APPENDIX 1

Public Health
in Lambeth and Southwark

Director of Public Health Report

April - June 2014

Lambeth and Southwark Public Health

Director of Public Health: Dr Ruth Wallis

Introduction

This is the quarterly report of the Director of Public Health for Lambeth and Southwark for the first quarter of 2014-15. 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 the activities of the Lambeth and Southwark specialist public health team and work being done in partnership, to provide information about current public health issues relevant to Lambeth and Southwark including alerting people to areas of concern or risk.

This quarter summaries are on action to promote physical activity, the Lambeth Early Action Partnership (LEAP), work on the Joint Strategic Needs Assessments (JSNAs), Cancer, the Lambeth & Southwark Wellbeing Network, the Chemsex study, National Bacillus cereus Outbreak, Statin Model Briefing and Public Health Briefing on the Southwark Primary & Community Care strategy .

Comments and ideas for future topics are welcome. Please contact PHadmin@southwark.gov.uk

1. Physical Activity

The most recent Active People Survey provides the first set of data against the PHE outcome 'physical inactivity' indicator and suggests that 26% (Southwark) and 22% (Lambeth) of the adult population are inactive i.e. doing less than 30mins moderate physical activity a week. A subsequent all party commission on physical inactivity reinforces the Lambeth and Southwark approach to tackle this at multiple levels, including improved design of the built environment, as well as services and facilities and the active travel agenda.

Southwark's Tackling Inactivity group led by Public Health met in May 2014 at City Hall to discuss partnership working and support for active travel from Transport for London/Mayor of London (TFL/MOL). The meeting agreed to 1) support the proposed '20mph borough' with alignment of relevant partnership messages/activities, 2) use the Health Economic Assessment Tool to appraise relative impact of new walking and cycling interventions, 3) compile for neighbourhood areas a list of recommended 'improvements' that support more physical activity which could be considered for Cleaner, Greener Safer bids. Both Lambeth and Southwark planning teams have started discussions with public health on 'active design' guidance for the built environment and the Design Council has offered to support this thinking.

Both Councils have signed up to take part in 5K Your Way staff walk/jog/run event on 2nd July.

Please join us! Sign up at www.5kyw.co.uk (Southwark team photo features on home page!).

For more info email: rosie.dalton-lucas@southwark.gov.uk

2. Lambeth Early Action Partnership (LEAP) Update

Lambeth's bid to the BIG Lottery for £35mn over ten years was submitted at the end of February 2014. The bid aims to improve health from conception to under-4 years old in four deprived Lambeth wards - Stockwell, Coldharbour, Tulse Hill and Vassall. Lambeth is one of fifteen sites shortlisted.

The proposal takes a public health approach with a portfolio of interventions designed to complement existing services, scale up evidence-based interventions where relevant and address health inequalities. These were developed after extensive consultation with parents, local communities and other stakeholders. The main outcomes are to reduce child and maternal obesity, improve and reduce inequalities in social and emotional health and communication and language in early years. Interventions include; scaling up existing work that is evidence-based (e.g. Family Nurse Partnership), developing local programmes for which there is some evidence of effectiveness (e.g. for maternal obesity), and innovations where building the evidence will be an essential component e.g. community nutrition and exercise.

The final assessment by BIG was a 90 minute interview on the 9th May 2014 with a panel consisting of four England Lottery Board members and three expert advisors. The results are to be announced in the first week of June.

3. Joint Strategic Needs Assessment (JSNA) and Life Expectancy

Life Expectancy in Lambeth and Southwark

The refreshed Lambeth and Southwark Joint Strategic Needs Assessments (JSNAs) will include a series of locally produced fact sheets. These fact sheets provide a brief, readable and up-to-date summary of some of the key facts on health & wellbeing and social care issues in Lambeth and Southwark. Once complete, they will be available to download on the new JSNA websites.

We hope that the fact sheets will be useful for a wide audience including councillors, commissioners and the general public. Initially, factsheets are being developed on the following topics: Demography, Risk Factors, Wellbeing and Life Expectancy. An overview of the latest fact sheet on Life Expectancy is

given in the next section.

