

# **Public Health in Lambeth and Southwark**

Director of Public Health Report

October – December 2015

## **Introduction**

This is the quarterly report of the Director of Public Health for Lambeth and Southwark for the third 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, 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; the councils' review of the specialist Public Health function, the National Child Measurement Programme (NCMP), NHS Health Checks, Tuberculosis, Sexual Health, Health is Everyone's Business, Teenage pregnancy, and a new publication; Improving Public Health in Lambeth and Southwark 2013-2015.

Comments and suggestions for future issues are welcome. Please contact [PHAdmin@southwark.gov.uk](mailto:PHAdmin@southwark.gov.uk)

## **1. Review of the Public Health function in Lambeth and Southwark**

Following the Health and Social Care Act (2012) and the transition of public health responsibilities to local government in 2012-13 Lambeth and Southwark councils agreed to a shared public health service. This operating model has Southwark Council acting as employer and host of the service on behalf of other partners. Over the summer of 2015 Lambeth and Southwark Councils conducted a brief review of the shared public health function. Following this both councils decided that they wished to have two separate public health departments from April 1<sup>st</sup> 2016.

In preparation for arrangements to implement the change, the public health team embarked on a process internally to review their understanding of the requirements for delivery of a high quality, efficient and strategic public health service and how two new departments might align most effectively to priorities of the two councils and the CCGs. The aim was to identify risks and opportunities of different models of working informed by experience and the literature, to develop a preferred approach and to promote a strong vision of public health for the future. The work has taken account of the substantial financial constraints in the system but acknowledged the continued ambition of the councils and CCG partners to promote the health and wellbeing of their populations

and reduce health inequalities.

By undertaking a SWOT (strengths, weaknesses, opportunities and threats) analysis of different models an approach with a discrete specialist team headed by a Director of Public Health was considered the most likely to be sustainable and effective and the most capable to deliver a quality assured product. However the approach to working with partners will need to be relational rather than hierarchical and look to achieve alliances through working directly with others across professional and organisational boundaries. Portfolios of public health staff will need to align with priorities in the Lambeth Community Plan, Southwark Council Plan, Health and Wellbeing Strategies and CCG Commissioning Strategies. Where CCGs and Councils look to operate in a more integrated way this will offer opportunities for public health to work efficiently especially in health and social care commissioning.

The work provides the basis for a business case and as background to anticipated consultation on proposed structures for two new departments. The intention is to have further discussions with partners and colleagues to assist the development of priorities and working arrangements in both boroughs in the future.

## **2. National Child Measurement Programme (NCMP) – Results 2014 -15**

The National Child Measurement Programme (NCMP) is an annual measure of height and weight of children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) in state maintained primary schools across England. Information gathered as part of the programme enables local planning and delivery of services for children. The information also supports population-level analysis of trends in growth patterns and obesity and provides an opportunity to increase public and professional understanding of healthy weight in children. The NCMP provides good quality data for the child excess weight indicators in the Public Health Outcomes Framework, and is an important part of the Government's approach to tackling child obesity.

The results of the 2014/15 (academic year) NCMP were published in November 2015. The table shows the latest figures. Lambeth and Southwark continue to have higher levels of obesity and excess weight than the London and national average in both Reception and Year 6

**Table 1.****National Child Measurement Results (2014/15): Lambeth, Southwark, London and England**

Area	Underweight		Healthy weight		Overweight		Obese		Excess Weight (Overweight and Obesity)	
	Yr R	Yr 6	Yr R	Yr 6	Yr R	Yr 6	Yr R	Yr 6	Yr R	Yr 6
<b>Lambeth</b>	1.0%	0.8%	74.3%	57.7%	13.4%	14.6%	10.5%	27.2%	23.9%	41.8%
<b>Southwark</b>	1.6%	1.1%	72.0%	55.3%	13.4%	15.7%	13.0%	27.9%	26.4%	42.7%
<b>London</b>	1.5%	1.6%	75.4%	60.7%	12.0%	14.6%	10.1%	22.6%	22.2%	37.2%
<b>England</b>	0.9%	1.4%	76.5%	65.1%	22.5%	14.2%	9.5%	19.1%	21.9%	33.2%

Obesity in Reception year in Lambeth decreased from 12.2% in (2013-14) to 10.5% (2014-15). In Southwark, the obesity rate in Reception decreased slightly from 13.2% in (2013-14) to 13.0% (2014-15). In London the Reception obesity rate reduced from 10.8% (2013-14) to 10.1% (2014/15) in line with a similar reduction across England.

In Lambeth the rate of obesity in Year 6 has increased from 25.4% (2013-14) to 27.2% (2014-15). The Southwark obesity rate in Year 6 has also increased from 26.4% (2013-14) to 27.9% (2014-15). In London, there was a slight increase from 22.4% (2013/14) to 22.6% (2014/15). Southwark has the highest proportion of obese Year 6 children in the country.

For excess weight, the proportion of Reception Year children in Lambeth decreased from 24.8% (2013-14) to 23.9% (2014-15). In Southwark, Reception Year excess weight has also decreased from 28% (2013-14) to 26.4% (2014-15).

The proportion of Year 6 children with excess weight has increased in Lambeth from 41.2% (2013-14) to 41.8% (2014-15). In Southwark, there has been a slight decrease from 42.7% (2013-14) to 43.6% (2014-15). However, Southwark still has the highest proportion of Year 6 children with excess weight in the country.

