Lambeth Annual Public Health Report 2012–2013

Progress in the last 10 years – Improvements for the next 10 years

NHS Lambeth

Lambeth

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Copies of this report are available from the Lambeth CCG and Lambeth Council websites.

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Foreword

This is the last public health report that will be produced to make recommendations to Lambeth PCT and London Borough of Lambeth. We have used this as an opportunity to review the progress that has been made in improving health and wellbeing in Lambeth and to set out some ambitions for the future when Local Authorities take on the lead role for improving public health, and Lambeth PCT becomes the Lambeth Clinical Commissioning Group, led by primary care clinicians.

The commitment of Lambeth PCT, primary care and community practitioners, local hospitals and Lambeth Council has enabled the development of effective partnerships to improve health in Lambeth, and to improve health locally faster than in the rest of the country. This includes a wide range of health issues from children's immunisation, teenage pregnancy to early deaths from stroke and heart disease. There remains a lot to do, but it is important to recognise that the concerted effort and commitment of local partners will enable us to continue to protect and improve the health of local people, in a challenging economic environment.

From April 2013, LB Lambeth is the organisation responsible for Public Health and Health Improvement in Lambeth, and will continue to ensure that the Lambeth Clinical Commissioning Group receives expert public health advice to inform its work. The local authority provides an opportunity to engage with local residents, to develop partnerships to influence the determinants of health, social isolation, income, housing, and to advocate on behalf of local residents.

It is important to acknowledge that this is happening at a time of complex changes to the NHS, the Local Authority and the Voluntary Sector. Changes to welfare and housing benefits, will impact on many local families. Major reductions in funding to the Local Authority, and many other organisations will increase the need for effective collaboration and partnership, and to work well together to ensure that the health and wellbeing of local people continues to be protected and improved. Local authorities are powerful advocates for the needs of their residents, and their new public health role enables this to be informed by a shared understanding of health need.

LB Lambeth and LB Southwark have established a joint public health team and from 1 April 2013, I will be DPH (Director of Public Health) for Lambeth & Southwark. Although I know I will continue to work with you all in my new role, I wanted to thank you all for your commitment and enthusiasm for improving health in Lambeth and making sure that we focused on reducing health inequalities and working hard to put this into practice and make a real difference. I am counting on the continued commitment of our NHS, community and voluntary sector partners, to enable public health to continue to improve in the new and challenging environment.

Dr Ruth Wallis BM FFPH
Director of Public Health – Lambeth & Southwark

Executive summary

The role of the Public Health Directorate to protect and improve the health and wellbeing of local people remains at the core of our work during this transitional year. The Director of Public Health (DPH) produces an independent annual report on health in Lambeth with recommendations.

Local authorities are responsible for leading Public Health from April 2013, however the complex nature of large-scale change currently taking place across all health services reinforces the need to ensure that the strong ties, partnerships and alliances established over the last ten years within the NHS, are the foundations for the future.

The passing of the Health and Social Care Act 2012 has led to the creation of a Health and Wellbeing Board in Lambeth, with representation from the Lambeth Clinical Commissioning Group, Lambeth Council, King's Health Partners, and the public. The DPH for Lambeth and Southwark will have an important contribution to make to the Board and the Health and Wellbeing strategy.

We have made good progress overall in reducing some causes of premature mortality in Lambeth; contributing to the increase in life expectancy; a reduction in the gap in life expectancy; and in other areas set out in this report. This report sets out our progress to date.

The NHS health checks programme's role in early detection of specific risk factors is a priority that will only deliver all its potential benefits in a system that uses *all* available intelligence and *all* available resources targeting people who recognise the value of the change that can be made to their health and wellbeing by being an active participant in their own healthcare management.

Throughout this report a number of recommendations and next steps are set out for Public Health during 2013-2014, some of which require a commitment to continue with what we know works, others that highlight the need to use the transition into local government as a way to embed health and wellbeing across all services.

The creation of a Public Health Directorate working across both Lambeth and Southwark presents opportunities for increased health benefits for local people. Joint programmes and interventions must continue to be based upon a deep understanding of local health issues, data that provides information on how services are used, risks, and health and economic inequalities.

The expertise and knowledge of the Directorate should be strengthened, extended and shared within the Public Health Directorate, and with its partners.

Multi-agency training and development has successfully contributed to positive health outcomes, and this needs to continue to maximise the impact of interventions for Lambeth residents.

An example of this is the multi-agency training that will be offered to the range of people who work with children and their families to tackle obesity, as a way of ensuring that everyone taking part will recognise their role and responsibility in addressing issues affecting why and how people become, and stay, obese. This approach supports the design and delivery of prevention programmes, and will support strong relationships between the DPH, Lambeth CCG and Lambeth Council.

It is recommended that the DPH works closely with commissioners and providers to embed working practices that support a multi-agency approach where they are most appropriate.

It is further recommended that the effective, constructive partnerships that have been the core of work on improving health outcomes and reducing health inequalities continue and are developed to ensure that Lambeth residents receive the benefits they bring.

Key recommendations

- Public Health should continue to monitor causes of death of children and young people, and inform commissioning
- Further, more detailed work to reduce HIV in pregnancy should be carried out
- Improving mental wellbeing should continue, and be supported by the CCG
- Smoking cessation is effective in reducing ill health and premature mortality, and should continue to be invested in
- Improving health and reducing health inequalities is central to Lambeth CCG's purpose, and should continue to be its central priority, supported by Public Health
- Public Health should continue to inform commissioners, to work with clinicians to change care pathways and clinical practice
- From 1st April 2013 the Local Authority takes on responsibility for health improvement. The Staying Healthy Programme Board should review its membership to reflect this, and support a coherent evidence based programme to continue progress
- The DPH should establish a performance group to monitor progress of PH outcomes targets; this should connect with CCG and Health & Wellbeing boards
- The action plan from the Health & Wellbeing Strategy should be informed by priorities for health improvement
- The CCG should continue to have appointed leads for Public Health, and priorities including health improvement

Maternal and infant health and well-being

Infant Mortality

What is the achievement?

The infant mortality rate[1] has declined from 7.1 per 1,000 live births in 2001-03 to 6.5 in 2009-2011. It has been as low as 5.4 per 1,000 live births over this time period (see fig. 1), which was only 0.6/1,000 above the national rate for England.

Context

Lambeth has historically had a higher than average infant mortality rate.
Infant mortality is an important health indicator with many causes such as:

- Immaturity/premature babies
- Congenital malformations e.g. abnormal brain/heart development
- Infectious diseases such as meningitis
- Sudden Infant Death Syndrome (risk factors include infant sleep position, adult/infant co-sleeping and tobacco smoke)

How has this been achieved?

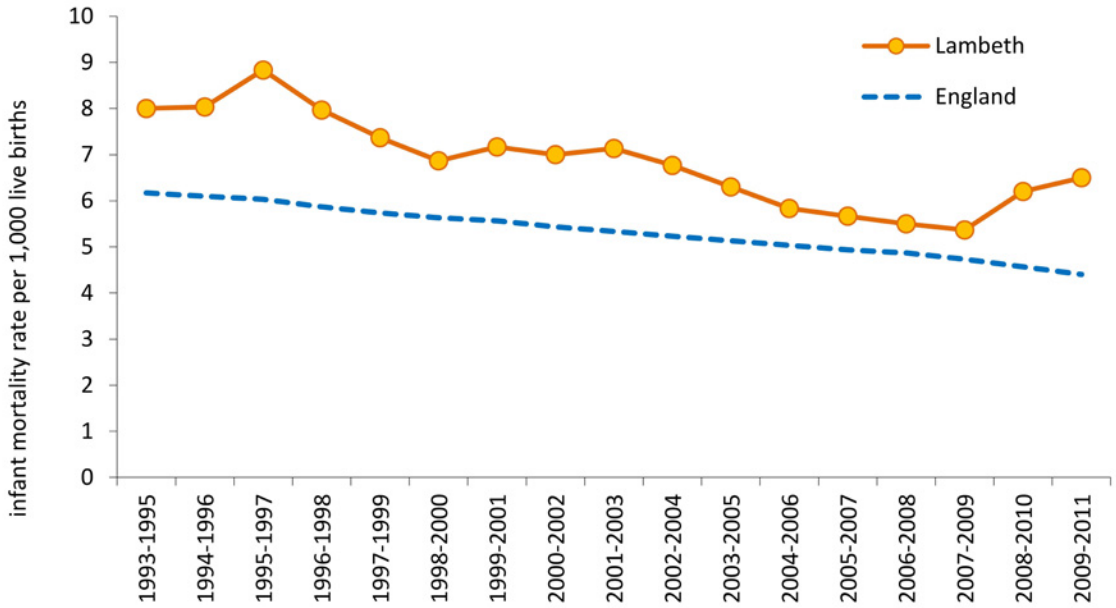
Reducing the infant mortality rate has been achieved by focusing on modifiable risk factors including:

- Smoking cessation services for pregnant women, and training for staff who work with them
- Infants of teenage mothers are at increased risk; teenage conceptions have reduced by over 50% from their high a decade ago
- Breastfeeding reduces the risk of infant deaths. Lambeth has introduced UNICEF's Baby Friendly Initiative, and raised the breastfeeding rate to 91.8% of mothers initiating breastfeeding, exceeding by far the England average of 74%
- Increasing the immunisation coverage of infants to over 90% for the primary course[2] (whooping cough, diphtheria, tetanus, polio and Hib)

[1] Mortality rate per 1,000 live births (age under 1 year). Presented as a rolling average over 3 years due to the low numbers involved. Fluctuation is expected locally for the same reason.
[2] NHS Information Centre, HPA and Centre for Infections, 2011/12

Supporting data

Figure 1. Infant mortality rate, per 1,000 live births, 1993 – 2011



Source: HSCIC (Health & Social Care Information Centre)

Recommendations

- Every infant death is now reviewed by a multidisciplinary panel of representatives from services involved in infant care (the Child Death Overview Panel). The insights gained from the Panel's work will be explored further to better inform services and reduce the number of future deaths.
- The transition to the local authority strengthens the intention to use the knowledge gained to identify the range of council-run and commissioned services that can contribute to reducing infant mortality including housing.

Vertical HIV transmission: mother to child

What is the achievement?

Among people diagnosed and treated for HIV in South East London, the number of cases attributed to mother-to-child transmission fell by 14% between 2002 and 2010.

The proportion of all people diagnosed with HIV who are under the age of one fluctuates from year to year due to the small numbers involved. However, in 2011 the number of diagnoses made in infants aged less than one year in South East London was just 0.11 per 1,000 cases compared to 0.76 per 1,000 cases in 2004 (see fig. 3).

Context

In 2011, the prevalence of HIV in pregnant women in inner London (the lowest level of geography available) was 0.41% compared to the England-wide prevalence of 0.16% (see fig.2).

HIV prevalence amongst pregnant women in London has been stable for the past four years following a peak in 2003/4. The proportion of pregnant women with HIV was higher in inner London in 2011 (0.41%) than in outer London (0.30%). This is in keeping with the trend over the past ten years, during which prevalence rates in inner London have generally been higher than in outer London (see fig. 2).

Most pregnant women with HIV were diagnosed prior to pregnancy or giving birth.[3] Figures for London show that 90% of pregnant women with HIV had their HIV infection diagnosed prior to giving birth in 2009 compared to 80% in 2000. This improvement reflects the introduction of antenatal screening.

Of the pregnant women diagnosed with HIV prior to pregnancy in London, around 74% (n=333) were diagnosed prior to their current pregnancy and 26% (n=114) were diagnosed during their current pregnancy. The equivalent proportions in 2000 were 43% and 57%.[3]

How has this been achieved?

