

# **Southwark Health and Wellbeing Strategy 2015 – 2020**

*Improving the health of our population  
and reducing health inequalities*

**Southwark Health and Wellbeing Board**

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## Foreword

I welcome the commitment of the health and wellbeing board and its partners to improving the health of Southwark's population and to reducing health inequalities.

Our vision sets a far reaching ambition. We fully recognise that to address the complex multi factorial determinants of health, we will need an approach that encompasses improving the social economic wellbeing of the borough, giving our children and young people the best start, supporting risk reduction and positive behaviour changes to reduce the risks for poorer health, improving the detection and management of people who have common health conditions, supporting our most vulnerable and to strengthen local approaches to integration so that seamless services are accessible, effective and efficient.

We believe we can achieve this by building upon the foundations of our first health and wellbeing strategy, by understanding the needs of our population and by building a fairer future for all. We know that only through partnership can we make our vision and ambitions a reality and overcome the biggest challenges facing our communities. This document does not seek to duplicate the actions already set out in major local plans. As a board, we will monitor using the agreed outcomes, conduct deep dives into areas of interest and to focus on areas where partners can add real value. We will also want assurance from partners that our actions reduce and do not widen health inequalities.

We intend to now make these ambitions a reality and to do this the strategy has to be an iterative live process. Over the coming months, the health and wellbeing board will be hosting stakeholder engagement events to which everyone across the borough is invited so that together we can make our borough a healthier place. Some questions to which I seek your views are highlighted in the document. Please feedback to [PHAdmin@southwark.gov.uk](mailto:PHAdmin@southwark.gov.uk) I look forward to hearing from you.

Peter John

Leader, Southwark Council

Chair of the Southwark Health and Wellbeing Board

# 1. Our strategic framework for improving health & wellbeing

## Vision

Our vision builds on our existing strategy.

“Every child, family and adult has improved health and wellbeing and has access to high quality local services that meet their needs. Together we will invest to make a difference earlier in the lives of local residents, promoting resilience and self-management of health and giving everyone the best and fairest start. Working together to build a healthier future, we will tackle the root causes of ill health and inequality.”

We are committed to working together to promote integration, to improve outcomes and to reduce health inequalities by:

- 1 Giving every child and young person the **best start** in life
- 2 Addressing the **wider socio economic & environmental determinants of health** which we know determine our life chances and impact on health and wellbeing: we will maximise opportunities for economic wellbeing & development, jobs & apprenticeships, make homes warm, dry and safe and create healthier places to live in.
- 3 Preventing ill health by promoting and supporting **positive lifestyle changes** & responsibility for own health and improving people’s wellbeing, resilience & connectedness
- 4 Helping people with existing long term health conditions to remain healthier and live longer lives by **improving detection & management** of health conditions including self management & support
- 5 **Tackling neglect & vulnerabilities** by supporting vulnerable children and young people and ensuring positive transition, ensuring choice and control for people with disabilities and supporting independent living for older people in an age friendly borough
- 6 Supporting integration for better health & wellbeing outcomes by **integrating health and social care** that is personalised & coordinated in collaboration with

individuals, carers & families and by shifting away from over reliance on acute care towards primary care & self care.

## Engagement questions

① How are you and your organisation adding value and contributing to the above health and wellbeing priorities?

② How are you ensuring health inequalities are addressed?

**Appendix 1** – Please use the priority template to let us know your views.

**Appendix 2** – Here are some examples of how some health and wellbeing board members are contributing added value and ensuring that what they do reduce and not widen health inequalities.

## Our approach

The health and wellbeing strategy.....

### 1 Sets vision and direction

The focus of our approach is to develop the health and wellbeing strategy as an overarching strategic framework which sets the direction for health and wellbeing improvement for the whole system.

### 2 Sign posts to detail in other documents and does not duplicate

Our strategy identifies the priority areas for work and the corresponding strategy or action plan. This document will be high level and will not duplicate or repeat the considerable detail that is available in other local documents.

### 3 Ensures progress by monitoring outcomes and deep dives

The health and wellbeing board will ensure there is progress by developing and agreeing the outcomes that will be monitored. This will determine the thematic deep dives by the Board.

### 4 Focuses on adding value and addressing health inequalities

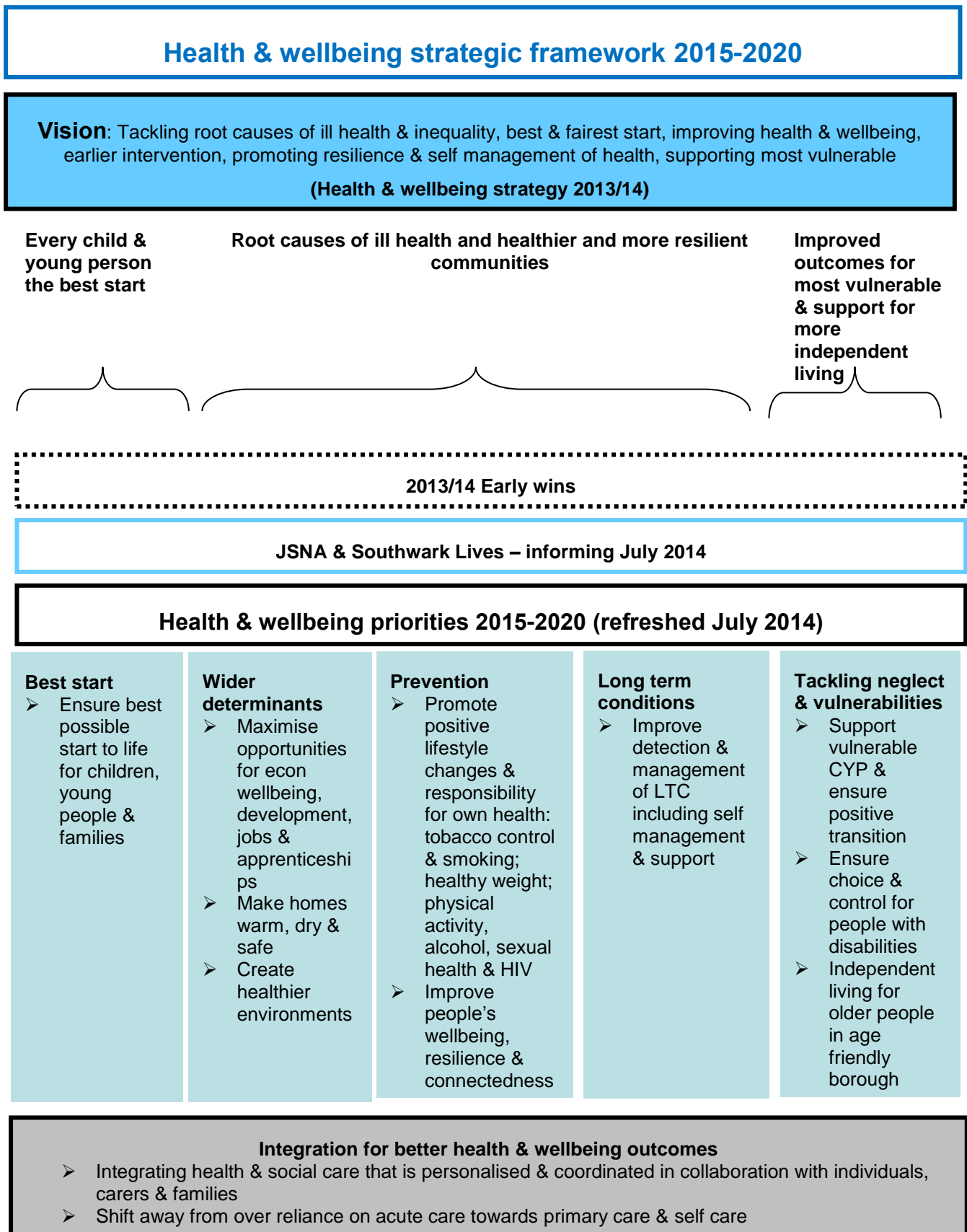
A focus of this document is to draw out how individual partner organisations 'add value' through collaboration and how health inequalities is addressed.

### 5 Is a live process of engagement & further development

Our vision is long term and far reaching. The strategy itself has to be a live process which responds to the complex systems it operates within and seeks to change. As such, the strategic process and this document are iterative.

Our strategic approach is set out in the following diagram (Figure 1).

Figure 1



## 2. Health & wellbeing in Southwark

What is the Joint Strategic Needs Assessment (JSNA) telling us?

