



Appendix 1

Public Health in Lambeth and Southwark

Director of Public Health Report

January - March 2014

1. Health Protection in Lambeth and Southwark

Following implementation of the Health and Social Care Act 2012, public health responsibilities including health protection have been distributed between various organisations. The mandatory services and steps that were identified in *Healthy Lives, Healthy People: update and way forward* included: appropriate access to sexual health services; steps to be taken to protect the health of the population, in particular, giving the local authority a duty to ensure there are plans in place to protect the health of the population; ensuring NHS commissioners receive the public health advice they need. In Lambeth and Southwark health protection responsibilities are arranged as follows:

- Leadership for Infection control responsibilities as described in the Hygiene Code is provided by the Lambeth and Southwark Public Health Team (based in Southwark Council) on behalf of Lambeth and Southwark Clinical Commissioning Groups (CCGs).
- Directors of Public Health (DsPH, based in councils) must be assured that emergency planning in NHS England and in councils is robust and locally PH is developing extreme weather (health related) and pandemic flu planning.
- The Public Health Outcomes Framework (PHOF)¹ for which councils are responsible includes several outcomes for health protection including; immunisation, screening, Chlamydia screening, late diagnosis of HIV, TB and air pollution.
- Lambeth Council now employs the shared LSL Sexual Health Commissioning team. This is a statutory responsibility of councils. The Director of Public Health (DPH) must be assured that arrangements work properly to protect the local population.
- Immunisation against infectious diseases is provided by general practitioners and community health services. This service is commissioned by NHS England. CCGs are responsible for quality of immunisation services. The Director of Public Health (DPH) must be assured that arrangements work properly to protect the local population from these infections. Locally this includes reviewing immunisation data, identifying gaps and facilitating change.
- Screening programmes for certain diseases (eg breast cancer, cervical cancer, bowel cancer) are commissioned by NHS England. The DPH has to be assured that arrangements work properly for the benefit of the local population. Locally this includes reviewing data, identifying gaps and facilitating change.

¹ The Public Health Outcomes Framework is the set of priorities for improving the health of the population that councils are responsible for. The Framework is set by the Department of Health. More information at <http://www.phoutcomes.info/>

Because arrangements are so complicated the Lambeth and Southwark health protection team has started a programme of meetings for people and organisations who are involved in health protection to make sure that everyone understands what to do and who they need to work with. There have been two meetings so far. Four more are planned in the next six months:

- **December 2013: Extreme weather planning.** Heat wave and cold weather algorithms were agreed for both Lambeth and Southwark Councils. CCG staff shared their winter plans and contact details. Southwark Citizens Advice Bureau and the Lambeth *Warm And Well In Winter* project gave information about their activities.
- **January 2014: Health protection in care home and social care provision.** This meeting was attended by commissioners, a representative of the Southwark and Lambeth Integrated Care (SLIC) project², health protection specialists and infection control staff. The meeting identified gaps, areas of potential duplication and possibilities for joint working. Actions were agreed. A follow up meeting will be held in July 2014.
- **February 2014: Pandemic Flu Planning.** The Lambeth & Southwark Public Health Team will chair a multi-agency planning group to report to the Lambeth and Southwark Emergency Planning Committees.
- **Spring 2014: Air pollution.** The Health Protection Team will set up a meeting about the public health consequences of air pollution. Reducing air pollution is an outcome in the PHOF. DsPH have to be sure local arrangements work properly and if actions are needed that they can support.
- **Spring 2012: Tuberculosis (TB):** TB continues to be a London issue. Public Health England (PHE) has set up a London TB group that is preparing a model contract to commission TB services. The opportunity to include TB in the quality schedules for acute trusts serving Lambeth and Southwark populations is being looked at before contracts are signed at the end of February. TB will then be a focus for the Clinical Quality Reference Groups for GSTT and Kings College Hospital. A dedicated meeting will be held to discuss TB services and commissioning in more detail.