### **3. NHS Health checks Programme trends and outcomes from 2012/13- 2014/15**

The NHS Health Check programme is one of the mandated programmes to be delivered by local authorities as part of the Health and Social Care Act 2012. The NHS Health Check Programme is a five year rolling programme with twenty percent of the eligible population aged 40-74 years being offered a cardiovascular check each year. Of the twenty percent offered a cardiovascular check, seventy-five percent are expected to have completed a health check, based on Department of Health targets. The

table summarises performance in Lambeth and Southwark.

**Table 2: Number of patients completing a cardiovascular health check annually in Lambeth and Southwark between April 2012 and March 2015**

Borough	2012/13	2013/14	2014/15
Southwark	6,259	6,995	8,788 ( 42%)
Lambeth*	4,228	4,667	5,383 (28%)

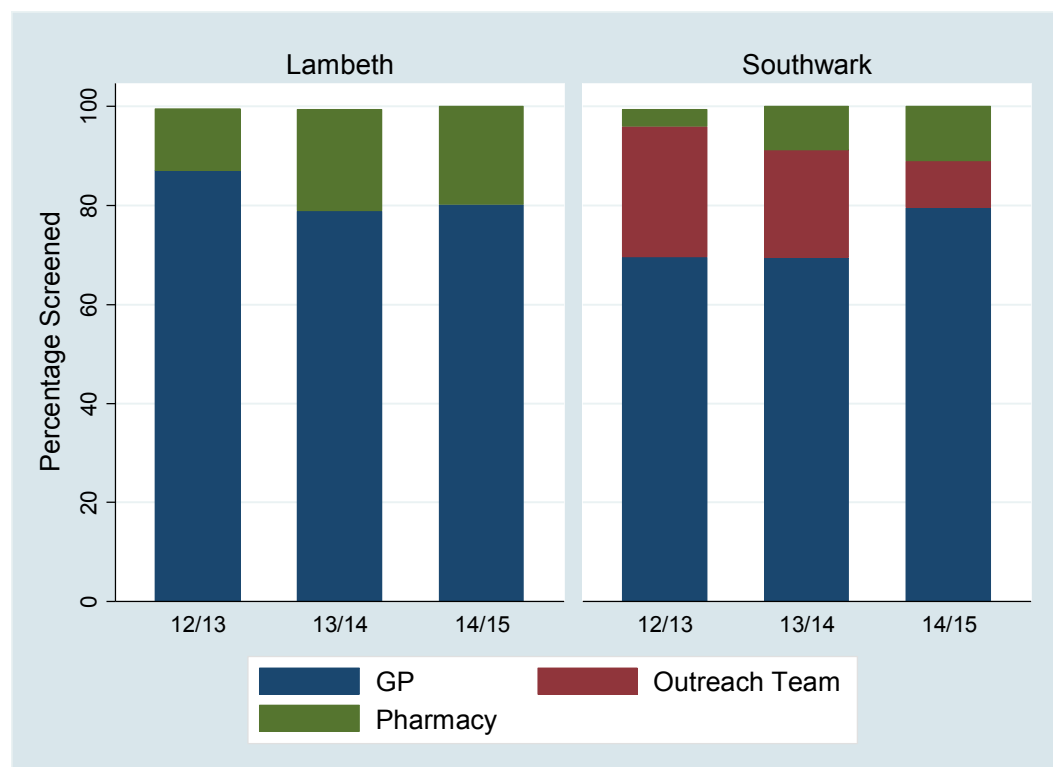
\*These may be an underestimate of actual figures as not all data is uploaded into Health Check Focus system

### Where screening was provided

Most patients had their cardiovascular health checks completed by their general practitioner (see Figure 1). The Health Checks outreach team was used more significantly in Southwark than in Lambeth to complete checks (this team focuses on promoting uptake in populations who maybe less likely to respond to the invitation to attend for a health check). Over time, the proportion of checks being carried out by GPs has increased in Southwark and decreased in Lambeth.

**NB** 323 checks were done by the outreach team in Lambeth (5%) but this is too small to show on the scale above.

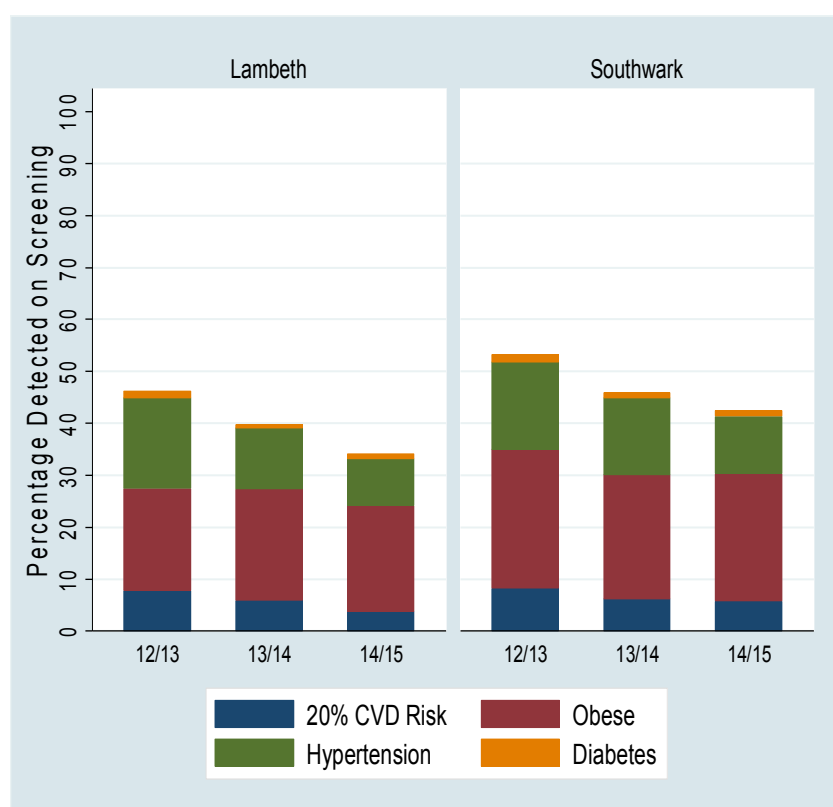
**Figure 1: Breakdown of cardiovascular checks by provider**



