Lambeth First's

Health and Wellbeing Joint Strategic Needs Assessment

2009 Annual Report

Volume I: Main Report

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Lambeth First

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Section 1: Introduction and summary

Foreword

Promoting and securing the health and wellbeing of our citizens is a key focus of Lambeth First. Our work is underpinned by our Sustainable Community Strategy (which seeks to improve economic, social and environmental wellbeing), our Local Area Agreement and our thematic strategies – such as the Children and Young People's Plan, Older People's Strategy and Lambeth Commissioning Strategy Plan.

Underpinning our strategies and plans is a clear, detailed and robust understanding of community need. This understanding is informed by a wide range of assessments, analysis exercises, data-sets and community consultation. It is in this context that we have developed our first Joint Strategic Needs Assessment (JSNA) for Lambeth.

The requirement for all local areas to produce a JSNA is set out in the Local Government and Involvement in Public Health Act (2007). As a borough we welcome this new requirement which seeks to improve a borough's understanding of health and wellbeing need. In addition we feel the requirement to produce a JSNA builds on the work we have already undertaken over a number of years to gain a shared understanding of the challenges we face in Lambeth and the best ways of tackling these problems.

In developing our first JSNA we have been clear from the start that we did not want our analysis to just focus on health and/or merely duplicate information which already existed in other documents and reports. We wanted our JSNA to focus on wellbeing – which is wider than just health – and ensure that our analysis added value to our existing understanding of the challenges facing our borough.

To that end, whilst our JSNA provides a broad assessment of our key health and wellbeing issues, our most extensive analysis has been targeted at a small set of challenging areas. By targeting our most detailed analysis in this way we have been able to develop an even greater understanding of these complex issues and how we could tackle them more effectively.

Finally, whilst we are clear that the recommendations contained within this report will undoubtedly improve outcomes for our citizens, we also recognise that this is our first JSNA and there are limitations around the level of analysis undertaken and data used to underpin our work. Moving forward we will therefore seek to improve our data and community intelligence so that we can gain an even more detailed understanding of wellbeing in Lambeth. We particularly want to develop our understanding further in smaller geographic areas – for example, council wards and housing estates – as well as gain a greater understanding of the unmet needs of vulnerable citizens. As with this year, our refresh for 2010 will seek to focus on a small group of key issues and/or a central theme, determined by Lambeth First. This will guide the scope of the document and ensure that this (and future) JSNA's improve the commissioning and delivery of services.

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Executive Summary

Our borough

Lambeth is an inner London borough that has an ethnically diverse and relatively young population. Mobility and migration levels remain high and the borough is a 'spearhead area'[1] with numerous challenges such as areas of deprivation, higher than average unemployment, poor quality housing and crime.

However despite these challenges much progress has been made in recent years to improve health and wellbeing. Life expectancy is increasing and the gap with England as a whole is narrowing; premature mortality from major killers such as cancer, heart disease and stroke are coming down and the gap in mortality with England is narrowing. Crime has also fallen significantly for a number of years, educational attainment and skills levels continue to improve, teenage pregnancy is falling and our public realm is the cleanest it has ever been. Lambeth therefore is a borough which has much to celebrate, whilst at the same time recognising that much more needs to be done before we can be sure that all our citizens experience high levels of health and wellbeing.

The role of our JSNA

The JSNA is an important process of the planning cycle that will play a major role in guiding and directing this improvement journey. At its core it is an assessment of health and wellbeing needs within the borough. Its central focus therefore is to understand the level and extent of unmet need our citizens are subject to[2].

This is our first JSNA and it reflects the culmination of extensive data gathering, community engagement and analysis that took place over 2008-09. The findings and recommendations set out within this JSNA report provide a joint evidence base on health and wellbeing issues that partners can agree on as a basis for local priorities. In addition the findings and recommendations within this report will also be translated into effective service commissioning.

The focus of our JSNA

Throughout the development of our JSNA Lambeth First has been clear that as this is an assessment of health and wellbeing the report has to be structured around a broad set of outcomes that looked at wellbeing in a holistic way. Therefore, to ensure our analysis was thorough we based our JSNA around five outcomes. These are:

- Being healthy
- Staying safe
- Enjoy and achieve
- Making a positive contribution
- Achieving economic wellbeing

[1] The health inequalities spearhead group consist of local authorities and primary care trusts that have the government expects to see faster rates of improvements in health inequalities (than the national average – thereby reducing the gap in health inequality) for conditions such as cancer, heart disease, stroke and related diseases. Achievements of the targets will be assessed on the outcomes for this group in 2010.

[2] Unmet need is defined as areas/issues where there is the potential to improve health and wellbeing – which currently are not being addressed because of either insufficient investment or interventions are not having the desired impact.

Within each outcome we provide an analysis of the key issues that are having a negative impact on the health and wellbeing of citizens within Lambeth. In addition, as part of the development of our JSNA, Lambeth First identified ten challenging issues that were having a highly negative impact on health and wellbeing or were issues that we did not have sufficient data to make a robust assessment of the health and wellbeing need. These are:

- **HIV**
- **Sexual health**
- **Mental health (including CAMHS)**
- **Housing support for vulnerable people (especially older people)**
- Learning disability
- Emotional wellbeing
- Safeguarding children
- Healthy eating in children and young people
- Services around "Personalisation" targeting long term conditions
- Safeguarding adults

Of the 10 areas identified four areas have been looked at in more detail. These are highlighted in bold above. These top four issues were agreed as the priority areas of focus by the JSNA Steering Group (based on available evidence) and have been subject to further analysis and mapping. These analysis/mapping findings are available in Supplement 5. The remaining six areas are assessed within the main body of our JSNA, however were not subject to the same extensive analysis. These will however been analysed further for the 2010 refresh of the JSNA.

Developing our JSNA

Our JSNA was developed over 2008-09. At the core of the process was a comprehensive, systematic joint information gathering exercise which mapped core JSNA datasets locally, reviewed ongoing needs assessments and assessed community engagement activities across the partnership between January 2005 and March 2009. In addition key themes that evolved from three facilitated workshops were also used as part of our analysis. As expected the development process also highlighted limitations around the quality/availability of data and the variation around agreed definitions locally. These problems were anticipated and we believe that through the annual refresh process for the JSNA we will continue to address these challenges.

Analysis of need and recommendations

Section three of the JSNA identifies met and unmet needs under each of the five key outcomes. The recommendations under each outcome focus on three key areas – strategic, operational and technical issues. Further information about the scope of each recommendation is set out below:

- **Strategic recommendations:** These focus on the service area where major gaps have been identified around unmet need. Recommendations set the actions Lambeth First would need to take forward to address the unmet need and it would be essential that Commissioners take account of these when planning service provision.

- **Operational recommendations:** These focus on service delivery issues identified through the analyses and set out how existing services in certain areas could be joined up/integrated more effectively. Service leads and

managers should take account of these recommendations when delivering their services

- **Technical recommendations:** These focus on data/analysis issues identified throughout the development of the JSNA i.e. availability of data, limitation of analyses and capacity issues. Partners involved in the refresh of the JSNA should review these recommendations and put in place the necessary systems and processes to address them. This will enable us to further develop our understanding of need in the borough.

The key strategic recommendations flowing from the JSNA analysis are set out below. Further information around the analysis which underpins these recommendations is set out in section 3 of the JSNA report. In addition the operational and technical recommendations are reported in the body of the report and all recommendations are summarised in section 4 of the JSNA.

Strategic recommendations

Being healthy

- Ascertain extent of unmet mental health need in current maternity service provision.
- Evaluate current domestic violence programme targeting pregnant teenage mothers and their families.
- Review the current child care provision for families with preschool children in light of increasing demand.
- To develop a clear process of information sharing requirements between statutory providers and the voluntary sector for children on the CAMHS waiting list and incorporate an evaluation mechanism.
- To ascertain the need for programmes targeting families of pre-school children through existing initiatives e.g. Child Health Promotion Programme.
- Recognise HIV as a rapidly growing long-term chronic condition driving future health inequalities in Lambeth
- Tackle HIV related stigma, xenophobia and homophobia among health and social care professionals, and the public in Lambeth
- Reduce late diagnosed HIV: Expand access to HIV testing to reduce HIV related morbidity and mortality and reduce onward HIV transmission
- Increase access to sexual health services for high risk groups- young people, African/Caribbean Communities and men who have sex with men
- Ascertain the need for care pathways for older people with co-morbidities targeting housebound and mental health clients.
- Develop a systematic mapping programme of all mental health information systems across partnership and assess quality of information outputs
- Review all information sharing protocols specific to mental health across the partnership.
- Respond to the recommendation with the JAR report to improve stability and retention of Child Social Workers, CAMHS specialists and Health Visitors

Staying safe

- Evaluate current domestic violence programme targeting pregnant teenage mothers and their families.
- Encourage incorporation of domestic violence awareness programmes in secondary schools through current PHSE curriculum.
- Develop understanding of how Lambeth targets its family support work to BME families – to ensure that our approach is fit-for-purpose.

Enjoy and achieve

- To ensure a systematic process of measuring health outcomes in leisure/gym related programmes across the partnership.

Making a positive contribution

- None proposed.

Achieving economic wellbeing

- Specific recommendations around our outcome of achieving economic wellbeing will be made in our Local Economic Assessment. This will inform and drive commissioning priorities for Lambeth First with regard to the 'achieving economic wellbeing outcome'

Cross cutting issues

- To ensure that community intelligence guides a joint community engagement agenda which helps to identify health inequalities and the best ways in which to support hard to reach population groups.