Uptake of antenatal HIV screening has increased over recent years. In London, the number of pregnant women tested increased by a third between 2005 and 2011. 98% of women attending antenatal clinics in South-East London in 2009 took up the offer of an HIV test compared to 95% nationally.[3]

By 2011, the proportion of pregnant women screened in London antenatal clinics who tested positive for HIV was 0.39%, which is the highest rate in England (nationally the figure is 0.17%). In 2009 the positivity rate was highest in South-East London (0.46%).[3]

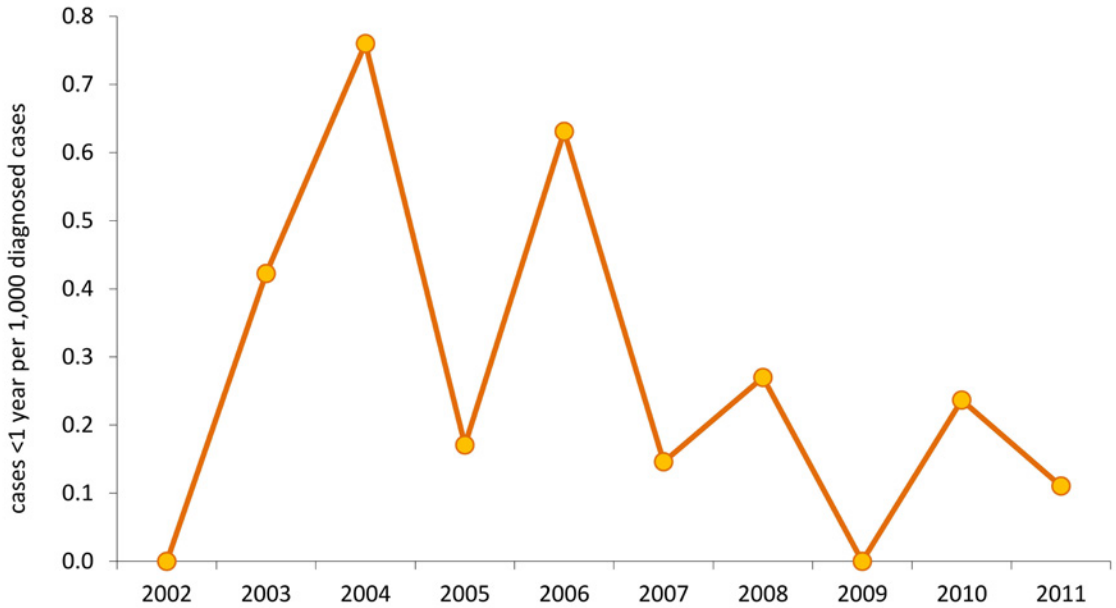
[3] HIV epidemiology in London, 2009 data. Health Protection Agency London Regional Epidemiology Unit. September 2011

Supporting data

Figure 2. Prevalence of HIV in women (both diagnosed & undiagnosed) giving birth, 2002 – 2011

Source: HPA (Health Protection Agency) and UCL ICH Unlinked Anonymous Survey

Figure 3. HIV-diagnosed persons aged <1, per 1,000 cases, South East London, 2002 - 2011



Source: HPA (Health Protection Agency)

Recommendations

Despite the high uptake of antenatal HIV screening and effective interventions to prevent mother-to-child transmission, some UK-born children still acquire infection from their mothers. This can happen if a woman is not tested, or if she acquires HIV after the test, either during pregnancy or whilst breastfeeding. HIV prevalence amongst pregnant women in Lambeth is among the highest nationally. It is therefore critical that efficient and reliable antenatal testing is maintained. To achieve this, we need to:

- Continue to improve the quality of data used in surveillance of HIV in pregnancy. This should include ensuring that there is a uniform definition of a 'booking episode' in order to ensure standardisation in reporting processes[4]
- Agree standardised minimum dataset and fields to be included on laboratory test request forms for antenatal screening
- Develop data sharing agreements that address the balance between a woman's right to confidentiality, and the duty of care of healthcare professionals to provide appropriate care for the pregnant woman and her new born baby.
- Establish the profile of pregnant women who are undiagnosed at time of pregnancy
- Audit cases of HIV in infants to identify factors that may have hindered the prevention of transmission during the pregnancy
- Audit local practice against recommendations from the national mapping exercise[7]
- Clarify the requirement to re-offer screening

[4] IDPS National Mapping Exercise , 2008/09

Breastfeeding

What is the achievement?

Lambeth PCT achieved the Baby Friendly Initiative Certificate of Achievement and is working towards Stage 1 of its Community Accreditation status. The Baby Friendly Initiative is an international initiative developed by the WHO/UNICEF with the aim of promoting, protecting and supporting the initiation and continuation of breastfeeding.

Breastfeeding prevalence is defined as the percentage of infants at the 6-8 week check who are being partially or totally breastfed and have this recorded. Breastfeeding coverage relates to the proportion of all infants due for the 6-8 week check for whom breastfeeding status is recorded. The 2013 Child Health Profile data[5] shows that breastfeeding initiation figures for Lambeth have remained high (91.8%) and there has been a steady increase in breastfeeding coverage and prevalence at six to eight weeks.

Coverage and prevalence as of September 2012 (Quarter two) are 96.6% and 78.9% respectively compared to 86.2% and 68.0% over the same period in the previous year.

Context

The UNICEF Baby Friendly Initiative provides best practice standards for the protection, promotion and support of breastfeeding in hospital and community settings. There is growing evidence for the positive impact of the Baby Friendly Initiative on breastfeeding outcomes.[6] Babies who are breastfed are less likely to suffer from infections in infancy and childhood, and in adulthood have reduced risks of heart disease, breast and ovarian cancers. Low breastfeeding initiation and maintenance rates are also associated with obesity.

How has this been achieved?

The Lambeth process towards achieving the Baby Friendly Initiative Community Accreditation Stage 1 began in June 2011 with a Register of Intent with UNICEF/UK. This was followed by a visit to Lambeth by UNICEF in November 2011.

[5] Child and Maternal Health Observatory (CHIMAT) – Child Health Profile, Lambeth, March 2013
[6] Semenic S, Childerhose JE, Lauzière J, Groleau D. *Barriers, Facilitators, and Recommendations Related to Implementing the Baby-Friendly Initiative (BFI)): An Integrative Review*. May 2012

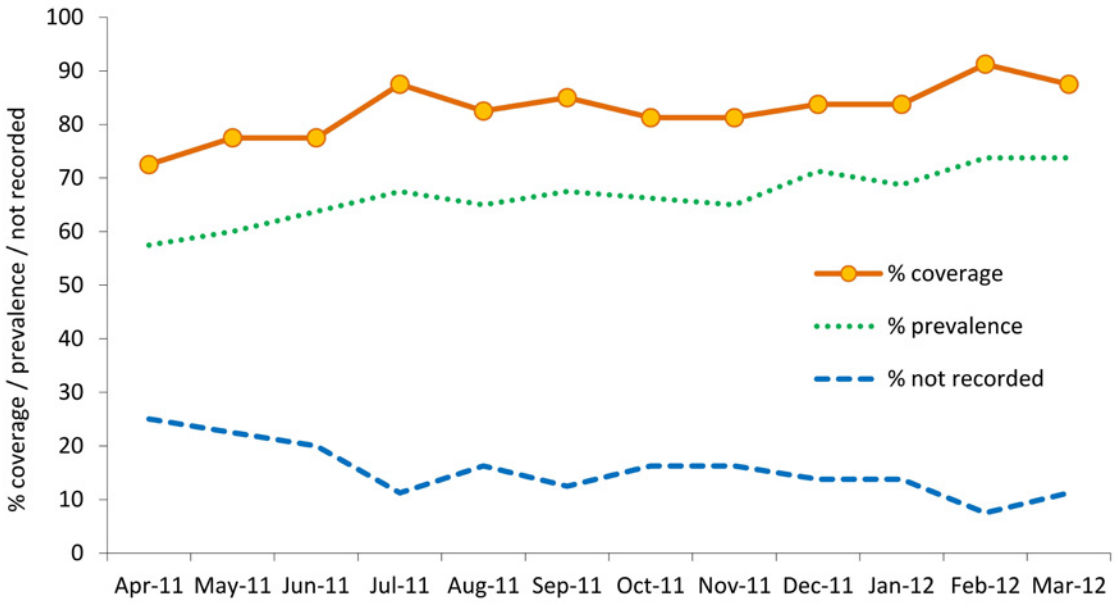
The implementation visit was well-attended and brought together practitioners and organisations across Lambeth to agree a clear implementation plan for Lambeth. Attendees included NHS practitioners such as health visitors, midwives and GPs together with representatives from Public Health and the Local Authority.

Lambeth is now working towards Stage 1 of the Baby Friendly Initiative Accreditation process following the achievement of the Certificate of Commitment. The Certificate was achieved in March 2012 in recognition of the fact that there is a breastfeeding policy in place, an action plan, and commitment from senior staff.

Recording breastfeeding status at six to eight weeks has improved alongside real improvements in sustaining breastfeeding. There are breastfeeding support groups (Milk Spots) and one-to-one consultations available in six Children Centres across Lambeth. In February 2012 the PCT commissioned a review to identify what would be required for Lambeth to achieve Stage 1 of the Baby Friendly Initiative Community Accreditation.

Supporting data

Figure 4. Breastfeeding coverage and prevalence in Lambeth, April 2011-March 2012



Source: RiO (Child Health Database)

Recommendations

- Evidence suggests that peer breastfeeding support is one of the key ingredients to effectively implementing the UNICEF Baby Friendly Initiative programme. Resources should be allocated to develop peer support for new mothers in Lambeth

- Examples of delivery models from other areas have also highlighted the importance of having a nominated and dedicated role to co-ordinate the implementation of the Baby Friendly Initiative and to ensure effective communication with the different stakeholders and organisations
- The collation of robust intelligence and qualitative data will help to better understand the needs of mothers who are choosing not to breastfeed as well as those who are partially breastfeeding, so that the appropriate support, services and programmes can be implemented
- Women who want to continue breastfeeding when they return to work should be supported to do so. It is important to develop workplace policies with our local employers which support their staff to continue to breastfeed on return to work. The promoted policies should include:
  - a break allowance so that mothers can express milk;
  - provision of a clean, warm and private room (not the toilet) for expressing;
  - a fridge to store expressed milk; and
  - flexible working hours for breastfeeding mothers
- Encouraging public places such as libraries, leisure centres, restaurants and cafes to be breastfeeding friendly. This could be achieved by providing breastfeeding friendly status incentive for organisations that show commitment, coupled with working with pregnant women and mothers to raise confidence to breastfeed on the go

Childhood immunisation

What is the achievement?

Immunisation uptake rates have continued to increase steadily in Lambeth over the last few years:

- Primary immunisation uptake (measured at one year by third dose of Diphtheria) has risen from 75.4% in Q1 2008/09 to 94.2% in Q3 2012/13 (see fig. 5). This compares favourably with both the London (91.2%) and England (94.2%) uptake rates
- The first dose of MMR (measured at two years) now has an uptake rate of 91.3% as compared with 61.4% at the start of 2008/09 (see fig. 6). The current London rate is 87.3%
- Uptake for the second dose of MMR (measured at age 5 years) is now 80%, matching the London rate, and improved from 57% at the start of 2008/09
- The Meningococcal and Hib booster (measured at two years) uptake rate has risen significantly to 90% from 57% in 2008/09
- There has been slower progress with uptake of the pre-school booster which has increased from 56% to 70% over the same time period

Context

Childhood immunisation uptake rates in London have been consistently below the national average. A number of explanations have been put forward for this, but the most significant is high levels of mobility among families in the city. This makes it challenging to keep information systems up-to-date, and subsequently for children to be reliably invited for immunisation. Lambeth immunisation uptake has historically suffered from this city-wide problem, and indeed until recently uptake rates were below that of London overall.

How has this been achieved?

Lambeth PCT was committed to ensuring that uptake data was improved, and staff resources were dedicated to ensuring this. During the Measles outbreak in 2007/08, additional resources were identified to ensure that uptake data was accurate to allow those who hadn't been immunised to be targeted.

