



Joint Strategic Needs Assessment

CHILDREN & YOUNG PEOPLE'S HEALTH & WELLBEING

LONDON BOROUGH OF LAMBETH

2013

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CHAPTER 1: Background

The Health and Social Care Act 2012 has laid out specific duties of the Secretary of State for Health to improve the health of the population by provision of health services, reducing inequalities and protection and improvement of public health as measured through health and well-being outcomes. The Act has seen major changes to the public health system and the Local Authorities are now in charge of delivering public health services in close partnership with the Clinical Commissioning Groups as well as National health services (NHS) and statutory & voluntary agencies.

The Health and Social Care Act 2012 states that a Local Authority must establish a Health and Wellbeing Board with appropriate membership and representation from various statutory partner organisations and the public. (HealthWatch). The Act specifically allocates responsibility to the Health and Wellbeing board of conducting a Joint Strategic Needs Assessment and developing a Health and Wellbeing strategy.

Monitoring health and wellbeing outcomes is crucial to understanding the health status of the population in all age groups. The Department of health (DH) through the Health and Social Care information centre has published outcomes frameworks for Public Health and NHS. Full details are available at www.gov.uk The DH in partnership with several key agencies has also published a document in Feb 2013 titled, "Improving Children and Young People's Health Outcomes: a system wide response". There are several other resources such as the report by 'The Young Foundation' and the 'Children and Young People's outcomes forum' which provide useful information to support needs assessment as well as development of strategies for children and young people's health and progress.

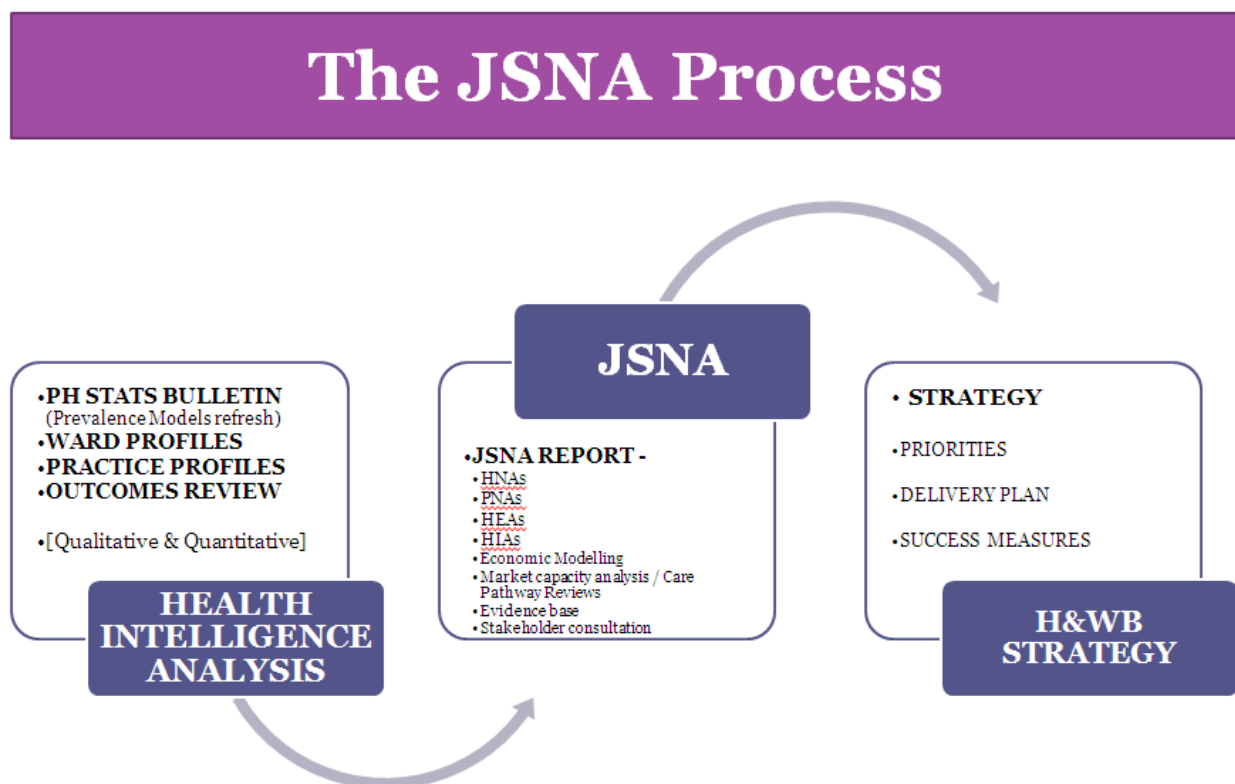
In Lambeth, the Health and Wellbeing board has developed their first transition strategy this year (2013) using the findings from the previous Joint Strategic Needs assessment. The Department of Health's Statutory guidance on Joint Strategic needs assessment and Joint Health and Wellbeing Strategies is followed in principle while conducting the Joint Strategic needs Assessment in Lambeth. The guidance states that the Joint strategic needs assessments (JSNA) are assessments of current and future health and social care needs of the local community; these are needs than can be met by the local authority, Clinical Commissioning Group (CCG) or the National Health Service (NHS). JSNA includes quantitative and qualitative data to inform the assessment of needs and several data sources and tools are utilized to understand the needs and determine priorities. JSNA is also informed by more detailed needs assessment for specific areas of work such as disease/condition or social problem or service areas.

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The JSNA informed the development of the refreshed Children's Trust Board outcomes framework and refreshed Children's and Young People's Plan 2011-14. The Children's Trust Board (CTB) is the strategic partnership for services to children and young people across the borough. The vision of the CTB is that 'Children, young people and families are supported to reach their full potential and can shape services to meet their needs'. The JSNA contributed to the formulation of 3 strategic outcomes for the CTB, namely: Commission and co-produce services that are effective in meeting needs of local communities; Early help for children, young people and families; Children and young people are safeguarded and protected from harm. A key component of delivering these strategic outcomes is the development of a Early Help and Prevention Commissioning Strategy for children and young people, which has been championed by the CTB.

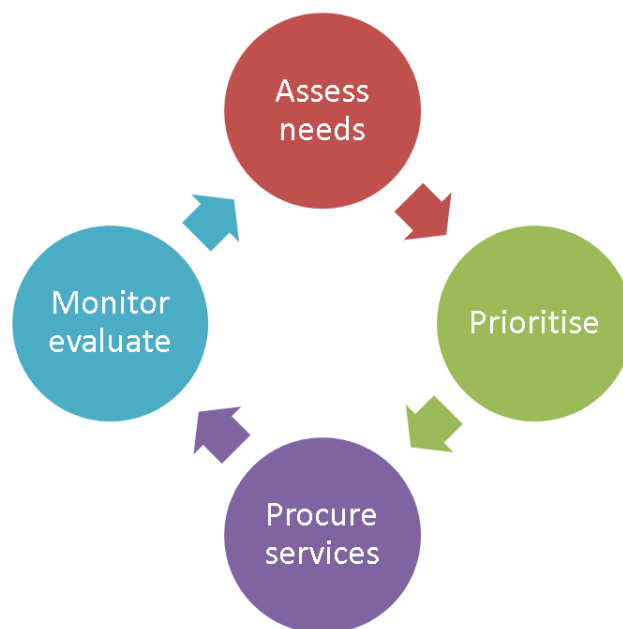
The JSNA in Lambeth is refreshed on a continued basis and is presented through various documents such as specific health needs assessments (HNA), ward profiles, practice profiles, etc. Figure 2 describes the JSNA process in Lambeth.

Figure 2. The Joint Strategic Needs Assessment process in Lambeth



This document constitutes one of the important section of the Lambeth JSNA focusing on health and wellbeing of children and young people in Lambeth; and includes population level information on children and young people with health statistics on health and wellbeing of this population group to highlight areas where the outcomes are not adequately met within the local authority and health services area. The findings of this report are an assessment of needs and is aimed to facilitate prioritisation of areas and initiatives by the health and wellbeing board and all partners. The prioritization process then is aimed to inform one of the important stages of the commissioning cycle (Figure 1) of the health and social care organisations.

Figure 1. Commissioning cycle



CHAPTER 2: Marmot's review

The Joint strategic needs assessment includes an important segment on reviewing evidence on best practice and guidance around effective evidence-based strategies for reducing health inequalities in the population. Marmot's review has been identified as a guiding principle to plan strategies for the improvement of outcomes for children and young people. This review along with the JSNA will also inform the development of Lambeth's Early intervention and prevention for children and families integrated commissioning strategy. Details of the Marmot review are described below.

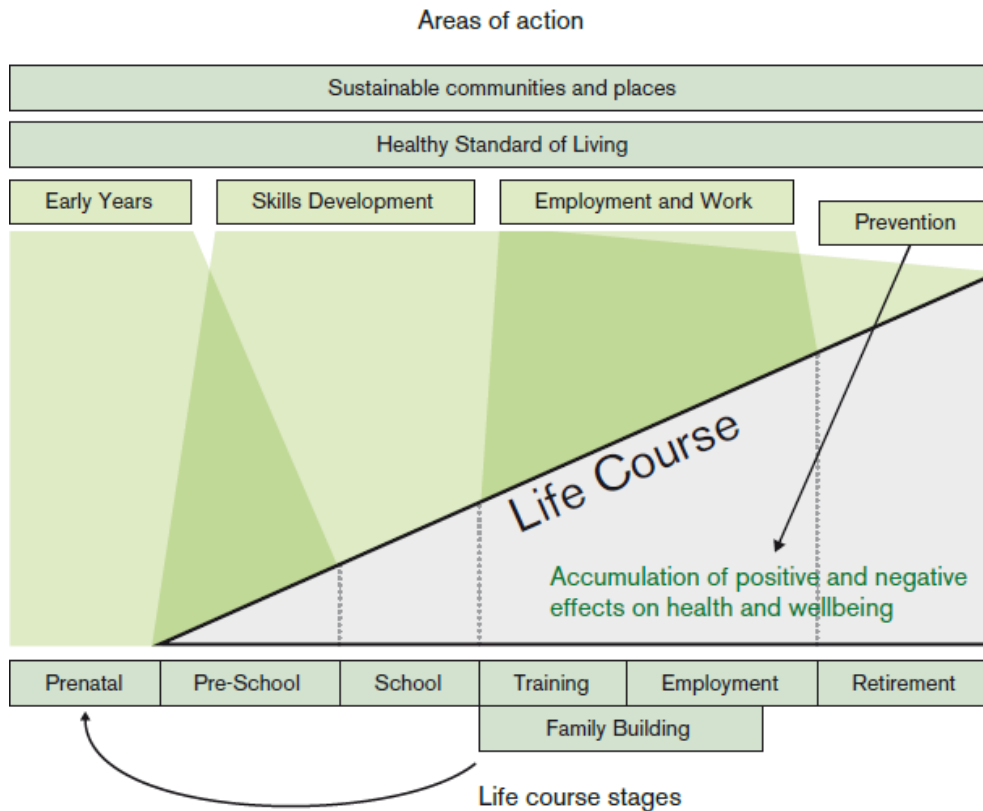
In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010.

The final report, 'Fair Society Healthy Lives', was published in February 2010, and concluded that reducing health inequalities would require action on six policy objectives:

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

Marmot's actions across the life course are described in figure 3. Below.

Figure 3. Marmot's Actions across the life course



Marmot's review elicits the continuing social and economic cost of health inequalities and provides a robust evidence base for national and local action to reduce health inequalities by addressing the social determinants of health. JSNA is a tool to project the health inequalities and Marmot's principles of early intervention which can have a long term impact on an individual's health and wellbeing outcomes is a good recommendation to action interventions across the Lambeth population.

Marmot's review included assessment of selective indicators to compare performance of local authorities against regional and National average. See the figure 4. showing Lambeth's performance for those indicators.

The data shows that Male and female life expectancy in Lambeth is highlighted in red which resounds the recent publication of Public health England 'Longer Lives' where both Lambeth and Southwark (neighbouring boroughs) fared poorly with relatively high premature mortality rates (death rates in people aged 75 and under). This has a direct impact on the life expectancy of the population. The slope index of inequality which is a gradient showing the difference in life expectancy within the deprived and the less deprived population does not show significant findings, this can be attributed to the high deprivation levels in Lambeth with pockets of affluency.

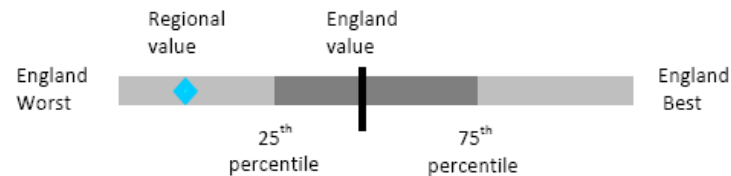
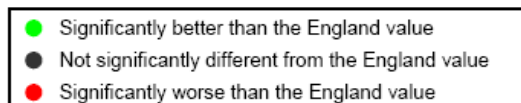
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Figure 4. Marmot's indicators of health inequalities. Lambeth data



Marmot Indicators for Local Authorities in England, 2012 - Lambeth

The chart below shows key indicators of the social determinants of health, health outcomes and social inequality that correspond, as closely as is currently possible, to the indicators proposed in Fair Society, Healthy Lives. Results for each indicator for this local authority are shown below. On the chart, the value for this local authority is shown as a circle, against the range of results for England, shown as a bar.



Indicator	Local Authority Value	Regional Value	England Value	England Worst	Range	England Best
Health outcomes						
Males						
1 Male life expectancy at birth (years)	77.0	79.0	78.6	73.6		85.1
2 Inequality in male life expectancy at birth (years)	5.3	7.5	8.9	16.9		3.1
3 Inequality in male disability-free life expectancy at birth (years)	6.0	9.1	10.9	20.0		1.8
Females						
4 Female life expectancy at birth (years)	81.1	83.3	82.6	79.1		89.8
5 Inequality in female life expectancy at birth (years)	3.8	4.8	5.9	11.6		1.2
6 Inequality in female disability-free life expectancy at birth (years)	6.0	7.9	9.2	17.1		1.3
Social determinants						
7 Children achieving a good level of development at age 5 (%)	59.0	59.5	58.8	49.5		71.4
8 Young people not in employment, education or training (NEET) (%)	8.5	5.7	6.7	12.3		2.6
9 People in households in receipt of means-tested benefits (%)	21.3	18.8	14.6	32.8		4.7
10 Inequality in percentage receiving means-tested benefits (% points)	26.1	27.2	29.0	55.1		4.6

Policy recommendations

Marmot's review also provided policy recommendations which forms a good basis to prioritise actions and plans locally in Lambeth that will focus on improving health and wellbeing outcomes of children and young people in Lambeth. Further details on priority areas and areas in need of action are highlighted throughout this report. **See the policy recommendations in the figure below.** The priority areas in Chapter 3 reflect these recommendations.

Figure 5. Policy recommendations in the Marmot Review

A. Reduce inequalities qualification	B. Reduce social gradient in skills and
<ol style="list-style-type: none"> 1 Increase the proportion of overall expenditure allocated to the early years and ensure expenditure on early years development is focused progressively across the social gradient. 2 Support families to achieve progressive improvements in early child development, including: <ul style="list-style-type: none"> — Giving priority to pre- and post-natal interventions that reduce adverse outcomes of pregnancy and infancy — Providing paid parental leave in the first year of life with a minimum income for healthy living — Providing routine support to families through parenting programmes, children's centres and key workers, delivered to meet social need via outreach to families — Developing programmes for the transition to school. 3 Provide good quality early years education and childcare proportionately across the gradient. This provision should be: <ul style="list-style-type: none"> — Combined with outreach to increase the take-up by children from disadvantaged families — Provided on the basis of evaluated models and to meet quality standards. 	<ol style="list-style-type: none"> 1 Ensure that reducing social inequalities in pupils' educational outcomes is a sustained priority. 2 Prioritise reducing social inequalities in life skills, by: <ul style="list-style-type: none"> — Extending the role of schools in supporting families and communities and taking a 'whole child' approach to education — Consistently implementing 'full service' extended school approaches — Developing the school-based workforce to build their skills in working across school-home boundaries and addressing social and emotional development, physical and mental health and well-being. 3 Increase access and use of quality lifelong learning opportunities across the social gradient, by: <ul style="list-style-type: none"> — Providing easily accessible support and advice for 16–25 year olds on life skills, training and employment opportunities — Providing work-based learning, including apprenticeships, for young people and those changing jobs/careers — Increasing availability of non-vocational lifelong learning across the life course.

CHAPTER 3: Priority objectives

Lambeth JSNA 2009

The 2009 JSNA annual report used ten challenging areas of work and the areas related to children and young people's health and wellbeing were –

- Sexual health
- Mental health (CAMHS)
- Learning disability
- Emotional wellbeing
- Safeguarding children
- Healthy eating in children and young people

Some of the main strategic recommendations with regard to child and maternal health were in the areas of -

- Mental health in maternity services
- Domestic violence prevention
- Child care provision for families with preschool children
- Retention of staff in specialist services such as CAMHS, child social workers, health visitors
- Obesity and child health promotion
- Sexual health services for high risk groups – improving screening, early detection and treatment
- Breast feeding, immunisation and care in pregnancy in early years 0-5
- Oral health, smoking, alcohol, teenage conception, children with disabilities, emotional wellbeing, mental health issues in 5-19 year age group.

The previous JSNA also offered specific strategic, operational and technical recommendations.

Review of health statistics over the past three years identified the following factors - in addition to the above - impacting on health and wellbeing of Children and young people in Lambeth:

- Child poverty
- Child obesity
- Children in protection and looked after children
- Crime, violence,
- Alcohol and substance misuse,
- Unemployment

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The following areas are suggested priority objectives to tackle local priorities

1. Partnership working – More co-operation between local agencies to co-produce and commission evidence based cost effective services.
2. Ensure all children get a good start in life as an evidence shows that early years will impact throughout the course of an individual's life.
3. Working towards achieving good mental health and emotional wellbeing which are fundamental to achieving good health and outcomes across all the main domains e.g. staying healthy, staying safe, enjoying and achieving, making a positive contribution and promoting economic wellbeing.
4. Supporting families to achieve improvement in child development especially good quality early education as well as outreach to meet the needs of hard to reach and disadvantaged families - Extending the role of schools as well as training school staff to offer support to families and communities.
5. Early intervention and focus on prevention services to avoid complications.
6. Tackling risk factors to CYP health and wellbeing (especially mental wellbeing) including focus on maternal health.
7. Safeguarding children especially the vulnerable population (e.g. looked after children and children with disabilities) at risk of abuse, neglect and therefore experiencing social isolation or poor health and wellbeing.
8. Providing optimum health services mainly preventative services such as immunisation and promoting breast feeding to reduce health complications in early and later childhood and to reduce infant and neonatal mortality rate.
9. Prevention or reduction in obesity and overweight in children by controlling unhealthy food availability throughout the borough and promoting healthy eating,
10. Preventing illegal sales of tobacco and alcohol to underage individuals,
11. Reducing accidental injuries or unintentional injuries in children,
12. Reducing child poverty and safeguarding and protecting vulnerable children from harm.

13. Deal with impact of recession which impact on health inequalities – child poverty, unemployment, crime (youth violence).
14. Periodic evaluation or review of services to understand unmet need in the population and review of evidence to provide services that have maximum impact on individual and population health.

CHAPTER 4: Local picture of health and wellbeing

4.1 Profile of health – An overview

Analysis of health and demographic information from various data sources provided an insight into the health and wellbeing of young people in Lambeth. This intelligence has been interpreted to provide a profile of health of the children and young people in Lambeth.

1. The 2011 census recorded 20,700 children aged 0-4 in Lambeth; 31,000 aged 5-14. The total <18 population in Lambeth was recorded at just over 60,000.
2. 22% population of Lambeth is under the age of 20 years and the school census shows around 85% school children are from a black and minority ethnic group.
3. Population projections show the <19 population to rise by 10% by 2020 to 71400 from the current 66000 in 2011. Bishop's, Thornton's, Oval and Prince's ward shows the most rise in population till 2020.
4. 32.7% of all children (age under 16) are estimated to be living in poverty in Lambeth which is an estimate of level of income from the median population income. This is worse than the England average of 21% and London average of 27.8%
5. There were 4784 births in Lambeth in 2011. The birth rate rose till 2010 and then remained steady. This will be monitored over the next few years.
6. Low birth weight in babies born in Lambeth is recorded at 7.6% similar to the England average. This means there are around 366 babies born with weight <2500 grams.
7. Breast feeding has been evidenced as a useful resource for child development. Rate of initiation of breast feeding within 48 hours of birth by Lambeth mothers is good (93%) but maintenance of breast feeding at 6-8 weeks after birth drops and is lower (67%) but still better than the England average.
8. The infant mortality rate in Lambeth saw a rise in 2008 and 2009 which raised the 3 year rolling average and in 2009-11 Lambeth IMR was 6.2 per 1000 live births compared to 4.6 in England. 91 infant died over 2009-2011 born to Lambeth mothers averaging around 30 per year.
9. Child obesity rate in year 6 children aged 10-11 is 24% and in reception year is 11%. Lower levels of physical activity is recorded in Lambeth school children.
10. In 2011, there were just over 3000 acute sexually transmitted infection diagnosis in young people aged 15-24 years. The rate is 75.2 diagnosis for every 1000 people in this age group which is higher than the England average. The National

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Chlamydia screening programme results for 2011-12 shows Lambeth with highest screening uptake of 56.8% however the positivity rate is also very high in Lambeth and diagnosis rate is 9.9 per 100000 compared to 7.3 in England.

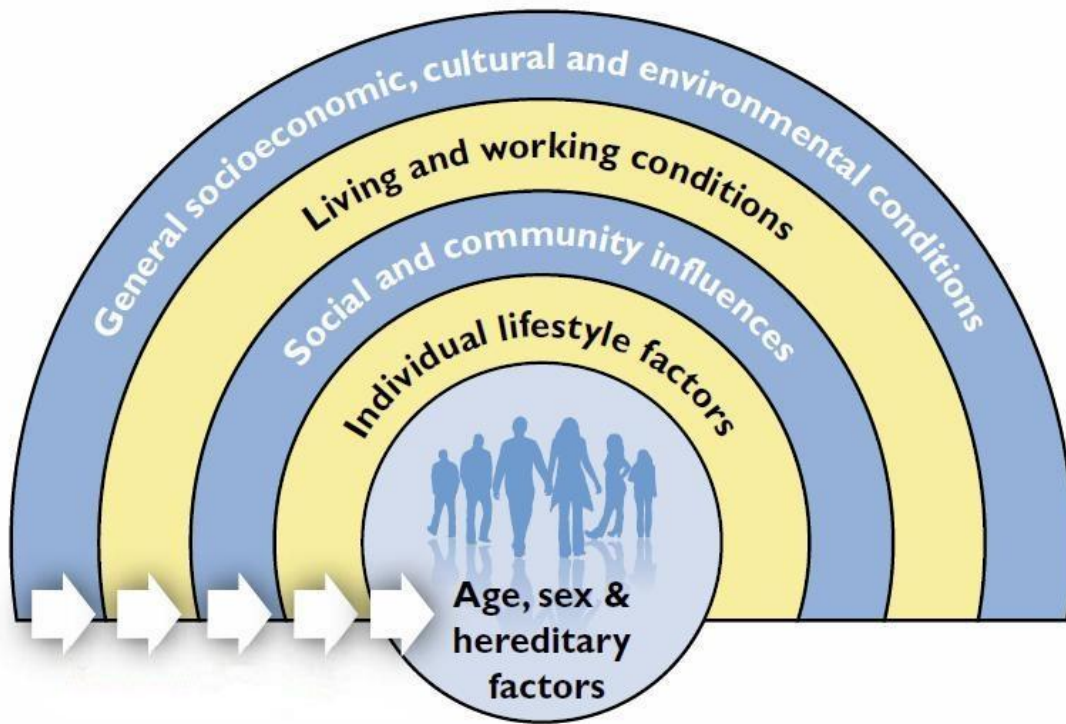
11. Alcohol and substance misuse problem in children and young people in Lambeth has been a concern however hospital admission rate for young people aged <17 is lower than the England average and these are very small numbers.
12. School survey shows that school children (aged 10-5) have a good understanding of drugs, alcohol and tobacco issues. 3 out of 4 said they don't drink alcohol or smoke but 1 in 5 said they drink alcohol and that their parents are aware that they do.
13. Emotional wellbeing is important for child development and in Lambeth the SHEU (School Health Education Unit) survey showed that a third of pupils in Lambeth schools were afraid to go to school because of bullying. While 2 out of 3 reported they were 'a lot satisfied' with their life, 13% said 'not much' or 'not at all'. Fear of crime and family problems were reported as areas of concern by school children in Lambeth.
14. Teenage pregnancy (TP) rate has seen a substantial reduction over the past 10 years and has more than halved since the 2003 peak. In 2011, the TP rate in Lambeth dropped significantly and was recorded at 34.8 per 1000 girls aged 15-17 years compared to London average of 28.7 and England average of 30.7.
15. Childhood Immunisation rates have seen a steady improvement over past few years, however uptake rates of MMR2, DPT HiB2 are still lower than the England average. Immunisation of children in care has also been highlighted to be 50% compared to England average of 83%.
16. Hospital admission rates due to injuries in <18 year olds is lower than the England average and is monitored through the Lambeth safeguarding agenda
17. A&E attendances in children aged 0-4 was higher in Lambeth than England. The crude rate per 1000 was 627 in Lambeth compared to 493 in England. This needs further analysis. Similarly hospital admission rate in children due to asthma in <19 year olds was also higher in Lambeth at 283 compared to 193 in England per 1000.
18. Hospital admission rate due to mental health conditions and as a result of self harm were small numbers for Lambeth and the rate is lower than the England average.
19. Around 2000 children are estimated to have some form of disability in Lambeth with commonest disorder being communication disorders, moderate to severe learning disability and autism. The modeled estimates provided by 'Improving Health and lives' shows 940 individuals to have moderate learning disabilities, 76 to have severe learning disabilities, 172 with autistic spectrum disorders. 10.5 children per 10000 aged 5-15 are estimated to have visual impairment. For

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- pupils at primary school with special educational needs, Lambeth appears to have 14.6 per 1000 school population twice that of England average at 7.5.
20. Number of children with a child protection plan in Lambeth is around 330 with 13.9% lasting 2 years. There were 295 episodes of children missing from home in Q3 2011-12. The rate of referrals to children's social care remains steady at 1068 in Q3 2011-12. Lambeth experienced high rates of children referral to specialist services (rate per 10000 under 18 year) compared to England average. 1218 children were in temporary accommodation and demand from families with children / pregnant women has increased by 18% compared to the previous year. 1025 children are estimated to live with adults assessed to have a mental health problem.
 21. Youth offending is a problem area in Lambeth. 10-17 year olds receiving their first reprimand, warning or conviction is recorded and in 2012 the Lambeth rate of first time entrants to the young justice system was 866 per 100000 10-17 years compared to London average of 585 and England average of 541. Lambeth data shows a reducing trend.
 22. The CAMHS needs assessment identified higher rates of common mental illness in young people with hospital admissions due to depression showing a rise especially in ages 14 and above; with 1 in 5 mental/behavioural disorders attributable to alcohol.
 23. Child mortality in <15 population is low but recent annual trends showed a slight rise in single year in 2010 and this will be monitored periodically.
 24. The Spend and outcomes tool developed by the Department of Health shows Lambeth under-performs in the areas of neonates and maternity management with 'higher spend and worse outcomes' Meaning the infant mortality rate or the neonatal mortality is higher in Lambeth while the total expenditure in this area is higher than the mean. These indices are based on comparison of outcomes versus expenditure (spend per weighted head of population) using HRG (health care resource groups).
 25. The programme budgeting per head of population aged 0-18 compared to effectiveness of CAMHS services during 2008-09 to 2010-11 show Lambeth as 'High workforce and Good outcomes' in the outcomes versus expenditure tool for CAMHS.
 26. The Atlas of variation in health care provided comparison of few indicators related to CYP's health. Lambeth was compared to South East London boroughs and England and fared poor in perinatal mortality, epilepsy and asthma admissions, tonsillectomy, A&E admissions and paediatric endoscopy.

4.2 Risk factors

There are several risk factors to health and wellbeing of the children and young peoples' population. The health determinants model by Dahlgren and Whitehead (see figure below) is a better tool to understand the association of risk factors to health outcomes and corresponding impact on population health.



Health Determinants Model

The assessment and review of various health and other information datasets identified the following main probable risk factors to health and wellbeing of children and young people in Lambeth.

1. Population behaviour especially unhealthy diet and availability and consumption of unhealthy food by school aged children is a likely cause leading to the unstable obesity and overweight levels in the population.
2. Illegal sales of tobacco and alcohol is a probable cause leading to uptake of such substances by young children.

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3. Family relationships and fear of crime was reported as a concern by 1 in 3 pupils in a school survey in Lambeth.
4. Child poverty due to high deprivation levels and issues related to unemployment and low income families as well as single parent households struggling to meet basic family needs are a known fact in Lambeth wards and can be attributable cause of poor health outcomes in specific population groups.
5. Underage unprotected sex leading to unwanted pregnancies is another factor that can affect a young person's life. The termination of pregnancy reports show that majority of underage pregnancies are ending in abortion.
6. Youth violence, crime and social isolation especially in vulnerable young people are other factor impacting on wellbeing of children and young people in Lambeth

Please note that various health needs assessments are undertaken throughout the year and feed directly into the strategic prioritization and commissioning process. The products complement the Joint Strategic Needs Assessment process and findings help inform the development and implementation of the overarching Health and Wellbeing strategy. Needs assessments (NA) completed such as the CAMHS NA; and needs assessments underway e.g. Violence NA are intended to support the planning and commissioning process and constitute as the essential elements of the Joint Strategic Needs Assessment.

4.3 Demography

Census 2011

The most recent census of the United Kingdom, took place on 27 March 2011. There were 56 questions on the 2011 Census questionnaire: 14 about the household and its accommodation and 42 for each member of the household. Questions included those about work, health, national identity, passports held, ethnic background, education, second homes, language, religion and marital status.

The resident population for Lambeth on census day was 303,086 (130,017 households) of which 60,362 were aged less than 18 years of age, with roughly the same number of males (51%) and females (49%). Lambeth is densely populated, with 113 persons per hectare.

Table 1: Resident population aged under 18 on census day

Area	Gender	0 to 4	5 to 7	8 to 9	10 to 14	15	16 to 17	Total all ages
Lambeth	Males	10,590	5,052	3,101	7,519	1,467	2,838	150,921
	Females	10,111	5,144	3,079	7,235	1,488	2,738	152,165
	Person	20,701	10,196	6,180	14,754	2,955	5,576	303,086

Source: DC2101EW, Census 2011, ONS

Of those aged under 18 years 36% were from a White ethnicity, 16% Mixed ethnicity, 6% Asian ethnicity, 40% Black ethnicity and 3% Other ethnicity.

Table 2: Ethnic distribution of the resident population aged under 18

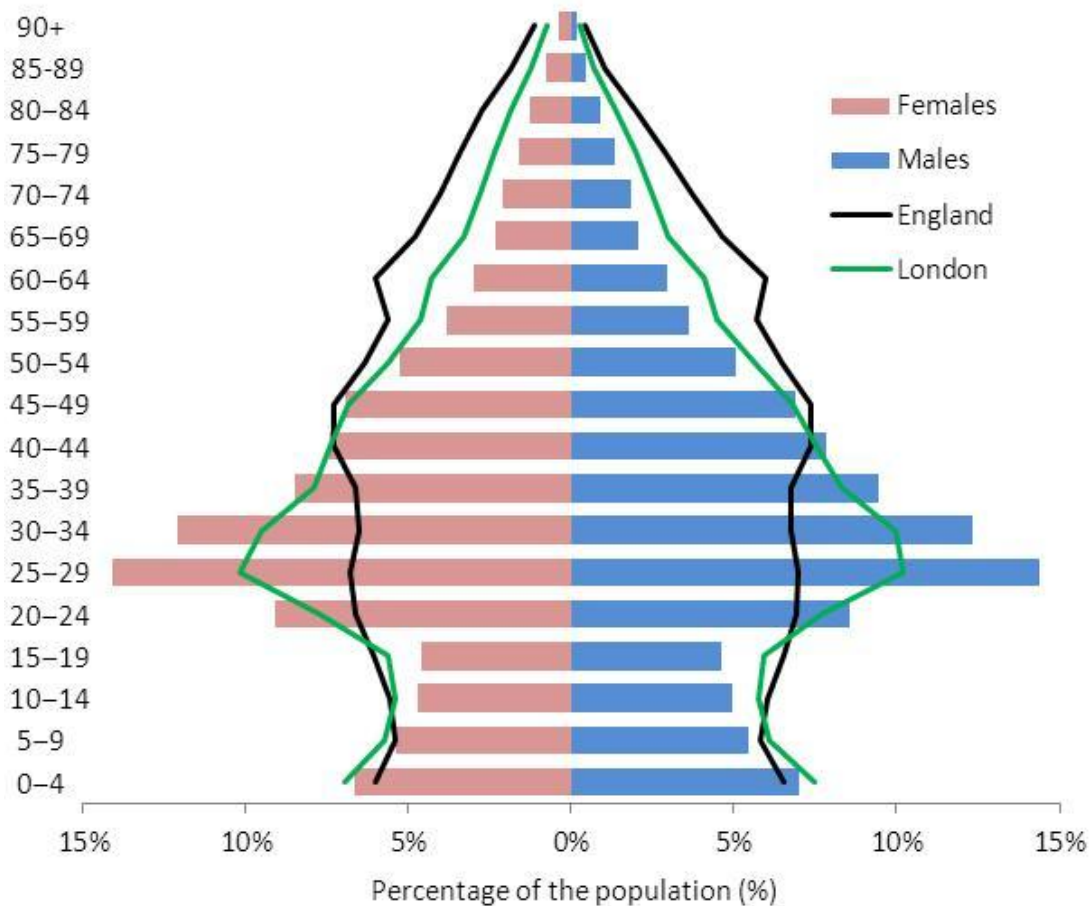
Ethnicity	Count	%
White	21,642	36%
White British	15,346	25%
White Irish	276	0%
White: Gypsy or Irish Traveller	59	0%
Other White	5,961	10%
Mixed U18	9,416	16%
White and Black Caribbean	3,687	6%
White and Black African	1,908	3%
White and Asian	1,249	2%
Other Mixed	2,572	4%
Asian/Asian British	3,392	6%
Indian	542	1%
Pakistani	751	1%

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Bangladeshi	712	1%
Chinese	479	1%
Other Asian	908	2%
Black British	24,249	40%
African	11,560	19%
Caribbean	6,842	11%
Other Black	5,847	10%
Other ethnic group	1,663	3%
Arab	465	1%
Any other ethnic group	1,198	2%

Source: DC2101EW, Census 2011, ONS

Figure 6. Lambeth Population pyramid describing age and gender structure of population of Lambeth compared to England and London.