Introduction to Lambeth

Lambeth is an inner London borough classified as "London Cosmopolitan" by the 2001 Census Area Classifications, similar to Southwark and Hackney. It is the 19th most deprived local authority[3], and we are designated as a "spearhead area"[4].

Lambeth is one of the most densely populated boroughs in the UK with a rapidly growing population. There are a high proportion of young people compared to the rest of the country - approximately 50% individuals in the 20-44 age group. In addition, Lambeth has a diverse population with a high proportion of black and minority ethnic groups. Specifically the borough has the second highest proportion of Black Caribbean residents after Lewisham and fourth highest proportion of Black African people. Recent migrants include those from Africa, Latin America and Eastern Europe.

Nearly 60% of Lambeth's homes are either owner occupied or privately rented[5]. Housing though has numerous challenges which Lambeth First is seeking to address. Although improving, just over one in twenty of Lambeth's households are classified as overcrowded[6]. The greatest level of overcrowding is within ethnic minority households. In addition overcrowding is prevalent in households with dependent children living in social housing and students in private rented accommodation[7]. Our housing needs assessment also recognises that 10% of private rented households are overcrowded[8].

Further, although progress is being made to improve the quality of social and private sector housing we know from the 2004 Private Sector Stock Condition that 11% of properties were classified as unfit and that as of August 2009 29% of local authority housing in non-decent. Whilst this is a major challenge, comparatively this compares well with other areas. For example in Lewisham 61% of social housing and in Sutton 35% of housing is classified as non-decent.

The level of homelessness in the borough has steadily reduced over recent years, as has the number of households in temporary accommodation, due to investment in homelessness prevention and alternative housing options, especially private rented housing. Since its peak in March 2007 (of 2,451 households) the number of households in temporary accommodation has reduced year on year by 14% in 2007/08 and by 9% in 2008/09. However Lambeth First recognises that the borough still has high levels of homelessness and a reducing supply of properties available to be let. At the end of 2008/09 there were 1,924 households waiting in temporary accommodation which the council has a statutory duty to house.

Unemployment is an important risk factor for ill health and is associated with higher rates of long term illness and premature mortality. Unemployment in Lambeth has historically been higher than the London average, which likely reflects the borough's more deprived profile[9]. This has improved in recent years and currently our latest employment data show that our overall employment rate is 69.4% - a slight decline

[3] Indices of Multiple Deprivation, 2007
[4] The health inequalities spearhead group consist of local authorities and primary care trusts that have the government expects to see faster rates of improvements in health inequalities (than the national average – thereby reducing the gap in health inequality) for conditions such as cancer, heart disease, stroke and related diseases. Achievements of the targets will be assessed on the outcomes for this group in 2010.
[5] Census, 2001
[6] Lambeth 2007 Housing Needs Survey
[7] Census, 2001
[8] Lambeth 2007 Housing Needs Survey
[9] ONS Annual Population Survey

from our peak at 71.2%. However the impact of the severe recession currently being faced by the country is likely to make it harder to maintain overall employment rates.

The level of crime and fear of crime itself are amongst the most commonly cited influences on quality of life. Crime rates in Lambeth are generally higher than the rest of the country and there are a particularly high number of domestic offences and drug related arrests. Despite these continuing challenges, significant and sustained reductions in overall crime have been achieved by Lambeth over the past six years with a 30% fall in volume crime between 2003 and 2008 and a further 2.5% fall in total notifiable offences in 2008/09.

More detailed information about Lambeth's population profile and other statistics about the borough can be found in the Lambeth First State of the Borough Report, available on the Lambeth First website at www.lambethfirst.org.uk/stateoftheborough.

Demographic profile

Lambeth (Figure 1) is an inner London borough with a northern boundary on the River Thames and is situated between Wandsworth to the west, Southwark to the east and Croydon to the south. Lambeth has 21 wards (Figure 2) and is comprised of six town centre areas: North Lambeth, Stockwell, Clapham, Brixton, Streatham and Norwood. The census area classifications describe Lambeth as a London Cosmopolitan area similar to Southwark and Lewisham.

Figure 1 – Borough maps

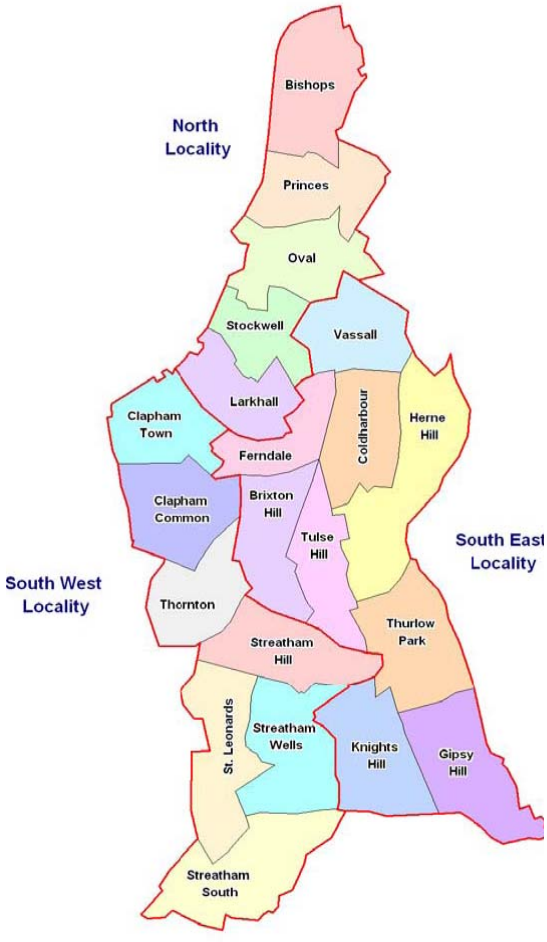
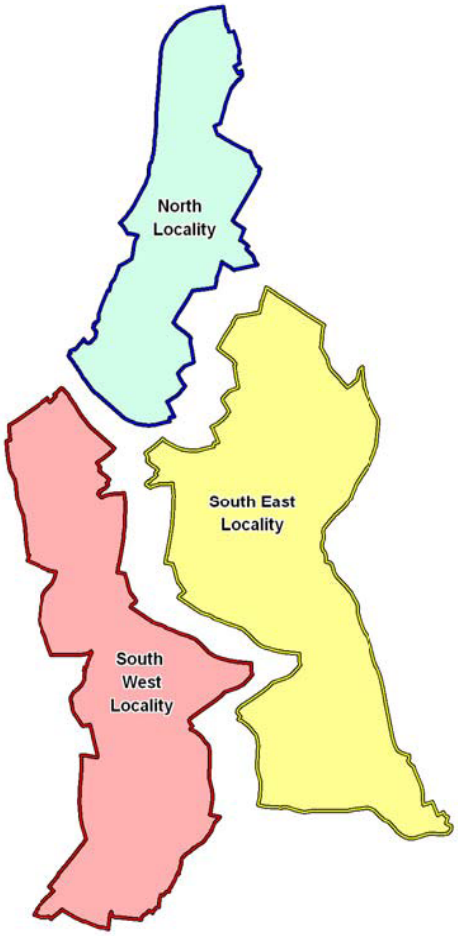


Figure 2 – Lambeth wards by locality



The Office for National Statistics (ONS) published 2006 mid-year estimate show the resident population of Lambeth as 273,249. However the Greater London Authority (GLA) 2007 population estimates for 2008 show the Lambeth resident population as being 285,580 and the General Practice registered population in Lambeth (March 2009) was 352,762.

Locality	Lambeth wards
North	Bishops
	Princes
	Larkhall
	Oval
	Stockwell
Southeast	Brixton Hill
	Coldharbour
	Ferndale
	Gipsy Hill
	Herne Hill
	Knight's Hill
	Thurlow Park
	Tulse Hill
	Vassal
Southwest	Clapham Common
	Clapham Town
	St Leonard's
	Streatham Hill
	Streatham South
	Streatham Wells
	Thornton

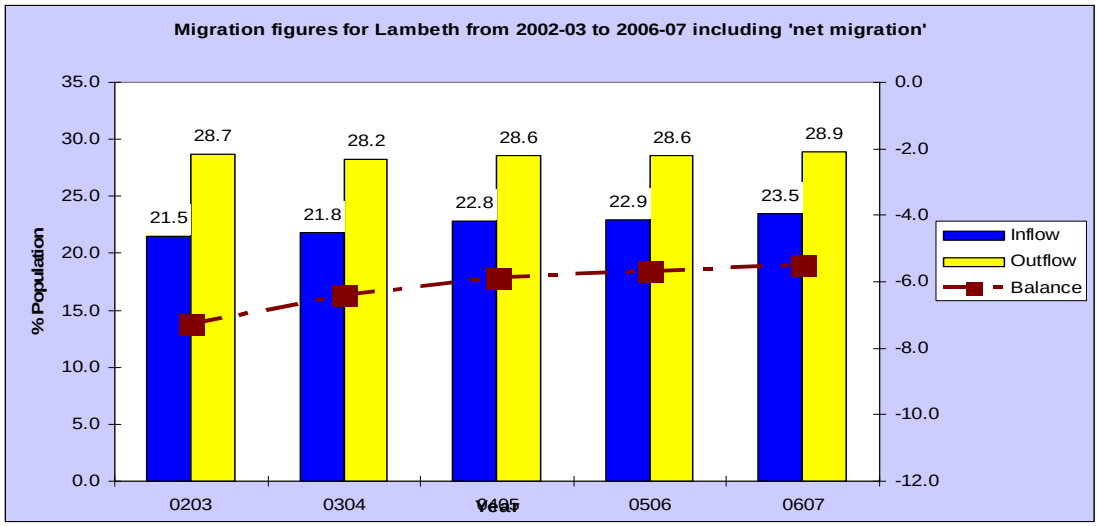
Lambeth is a densely populated area – in 2001 it was the fourth most densely populated boroughs in the UK. It has a high proportion of young people, especially young working age with around half of residents falling into this age bracket (20 – 44 years). Lambeth's population is projected to grow by a further 15%, with increases recorded largely in the later working age range (45-60 years), although the proportion of elderly is also growing[10].