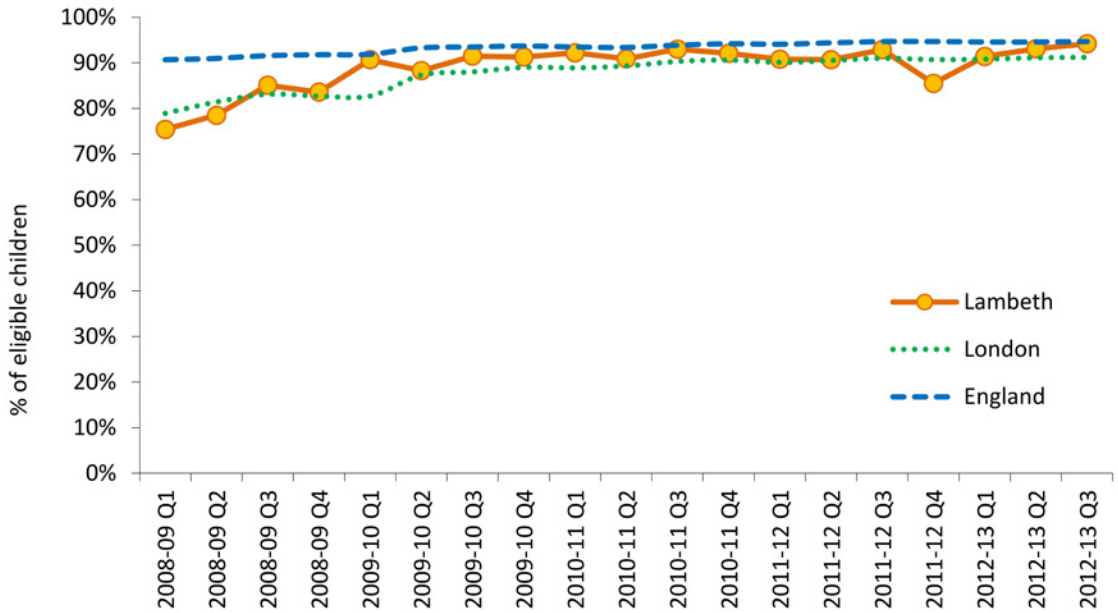
Lambeth now shares a strategic Public Health-led Immunisation Steering Group with Southwark. This group has an action plan to address gaps and ensure continuing improvement in local immunisation uptake rates for all immunisations including influenza.

Challenges:

- Following the transfer of community services into GSTT there was a reduction in immunisation coordination capacity
- There was also a reduction in staff resources for the professional and public immunisation helpline

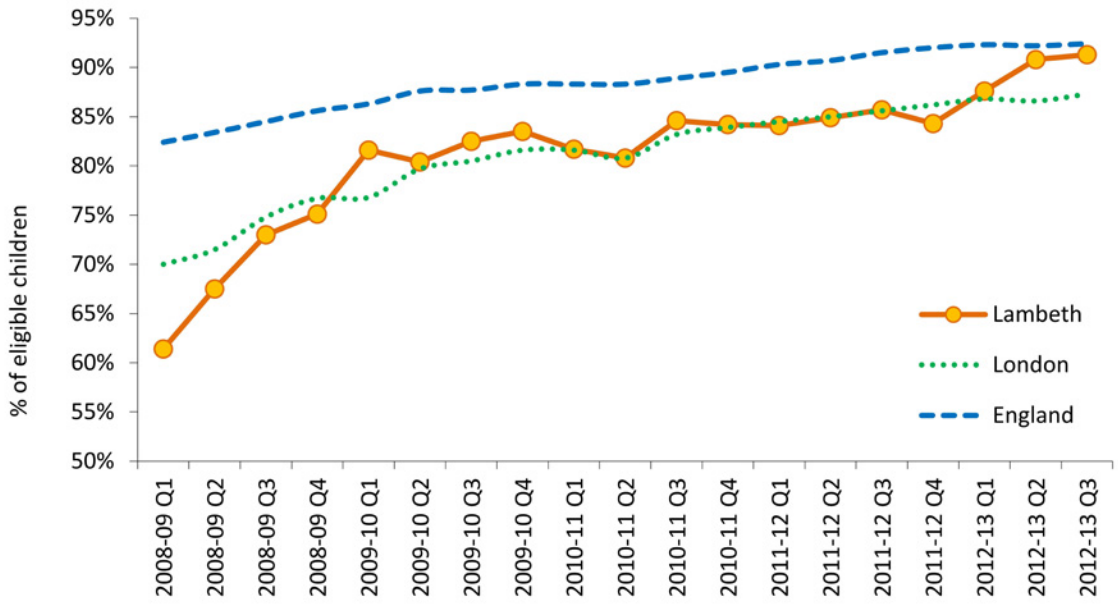
Supporting Data

Figure 5. Primary immunisation uptake rate as measured by percentage of eligible children receiving 3 doses of Diphtheria by age 1, 2008/09 - 2012/13



Source: RiO (Child Health Database)

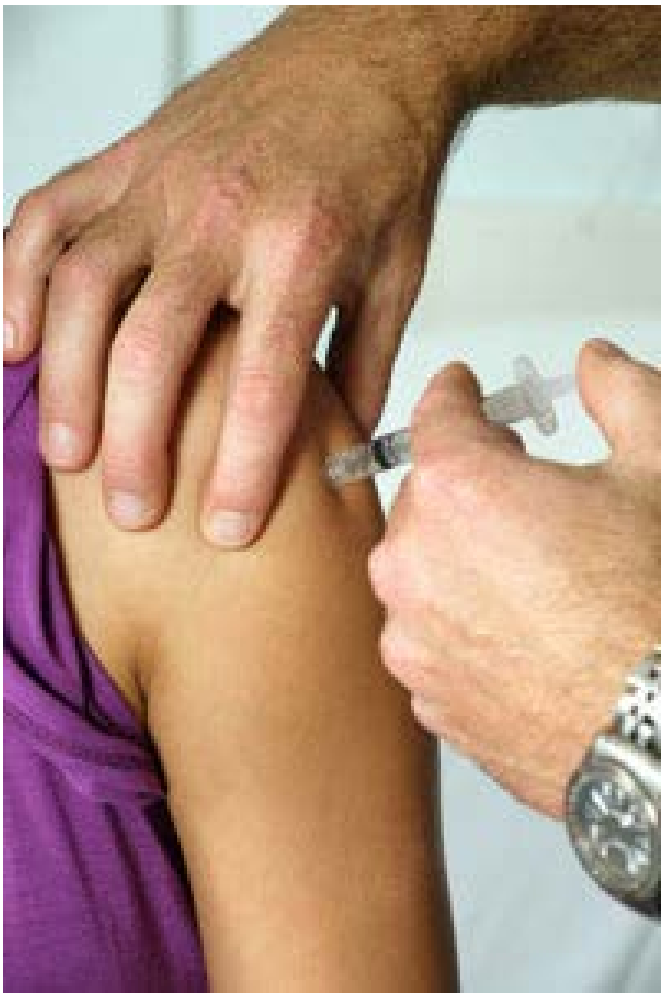
Figure 6. Percentage of eligible children (reaching their second birthday during the reporting quarter) who had a single dose of MMR by their second birthday, 2008/09 - 2012/13



Source: RiO (Child Health Database)

Recommendations

- Ensure that resources are identified for immunisation coordination
- Ensure the continuation of the Lambeth, Southwark and Lewisham immunisation helpline



Children and young peoples' health and wellbeing

Safeguarding

What is the achievement?

Public health was involved in the development of the Child Death Overview Panel (CDOP) for Lambeth and Southwark boroughs at its inception in 2008, and now chairs it. CDOP provides an independent and analytic overview of all child deaths (under 18 years of age).

Context

CDOPs are a statutory requirement for local authorities and are tasked to:

- Improve the identification of deaths related to maltreatment
- Identify wider matters of concern affecting safety and welfare of children
- Identify wider public health or safety concerns

How has this been achieved?

- CDOP meets regularly with membership from social and health (acute and community) services, and the Police
- A subgroup for neonates (infants under a month old) has been set up to better understand the issues affecting that age group
- An annual report is produced for the Local Safeguarding Children Board, with recommendations to mitigate future deaths

Supporting data

- From April 2008 to 2011, 208 deaths were reported in Lambeth and Southwark
- The main cause of death was a perinatal/neonatal event (event in the first week/month of life; 34%), followed by chromosomal, genetic or congenital abnormalities (21%) and acute medical or surgical condition (17%)
- Modifiable factors were identified in 28 (26.7%) of the cases reviewed. These include avoiding co-sleeping and strengthening child safety measures.

Recommendations

To improve the implementation of recommendations from CDOP by relevant services, and to further the integration of the CDOP information-gathering and analytical work with other public health surveillance initiatives. This is through commissioning services, workforce development and public awareness campaigns.

Chlamydia testing

The National Chlamydia Screening Programme (NCSP) is a prevention programme targeting sexually active young people under 25, to detect and treat *Chlamydia trachomatis* infection. The aim is to reduce asymptomatic chlamydia infection and its complications (infertility, ectopic pregnancy and chronic pelvic pain in women, and epididymitis in men).

What is the achievement?

- Lambeth has exceeded the national target for chlamydia testing, and currently has the highest chlamydia testing rate in the country with 19,459 tests done in 2011-12 among 15-24 years old. The screening programme has ranked top of the national screening rates for the last five years, and achieved screening coverage of 57% of the 15-24 year old population in 2011/12[7]
- Male testing accounted for 25% of the total community-based tests in the same year
- There has been an increase in chlamydia diagnoses, reflecting in part the increased opportunity for testing – the diagnosis rate reached 1031/100,000 all-age population by 2011, which is a 16% increase from the 2010 rate.

Context

Lambeth and Southwark joined the NCSP in 2002. Lambeth has the highest rate of sexually transmitted infection in the country, and 41% of acute STI diagnoses are in young people 15-24 years old. High rates of STI diagnoses among young adults are likely to be the result of the high risk of STIs within the Lambeth population, as well as the high level of screening.

Lambeth also has a high prevalence of some known risk factors for chlamydia infection:

- A young population, with 16-25 year olds representing 15.4 % of Lambeth residents
- The highest MSM population in England
- A Black Caribbean population which represents 7% of Lambeth residents

How has this been achieved?

- Lambeth has followed the mainstreaming approach to testing (now a key recommendation of the NCSP) throughout this ten year period, embedding test offers as routine practice within 50 of its GP practices, 27 pharmacies, and via a website, alongside provision by specialist sexual health services and their outreach teams
- By 2010/11, GP screening accounted for nearly 40% of all screening in community (outside of hospital-based GUM services) settings (see fig.7)

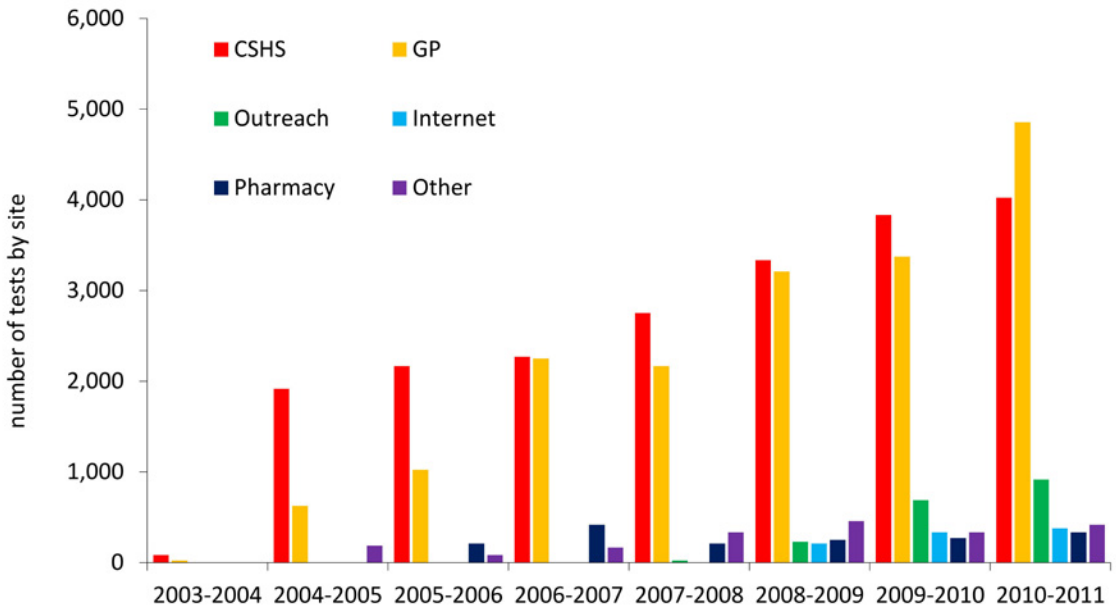
[7] National Chlamydia Screening Programme Scorecard 2011/12

Challenges:

- The high infection rate amongst young people, which highlights the importance of effective interventions to prevent STIs. In 2011-12, the positive rate of chlamydia testing was 10% compared to 7% in London overall
- Preventing reinfection, especially in young people. 16-19 years old and men are priority groups (during 2009-11, 17% of men were re-infected, which is twice the national rate)
- Lambeth needs to continue to support the mainstreamed model of testing recommended nationally, ensuring that repeat tests are encouraged annually and on any partner change[8]
- Laboratory data collection using a standard Chlamydia Testing Activity Dataset (CTAD) now relies on information to be fully completed by clinicians, without the support of a specific local screening office, and this will require further local service level input and guidance

