

Lambeth Older People's Health Data Profile

The JSNA is the ongoing process through which we seek to identify the current and future health and well-being and social care needs of the local population.

It is a statutory requirement under the Health and Social Care Act 2012 for Local Authorities and their partners to prepare JSNAs. Local Authorities and partners have equal and joint responsibilities to prepare JSNAs through local Health and Wellbeing Boards.

This profile has been developed to support an intelligence-driven approach to understanding and meeting need. It provides commissioners, service providers, clinicians, service users, and their families with the means to benchmark their area against England, regions, or similar populations.

The profile describes the population of Lambeth looking at demographic characteristics such as age, ethnicity, sex, and population change.

The profile collates and analyses a wide range of publicly available data and has been produced based on the structure of the healthy ageing fingertips profile and follows a systematic approach for the following themes:

- The 50+ population of Lambeth
- Communities, connections, and neighbourhoods
- Health and Wellbeing
- Adult social care,
- Health and Wellbeing services

The profile aims to provide enough whole-pathway metrics to enable the assessment of older people's needs, services and outcomes. It is a starting point to identify topics that require further investigation.

Why this summary?



The older people's data profile is a very large document, with over 160 pages, there are many facts, figures, graphs, and visualisations.

It has been themed, ordered, and presented as a single document as well as sections of the document. This summary document brings everything into one place and allows easier navigation of the information presented.

The profile structure follows this slide with links to take you to specific sections and sub-sections.

Why this summary?



Section 1 50+ population of Lambeth

Demographics
Life expectancy

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Housing
Income and employment and civic participation
Outdoor spaces and buildings
Respect and social inclusion

Section 3
Health and Wellbeing

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Causes of death
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Falls and fractures
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Section 4
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Section 1: The 50+ population of Lambeth





1. Demography

Understanding the characteristics (for example, age, sex, and ethnicity) of a population is essential for healthcare planning, resource allocation, and the development of effective strategies. It helps ensure healthcare services are accessible and relevant to the diverse needs of the population.

Approximately 317,600 people live in Lambeth according to the ONS Census 2021. Lambeth's older population is diverse and different when compared with London and England. Lambeth's older population is projected to increase by 2031, with a projected increase of nearly 50% in the 65+ and 85+ age groups. This will have an impact on service need.

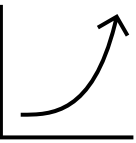
Facts and figures – Lambeth 50+

- 79,086 people are aged 50+ in Lambeth (25% of the total population) and could increase by ~16,000 to 95,500 in 2031
- 65+ population accounts for 9% of the total population
- 85+ population accounts for 1% of the total population
- 3 in 100 are LGB+
- 7 in 100 cannot speak English well
- 1 in 3 are disabled under the equality act definitions
- 4 in 10 have their day to day activities limited by their disability
- 1 in 2 are not in good health
- 2 in 10 are still working

Why are we interested?

- Lambeth's older population are diverse and different to London and England. Lambeth's older residents may need different considerations to protect their health and well-being.
- Understanding the local population helps identify the services required by older people now and in the future.
- Identifying demographic inequalities enables targeted policies and interventions to create a more equitable society.

2. Life expectancy



Life expectancy, healthy life expectancy at 65, and the inequality in life expectancy help us understand the health of people who are 65 years old and above. They show how many years people can expect to live, how many of those years will be in good health, without disabilities or poor health, and if there are differences in male and female life expectancy. Overall, they give an idea of what to expect in terms of overall health as people reach the age of 65.

In Lambeth, female life expectancy and healthy life expectancy values are like those of London and England females. Lambeth male life expectancy, however, is lower than London and England, while the healthy life expectancy of Lambeth males is like London and England males.

Facts and figures

- Life expectancy is, generally, increasing; there has been an overall increase in life expectancy in the last 10 years.
- Lambeth female life expectancy is 86 years and Lambeth male life expectancy is 82 years; there is a 4-year difference in life expectancy at 65 between males (17 years) and females (21 years) in Lambeth.
- Lambeth female healthy life expectancy is 75 years and Lambeth male healthy life expectancy is 73 years; there is a 2-year difference in healthy life expectancy at 65 between males (8 years) and females (10 years) in Lambeth.
- Lambeth female healthy life expectancy is 75 years and Lambeth male healthy life expectancy is 73 years; Lambeth females spend more years from 65 in poor health than Lambeth males.

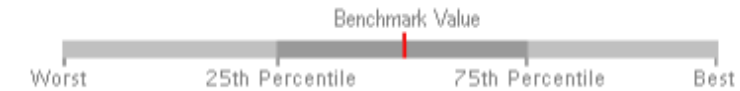
What's the inequality?

- Lower life expectancy for males compared to females
- Lower life expectancy for those living in areas of high deprivation when compared to those in low deprivation.
- Both sex and deprivation impact life expectancy.
- Females in Lambeth who are 65 and above might live two years longer or shorter depending on whether they live in the poorest or richest areas.
- For Lambeth males this difference is 5 years.

Life expectancy of the 50+ population in Lambeth

● Better 95%
 ● Similar
 ● Worse 95%
 ○ Not applicable
 Quintiles: Best ○ ○ ○ ○ ○ Worst ○ Not applicable

Recent trends:
 - Could not be calculated
 ➔ No significant change
 ↑ Increasing & getting worse
 ↑ Increasing & getting better
 ↓ Decreasing & getting worse
 ↓ Decreasing & getting better
 ↑ Increasing
 ↓ Decreasing



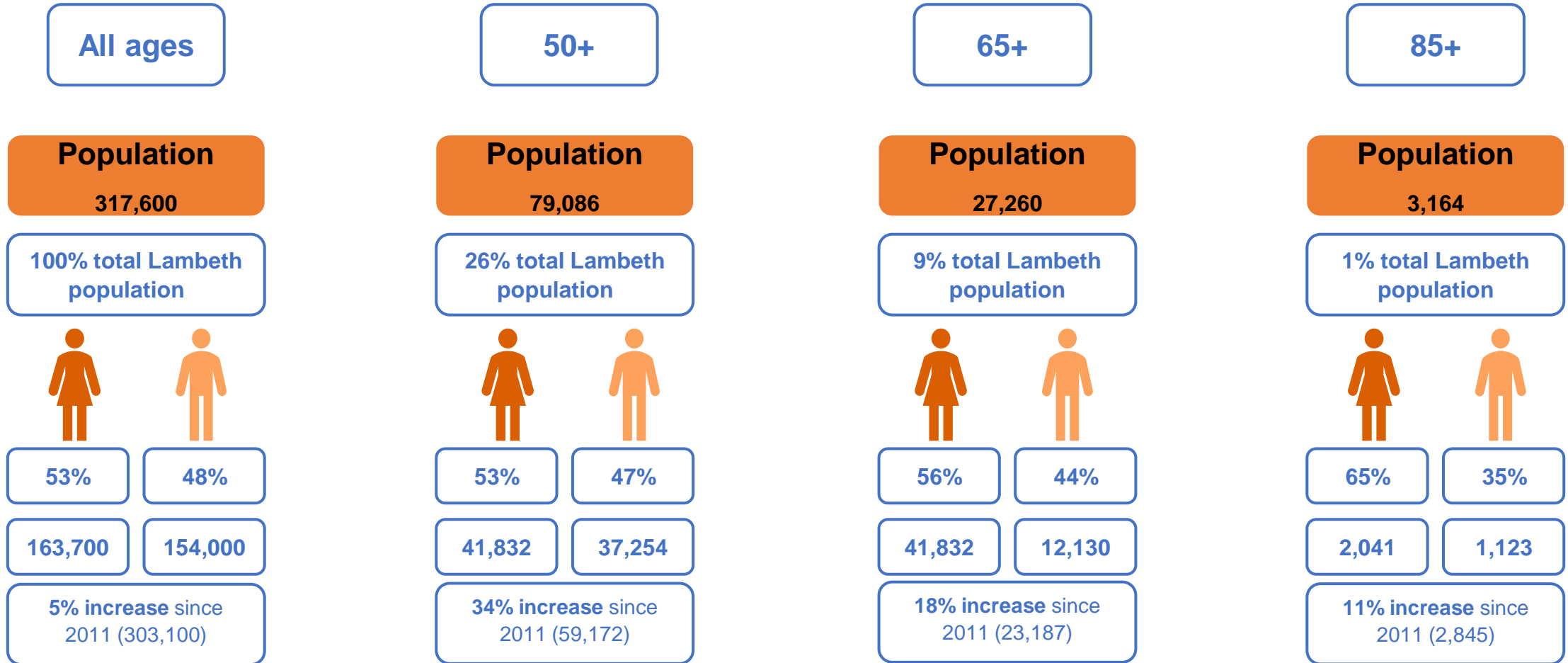
Indicator	Period	Lambeth			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Life expectancy at 65 (Female, 65, 1 year range)	2021	-	-	20.4	21.2	21.0	17.8		3.5
Life expectancy at 65 (Female, 65, 3 year range)	2018 - 20	-	-	21.8	22.0	21.1	18.6		
Life expectancy at 65 (Male, 65, 1 year range)	2021	-	-	18.0	18.2	18.4	15.6		
Life expectancy at 65 (Male, 65, 3 year range)	2018 - 20	-	-	17.9	19.2	18.7	16.0		
Healthy life expectancy at 65 (Female, 65)	2018 - 20	-	-	9.8	11.2	11.3	-	Insufficient number of values for a spine chart	
Healthy life expectancy at 65 (Male, 65)	2018 - 20	-	-	8.0	10.3	10.5	-	Insufficient number of values for a spine chart	
Inequality in life expectancy at 65 (Female, 65)	2018 - 20	-	-	1.7	3.6	4.8	9.5		
Inequality in life expectancy at 65 (Male, 65)	2018 - 20	-	-	4.5	4.8	5.2	12.7		0.9