Migration

There are high levels of population mobility in Lambeth. The migration statistics from the ONS show a net migration of approximately over 22% which equates to over 30,000 individuals moving in and out of the borough.

[10] GLA 2008 borough population projections

Figure 3 – Migration figures for Lambeth
Source: Office for National Statistics (ONS)



Age profile

Lambeth has a younger population age profile than the London and national average. There is a preponderance of people of a younger working age living in Lambeth as shown in Figure 4. Around 45% of the population is in the 20-39 year age group compared with 36% in London in the same age group.

Figure 4 – Age profile of Lambeth population
Source: GLA round interim projections at ward level for single year, 2008

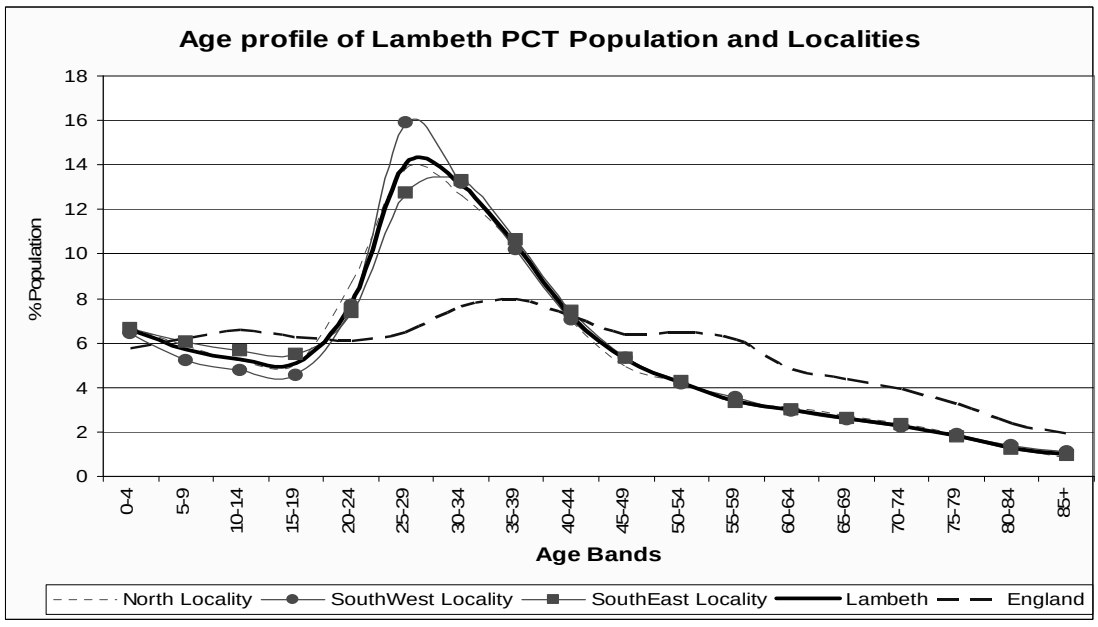
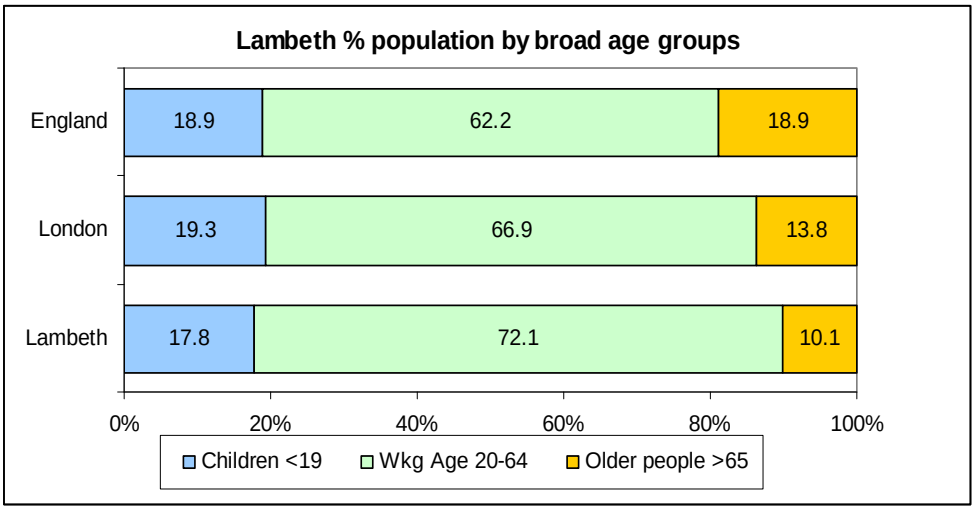


Figure 5 – total population by age
Source: ONS, 2007



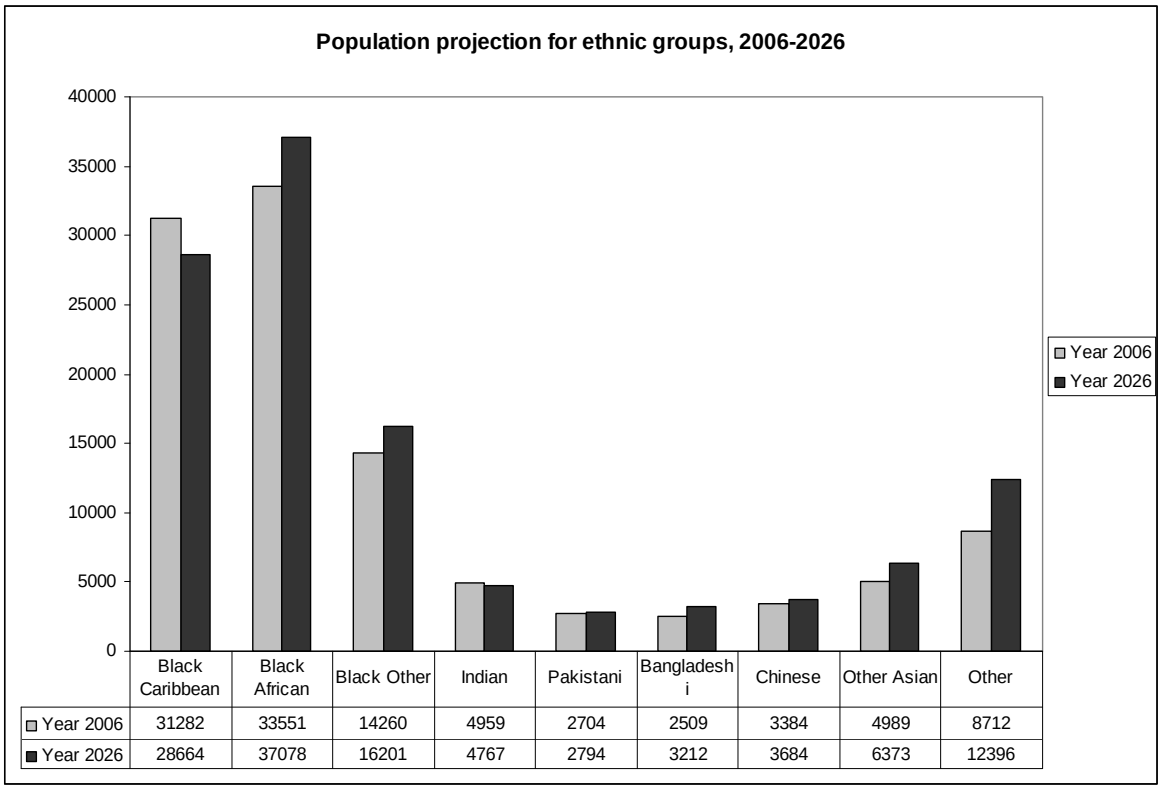
There are proportionally fewer children and older people in Lambeth compared to the rest of London. However, in the medium term population predictions show that the over 65 population is due to increase, particularly in the over 85 category[11].

Ethnicity

Lambeth has a highly diverse population with a high proportion of ethnic minority groups. A 2009 report from demographers CACI calculated that Lambeth is the most diverse borough in the capital[12]. It is an important focus for the Black Caribbean population, and has a large established Portuguese community (Figure 6). The Black African population is the fastest growing ethnic group[13], and is projected to overtake Black Caribbean as the largest non-white group in the next year.[14] International migration is high[15] and, among others, there are emerging Somali and Afghan populations.