Source: Census 2011, ONS

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GLA Population projections <19 - 2013 to 2030

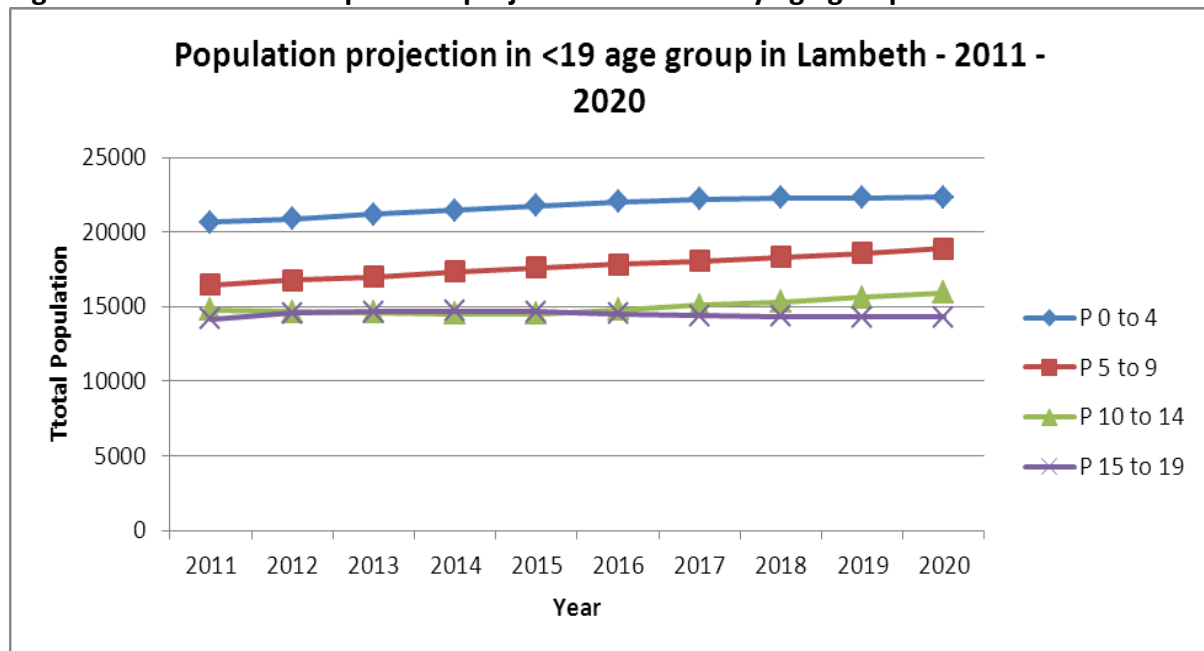
Lambeth <19 population is projected to grow by up to 8% from 66000 in 2011 to 71400 by 2020. By 2030 the <19 population is projected to grow by 18% to 78,000 from 2011. Population growth is projected in all age groups <19 but highest in 5-9 year olds as seen in the table and chart below. The <5 population is projected to rise by 8% from 20666 in 2011 to 22,330 in 2020.

Table 3. Lambeth <19 Population projections till 2020

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
0 to 4	20666	20887	21175	21455	21782	22019	22192	22269	22300	22332
5 to 9	16470	16752	16975	17337	17611	17807	18032	18305	18581	18882
10 to 14	14766	14640	14588	14536	14530	14788	15073	15306	15638	15910
15 to 19	14147	14565	14627	14688	14648	14498	14361	14324	14286	14315
Total <19	66049	66844	67365	68016	68572	69113	69658	70203	70804	71440

Source: 2012 Round Demographic projections © Greater London Authority 2012.

Figure 7. Lambeth <19 Population projections till 2020 by age groups



Household profile

Lambeth has 70,374 families, where a family is defined as a group of people who are either:

- A married, same-sex civil partnership, or cohabiting couple, with or without child(ren)
- A lone parent with child(ren)
- A married, same-sex civil partnership, or cohabiting couple with grandchild(ren) but with no children present from the intervening generation

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- A single grandparent with grandchild(ren) but no children present from the intervening generation

Table 4: Families with dependent children

Description	Lambeth	Lambeth %
All Families in Households	70,374	54%
No Dependent Children in Family	35,654	27%
1 Dependent Child; Aged 0 to 4	7,425	6%
1 Dependent Child; Aged 5 to 11	4,576	4%
1 Dependent Child; Aged 12 to 18	5,794	4%
2 Dependent Children; Youngest Aged 0 to 4	5,160	4%
2 Dependent Children; Youngest Aged 5 to 11	3,928	3%
2 Dependent Children; Youngest Aged 12 to 18	1,846	1%
3 or more Dependent Children; Youngest Aged 0 to 4	3,516	3%
3 or more Dependent Children; Youngest Aged 5 to 11	2,169	2%
3 or more Dependent Children; Youngest Aged 12 to 18	306	0%
Total Dependent Children	61,544	47%
All Households	130,017	100%

Source: QS118EW, Census 2011, ONS

Of those families with dependent children the household composition, where household composition is defined as: married or same-sex civil partnership couple, cohabiting couple, lone parent or other household types, 39% of children in Lambeth are from a lone parent household compared to 28% in London and 24% in England.

Table 5: Household composition with dependent children

Description	Count			%		
	Lambeth	London	England	Lambeth	London	England
Married / Same-Sex Civil Partnership Couple	12,402	490,040	3,375,890	36%	49%	53%
Cohabiting Couple	3,582	91,774	890,780	10%	9%	14%
Lone Parent	13,559	278,986	1,573,255	39%	28%	24%
Other Household Types	5,304	149,043	584,016	15%	15%	9%
Households; Dependent Children	34,847	1,009,843	6,423,941	100%	100%	100%

Source: KS105EW, Census 2011, ONS

The proportion of those lone parent households that are unemployed, 47% in Lambeth to 48% in London and 41% in England.

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Table 6: Employment lone parent households

Description	Count			%		
	Lambeth	London	England	Lambeth	London	England
All Lone Parent Households	13,512	277,589	1,564,681	100%	100%	100%
Part-Time Employment	3,615	75,662	522,789	27%	27%	33%
Full-Time Employment	3,509	69,173	407,873	26%	25%	26%
Not in Employment	6,388	132,754	634,019	47%	48%	41%

Source: KS107EW, Census 2011, ONS

Of the 130,017 household's in Lambeth, 33% are owned, 35% are social rented, 29% are private rented 2% shared ownership and 1% are rent free.

Table 7: Tenure, Households

Description	Count			%		
	Lambeth	London	England	Lambeth	London	England
All Households	130,017	3,266,173	22,063,368	100%	100%	100%
Owned; Total	42,885	1,576,207	13,975,024	33%	48%	63%
Owned; Outright	14,778	689,898	6,745,584	11%	21%	31%
Owned; Mortgage or Loan	28,107	886,309	7,229,440	22%	27%	33%
Shared Ownership	1,987	42,108	173,760	2%	1%	1%
Social Rented; Total	45,619	785,993	3,903,550	35%	24%	18%
Social Rented; Council (LA)	25,496	439,727	2,079,778	20%	13%	9%
Social Rented; Other	20,123	346,266	1,823,772	15%	11%	8%
Private Rented; Total	38,133	819,085	3,715,924	29%	25%	17%
Private Rented; Landlord	36,023	775,591	3,401,675	28%	24%	15%
Private Rented; Employer of a Household Member	248	5,410	55,211	0%	0%	0%
Private Rented; Relative or Friend of Household Member	1,389	27,937	199,428	1%	1%	1%
Private Rented; Other	473	10,147	59,610	0%	0%	0%
Living Rent Free	1,393	42,780	295,110	1%	1%	1%

Source: QS405EW, Census 2011, ONS

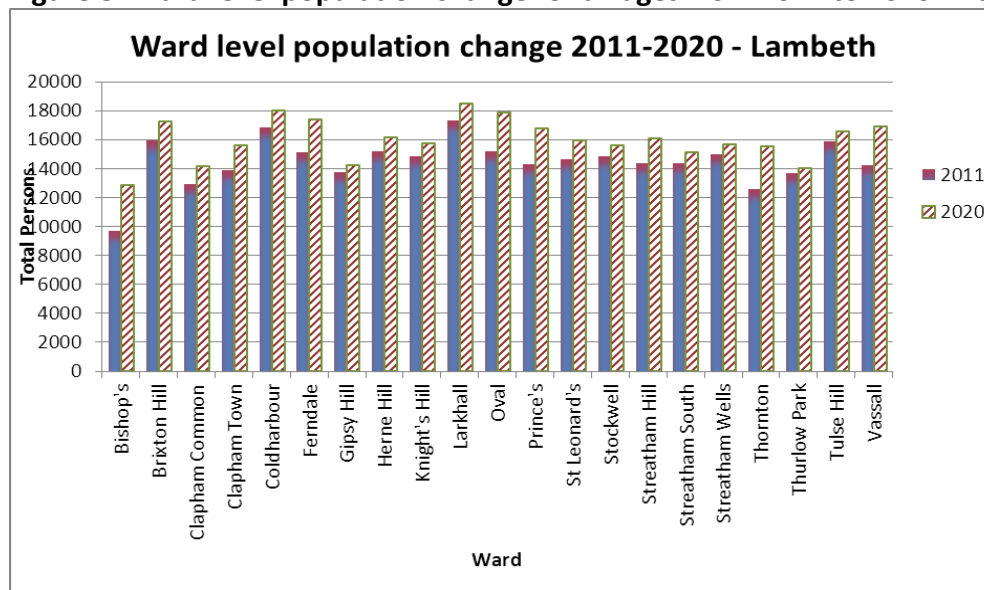
LAMBETH

Ward level population projections

Table 8. Ward level population change for all ages from 2011 to 2020 with % change

	2011	2020	% Change
Bishop's	9692	12851	32.6%
Brixton Hill	15924	17248	8.3%
Clapham Common	12931	14175	9.6%
Clapham Town	13881	15621	12.5%
Coldharbour	16857	18004	6.8%
Ferndale	15120	17404	15.1%
Gipsy Hill	13767	14209	3.2%
Herne Hill	15177	16120	6.2%
Knight's Hill	14828	15735	6.1%
Larkhall	17324	18479	6.7%
Oval	15174	17868	17.8%
Prince's	14322	16783	17.2%
St Leonard's	14620	15945	9.1%
Stockwell	14845	15588	5.0%
Streatham Hill	14328	16067	12.1%
Streatham South	14390	15093	4.9%
Streatham Wells	14973	15701	4.9%
Thornton	12585	15565	23.7%
Thurlow Park	13705	14022	2.3%
Tulse Hill	15842	16538	4.4%
Vassall	14196	16880	18.9%
Lambeth	304481	335896	10.32%

Figure 8. Ward level population change for all ages from 2011 to 2020 – Lambeth

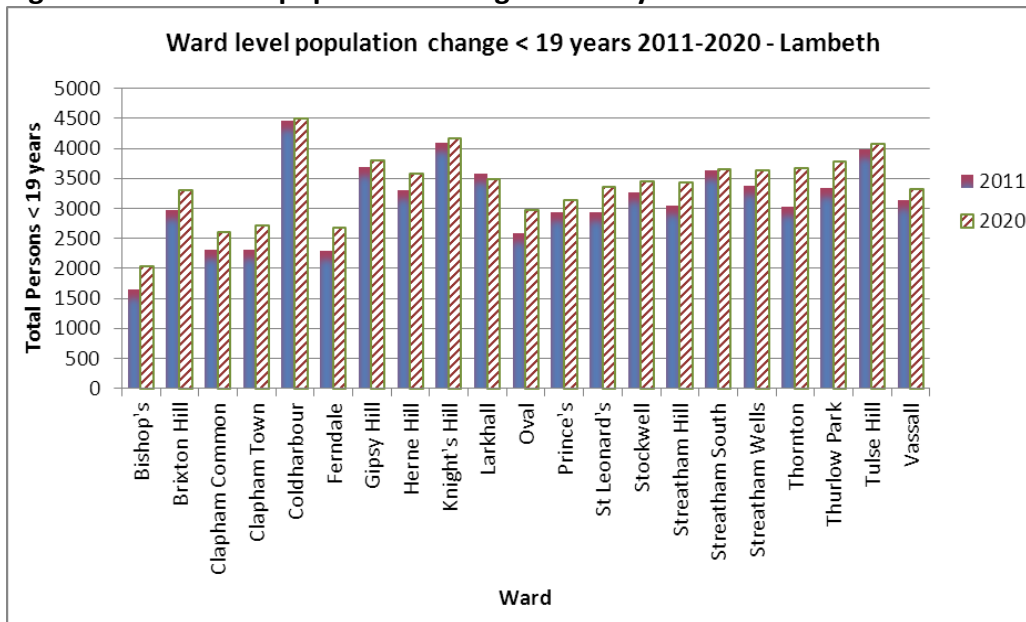


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Table 9. Ward level population change for <19 years from 2011 to 2020 with % change

	2011	2020	% Change
Bishop's	1655	2039	23.2%
Brixton Hill	2972	3312	11.4%
Clapham Common	2317	2615	12.9%
Clapham Town	2326	2721	17.0%
Coldharbour	4467	4512	1.0%
Ferndale	2302	2694	17.0%
Gipsy Hill	3698	3814	3.1%
Herne Hill	3306	3588	8.5%
Knight's Hill	4095	4170	1.8%
Larkhall	3592	3493	-2.8%
Oval	2592	2976	14.8%
Prince's	2948	3148	6.8%
St Leonard's	2943	3363	14.3%
Stockwell	3272	3449	5.4%
Streatham Hill	3057	3437	12.4%
Streatham South	3634	3651	0.5%
Streatham Wells	3374	3633	7.7%
Thornton	3025	3679	21.6%
Thurlow Park	3346	3794	13.4%
Tulse Hill	3985	4078	2.3%
Vassall	3138	3325	6.0%
Lambeth	66044	71491	8.25%

Figure 9. Ward level population change for <19 years from 2011 to 2020 – Lambeth

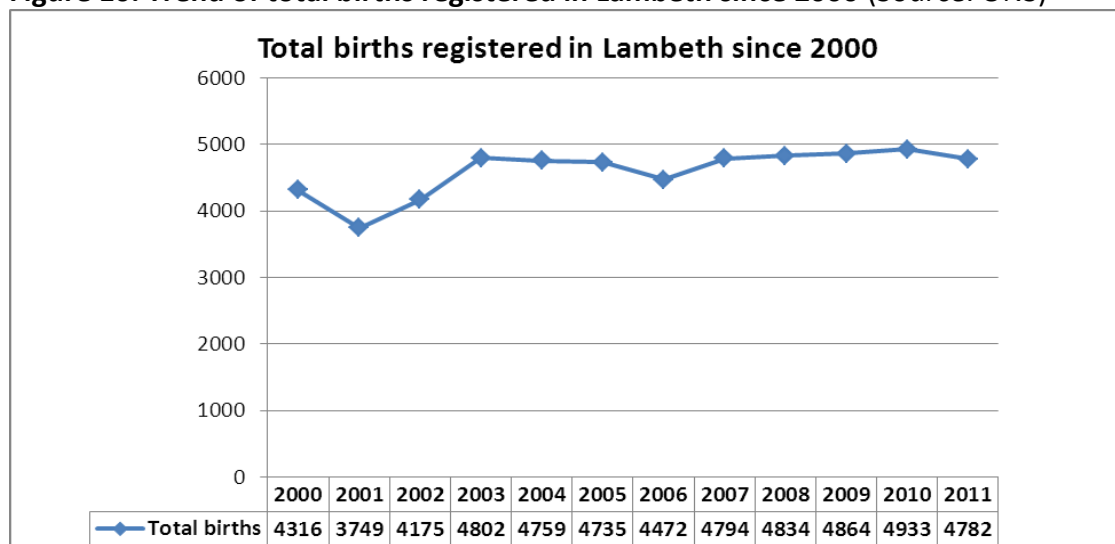


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Table 10. Births by ward in Lambeth – 2001 to 2011. Trends

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Bishop's	75	111	100	122	107	102	123	106	100	112	109
Brixton Hill	175	203	246	240	265	235	274	231	241	231	196
Clapham Common	159	204	219	213	198	174	197	206	188	216	183
Clapham Town	164	195	219	186	188	161	186	174	211	186	177
Coldharbour	238	262	335	309	343	312	305	299	298	290	272
Ferndale	190	221	210	216	201	198	197	184	194	202	178
Gipsy Hill	168	191	266	257	227	275	249	281	281	308	296
Herne Hill	202	222	261	229	272	250	263	262	258	276	259
Knight's Hill	180	216	231	242	240	231	256	262	263	244	269
Larkhall	236	237	244	263	259	196	223	197	223	194	222
Oval	165	178	219	197	209	175	189	203	192	195	182
Prince's	156	191	231	205	206	189	189	189	197	179	190
St Leonard's	174	182	224	247	201	212	265	256	299	262	280
Stockwell	218	227	263	238	244	220	240	214	223	229	239
Streatham Hill	189	195	208	214	222	231	219	257	246	284	236
Streatham South	137	149	186	189	203	174	233	241	252	256	246
Streatham Wells	177	202	221	223	216	231	242	282	261	286	295
Thornton	187	202	237	221	217	237	258	243	239	237	264
Thurlow Park	151	171	180	230	225	200	227	241	241	273	233
Tulse Hill	197	221	247	249	267	242	251	267	260	279	256
Vassall	211	195	255	269	225	227	208	239	197	194	200
Lambeth	3749	4175	4802	4759	4735	4472	4794	4834	4864	4933	4782

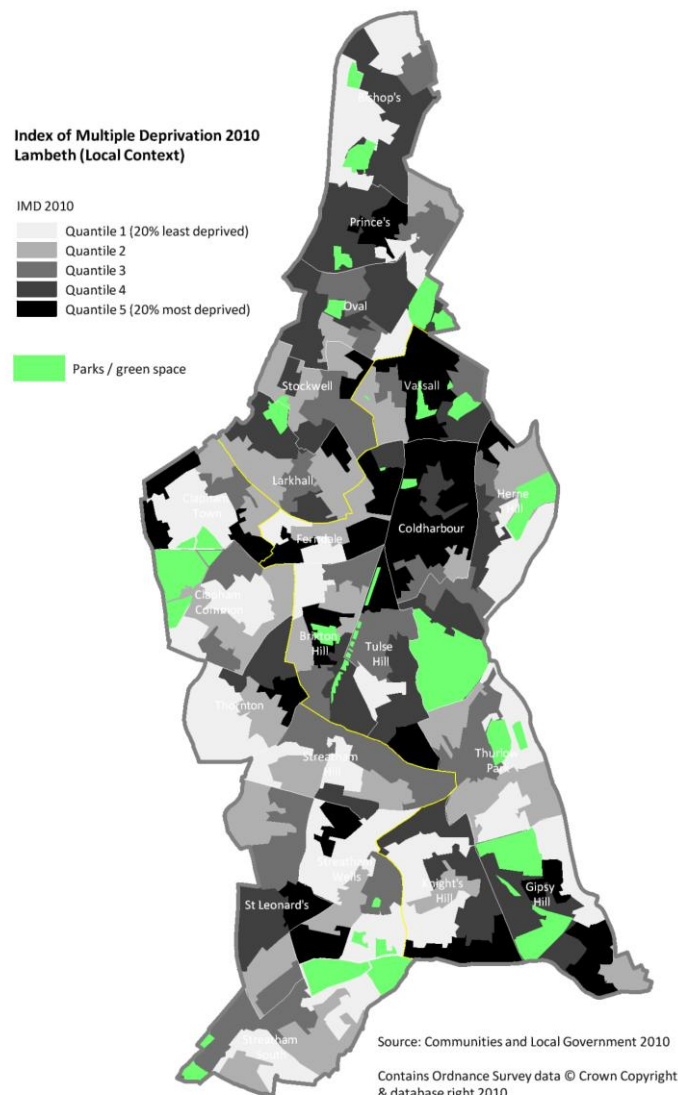
Figure 10. Trend of total births registered in Lambeth since 2000 (Source: ONS)



Lambeth - Index of Multiple deprivation 2010 map

The Index of Multiple Deprivation 2010 summaries published by the NHS Information Centre for health and social care, shows Lambeth as the 9th most deprived borough in London and 29th most deprived in England which is an improvement over the 2007 deprivation figures (ranked 5th in London and 19th in England). Lambeth has a diverse population and impact of wider determinants is obvious on the health outcomes in the local population. Please also see Lambeth's 'Health Profile & Outcomes Review, October 2012.

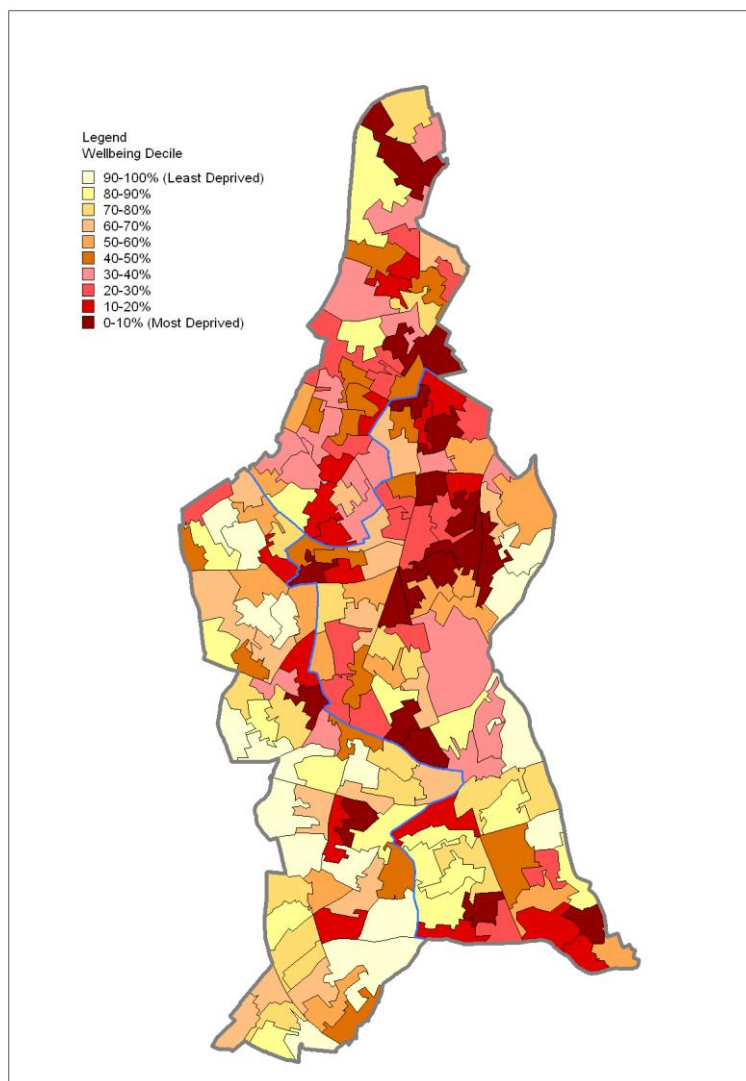
Figure 11. Index of Multiple deprivation scores mapped across Lambeth SOAs



Lambeth Child Wellbeing map - 2009

The child wellbeing index (CWI) published in 2009 elicits the proportion of children experiencing income deprivation. The material well-being index is a comprehensive, non-overlapping count of children living in households in receipt of both in-work and out-of-work means-tested benefits. The numerator is a sum of children aged 0-15 living in low-income households while the denominator is total number of children aged 0-15. Thus, the domain score for each LSOA in the CWI is the proportion of its 0-15 year old children who are living in low-income households. The indicators are summed and expressed as a rate of the total child population aged 0-15. Source: Communities and Local Government (CLG).

Figure 12. Lambeth child wellbeing index score mapped across SOAs
(Darker areas denote high deprivation levels and poorer wellbeing)

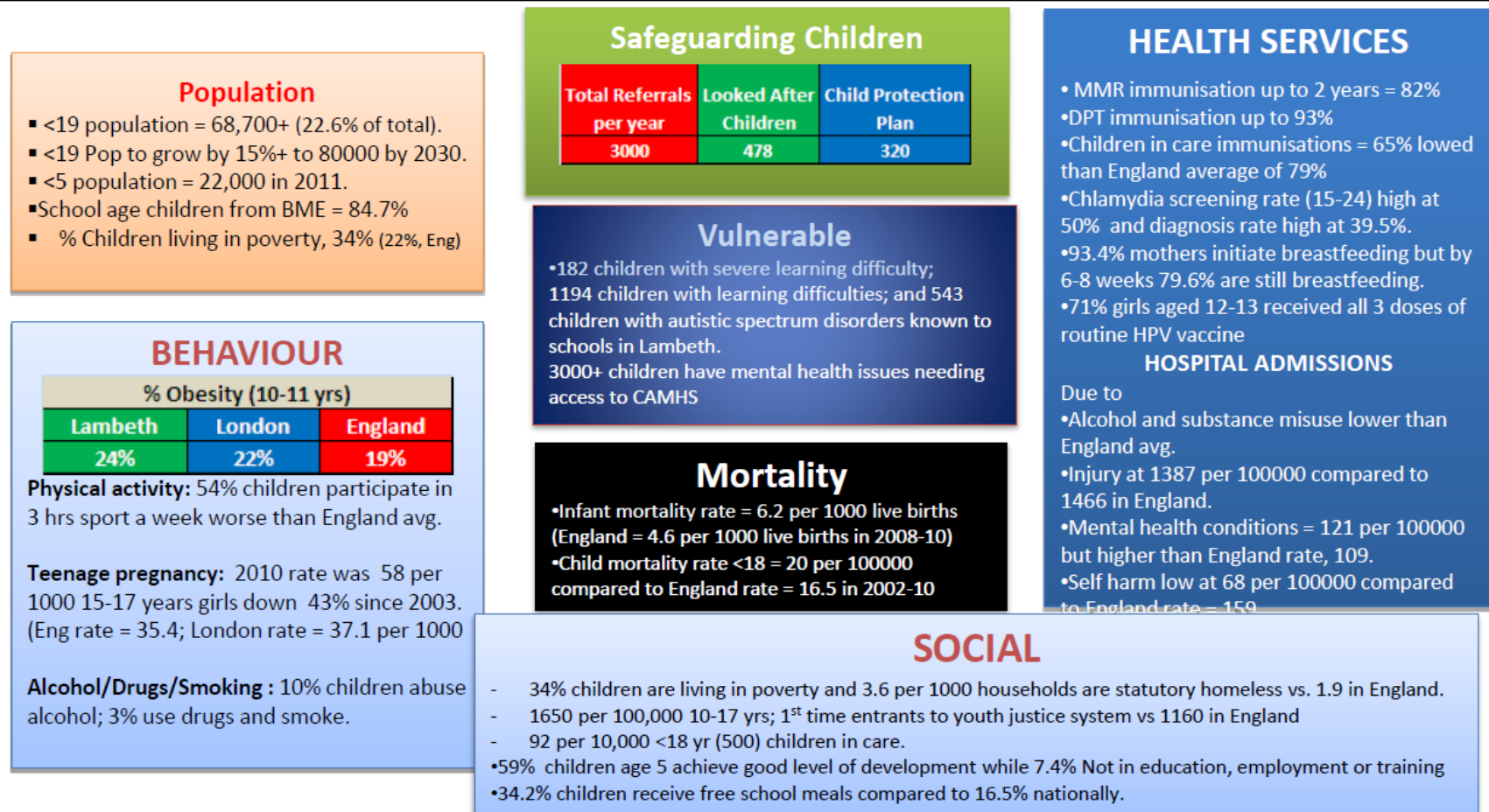


Lambeth JSNA Summary presented below in Figures 13 & 14 were produced for the Health and Wellbeing strategy development. Details are available in the draft Health and Wellbeing strategy for Lambeth.

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Figure 13. Children and Young Person's health profile in Lambeth – Source: Lambeth JSNA 2013 refresh

CHILDREN & YOUNG PEOPLE



The summary of needs from the JSNA refresh of 2013 is displayed in the figure below.

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Figure 14. Summary of needs for the children and young people's health and wellbeing

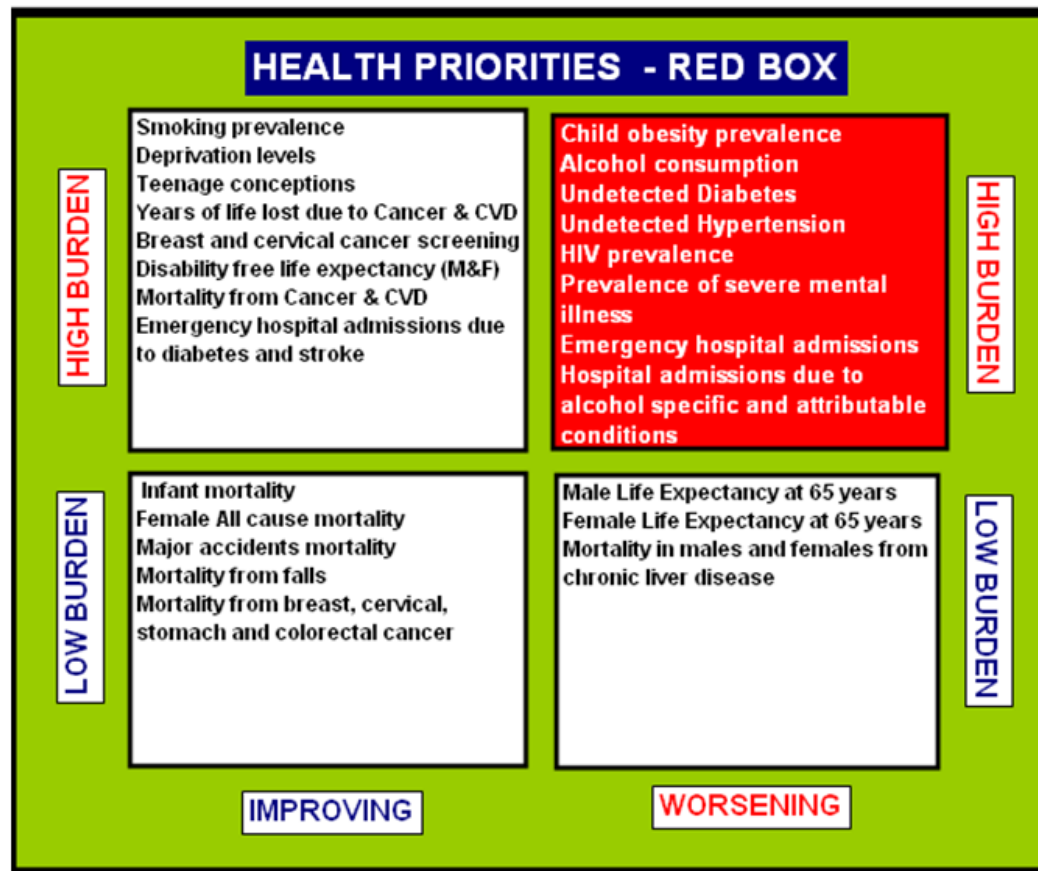
SUMMARY OF 'NEEDS '

1. Need to provide a safe & supportive school and community life with skills for life and enable maximum educational attainment
2. Need to tackle child poverty and tackle issues such as low birth weight & understand causes of higher rate of infant and child deaths in Lambeth.
3. Need to target contributory factors – Mental health issues, alcohol /drug misuse, domestic violence.
4. Need to tackle unhealthy eating and lack of physical activity in children, risk of developing obesity as well as improper and risky sexual behaviour.
5. Need for early intervention through partnership working to safeguard children and tackle harm to CYP crime and youth violence & reduce % NEET.
6. Need to improve immunisation uptake and new born screening to prevent disease and early detection of disabilities.
7. Need to understand the mental health issues and service provision for children and young people (CAMHS)

The red box of highlighting health issues in Lambeth is presented below.

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Figure 15. Red box of health issues showing Lambeth performance taking into account burden of ill-health in all population groups



The Red box presents a summary of health issues in an area. The interpretation is based on the burden of disease in the population and not merely trends.

The following chapters provide summary of outcomes analysis, discusses consultation with stakeholders and also provide information on evidence/guidance available on the internet.

CHAPTER 5: Outcomes Analysis

The Department of Health published the Outcomes framework for NHS and Public health. An analytical overview was presented in the document published by NHS Lambeth in Oct 2012 'Health Profiles and Outcomes review'. This document provided information on local population and highlighted performance of Lambeth against the published outcome indicators.

An analytical summary is for different indicators aimed specifically at children and young people with regard to their health and wellbeing as published in the outcomes framework is presented below.