Lambeth demography 50+ population, Census 2021

The census is undertaken by the Office for National Statistics every 10 years and collects information about people and households in England and Wales. The census asks questions about individuals and households. It helps to build a detailed snapshot of society. Information from the census helps the government and local authorities to plan and fund local services.

2021 Census population all ages residents of Lambeth

2021 Census population 50+ residents of Lambeth



As population ages, difference in sex become more apparent

An overview

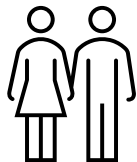
The total census population for Lambeth in 2021 was recorded as 317,600, of this population 25% are aged 50 or over.

Lambeth's population is set to increase by the time of the next census in 2031.

The total population of 50+ residents is predicted to increase by nearly 21%.

The 65+ and 85+ age groups are going to increase by nearly 50% each.

2021



50+	65+	85+
25%	9%	1%
79085	27260	3164

79085

2031



50+	65+	85+
28%	12%	1%
95510	40491	4742

95510

25% of Lambeth's population are 50 or over

79,085 people are 50+ years old

This number could increase by ~16,000 to 95,500 in 2031



50+	65+	85+
26%	9%	1%
41834	15132	2041

41834



50+	65+	85+
29%	13%	2%
48562	22310	2771

48562

53% of Lambeth's 50+ population are females

42,000 females are 50+ years old (26% of the total female population)

This number could increase by ~7,000 to 49,000 in 2031



50+	65+	85+
24%	8%	1%
37251	12128	1123

37251



50+	65+	85+
27%	10%	1%
46948	18181	1971

46948

47% of Lambeth's 50+ population are males

37,000 males are 50+ years old (25% of the total male population)

This number could increase by ~10,000 to 47,000 in 2031



Section 2: Communities, connections, and neighbourhoods





1. Connectedness and Inclusion

Being an active and included member of community life is important for health and wellbeing, a sense of belonging and good relationships. This may mean participating in leisure, cultural and spiritual activities in the community and being involved in decisions about things that affect your lives. Without social participation and community connectedness, people can experience loneliness and isolation.

The Lambeth Residents Survey is conducted annually to gather data on the views and experience of Lambeth residents. Nearly 2000 people were interviewed in 2022 and 10% were aged 65+.

Facts and figures

- Lambeth's annual resident survey reached 1,997 people in total.
 - 33% were between 45 – 64 years old, 94% of these people have lived in Lambeth for more than 5 years
 - 10% were over 65-years-old , 97% of these people have lived in Lambeth for more than 5 years
- Lambeth's older residents may have more connections and positive associations with the area they live in and the people they live with.
 - 75% agree the friendships and associations they have with other people in their neighbourhood mean a lot
 - 64% agree they could go to someone in their neighbourhood for advice
 - 73% agree their neighbours help each other
 - 74% agree they would be willing to work with others to improve their neighbourhood
- 55% of our older population find it difficult to contact Lambeth council by phone, but 48% think the website is easy to use
- 46% think the council provide online service which are helpful and 63% think our staff are friendly and polite
- 29% think they can influence decisions in Lambeth
- 24% of the Lambeth population aged 16+ say they are lonely either "Always or often" or "Some of the time".

What's the inequality?

- Loneliness data is analysed at a national level, in England:
- People living in the most deprived areas are 1.3 times more likely to say they are lonely than those in the least deprived areas.
- Females are 1.5 times more likely to say they are lonely than men.
- People with protected characteristics have higher levels of loneliness than England's average population.
- Ethnicity, unemployment, disability and age all negatively affect people's reported level of loneliness.



2. Housing

The link between poor housing conditions and poor health is well known. Poor housing conditions are strongly associated with poor health and wellbeing; the longer people live in poor housing, the worse it is for their mental and physical health.

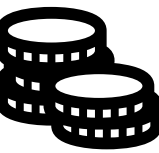
The right housing and support can allow people to age comfortably and safely, in their community. It can help to maintain or improve physical and mental wellbeing, as well as social connections.

Facts and figures

- Lambeth's 50+ population is 79,086: 39% live in owned housing, 50% live in social renting.
- In 2021, 39% of Lambeth's 65+ population lived alone this is a higher proportion than London or England.
- In 2021/22, 476 households, where the main applicant was 55+, were owed prevention duties. This means 476 household were either threatened with homelessness or were actually homeless. Lambeth has the highest rate per 1,000 households for this indicator in London.
- 1 in 3 of our 65+ resident survey respondents to the resident survey are renters, 6% from a private landlord and 14% from Lambeth council.
- Of those who rent:
 - 46% are satisfied with how their landlord listens to their views and acts upon them
 - 58% are satisfied with how their landlord deals with repairs and maintenance issues
 - 56% are satisfied with the general condition of their property
 - 67% are satisfied with the value for money of their rent
 - 56% are satisfied with the overall service provided by their landlord.

What's the inequality?

- Prevention or relief duty data is assessed at a national level.
- People over 55 years old living in the most deprived areas of England are more likely to be in a household owed prevention duties – these households were either threatened with homelessness or were homeless - than people living in the least deprived areas of England.



3. Income and Employment and Civic Participation

Income and employment are key social determinants of population health and health inequalities. National data show economic inactivity is associated with lower healthy life expectancy. This relationship can go both ways: unemployment can harm health, and poor health makes it harder to find or sustain employment.

Extending working lives can bring many positive benefits to individuals. Financial stability and better health and well-being are some of these benefits. However, these are dependent on the “quality of work” and the type of work undertaken.

There are more older people in employment but many people over 50 are at risk of leaving the workforce early, and not necessarily because they want to.

Facts and figures

Income

- In Lambeth in 2019, 30% of people aged 60 or over experience income deprivation
- Nearly half of the 65+ residents who responded to the resident's survey say their financial situation has got worse in the past year.
 - 33% think it will be difficult to pay their council tax bill
 - 47% think it will be difficult to pay their energy bill
 - 30% think it will be difficult to pay for food

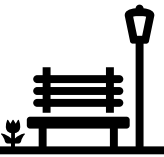
Employment

- In 2021/22 38,700 people aged 50 – 64 were in employment (65%).
- Trend data shows this has decreased since 2016/17.
- The proportion of people working who are 65+ is similar to London and different to England.
- 65% of the working 65+ population are in a skilled / technical role.
- 13% of Lambeth’s older working population work in hospitality industries

What’s the inequality?

- Employment is assessed at a national level and it shows that the rate of employment is lower in areas of higher deprivation.

4. Outdoor Spaces and Buildings



The condition of public spaces directly affects the well-being of older residents. These spaces impact mobility, independence, and overall quality of life. Creating an age-friendly area involves maintaining clean streets, accessible green areas, and prioritizing safety. Well-maintained green spaces offer opportunities for social interaction and physical activity. Concepts like shared spaces need careful consideration to avoid risks, particularly for those with visual impairments. Age-friendly public spaces improve the lives of older individuals in the city.

Facts and figures

- 78% of the 65+ respondents to the Lambeth residents survey are satisfied with Lambeth as place to live – this compares to 72% of all age respondents.
- 97% of 65+ respondents have lived in Lambeth for 5 or more years.
- 93% of our 65+ respondents feel safe when walking in their local area in the daytime.
- This drops to 54% when asked if they feel safe walking in their local area in the evening.
- Lambeth's older population make regular frequent use of our parks and open spaces, our street markets, as well as restaurants, cafes, pubs, bars, and nightclubs.
 - The most commonly used assets, used at least monthly, reported by respondents aged 65+ were parks and open spaces (72%), restaurants and cafes (66%), street markets (39%) and pubs, bars and nightclubs (35%).
 - Less frequently used assets (less than once a month) were leisure centres (15%), libraries (21%) and schools and education centres (5%).