[11] Lambeth Comprehensive Area Assessment 2009
[12] London Segments from CACI using ACORN 22 July 2009 http://www.caci.co.uk/395.aspx
[13] Census, 2001
[14] GLA Ethic group projections
[15] ONS mid-year population estimates, 2007 Components of Change

Figure 6 – Projected ethnicity population in Lambeth
Source: GLA Ethnic Group Projections 2008



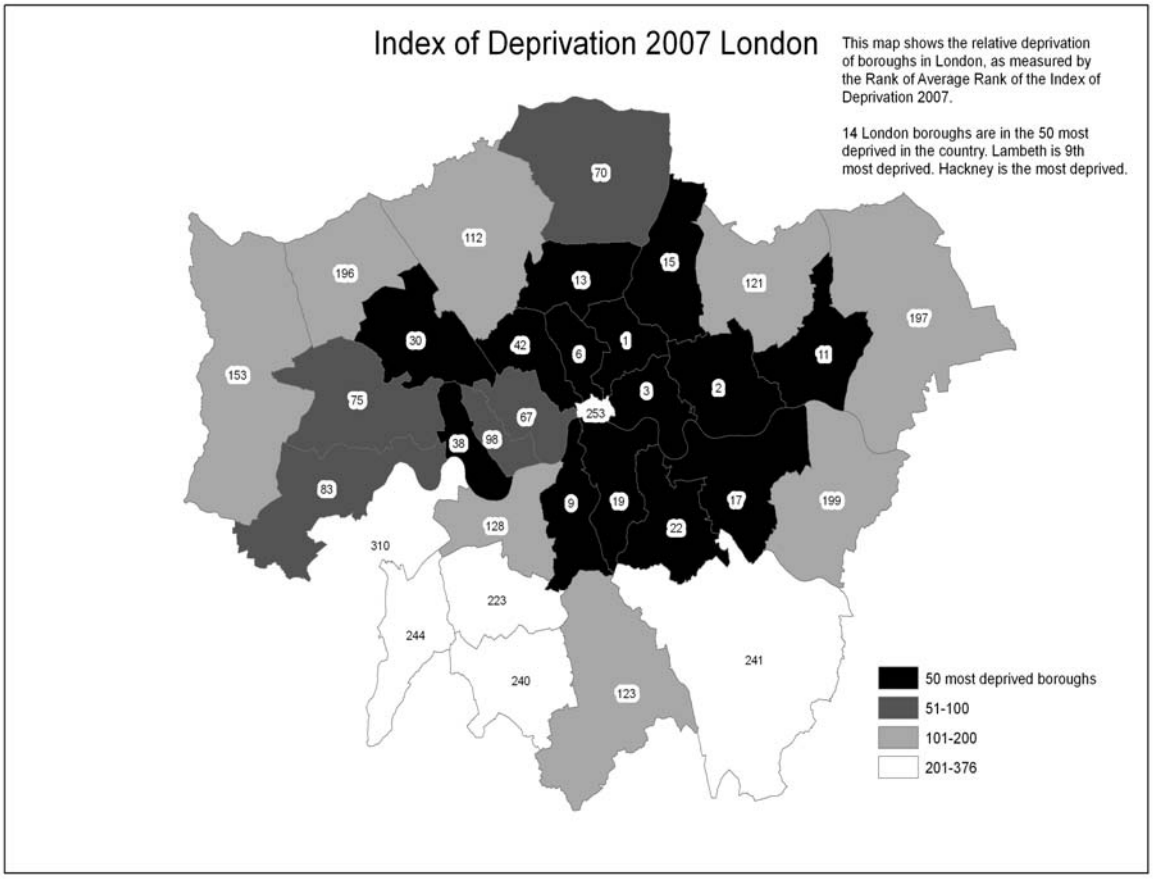
	Black Caribbean	Black African	Black Other	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	Other
Year 2006	31282	33551	14260	4959	2704	2509	3384	4989	8712
Year 2026	28664	37078	16201	4767	2794	3212	3684	6373	12396

Deprivation

Deprivation is measured on the basis of Index of Multiple deprivation which has seven domains comprising of education, housing, employment, health, and economics as high level indicators. Deprivation is a result of poverty and social exclusion and is a greater challenge in Lambeth. Currently the borough is the 5th most deprived borough in London and 19th most deprived in England[16] (Figure 7). This is comparable with other London boroughs such as Haringey, but better than the most deprived areas like Liverpool, Hackney and Tower Hamlets. Poverty and social exclusion are some of the social challenges in the borough and Lambeth First's Sustainable Community Strategy has been central to addressing wider determinants of health to improve health and wellbeing in Lambeth.

[16] Index of Multiple Deprivation 2007

Figure 7 - 2007 Index of Multiple Deprivation
Source: DCLG Indices of Multiple Deprivation, 2007

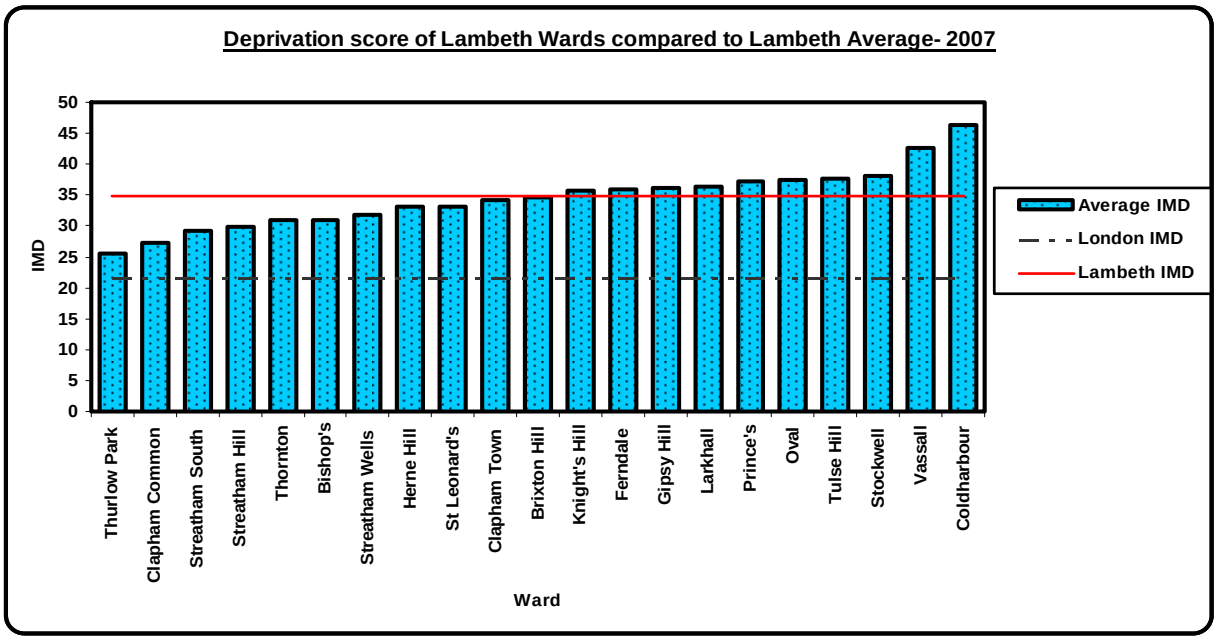


Within Lambeth, those living in the most deprived areas are spread throughout the borough but are particularly concentrated in Coldharbour ward, between Railton Road and the Moorlands Estate; the Crown Lane area of Knights Hill ward and the Angell Town Estate. Other wards - Vassall, Tulse Hill, Stockwell, Oval, Larkhall and Bishop's - have particularly high levels of employment deprivation.

Coldharbour is the most deprived ward[17] in Lambeth, as illustrated in Figure 8 and Thurlow Park the least deprived. However, 16 out of 21 wards are in the 20% most deprived wards in the country. The average IMD (Index of Multiple Deprivation) score for Lambeth is 34.8 compared to the London score of 21.4 (the higher the score the more the deprivation status).

[17] Ward average of Super Output Area IMD score IMD 2007

Figure 8 - Deprivation score (IMD) by ward in Lambeth (2007)
Source: DCLG Indices of Multiple Deprivation, 2007



Further details about Lambeth's population including sexual orientation, disability, household composition and customer profiling can be found in the Lambeth First State of the Borough Report which underpins the partnership's Sustainable Community Strategy. This document is due to be updated by the end of 2009 and the 2008 edition is available on the Lambeth First website www.lambethfirst.org.uk

Context of Lambeth's JSNA

Background

Promoting and securing the health and wellbeing of our citizens in Lambeth is a key focus of Lambeth First and our work is underpinned by the Sustainable Community Strategy (which seeks to improve economic, social and environmental wellbeing).

Underpinning this long term strategy is a clear, detailed and robust understanding of community need. This understanding is informed by a wide range of assessments, analysis exercises, data-sets and community consultation. The JSNA builds on our understanding of community need and has accelerated the boroughs progress toward establishing a joint evidence base for health and wellbeing.

Work to develop our first JSNA began in November 2007. Full details of the development process for our JSNA are set out in Appendix 1.

Using our JSNA

The evidence base and analysis provided within this report is an invaluable resource which Lambeth First will use to expand our understanding of local need. In addition it will also be used to ensure we are making the best possible decisions with regard to strategic planning, commissioning of services and service delivery. As such this analysis and recommendations within this report will inform and guide both our medium term strategies, partnership plans and the scope and scale of other statutory needs assessments undertaken by Lambeth First. These include:

- Lambeth's Local Area Agreement
- Safer Lambeth Partnership Plan
- Economic Development Strategy
- Housing Strategy
- Health and Wellbeing Framework
- Older People Strategy
- Carers Strategy
- Children and Young People's Plan
- World Class Commissioning Competencies
- Lambeth PCT Commissioning Strategy Plan
- Local Economic Assessment
- Child Poverty Assessment
- Specific programmes and initiatives to tackle inequalities in health
- Annual commissioning and business operating plans
- Service reviews in health and social care
- Plans to ensure that providers have the capacity to deliver strategic aims
- Capital investment plans

A more extensive list of strategies and plans that will be able to use the analysis and recommendations within the JSNA is set out in Lambeth's Sustainable Community Strategy.