Life expectancy compared with England average

In Lambeth, average life expectancy in men is 78.2 years. This is one year less than the England average (79.2 years). In Southwark, men can expect to live on average for 78.0 years. This is 15 months less than the England average. The main contributors to the gap between local and national life expectancy are excess deaths in Lambeth males from cancer (in particular lung cancer), circulatory diseases and chronic obstructive pulmonary disease (COPD), and in Southwark males from COPD, cancer (in particular lung cancer) and circulatory diseases.

By comparison, women in Lambeth and Southwark can expect to live on average 83.0and 83.1 years respectively. This is similar to the England average (83.0 years).

Inequalities in life expectancy within Lambeth and Southwark

Whilst average life expectancy in Lambeth and Southwark has increased over the last 10 years, there are differences between the least and most deprived populations within each Borough. The latest available data (2010-12), show that in Lambeth there is a 5 year (males) and 2.8 year (females) difference in life expectancy between the most and least deprived populations. In Southwark the difference is 7.1 years (males) and 7.3 years (females). Analysis from Public Health England shows that the key contributors to these inequalities in life expectancy are excess deaths from circulatory diseases (in particular, heart disease), respiratory conditions (in particular COPD) and cancer.

Healthy life expectancy compared with England average

The Public Health Outcomes Framework includes healthy life expectancy, as well as life expectancy as one of its overarching indicators. Healthy life expectancy refers to the number of years an individual is expected to live in full health. In Lambeth, healthy life expectancy at birth is 61.1 years (males) and 62.3 years (females) – both similar to the England average of 63.2 years (males) and 64.2 years (females).In Southwark, male and female healthy life expectancy are 60.6 years (males) and 60.2 years (females) – similar to the England average for men but lower than the England average for women.

4. Cancer Briefing

Cancer Facts

Why is it important?

- 930 new cases of cancer are diagnosed each year in Lambeth residents and around 850 in Southwark residents. Of these, in both boroughs around 130 are lung cancer, 130 are breast cancer and 90 are colorectal cancer. For prostate cancer the rates are different between the boroughs, with around 180 new cases in Lambeth and 120 in Southwark. (Source: National Cancer Intelligence Network, UK Cancer e-Atlas, figures averaged for 2008-2010)[1]
- In Lambeth and Southwark, cancer is the largest cause of premature death, accounting for almost half of deaths in people under 75 years old and is therefore an important local health priority.
- Around a third of the most common cancers could be prevented; modifiable risk factors include smoking, lack of physical activity, obesity and alcohol consumption.
- Late diagnosis of cancer is the major factor underlying poor survival rates in the UK. Many high income countries have comparatively good survival rates.
- Earlier diagnosis of cancer could save up to 10,000 lives each year in England
- Factors that contribute to late detection include poor public awareness of cancer symptoms leading to low uptake of screening and late presentation to a GP

Awareness of cancer symptoms

Awareness of signs and symptoms of cancer is the first step to early detection and improving cancer outcomes.

The NHS's "Know 4 sure" campaign (www.nhs.uk/know4sure) provides a simple way for people to remember some key signs to look out for. They are:

1) Unexplained blood that doesn't come from an obvious injury

2) An unexplained lump

[1] National Cancer Intelligence Network, UK Cancer e-Atlas, figures averaged for 2008-2010

3) Unexplained weight loss which feels significant to you

4) Any type of unexplained pain that doesn't go away

Individuals should also consult their GP if they notice anything that is persistent, unexplained or an unusual change in their body:

Persistent: Symptoms that last 3 weeks or more, such as a cough, a mouth or tongue ulcer, a sore that doesn't heal or bloating

Unexplained: Symptoms such as difficulty swallowing food, or needing to pee very often or very suddenly

Unusual for the individual: Such as a change in the size, shape or colour of a mole, or a change to their nipple, or the skin and shape of the breast

Prevention of Cancer

There is much that can be done at an individual, community and societal level to help prevent cancer:

- **Tobacco use**, the most common risk factor, is linked to 71% of lung cancer deaths and accounts for at least 22% of all cancer deaths world-wide
- **Alcohol** is a known risk factor for cancer. It is strongly linked with an increased risk of cancers of the mouth, pharynx, larynx, oesophagus, bowel and breast and may also increase the risk of liver cancer and bowel cancer in women.
- **Overweight and obesity** are strongly linked to increased risks of bowel, breast, uterine, pancreatic, oesophagus, kidney and gallbladder cancers.
- **Exposure to UV** light is the main cause of skin cancer.
- There is evidence that **certain foods** are associated with either an increased or decreased risk of cancer, for example consumption of red meat and processed meats both have a strong association with colorectal cancer

Advice for Individuals on prevention of cancer

1) Be as lean as possible within the normal range of body weight

2) Be physically active as part of everyday life

3) Do not smoke and avoid exposure to tobacco smoke

4) Limit consumption of energy-dense foods and avoid sugary drinks

5) Eat mostly foods of plant origin

6) Limit intake of red meat and avoid processed meat

7) Limit alcoholic drinks

8) Limit consumption of salt and avoid mouldy cereals or pulses

9) Mothers should aim to breastfeed their children exclusively for 6 months

Screening for cancer

Attendance at screening programmes for certain cancers helps detect these cancers early so that they can be treated early. In the UK these are:

Breast cancer

http://www.selbreastscreening.org.uk/Screening_Appointments_When_we_screen

All women aged 50 – 70 receive an invitation for screening every 3 years

Cervical screening

http://www.cancerscreening.nhs.uk/cervical/about-cervical-screening.html

Women aged 25-64 who are registered with a GP receive an invitation every 3-5 years, depending on their age

Bowel cancer screening

http://www.cancerscreening.nhs.uk/bowel/index.html

Women and mend aged 60-69 receive an invitation to participate2 years and people aged over 69 can

call a Freephone number to request a screening test kit (0800 707 6060)

5. Lambeth and Southwark Wellbeing Network

This network is for all those wishing to gain a greater understanding of how to promote wellbeing, both as providers, commissioners of services and policy makers and to share practice across the boroughs. The network is supported by a monthly e-bulletin and blog at http://lambethwellbeing.wordpress.com/ which has information about latest news, Mental Health First Aid and suicide awareness training, grants funding, evidence and policy and useful resources. The network meets three times a year, with the next meeting planned for mid July (date to be confirmed). A wellbeing factsheet for both boroughs as part of JSNA is in development.

6. Chemsex

The Chemsex Study was an exploratory, mixed-method research project, commissioned by the LSL Sexual Health Team that explored drug use in sexual settings among gay and bisexual men living in Lambeth, Southwark and Lewisham (LSL).

Chemsex is the term used to describe sex between men that occurs under the influence of drugs taken immediately preceding and/or during the sexual session. The drugs most commonly associated with chemsex are crystal methamphetamine, GHB/GBL (Gammahydroxybutyrate/Gammabutyrolatone), mephedrone and, to a lesser extent, cocaine and ketamine. All, except ketamine, are stimulant drugs in that they typically increase heart rate and blood pressure and trigger feelings of euphoria. Crystal methamphetamine, GHB/GBL and mephedrone also have a common effect of facilitating feelings of sexual arousal. These drugs are often taken in combination and are commonly associated with sexual sessions occurring over extended periods of time, sometimes (but not always) involving larger numbers of sexual partners.

These drugs are widely known to facilitate pleasure or euphoria, in a variety of ways, but are also associated with a range of harms. Particular concern has been raised regarding the role of crystal meth, GHB/GBL and mephedrone in sexual HIV or STI transmission risk behaviour. While the link between drug use and risk taking behaviour is immensely complex, it is possible to say that there is a clear association between the two. It is also possible that STI transmission is facilitated by rectal trauma or penile abrasions that result from long sexual sessions with multiple partners, made

possible by stimulant drug use. There are also a range of harms associated with drug overdose, especially in relation to GHB/GHB, which is typically administered in very small doses that need to be very carefully timed.