What's the inequality?

- Looking at resident survey data only, our older residents feel less secure in their local area in the evening than in the daytime.



5. Respect and Social Inclusion

Social inclusion is about ensuring people don't feel left out or isolated because of their background or circumstances. This concept is closely tied to ideas of equality, human rights, and creating a sense of belonging for everyone. Instead of just focusing on the problems, it emphasizes the positive outcomes when everyone is given a fair chance.

We should treat everyone with kindness, understanding, and appreciation; everyone should feel valued and recognised as important members of a community, no matter how old they are. We still need to understand how different interventions which aim to increase respect and social inclusion can impact health and wellbeing.

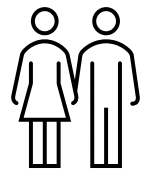
Facts and figures

- Of those 65+ residents who responded to our survey, 78% were satisfied with Lambeth as a place to live.
- Of those 65+ residents who responded to our survey, 85% think Lambeth is a place where people from different backgrounds get on well together.
- Of those 65+ residents who responded to our survey, 37% think Lambeth has a town centre that is attractive, 37% also think the town centre is welcoming.

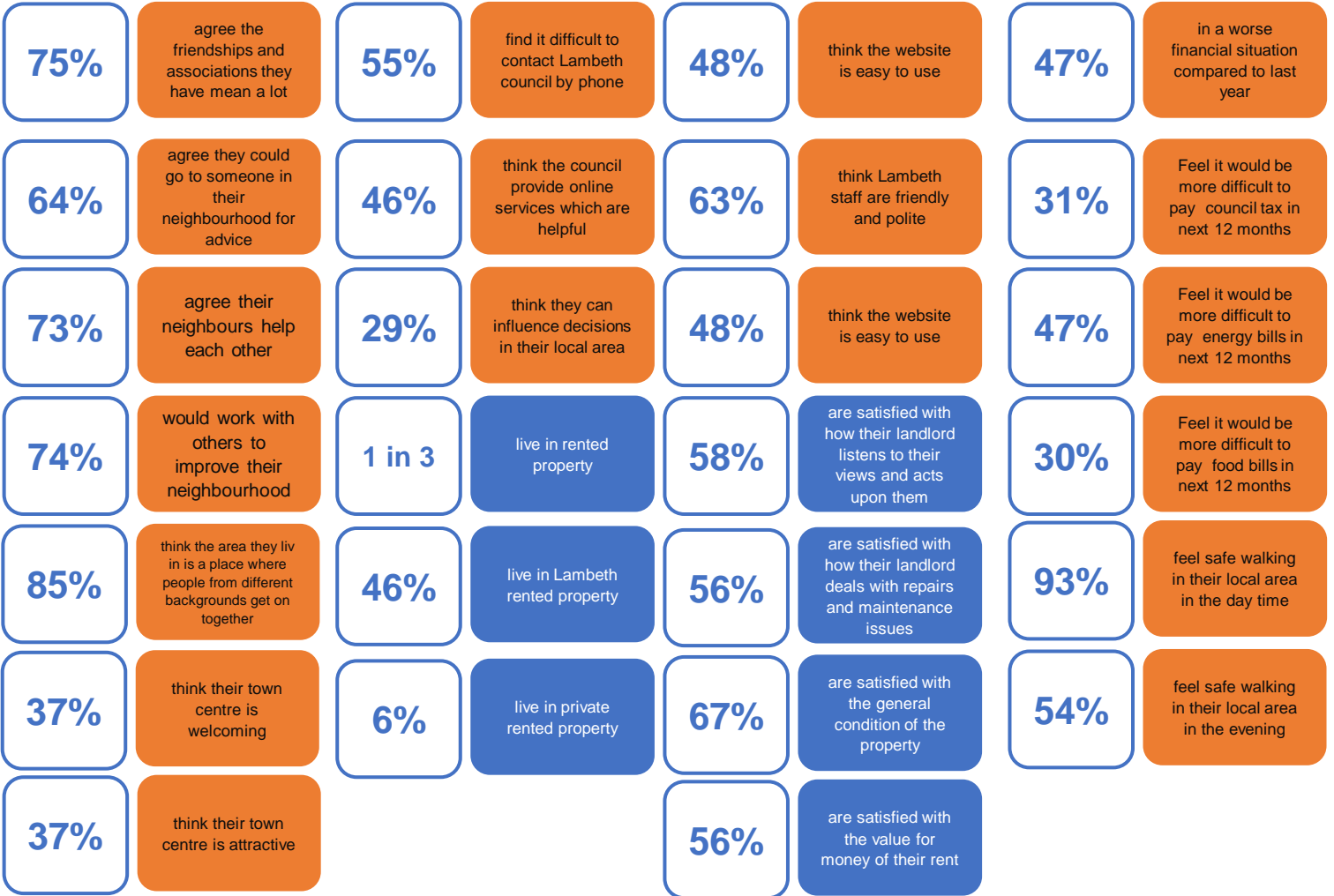
What's the inequality?

- Employment is assessed at a national level and it shows that the rate of employment is lower in areas of higher deprivation.

Communities, connections, and neighbourhood summary



Lambeth Residents Survey 2022
1997 people interviewed gave their age
18-44 54%
45-64 33%
65+ 13%



Overall satisfaction with Lambeth as a place to live

	Satisfied	Dissatisfied
All ages	72%	15%
65+	78%	12%

How long have you lived in Lambeth?

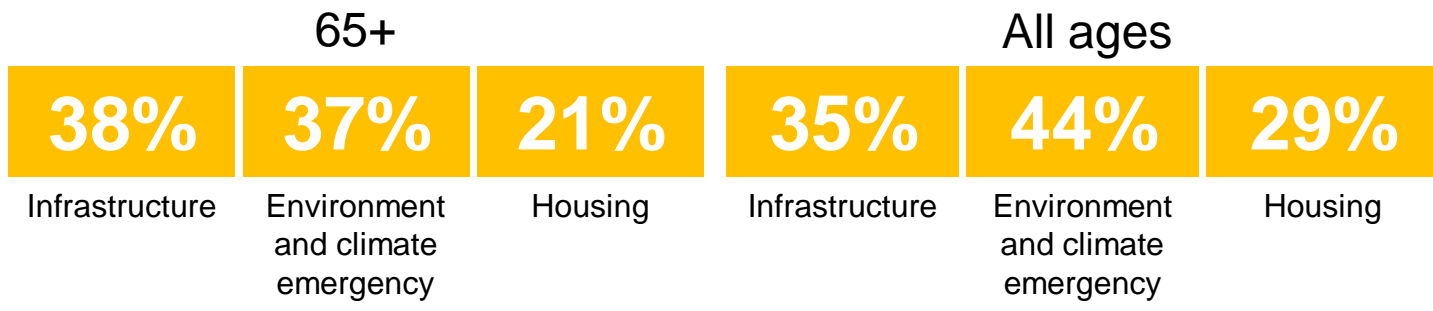
	≤2 years	≥5 years
18-44	27%	72%
45-64	6%	94%
65+	2%	97%

Tenure status

	Homeowner	Rent
All ages	48%	72%
65+	33%	59%

What makes Lambeth good?

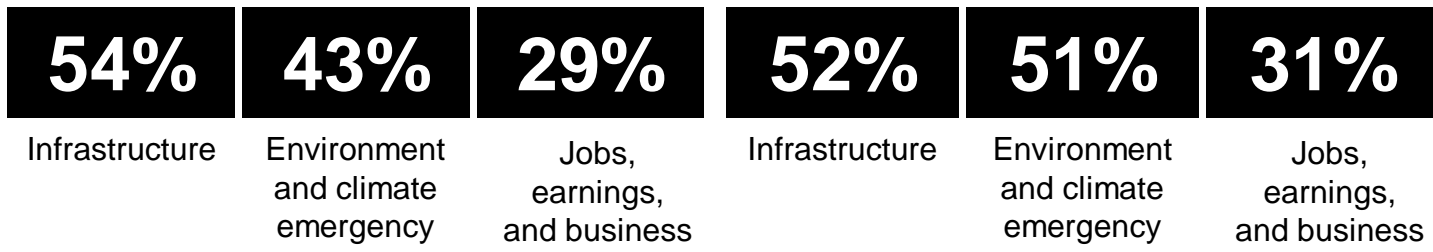
What makes Lambeth a good place to live?



