Health equity data for Sevenfields

A scoping report of what is available and what is needed

The Sevenfields Community Health Champions programme

The Sevenfields Community Health Champions project started in June 2023. It is a partnership between Lewisham Council's Public Health Team, Sevenfields PCN, the Sevenfields Health Equity Fellow, Downham Dividend Society CLT and Social Life.

Four residents of the Sevenfields area were recruited as Community Health Champions in summer 2023, following wide outreach in the community. Our four Community Health Champions bring different skills and experiences, they come from a range of backgrounds and are involved in many different activities in employment and as local activists.

Sevenfields Community Health Champions at Doughnut economics event, February 2024

What we've done since September 2024

- Downham Matters Festival stall 17th June 2023
- Event at TenEmBee 10th July 2023
- Recruitment event 23rd August 2023
- Community listening autumn 2023
- Developing priority areas
- 5th December Corbett Community Library event
- 7th December Downham Celebrates Christmas event, tables
- 8th February Doughnut economics event
- Developing plans for series of events late April to early July,

Corbett Community Library Even, December 2023

What needs to happen?

We have explored different sources of data to find out what can help support the development of the Community Health Champions work. In the team there is an interest in looking at managing stress, at healthy eating, on the impact of housing on health, on the experience of the Tamil community and on longevity.

The data that exists, including data produced by GPs and public health data, as well as census data describing the population is helpful, but it fails to capture critical issues that impact health equity in the area.

In particular the data is:

- **not granular enough**. Much is at wider geographical areas it does not relate to the complexity of different neighbourhoods with the Sevenfields area
- **not sensitive enough to capture the reality of the lived experience of trauma, discrimination, adverse childhood experiences** and the other life stresses that shape daily life and that have a significant impact on health
- **not sensitive enough to capture social supports and social networks, social capital and feelings of belonging and agency** that can support good health when present, boosting the resilience of individuals and communities, and damage health when they are absent.

We believe that we need to create a way of bringing more qualitative data and stories into our understanding of local health, to do this we need public health professionals and commissioners to understand the value of this data.

That until we do this we will be unable to understand the experience of people living in complex areas like Sevenfields. We will be held back in planning community health strategies that improve health equity and support social justice.

"The existence of social network effects on health provides a strong theoretical and practical justification for the field of public health. To the extent that health outcomes in an individual depend not just on that person's own biology and actions, but also on the biology and actions of those around him/her, collective and not just individual interventions become salient. The existence of social networks means that people and events are interdependent and that health and health care can transcend the individual in ways that patients, doctors, policy makers, and researchers should care about." [1]

Group discussion at the community health event at TenEmBee

[1] Smith, K. P., & Christakis, N. A. (2008). Social networks and health. Annual Review of Sociology, 34(1), 405–429. https://doi.org/10.1146/annurev.soc.34.040507.134601

Background

Starting to look at data

To kick off our work we started to look at relevant data for the area to understand health needs and inequalities in health outcomes and access to support and treatment.

The **Sevenfields Community Health Champions** are taking an **asset-based approach. W**e want to work with and boost the strengths the people and communities living in the area, acknowledging local assets that may go unrecognised. Many of these are in the strength of local social bonds and networks. Our understanding of these assets sits alongside acknowledgement of the levels of poverty, deprivation, trauma and discrimination experienced by many residents, particularly those from Black and ethnically minoritised and working class communities.

We worked with the Health Equity Fellow to understand PCN level data and we looked at online maps of social conditions and demographics.

We found limitations within all the data sources:

- **Census and other population data** describing demographics and social needs can describe very local areas (output areas) but is mainly descriptive – it tells us who is living in an area but little data describes health outcomes or the dynamics of the community
- **PCN level health data** is poorly collected at the GP level. This is less important when it is aggregated to describe a larger area (like the entire PCN) but does make it difficult to understand the specifics of different neighbourhoods within Sevenfields
- Much of the **public health data** available at through different dashboards is at the local authority or ward level. Very little is available at the hyper local area
- The **BLACHIR report** has shone a light on the health inequalities affecting Lewisham's Black African and Caribbean communities. It is based on evidence and data however very little of this data goes down to the hyper local (below ward) area
- There is no data available about the experience of **racism and discrimination** at the local level
- There is very little data available describing the **social assets of the community**, including the strength of community ties, of belonging, of local networks and other factors that can support wellbeing and resilience in spite of other difficulties in people's lives
- There is very little data about the impact **of trauma and adverse childhood experiences** at the local level
- There is little data about **smaller groups within groups** that are defined within the data (for example particular communities of African heritage)
- There is little data addressing **intersectionality** – the impact of interconnected identities or categories and how these different systems of inequality intersect" to create unique dynamics and effects.

Filling data gaps

We have started to think about what type of data is needed and how this can be collected to describe the experiences of the different communities living in different geographic neighbourhoods and how the stories, insights and experiences held by local organisations and health activists can be made visible.

Some improvements in the processes of collection or extensions of the remit of existing national or local data gathering could improve the quality of some data, or fill some gaps, however much of the data that is needed is can only be established by **qualitative approaches**, working closely with residents and trusted local organisations.

To understand the complexity of lived experience within local areas, and to explore the different experiences of particular groups and communities we need to gather **in depth accounts and stories of lived experience.** This needs to include both experiences of individuals and of communities.

Qualitative data gathering – compiling stories and experiences in a way that is sufficiently structured to enable it to be analysed robustly – will be critical in building a sensitive and detailed picture of how health inequalities and the social determinants of health play out in practice.

It is only through this detailed understanding that we can start to:

- understand how to **take action** on health inequalities and promote actions and activities to boost good health
- **address the social determinants** of health
- **understand how the actions of local agencies** underpin, or undermine, health equity

Gathering community stories: community health research and the Downham Door Knock

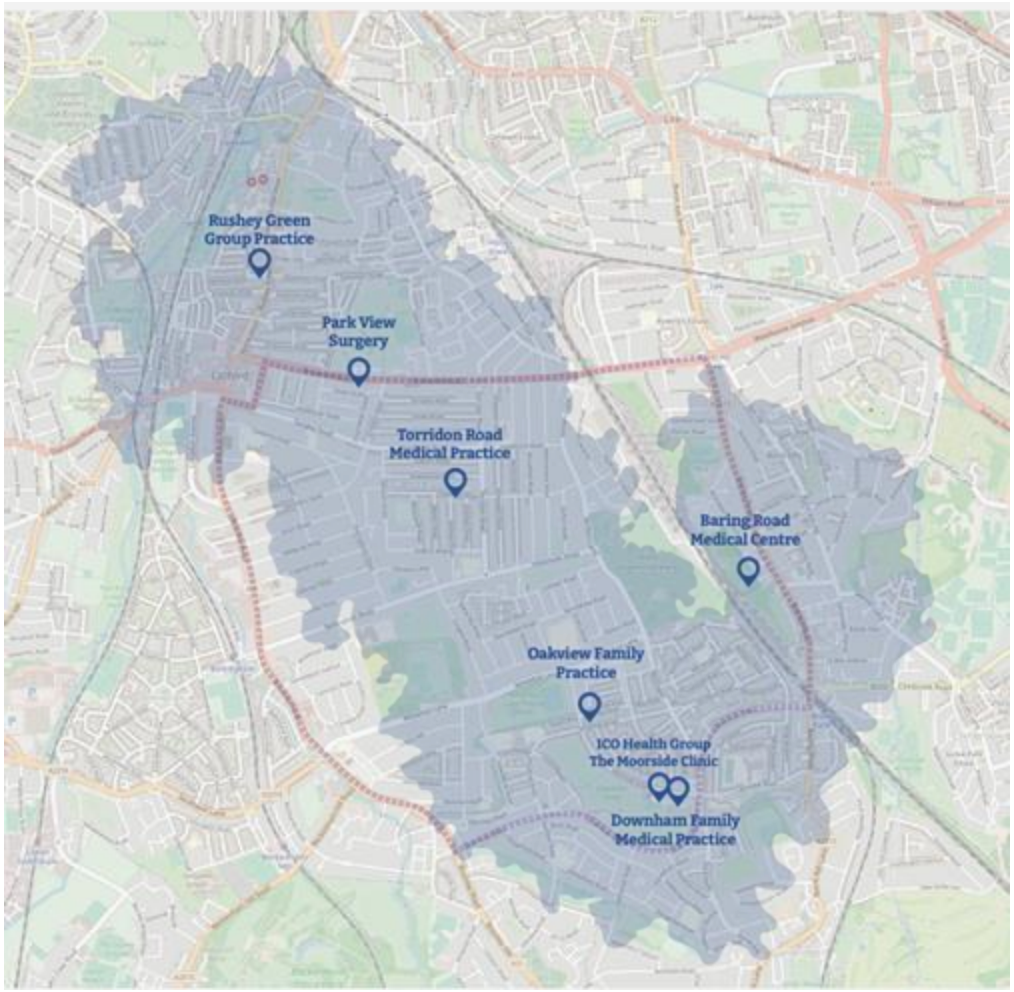
Understanding the Sevenfields Area

In January **2022 Sevenfields PCN** covered a population estimated at 64,000.[2] It is one of the largest PCN areas in Lewisham. It includes seven GP surgeries.

The Sevenfields area covers **different neighbourhoods** within the south of the Lewisham borough area, including sections of Catford, Rushey Green, South Catford, Downham, Grove Park and some of Hither Green.

These are very different areas, ranging from the high density town centre of Catford where housing types are diverse to the less dense social housing and green parks in Downham.

Each area is also characterized by its **unique history and the circumstances under which people have arrived in each area.** For example Catford is home to one of the biggest and most long established Caribbean communities in the UK and the Downham Estate is home to many people rehoused from Rotherhithe as its first tenants.



Map of the Sevenfields area, shaded area shows 15 minutes walking distance to each GP surgery.

[2] https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357-PCN-Adjusted-Populations-v1.3-updated-31-March.xlsx

A framework for health data

The health data that is most relevant for the work of the Community Health Champions is **data describing health conditions and outcomes of patients** within the Sevenfields area; and data describing the **social determinants of health in the Sevenfields Area.**

The data describing health conditions and outcomes can only be provided by the NHS and agencies working with them on clinical issues.

Data describing the social determinants of health is provided by a range of organisations and agencies. It is relevant to the work of the Community Health Champions as it outlines the community based factors that together have an enormous impact on health.

Our understanding of the social determinants of health draws on the work of Michael Marmot, the 2010 Marmot Review "Fair Society Healthy Lives" and the 2020 Update, "The Marmot Review, 10 years on".

