



# **Public Health in Lambeth and Southwark**

Report for Boards August/ September 2013

## **1. Public Health Transition & Duncan Selbie**

The Lambeth and Southwark Public Health team has been established since 1<sup>st</sup> April 2013 and is working with both Lambeth and Southwark Councils, and Lambeth and Southwark CCG's. This includes:

1. Providing public health expertise to strategic programmes including Health and Wellbeing Strategies, Southwark Primary Care Strategy, The Big Lambeth Health Debate and others.
2. Informing commissioning service evaluation and developments
3. Establishing a shared health intelligence function which supports JSNA, evidence based commissioning, effective practice and outcomes.
4. Health protection and infection control function which works closely with Public Health England (London), all local acute trusts and primary care. It has also established the local process for audit of all cases of MRSA bacteraemia and advised Public Health England on the implementation of this new requirement.

Recruitment to the vacant public health consultant post, inequalities and intelligence post is now in progress.

Annual public health reports for Lambeth and for Southwark have been produced and both local Health and Wellbeing Boards have agreed Health and Wellbeing strategic frameworks.

The local public health team has been asked to continue its role in the South East London Diabetic Retinopathy Screening Programme, (pending transfer to NHS Commissioning Board) and is still clarifying its role in delivery of important programmes, e.g. immunisation where responsibility has moved to other agencies. In general, new arrangements are more complicated and there is a need for substantial engagement with other parts of the system to ensure effective local delivery and consistent communication to all parts of the system.

The route for public health input to nationally commissioned services of local relevance e.g. prison health is still being clarified.

Access to information at a local level is still evolving; national issues include data sharing/ confidentiality, the availability of data analysed by borough, potential charging for data previously routinely provided (e.g. from Office for National Statistics – ONS).

Duncan Selbie (Public Health England Chief Executive) intends to visit the Lambeth and Southwark Public Health Team on 15<sup>th</sup> November. Details of the plan for the day are expected soon.

An initial joint governance meeting for the shared public health specialist function was held in July (Local authority lead members, chief executives and directors).

A future meeting is planned for October 2013.

## **2. Wellbeing Update**

Public Health worked with The Reader Organisation on a bid to expand their model of 'shared reading' groups in both boroughs with the aim of improving health and mental wellbeing and were successful in being awarded £500k from GST Charity. They will train and support 200 public sector and VCS organisations to deliver shared reading provision and measure health and wellbeing impacts, including

social relationships and mental wellbeing.

Lambeth & Southwark wellbeing network re-launched on 9 July at the Employment Academy. 80 delegates came together and suggested priority areas to work on, including; financial resilience, mental health literacy, early intervention, sharing work across the boroughs, staff wellbeing and improving knowledge about the evidence base. Two more events will be held with the aim of improving understanding about mental wellbeing, sharing tools, mapping wellbeing resources, measuring wellbeing and promotion of core concepts such as the 'five ways to wellbeing'

Faiths Together in Lambeth have been awarded £10k from London Catalyst after prompting and assistance from Public Health to run health improvement sessions in partnership with GST NHS Trust and SLAM NHS Trust. Courses will be offered in four faith centres on healthy eating, physical activity and mental wellbeing. Two inter-faith events will conclude the project and workers will encourage the development of buddy relationships to achieve a fuller participation in activities and identify health champions to keep these issues on the agenda of faith communities on a continuing basis.

We responded to the Lambeth Community Infrastructure Levy (CIL) consultation to ensure any revenue generated takes into account future health services requirements and infrastructure to improve health and wellbeing e.g. Parks, transport etc. as well as involving local residents in how the money is spent.

The public mental health work of the directorate was highlighted in a recent report from Mind/Mental Health Foundation 'Building resilient communities' which recommends mental health be a key part of all public health strategies. The full report is available to view at

<http://www.mentalhealth.org.uk/content/assets/PDF/publications/building-resilient-communities-briefing.pdf><sup>1</sup>

### 3. Healthier High Streets

A Lambeth & Southwark Public Health Consultant chairs pan London working group to identify ways of tackling local concerns relating to the high street. Resources produced by the group to support decision making and implementation of actions are now available online.

*"Fast Food Saturation – A Resource Pack for London Boroughs"* is available at [www.lho.org.uk/viewResource.aspx?id=18208](http://www.lho.org.uk/viewResource.aspx?id=18208) This document describes how a number of London boroughs are using town planning regulations to prevent the proliferation of fast food outlets on their high streets and also describes the on-going work with Trading Standards and Food Safety Teams to make existing outlets healthier. The purpose of the document is to promote best practice, to encourage boroughs to take action or to enhance or strengthen current activity by providing examples of what is possible.