Lambeth Residents Survey 2022
2000 people were interviewed
18-44 64%
45-65 26%
65+ 10%

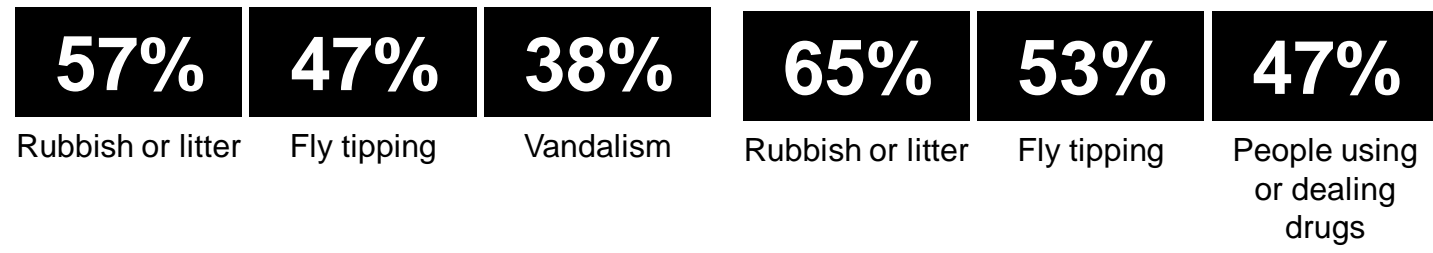
Infrastructure and the environment and climate emergency are reasons that make Lambeth both a good place to live and something which needs improving, according to both our general population and our over 65s.

What needs improving most in Lambeth?

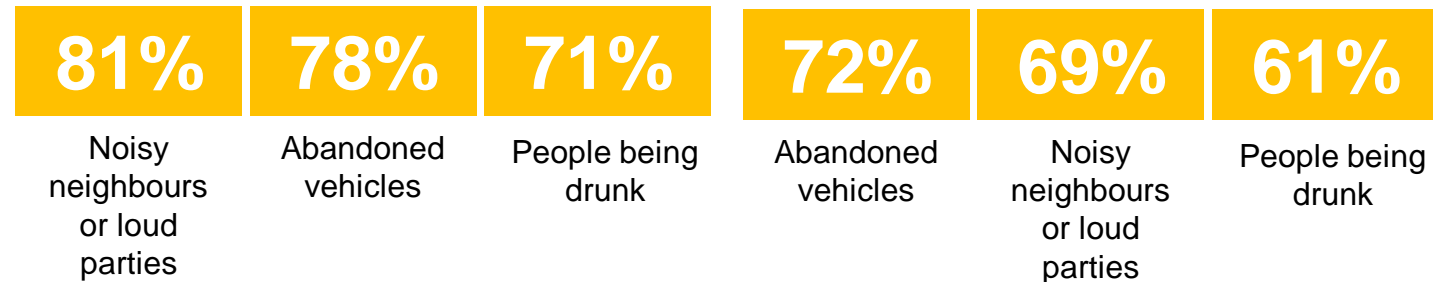


Rubbish or litter and fly tipping in the borough were considered important issues by all age groups. Noisy neighbours, abandoned vehicles and general drunkenness were considered less of a problem.

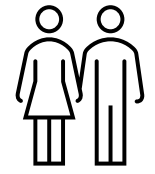
What are the bigger problems in Lambeth?



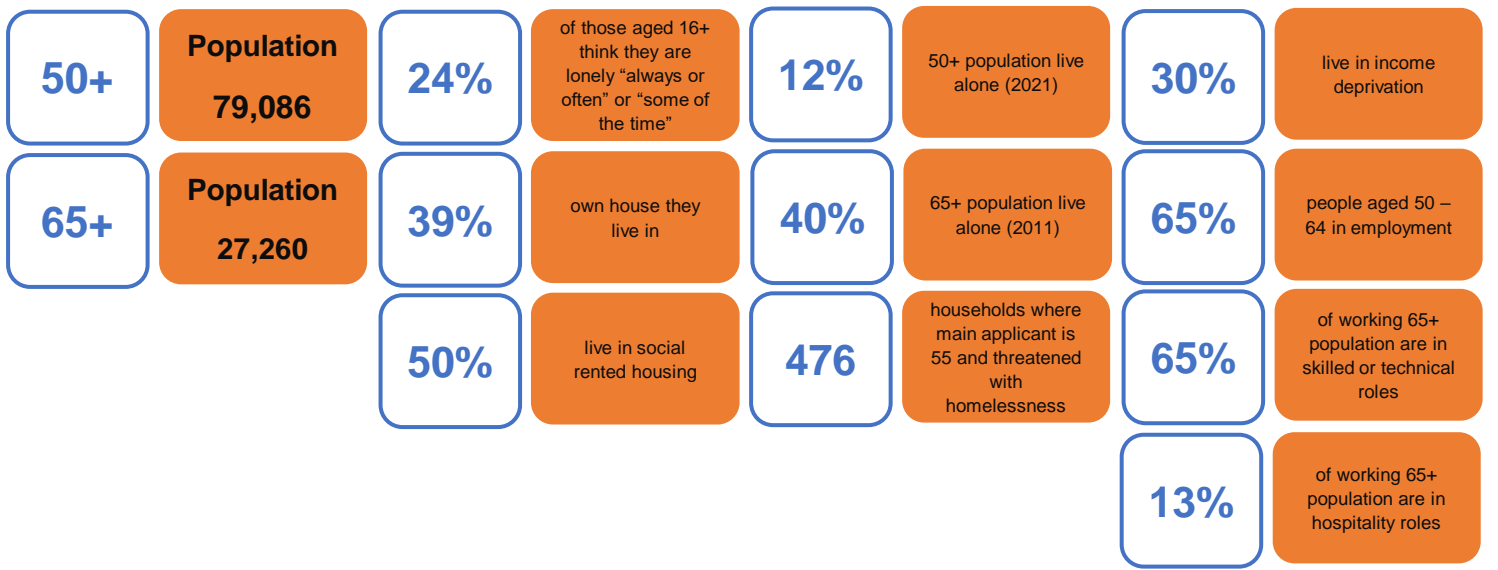
What are less of a problem in Lambeth?



Communities, connections, and neighbourhood summary



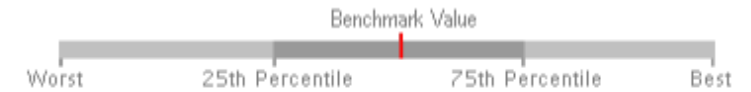
Lambeth census 2021



Section 2: Communities, connections, and neighbourhoods

● Better 95% ● Similar ● Worse 95% ○ Not applicable

Recent trends: – Could not be calculated ➔ No significant change ⬆ Increasing & getting worse ⬆ Increasing & getting better ⬇ Decreasing & getting worse ⬇ Decreasing & getting better



Indicator	Period	Lambeth			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Loneliness: Percentage of adults who feel lonely often or always or some of the time (Persons, 16+ yrs)	2019/20	–	-	23.75%	23.69%	22.26%	36.28%		27%
Older people living alone, Percentage of people aged 65 and over who are living alone (Persons, 65+ yrs)	2011	–	9,208	39.7%	-	31.5%	50.8%		24.7%
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 55+ yrs) (Persons, 55+ yrs)	2021/22	–	476	12.5	5.2	2.8	12.5		0.3
Percentage of people in employment (Persons, 50-64 yrs)	2021/22	➔	38,700	65.2%	71.9%	71.3%	44.3%		
Older people in poverty, income deprivation affecting older people Index (IDAOP) (Persons, 60+ yrs)	2019	–	10,637	30.2%	-	14.2%	44.0%		5.0%



Section 3: Health and Wellbeing



1. Alcohol

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. Nationally, alcohol-related hospital admissions are on the rise with those between 55 and 64 years having the highest number of admissions. There are two measures for alcohol-related hospital admissions, narrow and broad. The narrow measure (which has been used in this section), refers to admissions where the main reason for admission to hospital was attributable to alcohol as opposed to a secondary diagnosis linked to alcohol¹.

Facts and figures

- In 2021/22 there were 222 admissions for alcohol-related conditions in Lambeth in 65+ population
- There is currently no trend data for admissions for alcohol-related conditions in Lambeth as the ONS were carrying out reconciliation and rebasing of the mid-year population estimates at the time of compiling the information in this profile.
- Admissions for alcohol related conditions in the 65+ population of Lambeth are similar to the admissions in London and England.
- Lambeth is ranked 13 out of 32 London local authorities – a lower value is better. Lambeth is similar to our London neighbours, the rate of admissions is lower than the median value and sits within the range of 50% of London local authorities for admissions for alcohol related conditions.

What's the inequality?

- National data shows people living in the most deprived areas of England are more likely to be admitted for an alcohol-related condition than people living in the least deprived areas.
- Local data shows males living in Lambeth are more likely to be admitted for an alcohol-related condition than females. This difference is statistically significant.