Outcomes frameworks 2012/13: indicators aimed specifically at children/young people

Please also refer to Lambeth's 'Health Profile and Outcomes review' published in Oct 2012 which provides an overview of health and wellbeing of the total population.

Following summary table will provide an overview with regard to the current performance status for each indicator. The performance takes into account the trends data for that indicator and also compares the performance in current year compared to previous year. The performance is represented as either **Good**, **Average** or **Poor**.

Summary table for important indicators

No.	Indicator	Current status
1.	Infant mortality rate	Poor
2.	Neonatal mortality rate	Average
3.	Unplanned hospital admissions from asthma, diabetes and epilepsy in under 19 population.	Poor
4.	Emergency admissions for children with LRTI	Average
5.	Children in poverty	Average
6.	Pupil absence	Average
7.	First time entrants to the youth justice system	Poor
8.	16-18 years olds not in education, employment or training	Good
9.	People killed or seriously injured on roads for all ages	Poor
10.	Low birth weight of term babies	Average
11.	Breast feeding rates	Good
12.	Under 18 conception rate	Good
13.	Excess weight in year 6 pupils aged 10-11 years	Poor
14.	Hospital admissions of children due to injuries	Poor
15.	Chlamydia diagnosis rate	Poor
16.	Childhood immunisation	Average

Following chapter presents data for each outcome indicator for Lambeth and benchmarks Lambeth against other London boroughs and England. Actual values as well as the 'statistic' meaning percentage or rate are provided to understand the performance better.

5.1 NHS outcomes framework

Domain 1: Preventing people from dying prematurely

Improvement area – Reducing deaths in babies and young children

1. Infant mortality

Indicator definition: Infant mortality rate (IMR) is measured as deaths in babies under 1 year per 1000 live births. This is measured by calendar year and analysis of 2011 data shows Lambeth IMR at 6.5 per 1000 live births compared to London average of 4.1 and England average of 4.3. The 3 year rolling average rate for Lambeth over 2009-11 was 6.5 per 1000 live births compared to London and England average of 4.4.

Note that actual numbers are small and over last three years (2009-2011) there were 95 infant deaths in the Lambeth resident population averaging around 32 each year. The rise in IMR in Lambeth from 2008 onwards may be a transient rise affected by various factors which are being studied through the CDOP – child death overview panel and other workstreams within public health which oversee the health inequalities aspect in the local population.

Table 11. Infant mortality rate for Lambeth, England and London – 3 year rolling average 1999-2011v

Area	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
Lambeth	7.2	7.0	7.1	6.8	6.3	5.8	5.7	5.5	5.4	6.2	6.5
Southwark	7.6	7.7	8.9	8.1	7.0	6.0	6.3	7.3	6.9	5.3	4.6
London	5.8	5.7	5.7	5.4	5.2	5.1	4.8	4.6	4.4	4.5	4.4
England	5.6	5.4	5.3	5.2	5.1	5.0	4.9	4.9	4.7	4.6	4.4

Figure 16. Infant mortality rate for Lambeth, England and London – 3 year rolling average 1993-2011

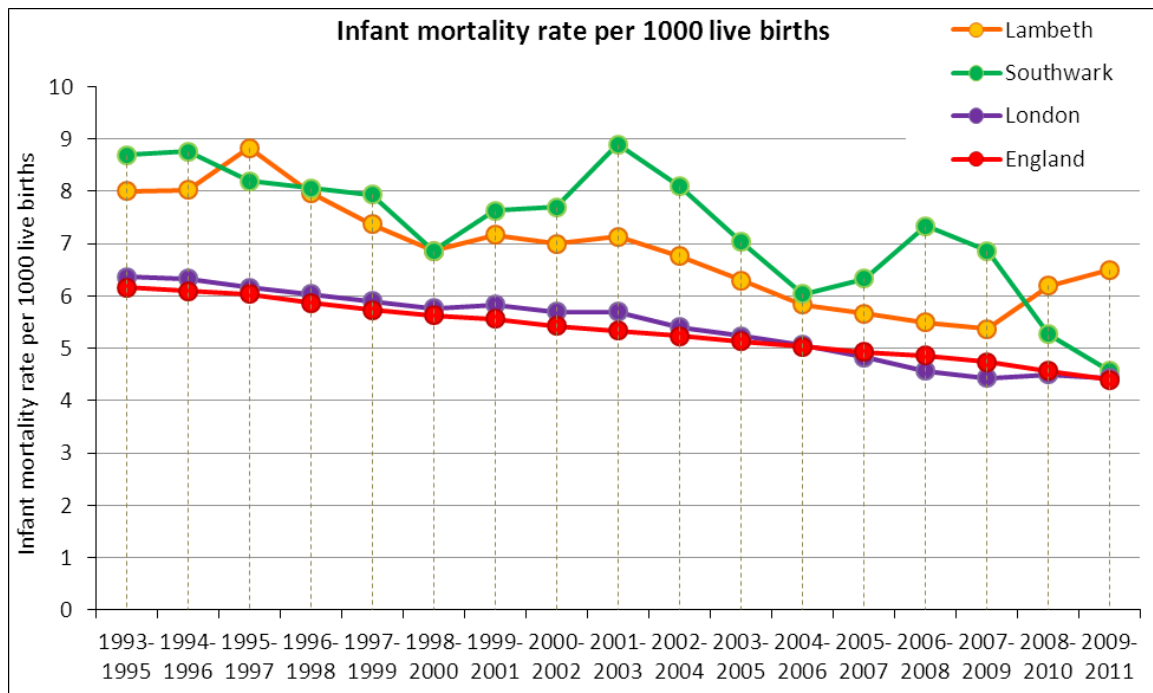


Table 12. Infant mortality rate for London boroughs Lambeth – 3 year rolling average 2008-2010

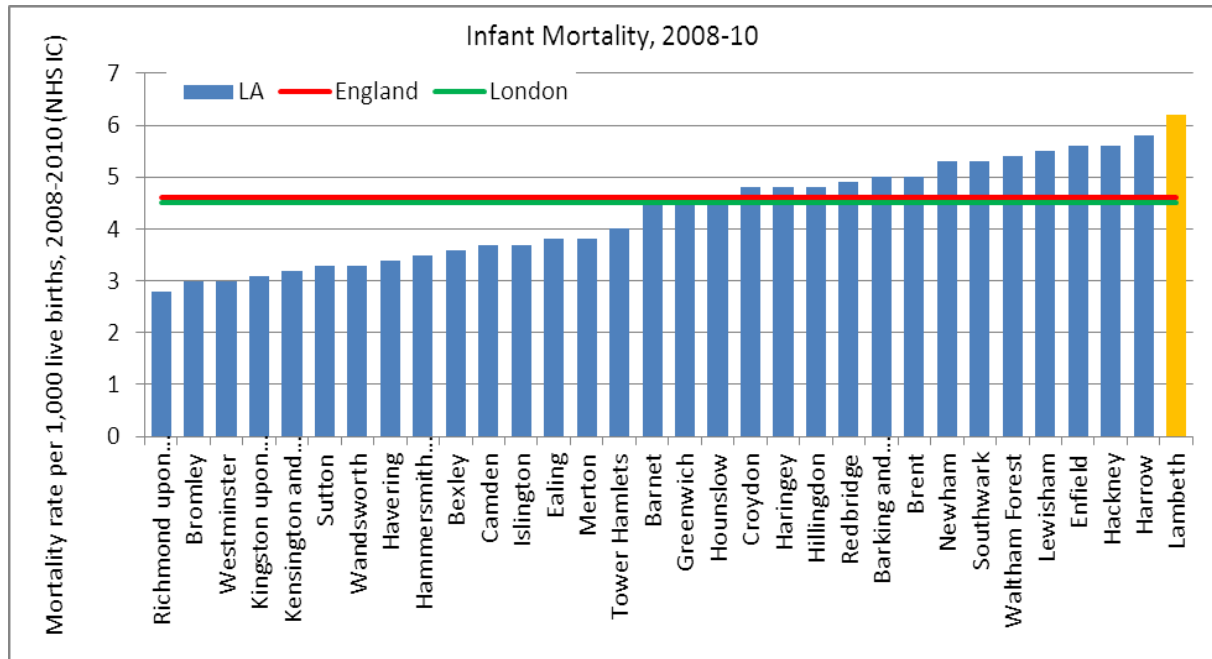
LA	Number	Statistic	CI 95%	C 95%	England	London
England	9,260	4.6	4.5	4.7	4.60	4.50
London	1,747	4.5	4.3	4.7	4.60	4.50
Richmond upon Thames	24	2.8	1.8	4.1	4.60	4.50
Bromley	36	3.0	2.1	4.1	4.60	4.50
Westminster	27	3.0	2.1	4.4	4.60	4.50
Kingston upon Thames	21	3.1	2.0	4.7	4.60	4.50
Kensington and Chelsea	21	3.2	2.1	4.8	4.60	4.50
Sutton	27	3.3	2.3	4.9	4.60	4.50
Wandsworth	53	3.3	2.5	4.3	4.60	4.50
Havering	28	3.4	2.3	4.9	4.60	4.50
Hammersmith and Fulham	29	3.5	2.4	5.0	4.60	4.50

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Bexley	32	3.6	2.5	5.0	4.60	4.50
Camden	34	3.7	2.6	5.2	4.60	4.50
Islington	33	3.7	2.7	5.2	4.60	4.50
Ealing	64	3.8	2.9	4.8	4.60	4.50
Merton	39	3.8	2.8	5.2	4.60	4.50
Tower Hamlets	52	4.0	3.0	5.2	4.60	4.50
Barnet	72	4.5	3.6	5.7	4.60	4.50
Greenwich	61	4.5	3.5	5.8	4.60	4.50
Hounslow	60	4.6	3.6	6.0	4.60	4.50
Croydon	78	4.8	3.9	6.0	4.60	4.50
Haringey	62	4.8	3.7	6.1	4.60	4.50
Hillingdon	60	4.8	3.7	6.2	4.60	4.50
Redbridge	62	4.9	3.8	6.2	4.60	4.50
Barking and Dagenham	55	5.0	3.9	6.5	4.60	4.50
Brent	76	5.0	4.0	6.2	4.60	4.50
Newham	96	5.3	4.3	6.4	4.60	4.50
Southwark	79	5.3	4.2	6.6	4.60	4.50
Waltham Forest	75	5.4	4.3	6.7	4.60	4.50
Lewisham	81	5.5	4.4	6.8	4.60	4.50
Enfield	84	5.6	4.5	7.0	4.60	4.50
Hackney	76	5.6	4.5	7.0	4.60	4.50
Harrow	58	5.8	4.5	7.5	4.60	4.50
Lambeth	91	6.2	5.1	7.6	4.60	4.50

Figure 17. Infant mortality rate for London boroughs – 3 year rolling average 2008-2010



2. Neonatal mortality and stillbirths

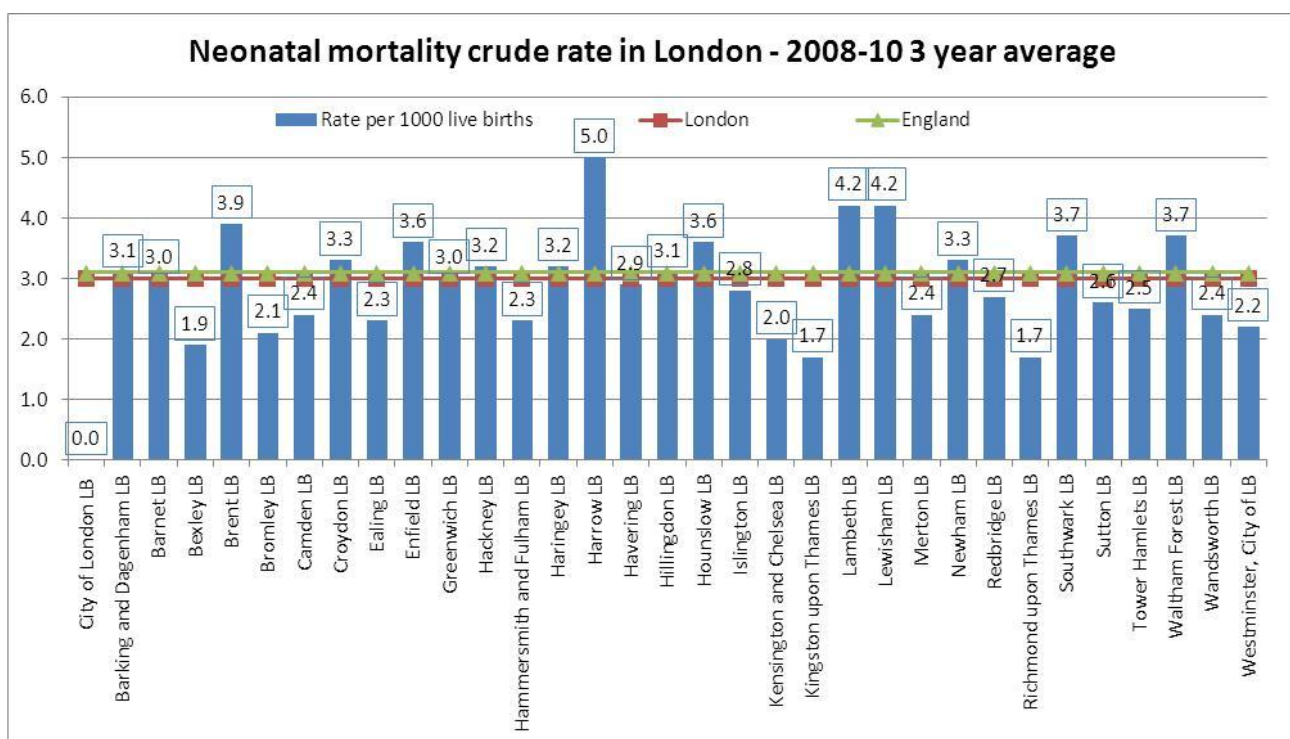
Lambeth crude neonatal mortality rate (deaths in infants under 28 days in 2008-10 was 4.2 which is second highest in London which averages 3.0 compared to England average of 3.1. The actual number of deaths however are small and total 61 over 3 years. See table and chart below.

Table 13. Neonatal mortality crude rate 2008-10 in London boroughs (rate per 1000 live births in infant <28 deaths)

<i>Area</i>	No. of live births	No. of deaths	Rate per 1000 live births
ENGLAND	2030874	6339	3.1
LONDON	390007	1182	3.0
City of London LB	203	0	0.0
Barking and Dagenham LB	10972	34	3.1
Barnet LB	16022	48	3.0
Bexley LB	8997	17	1.9
Brent LB	15271	59	3.9
Bromley LB	12157	25	2.1
Camden LB	9215	22	2.4
Croydon LB	16102	53	3.3
Ealing LB	17048	40	2.3
Enfield LB	14950	54	3.6
Greenwich LB	13515	40	3.0
Hackney LB	13533	43	3.2
Hammersmith and Fulham LB	8347	19	2.3
Haringey LB	12938	42	3.2
Harrow LB	9998	50	5.0
Havering LB	8301	24	2.9
Hillingdon LB	12525	39	3.1
Hounslow LB	12939	46	3.6
Islington LB	8852	25	2.8
Kensington and Chelsea LB	6664	13	2.0
Kingston upon Thames LB	6881	12	1.7
Lambeth LB	14629	61	4.2
Lewisham LB	14742	62	4.2
Merton LB	10315	25	2.4
Newham LB	18228	60	3.3
Redbridge LB	12728	34	2.7

Richmond upon Thames LB	8716	15	1.7
Southwark LB	15012	56	3.7
Sutton LB	8066	21	2.6
Tower Hamlets LB	13132	33	2.5
Waltham Forest LB	13938	52	3.7
Wandsworth LB	16127	38	2.4
Westminster, City of LB	8944	20	2.2

Figure 18. Neonatal mortality crude rate 2008-10 in London boroughs (rate per 1000 live births in infant <28 deaths)



Domain 2: Enhancing quality of life for people with long-term conditions
Improvement area

Reducing time spent in hospital by people with long-term conditions

1. Unplanned nauthorizedon (indirectly standardized rate per 100000 population for asthma, diabetes and epilepsy in under 19s

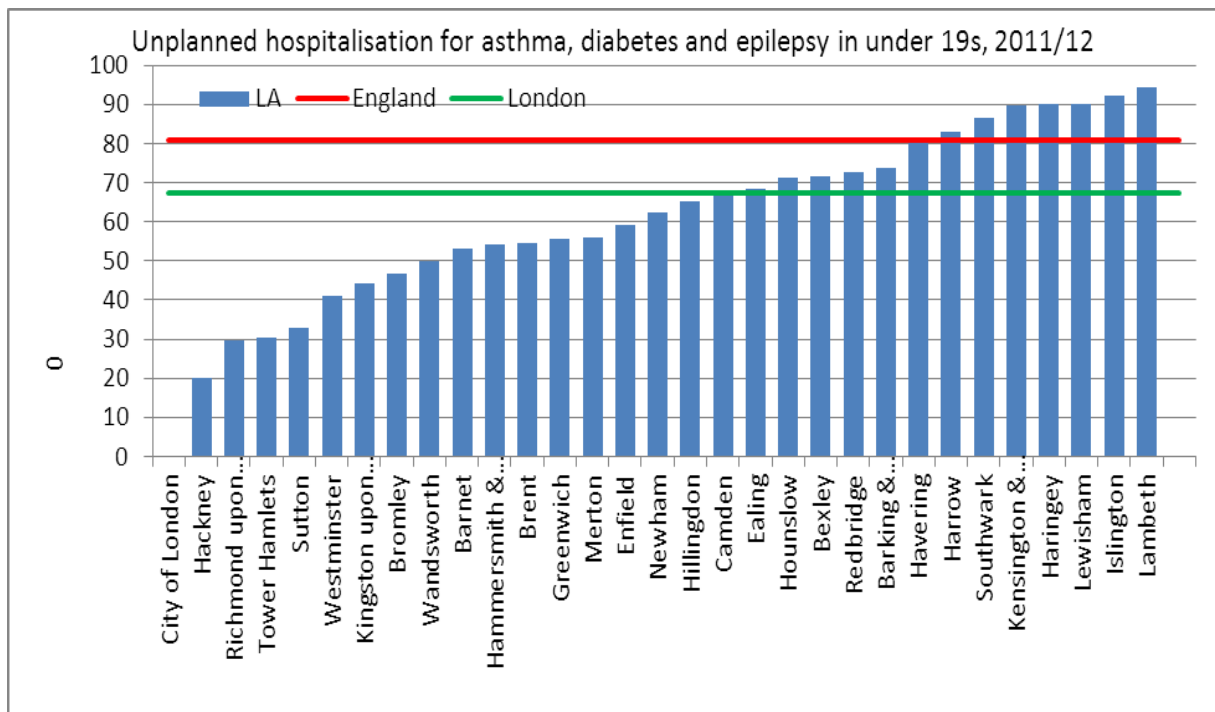
This indicator looks at the health service utilization in the under 19s for treatment of any condition that can be deemed long term such as asthma, diabetes or epilepsy. The intention is to reduce this rate but the emphasis is to avoid unnecessary hospitalization; and manage cases in the community where possible. This data is indirectly standardized and for last quarter of 2011-12 shows Lambeth rate at 94.2 which is highest in London compared to London average of 67.3 and England average of 80.7 as seen the table and chart below. Actual numbers remain small.

Table 14. Unplanned nauthorizedon (indirectly standardized rate per 100000 population for asthma, diabetes and epilepsy in under 19s

LA	Number	Statistic	CI Lower Limit 95%	CI Upper Limit 95%
England	9,694	80.7	79.1	82.3
London	1,307	67.3	63.7	71.0
City of London	0	0	0	0
Hackney	12	19.9	10.3	34.7
Richmond upon Thames	13	29.6	15.7	50.6
Tower Hamlets	18	30.3	17.9	47.9
Sutton	15	32.9	18.4	54.2
Westminster	16	41.1	23.5	66.8
Kingston upon Thames	16	44.1	25.2	71.6
Bromley	34	46.9	32.4	65.5
Wandsworth	30	49.9	33.7	71.2
Barnet	47	53	39	70.5
Hammersmith & Fulham	19	54.3	32.7	84.7
Brent	41	54.6	39.2	74.1
Greenwich	37	55.6	39.1	76.6
Merton	26	55.8	36.5	81.8
Enfield	50	59.3	44	78.1
Newham	52	62.3	46.6	81.7

Hillingdon	45	65.3	47.6	87.4
Camden	28	66.5	44.2	96.1
Ealing	56	68.3	51.6	88.6
Hounslow	44	71.1	51.6	95.4
Bexley	41	71.7	51.5	97.3
Redbridge	55	72.7	54.8	94.7
Barking & Dagenham	43	73.6	53.3	99.2
Havering	43	80.3	58.1	108.1
Harrow	48	82.9	61.1	109.9
Southwark	55	86.6	65.3	112.8
Kensington & Chelsea	26	89.9	58.7	131.8
Haringey	55	90.1	67.9	117.3
Lewisham	62	90.1	69.2	115.6
Islington	36	92.3	64.6	127.7
Lambeth	61	94.2	72.1	121
Croydon	102	107.5	87.6	130.4

Figure 19. Unplanned nauthorizedon (indirectly standardized rate per 100000 population for asthma, diabetes and epilepsy in under 19s



Please note that this is a new indicator and data is presented for only one quarter. No trend data was obtainable.

Domain 3: Helping people to recover from episodes of ill health or following injury
Improvement area
Preventing lower respiratory tract infections (LRTI) in children from becoming serious
1. Emergency admissions for children with LRTI

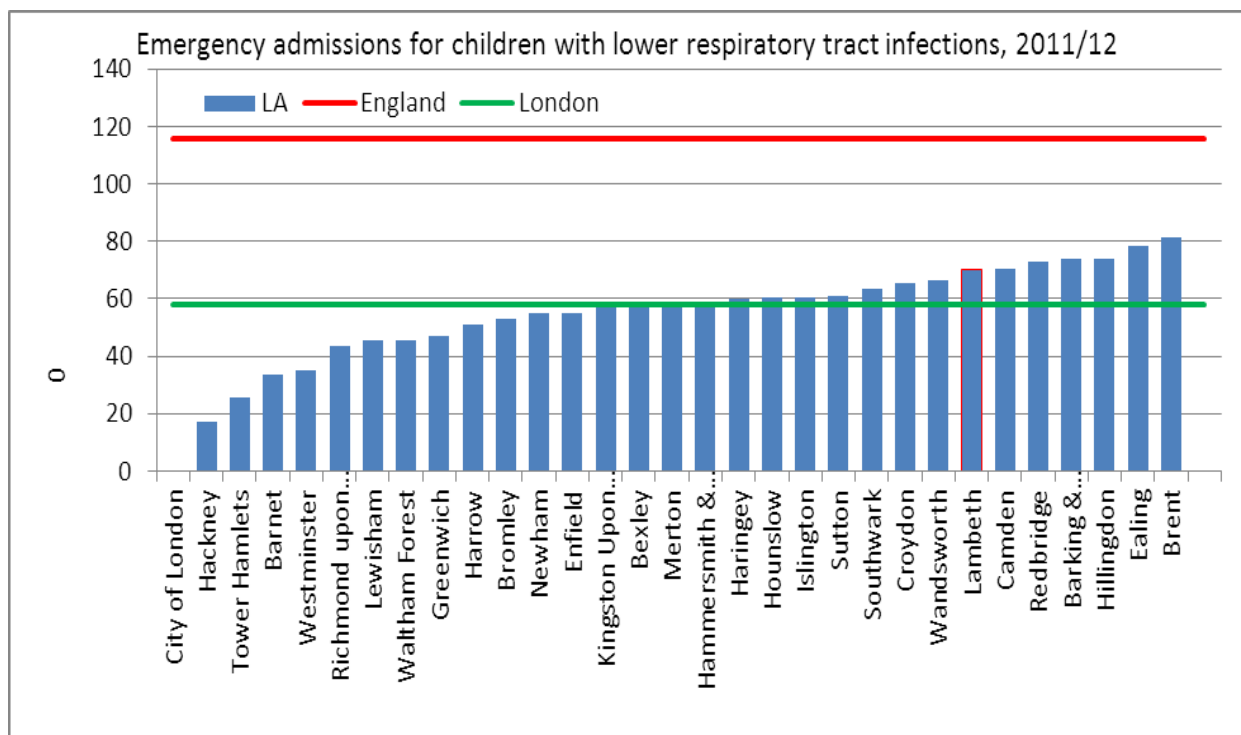
This is a new indicator to understand risk factors in children and unplanned activity resulting from exacerbations or illnesses such as respiratory infections. Data published for quarter 4 for 2011-12 shows Lambeth rate at 69.9 compared to London average of 58 and England average of 115.5. Note that this data is only for a quarter and actual numbers are small as seen in the table and chart below.

Table 15. Emergency admissions for children for lower respiratory tract infections – Q4 2011-12 – Indirectly standardized rate per 100000 population

LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	13880	115.5	113.6	117.5
London	1264	58.0	54.9	61.3
City of London	0	0	0	348.6
Hackney	12	17	8.8	29.7
Tower Hamlets	18	25.7	15.2	40.6
Barnet	32	33.7	23	47.6
Westminster	17	34.9	20.3	55.8
Richmond upon Thames	22	43.4	27.2	65.7
Lewisham	37	45.5	32	62.7
Waltham Forest	35	45.7	31.8	63.5
Greenwich	36	47.1	33	65.2
Harrow	29	50.9	34.1	73.1
Bromley	38	53.1	37.6	72.9
Newham	52	54.8	40.9	71.8
Enfield	48	55.1	40.6	73
Kingston Upon Thames	23	56.8	36	85.2
Bexley	31	57.1	38.8	81
Merton	32	57.2	39.1	80.8
Hammersmith & Fulham	26	57.5	37.6	84.3
Haringey	40	60.1	43	81.9
Hounslow	44	60.2	43.7	80.8
Islington	28	60.5	40.2	87.5
Sutton	28	60.7	40.4	87.8

Southwark	50	63.3	47	83.4
Croydon	66	65.3	50.5	83.1
Wandsworth	57	66.4	50.3	86.1
Lambeth	54	69.9	52.5	91.3
Camden	35	70.3	49	97.8
Redbridge	57	72.7	55.1	94.2
Barking & Dagenham	48	74.1	54.6	98.2
Hillingdon	53	74.1	55.5	97
Ealing	74	78.5	61.6	98.6
Brent	68	81.3	63.1	103
Kensington & Chelsea	29	84.9	56.8	121.9
Havering	45	91.2	66.6	122.1

Figure 20. Emergency admissions for children for lower respiratory tract infections – Q4 2011-12 – Indirectly standardized rate per 100000 population



Domain 4: Ensuring that people have a positive experience of care

Improvement area

Improving women's and their families' experience of maternity services

- Women's experience of maternity services – *New Indicator and data is not currently published at borough level*

Improvement area

Improving the patient experience of children and young people in healthcare settings

Indicator - Improving children and young people's experience of healthcare – *New Indicator and data is not currently published at borough level*

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Improvement area

Improving the safety of maternity services

Indicator – Admission of full-term babies to neonatal care – *New Indicator and data is not currently published at borough level*

Improvement area

Delivering safe care to children in acute settings

Indicator – Incidence of harm to children due to 'failure to monitor' – *New Indicator and data is not currently published at borough level*

5.2 Public health outcomes framework

Domain 1: Improving the wider determinants of health

1. Children in poverty

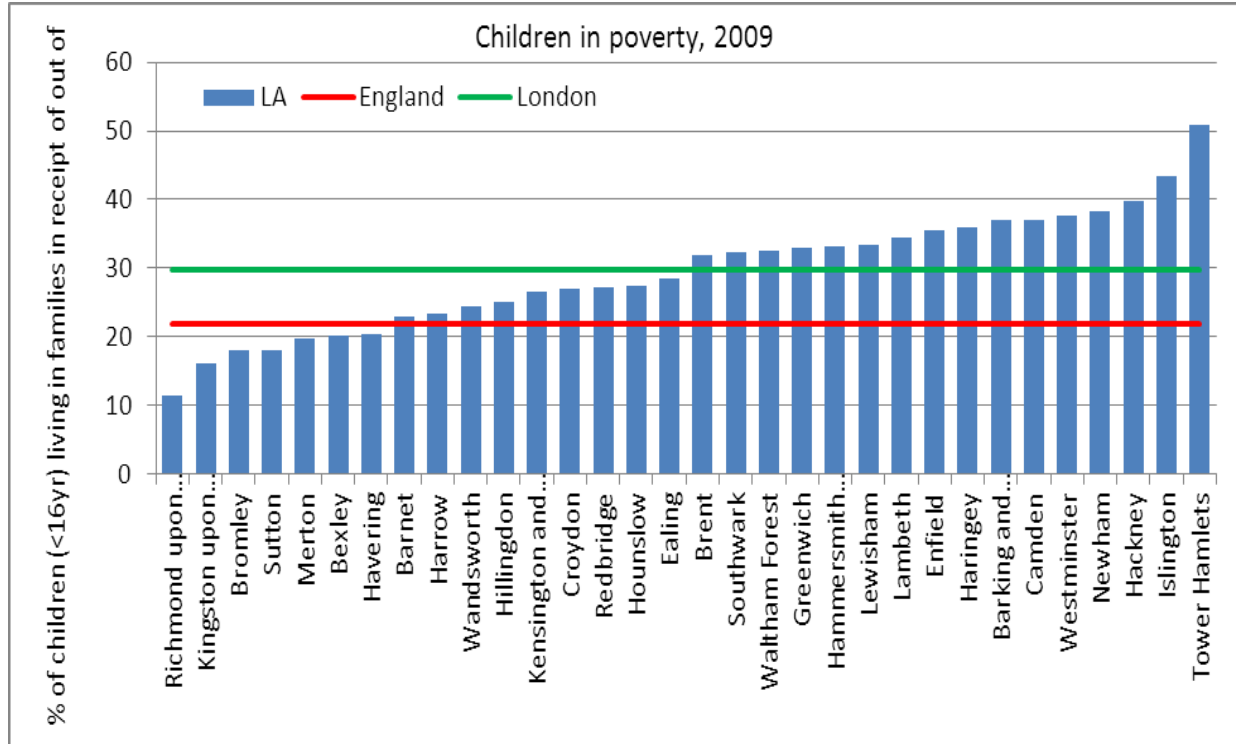
Child poverty is an important public health issue and is directly related to premature mortality in the long term as well as reflects the health inequalities faced by the population. This indicator is a measure of % of children in relative poverty (living in households where income is less than 60% of median household income before housing costs). In 2009, Lambeth data shows 34.4% compared to London average of 29.7% and England average of 21.9%. Local estimates shows around 18,240 children living in poverty.

Table 16. % of children (<16yr) living in families in receipt of out of work benefits or tax credits where their reported income is <60% median income

LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	2,131,350	21.9	21.9	21.9
London	462,990	29.7	29.6	29.8
Richmond upon Thames	3,910	11.4	11.1	11.7
Kingston upon Thames	4,520	16.1	15.7	16.5
Bromley	10,620	18.0	17.7	18.3
Sutton	6,690	18.0	17.6	18.4
Merton	7,410	19.7	19.3	20.1
Bexley	9,125	20.2	19.8	20.6
Havering	8,870	20.3	19.9	20.7
Barnet	15,740	22.9	22.6	23.2
Harrow	10,480	23.4	23.0	23.8
Wandsworth	12,455	24.4	24.0	24.8
Hillingdon	13,860	25.0	24.6	25.4
Kensington and Chelsea	5,395	26.5	25.9	27.1
Croydon	19,425	27.0	26.7	27.3
Redbridge	15,700	27.1	26.7	27.5
Hounslow	13,405	27.4	27.0	27.8
Ealing	19,085	28.5	28.2	28.8
Brent	19,280	31.9	31.5	32.3

Southwark	16,985	32.3	31.9	32.7
Waltham Forest	17,720	32.6	32.2	33.0
Greenwich	16,590	33.0	32.6	33.4
Hammersmith and Fulham	9,670	33.1	32.6	33.6
Lewisham	18,275	33.3	32.9	33.7
Lambeth	18,420	34.4	34.0	34.8
Enfield	24,400	35.6	35.2	36.0
Haringey	18,640	35.9	35.5	36.3
Barking and Dagenham	16,660	37.0	36.6	37.4
Camden	12,175	37.1	36.6	37.6
Westminster	10,970	37.6	37.0	38.2
Newham	26,385	38.2	37.8	38.6
Hackney	20,640	39.7	39.3	40.1
Islington	14,235	43.4	42.9	43.9
Tower Hamlets	25,175	50.9	50.5	51.3

Figure 21. % of children (<16yr) living in families in receipt of out of work benefits or tax credits where their reported income is <60% median income



2. School readiness (placeholder) – *New Indicator and data is not currently published at borough level*

3. Pupil absence

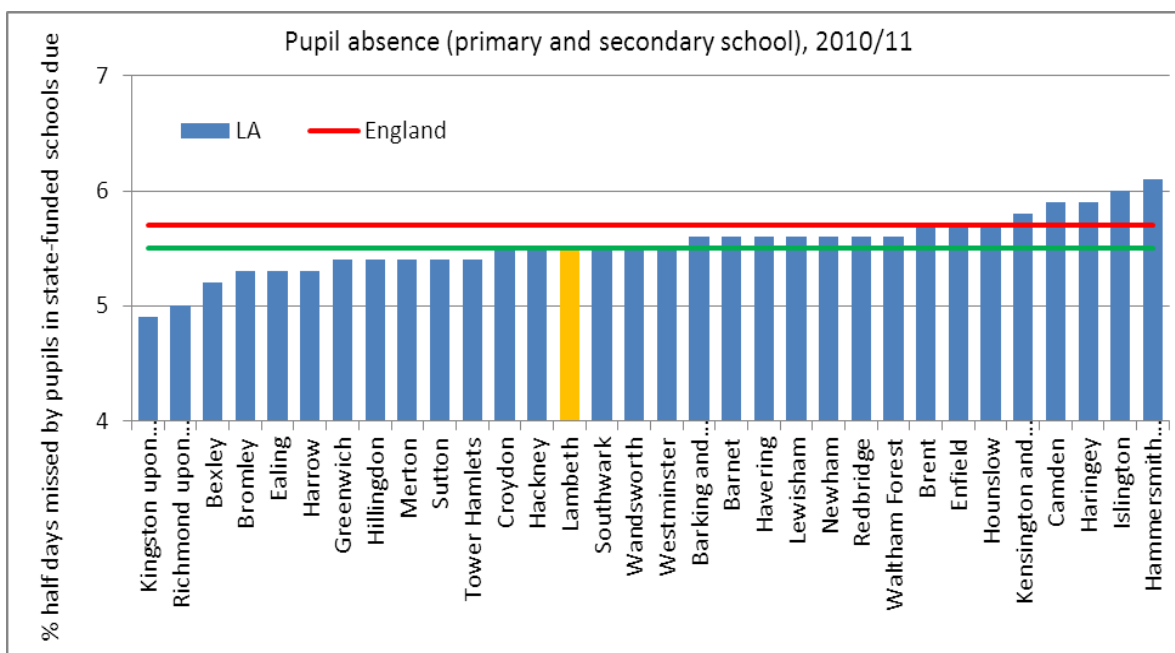
School attendance at an optimum level is a crucial part of Government's commitment to increasing social mobility and to ensure every child can meet their potential. Partnership working between agencies is proposed to ensure all services work with young people and agree local priorities. Lambeth data for 2010-11 for % of half days missed by pupils due to overall absence shows 5.5% which is similar to London and England average at 5.5% and 5.7% respectively.