In response to local concerns expressed relating to betting shops, the working group has produced a discussion document which provides a framework for licensing authorities (London boroughs) to assess and consider the advantages of introducing a cumulative impact policy Statement (CIPS) for

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<sup>1</sup> Mind/Mental Health Foundation (2013), Building resilient communities: Making every contact count for public mental health, London

betting shops (saturation policy). "Responding to the cumulative impact of betting shops: A practical discussion guide for London boroughs" is available at [www.lho.org.uk/viewResource.aspx?id=18207](http://www.lho.org.uk/viewResource.aspx?id=18207)

#### 4. Big Lottery competition: Fulfilling Lives, a better start

This is a £30-50 million initiative over ten years to improve the health of under-3 year olds that all local authorities have been invited to compete for. Lambeth got through the initial EOI stage as one of 30 authorities and is now awaiting the imminent results of its stage one application, which will reduce the field to nine local authorities. Should this stage be passed, we will receive up to £400k to work up a detailed bid for the £30m by end-December this year. The competition is looking for "systems change" that will deliver better outcomes and bids will have to address this.

It has just been announced that Lambeth has made it through to the final nine.

#### 5. Drug-related Deaths Group (DRD) in Lambeth and Southwark

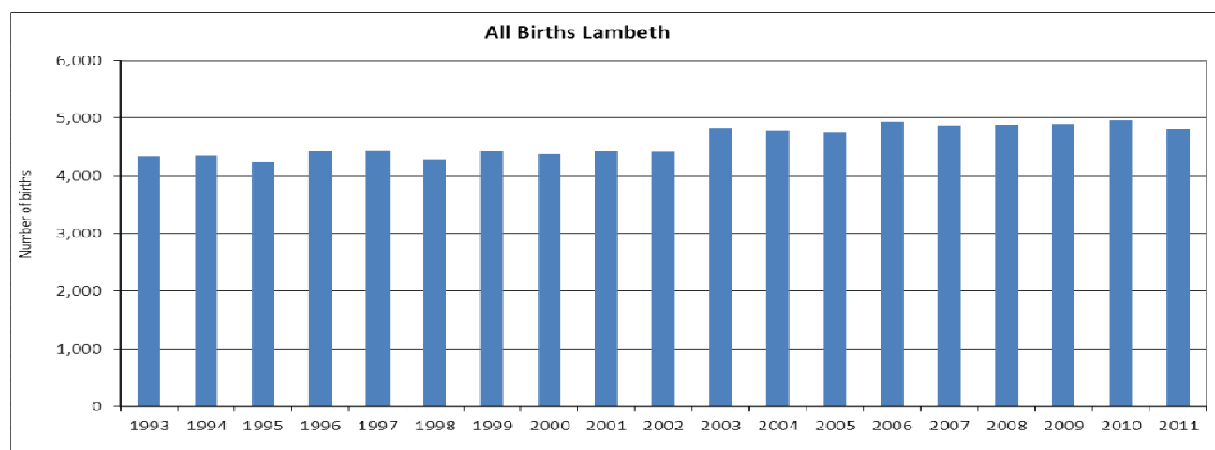
In line with best practice and in response to local needs, a DRD group has started meeting aiming to learn from deaths and identify any modifiable factors for the local partnership to consider. The discussions are in confidence and include representatives from stakeholder services. Thus far, actions arising include provision of smoking cessation services for substance misusers as part of a harm-reduction approach

#### 6. Births & general fertility rates to Lambeth and Southwark residents

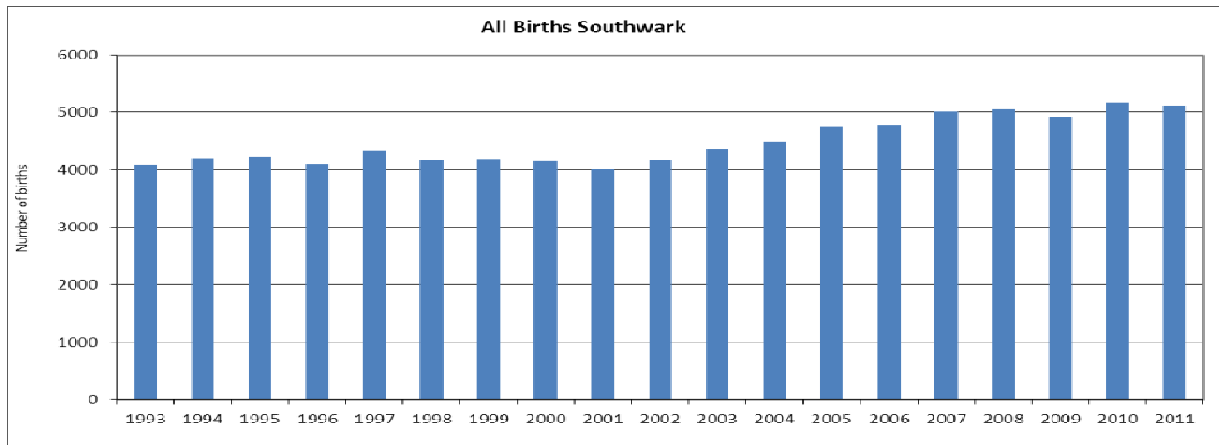
The figures below show the total number of births in Lambeth and Southwark over a 19 year period. Overall there has been a gradual increase in total births between these periods from just over 4000 per year at the beginning of this period to around 5000 per year towards the end in both boroughs. For 2011 (the latest year that data is available) the number of births in Lambeth was 4815 and for Southwark was 5122.