Ultimately although this report will help us deliver better outcomes for our citizens we firmly believe that the JSNA should not be thought of as merely this report. For us it is an annual process which reviews data, provides analysis and reviews feedback from citizens to determine unmet health and wellbeing needs. Over time our understanding of need will become more extensive and detailed as we build on the work undertaken to produce this report.

JSNA Objectives

The development of our JSNA has been guided by a series of objectives set by Lambeth First. These set the parameters upon which this report is based. These objectives stated that the JSNA had to:

- Be a holistic assessment of health and wellbeing need that is based around outcomes
- Draw on the evidence from across Lambeth First organisations to capture a wide range of existing health and well-being intelligence
- Understand key policy drivers set out within local, regional and national strategies
- Take account of all factors that potentially affect need, including the wider determinants of health and well-being (Figure 9)
- Create an accessible log of information relevant to needs assessment and community engagement activity across the partnership
- Raise awareness amongst stakeholders and the public of available information
- Summarise the results of discussions with statutory partners, the public, patient groups and identifying priority areas for future dialogue.

Overview of the Lambeth JSNA process

The development of Lambeth's JSNA was led jointly by the Executive Director for Adult and Community Services, the Executive Director for Children and Young People Services and the Joint Director for Public Health. At its core our JSNA is a partnership document which has drawn upon data, analysis and consultation feedback held by organisations across Lambeth First. This report was developed in two distinct phases and drew on the expertise and specialisms of colleagues from a variety of organisations.

Phase 1: This focused on undertaking a preliminary assessment of need based on demographic data, a literature review and consultation activity undertaken by key partner organisations over the previous two years. A preliminary report was produced in November 2008 and submitted to NHS London

Phase 2: The Project plan was reviewed in line with recommendations from Phase 1 and further joint working consisted of:

- A review of data sets mapped against national core set requirements for the JSNA
- Review and appraisal of needs assessments and community engagement activity undertaken across the partnership between January 2005 and March 2009.
- Identification of key themes from the information gathering exercise. These were mapped against the JSNA's five outcomes: Being Healthy; Staying Safe

; enjoy and achieve; making a positive contribution; and achieving economic wellbeing.

- Communication and discussion of key themes through JSNA workshops targeting the following groups – service providers, voluntary sector and commissioners between April and May 2009. Outputs from the workshops included identified key priorities and are available as a supplement.

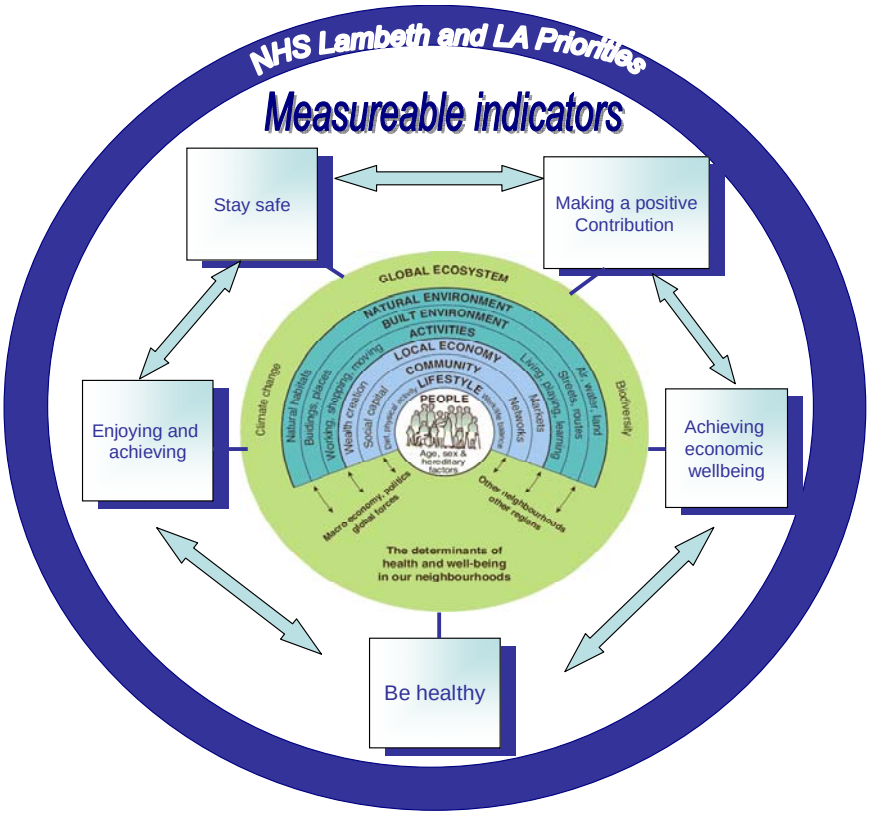
Throughout the course of the development of this JSNA Lambeth First undertook constant evaluation to ensure that we were developing our report in a robust way and were taking account of any lessons learnt throughout the process. After the publication of our draft JSNA in November 2008 the partnership undertook a quantitative and qualitative evaluation using a good practice quality assurance tool (QAT) used nationally. This was supplemented by interviews with key stakeholders. The findings of the evaluation guided the focus of phase 2 set out above. Details of the process are available as a supplement.

In addition, more recent recommendations from the National Support Team (NST) visit in March 2009 (Appendix 4), the Lambeth Comprehensive Area Assessment and JSNA Equalities Impact Assessment (Appendix 5) also contributed to the JSNA development process.

JSNA outcome framework

In developing our JSNA Lambeth First sought to further understand the relationships between health and wellbeing and the wider causes of inequality. An exploratory review of existing outcomes frameworks was agreed using the Dahlgren and Whitehead as illustrated in Figure 9.

Figure 9 – Lambeth JSNA outcome framework



As a result of this review and building on the JSNA objectives, set by **Lambeth First**, we **have structured this report around a set of outcomes that looked at wellbeing in a holistic way**. By approaching the development of our JSNA based on these outcomes we have facilitated greater partnership working and have ensured that the JSNA is more than just a health and social care assessment. The five outcomes are:

- Being Healthy
- Staying Safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic wellbeing

Outcome definitions

The detailed definition for each of these outcomes are set out below and are based upon the Every Child Matters (ECM) outcomes framework, national indicator datasets for local government and NHS information. These definitions have guided Lambeth First in selecting where information and analysis should be placed within the JSNA

Being Healthy: All citizens are physically, mentally and emotionally healthy and lead lifestyles that promote/maintain good health. This outcome is about ensuring that risky behaviour that impacts negatively on a person's health (including poor sexual health, alcohol misuse and drug misuse) is reducing. In addition, Vulnerable People being provided with appropriate and personalised social care services which enable them to lead active and independent lives.

Staying Safe : All citizens are safe from crime, anti social behaviour, bullying and victimisation. Vulnerable People are cared for/protected from neglect and exploitation. In addition, those at increased risk of undertaking criminal behaviour are supported to undertake positive activities.

Enjoying and achieving: Children and young people are ready for/attend school in order to secure good educational attainment. In addition, this is also about Lambeth residents developing personal and social skills in order to undertake positive activities.

Making a positive contribution: All citizens get on well with one another, feel they belong to their local area, participate in civic society and actively engage in local decision making. Vulnerable People are empowered to develop self confidence and are able to successfully deal with life changes and challenges.

Achieving economic wellbeing: All citizens secure employment and have the skills necessary to develop their careers and improve their earnings over time. Poverty rates are falling (especially for vulnerable families and citizens) as are households with low incomes. Vulnerable People are engaged in education, employment and/or training opportunities.

In addition to the five outcomes Lambeth First has identified a series of cross-cutting issues that have an impact on the five outcomes set out above. These are:

- Mental health
- Housing

- Transport
- The environment

Prioritising within the JSNA

Under each of these outcomes Lambeth's JSNA provides an analysis of the key issues that have a negative impact on the health and wellbeing of citizens within Lambeth. However, given the very broad nature of health and wellbeing Lambeth recognises that to try and undertake an analysis which covers all the issues described above would make the JSNA too large and unmanageable. In addition, it would run the risk of duplicating existing needs assessments. Lambeth First has been clear from the outset that the JSNA must add value to the work we undertake already rather than duplicate/restate existing analysis.

Therefore as part of the development of our JSNA, and as a result of our analysis, Lambeth First has identified ten challenging issues that were having a highly negative impact on health and wellbeing and/or were issues that we did not have sufficient data to make a robust assessment of the health and wellbeing need. These are:

- **HIV**
- **Sexual health**
- **Mental health (including CAMHS)**
- **Housing support for Vulnerable People (especially older people)**
- Learning disability
- Emotional well-being
- Safeguarding children
- Healthy eating in children and young people
- Services around "personalisation" targeting long term conditions
- Safeguarding adults

Of the 10 areas identified four areas have been looked at in more detail. These are highlighted in bold above. These top four issues were agreed as the priority areas of focus by the JSNA Steering Group (based on available evidence) and have been subject to further analysis and mapping. These findings are available in Supplement 5. The remaining six areas are assessed within the main body of our JSNA, however were not subject to the same extensive analysis. These will however been analysed further for the 2010 refresh of the JSNA.

Summary of recommendations

Section 2 of this document provides a detailed health and wellbeing needs assessment for Lambeth. This includes setting out recommendations under each of our priority outcomes, age groups and crosscutting themes. A summary list of these recommendations is provided below. Details of the evidence behind these recommendations can be found in the relevant chapters.