Table 17. % half days missed by pupils in state-funded schools due to overall (nauthoriz and nauthorized) absence

LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	350,446	5.7	5.7	5.7
London	49,043	5.5	5.5	5.5
Kingston upon Thames	815	4.9	4.6	5.2
Richmond upon Thames	803	5.0	4.7	5.3
Bexley	1,589	5.2	5.0	5.5
Bromley	1,898	5.3	5.1	5.5
Ealing	2,014	5.3	5.1	5.5
Harrow	1,438	5.3	5.0	5.6
Greenwich	1,631	5.4	5.2	5.7
Hillingdon	1,850	5.4	5.2	5.6
Merton	1,100	5.4	5.1	5.7
Sutton	1,269	5.4	5.1	5.7
Tower Hamlets	1,593	5.4	5.1	5.7
Croydon	2,450	5.5	5.3	5.7
Hackney	1,391	5.5	5.2	5.8
Lambeth	1,555	5.5	5.2	5.8
Southwark	1,592	5.5	5.2	5.8
Wandsworth	1,200	5.5	5.2	5.8
Westminster	760	5.5	5.1	5.9
Barking and Dagenham	1,581	5.6	5.3	5.9
Barnet	2,127	5.6	5.4	5.8
Havering	1,671	5.6	5.3	5.9
Lewisham	1,802	5.6	5.4	5.9
Newham	2,356	5.6	5.4	5.8

Redbridge	2,061	5.6	5.4	5.8
Waltham Forest	1,814	5.6	5.4	5.9
Brent	2,002	5.7	5.5	5.9
Enfield	2,380	5.7	5.5	5.9
Hounslow	1,650	5.7	5.4	6.0
Kensington and Chelsea	428	5.8	5.3	6.4
Camden	930	5.9	5.5	6.3
Haringey	1,658	5.9	5.6	6.2
Islington	1,050	6.0	5.7	6.4
Hammersmith and Fulham	775	6.1	5.7	6.5

Figure 22. % half days missed by pupils in state-funded schools due to overall (nauthoriz and nauthorized) absence



4. First time entrants to the youth justice system

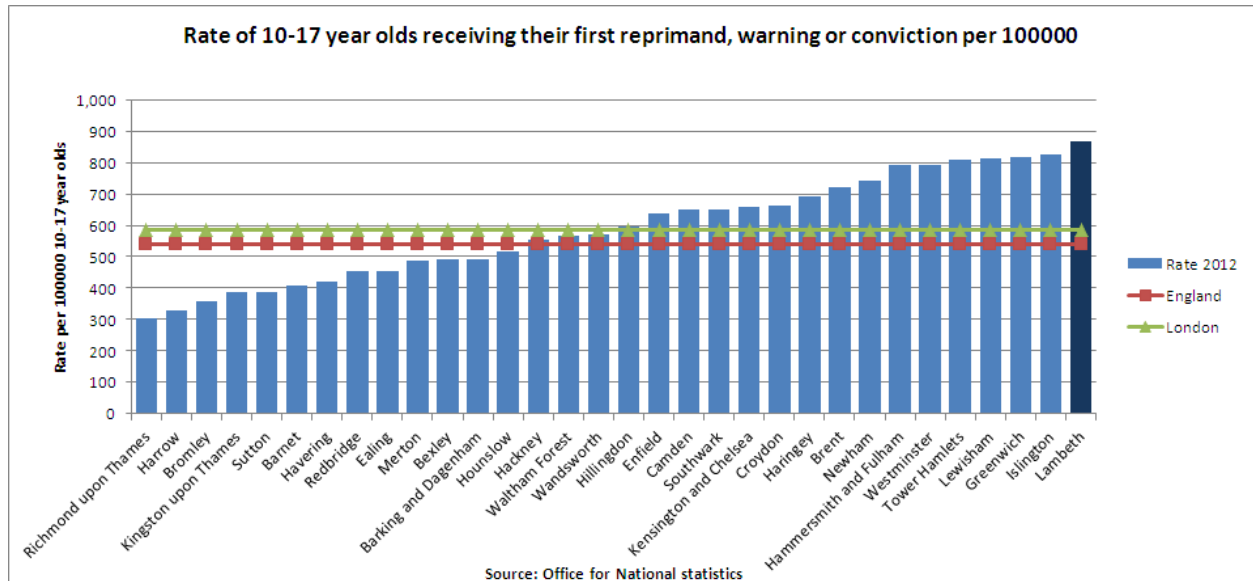
Children and young people at risk of offending or within the youth justice system often have more health needs than other children. This indicator is included to ensure vulnerable children at risk of offending are included in mainstream planning and strategies. Understanding risk factors associated with youth crime is essential to reduce this problem of first time and repeat entrants into the youth justice system.

The rate is per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction for 2009-10. Lambeth rate was 1650 relatively higher when compared to London average of 1270 and England average of 1160. The actual number was 318 and Lambeth ranked 5th highest in London for this indicator.

Table 18. Rate per 100,000 of 10-17 yr olds receiving their first reprimand, warning or conviction

LA	2008	2009	2010	2011	2012
England & Wales	1,513	1,225	907	731	541
London	1,555	1,278	979	792	585
Barking and Dagenham	2,047	1,467	961	807	491
Barnet	971	842	589	590	408
Bexley	1,276	1,072	968	470	491
Brent	1,511	1,307	928	1,154	722
Bromley	1,285	908	809	355	356
Camden	1,959	1,270	1,141	1,201	651
City of London
Croydon	1,625	1,066	766	742	663
Ealing	1,287	1,163	944	538	453
Enfield	1,340	1,225	1,183	1,031	636
Greenwich	1,361	1,259	1,119	833	815
Hackney	1,911	1,465	971	964	555
Hammersmith and Fulham	1,984	1,178	1,090	687	793
Haringey	1,720	1,548	1,107	1,108	690
Harrow	1,093	820	649	526	330
Havering	1,186	1,196	901	838	419
Hillingdon	1,282	1,089	686	703	595
Hounslow	1,585	1,409	939	643	517
Islington	2,052	1,541	1,177	1,027	824
Kensington and Chelsea	1,177	1,038	833	808	659
Kingston upon Thames	1,166	750	812	492	388
Lambeth	2,301	1,737	1,412	1,237	866
Lewisham	1,704	1,249	1,263	999	812
Merton	1,290	1,364	999	872	489
Newham	2,163	1,854	1,037	1,007	740
Redbridge	1,276	1,049	749	629	452
Richmond upon Thames	1,117	842	674	391	302
Southwark	2,275	2,111	1,222	1,025	652
Sutton	1,472	1,530	911	498	388
Tower Hamlets	1,886	1,504	1,169	1,056	809
Waltham Forest	1,596	1,316	1,229	679	566
Wandsworth	1,880	1,586	1,523	635	570
Westminster	1,795	1,589	1,092	1,016	793

Figure 23. Rate per 100,000 of 10-17 yr olds receiving their first reprimand, warning or conviction 2012



5. 16-18 year olds not in education, employment or training

Young people who are not engaged in education, employment or training are at greater risk of poor health, depression, early parenthood. Marmot review also highlighted the need for proper education as a key to long term benefits to young people.

The 2008-10 rate of % 16-18 year olds not in education, employment or training (NEET) was 3.6% compared to London average of 4.5% and England average of 6.13%

Table 19. % 16-18 year olds not in education, employment or training (NEET) – 2008-10

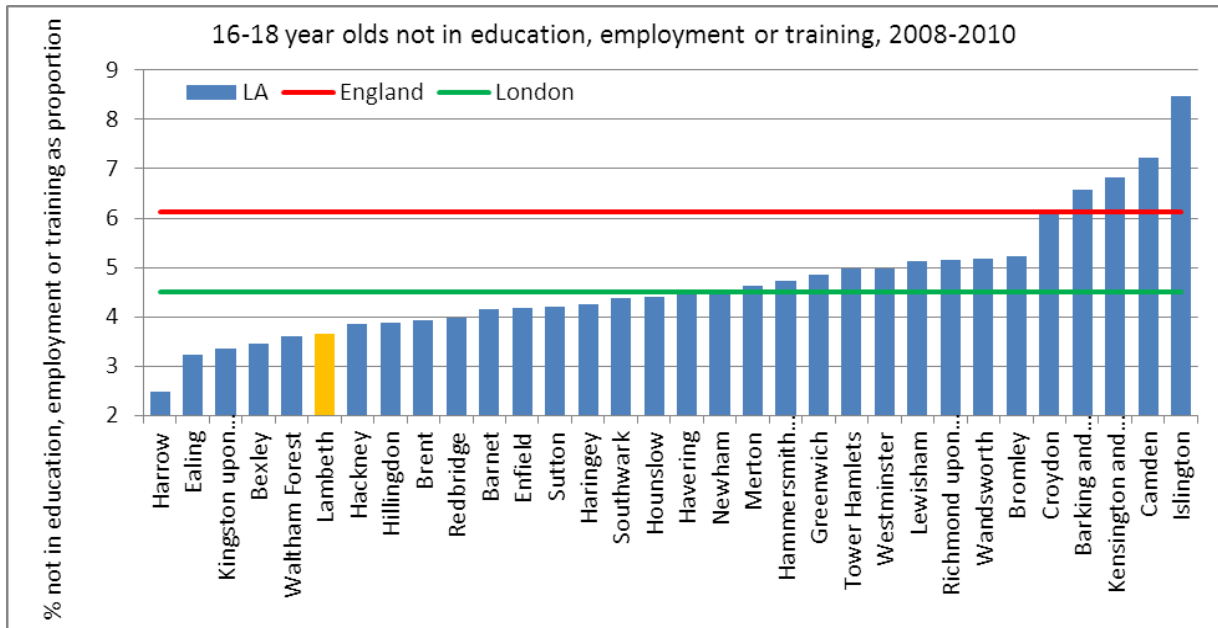
LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	108,620	6.13	6.09	6.16
London	10,910	4.50	4.42	4.58
Harrow	180	2.49	2.15	2.87
Ealing	320	3.22	2.89	3.59
Kingston upon Thames	150	3.36	2.87	3.92
Bexley	300	3.45	3.09	3.86
Waltham Forest	330	3.61	3.25	4.01
Lambeth	270	3.64	3.24	4.09
Hackney	270	3.86	3.43	4.34
Hillingdon	340	3.89	3.51	4.32

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Brent	400	3.94	3.57	4.33
Redbridge	410	3.99	3.63	4.39
Barnet	410	4.14	3.77	4.55
Enfield	490	4.19	3.84	4.57
Sutton	280	4.20	3.75	4.71
Haringey	320	4.25	3.82	4.73
Southwark	330	4.37	3.93	4.85
Hounslow	320	4.41	3.96	4.90
Havering	400	4.54	4.13	5.00
Newham	520	4.56	4.19	4.96
Merton	260	4.64	4.12	5.22
Hammersmith and Fulham	160	4.72	4.05	5.48
Greenwich	410	4.86	4.43	5.34
Tower Hamlets	370	4.97	4.50	5.48
Westminster	170	4.98	4.30	5.77
Lewisham	470	5.12	4.69	5.59
Richmond upon Thames	180	5.15	4.47	5.94
Wandsworth	260	5.17	4.60	5.82
Bromley	550	5.23	4.82	5.68
Croydon	770	6.08	5.67	6.51
Barking and Dagenham	510	6.58	6.05	7.16
Kensington and Chelsea	130	6.83	5.78	8.05
Camden	300	7.21	6.46	8.04
Islington	420	8.47	7.73	9.28

Figure 24. % 16-18 year olds not in education, employment or training (NEET) – 2008-10



6. Road transport safety

Road safety is an important element of the wider determinants and monitoring people getting killed or seriously injured helps understanding local performance. In Lambeth in 2008-10, the rate of people reported killed or seriously injured on the roads for all ages per 100,000 population was 58 compared to 41 in London and 44 in England. The actual number is 164 however Lambeth ranks second highest in all London boroughs which should be noted.

Table 20. Rate of people reported killed or seriously injured on the roads for all ages per 100,000 population – 2008-10

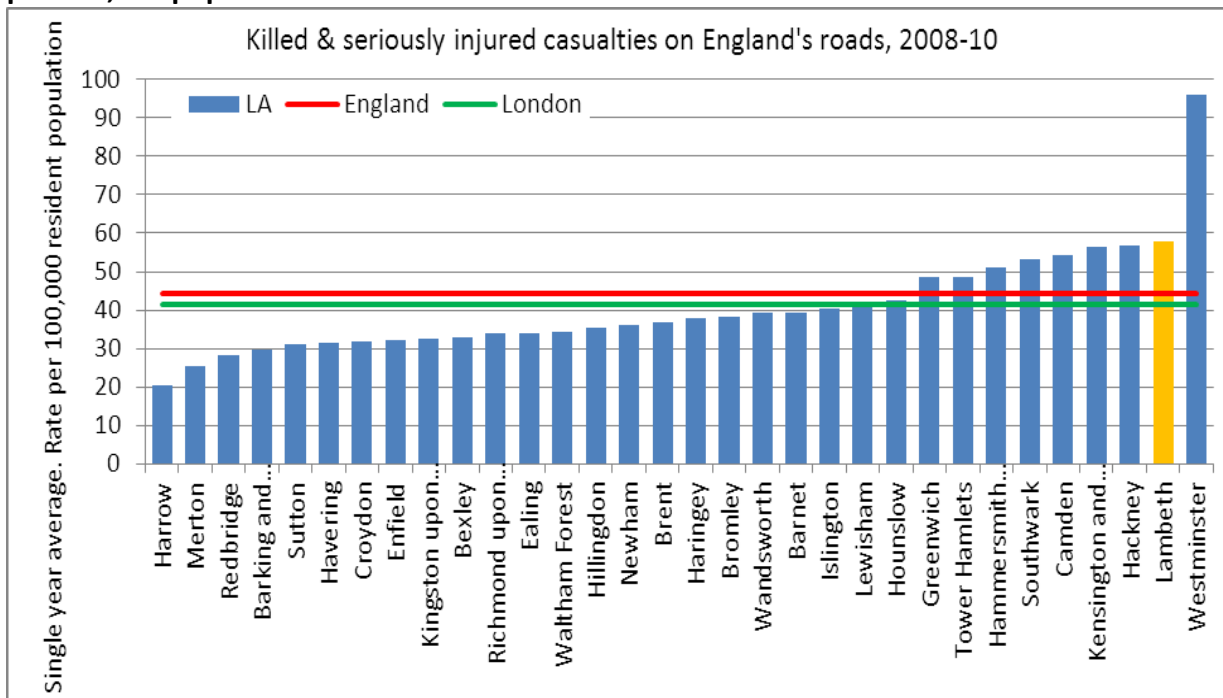
LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	22,943	44.28	43.95	44.62
London	3,216	41.48	40.66	42.32
Harrow	47	20.46	17.21	24.14
Merton	53	25.51	21.69	29.82
Redbridge	76	28.39	24.82	32.32
Barking and Dagenham	52	29.61	25.15	34.64
Sutton	60	31.21	26.82	36.12
Havering	74	31.61	27.59	36.05

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Croydon	109	31.70	28.35	35.33
Enfield	93	32.05	28.40	36.03
Kingston upon Thames	54	32.59	27.77	37.99
Bexley	74	32.91	28.73	37.52
Richmond upon Thames	64	33.87	29.25	39.01
Ealing	108	34.11	30.50	38.03
Waltham Forest	77	34.47	30.18	39.21
Hillingdon	93	35.30	31.27	39.70
Newham	87	36.21	31.95	40.87
Brent	94	36.80	32.63	41.35
Haringey	86	37.98	33.48	42.92
Bromley	119	38.37	34.49	42.56
Wandsworth	113	39.31	35.23	43.73
Barnet	135	39.35	35.61	43.37
Islington	78	40.49	35.46	46.04
Lewisham	111	41.97	37.58	46.72
Hounslow	100	42.69	38.00	47.80
Greenwich	110	48.50	43.40	54.03
Tower Hamlets	114	48.56	43.55	53.99
Hammersmith and Fulham	87	51.26	45.23	57.87
Southwark	152	53.33	48.55	58.45
Camden	125	54.20	48.86	59.97
Kensington and Chelsea	96	56.31	49.99	63.22
Hackney	123	56.79	51.14	62.90
Lambeth	164	58.01	53.00	63.36
Westminster	240	96.09	89.19	103.38

Figure 25. Rate of people reported killed or seriously injured on the roads for all ages per 100,000 population – 2008-10



Please note the above indicator is for population of all ages.

Domain 2: Health improvement

1. Low birth weight of term babies

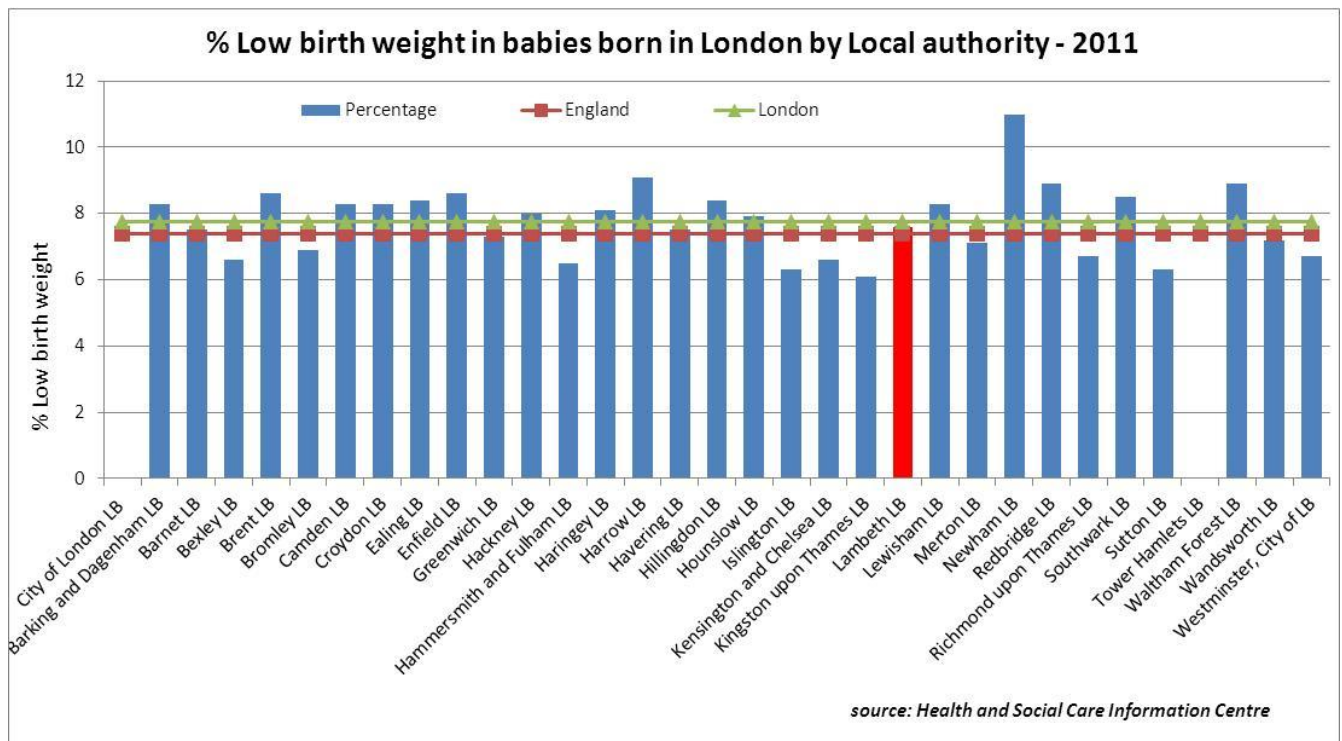
Low birth weight is defined by the World Health Organisation as a birth weight less than 2500 grams¹. Low birth weight infants account for approximately 8% of all live births in England and Wales². In the UK and other developed countries, it is a major cause of infant mortality³. In addition, low birth weight is also associated with health problems in adulthood such as neuro-cognitive and pulmonary morbidity and other long-term health difficulties including deficits in growth, cognitive development, diabetes and heart disease^{4,5}.

Low birth weight varies widely according to socio-economic status. Macfarlane and colleagues, looking at births in England and Wales between 1991 and 1995, found that the percentage of low birth weight births was 5.4% in social class I (based on the occupation of the father), compared with 8.2% in social class V₂. Reducing the proportion of low birth weight infants is, therefore, of public health importance. Low birth weight of term babies is an important indicator which addresses the context of premature mortality, avoidable ill health, inequalities in health as well as issues related to child poverty.

Table 21. Proportion of total births with a birth weight less than 2500 grams in London boroughs in 2011

Local authority	Percentage	Lower CI	Upper CI
ENGLAND	7.4	7.3	7.5
City of London LB	X	X	X
Barking and Dagenham LB	8.3	7.4	9.2
Barnet LB	7.5	6.9	8.3
Bexley LB	6.6	5.7	7.5
Brent LB	8.6	7.8	9.4
Bromley LB	6.9	6.2	7.8
Camden LB	8.3	7.4	9.3
Croydon LB	8.3	7.6	9
Ealing LB	8.4	7.7	9.2
Enfield LB	8.6	7.9	9.4
Greenwich LB	7.3	6.6	8.1
Hackney LB	8	7.2	8.8
Hammersmith and Fulham LB	6.5	5.6	7.5
Haringey LB	8.1	7.3	9
Harrow LB	9.1	8.2	10.1
Havering LB	7.5	6.6	8.5
Hillingdon LB	8.4	7.6	9.2
Hounslow LB	7.9	7.1	8.7
Islington LB	6.3	5.5	7.2
Kensington and Chelsea LB	6.6	5.7	7.8
Kingston upon Thames LB	6.1	5.2	7.2
Lambeth LB	7.6	6.9	8.4
Lewisham LB	8.3	7.6	9.1
Merton LB	7.1	6.3	8
Newham LB	11	10.3	11.8
Redbridge LB	8.9	8.1	9.8
Richmond upon Thames LB	6.7	5.9	7.7
Southwark LB	8.5	7.7	9.3
Sutton LB	6.3	5.5	7.3
Tower Hamlets LB	X	X	X
Waltham Forest LB	8.9	8.2	9.8
Wandsworth LB	7.2	6.6	7.9
Westminster, City of LB	6.7	5.9	7.7

Figure 26. Proportion of total births with a birth weight less than 2500 grams in London boroughs in 2011



2. Breastfeeding

Breast feeding is directly associated with reduction in illnesses as well as lowering risk in children of developing various conditions. There are two indicators monitored on breast feeding – breast feeding initiation after delivery and breast feeding at 6-8 weeks after delivery.

In 2011-12 Lambeth breast feeding initiation rate was 93.5% – second highest in London compared to London average of 87% and England average of 74%.

Table 22. % new born babies breastfed within 48 hours of birth – 2011-12

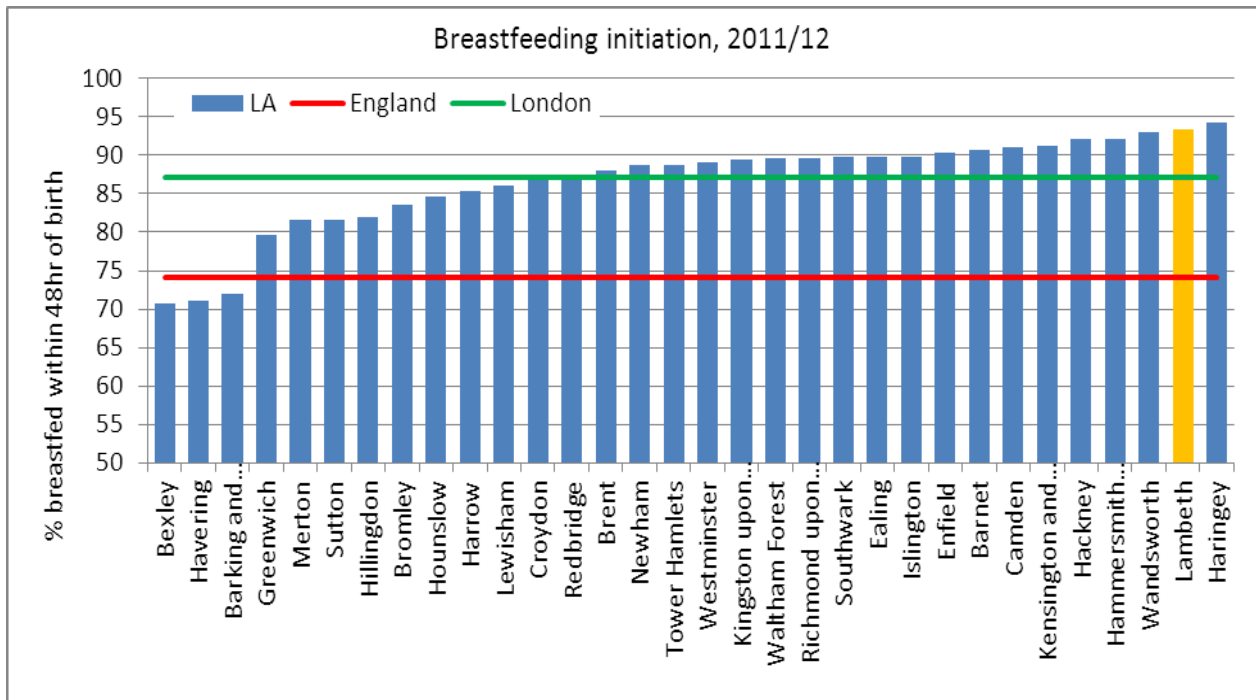
LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	492,568	74.08	73.97	74.18
London	107,248	87.06	86.87	87.25
Bexley	2,049	70.66	68.97	72.28
Havering	1,933	71.12	69.39	72.79
Barking and Dagenham	2,495	71.96	70.45	73.43
Greenwich	3,377	79.67	78.43	80.85

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Merton	4,537	81.59	80.55	82.58
Sutton	4,537	81.59	80.55	82.58
Hillingdon	3,218	81.95	80.71	83.12
Bromley	3,259	83.59	82.39	84.72
Hounslow	3,758	84.54	83.45	85.58
Harrow	2,656	85.43	84.15	86.63
Lewisham	3,780	86.12	85.07	87.12
Croydon	4,472	86.95	86.00	87.85
Redbridge	3,511	87.08	86.01	88.08
Brent	4,535	87.96	87.04	88.82
Newham	5,533	88.67	87.86	89.43
Tower Hamlets	3,511	88.75	87.73	89.70
Westminster	2,212	89.05	87.76	90.22
Kingston upon Thames	2,212	89.37	88.10	90.53
Waltham Forest	4,068	89.58	88.66	90.44
Richmond upon Thames	2,440	89.61	88.40	90.70
Southwark	4,136	89.72	88.81	90.56
Ealing	5,405	89.74	88.95	90.48
Islington	2,438	89.86	88.67	90.94
Enfield	4,038	90.34	89.43	91.17
Barnet	4,406	90.66	89.81	91.44
Camden	2,397	91.04	89.89	92.07
Kensington and Chelsea	1,520	91.24	89.78	92.50
Hackney	4,066	92.03	91.20	92.80
Hammersmith and Fulham	2,300	92.07	90.95	93.07
Wandsworth	4,894	92.99	92.27	93.65
Lambeth	4,428	93.28	92.53	93.96
Haringey	3,664	94.31	93.54	95.00

Figure 27. % new born babies breastfed within 48 hours of birth – 2011-12



Breast feeding prevalence at 6-8 weeks after birth

In 2011-12, Lambeth rate of babies breast fed or atleast partially breast fed at 6-8 weeks after birth was 67% similar to London average and relatively better than the England average of 47%. Please note that data completion and recording rate affects this indicator.

Table 23. Breast feeding initiation within 48 hours of birth – 2011-12

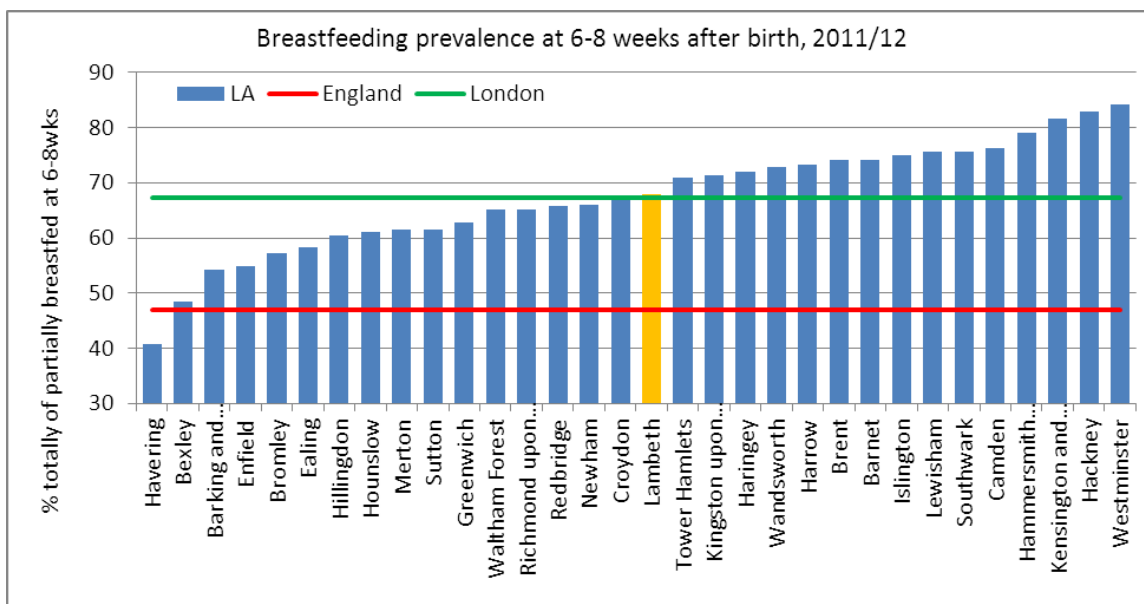
LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	316,760	47.02	46.90	47.14
London	83,999	67.32	67.06	67.58
Havering	1,233	40.85	39.11	42.62
Bexley	1,277	48.37	46.47	50.28
Barking and Dagenham	1,891	54.32	52.66	55.97
Enfield	2,462	54.96	53.49	56.41
Bromley	2,299	57.22	55.68	58.74
Ealing	3,482	58.30	57.04	59.54
Hillingdon	2,347	60.43	58.88	61.95

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Hounslow	2,634	61.11	59.65	62.56
Merton	3,432	61.49	60.21	62.76
Sutton	3,432	61.49	60.21	62.76
Greenwich	2,661	62.76	61.29	64.20
Waltham Forest	3,195	65.08	63.74	66.41
Richmond upon Thames	1,790	65.11	63.31	66.87
Redbridge	2,810	65.79	64.36	67.20
Newham	3,713	65.97	64.73	67.20
Croydon	3,712	67.28	66.03	68.51
Lambeth	3,099	67.84	66.47	69.18
Tower Hamlets	2,628	70.87	69.39	72.31
Kingston upon Thames	1,817	71.45	69.66	73.17
Haringey	2,865	72.08	70.66	73.45
Wandsworth	3,913	72.80	71.59	73.97
Harrow	2,205	73.26	71.65	74.81
Brent	3,574	74.06	72.80	75.27
Barnet	4,032	74.20	73.02	75.35
Islington	2,121	74.97	73.34	76.54
Lewisham	3,340	75.69	74.40	76.93
Southwark	3,441	75.69	74.42	76.92
Camden	2,105	76.27	74.65	77.82
Hammersmith and Fulham	2,011	78.96	77.33	80.49
Kensington and Chelsea	1,747	81.67	79.98	83.26
Hackney	3,732	82.82	81.69	83.90
Westminster	2,431	84.12	82.74	85.40

Figure 28. Breast feeding initiation within 48 hours of birth – 2011-12



3. Smoking status at time of delivery

Smoking during pregnancy is associated with multiple risks to mother and the baby and cause serious pregnancy related health problems. This can include complications during labour, haemorrhage, low birth weight, hypertension during pregnancy as well as sudden unexpected death in infancy.