While research conducted over the last twenty years indicates that a higher proportion of gay men use drugs than is the case for the general population, levels of injection use among this population have typically been very low. However, there have been growing concerns from a range of health and social care professionals, as well as from members of the gay community more generally, that there might have been a steep rise in injection use.

It is widely perceived that Chemsex is particularly prevalent in Lambeth, Southwark and Lewisham; all are home to very large populations of gay and bisexual men and to men living with diagnosed HIV. There is a very large commercial gay scene in Vauxhall, which contains clubs previously associated with drug use as well as sex-on-premises venues, such as saunas. Within the past two years there have been a number of drug related deaths among gay men in clubs or sex-on-premises venues in Vauxhall that has been reported in the media, indicating a significant degree of harm reduction need among this local population.

Between August 2013 and February 2014 the commissioned researchers (Sigma Research) undertook a series of interlinked research activities to address the study aims. Initially, they conducted a secondary analysis of drug use data collected as part of the European MSM Internet Survey (The EMIS Network, 2013) specific to Lambeth, Southwark and Lewisham. EMIS was a large-scale internet survey of MSM conducted in the summer of 2010. Data from this survey provided the wider context of drug use prevalence. With a total sample of over 174,000 MSM, EMIS is the largest survey of MSM ever undertaken anywhere in the world.

Responses to survey questions that related to use of drugs and use of gay social or commercial spaces were compared between LSL residents and residents in the rest of London and England.

Starting in early October 2013, they also undertook 30 face-to-face interviews with gay or bisexual men from across LSL. To be eligible to take part they had to be over the age of 18, have used crystal meth, GHB/GBL or mephedrone during sex within the previous 12 months and be resident in Lambeth, Southwark or Lewisham. Men were recruited by a number of mechanisms, including: online promotion via social networking apps that specifically cater for gay men; paid promotion in a London gay-scene print magazine with a large readership; and distribution of specially designed business.

The study looked at a number of key areas: the impact of drugs on sexual health and pleasure; the role of drugs in the transmission of HIV/STIs; negative experiences and harms associated with

sexualised drug use; how men access and use help to manage their drug use.

The study also came up with four main recommendations. These centred on the provision of better substance misuse harm reduction information; increasing expert referral pathways between sexual health and drugs services, whilst ensuring those services understand gay men's health issues; coordinated work with gay venues and media to ensure harm reduction policies, practice and culture; structural work with international websites and apps which promote and facilitate gay sexual networking.

The full report is available at www.lambeth.gov.uk/chemsex[2]

7. National Bacillus cereus Outbreak

Public Health England (PHE) can report the total number of Bacillus cereus cases linked to its investigation of blood poisoning (septicaemia) in England stands at 22 (18 confirmed and 4 possible cases). All cases received the potentially affected intravenous liquid (total parental nutrition, TPN). One of the affected hospitals is St Thomas' Hospital where three babies were confirmed with Bacillus cereus and one baby sadly died.

Investigations to date have suggested the source of the Bacillus cereus infection that has affected outbreak cases was the contamination of intravenous liquid products during a single day of production, which are no longer in circulation. PHE is continuing to work with the Medicines and Healthcare products Regulatory Agency (MHRA) on this investigation and to ensure all possible lessons from this serious incident are identified.

The MHRA reported that based on the information currently available it is believed this is an isolated incident and the appropriate immediate action has been taken at ITH Pharma's facility to avoid a reoccurrence. Therefore MHRA is allowing this critical product to be supplied to patients while their investigation proceeds.

Further inspections are being made as part of the ongoing MHRA investigation with the being priority to find out how this incident happened. This is part of a national multiagency investigation involving the NHS, Public Health England, the Department of Health and other health organisations.

There have been no new infections since 2 June. As the investigation continues the number of cases linked to this cluster may fluctuate, as previously unrecognised cases may come to light or

[2] The Chemsex Study - www.lambeth.gov.uk/chemsex

investigations may enable cases previously thought to be part of the outbreak to be excluded.