These recommendations are based on the extensive analysis of available data, needs assessments and community engagement set out in this document. Recommendations are made in three areas – strategic recommendations, operational recommendations and technical recommendations. The definitions of each type of recommendation is set out below:

- **Strategic recommendations:** These focus on the service area where major gaps have been identified around unmet need. Recommendations set the actions Lambeth First would need to take forward to address the unmet need and it would be essential that Commissioners take account of these when planning service provision.

- **Operational recommendations:** These focus on service delivery issues identified through the analyses and set out how existing services in certain areas could be joined up/integrated more effectively. Service leads and managers should take account of these recommendations when delivering their services

- **Technical recommendations:** These focus on data/analysis issues identified throughout the development of the JSNA i.e. availability of data, limitation of analyses and capacity issues. Partners involved in the refresh of the JSNA should review these recommendations and put in place the necessary systems and processes to address them to further develop our understanding of need in the borough.

All recommendations are made under each of our five outcomes

Being healthy

Strategic recommendations

- Ascertain extent of unmet mental health need in current maternity service provision.

- Evaluate current domestic violence programme targeting pregnant teenage mothers and their families.

- Review the current child care provision for families with preschool children in light of increasing demand.

- Respond to the recommendation with the JAR report to improve stability and retention of Child Social Workers, CAMHS specialists and Health Visitors.

- To develop a clear process of information sharing requirements between statutory providers and the voluntary sector for children on the CAMHS waiting list and incorporate an evaluation mechanism.

- To ascertain the need for programmes targeting families of pre-school children through existing initiatives e.g. Child Health Promotion Programme.

- Tackling obesity is a major factor in preventing/managing diabetes and its complications. GP-based screening for people with risk factors should therefore be promoted in order to identify undiagnosed populations.

- Recognise HIV as a rapidly growing long-term chronic condition driving future health inequalities in Lambeth.

- Tackle HIV related stigma, xenophobia and homophobia among health and social care professionals, and the public in Lambeth.

- Reduce late diagnosed HIV: Expand access to HIV testing to reduce HIV related morbidity and mortality and reduce onward HIV transmission.

- Increase access to sexual health services for high risk groups- young people, African/Caribbean Communities and men who have sex with men.

- Assess effectiveness of screening services from identified target groups currently not accessing available programmes.

- Ascertain the need for care pathways for older people with co-morbidities targeting housebound and mental health clients.

- Develop a systematic mapping programme of all mental health information systems across partnership and assess quality of information outputs.

- Review all information sharing protocols specific to mental health across the partnership.

Operational recommendations

- Evaluate defaulters to the immunisation programme.

- Improved services for women who are overweight and obese in pregnancy.

- Map current service provision targeting management of mental health in pregnancy against NICE guidance.

- To incorporate the use of the interactive needs assessment web-based tool, designed by the national Child and Maternal Health Observatory (ChiMat) to reflect the mental health needs of the children and families.

- To ensure effective information systems are in place to obtain data on patterns of childhood obesity and children aged 5 to 19 years who smoke by ethnicity and locality in Lambeth.

- The review barriers to access to CAMHS service for children with complex needs.

- Improve uptake of Chlamydia screening among young men.
- Develop a care pathway for the management of long term respiratory illnesses.

- Improve information systems currently used to collect sexual health data across partnership.

- Ascertain the HIV awareness training needs for front line staff as part of reducing HIV stigma agenda across the partnership.

- Improve health information processes aimed at supporting elderly carers.

- Ascertain the feasibility of an integrated model of health improvement programme delivery targeting older people through current service provision across the partnership.

- Ascertain the extent of need and incorporate into statutory and voluntary mandatory training and development programmes.

Technical recommendations

- Obtain higher quality data on women who are overweight and obese in pregnancy.

Staying safe

Strategic recommendations

- Evaluate current domestic violence programme targeting pregnant teenage mothers and their families

- Encourage incorporation of domestic violence awareness programmes in secondary schools through current PHSE curriculum.

- Develop understanding of how Lambeth targets its family support work to BME families – to ensure that our approach is fit-for-purpose.

Operational recommendations

- Evaluate current programmes targeting lone parents through children centres and primary care.

- Promote and review the intergenerational working initiative, Say and Play Scheme across Lambeth.

Enjoying and achieving

Strategic recommendations

- To ensure a systematic process of measuring health outcomes in leisure/gym related programmes across the partnership.

Operational recommendations

- To undertake training needs analysis on equality and diversity programmes for statutory front line staff to assess effectiveness of current provision.

Making a positive contribution

Operational recommendations

- To promote current volunteering opportunities through current service provision as appropriate.

Achieving economic wellbeing

Specific recommendations around our outcome of achieving economic wellbeing will be made in our Local Economic Assessment. This will inform and drive commissioning priorities for Lambeth First with regard to the 'achieving economic wellbeing outcome'

Cross cutting issues

Strategic recommendations

- To ensure that community intelligence guides a joint community engagement agenda which helps to identify health inequalities and the best ways in which to support hard to reach population groups..

Technical recommendations

- To adopt and apply a social marketing approach / techniques to help address specific priorities identified through specific needs assessment.

Section 2: Detailed analysis of need

Introduction

One of the primary objectives of the JSNA is to draw together and expand upon existing analysis of health and wellbeing need so as to guide strategic planning, inform the commissioning of services, improve resource allocation and improve service delivery.

Health and wellbeing need can be defined as 'requirement for a health and wellbeing related intervention' and unmet need is where that requirement is not being fulfilled and improved health and wellbeing outcomes could be achieved through additional investment and/or better implementation of interventions.

Overview of section

Based on this understanding of what unmet need is, this section sets out an analysis of local health and wellbeing need. As set out in section two, our analysis is based around five outcomes. These are:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic wellbeing

Within each outcome a series of issues are covered which aim to provide an overview of health and wellbeing need for key population groups (e.g. children and young people, adults, older people etc). As this is Lambeth's first JSNA we have sought to provide a wide range of information, to aid understanding of local unmet need. However a key principle underpinning the development of our JSNA has been to ensure that rather than just duplicate existing information it must also 'add-value' to our understanding of local unmet need.

Therefore as a result of our analysis, and in addition to our broad analysis of need, 10 key issues were identified as areas of major areas of unmet need and/or areas where we did not hold sufficient information so as to judge local need. These were:

- HIV
- Sexual health
- Mental health including Child and Adolescent Mental Health Services (CAMHS)
- Learning disability
- Emotional wellbeing
- Safeguarding children
- Healthy eating in children and young people
- Services around "Personalisation" targeting long term conditions
- Safeguarding adults
- Housing support for Vulnerable People (especially older people)

As a result of this prioritisation process a more detailed analysis was recommended for four of these key service areas – set out below. The results of this more detailed mapping/analysis are set out in Supplement 5:

- HIV
- Sexual health
- Mental health including CAMHS
- Housing support for Vulnerable People

The scope for each of the service areas is also summarised in supplement report 5 and the results of the detailed analysis are signposted at relevant stages within this report. It is envisaged that the remaining six service areas will inform future JSNA refreshes. Additional information around the six other areas is contained within this section. However these have not been subject to the same detailed level of analysis for 2009. More detailed analysis for these issues will take place as part of the development of the 2010 JSNA.

Overview of analysis

Information and analysis was based on a comprehensive joint information gathering exercise that was performed over the past year. The exercise mapped core datasets, reviewed needs assessments and reviewed the results of community engagement/consultation activities undertaken across the partnership between January 2005 and March 2009. In addition key themes evolved from three facilitated workshops.

It should however be recognised though that as this is Lambeth's first JSNA a number of issues around the quality and detail of data available to Lambeth First were identified. Where there are significant weaknesses the JSNA has highlighted these for further investigation/resolution as part of this reports technical recommendations.

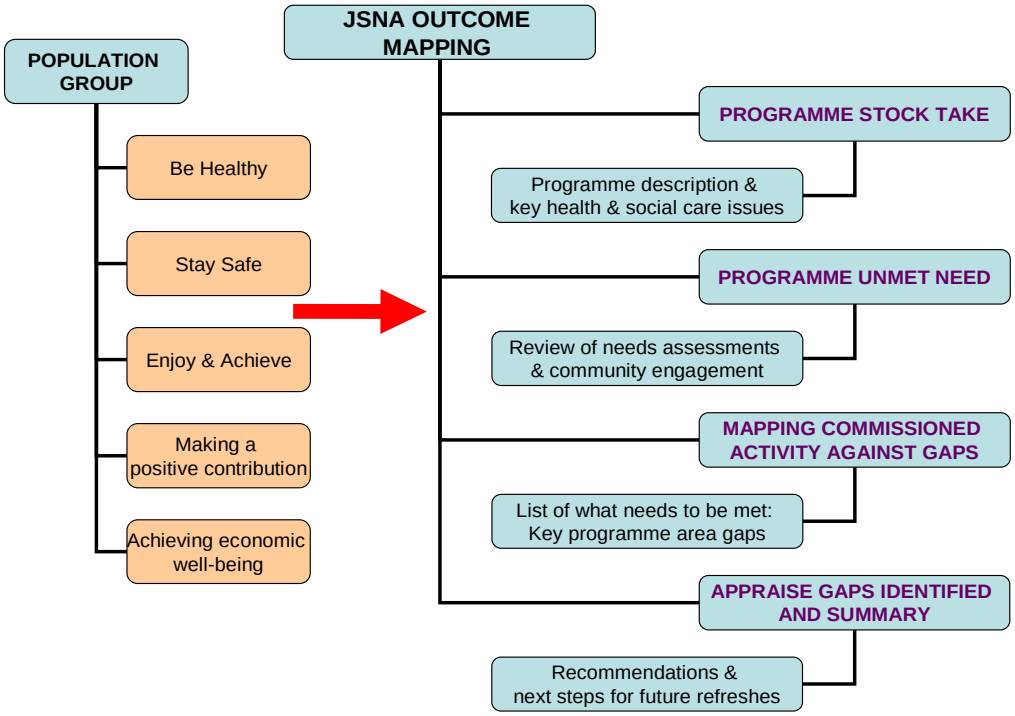
Using the five outcomes (described in the previous section and within each of them) the analysis is further broken down into a series of sub-sections by population group.