The text box below summarises some key health facts. More detail is available in Southwark's JSNA at [www.southwark.gov.uk/jsna](http://www.southwark.gov.uk/jsna)

### Key health facts for Southwark

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

The health and wellbeing related issues for Southwark include:

1. **DEPRIVATION:** Index of Multiple Deprivation (2010) shows Southwark as the 12th most deprived borough in London with an average score of 29.7 compared to 19.8 in London which means there are approximately 97,000 individuals facing life challenges due to deprivation. [See Appendix 1 – Southwark Deprivation IMD 2010]



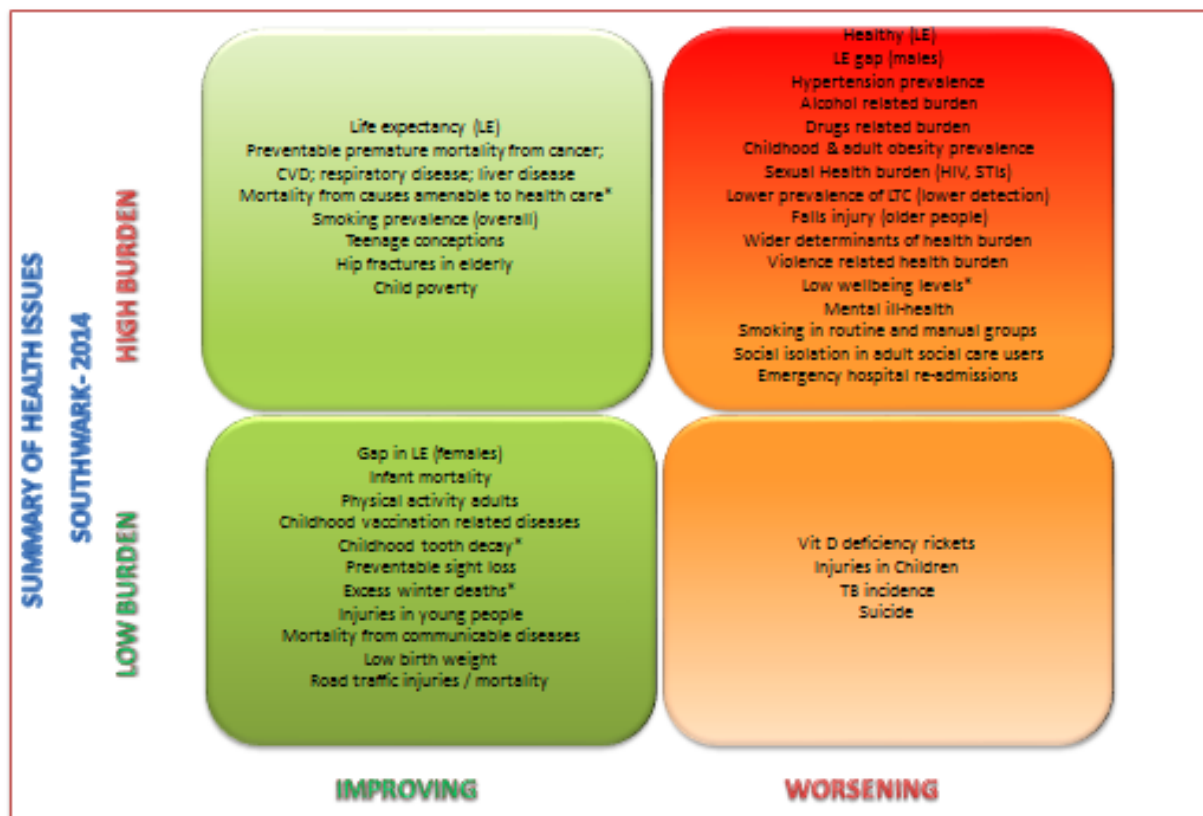
2. **BIRTHS:** In 2010, there were 5131 live births recorded in Southwark which is higher than in 2009 at 4873. The trends show a rise over the past few years although it is a bit unpredictable to state whether the rise in births will continue at that rate.
3. **TEENAGE PREGNANCY:** The teenage pregnancy rate in Southwark has reduced from 84.8 per 1000 females aged 15-17 in 1998-2000 to 53.3 in 2010.
4. **ALCOHOL:** 1 in 5 adults in Southwark are high risk alcohol drinkers. Hospital stays for alcohol related harm in Southwark account for 4330 admissions each year with a rate of 1809 per 100000 population compared to England average of 1895. Despite this lower rate, alcohol attributable mortality, alcohol specific hospital admission for males and Alcohol related crimes and sexual offences rate are worse in Southwark compared to England. The proportion of young people admitted for alcohol related illness as well as due to self-harm (mental health related) is lower in Southwark.
5. **SMOKING & OBESITY:** 1 in 5 adults (21.4%) in Southwark smoke based on findings from the health surveys. Similarly just over 1 in 5 adults (22.5%) are obese. The percentage of women smoking in pregnancy is lower in Southwark. The Active People Survey data suggests that about 50% of Southwark people are considered 'inactive' ie doing less than 30mins a week moderate activity.
6. **CHILD OBESITY:** 1 in 4 children (24%) are recorded as obese in year 6 (aged 10-11) through the National Child Measurement Programme (NCMP) which is higher than the England average of 19%.
7. **SEXUAL HEALTH:** Annually 5130 acute sexually transmitted infections are recorded with a crude rate of 1787 per 100000 population compared to England average of 775. Chlamydia diagnosis rates are highest at 6132 per 100000 15-24 year olds compared to 1979 in England.
8. **LONG TERM CONDITIONS (LTC):** The GP registers for long term conditions show the following as at March 2013: 5812 people with cardiovascular diseases, 32104 with hypertension, 11,975 with diabetes, 3899 with chronic obstructive pulmonary disease, 4708 with coronary heart disease, 2757 with stroke, 3209 with cancer and 5335 with chronic kidney disease. Please note a patient can be on multiple disease registers so the above figures should not be added to get a total number of individuals with LTCs. The prevalence models published by APHO have shown under detection of conditions such as diabetes, hypertension and kidney disease in Southwark.
9. **QUALITY & OUTCOME FRAMEWORK (QOF) SUMMARY:** The QOF summary for 2011-12 for Southwark shows underperformance in the following areas - hypertension control, diabetes control, BP control in patients with kidney disease, control in stroke patients.
10. **SCREENING:** Breast cancer screening uptake rates in Southwark were 61.3% compared to England average of 76.9% while cervical cancer screening uptake

rate was 68.4% compared to 75.3% in England (in 2012). Diabetic retinopathy screening uptake is 77% compared to 80.9% in England.

- 11. IMMUNISATION:** Child immunisation rate is rising but lower than the England average especially MMR (82.3%) and immunisation in children in care (currently 72% compared to 83% in England). Flu immunisation rate in 65+ population was 68.9 in 2011-12 compared to 74% in England.
- 12. BREAST FEEDING:** Breast feeding initiation, as well as maintenance at 6-8 weeks are higher in Southwark compared to England.
- 13. FALLS:** Injuries due to falls in both males and females aged 65 and over is higher in Southwark compared to the England average. Age standardised emergency hospital admission rate due to hip fractures in 65+ is slightly higher than the England average with a scope to reduce further.
- 14. MORTALITY:** Premature mortality rate (deaths in <75 year olds) due to circulatory diseases is higher at 74 per 100000 compared to England at 60. Similarly the death rate in <75s due to cancer is higher at 122 per 100000 compared to 108 in England. Mortality rate from liver disease, respiratory disease, communicable diseases was also higher in Southwark than the England average. Excess winter deaths index in 65+ population is slightly higher in Southwark (17.2) compared to England (15.6)

The prioritisation framework (Figure 2) has been used to inform the priorities for the health and wellbeing strategy.

**Figure 2 Prioritisation framework**



**What are our residents telling us?**

Over 2014/15, we carried out the Southwark Lives engagement exercise. With the help of Healthwatch Southwark and partners, we heard from hundreds of people across Southwark. Stories were collected from residents of all ages, giving us an insight into the ordinary and often extraordinary lives of Southwark people. The stories reflect the diverse needs and experiences of our communities, from staying fit and active, to preventing isolation, to dealing with long term conditions, disabilities and mental illness.

Problems in relationships, family breakdown and bereavement were often talked about as a cause of stress and sometimes a trigger for physical and mental illness. Loneliness and isolation featured in many people’s stories and conversely, many people talked about the strength they drew from a supportive social network. Positive relationships, the support of friends, family, community groups and volunteers were cited by many as integral to their wellbeing and their recovery from health problems.

