Lambeth Annual Public Health Report

2009/10
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Foreword

The purpose of the Public Health Directorate is to protect and improve the health and wellbeing of local people. Every year the Director of Public Health (DPH) produces an independent Annual Public Health Report (APHR) which reports on health in Lambeth, and makes recommendations for actions which will improve it. The report is presented to the PCT Board, Council Health Scrutiny, GP’s, Trusts and voluntary sector and community organisations; the PCT board responds to the recommendations.

Health in Lambeth has been improving, but there is still an enormous amount to do, in a challenging environment. This will depend on influencing both social and environmental issues, as well as health services, and the continued commitment of local people, local councillors, and local staff is essential in making this happen.

This report sets out some of our progress to date and aims to enable us all to make sure that we continue to make improving public health central to all our business.

Finally, within the report are images taken from local campaigns that we have run over the last few years, and on our website there is a detailed health statistics appendix (www.lambethpct.nhs.uk).
Executive Summary

The Public Health Directorate is tasked with protecting and improving the health and wellbeing of local people. The Director produces an independent annual report on health in Lambeth with recommendations. This is a time of major change for the health service, local authorities and individuals. It is vital that within this complex and changing environment the work to protect and improve the health of Lambeth residents, and the engagement of partners across all agencies to do this continues.

Lambeth is a diverse borough with a young and increasing population, and has high levels of deprivation:

- 283,300 residents in Lambeth in 2009, projected to increase to 305,236 by 2015 (GLA);
- 370,000 people registered with 52 General Practices in Lambeth;
- High levels of deprivation with Lambeth ranking 19th most deprived borough in England and the 6th in London (IMD);
- A younger population than seen nationally with over 50% of the population aged 20 - 44 (ONS);
- 37% population is from Black & Minority Ethnicity (BME) communities. (GLA);
- More than 130 languages are spoken; after English, the two main first languages in schools are Yoruba and Portuguese.

Health in Lambeth has been improving, but there is still a lot to do, in a challenging environment.

- Lambeth is one of a few Spearhead PCTs that is on track to narrow the life expectancy gap for both men and women by 2009 – 11 (Government Public Accounts Committee);
- Life expectancy for both men and women has been increasing year on year. For men it is 75.7 years (77.9 in England), for women it is 81 years (82 in England) in 2006 – 08;
• The infant mortality rate continues to decline and is at 5.5 per 1000 live births in 2006 - 08 (just above that of England - 4.8); compared to 8.8 per 1000 live births in Lambeth in 1995-97;
• Teenage pregnancy in girls (15 - 17 year old) declined by 42% from its peak in 2003 to 2009 (latest figures). This is the sixth consecutive year on year reduction.

Public Health is often described in terms of three core elements, Health Improvement, Health Protection, and Health Services. This report details several examples of local work in all three areas with a selection below:

Health Improvement:

• About 24% of adults in Lambeth are estimated to be smokers a decline from 35% in 2005. The Lambeth Tobacco Control Alliance works to deliver smoking cessation, tackle illegal sales, and promote smokefree environments.
• Childhood obesity is high locally with 25% of 10 - 11 years olds obese (22% nationally). Involving clinical and non-clinical staff led to the development of a children’s healthy weight care pathway, one of the first of its kind nationally and an example of good partnership working in the borough.

Health Protection:

• Childhood immunisation coverage has increased substantially in the last few years. The primary immunisations (DPT, polio, meningitis, and pneumonia) have now reached 90% uptake and the first dose of MMR is 80%.
• 1.3% of adults in Lambeth are HIV positive, the highest in any local authority nationally. To reduce undiagnosed and late diagnosed HIV infection, Lambeth has pioneered the routine offer of HIV tests for new adult registrations in five local GP practices. This is proving to be acceptable to patients and has identified new HIV positive patients to enable earlier treatment.
Health services:

- The Health Checks programme in Lambeth invites all adults aged 40 - 74 for a check to reduce their risk of heart disease, stroke, diabetes and kidney disease. It started in a few practices in early 2010 and now involves all Lambeth practices.

- Youth-related knife and gun crime in Lambeth has led to an increase in young people presenting with related injuries at local hospitals. A partnership between public health (NHS’ Lambeth and Southwark) and St Thomas’ A&E gained funding from the Guys and St Thomas’ Charity to commission a youth support initiative in A&E. 1:1 support, group work and referral to other services and work experience are offered.

Recommendations

1. Improving health in Lambeth depends on understanding local health issues, analysing access and use of services and identifying risks and inequalities. Fundamental to this is:
   - Information sharing and;
   - Local public health analytical capacity.

   It is recommended that information sharing continues across new organisational arrangements and local analytical capacity is sufficient to enable community, primary care and acute hospital commissioning, partnership work, development of local approaches to health improvement, and monitoring health in Lambeth.

2. This is a period of major change which provides an opportunity to integrate better health and social care services, but in doing so this should not undermine the current integration of health services. It is recommended that future organisations and arrangements prioritise the use of health and wellbeing impact assessment to monitor their effect on local people, and on health inequalities.

3. There has been a significant improvement in health in Lambeth over the lifetime of the PCT. It is recommended that:
The focus, investment and expertise in health improvement remains central to the work of future organisations, and partnership work;

It is recognised that not all health improvement will result in an immediate reduction in the use of services, but will produce broader benefits (including savings) in the medium and longer terms.

4. Effective partnership has been central to work on improving health and must continue.

5. The DPH role is currently joint between LB Lambeth and Lambeth PCT, and has a formal role as statutory board member, with a focus on improving health. It is recommended that:
   - This role continues via the Lambeth Clinical Commissioning Collaborative Board, Health and Wellbeing board and LB Lambeth;
   - Over the next year public health works with clinical commissioners, local providers (community and acute), Lambeth LINk (Healthwatch) and Primary care localities to ensure effective public health leadership across organisations.

6. The Public Health White Paper proposes major changes to the organisation and role of public health, which is likely to have a major impact on local public health provision. It is recommended that the Lambeth PCT public health team works with NHS London, SEL Health Protection Agency, the south east London Cluster and local partners to develop arrangements which:
   - Enable public health leadership in Lambeth;
   - Enable work to tackle Lambeth priorities at a local level;
   - Support public health capacity.

7. Improving health in Lambeth will depend on:
   - Socioeconomic determinants and;
   - Health services.
It is recommended that Public Health continues to inform commissioning of health services based on analysis and interpretation of the evidence base.

8. There are significant financial challenges and it is recommended that Public Health informs commissioning following assessment of cost-effectiveness to ensure best value for money.

9. Local authorities will be leading on health improvement. It is recommended that the DPH works across the Council to identify and prioritise opportunities for protecting and improving health for Lambeth residents.
1. Introduction

Public Health is used as a term to describe different things, the health of a population, work that is about improving or protecting health and the work of specialist public health professionals. At its simplest, the role of Public Health professionals at a local level is to protect and improve the health of local people and to reduce health inequalities. In Lambeth, Public Health professionals do this through understanding health issues, and through working in partnership with the PCT, GP’s, Lambeth Council, clinicians, academics, the voluntary sector and local residents to influence changes which improve health. The Director of Public Health is jointly appointed by the Council and the NHS (PCT).

The Public Health Directorate in Lambeth has been fortunate in the sustained commitment that the PCT and the Council have shown to improving the public’s health – it’s central to their work.

An understanding of local health issues has consistently informed priorities in the Strategic Plan and in the annual Operating Plan. The Staying Healthy programme invests in innovative and effective programmes to tackle health inequalities and support those working in Primary Care to develop ways of enabling those at risk to receive treatment. Work with the Modernisation Initiative (a Guy’s & St Thomas’ Charitable service) is developing new care pathways and service provision to address major issues such as stroke, sexual health and renal disease, and currently diabetes. Partnership with the local authority has enabled the development of the Healthy Schools programme, and the successful partnership to reduce teenage pregnancy in Lambeth. Other joint initiatives include worklessness, reducing excess winter deaths through housing improvement and reducing alcohol related harm including violence and injury.

The Public health directorate works closely with Lambeth’s Community Health Services and SEL Health Protection Unit to improve immunisation rates,
manage infection control incidents and reduce Healthcare Associated Infection (HCAI). This work is making a difference in Lambeth - a major increase in immunisation rates and a significant decrease in rates of infectious disease and HCAI. The approach to understanding population need is embedded and extended to underpin Joint Strategic Needs Assessment (JSNA) work, and inform the work of GP Commissioning.

This is a time of major change for the health service, local authorities and individuals. The NHS White Paper describes plans to move commissioning to GP Consortia (Clinical Commissioning Boards), and the new NHS Commissioning Board. The Public Health White Paper proposes that the Director of Public Health role will be based in the Local Authority, and that the Local Authority will take the lead on health improvement. Public Health should provide a comprehensive service to GP Commissioning. New Health and Wellbeing Partnerships, led by the local authority will bring together partners across health, the Directorate of Public Health, the Local Authority (Councillors and Managers), and the local community to work collaboratively on health improvement, including commissioning and service provision.

Lambeth Local Authority is facing a major reduction in funding, which will impact on its ability to commission or provide services to Lambeth residents. National changes to housing benefit, invalidity benefit and the Education Maintenance Allowance (EMA), as well as changes to employment opportunities, will also have an impact on the health and wellbeing of local people. It is vital that within this complex and changing environment the work to protect and improve the health of Lambeth residents, and the engagement of partners across all agencies to do this continues.

This report aims to set out what is needed, the initial steps to enable this to happen, and makes recommendations for continuing with the progress in reducing health inequalities and improving health in the new environment. It details examples of local work in all three core elements of the speciality of Public Health: Health Improvement, Health Protection, Health Services.
2. Health in Lambeth

This chapter describes the population characteristics and health profile of Lambeth residents. Whilst good progress in some health risks has been achieved, the context of high levels of some long term conditions, risky health behaviours, and social deprivation continue to present a challenge.