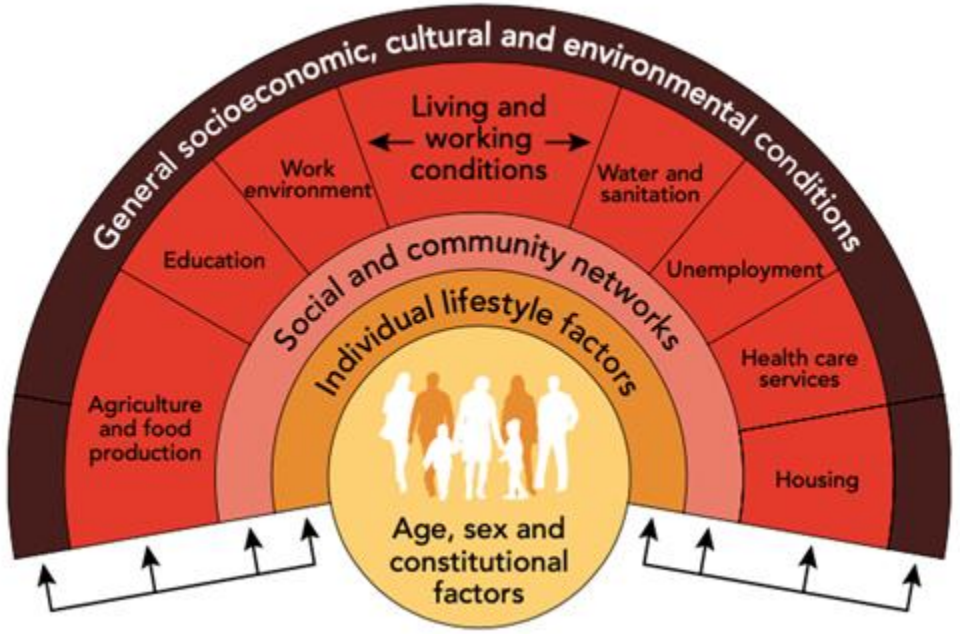
The Marmot Review showed the importance of the social determinants of health. In the 10 years since its publication, life expectancy in England stalled, years in ill health increased and inequalities in health widened.

The Marmot review focused around six domains:

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

[3] https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

> ***"Put simply, if health has stopped improving it is a sign that society has stopped improving. Evidence from around the world shows that health is a good measure of social and economic progress. ..When a society has large social and economic inequalities there are large inequalities in health. The health of the population is not just a matter of how well the health service is funded and functions, important as that is: health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources – the social determinants of health."***
>
> Marmot Review, 10 years on[3]



Dahlgren and Whitehead model of health determinants, cited in the BLACHIR report

What statistical data have we looked at?

The statistical data we have looked at

We have looked at census data, Public Health England Data, the NHS Core 20 data dashboard (available through Sevenfields PCN), and Social Life's Community Dynamics data as well as other datasets available through the Consumer Data Research Centre (CDRC).

Census data shows how overcrowding is high in south Catford's private rented sector and in the southeast Downham towards Grove Park (an area with high social housing). People who are "economically inactive" are most likely to be living in the same areas where there is high overcrowding, there is a particular patch of deprivation in the middle of the area.

Public Health England data shows that headline indicators are all to be expected but that particular problems emerge in the more detailed indicators including vaccination coverage, cancer screening, support for people with mental health problems, number of children living in low income families and road casualties.

The data dashboard shows that hypertension, depression, asthma, osteoarthritis and diabetes are the most common long term conditions; and that obesity and lack of physical activity are key behavioural risks. Diabetes is most prevalent in people with Asian or Black heritage. Hypertension is most common in the black community,

Social Life's Community Dynamics data[4] shows that belonging, links with neighbours and sense of influence are likely to be lower in the south of Lewisham and the north, and that views become more negative to the south of the area (this data predicts how people are likely to feel rather than actual data about areas).

A variety of other data reveals different aspects of Sevenfields area. Access to healthy food is reported to be low in the middle of the area, the south east of the Sevenfields area is seen as being particularly vulnerable to cost of living pressures. Cultural engagement is low in the south of the area.

[4] http://www.social-life.co/project/community_dynamics_prototype/

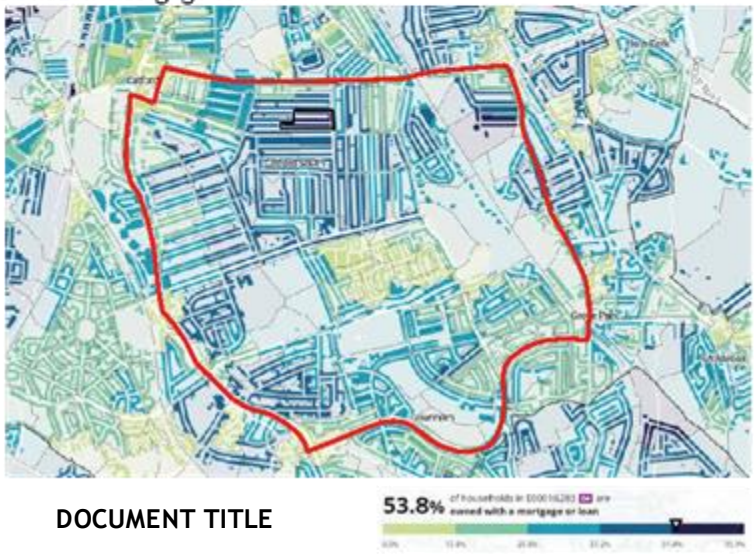
Census data: housing

Housing
Tenure of household

Sevenfields Primary Care Network

Owned Outright

Owned with a mortgage or loan



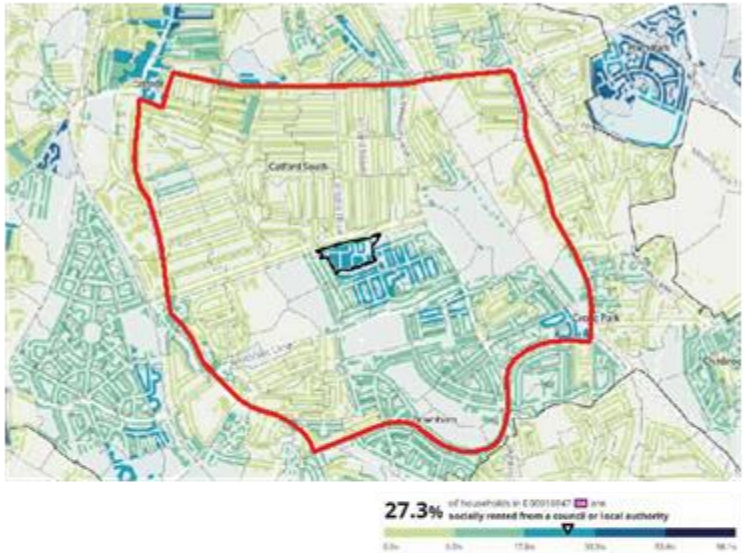
1% in an OA = between 1 to 6 persons

Source: ONS, Census 2021

Housing
Tenure of household

Sevenfields Primary Care Network

Socially rented from a council or local authority



Otherwise socially rented

1% in an OA = between 1 to 6 persons

Source: ONS, Census 2021

SOCIAL LIFE

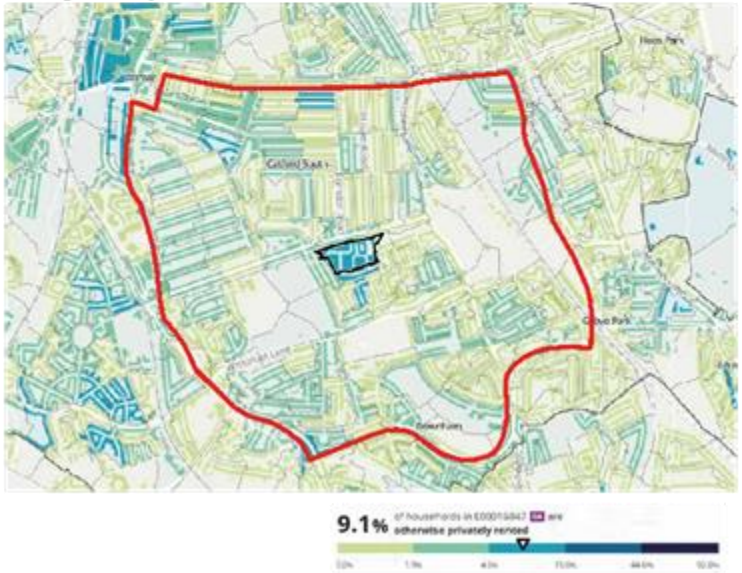
Census data: housing

Housing
Tenure of household

Sevenfields Primary Care Network

Privately rented from a landlord or letting agency

Otherwise privately rented



1% in an OA = between 1 to 6 persons

Housing
Occupancy rating for bedrooms

Sevenfields Primary Care Network

Occupancy rating of -2 (overcrowded)

Occupancy rating of -1 (overcrowded)

