Open Agenda

Healthy Communities Scrutiny Sub-Committee

Tuesday 22 November 2016
7.00 pm
Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

Membership

Councillor Rebecca Lury (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Anne Kirby
Councillor Sunny Lambe
Councillor Maria Linforth-Hall
Councillor Martin Seaton
Councillor Bill Williams

Reserves

Councillor Jasmine Ali
Councillor Gavin Edwards
Councillor Tom Flynn
Councillor Eliza Mann
Councillor Leo Pollak

INFORMATION FOR MEMBERS OF THE PUBLIC

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Contact
Julie timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

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Members of the committee are summoned to attend this meeting
Eleanor Kelly
Chief Executive
Date: 14 November 2016

PRINTED ON RECYCLED PAPER

Healthy Communities Scrutiny Sub-Committee

Tuesday 22 November 2016
7.00 pm
Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
	PART A - OPEN BUSINESS	
1.	**APOLOGIES**	
2.	**NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT** In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	**DISCLOSURE OF INTERESTS AND DISPENSATIONS** Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
4.	**MINUTES** To follow	
5.	**SOCIAL CARE REVIEW** Papers from council officers and South London & Maudsley NHS Foundation Trust (SLaM) are to follow.	
6.	**PUBLIC HEALTH PRIORITIES** A paper on Public Heath priorities is enclosed. Jin Lim, Director of Public Health, will attend to present.	1 - 7
7.	**SEXUAL HEALTH REVIEW REPORT AND UPDATE ON CONSULTATION**	8 - 23

Item No.	Title	Page No.

The Sexual Health scrutiny review report is enclosed for information .This was agreed by members of this committee, following the last meeting in July, then finally by OSC in October.

Officers have provided an update on further consultation work done, since they came to the committee in July.

8. MATERNAL DEATHS AT KCH - BRIEFING 24

A briefing on maternal deaths at King's College Hospital is enclosed.

9. WORKPLAN

To follow

DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.

PART B - CLOSED BUSINESS

DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

DISTRIBUTION LIST 2016-17

Date: 14 November 2016

EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

"That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution."

Agenda Item 6

Item no.	Classification: Open	Date: 22nd November 2016	Meeting Name: Healthy Communities Scrutiny Sub Committee
Report title:		Update on Public Health priorities	
Ward(s) or groups affected:		All	
		From: Director of Public Health	

SUMMARY

1. This is an update on the Public Health priorities for 2016-2017.
2. The key issues affecting the health of Southwark's population are:
    - Wider determinants of health are an issue for Southwark:
        - The borough is within the 20% most deprived in England.
        - More than a quarter of children in the borough live in poverty (15,000 children).
        - Levels of long term unemployment are significantly higher than the England average (over 1,700 people).
    - Life expectancy is significantly higher than England for females in Southwark (83.9 years), but significantly lower for males (78.9 years).
    - Children in the borough tend to have a good start in life:
        - Infant mortality is now comparable to the England average.
        - Smoking during pregnancy is significantly lower in Southwark than the England average.
        - Breast feeding initiation is significantly higher than the England average.
        - Alcohol admissions among young people are significantly better than the England average.
    - However obesity among children is significantly above the London and England average, and the gap has remained relatively stable since monitoring began. More than 1 in 4 children in Year 6 are obese.
    - Around 1 in 6 adults in the borough are current smokers, and the rate of smoking related deaths in Southwark is significantly above England.
    - Southwark has one of the highest rates of new STI diagnoses in the country.
    - The incidence of TB is significantly above the England average.
    - Premature deaths from cardiovascular disease and cancer are also significantly higher than England.

Please see Appendix 1 for more information.

3. The public health priority programmes of work are:
    - 'Place shaping' – supporting the creation of healthier physical environments through for example Planning Policy, Licensing and healthier workplaces
    - Health improvement – strengthening tobacco control and supporting people to stop smoking, be of healthier weight and improving their sexual heath
    - Improving the detection of common health conditions

BACKGROUND INFORMATION

4. The health of Southwark's population is described in the Southwark JSNA and Annual Reports of the Director of Public Health

   http://www.southwark.gov.uk/info/200519/joint_strategic_needs_assessment

   http://www.southwark.gov.uk/info/100010/health_and_social_care/3768/southwark_annual_public_health_report_2013-14

   They are currently being refreshed and the expected publication date for the new Annual Report for the Director of Public Health will be at the beginning of 2017.

KEY ISSUES FOR CONSIDERATION

The work programme for 2016/17 will include:

5. **Wider determinants and place shaping**

   - Working with Planning Policy and Regeneration to create and shape a healthier physical environment so that the healthier choice is the easier one. This includes for example creating physical environments that promote physical activity and active travel and supports healthier eating.
   - Working with Licensing so that where potential health impacts affect the licensing objectives, they are identified and considered.
   - Providing public health advice in the development of the air quality action plan
   - Providing public health input to the development of the housing strategy refresh and realise health promotion opportunities for healthier homes
   - Supporting businesses to be healthier through the healthier workplace charter

6. **Health improvement**

   - Implement the Southwark Healthy Weight Strategy '*Everybody's business'* which focuses on a life course approach with an emphasis on early years; treatment as well as prevention; tackling the 'obesogenic environment'; and taking a targeted approach.
   - Implement the Tobacco Strategy '*Breaking the chain'* which includes a renewed focus on tobacco control and refocusing smoking cessation support so that there are better outcomes for those most 'at risk' such as pregnant women, people with long term conditions including heart disease and respiratory illness and people on lower incomes.
   - Leading the physical inactivity workstream for ProActive Southwark and developing the health and inactive referrals into the Council's Free Swimming and Gym offer
   - Doubling the numbers of Health Checks so that people with increased cardiovascular risks are identified, detecting people with undetected common conditions (eg diabetes, hypertension) and improving the outcomes for the programme.
   - Informing the development of the sexual health pathway so that there is improved detection and treatment of poor sexual health and HIV.

7. **Other areas of work**

- Providing public health input to development and commissioning of the -9 to 19 pathway for maternity, early years and young people
- Conduct and support the Neonatal and Child Death Overview Panel and functions
- Maintain an assurance function for cancer screening and immunisations
- Deliver a reactive health protection function and coordinate as necessary with local PHE health protection teams and lead pandemic flu planning
- Provide a training function for the London Deanery for specialist registrars and postgraduate doctors

8. **Health care public health**

Deliver the Memorandum of Understanding to provide healthcare public health to the CCG including:

- Health care needs assessments
- Health analytics
- Service accessibility and quality
- Prioritisation and commissioning advice
- Health protection and infection protection control

Legal implications

9. There are no legal implications for the report.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Annual Public Health Reports	Public Health	Chris Williamson Chris.williamson@southwark.gov.uk
CCG MOU	Public Health	Richard Pinder Richard.pinder@southwark.gov.uk
Southwark Healthy Weight Strategy *Everybody's Business*	Public Health	Russell Carter Russell.carter@southwark.gov.uk
Southwark Tobacco Strategy *Breaking the Chain*	Public Health	Russell Carter Russell.carter@southwark.gov.uk
Link: http://www.southwark.gov.uk/info/100010/health_and_social_care/3768/southwark_annual_public_health_report_2013-14		

Appendix 1 Southwark population health profile

Source: PHE www.healthprofiles.info

Health Profile 2016

Health in summary
The health of people in Southwark is varied compared with the England average. Southwark is one of the 20% most deprived districts/unitary authorities in England and about 28% (15,000) of children live in low income families. Life expectancy for men is lower and for women higher than the England average.

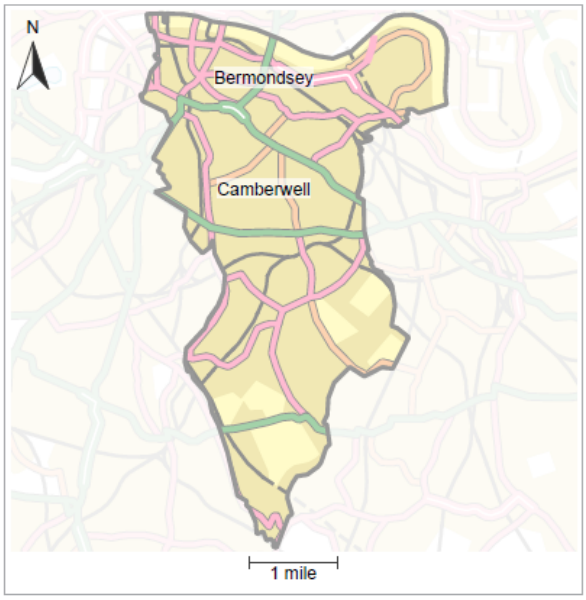
Health inequalities
Life expectancy is 8.3 years lower for men and 6.2 years lower for women in the most deprived areas of Southwark than in the least deprived areas.

