Health Profile for Lambeth 2022

Section 4 – Healthy Adults

Contents

Findings

Years spent in poor health has increased in Lambeth

For males, it has increase by 4.6 years and for females it has increased by 3 years in 2018-20

Low back pain most common cause of morbidity

In 2019 Lambeth, followed by heart disease and diabetes

1 in 4 adults experience high anxiety levels

From a self-reported survey in 2020/21. The rate has steadily increased since 2014/15

Cancer diagnoses have seen a reduction during pandemic

Returning to normal levels but tend to decrease whenever there is a wave

18.4 year difference for males between highest and lowest deprivation

In 2018-20 England wide

19.8 year difference for females between highest and lowest deprivation

In 2018-20 England wide

More deprived areas have higher proportion of people experiencing mental health issues

In 2018 using Small Area Mental Health Index Lambeth

4.1 Introduction

Adults make up the largest proportion of the population, with ONS 2018-based subnational population projections estimating the 20–64-year-old population in Lambeth in 2022 at 233,935 – 70% of the overall population[1]. The largest 5-year age group was the 25–29-year-olds.

Good health is vital to maintaining quality of life in adults. The benefits are wide ranging, from remaining in employment, to maintaining relationships and being involved in activities that provide meaning and purpose[2]. Helping people to be healthy for as many years as possible is not only important at an individual level but is also vital to the sustainability of the health and care system and the economy[3].

Areas covered in this section are:

- Healthy life expectancy

- Leading causes of morbidity

- Mental health and wellbeing

- Cancer

4.2 Healthy life expectancy

Healthy life expectancy (HLE) measures the number of years spent in good health (rather than with a disability or in poor health). This indicator is an extremely important summary measure of morbidity.

Looking at **figures 4.1 and 4.2**, in 2018-20 health life expectancy at birth was 60.9 years for males and 59.5 years for females in Lambeth. This is less than England's for both males and female, 63.1 years and 63.9 for females respectively, but not statistically significantly.

Figure 4.1: Male HLE at birth over time in Lambeth
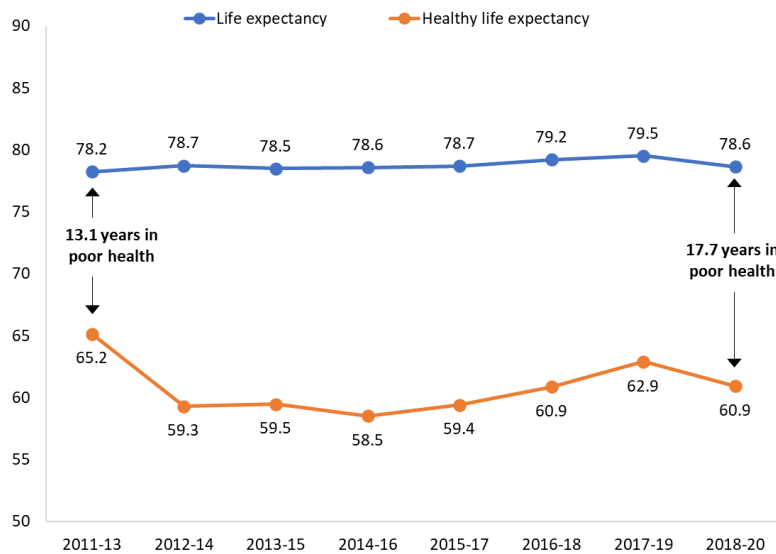
Source: Office for Health Improvement & Disparities.
Public Health Profiles. https://fingertips.phe.org.uk © Crown copyright 2022