1% in an OA = between 1 to 6 persons

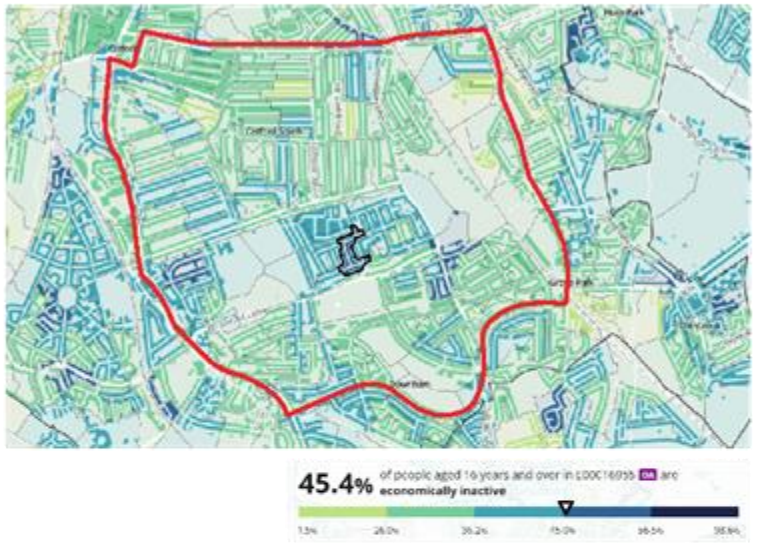
Source: ONS, Census 2021

Census data: work and deprivation

Work

Sevenfields Primary Care Network

Economic activity status



Economically inactive

1% in an OA = between 1 to 6 persons

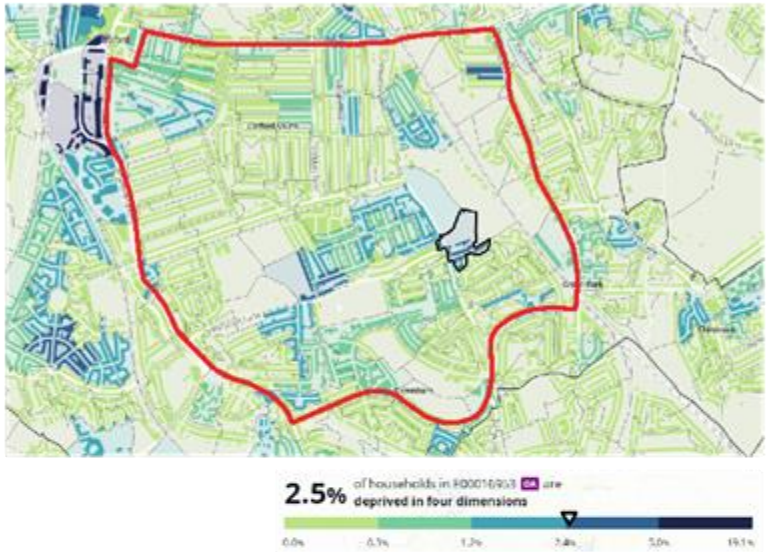
Source: ONS, Census 2021

Population

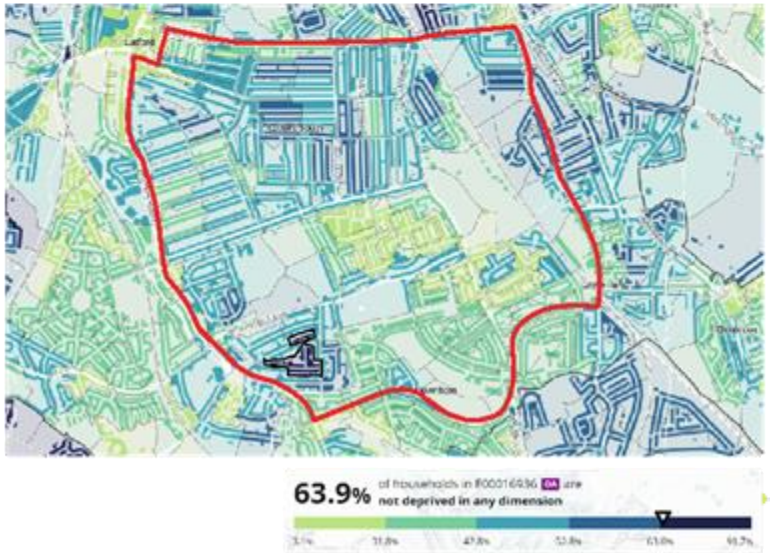
Household deprivation

Sevenfields Primary Care Network

Deprivation in four dimensions



Deprivation in no dimensions

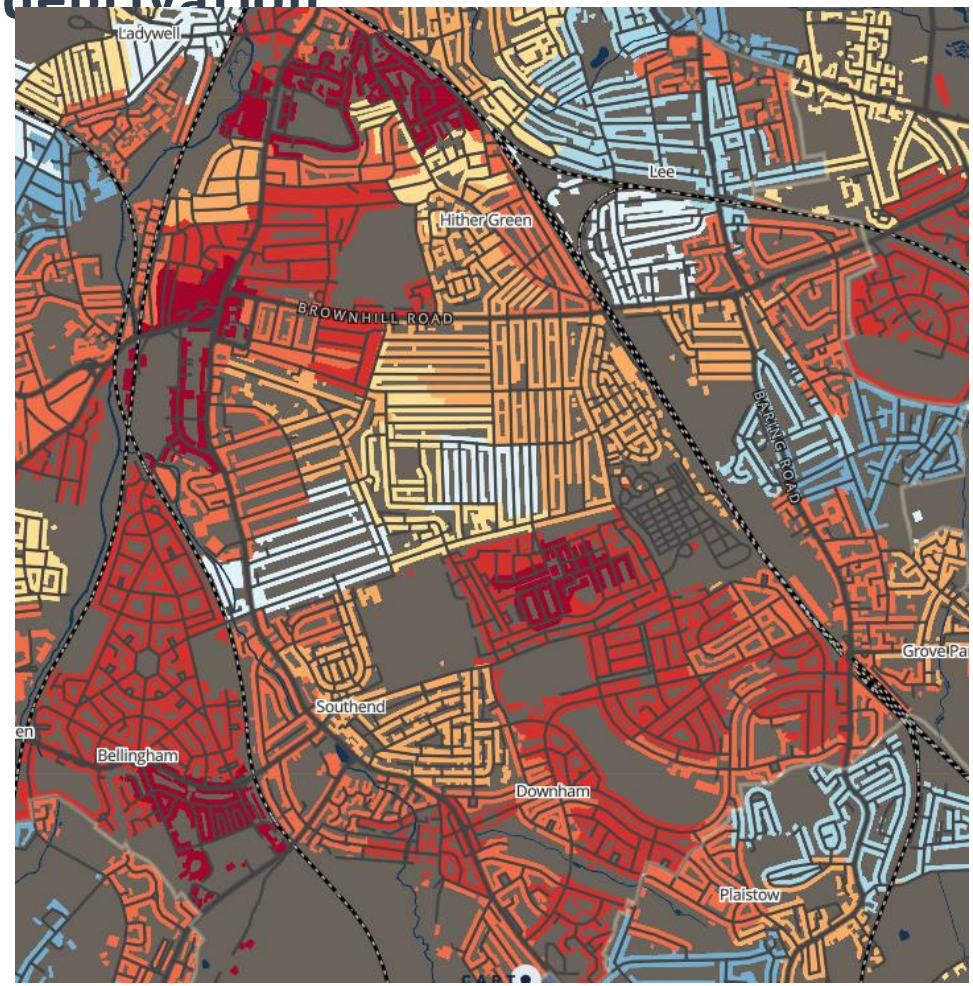


1% in an OA = between 1 to 6 persons

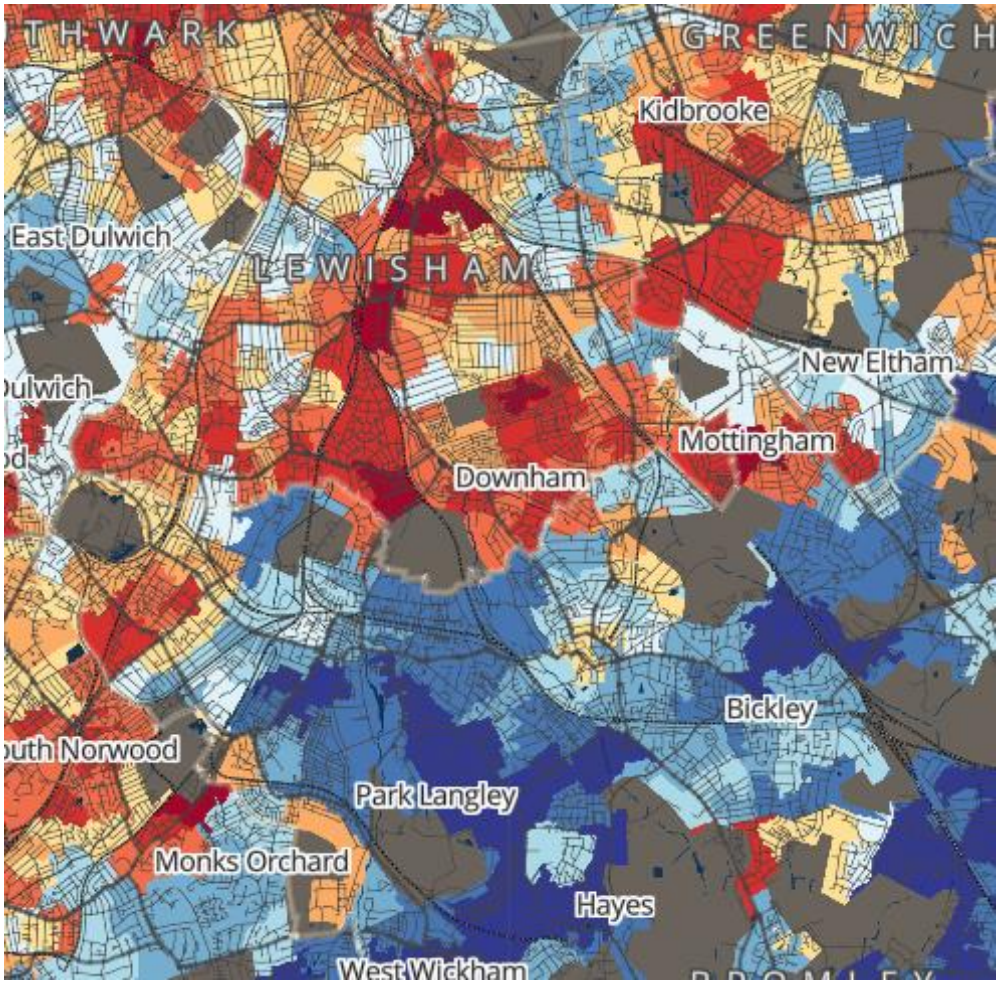
Source: ONS, Census 2021

SOCIAL LIFE

IMD data 2019: work and deprivation

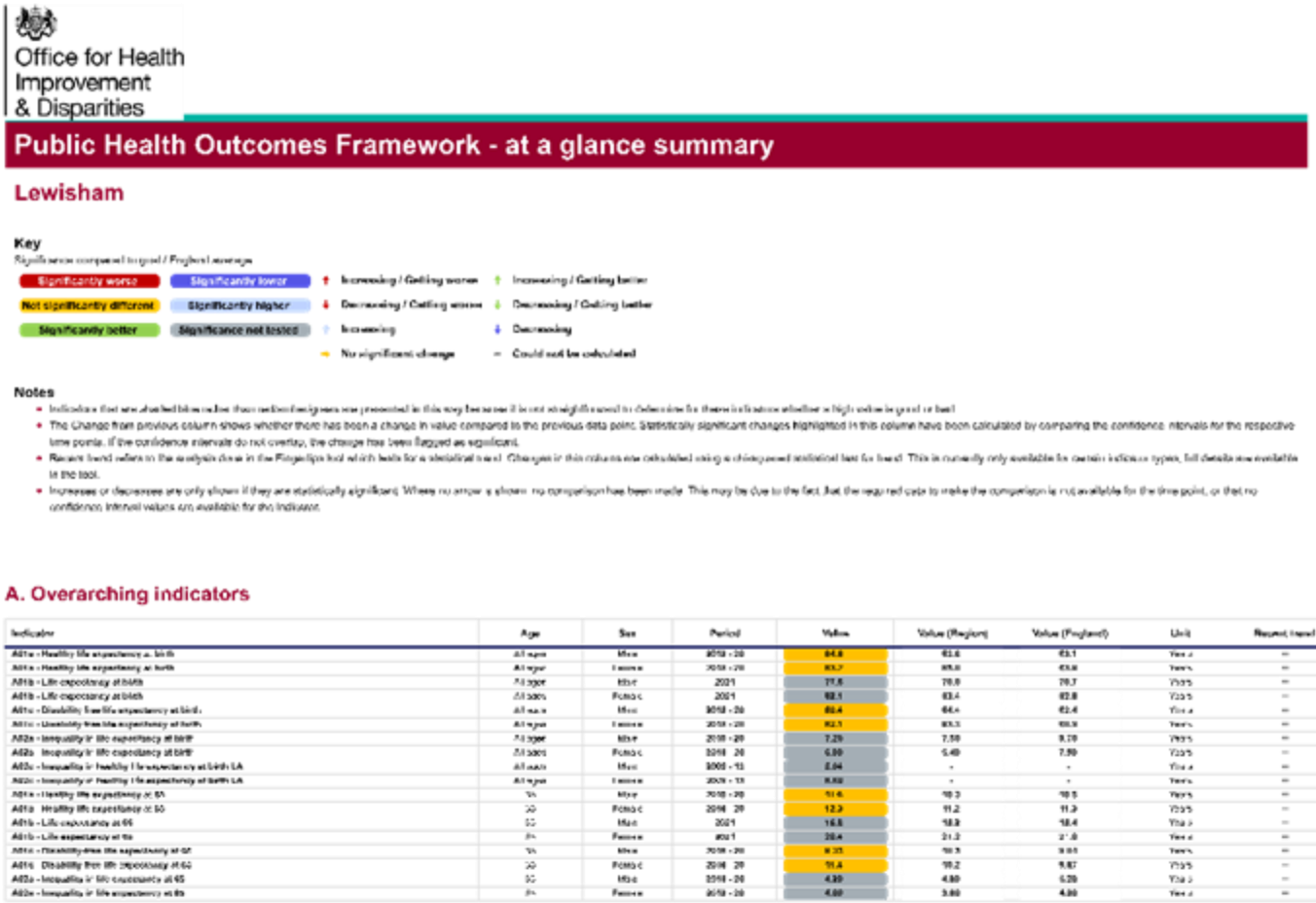


IMD 2019 for the Sevenfields area



IMD 2019 the wider south east London context

Public Health England: borough score



Office for Health Improvement & Disparities

Public Health Outcomes Framework - at a glance summary

Lewisham

Key

Significantly worse | Significantly lower | Increasing / Getting worse | Increasing / Getting better
Not significantly different | Significantly higher | Decreasing / Getting worse | Decreasing / Getting better
Significantly better | Significance not tested | Increasing | Decreasing
No significant change | Could not be calculated

Notes

- Indicators that are shaded blue in the 'Value (Region)' and 'Value (England)' columns are presented in this way because it is not straightforward to define one of these indicators whether a high value is good or bad.
- The Change from previous column shows whether there has been a change in value compared to the previous data point. Statistically significant changes highlighted in this column have been calculated by comparing the confidence intervals for the respective time points. If the confidence intervals do not overlap, the change has been flagged as significant.
- Recent trend refers to the analysis done in the Fingertips tool which tests for a statistical trend. Changes in this column are calculated using a chi-squared statistical test for trend. This is currently only available for certain indicator types, full details are available in the tool.
- Increases or decreases are only shown if they are statistically significant. Where no arrow is shown no comparison has been made. This may be due to the fact that the required data to make the comparison is not available for the time point, or that no confidence interval values are available for the indicator.