Figure 1a & 1b: All births occurring to females aged 11 years and over in the respective calendar year. (Source of data – Office for National Statistics).

1a



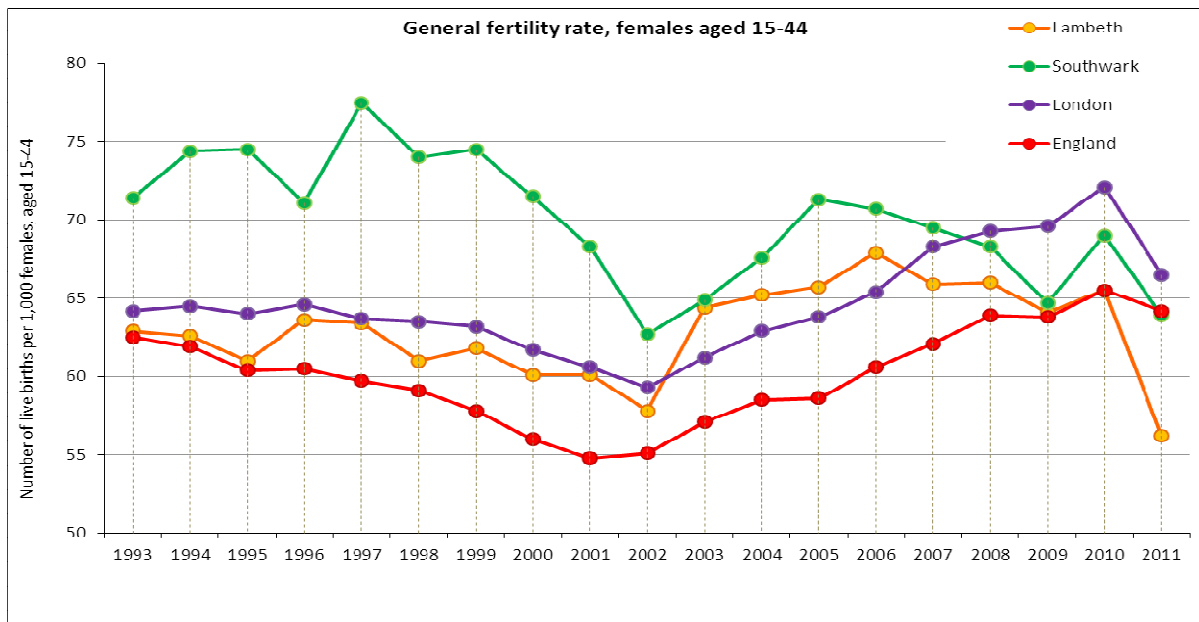
1b



The general fertility rate is the number of live births in a given year divided by the number of women in the aged 15-44. Figure 2 shows the trends in general fertility in Lambeth & Southwark compared to London and England. Fertility varies from year to year but in both boroughs over the last 5-6 years there appears to be a decline in the general fertility rate compared to the rest of London and England. A report produced by the Office of National

Statistics may provide a partial explanation of these changes and differences which include: variation in population characteristics in different areas; differences in the proportion of childbearing in UK born and non-UK born women; impact of being a second and third generation migrant; difference in fertility in different age groups and increase in fertility rates in the over 35 age group<sup>2</sup>.

**Figure 2. General Fertility Rate live births per 1000 females aged 15-44.**



(Source: Office for National Statistics).

