

Public Health in Lambeth and Southwark

Director of Public Health Report

July – September 2015

Introduction

This is the quarterly report of the Director of Public Health for Lambeth and Southwark for the second quarter of 2015-2016. The report is for the London boroughs of Lambeth and Southwark, and Lambeth and Southwark Clinical Commissioning Groups, as well as for all Health and Wellbeing Boards partners.

The aim of the quarterly reports is to update partners on some of the activities of the Lambeth and Southwark specialist public health team and work being done in partnership, and to provide information about public health issues relevant to Lambeth and Southwark, including alerting people to areas of concern or risk.

This quarter summaries are on Joint Strategic Needs Assessment Updates, South East London Illegal Tobacco 'Keep It Out' Campaign, Stoptober Campaign and Smoke Free Cars, Electronic Cigarettes, Infection Control Update: Flu Immunisation, Meningitis Vaccination, Neonatal BCG vaccine, London Cervical Sample Taker Database, Bowel Cancer Screening, SH:24, Wellbeing Update, LEAP and Learning Disability in Southwark.

Comments and suggestions for future issues are welcome. Please contact

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1. Joint Strategic Needs Assessment Updates

The JSNA factsheets on demography and life expectancy have been updated with the latest information on public health and population profiles to support commissioning, health improvement and prioritisation. These can be found on the JSNA web pages for Lambeth (www.lambeth.gov.uk/jsna) and Southwark (www.southwark.gov.uk/jsna) but we want to highlight some key findings in this report.

Key headlines are:

Lambeth Demography

- Lambeth resident population count is 321,984, evenly split between men and women. Lambeth resident population is estimated to increase by 30,464 persons over the next 10 years. This equates to a 9% increase, compared to a 10% increase in London. The 65+ age group is predicted to grow the fastest (29%) and the 20-39 group the slowest (1%).
- Lambeth has a higher younger population, 44%, aged 20 to 39 years old compared with 35% in

London and 27% in England. Lambeth has a lower population aged 50 to 64 years old, 13%, compared with 15% in London and 18% in England and a lower older population aged 65 or older, 8%, compared with 11% in London and 17% in England.

- There were 4,589 live births and 1,384 deaths in 2013.
- The report shows population distribution by age and town centres /wards

Town Centre	Ward	0-19	20-39	40-64	65+
Brixton Town Centre	Coldharbour	24%	41%	29%	6%
	Ferndale	14%	57%	23%	6%
	Herne Hill	22%	43%	28%	7%
	Tulse Hill	23%	42%	28%	7%
	Brixton Hill	17%	51%	25%	7%
Clapham and Stockwell	Larkhall	21%	51%	22%	6%
	Stockwell	22%	44%	28%	7%
	Clapham Common	17%	52%	23%	7%
	Clapham Town	17%	52%	24%	7%
North Lambeth Town Centre	Thornton	25%	41%	26%	8%
	Bishop's	17%	47%	28%	9%
	Oval	17%	49%	26%	8%
	Prince's	20%	41%	30%	9%
	Vassall	20%	44%	29%	8%
Norwood Town Centre	Gipsy Hill	28%	33%	31%	8%
	Knight's Hill	27%	32%	31%	10%
	Thurlow Park	24%	37%	30%	9%
Streatham Town Centre	St. Leonard's	20%	47%	26%	8%
	Streatham Hill	21%	43%	28%	8%
	Streatham South	24%	36%	29%	12%
	Streatham Wells	24%	42%	26%	8%
Lambeth		21%	44%	27%	8%

Significantly higher
 Significantly lower
 Similar

compared to Southwark average

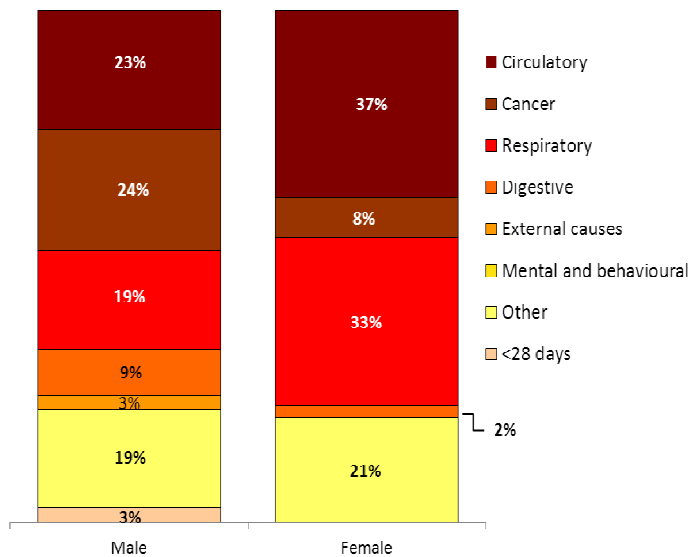
Lambeth Life Expectancy

- Life expectancy at birth in Lambeth is 78.4 years for males and 83.5 years for females.
- The gap in life expectancy between Lambeth and England has narrowed over the years. Life expectancy for females in Lambeth has exceeded life expectancy for females in England.
- Life expectancy for males in Lambeth is lower than in London and England with an average gap of 19 months and 12 months respectively. Life expectancy for females in Lambeth is lower than the London average by 10 months but higher than the England average by 5 months.
- Male healthy life expectancy at birth is 64.2 years and is higher compared to London's 63.4 years and England's 63.3 years. Female healthy life expectancy at birth is 61.7 and is lower than London's 63.8 years and England's 63.9 years.
- The Slope Index of Inequality (SII) measures inequalities in life expectancy within Lambeth. It is

a measure of the difference or gap in life expectancy between the most and least deprived populations in the borough. It is measured in life expectancy years and can be used to track achievements in reducing inequalities.