A. Overarching indicators

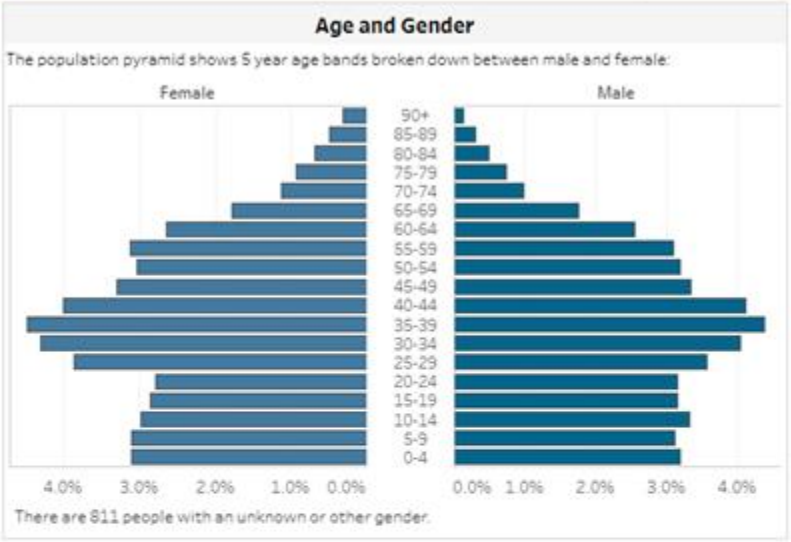
Indicator	Age	Sex	Period	Value	Value (Region)	Value (England)	Unit	Recent trend	Change from previous
A01a - Healthy life expectancy at birth	All ages	Male	2018 - 20	64.8	61.6	63.1	Years	-	→
A01a - Healthy life expectancy at birth	All ages	Female	2018 - 20	65.7	61.8	63.6	Years	-	→
A01b - Life expectancy at birth	All ages	Male	2021	77.8	78.0	78.7	Years	-	-
A01b - Life expectancy at birth	All ages	Female	2021	82.1	82.4	82.8	Years	-	-
A01c - Disability free life expectancy at birth	All ages	Male	2018 - 20	62.4	62.4	63.4	Years	-	→
A01c - Disability free life expectancy at birth	All ages	Female	2018 - 20	62.1	60.3	60.9	Years	-	→
A02a - Inequality in life expectancy at birth	All ages	Male	2018 - 20	7.29	7.50	8.70	Years	-	→
A02b - Inequality in life expectancy at birth	All ages	Female	2018 - 20	5.90	5.40	7.80	Years	-	→
A02c - Inequality in healthy life expectancy at birth LA	All ages	Male	2008 - 12	2.04	-	-	Years	-	-
A02c - Inequality in healthy life expectancy at birth LA	All ages	Female	2009 - 13	0.00	-	-	Years	-	-
A01a - Healthy life expectancy at 65	65	Male	2018 - 20	11.6	10.3	10.5	Years	-	→
A01a - Healthy life expectancy at 65	65	Female	2018 - 20	12.3	11.2	11.3	Years	-	→
A01b - Life expectancy at 65	65	Male	2021	16.8	18.8	18.4	Years	-	-
A01b - Life expectancy at 65	65	Female	2021	20.4	21.3	21.0	Years	-	-
A01c - Disability-free life expectancy at 65	65	Male	2018 - 20	9.35	10.3	9.83	Years	-	→
A01c - Disability free life expectancy at 65	65	Female	2018 - 20	11.4	10.2	9.87	Years	-	→
A02a - Inequality in life expectancy at 65	65	Male	2018 - 20	4.80	4.80	5.20	Years	-	→
A02a - Inequality in life expectancy at 65	65	Female	2018 - 20	4.60	3.80	4.30	Years	-	→

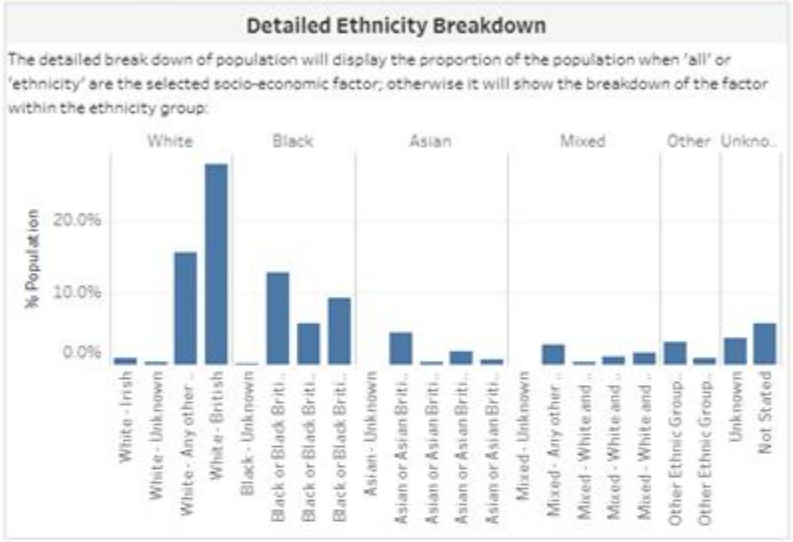
Plus detailed breakdown of indicators on wider determinants of health, health improvement, health protection and healthcare and premature mortality.

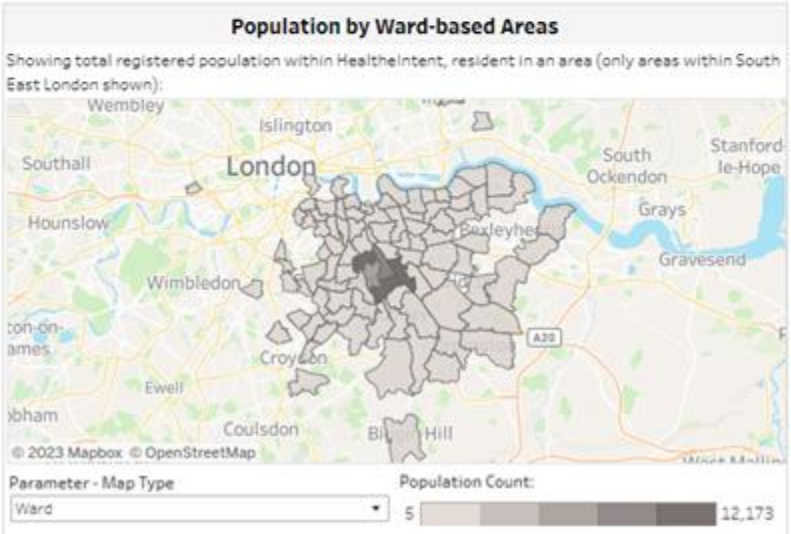
All data is borough wide

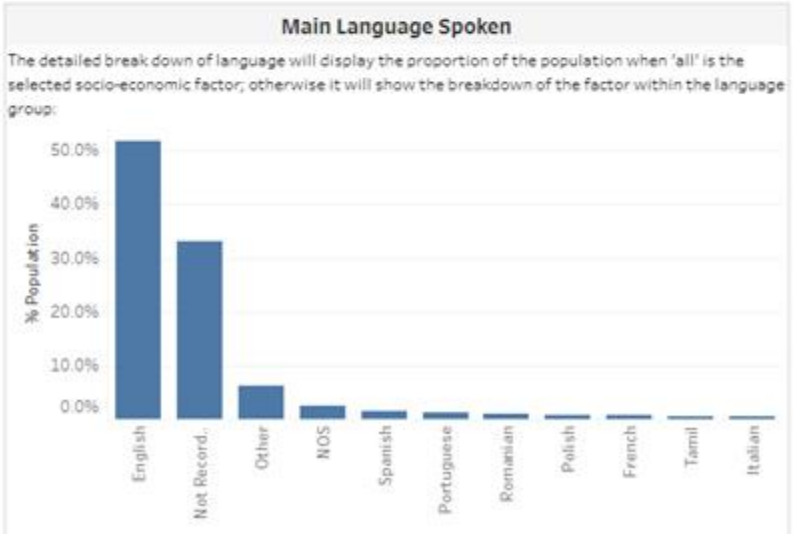
Data dashboard: demographics

Total Population	Proportion of Population Aged 0-18	Proportion of Population Aged 65+	Proportion of Population Most Deprived Quintile	Proportion of BAME Population
57,920	24.7% (14,315)	10.1% (5,842)	38.2% (22,137)	45.6% (26,440)