	13 June	6 June
Chelsea and Westminster Hospital NHS Foundation Trust – this possible case had signs of the infection while at Chelsea and Westminster but is now being cared for at Southend University Hospital	4 confirmed	4 confirmed, 1 possible
Guy's and St Thomas' NHS Foundation Trust	3 confirmed	3 confirmed
The Whittington Hospital	1 confirmed, 1 possible	1 confirmed
Brighton & Sussex University Hospital NHS Trust	3 confirmed	3 confirmed
CUH Addenbrookes	2 confirmed	2 confirmed, 1 possible
Luton and Dunstable University Hospital	2 confirmed	2 confirmed
Peterborough City Hospital	1 confirmed	1 confirmed
Southend University Hospital – this possible case had signs of the infection while at Chelsea and Westminster but is now being cared for at Southend University Hospital	1 confirmed, 1 possible	1 probable
Stoke Mandeville Hospital	1 confirmed	1 probable
Basildon University Hospital	1 possible	1 possible
Harley Street Clinic	1 possible	
Totals:	22	21
Confirmed	18	16
Probable	0	2
Possible	4	3

8. Statin Model Briefing

Briefing: Improving cardiovascular outcomes; Modelling health and economic impact of statin prescribing for primary prevention among people identified as at risk following a cardiovascular risk check. From local to national use

Introduction

Cardiovascular disease is among the top 3 causes of premature mortality in the UK. At least half of all deaths from CVD occur in people with no known prior disease.[3] The risk of coronary heart disease events, rises in proportion to the number of risk factors[4], so primary prevention is important to reduce overall mortality.

The DH Cardiovascular Disease Outcomes Strategy 2014 has 10 actions to improve cardiovascular outcomes. Action 6 refers to improving primary and secondary prevention in the community.

The Cardiovascular risk (health checks) Programme identifies people who have a 20% risk or more of a cardiovascular event in the next 10 years. This is a prime group for primary prevention. Statins for primary prevention are among the top 12 most cost effective public health interventions.

A modes was developed in Lambeth & Southwark to determine the health and economic impact of different statin prescribing rates among those identified as at risk of a CVD event. This is now being adapted for national use to assist in the implementation of the Cardiovascular Disease Outcomes Strategy. Each area can use the model to develop their implementation plans, based on an audit of local statin prescribing rates.

There have been concerns about over-medicalisation of people with risk factors for cardiovascular disease. However, the latest evidence suggests lifestyle management is less effective than statin prescribing for primary (and secondary) prevention.[5] [5]

NICE guidance published in 2010, recommends clinical judgement is used to inform the commencement of statin therapy. For example, the willingness/ability of the individual to modify their diet will be a factor in deciding whether a statin should be prescribed or not.

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[3] Prioritising investments in preventative health. Health England; Matrix insight 2000

[4] Greenland P, Knoll MD, PhD; Stamler et al. Major Risk Factors as Antecedents of Fatal and Nonfatal Coronary Heart Disease Events *JAMA.* 2003;290(7):891-897

[5] Ebrahim S, Taylor F, Ward K, Beswick A, Burke M, Davey Smith G. Multiple risk factor interventions for primary prevention of coronary heart disease. Cochrane Library 2011

[5] Taylor F, Huffman M D, Macedo AF, Moore T, Burke M, Davey Smith G, Ward K, Ebrahim S. Statins for the primary prevention of cardiovascular disease. Cochrane Library 2013.

There is a consensus that a realistic optimal statin prescribing rate is in the order of 60%, and 63% has been achieved in one local practice. Many GPs may be unaware of the latest guidance on statin prescribing and nationally statin prescribing levels are low. For example a study of statin prescribing in 132 practices in North West England in 2007 showed prescribing levels were between 10- 30%.[6]

Parameters included in the model

The 'statins model' created by Lambeth and Southwark Public Health, takes into account, the relative risk reduction of emergency admissions, revascularisation procedures and deaths from the recent Cochrane review. Activity data is taken from the 2012 Cardiovascular profiles but this can be obtained from Secondary Uses Services data locally.