Supporting data

Figure 7. Number of chlamydia tests in a selection of community screening sites in Lambeth, 2003-2011



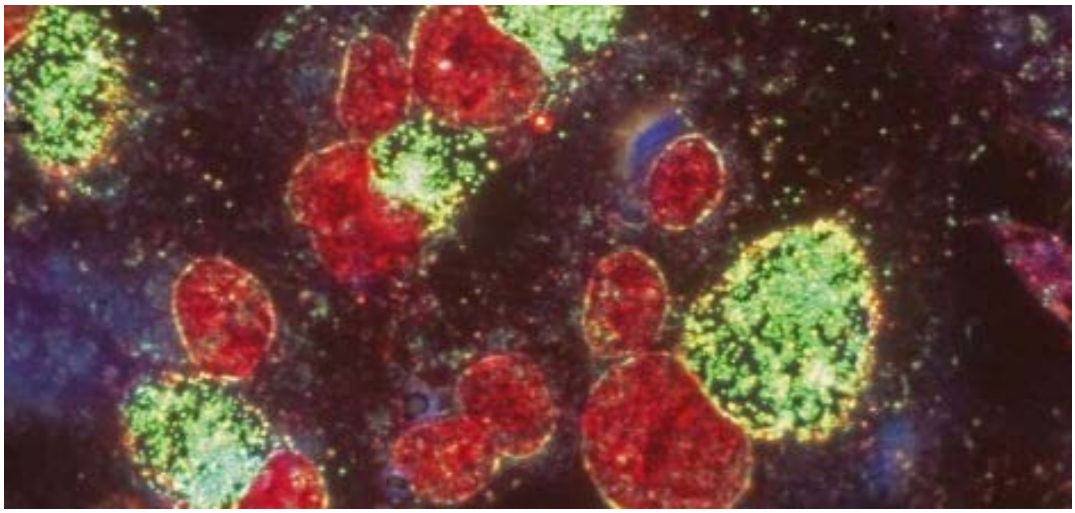
* CSHS – Community Sexual Health Services

Source: NCSP (National Chlamydia Screening Programme)

[8] Chlamydia Connects issue 3 2012, the e-newsletter from the NCSP

Recommendations

- Maintain current testing levels, particularly where this might mean repeat testing
- Continue to develop outreach models of testing to reach more excluded groups, including men who have sex with men
- Ensure that data collection approaches are able to reflect more local level activity, e.g. in particular services or postcode areas



Chlamydia infected culture (Wellcome Images)

Young people's health

What is the achievement?

Over the last ten years NHS Lambeth, working in partnership with the local authority and the voluntary sector, has made significant progress in raising the profile of young people's health. Particular successes have been the reduction in the rate of under-18 conceptions, support to young parents, the success of the local healthy schools programme, and engagement of young people in the development of health campaigns.

The latest data for 2011 shows a reduction of 66.1% in the under-18 conception rate since 2003, with a rate of 34.8 per 1000 girls aged 15-17 bringing it nearly in line with the England-wide rate of 30.7 (see fig. 8)

Context

Lambeth is a borough with high levels of deprivation, where the health and wellbeing of children and young people is mixed compared with the national average.[9] Lambeth has traditionally had one of the highest rates of under-18 conceptions in England, and this peaked in 2003 with the borough having the highest teenage pregnancy rate in Western Europe.

How has this been achieved?

This reduction in under-18 conceptions is the result of a successful strategic partnership that includes senior officers and representatives from the local authority, NHS Lambeth, Guys & St Thomas's Community Health Services, and the voluntary sector.

After an initial needs assessment, the partnership undertook a number of local research projects to better understand local risk factors including the sexual behaviour, attitudes and knowledge of young people in Lambeth; matching birth data with education and social care data; and to understand what influences young women's contraceptive choices. These and other pieces of research informed the development and implementation of an evidence-based programme to address prevention, but also to support teenage parents. Research highlighted that some young people experience several risk factors, and so the programme has now expanded to a wider young people's health agenda.

Healthy schools:
A key setting to undertake work on health with young people is in schools. The Healthy Schools programme is central to the implementation of the young people's health programme. In 2008, a Local Area Agreement stretch target was agreed for an Advanced Healthy Schools programme (including sex and relationships education, substance misuse and emotional health and wellbeing). This stretch target was achieved, and by March 2011 94% of Lambeth

[9] CHIMAT Health Profile, 2013

schools were accredited with Healthy Schools status, and 54 schools meet the locally agreed Advanced Healthy schools stretch criteria.

Teens and toddlers:
Local research identified that the risk of becoming a young mother was correlated with experiencing difficulties in school (47% of young mothers). To meet this need Lambeth secured funding to set up the Teens and Toddlers Programme in 5 local schools. Over 100 young people at risk have completed this personal development programme over the last 2 years, with the majority having achieved the Level 1 Award in Interpersonal Skills. The programme is now running for its 3rd year.

Work with young parents:
Work is also undertaken with young parents to reduce their social isolation and improve their health and that of their children. St Michael's Fellowship, a voluntary sector organisation in the borough, has worked with pregnant young women, young mothers, and fathers. They offer one-to-one support and group work to support decision-making about their pregnancy, prepare them for parenting, support breastfeeding, offer information and advice about child development, nutrition, and a range of other health and social issues.

These young people have gone on to develop resources such as the films ' Kim' on domestic violence and 'Tiny' on recruitment to gangs. As a result of this work young people have also gained qualifications and employment.

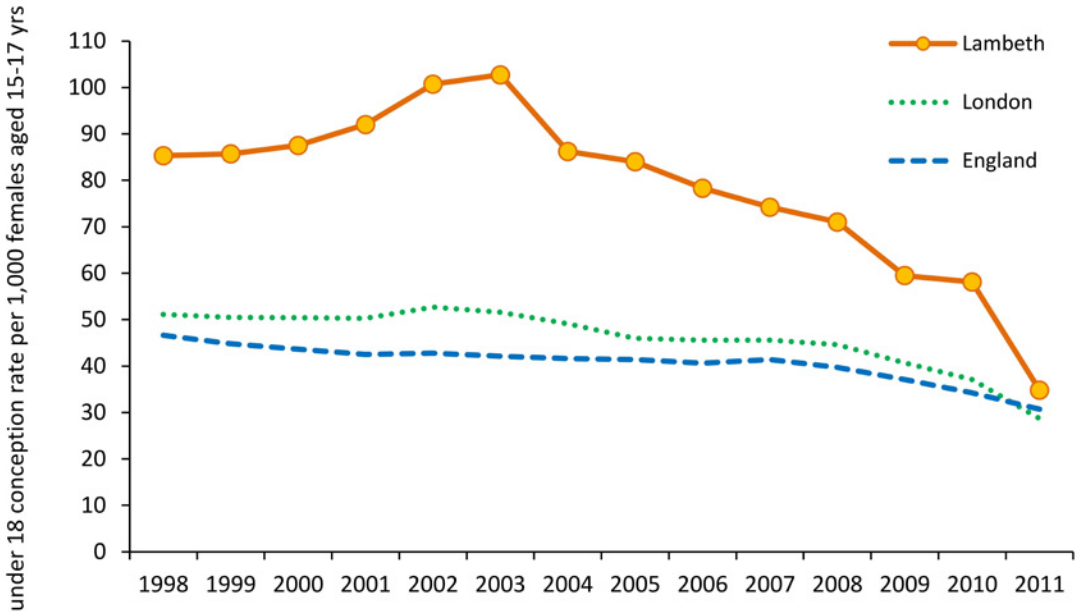
In 2009 the evidence-based programme Family Nurse Partnership (FNP) was set up in Lambeth, and works with first-time mothers aged under-19. Specially trained family nurses work on an intensive basis with the young parent and their baby for two years. All the young women had one, and most had multiple, identified vulnerabilities. Successful outcomes for these young women included:

- 84% using effective contraception
- 95.4% initiating breast feeding, with 37.8% still breast feeding at six months
- An 18% reduction in the number who were not in education, training or employment
- No attendances at A&E for accidents

Local social media campaigns:
Another successful strand of the programme has been the development of a communications strategy that targets young people to increase their knowledge and awareness of a range of health issues. Three successful campaigns have been developed and co-produced with young people in the borough over the last five years.

Supporting data

Figure 8. Under-18 conception rate, per 1,000 females aged 15-17 years, 1998 - 2011



Source: ONS (Office for National Statistics)

Recommendations

- Maintain healthy schools, and develop a sustainable model for continuing to work with schools on prevention across a range of health topics
- Share intelligence/data on a range of areas including: sexual health, abortion, conceptions, alcohol misuse, mental health and school exclusions
- Continue early intervention work with schools, children centres, school nurses, health visitors, and the Aspiring Families Programme
- Further development of an adolescent health and well being approach including work with the Youth Offending Service, and development of a public health approach to youth violence

Childhood obesity

What is the achievement?

The latest National Childhood Measurement Programme (NCMP) results for the 2011/12 academic year show that obesity prevalence for Lambeth Reception year children (4-5 years old) is down to 10.8%, the lowest recorded since the NCMP was introduced, and for the first time lower than the London average of 11.0%. Prevalence for Year 6 children (10 -11 years old) is 25.2%, and although relatively high appears to be stabilising unlike the average prevalence for London and England which both appear to be rising. Participation levels continue to be high in Lambeth, at 98% and 96.4% for Reception and Year 6 respectively.

Context

Obesity amongst adults and children is a major public health challenge. Being overweight or obese increases the risk of developing health problems such as coronary heart disease, type 2 diabetes, stroke, and cancer, and reduces life expectancy. Severely obese individuals die an average of 11 years earlier than those with a healthy weight.

The consequences of obesity are not limited to the direct impact on health. They include time off work due to obesity-related illness; loss of earnings; the cost of social care, specialist equipment and adaptations; earlier retirement; increased benefit payments; discrimination and social exclusion. The indirect cost of overweight and obesity was estimated as £15.8 billion in 2007.[10]

It is likely that overweight and obese children will retain their excess weight into adulthood. Evidence suggests that the greater the duration of obesity over the course of a person's life, the more severe the health costs.[11] There are significant differences in the prevalence of childhood obesity between different ethnic groups. Children in black ethnic groups have a higher risk than those in mixed, Asian, white and other ethnic groups. There is also a relationship between deprivation and levels of obesity.

How has this been achieved?

Addressing childhood obesity was one of the priorities of Lambeth PCT. A range of evidence-based interventions (prevention and management) have been implemented to promote, achieve and maintain a healthy weight for Lambeth children and their families. These constitute elements of the Lambeth Multi-Agency Healthy Weight Care Pathway for Children, developed with the support of the Lambeth Healthy Weight Taskforce.

[10] Foresight, 2007

[11] Abdullah, A. et al., 2011. The number of years lived with obesity and the risk of all-cause and cause-specific mortality. International Journal of Epidemiology, p.1-12.

Interventions include promoting breastfeeding through the community Baby Friendly Imitative (BFI), healthy weight and nutrition training, innovative weight management services, and expert school service support. Partnership working and mechanisms for monitoring and evaluation underpin these interventions.