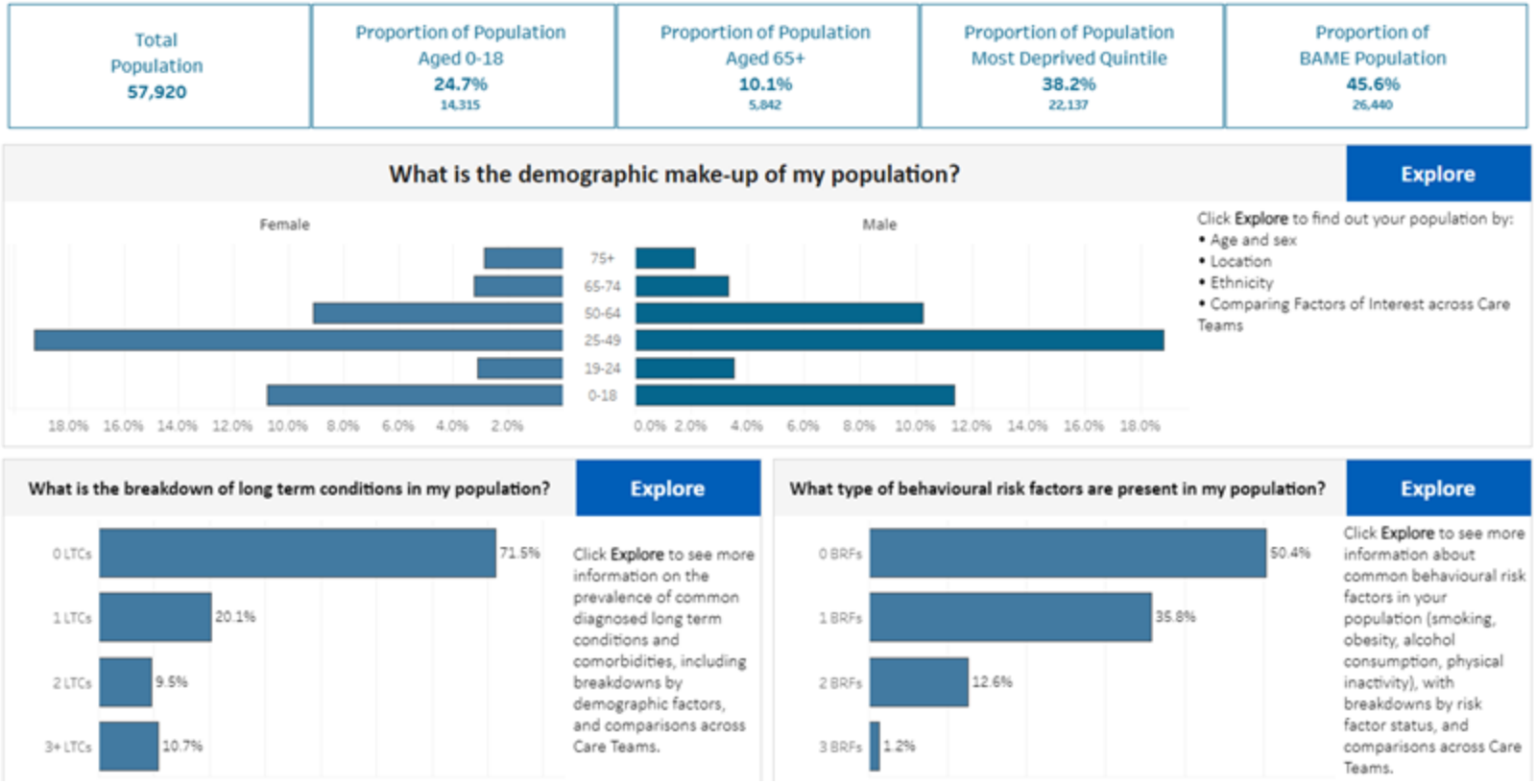






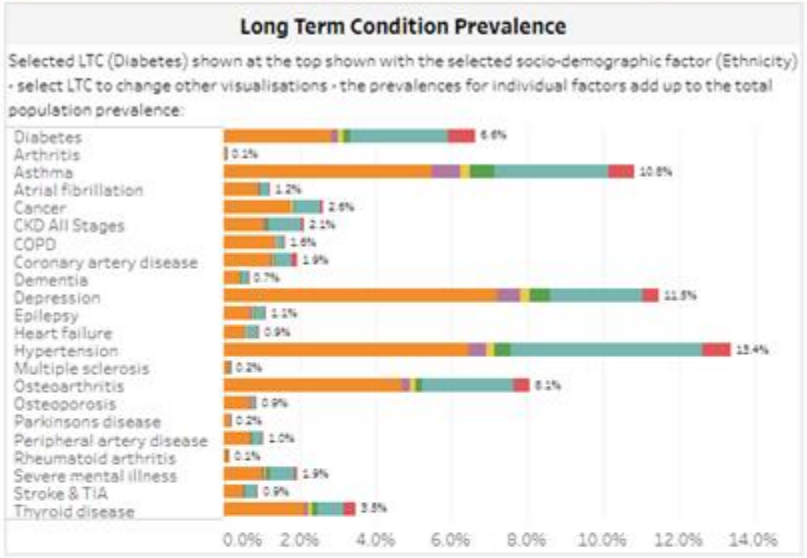


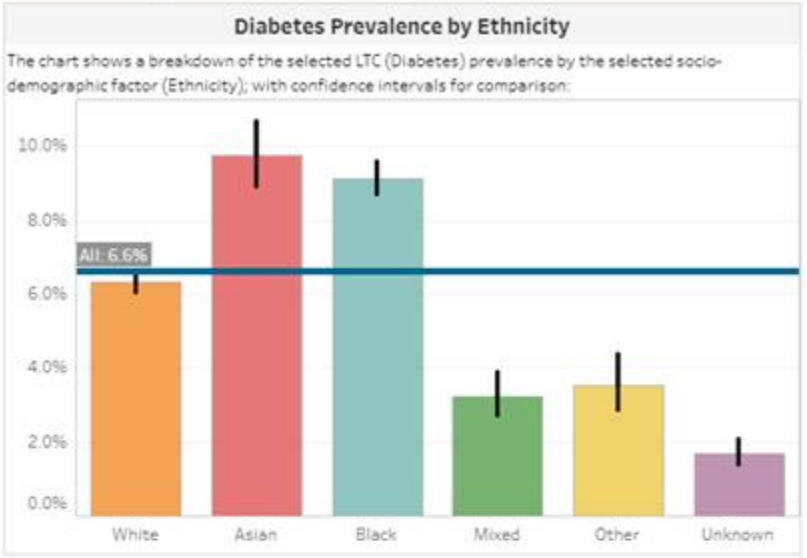
Data dashboard: long term conditions and behavioral risk factors

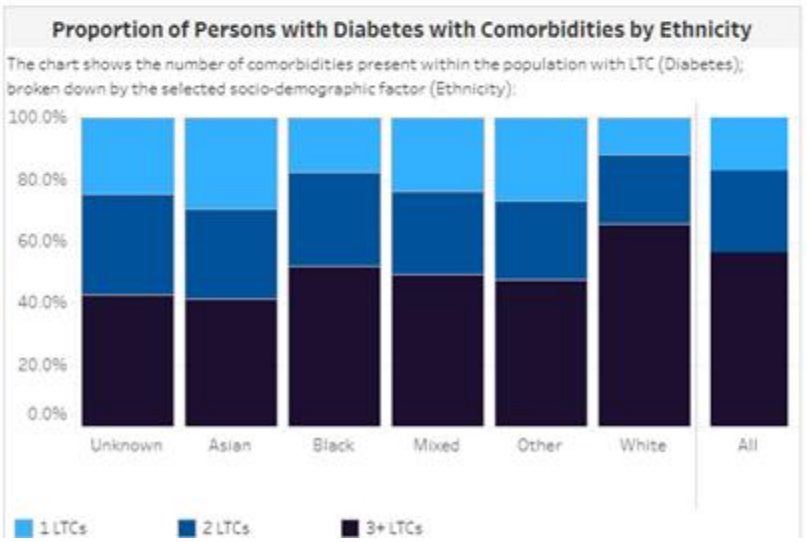


Data dashboard: diabetes

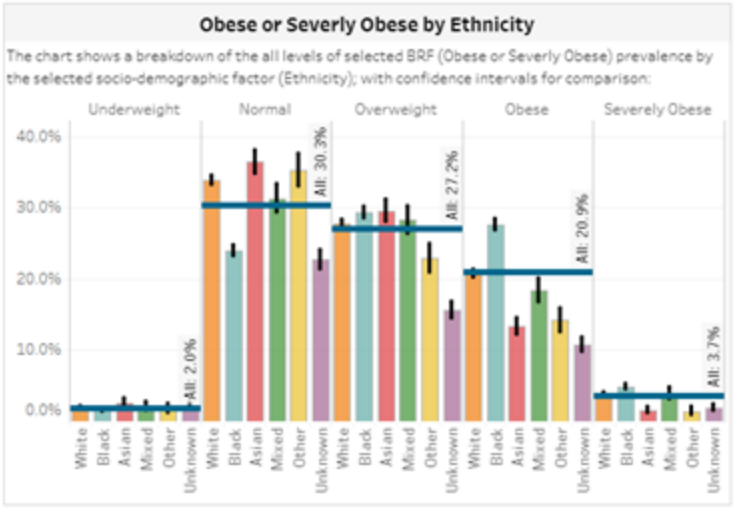
Total Prevalence	Prevalence of 2 or more LTCs including:	Aged 65+ Prevalence	Most Deprived Quintile Prevalence	BAME Population Prevalence
Diabetes	Diabetes	Diabetes	Diabetes	Diabetes
6.6%	32.3%	27.5%	7.2%	8.0%
3,840	2,166	1,608	1,602	2,102



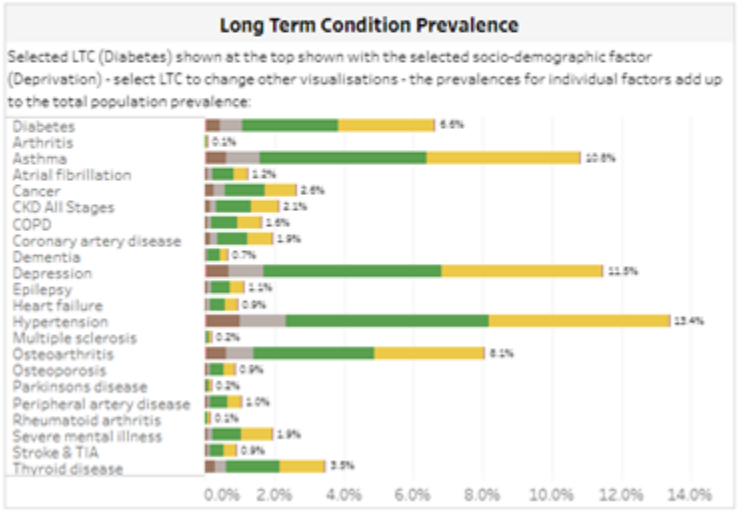


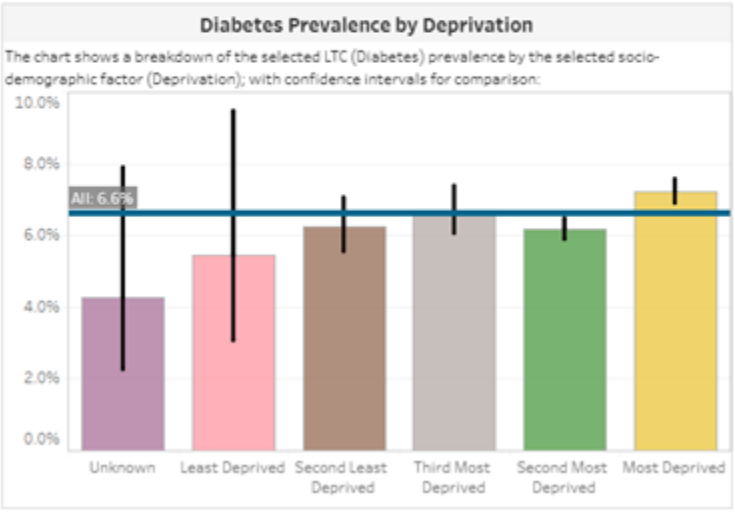


Data dashboard: obesity and diabetes



Total Prevalence	Prevalence of 2 or more LTCs including:	Aged 65+ Prevalence	Most Deprived Quintile Prevalence	BAME Population Prevalence
Diabetes	Diabetes	Diabetes	Diabetes	Diabetes
6.6%	32.3%	27.5%	7.2%	8.0%
3,840	2,166	1,608	1,602	2,102