In Lambeth in 2011-12, 4.6% women were recorded as smoking at the time of delivery compared to London average of 6% and England average of 13.2%. Lambeth has seen a substantial drop in their prevalence rate however reported statistic is subject to data submission and recording rate. Data is accurate where recording status is 85% or more.

Table 24. Smoking status at the time of delivery in 2011-12

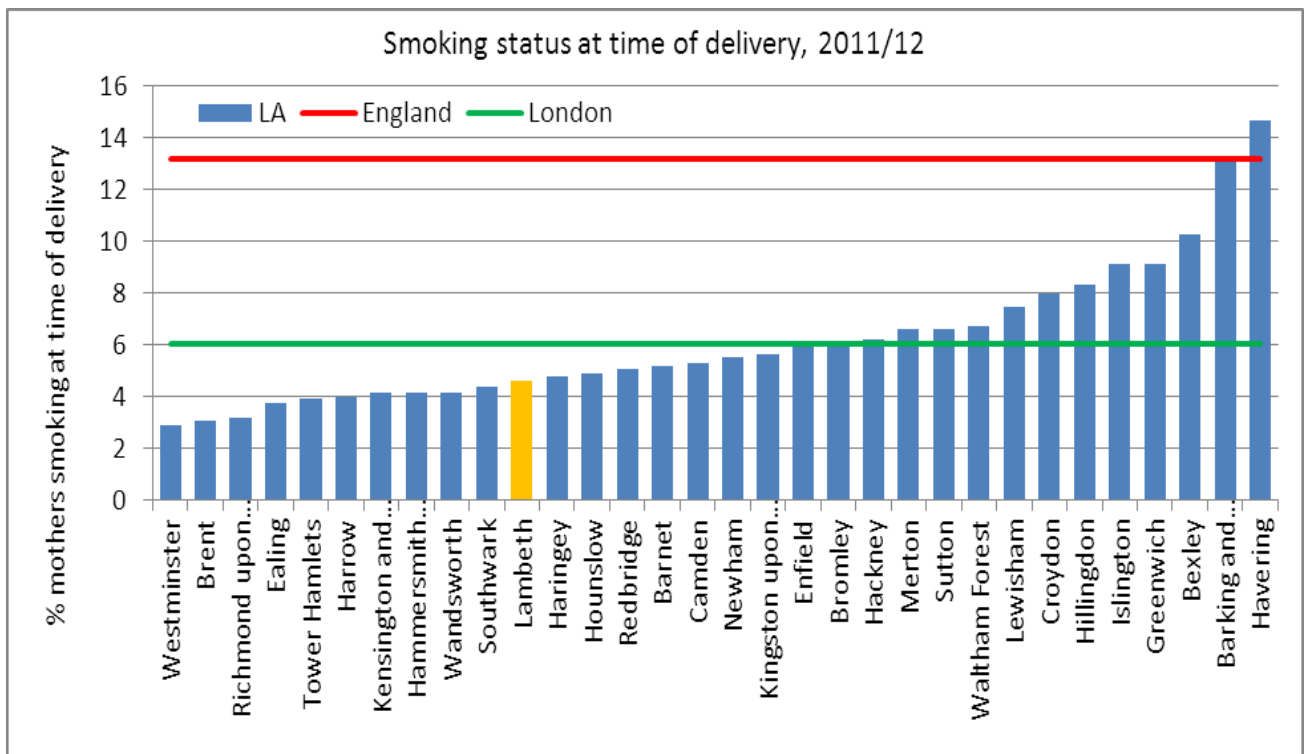
LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	87,731	13.19	13.11	13.27
London	7,419	6.02	5.89	6.15
Westminster	72	2.90	2.31	3.63
Brent	157	3.04	2.61	3.55
Richmond upon Thames	86	3.16	2.56	3.88
Ealing	227	3.77	3.32	4.28
Tower Hamlets	155	3.92	3.36	4.57

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Harrow	123	3.96	3.33	4.70
Kensington and Chelsea	69	4.14	3.29	5.21
Hammersmith and Fulham	104	4.16	3.45	5.02
Wandsworth	224	4.17	3.66	4.73
Southwark	202	4.38	3.83	5.01
Lambeth	219	4.61	4.05	5.25
Haringey	186	4.79	4.16	5.50
Hounslow	218	4.90	4.31	5.58
Redbridge	205	5.08	4.45	5.81
Barnet	251	5.16	4.58	5.82
Camden	139	5.28	4.49	6.20
Newham	345	5.53	4.99	6.12
Kingston upon Thames	139	5.62	4.78	6.59
Enfield	269	6.02	5.36	6.75
Bromley	237	6.08	5.37	6.87
Hackney	275	6.22	5.55	6.98
Merton	366	6.58	5.96	7.26
Sutton	366	6.58	5.96	7.26
Waltham Forest	305	6.72	6.02	7.48
Lewisham	327	7.45	6.71	8.27
Croydon	409	7.95	7.24	8.72
Hillingdon	326	8.30	7.48	9.21
Islington	247	9.10	8.08	10.25
Greenwich	387	9.13	8.30	10.03
Bexley	297	10.24	9.19	11.40
Barking and Dagenham	453	13.07	11.98	14.23
Havering	400	14.69	13.41	16.07

Figure 29. Smoking status at the time of delivery in 2011-12



4. Under 18 conceptions

Teenage pregnancies have been associated with several physical and mental health and wellbeing problems experienced by the mother. Teenage parents are at increased risk of postnatal depression and poor mental health in the years following birth. Reducing teenage conceptions has been a national priority for several years and England seen a substantial drop in teenage conception rate over past 10 years.

Lambeth has seen a significant reduction in teenage conception and the rate has dropped successively over the past 10 years mainly due to concerted efforts of partnership teams in the boroughs. The TP rate in Lambeth dropped from 102 per 1000 females aged 15-17 in 2003 to 58 per 1000 in 2010 which is a reduction of 43%.

Table 25. Teenage conception rate (under 18) in Lambeth compared to London and England 1998-2010

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Lambeth	85.3	85.7	87.5	92	100.7	102.7	86.2	84	78.3	74.2	71	59.5	58.1
London	51.1	50.5	50.4	50.3	52.7	51.6	49.1	46	45.6	45.6	44.6	40.7	37.1
England	46.6	44.8	43.6	42.5	42.7	42.1	41.6	41.3	40.6	41.8	40.5	38.2	35.4

Figure 30. Teenage conception rate (under 18) in Lambeth compared to London and England 1998-2010

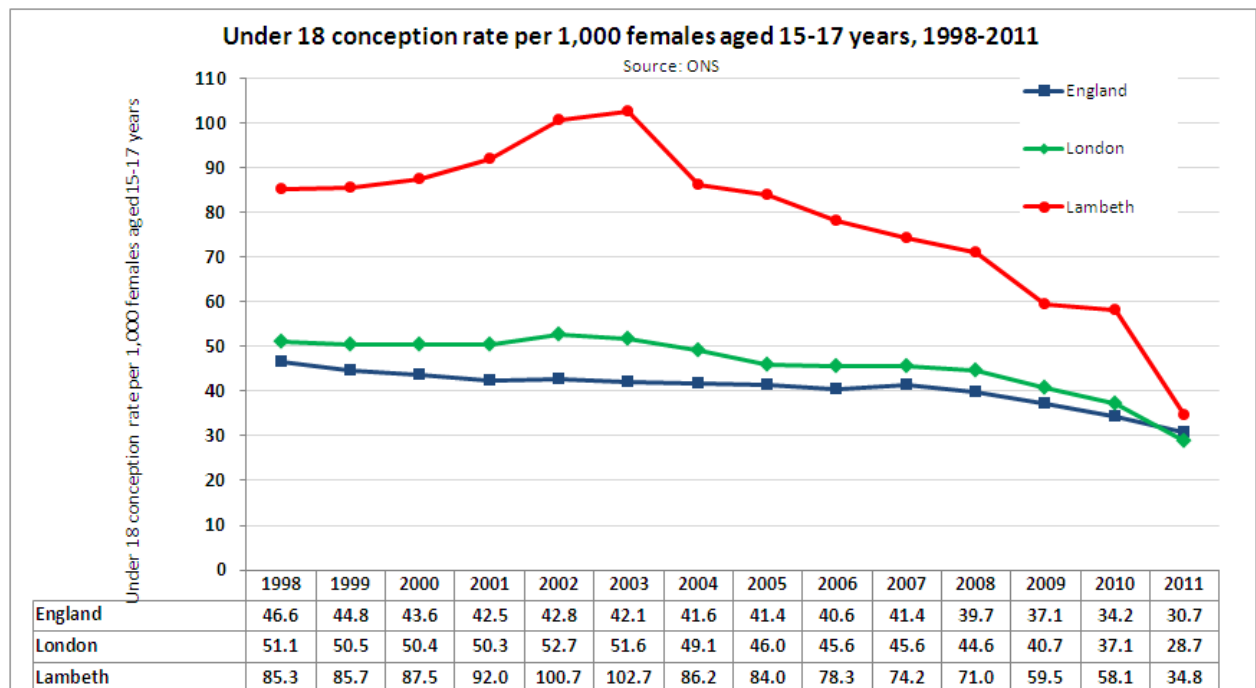
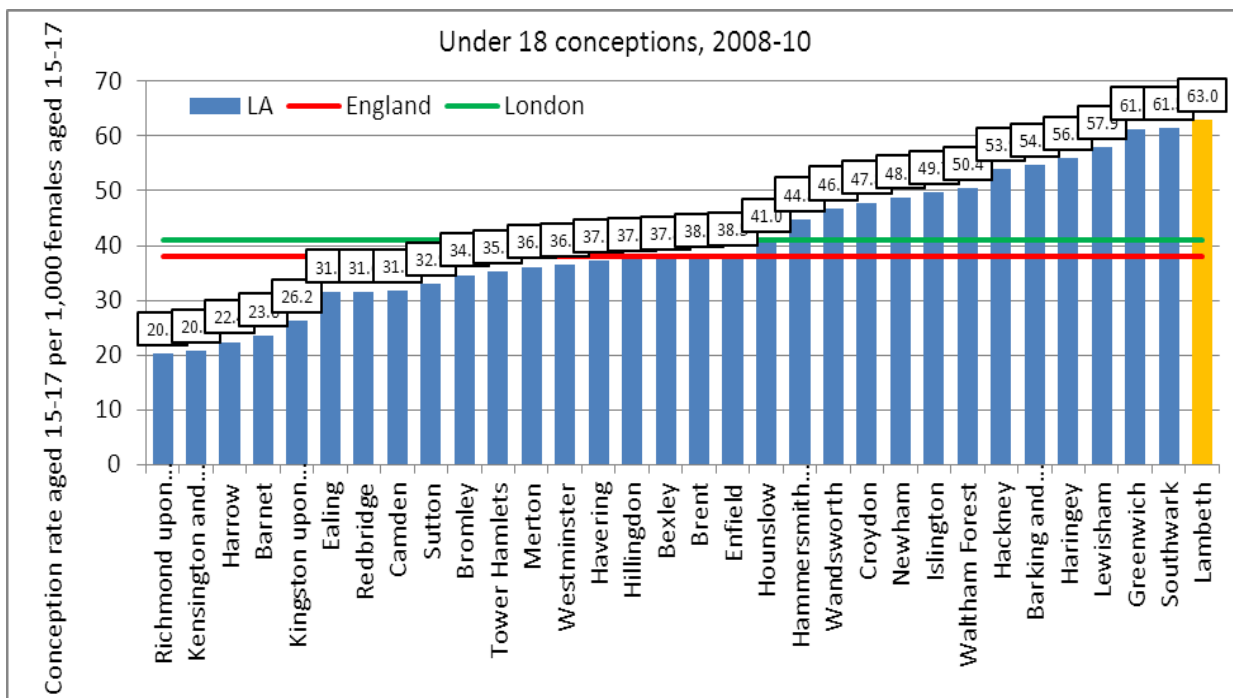


Figure 31. Teenage conception rate (under 18) in Lambeth compared to London boroughs



5. Child development at 2 – 2.5 years (Placeholder) – Indicator data not published yet

6. Excess weight in 4-5 and 10-11 year olds

Obesity, especially child is a priority health area and 'Healthy Lives, Healthy People' – a call to action on obesity in England' document includes National ambitions relating to tackling excess weight in children. Excess weight in childhood often leads to excess weight in adulthood and becomes a major risk factor to determinant of disease and premature mortality and avoidable ill health.

In Lambeth the National Child Measurement Programme measures children every year in Reception year (aged 4-5) and children in Year 6 (aged 10-11) as a proxy measure of obesity in children.

The 2010-11 results for overweight and obesity in children in reception year show Lambeth rate at 25.4% compared to London average of 23.5% and England average of

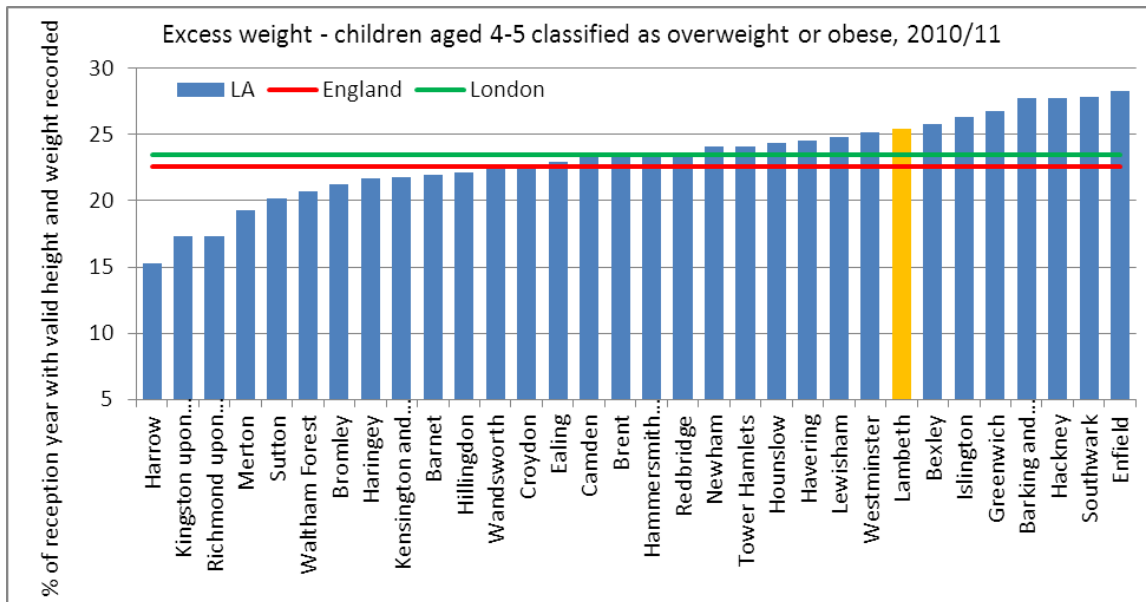
22.6% as seen the table and chart below. The actual number of children in reception year aged 4-5 classified as overweight or obese is 713 in 2010-11 school year.

Table 26. Excess weight in children aged 4-5 classified as overweight or obese in 2010-11

LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	541,255	22.62	22.51	22.73
London	84,007	23.51	23.23	23.80
Harrow	361	15.25	13.86	16.76
Kingston upon Thames	281	17.29	15.53	19.21
Richmond upon Thames	306	17.31	15.62	19.14
Merton	367	19.28	17.57	21.11
Sutton	388	20.18	18.44	22.03
Waltham Forest	660	20.69	19.32	22.13
Bromley	666	21.21	19.82	22.67
Haringey	510	21.70	20.08	23.41
Kensington and Chelsea	162	21.74	18.93	24.85
Barnet	725	21.97	20.59	23.41
Hillingdon	717	22.17	20.77	23.63
Wandsworth	534	22.67	21.02	24.40
Croydon	848	22.72	21.41	24.09
Ealing	879	22.90	21.60	24.26
Camden	360	23.33	21.29	25.51
Brent	747	23.34	21.90	24.83
Hammersmith and Fulham	314	23.64	21.44	26.00
Redbridge	800	23.66	22.26	25.12
Newham	1,023	24.08	22.82	25.39
Tower Hamlets	690	24.08	22.55	25.68
Hounslow	739	24.37	22.87	25.92
Havering	583	24.55	22.86	26.32
Lewisham	817	24.77	23.33	26.27
Westminster	353	25.20	22.99	27.54
Lambeth	713	25.39	23.82	27.03
Bexley	663	25.78	24.12	27.50
Islington	407	26.33	24.19	28.58
Greenwich	834	26.79	25.26	28.37
Barking and Dagenham	838	27.72	26.15	29.34
Hackney	718	27.80	26.10	29.56
Southwark	700	27.82	26.11	29.61

Enfield	1,048	28.32	26.89	29.79
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Figure 32. Excess weight in children aged 4-5 classified as overweight or obese in 2010-11



The 2010-11 results for overweight and obesity in children in year 6 (aged 10-11) show Lambeth rate at 39.8% compared to London average of 37% and England average of 33.4% as seen the table and chart below. The actual number of children in year 6 aged 10-11 classified as overweight or obese is 966 in 2010-11 school year.

Table 27. Excess weight in children aged 10-11 classified as overweight or obese in 2010-11

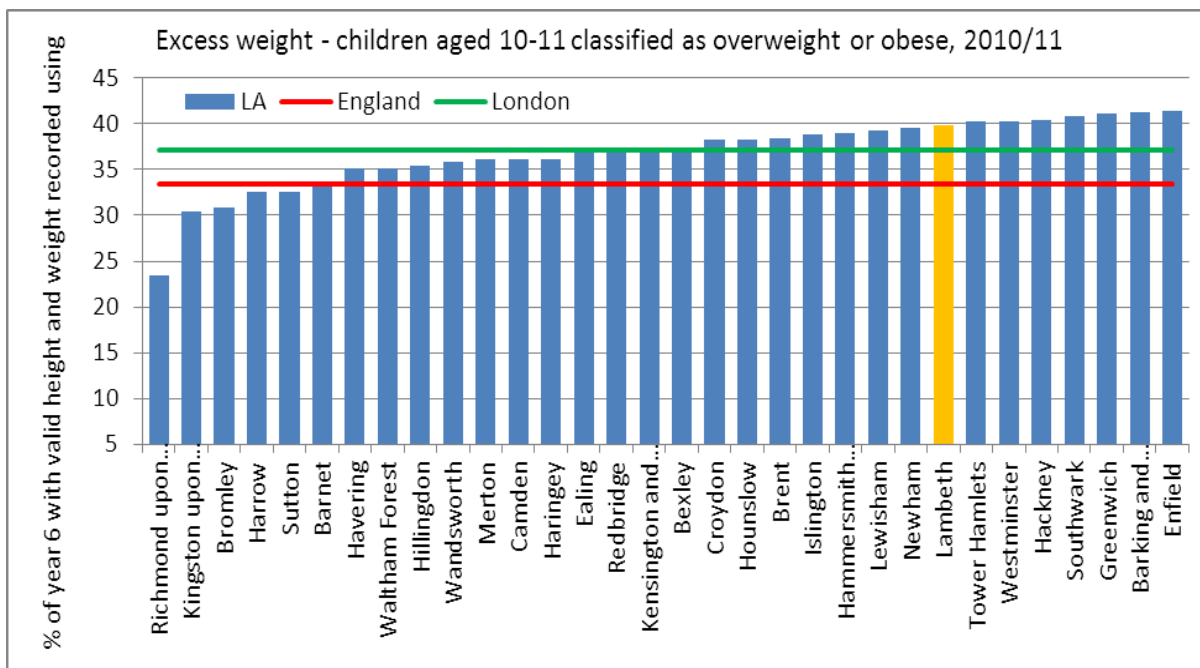
LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	165,487	33.41	33.28	33.54
London	26,869	37.08	36.73	37.43
Richmond upon Thames	318	23.47	21.29	25.80
Kingston upon Thames	425	30.44	28.09	32.91
Bromley	845	30.82	29.12	32.57
Harrow	707	32.55	30.61	34.55
Sutton	617	32.59	30.52	34.74
Barnet	975	33.16	31.48	34.89
Havering	848	35.11	33.24	37.04
Waltham Forest	910	35.14	33.32	36.99

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Hillingdon	1,017	35.37	33.65	37.14
Wandsworth	643	35.84	33.66	38.09
Merton	580	36.07	33.76	38.45
Camden	497	36.12	33.62	38.69
Haringey	764	36.16	34.14	38.23
Ealing	1,182	36.81	35.16	38.49
Redbridge	1,180	37.03	35.37	38.72
Kensington and Chelsea	241	37.19	33.56	40.98
Bexley	924	37.38	35.49	39.30
Croydon	1,363	38.28	36.69	39.88
Hounslow	918	38.31	36.39	40.28
Brent	1,101	38.44	36.68	40.24
Islington	558	38.89	36.40	41.43
Hammersmith and Fulham	453	38.92	36.16	41.75
Lewisham	1,003	39.26	37.38	41.16
Newham	1,404	39.59	38.00	41.21
Lambeth	966	39.84	37.90	41.80
Tower Hamlets	944	40.22	38.26	42.22
Westminster	496	40.23	37.52	42.99
Hackney	859	40.35	38.28	42.45
Southwark	924	40.87	38.86	42.91
Greenwich	972	41.12	39.15	43.11
Barking and Dagenham	888	41.28	39.22	43.38
Enfield	1,339	41.43	39.74	43.14

Figure 33. Excess weight in children aged 10-11 classified as overweight or obese in 2010-11



7. Hospital admissions caused by unintentional and deliberate injuries in under 18s

Hospitalisation due to avoidable conditions especially injury due to external factors is of prime importance in children and young people. It also represents a cause of premature mortality. The 2010-11 data on hospital admissions caused by unintentional and deliberate injuries in under 18s is presented as crude rate per 10000 population aged 0-17 years. Lambeth rate was 118 per 10000 in 2010-11 higher than London rate of 99 but lower than England average of 123 per 10000. Lambeth ranks 4th highest in London.

Table 28. Hospital admissions caused by unintentional and deliberate injuries in under 18s – Crude rate per 10000 population aged 0-17 in 2010-11

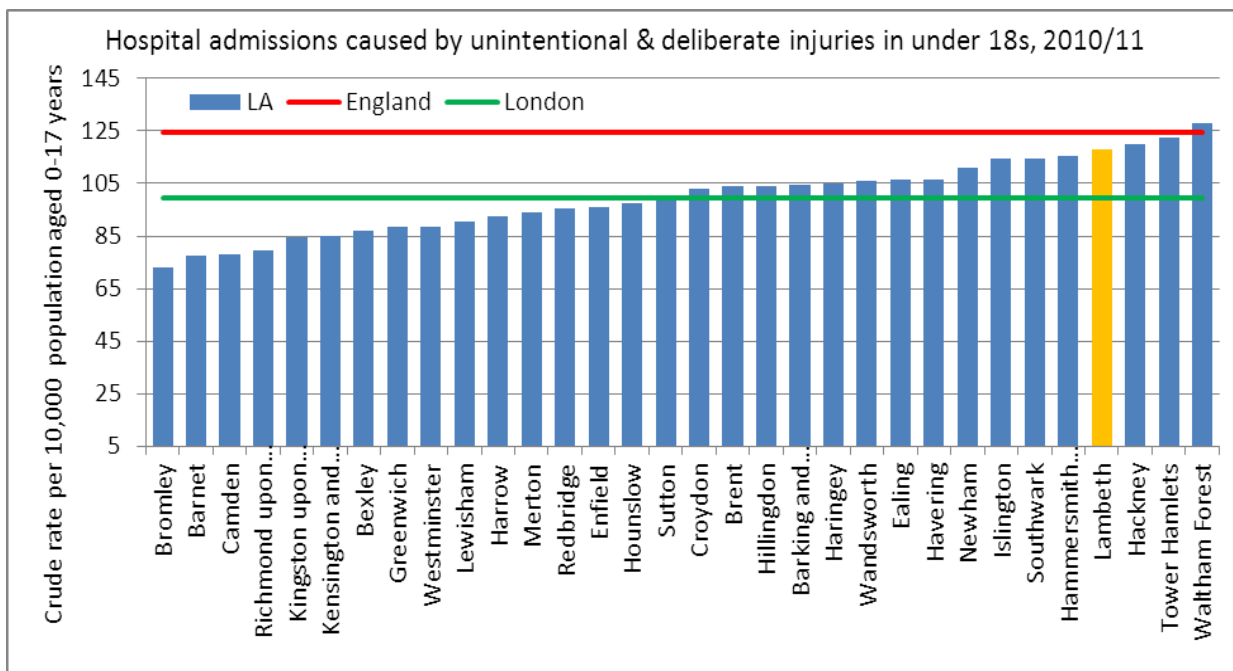
LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	137,264	124.27	123.62	124.93
London	16,903	99.70	98.20	101.22
Bromley	503	73.21	66.95	79.89
Barnet	611	77.35	71.34	83.74
Camden	310	77.90	69.47	87.07
Richmond upon Thames	332	79.44	71.13	88.46

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Kingston upon Thames	287	84.56	75.06	94.93
Kensington and Chelsea	258	85.04	74.98	96.07
Bexley	452	86.86	79.04	95.25
Greenwich	477	88.32	80.57	96.61
Westminster	322	88.40	79.01	98.60
Lewisham	538	90.39	82.91	98.36
Harrow	469	92.57	84.38	101.33
Merton	404	94.08	85.12	103.71
Redbridge	629	95.38	88.07	103.14
Enfield	691	95.89	88.87	103.31
Hounslow	503	97.55	89.21	106.46
Sutton	437	99.73	90.60	109.54
Croydon	835	102.99	96.12	110.22
Brent	605	103.78	95.68	112.39
Hillingdon	633	104.01	96.07	112.44
Barking and Dagenham	517	104.39	95.58	113.79
Haringey	516	105.08	96.21	114.55
Wandsworth	550	105.73	97.08	114.95
Ealing	730	106.59	99.00	114.61
Havering	543	106.61	97.83	115.97
Newham	736	110.94	103.06	119.25
Islington	392	114.30	103.26	126.19
Southwark	635	114.67	105.93	123.95
Hammersmith and Fulham	369	115.58	104.09	128.00
Lambeth	643	118.02	109.08	127.51
Hackney	636	119.82	110.68	129.50
Tower Hamlets	632	122.48	113.12	132.42
Waltham Forest	708	127.81	118.57	137.58

Figure 34. Hospital admissions caused by unintentional and deliberate injuries in under 18s – Crude rate per 10000 population aged 0-17 in 2010-11



- 8. Smoking prevalence – 15 year olds (Placeholder) – New indicator and data is not available yet**

Domain 3: Health protection

1. Chlamydia diagnoses (15-24 year olds)

Genital chlamydia trachomatis infection is the most common sexually transmitted bacterial infection in the UK. The prevalence of this infection is highest in young sexually active adults (15-24). Untreated infection can have serious long-term consequences particularly for women in whom it can lead to pelvic inflammatory disease, ectopic pregnancy or tubal factor fertility. Infection can be treated with antibiotics, but because the disease is asymptomatic it can go undetected and hence screening forms an essential part of detection and treatment of the population at risk.

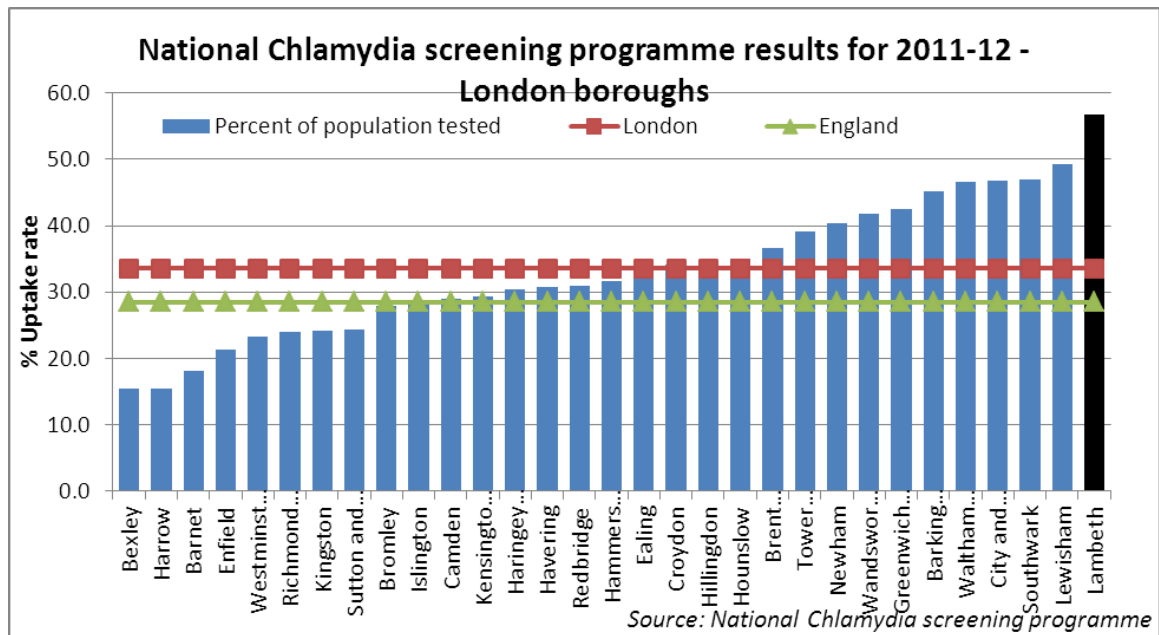
The 2011-12 data shows that off the total 34,200 young adults aged 15-24, 56.8% of the population was screened with a 9.9% positivity rate which is highest in London. This shows that the while screening is highest in London, so is the positivity rate and therefore the diagnosis rate (calculated per 100000 population). London screening uptake rate in 2011-12 was 33.6% while England average was 28.5%.

Table 29. NCSP uptake rate and positivity rate chart for London boroughs – 2011-12

		Total tests (a + b+ d)	Percent of population tested (a + b + d / n)*100	Percent of young people testing positive (c + e / a + b +d)*100	Diagnoses Rate per 100,000	15-24 year old population estimates† (n)
Barking and Dagenham	198	11,038	45.2	5.3	2395.2	24424
Barnet	372	7,237	18.2	7.4	1342.9	39840
Bexley	109	4,463	15.5	7.7	1190.2	28819
Brent Teaching	576	11,910	36.7	6.8	2492.4	32459
Bromley	176	9,418	27.9	5.6	1562.4	33795
Camden	329	10,127	29.1	5.3	1526.6	34849
City and Hackney Teaching	536	13,651	46.8	8.5	3966.3	29196
Croydon	866	14,493	34.2	9.9	3371.8	42381
Ealing	405	12,905	33.9	4.7	1587.3	38116
Enfield	451	7,700	21.3	8.0	1699.1	36137
Greenwich Teaching	182	12,992	42.5	6.8	2889.5	30594
Hammersmith and Fulham	390	6,775	31.6	6.9	2193.7	21425
Haringey Teaching	654	8,283	30.3	9.6	2915.9	27299
Harrow	262	4,429	15.5	7.2	1114.4	28536
Havering	218	9,009	30.8	5.2	1585.5	29265
Hillingdon	261	13,396	34.9	4.4	1518.1	38404
Hounslow	219	10,344	35.0	6.5	2269.0	29573
Islington	463	8,309	28.8	7.9	2283.6	28814
Kensington and Chelsea	223	5,350	29.4	6.2	1811.6	18216
Kingston	253	5,987	24.2	6.7	1626.3	24718
Lambeth	603	19,459	56.8	9.9	5608.2	34271
Lewisham	164	16,143	49.3	9.0	4423.5	32712
Newham	448	15,646	40.4	6.5	2614.5	38745
Redbridge	226	10,382	31.0	5.2	1612.9	33480
Richmond and Twickenham	186	4,379	24.0	5.9	1410.4	18222
Southwark	574	18,854	47.0	9.5	4442.0	40140
Sutton and Merton	648	10,938	24.3	8.3	2007.8	45025
Tower Hamlets	334	14,568	39.1	4.2	1641.0	37295
Waltham Forest	455	13,675	46.7	6.0	2777.7	29305
Wandsworth	632	12,696	41.9	7.2	2997.6	30324
Westminster	372	7,877	23.3	6.5	1507.5	33764
SHA TOTAL	11,785	332,433	33.6	7.0	2365.7	990143
ENGLAND TOTAL	60,393	1,961,408	28.5	7.3	2,089.6	6884600

Source: National Chlamydia Screening Programme. 2011-12

Figure 35. NCSP uptake rate and positivity rate chart for London boroughs – 2011-12



2. Immunisation

Periodic vaccination of children has proven effects to build immunity in children against several infectious diseases which has virtually reduced the risk of outbreaks or epidemics to zero over past several years. The Department of Health issues guidance for the planned National Immunisation programme (green book) which is delivered by health professionals in the country.

Figure 36. Routine childhood immunisations chart

Routine childhood immunisations from June 2013

When to immunise	Diseases protected against	Vaccine given	Immunisation site**
Two months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (Hib)	DTaP/IPV/Hib (Pediaceal)	Thigh
	Pneumococcal disease	PCV (Prevenar 13)	Thigh
	Rotavirus (from July)	Rotavirus (Rotarix)	By mouth
Three months old	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib (Pediaceal)	Thigh
	Meningococcal group C disease (MenC)	Men C (NeisVac-C or Menjugate)	Thigh
	Rotavirus (from July)	Rotavirus (Rotarix)	By mouth
Four months old	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib (Pediaceal)	Thigh
	Pneumococcal disease	PCV (Prevenar 13)	Thigh
Between 12 and 13 months old – within a month of the first birthday	Hib/MenC	Hib/MenC (Menitorix)	Upper arm/thigh
	Pneumococcal disease	PCV (Prevenar 13)	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR (Priorix or MMR VaxPRO)	Upper arm/thigh
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV (Repevax) or DTaP/IPV (Infanrix-IPV)	Upper arm
	Measles, mumps and rubella	MMR (Priorix or MMR VaxPRO) (check first dose has been given)	Upper arm
Girls aged 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (Gardasil)	Upper arm
Around 14 years old	Tetanus, diphtheria and polio	Td/IPV (Revaxis), and check MMR status	Upper arm
	MenC†	MenC (Meningitec, Menjugate or NeisVac-C)††	Upper arm

** Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5cm apart. For more details see Chapters 4 and 11 in the Green Book.