Figure 4.2: Female HLE at birth over time in Lambeth
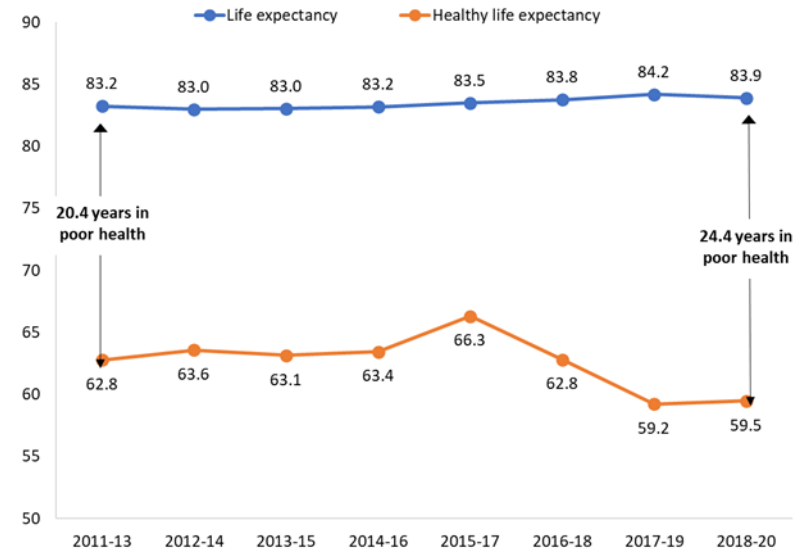
Source: Office for Health Improvement & Disparities.
Public Health Profiles. https://fingertips.phe.org.uk © Crown copyright 2022

Further it is seen that in Lambeth, both male and females' healthy life expectancy has decreased since 2011 to 2013, for men by 4.3 years and for women by 3.3 years. Neither of these changes were statistically significant.

This has caused on average, for men and women in Lambeth to spend an increased number of years in poor health – for men in 2018-20 it was 17.7 years and for women 24.4 years. This amounts to men spending 77.4% of their lives in good health and women 70.9%. In comparison, for England 79.5% of a man's life and 76.8% of a woman's life is spent in good health on average.

In 2017-19, HLE was lower in the most deprived areas with an 18.4-year gap for males and 19.8-year gap for females spent in good health between the least and most deprived areas[4].

4.3 Leading causes of morbidity

Morbidity is the state of having a specific illness or condition, so relates to what causes less than good health in the population. **Figure 4.3** shows the top 15 most common causes of ill health in Lambeth by examining the age standardised rate of years lived with disability (YLD) per 100,000 people.

The top 3 causes of YLD were low back pain, heart disease and diabetes. Heart disease has seen a significant reduction in rates when compared to 1990 where the age-standardised rate was over 3,600 of 100,000 to a rate of 981 of 100,000 in 2019. Significant reductions in rate between 1990 and 2019 is also seen in tracheal, bronchus and lung cancer, neonatal disorders and strokes.

Diabetes however has seen a rise in rates since 1990, going from 526 in 1990 to 733 in 2019 – this is not statistically significant. The rise in diabetes prevalence has been seen nationally, with rates of undiagnosed diabetes being estimated at around 4% in 2019. There are also inequalities with diabetes prevalence, with higher rates in ethnic minority groups and low income households[5].

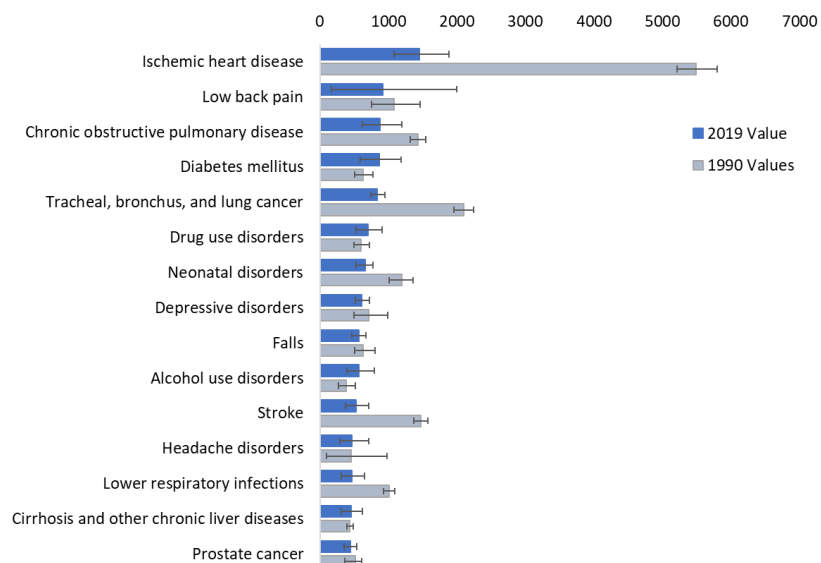**Figure 4.3: Most common causes of morbidity in 2019 and 1990 in Lambeth**
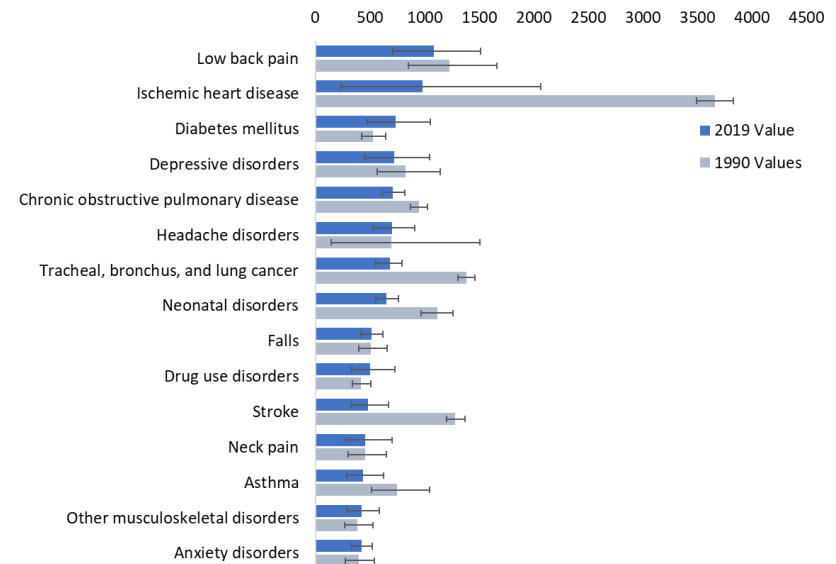
Source: Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2020