## Detection of Cardiovascular Risk Factors

The Health Checks programme was able to detect several risk factors for cardiovascular disease among the population screened, as shown in Figure 2. Over 20% of the population screened annually in both Lambeth and Southwark were identified as being obese (BMI>30) and approximately 1% of those screened were newly diagnosed with diabetes mellitus as a result of the programme. The percentage detected with 20% CVD (cardiovascular disease) risk and hypertension decreased over this period and will be reviewed.

**Figure 2: Percentage of patients screened that were found to have the following respective risk factors for cardiovascular disease; 20% Cardiovascular Disease Risk (Based on QRISK2<sup>1</sup>); Obesity (BMI>30); Hypertension (140mmHg/90mmHg); Diabetes Mellitus (HbA1c>6.5%)**



<sup>1</sup> Hippisley-Cox J, Coupland C, Vinogradova Y, Robson J, Minhas R, Sheikh A, et al. Predicting cardiovascular risk in England and Wales: prospective derivation and validation of QRISK2. BMJ.2008;336 (7659):1475-82.

**Table 3. Proportion of people screened with 20% Cardiovascular Disease risk; Obesity; Hypertension, or Diabetes Mellitus**

	Lambeth			Southwark		
	2012/13	2013/14	2014/15	2012/13	2013/14	2014/15
<b>20% CVD Risk</b>	7.7	5.8	3.7	8.1	6.2	5.7
<b>Obesity</b>	19.7	21.4	20.4	26.9	23.9	24.6
<b>Hypertension</b>	17.4	11.8	9.0	19.8	14.8	11.0
<b>Diabetes</b>	1.3	0.7	1.0	1.4	1.0	1.1

People who are identified as being at risk are;

- 1) offered lifestyle advice and may be offered a referral to a behaviour change programme
- 2) referred to their GP if a long term condition is diagnosed, for further treatment.

#### **Prescribed medication among people detected as at risk of cardiovascular disease**

The outcomes of referral to a GP with either cardiovascular risk above 20%, or hypertension are shown in Figure 3. The percentage of patients prescribed medication to reduce cardiovascular risks increased over the duration of the programme in both Lambeth and Southwark. This will result in fewer deaths and less ill health from cardiovascular disease.

#### **Statins**

In 2012/13, 17.5% of patients identified with a 20% CVD risk were prescribed a statin in Lambeth and 7.5% of such patients were prescribed a statin in Southwark. By 2014/15 however this percentage had increased to 49.3% and 43.6% respectively. It is important to note that during this period new cardiovascular guidance from NICE (National Institute of Health and Care Excellence) did reduce the cardiovascular risk threshold (as calculated by QRISK2<sup>1</sup>) above which a statin was recommended from 20% to 10%<sup>2</sup>. Nevertheless, a greater adherence and propensity to prescribing of a statin is evident.

#### **Anti-hypertensives**

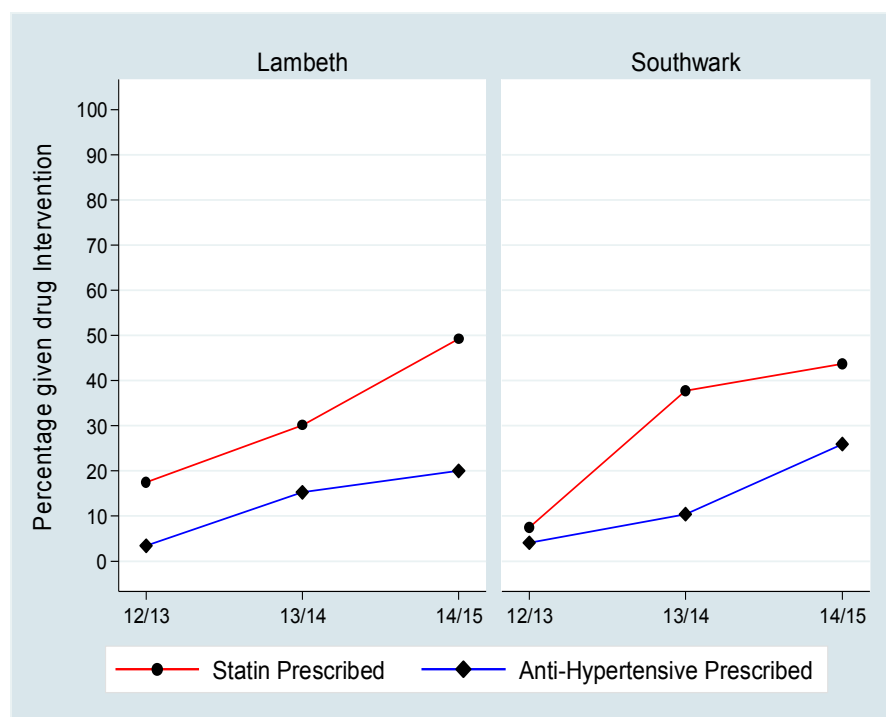
Among people identified as hypertensive at screening, the proportion prescribed anti-hypertensive therapy increased in Lambeth and Southwark during the study. By 2014/15, 20.0% in Lambeth and