- Lambeth SII for 2011-13 was 5.6 years for males (+0.6 years from 2010-12).
- Lambeth SII for 2011-13 was 3.2 years for females (+0.4 years from 2010-12).
- The chart below the percentage contribution that each broad cause of death makes to the overall life expectancy gap between the most deprived quintile of Lambeth and the least deprived quintile of Lambeth.

The breakdown of the life expectancy gap between Lambeth most deprived quintile and Lambeth least deprived quintile, by cause of death, 2010-2012



Source: LHO Segment Tool

- For males and females **circulatory (i.e. heart disease, stroke and peripheral arterial disease), cancers (i.e. lung cancer, breast cancers and bowel cancers in particular) and respiratory** conditions are key contributors to the LE Gap.
- More detailed analysis shows:
 - Top 5 contributors to the gap in **males**:
 - Chronic obstructive airways disease **23%**
 - Other circulatory **17%**
 - Other cancers **14%**
 - Lung cancer **9%**
 - Infectious and parasitic diseases **7%**
 - Top 5 contributors to the gap in **females**:

- Coronary heart disease **22%**
- Chronic obstructive airways disease **16%**
- Lung cancer **13%**
- Stroke **11%**
- Other respiratory disease **9%**

Southwark Demography

- Southwark resident population count is 306,745 evenly split between males and females. Southwark resident population is estimated to increase by 47,018 persons over the next 10 years. This equates to a 15% increase, compared to a 10% increase in London. The 65+ age group is predicted to grow the fastest (32%) and the 20-39 group the slowest (9%).
- Southwark has a higher younger population, 42% aged 20 to 39 years old compared with 35% in London and 27% in England. Southwark has a lower population aged 50 to 64 years old, 14%, compared with 15% in London and 18% in England and a lower older population aged 65 or older, 8%, compared with 11% in London and 17% in England.
- There were 4,706 live births and 1,305 deaths in 2013.
- The report shows population distribution by age and community council boundaries /wards

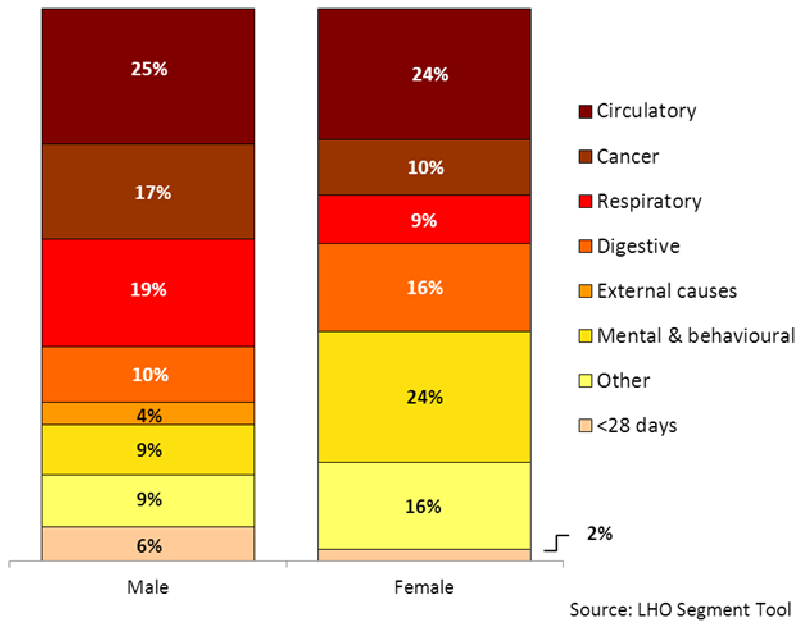
Community Council	Ward	0-19	20-39	40-64	65+
Bermondsey & Rotherhithe	Grange	16%	54%	24%	6%
	Riverside	14%	52%	27%	7%
	Rotherhithe	20%	48%	24%	7%
	South Bermondsey	25%	40%	28%	8%
	Surrey Docks	15%	54%	25%	6%
	Livesey	28%	34%	29%	9%
Borough, Bankside & Walworth	Cathedrals	18%	50%	25%	7%
	Chaucer	20%	52%	22%	5%
	East Walworth	21%	45%	26%	8%
	Faraday	28%	36%	29%	7%
	Newington	20%	44%	28%	8%
Camberwell	South Camberwell	25%	39%	28%	7%
	Brunswick Park	23%	40%	29%	7%
	Camberwell Green	25%	38%	30%	7%
	College	26%	30%	32%	11%
Dulwich	East Dulwich	21%	42%	29%	9%
	Village	28%	27%	34%	11%
Peckham & Nunhead	Peckham Rye	25%	36%	31%	8%
	Nunhead	23%	38%	30%	9%
	Peckham	29%	35%	30%	7%
	The Lane	24%	38%	28%	10%
Southwark		22%	42%	28%	8%

Significantly higher
 Significantly lower
 Similar
 compared to Southwark average