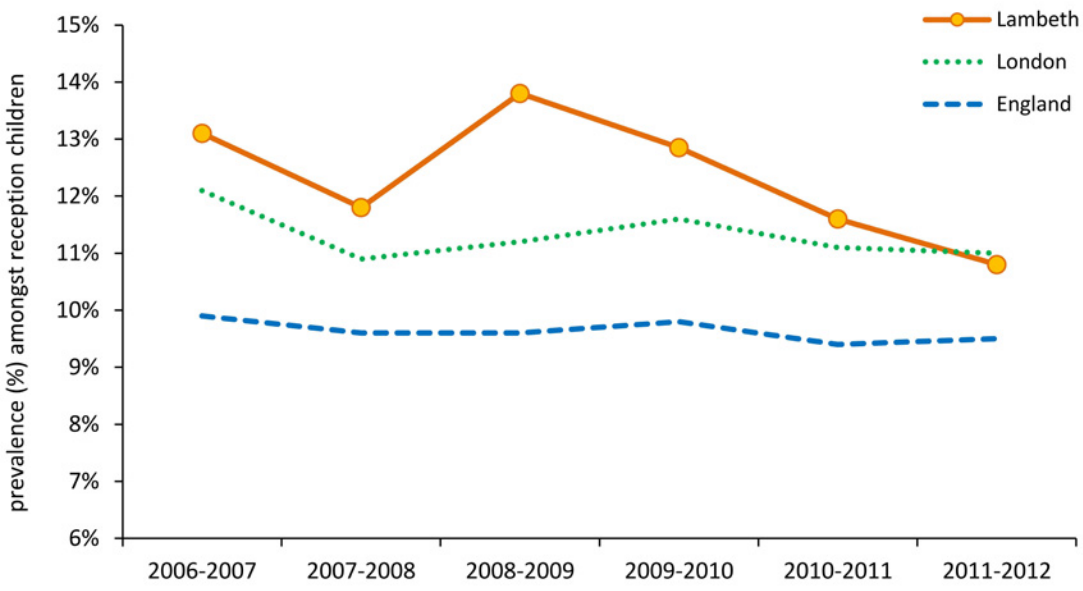
Since 2010, over 200 health and non-health practitioners in Lambeth have received the Lambeth Level 1 Multi-Agency Healthy Weight for Children training, including GPs, school nurses, health visitors, children's centre and local authority staff, childminders and voluntary sector members, school staff and governors. Weaning and healthy eating support is being offered for children and their families through children's centres.

Community and specialist weight management services have been set up to support children and their families to achieve a healthy weight. A newly established Lambeth specialist obesity school nurse role provides support and expertise to children, families, and to those working with children and their carers.

Schools have an important part to play in supporting obesity prevention by offering opportunities for learning life skills, promoting healthy diet and physical activity, and providing an enabling environment. Healthy Weight training forms part of the Healthy Schools Health and Wellbeing Programme. Local weight management services have been developed to meet local need. These consist of a flexible and structured multi-component targeted service as well as a specialist service for children of unhealthy weight and/or additional social needs.

Supporting data

Figure 9. Obesity prevalence (%) amongst reception children in Lambeth, 2006/07 - 2011/12



Source: NCMP (National Child Measurement Programme)

Recommendations

- A multi-factorial approach continues to be required. Obesity is a complex problem, with multiple causes and interactions. The transfer of the public health function into the local authority offers the opportunity to work across council departments to address social and environmental determinants of obesity. Spatial and town planning, transports, food procurement, welfare, social and sustainable policies all have an impact on obesity
- Multi-agency training needs to continue to be offered to the range of people who work with children and their families. This will ensure that childhood obesity is everyone's business by equipping key personnel with evidence-based information on obesity and how to address it at different levels of society, including at an individual level by being able to raise the issue, offer advice and support, and signpost to appropriate services as required

Adults and older people's health and wellbeing

Mental wellbeing

What is the achievement?

Lambeth is recognised nationally as a leader in its strategic approach to improving population mental wellbeing, which has been driven by NHS Lambeth's Public Health Directorate. Lambeth has taken steps to promote the factors that improve and protect wellbeing, and to highlight those groups who report poor wellbeing.

Context

The definition of mental wellbeing adopted by Lambeth First is 'To experience good mental health and wellbeing is to feel positive about today and to have hope about the future; to feel reasonably confident about being able to handle life's stresses and problems and that mostly life is fulfilled and rewarding'. Since 2005, Lambeth has been developing a strategic approach to public mental health, most recently with the Lambeth Wellbeing and Happiness Programme.[12] This programme encompasses a wide range of activities at individual, community and strategic level. A particular goal of the programme is to influence mainstream commissioning and service provision so that wellbeing is seen as something that all are responsible for 'producing' i.e. that there is no health without mental health, and that there is no wellbeing without mental wellbeing.

How has this been achieved?

The aim has been to inform policy and challenge commissioners to consider what they can do to improve population wellbeing, whilst targeting interventions at those who are reporting poorer health and wellbeing. The programme operates at three levels:

Individual
Lambeth has taken steps to improve mental health literacy by promoting the 'five ways to wellbeing'[13] message and targeted social marketing work using 'Mindapples' and 'DIY Happiness' games. Using film as an engagement tool, we have reached hundreds of people through the Brixton Reel Film festival. We have supported the 'Time to Change' anti-stigma campaign[14] throughout our work, and also encouraged others within the borough to do so. There have been 'reading for wellbeing' groups and promotion of wellbeing activities in the borough such as food-growing groups and financial advice.

[12] www.lambethfirst.org.uk/mentalwellbeing
[13] http://www.neweconomics.org/projects/five-ways-well-being
[14] www.time-to-change.org.uk

Community

Work has been on-going to engage with the local community to develop understanding of wellbeing through wellbeing network events, monthly bulletins and outreach work. Lambeth Council supports and rewards employers who work on improving their workplaces, through information, resources and 'best workplace' awards. A Health and Wellbeing Programme in schools has ensured they are supported to promote a 'whole school approach' to emotional wellbeing. The voluntary and community sector workforce and the public can attend free Mental Health First Aid and 'enhancing wellbeing' training to enhance their understanding of how to help others.

Strategy/policy level

Work has taken place to enable organisations to understand how they can contribute to improving mental wellbeing by use of Mental Wellbeing Impact Assessment (MWIA), by embedding mental wellbeing into policies and service redesign, and encouraging an assets-based approach to needs assessments. An asset based approach is one that seeks to utilize the strengths within communities. These may be social networks, physical buildings, green spaces or good ideas.[15] MWIAs have been carried out on the fuel poverty strategy, redevelopment of Windrush Square, workplaces, library services and initiatives to mitigate the impact of the welfare reforms.

Measuring what matters

Lambeth has started measuring wellbeing by including questions about life satisfaction, self-reported health, and the Short Warwick Edinburgh Scale in its Residents' Survey. We have also developed a measuring wellbeing handbook for community groups and services to use in their monitoring and evaluation – the Cabinet Secretary, Sir Jeremy Heywood, recently acknowledged this work in his blog.[16]

Supporting data

In 2011 the Government published 'No Health Without Mental Health,[17] a strategy for improving mental health and wellbeing for everyone in England, and one of its objectives was that more people would have good mental health. There is a growing evidence base for interventions that promote and protect mental wellbeing.[18,19] Interventions are manifold and include; targeted health visiting for women at risk of postnatal depression, provision of debt advice, parenting interventions for prevention of conduct disorders and conduct problems, measures to enhance the public realm, holistic approach to emotional wellbeing in schools, and work on mental health literacy.

[15] Improvement and Development Agency (2010), A glass half-full: how an asset approach can improve community health and well-being, Local Government Association

[16] http://www.civilservice.gov.uk/news/wellbeing-and-policy-update

[17] HM Government (2011), No health without mental health: a cross-government mental health outcomes strategy for people of all ages

[18] HM Government (2010), Confident Communities, Brighter Futures, Knapp M et al (2011), Mental health promotion and mental illness prevention: The economic case

[19] LSE PSSRU/Centre for Mental Health/DH/KCL, Friedli, L (2009), Mental health, resilience and inequalities, WHO: Denmark, Foresight Report (2008), Mental Capital and Wellbeing Project, The Government Office for Science: London

Despite high levels of deprivation in Lambeth, half the population rate their life satisfaction as being 7 or 8 out of 10 (10 being extremely satisfied) and overall 68% scored 7 or more (nationally 75%).[20] 71% of people in Lambeth reported good or very good health (76% nationally).[21,22] The survey finds the groups who report poorer health and wellbeing within Lambeth are; black Caribbean groups, people living with deprivation, residents of North Lambeth, users of social services, people aged 75-84 years old, and those in receipt of housing benefit.

Recommendation

Act to ensure the ethos behind the Wellbeing and Happiness Programme - that creating wellbeing is the wider goal of all organisations - permeates the borough's Joint Health and Wellbeing Strategy and is reflected in its outcome indicators.

[20] Self, A et al. (2012), Measuring National Well-being: Life in the UK, 2012, Office for National Statistics
[21] Lambeth Research and Consultation Briefing: Wave 6 residents survey (2011)
[22] Health Survey for England (2011)

Tobacco Control

What is the achievement?

Over the last ten years the prevalence of smoking in Lambeth has reduced significantly to 20.1%. In 2011/12 the service helped 2,530 individuals to stay quit at four weeks, exceeding the Department of Health target by over 500 quitters.

Context

There are approximately 42,000 current smokers and 68,357 ex-smokers in Lambeth.[23] Smoking remains the single greatest preventable cause of premature mortality and health inequalities. Smoking is responsible for an estimated two thirds of avoidable deaths in Lambeth. Smoking is a major risk factor for many diseases, including various cancers, chronic obstructive pulmonary disease and cardiovascular disease.

Smoking during pregnancy increases the risk of complications during pregnancy and labour, including miscarriage. Smoking also increases the risk of sudden infant death ('cot death'). In Lambeth, smoking and nicotine addiction is more prevalent amongst men, young adults, certain ethnic groups, those on low income, and those in unstable circumstances such as prisoners, mental health service users, and the homeless.

How has this been achieved?

Tobacco control is "a range of supply, demand and harm strategies that aim to improve the health of the population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke."[24] Since 2005 the Lambeth Tobacco Control Alliance, a partnership of local agencies, has been driving forward a comprehensive tobacco control strategy in Lambeth.

The vision for tobacco control in Lambeth is to 'reduce smoking and in turn reduce the social, economic, environmental and health costs of tobacco in Lambeth."[25] Over the last 7 years, the following measures have been implemented:

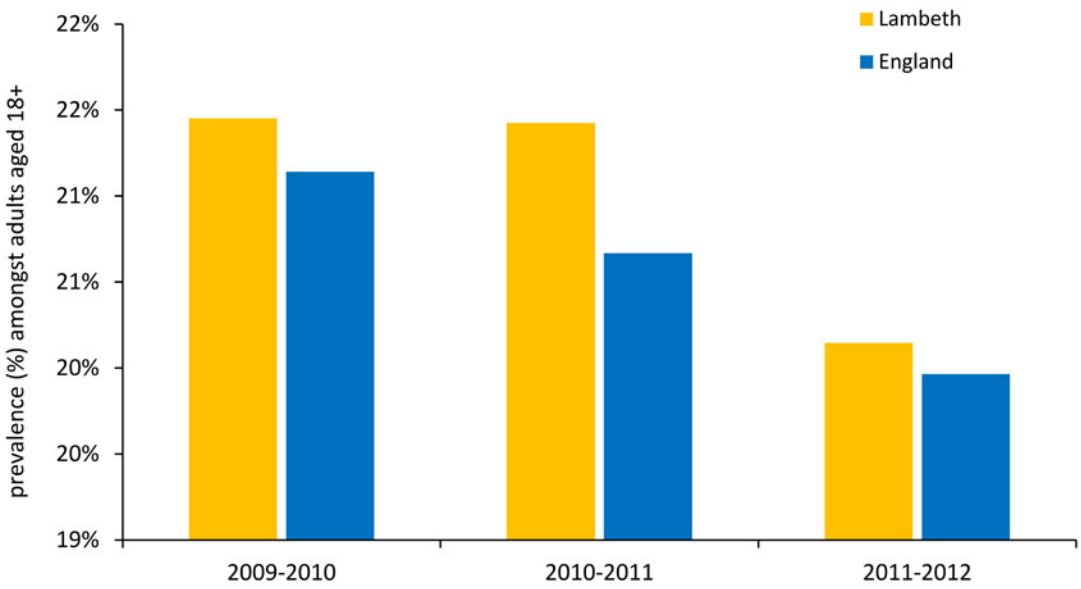
- Preventing the uptake of smoking by children and young people by working with young people, schools and youth clubs
- Working with Lambeth PCT to achieve one of its corporate priorities of achieving a greater number of quitters through the NHS Stop Smoking Service. Every year, at least 4,000 smokers use the Lambeth service.
- Addressing passive smoking by working with the local authority enforcement team to support the implementation and continuing enforcement of smoke-free legislation, and the promotion of smoke-free homes.

[23] NICE, 2012
[24] World health Organisation, 2003
[25] The Lambeth Control Executive, 2009

- Tackling illegal sales by supporting local authority trading standards team in their work to reduce under-age and illicit tobacco sales.
- Partnership working has underpinned the tobacco control work, and local intelligence and equity audits have helped to inform priorities within these measures.
- Local health equity audits have led to more effectively targeted support to men, black and minority ethnic groups, and those living in the most deprived areas.