² SLIC is a programme across King's Health Partners (KHP) and Southwark and Lambeth CCGs to improve the health and care of older people with long term conditions including dementia

2. Children

2.1 Big Lottery

The Big Lottery invited bids for up to £50m from the *Fulfilling Lives: A Better Start Programme* to improve services for babies from conception to 3 years old. Successful projects will run for ten years. Bids are expected to improve diet and nutrition, communication and language, social and emotional development and achieve large scale changes to services so they are more focused on the needs of babies and their parents. Lambeth Council is one of 15 areas nationally to get through to the final stage. The application is due in by the end of February.

The L&S Public Health Team are part of the local partnership, the *Lambeth Early Action Partnership* (LEAP), preparing the bid. They are also on the steering group and have led on a detailed needs analysis across maternity and early-years pathways. Data from health, local authority and voluntary sector partners have been used. There has been extensive assessment of the Healthy Child Programme in Lambeth to identify priority areas for improvement. The Public Health team have worked closely with several departments in Kings Health Partners in the design of the programme and its evaluation.

In January 2014 two Strategy Days were held at the Oval, Kennington organised by the Big Lottery's academic support partner (Dartington Social Research Unit). About 50 stakeholders including parents attended. A local strategy was produced to inform Lambeth's bid. The Big Lottery indicated that the two days were well received with accolades for Lambeth's considerable ambition and senior representation.

2.2 Knee High

Public Health have worked with Lambeth and Southwark's Children's services, and the Design Council (leading the Challenge) to select promising concepts from the original 160 submissions for the Knee High Challenge to improve health and wellbeing for under 5s in Lambeth and Southwark. Eleven concepts have each now been awarded £10K.

Projects include pop up parks to engage families in outdoor play and social media interventions to support new dads in relating to their partner. Details of the 11 teams testing their ideas over the next three months can be found at <http://www.designcouncil.org.uk/news-opinion/knee-high-design-challenge-announcing-11-funded-teams> . Southwark and Lambeth Public Health team is helping the projects to prove their concepts and connecting them to local people and partners. The decision about who goes through to the next round for further investment will be made in April.

Contact Abdu Mohiddin, Abdu.Mohiddin@southwark.gov.uk or Rosie Dalton-Lucas, rosie.dalton-lucas@southwark.gov.uk for further information.

3. Young People & Youth Offending Services in Lambeth and Southwark

3.1 Lambeth

National and local research highlights that young offenders are a very vulnerable group and are less likely to use health services. This is illustrated in the Health Needs Assessment of Young Offenders completed in Lambeth in September 2013) which found that:

- Information was not consistently collected about the health of young people in the Youth Offending Service (YOS).
- Not all young people known to the service were registered with a GP or a dentist
- Young people had a range of physical health needs such as drug misuse, sexual health needs, long term conditions such as asthma and sickle cell disease
- Young people had a poor understanding of appropriate sexual behaviour
- Young people had a poor understanding of nutrition and healthy eating/living
- Staff were concerned about the mental and emotional health young offenders
- Parents were also concerned about their young people's mental and emotion health
- People also wanted information about weight management/obesity and anger management

The L&S Public Health Team have been working with the YOS to address these needs. A new YOS Health Co-ordination Group has already improved communication between health workers in the YOS. In Lambeth there is also a pioneering primary care service for young people; the Well Centre based in Streatham. This service has developed expertise in working with vulnerable young people and provides an integrated multidisciplinary approach to meeting their health and social care needs. One of the GPs from the Well Centre has now started running a surgery in the YOS every two weeks. The GP goes through a comprehensive Teen Health Check with every new referral and will work closely with YOS personnel to ensure each young person gets the help they need. The arrangements will work as a pilot and will be evaluated.

3.2 Southwark

Ofsted recently awarded Southwark YOS a Gold Star for their work on health. To build on this the YOS

wishes to do a Health Needs Assessment of young people in the service. This work will begin shortly.

4. Promoting Physical Health

The L&S Public Health Team have set up a *Tackling Inactivity* group in Southwark to lead a work stream in Southwark's Physical Activity and Sport Strategy 'Active for Life'. Southwark's Community Sport and Physical Activity Network (CSPAN) is developing a broader approach to physical activity and sport bringing together partners from the local authority, NHS and voluntary and community organisations interested in:

- Revising and improving exercise referral pathways
- Increasing the number of people who walk or cycle as part of their regular travel plans ('active travel')
- Promoting a built environment (buildings, streets, open space) that makes it easy and safe for people to walk and cycle ('active design')
- Giving higher priority to physical activity in young children

Other work streams are being set up to focus on; disability (including impairment linked to old age) and schools and young people. A strategic group will work on cross-cutting themes such as communications, funding opportunities, and physical/social infrastructure.