Their levels of personal resilience had an impact on how people felt about the experiences they described. Some people who talked about suffering traumatic events or being the victim of violence, for example, said that they had struggled to cope. Others seemed to feel confident that they were in control of their own wellbeing and were optimistic about the future. There were many stories from people who were born outside Southwark and the challenges they have faced.

Problems like domestic violence, poverty, unemployment and poor housing featured in many of the stories and had a negative impact on health. Many people described living with multiple health problems, and often, those with physical health problems were also suffering from mental health problems.

More detailed information is available from our accompanying document, ***Southwark Lives.***

Informed by the Southwark JSNA and what our residents are telling us, the high level priorities for the health and wellbeing strategy are set out in the next section. Potential outcomes against these priorities are also identified.

### 3. Improving our health & wellbeing

#### Evidence of what works and priorities for the health and wellbeing strategy

A number of important national reviews have highlighted what local health and wellbeing systems should be addressing to deliver improved population health and to reduce health inequalities in effective as well as cost effective ways. The key recommendations are summarised in Table 1.

**Table 1**

Reviews	Key recommended areas for action
<p>King’s Fund ‘<i>Improving the Public’s Health – a Resource for Local Authorities</i>’</p> <p>This resource pulls together evidence from successful interventions across key local authority functions about ‘what works’ for improving health and reducing health inequalities.</p>	<ul style="list-style-type: none"> <li>• The best start in life</li> <li>• Healthy schools and pupils</li> <li>• Helping people find good jobs and stay in work</li> <li>• Active and safe travel</li> <li>• Warmer and safer homes</li> <li>• Access to green and open spaces and the role of leisure services</li> <li>• Strong communities, wellbeing and resilience</li> <li>• Public protection and regulatory services</li> <li>• Health and spatial planning</li> </ul>
<p>Source: <a href="http://www.kingsfund.org.uk/projects/improving-publics-health?qclid=CMjZ68nO7clCFUXKtAod5nwa_g">http://www.kingsfund.org.uk/projects/improving-publics-health?qclid=CMjZ68nO7clCFUXKtAod5nwa_g</a></p>	
<p>National Institute for Clinical Excellence (NICE) ‘<i>Local Government Briefings</i>’</p> <p>They summarise the best available evidence-based information about effective and cost effective public health activity, which will help improve the health of their communities and to support the development of joint health and wellbeing strategies.</p>	<ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Behaviour change</li> <li>• Contraception</li> <li>• Domestic violence</li> <li>• NHS health checks</li> <li>• Access to health &amp; social care</li> <li>• Physical activity</li> <li>• Walking &amp; cycling</li> <li>• Weight management</li> <li>• Drug misuse</li> <li>• Workplace health</li> </ul>
<p>Source: <a href="http://www.nice.org.uk/about/what-we-do/our-programmes/nice-advice/local-government-briefings">http://www.nice.org.uk/about/what-we-do/our-programmes/nice-advice/local-government-briefings</a></p>	
<p>NICE ‘<i>Judging whether public health interventions offer value for money</i>’</p> <p>This briefing summarises the economic and health benefits that can be gained from public health interventions and the</p>	<p><i>Areas to intervene in to save money:</i></p> <ul style="list-style-type: none"> <li>• Smoking</li> <li>• Alcohol</li> <li>• Weight</li> <li>• Physical inactivity</li> <li>• Stroke</li> </ul>

<p>methods that can be used to measure them and what could be gained by placing greater emphasis on 'prevention rather than cure'.</p>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul> <p><i>Good value for money 'best buys':</i></p> <ul style="list-style-type: none"> <li>• stop smoking services</li> <li>• healthy eating initiatives</li> <li>• physical activity programmes</li> <li>• alcohol interventions</li> <li>• mental health at work</li> <li>• safe sex initiatives</li> </ul>
<p>Source: <a href="http://www.nice.org.uk/advice/lgb10">http://www.nice.org.uk/advice/lgb10</a></p>	
<p>The Marmot Review Report '<i>Fair Society, Healthy Lives</i>'</p> <p>The report proposes an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.</p>	<p>6 policy objectives:</p> <ul style="list-style-type: none"> <li>• Give every child the best start in life.</li> <li>• Enable all children, young people and adults to maximise their capabilities and have control over their lives.</li> <li>• Create fair employment and good work for all.</li> <li>• Ensure healthy standard of living for all.</li> <li>• Create and develop healthy and sustainable places and communities.</li> <li>• Strengthen the role and impact of ill health prevention.</li> </ul>
<p>Source: <a href="http://www.local.gov.uk/health/-/journal_content/56/10180/3510094/ARTICLE">http://www.local.gov.uk/health/-/journal_content/56/10180/3510094/ARTICLE</a></p>	

Informed by Southwark's JSNA, the Southwark Lives engagement exercise and the above reviews, the Health and Wellbeing Board has agreed the key priority areas for the health and wellbeing strategy as set out below.

A number of potential outcome indicators of success are also being proposed. They are a combination of high level longer term outcomes as well as some 'process' level outputs and actions. The intention is that these outcomes are further refined as part of the 'deep dives' so that there is health and wellbeing board ownership.

<b>1. Every child &amp; young person the best start</b>	
<b>Priority areas</b>	<b>Outcome indicators of success</b>
<p><i>1.1 Ensure the best possible start to life for children, young people and their families</i></p>	<ul style="list-style-type: none"> <li>• Improved maternal &amp; infant health</li> <li>• Increase in numbers of families receiving early help</li> <li>• Improved educational attainment / reduction in educational variation</li> </ul>

## 2. Root causes of ill health & healthier & more resilient communities

Priority areas	Outcome indicators of success
2.1 Maximize opportunities for local economic wellbeing, development, jobs & apprenticeships	<ul style="list-style-type: none"> <li>• Increased numbers of apprenticeships and local people in jobs</li> </ul>
2.2 Make every home warm, dry and safe	<ul style="list-style-type: none"> <li>• Implementation of improved housing standards</li> </ul>
2.3 Create healthier environments to live in	<ul style="list-style-type: none"> <li>• Work with planning, regeneration and licensing to create healthier places so that the healthy choice is the easy choice:               <ul style="list-style-type: none"> <li>○ Promote a healthy eating environment</li> <li>○ Support active travel and active design principles</li> <li>○ Restrict betting shops, hot food takeaways and pay day loans</li> <li>○ Protect parks and promote growing</li> <li>○ Implement alcohol cumulative zones</li> </ul> </li> <li>• Take action to improve air quality</li> </ul>
2.4 Promote positive lifestyle changes and encourage individuals to take responsibility for their own health: tobacco control & smoking; healthy weight; physical activity, alcohol, sexual health & HIV	<ul style="list-style-type: none"> <li>• Front line workers from a range of sectors and communities delivering Making Every Contact Counts (MECC)</li> <li>• Increased uptake of stop smoking services and implementation of range of tobacco control action</li> <li>• Range of evidence based healthy weight services commissioned; obesity prevalence</li> <li>• Increased physical activity, reduced inactivity</li> <li>• Reduced alcohol related / specific conditions, admissions</li> <li>• Improved sexual health, reduced HIV late detection</li> </ul>
2.5 Enable people to effectively manage and maintain their physical health & mental health & wellbeing	<ul style="list-style-type: none"> <li>• Increased uptake of screening, immunizations, health checks</li> <li>• Reduced variation in range of primary care (QOF) indicators</li> </ul>
2.6 Increase the resilience and capacity of our communities	<ul style="list-style-type: none"> <li>• Frontline workers from a range of sectors and communities supporting 5 ways to wellbeing</li> <li>• Strong social &amp; community networks developed with more cohesive &amp; connected communities</li> </ul>

### 3. Improved outcomes for most vulnerable & support for more independent living

Priority areas	Outcome indicators of success
3.1 Support vulnerable young people and ensure their transition into adulthood is positive	<ul style="list-style-type: none"> <li>• More vulnerable CYP helped to make positive life choices</li> </ul>
3.2 Ensure that people with disabilities have the choice and control to live their lives they want and achieve their potential	<ul style="list-style-type: none"> <li>• Better health outcomes for people with disabilities through implementation of personalization</li> <li>• More PWLD in paid employment</li> <li>• Adequate and appropriate housing for people with disabilities</li> </ul>
3.3 Enable older people to live independently in an age friendly borough	<ul style="list-style-type: none"> <li>• Increase in preventive interventions for older people to reduce unnecessary hospital and residential admissions</li> <li>• More older people supported to live at home longer</li> <li>• Communities that understand dementia issues and support people with dementia</li> </ul>