Southwark Life Expectancy

- Life expectancy at birth in Southwark is 78.6 years for males and 83.8 years for females.
- The gap in life expectancy between Southwark and England has narrowed over the years. Life expectancy for females in Southwark has exceeded life expectancy for females in England.
- Life expectancy for males in Southwark is lower than in London and England with an average gap of 17 months and 10 months respectively. Life expectancy for females in Southwark is lower than the London average by 4 months but higher than the England average by 8 months.
- Male healthy life expectancy at birth is 59 years and is lower compared to London's 63.4 years and England's 63.3 years. Female healthy life expectancy at birth is 60.6 and is lower than London's 63.8 years and England's 63.9 years. So both men and women in Southwark live longer with some form of long term condition/disability.
- The Slope Index of Inequality (SII) measures inequalities in life expectancy within Southwark. It is a measure of the difference or gap in life expectancy between the most and least deprived populations in the borough. It is measured in life expectancy years and can be used to track achievements in reducing inequalities.
 - Southwark SII for 2011-13 was 7.6 years for males (+0.5 years from 2010-12).
 - Southwark SII for 2011-13 was 6.7 years for females (-0.6 years from 2010-12).
- The chart below the percentage contribution that each broad cause of death makes to the overall life expectancy gap between the most deprived quintile of Lambeth and the least deprived quintile of Southwark.

The breakdown of the life expectancy gap between Southwark most deprived quintile and Southwark least deprived quintile, by broad cause of death, 2010-2012



- For males and females **circulatory (i.e. heart disease, stroke and peripheral arterial disease),, cancer (i.e. lung cancer, breast cancers and bowel cancers in particular) and respiratory** conditions are key contributors to the LE gap.
- More detailed analysis shows
 - Top 5 contributors to the gap in **males**:
 - Chronic obstructive airways disease **14%**
 - Other circulatory **12%**
 - Dementia **11%**
 - Lung cancer **11%**
 - Coronary heart disease **9.2%**
 - Top 5 contributors to the gap in **females**:
 - Dementia **25%**
 - Other circulatory **12%**
 - Other digestive **10%**
 - Coronary heart disease **8%**
 - Lung cancer **6%**

Some further analysis is planned to understand the reasons behind the difference in the local gap between Southwark and Lambeth.

2. South East London Illegal Tobacco 'Keep It Out' Campaign



Although smoking prevalence has reduced over the years, prevalence in Southwark is 20.7% and 19.9% in Lambeth are higher than the London average (17%). Smoking is the primary cause of preventable morbidity and premature death because 1 in 2 smokers will die of smoking related diseases. Smoking is also the single biggest cause of inequalities in death rates between the richest and poorest in our communities. There is clear evidence that the most effective tobacco control strategies involve taking a multi-faceted and comprehensive approach at both national and local level.

Making tobacco less affordable is proven to be an effective way of reducing the prevalence of smoking, Young people, pregnant women and people from lower socio-economic groups are particularly sensitive to price. The health gain from high-priced tobacco, however, can be undermined if the illicit market in cigarettes and hand rolling tobacco is allowed to thrive at the expense of legal, duty-paid products. Success in reducing the illicit share of the tobacco market helps to reduce consumption, reduce organised crime in local communities, reduce potential revenue loss to the Treasury and support legitimate retailers.

The London Boroughs of Lambeth, Southwark, Lewisham, Royal Greenwich, Bexley and Bromley have been working together for over 3 years to tackle illegal tobacco in South East London. There is a significant market in illegal tobacco within SE London, illegal tobacco represents around 15% of the tobacco consumed and is a trade worth over £20 million per annum across the 6 South East London boroughs. A local survey revealed that approximately 36% of smokers in Lambeth and 56% of smokers in Southwark bought illegal tobacco demonstrating a significant degree of acceptance of the illegal trade. The market is largely covert with 80% of smokers who bought illegal tobacco reported they were known to or introduced to the seller. The ready availability of cheap tobacco is likely to be undermining public health work on tobacco harm reduction.

It has been noted that few smokers that purchase illegal tobacco, and communities at large, recognise that the tobacco is supplied by and funds organised crime and makes it easier for children to smoke.

Public Health and Trading Standard teams across the 6 South East London boroughs are running the “Keep It Out” campaign to educate local communities about the reality of the impact of illegal tobacco.

The South East London “Keep It Out” campaign consists of

- Engaging face to face with residents at community events
- Promoting the message through Facebook and a new website, www.keep-it-out.co.uk, which provides information, local stories about illegal tobacco and an opportunity for the public to report illegal activity on-line anonymously. The Citizens Advice consumer helpline is also promoted in order for the public to phone in their concerns.

The main key messages for the campaign are:

- Illegal tobacco removes age restrictions and price pressure and has significant implications for the health and wellbeing of residents
- The link between illegal tobacco and large organised crime gangs is well proven
- While all cigarettes are a fire risk in the home, illegal cigarettes pose a particular risk as they do not comply with fire safety standards

3. Stoptober Campaign and Smoke Free Cars

Launched in 2012, Stoptober is the 28 day stop smoking challenge from Public Health England that encourages and supports smokers across England towards quitting for good. Stoptober is based on the insight that if a smoker can stop smoking for 28 days they are five times more likely to be able to stay quit for good. The overarching objective is to trigger significant numbers of quit attempts by increasing motivation to quit and providing products to make this quitting easier.