† This vaccination will be introduced during the 2013/14 academic year.

†† The vaccine supplied will depend on the brands available at the time of ordering.

Immunisations for at-risk children

At birth, 1 month old, 2 months old and 12 months old	Hepatitis B	Hep B	Thigh
At birth	Tuberculosis	BCG	Upper arm (intradermal)

Source: National Health Service published on www.gov.uk

Lambeth performance with regard to uptake of vaccination programmes is provided below.

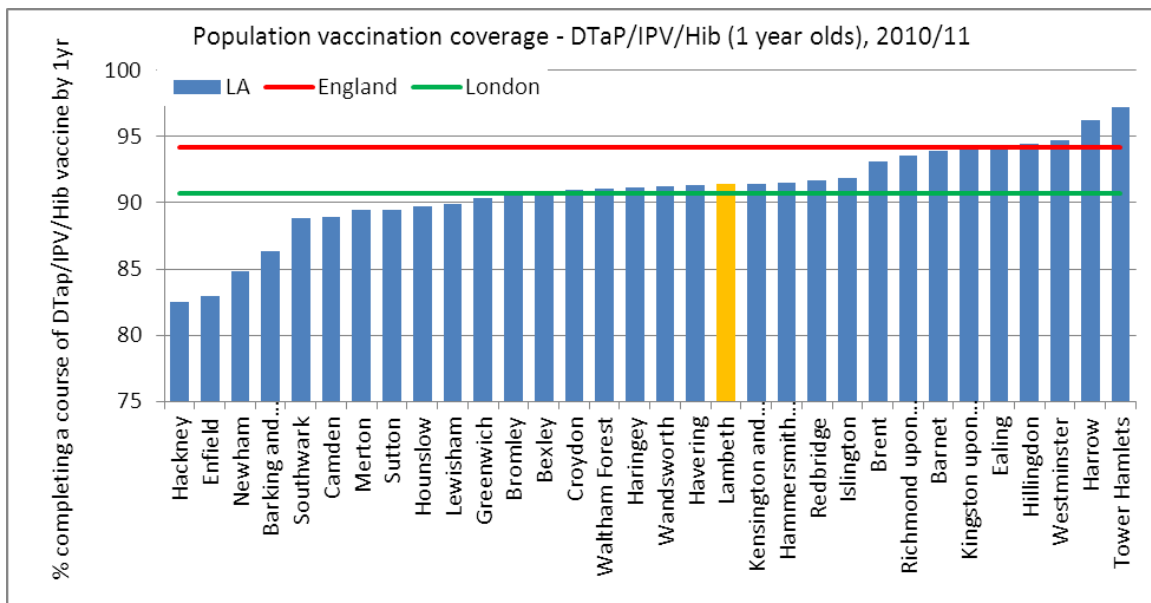
2a. Population vaccination coverage - % completing a course of DtaP/IPV/Hib (1 Year olds).

Table 30. % completing a course of DtaP/IPV/Hib (1 Year olds) in 2010-11 in London Boroughs

LA	Number	Statistic -% uptake	Lower Limit 95%	Upper Limit 95%
England	635,073	94.15	94.09	94.21
London	117,340	90.73	90.57	90.89
Hackney	3,791	82.52	81.40	83.59
Enfield	3,789	83.00	81.88	84.06
Newham	5,386	84.83	83.93	85.69
Barking and Dagenham	3,232	86.35	85.21	87.41
Southwark	4,170	88.86	87.92	89.72
Camden	2,670	88.94	87.77	90.01
Merton	5,288	89.43	88.62	90.19
Sutton	5,288	89.43	88.62	90.19
Hounslow	3,983	89.69	88.76	90.55
Lewisham	4,321	89.95	89.06	90.76
Greenwich	4,118	90.39	89.50	91.21
Bromley	3,931	90.64	89.74	91.47
Bexley	2,865	90.84	89.78	91.79
Croydon	4,854	91.02	90.22	91.76
Waltham Forest	4,236	91.04	90.18	91.83
Haringey	3,702	91.11	90.20	91.95
Wandsworth	4,935	91.20	90.42	91.93
Havering	2,718	91.30	90.23	92.26
Lambeth	4,419	91.40	90.57	92.15
Kensington and Chelsea	1,829	91.40	90.10	92.55
Hammersmith and Fulham	2,542	91.50	90.41	92.49
Redbridge	4,063	91.72	90.87	92.49
Islington	2,677	91.90	90.85	92.83
Brent	4,600	93.12	92.38	93.79
Richmond upon Thames	2,798	93.55	92.61	94.37
Barnet	5,213	93.88	93.22	94.48
Kingston upon Thames	2,390	94.02	93.03	94.88
Ealing	5,631	94.16	93.54	94.73

Hillingdon	3,853	94.44	93.69	95.10
Westminster	2,295	94.76	93.80	95.58
Harrow	2,989	96.26	95.54	96.88
Tower Hamlets	4,052	97.22	96.67	97.67

Figure 37. % completing a course of DtaP/IPV/Hib (1 Year olds) in 2010-11 in London Boroughs



2b. Population vaccination coverage - % completing a course of DtaP/IPV/Hib (2 Year olds).

Table 31. % completing a course of DtaP/IPV/Hib (2 Year olds) in 2010-11 in London Boroughs

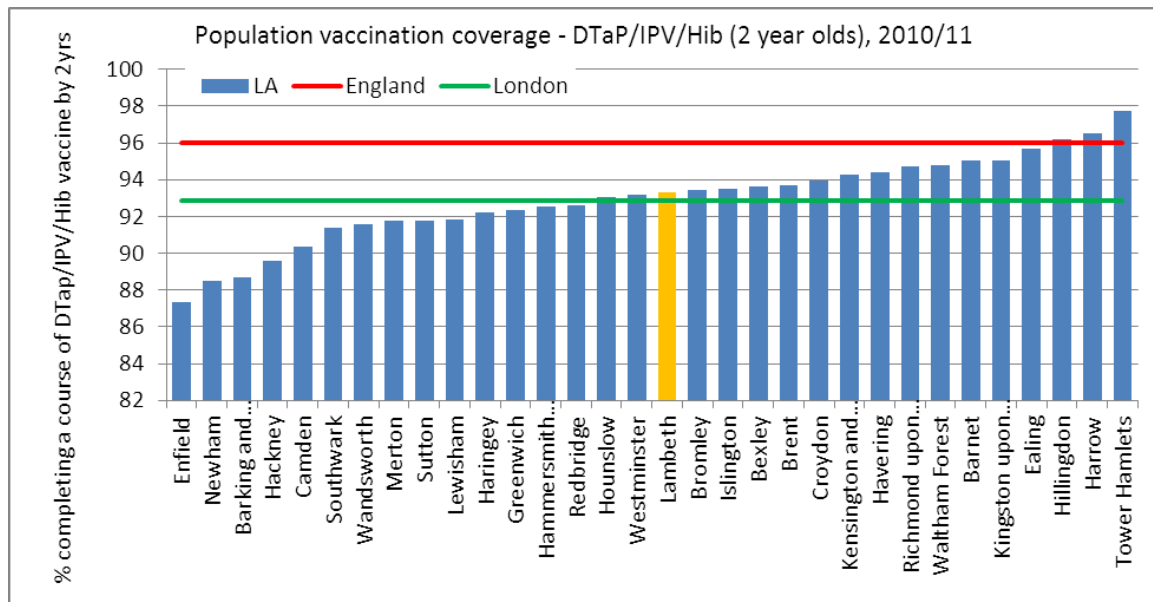
LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	642,849	95.98	95.93	96.02
London	116,734	92.85	92.71	92.99
Enfield	4,058	87.33	86.34	88.25
Newham	5,387	88.50	87.67	89.28
Barking and Dagenham	3,389	88.69	87.65	89.66
Hackney	3,819	89.61	88.65	90.49
Camden	2,570	90.33	89.19	91.37
Southwark	4,148	91.37	90.51	92.15
Wandsworth	4,617	91.57	90.77	92.31

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Merton	5,273	91.78	91.05	92.47
Sutton	5,273	91.78	91.05	92.47
Lewisham	4,192	91.81	90.98	92.57
Haringey	3,650	92.22	91.34	93.01
Greenwich	4,167	92.35	91.54	93.09
Hammersmith and Fulham	2,526	92.53	91.48	93.46
Redbridge	3,874	92.59	91.76	93.35
Hounslow	3,983	93.06	92.26	93.78
Westminster	2,301	93.16	92.09	94.09
Lambeth	4,301	93.32	92.56	94.00
Bromley	3,933	93.42	92.63	94.13
Islington	2,646	93.53	92.56	94.38
Bexley	2,824	93.63	92.71	94.45
Brent	4,518	93.68	92.95	94.33
Croydon	4,974	93.97	93.30	94.58
Kensington and Chelsea	1,722	94.30	93.15	95.28
Havering	2,849	94.43	93.56	95.19
Richmond upon Thames	2,842	94.70	93.84	95.45
Waltham Forest	4,323	94.76	94.08	95.37
Barnet	5,137	95.04	94.43	95.59
Kingston upon Thames	2,550	95.04	94.16	95.80
Ealing	5,630	95.67	95.12	96.16
Hillingdon	3,733	96.19	95.54	96.74
Harrow	3,008	96.53	95.83	97.12
Tower Hamlets	3,790	97.73	97.21	98.15

Figure 38. % completing a course of DtaP/IPV/Hib (2 Year olds) in 2010-11 in London Boroughs



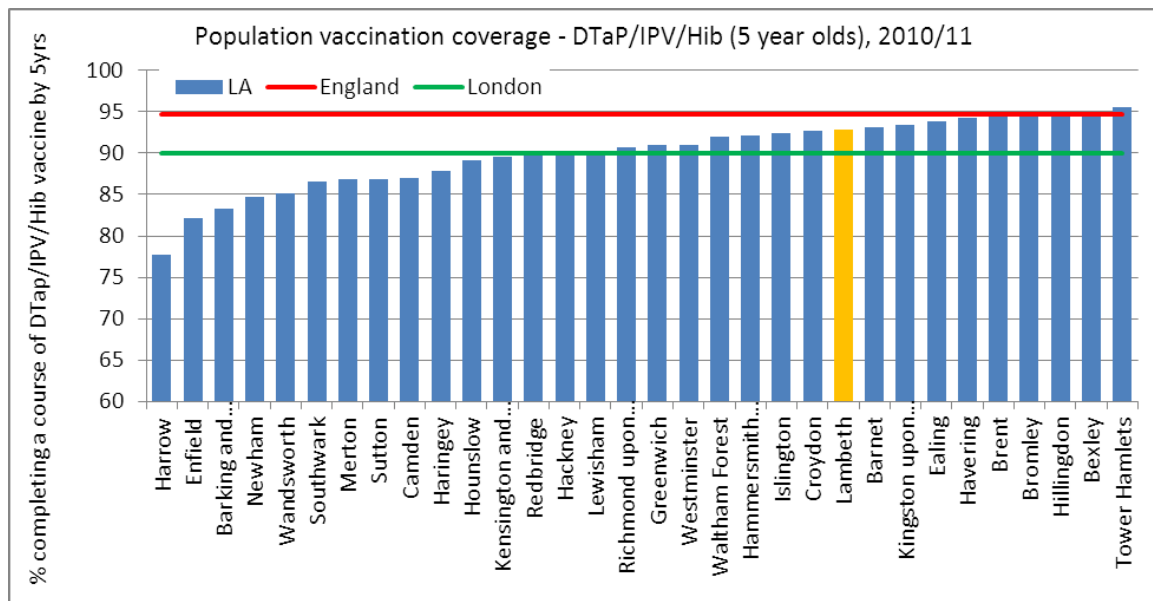
2c. Population vaccination coverage - % completing a course of DtaP/IPV/Hib (5 Year olds).

Table 32. % completing a course of DtaP/IPV/Hib (5 Year olds) in 2010-11 in London Boroughs

LA	Number	Statistic - % uptake	Lower Limit 95%	Upper Limit 95%
England	587,460	94.70	94.64	94.75
London	100,904	90.00	89.83	90.18
Harrow	2,279	77.78	76.24	79.25
Enfield	3,693	82.12	80.97	83.21
Barking and Dagenham	2,763	83.32	82.02	84.55
Newham	4,691	84.71	83.73	85.63
Wandsworth	3,463	85.13	84.00	86.19
Southwark	3,365	86.53	85.42	87.56
Merton	4,546	86.90	85.96	87.79
Sutton	4,546	86.90	85.96	87.79
Camden	2,174	86.96	85.58	88.22
Haringey	2,954	87.89	86.74	88.95
Hounslow	3,475	89.13	88.11	90.06
Kensington and Chelsea	1,621	89.61	88.12	90.93

Redbridge	3,378	89.77	88.76	90.70
Hackney	3,388	89.92	88.91	90.84
Lewisham	3,794	90.31	89.38	91.17
Richmond upon Thames	2,462	90.71	89.56	91.75
Greenwich	3,492	90.98	90.04	91.85
Westminster	1,954	91.05	89.77	92.19
Waltham Forest	3,587	91.93	91.03	92.74
Hammersmith and Fulham	2,245	92.20	91.06	93.20
Islington	2,139	92.48	91.33	93.48
Croydon	4,415	92.71	91.94	93.42
Lambeth	3,826	92.89	92.06	93.63
Barnet	4,511	93.18	92.44	93.86
Kingston upon Thames	2,174	93.38	92.30	94.32
Ealing	4,949	93.84	93.16	94.46
Havering	2,703	94.28	93.37	95.07
Brent	3,929	94.36	93.61	95.02
Bromley	3,713	94.55	93.80	95.22
Hillingdon	3,369	94.63	93.85	95.33
Bexley	2,661	94.66	93.77	95.44
Tower Hamlets	3,191	95.54	94.78	96.19

Figure 39. % completing a course of DtaP/IPV/Hib (5 Year olds) in 2010-11 in London Boroughs



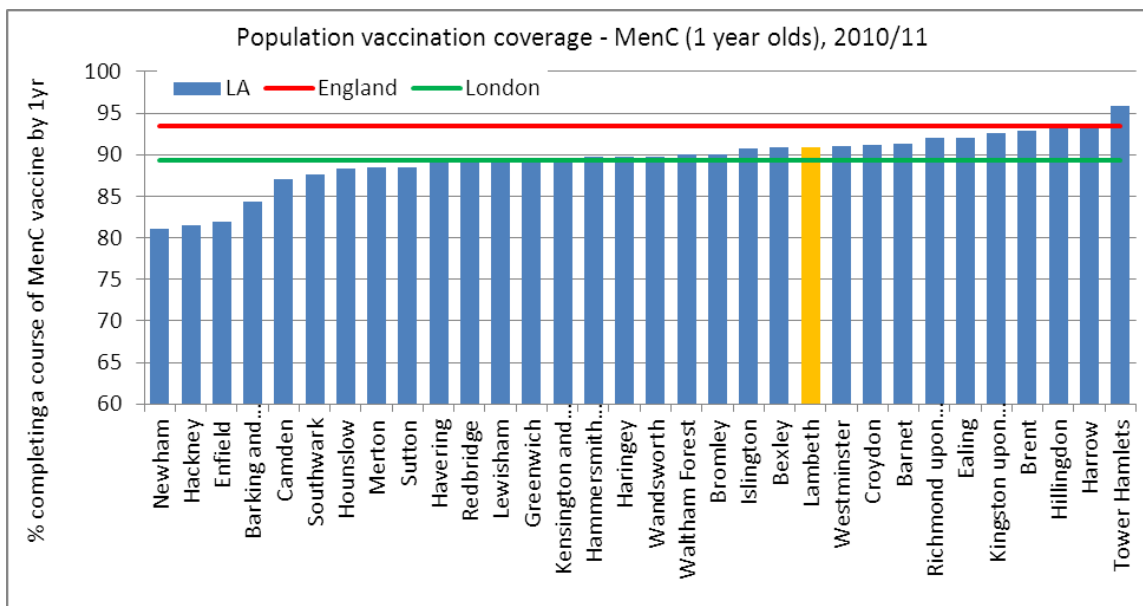
2d. Population vaccination coverage - % children completing a course of MenC – Meningococcal sero group C vaccination (1 Year olds).

Table 33. - % children completing a course of MenC – Meningococcal sero group C vaccination (1 Year olds) 2010-11 in London Boroughs

LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	629,926	93.39	93.33	93.45
London	115,444	89.27	89.10	89.43
Newham	5,145	81.04	80.05	81.98
Hackney	3,743	81.48	80.33	82.57
Enfield	3,743	81.99	80.85	83.08
Barking and Dagenham	3,158	84.37	83.17	85.50
Camden	2,615	87.11	85.86	88.26
Southwark	4,112	87.62	86.65	88.53
Hounslow	3,922	88.31	87.34	89.23
Merton	5,228	88.42	87.57	89.21
Sutton	5,228	88.42	87.57	89.21
Havering	2,649	88.98	87.81	90.06
Redbridge	3,948	89.12	88.17	90.00
Lewisham	4,292	89.34	88.44	90.18
Greenwich	4,076	89.46	88.54	90.32
Kensington and Chelsea	1,792	89.56	88.14	90.82
Hammersmith and Fulham	2,492	89.70	88.52	90.78
Haringey	3,647	89.76	88.79	90.66
Wandsworth	4,860	89.82	88.98	90.59
Waltham Forest	4,188	90.01	89.11	90.84
Bromley	3,907	90.09	89.16	90.94
Islington	2,643	90.73	89.62	91.73
Bexley	2,866	90.87	89.81	91.82
Lambeth	4,395	90.90	90.06	91.68
Westminster	2,205	91.04	89.84	92.11
Croydon	4,862	91.17	90.38	91.90
Barnet	5,070	91.30	90.53	92.01
Richmond upon Thames	2,751	91.98	90.95	92.90
Ealing	5,504	92.04	91.33	92.70
Kingston upon Thames	2,354	92.60	91.52	93.56
Brent	4,588	92.87	92.12	93.56
Hillingdon	3,799	93.11	92.29	93.85

Harrow	2,897	93.30	92.37	94.13
Tower Hamlets	3,993	95.80	95.15	96.37

Figure 40. % children completing a course of MenC – Meningococcal sero group C vaccination (1 Year olds) 2010-11 in London Boroughs



2e. Population vaccination coverage - % children completing a course of MenC – Meningococcal sero group C vaccination (2 Year olds).

Table 34. % children completing a course of MenC – Meningococcal sero group C vaccination (2 Year olds) 2010-11 in London Boroughs

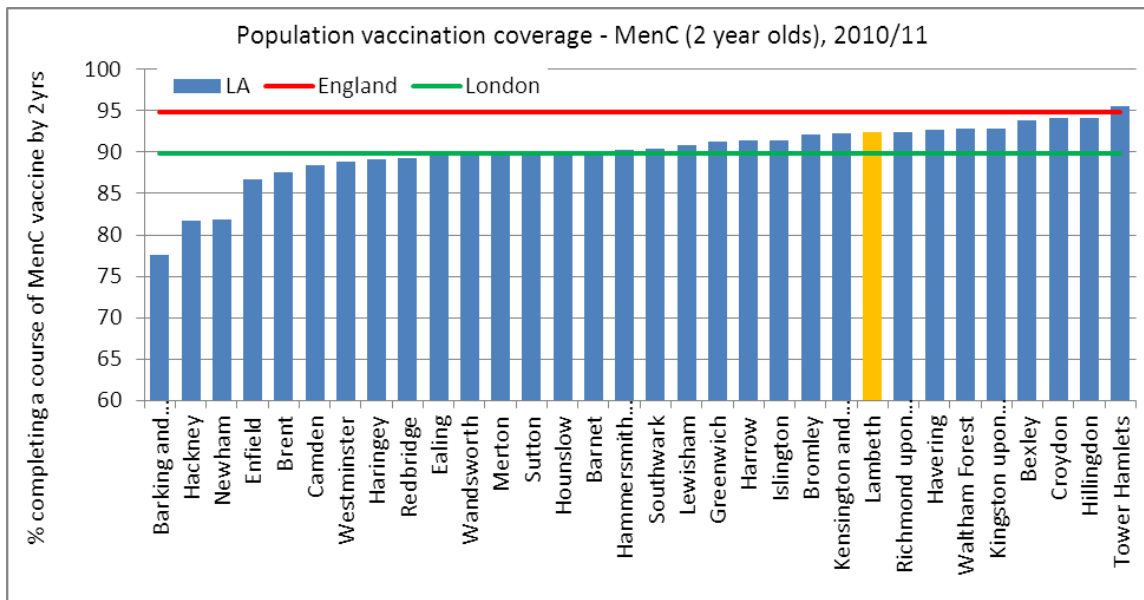
LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	634,803	94.78	94.72	94.83
London	112,914	89.81	89.64	89.98
Barking and Dagenham	2,963	77.55	76.19	78.84
Hackney	3,481	81.68	80.49	82.81
Newham	4,983	81.86	80.87	82.81
Enfield	4,026	86.64	85.63	87.58
Brent	4,223	87.56	86.60	88.46
Camden	2,516	88.44	87.21	89.56
Westminster	2,196	88.91	87.61	90.09
Haringey	3,529	89.16	88.15	90.09

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Redbridge	3,736	89.29	88.32	90.19
Ealing	5,274	89.62	88.81	90.37
Wandsworth	4,522	89.69	88.82	90.50
Merton	5,177	90.11	89.31	90.86
Sutton	5,177	90.11	89.31	90.86
Hounslow	3,857	90.12	89.19	90.98
Barnet	4,874	90.18	89.35	90.94
Hammersmith and Fulham	2,466	90.33	89.16	91.38
Southwark	4,108	90.48	89.60	91.30
Lewisham	4,146	90.80	89.93	91.61
Greenwich	4,115	91.20	90.34	91.99
Harrow	2,847	91.37	90.33	92.30
Islington	2,585	91.38	90.28	92.35
Bromley	3,877	92.09	91.24	92.87
Kensington and Chelsea	1,684	92.22	90.90	93.37
Lambeth	4,260	92.43	91.63	93.16
Richmond upon Thames	2,775	92.47	91.47	93.36
Havering	2,797	92.71	91.72	93.58
Waltham Forest	4,235	92.83	92.05	93.55
Kingston upon Thames	2,491	92.84	91.81	93.76
Bexley	2,828	93.77	92.85	94.57
Croydon	4,983	94.14	93.48	94.74
Hillingdon	3,654	94.15	93.37	94.85
Tower Hamlets	3,706	95.56	94.87	96.17

Figure 41. % children completing a course of MenC – Meningococcal sero group C vaccination (2 Year olds) 2010-11 in London Boroughs



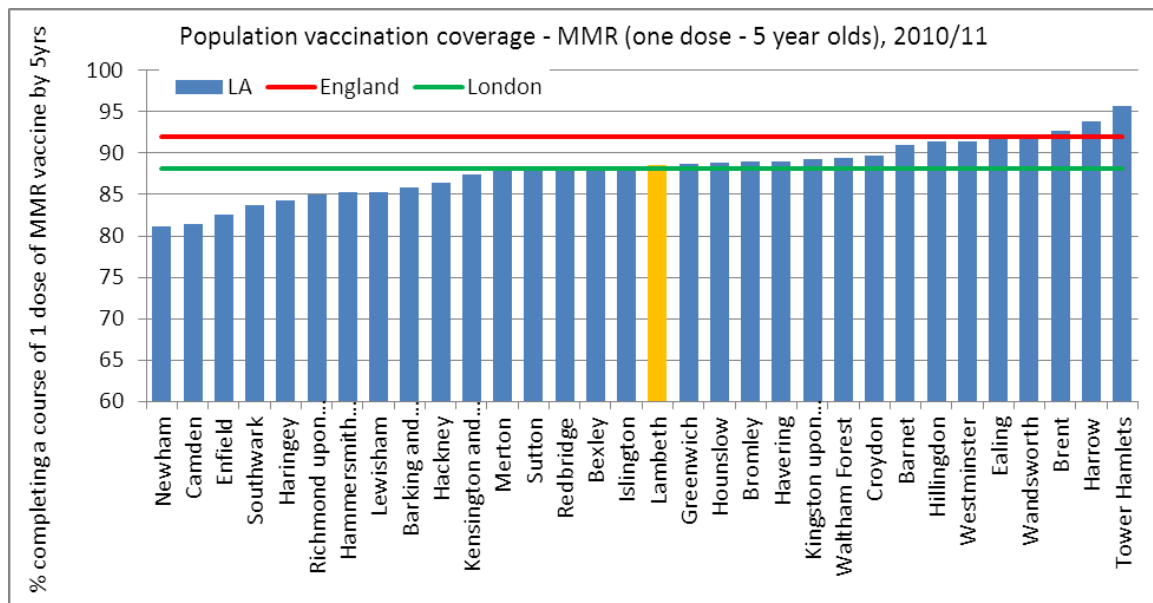
2f. Population vaccination coverage - % children completing a course of MMR vaccine (1 Year olds) in 2010-11.

Table 35. % children completing a course of MMR vaccine (1 Year olds) in 2010-11 in London Boroughs

LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	570,230	91.92	91.85	91.99
London	98,844	88.17	87.98	88.35
Newham	4,492	81.11	80.06	82.12
Camden	2,037	81.48	79.91	82.95
Enfield	3,712	82.54	81.41	83.63
Southwark	3,256	83.72	82.53	84.85
Haringey	2,832	84.26	82.99	85.45
Richmond upon Thames	2,306	84.97	83.57	86.26
Hammersmith and Fulham	2,075	85.22	83.75	86.57
Lewisham	3,584	85.31	84.21	86.35
Barking and Dagenham	2,849	85.92	84.69	87.06
Hackney	3,258	86.46	85.34	87.52
Kensington and Chelsea	1,581	87.40	85.79	88.85
Merton	4,597	87.88	86.97	88.74

Sutton	4,597	87.88	86.97	88.74
Redbridge	3,314	88.07	86.99	89.07
Bexley	2,479	88.19	86.94	89.33
Islington	2,040	88.20	86.82	89.45
Lambeth	3,647	88.54	87.53	89.48
Greenwich	3,407	88.77	87.73	89.73
Hounslow	3,466	88.89	87.87	89.84
Bromley	3,492	88.92	87.90	89.87
Havering	2,551	88.98	87.78	90.07
Kingston upon Thames	2,077	89.22	87.89	90.41
Waltham Forest	3,491	89.47	88.46	90.39
Croydon	4,273	89.73	88.84	90.56
Barnet	4,402	90.93	90.09	91.71
Hillingdon	3,253	91.38	90.41	92.25
Westminster	1,962	91.43	90.17	92.54
Ealing	4,854	92.04	91.27	92.74
Wandsworth	3,750	92.18	91.32	92.97
Brent	3,861	92.72	91.89	93.47
Harrow	2,750	93.86	92.93	94.67
Tower Hamlets	3,196	95.69	94.95	96.33

Figure 42. % children completing a course of MMR vaccine (1 Year olds) in 2010-11 in London Boroughs



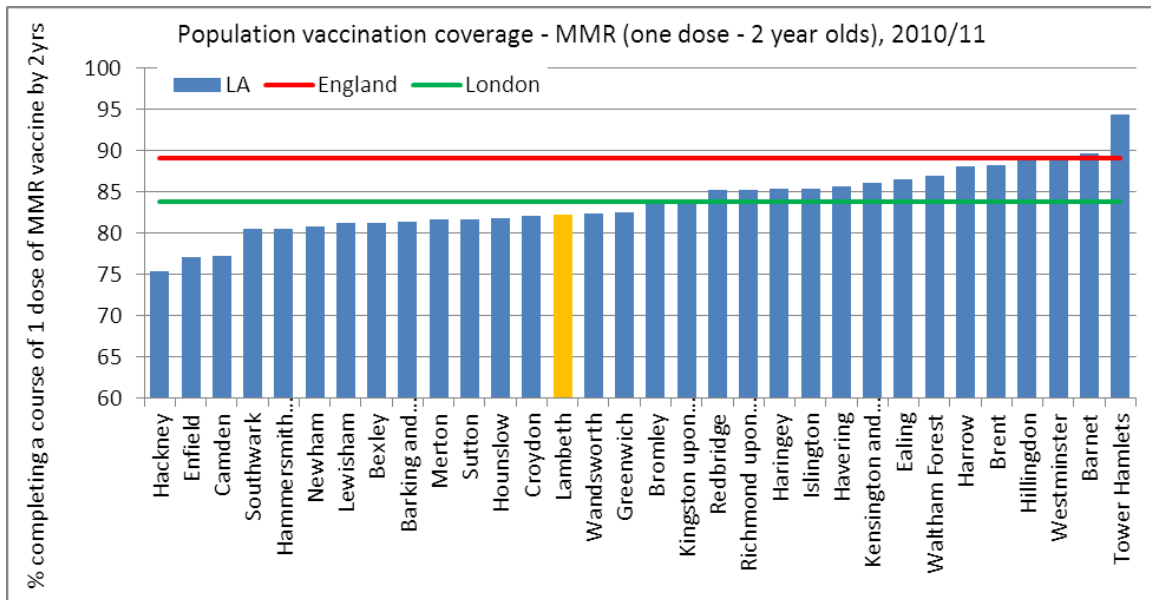
2g. Population vaccination coverage - % children completing a course of MMR vaccine (2 Year olds) in 2010-11.

Table 36. % children completing a course of MMR vaccine (2 Year olds) in 2010-11 in London Boroughs

LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	596,965	89.13	89.05	89.20
London	105,294	83.75	83.55	83.95
Hackney	3,213	75.39	74.07	76.66
Enfield	3,584	77.13	75.90	78.31
Camden	2,198	77.26	75.68	78.76
Southwark	3,652	80.44	79.26	81.57
Hammersmith and Fulham	2,197	80.48	78.95	81.92
Newham	4,920	80.83	79.82	81.80
Lewisham	3,708	81.21	80.05	82.32
Bexley	2,451	81.27	79.83	82.62
Barking and Dagenham	3,109	81.37	80.10	82.57
Merton	4,690	81.64	80.61	82.62
Sutton	4,690	81.64	80.61	82.62
Hounslow	3,499	81.75	80.57	82.88
Croydon	4,344	82.07	81.01	83.08
Lambeth	3,793	82.30	81.17	83.37
Wandsworth	4,154	82.39	81.31	83.41
Greenwich	3,725	82.56	81.42	83.64
Bromley	3,518	83.56	82.41	84.65
Kingston upon Thames	2,246	83.71	82.27	85.06
Redbridge	3,565	85.21	84.10	86.25
Richmond upon Thames	2,559	85.27	83.96	86.49
Haringey	3,377	85.32	84.18	86.39
Islington	2,417	85.44	84.09	86.69
Havering	2,583	85.61	84.32	86.82
Kensington and Chelsea	1,572	86.09	84.43	87.60
Ealing	5,092	86.53	85.63	87.37
Waltham Forest	3,967	86.96	85.95	87.90
Harrow	2,744	88.06	86.88	89.15
Brent	4,255	88.22	87.28	89.10
Hillingdon	3,454	89.00	87.97	89.94
Westminster	2,205	89.27	87.99	90.43

Barnet	4,844	89.62	88.78	90.41
Tower Hamlets	3,659	94.35	93.58	95.04

Figure 43. % children completing a course of MMR vaccine (2 Year olds) in 2010-11 in London Boroughs



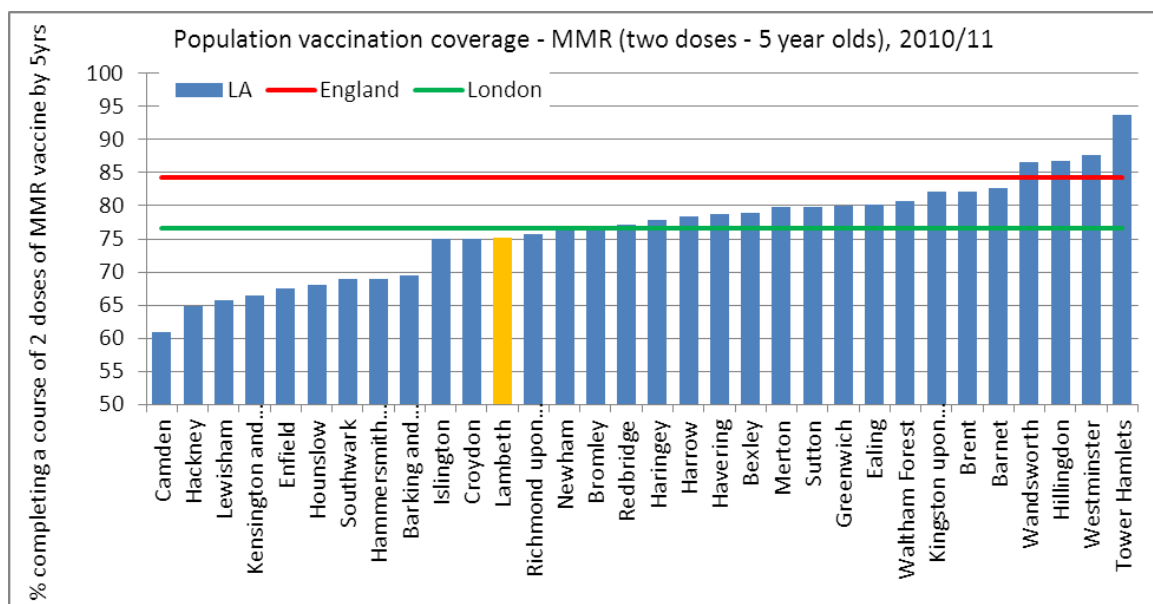
2h. Population vaccination coverage - % children completing a 2 doses of MMR vaccine by 5 years - in 2010-11.