For further details or to get involved contact Rosie Dalton-Lucas 020 7525 0271.

5. Promoting Mental Wellbeing: Mindapple Tree

A 'mindapple tree' visited the atrium of Southwark Council's main Tooley Street building and Lambeth Town Hall, to give staff a chance to reflect on their mental wellbeing for the year ahead. Promoting mental wellbeing is a central part of the Public Health Team's work programme including supporting NHS, council, third sector organisations and the public to understand and act on the Five Ways to Wellbeing³. Mindapples, an idea developed by <http://mindapples.org/> are used as a prompt; people are asked to write down their '5 a day for your mind' ideas on a paper apple and hang it on the tree. Passers by can look at people's ideas and tips. For employers the information can be gathered

³ The Five Ways to Wellbeing are a set of evidence-based actions individuals can do in their everyday lives which promote wellbeing. They are: **Connect, Be Active, Take Notice, Keep Learning** and **Give**. <http://www.neweconomics.org/projects/entry/five-ways-to-well-being>

together and used to inform plans to support employee wellbeing. The tree will be loaned out to other community groups as a way of generating discussion and ideas and supporting wider engagement on mental wellbeing.

Contact Rosie Dalton-Lucas rosie.dalton-lucas@southwark.gov.uk or Lucy Smith lucy.smith@southwark.gov.uk for more information.

6. Sexual Health: Update on SH24

The Lambeth and Southwark Public Health Team, sexual health commissioners and specialist sexual health services at Guy's and St Thomas' and King's College Hospital worked together to propose a new way of delivering sexual health services - SH24 (Sexual Health 24) for Lambeth and Southwark. A funding bid to Guy's and St Thomas' Charity (GST Charity) was successful and £3m has been awarded to develop and launch SH24 over four years.

The aim of SH24 is to improve sexual health in Lambeth and Southwark by providing more holistic, user centred sexual health services which are also expected to be more efficient because they will:

- Increase access to sexual health services including diagnosis and management of sexually transmitted infections and contraception
- Offer better access to information, risk assessment, sexual health promotion and self management for all including people at high risk who may find it difficult to access existing services
- Offer user held records
- Offer an online service for less complex issues which will also be lower cost per contact
- Free up capacity in specialist services for more people with more complex problems
- Deliver a sustainable business model through a Community Interest Company (CIC)

SH24 is implemented through four workstreams; governance, business modelling, service development and evaluation.

Governance

The SH24 advisory board was convened in September 2013. Its role is to challenge, enable and endorse decision making throughout the development and evolution of the SH24 service and to views of stakeholders including user groups are considered and represented. Members are from:

- The Lambeth and Southwark Public Health Department

- Lambeth Council
- Southwark Council
- Sexual health commissioners
- Lambeth CCG
- Southwark CCG
- Southwark and Lambeth Integrated Care (SLIC) IT reference Group
- South East London Health Protection Team (Public Health England)
- Guy's and St Thomas' NHS Trust
- Kings College London NHS Trust
- Design Council (independent innovation organisation)
- Brook (third sector provider of sexual health services)
- Kings Health Partners

Establishing SH24 as a Community Interest Company

SH24 was registered with Companies House as a Community Interest Company on 17th October 2013.

An operational board is responsible for SH24 programme management and ensuring delivery of the business model, evaluation and service development as well as reporting to the SH24 advisory board and GST Charity. GST Charity will also be represented on the board by James Murray.

Directors of SH24 are Gillian Holdsworth (programme director) and Paula Baraitser (evaluation lead). Four other directors are to be appointed; Chris Howroyd (Design Council Associate and service development lead), Nigel Field (Academic Clinical fellow, UCL), Anatole Menon Johansson (clinical service lead GSTT) and Michael Brady (clinical service lead Camberwell).