2015 campaign coincides with new legislation in England and Wales making it illegal to smoke in a car with someone under the age of 18 present. Regulations designed to protect children from the dangers of second hand smoke will come into effect in 1st October 2015. To maximise the impact of both the legislation and Stoptober a combined approach to smoke free activity is in place during September and October.



GSTT Stop Smoking Service are promoting awareness of pharmacy stop smoking services within Lambeth and Southwark. All pharmacy providers are encouraged to display the promotional materials in stores. Twelve outreach sessions in the build up to 1st October will be held at train stations across Lambeth and Southwark. A community outreach campaign targeting high prevalence areas in Lambeth and Southwark is planned with outreach teams at Brixton and Blue markets. Free stop smoking treatments are offered to smokers wanting to take up the Stoptober challenge via local voucher scheme. Primary care and secondary care facilities will be promoting the campaign as well as various workplaces.

4. Electronic Cigarettes

The use of electronic cigarettes continue to dominate the headlines, most recently this has been in relation to the expert independent evidence review published by Public Health England (PHE) in August 2015. The review concludes that e-cigarettes are significantly less harmful to health than tobacco and have the potential to help smokers quit smoking.

Key findings of the review include:

- the current best estimate is that e-cigarettes are around 95% less harmful than smoking
- almost all of the 2.6 million adults using e-cigarettes in Great Britain are current or ex-smokers, most of whom are using the devices to help them quit smoking or to prevent them going back to cigarettes
- nearly half the population (44.8%) don't realise e-cigarettes are much less harmful than smoking
- there is no evidence so far that e-cigarettes are acting as a route into smoking for children or non-smokers

The publication of the review has prompted several responses ranging from endorsement of e-

cigarettes to challenging the validity of the evidence used in the review.

An electronic cigarette (e-cigarette) is a device that uses battery power to heat an element to disperse a solution of propylene glycol or glycerine, water, flavouring and usually nicotine, resulting in an aerosol that can be inhaled by the user (commonly termed vapour). E-cigarettes do not contain tobacco, do not create smoke and do not rely on combustion. There is substantial diversity between different types of e-cigarettes on the market (such as cigalikes and tank models).

Locally, Lambeth and Southwark Trading Standards teams have reported some e-cigarettes that have failed general products safety tests. Although e-cigarettes contain no risk of second hand smoke, several organisations have banned the use of e-cigarettes on their premises due to health and safety concerns, difficulty in policing and lack of clarity of evidence around the product.

E-cigarettes are currently regulated by the general product safety regulations which do not require products to be tested before being put on the market. However, advertising of e-cigarettes is now governed by a voluntary agreement and from 1 October 2015 regulations to protect children will make it an offence to sell e-cigarettes to anyone under 18 or to buy e-cigarettes for them. Manufacturers can apply for a medicinal licence through the Medicines and Healthcare products Regulatory Agency (MHRA) and from 2016, any e-cigarette not licensed by the MHRA will be governed by the revised European Union Tobacco Products Directive (http://ec.europa.eu/health/tobacco/products/revision/index_en.htm)

Last year, the Lambeth and Southwark Tobacco Control Alliance provided their position on e-cigarettes. The Alliance consisting of representatives from the NHS, Councils, the London Fire Brigade and HMRC, agreed that as e-cigarettes were unregulated, its use should not be actively promoted, however anyone using e-cigarettes to help them quit should be encouraged to access our local stop smoking services for support. Our local Stop Smoking Services remain the most effective way for people to quit.

In light of the PHE evidence findings and the debate that ensued, a consensus statement has been made jointly by PHE and other UK Health organisations. There is agreement that it is important to ensure that the public are made aware that e-cigarettes are less harmful than smoking and tobacco use.

This is the same position that Lambeth and Southwark Public Health holds. Smoking continues to be the number one killer in Lambeth and Southwark and as such there is a responsibility to provide

smokers with information to help them quit completely and stay quit over their lifetime. Our local stop smoking services continue to provide evidence based effective support to smokers to help them quit. Information regarding Lambeth and Southwark Stop Smoking Services can be found on this link:

<http://www.guysandstthomas.nhs.uk/our-services/stop-smoking-service>

5. Infection Control Update

Misuse of antibiotics leads to development of organisms such as those which are resistant to most common antibiotics such as Methicillin-resistant Staphylococcus aureus (MRSA)s and Clostridium Difficile. Antibiotics are losing their power and antibiotic resistance is now a worldwide public health problem. Tackling antimicrobial resistance (AMR) is a Government priority. Preventing infections and practicing good antimicrobial stewardship (AMS) are key components of the AMR.

A revised version of the code of practice on the prevention and control of infections was published in 2015 and reflects now the role of infection prevention (including cleanliness) in optimising antimicrobial use and reducing antimicrobial resistance. A new criterion was added: “Ensure appropriate antibiotic use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance”. Providers of health care and adult social care in England are requested to apply these standards and their compliance is monitored through CQC.

While implementation of antimicrobial stewardship is the responsibility of CCGs, Public Health has a role to ensure that stakeholders are taking steps to implement it and facilitate joint working across health and social care. Public health has supported the establishment of an antimicrobial stewardship working group for LSL and a systematic review of all Clostridium Difficile infections. The review of patients with CDI over the past year suggests that the main contributor to the risk of developing this infection is associated primarily with antibiotic prescribing. The prescribing issues related to community care are fed back to Medicine Management teams of each CCG and will inform the work plan of the Antimicrobial Stewardship group.