Child health
In Year 6, 27.8% (697) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 14.7*, better than the average for England. This represents 9 stays per year. Levels of GCSE attainment, breastfeeding initiation and smoking at time of delivery are better than the England average.

Adult health
The rate of alcohol-related harm hospital stays is 594*, better than the average for England. This represents 1,401 stays per year. The rate of self-harm hospital stays is 95.9*, better than the average for England. This represents 302 stays per year. The rate of smoking related deaths is 317*, worse than the average for England. This represents 251 deaths per year. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections and TB are worse than average. Rates of hip fractures and people killed and seriously injured on roads are better than average.

Local priorities
Priorities in Southwark include wider social economic determinants - improving the social economic wellbeing of the borough, giving our children and young people the best start, supporting risk reduction and positive behaviour changes to reduce the risks for poorer health, improving the detection and management of people who have common health conditions - LTCs, supporting our most vulnerable - tackling neglect and vulnerability and strengthening local approaches to integration so that seamless services are accessible, effective and efficient. For more information see www.southwark.gov.uk

* rate per 100,000 population



Population: 303,000
Mid-2014 population estimate. Source: Office for National Statistics.

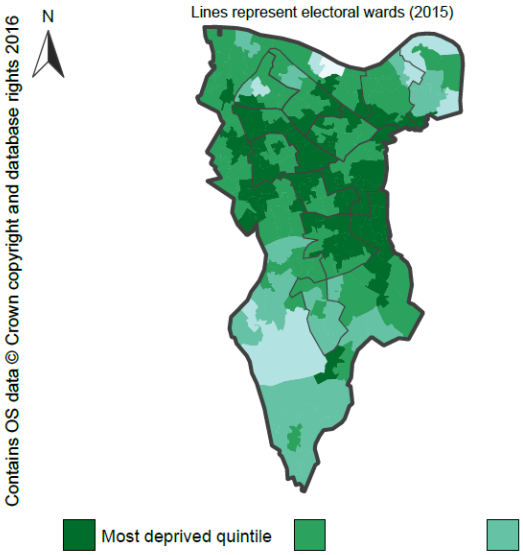
This profile gives a picture of people's health in Southwark. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

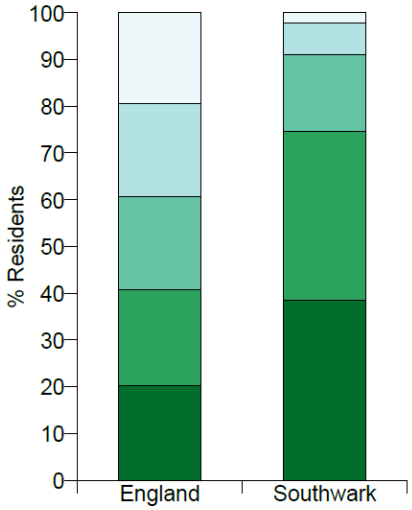
Follow @PHE_uk on Twitter

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



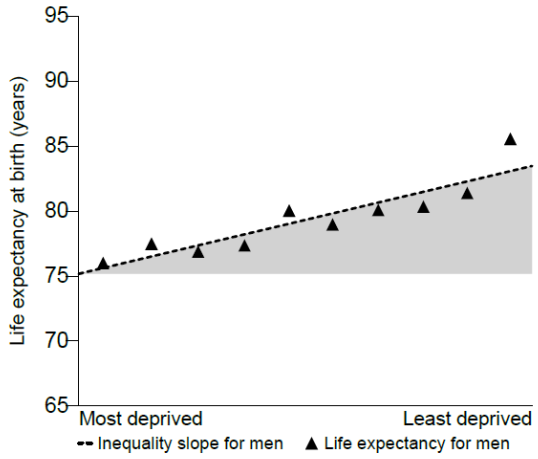
This chart shows the percentage of the population who live in areas at each level of deprivation.



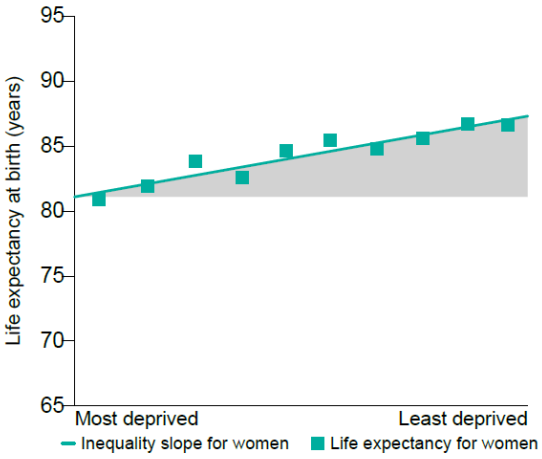
Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2012-2014. Each chart is divided into deciles (tenths) by deprivation (IMD2010), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 8.3 years

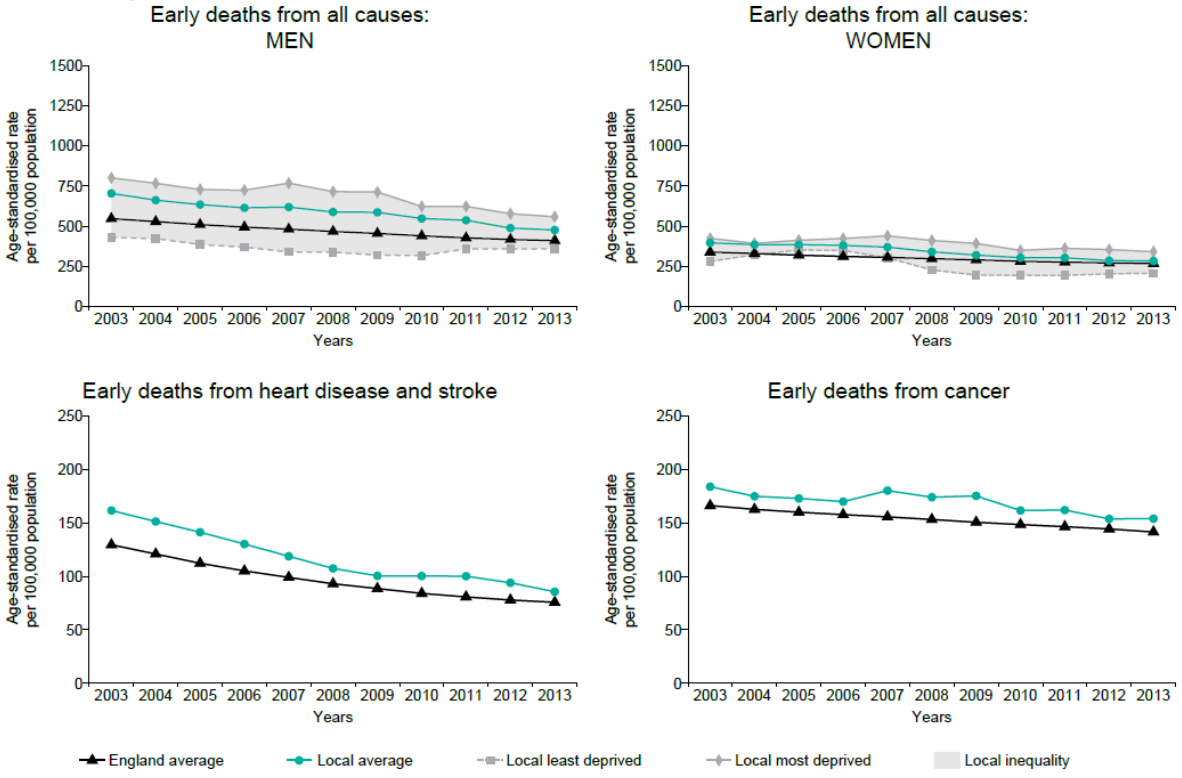


Life expectancy gap for women: 6.2 years



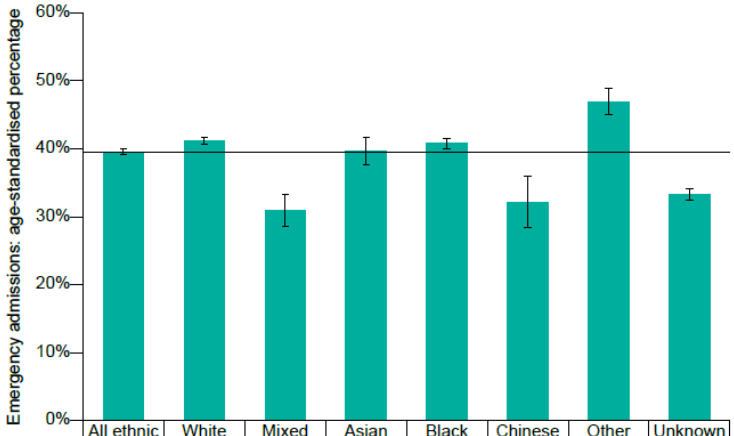
Health inequalities: changes over time

These charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile (IMD2010) in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).



Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group, 2014/15



This chart shows the percentage of hospital admissions for each ethnic group that were emergencies, rather than planned. A higher percentage of emergency admissions may be caused by higher levels of urgent need for hospital services or lower use of services in the community. Comparing percentages for each ethnic group may help identify inequalities.

Southwark

95% confidence interval

England average (all ethnic groups)

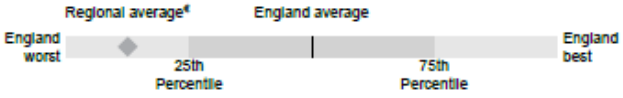
Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

All ethnic groups	White	Mixed	Asian	Black	Chinese	Other	Unknown	
24,298	11,934	495	951	5,895	197	1,236	3,590	Local number of emergency admissions
39.6	41.2	30.9	39.6	40.8	32.1	46.9	33.3	Local value %
39.4	39.9	38.8	44.0	43.1	35.9	44.9	30.9	England value %

Health summary for Southwark

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain		Indicator	Period	Local No total count	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1	Deprivation score (IMD 2015) #	2015	n/a	29.5	21.8	42.0		5.0
	2	Children in low income families (under 16s)	2013	14,955	27.6	18.6	34.4		5.9
	3	Statutory homelessness†	2014/15	247	1.9	0.9	7.5		0.1
	4	GCSEs achieved†	2014/15	1,440	62.2	57.3	41.5		76.4
	5	Violent crime (violence offences)	2014/15	6,843	22.9	13.5	31.7		3.4
	6	Long term unemployment	2015	1,717	7.7	4.6	15.7		0.5
Children's and young people's health	7	Smoking status at time of delivery	2014/15	128	3.1	11.4	27.2		2.1
	8	Breastfeeding initiation	2014/15	4,065	87.9	74.3	47.2		92.9
	9	Obese children (Year 6)	2014/15	697	27.8	19.1	27.8		9.2
	10	Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	27	14.7	36.6	104.4		10.2
	11	Under 18 conceptions	2014	110	27.4	22.8	43.0		5.2
Adults' health and lifestyle	12	Smoking prevalence in adults†	2015	n/a	15.9	16.9	32.3		7.5
	13	Percentage of physically active adults	2015	n/a	59.7	57.0	44.8		69.8
	14	Excess weight in adults	2012 - 14	n/a	55.7	64.6	74.8		46.0
Disease and poor health	15	Cancer diagnosed at early stage #	2014	354	50.6	50.7	36.3		67.2
	16	Hospital stays for self-harm	2014/15	302	95.9	191.4	629.9		58.9
	17	Hospital stays for alcohol-related harm	2014/15	1,401	594	641	1223		374
	18	Recorded diabetes	2014/15	14,837	5.6	6.4	9.2		3.3
	19	Incidence of TB	2012 - 14	284	31.7	13.5	100.0		0.0
	20	New sexually transmitted infections (STI)	2015	6,016	2671	815	3263		191
	21	Hip fractures in people aged 65 and over	2014/15	117	466	571	745		361
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2012 - 14	n/a	78.9	79.5	74.7		83.3
	23	Life expectancy at birth (Female)	2012 - 14	n/a	83.9	83.2	79.8		86.7
	24	Infant mortality†	2012 - 14	56	3.9	4.0	7.2		0.6
	25	Killed and seriously injured on roads	2012 - 14	273	30.5	39.3	119.4		9.9
	26	Suicide rate†	2012 - 14	69	9.9	10.0			
	27	Deaths from drug misuse #	2012 - 14	31	3.1	3.4			
	28	Smoking related deaths	2012 - 14	753	316.8	274.8	458.1		152.9
	29	Under 75 mortality rate: cardiovascular	2012 - 14	373	85.6	75.7	135.0		39.3
	30	Under 75 mortality rate: cancer	2012 - 14	669	154.0	141.5	195.6		102.9
	31	Excess winter deaths	Aug 2011 - Jul 2014	139	11.2	15.6	31.0		2.3

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 12 Current smokers, Annual Population Survey (APS) 13 % adults achieving at least 150 mins physical activity per week 14 % adults classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population 21 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged <1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10+) 27 Directly age standardised rate per 100,000 population 28 Directly age standardised rate per 100,000 population aged 35 and over 29 Directly age standardised rate per 100,000 population aged under 75 30 Directly age standardised rate per 100,000 population aged under 75 31 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.
# New indicator for Health Profiles 2016.

More information is available at www.healthprofiles.info and http://fingertips.phe.org.uk/profile/health-profiles Please send any enquiries to healthprofiles@phe.gov.uk

Agenda Item 7

Healthy Communities Committee: Making Sexual Health Sexy

The Healthy Communities Scrutiny Sub-Committee first report of the 2016/2017 session was to consider the upcoming changes to the sexual health strategy in Southwark. This issue is one that held a great deal of interest amongst committee members, and is timely ahead of the consultation that is due to start around the proposed changed. This report provides an overview of the work carried out by the Committee and recommendations for the Cabinet Member and officers to consider in regards our approach to sexual health. Our recommendations are as follows:

1. The Committee would recommend that the final consultation documents are circulated to the Committee to note and the results are presented back in the Autumn ahead of implementation.

2. The Committee recommends that GP surgeries consider the translations services that they use and that they are appropriate for discussing personal sexual health issues.

3. The Committee recommends that the Council consider the provision of free English classes to help grow understanding and confidence amongst residents.

4. The Committee believes that integrating public health into the Voluntary Sector Strategy is an interesting and innovative approach to tackling the issue of those who do not currently access health services in the Borough. We would recommend that this approach is taken in the development of the Voluntary Sector Strategy.

5. The Committee recommends that the Clinical Commissioning Group, hospitals and the Council should work together to ensure a variety of multi-lingual information sources are available throughout the Borough.

6. The Committee recommends that council and GP services should look to signpost young people to NHS websites and SH24 where information will be authoritative and easy to access.

7. The Committee recommends that the Cabinet Member work with local schools to encourage the promotion of SH24 as a quick, convenient and safe way for young people to access sexual health services.

8. The Committee also recommends that the Cabinet Member work with local schools to encourage them to focus the sexual health concerns of a variety of sexualities, in particular men who sleep with men (MSM) and chem-sex which are areas of growing concern.

9. The Committee recommends that officers leading the sexual health strategy take forward the idea of a national government-funded sexual health advice service as part of the London-wide strategy development around sexual health.

10. The Committee would also recommend that the Cabinet member raises this issue with Public Health England to see where national funding may be able to be accessed.

11. The Committee looks forward to further outcomes from the RISE partnership and would welcome an update as the programme continues.

12. The Committee would recommend that medical services and professionals should begin to talk about 'late diagnosis' as any non-diagnosis, and encourage efforts to introduce opt-out testing at A&Es.

13. We are committed to putting pressure on Government to understand the importance of providing funding for preventative strategies, and will commit to writing to the Department of Health on this issue.

Committee and witnesses

The Committee would like to thank all of those who made this report possible.