2.1 Demography

Lambeth is an inner London borough and is one of the most densely populated boroughs in the country (10,556 people per square kilometre, twice that of London). It has a rapidly growing population and relatively high levels of deprivation. Lambeth has 21 wards with six town centre areas namely, North Lambeth (Vauxhall), Stockwell, Clapham, Brixton, Streatham and Norwood. Lambeth has a diverse community with more than a third of its population from the Black and Minority ethnic community. There is a breadth of ethnic and cultural traditions which have established their presence in particular town centre areas and quarters over many decades. There are more than 130 languages spoken in Lambeth.

Key Facts:
- 283,300 Residents in Lambeth in 2009. Projected to increase to 305,236 by 2015 (GLA, 2008).
- 2010 Population estimates show <19 population at 22% (63,832) and >65 population at 8% (23,613) (GLA, 2008)
- 370,000 people registered with 52 General Practices in Lambeth (QMAS 2010).
- High levels of deprivation with Lambeth ranking 19th most deprived borough in England and the 6th in London. (IMD, 2007)
- 35.7% of children in Lambeth live in poverty higher than England at 21.6% (Chimat, 2011)
- A younger population than seen nationally with over 50% population aged 20-44. (ONS, 2008)
- 37% population is from Black & Minority Ethnicity (BME) communities. (GLA, 2008)
- 80,000 residents classified as Black African or Caribbean, projected to rise by 2013. (GLA, 2008)

The population in Lambeth is relatively young with over 50% population in the 20 - 44 age range compared to 34% in England and 43% in London. The under 5 population in Lambeth was estimated at over 20,000 (7%) in 2009.
(ONS) compared to around 18,000 in 2001. The birth rate in Lambeth has seen a steady rise over past ten years with 4837 births registered in Lambeth in 2008 (ONS) compared to 4072 births in 2001. The local NHS (such as primary care and community services) works in three localities across Lambeth – North, South East & South West as seen in the map and table below.

<table>
<thead>
<tr>
<th>Locality</th>
<th>Lambeth wards</th>
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<tbody>
<tr>
<td>North</td>
<td>Bishops</td>
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<tr>
<td></td>
<td>Princes</td>
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<tr>
<td></td>
<td>Larkhall</td>
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<td></td>
<td>Oval</td>
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<td></td>
<td>Stockwell</td>
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<td></td>
<td>Brixton Hill</td>
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<td></td>
<td>Coldharbour</td>
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<td></td>
<td>Ferndale</td>
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<td></td>
<td>Gipsy Hill</td>
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<td></td>
<td>Herne Hill</td>
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<td></td>
<td>Knight's Hill</td>
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<td></td>
<td>Thurlow Park</td>
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<tr>
<td></td>
<td>Tulse Hill</td>
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<td></td>
<td>Vassal</td>
</tr>
<tr>
<td>Southeast</td>
<td>Clapham common</td>
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<tr>
<td></td>
<td>Clapham Town</td>
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<tr>
<td></td>
<td>St. Leonard's</td>
</tr>
<tr>
<td></td>
<td>Streatham Hill</td>
</tr>
<tr>
<td></td>
<td>Streatham south</td>
</tr>
<tr>
<td></td>
<td>Streatham Wells</td>
</tr>
<tr>
<td></td>
<td>Thornton</td>
</tr>
</tbody>
</table>

Lambeth has high levels of deprivation and is the 19th most deprived in the country (IMD, 2007). According to Lambeth’s Economic development strategy, in Lambeth, over three times the national average of households are deemed to be overcrowded (22%) compared to 7%. In Lambeth, 7.4% of working age residents claim incapacity benefits which is the highest in London; and in 2009, 15.8% working age people were on out of work benefits in Lambeth. Around a fifth of households in Lambeth have a gross income of less than £10,000 per year. There are 283,300 persons resident in Lambeth (GLA, 2008). However there are more people registered with General Practices at over 370,000 people in April 2010. This higher registered population is partly
explained by high population mobility in Lambeth, it has a net mobility of 22% (2009). High migration within the European Economic Area (EEA) as well as from outside the EEA in the 21st century has resulted in population growth in London which was unaccounted for in the 2001 census. Also relevant is the population that resides outside the borough boundaries but is registered with Lambeth GPs, as well as people moving out of area and not deregistering from their practice. This variable population has an impact on planning and delivering local services in primary care and also affects measurement of long term outcomes such as life expectancy.

2.2 Health profile

<table>
<thead>
<tr>
<th>Key Facts</th>
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<tbody>
<tr>
<td>Life expectancy for men is 76 years compared to England average of 78 years in 2006 - 08.</td>
</tr>
<tr>
<td>Life expectancy for women is 81 years compared to England average of 82 years in 2006 - 08.</td>
</tr>
<tr>
<td>The infant mortality rate has decreased to 5.5 per 1000 live births (2006 - 08), just above the England average of 4.8.</td>
</tr>
<tr>
<td>18,900 individuals living in the most deprived areas of Lambeth currently smoke.</td>
</tr>
<tr>
<td>Estimates show that 24.1% of adults smoke, 20% of adults binge drink, and 25% of 10/11 year olds are obese. These figures highlight some of the health risks in the Lambeth population.</td>
</tr>
<tr>
<td>The teenage pregnancy rate declined by 42.1% from its peak in 2003 to 2009 (most recent data).</td>
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</tbody>
</table>

Life expectancy (LE) and infant mortality are particularly important indicators of population health and health inequalities. The following sections describe Lambeth’s latest performance in these outcomes of health inequalities; and also discuss the health and lifestyle issues affecting the Lambeth resident population.

**Infant mortality rate (deaths in babies under 1 year)**

The infant mortality rate is an important indicator of health inequalities and local health services; and in Lambeth, it has declined significantly over the past decade. The 2006 - 08 rate was 5.5 per 1000 live births compared to the England average of 4.8 (ONS).
Life Expectancy

Life expectancy is another vital indicator of overall health of the population and is the total number of years that a person is expected to live. In 2006 - 08, in Lambeth, the Life Expectancy (LE) for men was estimated at 75.7 years compared to the England average of 77.9 years. For women in Lambeth, it is estimated at 81 years compared to England average of 82 years. While LE for both men and women is increasing year on year, the gap in LE between Lambeth and England is greater for men (see graph below) than women. This can be attributed to the high premature mortality (deaths under 75 years) rate in Lambeth men from cardiovascular diseases and cancer. Premature mortality (meaning death in persons under 75 years) from circulatory diseases has reduced over the past 10 years. The latest (2006 - 08) data for all persons in Lambeth shows the rate at 95 per 100,000 population compared to 103 in 2005 - 07, a decrease of 8%. Similarly deaths in people under-75 due to cancers are also on the decline. Lambeth’s premature deaths due to cancer reduced by 17.6% between 1995 - 97 and 2006 - 08. However the gap between Lambeth and England remains slightly increased over the last 4 years.

Average life expectancy at birth (years)


Males England
Males Lambeth

Gap 2.7
Gap 2.2

Source: NCHOD, Office for National Statistics
The following picture illustrates the odds of dying in Lambeth as at 2009 from a range of conditions measured using the overall life expectancy of Lambeth residents.

**Major Deaths 2009**

Over your life time as a Lambeth resident, what is the probability of dying due to a condition? The diagram below depicts the chances of dying from a relatively common condition, such as a heart attack, or a less common one, like a fire.

The odds of you dying for the following selected conditions are for a person born in 2009 over an average lifetime of 78 years.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Odds of Dying</th>
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<tbody>
<tr>
<td>Ischaemic Heart Disease</td>
<td>1 in 19</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>1 in 33</td>
</tr>
<tr>
<td>Cancer of digestive organs</td>
<td>1 in 33</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>1 in 33</td>
</tr>
<tr>
<td>Bronchitis, emphysema &amp; COPD</td>
<td>1 in 52</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>1 in 53</td>
</tr>
<tr>
<td><strong>Prostate cancer</strong></td>
<td>1 in 57</td>
</tr>
<tr>
<td><strong>Breast cancer</strong></td>
<td>1 in 51</td>
</tr>
<tr>
<td><strong>Prostate cancer</strong></td>
<td>1 in 57</td>
</tr>
<tr>
<td><strong>Breast &amp; Ovary Cancer</strong></td>
<td>1 in 51</td>
</tr>
<tr>
<td><strong>Prostate Cancer</strong></td>
<td>1 in 57</td>
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<tr>
<td>Dementia</td>
<td>1 in 98</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>1 in 113</td>
</tr>
<tr>
<td>Parkinson Disease</td>
<td>1 in 723</td>
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<tr>
<td>Asthma</td>
<td>1 in 723</td>
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<tr>
<td>Diabetes</td>
<td>1 in 129</td>
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<tr>
<td>M&amp;BD PS use</td>
<td>1 in 213</td>
</tr>
<tr>
<td>Suicide*</td>
<td>1 in 201</td>
</tr>
<tr>
<td>Accidental poisoning</td>
<td>1 in 723</td>
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<tr>
<td>HIV</td>
<td>1 in 402</td>
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<tr>
<td>Leukemia</td>
<td>1 in 278</td>
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<td>Hypertensive Disease</td>
<td>1 in 164</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Parkinson Disease</td>
<td>1 in 723</td>
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<tr>
<td>Diabetes</td>
<td>1 in 129</td>
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<tr>
<td>M&amp;BD PS use</td>
<td>1 in 213</td>
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<tr>
<td>Suicide*</td>
<td>1 in 201</td>
</tr>
<tr>
<td>Accidental poisoning</td>
<td>1 in 723</td>
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<tr>
<td>HIV</td>
<td>1 in 402</td>
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<tr>
<td>Leukemia</td>
<td>1 in 278</td>
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<td>Alzheimer’s</td>
<td>1 in 278</td>
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<td>Asthma</td>
<td>1 in 723</td>
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<tr>
<td>Hypertensive Disease</td>
<td>1 in 164</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1 in 129</td>
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</tbody>
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Key

- **Breast & Ovary Cancer** odds for women only
- **Prostate Cancer** odds is male only
- * & injury undetermined

CNS – Central Nervous System
M&BD PS – Mental & Behavioural Disorders due to Psychoactive Substances

Source: Public Health Mortality Files 2009
Source: ONS, Mid Yearly Estimates 2009
Source: LHO, Life Expectancies, 2006-08
NHS Lambeth’s priorities

Population characteristics and local health and social services have a combined influence on the health outcomes within a defined population. Lambeth’s Strategic Plan (2010/11 to 2014/15) sets out goals and initiatives to deliver our stated mission “to improve the health of the population, ensure access to consistently safe and effective services which provide an excellent experience to users”. Our goals are based on population health and wellbeing needs and have been developed through a systematic process of prioritisation. The main health goals are:

1. Serious mental illness (SMI) – *Move more than 2000 SMI additional patients into community and provide high quality care.*

   Serious mental illness (e.g. schizophrenia and bipolar conditions) as recorded in patients registered in Lambeth general practices was 1.1% (about 4,033 patients) in 2008/09, higher than that of London (0.9%) but less than Islington (1.4%, the highest in London). Lambeth has the 7th largest case detected prevalence rate of SMI in London. Lambeth's suicide mortality rate has declined over the past 5 years and currently stands at 4.4 per 100,000 population (2006 - 2008 average), which is similar to the London average, but lower than the England rate of 5.6 per 100,000 [Source: ONS].