6. Flu immunisation

Flu is an acute highly infectious illness which spreads rapidly and even people with only mild symptoms can infect others. Annual flu immunisation is one of the most effective ways to prevent flu and so reduce the potential harm it can cause, as well as help minimise significant winter pressures. Key risk groups eligible to receive free flu immunisation are recommended to do so from October each

year. Increasing immunisation uptake amongst health and social care staff with direct service user/client contact is part of the national annual Flu Plan (<https://www.gov.uk/government/publications/flu-plan-2015-to-2016>). The 2014/15 seasonal flu vaccine provided only limited protection against flu due to a mismatch between the main circulating strain and that used in the vaccine – this is unusual as there has been a good match during each season over the last decade.

In 2014/15 Lambeth and Southwark experienced lower uptake of flu immunisation in all risk groups compared with nationally including healthcare workers.

National and Lambeth/Southwark flu vaccination uptake by targeted risk group 2014/15

	Target	National	Lambeth	Southwark
Over 65's	75%	72.8%	66.9%	70.3%
Risk groups	75%	51.5%	47.4%	51.5%
Pregnant women	75%	44.1%	39%	34%
HCW	100% offer, 75% uptake	54.9%	29%	30%
2 years	75%	30%	31%	30%
3 years	75%	41.3%	22%	29%

Building on last year's campaign to improve seasonal flu immunisation uptake across Lambeth and Southwark, championed by senior officers, Public Health is again working with Southwark Council colleagues to support key frontline social care staff immunisation, and domiciliary worker focus through contracted agencies. Access to a pharmacy voucher is advocated, as well as sustained planning for annual staff immunisation. Lambeth CCG is leading similar work with Lambeth social care colleagues, and links with both CCGs are in place. Southwark Council communications team will be supported by Public Health to update webpages and press information with a focus on 65s & over and clinical risk groups. A new programme of schools childhood flu immunisation for 5 and 6 year olds, co-commissioned by NHS England and local authorities, will extend year on year to encompass additional age groups. This development has been communicated with Education departments alongside providers GSTT Community Services, and Public Health will continue to support communication around this initiative. Public Health in conjunction with CCG practice nurse leads and local PHE team

ran a practice nurse flu update attended by over 100 clinical staff on 2 September 2015. This also drew attention to GP Health Care Worker immunisation and current low levels of related data submission to ImmForm.

7. Meningitis vaccination - changes to the current programme

Meningococcal disease is a life threatening infection. There are five main groups of meningococcal bacteria that commonly cause disease; A, B, C, W and Y. Two new vaccines against this disease have been introduced; Meningococcal B and Meningococcal group W (Men W)

Meningococcal B is the most common cause of bacterial meningitis in the UK and is most commonly seen in infants. Meningococcal B (Men B) is a new vaccine and will help to protect infants under the age of one year who are most at risk and has been added to the childhood immunisation programme as of **1st September 2015**. Men B vaccine will be offered to babies at 2, 4 and 12 months as an addition to the childhood immunisation schedule at their GP practice and parents will be contacted in the usual way.

Meningococcal ACWY (Men ACWY)

Meningococcal group W (**Men W**) has historically been rare in the UK but since 2009, year on year, cases of Men W have increased and continue to do so. A significant increase in a particularly aggressive strain of Men W has been seen in teenagers and young adults over the last five years (Nationally - 22 cases in 2009 increasing to 117 cases in 2014).

Men ACWY vaccine will offer protection against the four groups of meningococcal bacteria A, C, W and Y and replaces the Men C vaccine. Since the introduction of Men C in 1999 disease caused by Men C has fallen by 95% in England.

Teenagers are more likely to carry meningococcal bacteria in the back of their throats. The vaccine is particularly important for those preparing to head off to university as they are at greatest risk of infection, this can be due to high carriage rates while in close contact in shared accommodation like halls of residence.

Introduction of the vaccine for 14 – 18 year olds and new university students will directly protect this age group and reduce the chance of the bacteria spreading to others.

Men ACWY vaccine programme began in **August 2015**.

Over one hundred practice nurses expected to deliver these vaccines attended a joint CCG/ PHE/ PH immunisation update training in July, and further training will be included in a bi-annual practice nurse half day immunisation update in October 2015. CCGs are expected to ensure that all practices are aware of the changes to the vaccine schedule and that appropriate staff attend the immunization update.

8. Neonatal BCG vaccine - shortage of supply

The neonatal BCG vaccine is routinely used to protect new-born babies, who are at an increased risk of exposure to TB infection.

Following a continued decline in TB rates in the indigenous population the schools based BCG programme was stopped in 2005. It has been replaced with a risk-based programme, the key part being the neonatal programme which targets those infants most at risk from or exposure to TB – this includes:

- all infants (0–12 months) living in areas of the UK where annual incidence of TB is 40/100,000 or greater – this includes Lambeth and Southwark.
- all infants (0–12 months) where one or more parent or grandparent was born in a country where the annual incidence of TB is 40/100,000 or greater

Public Health England (PHE) has a contract for the supply of BCG vaccine from the Statens Serum Institute (SSI) in Denmark. SSI was experiencing delays with the supply of BCG vaccine - this resulted in an EU wide shortage of BCG vaccine. PHE has not been able to supply BCG vaccine since March 2015 and notification was cascaded to Hospital Trusts, Clinical Commissioning Groups and GPs at the time with recommendations on how to prioritise immunisation to preserve stocks.