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<sup>2</sup> The National Institute for Health and Care Excellence. NICE clinical guideline 181: Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease. Available from <http://www.nice.org.uk/guidance/cg181> accessed online 7 October 2015.

25.9% in Southwark were on medication to reduce their blood pressure and cardiovascular disease risk, although this is likely to be lower than optimal therapy. Under-recording may be an issue.

**Figure 3: Percentage of patients with appropriate statin and anti-hypertensive prescribing in those detected with a 20% or higher cardiovascular disease risk and/or those diagnosed with hypertension (>140/90 mm Hg).**



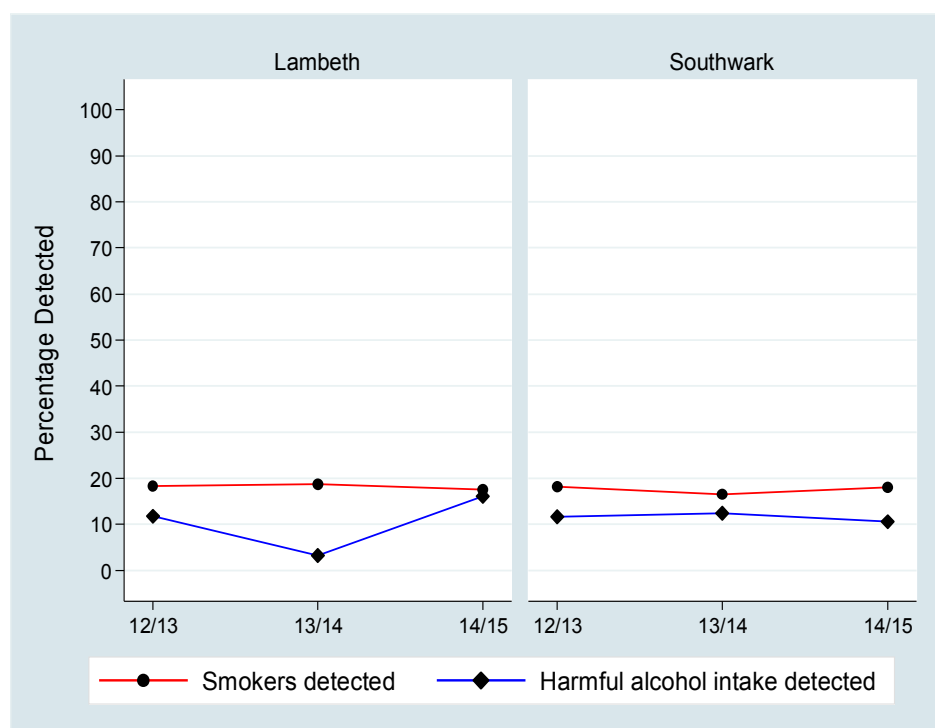
### Screening for smoking and those at risk from alcohol intake

In total, 6,466 smokers and 4,516 individuals at risk of harmful alcohol intake (FAST Positive or AUDIT-C positive<sup>3</sup>) were newly identified as part of the health checks programme across Lambeth and Southwark between 2012 and 2015 (Figure 4). The proportion of these who then received targeted intervention is highlighted in Figure 5. The percentage of smokers referred annually for interventions to reduce/stop smoking in Southwark increased to 17.2% in 2014/15. However, in Lambeth, smoking referrals decreased from a high of 14.2% in 2013/14 to 7.0% in 2014/15. The percentage of patients at risk of harmful alcohol intake who received advice or referral also increased annually in both Lambeth and Southwark. In 2012/13, 54.5% of those at risk of harmful alcohol intake in Lambeth and 16.6% of those in Southwark received lifestyle advice or were referred on to help with reducing alcohol intake. By 2014/15 this had increased to 73.7% in Lambeth and 37.1% in Southwark.