Table 37. % children completing a 2 doses of MMR vaccine by 5 years in 2010-11 in London Boroughs

LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	522,384	84.21	84.12	84.30
London	85,900	76.62	76.37	76.87
Camden	1,525	61.00	59.07	62.89
Hackney	2,442	64.81	63.27	66.32
Lewisham	2,763	65.77	64.32	67.19
Kensington and Chelsea	1,202	66.45	64.24	68.58
Enfield	3,038	67.56	66.17	68.91
Hounslow	2,652	68.02	66.54	69.46
Southwark	2,681	68.94	67.47	70.37
Hammersmith and Fulham	1,679	68.95	67.09	70.76
Barking and Dagenham	2,302	69.42	67.83	70.97

Islington	1,735	75.01	73.21	76.73
Croydon	3,574	75.05	73.80	76.26
Lambeth	3,097	75.19	73.85	76.48
Richmond upon Thames	2,056	75.76	74.11	77.33
Newham	4,264	77.00	75.87	78.08
Bromley	3,024	77.01	75.66	78.29
Redbridge	2,904	77.17	75.80	78.49
Haringey	2,615	77.80	76.37	79.18
Harrow	2,297	78.40	76.87	79.85
Havering	2,256	78.69	77.15	80.15
Bexley	2,221	79.01	77.47	80.48
Merton	4,173	79.77	78.66	80.84
Sutton	4,173	79.77	78.66	80.84
Greenwich	3,069	79.96	78.67	81.20
Ealing	4,227	80.15	79.05	81.20
Waltham Forest	3,147	80.65	79.38	81.86
Kingston upon Thames	1,913	82.17	80.57	83.67
Brent	3,422	82.18	80.99	83.31
Barnet	3,999	82.61	81.51	83.65
Wandsworth	3,525	86.65	85.57	87.66
Hillingdon	3,090	86.80	85.65	87.87
Westminster	1,880	87.60	86.14	88.93
Tower Hamlets	3,128	93.65	92.77	94.43

Figure 44. % children completing a 2 doses of MMR vaccine by 5 years in 2010-11 in London Boroughs



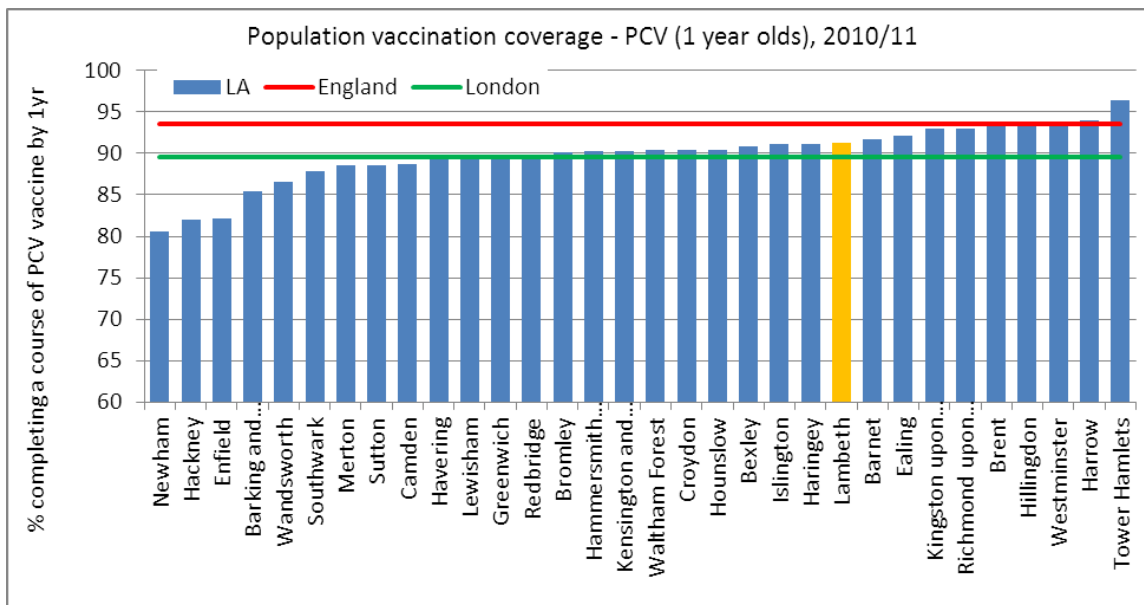
2i. Population vaccination coverage - % children completing PCV – Pneumococcal vaccine by 1 years - in 2010-11.

Table 38. Population vaccination coverage - % children completing PCV – Pneumococcal vaccine by 1 years - in 2010-11.

LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	631,252	93.58	93.52	93.64
London	115,855	89.58	89.42	89.75
Newham	5,113	80.53	79.54	81.49
Hackney	3,765	81.95	80.82	83.04
Enfield	3,751	82.17	81.03	83.25
Barking and Dagenham	3,197	85.41	84.25	86.51
Wandsworth	4,681	86.51	85.57	87.39
Southwark	4,122	87.83	86.87	88.74
Merton	5,236	88.55	87.71	89.34
Sutton	5,236	88.55	87.71	89.34
Camden	2,662	88.67	87.49	89.76
Havering	2,663	89.45	88.30	90.51
Lewisham	4,312	89.76	88.87	90.58
Greenwich	4,095	89.88	88.97	90.72
Redbridge	3,983	89.91	88.99	90.76
Bromley	3,910	90.15	89.23	91.01
Hammersmith and Fulham	2,506	90.21	89.05	91.26
Kensington and Chelsea	1,807	90.30	88.93	91.53
Waltham Forest	4,205	90.37	89.49	91.19
Croydon	4,822	90.42	89.60	91.18
Hounslow	4,016	90.43	89.53	91.26
Bexley	2,864	90.81	89.75	91.76
Islington	2,654	91.11	90.02	92.09
Haringey	3,702	91.11	90.20	91.95
Lambeth	4,410	91.21	90.38	91.98
Barnet	5,089	91.64	90.89	92.34
Ealing	5,507	92.09	91.38	92.75
Kingston upon Thames	2,362	92.92	91.86	93.85
Richmond upon Thames	2,783	93.05	92.08	93.90
Brent	4,615	93.42	92.70	94.08
Hillingdon	3,815	93.50	92.71	94.22

Westminster	2,270	93.72	92.69	94.62
Harrow	2,917	93.95	93.05	94.73
Tower Hamlets	4,021	96.47	95.87	96.99

Figure 45. Population vaccination coverage - % children completing PCV – Pneumococcal vaccine by 1 years - in 2010-11.



2j. Population vaccination coverage - % children completing PCV – Pneumococcal vaccine booster by 2 years - in 2010-11.

Table 39. Population vaccination coverage - % children completing PCV – Pneumococcal vaccine booster by 2 years - in 2010-11.

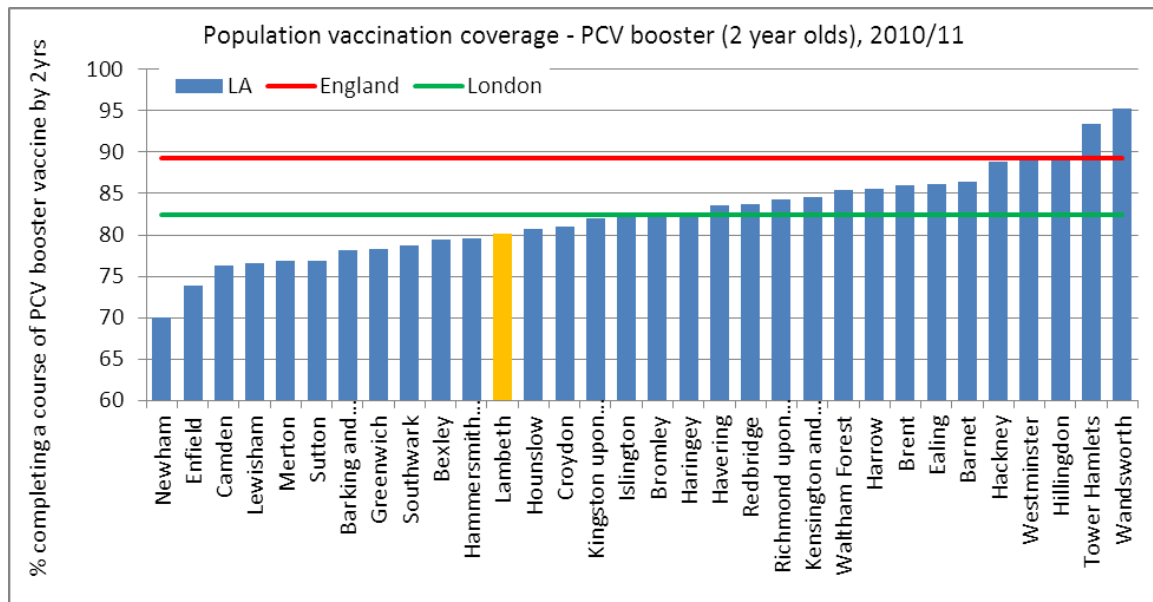
LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	598,414	89.34	89.27	89.42
London	103,590	82.40	82.18	82.60
Newham	4,263	70.03	68.87	71.17
Enfield	3,432	73.85	72.57	75.10
Camden	2,172	76.34	74.75	77.87
Lewisham	3,497	76.59	75.34	77.79
Merton	4,418	76.90	75.79	77.97
Sutton	4,418	76.90	75.79	77.97
Barking and Dagenham	2,987	78.17	76.84	79.45
Greenwich	3,531	78.26	77.03	79.44

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Southwark	3,575	78.74	77.53	79.91
Bexley	2,395	79.41	77.93	80.82
Hammersmith and Fulham	2,174	79.63	78.08	81.10
Lambeth	3,695	80.17	78.99	81.30
Hounslow	3,454	80.70	79.49	81.86
Croydon	4,285	80.96	79.88	81.99
Kingston upon Thames	2,202	82.07	80.58	83.48
Islington	2,325	82.18	80.73	83.55
Bromley	3,482	82.71	81.54	83.82
Haringey	3,274	82.72	81.51	83.86
Havering	2,520	83.53	82.16	84.81
Redbridge	3,503	83.72	82.57	84.81
Richmond upon Thames	2,530	84.31	82.96	85.56
Kensington and Chelsea	1,543	84.50	82.77	86.09
Waltham Forest	3,896	85.40	84.35	86.40
Harrow	2,667	85.59	84.31	86.78
Brent	4,147	85.98	84.98	86.93
Ealing	5,070	86.15	85.25	87.01
Barnet	4,670	86.40	85.46	87.29
Hackney	3,786	88.83	87.85	89.74
Westminster	2,203	89.19	87.90	90.35
Hillingdon	3,468	89.36	88.35	90.29
Tower Hamlets	3,624	93.45	92.63	94.19
Wandsworth	4,802	95.24	94.62	95.79

Figure 46. Population vaccination coverage - % children completing PCV – Pneumococcal vaccine booster by 2 years - in 2010-11.



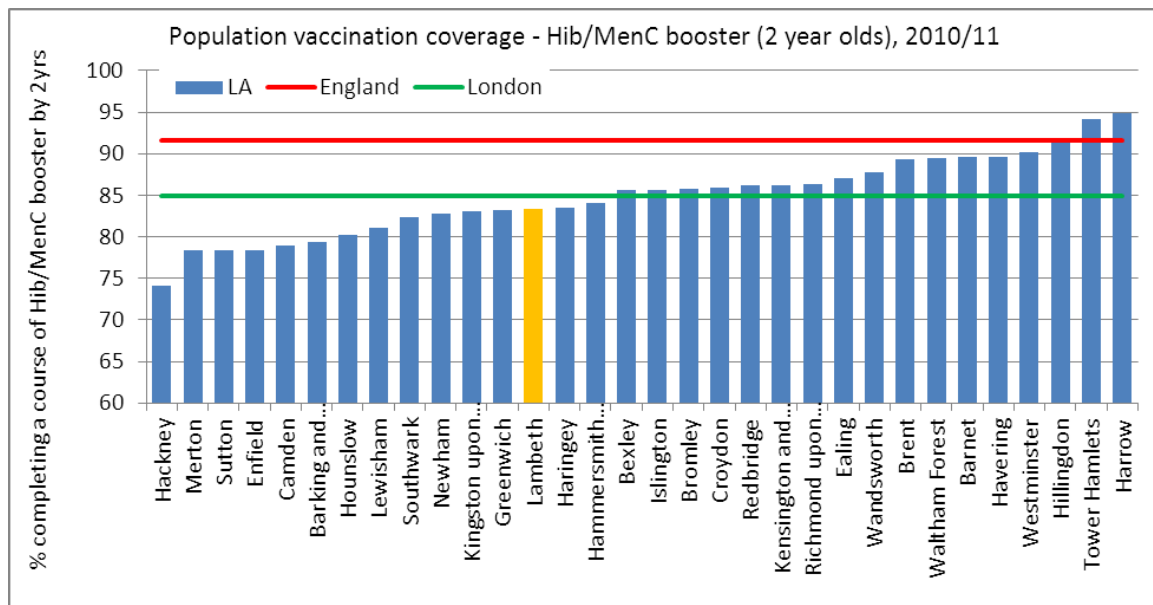
2k. Population vaccination coverage - % children completing HiB, Men C vaccine booster by 2 years - in 2010-11.

Table 40. Population vaccination coverage - % children completing HiB, Men C vaccine booster by 2 years - in 2010-11 – London boroughs

LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	613,451	91.59	91.52	91.65
London	106,719	84.88	84.69	85.08
Hackney	3,159	74.12	72.78	75.41
Merton	4,501	78.35	77.26	79.39
Sutton	4,501	78.35	77.26	79.39
Enfield	3,641	78.35	77.14	79.51
Camden	2,247	78.98	77.44	80.44
Barking and Dagenham	3,034	79.40	78.09	80.66
Hounslow	3,433	80.21	78.99	81.38
Lewisham	3,699	81.01	79.85	82.12
Southwark	3,742	82.42	81.29	83.50
Newham	5,039	82.78	81.81	83.71
Kingston upon Thames	2,227	83.00	81.54	84.38
Greenwich	3,757	83.27	82.15	84.33

Lambeth	3,842	83.36	82.26	84.41
Haringey	3,303	83.45	82.26	84.58
Hammersmith and Fulham	2,294	84.03	82.61	85.36
Bexley	2,581	85.58	84.28	86.79
Islington	2,422	85.61	84.27	86.86
Bromley	3,609	85.72	84.64	86.75
Croydon	4,545	85.87	84.90	86.78
Redbridge	3,606	86.19	85.11	87.20
Kensington and Chelsea	1,574	86.20	84.54	87.71
Richmond upon Thames	2,590	86.30	85.03	87.49
Ealing	5,124	87.07	86.19	87.90
Wandsworth	4,428	87.82	86.89	88.70
Brent	4,305	89.26	88.35	90.10
Waltham Forest	4,080	89.43	88.51	90.29
Barnet	4,842	89.58	88.74	90.37
Havering	2,705	89.66	88.52	90.70
Westminster	2,227	90.16	88.92	91.27
Hillingdon	3,555	91.60	90.69	92.43
Tower Hamlets	3,654	94.22	93.44	94.92
Harrow	2,954	94.80	93.96	95.53

Figure 47. Population vaccination coverage - % children completing Hib, Men C vaccine booster by 2 years - in 2010-11 – London boroughs



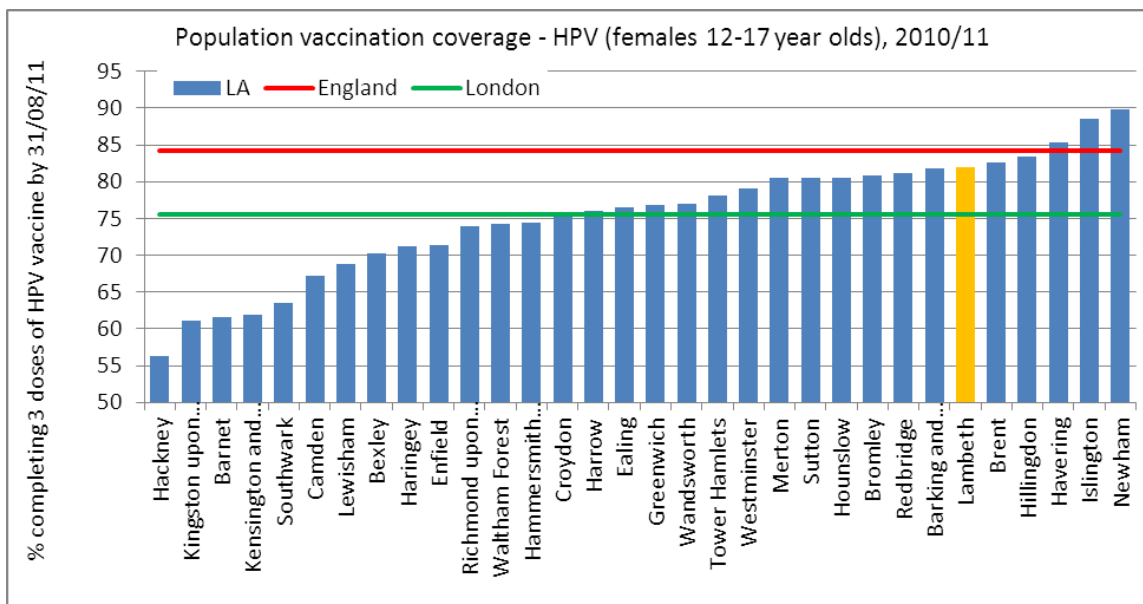
21. Population vaccination coverage - % children completing HPV vaccine by years - in 17 years 2010-11.

Table 41. Population vaccination coverage - % children completing HPV vaccine by years - in 17 years 2010-11.

LA	Number	Statistic	Lower Limit 95%	Upper Limit 95%
England	250,295	84.16	84.03	84.29
London	31,252	75.59	75.18	76.01
Hackney	712	56.37	53.62	59.09
Kingston upon Thames	627	61.11	58.09	64.05
Barnet	1,141	61.58	59.34	63.76
Kensington and Chelsea	362	61.88	57.88	65.73
Southwark	852	63.53	60.92	66.07
Camden	703	67.21	64.31	69.99
Lewisham	851	68.80	66.16	71.32
Bexley	1,105	70.29	67.99	72.50
Haringey	854	71.23	68.60	73.72
Enfield	1,209	71.33	69.13	73.43
Richmond upon Thames	699	73.89	71.00	76.59
Waltham Forest	1,002	74.22	71.82	76.48
Hammersmith and Fulham	674	74.48	71.54	77.21
Croydon	1,500	75.80	73.86	77.63
Harrow	871	76.07	73.51	78.45
Ealing	1,243	76.54	74.42	78.54
Greenwich	945	76.89	74.45	79.16
Wandsworth	857	76.93	74.37	79.31
Tower Hamlets	992	78.11	75.75	80.30
Westminster	780	79.03	76.38	81.45
Merton	1,732	80.56	78.83	82.18
Sutton	1,732	80.56	78.83	82.18
Hounslow	1,051	80.60	78.36	82.65
Bromley	1,607	80.92	79.13	82.58
Redbridge	1,264	81.18	79.16	83.05
Barking and Dagenham	852	81.77	79.31	83.99
Lambeth	799	82.03	79.50	84.32
Brent	1,192	82.66	80.62	84.53
Hillingdon	1,390	83.43	81.57	85.14
Havering	1,251	85.28	83.37	87.00

Islington	651	88.57	86.07	90.67
Newham	1,484	89.78	88.22	91.15

Figure 48. Population vaccination coverage - % children completing HPV vaccine by years - in 17 years 2010-11.



Domain 4: Healthcare public health and preventing premature mortality

1. Tooth decay in children aged 5

The Information centre for Health and Social care published data shows 31% of Lambeth children experiencing dental decay in the academic year 2007-08 compared to 30% in England and 32.7% in London.

The 'Oral health needs assessment' conducted in 2009 presented the following findings

- The oral health of children and adults has improved significantly over the years. However, not everyone experiences good oral health.
- Nationally co-ordinated BASCD data show that around 31% of 5-year-olds in Lambeth in 2007-08 have had some experience of tooth decay, similar to England, but slightly lower than the London average of 33%.
- Five-year olds with experience of tooth decay have on average four decayed, missing or filled (deciduous) teeth
- Local research suggests that African Caribbean children have lower levels of tooth decay than their White counterparts

- At the time of the Children's Dental Health Survey 2003, 8% of 12 year-olds were receiving orthodontic treatment, with 35% reported as needing some form of orthodontic treatment.
- Problems related to children's oral health were reported by parents of 22% of 5 year olds, 26% of 8 year olds, 34% of 12 year olds and 28% of 15 year olds
- Dental pain was the most commonly reported problem, affecting 16% of 5 year olds, 20% of 8 year olds, 26% of 12 year olds, and 20% of 15 year olds.

CHAPTER 6: Local Health profiles

www.chimat.org.uk

Child Health Profile



Lambeth

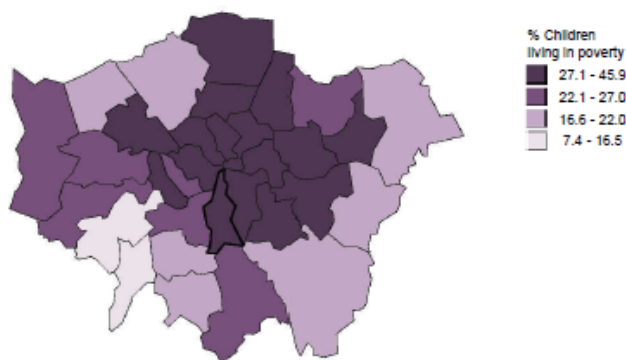
March 2013

This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and well-being of children and tackle health inequalities. This profile is produced by the Child and Maternal Health Observatory (ChiMat) working with London Public Health Observatory (LHO).

The child population in this area	Local	London	England
Live births in 2011	4,784	132,843	688,120
Children (age 0-4 years), 2011	20,700	594,100	3,328,700
% of total population	6.8%	7.2%	6.3%
Children (age 0-19 years), 2011	66,100	2,008,600	12,710,500
% of total population	21.7%	24.5%	23.9%
Children (age 0-19 years) in 2020 (projected)	68,565	2,269,974	13,575,943
% of total population	20.6%	24.5%	23.7%
School children from black/ethnic minority groups	22,850	654,600	1,661,440
% of school population (age 5-16 years)	85.3%	68.2%	25.6%
% of children living in poverty (age under 16 years)	32.7%	27.8%	21.1%
Life expectancy at birth			
Boys	77.0	79.0	78.6
Girls	81.1	83.3	82.6

Children living in poverty

Map of London, with Lambeth outlined, showing the relative levels of children living in poverty.



Contains Ordnance Survey data © Crown copyright 2012

Data sources: Live births, Office for National Statistics (ONS) 2011; population estimates, ONS 2011 Census mid-year estimates; population projections, ONS Interim 2011-based subnational population projections; black/ethnic minority maintained school population, Department for Education 2012; children living in poverty, HM Revenue & Customs (HMRC) 2010; life expectancy, ONS 2008-10



YORKSHIRE & HUMBER PUBLIC HEALTH OBSERVATORY



London Health Observatory



ChiMat is funded by the Department of Health and is part of YHPHO. This profile is produced by ChiMat working with LHO on behalf of the Public Health Observatories in England.

Key findings

21.7% of the population of Lambeth is under the age of twenty. 85.3% of school children are from a black or minority ethnic group.

The health and well-being of children in Lambeth is mixed compared with the England average. The infant mortality rate is worse and the child mortality rate is similar to the England average.

The level of child poverty is worse than the England average with 32.7% of children aged under 16 years living in poverty. The rate of family homelessness is worse than the England average.

Children in Lambeth have worse than average levels of obesity. 10.7% of children aged 4-5 years and 24.0% of children aged 10-11 years are classified as obese. 53.7% of children participate in at least three hours of sport a week which is worse than the England average.

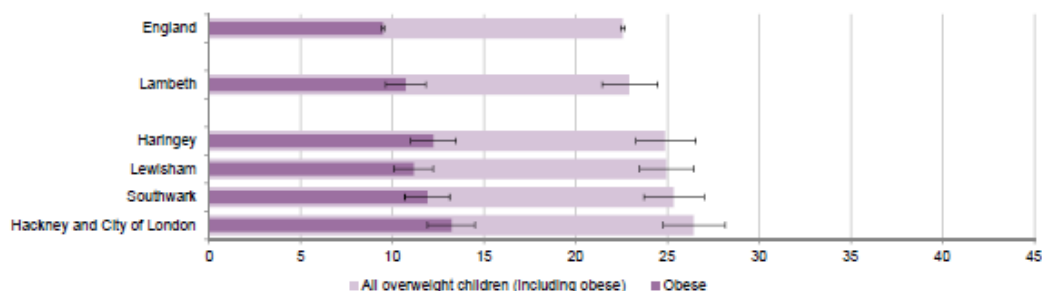
The hospital admission rate for alcohol specific conditions is lower than the England average. The hospital admission rate for substance misuse is similar to the England average.

In 2011, there were 3,065 acute sexually transmitted infection diagnoses in young people aged 15 to 24 years. This represents a rate of 75.2 diagnoses for every 1,000 people in this age range which is higher than the England average.

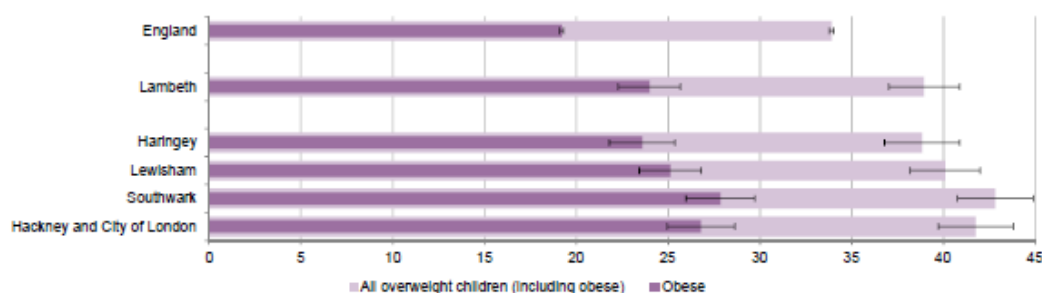
Childhood obesity

These charts show the percentage of children classified as obese or overweight in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) by local authority compared to their statistical neighbours. This area has a similar percentage in Reception and a higher percentage in Year 6 classified as obese or overweight compared to the England average.

Children aged 4-5 years classified as obese or overweight, 2011/12 (percentage)



Children aged 10-11 years classified as obese or overweight, 2011/12 (percentage)



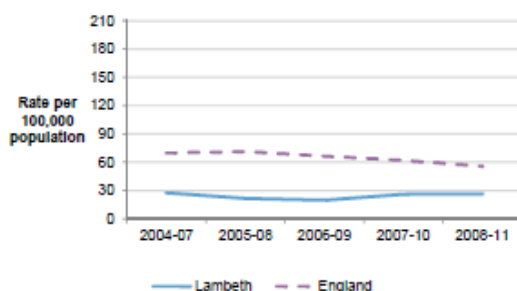
Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. I indicates 95% confidence interval.

Data source: National Child Measurement Programme (NCMP), The Information Centre for health and social care

Young people and alcohol

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

In comparison with the 2004-07 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose remains broadly similar in the 2008-11 period. Overall rates of admission in the 2008-11 period are lower than the England average.

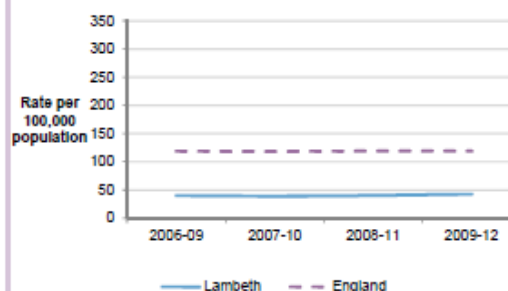


Data source: Local Alcohol Profiles for England, North West Public Health Observatory

Young people's mental health

Young people aged under 18 admitted to hospital as a result of self-harm (rate per 100,000 population aged 0-17 years)

In comparison with the 2006-09 period, the rate of young people under 18 who are admitted to hospital as a result of self-harm remains broadly similar in the 2009-12 period. Overall rates of admission in the 2009-12 period are lower than the England average*. Nationally, levels of self-harm are higher among young women than young men.

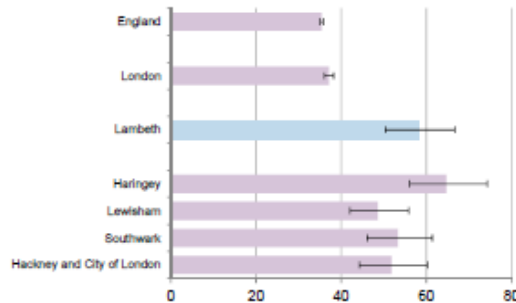


*Information about admissions in the single year 2011/12 can be found on page 4

Data source: Hospital Episode Statistics, The Information Centre for health and social care

These charts compare Lambeth with its statistical neighbours, the England and regional average and, where available, the European average.

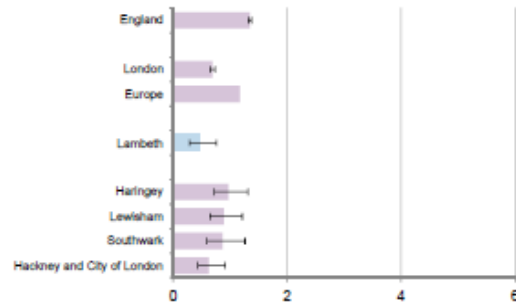
**Teenage conceptions in girls aged under 18 years, 2010
(rate per 1,000 female population aged 15-17 years)**



In 2010, approximately 58 girls aged under 18 conceived for every 1,000 of the female population aged 15-17 years in this area. This is higher than the regional average. The area has a higher teenage conception rate compared to the England average.

Data source: Department for Education

Teenage mothers aged under 18 years, 2011/12 (percentage of all deliveries)



In 2011/12, 0.5% of women giving birth in this area were aged under 18 years. This is similar to the regional average. This area has a lower percentage of births to teenage girls compared to the England average and a lower percentage compared to the European average of 1.2%*.

Data source: Hospital Episode Statistics, The Information Centre for health and social care
* European Union 27 average, 2009. Source: Eurostat

Breastfeeding at 6 to 8 weeks, 2011/12 (percentage of infants due 6 to 8 week checks)



91.8% of mothers in this area initiate breastfeeding when their baby is born. This area has a higher percentage of babies who have ever been breastfed compared to the European average of 89.1%*. There are no data for breastfeeding at six to eight weeks.

Data source: Department of Health
* European Union 21 average, 2005. Source: Organisation for Economic Co-operation and Development (OECD) Social Policy Division

Measles, mumps and rubella (MMR) immunisation by age 2 years, 2011/12 (percentage of children age 2 years)



A lower percentage of children (83.4%) have received their first dose of immunisation by the age of two in this area when compared to the England average. By the age of five, the percentage of children who have received their second dose of MMR immunisation is lower with 78.3% of children being immunised. This is lower than the England average. In London, there were 284 laboratory confirmed cases of measles in young people aged 19 and under in the past year.

Data source: The Information Centre for health and social care, Health Protection Agency

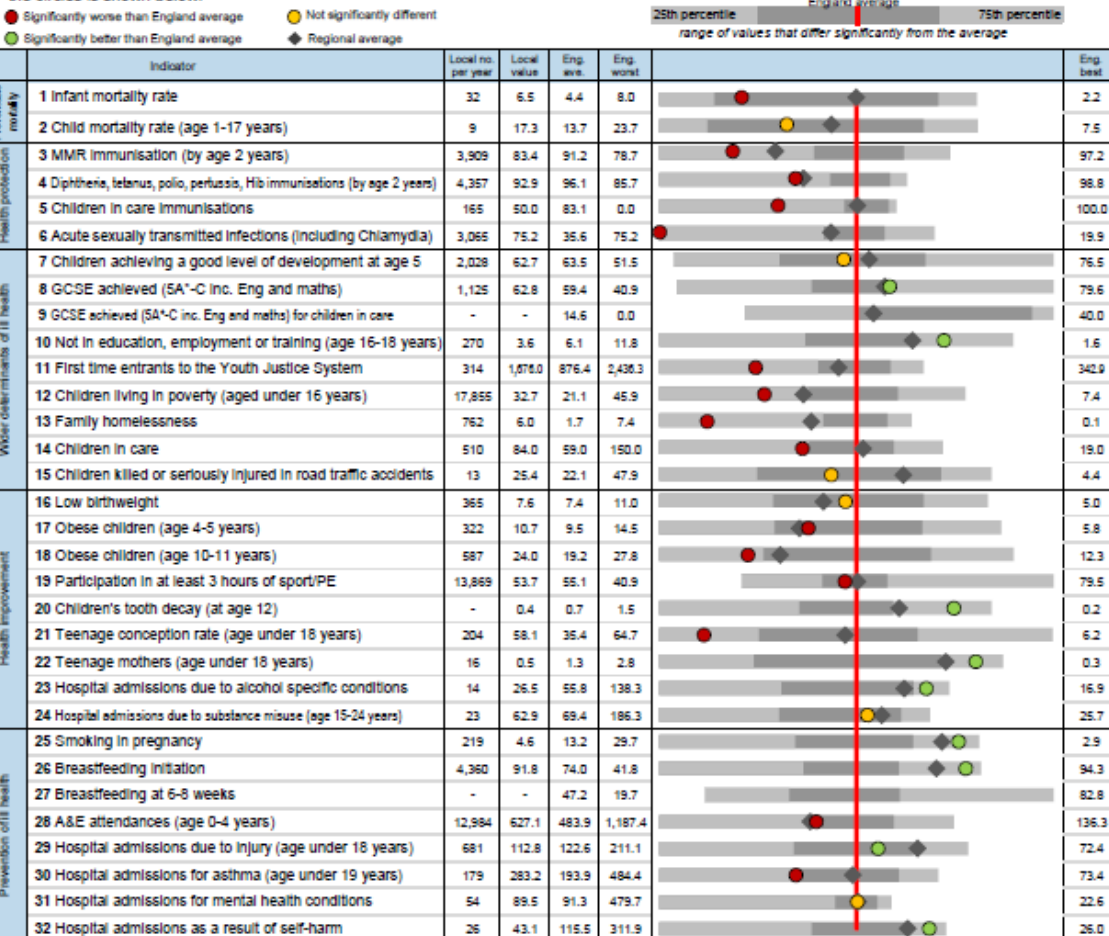
Note: Where no data are available or have been suppressed, no bar will appear in the chart for that area.