Throughout this section we have sought to:

- Identify unmet need against key issues
- Set out service and commissioning gaps identified by key commissioners
- Review gaps identified from previous needs assessments and the extent to which these have been addressed by Lambeth First organisations. Where the need has not been addressed fully these residual gaps are drawn out.

A schematic diagram that sets out our approach is set out in Figure 10 below

Figure 10: Lambeth's approach to developing our JSNA



JSNA recommendations

As a result of this analysis each outcome section concludes with a series of recommendations for Lambeth First to consider. These are based around three broad areas:

- **Strategic recommendations** – which set out areas of unmet need that need to be addressed through our strategies and commissioning process
- **Operational recommendations** – which set out ways in which Lambeth First partners can work together more effectively to improve health and wellbeing outcomes
- **Technical recommendations** – which set out data issues/areas for further analysis which need to be taken forward by organisations in advance of the next refresh of the JSNA.

Being healthy

Children, young people and families
- **0-5 years**
- **5-19 years**

Adults

Older people

Vulnerable people

Children, young people and families

This section includes health and wellbeing analysis/recommendations for the following issues:

- **0-5 years agenda:**
  - **Mortality rates**
  - **Pregnancy:** maternity care, low birth rate, smoking in pregnancy, mental illness in pregnancy
  - **Breastfeeding**
  - **Childhood immunisation**
  - **Commissioner's feedback on the 0-5 years agenda**
  - **Commissioning activity - continuing service gaps**
  - **Recommendations**

- **5-19 years agenda:**
  - **Oral health**
  - **Smoking**
  - **Alcohol and substance misuse**
  - **Childhood obesity and healthy eating**
  - **Sexual behaviour**
  - **Teenage conception**
  - **Admissions to hospital**
  - **Emotional wellbeing of children and young people**
  - **Children with disabilities (or a disability)**
  - **Mental health – Children and adolescent mental health service (CAMHS)**
  - **Commissioner's feedback on the 5-19 years agenda**
  - **Commissioning activity - continuing service gaps**
  - **Recommendations**

The health and wellbeing of children and young people in Lambeth gives markers and indications of the health of the adult population of the future. From the information available the most significant risks to wellbeing in the future are for those who in live in areas of deprivation. The information outlined in this section also identify areas which need further work in order to improve the outcomes of the citizens we serve.

Considering the diversity of the population and variability in some outcomes this report believes that there is a case for ensuring that some areas are targeted and services adapted so as to ensure greater equity of outcomes.

Based on ONS population predictions the total population of Lambeth will rise by 5.1% in the decade from 2008 and 2018. However not all age groups are expected to change in the same way:

- The number of children and young adults is predicted to reduce by 0.5% by 2018
- The number of people under 25 years old is expected to reduce by 2.1%
- Under 20 year olds are expected to decrease by 2.2%

The percentage of the total population aged 0-4 years is currently 7.2% in Lambeth compared to 6.8% in London SHA and 5.82% in England. By 2020 this is expected to be:

- 7.27% in Lambeth
- 7.09% in London SHA
- 6.10% in England

A higher than average population in this age group is an indicator of increased demand for services. More detailed population projects regarding children and young people based on ChiMat data are set out in Figure 11 below.

Figure 11 – Children and young people population projections
Source: ChiMat 2009

Age band	2010	2020	Percentage change	Percentage change (London SHA)	Percentage change (England)
0-4	21,200	21,100	-0.47	2.50	5.45
5-9	14,400	16,700	15.97	20.04	17.55
10-14	11,700	13,300	13.68	18.53	9.96
15-19	11,900	10,600	-10.92	-3.62	-8.81

Within Lambeth the number of children and young people vary across the borough. Clapham Town has the lowest percentage of children and young people (17.9%). Coldharbour has the highest percentage of children and young people aged 19 years and under in Lambeth (28.6% of the total population). Coldharbour also has the biggest increase in child population and is the most deprived ward in the borough. It will have the greatest service need in the future.

Figure 12 – Changes in ward population aged 0 to 19 years (2001-2005)
(Source ChiMat 2009)

	Ward	2005 population	Percentage change
Largest increase	Clapham Town	2,233	10.3
2nd largest increase	Ferndale	2,744	9.3
2nd largest decrease	Thurlow Park	2,555	-2.7
Largest decrease	Brixton Hill	2,694	-3.5

Children, young people and families: 0 - 5 years

This section includes health and wellbeing analysis/recommendations for the following issues:

- **Pregnancy:** maternity care, low birth rate, smoking in pregnancy, mental illness in pregnancy
- **Breastfeeding**
- **Childhood immunisation**
- **Mortality rates**
- **Commissioner's feedback on the 0-5 years agenda**
- **Commissioning activity - continuing service gaps**
- **Recommendations**

This section looks at the key health and wellbeing challenges facing children and young people aged between 0-5 years old. By 2010 it is estimated that around 21,200 children will be between the age of 0-4 and a further 14,400 will be between the ages of 5-9 years old. Issues selected for analysis within this section cover the main health challenges our 0-5 year olds; including their wellbeing during pregnancy, breastfeeding and immunisations. In addition analysis is also provided against mortality rates for children aged 0-5.

Pregnancy

Maternity care

Maternity care in Lambeth is informed by many national policy drivers including the 'Changing Childbirth' report[18], National Service Framework for Children Young People and Maternity Services (NSF)[19] and Maternity Matters[20].Building on this national drivers, in 2008, a review of some of the recommendations that informed the 0 to 5 agenda including maternity care, was published under the Child Health Improvement Programme[21].

All these drivers are incorporated in the NICE Antenatal Guidelines[22] which provide the models of care provision NHS Lambeth and its provider arm - Lambeth Community Services have adopted.

To help target Vulnerable People and improve mother and child health outcomes, NHS Lambeth set up a Family Nurse Partnership programme just over a year ago to work with families of young children in the community. This was aimed at promoting parenting and health, including improving take-up of immunisations.

A local intervention strategy group was also developed by the Lambeth, Southwark and Lewisham Maternity and Infancy Group (LSLMIG). This group was set up in 2007 to tackle issues around infant mortality (additional information and analysis on infant mortality is addressed later in this section).

[18] Department of Health (1993), Changing Childbirth, HMSO
[19] Department of Health (2004) National Service Framework for Children, Young People and Maternity Services
[20] Department of Health (2007), Maternity Matters, HMSO
[21] Department of Health (2008). The Child Health Promotion Programme – Pregnancy and the First five Years of Life. Update of Standard One (incorporating Standard 2) of the National Service Framework for Children, Young People and Maternity Services (2004) in liaison with Department of children, Schools and Families.
[22] NICE (2008) Antenatal Care - Clinical Guideline CG62

Further, the 'A Healthy Start' team in Lambeth works in Children Centres, GP practices, Community Practice Nurses and Midwives as part of the Primary Health Care Team to support families, babies and mothers-to-be to improve access to services and to ensure that children have the best start in life.

Analysis has shown that during pregnancy domestic violence is increasingly becoming an issue which impacts on health and wellbeing. Lambeth First have responded to this and developed specific programmes to tackle this across the partnership. However from available intelligence and the facilitated JSNA workshops, domestic violence and teenage pregnancy are still perceived as important issues. For more information about teenage pregnancy see the 5-19 year section.

A further issue of concern is the limited data on weight management of overweight and obesity in pregnancy currently. A needs assessment on 'Obesity in maternity' was undertaken in 2008. We intend to explore this further in 2010 and the analysis/findings from this work will be reflected in future JSNA refreshes.

Smoking in pregnancy

In 2006/07 Lambeth's planned percentage reporting[23] was 5.7% using baseline data from 2003/04. Since 2004/05 Lambeth has seen a reduction in the number of pregnant women smoking during pregnancy. In 2004/05 88.4% of women were not smoking at delivery, this increased to 92.3% in 2005/06 and remained stable at 92.3% in 2006/07.

Based on the 2006/07 figures (and despite our improved performance when compared to 2004/05) Lambeth still had the 7th highest number of women smoking at delivery in the country. In addition Lambeth First anticipates that the borough-wide figure masks variation between groups and it is our assumption that smoking during pregnancy is more prevalent in areas where there are higher levels of deprivation.

Further improvements have been made in 2007-08 with performance information (Figure 13) showing a total of 286 women in Lambeth smoking at the time of delivery which is 6.7% (therefore 93.3% were not smoking) of the total deliveries compared to the England rate of 14.4% and London rate of 7.3%. In 2008-09 Lambeth reported 5.3% women smoking during pregnancy which is an improvement over the previous year.

Figure 13 – Smoking in pregnancy status (2007-08)
Source: DH Unify returns on smoking in pregnancy

Period	Location	Number of smoking at time of delivery	%age smoking at time of delivery	Number of maternities
2007-08 out turn	Lambeth	286	6.7%	4,261
	England	92,064	14.4%	639,039
	London	8,385	7.3%	116,763

[23] Planned percentage reporting refers to the target set for that indicator on smoking in pregnancy. The National target being 1% year on year reduction in the number of women whose smoking status is 'smoker' at the time of their delivery.