1. Alcohol-related hospital admissions (narrow): Mental and behavioural disorders due to use of alcohol, Alcoholic Liver Disease, Toxic effect of Alcohol, Cancer, Unintentional Injuries, Cardiovascular Disease, Respiratory infections, Intentional injuries, Digestive disease, Disease of the nervous system, Pregnancy and childbirth, Infectious and parasitic diseases



2. Causes of death

Understanding what causes death and in who, can help identify factors that are influencing the life expectancy of a population. Causes of death may vary by demographic and geographic characteristics, which may further identify inequalities in healthcare access or wider-determinants of health. Nationally, in 2021, the overall leading cause of death was COVID-19, with Alzheimer's disease and dementia as the second most common cause of death.

Facts and figures

- Between August 2019 and July 2020 Lambeth's excess winter death index was similar to London's overall value and in the highest 25% for London local authorities.
- Between 2013 – 17 the suicide crude rate in 65+ in Lambeth is similar to London and England. The crude rate is in the highest 25% for London local authorities.
- The mortality rate for people with dementia in Lambeth is similar to London and England and is in the highest 25% for London local authorities.
- The mortality rate for people aged 65+ for death from cardiovascular diseases in Lambeth is similar to London and England and is in the middle 50% of London local authorities.
- The mortality rate for people for death from cancer in Lambeth is similar to London and England and is in the highest 25% for London local authorities.
- The mortality rate for people for death from respiratory disease in Lambeth is similar to London and better than England and is in the lowest 25% for London local authorities.

What's the inequality?

- Excess winter deaths are higher in the most deprived areas of England.
- The excess winter death index is higher in Lambeth males.
- Local data shows males (65+) and females (65+) living in Lambeth have similar levels of mortality from cardiovascular diseases
- Local data shows males (65+) living in Lambeth are 1.6 times more likely to die from cancer than females (65+).
- Local data shows males (65+) living in Lambeth are more likely to die from respiratory diseases than females (65+).

3. Dementia

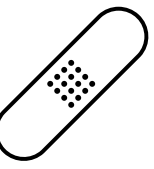
Dementia and Alzheimer's is one of the leading causes of death in those aged over 80 in Lambeth. The recorded prevalence of dementia fell in 2020 in Lambeth, however this may have been influenced by the COVID-19 pandemic as lockdowns and a reduced service in General Practice may have impacted on the ability to make a diagnosis. This drop is also seen in the review of dementia care plans. A timely diagnosis of dementia enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

Facts and figures

- In 2019/20 there were 1645 emergency admissions for dementia or Alzheimer's.
- The rate of emergency admissions in this year was higher than that of England and of London.
- Lambeth is ranked 32 out of 33 London local authorities where a lower value is better.
- Lambeth's rate is higher than our London neighbours and is in the highest 25% of London local authorities for admissions for emergency admissions for dementia or Alzheimer's.
- The trends in time for emergency admissions for dementia and recorded prevalence of dementia have no statistical trend available. However, the overall trend for emergency admissions appears to be stable from 2016/17 to 2019/20.
- In 2020 there were 1452 people aged 65+ with a recorded diagnosis for dementia.
- The estimated rate of diagnosis of dementia declined during the COVID-19 pandemic. In 2022, the estimated diagnosis rate was 67%.

What's the inequality?

- National data shows people living in the most deprived areas of England are more likely to have had their care plan reviewed face-to-face than people living in the least deprived areas. This difference is statistically significant.



4. Falls and fractures

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes. The highest risk of falls is in those aged 65 and above, it is estimated about 1 in 3 people aged 65 and above living at home and about 1 in 2 people aged 80 and above living at home or in residential care will experience an episode of fall at least once a year.

In the UK, about 75,000 hip fractures occur annually at an estimated health and social cost of about £2 billion a year. Only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long term care. Hip fractures are almost as common and costly as strokes and the incidence is rising.

Facts and figures

- In 2020/21 there were 135 people aged 65+ with a recorded hip fracture in the National Hip Fracture database. There is no trend data available for this indicator.
- Compared to England and London rates, Lambeth has a similar rate of hip fractures.
- However, for our population between 65-79 years, the rate of hip fractures is higher than our CIPFA neighbours
- In Lambeth in 2020/21 there were 525 emergency hospital admissions due to falls in people aged 65 and over.
- The underlying trend in Lambeth for emergency hospital admissions over time is decreasing and getting better.
- Compared to England and London rates, Lambeth has a similar rate of emergency admissions.
- However, for our population between the ages of 65-79 years, emergency admission rates are higher when compared to London and England.

What's the inequality?

- Local data shows females living in Lambeth are more likely to have an emergency hospital admission due to a fall than males. This difference is statistically significant.
- Local data shows females living in Lambeth are more likely to have a hip fracture at 65+ years than males. This difference is statistically significant.



5. Osteoarthritis & osteoporosis

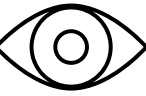
Severe osteoarthritis usually develops gradually over a period of years and causes reduction in mobility and everyday tasks. It is the most common cause for hip replacement surgery and increases the risk of falls and hip fractures. Early identification of this condition is beneficial both for the patient, as a better quality of life is possible if managed effectively, and for health services with the reduction in the number of costly hospital admissions. Osteoporotic fragility fractures can cause substantial pain and severe disability and are associated with decreased life expectancy. Osteoporotic fragility fractures occur most commonly in the spine (vertebrae), hip (proximal femur) and wrist (distal radius).

Facts and figures

- In 2021/22 there were 409 people on a practice disease register for osteoporosis for people aged 50+. The crude rate for Lambeth (0.4%) is lower than London (0.6%) and lower than England (0.9%).
- The overall trend for the number of people on a practice disease register for osteoporosis is increasing over time. This does not mean better or worse as it means more people should be receiving the appropriate care they need.
- In 2020/21 there were an estimated 1,995 people aged 45+ with severe hip osteoarthritis and an estimated 3,749 people aged 45+ with severe knee osteoarthritis. There is no trend data for these indicators.
- Compared to England and London, Lambeth has a lower proportion of people with severe hip or knee osteoarthritis.

What's the inequality?

- National data shows people living in the least deprived areas of England are 1.5 times more likely to be on a register for osteoporosis than people living in the most deprived areas. This difference is statistically significant.
- For osteoarthritis, the link to deprivation is reversed, where those in the most deprived areas of England are more likely to have osteoarthritis than people living in the least deprived areas.



6. Sight loss

Research by the Royal National Institute for Blind People suggests 50% of cases of blindness and serious sight loss could be prevented if detected and treated in time. The research implies the take-up of sight tests is lower than would be expected. This is particularly the case within areas of social deprivation. Low take-up of sight tests can lead to later detection of preventable conditions and increased sight loss due to late intervention.

Facts and figures

- In 2020/21 there were 165 people aged 65-74 registered blind or partially sighted in Lambeth. There is no trend data for this indicator.
- The rate of people (65-74) who are registered blind or partially sighted in Lambeth is higher than London and England and is in the top 25% of London local authorities. However, this does not indicate better or worse as it is simply the number of people who are registered blind or partially sighted.
- In 2020/21 the crude rate for preventable sight loss due to age related macular degeneration in Lambeth is similar to London and better than England. Lambeth's rate is in the lower 25% of London local authorities, where a lower value is better.
- The trend for age related macular degenerative sight loss appears to be decreasing since 2017/18.
- In 2020/21 the crude rate for new certifications of visual impairment due to glaucoma was similar to London and similar to England. However, the rate was in the top 25% of London local authorities, where a lower value is better.

What's the inequality?

- National data shows people living in the most deprived areas of England are 2 times more likely to be registered blind or partially sighted than people living in the least deprived areas.
- National data shows people living in the most deprived areas of England are more likely to be certified as visually impaired due to glaucoma than people living in the least deprived areas.



7. Wellbeing of carers

The 'Prime Minister's 2020 Challenge on Dementia' reports carers of people with dementia should be made aware of and offered the opportunity for respite, education, training, emotional and psychological support so that they feel able to cope with their caring responsibilities and to have a life alongside caring.

This is related to quality of life for carers looking after people with dementia and supports a number of the most important outcomes identified by carers themselves to which adult social care contributes

Facts and figures

- Lambeth's carer-reported score is similar to London and England. The trend data for this indicator appears to show a decrease since 2014/15 but there is not a statistical trend associated with this indicator.

What's the inequality?