### 4. Integration for better health & wellbeing outcomes

Priority areas	Outcome indicators of success
4.1 Integrated health & social care that is personalized and coordinated in collaboration with individuals, carers & their families	<ul style="list-style-type: none"> <li>• Effective emergency response, care coordination, reablement, services appropriately redesigned</li> <li>• Improved data sharing, information systems infrastructure and IG</li> </ul>
4.2 Shift away from over reliance on acute care towards primary care and self care	<ul style="list-style-type: none"> <li>• Effective emergency response, care coordination, reablement, services appropriately redesigned</li> </ul>

### Engagement questions

3 Are the suggested outcome indicators of success the right ones?

4 Are there areas that you would like the health and wellbeing board to do a deep dive into?

**Appendix 3** shows how Southwark compares to the rest of the country for some of these indicators.



## 4. Making it happen

### Monitoring & progress

The health and wellbeing board recognises that improving health and wellbeing and reducing health inequalities is by its very nature complex and requires multi factorial actions by a wide range of agencies. The priorities identified by the board reflect this. The board acknowledges that for each of the priority areas, there already exist strategies with detailed action plans.

Table 2 below sets out the key strategies and various action plans associated with our health and wellbeing priorities as well as the relevant boards and partnerships which hold the detailed overview. The health and wellbeing board does not intend to duplicate the efforts of these other boards and partnerships. Instead, the health and wellbeing board will **'hold to account'** other board and partners: it will monitor biannually an agreed set of outcomes. Informed by outcome monitoring and feedback from engagement events, the board will hold deep dives into particular topics of interest. It is acknowledged that there will be potential room for improvement in some areas and the expected improvement will be highlighted and reinforced as part of the deep dives.

The board also wants to focus on what partners bring to the table, that is, what 'added value' partners can create. It additionally wants to be assured that health inequalities are being tackled. With this in mind, in developing our health and wellbeing strategy, we are asking partners and stakeholders:

- In implementing their action plan for a specific health and wellbeing priority, what are their 'big asks' of other partners (ie what is their added value)
- How are they ensuring that health inequalities are being reduced and not widened by their proposed contribution to the health and wellbeing priority?

The board has started identifying some of these actions and some examples are included in Appendix 2.

Appendix 3 has a spinal chart with some suggested indicators for inclusion in the monitoring framework. They will be further developed informed by feedback from stakeholder engagement.

**Table 2**

<b>Priority</b>	<b>Associated implementation key strategies &amp; action plans</b>	<b>Board / partnership</b>	<b>Health and wellbeing board member lead(s)</b>
<b>1. Every child &amp; young person the best start</b>			
<i>1.1 Ensure the best possible start to life for children, young people and their families</i>	Children & young people strategy & action plans	Children & young people board	Strategic Director of Children & Adult Services
<b>2. Root causes of ill health &amp; healthier &amp; more resilient communities</b>			
<i>2.1 Maximize opportunities for local economic wellbeing, development, jobs &amp; apprenticeships</i>	Economic Wellbeing Strategy	Council plan	Leader, Southwark Council Chief Executive of Southwark Council
<i>2.2 Make every home warm, dry and safe</i>	Council Plan Housing Strategy	Council plan	Leader, Southwark Council Chief Executive of Southwark Council
<i>2.3 Create healthier environments to live in</i>	Southwark Plan; Area Action Plans Regeneration Plans Statements of Licensing Policy Transport Plan Air Quality Plan	Council plan	Leader, Southwark Council Chief Executive of Southwark Council
<i>2.4 Promote positive lifestyle changes and encourage individuals to take responsibility for their own health: tobacco control &amp; smoking; healthy weight; physical activity, alcohol, sexual health &amp; HIV</i>	Council Plan Physical Activity & Sports Strategy Walking Strategy (in progress) Cycling strategy (in progress) CCG Prevention & Resilience Programme Action Plan Sexual health & HIV strategy Action plans for tobacco & smoking, healthy weight, substance misuse & alcohol Kings public health committee work programme	Proactive Southwark CCG Resilience & Prevention Board Sexual health board Tobacco Alliance Healthy Weight Network Alcohol Strategy Group King's Public Health Committee	Cabinet lead councillor for public health, parks & leisure Director for Public Health CCG clinical lead for resilience, wellbeing & prevention King Health Partners
<i>2.5 Enable people to effectively manage and maintain their physical health &amp; mental health &amp; wellbeing</i>	CCG Operating Plan Joint Carers Strategy SE London Strategic Plan CCG Prevention & Resilience Programme Action Plan Sexual health & HIV strategy Action plans for tobacco & smoking, healthy weight, substance misuse & alcohol Kings public health committee work programme	CCG Board CCG Resilience & Prevention Board Sexual health board Tobacco Alliance Healthy Weight Network	Chair of CCG Chief Executive – CCG CCG clinical lead for resilience, wellbeing & prevention Cabinet lead councillor for public health, parks & leisure Director of Public Health

		Alcohol Strategy Group King's Public Health Committee	Kings Health Partners
<i>2.6 Increase the resilience and capacity of our communities</i>	CCG Mental wellbeing & parity of esteem Programme Action Plan Lambeth & Southwark Mental Wellbeing Programme Joint Mental Health Strategy Housing Strategy	CCG Mental wellbeing & parity of esteem board Mental health strategy group	CCG clinical lead for resilience, wellbeing & prevention Cabinet lead councillor for Adult care, arts & culture Chief Executive of Southwark Council

### 3. Improved outcomes for most vulnerable & support for more independent living

<i>3.1 Support young people who are vulnerable and ensure their transition into adulthood is positive</i>	Children & young people strategy & action plans	Children & young people board	Strategic Director of Children & Adult Services
<i>3.2 Ensure that people with disabilities have the choice and control to live their lives they want and achieve their potential</i>	Council Plan Adult social care strategies Joint Carers Strategy Better Care Fund CCG Operating Plan CCG Integration Programme Primary Care & Neighbourhood Development Programme End of Life Care Strategy Housing Strategy	Adult social care partnerships CCG Governing Board CCG Integration Programme Board Primary Care & Neighbourhood Development Programme Board End of Life Care Strategy Group	Cabinet lead councillor for Adult care, arts & culture Strategic Director of Children & Adult Services Chair of CCG Chief Executive – CCG Chief Executive of Southwark Council
<i>3.3 Enable older people to live independently in an age friendly borough</i>			

### 4. Integration for better health & wellbeing outcomes

<i>4.1 Integrated health &amp; social care that is personalized and coordinated in collaboration with individuals, carers &amp; their families</i>	South London Integrated Care Programme CCG Integrated Plan Adult social care strategies Better Care Joint Carers Strategy	SLIC Board Adult social care partnerships CCG Governing Board CCG Integration Programme Board Primary Care & Neighbourhood Development Programme Board	Cabinet lead councillor for Adult care, arts & culture Strategic Director of Children & Adult Services Chair of CCG Chief Executive – CCG Chief Executive of Southwark Council
<i>4.2 Shift away from over reliance on acute care towards primary care and self care</i>			

## Engagement question

5 Are there other strategies and action plans that are relevant to the health and wellbeing strategy priorities? Are there specific aspects of these strategies or action plans that you would like to draw to the attention of the health and wellbeing board?

## Deep dives

While primary prevention is effective and cost effective, bringing about sustained behaviour change at a population level is difficult. Additionally, the cost benefits may not be noticeable immediately. The board has expressed an interest in having deep dives to better understand the current programmes. The deep dives will provide the board with an opportunity to seek assurance and to drive forward strengthened partnership approaches. Topics of interest include:

- **Tobacco and smoking**
- **Sexual health and HIV**
- **Alcohol**
- **Obesity**
- **Physical activity**

The deep dives will form part of the work plan for the board. Other deep dive topics will be further indicated by the health and wellbeing board.

## On-going engagement

The health and wellbeing board recognises that to be truly successful, the health and wellbeing strategy needs to be responsive to the changing environment and to engage with and be shaped by local stakeholders and Southwark people. The health and wellbeing strategic process is iterative (Figure 3). The board is working with Community Action Southwark, Healthwatch Southwark and other partners to involve stakeholders and local people in further shaping the strategy. A governance review was carried out earlier in the year with one of the recommendations being that the health and wellbeing board should strengthen its engagement processes.