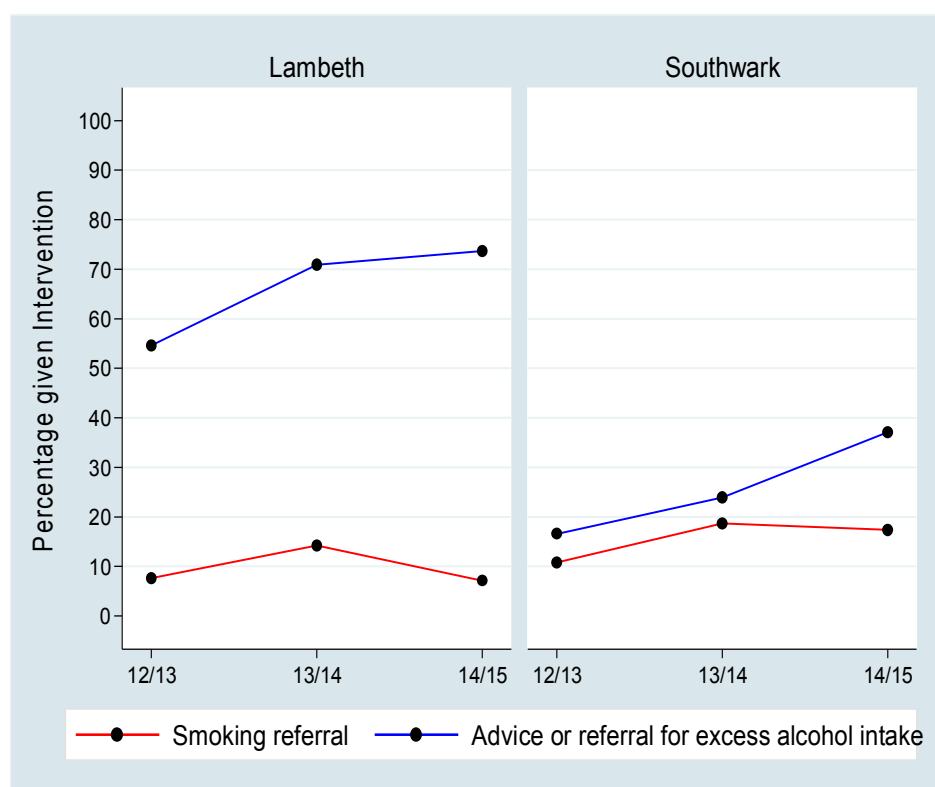
<sup>3</sup> Public Health England. PHE Alcohol Learning Resources. Available from <http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/?parent=4444&child=4570> accessed online 7 October 2015.



**Figure 4: Percentage of people screened identified as smokers or at risk of harmful alcohol intake**



**Figure 5: Percentage of people screened identified as smokers or at risk of harmful alcohol intake referred or given lifestyle advice for alcohol consumption**



More information on other lifestyle advice offered to people receiving cardiovascular health checks will be reported on at a later date.

## 4. TB update

### Latent TB testing and treatment programme

Tuberculosis (TB) is an infectious disease caused by bacteria belonging to the *Mycobacterium tuberculosis* complex. TB usually affects the lungs, but can affect other parts of the body, such as the lymph nodes (glands), the bones, and the brain. Infection with the TB organism may not develop into TB disease and the infection can stay latent for several years. Most TB is curable with a combination of specific antibiotics, taken for at least six months. TB is much less common than in years past but during the 1990s to 2005 the UK experienced a progressive increase in TB cases, and incidence (ie rate of new cases) has stabilised at a relatively high level since then.

The 'Collaborative Tuberculosis Strategy for England: 2015 to 2020 (PHE, NHS England, 2015)' was published in January 2015. It recommends that newly arrived migrants aged 16-35 years from countries with high TB incidence (PHE, 2014) are identified, screened and treated if found to have latent Tuberculosis (LTB).

This recommendation is based on these factors:

- Most cases of TB in the UK arise from reactivation of latent TB infection (LTBI)
- Latent TB screening among migrants is cost-effective
- The higher the incidence in the country of origin and the more recent the individual's arrival in England, the higher the risk of TB reactivation.
- Drug induced liver injury caused by the LTBI treatment increases and treatment benefits decrease with age. Therefore LTBI screening and treatment will be offered to people aged 16-35 years.

NHS England will offer financial support to develop the new pathway. Lambeth & Southwark CCGs have applied for funding for 2015-16 and 2016-17 as they are amongst the 59 CCGs nationally considered a priority for introducing latent TB testing of new migrants. Local TB rates are  $\geq 20/100,000$  and local TB notifications represent  $\geq 0.5\%$  of the total England TB numbers.

The LTBI screening will be phased in starting with practices located in areas of high concentration of migrants from high risk countries and /or with high numbers of detected active TB cases. LTBI screening will be offered to newly registered patients aged 15-35 years who have arrived in the past 5 years from countries with high risk of TB. This first phase will be evaluated at the end of the first year of implementation. Learning will inform future development of LTBI screening and treatment.

## 5. Sexual Health

Lambeth has the second highest and Southwark the fourth highest rates of sexually transmitted infections (STIs) in England. This is thought mainly due to the high proportion of the very diverse population who are young and, or mobile. This demography, combined with improved service access following modernisation mean there is a high demand for sexual and reproductive health services (SRH).

Lambeth and Southwark have had considerable success in reducing teenage pregnancy and late diagnosis of HIV, and of increasing chlamydia testing (another reason for the high rates of STIs). Rates of sexually transmitted infections continue to rise however and both boroughs continue to have high levels of risky sexual behaviours, shown by high reinfection rates and rates of syphilis and gonorrhoea. Abortion and repeat abortion rates also remain high, indicating a need for improved access to contraceptive services and in particular long acting reversible methods.

Given the high levels of need and high activity levels of SRH services and the requirement to make significant savings, work is going on to transform services for the future. The aim is to increase access to STI testing through online services, SH:24 [www.sh24.org.uk](http://www.sh24.org.uk) and enhance contraceptive and STI testing and treatment in primary care and pharmacy.