Recently PHE have confirmed that a limited supply of BCG vaccine is now available. However, due to on-going constraints with the global supply of BCG vaccine, the World Health Organisation has called on all countries to reduce BCG vaccine wastage, to ensure that countries with highest TB rates receive priority and to target individuals who will benefit most from BCG vaccination. PHE has endorsed the World Health Organisation's statement to limit BCG vaccination to the risk groups highlighted below:

- All infants (aged 0 to 12 months) with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater.
- All infants (aged 0 to 12 months) living in areas of the UK where the annual incidence of TB is

40/100,000 or greater.

- Infants aged older than 12 months who were not vaccinated during their first 12 months due to BCG vaccine shortage.
- Previously unvaccinated children aged one to five years with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater. These children should be identified at suitable opportunities, and can normally be vaccinated without tuberculin testing.

The community child health team at Guy's and St Thomas' are working to implement these latest guidelines from PHE during this period of extreme global shortage.

9. London Cervical Sample Taker Database

NHS England (London region) is implementing a single pan-London Cervical Sample Taker Database (CSTD) with the aim to improve the quality and safety of cervical sample taking in London.

This is happening soon - roll out in South East London will start in November 2015, with completion by January 2016. As part of the registration process, sample takers will be required to provide their personal details, including professional registration numbers and evidence of foundation and update training attended.

This initiative has the potential to impact on uptake of cervical screening if cytology samples are rejected by the laboratory due to the sample taker not being registered or up to date with their training. All sample takers are urged to ensure they are up to date with the recommended cervical training, as set out in the Interim Good Practice Guidance for Cervical Sample Takers, NHSCSP Good Practice Guide No 2 July 2011 and that they ensure they participate in the registration process. Public health is working with the CCG practice nurse leads to ensure that all GP practices and cervical screening sample takers are aware of these requirements.

10. A pilot of a new bowel cancer screening kit starts in November 2015

The bowel cancer screening programme was introduced in 2008. Men and women registered with a GP aged 60-75 years are sent a bowel screening test kit every two years for self sampling at home. The NHS Cancer Screening programme target uptake is 60%. Uptake rate in Lambeth and Southwark has been persistently low at around 38%.

In November 2015 the Bowel Cancer Screening Programme will start a six month pilot of faecal immunochemical test (FIT) in London. FIT is already used in many other countries and has some advantages over the current bowel screening test (guaiac Faecal Occult Blood test - gFOBt).

The pilot will assess how FIT works in London and will look at a range of issues, including whether the new kit increases uptake. FIT is better at detecting human cancers and particularly advanced adenomas with fewer false positives. It has a higher participation rate than with gFOBt which may result in challenges for endoscopy services as more people are referred on for colonoscopy. Results from the FIT pilot are likely to be available in July 2016.

The UK National Screening Committee has already started a 3 month public consultation on whether to change the test used from gFOBt to FIT. If approved, FIT will be introduced as the national screening test in 2017.

11. SH:24

Lambeth and Southwark have high rates of sexually transmitted infections and there is insufficient capacity in local sexual health services borne out by queues and waiting times in clinics. SH:24 is revolutionising sexual health care by using telephone and internet technologies to deliver sexual health care remotely – improving access to services, offering early access to treatment thereby reducing the risk of transmission. This is really important in an area of significant public health risk, pressure on services and provides an opportunity to provide a sexual health service which users want and respond to – more efficiently and at lower cost.

SH:24 has successfully launched the online STI testing service for residents of Lambeth and Southwark in March 2015 – providing people with free sexually transmitted infection (STI) test kits, information and advice – 24 hours a day. SH:24 has experienced very strong interest in the service delivering over 3,800 kits and achieving a return rate of 68% - much higher than other home testing services.

SH:24 has successfully targeted its key audience – asymptomatic clinic users (94% of users are asymptomatic and 40% have used a clinic in the past year). These figures suggest that SH:24 is starting to shift clinic activity online (at a lower cost) – helping to free-up capacity for more complex cases in clinics, and creating savings for the local sexual health economy.

Take-up amongst high risk groups is also strong: 25% of users are from black and ethnic minority groups, 16% of users are men who have sex with men and 86% of users are young people. SH:24's diagnostic rate is 8% (compared with 12% in clinics) , which coupled with its rapid results turnaround (24-72 hours) is helping to detect STIs quickly and reduce onward infection.

SH:24 is continuing to develop the service and is nearing the end of its second phase of development – user support. As part of this phase the following has been launched:

- A local services geo-locator/map that allows users to find the services that are local and convenient for them
- 'Talk to us by text' which allows users who have not ordered a test kit to contact SH:24 with questions about sexual and reproductive health
- A call back service which allows users to request a call back from a nurse/clinician

Over the next month contraceptive/additional user support pages will be added to the website and a full web chat service will be launched later in October. This will allow service users to consult with sex and reproductive health specialists remotely and enable SH:24 to deliver interactive advice on protection and prevention messages and ensure appropriate referral.

Following user support the next phases of development will be built into the service - emergency hormonal contraception, oral contraception, chlamydia treatment and partner notification – to create a holistic sexual and reproductive health service. SH:24 expects to deliver this by July 2016. This will enable users of all sex and reproductive services living locally to access a full range of STI testing and contraception on line and be the first area in the country who can provide this service.