4.3.1 Male

For men the most common cause of morbidity remains heart disease, despite having seen a major decrease in the age-standardised rate since 1990 it has a rate of 1,452 of 100,000 men in 2019.

A number of conditions have seen a reduction in the rate between 1990 and 2019 apart from diabetes, drug use disorders, alcohol use disorders, headache disorders and chronic liver disease, figure 4.4.

Figure 4.4: Most common causes for males of morbidity in 2019 and 1990 in Lambeth

Source: Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2020

4.3.2 Female

For women the top 3 causes were low back pain, headache disorders and depressive disorders. These had all decreased in rate since 1990 but not significantly so.

The conditions that increased in rate between 1990 and 2019 were diabetes, neck pain, anxiety disorders, other musculoskeletal disorders and endocrine, metabolic, blood and immune disorders, figure 4.5.

Figure 4.5: Most common causes for females of morbidity in 2019 and 1990 in Lambeth
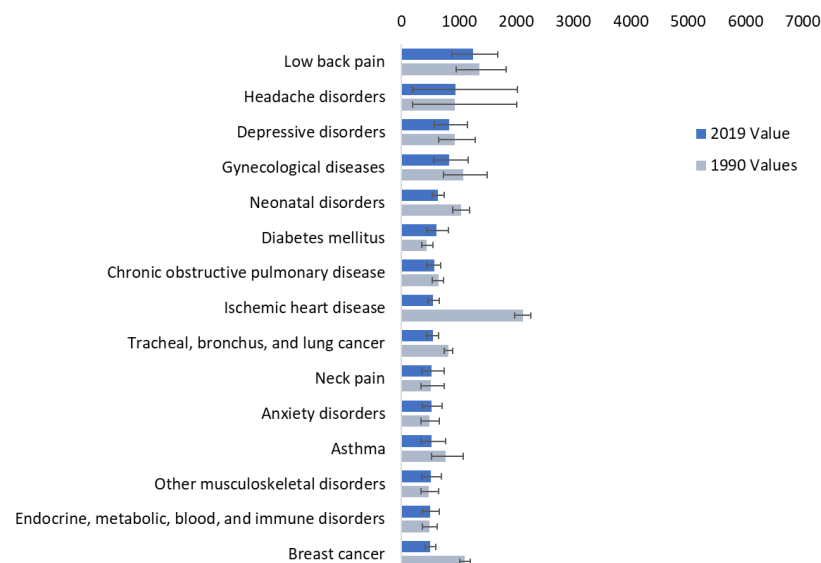

Source: Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2020

4.4 Mental health and wellbeing

Mental health and wellbeing are a top priority within Lambeth. According to the global burden of disease, in 2019 depressive and anxiety disorders were in the top 15 causes of morbidity in Lambeth.