To further shape our health and wellbeing strategy, we are seeking views on the engagement questions in this document. To summarise, the engagement questions are:

(please reply to PHadmin@southwark.gov.uk)

### Engagement questions

1 How are you and your organisation adding value and contributing to the above health and wellbeing priorities?

2 How are you ensuring health inequalities are addressed?

**Appendix 1** – Please use the priority template to let us know your views.

**Appendix 2** – Here are some examples of how health and wellbeing board members are contributing added value and ensuring that what they do reduce and not widen health inequalities.

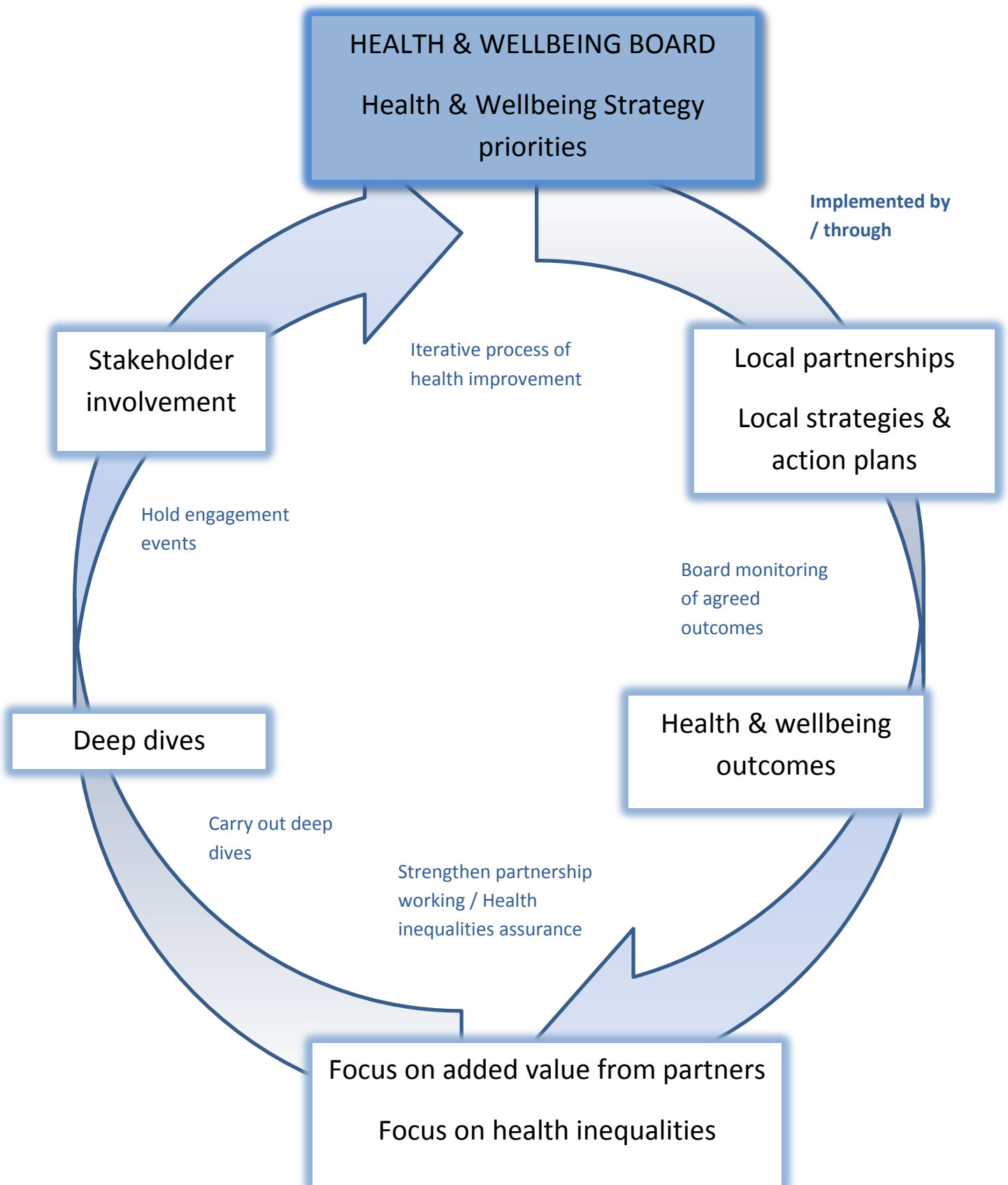
3 Are the suggested outcome indicators of success the right ones?

**Appendix 3** shows how Southwark compares to the rest of the country for some of these indicators

4 Are there areas that you would like the health and wellbeing board to do a deep dive into?

5 Are there other strategies and action plans that are relevant to the health and wellbeing strategy priorities? Are there specific aspects of these strategies or action plans that you would like to draw to the attention of the health and wellbeing board?

Figure 3



## Appendices

**Appendix 1** – Please use the priority template to let us know your views.

**Appendix 2** – Here are some examples of how health and wellbeing board members are contributing added value and ensuring that what they do reduce and not widen health inequalities.

**Appendix 3** shows how Southwark compares to the rest of the country for some selected outcome indicators

Please send comments and feedback to [PHAdmin@southwark.gov.uk](mailto:PHAdmin@southwark.gov.uk)

**Appendix 1** – Please use the priority template to let us know your views.

Priority themes & work areas	My organization will contribute to the HWB priority by: We are asking HWB partners to collaborate on: Health inequalities is addressed by:
<b>1. Every child &amp; young person the best start</b>	
<i>1.1 Ensure the best possible start to life for children, young people and their families</i>	
<b>2. Root causes of ill health &amp; healthier &amp; more resilient communities</b>	
<i>2.1 Maximize opportunities for local economic wellbeing, development, jobs &amp; apprenticeships</i>	
<i>2.2 Make every home warm, dry and safe</i>	
<i>2.3 Promote positive lifestyle changes and encourage individuals to take responsibility for their own health: tobacco control &amp; smoking; healthy weight; physical activity, alcohol, sexual health &amp; HIV</i>	
<i>2.4 Enable people to effectively manage and maintain their physical health &amp; mental health &amp; wellbeing</i>	
<i>2.5 Increase the resilience and capacity of our communities</i>	
<b>3. Improved outcomes for most vulnerable &amp; support for more independent living</b>	
<i>3.1 Support young people who are vulnerable and ensure their transition into adulthood is positive</i>	
<i>3.2 Ensure that people with disabilities, LD &amp; MH have the choice and control to live their lives they want and achieve their potential</i>	
<i>3.3 Enable older people to live independently in an age friendly borough</i>	



#### 4. Integration for better health & wellbeing outcomes

*4.1 Integrated health & social care that is personalized and coordinated in collaboration with individuals, carers & their families*

*4.2 Shift away from over reliance on acute care towards primary care and self care*

## Appendix 2

Table 2 on page 19 identifies the key strategies and action plans underpinning the health and wellbeing strategy priorities. The health and wellbeing board has a focus on enhancing partnership working and the following tables begin to capture some of the **'big asks'** from partners. In addition to monitoring health inequalities outcomes, the board is also seeking assurance from partners that the 'asks' contribute toward reducing health inequalities.

This section will be developed and monitored in an iterative way informed by emerging programmes and strategic reviews such as Southwark CCG's Resilience and Prevention Programme Board, the Children and Young People and Adult Social Care Local Accounts and the Early Action Commission.