This will be supported by a London wide programme to procure an online 'partner notification system' and a London online service which will direct people to the most appropriate local service (online, pharmacy, primary care and clinic).

## 6. Working with local authorities to make health everybody's business

The Public Health team have been working with senior staff across departments in the two councils to support colleagues to take a population health approach to their work and look for opportunities to improve health and wellbeing outcomes through council core business.

In Lambeth, *Health: A Lambeth Co-production* (HALC) started in November after planning and design with senior Council commissioners to ensure it was pitched appropriately. Two sessions have been held, and evaluation has been positive. Participants have identified an understanding of the wider determinants of health, statistics on health outcomes in Lambeth, and information on the relative disease burden on different populations as being valuable. They have expressed interest in learning more about public health in early years, resilience,

and addressing the wider determinants of health through efforts around engagement. The course will finish in Spring 2016.

Southwark Council's existing Leadership and Management Development Programme (LMDP) has offered an ideal opportunity for senior staff to learn about population health through additional *Healthy Futures Masterclasses* delivered by the Public Health team. These were held in September and November 2015, with three groups attending sessions. Attendees are working on projects about obesity, alcohol and new psychoactive substances, and physical activity. The aim is for participants to work with public health colleagues to understand the impact on the population, underlying factors, current strategies and the potential for council core functions to make a difference. Further LMDP groups are expected to participate in masterclasses and projects in 2016.

## **7. Teenage Pregnancy**

Under 18 conceptions for Quarter 3 2014 increased in both Lambeth and Southwark compared with the same quarter in 2013.

