COPD</th>
<th>Strengthen primary prevention (see above)</th>
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<td></td>
<td>Considerable variation in recorded and expected prevalences for key LTC: CHD, stroke, hypertension, diabetes &amp; COPD</td>
<td>Focus on effective behaviour change for people with diagnosed conditions eg smoking cessation for COPD patients, DESMOND for newly diagnosed diabetics, lifestyle advice for hypertensives</td>
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<td>High standardised admission rate for ambulatory care sensitive conditions compared to London and England, especially high for COPD, diabetic complications and congestive heart failure and kidney infection</td>
<td>Improve detection of undiagnosed LTC and management of these conditions</td>
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<td></td>
<td>High prevalence of HIV (7x higher than national); over half diagnoses are late</td>
<td>Improve uptake of HIV testing in primary care at new patient registration and in acute settings; develop shared care models between primary and secondary care</td>
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- Continuously develop community services including shared care and the Primary Care alcohol hubs, promote screening and brief interventions in primary and secondary care and ensure family support is available in treatment services.
- Promote uptake of NHS Health Checks and ensure appropriate & effective referral and uptake of preventive activities for those at greater risk including effective weight management.
- Cancer awareness and continue focus on improving screening coverage.

- Consideration of variation in recorded and expected prevalences for key LTC: CHD, stroke, hypertension, diabetes & COPD.
- High standardised admission rate for ambulatory care sensitive conditions compared to London and England, especially high for COPD, diabetic complications and congestive heart failure and kidney failure.
- High prevalence of HIV (7x higher than national); over half diagnoses are late.
<table>
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<th><strong>Older people</strong></th>
<th><strong>Disabilities &amp; learning disabilities</strong></th>
<th><strong>Mental health</strong></th>
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<tr>
<td>The main health issues for older people aged 65 and over are: coronary heart disease, stroke, diabetes, hypertension, falls, arthritis, dementia, sensory problems and incontinence. Southwark has a higher prevalence of long-term conditions compared to national and London figures, which may reflect ethnic diversity and higher levels of deprivation. Increasing numbers of older people in Southwark will impact on the demand for social care services in the future.</td>
<td>Increasing numbers of people with disabilities and learning disabilities. PWLD tend to have poorer health and higher health risks (including epilepsy, obesity, hypertension, muscular skeletal problems, circulatory and respiratory problems, hearing impairments and dental problems).</td>
<td>Higher risks for poorer mental health (deprivation, unemployment, alcohol and substance misuse). Increased admissions for</td>
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<td>(source &amp; additional info: Ill health thematic JSNA &amp; JSNA refresh)</td>
<td>Improve PWLD recording at primary care, increasing the numbers of PWLD with health checks and better systems wide implementation of individual health action plans. Promote independent living and greater participation in employment. Support PWLD with additional needs.</td>
<td>Implement ‘No health without mental health’: develop population level mental health promotion, alongside earlier diagnosis and intervention for people with existing mental health</td>
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<td>(September 2011 – the Older People’s JSNA is currently being refreshed and there may be additional priorities)</td>
<td>(September 2011 – the PWLD JSNA is currently being refreshed and there may be additional priorities)</td>
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severe mental illness and organic mental health disorders including dementia compared to London and the rest of the country.

- Higher referral rates for specialist services compared to rest of London and England
- Psychiatric admissions are over 3 times higher for black populations in Southwark compared to the rest of the country.
  
  Uptake of psychological therapies are higher amongst our white population (68%) compared to our black population (12%).

### Health inequalities

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<td>• Lower life expectancy for men compared to England</td>
<td>• Continue focus on key factors affecting infant mortality including early antenatal booking &amp; maternal screening, smoking cessation in pregnancy, reducing teenage pregnancy and improving immunisation coverage.</td>
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<td>• Between 6.9 – 9.5 year gap within the borough for women and men living in the least and most deprived parts of the borough</td>
<td>• Long term conditions and ambulatory care sensitive conditions: implementation of NHS Health Checks to identify those at greater risk of poor health and to provide evidence based interventions to reduce their risk; to improve detection of undiagnosed conditions and to improve condition management; to improve smoking cessation uptake and successful quitters amongst patients with chronic conditions especially COPD</td>
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<tr>
<td>• Infant mortality rate high compared to London and England</td>
<td>• To continue to support the wider system to address the wider determinants of health</td>
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through promoting an evidence based approach to health improvement (eg through spatial planning, work with schools, environmental health, housing and employment and enterprise)

- Targeted work to improve outcomes in the most deprived parts of the borough and with communities experiencing poorer health outcomes (eg community focused programmes to increase uptake of cancer screening and NHS Health Checks)

For further information, visit [www.southwarkjsna.com](http://www.southwarkjsna.com)
31st August 2011