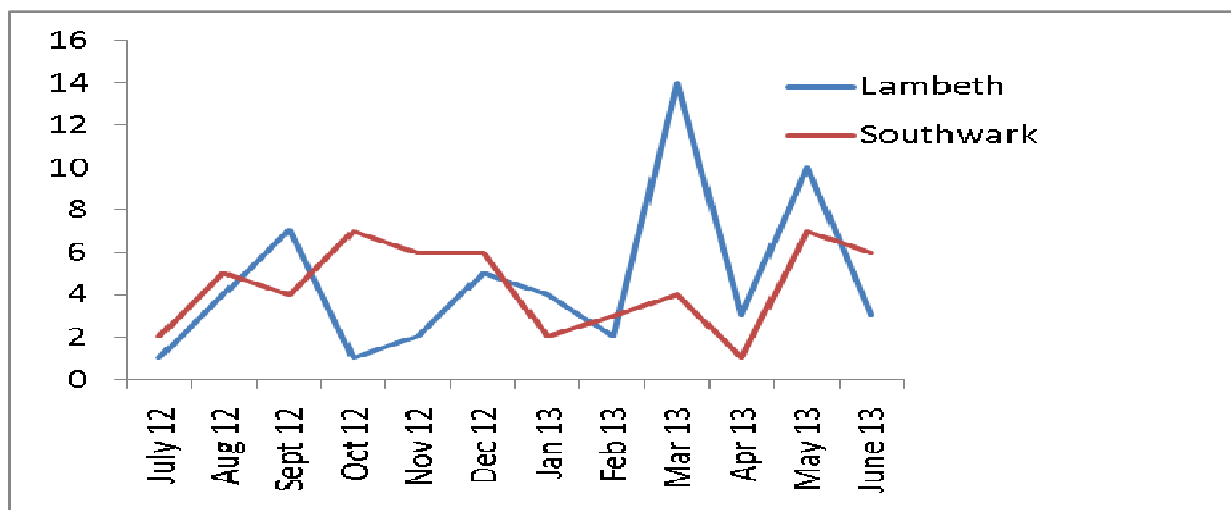
<sup>2</sup> Childbearing Among UK Born and Non-UK Born Women Living in the UK Oct 2012 ONS Report

## 7. Infectious disease

- Following the *Clostridium difficile* (CDI) summit in May, a task and finish group has been established to support the implementation of the action plan produced from the recommendations of the summit. Its members include representatives of the 3 boroughs (Lewisham, Southwark and Lambeth) key stakeholders (Acute Trust, CCG, Community health, and GPs). Four work-streams have been identified: Care pathway development for patient with CDI across the whole health care system, antibiotic prescribing, raising GP awareness and information and surveillance.
- Strengthening capacity at community level to prevent and control CDI is being developed through:
  - Training in infection control offered to practices in Lambeth and Southwark. This training is provided by GSTT infection control team. A total of 137 GP staff from 8 practices in Lambeth and Southwark have attended the training since February 2013.
  - Surveillance of CDI community attributed cases (see graph below). GSTT infection control team notified 9 CDI cases attributed to the community since April 2013 (6 in Lambeth and 3 in Southwark). The Health Protection team of Public health directorate is starting the systematic investigation of these cases.

Fig. C. *difficile* reported infection among Lambeth and Southwark residents – trend

<sup>3</sup>



- Since April 2013, each MRSA bacteraemia case attributed to the community (diagnosed within 48 hours of admission) is investigated in depth to identify lessons learned. A total of 3 cases have been investigated. The lessons identified through this process will be reviewed at the London Infection Control Committee.

<sup>3</sup> South East London HCAI surveillance summary report - June 2013. South East London Health Protection Team, 29 July 2013

#### Other Health LSL Protection Issues

- HIV prevention including HIV testing has been subject of various reviews locally and also at London level. The evaluation of the LSL pilot opt out HIV testing for patients newly registered with GP practices is now completed as well as the review of community HIV testing. The findings will inform recommendations for GPs in mainstreaming HIV testing and a local HIV testing strategy as part of the updated sexual health strategy.
- MMR catch up: Following the increase of reported measles cases among children aged 10-16 years in March, NHS England is supporting GP practices to do a 10-16 years old MMR catch up campaign. MMR uptake figures are expected from September. School nurses have been offering MMR to Year 9 pupils 13-14 years old in Lambeth and Southwark secondary schools.
- Dental infection control activities have concentrated on community dental practices and provision of additional support to 4 practices after CQC visits. To date 6 out of 10 community dental practices were audited for their infection control practices using an online tool and based on the audit, improvement plans developed. The findings of the audits were fed back to the Community Dental Lead at King's College Hospital.

#### **8. NICE guidance on Tobacco Harm reduction Approaches to Smoking and an Update on Electronic Cigarettes**

NICE published the public health guidance on harm reduction approaches to smoking in June 2013. The guidance recognises that it is primarily the toxins and carcinogens in tobacco smoke and not the highly addictive nicotine that cause illness and death. The best way to reduce these illnesses and deaths is to stop smoking, ideally stopping in one step. However for smokers highly dependent on nicotine, stopping in one step may be extremely difficult and so other approaches could be considered even though they may include continued nicotine use.

The aim of the guidance is to outline the assistance that could be offered to smokers that are highly dependent on nicotine who:

- May not be able (or do not want) to stop in one step
- May want to stop smoking without necessarily giving up nicotine
- May not be ready to stop completely but may want to reduce the amount they smoke

It recommends harm-reduction approaches which may or may not include temporary or long-term use of licensed nicotine-containing products.