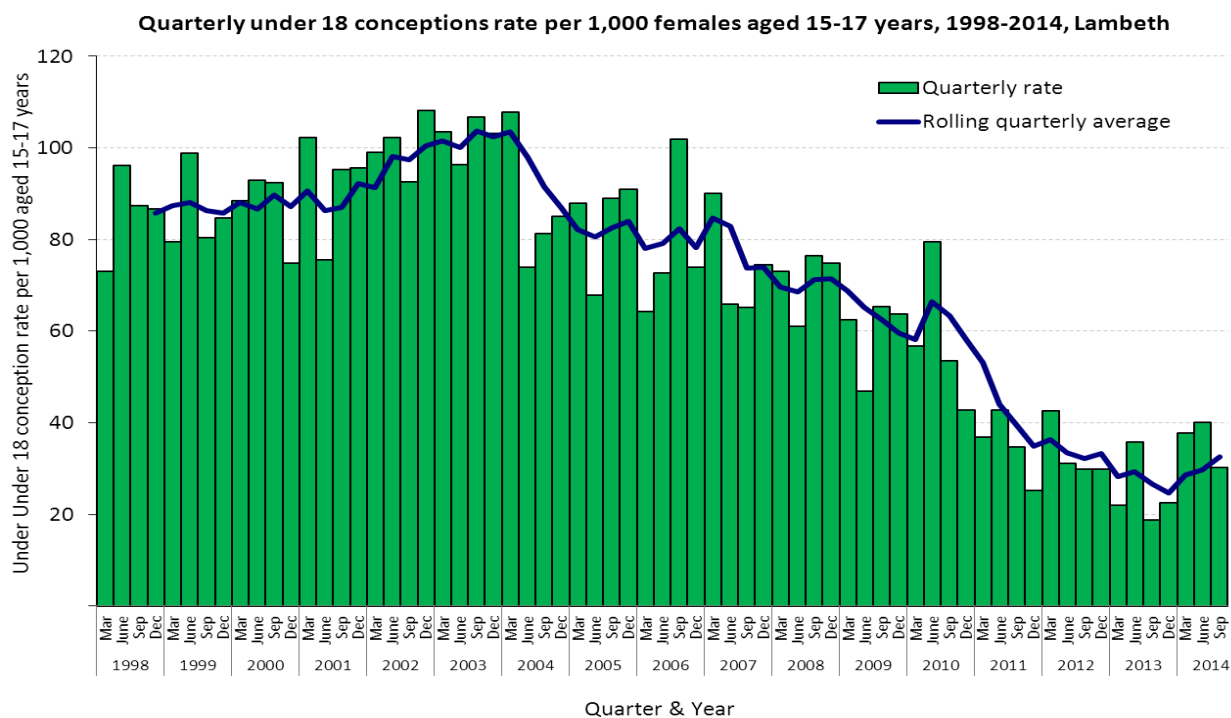
### **Lambeth**

#### **Lambeth under 18 conceptions**

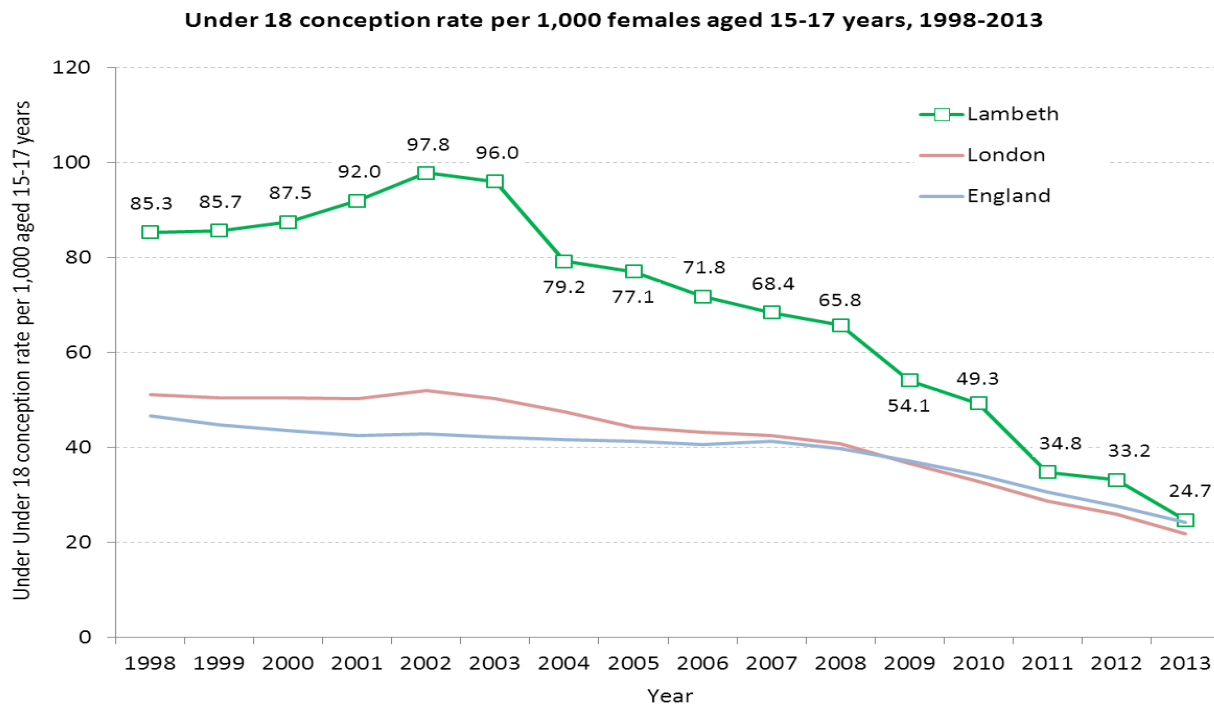
2014 third quarter data for Lambeth was published by ONS on 24th November 2015 and shows:

- The quarterly rate of under-18 conceptions was **30.2** per 1000 girls aged 15-17. That is a **61%** increase since the same quarter in 2013.
- The number of under-18 conceptions was **32, twelve** more conceptions than the same quarter in 2013.
- The rolling quarterly average is **32.5** conceptions per 1000 girls aged 15-17 which represents a **10%** increase since previous rolling average.
- The rolling quarterly average for England is **23.3** and **21.4** for London
- Under 18 conceptions in Lambeth increased in this quarter, this is the third quarter in 2014 that conceptions have increased