2. Cardiovascular Diseases - *Help 1,000 more heart disease patients bring their blood pressure under control.*

   In Lambeth there are just over 5000 people on the Coronary Heart Disease (CHD) register (1.4% prevalence) and around 3100 patients on the stroke register (0.8% prevalence). According to research from the Association of Public Health Observatories (APHO, 2010) there could be over 1000 cases of CHD that need to be detected, diagnosed and treated to prevent complications such as stroke and death. In 2009 - 10 in primary care, 88.3% patients with CHD had their blood pressure controlled (<150/90), compared to the England average of 89.8% and London average of 89.3% (Lambeth QMAS). The target is to increase this to 91% by 2014 - 15 to be amongst the best performing PCTs in the country.
3. Diabetes – *Help 5,000 more people with diabetes bring their blood sugar under control.*

In Lambeth there are around 12,800 patients on the diabetes register, a detected prevalence of 4.1% in the over-16 population compared to 5.4% in England. The APHO 2010 research suggests that there could be up to 6000 individuals with diabetes who are undetected and hence untreated in Lambeth. In 2009 - 10, 73.4% of all diabetes patients had an HbA1c (a measure of blood sugar control) less than 8% compared to the England average of 77.4% (Lambeth QMAS). The target is to increase this to 79% by 2014 - 15 to be amongst the better performing PCTs.

4. HIV – *Diagnose 1,500 more people who do not know they have HIV before they have a hospitalisation event.*

Lambeth has the highest and fastest growing rates of HIV in any local authority in the UK. In 2009, 2,844 people (particularly in disadvantaged groups) were living with diagnosed HIV in Lambeth, about 1.3% of adults aged 15 - 59 years. Across Lambeth, HIV rates vary significantly reaching up to 3.3% in some wards in the North locality. About 200 new people a year are diagnosed with HIV in Lambeth. The availability of highly effective, yet highly expensive, treatments allow most people with HIV infection, if diagnosed early, to enjoy a near normal life expectancy. HIV is therefore increasingly similar to other common long term conditions such as coronary heart disease or severe mental illness. The figure below shows the HIV prevalence locally and nationally.
5. Smoking – Help 11,000 more people quit smoking.
Smoking prevalence in the Lambeth population is estimated to be 24% (IHS, 2009 - 10) with over 50,000 smokers over 18 years old – approximately one in four people. Almost 8,500 smokers of these are aged 16 - 24. In the age group 25 - 49 just over 20,000 males and around 15,000 females are smokers. Every year around 350 Lambeth residents die from smoking related illnesses with around 23% of all deaths in adults over 35 attributable to smoking related illnesses.

6. Child obesity – Help 900 more children overcome or avoid obesity and help over 10,000 more children maintain healthier weight.
Obesity in children is of concern locally. It is higher in 10 - 11 year olds in Lambeth (25%) than nationally (19%) (NCMP 2009 - 10). In adults, however Lambeth has a lower proportion of the population measured as obese (19%) compared to London (21.8%) and the national average (24%) (Health Survey for England, 2009 - 10).
Other public health priorities in Lambeth

In addition to the six priorities above, there are other important local health concerns which relate to lifestyles and risky health behaviours.

Alcohol and substance misuse

Alcohol and substance misuse is a risk to health locally with about 20% of the population estimated to be binge drinkers – similar to the national average; but higher than the London average of 14.3%. Alcohol misuse is associated with violence and offences including domestic violence; and in Lambeth around 4,000 crimes in 2008 - 09 were alcohol related, of which nearly 3,000 were violent. Alcohol attributable hospital admissions in Lambeth have declined over the past two years (2007 - 08 to 2008 - 09) and now stand at around 2,300 admissions annually. Alcohol specific hospital admissions, though declining, still account for around 860 admissions per year. The alcohol attributable death rate is higher in Lambeth than London for both males and females. For males, the Lambeth rate is 40 per 100,000 (2008) and it has declined from 59 in 2004. For Lambeth females though the rate is 19.4 and this has increased from 15.5 in 2004.

Teenage Pregnancy (TP)

Teenage pregnancy in 15 - 17 year old girls has fallen from 102.7 per 1000 in 2003 to 59.5 in 2009 (ONS). This is the sixth consecutive year on year reduction. The Lambeth TP Board oversees an evidence based programme including sex and relationship education, improving access to contraception and outreach clinics in schools. There has also been a narrowing in the gap between the Lambeth and England teenage pregnancy rates. However, continuing to maintain the reduction in conceptions remains challenging.

For further information on Lambeth’s performance on health indicators and demographic profile, please refer to the Annual Public Health Report’s Statistical update section which is available at www.lambethpct.nhs.uk.
3. Health Improvement

Health improvement aims to enable people to increase control over their health and its determinants, and by doing so improve their health (WHO). This can be done by developing healthy public policies that address the wider social influences on health such as income, housing, employment, as well as through promoting healthier individual lifestyles. Reducing inequalities in health is an essential part of this work and of particular importance in Lambeth.

3.1 Healthy Weight – Healthy Lives for Lambeth Children

Obesity levels in the UK have risen rapidly over the last two decades. Obesity is a risk factor for cardiovascular disease and certain cancers. It is associated with high blood pressure, high cholesterol, and diabetes which can lead to reduced life expectancy. Childhood obesity is of particular concern in Lambeth. Results from the National Childhood Measurement Programme (2009 - 10) showed that 12.9 % of Lambeth children in Reception year (ages 4 - 5years) and 25.1% in Year 6 (ages 10 - 11years) are obese. These figures are higher than the London average (11.6% for Reception year and 21.8% for Year 6).

Childhood obesity is an NHS Lambeth priority. The public health team looked at those interventions that research showed would be most likely to work in Lambeth and estimated their impact locally. Interventions commissioned include action to promote breastfeeding, work to prevent obesity in the early years, childhood obesity training for practitioners, action to support a whole healthy school approach, targeted support for families with children at high risk of obesity, and weight management services.

An innovative multiagency approach has been adopted to make childhood obesity “everybody’s business” involving both clinical and non-clinical practitioners. The resulting children’s healthy weight care pathway is one of the first of its kind nationally and is an example of good partnership working in the borough (highlighted on the Lambeth First website). The care pathway aims to provide evidence-based standards, optimise the use of resources, so as to maximise the benefit for children aged 0 - 11 years. Evaluation has led to the development of Level 1 Healthy Weight training and resources for practitioners, including an e-learning site.
Next Steps

- To develop the capacity of the multidisciplinary workforce in Lambeth through training and consistent evidence based interventions e.g. signposting children and their families to the most appropriate supportive services;
- Ensure appropriate support and resources are available to schools to promote healthy weight as part of a whole healthy schools approach;
- Continue to support a social and physical environment in Lambeth that promotes physical activity and access to affordable healthy food e.g. access to safe playgrounds, green spaces, community food co-ops, active travel and limiting the proliferation of fast food outlets near schools.

Key recommendation

- To implement a prioritised action plan for childhood obesity and develop partnership work to improve nutrition, physical activity and wellbeing in Children and Young People.
Healthy weight, Healthy Lives

- 12.9% of Lambeth children aged 4 – 5 years and 25% of 10 – 11 year olds were classified as being obese. These figures are higher than the national and London averages (NCMP 2009-10).
- An innovative Lambeth multi-agency healthy weight care pathway has been developed to assist health and non-health practitioners in addressing childhood obesity locally in a systematic and evidence-based way.
- The capacity of the multidisciplinary workforce in Lambeth is being developed to address obesity through the provision of childhood obesity training.
3.2 Tobacco Control in Lambeth

Smoking continues to be the main cause of preventable ill health and health inequalities which can result in poor quality of life and premature mortality, particularly from cancer and circulatory disease.

Since 2005, Lambeth has taken a comprehensive, evidence based approach to addressing smoking in the borough, through the development and implementation of a Lambeth Tobacco Control Strategy. Implementation of the Strategy is led by the Lambeth Tobacco Control Alliance, a multi-agency group, which offers the strategic direction and assists local delivery of evidence based tobacco control interventions.

The aim of the Lambeth Control Strategy over the next five years (2010 – 2015) is to reduce smoking prevalence. It includes interventions to assist smokers to quit, through the Lambeth NHS Stop Smoking Service with targeted interventions to support smokers with routine and manual jobs, pregnant smokers, people struggling with mental health issues and black and minority ethnicity smokers. The Strategy also includes tackling underage and counterfeit tobacco sales, prevention activities to stop young people from taking up smoking and the promotion of smoke free environments to minimise the effects of second hand smoke.