Importantly the guidance does make it clear that the current stopping in one step as currently provided by local stop smoking services is still the best way to reduce harm from smoking and tobacco use. The support that is offered by the stop smoking service is highly cost-effective and use of harm reduction approaches must not undermine this provision. How harm reduction is included in the smoking cessation care pathway would need to be agreed at local level. The full NICE guidance can be accessed via this link: <http://www.nice.org.uk/PH45>

Over the last few years there has been an increase of the availability and use of electronic cigarettes (e-cigarettes). Shortly after the publication of the NICE guidance on tobacco harm reduction from smoking, the Medicines and Healthcare Products Regulatory Agency (MHRA) announced that it will regulate electronic cigarettes and other nicotine containing products (NCPs) as medicines.

The MHRA concluded that e-cigarettes and other NCPs currently on the market do not meet

appropriate standards of safety, quality and efficacy. Testing data confirm that nicotine levels can vary considerably from the labelled content and the amount of nicotine per product can differ from batch to batch. In terms of how well NCPs work, there can be widely differing amounts of nicotine from the same format with one form delivering what could be an effective therapeutic dose, another a 'placebo' dose. With regards to safety, toxic elements may be included at unexpectedly high doses which could produce adverse effects, particularly in vulnerable patient groups.

The consistent evidence from a variety of sources is that most electronic cigarettes use is to support stop smoking attempts or for partial replacement to reduce harm associated with smoking. This is comparable to other nicotine replacement products (e.g. gums, patches, inhalator), which are licensed as medicines. The current evidence is that electronic cigarettes have shown promise in helping smokers quit tobacco but the quality of existing NCPs is such that they cannot be recommended for use. To manage the risk of poor and ineffective products and to maximise the potential for public health gain, the MHRA concluded that NCPs should be regulated as medicines to ensure that:

- standards of quality, safety and efficacy are met
- monitoring safety in use, including over the long term, is provided for
- advertising of NCPs is controlled through medicines provisions
- and any emerging risks, e.g. of NCPs acting as a gateway to smoking tobacco, can be effectively managed.

NCPs will not, however, be required to obtain a medical licence until the proposal in the European Commission's revised Tobacco Products Directive is agreed and transposed into UK law. The European Commission has said it expects the new legislation to be adopted in 2014 and to come into effect in Member States such as the UK in 2016. This will allow time

for manufacturers to ensure that their products meet the safety, quality and efficacy requirements of a medicine.

Until then e-cigarettes will continue to be subject to general consumer protection law and it is the responsibility of trading standards officers to rule on their safety. This means that the public health priority of reducing the harms of smoking is not supported by the current

general product safety regulations. To ensure the protection of the health of our local residents, the trading standards and public health teams across South East London have provided briefings for businesses and the public about the risks which may be associated with unregulated electronic cigarettes and shisha.

Further local advice can be sought from the Lambeth and Southwark Public Health team and the relevant local authority Trading Standards department.

## **9. Southwark GP Protected Learning Time Event on Obesity**

Obesity is a health priority in Southwark, with the borough having the highest prevalence of childhood obesity in England (10-11 year olds). GPs are a trusted source of information and evidence suggests if a GP raises the issue of healthy weight with patients, they are more likely to listen to and take on board advice.

In July, 120 primary care staff attended a Protected Learning Time (PLT) event at Millwall FC organised



by Public Health and Southwark CCG. The event, at the request of local GPs, covered obesity data in Southwark, information on services available, the role of public health and referral to relevant secondary care services.

There was an emphasis at the event on what primary care staff can achieve in their daily contact with patients. Time was dedicated to smaller, group training sessions to help GPs identify and raise the issue of weight in the Primary Care setting. During the sessions, staff were provided with a set of common scenarios that may present in their surgeries. Although the training sessions were facilitated by Public Health and CCG staff, the primary care staff were encouraged to discuss the scenarios, how they would approach the issue of weight and what advice would they provide in each situation. Sharing of responses allowed the attendees to raise potential concerns and discuss how they would overcome them with local primary care colleagues.

Following this event, Southwark primary care staff reported:

- **82 %** felt they had a better understanding of the prevalence of obesity in Southwark following the PLT.
- **72 %** felt very confident or confident to raise the issue of weight with patients following after attending the PLT
- **78 %** found the group sessions excellent or very good

It is important that both Public Health and Southwark CCG remain engaged with primary care staff around the issue of obesity. Especially as there is motivation from this front line staff group (71 per cent) to take up further training regarding 'raising the issue of weight' if it was offered.

In Lambeth, healthy weight training to address childhood obesity continues to be offered to both health and non-health professionals.

## **10. Suicides in Lambeth & Southwark**

Since about 2000 both Lambeth and Southwark have had rates of suicide at or below the London and national rates at least until 2010 (the latest year for which borough level comparisons are available). London has one of the lowest rates of suicide in the UK.

The graphs show standardised mortality ratios for suicides and deaths of undetermined intent since 1993 up to the end of 2010<sup>4</sup>. This information is based on the *year the death was registered* and is a good way to compare death rates between geographical areas and the regional and national picture. It is however less up to date than information based on the *year of death* which is probably the best way to get the local picture.