Analysis of primary care data by PHE also revealed that in England, people with a severe mental illness (SMI) were more likely to have another cause of morbidity such as obesity, asthma, diabetes, chronic obstructive pulmonary disease, coronary heart disease, stroke and heart failure[6]. Furthermore, in 2018-20 analysis by PHE found that people aged under 75 in contact with mental health services in England had an excess death rate 4.5 times higher than the general population[7].
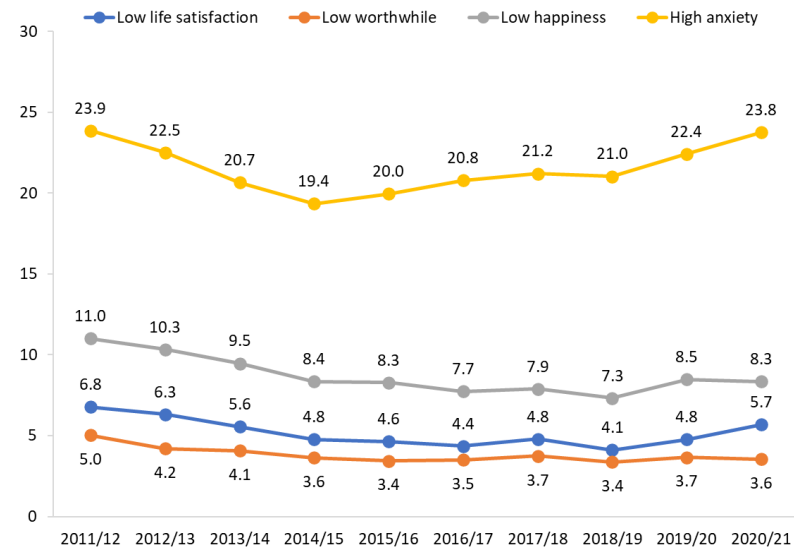
4.4.1 Wellbeing

Figure 4.6 shows trends the proportion of people reporting poor wellbeing in London, categorised by four indicators: low life satisfaction, low worthwhile feelings, low happiness and high anxiety. In the latest year, 2020/21, the proportion reporting low happiness and low worthwhile feelings had decreased slightly showing slight improvement and following an overall trend of slowly decreasing. The year 2019/20 showed a slight increase in all reporting's of the four indicators, but this may have been due to the pandemic. It has been reported that during periods of the pandemic, there was in increase in anxiety and a reduction in life satisfaction, worthwhileness and happiness[8].

The proportion reporting high anxiety levels has increased slowly since 2014/15 and is by far the most common indicator reported for poor wellbeing. It is almost 3 times more reported than the next most common indicator – low happiness.

**Figure 4.6: Trends in self-reported wellbeing for London**

Source: Annual person wellbeing estimates, ONS

4.4.2 Mental health

The Small Area Mental Health Index (SAMHI) is a composite annual measure of population mental health for each Lower Super Output Area (LSOA) in England, **map 4.1**. The SAMHI combines data on mental health from multiple sources (NHS-Mental health-related hospital attendances, Prescribing data – Antidepressants, Quality and Outcomes Framework depression indicator, and Department for Work and Pensions - Incapacity benefit and Employment support allowance for mental illness) into a single index.

As a proportion of the total number of LSOAs in a ward, the Small Area Mental Health Index data suggests that people living in Oval ward have a high proportion of people experiencing mental health issues than other Lambeth wards. (Number of LSOAs in deciles 9 and 10 as a proportion of total LSOAs in that ward). Streatham South and Thornton wards have the highest proportion of LSOAs that experience better mental health.[9]

Map 4.1: Small Area Mental Health Index by LSOA in Lambeth 2018
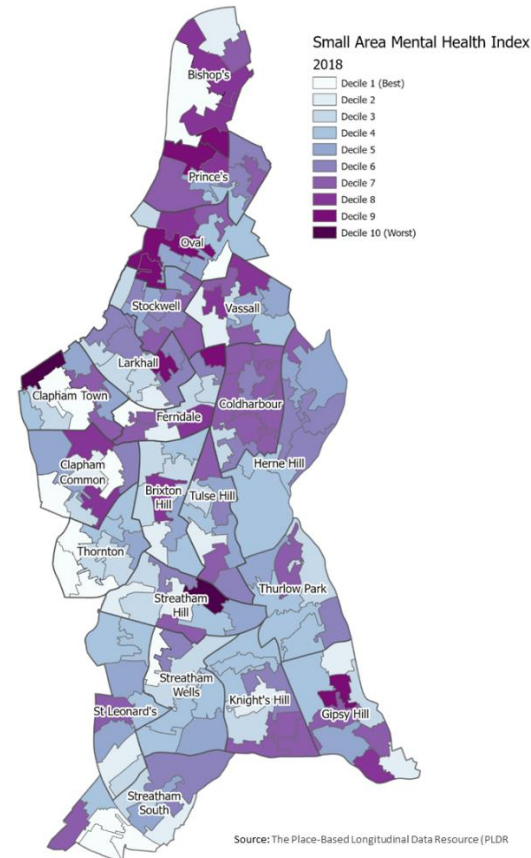
*Source: Place-based longitudinal data resource*