The evaluation showed that over the three years that the Strategy was in place, the estimated smoking rate in Lambeth fell 7% points from 35% to 28% with over 9000 smokers quitting through the Lambeth Stop Smoking Service since 2006 to date. Over this period there had been a decline in premature deaths from cancer and circulatory disease in the borough.

The Strategy also helped in the attainment of the 4 week quit target (2008/9), local compliance with national Smoke-Free legislation, more focused work on tackling illegal sales and the piloting of work to protect young children from second hand smoke.

Following the introduction of smoke-free legislation in England, Lambeth achieved cost-savings by reducing emergency admissions for heart attacks.
(London Health Observatory, 2010). This saving, for 2007 alone, was due to an estimated reduction in bed days of 19 days (equivalent to about £22,000).

The National Support Team for Health Inequalities commended NHS Lambeth for the approach taken and good partnership working of the Lambeth Tobacco Control Alliance. The focus of the new Lambeth Tobacco Control Strategy (2010 – 2015) will be on “making it easier for smokers to quit”, “stopping the inflow of young people recruited as smokers” and “protecting families and communities from tobacco related harm” and addressing health inequalities.

Next Steps

• To continue to implement the new Tobacco Control Strategy (2010 - 2015), with the action plans revised annually to take into account emerging national and local changes
• To work closely with Stop Smoking Service to ensure that the needs of prioritised groups of smokers are being met
• To set commissioning priorities and support all parts of the system to act together to ensure high quality throughout.
• To ensure that the current momentum and good joint working for Tobacco Control across partners is maintained through the Lambeth Tobacco Control Alliance through the period of organisational change.

Key recommendation

• To provide a public health perspective to commissioning of stop smoking services, and expectations of acute service provision (these are to be included within the Tobacco Control Alliance).
Smoking is the main cause of preventable ill health and health inequalities, and an estimated 24% of Lambeth adults smoke (APHO, 2010).

Lambeth has a comprehensive evidence based Tobacco Control strategy. Its work includes preventing smoking in children and young people, addressing illegal sales, and providing NHS smoking services - especially to those who are heavy smokers and find it harder to quit.

To work closely with Lambeth Stop Smoking Service to ensure that the needs of prioritised groups of smokers are being met e.g. mental health service users.
Working with pensioners

A London programme was set up to look at the health issues affecting older people. Lack of public toilet provision was identified as a major factor influencing older people’s confidence in going out and about. Lambeth Pensioners and Lambeth Public Health staff worked together to survey the provision of toilets across London boroughs. This work was presented to the Mayor’s health scrutiny by London Pensioners.

Recommendations to increase provision were made and have been implemented.

3.3 Mental Wellbeing

Perceptions of life satisfaction and happiness are important indicators of whether individuals and communities are likely to flourish and be productive economically, socially and in health terms. When asked to rate their happiness on a scale of 1 to 10, where 1 is extremely unhappy and 10 is extremely happy, on average Lambeth residents rate themselves as fairly happy (7.12; Ipsos MORI, 2009). This is higher than the London average (7.08) but London has the lowest rates of all the English regions. However the Lambeth average disguises wide variation depending on people’s circumstances and experiences in the borough. People in higher social groups, Brixton and Norwood residents, owner occupiers and private renters all score 7.40 or higher. Council tenants, residents in lower social groups and North Lambeth residents all score less than 6.8. Happiness also seems to vary between some ethnic groups with Black Caribbean residents (6.74) scoring slightly under the Lambeth average, compared with White British residents who are above (7.31).

However for child wellbeing, Lambeth is in the bottom twenty local authority areas (Bradshaw et al, 2009). 49.9% of children in Lambeth reported good relationships with adults (Tellus4, 2009) which is lower than England and London figures and nationally children’s wellbeing has declined (Statham, J & Chase, E; 2010).
It is worthwhile to invest in interventions that can improve the wellbeing and prevent mental ill health both in children and in adults (Friedli & Parsonage, 2009; DH, 2010). Parenting programmes, a whole school approach to emotional health and wellbeing, workplace health programmes and early intervention with people at risk of mental ill health are examples of preventive interventions that both improve health and can save spending on health and other services later on in life.

The Lambeth First ‘Wellbeing and Happiness Programme’ (Lambeth First, 2009) was launched in November 2009 to improve mental wellbeing and resilience in Lambeth. The Programme aims to make the most of the strengths and assets of people living and working in Lambeth. There are five Statements of Intent that describe the outcomes Lambeth First is committed to until 2012.

A. Public Spaces and other public assets in Lambeth will be accessible, attractive and safe and increasingly used by everyone;
B. Lambeth will be a vibrant and creative place to live, work and learn;
C. Lambeth will be known as a place where people care about each other;
D. Lambeth will be an exceptionally cohesive place to live, learn and work;
E. Lambeth will be a recognised leader in the provision of sustainable and effective services which enable local people to achieve, maintain and regain mental wellbeing.

Activities led by the Public Health Directorate since the launch have included;

- A medium sized grant scheme to the voluntary and community sector;
- Expansion of Mental Health First Aid training;
- Work with Lambeth Business Awards to develop a ‘Best workplace’ category;
- Mental Wellbeing Impact Assessments of services and policies;
- Development of social marketing materials promoting the ‘five ways to wellbeing’;
- The establishment of a Wellbeing Network;
- Action to support and promote time-banking in the borough.
Next steps

- To utilise the Mental Wellbeing Impact Assessment as a tool to make a case for preserving and encouraging investment into the promotion of wellbeing and prevention of mental ill health despite the economic challenges.

Recommendation

- To ensure the improvement of population wellbeing is the broader aim of the Health and Wellbeing Board in Lambeth.
Improving Wellbeing

- Improving population mental wellbeing leads to improved educational achievement, increased productivity, lower crime rates, reduced sickness absence and improved standards of mental and physical health. We need to shift focus from solely treating mental ill health and encourage action that improves mental wellbeing for all.
- Lambeth's Wellbeing and Happiness Programme aims to promote the mental wellbeing of everybody living and working in the borough.
- Actions include work with Lambeth Business Awards to work with businesses to develop workplace health initiatives, a Mindapples project in several GP practices across the borough asking people to share the 'five a day' for their minds and continued support for the Time to Change anti-stigma campaign. The aim is to encourage more people to think about their mental health and how to take care of it.
NHS Health Checks

NHS Health Checks is a national programme to assess people's risk of developing heart disease, stroke, diabetes and kidney disease within the next 10 years. The programme aims to reduce health inequalities, improve life expectancy and reduce mortality from circulatory disease. Everyone aged 40-74 without diagnosed CVD is eligible for a check and is invited on a 5 yearly basis. Implementation in Lambeth started in February 2010 with a pilot in a few practices and now the programme involves all Lambeth practices. A specialist outreach team delivers health checks to reach those communities known to have high levels of circulatory disease, including people of African and Caribbean origin, and, those in deprived areas:

- 30% of clients seen by the outreach team have been diagnosed high risk, compared to 9% of general practice clients
- 58% of their clients have been from BME communities.

Specialist best practice clinical guidance has been developed by NHS Lambeth to support services delivery of this programme. The programme has received positive feedback from individual practice staff including GPs, nurses, Healthcare Assistants and practice managers. Feedback from the public is also positive.
Lambeth has higher levels of age standardised premature mortality for vascular diseases compared to nationally.

Clinical guidelines have been developed for each practice and everyone aged 40 - 74 without pre diagnosed CVD is eligible for a check and is invited on a 5 yearly basis. Implementation in Lambeth started in February 2010 with a trial in a few practices. The programme has since been rolled out and all practices in Lambeth are involved.

Further roll out and evaluation of the programme is planned.
4. **Health Protection**

Health Protection describes the prevention, diagnosis, and management of infection; emergency planning and response; and environmental threats to human health, including chemical and radiological threats. A large proportion of health protection work is dedicated to tackling infections, for example:

- Increasing numbers of HIV cases and other sexually transmitted infections
- Increasing cases of tuberculosis (particularly in London), health care associated infections
- Antibiotic resistant pathogens in hospitals and the community
- Ongoing concerns over immunisation uptake

Health protection professionals also dedicate time to emergency planning including ensuring preparedness for pandemics. During public health emergencies such as pandemic flu, health protection professionals lead the local management of these incidents.

### 4.1 HIV Testing Pilots

Lambeth has declared HIV as one of its top 6 strategic priorities. The availability of highly effective treatments allows most people with HIV infection, if diagnosed early, to enjoy a near normal life expectancy. Yet about 1 in 4 new people with HIV in Lambeth continue to be diagnosed late. In recent years late diagnosis has remained the largest single risk factor for HIV/AIDS associated deaths. It is estimated that more than a quarter of HIV infected people are unaware of their infection (HPA).

To tackle undiagnosed and late diagnosed HIV infection the 2008 national HIV testing guidelines recommend the expansion of HIV testing into wider healthcare settings (HPA). There is increasing evidence that reducing undiagnosed HIV impacts on the number of new HIV transmissions due to treatment reducing infectivity and reduction in high risk behaviours. So to reduce late diagnosed and undiagnosed HIV, Lambeth has been pioneering the routine offer of HIV tests to new adult practice registrations in five large GP practices from December 2009. To support primary care staff, education and training packages were delivered to each practice with assistance from the
sexual health promotion team. Although there are some challenges, the interim findings are promising suggesting HIV testing in primary care is acceptable to patients and staff, and, several newly diagnosed patients have been linked into HIV treatment and care services.

Next Steps

- To roll-out the pilots to a further 15 practices across Lambeth, Southwark and Lewisham;
- To develop primary care HIV surveillance to inform HIV long term condition shared care pilots;
- To improve the joined up health and social care provision for HIV infected people with greatest need by working with partner agencies.

Key recommendation
- To enable the shift of detection and management of HIV into the community through training, education and awareness raising.