12. Wellbeing update

Black Health and Wellbeing Commission implementation

The Brixton Reel Film Festival is in its seventh year. Brixton Reel is a project that uses film as a method of engaging ethnic minority populations in Lambeth and Southwark on mental health and wellbeing; to raise awareness about local mental health support, to improve mental health literacy and to tackle stigma and discrimination. This year there is a particular focus on supporting recommendations made by the Lambeth Black Health and Wellbeing Commission. The festival will take place from 9-15 November in various venues. More information will be available in due course at:

<http://www.brixtonreel.co.uk/>

SLAM mental health promotion are running their Spiritual and Pastoral awareness course for faith communities and are receiving support from a Professor from New South Wales to improve the evaluation. The team held a successful second anti-stigma community event targeted at ethnic minority people at the Karibu Centre, Brixton in July 2015.

PHE public mental health workforce development framework

This framework (<https://www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework>) launched by Public Health England (PHE) earlier this year aims to support workforce development in public mental health. The framework covers all staff from leaders to frontline staff. The purpose is to enable staff to be more effective in promoting good mental health across the population, acting to prevent mental illness and suicide and to improve the quality and length of life of people with mental health issues. There are six ambitions:

- Leaders
 - Our leaders advocate for the mental health of citizens as a valuable resource for thriving communities and economies
- Public health specialist workforce
 - Our workforce has expertise to lead mental health as a public health priority
- Public health practitioners and wider workforce
 - Our local workforce works with communities to build healthy and resilient places
 - Frontline staff are confident & competent to support people to improve mental wellbeing
 - Frontline staff are confident & competent to recognise mental distress
 - The health and social care workforce has the knowledge and skills to improve the health

and wellbeing of people with a mental illness and reduce mental health inequalities

Public health worked with SLAM's mental health promotion team, SLAM HR, the Royal society for Public Health (RSPH) and Public Health England (PHE) to submit a bid to Health Education South London (HESL) to develop a new training product on brief intervention for wellbeing using a psychosocial and positive wellbeing perspective. If the bid is successful the training product should help to fill a gap identified by PHE and others. If the bid is unsuccessful we will look at other ways to find the resource to develop this with partners.

Public health representatives will attend a workshop on 15 October with local partners to identify how to individually and collectively support the 'Call to Action' on this workforce development framework in our organisations.

Workplace wellbeing

£54k was identified by trusts in KHP to support the continuation of the happier@work programme delivered by SLAM mental health promotion unit which includes mindfulness, line manager training on mental health and stress awareness. A wheel of wellbeing workshop will be piloted with staff. See www.wheelofwellbeing.org

Public Health is working with employers in Lambeth and Southwark to support and encourage them to adopt the best practice outlined in the *London Healthy Workplace Charter*. At present there are 9 organisations in Lambeth and Southwark which have been successfully accredited, including Southwark Council, and 10 more are actively working towards accreditation, including Lambeth Council. Public Health is also working in conjunction with Community Action Southwark to deliver workplace health focussed learning sets to 16 voluntary sector organisations across Southwark and Lambeth based on elements of the London Healthy Workplace Charter.

What Works Centre for Wellbeing: wellbeing dialogues held in Lambeth

The *What Works Centre for Wellbeing* approached public health to help them host two wellbeing dialogue events in Lambeth. These took place at 'Roots and Shoots' in June and July. The focus was on the link between sports and cultural activities and wellbeing. The events were to help guide the academic consortium selected to take forward the programme of evidence reviews. See <http://whatworkswellbeing.org/> for more about the Centre. Cllr Jim Dickson provided a 'vox pop' for the delegates and Cllr Barrie Hargrove attended the June event as an observer alongside relevant

council officers. The events further cemented Lambeth and Southwark's status as leaders in the field of public mental health work.

13. LEAP Update

Leap is a ten year, £38m initiative to improve early years outcomes (social and emotional, communication and language, diet and nutrition) and is based in four wards in Lambeth. It started earlier this year and below is an update on progress to date.

The work continues to gather apace with new staff starting or soon to do so to address its monitoring and evaluation aspects. Public Health will work closely with them and their counterparts in the other sites in the development of measures and evaluation designs. The aim is, where possible, to incorporate best practice into an evaluation framework. This will include joint work with KHP academics, addressing social value and inequalities, and use of peer evaluators.

Two GP leads have been recruited whose tasks include working with Public Health on the GP "Failsafe" initiative. General Practices will have an enhanced role working with other partner agencies along an agreed healthy child pathway to ensure that services are delivered when needed and proactive identification of any risk factors is done.

LEAP's communications is growing with a website (www.leaplambeth.org.uk), Twitter and Facebook presence. Several well attended community based events took place over the summer with some parents expressing an interest in becoming a Parent Champion.

14. Learning Disability in Southwark

In their move towards taking a life course approach in social care Southwark Council requested an updated needs assessment of people with learning disability (LD) and, or autistic spectrum disorder (ASD) that encompassed children, adults and older people. The last learning disability JSNA for Southwark was published in 2013 Although this previous report only covered adults with LD it became clear that most of the recommendations still stood although gaps remain in understanding needs of people with ASD. This is a brief summary of some of the main findings and recommendations. The draft is out to consultation until the 9th October.