## ECONOMIC WELLBEING ASKS

<p><b>Priority themes &amp; work areas</b></p>	<p>My organization will contribute to the HWB priority by:          We are asking HWB partners to collaborate on:          Health inequalities is addressed by:</p>
<p><b>2. Root causes of ill health &amp; healthier &amp; more resilient communities</b></p>	
<p><i>2.1 Maximize opportunities for local economic wellbeing, development, jobs &amp; apprenticeships</i></p>	<p><b>Southwark Council will support 5,000 more local people into jobs and create 2,000 new apprenticeships by 2018.</b></p> <p><u><i>Collaboration asked of partners</i></u>          Health and voluntary sector providers to help signpost residents to find the right advice, support and skills to overcome barriers to work, work with local employers to help encourage work experience and soft skills to help improve people's employment prospects and promote/contribute to delivering the Southwark Apprenticeship Standard.</p> <p><u><i>Addressing health inequalities</i></u>          People who are not in employment tend to have poorer physical and mental health compared to those in employment and people with poorer physical health and mental health tend to be more likely not to be in employment. Support people into employment, supporting those at risk of falling out of employment because of poor health &amp; mental health and promoting best practice in healthier workplaces are one of Marmot's recommended policy drivers.</p>
	<p><b>Southwark Council will promote thriving town centres and high streets through initiatives such as the high street challenge to bring about a greater mix of shops, encourage people to shop locally and create a 'healthy' high street.</b></p> <p><u><i>Collaboration asked of partners</i></u>          Partners are asked to engage effectively in the promotion of local high streets and town centres and also encourage healthier high streets through stopping the spread of betting shops and encouraging a greater mix of shops and businesses in our centres.</p> <p><u><i>Addressing health inequalities</i></u></p>

	<p>'Unhealthier town centres' (a town centre that supports unhealthy choices) tend to be in more deprived areas and tend to 'normalise' unhealthy choices.</p>
<p><i>2.5 Increase the resilience and capacity of our communities</i></p>	<p><b>Southwark Council will stop the spread of pawnbrokers, betting shops, gambling machines and pay day lenders and promote financial well-being and independence among residents.</b></p> <p><u>Collaboration asked of partners</u> Partners are asked to work together to support the provision of quality debt advice particularly for those affected by welfare reform. This includes working across borough boundaries to help the most vulnerable/those furthest from the labour market out of welfare and into work.</p> <p><u>Addressing health inequalities</u> Very high interest loans and problem gambling tend to most affect those who are least able to afford them and have a inter-relationship with poorer mental health and wellbeing.</p>

### 3. Improved outcomes for most vulnerable & support for more independent living

3.1 Support young people who are vulnerable and ensure their transition into adulthood is positive

**Southwark Council will guarantee education, employment or training for every school leaver by 2015/16 and open a credit union account with a £10 opening deposit for every 11 year old**

Collaboration asked of partners

Partners are asked to contribute to securing opportunities for young people whether through work experience, signposting or advice and in particular to work with the local credit union to promote the benefits of sound money management.

Addressing health inequalities

Employment, income and debt are inextricably linked to impacts on health.

## HOUSING ASKS

Priority themes & work areas

My organization will contribute to the HWB priority by:

We are asking HWB partners to collaborate on:

Health inequalities is addressed by:

### 2. Root causes of ill health & healthier & more resilient communities

2.2 Make every home warm, dry and safe

**Southwark Council will have an improvement programme for Council homes and will also implement a licensing and accreditation scheme for private landlords to drive up standards in the private rented sector.**

Collaboration asked of partners

Health and Voluntary Sector professionals are asked to report rogue landlords and letting agencies so that tough enforcement action can be taken.

Addressing health inequalities

Over 25% of households in Southwark live in private rented sector and people who are on the lowest incomes in the private rented sector who are most vulnerable to unscrupulous landlords.

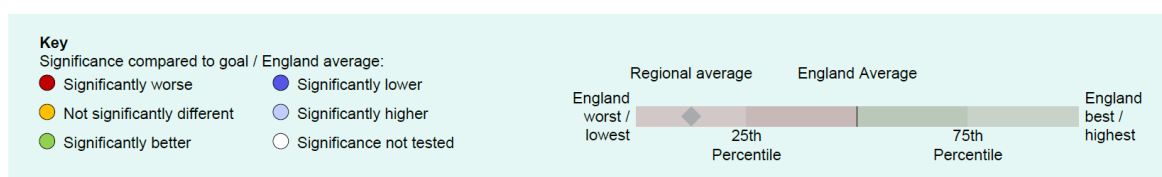
<p><i>2.5 Increase the resilience and capacity of our communities</i></p>	<p><b>Southwark Council’s Housing Strategy will support and encourage residents to take pride and responsibility in their homes and local area</b></p> <p><u><i>Collaboration asked of partners</i></u>  Southwark Council will promote resident involvement and provide advice to tenants on their rights and responsibilities. The voluntary sector and community groups are asked to help vulnerable tenants to understand their rights and responsibilities. Partner agencies are asked to report antisocial behaviour and vulnerability.</p> <p><u><i>Addressing health inequalities</i></u>  Vulnerable people (eg older people, people with disabilities) are less likely to understand their rights and less likely to report antisocial behaviour.</p>
<p><b>3. Improved outcomes for most vulnerable &amp; support for more independent living</b></p>	
<p><i>3.1 Support young people who are vulnerable and ensure their transition into adulthood is positive</i></p>	<p><b>Southwark Council will have a comprehensive programme to prevent homelessness by delivering specialist including tenancy support and advice to people who are at risk of becoming homeless</b></p> <p><u><i>Collaboration asked of partners</i></u>  Partners are asked to work together to support the provision of quality debt advice particularly those affected by welfare reform.  Partners are asked to undergo shared training on homeless protocols.</p> <p><u><i>Addressing health inequalities</i></u>  Homelessness and health are closely related: poor health is both a cause and a result of homelessness. People who are homeless are three to six times more likely to become ill than housed people.</p>

## FREE SWIMMING & GYM ASKS

<p><b>Priority</b></p>	<p>My organization will contribute to the HWB priority by:          We are asking HWB partners to collaborate on:          Health inequalities is addressed by:</p>
<p><b>2. Root causes of ill health &amp; healthier &amp; more resilient communities</b></p>	
<p><i>2.3 Promote positive lifestyle changes and encourage individuals to take responsibility for their own health</i></p>	<p><b>Southwark Council will deliver free swimming and gyms for local residents.</b></p> <p><u>Collaboration asked of partners</u>          All health &amp; wellbeing board partners are asked to promote the Council's offer of free swimming and gyms to those who should be benefiting from it the most, particularly low income residents and those suffering from or at risk of developing through physical inactivity, ill health.          NHS partners are asked to provide brief advice on the benefits of physical activity and to make physical activity referrals through the Kickstart, exercise on referral and the Health Checks Passport schemes.</p> <p><u>Addressing health inequalities</u>          People with additional needs have poorer health and will be supported through targeted programmes (eg Exercise on referral, health checks activity passport, KickStart)</p>

# Appendix 4 Public Health Outcome Framework

To be further shaped in consultation



## Overarching indicators

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
0.1i - Healthy life expectancy at birth (Male)	2010 - 12	60.3	63.4	52.5		70.0
0.1i - Healthy life expectancy at birth (Female)	2010 - 12	62.5	64.1	55.5		71.0
0.1ii - Life Expectancy at birth (Male)	2010 - 12	78.0	79.2	74.0		82.1
0.1ii - Life Expectancy at birth (Female)	2010 - 12	83.1	83.0	79.5		85.9
0.1ii - Life Expectancy at 65 (Male)	2010 - 12	17.9	18.6	15.8		20.9
0.1ii - Life Expectancy at 65 (Female)	2010 - 12	21.4	21.1	18.8		23.8
0.2i - Slope index of inequality in life expectancy at birth based on national deprivation deciles within England (Male)	2010 - 12		9.2			
0.2i - Slope index of inequality in life expectancy at birth based on national deprivation deciles within England (Female)	2010 - 12		6.8			
0.2ii - Number of upper tier local authorities for which the local slope index of inequality in life expectancy (as defined in 0.2iii) has decreased (Male)	2010 - 12		73			
0.2ii - Number of upper tier local authorities for which the local slope index of inequality in life expectancy (as defined in 0.2iii) has decreased (Female)	2010 - 12		73			
0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Male)	2010 - 12	7.1	-	3.9		16.0
0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Female)	2010 - 12	7.3	-	1.3		11.4
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Male)	2010 - 12	-1.2	0.0	-5.2		2.9
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Female)	2010 - 12	0.1	0.0	-3.5		2.9
0.2v - Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England (Male)	2010 - 12		19.4			
0.2v - Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England (Female)	2010 - 12		19.8			

## Wider determinants of health

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
1.01i - Children in poverty (all dependent children under 20)	2011	30.8	20.1	46.1		6.6
1.01iii - Children in poverty (under 16s)	2011	30.7	20.6	43.6		6.9
1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception	2012/13	59.6	51.7	27.7		69.0
1.02i - School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception	2012/13	51.6	36.2	17.8		60.0