**Sexual Health Needs Assessment**

Lambeth PCT produced a detailed sexual health needs assessment in 2005/06 to inform the PCT’s five year sexual health strategy (2005-2010).

In 2008, Lambeth PCT’s public health expertise in sexual health was utilised at the London level when a pan-London Sexual Health Needs Assessment and Service Mapping was undertaken. This work was managed by MedFash on behalf of all London PCTs and resulted in a comprehensive needs assessment for all PCTs in London and a service mapping document.

The Public Health Directorate in Lambeth are about to refresh the local sexual health needs assessment. This will enable the development of a new local strategy in line with the new national sexual health strategy due out in the Spring 2011.
• Lambeth has the highest prevalence of HIV of any local authority in the UK, at 1.3% of adults (15 - 59 years old).

• Studies show that there is a high incidence of stigma and discrimination experienced by people living with HIV within health and social care services (UK Stigma Index: 2010). This can lead to less use of services by clients and act as a barrier to prevent onward transmission of HIV.

• A local campaign has identified "five ways to fight HIV stigma" (developed with service providers and people living with HIV). It was launched to coincide with World AIDS Day in December 2010.
4.2 Infection Control in General Practice

Over recent years, infection control has become a high priority for the National Health Service. Hospitals have been working to strict targets for MRSA bacteraemia and C Difficile infections as these infections can worsen health, cause deaths and closures of hospital wards. In the last couple of years national targets have also been introduced for community providers and PCTs. These organisations have undergone annual visits from the Care Quality Commission (CQC) to ensure compliance with the Hygiene Code (national legislation for the prevention of healthcare associated infections). General practice is also required to fulfil the standards of the Hygiene Code and from April 2012, General Practices will be subject to annual assessments by the CQC.

NHS Lambeth has developed a strong infection control team which works closely with General Practice. Practices have undertaken initial self assessments against the national Essential Steps Initiative and in the last year, the Public Health team dedicated a member of staff to work with practices to provide infection control training. There is a regular infection control audit programme too.

Next Steps

- Ongoing audit programme - All practices are currently being revisited and given detailed advice on what they need to achieve prior to April 2012.
- Delivery of an infection control training programme available to all practice staff.

Key recommendation

- To continue to reduce HCAI through support to primary care to reach Care Quality Commission standards, effective monitoring (hospital and community) and continuing the infection control partnership across agencies.
4.3 Incident management

The Public Health team works closely with quality and governance staff to manage a variety of healthcare related incidents. In Spring 2008, a local outbreak of a new H1N1 flu virus was detected in Mexico. Within weeks it had spread, affecting several world regions causing the World Health Organisation to declare an H1N1 flu virus pandemic. As the first cases in the UK were identified, Lambeth’s Public Health team led on preparing and implementing the pandemic response for Lambeth. Key actions led by Public Health during that period included:

- Chairing and strategic co-ordination of the local multidisciplinary Pandemic response group;
- Interpreting and communicating international and national epidemiological information;
- Facilitation and implementation of national preparedness and response guidance;
- Establishing a local H1N1 surveillance system to understand better local health service pressures;
- Establishing and co-ordinating local pandemic response work streams;
- Providing expert Public Health advice to local stakeholders e.g. general practice, community services, commissioners.

In the subsequent vaccination phase, Public Health led on developing local vaccination guidance and local delivery arrangements, as well as providing expert advice to front line clinicians. The H1N1 pandemic was milder than expected in terms of excess flu cases, hospitalisations and deaths. However, international experts predict the emergence of a new pandemic flu strain with possibly much more severe health consequences for the near future as a question of ‘when’ rather than ‘if’.

Over recent years we have managed the following incidents/issues in Lambeth:

- HIV infected health care worker (HCW) – When an HIV infected HCW is reported Public Health work alongside the local Health Protection Unit to collect all relevant information on the HCW, clients they have seen and work they have undertaken. This information is sent to the national UK
Advisory Panel (UKAP) which determines whether there needs to be a look-back exercise to trace and test exposed clients. The management of the look-back exercise locally is led by the Public Health team;

- On occasion, a person is found to be working locally who does not have the qualifications required to undertake the work they are doing. Public Health works closely with Quality and Governance staff to manage these cases, ascertain the risk, identify clients affected and undertake recall of clients when required;
- Cancer cluster management – members of the public reporting cases of cancer that they feel may be related to each other. Public Health collect all relevant information and advise the person concerned regarding action required. Almost always these cases of cancer are not linked.

Next Steps

- Continue to provide support to local stakeholders with incident management in Lambeth;
- The current 10/11 flu activity demonstrated the need for close partnership working. In light of significant organisational change it will be crucial to maintain a functioning system. The current Pandemic Influenza plan and committee is being reviewed to reflect these changes.
- The recent pandemic has highlighted the rapid speed at which events unfold, and the great uncertainty especially during the initial waves. There is a need for continued and improved pandemic preparedness and response.

Key recommendation

- The roles and responsibilities for pandemic preparedness need to be agreed across organisations over the period of organisational change
4.4 Immunisation in Lambeth

Historically immunisation uptake rates in Lambeth have been low. Since the creation of NHS Lambeth, a multi-disciplinary immunisation team has made substantial improvements in local immunisation uptake rates. The primary immunisations (diphtheria, pertussis, tetanus, polio, meningitis, and pneumonia) have now reached 90% uptake and the first dose of MMR is 80% (see figure below). The cervical cancer vaccine (HPV) uptake for 2008/09 was 83% for the third dose, ranking Lambeth fourth in London.

This marked progress has been achieved through a variety of approaches:

- In 2006, the Public Health team worked closely with the clinical immunisation coordinator to produce a health equity audit looking at the effect of the MMR project on equity of uptake. Lower performing practices were offered interventions including problem solving, data cleaning, retraining and support of health professionals.

- Extensive data cleaning and validation work is constantly underway to improve the data quality e.g. checking addresses are correct, important given the population mobility locally. This includes removal of children who no longer live in the area. Once the data is cleaned, lists of unimmunised children are sent back to General Practice for them to invite and immunise.
Following an outbreak of measles in Lewisham in 2007/2008, the Public Health team led local work to try to prevent spread of cases into Lambeth. Building on existing good work to improve uptake and clean local data, the local incident team undertook three key actions to:

- Improve the uptake of MMR locally in all children through incentive schemes
- Improve uptake of MMR in HCWs through occupational health
- Raise awareness through a communications campaign across the borough

At the end of this work, Lambeth had the lowest number of measles cases of all six PCTs in South East London. In 2010 Lambeth had no confirmed cases of measles.

Next Steps

- Following the current reorganisation, it will be essential to maintain a multidisciplinary team in Lambeth to maintain these improvements in immunisation uptake and make further progress. Careful consideration will need to be given to how immunisation arrangements will work without key immunisation roles being lost.

Key recommendation

- Ensure the existing Lambeth Immunisation Committee continues and revisit membership to incorporate all key stakeholders and terms of reference to consolidate mechanisms for maintaining Lambeth’s improved uptake rates.
5. Health Services

The Public health team works to improve the services that Lambeth people receive and does so together with primary care, hospitals and others. This includes assessing health needs, the access to, effectiveness, and quality of health services, and planning for future services. Consulting with local people, auditing and evaluating services are some examples of the breadth of this domain of public health action.

5.1 Care Pathway and Health Service Redesign

All patients follow a care pathway in the health service. A good care pathway ensures that a patient sees the right person in the right place at the right time, during all contacts with the health service from investigation and diagnosis through to, treatment and rehabilitation, or for some, end of life care. Once the care pathway is agreed, then the best service model of care can be considered. This means in which setting patients can be best cared for in primary care or by community services or when they need hospital care along the pathway. It also includes which type of health professional e.g. doctor, nurse, therapist or social worker is most appropriate at each point. Care pathways and service models need updating regularly as new medical technologies are developed and professional roles change. For instance, ten to fifteen years ago it was very rare that nurses would diagnose conditions and prescribe medicines, now it is common.

Fortunately, many conditions are self-limiting and may only involve a single visit to a GP, however, some conditions, such as diabetes, heart disease or psoriasis are not curable and patients live with their conditions for many years with regular or intermittent contact with health services. These conditions are often known as long-term conditions (LTCs) and it is particularly important that the care pathways for these conditions are optimised, not only so that patients get the best care but also so that services provide best value for public money, also known as clinical and cost effectiveness.

The Public Health team at NHS Lambeth are working with clinicians (e.g. GPs and hospital consultants), patients, the Local Authority and voluntary
organisations across a range of clinical specialties to develop and update care pathways and service models. The following are some examples.

- Referrals checklists for GPs, 19 checklists based on evidence have been produced for primary care clinicians to use to maximise the use of their facilities and expertise and without the need to refer the patient to hospital.
- The follow-up schedules after hip and knee replacements have been revised which means that patients will have less trips to hospital in the ten years after surgery and after the first year the follow-up will be led by physiotherapists which evidence shows maintains the quality of care.
- The care pathway and models of service for rheumatoid arthritis are being redesigned by a number of working groups with a full range of clinical input and patient participation using recent NICE guidance.

The contribution of Public Health is assessing the evidence of effectiveness, pulling together the broad clinical community, facilitating change where the evidence demonstrates this is necessary and the evaluation of new models of care.

**Next Steps**

- To ensure that the redesigned pathways are reflected in contracts so that patients benefit
- To identify new disease areas that would benefit from this approach
- To get engagement of the developing GP consortium so that this work is part of the new commissioners arrangements

**Key recommendation**

- The emerging Lambeth GP consortium should continue to progress existing care pathway redesign work streams and develop new areas of work according to population needs and service pressures
Cancer Drugs Prioritisation

There are an increasing number of anti-cancer drugs becoming available. This is good for cancer patients but the drugs are increasingly expensive and some have only limited clinical effectiveness. Thus, with a finite budget, prioritisation is required and there is considerable media attention on new cancer drugs too.