The assumptions made during development of the model were

- 20% of population aged 40-74 are invited for NHS Health checks annually
- People with 20% or more risk of CVD are detected by the Health Checks programme
- Around 10% of the population screened is estimated to have a CVD risk of 20% based on national findings.
- Half of all deaths and hospital admissions due to CVD related events are among people with no recognised disease
- Statin treatment is needed for 5 years to reap the benefits
- All fatal and non-fatal events result in an emergency hospital admission
- Health care costs outside hospital admission /revascularisation are not considered

The model provides a conservative estimate of the benefits, since over half of deaths occur in people with no diagnosed CVD, and some investigations avoided could not be quantified. Tariffs for 13/14 were used for the emergency admissions from myocardial infarction, stroke and heart failure and revascularisations.

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[6] Ward P, Noyce P, St Leger A. How equitable are GP practice prescribing rates for statins?: an ecological study in four primary care trusts in North West England International J Equity in Health 2007; 6:2

Sensitivity Analysis

The model incorporates adjustments to population prevalence of people at >= 20% 10 year risk of a CVD event, uptake of health checks, the proportion prescribed a statin, statin compliance rates, and statin costs.

Uses of the tool

There are multiple uses of the tool including to:

- Improve cardiovascular outcomes from heart disease and stroke
- Reduce inequalities in premature mortality from cardiovascular disease.
- Assist CCGs in improving quality of primary care, and reducing urgent care demand
- Assist CCGs/GPs in understanding cost:benefit analysis of statin prescribing in terms of health impact (emergency admissions and deaths)
- Assist the patient in an individual decision about whether to take statins

Cost savings

Financial savings vary by the sensitivities described above, but broadly, there is a saving of £9-10 per £1 invested. Savings occur annually through years 1-5, and will then reduce as some of the population receive repeat screening.

Next Steps

The model is undergoing some minor adaptations for use nationally by CCGs, GPS, prescribing advisers etc.

9. Public Health Briefing on the Southwark Primary & Community Care Strategy

Introduction

The strategy was developed with the acknowledgement that primary care needs to change, due to a funding squeeze and some of the workforce approaching retirement. More care needs to be delivered outside hospital. The strategy was developed during 13/14, with implementation during 14/15.

Core principles

- Needs based
- Takes a population approach
- Aims to reduce health inequalities via improved access/ improved uptake of preventive care
- Aims to improve quality via levelling up performance by reducing existing variation

Strategic Objectives

- All Southwark patients should have consistent access to high quality care, including enhanced services, regardless of where in the borough they live.
- Services should be safe, evidence-based and focused on improving outcomes for patients.
- Services should target health inequalities.
- Services should be patient- centred, seamless and accessible.
- Where services can be effectively provided out of hospital and closer to patients' homes, they should be.

Development of the strategy

Via

- A core steering group including public health and NHSE, Healthwatch etc
- A needs assessment exercise with QA from the public Health department and an additional capacity exercise during a snapshot week
- Stakeholder engagement (including practice staff)
- Review of Evidence /best practice (eg public health undertook an evidence based review of non face to face contact, a Tower Hamlets GP and Birmingham GP spoke about their experience)

Enablers for change

- Workforce development/adjusting skillmix
- IT /administrative solutions
- Benchmarking/information management mechanisms
- Leadership development (with GSTT charity additional funding)
- Premises strategy

Building blocks for Implementation

- Neighbourhood delivery (collection of practices based on locality geography) with Neighbourhood Development Plans
- Primary care Leader development
- An Extended services specification rewards Neighbourhood delivery
- Extended Primary care urgent access capacity – using money from PM's Challenge Fund

The Neighbourhood Development Plans require

a) A regular peer review process to be in place

b) Audits of 3 quality improvement areas, and IT sharing is encouraged

c) Practice access improvement plans including more telephone management/triage.

Assurance /Feedback

NHS England has commended the strategy. Southwark CCG was assured by NHSE in April 14 partly based on having a Primary & Community Care strategy in place.

Southwark CCG was successful in getting

- £200K from GSTT charity for Leadership development (with Lambeth) and is submitting a Phase 2 bid.
- Almost £1million from the PM Challenge fund for extended primary care urgent access.