Wider determinants of health continued

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
1.02II - School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check	2012/13	72.0	69.1	58.8		79.0
1.02II - School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	2012/13	67.8	55.8	37.2		70.9
1.03 - Pupil absence	2012/13	4.74	5.26	6.31		4.36
1.04 - First time entrants to the youth justice system	2013	707	441	847		171
1.05 - 16-18 year olds not in education employment or training	2013	2.9	5.3	9.8		1.8
1.06I - Adults with a learning disability who live in stable and appropriate accommodation (Persons)	2012/13	73.1	73.5	32.6		96.6
1.06I - Adults with a learning disability who live in stable and appropriate accommodation (Male)	2012/13	71.5	73.2	32.2		97.9
1.06I - Adults with a learning disability who live in stable and appropriate accommodation (Female)	2012/13	75.8	74.0	33.3		97.9
1.06II - % of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons)	2012/13	70.0	58.5	5.5		94.1
1.06II - % of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Male)	2012/13	69.4	57.3	5.2		92.7
1.06II - % of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Female)	2012/13	70.9	59.8	5.5		96.2
1.07 - People in prison who have a mental illness or a significant mental illness	2012/13		4.35			
1.08I - Gap in the employment rate between those with a long-term health condition and the overall employment rate	2012	12.4	7.1	-5.3		21.7
1.08II - Gap in the employment rate between those with a learning disability and the overall employment rate	2013/14	62.3	65.1	46.7		79.1
1.08III - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	2012/13	65.0	62.3	53.1		75.1
1.09I - Sickness absence - The percentage of employees who had at least one day off in the previous week	2010 - 12	1.9	2.5	4.6		0.8
1.09II - Sickness absence - The percent of working days lost due to sickness absence	2010 - 12	0.7	1.6	3.1		0.4
1.10 - Killed and seriously injured (KSI) casualties on England's roads	2011 - 13	37.5	39.7	78.9		16.6
1.11 - Domestic Abuse	2012/13	18.6	18.8	5.6		30.2
1.12I - Violent crime (including sexual violence) - hospital admissions for violence	2010/11 - 12/13	81.0	57.6	167.8		9.3
1.12II - Violent crime (including sexual violence) - violence offences per 1,000 population	2013/14	18.3	11.1	4.6		27.8
1.12III - Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population	2013/14	1.53	1.01	0.38		2.43
1.13I - Re-offending levels - percentage of offenders who re-offend	2011	26.2	26.9	14.4		36.3
1.13II - Re-offending levels - average number of re-offences per offender	2011	0.67	0.78	0.31		1.27
1.14I - The rate of complaints about noise	2012/13	23.7	7.5	80.4		2.5
1.14II - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	2011	14.3	5.2	0.8		20.8
1.14III - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	2011	17.2	8.0	1.2		42.4
1.15I - Statutory homelessness - homelessness acceptances	2013/14	4.3	2.3	0.1		12.5
1.15II - Statutory homelessness - households in temporary accommodation	2013/14	6.1	2.6	29.7		0.0
1.16 - Utilisation of outdoor space for exercise/health reasons	Mar 2013 - Feb 2014	9.6	17.1	0.3		30.8
1.17 - Fuel Poverty	2012	6.4	10.4	21.3		4.9
1.18I - Social Isolation: % of adult social care users who have as much social contact as they would like	2012/13	40.1	43.2	31.9		53.5

### Wider determinants of health continued

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
1.18II - Social Isolation: % of adult carers who have as much social contact as they would like	2012/13	28.6	41.3	23.9		58.5
1.19I - Older people's perception of community safety - safe in local area during the day	2012/13		97.5			
1.19II - Older people's perception of community safety - safe in local area after dark	2012/13		61.9			
1.19III - Older people's perception of community safety - safe in own home at night	2012/13		94.3			

### Health improvement

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
2.01 - Low birth weight of term babies	2012	2.7	2.8	5.0		1.5
2.02I - Breastfeeding - Breastfeeding initiation	2013/14	88.1	73.9	36.6		93.0
2.02II - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	2013/14	- x	-	19.4		77.4
2.03 - Smoking status at time of delivery	2013/14	3.8	12.0	27.5		1.9
2.04 - Under 18 conceptions	2012	31.8	27.7	52.0		14.2
2.04 - Under 18 conceptions: conceptions in those aged under 16	2012	4.7	5.6	15.8		2.0
2.06I - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2012/13	26.7	22.2	32.2		16.1
2.06II - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2012/13	44.2	33.3	44.2		24.1
2.07I - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2012/13	108.6	103.8	191.3		61.7
2.07II - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	2012/13	122.5	134.7	282.4		76.0
2.07III - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	2012/13	104.4	130.7	277.3		63.8
2.08 - Emotional well-being of looked after children	2012/13	11.0	14.0	9.4		21.5
2.09II - Smoking prevalence age 15 years - regular smokers	2013		8			
2.09III - Smoking prevalence age 15 years - occasional smokers	2013		10			
2.12 - Excess Weight in Adults	2012	56.3	63.8	74.4		45.9
2.13I - Percentage of physically active and inactive adults - active adults	2013	56.5	55.6	43.4		66.3
2.13II - Percentage of active and inactive adults - inactive adults	2013	27.0	28.9	39.2		16.3
2.14 - Smoking Prevalence	2013	20.7	18.4	29.4		10.5
2.14 - Smoking prevalence - routine & manual	2013	29.3	28.6	47.5		16.5
2.15I - Successful completion of drug treatment - opiate users	2013	6.0	7.8	3.5		15.8
2.15II - Successful completion of drug treatment - non-opiate users	2013	34.2	37.7	7.6		60.2
2.16 - People entering prison with substance dependence issues who are previously not known to community treatment	2012/13	58.6	46.9	69.8		19.7
2.17 - Recorded diabetes	2012/13	4.94 ^	6.01	3.69		8.42
2.18 - Alcohol related admissions to hospital (Persons)	2012/13	641	637	1121		365
2.18 - Alcohol related admissions to hospital (Male)	2012/13	945	829	1425		454
2.18 - Alcohol related admissions to hospital (Female)	2012/13	374	465	839		269
2.19 - Cancer diagnosed at early stage (Experimental Statistics)	2012	39.1	41.6	34.4		60.3
2.20I - Cancer screening coverage - breast cancer	2014	64.1	75.9	57.4		83.7
2.20II - Cancer screening coverage - cervical cancer	2014	72.5	74.2	59.5		79.7
2.21VII - Access to non-cancer screening programmes - diabetic retinopathy	2012/13	79.1 ^	79.1	66.0		94.8

## Health improvement continued

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
2.22ii - Cumulative % of the eligible population aged 40-74 offered an NHS Health Check	2013/14	33.1	18.4	0.8		44.4
2.22iv - Cumulative % of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	2013/14	33.0	49.0	14.6		100
2.22v - Cumulative % of the eligible population aged 40-74 who received an NHS Health check	2013/14	10.9	9.0	0.9		29.1
2.23i - Self-reported well-being - people with a low satisfaction score	2012/13	6.7 ^	5.8	10.1		3.4
2.23ii - Self-reported well-being - people with a low worthwhile score	2012/13	4.4 ^	4.4	8.2		2.9
2.23iii - Self-reported well-being - people with a low happiness score	2012/13	9.7	10.4	15.8		5.5
2.23iv - Self-reported well-being - people with a high anxiety score	2012/13	21.9	21.0	29.0		10.9
2.23v - Average Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) score	2010 - 12		37.7			
2.24i - Injuries due to falls in people aged 65 and over (Persons)	2012/13	2941	2011	3508		1178
2.24i - Injuries due to falls in people aged 65 and over (males/females) (Male)	2012/13	2665	1602	2975		903
2.24i - Injuries due to falls in people aged 65 and over (males/females) (Female)	2012/13	3217	2420	4041		1452
2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79	2012/13	1446	975	1826		544
2.24iii - Injuries due to falls in people aged 65 and over - aged 80+	2012/13	7276	5015	9119		2876