Committee

Councillor Anne Kirby, Member of the Healthy Communities Committee

Councillor Rebecca Lury, Chair of the Healthy Communities Committee

Councillor Sunny Lambe, Member of the Healthy Communities Committee

Councillor Maria Linforth-Hall, Member of the Healthy Communities Committee

Councillor David Noakes, Vice Chair of the Healthy Communities Committee

Councillor Bill Williams, Member of the Healthy Communities Committee

Witnesses

Kirsten Watters, Consultant in Public Health, Southwark Council

Dick Frak, Interim Director of Commissioning, Children's and Adults' Services

Cllr Maisie Anderson, Cabinet Member for Public Health, Parks and Leisure

Andrew Billington, Lead commissioner for Public Health commissioning Lambeth Council

Ali Young, Head of pathway Commissioning Southwark Clinical Commissioning Group

Michelle Binfield, Associate Director, Integrated Commissioning, Lambeth Council

Andrew Bland, Southwark NHS Clinical Commissioning Group (CCG) Chief Officer

Barbara Hill, Guys & St Thomas' service manager

Sarah Willoughby, Stakeholder Relations Manager, King's College Hospital (KCH)

Dr Michael Brady, Clinical Lead for Sexual Health, KCH

Maureen Salmon, Service Manager for Sexual Health & HIV Service, KCH

Sukainah Jauhar , Africa Advocacy Foundation Trustee

Jeannine Noujaim, Project Manager of Family Project, Indoamerican Refugee & Migrant Organization

Catherine Negus, Healthwatch

Background

Around 28,000 Southwark residents use sexual health services each year. Approximately 9100 Southwark residents attended Guys and St Thomas' GUM services each year with approximately 7100 sexual health screens performed, and 11,500 residents attended Kings, with 7000 sexual health screens performed.

It is estimated that approximately 4200 patients who use GSTT and Kings for sexually transmitted infections (STI) testing could use self-testing, either via an online service or via a click and collect service.

At the moment sexual health services are open access, whereby a patient can attend any sexual health service in the country, and their local authority pays for it. This makes it difficult to control spending, and to effectively triage patients according to need.

This takes place against the backdrop of increasing STI rates, and spending on sexual health is rising against a reduced public health grant.

Currently, 90% of Southwark council's 2015/16 budget for sexual health is spent on GYM/RSH services, with 2% of the sexual health budget on HIV and STI prevention/early intervention, 3% on young people's sexual health services, 2% on online sexual health services and the remainder on Primary Care and Pharmacy Services.

Proposed changes

Southwark is proposing a reconfiguration of sexual health service to move more clinical activity online, reduce clinic capacity and expand the pharmacy and primary care offer.

Online services will form the cornerstone of the new model, supported by a comprehensive pharmacy and primary care offer. As a result, clinics will be re-orientated for complex and/or vulnerable patients. This will mean fewer sites, but longer opening hours ensuring a 7 day a week service.

Home testing is already available in Southwark, and has been since March 2015. To date, it has shown high acceptability amongst users, with an average 74% return rate.

Pharmacy and primary care will have a new offering around contraception, testing and referral, with pharmacists able to directly book GUM appointments. There is also work being done with GPs to develop skills around contraception and sexual health.

GUM and RSH clinics will work in partnership with online provision, and there is a plan for site rationalisation.

Areas of interest

Consultation

Consultation on the proposed changes to the sexual health strategy began in mid-August 2016. This item was brought to the Healthy Communities Committee ahead of the consultation launch and we would welcome representatives back to feedback on the consultation responses in the Autumn.

The Committee would recommend that the final consultation documents are circulated to the Committee to note and the results are presented back in the Autumn ahead of implementation.

Minority communities

The Committee heard from ethnic minority groups that language was a significant barrier to accessing sexual health services.

Many individuals do not have the necessary language skills to be able to confidently understand what GPs and sexual health practitioners might be saying to them. It was highlighted by Healthwatch that many parents will rely on their children to translate for them, and this leads to a difficult challenge when presented with a personal, sexual health issue.

There is therefore a need for better translation services provided at GP surgeries. *The Committee recommends that GP surgeries consider the translations services that they use and that they are appropriate for discussing personal sexual health issues.*

It is also recommended that the Council consider the provision of free English classes to help grow understanding and confidence amongst residents. This would obviously also have wider positive ramifications than addressing sexual health issues.

Voluntary Sector support

And interlinked with this is the challenge that there are many individuals who do not have the necessary understanding of the health system to know their entitlements, or do not attend GP surgeries. There is therefore the need for multi-lingual information to be provided at other points of access that these groups use.

The Council highlighted that they were working on the Voluntary Sector Strategy and they believe there is a role for the voluntary sector to provide support around the sexual health strategy.

With £24 million a year, alongside contributions from the Clinical Commissioning Group, there is a significant amount of money for voluntary sector organisations.

It was suggested to the committee that the voluntary sector strategy should take a public health approach. This would be done through asking voluntary sector organisations who are applying for funding to the Council to weave Public Health priorities into the work that they do in order to access Council funding.

This is likely to provide a culturally acceptable way of delivering education around sexual health, and would provide a sustainable method of delivery. The Council may have to commit some resource to training voluntary sector organisations but the Committee believes that this would be a worthwhile investment for the outcomes.

The Committee believes that integrating public health into the Voluntary Sector Strategy is an interesting and innovative approach to tackling the issue of those who do not currently

access health services in the Borough. We would recommend that this approach is taken in the development of the Voluntary Sector Strategy.

However, this alone will not reach all minority groups. *The Committee therefore recommends that the Clinical Commissioning Group, hospitals and the Council should work together to ensure a variety of multi-lingual information sources are available throughout the Borough.*

Education – young people

Education around sexual health still remains a concern, and this was highlighted by a number of attendees at the Committee roundtable.

Healthwatch talked about recent research which considered young people's thoughts on sex education and sexual health, with many offering scathing remarks. It is interesting to note that many young people did not want to go online for information for fear of what they might find through online search engines, or that they would not know whether the information that they found was reputable.

It is therefore incredibly important that we promote websites which offer straight forward, simple and convenient advice for young people. *The Committee recommends that council and GP services should look to signpost young people to NHS websites and SH24 where information will be authoritative and easy to access.*

There is also an ongoing concern about the sex education that is received by Southwark's young people. With an academised secondary education offering in Southwark there is obviously little sway that the Council holds over control of the curriculum. However, *the Committee recommends that the Cabinet Member work with local schools to encourage the promotion of SH24 as a quick, convenient and safe way for young people to access sexual health services.*

The Committee also recommends that the Cabinet Member work with local schools to encourage them to focus the sexual health concerns of a variety of sexualities, in particular men who sleep with men (MSM) and chem-sex which are areas of growing concern.

Education – advice and support

More widely, the Committee considered that individuals have limited resources that they can access to provide definitive advice and support. It was noted that FRANK, the national drug education service continues to act as a central advisory service focused on education around the effects of drugs and alcohol.

The Committee would be interested to understand if a similar approach is being considered for sexual health services and would *recommend that officers leading the sexual health strategy take forward the idea of a national government-funded sexual health advice service as part of the London-wide strategy development around sexual health.*

The committee would also recommend that the Cabinet member raises this issue with Public Health England to see where national funding may be able to be accessed.

Education – faith communities and minority groups

The Committee welcomes the launch of the RISE partnership, which is working alongside Lambeth and focusing on HIV prevention in the participating boroughs. We are encouraged by the work being done through the partnership in training faith leaders, and working with GMFA to offer educational support to the MSM community.

The Committee is very aware that HIV is no longer seen as the danger it once was, with the belief that medication is the solution. However, we remain concerned that this is not the message that should be prevailing, and that there needs to be continued education around HIV and other sexually transmitted diseases.

We look forward to further outcomes from the RISE partnership and would welcome an update as the programme continues.

Hospital approach

The Committee welcomes the work being done by Accident & Emergency Services in Southwark to routinely test everyone who attends A&E for STIs and HIV. The normalisation of sexual health testing is important, and we believe will greatly help to support awareness and education around the subject.

We were interested to hear that the prevalence of STIs and HIV is now spiking in non-African heterosexuals and therefore there needs to be further work done with this broad grouping.

Late diagnosis is also unacceptably high. The Committee believes that we should be changing the language around late diagnosis, such that any non-diagnosis is a late diagnosis. This will help to normalise testing for sexual health, and help individuals to take action sooner when there is a positive diagnosis.

The Committee would recommend that medical services and professionals should begin to talk about 'late diagnosis' as any non-diagnosis, and encourage efforts to introduce opt-out testing at A&Es.