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<sup>4</sup> Standardised mortality ratios are a way of comparing rates between different populations. The standard population will have an SMR of 100. Ratios above 100 suggest that rates are above what would be expected and ratios of below 100 suggest rates are less than expected.

Here are the local numbers of death by suicide by both year of death and year of registration for 2009-2011

Year	Lambeth		Southwark	
	Year of death	Date of registration	Year of death	Date of registration
2009	19	26	18	23
2010	18	10	20	20
2011	17	23	16	17

It is important not to read too much into year to year changes when the numbers are so small. Such low numbers also mean that it is not possible to make comparisons between the two boroughs. Nevertheless although we want suicides to be even lower it is reassuring to find that numbers have been reasonably stable over the last three years for which there is information. Nationally suicides in males exceed suicides in females by a factor of about 3:1 and this is the case locally as well.

Analysis and comparisons on deaths due to suicides in 2011 are available by region and nationally. Further information by borough for 2011 should be available shortly and public health will report in more depth on this later this year. Nationally ONS has reported a significant increase from 11.1 in 2010 to 11.8 per 100,000 population in 2011 for the UK<sup>5</sup> giving the highest rate since 2004 and from 9.8 – 10.4/100,000 in England (a rise of 6%). This is of concern but the finding does need to be treated with caution. It is only one year and there have been substantial changes to the definitions and methods of reporting by coroners which make it difficult to make comparisons. Trends can only be discerned over time. In addition the National Confidential Enquiry which bases its reports on the number of deaths in year rather than the number of registrations found a decrease in deaths from suicides in England in 2011<sup>6</sup>.

Nevertheless is it essential to remain vigilant especially in times where people are experiencing hardship. Some of the most important steps to reducing risk of suicide include

- Action to minimise the main drivers of poor mental health; unemployment and financial worries especially debt, experience of violence and abuse, alcohol misuse, and social isolation
- Action to reduce the stigma that people feel around their mental health and reluctance to seek help; this includes friends, families and work colleagues having the skills and confidence to look out for and support someone to seek help

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<sup>5</sup> Office of National Statistics (2013). Suicides in the UK, 2011. Based on *year of registration* of death (not year of death) <http://www.ons.gov.uk/ons/rel/subnational-health4/suicides-in-the-united-kingdom/2011/stb-suicide-bulletin.html#tab-Summary>

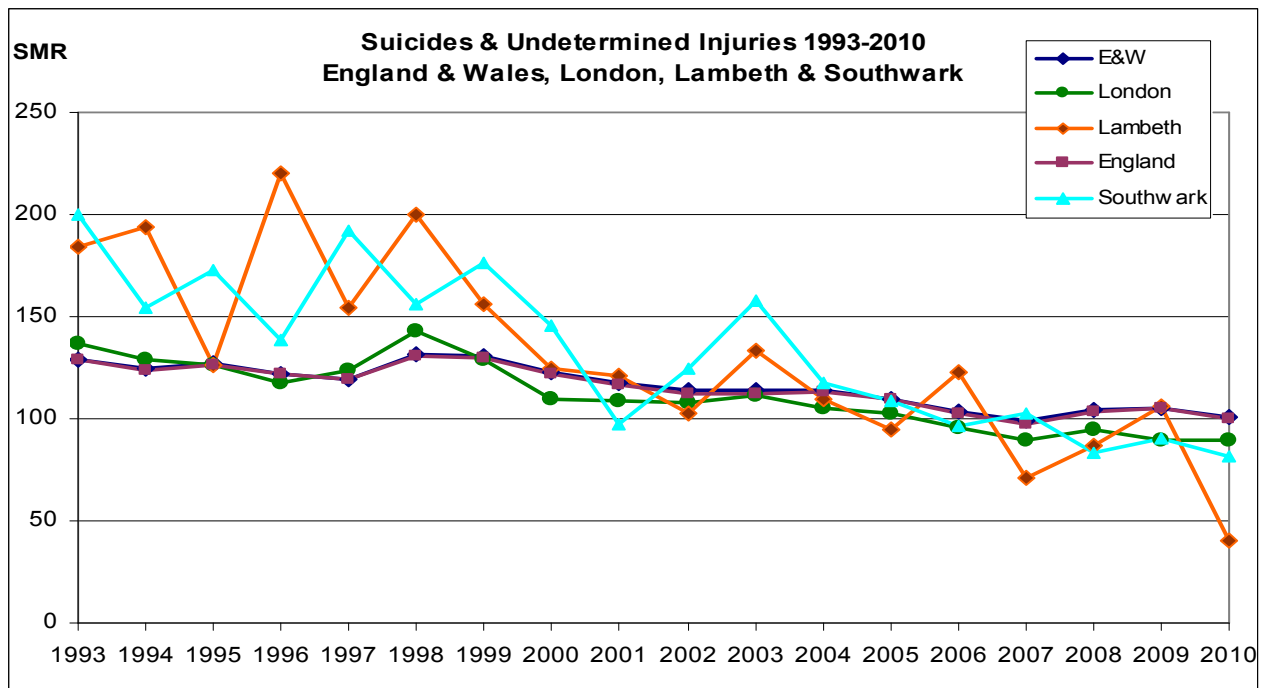
<sup>6</sup> University of Manchester (2013). The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. ANNUAL REPORT: England, Northern Ireland, Scotland and Wales. <http://www.bbmh.manchester.ac.uk/cmhr/research/centreforsuicideprevention/nci/reports/>