Three non executive director roles have been identified:

- Finance and business management; Kumar Jacob, Chair of the SLAM Charity and vice president of Christian Aid
- Health policy and strategy; Fiona Adshead, independent strategy advisor, PricewaterhouseCoopers, with five years experience as Deputy Chief Medical Officer and Director General in the UK Government responsible for Health Improvement and Health Inequalities, and recent Director of Chronic Disease and Health Promotion at the World Health Organisation.
- Digital - tbc.

Other SH24 appointments:

Finance manager: Graham Pomery, ACA qualified finance professional, director of Accelerate Accounts

(business advisory, accounts and taxation services to entrepreneurs, small businesses and individuals), and finance director at Maudsley Learning.

Programme manager: Glyn Parry, regional policy and strategy manager for young people at London Councils; responsible for delivery of Intelligent London, an interactive website for analysing data on the education and skills of young Londoners.

Finance and administrative coordinator: André Martey from GSTT R&D department

Service development

The first phase, 'discovery' (January to March 2014), will be mainly paper based working closely with sexual health services staff and aims to:

- develop a better understanding of service user needs
- map how data is exchanged between services
- generate a service blueprint
- develop a working R&D brief and a map of what expertise is needed

A small design team will work with staff at both sexual health clinics. To prepare for the next stage an appraisal of possible IT platforms for the online service has also been done.

Finance & business development

A resource plan and cash flow model have been generated for the project. Over the four year term it is expected that 48% of the resource will be spent on service development, 31% on evaluation and 21% on business modelling and governance. The first instalment of Grant funding was received in January 2014. Financial governance procedures have been set up and contracts are being prepared to deliver different elements of the project.

Evaluation

Led by Paula Baraitser at KCL, the evaluation team includes academic contributions from a number of departments including the London School of Hygiene and Tropical Medicine, University College London and Bristol University, to include expertise in health economic modelling and in sexual health.

The evaluation will use a range of methods; quantitative, some mini-randomised controlled trials around the four developmental stages of SH24, qualitative enquiry and health economic modelling. Consultation has clarified the questions the programme needs to answer; does it work? How does it work? What does it cost? Does it improve sex and reproductive health? What additional value does a

design led approach add?

User engagement

User engagement will inform both the service development and evaluation. Engagement will include clinic based activities, a user panel or panels and seeking input from expert users. The main local 'risk groups' will be targeted.

7. Drugs and Alcohol: Public Health and Licensing

Changes to the 2003 Licensing Act made Directors of Public Health a 'responsible authority'. This means that health has a say in local decisions about new licence applications and can request reviews of existing licences. The Director of Public Health now has the opportunity to present health-related evidence, such as data on alcohol-related ambulance call outs and hospital admissions to inform local licensing decisions. However health is still not a licensing objective, so information can still only be considered with regard to existing licensing objectives such as prevention of crime, disorder, nuisance or protection of children.

Alcohol misuse is a national problem. Southwark and Lambeth both have large numbers of people who are drinking above and beyond the safe levels. It is estimated that over 100,000 people (in both boroughs) are drinking at increasing or higher risk levels. This means drinking more than three to four units a day for a man or two to three units for a woman; one pint of lager or one large glass of wine can be over three units.

Organisations already do a lot to prevent alcohol-related harm in Lambeth and Southwark. The licensing process is one way the Public Health Team can use to reduce alcohol related harm. How to ensure public health knowledge and expertise influences licensing decisions is a challenge teams are facing across the country. As part of its Alcohol Strategic Action Plan, Lambeth have commissioned the Safe Sociable London Partnership (SSLP) to review all license applications made to the London Borough of Lambeth in January and February (Lambeth receives 20-30 applications a month). SSLP will assess all license applications against a set of locally developed criteria to see which licenses might impact on health. It will then collate data to quantify the impact and, where appropriate, take forward representations on behalf of the Director of Public Health to the Licensing Subcommittee.

Findings will help us to understand the potential role for 'health' and health data in informing licensing decisions and what capacity is needed for public health to be involved across Lambeth and Southwark.

8. Healthy High Streets

The density of off-licenses along roads is a priority for the London Healthier High Streets Working Group which is chaired by Lambeth & Southwark Public Health. The group is working with the Chair of the London Licensing Managers Forum, the Metropolitan Police's London Strategic Licensing Unit and Alcohol UK to address this. Several possible projects are being considered; strengthening Public Health's Responsible Authority role in licensing, peer led training for licensing stakeholders, a London Super Strength initiative and promoting best practice through the Statement of Licensing.