## Health protection

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
3.01 - Fraction of mortality attributable to particulate air pollution	2012	7.1	5.1	3.0		7.7
3.02i - Chlamydia screening detection rate (15-24 year olds) - Old NCSP data	2011	4383	2092	948		4911
3.02ii - Chlamydia detection rate (15-24 year olds) - CTAD (Persons)	2013	3218	2016	840		5758
3.02iii - Chlamydia detection rate (15-24 year olds) - CTAD (Male)	2013	2334	1387	599		4262
3.02iv - Chlamydia detection rate (15-24 year olds) - CTAD (Female)	2013	3554	2634	1094		6358
3.03i - Population vaccination coverage - Hepatitis B (1 year old)	2012/13	97.8 ^	-	40.0		100
3.03i - Population vaccination coverage - Hepatitis B (2 years old)	2012/13	91.4 ^	-	9.1		100
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	2012/13	91.1 ^	94.7	79.0		99.0
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2012/13	93.1 ^	96.3	81.9		99.4
3.03iv - Population vaccination coverage - MenC	2012/13	90.3 ^	93.9	75.9		98.8
3.03v - Population vaccination coverage - PCV	2012/13	90.6 ^	94.4	78.7		99.0
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	2012/13	84.8 ^	92.7	77.0		98.3
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years)	2012/13	86.2 ^	91.5	75.7		98.1
3.03vii - Population vaccination coverage - PCV booster	2012/13	85.3 ^	92.5	75.1		97.5
3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	2012/13	85.7 ^	92.3	77.4		98.4

Note: ^ - Value estimated

## Health protection continued

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
3.03ix - Population vaccination coverage - MMR for one dose (5 years old) ◀ 90 ≥ 90	2012/13	89.0 ^	93.9	82.1		98.3
3.03x - Population vaccination coverage - MMR for two doses (5 years old) ◀ 90 ≥ 90	2012/13	78.9 ^	87.7	68.9		97.0
3.03xii - Population vaccination coverage - HPV ◀ previous years England average ≥ previous years England average	2012/13	66.9 ^	86.1	62.1		96.2
3.03xiii - Population vaccination coverage - PPV ◀ previous years England average ≥ previous years England average	2012/13	55.5 ^	69.1	55.3		77.0
3.03xiv - Population vaccination coverage - Flu (aged 65+) ◀ 75 ≥ 75	2012/13	70.4 ^	73.4	65.5		80.8
3.03xv - Population vaccination coverage - Flu (at risk individuals) ◀ 75 ≥ 75	2012/13	49.0 ^	51.3	44.2		68.8
3.04 - People presenting with HIV at a late stage of infection ◀ 25 25 to 50 ≥ 50	2010 - 12	42.9	48.3	80.0		0.0
3.05i - Treatment completion for TB ◀ 85 ≥ 85	2012	83.1	82.8	22.6		100
3.05ii - Incidence of TB	2010 - 12	37.8	15.1	112.3		0.0
3.06 - NHS organisations with a board approved sustainable development management plan	2013/14	33.3	41.6	0.0		83.3

## Healthcare and premature mortality

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
4.01 - Infant mortality	2010 - 12	4.2	4.1	7.5		1.1
4.02 - Tooth decay in children aged 5	2011/12	0.79	0.94	2.10		0.35
4.03 - Mortality rate from causes considered preventable (Persons)	2011 - 13	212.1	183.9	319.7		130.3
4.03 - Mortality rate from causes considered preventable (Male)	2011 - 13	291.9	233.1	409.1		166.5
4.03 - Mortality rate from causes considered preventable (Female)	2011 - 13	140.6	138.0	235.2		93.7
4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons)	2011 - 13	94.4	78.2	137.0		52.1
4.04i - Under 75 mortality rate from all cardiovascular diseases (Male)	2011 - 13	138.9	109.5	184.9		75.0
4.04i - Under 75 mortality rate from all cardiovascular diseases (Female)	2011 - 13	53.2	48.6	91.2		29.9
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)	2011 - 13	60.9	50.9	89.0		30.7
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Male)	2011 - 13	94.8	76.7	130.9		46.2
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Female)	2011 - 13	29.4	26.5	57.1		14.5
4.05i - Under 75 mortality rate from cancer (Persons)	2011 - 13	153.8	144.4	198.9		104.0
4.05i - Under 75 mortality rate from cancer (Male)	2011 - 13	168.8	160.9	230.7		113.8
4.05i - Under 75 mortality rate from cancer (Female)	2011 - 13	140.7	129.2	182.3		95.5
4.05ii - Under 75 mortality rate from cancer considered preventable (Persons)	2011 - 13	97.4	83.8	126.9		52.7
4.05ii - Under 75 mortality rate from cancer considered preventable (Male)	2011 - 13	110.2	91.3	148.1		46.9
4.05ii - Under 75 mortality rate from cancer considered preventable (Female)	2011 - 13	86.2	76.9	118.2		55.6
4.06i - Under 75 mortality rate from liver disease (Persons)	2011 - 13	27.9	17.9	43.4		11.3
4.06i - Under 75 mortality rate from liver disease (Male)	2011 - 13	42.7	23.6	58.9		14.3

Healthcare and premature mortality continued						
	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
4.06i - Under 75 mortality rate from liver disease (Female)	2011 - 13	13.9	12.5	27.7		7.4
4.06ii - Under 75 mortality rate from liver disease considered preventable (Persons)	2011 - 13	26.7	15.7	39.5		9.6
4.06iii - Under 75 mortality rate from liver disease considered preventable (Male)	2011 - 13	41.6	21.1	54.4		12.4
4.06iv - Under 75 mortality rate from liver disease considered preventable (Female)	2011 - 13	12.7	10.5	24.5		6.4
4.07i - Under 75 mortality rate from respiratory disease (Persons)	2011 - 13	40.1	33.2	78.1		19.5
4.07ii - Under 75 mortality rate from respiratory disease (Male)	2011 - 13	52.9	39.1	94.6		23.0
4.07iii - Under 75 mortality rate from respiratory disease (Female)	2011 - 13	28.2	27.6	67.1		14.2
4.07iv - Under 75 mortality rate from respiratory disease considered preventable (Persons)	2011 - 13	25.8	17.9	46.6		7.6
4.07v - Under 75 mortality rate from respiratory disease considered preventable (Male)	2011 - 13	34.0	20.4	52.9		10.6
4.07vi - Under 75 mortality rate from respiratory disease considered preventable (Female)	2011 - 13	18.3	15.5	41.4		7.6
4.08 - Mortality from communicable diseases (Persons)	2011 - 13	66.6	62.2	93.8		36.0
4.08i - Mortality from communicable diseases (Male)	2011 - 13	86.8	72.1	117.0		46.9
4.08ii - Mortality from communicable diseases (Female)	2011 - 13	54.1	56.2	91.4		30.9
4.09 - Excess under 75 mortality rate in adults with serious mental illness	2011/12	313.8	337.4	510.4		124.7
4.10 - Suicide rate (Persons)	2011 - 13	7.5	8.8	13.6		4.5
4.10i - Suicide rate (Male)	2011 - 13	14.4	13.8	21.9		8.0
4.10ii - Suicide rate (Female)	2011 - 13	-x	4.0	6.6		2.2
4.11 - Emergency readmissions within 30 days of discharge from hospital (Persons)	2011/12	13.0	11.8	14.5		8.8
4.11i - Emergency readmissions within 30 days of discharge from hospital (Male)	2011/12	14.2	12.1	14.9		8.7
4.11ii - Emergency readmissions within 30 days of discharge from hospital (Female)	2011/12	11.8	11.5	14.7		8.3
4.12i - Preventable sight loss - age related macular degeneration (AMD)	2012/13	65.3	104.4	31.7		221.3
4.12ii - Preventable sight loss - glaucoma	2012/13	9.6	12.5	2.8		29.3
4.12iii - Preventable sight loss - diabetic eye disease	2012/13	3.6	3.5	1.1		14.0
4.12iv - Preventable sight loss - sight loss certifications	2012/13	19.8	42.3	13.5		79.8
4.13 - Health related quality of life for older people	2012/13	0.693	0.726	0.636		0.793
4.14i - Hip fractures in people aged 65 and over	2012/13	653.7	568.1	808.4		403.1
4.14ii - Hip fractures in people aged 65 and over - aged 65-79	2012/13	330.2	237.3	401.7		121.8
4.14iii - Hip fractures in people aged 65 and over - aged 80+	2012/13	1592	1528	2150		1108
4.15i - Excess Winter Deaths Index (Single year, all ages)	Aug 2011 - Jul 2012	13.8	16.1	30.7		2.1
4.15ii - Excess Winter Deaths Index (single year, ages 85+)	Aug 2011 - Jul 2012	31.2	22.9	53.1		-7.6
4.15iii - Excess Winter Deaths Index (3 years, all ages)	Aug 2009 - Jul 2012	17.7	16.5	27.4		6.4
4.15iv - Excess Winter Deaths Index (3 years, ages 85+)	Aug 2009 - Jul 2012	31.8	22.6	38.5		11.3
4.16 - Estimated diagnosis rate for people with dementia	2012/13		48.7			