1. Children

- There is scope for prevention of LD at population level as risks of LD are increased with

exposure to tobacco and alcohol in utero and in low birth weight which is more likely in teenage mothers and in low income households. Prevention options are less clear for ASD

- Southwark has an estimated 700 boys and 500 girls aged 0-15 with LD (2014). This will increase to 800 boys and 600 girls by 2024. Approximately 660 children and young people (0-18 years) are thought to have ASD. Estimates are relatively close to numbers identified through schools suggesting that most children are identified by local services. However school returns for LD are much higher (30.74 per 1000 (i.e. 1,333 pupils) than the London (19.56/1000) or England (24.53/1000) rates.
- Detection of ASD is also higher than London and England as a whole and the annual numbers detected have increased from 463 in 2008 to 801 pupils in Southwark in 2013. More than 1,100 children and young people with a diagnosis of ASD were known overall to Southwark services which is more than the estimated prevalence but could be within the confidence limits of the estimate

2. Adults and older people

- Southwark has c. 6000 adults (18years and over) with LD or about 1% of the population and the 6th highest in London. 1300 will have moderate or severe LD. By 2020 it is expected that Southwark will have the 2nd highest number, a 13% increase in the total and a 15% increase in numbers of people with moderate or severe LD. Most of the increase will be in the 25-64 year age group but a small steady increase is also expected in older people which will include an increase in numbers with severe LD.
- About 2,300 people aged 18-64 are thought to have ASD. ASD prevalence is higher in men (2%) than women (0.3%) and 60-70% of people with ASD are also likely to have LD.
- The expected increase in LD and ASD is related to population increases, increased survival of disabled infants and the general increase in life expectancy. To some extent the increase in ASD is due to improved identification
- People with LD and ASD who use services are more likely to have moderate or severe disability and there will be others who do not access services because of various barriers so service use is not always a useful guide to prevalence.

3. In primary care/ general practice and social care: overall in primary care and social care the numbers of adults identified with LD and ASD are very low (barely 10% of expected prevalence and amongst the lowest in England) In 2013

- 659 adults aged 18 or over registered with their GP were known to have LD (update: 699 in 2014)

- 662 adults aged 18 years and older were known to the local authority (update: 625 in 2014)
- Fewer than 60 adults with ASD were receiving social services (less than 3% of what might be expected)

4. **Health & wellbeing:** people with LD are **more likely** than the general population to:

- Take risks with their health (they are less aware of the risks and not supported to live healthy lives) e.g. in relation to alcohol, tobacco, sexual health, healthy eating, weight and exercise
- Experience poor physical health including; cardiovascular disease, diabetes, epilepsy, mental health problems, dementia, and poorer dental health,
- Attend Emergency Departments especially for acute conditions (where an admission may indicate poor primary or community care) compared to the general population,

People with LD are **less likely** to

- Attend screening services (e.g. health checks, cervical and breast screening)
- Use primary care services: in Southwark, of people known to have LD and eligible to have a health check (introduced specifically for people with LD) in 2011-12 only 41% had received one. This was significantly worse than the England average. The 2014 report suggests that only 194 of 699 known adults (28%) had received a health check.

5. **Independent living:** people with LD are **more likely** to

- Live on limited income
- Have lower educational attainment
- Be at risk of neglect, exploitation and abuse including bullying, violence and sexual abuse, and financial exploitation
- Be victims of crime and be in the criminal justice system

And **less likely** to

- Be in paid employment

6. **What is happening?**

- The council is increasingly trying to relocate people with LD out of distant institutions into local independent living arrangements wherever possible.
- A transition team was set up in 2013 to support people aged 14-25 and their families negotiate services and make decisions for the future
- A 'health passport' is used in GSTT to enable people with LD to get the care and support they need

7. Main recommendations : cover the main findings of the report, in particular:

- maximise opportunities for prevention especially preventing poverty and minimising exposure to tobacco and alcohol in pregnancy
- improve access of people with LD and ASD to appropriate primary care including screening services
- ensure safeguarding arrangements are adequate to enable proper support to people with LD and or ASD including the children of parents with LD/ASD
- Improve support for carers who are increasingly likely to be elderly parents who may have poor health and be of limited means
- Improve access to education, employment and other productive activity
- Promote independent living with appropriate support
- Improve access to mainstream amenities that promote social inclusion such as exercise and leisure, public transport, libraries etc.
- Bring to bear the best in research and development and good practice and ensure people with LD and ASD are benefiting

8. Next steps: the LD & ASD Needs Assessment is out for consultation until early October with the expectation of publishing a final version in November 2015 that is expected to go to Cabinet.

Lambeth has indicated it wishes to undertake more targeted needs assessment on Learning Disability in line with existing priorities. The scope of work is under discussion. When this is agreed it will be possible to focus on specific aspects of the life course (e.g. transition, old age) in more detail in both boroughs.

9. Further reading

- Adults with Learning Disabilities in Southwark (2013).
http://www.southwark.gov.uk/info/200519/joint_strategic_needs_assessment/3458/5_in-depth_analysis).
- http://www.improvinghealthandlives.org.uk/publications/313899/The_determinants_of_health_inequities_experienced_by_children_with_learning_disabilities
- Public Health England Learning Disability Public Health Observatory
<https://www.improvinghealthandlives.org.uk/>
- PHE 'fingertips' health information <http://fingertips.phe.org.uk/profile/learning-disabilities/data#page/0/gid/1938132702/pat/6/par/E12000007/ati/102/are/E09000028>