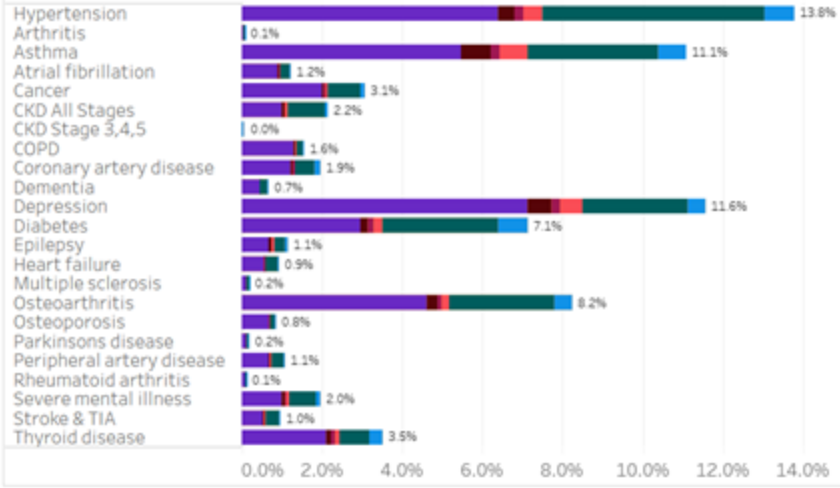


Data dashboard: hypertension

Total Prevalence	Prevalence of 2 or more LTCs including:	Aged 65+ Prevalence	Most Deprived Quintile Prevalence	BAME Population Prevalence
Hypertension	Hypertension	Hypertension	Hypertension	Hypertension
13.8%	59.2%	61.1%	13.8%	15.0%
9,025	4,338	4,087	3,388	4,580

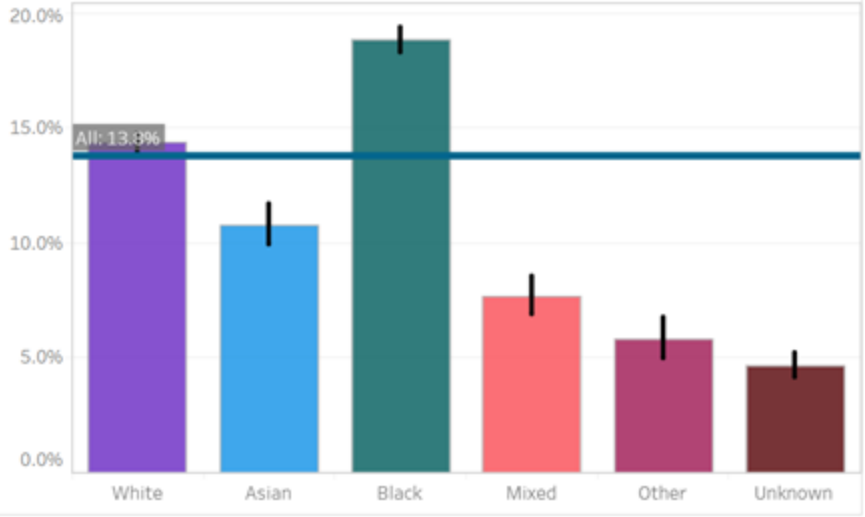
Long Term Condition Prevalence

Selected LTC (Hypertension) shown at the top shown with the selected socio-demographic factor (Ethnicity) - select LTC to change other visualisations - the prevalences for individual factors add up to the total population prevalence:

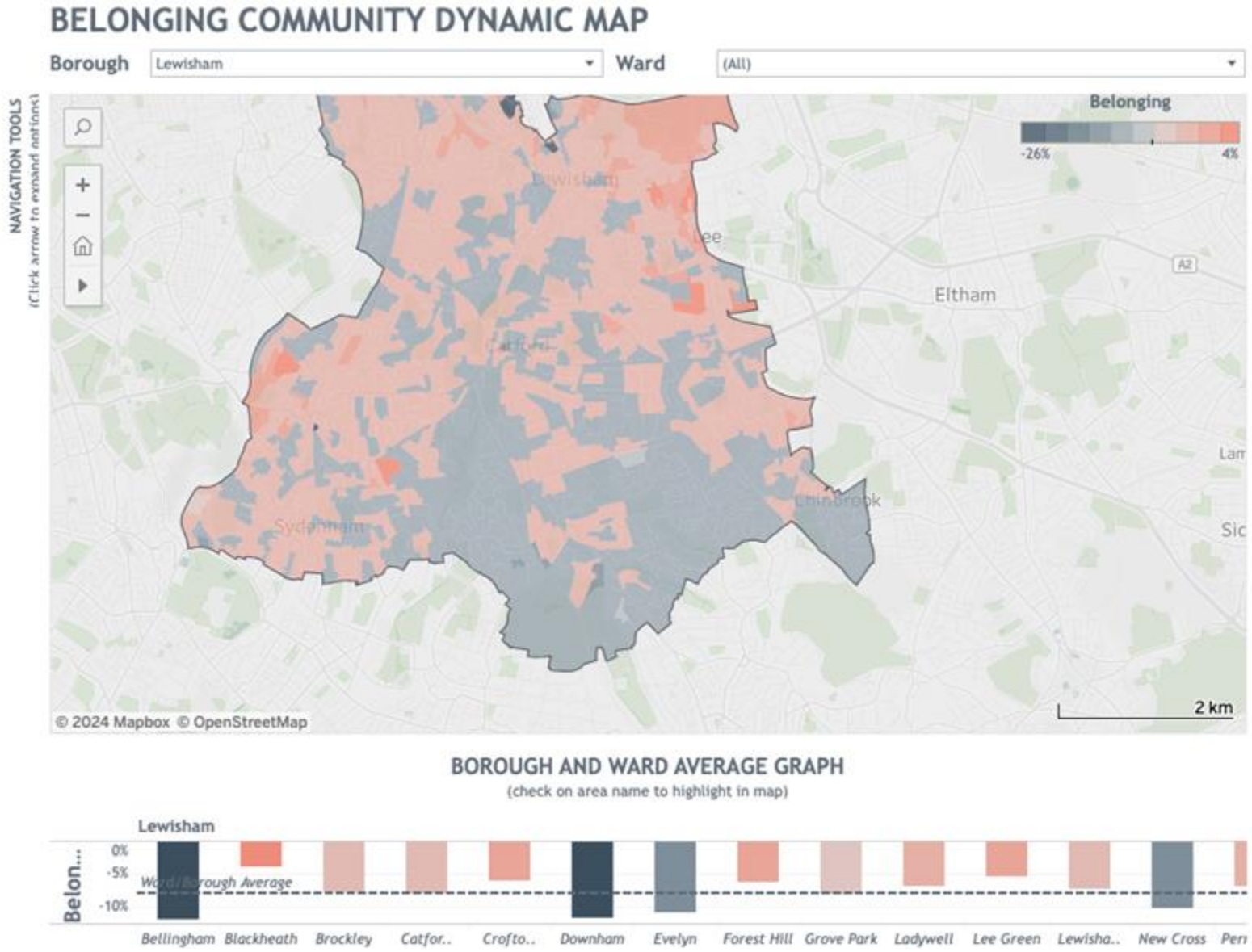


Hypertension Prevalence by Ethnicity

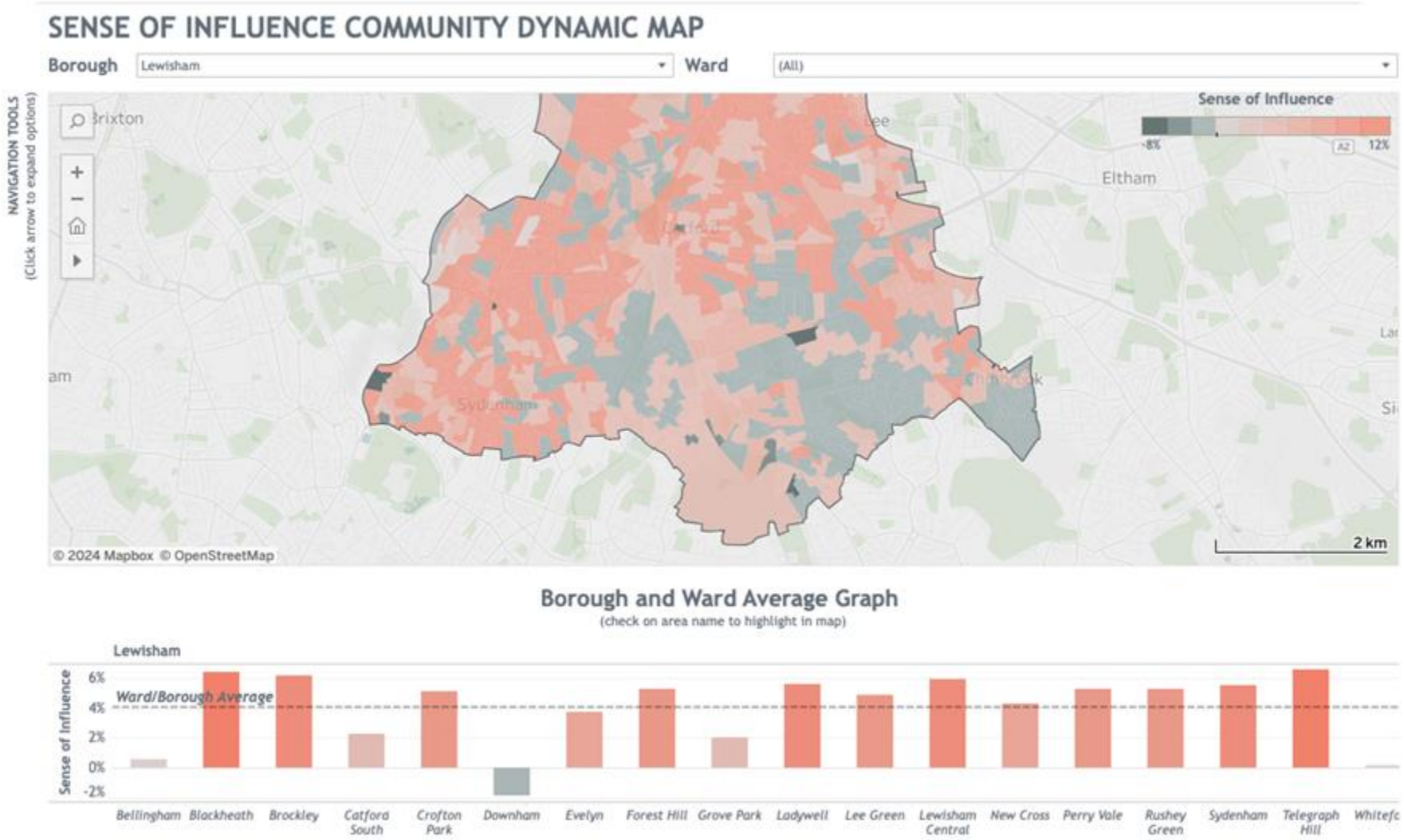
The chart shows a breakdown of the selected LTC (Hypertension) prevalence by the selected socio-demographic factor (Ethnicity); with confidence intervals for comparison:



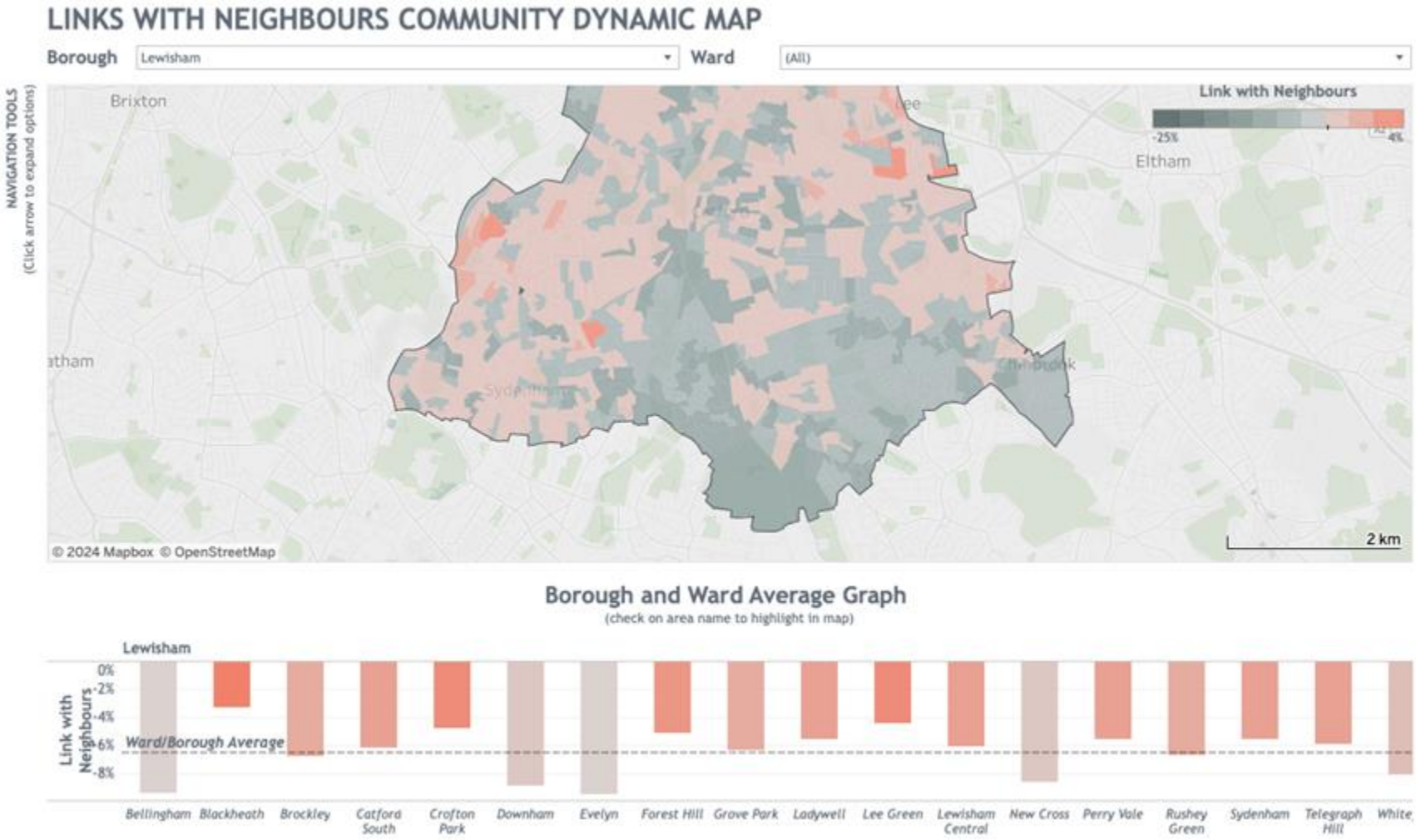
Community dynamics data: belonging



Community dynamics data: sense of influence



Community dynamics data: links with neighbours



CDRC data: Housing stock age - modal age band

CDRC data: EPC rating - modal

CDRC data: : food poverty

E-Food Desert Index

Sevenfields Primary Care Network

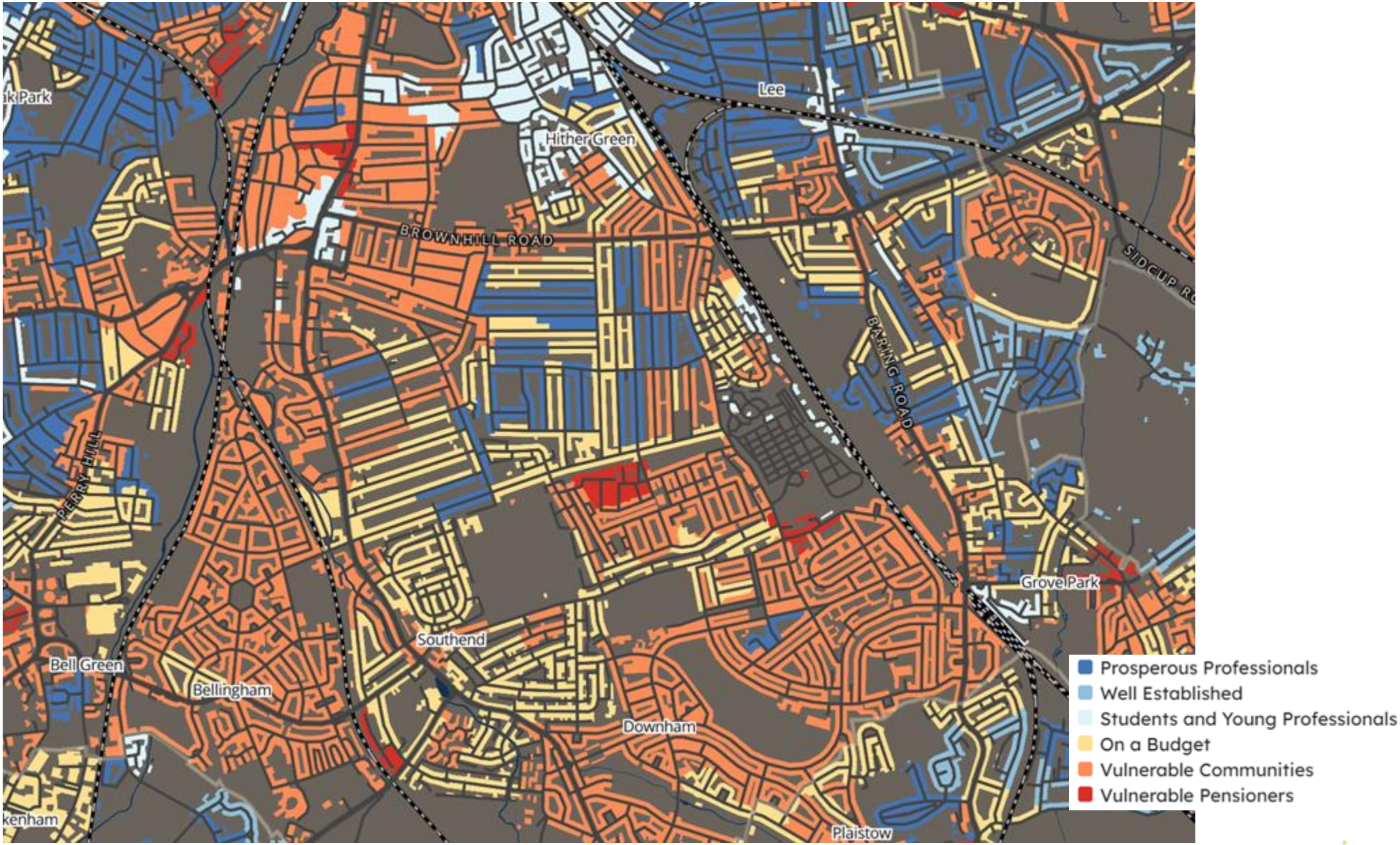
Measures the extent to which neighbourhoods exhibit characterstics associated with food deserts across four key drivers of groceries accessibility

Priority Places for Food Index

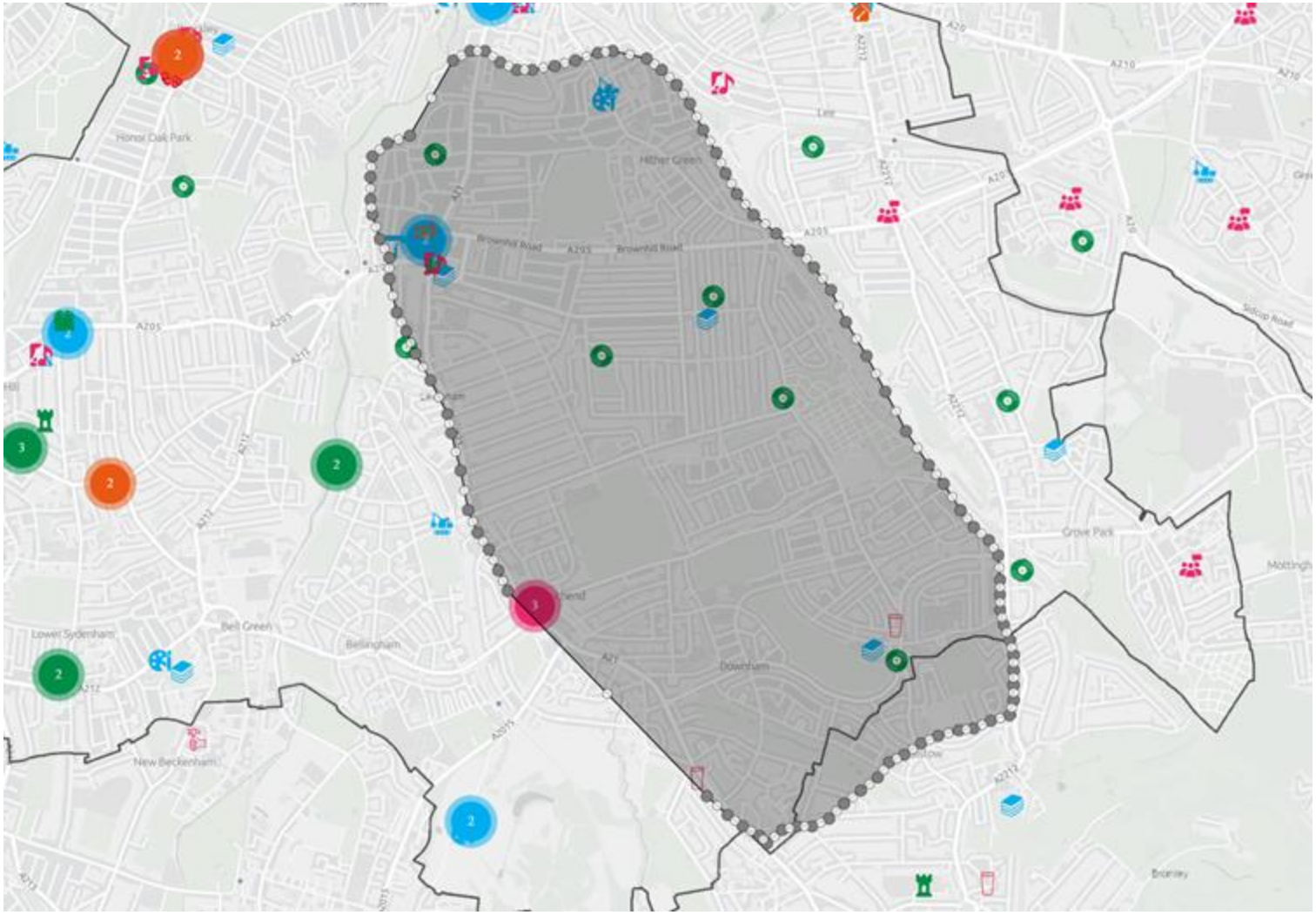
Identifying neighbourhoods that are most vulnerable to increases in the cost of living and which have a lack of accessibility to cheap, healthy, and sustainable sources of food.