Supporting data

Figure 10. Comparison of smoking prevalence in Lambeth and England, 2009/10 - 2011/12



Source: Integrated Household Survey

Recommendations

- Currently the Lambeth Tobacco Control Alliance has representation from the NHS, local authority, Metropolitan Police, fire service, HMRC, and voluntary sector. Tobacco Control requires effective partnership working, and it is important that the strong relationships engendered through the Alliance are maintained during organisational changes. The Public Health team is well placed to continue to facilitate and support the Alliance
- Reducing smoking prevalence is only possible if an evidence-based, comprehensive, multifaceted approach is continued. Investing in tobacco control makes health, social and economic sense. Interventions should include work to prevent uptake of smoking and tobacco use, ensuring access to evidence-based stop smoking services, sufficient resources to tackle illegal tobacco through enforcement and social marketing, and limiting exposure to second-hand smoke by promoting smoke-free environments

- Ensure local delivery of NHS Stop Smoking Services. Smokers are four times more likely to quit if they use the service compared to willpower on its own. The service is especially important for smokers who find it more difficult to quit, those from disadvantaged communities, and mental health service users
- GPs and hospitals must continue to offer advice and motivation to smokers to stop smoking. GP practices are in contact with many patients who smoke and would benefit from quitting. Lambeth CCG should consider how it uses levers available through commissioning of secondary care to integrate recording of smoking status, cessation brief advice and support in the delivery of secondary care services
- More resources should be considered to tackle illegal tobacco sales. Local and national evidence indicates that illegal sales are associated with crime and gangs, and pose a risk to community cohesion
- More work is required to include information about shisha in Level 2 stop smoking training, and also in local public awareness campaigns especially those targeted at children and young people

Premature Mortality

What is the achievement?

Premature deaths from circulatory diseases (heart disease and strokes)
The 3-year average mortality rate for circulatory diseases (< 75 years) has fallen by 50%, from 175.3 deaths per 100,000 in 1995-97 to 87.7 in 2008-10. The absolute gap between Lambeth and England has reduced by 40% over the same time period (see fig.10).

Premature deaths from all cancers
The 3-year average premature mortality (< 75 years) from all cancers has fallen by 15% from a baseline 161.8 per 100,000 in 1995-97 to 137.1 per 100,000 in 2008-10 (see fig.11).

Context

Premature mortality remains an important health issue in Lambeth with both men and women having higher levels of premature death than the national figure (see figs. 10 and 11). The main causes of premature mortality are shown in figure 12. For two key causes of premature mortality, circulatory disease and cancers, we have made very important progress in reducing mortality, and we have reduced the gap in mortality for circulatory disease.

How has this been achieved?

Circulatory disease
There is good evidence that both prevention and treatment have had an impact on reducing cardiovascular disease mortality. Impact models have shown that about 60% of the reduction in mortality is due to primary prevention (reduced risk factors such as smoking, reduced blood pressure and cholesterol through diet and physical activity) and 40% due to secondary prevention (effective treatments for heart disease).[26]

In Lambeth we have focused efforts on better prevention and control of risk factors such as smoking, blood pressure and cholesterol levels. Lambeth has made good progress in reducing smoking prevalence with the development of a Lambeth-wide tobacco control strategy and sustained efforts to support smokers to quit. Some progress has also been made in terms of blood pressure control.

Cancers
There are a number of strategies available to reduce cancer mortality including prevention, screening and treatments (chemotherapy, radiotherapy and surgery). Screening to detect early cancer is currently only available for a few cancers such as breast, cervical, and colorectal cancers. Treatments, although effective, can have severe side effects and are also expensive. Prevention remains an important strategy to reduce cancer mortality burden. It

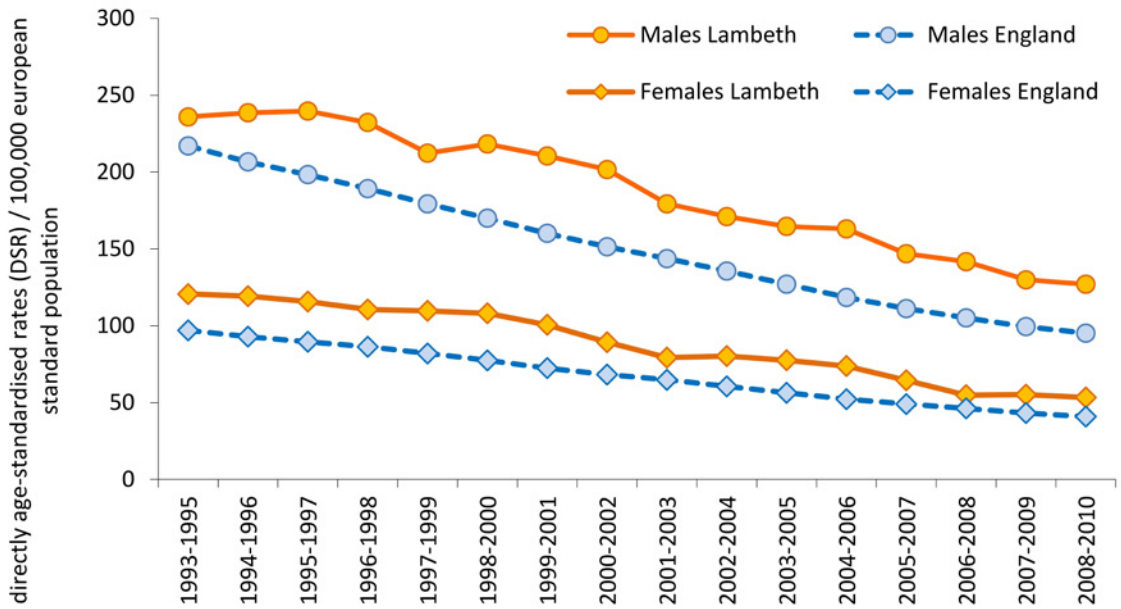
[26] Explaining the Decline in Coronary Heart Disease Mortality in England and Wales between 1981 and 2000 Belgin Unal, Julia Alison Critchley, Simon Capewell, *Circulation*. 2004;109:1101-1107

has been estimated that about 35% of all cancer deaths are attributable to 9 modifiable risk factors including tobacco, alcohol, air pollution, obesity, and physical activity.

In Lambeth there has been a focus to prioritise reduction in smoking prevalence and improve access to screening programmes such as breast, cervical, colorectal screening. The uptake of cervical, breast and colorectal screening is below the national average, although improving slowly. Further initiatives to improve uptake targeted at primary care are planned. Early detection and prevention of cancer is a key strategic priority for South East London. Our work to save lives is supported by the work we do as part of the wider programme of work led by the South East London Cancer Network.

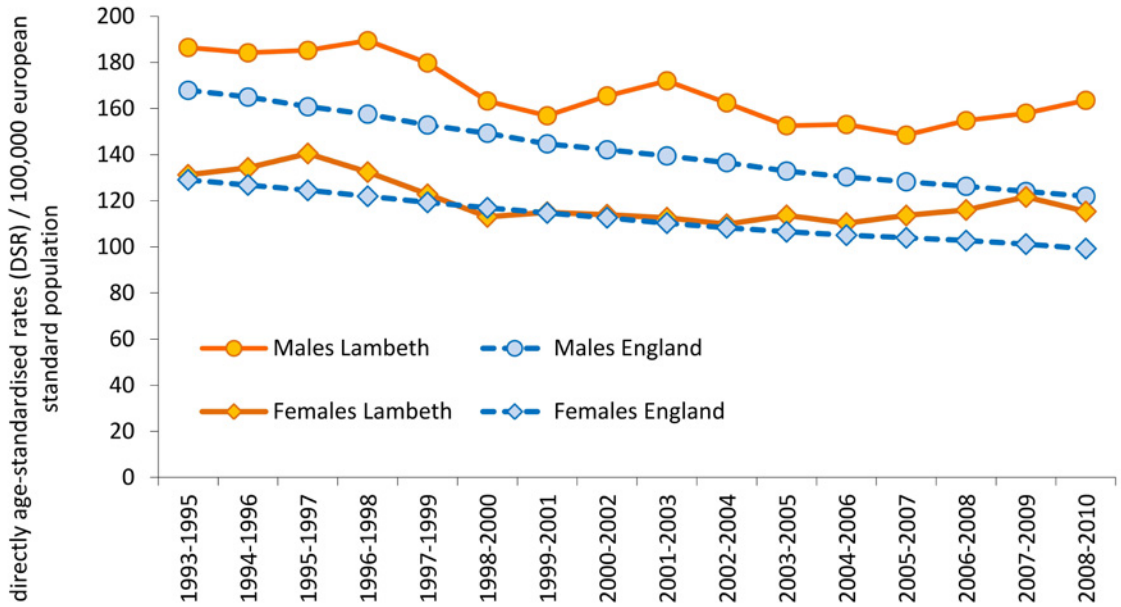
Supporting data

Figure 11. Mortality from circulatory diseases, ICD10 I00-I99, under 75, 1993 - 2010 (Directly Standardised Rates)



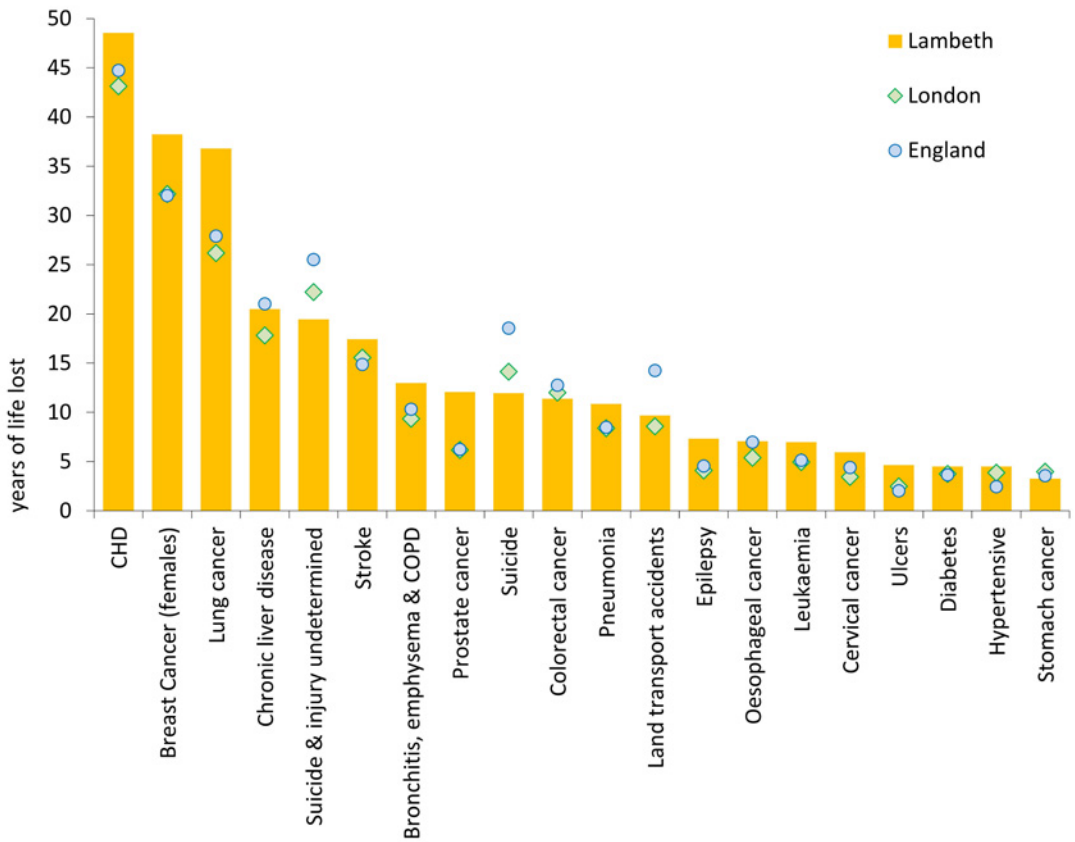
Source: HSCIC (Health & Social Care Information Centre)

Figure 12. Mortality from premature cancer, ICD10 I00-I99, under 75, 1993 - 2010 (Directly Standardised Rates)