Lambeth Child Health Profile

March 2013

Summary of child health and well-being in Lambeth

The chart below shows how children's health and well-being in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.



Notes and definitions - Where data are not available or have been suppressed, this is indicated by a dash in the appropriate box.

1 Mortality rate per 1,000 live births (age under 1 year), 2009-2011

2 Directly standardised rate per 100,000 children age 1-17 years, 2009-2011

3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2011/12

4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2011/12

5 % children in care with up-to-date immunisations, 2012

6 Acute STI diagnoses per 1,000 population aged 15-24 years, 2011

7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2012

8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2011/12

9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2011/12 (provisional)

10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local Connexions services, 2011

11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2010/11

12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2010

13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2011/12

14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2012

15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2009-2011

16 Percentage of live and stillbirths weighing less than 2,500 grams, 2011

17 % school children in Reception year classified as obese, 2011/12

18 % school children in Year 6 classified as obese, 2011/12

19 % children participating in at least 3 hours per week of high quality PE and sport at school age (5-18 years), 2009/10

20 Weighted mean number of decayed, missing or filled teeth in 12 year olds, 2008/09

21 Under 18 conception rate per 1,000 females age 15-17 years, 2010

22 % of delivery episodes where the mother is aged less than 18 years, 2011/12

23 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2008-11

24 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2009-12

25 % of mothers smoking at time of delivery, 2011/12

26 % of mothers initiating breastfeeding, 2011/12

27 % of mothers breastfeeding at 6-8 weeks, 2011/12

28 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2010/11

29 Crude rate per 10,000 (age 0-17 years) for emergency hospital admissions following injury, 2011/12

30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2011/12

31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2011/12

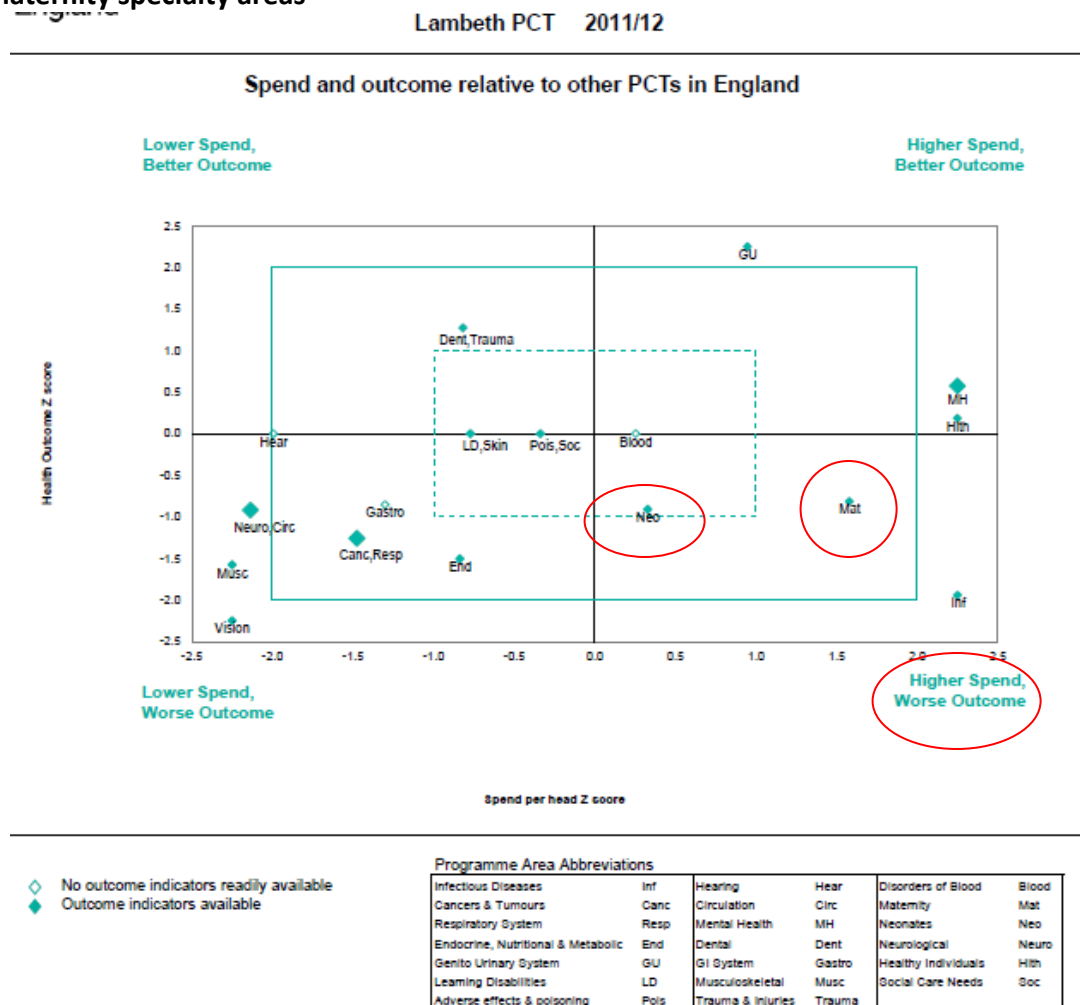
32 Crude rate per 100,000 (age 0-17 years) for hospital admissions for self-harm, 2011/12

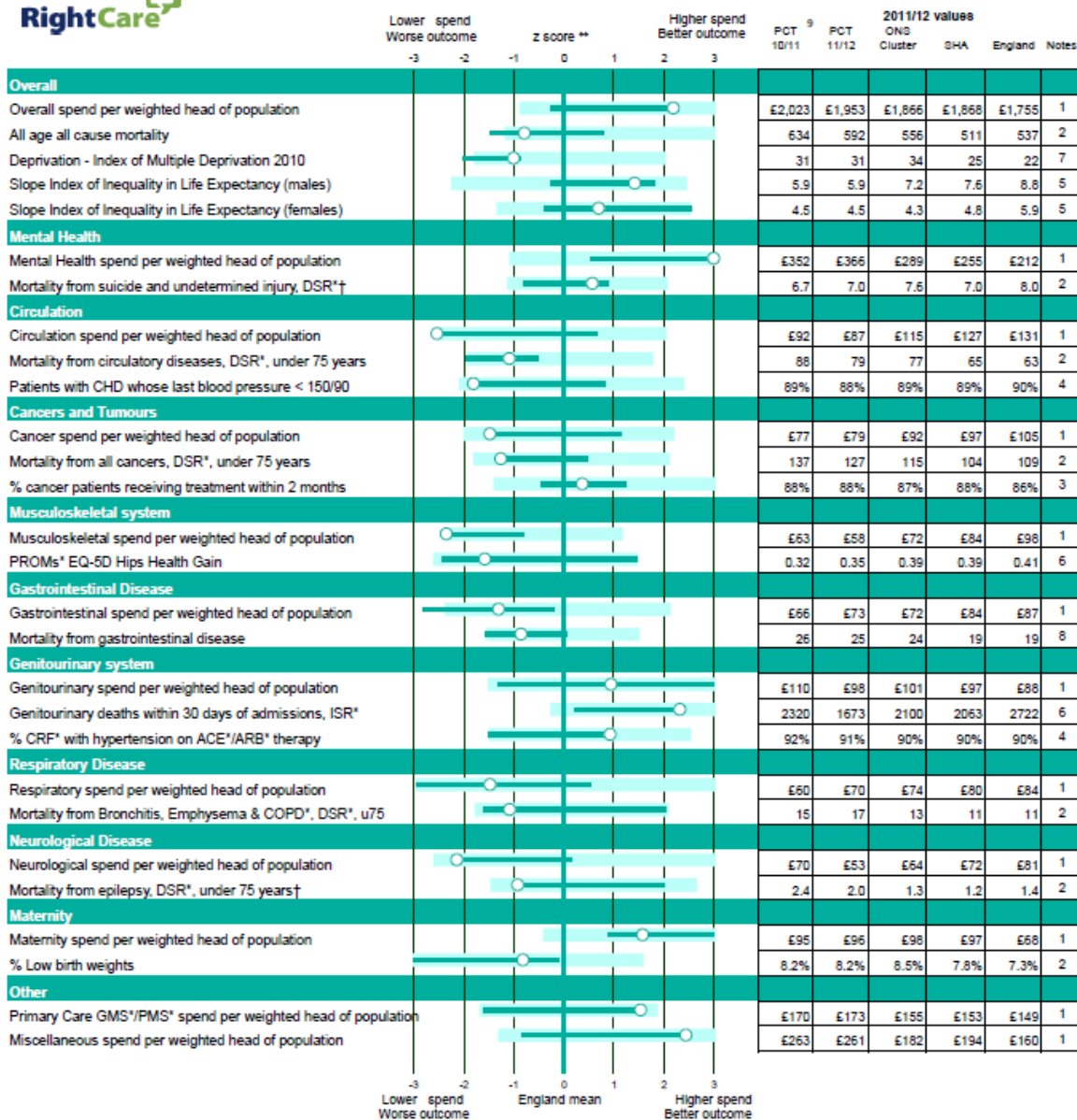
CHAPTER 7: SPOT – Spend and Outcomes tool

This tool was designed by the Department of Health to show how PCTs spend and health outcomes compare with other PCTs in England. The 2011-12 factsheet for Lambeth published by Right Care in association with Public Health England and NHS England, shows

- Lambeth PCT's highest spend areas, excluding programme 23 (Other), are £366 per head per year on Mental Health, £101 on Infectious Diseases and £98 on GenitoUrinary.
- Lambeth PCT has outlier(s) on spend area(s): Infectious Diseases, Mental Health, Neurological, Vision, Circulation, Musculoskeletal, Healthy Individuals, and on outcome area(s): Vision, Genito Urinary System.
- At £261 per head per year, 23x Miscellaneous is a lot higher in Lambeth PCT than the England average. This may affect the accuracy of other programme budgets.

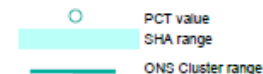
Figure 49. 2011-12, data showing 'Higher spend and Worse outcomes' in neonatal and maternity specialty areas



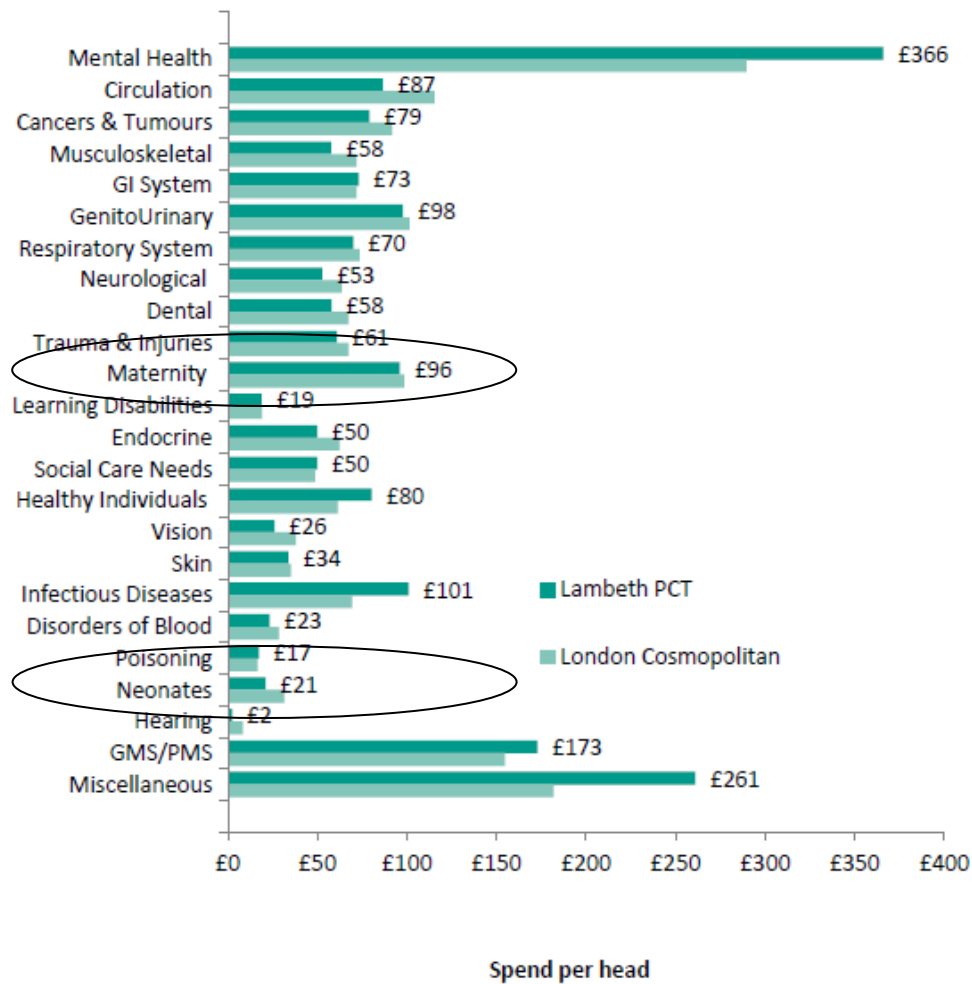


** z scores

A z score essentially measures the distance of a value from the mean (average) in units of standard deviations. A positive z score indicates that the value is above the mean whereas a negative z score indicates that the value is below the mean. A z score below -2 or above +2 may indicate the need to investigate further.



Spend compared to ONS Cluster



This chart shows spend per head of population for your PCT and ONS cluster.

CHAPTER 8. Stakeholder views

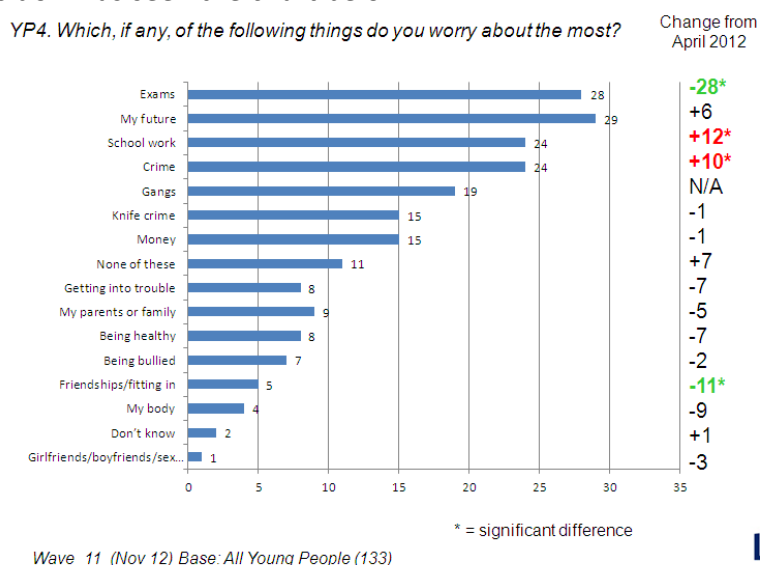
Stakeholders' views are essential in informing commissioning decision. An attempt has been made to collate local consultations, patient/user satisfaction surveys.

Lambeth Residents' Survey findings for children and young people

Every year Lambeth council conducts a residents' survey. Over the last five waves there have been 3,086 interviews with adults (aged 18+) and 519 with young people aged 11-19 years. The fieldwork for this survey was carried out in residents' homes using computer assisted personal interviewing (CAPI) between (ADD NOVEMBER) 11th April and 17th May 2012, 13th October and 24th November 2011, 13th July-16th August 2011, and 4th April-9th May 2011. Data are weighted to gender, age, work status and ethnicity for adults and to age, ethnicity and gender for young people. The adult quotas were set on gender, age, work status and ethnicity, with an age quota set for young people. Quotas were set using much more up to date sources than previously (2001 census) and so we are much more confident that the findings are representative of the current Lambeth population.

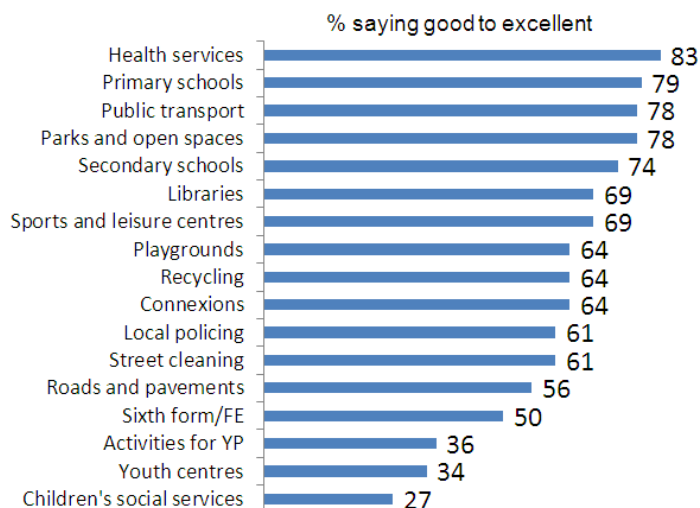
Findings from this eleventh wave of a three year programme of quarterly residents research conducted by Ipsos MORI for Lambeth Council are presented below.

1. Survey showed that young people are most concerned about their future. Concerns about school work and crime are up on last wave, and concern about exams is down as seen the chart below.



2. Youth satisfaction with the council is gradually increasing, but adult satisfaction is stable and adult VfM ratings have dipped.
3. Fewer young people feel informed about council services and benefits it provides.
4. With regard to aspirations, 3 in 4 want to go on to university.
5. Young people rate health services, public transport, schools and parks most positively as seen the chart below

YP8 : What is your opinion of...?



Wave 11 (Nov 12) Base: All Young People (133)

6. Parks, secondary schools and libraries are the services most used by 11-19 year olds
7. Young people reported that qualification, leisure/sports centre and internet access were the most important for Lambeth council to provide, followed by homework clubs, programmes to help YP into work and youth clubs.
8. Youth concern about ASB has dropped. Young people are less concerned about drug dealing and vandalism than they were six months ago. Their perceptions of ASB are now more in line with those of adults.

Summary points

1. Youth satisfaction with the local area is high
2. Satisfaction and usage of council services is stable which is great news given the broader context of cuts, and young people are more satisfied with how the council is running things overall
3. Youth concern about and experience of crime and ASB is down
4. Three in four YP want to go on to university, suggesting the hike in tuition fees has not had an impact on ambition

Possible areas for action

1. Fewer young people feel informed than ever before – opportunity to reach out to them using methods they use and sources they trust.
2. Youth recycling rates are down, as is participation in group activities – opportunity to we reverse this by using resources like YLC play. For example.

Summary report of health related behaviour survey, 2012

In 2012, Lambeth produced a report titled '*Supporting the health of young people in Lambeth – A summary report of health related behaviour survey 2012*'. The topics covered in this survey were citizenship, drugs alcohol and tobacco use, emotional health and wellbeing, healthy eating, lifestyle – physical activity, safety and relationship and sexual health. This sampled study was conducted during the summer term in 2012. 2276 people aged 9-15 were involved in the survey.

HEALTHY EATING

q 22% of Year 8 girls had nothing to eat or drink for breakfast on the morning of the survey. It is interesting that 52% of Year 8 girls say that they would like to lose weight. 25% of pupils reported having no lunch on the day before the survey.

18% of Year 10 girls reported having nothing to eat or drink for breakfast on the day of the survey.

Q When asked what might encourage them to eat school lunch more often, 70% said better food and 68% said a longer lunchbreak.

Q Pupils were asked to identify from a list the foods they ate 'on most days'. 49% said meat, 35% said fresh fruit and 39% said vegetables. 13% of pupils have chips, 21% crisps, 26% sweets and chocolates and 27% 'non diet' fizzy drinks 'on most days'.

Q 28% said they 'rarely' or 'never' ate any fish. 44% said they 'rarely' or 'never' ate High-fibre cereals, muesli and 15% said they 'rarely' or 'never' ate salads. 15% of pupils said they never considered their health when choosing what to eat.

DRUGS, ALCOHOL AND TOBACCO

Drugs

q 63% of Year 6 pupils and 37% of Year 4 pupils reported that their parents had talked with them about drugs.

Q 69% of Year 6 said that their teachers had talked to them about drugs, 36% of Year 4 pupils said the same.

Q 31% of Year 6 and 11% of Year 4 said that they had talked with visitors in school lessons, e.g.

the police about drugs.

19% say they are 'fairly sure' or 'certain' they know someone who uses drugs (not medicines).

Alcohol

q 6% of pupils said that they had at least one alcoholic drink (more than just a sip) in the past seven days.

Q 1% said they had wine and 1% beer.

Q Alcohol tasted by Year 6 pupils included:

q 76% of pupils said that they don't drink alcohol; 18% of pupils said that they drank alcohol but their parents 'always' knew when they drank alcohol. 4% of pupils said that when they drink alcohol their parents 'never' or only 'sometimes' know about it.

Tobacco

q **96% of pupils said they had never tried smoking.** 3% said that they had only tried smoking once or twice.

Q 1% of said they had smoked at least one cigarette during the last seven days.

Q 72% said 'NO!' they wouldn't smoke when they are older, 15% said 'no', 12% said maybe and 2% think they will smoke when they are older.

Q **14% say they 'will' or 'may' smoke**

Physical activity

q 81% of pupils reported that they enjoyed physical activities 'quite a lot' or 'a lot'.

Q 73% considered themselves 'fit' or 'very fit'. 6% said they considered themselves 'unfit' or 'very unfit'. 22% said that they weren't sure.

Q 69% of pupils reported that they had exercised hard enough to make them breathe harder three times or more in the last week; 9% said not once.

20% of pupils spent more than 2 hours doing PE/Games last week at school.

SAFETY – areas of concern

- Accidents which require treatment by a doctor or hospital
- 26% of pupils rated the safety of their area, when going out
- 50% of pupils said that they thought groups of people hanging around in public places was a problem in their area. After dark, as 'poor' or 'very poor'. 7% said this about going out during the day.

Trends

- 17% of primary pupils said they drink non-diet fizzy drinks 'on most days'. This is a fall from the 24% seen in 2010. It is also lower than the 19% seen in 2008 and 18% in 2006.
- 31% of primary pupils in 2012 said that they had five or more portions of fruit and vegetables the day before.
- 33% said this 2010 and 30% in 2008; all are still lower than the 36% who said the same in 2006.
- 76% of primary pupils in 2012 said that they do not drink alcohol. This is higher than the 70% seen in 2010. 67% said this in 2008 and 61% in 2006.
- 78% of Year 6 pupils said they had talked with their teachers about growing up and body changes in 2012. This is higher than the 74% seen in 2010. 72% said this in 2008 and 64% in 2006.
- 29% of Year 6 pupils said their teachers had talked with them about AIDS/HIV. This is lower than the 37% seen in 2010. 31% said this in 2008 and 21% in 2006.

- There has been a fall in the proportions of Lambeth primary pupils who report drinking alcohol the previous week. 6% of pupils said they had an alcoholic drink in 2012 compared with 11% in 2010, 8% said this in 2008 and 11% in 2008.
- There has been a rise in the proportions of primary pupils in Lambeth who said they have never smoked at all. 96% said this in 2012 compared with 94% in 2010,
- 93% said this in both 2008 and 2006.
- More secondary pupils in 2012 said that they enjoyed most or all of their lessons compared with the 2010 and
- 2008 samples; 40% vs. 38% vs. 32%.
- There appears to be an increase in the proportions of boys recording high levels of self-esteem. 56% had high self esteem in 2012 compared with 53% in 2010, 51% in 2008 and 48% in 2006.
- 45% of secondary pupils in 2012 said that after Year 11 they would like to find a job as soon as they can. This compared with the 35% and 41% who said the same in 2010 and 2008.
- 29% of secondary pupils in 2012 said that there was a special contraception and advice centre available for young people locally. 17% said this in 2010 and 28% in 2008.
- 36% of secondary pupils in 2012 said they knew someone who used drugs compared with 30% in 2010 and 39% saying this in 2008. 21% said they had been offered cannabis in 2012 compared with 18% in 2010 and 23% in 2008.
- Secondary pupils in 2012 were more likely to say that they have never drunk alcohol compared with pupils in 2010 and 2008; 60% vs. 50% vs. 45%.
- Secondary girls in 2012 were more likely to say that they worried about exams and tests compared with girls in 2010 and 2008. Figures for worrying about exams are now at 59% in 2012 vs. 53% in 2010 and 40% in 2008.

SHEU Survey – Emotional Health and Wellbeing – SUMMARY

Primary SHEU

- Cohesion improving as 77% of pupils said that their school valued people with different backgrounds higher than the 67% seen in the wider sample. They also reported higher levels of self-esteem (39%) compared with the wider sample (33%).
- Pupils reporting being scared by an adult has fallen slightly but still higher than the wider sample.
- Worry about crime has not changed too much over the years, but still remains an important issue affecting primary school pupils.
- 26% of boys and 17% of girls in the year 4 sample had high self-esteem scores.
- This was higher in the Year 6 sample; 45% of boys and 38% of girls recorded levels of high self esteem
- A third of pupils were afraid to go to school because of bullying. 41% reported being pushed or hit for no reason and 48% had been called names. Most incidents happened in the school premises.

Secondary SHEU

- 67% of pupils reported that in general they were 'quite a lot' or 'a lot' satisfied with their life. 27% said 'a lot'. 13% said 'not at all' or 'not much'.

- Boys in Lambeth were more likely to score levels of 'high' self esteem (56%) compared with boys in the wider sample (48%). Self esteem risen from 48% (2006) to 56% overall.
- The percentage of girls not eating breakfast before school remains little changed. 18% compared with 20%. 43% of year 8 females agreed with the statement 'There are lots of things about myself that I would like to change' compared with 25% of year 8 males. Similar disparities are found in Year 10 (42% compared with 25%). This difference is consistent with previous years.
- 18% of pupils reported a fear of going to school because of bullying
- 9% of pupils said there were no adults they could trust. The percentage for females has doubled since 2010 (12% compared with 6%).
- 26% of pupils rated their safety when going out after dark as 'poor' or 'very poor'
- 13% of pupils said they had been the victim of violence or aggression where they lived. Males were more affected than females. 8% of the sample said they knew friends who carried a blade.
- Perceptions of problems reported in the area where young people lived were groups hanging around in public places, people using drugs and people being mugged. There was no significant change in the worries young people had about other issues. Lambeth secondary school pupils were more likely to worry about tests, exams, career, school work and health than the wider sample.
- 12% of year 8 males said EHWP lessons were not at all useful. 25% said quite or very useful. 14% of year 8 females said not at all useful with 26% saying quite or very useful. 19% of year 10 males said not at all useful with 23% saying quite or very useful. 16% of year 10 females said EHWP lessons not at all useful with 22% said quite or very useful.
- Females taking part in sports is still low at 18% (Year 8 females) and 16% (Year 10 females). 25% of pupils cared for family members in their spare time.
- 21% of pupils saw pictures online that upset them. 16% said someone else had shared an image of them via social media that made them feel unhappy.

Interpretation:-

- There is a need to do more to boost confidence and self esteem in Lambeth girls which is static or slightly falling as boy's self esteem rises.
- There is more work needed to tackle bullying in schools.
- Need to work closely with community safety colleagues to tackle perceptions of safety among young people which affects their emotional wellbeing and activities that could improve wellbeing.

It is recommended that surveys such as these conducted locally as well as regionally should be accessed to understand views of stakeholders with regard to health and wellbeing of the population. Such qualitative pieces of work can add substantially to the knowledge and intelligence to understand and plan health and social care provision locally.

CHAPTER 9. Community assets

Health & Wellbeing strategy development workshop

Understand physical and functional community assets form an important of service mapping and adds substantially while planning services.

Lambeth undertook consultation events in November 2012 and February 2013 to develop Lambeth's Health & Wellbeing strategy included a segment on understanding community assets. The idea was co-production with the community and stakeholders. The attempt was to understand what makes residents healthy and happy. Attendees mapped assets that they considered are important for health and wellbeing in Lambeth. See photo below



Participants mapped a variety of setting which they considered as important to health and wellbeing. These included schools, green spaces, health care centres, hospitals, shops, cafes etc.

A photo challenge titled '#feelgoodLambeth#' was also undertaken where residents were asked to take photos of places such as gym, library, café, parks, health centres, businesses, workplaces, etc., that form the assets important to community's health and wellbeing. Participants

The workshop in November 2012 also consulted with the public on the 'Vision', 'Priority outcomes' 'Strategies and enablers' and 'Prioritisation'

Development in this area is in early stages and further work should continue to identify, understand and capitalise on the local community assets which can be a useful way to influence health and wellbeing of the population.

A photo of the engagement event in November 2012 is shown below.



Further details will be available in Lambeth's Health and Wellbeing transition Strategy - 2013-14.

There is guidance available on the internet (e.g. by NWPH) on asset based assessment which will be useful from a commissioning point of view. This is also referred to as Joint Strategic Asset Assessment.

CHAPTER 10. Evidence and best practice

The **National Institute of Health and clinical Excellence (NICE)** provide guidance and guidelines around management of various conditions in health care. Recently NICE has started publishing guidance for Public health specifically which includes guidance around 'Strategies to prevent unintentional injuries in <15s, Walking, cycling, self harm, falls, obesity prevention and management, smoking cessation, sexual health etc. Further details are available here www.nice.org.uk

The SIGN or Scottish Intercollegiate Guidelines Network is also active in providing guidance and guidelines for management of public health issues such as 'Management of attention deficit and hyperkinetic disorders in children and young people. Further details at www.sign.ac.uk

The DH – Department of Health also publishes guidance and links to useful resources on best practice. For e.g. see the guidance on the DH website available via this link – https://www.gov.uk/government/publications?keywords=&publication_filter_option=guidance&topics%5B%5D=children-and-young-people&departments%5B%5D=all&world_locations%5B%5D=all&direction=before&date=2013-07-01

Guidance is also available through the www.education.gov.uk website on health and wellbeing related issues in young people.

The **Association of Public Health Observatories** www.apho.org.uk now under Public Health England has useful resources pooled together in one place. Please visit <http://www.apho.org.uk/default.aspx?RID=39403> and <http://www.apho.org.uk/default.aspx?RID=39401> for further information

CHIMAT – child and maternity health observatory has done useful work on providing needs assessment reports as well as profiles and tools to support children and young people's commissioners. Please visit <http://www.chimat.org.uk/> for more info.

Public Health Outcomes Framework tool is also a useful resource to see performance against outcomes benchmarking various local authorities. More info available here – <http://www.phoutcomes.info/>

Public Health England are setting up a portal which intends to bring together essential public health intelligence as well as evidence on best practice to support PH professionals. There are several other evidence sources for specific topics available for commissioners and practitioners. For further information, please contact the Lambeth & Southwark Public Health Directorate.

Abbreviations

A&E	Accident and Emergency
APHO	Association of Public Health Observatories
ASB	Anti-Social Behaviour
BME	Black and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Services
CHIMAT	Child and Maternal (health observatory)
CI	Confidence Interval
DH	Department of Health
HSCIC	Health and Social Care Information Centre
HWB	Health and Wellbeing
HWBS	Health and wellbeing strategy
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LE	Life Expectancy
LRTI	Lower Respiratory tract infection
LSOA	Lower Layer Super Output Area
NCHOD	National Compendium for Health Outcomes Development
NICE	National Institute for Health and Clinical Excellence
NWPH	North West Public Health Observatory
PCT	Primary Care trust
PH	Public Health
PHE	Public Health England
SIGN	Scottish Intercollegiate Guidelines Network
SPOT	Spend and Outcomes Tool
VfM	Value for Money

Data sources

Association of Public health observatories
ChiMat
Department of Health
Greater London Authority
Health and Social Care Information Centre
London Borough of Lambeth [Council]
National Compendium of Health outcome indicators
Neighbourhood statistics
Office for national statistics
Public Health England

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Key contacts and links

For queries related to this document please email ash.more@southwark.gov.uk

We would like to acknowledge contributions from Dr. Ash More, Dr. Abdu Mohiddin, Jason Preece, Emma Stevenson, James Crompton, Nilam Jani and Ravi Kunasingam representing team members from London Borough of Lambeth council and Lambeth & Southwark shared Public Health team.

This document will be available on www.lambeth.gov.uk in due course.

Note: Data and information in this report has been obtained from several reliable sources. Caution is advised while interpreting certain datasets where actual numbers can be extremely small and rates are used to represent or compare performance. Emphasis has been on indicators where data was available and published nationally so that benchmarking and comparison was possible. Please note that by the time this document is published some datasets may be outdated. Please also review associated documents referred to in this JSNA to understand issues in its entirety.

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