- No available data

Section 3: Health and Wellbeing : Alcohol

● Better 95%
 ● Similar
 ● Worse 95%
 ○ Not applicable

Recent trends:
 – Could not be calculated
 → No significant change
 ↑ Increasing & getting worse
 ↑ Increasing & getting better
 ↓ Decreasing & getting worse
 ↓ Decreasing & getting better



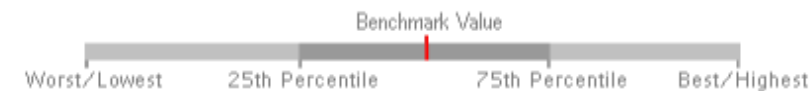
Indicator	Period	Lambeth			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Admission episodes for alcohol-related conditions (Narrow) – 40 to 64 years (Persons, 40-64 yrs)	2021/22	–	597	658	657	772	1,404		299
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Persons, 65+ yrs)	2021/22	–	222	794	793	810	1,403		510

Section 3:

Health and Wellbeing : Causes of death

● Better 95%
 ● Similar
 ● Worse 95%
 ● Lower
 ● Similar
 ● Higher
 ○ Not applicable

Recent trends:
 — Could not be calculated
 ➔ No significant change
 ↑ Increasing & getting worse
 ↑ Increasing & getting better
 ↓ Decreasing & getting worse
 ↓ Decreasing & getting better
 ↑ Increasing
 ↓ Decreasing

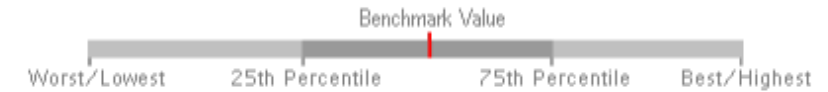


Indicator	Period	Lambeth			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Winter mortality index (age 85 plus) (Persons, 85+ yrs)	Aug 2020 - Jul 2021	—	110	90.3%	61.3%	42.8%	103.6%	●	0.5%
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male, 65+ yrs)	2013 - 17	—	10	17.8	14.0*	12.4	0.0	●	
Direct standardised rate of mortality: People with dementia (aged 65 years and over) (Persons, 65+ yrs)	2019	—	223	802	722	849	1,236	●	
Mortality rate from all cardiovascular diseases, ages 65+ years (Persons, 65+ yrs)	2021	—	260	1,003.8	1,015.6	1,021.4	1,557.2	●	770.9
Mortality rate from cancer, ages 65+ years (Persons, 65+ yrs)	2021	—	264	1,004.4	950.8	1,030.6	1,428.3	●	773.1
Mortality rate from respiratory disease, ages 65+ years (Persons, 65+ yrs)	2021	—	93	359.3	414.3	440.8	796.1	●	280.7
Percentage of deaths with underlying cause Cancer (Persons, 65-74 yrs)	2020	➔	110	35.7%	33.2%	38.2%	23.8%	●	46.0%
Percentage of deaths with underlying cause Cancer (Persons, 75-84 yrs)	2020	➔	136	29.2%	24.4%	27.4%	16.2%	●	19.9%
Percentage of deaths with underlying cause Cancer (Persons, 85+ yrs)	2020	➔	75	14.3%	13.5%	13.8%	10.2%	●	
Percentage of deaths with underlying cause respiratory disease (Persons, 65-74 yrs)	2020	➔	25	8.1%	9.5%	10.2%	3.8%	●	
Percentage of deaths with underlying cause respiratory disease (Persons, 75-84 yrs)	2020	➔	46	9.9%	10.3%	11.1%	6.1%	●	13.3%
Percentage of deaths with underlying cause respiratory disease (Persons, 85+ yrs)	2020	➔	55	10.5%	11.2%	11.0%	8.3%	●	
Percentage of deaths with underlying cause circulatory disease (Persons, 65-74 yrs)	2020	➔	69	22.4%	20.9%	21.2%	15.0%	●	
Percentage of deaths with underlying cause circulatory disease (Persons, 75-84 yrs)	2020	➔	84	18.0%	21.5%	21.6%	15.6%	●	
Percentage of deaths with underlying cause circulatory disease (Persons, 85+ yrs)	2020	↓	106	20.2%	22.8%	22.9%	15.1%	●	

Section 3: Health and Wellbeing : Dementia

● Better 95% ● Similar ● Worse 95% ● Lower ● Similar ● Higher ○ Not applicable

Recent trends: – Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better ↑ Increasing ↓ Decreasing



Indicator	Period	Lambeth			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Dementia care plan has been reviewed in the last 12 months (denominator incl. PCAs) (Persons, All ages)	2020/21	–	566	37.5%	44.6%*	39.7%	3.4%		%
Dementia: Direct standardised rate of emergency admissions (aged 65 years and over) (Persons, 65+ yrs)	2019/20	–	1,645	5,904	4,013	3,517	6,100		2,120
Dementia: Recorded prevalence (aged 65 years and over) (Persons, 65+ yrs)	2020	–	1,452	4.50%	4.17%*	3.97%*	2.91%		
Estimated dementia diagnosis rate (aged 65 and older) (Persons, 65+ yrs)	2023	↓	1,201	62.5%	65.6%	63.0%	28.6%		83.9%

> 66.7% (significantly) similar to 66.7% < 66.7% (significantly)

Section 3: Health and Wellbeing : Falls and fractures

● Better 95% ● Similar ● Worse 95% ○ Not applicable

Recent trends: – Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better

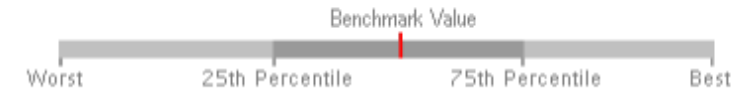


Indicator	Period	Lambeth		Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Emergency hospital admissions due to falls in people aged 65 and over (Persons, 65+ yrs)	2021/22	–	560	2,149	2,187	2,100	3,272		1,394
Emergency hospital admissions due to falls in people aged 65 to 79 (Persons, 65-79 yrs)	2021/22	–	240	1,209	1,130	993	1,674		687
Emergency hospital admissions due to falls in people aged 80 plus (Persons, 80+ yrs)	2021/22	–	320	4,877	5,253	5,311	8,251		3,354
Hip fractures in people aged 65 and over (Persons, 65+ yrs)	2021/22	–	135	508	493	551	741		
Hip fractures in people aged 65 to 79 (Persons, 65-79 yrs)	2021/22	–	55	279	222	236	371		22
Hip fractures in people aged 80 and over (Persons, 80+ yrs)	2021/22	–	75	1,171	1,279	1,466	1,897		

Section 3: Health and Wellbeing : Osteoporosis and osteoarthritis

● Better 95% ● Similar ● Worse 95% ○ Not applicable

Recent trends: – Could not be calculated ➔ No significant change ⬆ Increasing & getting worse ⬆ Increasing & getting better ⬇ Decreasing & getting worse ⬇ Decreasing & getting better

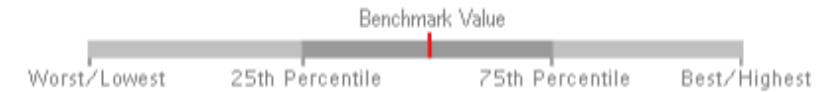


Indicator	Period	Lambeth			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Prevalence of hip osteoarthritis in people aged 45 and over (Persons, 45+ yrs)	2012	–	8,142	9.8%	10.5%	10.9%	12.2%		●
Prevalence of severe hip osteoarthritis in people aged 45 and over (Persons, 45+ yrs)	2012	–	1,995	2.4%	2.9%	3.2%	4.0%		●
Prevalence of knee osteoarthritis in people aged 45 and over (Persons, 45+ yrs)	2012	–	12,978	15.7%	17.0%	18.2%	20.9%		●
Prevalence of severe knee osteoarthritis in people aged 45 and over (Persons, 45+ yrs)	2012	–	3,749	4.5%	5.4%	6.1%	7.7%		●

Section 3: Health and Wellbeing : Sight loss

● Better 95%
 ● Similar
 ● Worse 95%
 ● Lower
 ● Similar
 ● Higher
 ○ Not applicable

Recent trends:
 — Could not be calculated
 ➔ No significant change
 ↑ Increasing & getting worse
 ↑ Increasing & getting better
 ↓ Decreasing & getting worse
 ↓ Decreasing & getting better
 ↑ Increasing
 ↓ Decreasing

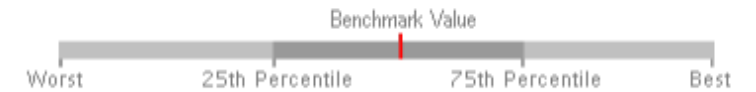


Indicator	Period	Lambeth			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
People aged 65-74 registered blind or partially sighted (Persons, 65-74 yrs)	2019/20	—	165	1,084	778	536	59		●
People aged 75+ registered blind or partially sighted (Persons, 75+ yrs)	2019/20	—	485	3,951	4,267	3,429	393		●
Preventable sight loss: age related macular degeneration (AMD) (Persons, 65+ yrs)	2021/22	—	16	58.2	93.4*	103.8	185.9		●
Preventable sight loss: glaucoma (Persons, 40+ yrs)	2021/22	—	23	18.8	13.5*	12.6	29.5		●