Source: CDRC

CDRC data: Consumer vulnerability

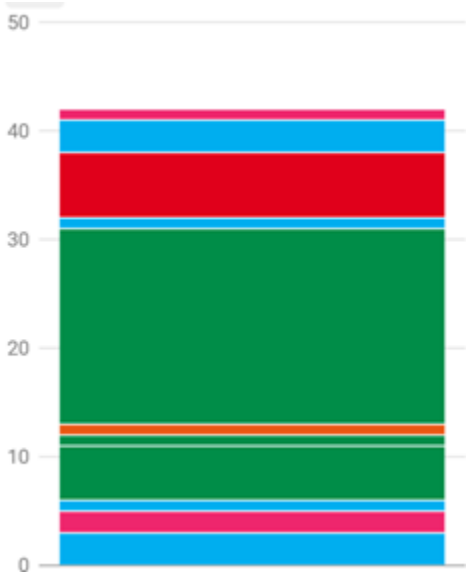


Cultural infrastructure

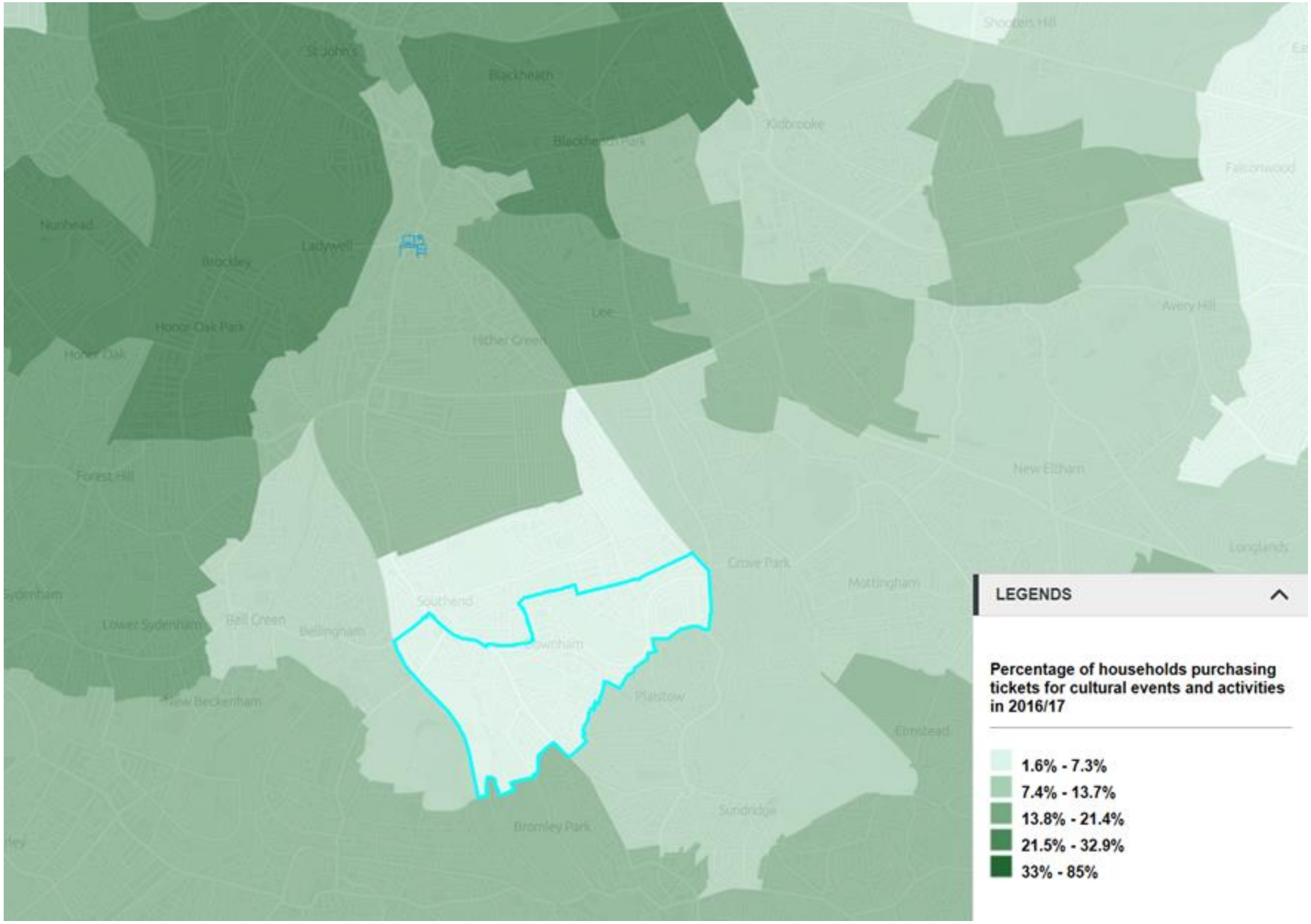


In the Sevenfields area highlighted in the map there are 42 cultural venues - 1 music venue, 3 libraries, 6 pubs, 1 set and exhibition building, 18 listed buildings, 1 cinema, 1 creative workspace, 5 music offices, 1 heritage at risk, 2 community centres and 3 artists workspaces

Source: Mayor of London, Cultural infrastructure map



Cultural engagement



Air (pm2.5)
28.35

We analysed the average particulate matter (PM 2.5 µg/m3) from the top 10% (35 days) worst days in a year. Reporting the average of the worst days (spikes) rather than the annual average creates a more accurate health risk narrative, particularly for vulnerable populations.

Learn more

Summer Heat (°C)
31.77

We analysed the average temperatures of the top 10% (35 days) hottest summer days in a year that experienced heatwaves. This is to capture the changing weather in cities, which are creating longer and more acute heat waves, which present a risk to health. Annual averages include colder days and can hide dangerous days of temperature spikes.

Learn more

Deprivation (IMD)
1.00

Indices of multiple deprivation are widely-used datasets within the UK to classify the relative deprivation of small areas. Multiple components of deprivation are weighted with different strengths and compiled into a single score of deprivation. For the purposes of Right to Know, deprivation is a proxy to exposure of psychosocial stressors from urbanisation. The geographic boundary for IMD is scored by LSOA, where the 32,844 regions are put into a decile ranking system that we have used here for Right to Know.

Learn more

Night Light (radiance)
14.04

We analysed the annual average light pollution based on the night emissions recorded by satellite because they are sustained and prominent sources of light that are well documented. In the case of light, the annual average is an accurate health risk narrative as spikes in light are rare.

Learn more

Noise (Decibel)
45.00

We analysed the annual average noise pollution based on the road, rail, and plane data because they are sustained and prominent sources of noise that are well modeled. In the case of noise, the annual average is an accurate health risk narrative as spikes in noise pollution fluctuate rapidly, exposure can be more controlled, and the risk to health happens on a long temporal scale.

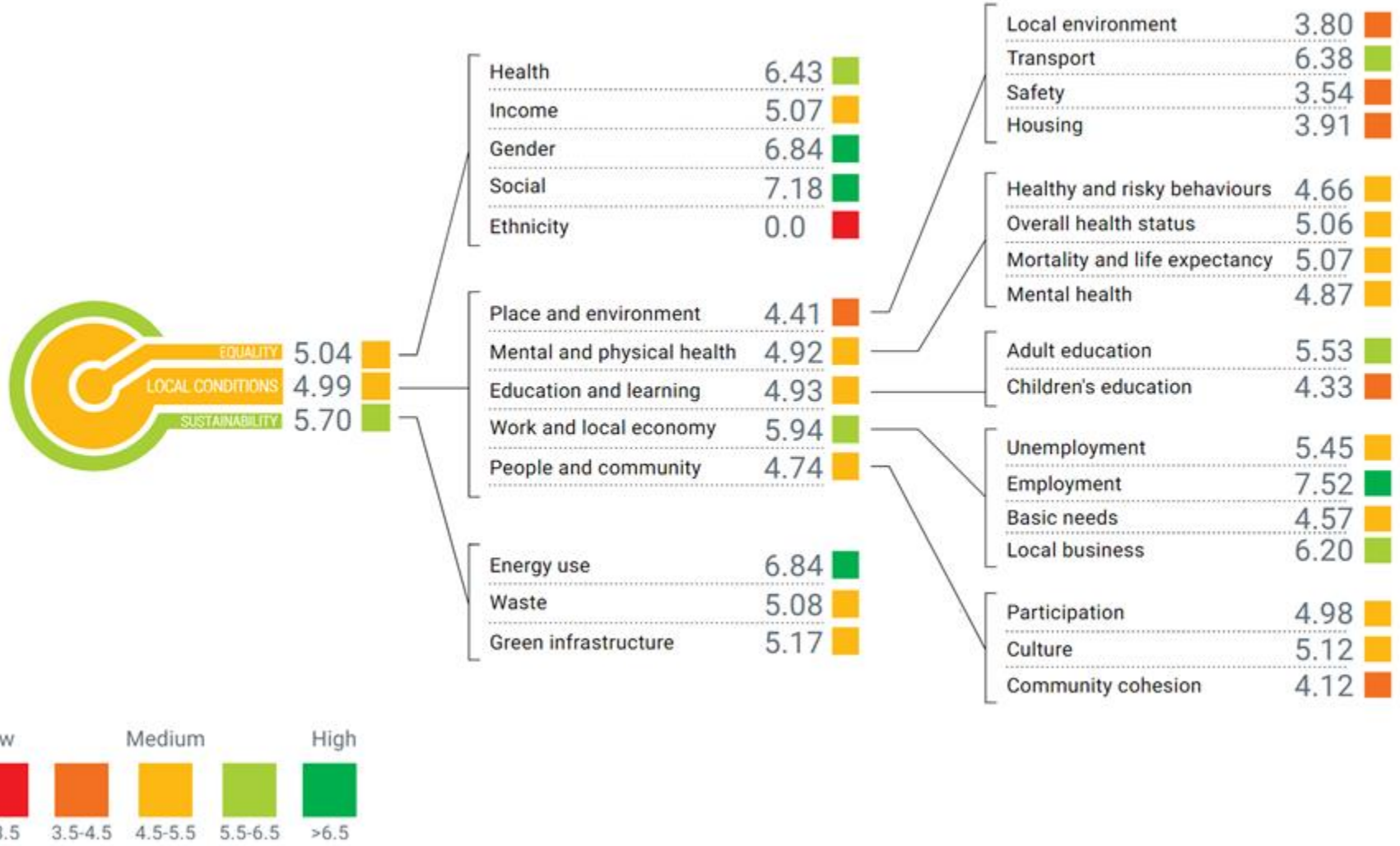
Learn more

Postcode based health data,
source: Centric Lab Right to Know
https://right-to-know.org/your-area/?postcode=SE6+1PH

SOCIAL LIFE

Thriving places index

Lewisham



Social Life
September 2024

www.social-life.co