- Ensuring people who have self poisoned or self harmed have easy access to support eg from talking therapies services
- Services have excellent within and across organisation communications and close working to care effectively for people with mental health problems

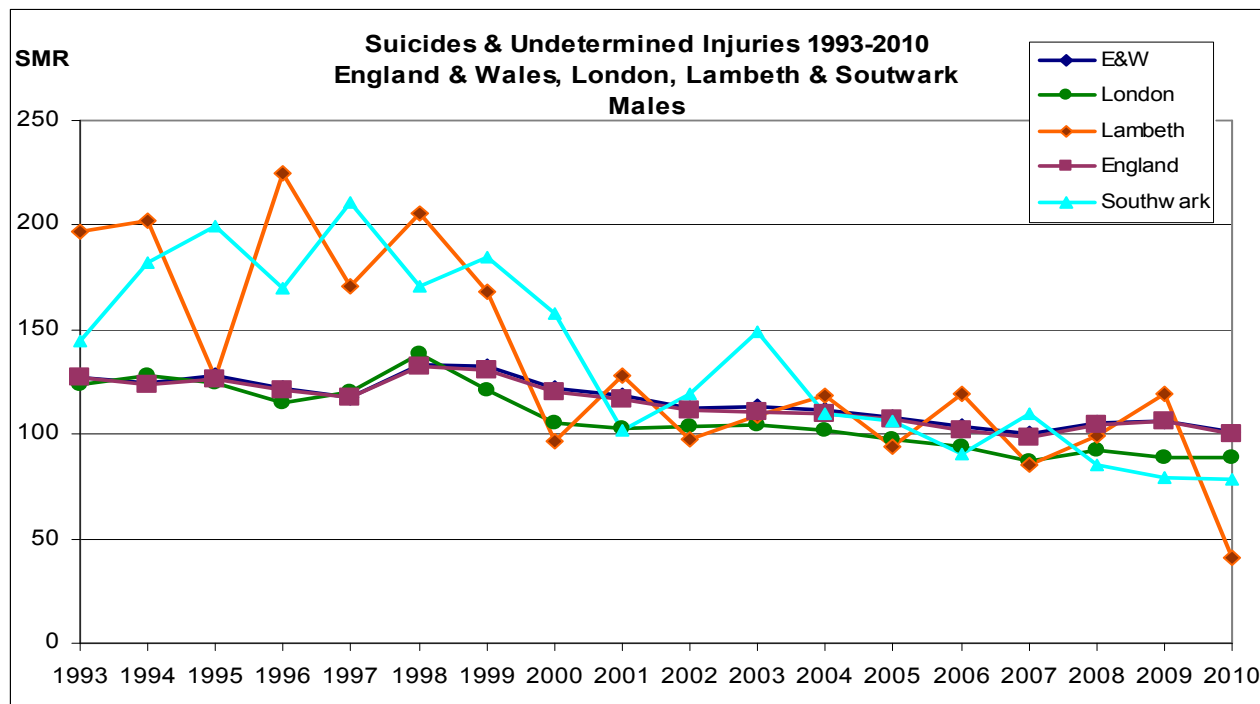
Examples of the work of the Public Health Team include;

- Working with both Councils on assessing and mitigating the worst impact of the benefit cuts and recession especially as the largest group affected is people with mental health problems
- Commissioning Mental Health First Aid and STORM training to ensure staff, voluntary sector and the public have the knowledge and confidence to support people who are experiencing mental distress or at risk of suicide
- Commissioning and, or facilitating a wide range of community initiatives to raise awareness about mental health, tackle stigma and promote mental wellbeing
- Supporting both research on self harm and development of care pathways led by mental health liaison and toxicology staff in King’s and St Thomas’s A&E departments
- Advising and supporting commissioning and service development in mental health in Lambeth & Southwark including reporting on progress