**Figure 6. Lambeth under 18 conceptions by quarter**



**Figure 7. Lambeth under 18 conceptions by year**



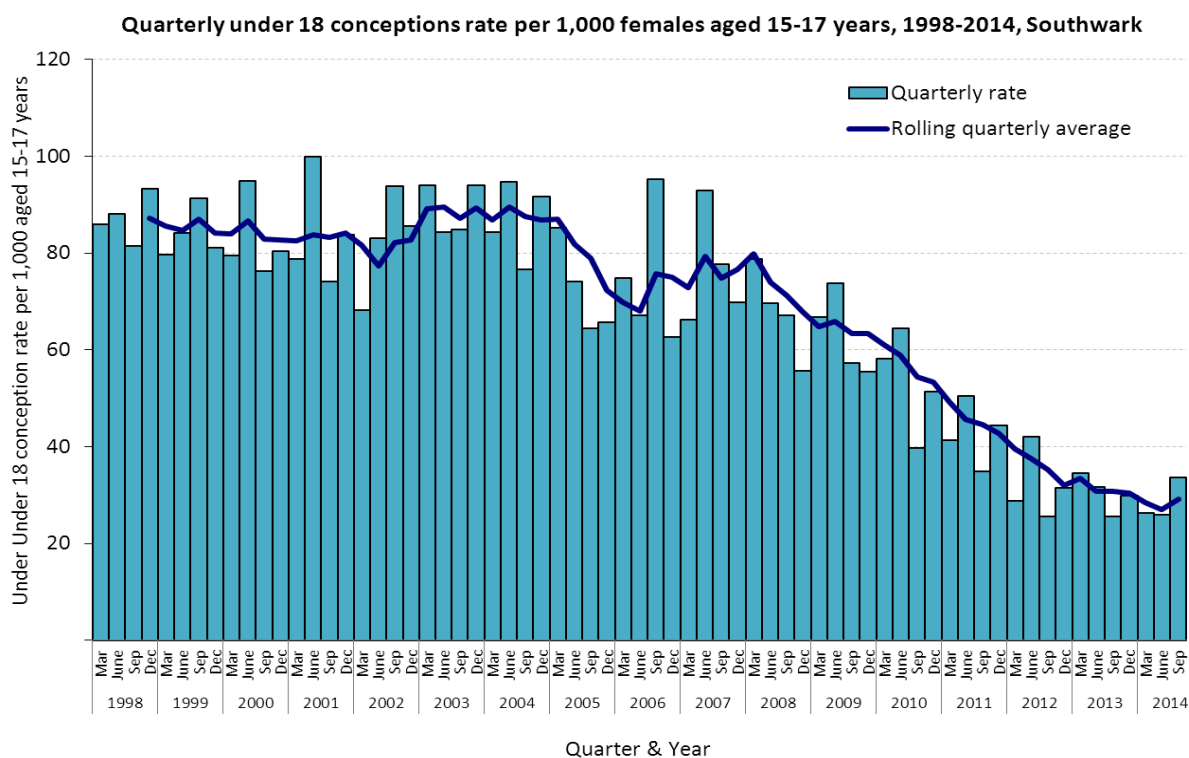
## Southwark

### Southwark under 18 conceptions

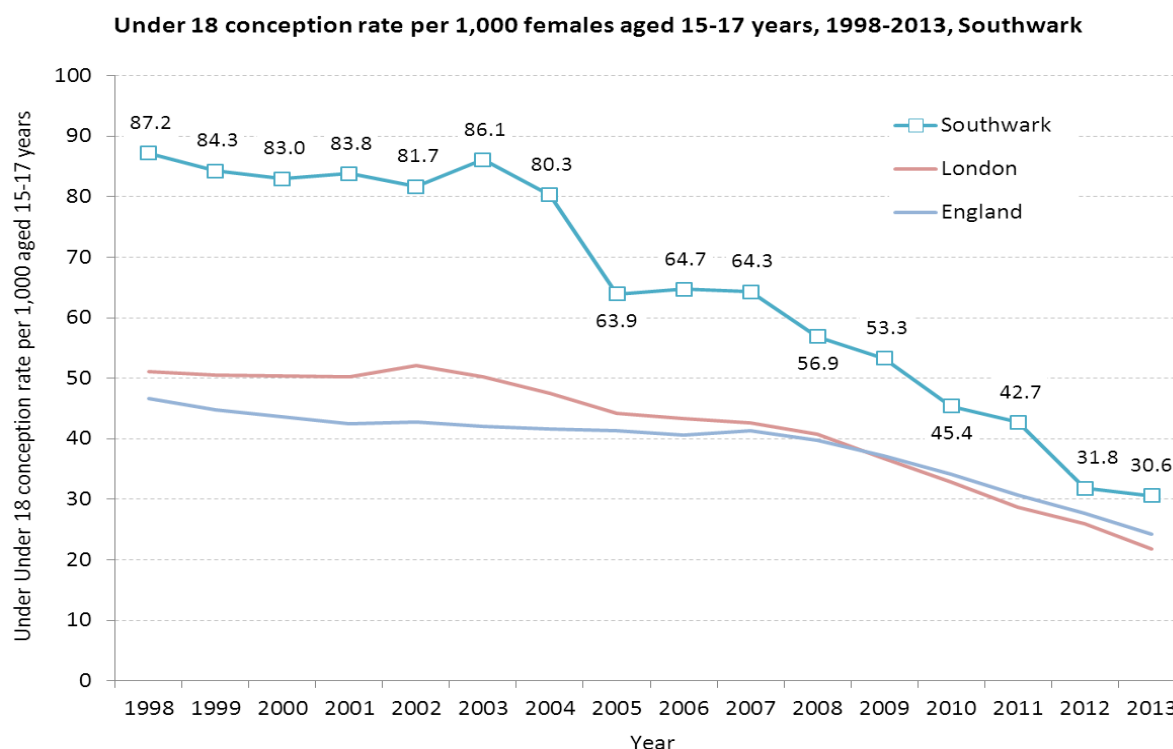
2014 third quarter data for Southwark which was published by ONS on 24th November 2015 shows:

- The quarterly rate of under-18 conceptions was **33.7** per 1000 girls aged 15-17. That is a **32%** increase since the same quarter in 2013.
- The number of under-18 conceptions was **34, eight** more conceptions than the same quarter in 2013.
- The rolling quarterly average is **29.1** conceptions per 1000 girls aged 15-17 which represents an **8%** increase since previous rolling average.
- The rolling quarterly average for England is **23.3** and **21.4** for London under 18 conceptions in Southwark increased in this quarter.

**Figure 8. Southwark under 18 conceptions by quarter**



**Figure 9. Southwark under 18 conceptions by year**



Although overall it can be seen that over a long period of time under 18 conceptions have reduced substantially the recent increases are of concern especially as the annual rates remain higher than London and England in both boroughs. Annual 2014 under 18 conception data will be available in late February 2016.

## 8. Annual Report: Improving Public Health in Lambeth and Southwark 2013-2015

A Report on the work of the Lambeth and Southwark Public Health Team over the past couple of years is now available. The Report summarises some of the achievements, current work and future plans of the team. Two years on from the transition of public health responsibilities to local government, some good progress has been made. There is much to be proud of in terms of public health successes. The Lambeth and Southwark Public Health Team have been able to take forward some excellent programmes of work with local authority colleagues that tackle the underlying causes of ill health and inequality as well as continue to support health and social care commissioning colleagues. Life expectancy continues to improve and deaths in infancy are reducing but there remains considerable work to do. Over the next few months, the Lambeth and Southwark Public Health Team will undergo major re-structuring but we intend to continue to support partners to promote the health and wellbeing of Lambeth and Southwark people and to reduce inequality. To receive a copy please email [phadmin@southwark.gov.uk](mailto:phadmin@southwark.gov.uk)