GP approach

The Committee remains concerned about the long waiting times experienced in primary care, and the lack of experience sometimes seen amongst General Practitioners and pharmacists.

The Committee welcomes the focus on renewed GP training and the approach to make pharmacies more accessible for individuals with sexual health concerns.

Finances

The Committee is necessarily concerned about the financial pressures that are being seen across health services.

We understand that cuts are necessary, but believe that there needs to still be an appropriate level of funding for public health at a time when these issues continue to increase across the country. We welcome the efforts by Southwark to make efficiency savings where they can, but understand that it will not be long before we hit the ceiling in being able to deliver a quality service for our residents.

The Committee believes that sexual health has for too long been treated like a Cinderella service, and would like to see it having the same parity as issues including cancer and mental health.

We are committed to putting pressure on Government to understand the importance of providing funding for preventative strategies, and will commit to writing to the Department of Health on this issue.

Guy's and St Thomas' NHS
NHS Foundation Trust

Consultation on proposed changes to sexual and reproductive health services in Lambeth and Southwark: Early findings from analysis of consultation responses for Council Cabinet members and Overview and Scrutiny Chairs

1.0 Executive Summary

1.1 This report has been prepared for Council Cabinet members who lead on health and Overview and Scrutiny Committee Chairs. It highlights the early findings of the recent consultation on proposed changes to sexual and reproductive health services in Lambeth and Southwark. The public consultation between 25 August and 30 September was undertaken in response to a reduction in funding for services provided by Guy's and St Thomas' NHS Foundation Trust and commissioned by Lambeth and Southwark council.

1.2 Between June and September, Guy's and St Thomas NHS Foundation Trust, supported by both Councils, completed various patient and public engagement activities including the recent consultation. During this time, the views of over 1200 patient-public stakeholders have been collected.

1.3 Please note this report does not highlight the outcome of the consultation or any decisions, as these must be considered by the Trust in partnership with commissioners, before the consultation report is published.

1.4 The key findings from early analysis indicate the following:

- Overall there are no strong objections to the proposals – the vast majority of respondents appear to be understanding of the need to change the way the services are provided
- A minority of comments refer to concern about the closure of clinics - 11 free text comments in the survey and 16 patient interview respondents note concern about or objection to the closure of clinic(s)
- There is positive support for increasing the use of SH:24 / home testing, however there is some polarisation of views for various reasons, which are noted below
- Respondents comments have requested slightly longer evening open hours than are currently proposed
- Findings of discussion groups and previous focus groups in June, suggest patients lack confidence in and awareness of the sexual and reproductive health services that are offered by primary care providers

1.5 Details of next steps and the timetable for implementing any agreed changes are noted at paragraph. We expect the consultation report to be published by 25 November.

2.0 Recommendations

2.1 Councillors are asked to **NOTE**:-

a) the early findings of the consultation process and;
b) the next steps and timetable highlighted at paragraph 5.0

Consultation on proposed changes to sexual and reproductive health services in Lambeth and Southwark: Early findings from analysis of consultation responses for Council Cabinet members and Overview and Scrutiny Chairs

1.0 Introduction and background

1.1 Since 2013, borough councils have been responsible for commissioning Public Health services, including sexual and reproductive health services. The Government significantly reduced the amount of money it gives to Lambeth and Southwark councils to fund these services. As a result, the councils have reduced the amount of funding for sexual and reproductive health services delivered by Guy's and St Thomas's NHS Foundation Trust (GSTT) and King's College Hospital Trust (KCH). With further reductions in funding expected between now and 2020, commissioners and providers across London and England continue to work to reconfigure services.

1.2 In response, between April and May both Lambeth and Southwark councils undertook a public consultation on changes to public health services commissioning that outlined proposals which both commissioners and providers agreed would best mitigate the impact of funding reductions to these services for patients and service users in the longer term:-

- To have fewer clinics, but offer extended opening hours to support accessibility
- Extend home-testing for asymptomatic patients, as currently provided by the online service SH:24

1.3 Following the consultation, the cabinets of both Lambeth and Southwark councils agreed to adopt the proposals. In order to meet its legal 'duty to involve', it was agreed that further patient and public engagement and a wider public consultation would be undertaken by Guy's and St Thomas', to ensure the views of service users could inform the further development of the commissioning proposals. Since June, the Trust, with support from both councils, has successfully sought the views of over **1200** patient and public stakeholders.

1.4 A table summarising the full range of patient and public engagement activities since May is included at Annex A. This report summarises the early findings of the **wider consultation process only**, which ran for 5 weeks from 25 August and closed 30 September. Please note these are preliminary findings, following brief analysis. Thematic analysis of qualitative user engagement methodology is not complete at the time of writing this report. Further analysis of all data is required and may result in some change to the report findings, although significant variation is not expected.

2.0 A summary of the proposals for change that were consulted on

2.1 Following the public consultation led by the councils, the proposals below were consulted on:

- Refer more asymptomatic patients (i.e. without symptoms) to 'home (self)-testing' by expanding and developing the existing online testing service SH:24
- Reduce the number of sexual and reproductive health centres from 6 to 3
- Increase the opening hours of clinics to provide longer weekday opening and weekend opening hours and continue to offer a combination of 'walk-in clinics' and 'advance booking appointments'
- Increase awareness and make much better use of sexual and reproductive health services that are already offered by other healthcare providers, including GPs and pharmacies

3.0 Engagement and consultation activities between June and September 2016

3.1 During the public consultation (25 August to 30 September), the following activities were completed when the views of over **600** stakeholders were sought, including, patients, staff, GPs, local residents and community voluntary organisations:

- 544 surveys (191 online and 353 paper)
- 39 semi-structured, one-to-one 20-minute interviews with service users, held in clinic consulting rooms (with patients recruited from the waiting room)
- 25 service users discussed their views as part of an open dialogue / group discussion in Burrell Street waiting room
- 16 patient-public stakeholders attended 3 specialist community focus groups
- 7 patient-public stakeholders attended a public meeting

3.2 This is a successful response given the transient nature of the patient population using these services and the topic matter itself, not necessarily being conducive to public discussion

3.3 The table in Annex A provides further summary information about the various communications and public engagement activities that have taken place since June, which in total have engaged over **1200** people.

4.0 A summary of the consultation findings

4.1 The following section summarises the findings of the consultation under each of the main proposals. In summary, the demographic profile of respondents is described as follows – further details are included at Annex B.

- Lambeth residents 38%
- Southwark residents 34%
- Other boroughs (including outer London) 28%

- The majority of respondents are;
  - White females aged 18 – 34 years (28%)
  - White males aged 18-34 years (11%)
  - Black females aged 18-34 years (10.62%)

Respondents described their gender and sexuality as;

- Heterosexual / straight female 58%
- Heterosexual / straight male17%
- Gay, male 14%
- Bisexual, male 2%
- Bisexual, female 4%

4.2 Overall, early analysis indicates the following:

- Considering the large number of responses, overall there are no strong objections to the proposals – the vast majority of respondents appear to be understanding of the need to change the way the services are provided
- A minority of comments refer to concern about the closure of clinics - 11 free text comments in the survey and 16 patient interview respondents note concern about or objection to the closure of clinic(s)
- There is positive support for increasing the use of SH:24 / home testing, however there is some polarisation of views for various reasons, which are noted below
- Respondents comments have requested slightly longer evening open hours than are currently proposed
- Findings of discussion groups and previous focus groups in June, suggest patients lack confidence in and awareness of the sexual and reproductive health services that are offered by primary care providers

4.3 Referring more asymptomatic patients (i.e. without symptoms) to 'home (self)-testing' by expanding and developing the existing online testing service SH:24

4.3.1 Although many respondents support the notion of self-testing and can see its benefits, there is some polarisation of opinion amongst those we spoke to, which is also reflected in the survey results. Interestingly, many people we have spoken to so far in discussion groups or interviews are NOT aware of SH:24

4.3.2 Many patients are very interested in the idea of home testing, while others feel they would not have enough confidence in the self-testing option and prefer to see a healthcare professional – this appears to be about a lack of confidence in their ability to do the test. For those responding

- **65%** thought people would use the online service, with **35%** having reasons why they thought patients might be reluctant.
- Comments on possible reasons varied from ability to use or access the technology, to concerns about accuracy of self-testing and 'getting it wrong'.
- Concerns were raised about access for, and impact on, vulnerable groups such as the young, disabled and those for whom English is not their first language.