4.5 Cancer

Tracheal, bronchus and lung cancer feature as a leading cause of morbidity for both men and women while prostate cancer is in the top 15 for men and breast cancer in the top 15 for women in Lambeth. An important part in the treatment of cancer is early diagnosis when curative treatments and methods are more likely to be effective.

Figure 4.5 shows the monthly new cancer diagnoses adjusted for number of working days in each month up to December 2021 in South East London overall and for the four most common cancers. As expected, new cancer diagnoses dropped drastically in April 2020, the first full month where lockdown had been enforced in the UK – it was almost half of what it was the previous year. By 2021 levels had returned to be equivalent to what they were in 2019 apart from in December 2021 there was an uncharacteristic drop in cases diagnosed. This drop was seen nationally but not to the extreme seen in Lambeth[10].

There is some variation in the reduction in cancer incidence by type with colorectal and prostate cancers having the biggest proportional reductions in being diagnosed with two thirds less detected compared to previous year. Numbers of new diagnoses in 2021 had returned to being similar to those in 2019 before dropping again in December with the exception of breast cancer which saw only a very small reduction.

We may see the knock-on effect of the pandemic in future years, with the impact of reductions in number of new cancer diagnoses causing an increase in deaths in future years.

Figure 4.5 Monthly new cancer diagnoses, working day adjusted, South East London Cancer Alliance
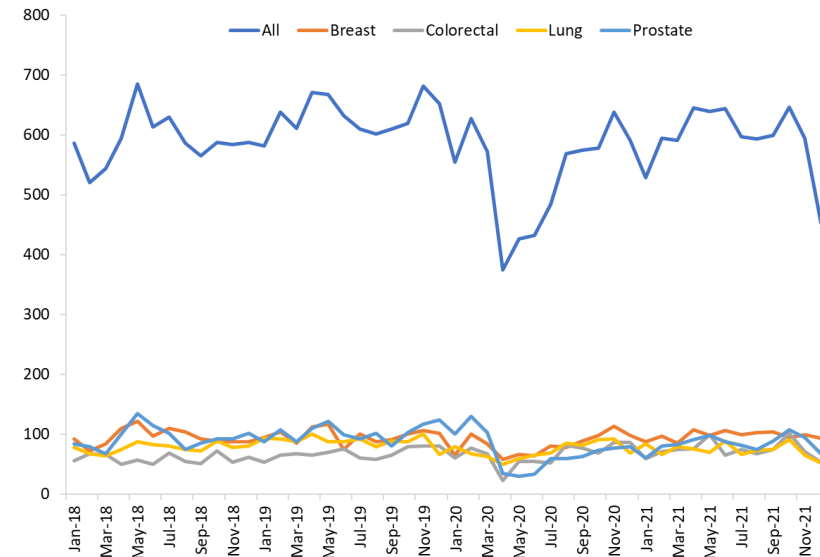
Source: National Cancer Registration & Analysis Service, PHE: COVID-19 rapid cancer registration and treatment data

Source: National Cancer Registration & Analysis Service, PHE: COVID-19 rapid cancer registration and treatment data

4.6 Appendix

1. [Population projections for local authorities: Table 2 - Office for National Statistics](#)

2. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up

3. https://ageing-better.org.uk/healthy-ageing

4. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstatelifeexpectanciesbyindexofmultipledeprivationimd/2017to2019#healthy-life-expectancy-at-birth-in-england-by-the-index-of-multiple-deprivation

5. https://files.digital.nhs.uk/23/6B5DEA/HSE19-Adult-health-rep.pdf

6. https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing

7. https://fingertips.phe.org.uk/profile-group/mental-health

8. https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personalwellbeingintheukquarterly/april2011toseptember2021

9. https://pldr.org/dataset/2noyv/small-area-mental-health-index-samhi

10. https://www.cancerdata.nhs.uk/covid-19/rcrd