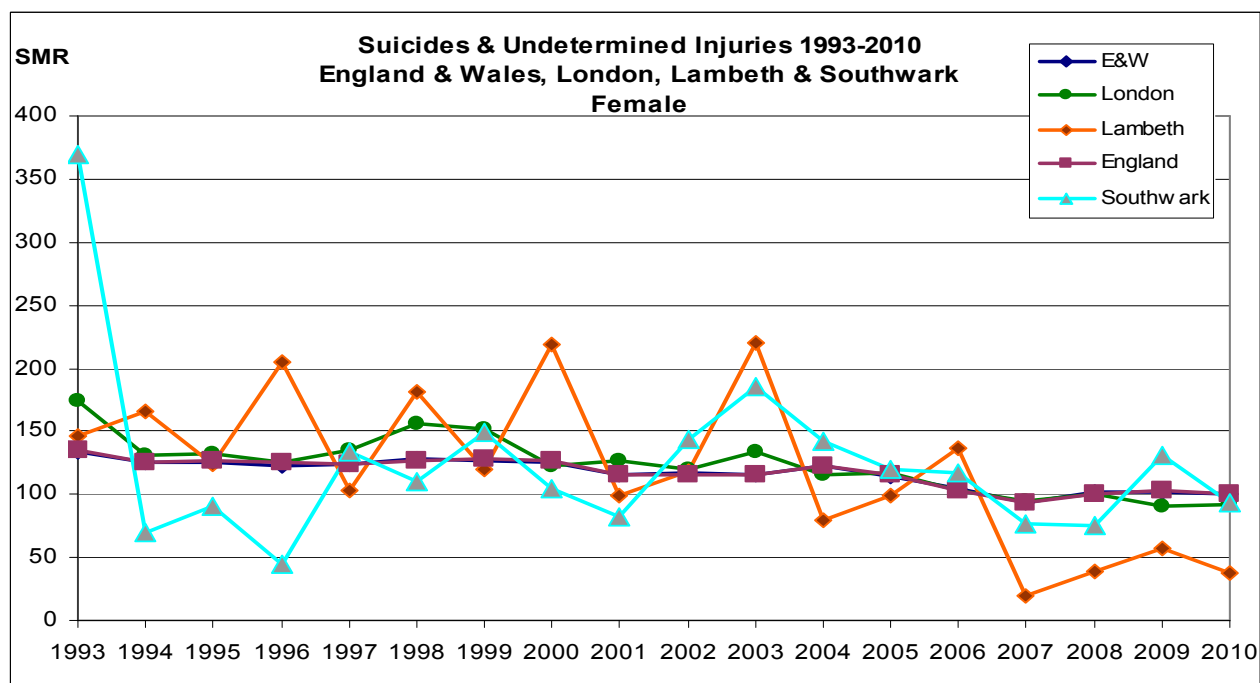
**Table 1: Deaths due to suicides and deaths of undetermined intent (standardised mortality ratios)  
All persons**



**Table 2: Deaths due to suicides and deaths of undetermined intent (standardised mortality ratios)  
Males**



**Table 3: Deaths due to suicides and deaths of undetermined intent (standardised mortality ratios),  
Females**



## Learning Disability in Lambeth & Southwark

Public health works with local authority colleagues to put together the annual Learning Disability Self Assessment Framework. Here is an overview of the situation in Lambeth and Southwark based on the annual returns and the work of the Learning Disability Observatory (now part of Public Health England). It is estimated that about 20 per 1000 people in a population have LD but this varies with age. Primary care and local authorities tend to identify about a fifth of their local population with LD. Lambeth and Southwark rates of identification are significantly lower even than the low national rates of identification.

**Table 1.** Numbers of people known to have Learning Disability in Lambeth & Southwark (2012) compared with expected numbers in the population (all ages)

Borough	Numbers known to services	Expected numbers
Lambeth	1377	5952
Southwark	1383	5981

**Table 2.** Identification rates of LD in Lambeth & Southwark

	Lambeth	Southwark	England	Statistical difference
<b>Lambeth</b>				
Adults known to GPs with LD	3.24/1000	2.47/1000	4.54/1000	Significantly lower
Adults known to LA with LD	3.26/1000	2.65/1000	4.27/1000	Significantly lower
Difference GP:LA				No significant difference
Children with LD (all) known to schools	31.86/1000	30.74/1000	24.53/1000	Significantly higher (L) No significant difference (S)
% adults with LD who have had an annual health check	24.82%	40.92%	52.7%	Significantly worse

Both boroughs do well in identifying children and young people with LD but this is not the case for adults. There are wider issues related to independent living and vulnerability as well as health which mean it could be of benefit to an individual to be known to services.

The low rates of annual health checks are of concern. An enhanced primary care service was tried in Lambeth which may have been responsible for a temporary increase in coverage but action is needed to achieve sustainable improvement. Nationally people with LD are known to have poorer access to health care and an annual health check to ensure appropriate screening and other interventions are offered is one way of improving this situation.

This is an area for development that public health hopes to work more closely on in partnership with both Councils and CCGs in 2014-15.

More information can be found here: <http://www.improvinghealthandlives.org.uk/>