Public health in Lambeth led a clinical team and developed a prioritisation tool for cancer drugs. For the last four years clinicians and patients have used this tool to assess new cancer drugs and recommend which drugs should be routinely available in the absence of NICE guidance.

The process now covers 50% of the Cancer Networks in England covering a population of nearly 20 million people. This work has been presented at several national conferences.

5.2 Mental Health

This section focuses on people with severe and enduring mental illness (SMI) (including schizophrenia and bipolar disorder) who are more likely to lack the factors that support independence, health and wellbeing; friends and social activities, jobs, and stable, decent housing. This exclusion from mainstream society is sometimes compounded by the tendency of health and social care to concentrate on treating psychiatric symptoms rather than support that might help people make the best of their situation. These deprivations hinder recovery from mental ill health and contribute to physical ill health which means that people with serious mental illness may die up to 10 years earlier than the general population.

In May 2010 health and social care, voluntary and community organisations, and local users and carers formed the Lambeth Living Well Collaborative to redesign services for people with enduring mental health problems. The aim is to enable people to recover and stay well through receiving more holistic, effective, and efficient support that builds on their own abilities and takes account of their situation and preferences.
During 2009 – 2010 the Public Health team joined with others to study the treatment and care of people with SMI in primary care and at the interface between primary care and secondary mental health services. Three projects in particular are informing the service redesign work of the Collaborative:

**Project 1. Serious mental illness in primary care**
A pilot study in one medium sized general practice looked at what could be gleaned about quality of care from practice records.:

- The practice had approximately twice the national estimated rate of SMI in its registered adults. 50% of the group was under the care of secondary specialist mental health services. It was not clear what support the other 50% were receiving apart from that provided by the practice.
- Over 20% of people with SMI were diabetic compared with less than 3% of the practice as a whole.
- The annual health check offered to people with SMI in primary care focused on physical health with less noted about their mental state.

Overall it was not possible to tell from the records alone whether someone was doing well or might benefit from more help. Primary care arrangements would need to change to offer longer term care planning for people e.g. risk assessment, active follow up, and recording of psychosocial care planning, progress and outcomes.

**Project 2. Serious mental illness in secondary care**
A review in July 2010 by South London and Maudsley (SLaM) of half of 227 care coordinated clients in one locality team found that 43% were receiving some form of additional active support (e.g. housing, vocational, other voluntary sector). About 1/3 were well enough to move towards primary care (half of these were already receiving additional support) although only 1/3 of this group were ready to go directly to their GP without ‘step-down’ arrangements. For those whose mental state was stable, a move to primary care would require additional support in the community.
Project 3. Mental ill health at the primary – secondary care interface

During April 2009 – August 2010 SLaM employed a ‘Gateway Worker’ (GW) to work in one locality in Lambeth and review clients referred who did not meet the criteria for an assessment by the community mental health team (CMHT). During the 16 months, over 60 people (37% female, 63% male) aged between 18 and 64 years referred from 12 practices were seen by the GW. This was about 7% of all CMHT referrals (11% of accepted clients). The GW offered brief problem solving support and sign posted people to other services such as housing or benefits advice, and other mental health interventions such as Improving Access to Psychological Therapies. 27% did not take up the offer of an appointment with the GW. 64% were unemployed and had a range of social and economic difficulties including debt and tenancy problems. People often linked their mental state (most commonly mild to moderate depression and anxiety) with their life situation. The project suggested that offering brief intervention and advice to this group of clients could be effective.

Next steps

The findings of these small projects cannot necessarily be generalised across Lambeth but they are helping to develop a picture of what is needed for the Lambeth Living Well Collaborative to progress:

- An agreed dataset that can be transferred from primary to secondary care
- Easy access to mental health training for primary care staff
- Easy and informal liaison between primary and secondary care about someone’s mental health needs so they get the right sort of help quickly.
- A well publicised and standardised method of referral to secondary mental health services
- Enhanced social and recovery support available in the community.
- Improved engagement between clinicians and people with clients about their own recovery

Key Recommendation

- Ensure service developments are based on a holistic assessment of client needs and interests rather than just their diagnosis.
Integrated Care Pathway (ICP) For People with Severe Mental Illness

A better understanding of what works to support people with severe and enduring mental illness (SMI) to move towards recovery led Lambeth partners in 2006 to commit to developing an integrated care pathway for people with long term psychotic disorders. The Guy’s & St Thomas’ Charity and SLaM Trustees funded the bid for two years 2008-10.

The aim was to focus on what people needed at each point in their journey through care: initial stages of illness, first presentation to the GP, referral to hospital, transfer back to the GP, and longer term health and community support to enable recovery and active participation in daily life.

An outline pathway was drafted following a multiagency workshop. Multiagency action groups continued to develop criteria and standards for each stage of the pathway.

The externally commissioned evaluation in 2010 found that the project’s concept was extremely ambitious (there is no evidence that it had been attempted before) and progress had been slower than hoped. Difficulties in leadership, project management and engagement had led to problems agreeing and implementing changes in practice. External issues also led to delays such as staff turnover, absence of protocols for primary and secondary services to share relevant patient information, and uncertainties over future procurement of Map of Medicine, the software programme hosting the pathway and a national project that NHS Lambeth and local hospitals signed up to as ‘early adopters’.

Nevertheless the care pathway project laid the foundation for Lambeth’s major service redesign in mental health services known as the Lambeth Living Well Collaborative. Findings from the project are now being used to ensure new service arrangements really benefit people with SMI.
5.3 Teenage Pregnancy

Lambeth has the eleventh highest rate of under 18 conceptions in England and there has been a continuous reduction in the rate over the past six years (see figure below).

Provisional figures released for Lambeth for 2009 show an under 18 conception rate of 59.5 per 1000 females aged 15 - 17 years which represents an overall decline of 30.2 % since 1998 (the baseline) and a decline of 42.1 % since 2003 when the rate was at it's highest. Lambeth has high rates of under 18 abortion with 58% of these conceptions ending in abortion. The borough also has high rates of sexually transmitted infections (STIs) as diagnosed at local clinics.

The prevention of teenage pregnancy and the support to teenage parents in Lambeth is underpinned by a partnership approach between Lambeth Council, NHS Lambeth, Lambeth Community Health Services and the voluntary and community sector. To prevent teenage pregnancy, the partnership supports a range of evidence based interventions and has invested funds to implement them. ‘Accelerating the Strategy to 2010 (DCFS 2006) identified key actions
which are central to reducing teenage pregnancy rates. Two main areas for action are:

- The provision to young people of high quality information about sex and relationships and support to develop the skills and confidence to make positive choices about their sexual health including understanding the benefits of delaying early sex. Primary and secondary schools are supported by the teenage pregnancy team to develop sex and relationship education (SRE) programmes in schools by assisting them to undertake needs assessments with pupils and parents, help with policy development, provision of and support to implement the SRE core curriculum as well as commissioning outside expert agencies to deliver SRE alongside teachers.

- Increasing access to young people-friendly contraceptive and sexual health services to ensure that they know about and use contraception at their first sexual experience. Sexual health drop in clinics in places attended by young people (i.e. schools and youth centres) have been set-up. Prior to set up, visits are made to head teachers, governors and parents to explain the need for the service, what it will offer and how the service will support the development of personal, social and health education in the schools (PSHE) and in particular SRE. The service is now in eight secondary schools and in the further education college. There are plans to run these clinics in the youth centres in the borough. It offers advice on contraception and sexually transmitted infections, chlamydia and gonorrhoea screening, condoms, emergency contraception, pregnancy testing (support and advice around pregnancy continuation and termination), signposting to appropriate services and one to one support when required. The team also arranges familiarisation visits for young people to local clinics.

**Next Steps**

- At a national level the government is undertaking a curriculum review which is looking at the role of sex and relationships education in schools and this will inform their future support needs;

- Locally an SRE Review is being undertaken in primary and secondary schools to ascertain the quality of SRE delivered and the role of
commissioned and non commissioned providers in supporting schools in their delivery of SRE. This review will inform future commissioning and support for schools;

- During 2011/2012 it is intended to offer ‘sexual health drop in clinics’ to more schools in the borough and to firmly establish the clinics in two youth settings. This will ensure young people in Lambeth can easily access sexual health advice, information and services wherever required.

**Key recommendation**

- Lambeth partners have made significant progress in reducing rates of under-18 conceptions, and investment in effective programmes must continue to maintain the benefits to young people, their families and reduce the need for services.
• About one in every seventeen young women aged between 15 -17 years old becomes pregnant in Lambeth.
• A wide range of work is undertaken to prevent teenage conceptions including provision of sex and relationship education in schools and sexual health drop in clinics in schools and the further education college.
• A social marketing campaign, lead by young people informing them of the different methods of contraception including Long Acting Reversible Contraception is being rolled out in the borough.
Making use of patient profile information – the DATANET initiative

General practices in Lambeth collect more detailed profiling information about their patients than is the case nationally. The patient profiling includes self identified ethnicity, language preference and need for interpreter, religious affiliation, country of birth and information on sight and hearing problems as well as age and gender. This initiative has been running for several years and allows practices to better understand their patients and offer relevant care.

Lambeth Datanet has established a database in which anonymised patient profile data are analysed together with clinical data. Currently 50 (out of 52) practices have joined the project.

DATANET provides practices with tailored and benchmarked reports. They inform practices on how well they are detecting and managing diseases according to what would be expected given the profile of patients in their practice. Practices can then actively look for any patients who may have undetected disease.