Section 3: Health and Wellbeing : Carer well-being

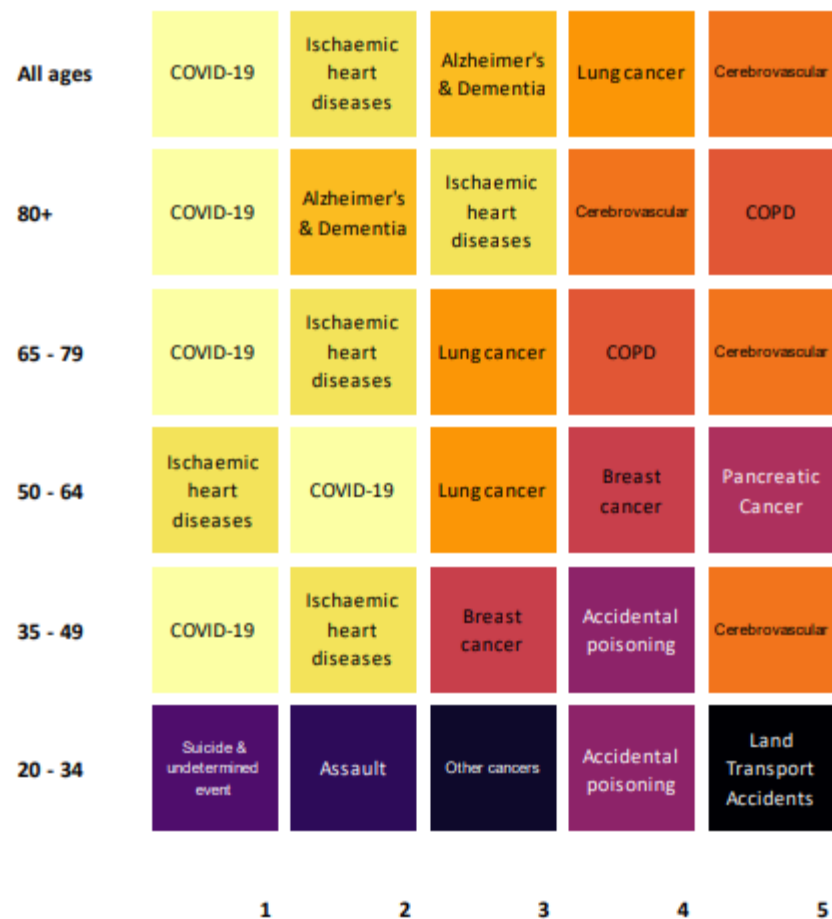
● Better 95% ● Similar ● Worse 95% ○ Not applicable

Recent trends: – Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better



Indicator	Period	Lambeth			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Carer-reported quality of life score for people caring for someone with dementia (Persons, 18+ yrs)	2018/19	–	-	7.10	7.20	7.30	6.10		0

Figure 1.17: The leading causes of deaths for Lambeth residents in 2021



In the over 65 population in Lambeth in 2021, COVID-19 was the leading cause of death. Circulatory diseases such as cerebrovascular disease (stroke) and ischemic heart disease also appear in the top 5 causes of death along with lung cancer, COPD and Alzheimer's and dementia.



Section 4: Adult Social Care



1. Use and provision

Local health and social care services work together to reduce permanent placements in residential and nursing care homes. This is a good indication of delaying dependency and promoting independence. Research suggests where possible, people prefer to stay in their own home rather than move into residential care. This section covers the demographics of the population who use adult social care services and how satisfied they are. Reablement services can also be used to support people in their homes following a hospital admission and thus are included in this section.

Facts and figures

- In 2020/21 there were 116 permanent admissions to residential and nursing care homes per 100,000 aged 65+. The trend for admissions to residential and nursing care homes in Lambeth since 2018/19 appears to be decreasing. Lambeth's rate of permanent admissions is similar to London and better than England, and is ranked 22 out of 32 for local authorities in London where a lower ranking is better.
- In 2021 there were 1,098 care home beds for people 75+ in Lambeth and there were 786 nursing beds for people over 75.
- Local data shows there are 3,054 Lambeth service care users, who are at least 50 years old, in 2022, 2,359 (77%) of these are in community care, 310 (10%) are in nursing home care, and 385 (13%) are in residential care.

What's the inequality?

- National data shows people living in the most deprived areas of England are more likely to be admitted to a residential or nursing care home than people living in the least deprived areas



2. Adult social care framework measures

The Adult Social Care Outcomes Framework (ASCOF) measures how care and support services achieve outcomes matter to people. The ASCOF is used locally and nationally to set the priorities for care and support, measure progress, and strengthen transparency and accountability. It uses different data sources to generate these measures. It focusses on enhancing the quality of life for people with care and support needs, delaying and reducing the need for care and support, ensuring people have a positive experience of care and support, and safeguarding adults whose circumstances make them vulnerable and protecting users from avoidable harm. It reports on data at a national and regional level from data supplied from local authorities in England as well as data from NHS

ASCS indicators are simplified to a single number, often losing the full response from qualitative indicators; it samples a small proportion of the eligible population with a low response rate.

ASCOF data sources

Short and Long-Term Return (SALT) data tracks the client journey through the adult social care system in England. It comprises two main sections, short term support (described as 'STS' measures) and long term support (described as 'LTS' measures). It derives some of its structure from Adult Social Care Collections Data Dictionary. The Data Dictionary replaces the Equalities and Classifications (EQ-CL) Framework. The particular elements which are taken from SALT for the ASCOF are detailed in the companion document ['SALT sources for ASCOF 2022-23'](#).

The Adult Social Care Survey (ASCS) is an annual survey for England. Service users are sent questionnaires, issued by Councils with Adult Social Services Responsibilities (CASSRs), in the period January to March to seek their opinion on a range of outcome areas. The eligible population for this survey covers all service users aged 18 and over in receipt, at the point data are extracted, of long-term support services provided or commissioned by the CASSR or an NHS health partner under Section 75 Arrangements and part of a care/support plan following an assessment of need. The survey seeks the opinions of service users and is designed to help the adult social care sector understand more about how services are affecting lives to enable choice and for informing service development.

Further information about the data sources and their quality is provided in this document [Measures from the Adult Social Care Outcomes Framework England 2022-23 Appendices](#)

Summary

- 24 measures in ASCOF
- 6 different sources
 - ASCS - Adult Social Care Survey
 - SALT - Short and Long-Term Return
 - MHSDS – Mental Health Services Data Set
 - ONS – Office of National Statistics
 - HES – Hospital Episode Statistics
 - NHS England
- Data presented from 2022-23 ASCS where possible



Adult social care outcomes framework (ASCOF) indicators people aged 65 years and older 2022-23




ASCS indicators are simplified to a single number, often losing the full response from qualitative indicators; it samples a small proportion of the eligible population with a low response rate.

Short and Long Term support (SALT) measures	Lambeth	London	England	Measure
<u>Proportion of people who use services who receive self-directed support</u>	100%	97%	93%	1C(1A)
<u>Proportion of people who use services who receive direct payments</u>	7%	16%	15%	1C(2A)
<u>The percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services</u>	92%	85%	82%	2B1
<u>The percentage of people aged 65+ offered reablement services following discharge from hospital.</u>	3%	4%	3%	2B2
<u>The outcome of short-term services: sequel to service</u>	66%	67%	74%	2D

Adult social care survey (ASCS) measures	Lambeth	London	England	Measure
<u>Social care-related quality of life</u>	18	18	19	1A
<u>Adjusted social care-related quality of life</u>	18	18	19	1J
<u>The proportion of service users who have control over their daily life</u>	66%	67%	74%	1B
<u>The proportion of service users who have as much social contact as they would like</u>	39%	36%	42%	1I
<u>Overall satisfaction of service users with care and support</u>	51%	56%	62%	3A
<u>The proportion of people who use services who feel safe</u>	62%	64%	70%	4A
<u>The proportion of people who use services who say those services have made them feel safe and secure</u>	74%	80%	86%	4B

ASCOF All ages 2022-23 

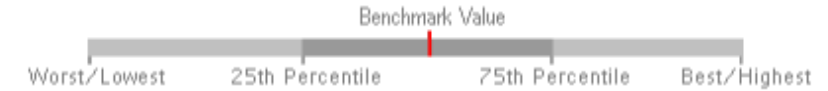
ASCOF 65+ 2022-23 

Total number of surveys sent out	1,637	51,697	231,328
Usable responses from 65+ pop (excluding learning disability support)	264	6,221	32,378

Section 4: Adult Social Care

● Better 95% ● Similar ● Worse 95% ○ Not applicable

Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better ↑ Increasing ↓ Decreasing