In mid 2013, the London Healthier High Streets Group produced "Fast Food Saturation – A Resource Pack for London Boroughs" www.lho.org.uk/viewResource.aspx?id=18208. Several boroughs have implemented hot food takeaways planning policy restrictions. On behalf of the group, a junior doctor is reviewing how effective the planning restrictions are. The report will be completed by April.

Betting shops continue to be of concern nationally and locally. The Healthier High Streets Group was at the forefront of innovative work to investigate whether there could be saturation zones for betting shops and published a report; "Responding to the cumulative impact of betting shops: A practical discussion guide for London boroughs" www.lho.org.uk/viewResource.aspx?id=18207. This call is now supported by the chief executive of the largest chain of book makers.

<http://www.dailymail.co.uk/news/article-2547767/We-need-curb-betting-shops-says-William-Hill-Bookmakers-chief-executive-says-clusters-outlets-cause-harm.html>

The L&S Public Health Team continues to work with the Southwark Local Economy Team to see what else can be done and is also helping to assess the health impacts of betting shops to as a way to support use of planning policy regulation in Southwark.

9. Public Health Budget: Commissioning for Health Improvement

9.1 Lambeth

From April 2014 Lambeth Council will assume full responsibility for commissioning and contract management of services included in the transfer of public health duties to the local authority under the Health and Social Care Act 2012. This encompasses a number of services provided by primary care (both general practice and pharmacies) including sexual health, substance misuse, stop smoking and health checks, and health improvement and stop smoking services provided by Guy's and St Thomas's Trust.

The Council wishes to maintain continuity and stability of all existing services so 2014-15 contracts will be similar to 2013-14. A Waiver Report for Public Health services to enable this to happen has been submitted to the Lambeth Council Procurement Board (February 2014).

Investment and service specifications for Smoking Cessation, Health Checks and the Lambeth Early Intervention and Prevention Service (LEIPS) will therefore remain the same but with some service improvement actions. Specifications for Public Health Services to be provided by general practice and pharmacy are being finalised.

9.2 Southwark

As in Lambeth the general approach for commissioning health improvement services for 2014-15 is to maintain a steady state. There are to be slight modifications of service specifications for stop smoking and health checks delivered in general practice. Southwark CCG through a section 75 agreement will lead commissioning of existing primary care local enhanced services for stop smoking and health checks for 2014-15. These services will be commissioned as a population screening and management of care of long term conditions 'bundle' by the CCG and SLIC. Neighbourhood primary care bodies formed by local practices are expected to provide the services. Southwark Council will lead commissioning of the specialist smoking services and health checks outreach services delivered by community services.

During 2014-15 the L&S Public Health Team will work with Southwark and Lambeth local authority commissioners to review the services, assess local needs and review evidence and examples of good practice so that service specifications can be updated for 2015-16.

10. Integrated Care and Long Term Conditions: outcomes

Health and social care organisations in Lambeth and Southwark have been taking forward a substantial programme, Southwark and Lambeth Integrated Care (SLIC), to make health and social care more 'joined up' and centred around people's individual needs. The L&S Public Health Team have been working with colleagues to refine the scope and outcomes of what is a complex programme for an entire population. A brief review of past community engagement exercises in Lambeth and Southwark showed that there are things that people consistently say are important to them for instance; having the confidence, skills and support to look after their own health and enjoy a good quality of life including being able to stay active, involved and independent. These findings were explored and refined through a further community engagement event hosted by SLIC, Southwark and

Lambeth CCGs and councils in January 2014.

Public health have linked these patient/ person oriented outcomes to national outcomes frameworks (such as the Adult Social Care and the NHS Outcomes Framework) to see which shared indicators can be used to measure progress. They continue to contribute to this work, supporting and building on a SLIC commissioned programme (delivered by McKinsey) that started to define the scope, outcomes, financial model options and develop provider models. The SLIC work on integrated care for people with long term conditions (LTCs) is at an early stage and the L&S Public Health Team is involved in the design and understanding the needs of this population group.