4.3.3 The survey asked respondents to indicate how they would prefer to order home-testing kits should they visit the clinic and be directed to SH:24. The responses indicate that a larger proportion of respondents would prefer to:-

- order a testing kit for delivery to their home (69%) before leaving the clinic, using the device provided and
- 63% would take away information about SH:24 and use their own device to order a kit

4.3.4 We also asked respondents to tell us how they would prefer to received the testing kit

- 76% would prefer the kit to be delivered to their home
- 29% would prefer to collect it from another location (e.g. an NHS community clinic – health centre or GP)

4.4 Reducing the number of sexual health centres from 6 to 3

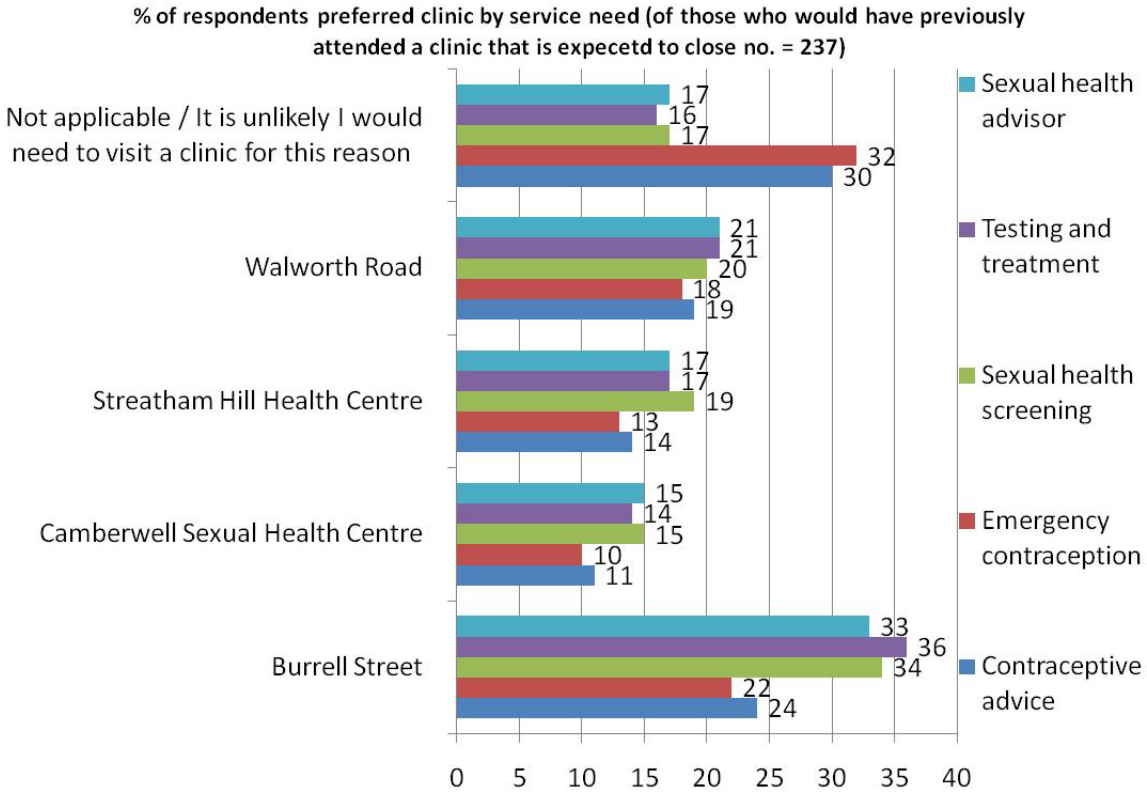
4.4.1 Findings of waiting room-based patient interviews and discussion groups highlight the following:-

- Patients seem to be understanding of the need to reduce the number of clinics given the financial situation
- Patients would have a plan for where to go if their nearest clinic closes (i.e. by utilising remaining clinics in the two boroughs)
- Some patients have voiced agreement with the closure of Lloyd Sexual Health Centre, as they would not travel there from the community
- Waiting times in clinics are a concern for some, but it is acknowledged that home STI testing could help to alleviate this
- Patients are keen that all sites offer a genuine one-stop service

4.4.2 We asked survey respondents to indicate which clinics they have used most often. The table below indicates those clinics use most, currently.

20% use Streatham Hill Health Centre	15% Burrell Street
19% Lloyd Clinic at Guys Hospital	12% Walworth Road
16% Vauxhall Riverside Health Centre	10% Artesian Health Centre.

4.4.3 We asked survey respondents that ticked a clinic that was due to close, to indicate where they would be most likely to go in the future. The chart overleaf below summarises the early findings.



4.4.4 Further analysis is required to understand the above results.

4.5 Increase the opening hours of clinics to provide longer weekday opening and weekend opening hours

4.5.1 The consultation document highlighted the proposed opening hours of clinics and the survey asked respondents to select the most convenient Sunday opening hours for Burrell Street. Findings are as follows, with **Sunday, 10.30am – 5.00pm being the most convenient.**

Opening time options	Sum of responses rated 'very' or 'fairly' convenient			
	Patient-public stakeholders	Trust staff and primary care providers	All respondents	Weighted average score
8.30am – 3.00pm	69.79%	69.49%	69.63%	0.74
9.30am – 4.00pm	74.47%	82.14%	75.81%	0.97
10.30am – 5.00pm	81.79%	82.26%	81.97%	1.26

4.5.2 In June, the Trust sought the views of services uses on the most convenient opening hours and the opening hours included in the consultation were informed by the earlier findings. Q16 of the consultation questionnaire invited general comments and suggestions - **17% (94) of respondents made comments**. The comments were analysed and coded thematically and the top 5 most frequently recorded are noted below.

4.5.3 The most frequently recorded comments suggest longer evening opening hours than currently suggested would be preferable and make services more accessible to the working age population.

4.5.4 There are concerns about long waiting times and how the waiting time might be affected by the closure of clinics in the future.

4.6 Increase awareness and make much better use of sexual and reproductive health services that are already offered by other healthcare providers, including GPs and pharmacies

4.6.1 Accessing sexual and reproductive services offered by primary care providers – some respondents are strongly against this and the reasons are as follows, which reflects themes gathered through earlier focus groups conducted in June:

- Dependent on the quality of their relationship with the GP
- Access to GP appointments (often being difficult / long waits)
- Lack of confidence in GPs and pharmacists to deliver what patients consider to be 'specialist services'

4.6.2 In general, survey responses indicate that very few people are prepared to travel more than 30 minutes to access the required service

4.6.3 Survey responses indicate that if patients needed to access sexual and reproductive health services offered by primary care providers (i.e. emergency contraceptive, Chlamydia test, regular contraceptive) service users would approach the following providers:-

Service need	**Responses by provider (top 3 per service need where % responses are 25% and over)**
Emergency contraceptive (taken with 72 hrs)	44% Pharmacy (under 30 mins travel) 26% Order online 25% Sexual health centre
Contraceptive advice and contraception	32% My local GP practice 31% a sexual health clinic (under 30 minutes travel 25% Order online - sent to my home
Regular contraceptive prescription	32% Order online - sent to my home 29% My local GP practice 27% Pharmacy near my home (under 30 minutes travel)
Post exposure prophylaxis	43% Sexual health centre (under 30 minutes travel) 29% GP practice where patient is registered
Testing and treatment	52% Sexual health centre (under 30 minutes travel) 27% Order online - sent to my home 25% My local GP practice
Sexual health advisor	56% Sexual health centre (under 30 minutes travel)

4.7 General comments on the proposals and suggestions for improvement

4.7.1 Q16 of the consultation questionnaire invited general comments and suggestions - **17% (94) of respondents made comments**. The comments were analysed and coded thematically - the top 5 most frequently recorded are noted on page 6.

Pos.	**Most frequently recorded comments (of 94 comments received)**
1st	32% Request for long evening opening hours (later than those proposed
2nd	21% Other (broad range of comments that did not fit into any other category)
3rd	13% Complaints about current waiting time and / or concern about these increasing
4th	12% Objection to / concern about closure

	12% Earlier morning opening hours
5th	9% Support for weekend opening hours

5.0 Next steps

5.1 During the next few weeks, the Trust will continue to review the findings of the consultation and consider its response, in partnership with commissioners and other stakeholders. Some aspects of the consultation will require the response of commissioners e.g. those relating to access to sexual and reproductive heath services provided by primary care providers. A timetable is noted below.