DATANET also helps inform public health work such as:

- producing an up to date population profile, particularly of use given the very mobile population locally. This profile has been used to analyse changes in the most common long term conditions
- an update of languages read and spoken in the borough helping with health promotion translation needs
- studying the fairness of access to, and outcomes of care
- informing the development of new health services
5.4 Variability in the Qualities and Outcomes Framework of General Practices

The Qualities and Outcomes Framework (QOF) is an incentive scheme for GP practices in the UK, rewarding them for how well they care for patients measured by a points system. The Public Health team routinely supports GPs in understanding the variability in their QOF achievement annually. Each year a selection of health outcomes are prioritised and analysed; the 2009 - 10 QOF analysis shows that Lambeth has a comparatively lower outcome achievement for several indicators compared to national benchmarks. This could be a result of particular demographic issues that affect the health of the population such as different age profiles between practices. Other possible reasons are also considered to understand the variation between practices e.g. patients not attending or a medication is contraindicated. Recommendations are provided on the basis of the findings including:

- Specific focused actions for practices to improve performance;
- Identifying champions from better performing practices to support other practices;
- Agreeing a minimum standard of achievement for all practices to improve overall PCT performance.

The following section is an example of how this approach works for a long term condition.

Variability in the detection of a long-term condition

Differences may exist in the use of health care services that cannot be explained by differences in patient characteristics or preferences and so addressing this will help “maximise health outcome and minimise inequalities” (NHS Atlas of Variation in Healthcare). Such variations in prevention, detection and management of diabetes are potentially avoidable and so unjustifiable.

Coronary heart disease (CHD), hypertension or high blood pressure (HTN), diabetes (DM), chronic obstructive pulmonary disease (COPD), cancer and severe mental illnesses (SMI) and HIV (Human Immunodeficiency Virus) are the major long term conditions having an impact on the health of the population. The general practice registers for each of these conditions are used to estimate...
the detection of these conditions in the population. The rates can be compared to the expected prevalence of these conditions in the population which are provided by the disease prevalence models created by the Association of Public Health Observatories.

- **Hypertension** detected in patients over 16 registered in Lambeth practices is 9%. Research from the Eastern Region Public Health Observatory (ERPHO), however, estimates that about 23% of adults would normally be expected to have high blood pressure. This suggests that there could be over 50,000 individuals in the Lambeth with hypertension who are not detected and hence not treated.

- **Coronary heart disease** detected in patients over 16 years old registered in Lambeth general practices is 1.4%. Again, research from the ERPHO suggests that about 3.3% of adults would be expected to have CHD. This means there could be over 6,000 individuals with undetected and hence untreated CHD in Lambeth. The figure below summarises the situation in Lambeth: treated and untreated cases for high blood pressure (Hypertension), Coronary Heart Disease (CHD) and Diabetes:

![Treated Vs. Untreated Patients](image)

**Why address variability in the quality of diabetes care?**

- **Diabetes** prevalence recorded in Lambeth practices in the over 16 population is 3.9%. The Diabetes prevalence model, published by the
Yorkshire and Humber Public Health Observatory in 2010, however estimates the actual prevalence at around 7.3% in adults which means there could be over 11,000 individuals in Lambeth with diabetes who are not detected and hence not treated. These new 2010 modelled estimates for diabetes are being validated.

- The challenges for increasing detection include population mobility and agreement on the diagnostic criteria for diabetes.
- Identifying variability allows the opportunity to improve health and can be cost saving by reducing emergency admissions, and serious complications of illness e.g. strokes and heart attacks.
- In Lambeth (in 2009/10), 4 in 100 registered patients over 17 years were on the diabetes register. The detected prevalence varied from 1.0% to 8.1% depending on the practice. Part of this between practice variability is due to differences in the population registered, the prevalence of risk factors within it and some maybe about services.
- There is clear evidence that early detection reduces the risk of diabetes complications. Lambeth has a high rate of complications: 7.3/1000 emergency admissions for ketoacidosis (compared to England 5.1/1000).
- Reducing complications will contribute to reduce premature deaths from diabetes and local health inequalities. In Lambeth in 2005 14.7% of deaths between 20 and 79 years were attributable to diabetes, equivalent to 138 deaths a year.
- Reducing the overall cost of managing complications contribute to efficiency and cost saving.

Detection variability in Lambeth

What is being done?

- Reviewing the scientific literature to identify factors affecting the detection of diabetes
- Modelling of expected diabetes prevalence starting with the age, gender and ethnicity profile of the over-17 years registered population (see graph below, APHO model). The expected prevalence is estimated at 7.3% for 2009. It varies between practices from 3.7% to 13.5%. Depending on the size of the registered population there are 135 to 1,096 expected cases of diabetes per
practice, after adjusting the model for age, gender, ethnicity, obesity and deprivation of the registered population.

- The ratio of detected diabetes compared to those expected was calculated for each practice. The observed variability is likely to be associated with factors other than differences in populations, such as organisational e.g. general practice resources and systems to detect and record patients, follow-up of patients.
Expected and Detected Prevalence of Diabetes in Lambeth GPs

- QOF Detected prevalence 2010
- Expected prevalence 2009
Next steps

- To model the impact of 3 key interventions based on local information: ensuring that the GP register is up to date (removing those who have died or moved house or registered with another GP), improving coding and criteria to put patients on diabetes register, and active case findings through the health check;
- Ask stakeholders to comment on the relevance and feasibility of implementing these interventions, and identifying best practices;
- Work with practices to identify the reasons for variation in detection;
- An option appraisal of the models of delivery of best practice, including cost and capacity analysis will be done.

Key recommendation

- Increase case finding in high risk populations for example, those overweight and obese, with a family history of diabetes or other risk factors.
High blood pressure

When people talk about ‘blood pressure’, they mean the pressure of blood in your ‘arteries’, or blood vessels.

Plenty of things can get your blood pressure up momentarily. For example, exciting or stressful situations, moments of anger or arousal. But those things pass and your blood pressure goes back down.

High blood pressure is when this pressure remains and stays at a certain level (over 140/90 mm Hg).

High blood pressure can be extremely dangerous, leading to major health problems and even death. What’s more, there are often no symptoms, meaning that you could have high blood pressure without knowing anything about it. It’s for this reason that high blood pressure is often called ‘the silent killer’.

The following factors increase your chances of developing long term high blood pressure:

• Family history of high blood pressure
• Being overweight
• Taking little or no exercise
• Drinking too much alcohol
• Consuming too much salt

This poster was part of a campaign to reduce high blood pressure targeted at middle aged Caribbean, African and white men.

This image was used for the campaign aimed at white men.

Local focus groups of white men asked for this approach.
Deprivation and Cardiovascular Disease – research in Lambeth

People on a low income or living in poverty are known to be at higher risk of cardiovascular disease, to access health services less, and to have more problems in changing their lifestyle compared to the rest of the population. They are also more likely to have lifestyles that increase the risk of having cardiovascular disease, for example, smoking, having a poor diet, and being obese.

However general practitioners and other primary care services do not routinely collect information on patients’ income and their cardiovascular disease status.

The benefit of collecting such information would be to allow health services to:

- identify individuals with a high risk of cardiovascular disease as part of the existing vascular risk health check for those aged 40 - 74
- develop prevention work tailored to the specific needs of the patient and so help to prevent cardiovascular disease
- contribute to reducing one of the main causes of health inequalities locally

To facilitate this, NHS Lambeth has commissioned London South Bank University and the Open University to include collecting information on socioeconomic status of patients who have their health check. Earlier work done by the same institutions developed a set of suitable questions that were both acceptable to patients and scientifically accurate too. These questions are being tested in GPs in Lambeth and could improve targeting of services to higher risk people.

5.5 Oasis Youth Support at St Thomas’ Hospital

Levels of youth related knife and gun crime in Lambeth are higher than in London on average, and local hospitals have seen an increase in young people presenting with knife and gun related injuries. Several high profile stabbings and shootings have emphasised the need for a public health
approach to tackling youth violence. Such an approach recognises the many risks relating to youth violence: at an individual level (e.g. substance misuse), family (e.g. lack of parental support), and community (e.g. deprivation and poor housing).

The Lambeth Young and Safe Violent Crime Strategic action plan exists to address many of these risks and a new initiative involving Guy’s and St Thomas’ hospital has started that uses the hospital emergency department as a place to offer help and support to those young people attending A&E for a violence related reason.

Funding from the Guy's and St Thomas' Charity was successfully sought by a partnership led by NHS' Lambeth and Southwark, and St Thomas' Emergency Department (ED). A charity (Oasis) was commissioned to support young people attending due to violence and started work in summer 2010 based in the ED. Young people referred to Oasis Youth Support by ED staff initially receive dedicated one-to-one support from a youth worker, who helps them to explore the reasons for their referral and to identify areas for personal development. Support is then delivered through further one-to-one sessions or in small groups. Appropriate information is shared with the young person’s family or carer/s and their support positively encouraged. As a young person exits the Oasis Youth Support programme they are linked to relevant youth projects in their local area offering opportunities from music, sports or arts programmes to volunteering opportunities and work experience. Their engagement with the identified project is monitored and encouraged. The service also offers signposting to careers guidance and further educational opportunities.

So far the project has had over 100 referrals with an average age of 15, mostly male (68%), and about 70% from Lambeth and Southwark. The commonest reason for Emergency Department attendance is due to assault (50%). The project is linked with a range of services such as mental health services, Social services, and youth offending teams.
Next steps

- This is an innovative project offering a potentially new way of addressing youth violence and it will be evaluated by an independent academic group.
- Efforts are underway to further promote Oasis within the hospital and elsewhere, and ensure that care pathways are fully established and effective.

Key recommendation

- To work with hospital staff and clients to improve support, understanding, and communication between them recognising that the attending young person is stressed and frightened. This should be developed into a training programme with the aim of building a trusting relationship between them.

5.6 Pharmacy based Identification and Brief Advice (IBA) Project

Lambeth has a considerable burden of alcohol related harm. Alcohol consumption is higher than the London average for higher risk drinking and binge drinking. Deaths attributable to alcohol are higher in Lambeth males and females than in London. Given that identification and brief advice is already provided by GPs, another potential way of addressing alcohol misuse is using pharmacists with the appropriate training in IBA (DH, 2005).

The Pharmacy based Identification and Brief Advice (IBA) project is a two-year study that began in 2008 and ends this year. It is a collaboration between Public Health (NHS Lambeth), researchers from King’s College London and community pharmacies across Lambeth, and is funded by the Guy’s and St Thomas’ Charity.