Indicator	Period	Lambeth			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Permanent admissions to residential and nursing care homes per 100,000 aged 65+ (Persons, 65+ yrs)	2021/22	→	150	535	401	539	4,052		0
Care home beds per 100 people 75+ (Persons, 75+ yrs)	2021	→	1,098	9.0	7.1	9.4	2.3		
Nursing home beds per 100 people 75+ (Persons, 75+ yrs)	2021	→	786	6.4	4.2	4.6	1.0		
Percentage of people aged 65 and over using social care who receive self-directed support, and those receiving direct payments (Persons, 65+ yrs)	2021/22	↑	1,747	99.8%	96.3%	93.2%	2.3%		100.0%
Percentage of adult social care service users satisfied with care and support services, age 65+ (Persons, 65+ yrs)	2021/22	—	1,070	50.5%	54.9%	61.8%	42.2%		
Social Isolation: percentage of adult social care users who have as much social contact as they would like (Persons, 65+ yrs)	2021/22	→	-	33.4%	33.8%	37.3%	13.6%		4.5%
Percentage of adult social care service users have control over their daily lives, age 65+ (Persons, 65+ yrs)	2021/22	→	1,385	65.3%	68.1%	73.3%	57.4%		%
Percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services (Persons, 65+ yrs)	2021/22	→	125	91.9%	85.1%	81.8%	31.9%		100.0%
Percentage of people aged 65 and over offered reablement services following discharge from hospital. (Persons, 65+ yrs)	2021/22	↓	136	3.4%	4.3%	2.8%	0.0%		



Section 5: Health and Wellbeing Services



NHS Health Checks

The NHS Health Check identifies early signs of poor health leading to opportunities for early interventions. Local authorities have a legal duty to make arrangements to provide the NHS Health Check programme to 100% of the eligible population, everyone between the ages of 40-74 not already diagnosed with certain conditions. Health Checks should be offered once every five years while they remain eligible. This data demonstrates the cumulative uptake of NHS Health Checks by those who have been offered a health check and those who have received a health check. Between 2017/18 to 2021/22, over 76,700 people were eligible for an NHS health check in Lambeth.

Facts and figures

- In 2017/18-21/22 45,282 people aged 40 – 74 years old were offered an NHS Health Check in Lambeth. The proportion of 59% in Lambeth, compared to 67% in London and 63% in England, is worse than London and worse than England. This appears to be decreasing over time.
- In 2017/18-21/22 15,046 people aged 40 – 74 years old were offered and received an NHS Health Check. The proportion of 33% in Lambeth, compared to 50% in London and 45% in England is worse than London and worse than England. This appears to show a slight increase over time.
- In 2017/18-21/22 15,046 people aged 40 – 74 years old received an NHS Health Check in Lambeth. The proportion of 20% in Lambeth, compared to 33% in London and 28% in England is worse than London and worse than England. This appears to be decreasing over time.

What's the inequality?

- National data shows people living in the most deprived areas of England are more likely to be offered an NHS Health Check than people living in the least deprived areas.
- National data shows people living in the least deprived areas of England are more likely to have been offered and received an NHS Health Check than people living in the most deprived areas.
- National data shows people living in the most deprived areas of England are more likely to receive an NHS Health Check than people living in the least deprived areas.

Screening

Screening is a way of finding out if people have a higher chance of having a health problem, so early treatment can be offered, or information given to help them make informed decisions. Several screening programmes are nationally funded; however local NHS organisations in partnership with Local Authorities have a role in the implementation and delivery of screening. These indicators look at bowel cancer, breast cancer, cervical cancer, and abdominal aortic aneurysm screening coverage in England. Improvements in cancer screening coverage would mean more cancers are detected at earlier, more treatable stages, reducing the risk of cancer developing.

Facts and figures

- In 2020 the proportion of people who were adequately screened for bowel cancer in Lambeth was similar to London and England. Although there was no statistical underlying trend in the data, the screening coverage appears to be decreasing since 2015.
- In 2022 50% of eligible Lambeth women had a test with a recorded result for breast cancer. This proportion is worse than London or England, and the trend is decreasing and getting worse. Lambeth is ranked 8 out of 33 London local authorities, where 1 is the worst.
- In 2021/22 48% of eligible men in Lambeth were conclusively tested of Abdominal Aortic Aneurysm, this is worse than London or England. This is decreasing and getting worse.

What's the inequality?

- National data shows people living in the most deprived areas of England are more likely to receive a bowel cancer screening test than people living in the least deprived areas.
- National data shows females living in the most deprived areas of England are less likely to have a breast cancer test with a recorded result than people living in the least deprived areas.
- National data shows males living in the least deprived areas of England are more likely to be conclusively tested for AAA than people living in the most deprived areas.

Vaccination

Vaccinations play a vital role in safeguarding vulnerable populations, including children, the elderly, and individuals with compromised health. Ensuring widespread vaccine coverage is crucial for disease control and prevention. Older individuals, who are more susceptible to severe complications, particularly from pneumococcal infections, influenza, and shingles, benefit significantly from vaccination. Monitoring vaccination rates provides essential data for evaluating public health outcomes and informs strategic efforts to enhance community well-being.

Facts and figures

- Pneumococcal disease is a significant cause of morbidity and mortality. In 2020 19,694 people over 65 were vaccinated with a PPV vaccine in Lambeth, this coverage of 63% was worse than London and worse than England. The trend appears to show a general decrease in coverage since 2015/16 with an increase in 2020/21 from 2019/20.
- Influenza is a highly infectious disease. In 2021/22 nearly 21,000 people over 65 were vaccinated against flu. This coverage of 63% is worse than London and worse than England. The trend appears to show a general decrease in coverage from 2010/11.
- Shingles is a painful condition caused by the same virus that causes chickenpox. In 2019/20 695 people who were 71 were vaccinated against shingles in Lambeth. This coverage of 38% is worse than London and worse than England. There are only two data points over time for this indicator – a trend cannot be determined.

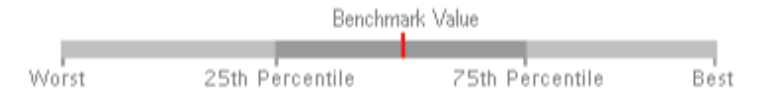
What's the inequality?

- National data shows that people living in the least deprived areas of England are more likely to be vaccinated against flu than people living in the least deprived areas.
- National data shows that people living in the least deprived areas of England are more likely to be vaccinated against shingles than people living in the most deprived areas.

Section 5: Health and Wellbeing Services : Health checks and screening

● Better 95% ● Similar ● Worse 95% ○ Not applicable

Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better

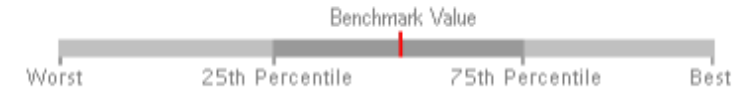


Indicator	Period	Lambeth			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check (Persons, 40-74 yrs)	2017/18 - 21/22	—	45,282	58.9%	67.0%	63.3%	3.0%		
Cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check who received an NHS Health Check (Persons, 40-74 yrs)	2018/19 - 22/23	—	18,413	48.6%	48.2%	42.3%	18.4%		
Cumulative percentage of the eligible population aged 40 to 74 who received an NHS Health check (Persons, 40-74 yrs)	2017/18 - 21/22	—	15,046	19.6%	33.0%	28.4%	2.4%		
Cancer screening coverage: bowel cancer (Persons, 60-74 yrs)	2022	↑	20,977	59.1%	62.1%*	70.3%*	51.2%		77.6%
Cancer screening coverage: breast cancer (Female, 53-70 yrs)	2022	↓	15,058	49.9%	55.5%*	65.2%*	40.9%		78.9%
Cancer screening coverage: cervical cancer (aged 50 to 64 years old) (Female, 50-64 yrs)	2022	↓	20,709	69.9%	70.9%*	74.6%*	53.7%		88.2%
Abdominal Aortic Aneurysm Screening Coverage (Male, 65)	2021/22	↓	604	48.3%	60.2%*	70.3%*	10.5%		90.2%

Section 5: Health and Wellbeing Services : Vaccination

● Better 95% ● Similar ● Worse 95% ○ Not applicable

Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better



Indicator	Period	Lambeth			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Population vaccination coverage: PPV (Persons, 65+ yrs) <65% 65% to 75% ≥75%	2020/21	→	19,694	62.6%	70.6%	49.9%		0%
Population vaccination coverage: Flu (aged 65 and over) (Persons, 65+ yrs) <75% ≥75%	2022/23	→	22,073	59.6%	79.9%	59.6%		86.8%
Population vaccination coverage: Shingles vaccination coverage (71 years) (Persons, 71) <50% 50% to 60% ≥60%	2021/22	—	442	27.2%	44.0%	22.3%		