Timeline	Activity
Ongoing to 24 October	• Analysis if consultation responses (public and internal staff processes) and thematic coding of qualitative user engagement activities • Trust and commissioner liaison regarding the consultation response
27 October	• Consultation report (inc. internal staff and public consultation findings) and recommendations for response presented to the Trust Management Executive
27 October to 31st March 2017	• Outcome of staff consultation, staff interviews and redeployment for new service model
By 25 November	• Public consultation report published online (summary version to be made available)
November– 31st March 2017	• Phased implementation of agreed staffing changes
January to July 2017	• Phased implementation of site changes

6.0 Recommendations

6.1 Councillors are asked to **NOTE**:-

c) the early findings of the consultation process and;

d) the next steps and timetable highlighted at paragraph 5.0.

Andrea Carney, Trust Patient and Public Engagement Manager
Robert Cook, General Manager, Specialist Ambulatory Services
Dr Anatole Menon-Johansson, Consultant and Clinical Lead, Sexual and Reproductive Health Services
Guy's and St Thomas' NHS Foundation Trust

Annex A

Summary of all Trust-led patient and public engagement and consultation activities conducted between June and September 2016

Activities	Progress update and comments
	Trust-led patient and public engagement activities June to July 2016 (to inform consultation proposals)

Online and paper service user questionnaire	• **588** survey responses
	  ○ **91** online
	  ○ **497** paper

User focus groups	• **6 x patient / user focus groups** recruited from waiting room spaces in all 6 clinics
	• Total of **21** participants
	• Used to explore:-
	  ○ User awareness of range of services offered by the Trust and test awareness of the providers
	  ○ To explore options for future consolidation of clinics and notion of reducing clinics, using visual stimulus with key facts and figures about the clinics
	  ○ Distance people are prepared to travel to access services
	  ○ What influences people's choices of service provider

	Public consultation 25 August to 30 September
Online consultation document and questionnaire	• Publicised on the Guy's and St Thomas' NHS Foundation Trust website, with signposts from both council websites • Also publicised via the Trust's communications channels including monthly Team Briefing (for staff at GSTT), fortnightly King's Health Partners News (for staff at GSTT, KCH, SLaM and KCL), monthly e-GiST (for Foundation Trust members and key stakeholders), digital screens in our hospitals, news story on the Trust website • Link distributed by Public Health commissioning network and CCGs • Link publicised / distributed by Healthwatch • Shared with Foundation Trust Governors by email upon launch and discussed at a Governors working group on 13 September
Public information display (A0 posters) installed all clinic sites	• In situ for the duration of the consultation

Consultation questionnaire	• **544** survey responses (from a broad range of respondents, including patients, Trust staff, GPs,)
	  ○ **204** online
	  ○ **341** paper

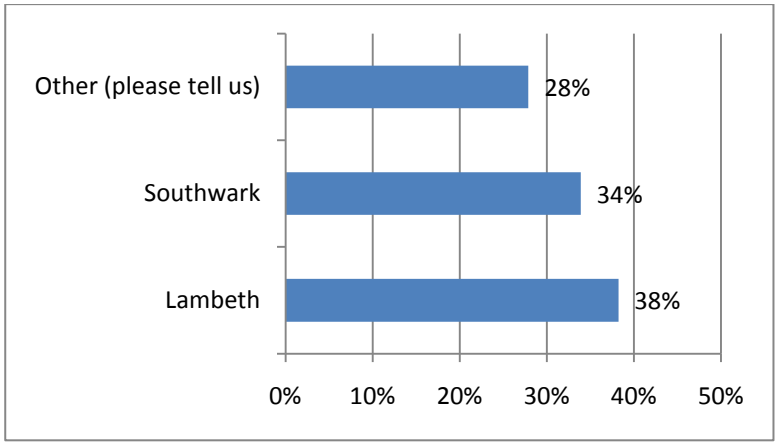
3 community focus groups for specialist interest groups	• 3 community focus groups were completed
	  ○ MSM focus group
	  ○ Brook Young People's group
	  ○ BME women's group

Discussion forums and one-to-one interviews in all six clinic waiting rooms	• **39 patients** consulted through open discussion forums or one-to-one interviews with patients from clinic waiting rooms in all 6 clinic sites • A further **25** patients made general comments regarding their reactions to the proposals, as part of an open dialogue in the waiting room at Burrell St, where the waiting room made it possible to accommodate such a discussion
Public meeting, 6 – 8pm, Thursday 22 September	• The Trust and Lambeth Council designed the meeting in consultation with, which was also supported and promoted by local Healthwatch bodies • 7 patient-public and specialist interest stakeholders attended • Low turnout on account of subject matter