The project has trained 29 pharmacists’ in conducting in-house IBA, provided IBA to over 140 clients and is evaluating the cost-effectiveness and sustainability of this method in reducing alcohol-related harm. Clients (18 years and over) visiting a pharmacy were identified through a variety of means e.g. Self referral: (posters and leaflets were displayed within participating
pharmacies), purchase of over the counter medications such as smoking cessation, gastrointestinal remedies (as indigestion is linked with excess alcohol use), and sleep aids (alcohol can disturb sleep), and prescribed medications to treat some conditions like high blood pressure, coronary heart disease and stroke, depression and anxiety, and diabetes.

28 community pharmacies took part, all with private consultation rooms. The validated Alcohol Use Disorder Identification Test – Consumption items (AUDIT-C) was used to identify risky drinkers. Those clients identified as being at risk were either offered brief advice and/or referred to their GP. As this is a new service pharmacists required training including role-plays with scenarios of high and low risk drinking customers. Additional support was provided via regular visits and phone-calls.

The project so far suggests that pharmacists and their staff are identifying higher-risk drinkers and that IBA is acceptable to both clients and pharmacists. Initial findings indicate that there may be a higher proportion of risky drinkers amongst pharmacy service users compared to the estimated national figure.

Next steps

- An evaluation of the clinical and cost-effectiveness of the service is underway
- To disseminate the findings of this study to a wider range of stakeholders (e.g. academics, clinicians, and commissioners) through a one day conference planned for spring 2011

Key recommendation

- This project points to pharmacies as a new setting for alcohol IBA, and initial findings suggest that they are able to reach some people who may not otherwise access or engage with traditional health services about alcohol misuse. As such this project should develop as a
mainstream service should its research findings demonstrate cost-effectiveness.
• 20% of Lambeth’s adult population are estimated to be binge drinkers.
• An alcohol specialist nurse has been commissioned for St Thomas’ Emergency Department.
• Developing community pharmacies in Lambeth as a place to offer screening and brief interventions for clients is being researched.
Evaluation of the Healthy Start Review

In 2005 a review of the health visiting service was done and this led to the setting up of the Healthy Start Service for Children and Families in Lambeth. An evaluation of this was done in 2007 involving several working groups including one led by the Public Health team.

This working group looked at:

- Existing and projected population levels and change, the health visiting caseload, and wider public health needs of relevance (e.g. child deprivation);
- the required health visiting staffing numbers in Lambeth necessary to provide a service consistent with best practice (e.g. NICE guidance) and Lambeth’s needs.

The group found that the marked increase in the child population meant that more staff (and skill-mix roles) were required as was their more equitable distribution across neighbourhoods to better reflect needs such as vulnerable children caseloads (e.g. safeguarding, complex needs, and disabled).

The findings informed some of the evaluation’s recommendations for the future development of the service.
6. Improving health in Lambeth over the next five to ten years

- Understand the health need and the effect of social changes on local people;
- Work effectively across agencies to reduce health risks and prioritise issues;
- Invest in prevention;
- Public health to work with the local authority to lead and develop its health improvement role;
- Implement an evidence based Health and Wellbeing Board to improve health and reduce inequalities.
7. Recommendations

1. Improving health in Lambeth depends on understanding local health issues, analysing access and use of services and identifying risks and inequalities. Fundamental to this is:
   - Information sharing and;
   - Local public health analytical capacity.

   It is recommended that information sharing continues across new organisational arrangements and local analytical capacity is sufficient to enable community, primary care and acute hospital commissioning, partnership work, development of local approaches to health improvement, and monitoring health in Lambeth.

2. This is a period of major change which provides an opportunity to integrate better health and social care services, but in doing so this should not undermine the current integration of health services. It is recommended that future organisations and arrangements prioritise the use of health and wellbeing impact assessment to monitor their effect on local people, and on health inequalities.

3. There has been a significant improvement in health in Lambeth over the lifetime of the PCT. It is recommended that:
   - The focus, investment and expertise in health improvement remains central to the work of future organisations, and partnership work;
   - It is recognised that not all health improvement will result in an immediate reduction in the use of services, but will produce broader benefits (including savings) in the medium and longer terms.

4. Effective partnership has been central to work on improving health and must continue.
5. The DPH role is currently joint between LB Lambeth and Lambeth PCT, and has a formal role as statutory board member, with a focus on improving health. It is recommended that:

- This role continues via the Lambeth Clinical Commissioning Collaborative Board, Health and Wellbeing board, and LB Lambeth;
- Over the next year Public Health works with clinical commissioners, local providers (community and acute), Lambeth LINk (Healthwatch) and Primary care localities to ensure effective public health leadership across organisations.

6. The Public Health White Paper proposes major changes to the organisation and role of public health, which is likely to have a major impact on local public health provision. It is recommended that the Lambeth PCT public health team works with NHS London, SEL Health Protection Agency, the south east London Cluster and local partners to develop arrangements which:

- Enable public health leadership in Lambeth;
- Enable work to tackle Lambeth priorities at a local level;
- Support public health capacity.

7. Improving health in Lambeth will depend on:

- Socioeconomic determinants and;
- Health services.

It is recommended that Public Health continues to inform commissioning of health services based on analysis and interpretation of the evidence base.

8. There are significant financial challenges and it is recommended that Public Health informs commissioning following assessment of cost-effectiveness to ensure best value for money.

9. Local authorities will be leading on health improvement. It is recommended that the DPH works across the Council to identify and prioritise opportunities for protecting and improving health for Lambeth residents.
7.1 **Update on last year’s recommendations**

The recommendations of the 2008/2009 Annual Public Health report focused on moving forward the health inequalities agenda in Lambeth. The following recommendations have been acted on as set out below:

**Establish a Lambeth Inequalities Partnership led by the Director of Public Health**

A Health Inequalities Steering Group (HISG) has been set up to oversee the National Support Team’s Health Inequalities Action Plan for Lambeth and has met six times between June 2009 and July 2010. It brings together representatives of Lambeth Community Health, hospital Trusts, PCT commissioning and Public Health. This steering group represented a first step towards establishing local governance arrangements for health inequalities, with the DPH being the lead at Board level and for Lambeth Council.

**Work with PEC and Primary Care clinicians to develop analysis of inequalities in primary care**

Inequality in primary care was assessed through a review of variability of performance at practice level. An analysis of key Quality and Outcomes Framework (QoF) indicators was presented at the annual QoF meeting to practice managers and GPs. Variability in diabetes detection was analysed in detail and impact of potential intervention modelled. This work informed Long Term Conditions Commissioning.

Reports on clinical performance customised to each practice have been produced by DATANET project for CKD, CHD, hypertension and diabetes. These reports show variability of clinical performance by age, gender, ethnicity and deprivation.

A research project on recording socioeconomic status at practice level has started with the objective to inform tailoring and commissioning of interventions aimed at vascular risk factors. This work will continue with the Clinical Commissioning Board in 2010/11.
Ensure secondary providers have effective arrangements for supporting all patients to be healthy

The Smoking Cessation service now covers patients under the care of secondary mental health services.

Screening for alcohol misuse is being carried out in acute services and a new post has been commissioned for Accident and Emergency at St Thomas’ Hospital.

Lambeth Healthy Weight Care Pathway: Level 3 Intervention. A multi-agency healthy weight care pathway has been developed to enable all those working with children and young families to address healthy weight issues. The pathway also covers patients requiring the care of secondary services to address healthy weight issues.

Statutory and voluntary partners along with users of mental health services and their carers have formed the Lambeth Living Well Collaborative to design a more primary and community oriented approach to mental health service provision. Arrangements will build up gradually starting in early 2011. Staff from voluntary and statutory organisations will work alongside service users providing peer support to ensure clients can access the help they need and recover more quickly.

Commissioning should work with Public Health to maximise their impact in reducing health inequalities for residents

This remains an important area for continued development and mainstreaming the health promotion role of acute services.

The Public Health team has informed strategic and operational plans which inform commissioning based on reducing inequality. Over the last two years acute commissioning via the Alliance has had dedicated input from the Public Health team.
Equality and Equity impact assessments (EEIA) have been implemented.

Public Health produced a paper on “Commissioning Effective & Efficient Services in a challenging environment”. The objective was to provide a transparent framework for the review of service commissioning and preventing decommissioning which could increase health inequalities.

Proposed changes to commissioning arrangements and separation of responsibility across care pathways means that effective input from the Public Health team is essential. This remains an important priority given the economic context.

The London borough of Lambeth should work closely with Public Health to prioritise interventions aimed at improving socio economic circumstances for local residents.

The Public Health Directorate have supported the development of a Fuel Poverty Strategy led by the London borough of Lambeth, including the review of the evidence base of fuel poverty on health. A literature review was also carried out on the links between incapacity benefit and health. A needs assessment on housing and vulnerable people was also produced. Finally, ward health profiles have been published for use by Councillors in the borough.

A Child Poverty Strategy is being produced by Lambeth Council looking at ways to mitigate the impact of poverty on children’s outcomes including health. Public Health is contributing to this Strategy.
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<th>Abbreviation</th>
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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>APHO</td>
<td>Association of Public Health Observatories</td>
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<td>APHR</td>
<td>Annual Public Health Report</td>
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<td>Black and Minority Ethnic</td>
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Sources

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<td>National Compendium for Health Outcomes Development, Office for National Statistics</td>
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The information within the statistical update is derived from various sources. While every precaution is taken to ensure that the information is accurate, interpretation of information from certain data sources should be treated with caution. For example, mortality rates and prevalence rates from GP practice registers (QMAS) [as these are case detected prevalence rates and do not reflect the true prevalence]. These are only examples; if you have any queries please contact the Lambeth Public Health Intelligence Department:

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Comments and feedback

Your comments on this report are very welcome. We would urge you to let us know what you think about the report, and about public health in Lambeth.

Please e-mail your comments to us at: APHR@lambethpct.nhs.uk