Source: HSCIC (Health & Social Care Information Centre)

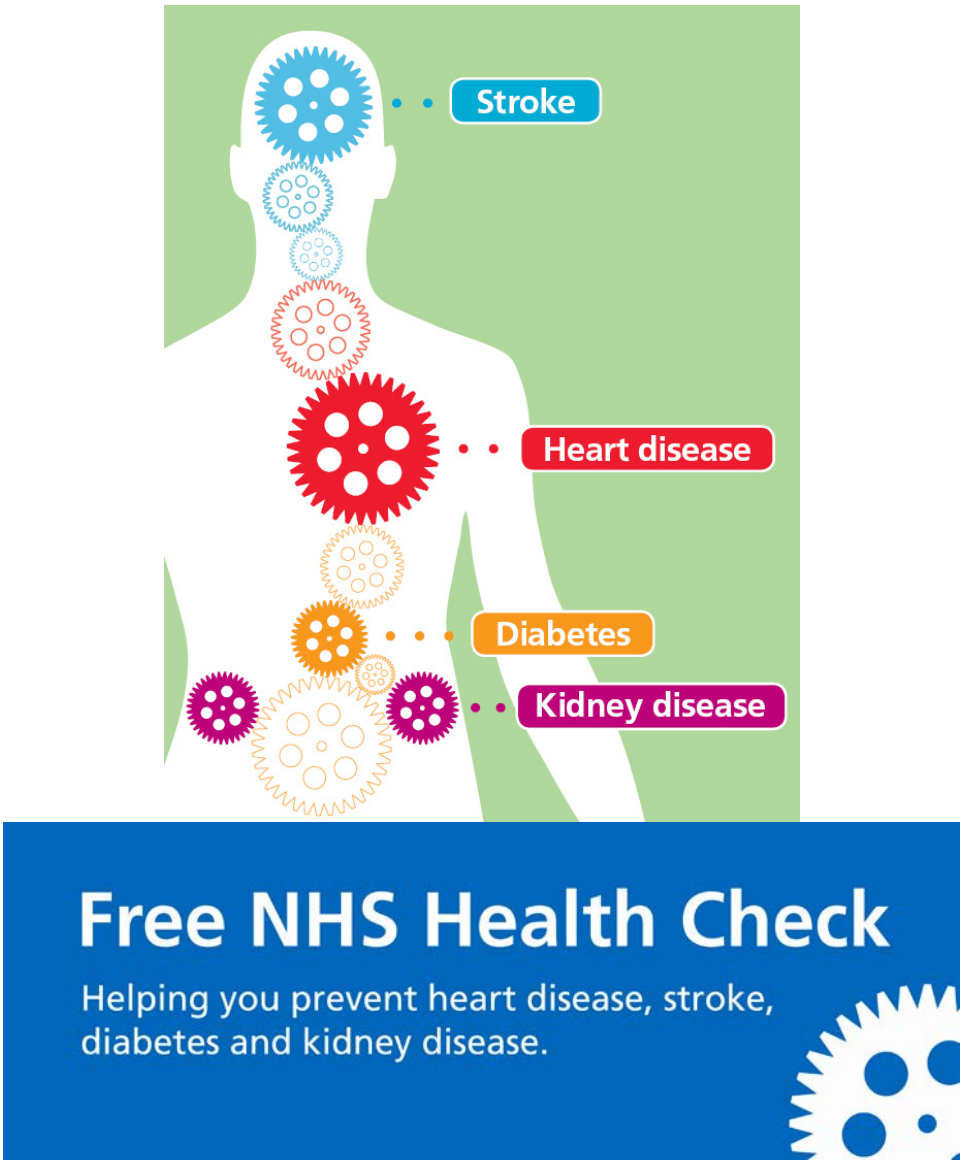
Figure 13. Years of life lost due to mortality, persons under 75, 2008 - 2010



Source: HSCIC (Health & Social Care Information Centre)

Recommendations

Good progress has been made in reducing some causes of premature mortality in Lambeth, contributing to the increase in life expectancy and reduction in the gap in life expectancy. However the challenge to reduce this further still remains. Implementing and improving the uptake of the NHS Health Checks programme is an important example of this. Improving the early detection of specific conditions such as diabetes and heart disease remains a challenge. Reducing specific risk factors such as raised blood pressure, smoking and obesity (by improving physical activity and developing a comprehensive food strategy) remain important priorities.



HIV

What is the achievement?

People with HIV now live longer; HIV has become a chronic rather than terminal condition as a result of the efficacy and availability of antiretroviral therapy (ART). Some individuals however will have complex medical and social needs that can impact upon health outcomes and onward HIV transmission.

The AIDS mortality rate has been halved during the past 10 years in South East London (see fig. 13). The consequence of longer survival has been an increase in the number of people affected by HIV in Lambeth receiving treatment and care. By 2011, 3191 Lambeth residents were living with a diagnosis of HIV, and being treated for the condition, which represents an increase of over a third since 2006. The number of reported new diagnoses has decreased over time in Lambeth, Southwark and Lewisham (see fig.13), reflecting the cumulative impact of a number of factors including changes in migration patterns and a decrease in the risk of transmission.

Context

- HIV prevalence in Lambeth is the highest in England with 13.9/1,000 affected among 16-59 year olds in 2010
- There are four times more men than women diagnosed and treated overall
- The most common source of infection for Lambeth residents with HIV is sex between men, which accounts for 65% of cases (see fig. 14)
- Population groups at high risk of HIV are well-represented in Lambeth, with the highest MSM population in the country and 20% of the registered population being from black African background.

How has this been achieved?

Increased survival and decreased new cases are likely to be the result of complex interactions between improved interventions and wider global changes. In addition to access to free treatment, local interventions have focused on:

HIV testing
This is shifting from specialist services to being integrated with other health services. Testing is provided to specific high-risk groups through specialised services (Sexual Health Services, drug services in partnership with GSTT, community services, refugee and asylum seekers services, and prisons). HIV testing of pregnant women is now offered universally. HIV testing at time of registration with a GP practice is being evaluated. HIV testing is also included in the case of specific diagnoses such as glandular fever.

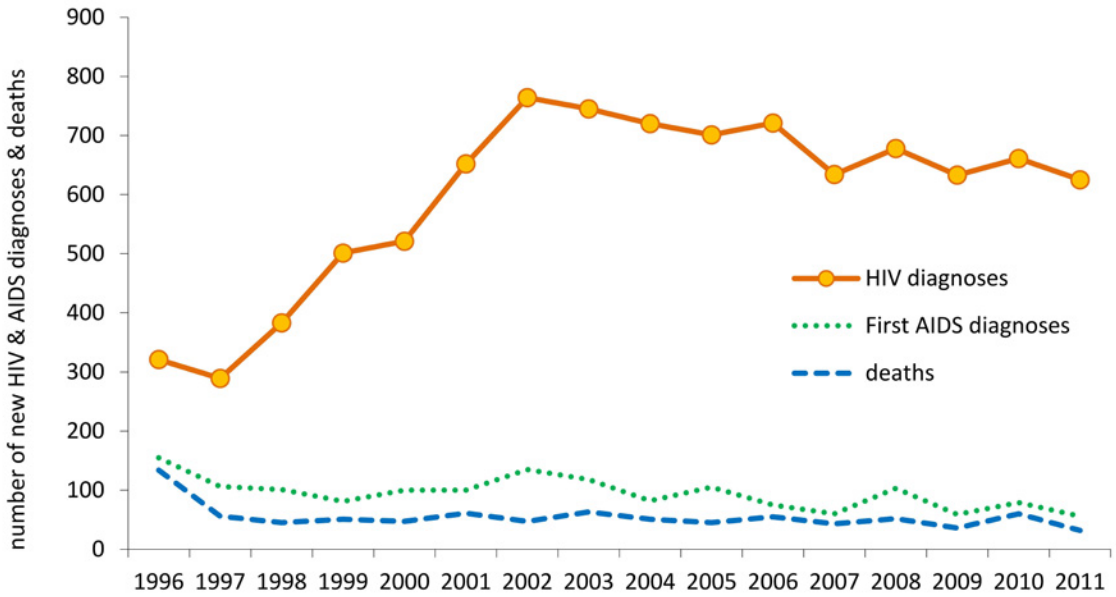
Free condom distribution
This is taking place in various settings, including the Safer Partnership reaching the African population, distribution in clubs and saunas targeting the MSM community, and through Brook's C Card scheme which targets young people aged 16-25. The 'Freedom' condom distribution scheme is available to local organisations.

Needle exchange
This has been in place for more than ten years, provided through pharmacies, specialist community-based drug agencies, a mobile harm-reduction bus, and in homeless hostels. Service users play an important role in prevention through peer support and provision of overdose training.

Care and support programme
This aims to ensure quality of life for people living with HIV, support adherence to treatment, and prevent onward transmission.

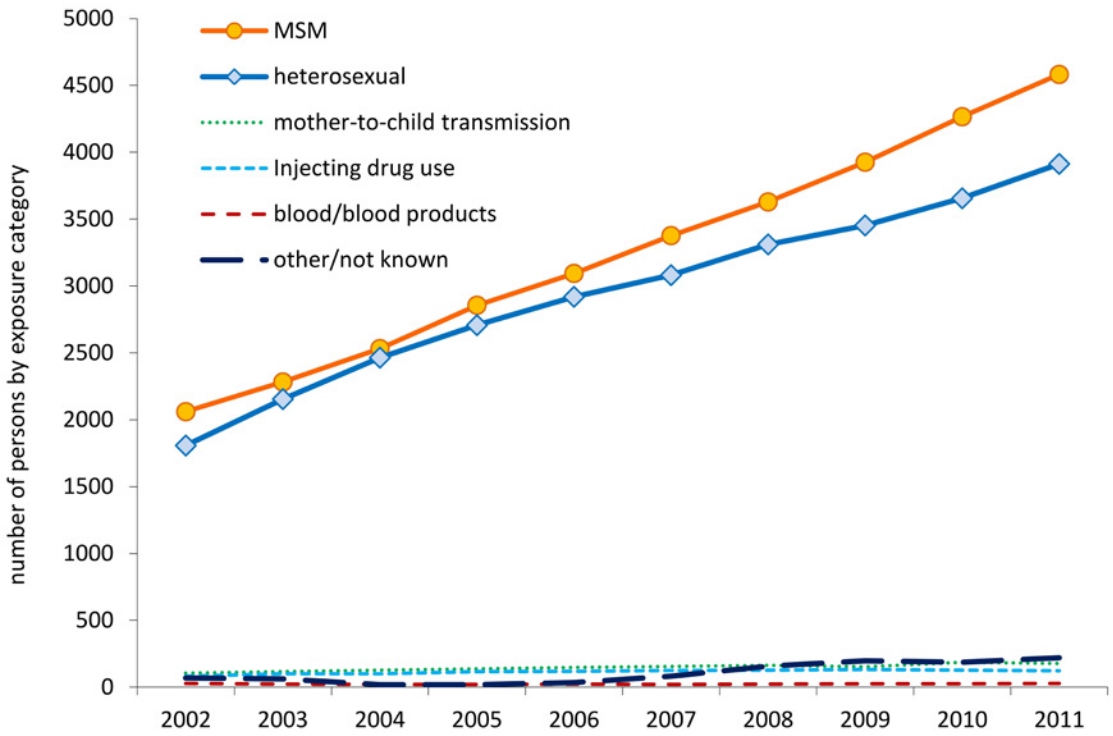
Supporting data

Figure 14. New HIV & AIDS diagnoses & deaths among HIV infected persons by year of diagnosis or death in South East London



Source: HPA (Health Protection Agency)

Figure 15. HIV diagnosed persons resident in South East London sector by exposure category, 2002 - 2011



Source: HPA (Health Protection Agency)

Challenges:

- In 2011 around a quarter of those people living with HIV did not receive any treatment
- Late diagnosis remains an issue, especially in cases of heterosexual transmission
- Access to HIV testing remains an issue. The fear of disclosure and criminalisation is a critical barrier, as well as low awareness of HIV and available care
- Socioeconomic needs of people living with HIV are likely to increase with the welfare benefit reform and the impact of recession. There has been an increasing proportion of people diagnosed with HIV who live in more deprived areas: from 45% in 2002 to 60% in 2011

Recommendations

- More work is required to support practices in mainstreaming HIV testing. Offer of HIV testing to patients at registration with a Lambeth GP is now part of the GP contract
- Develop a HIV testing strategy with all stakeholders and people living with HIV, informed by the findings of the HIV opt-out testing pilot and the review of community HIV testing
- Raise HIV awareness in the public and specific high-risk groups
- Sexual health risk behaviours are constantly reviewed to inform health promotion interventions

- Build capacity in primary care for opt-out testing at registration
- Ensure equitable provision of HIV prevention services, including for MSM groups
- Develop the capacity to address non-HIV treatment care needs in primary care
- Assess social care needs and identify best practices to address them, especially In the context of the welfare benefit reform

Retinal Screening Programme

What is the achievement?