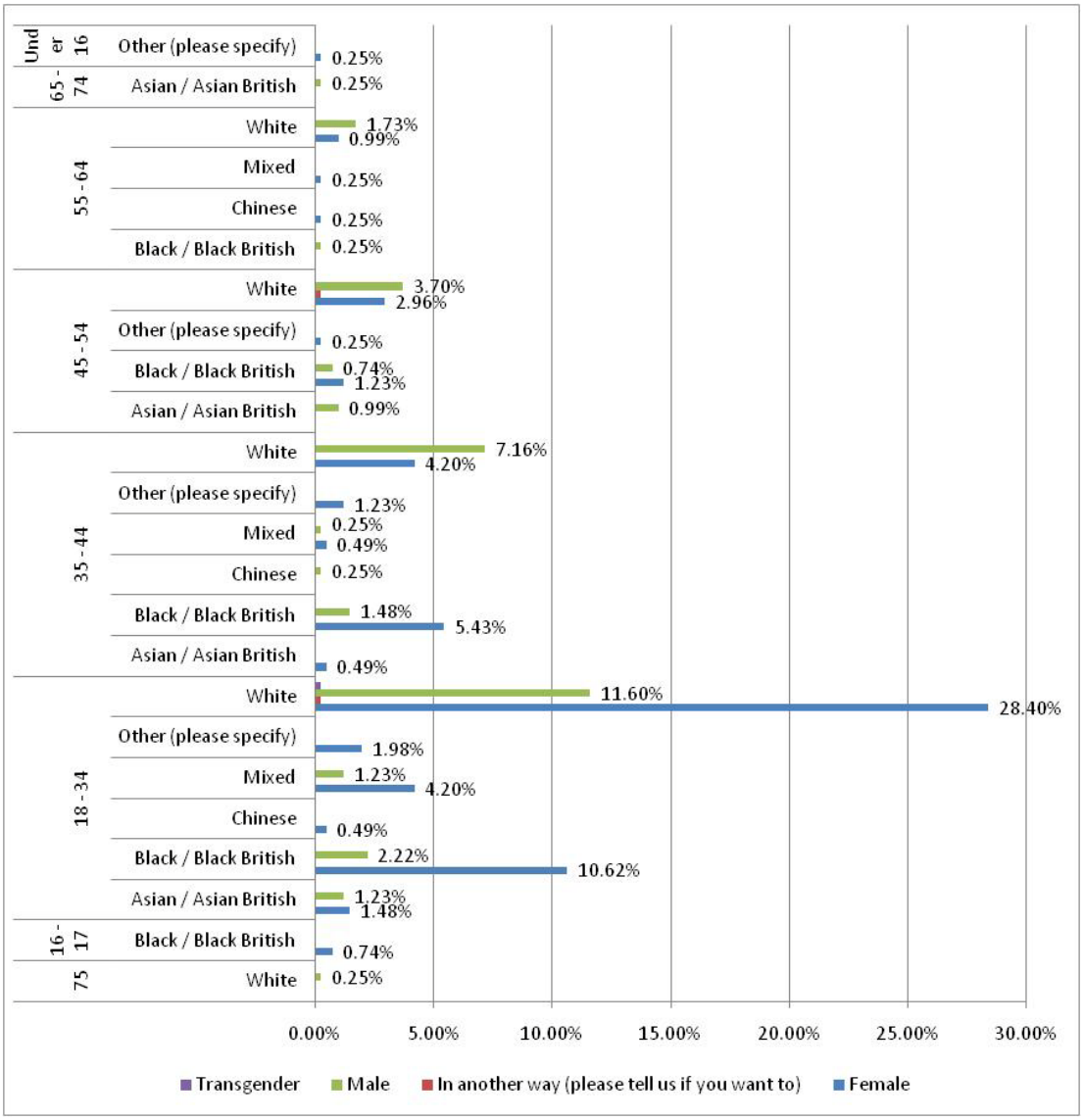
Annex B

Summary demographic profile of respondents

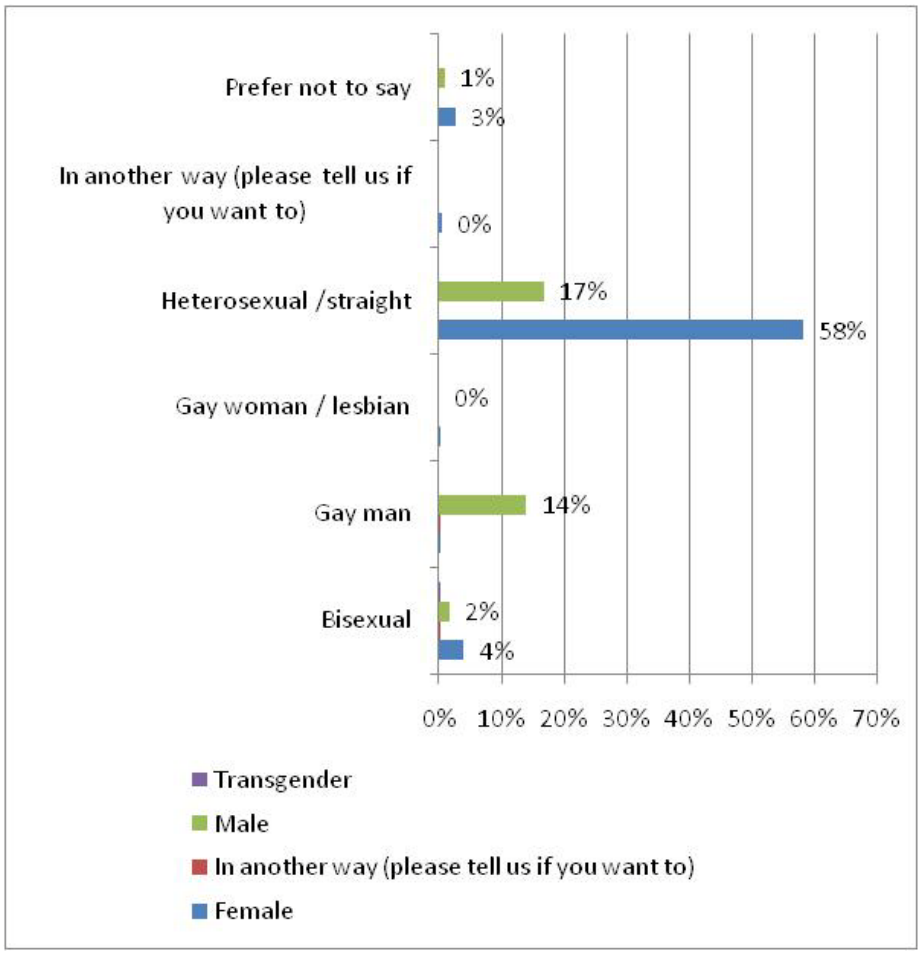
% of respondents by borough



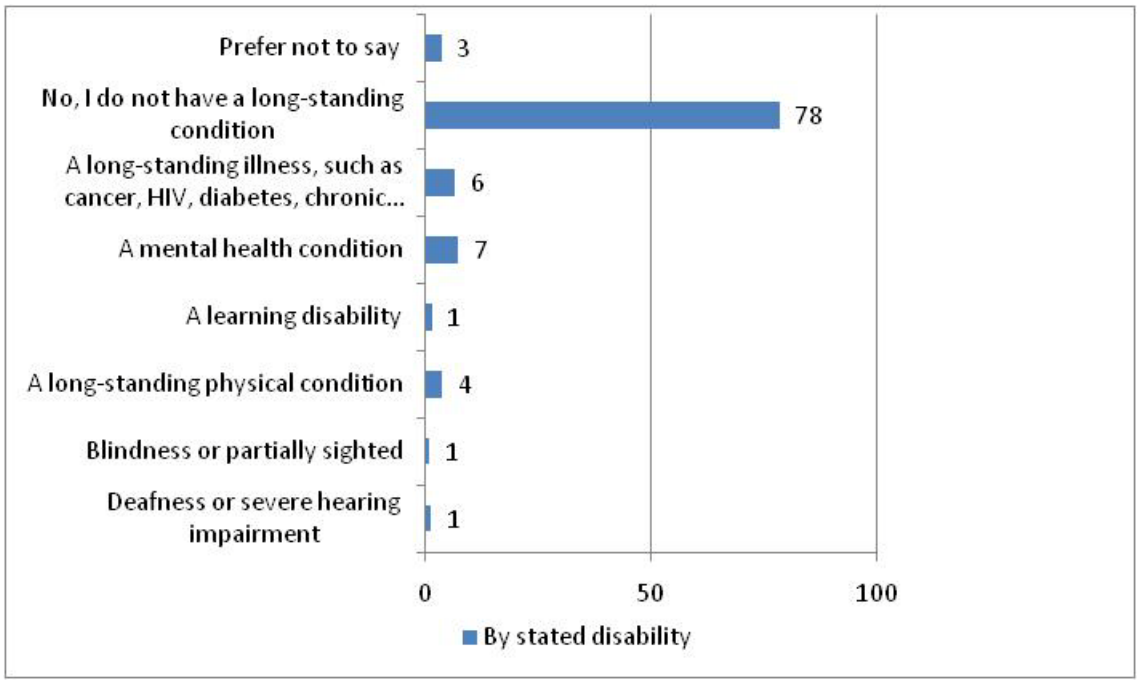
Respondents by age and ethnicity



Respondents by sexuality and gender (%)



% of respondents with stated long-standing condition or disabilities



King's College Hospital NHS
NHS Foundation Trust

Briefing

Briefing for: Southwark Healthy Communities Scrutiny Sub-Committee

Date November 2016

Subject Maternal deaths at King's College Hospital

Background

King's College Hospital is a referral unit for women with complex medical problems that either develop during pregnancy or are pre-existing and deteriorate during pregnancy or during/after giving birth.

Of the four women who died in 2015, two gave birth at King's.

Women who gave birth at King's

One death has been reviewed at a Coroner's inquest earlier this year. This woman was not originally booked to deliver at King's, but was transferred for care due to deterioration in a pre-existing medical problem.

The other death was a woman with complex medical problems who delivered her baby at King's. Her death occurred outside the maternity unit in the postnatal period.

Women who did not give birth at King's

The other two women who died did not receive care in the maternity unit at King's. They gave birth at other hospitals and were transferred to King's for specialist (non-obstetric) medical care because of complications that had developed after the birth of their babies.

Reviews

All the deaths were reviewed according to the Trust's risk management protocol, and were reported as serious unexpected outcomes to our commissioners, which is required for all maternal deaths within 42 days of childbirth.

Internal review: Each maternal death was reviewed by a panel of clinicians, including specialists from external independent hospitals, who convened to review the cases and produced a report.

External review: In light of the Morecambe Bay Enquiry, King's felt that a review of the case notes and risk reports should be requested from another external specialist team, who would be able to make direct comparisons of the four cases. King's requested this to ensure there were no systemic failings that were being overlooked. The report from this review has been received and it concluded that there are no concerns about common themes or systemic failings.

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HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE
MUNICIPAL YEAR 2016-17

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Councillor David Noakes (Vice-Chair)	1	Andrew Bland, Chief Officer, Southwark CCG	1
Councillor Ann Kirby	1	Malcolm Hines, Southwark CCG	1
Councillor Sunny Lambe	1	Jin Lim , Director of Public Health (acting)	1
Councillor Maria Linforth-Hall	1	Jay Stickland , Director Adult Social Care	1
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Geraldine Malone, Guy's & St Thomas's	1	Fiona Subotsky, Healthwatch Southwark	1
Sarah Willoughby, Head of =Stakeholder Relations King's College Hospital KCH FT	1	Sec-Chan Hoong, Healthwatch Southwark	1
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Councillor Jasmine Ali			
Councillor Gavin Edwards			
Councillor Tom Flynn			
Councillor Eliza Mann			
Councillor Leo Pollack			