The External Quality Assurance team peer reviewers congratulated the programme on demonstrating its achievement of the key aspects of all of the 19 Quality Assurance Standards in 2012.

81% of the eligible population in Lambeth now take up the offer of retinal screening, exceeding the 80% target set nationally (see fig.15). This is a significant achievement given the fact that in 2005/6 only 59% of eligible individuals were benefiting from screening.

Context

Diabetic retinopathy is the commonest cause of blindness in the working-age population, and is increasing in the elderly. There are currently over 2.5 million people living in the UK with a diagnosis of diabetes. Retinopathy screening was introduced in 2002 as part of the delivery strategy of the Diabetes National Service Framework with a specific target that: *"by 2006, a minimum of 80% of people with diabetes to be offered screening for the early detection (and treatment if needed) of diabetic retinopathy as part of a systematic programme that meets national standards, rising to 100% coverage of those at risk of retinopathy by end 2007".*

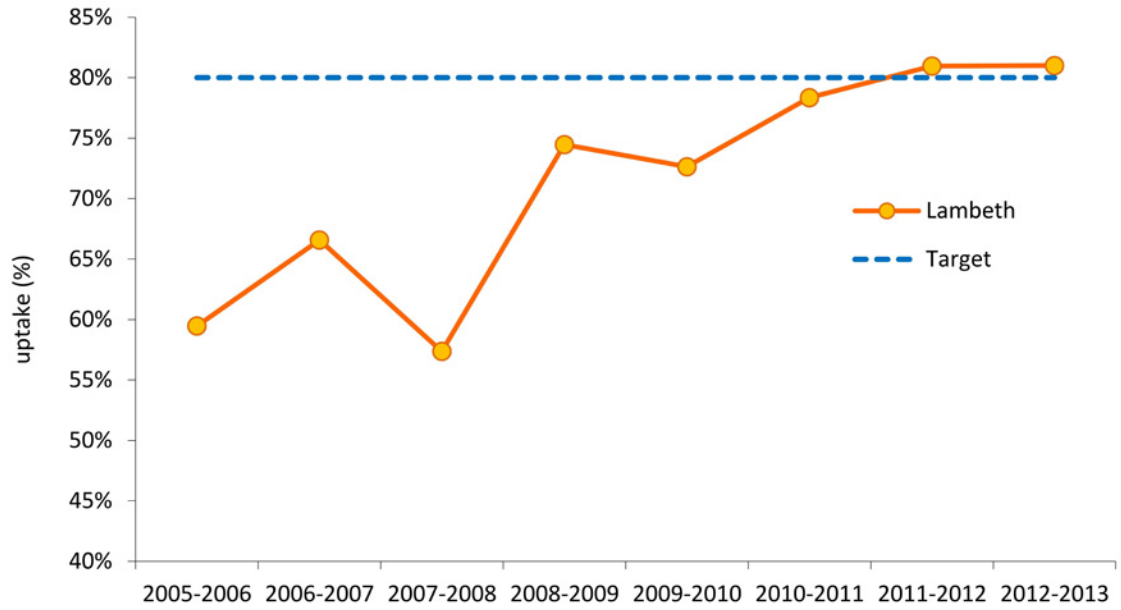
How has this been achieved?

The way this has been achieved is by ensuring:

- A robust governance structure with an effective programme board, strong Public Health leadership, effective clinical leadership and an on-going, open, and collaborative dialogue between stakeholders
- Operating with a critical mass that allows for reliable operational delivery as well as a degree of on-going service development. The Lambeth, Southwark and Lewisham programme serves a large population base compared with most other Diabetic Eye Screening programmes in London
- Working systematically and diligently to improve cohort identification, and validation of the single collated list
- Developing commendable initiatives aimed at improving coverage, better understanding the needs of the population, and improving education, uptake and quality

Supporting data

Figure 16. Percentage uptake of retinal screening by the eligible population in Lambeth, 2005/06 - 2012/13



Source: Retinal screening, GSTT

Recommendations

The main challenges faced by the programme in the next year include:

- Improving coverage and uptake further
- Implementing the New Common Pathway, national service specification and associated changes in national guidance as a result of health care reforms, and ensuring continuity and safety in the transition
- Ensuring equitable coverage and reducing variation in primary care uptake levels
- Integration with general diabetes care

Reducing healthcare associated infections

What is the achievement?

A steady reduction in MRSA bacteraemias and Clostridium difficile infections.

Context

MRSA bacteraemias and Clostridium difficile infections have been used as national targets for Healthcare-Associated Infections (HCAI). They are indicators of overall infection control in any given healthcare setting.

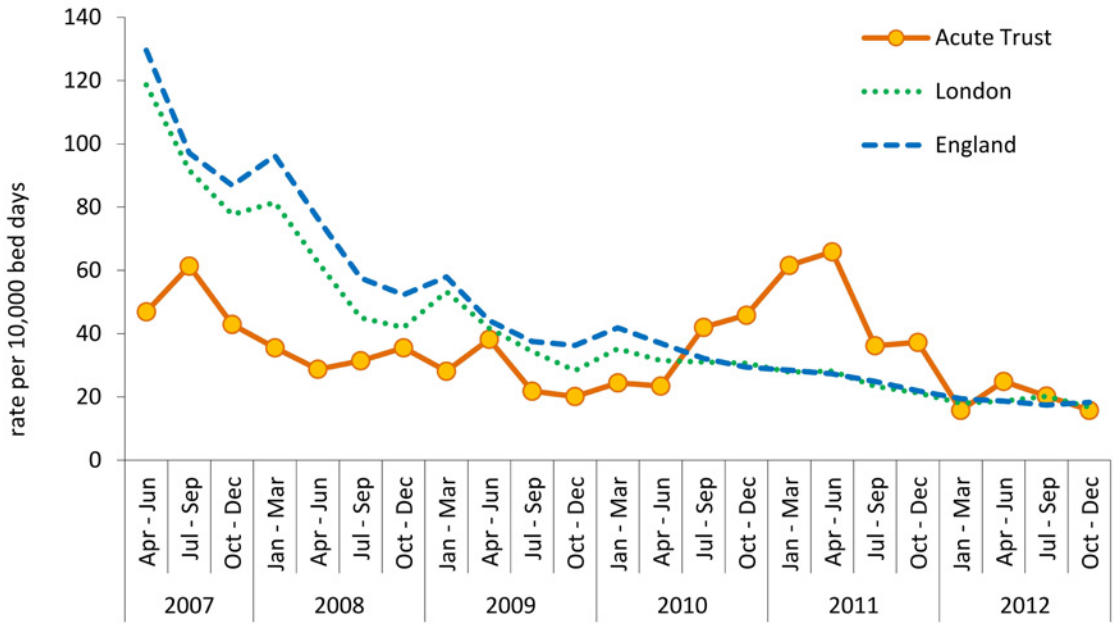
How has this been achieved?

GSTT have prioritised infection control over several years and made considerable investment into a whole-trust strategy for HCAI reductions. This investment has produced dramatic reductions in HCAI.

Lambeth PCT has worked closely with GSTT for ten years, with shared members on each other's Infection Control Committees. Following a successful joint bid to NHS London, we undertook an HCAI care pathway project to improve communication and information flows between hospital and community care.

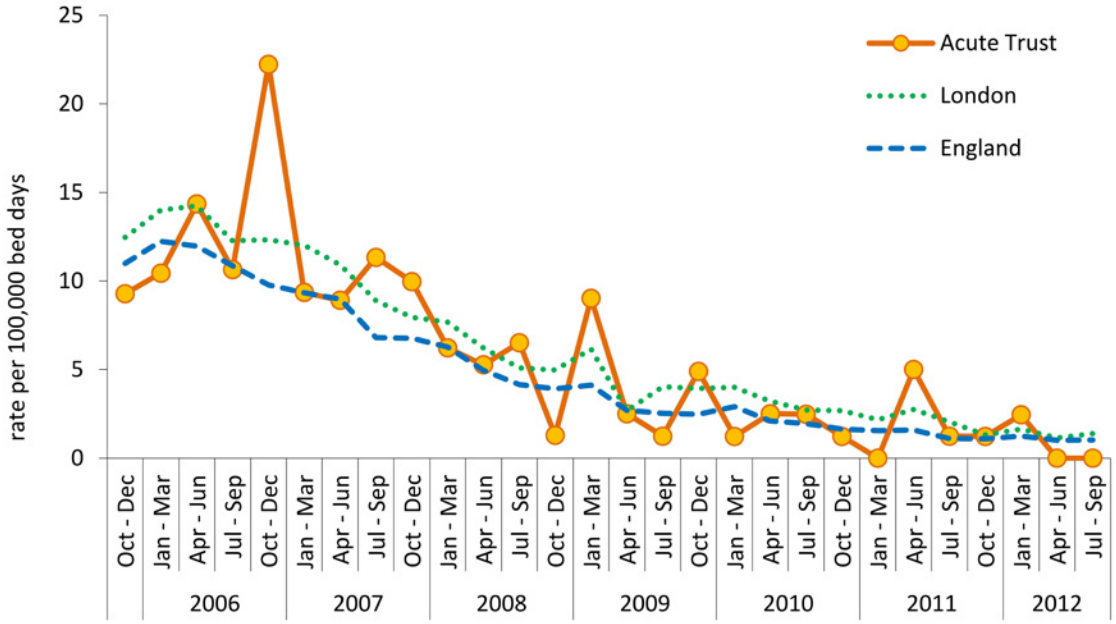
Supporting data

Figure 17. Trust-apportioned MRSA bacteraemia rate, with Trust-apportioned national & regional rate, Guys & St Thomas NHS foundation trust, per 100,000 bed days, 2006 - 2012



Source: Health Protection Agency (HPA) London REU

Figure 18. Trust-apportioned Clostridium difficile rate per 10,000 bed days, with Trust-apportioned national & regional rate, Guys & St Thomas NHS foundation trust, 2007 - 2012



Source: Health Protection Agency (HPA) London REU

The increase in cases of Clostridium difficile between 2010 and 2012 was due to the introduction of a more sensitive test and reporting all cases testing positive. Following implementation of a new Department of Health testing regime and reporting guidance, this number has dramatically reduced.

Recommendations

- Establish new governance structures for infection control and health protection.
- Await the revised national hygiene code
- Undertake the planned Clostridium difficile Infection Summit involving local stakeholders
- Ensure close working relationships between commissioners, local authorities and acute trusts are maintained in order to deliver this

Abbreviations

BFI – Baby Friendly Initiative (UNICEF)

CCG – Clinical Commissioning Group

CDOP – Child Death Overview Panel

DPH – Director of Public Health

GSTT – Guy's and St Thomas' NHS Foundation Trust

GUM – Genito-urinary medicine

Hib – Haemophilus influenza type b

HIV – Human immunodeficiency Virus

HPA – Health Protection Agency

ICD10 – International Classification of Diseases (10th revision)

MMR – Measles, Mumps and Rubella (vaccine)

MRSA – Methicillin-resistant Staphylococcus aureus

MSM – Men who have sex with men

MWIA – Mental Wellbeing Impact Assessment

NCMP – National Child Measurement Programme

NCSP – National Chlamydia Screening Programme

NHS IC – NHS Information Centre

ONS – Office for National Statistics

PCT – Primary Care Trust

PHE – Public Health England

STI – Sexually transmitted infection

UCL ICH – University College London, Institute of Child Health

UNICEF – United Nations Children's Fund

WHO – World Health Organisation

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Please note that the information within this report 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. If you have any queries regarding the information within this report please contact the Health Intelligence team at: james.crompton@southwark.gov.uk and/or ash.more@nhs.net

Comments and feedback

Your comments on this report are welcome. Please e-mail them to PHadmin@southwark.gov.uk