Mental illness in pregnancy

Mental illness poses another health risk to mothers and their unborn children during pregnancy. Evidence has shown that low mood and sometimes clinical depression can occur following pregnancy[24]. Therefore areas with high birth rates will experience relatively high cases of postnatal depression[25]. It is estimated that as many as one in seven women experience a mental health disorder during pregnancy or in the postnatal period[26]. Nationally clinical guidelines are available through NICE.

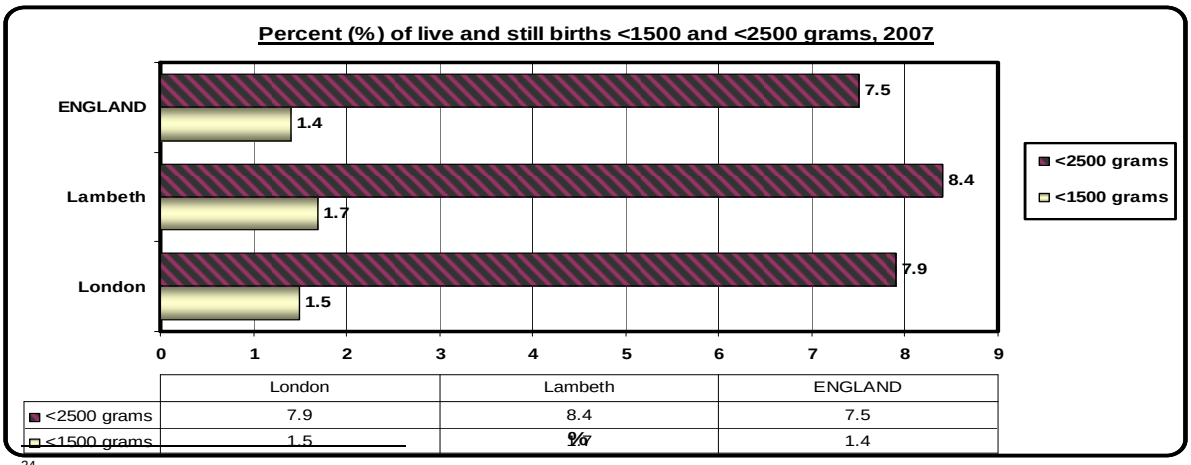
A national review reported an average prevalence rate of 13% in Lambeth but with a wide range (4.4% to 73.7%) suggesting that there is much uncertainty around the numbers of cases to expect in a given area[27]. The partnership has no current data available to ascertain mental health need in pregnancy although ad hoc data is collected by Specialist Community Public Health Nurses (health visitors) and midwives. This limitation of data is something that will be explored in future refreshes of the JSNA.

Low birth weight

Low birth weight is the third key challenge affecting the health of new born babies at the end of pregnancy. A low birth weight refers to babies born weighing less than 2,500 grams and is associated with prematurity, teenage pregnancy and smoking in pregnancy. There is no national target with regard to birth weights. However national evidence does suggest that babies born with low birth weights have a greater likelihood of being subject to child poverty.

The 2007 figures show that in Lambeth 1.7% of all live and still births were less than 1,500 grams compared to England rate of 1.4% and London rate of 1.5%. The percentage of live or still births less than 2,500 grams in Lambeth was 8.4% compared to England average of 7.4% and London average of 7.9% as shown in Figure 14. Detailed work has been done as a part of the National Support Team work on health inequalities

Figure 14 – Percentage of low birth weight in Lambeth, 2007
Source: NCHOD, Office for National Statistics 2007



[24] Sharac J, Sabes-Figuera R & McCrone P (2008) Mental Health Needs in Lambeth – (Technical Report), Health Service and Population Research Department, Institute of Psychiatry, King's College London.
[25] Leahy-Warren, P. & McCarthy, G. (2007). Postnatal depression: prevalence, mothers' perspectives, and treatments. Archives of Psychiatric Nursing, 21: 91-100
[26] NICE (2007) Anetental and postnatal mental health, Clinical Guidance CG045
[27] Leahy-Warren, P. & McCarthy, G. (2007). Postnatal depression: prevalence, mothers' perspectives, and treatments. Archives of Psychiatric Nursing, 21: 91-100

Breastfeeding

Lambeth as of 2008, had the highest percentage of mothers who initiated breastfeeding in England, at 90.86%. Although breast feeding initiation rates are very high in Lambeth, there is evidence that this is not sustained. To gain a greater understanding of breastfeeding rates within the borough additional data is being collated to provide an overall picture of breast feeding practices. This will be reported in future JSNA refreshes.

Programmes to support weaning and healthy eating in preschool children are available through various voluntary and partnerships with Midwifery services, Specialist Community Public Health (Health visitors), Children Centres, Nutrition services and few general practices. However, there is variation in practice across localities and their effectiveness and impact is not routinely monitored or evaluated.

Childhood immunisation

Nationally a range of immunisation programmes exist, covering people from their first months through to old age. In September 2006, the UK Childhood Immunisation Schedule changed. This meant that infants are now offered three injections at four months of age and a new 12-month vaccination visit has been introduced.

In common with most London boroughs and some parts of England, the immunisation rate in Lambeth for childhood illnesses has been lower than the Department of Health target, particularly after concerns about the MMR vaccine in the 1990s. The rate of immunisations for Lambeth residents, however, has been steadily increasing as a result of substantial work undertaken with schools and GP practices to improve uptake. In 2007-08 Lambeth started using a new primary care information system called RiO which collected data like the immunisation through primary care. Due to issues related to data migration, the immunisation coverage although available was not reported to the Department of Health. There has been a steady rise in the immunisation uptake rates for under 2 year olds and under 5 year olds as seen in the provisional 2008-09 returns, but the rates are still lower than the England average and achieving the target is still challenging especially for the 5 year age group. Issues with the current Child Health Information system present difficulties in reporting on screening programmes.

Mortality rates

Of the 25 infant deaths in 2006 in Lambeth, the majority were attributed to events occurring pregnancy including immaturity, congenital anomalies, ante and intrapartum conditions[28].

Immaturity related conditions contributed around 46.5% of the infant deaths, although a review of these data has shown variations between regions in the past.

The age of the mother is also a risk factor for infant mortality. Infant mortality rates in babies born to mothers under 20 years are higher than in other age groups (6.5 per 1000 live births in 2006). The lowest rate being found in mothers aged 30-34 years (4.1 per 1000 live births in 2006). Risk increases again in mothers of 40 years or over (5.9 per 1000 live births in 2006).

[28] Office for National Statistics

Figure 15 – Mortality rates, pooled data 2005-07
Source: ChiMat 2009

Mortality rate	Lambeth		London	England
	Number	Rate (per 1000 live births)		
Under 1 year (infant deaths)	82	5.7	4.8	4.9
Under 28 days (neonatal deaths)	56	3.9	3.3	3.4
Under 7 days (early neonatal deaths)	48	3.3	2.5	2.6

Between 2005 and 2007 there were 82 infant deaths in Lambeth, a rate of 5.7 per 1,000 live births. This was higher than the London average and higher than in England. Figure 16 below shows the trend in infant mortality in Lambeth between 2002 and 2007.

Figure 16 – Trends in infant mortality rates in Lambeth
Source: NCHOD, Office for National Statistics 2008

	Rate per 1,000 live births by year			
	2002-04	2003-05	2004-06	2005-07
Lambeth	6.80	6.30	5.80	5.70

Of the 17,461 deaths registered (all causes) for children and young people in England between 2005 and 2007, 9,961 (57%) were deaths in infants aged under 1 year. Apart from in infancy, the highest rate of death among children and young people was in the 15-19 years age-group which accounted for 3,614 deaths (21%).

The most common cause of death in the 0-19 year's age group was conditions arising in the prenatal period (39% of total). The next most common were injuries (18%); congenital malformations, deformations and chromosomal abnormalities (12%); neoplasms (tumours or cancers) (9%); and diseases of the nervous system (7%).

For all cause mortality in children aged 1-4 years, Figure 17 shows the number of deaths and rates for children aged 1-4 years old in Lambeth alongside data for London and England between 2003 and 2007.

Lambeth has a lower mortality rate than London and a lower than England. The most common cause of death among children aged 1-4 years is unintentional injury, which includes transport accidents, drowning, choking and suffocation, fire and flames. Children from the poorest families are at higher risk than children from more affluent families.

Figure 17 – Mortality rates – children aged 1-4 years old (2003-07)
Source: NCHOD, Office for National Statistics 2008

	Lambeth		London		England	
	Number	Rate (DSR per 10,000 population)	Number	Rate (DSR per 10,000 population)	Number	Rate (DSR per 10,000 population)
Aged 1-4	16	82.4	434	83.7	2613	87.8

In delivering all services for children ad young people (and the challenges set out above) Lambeth also needs to respond to and take account of the 2008 JAR report which recommended further work to ensuring the retention and stability Health Visitors within the borough.

Feedback from Lambeth's commissioners 0-5 years agenda
During the JSNA process (and in addition to our review of data sets and analysis documents) commissioners supported the development of this report by identifying what they believed were gaps in service provision. These findings are divided into commissioning gaps and information gaps. These are set out below.

Commissioning gaps

- There are no existing targeted programmes to address ante and post natal depression and other mental health issues that develop during pregnancy.

Information gaps

- There is a low awareness of the prevalence of domestic violence amongst pregnant 16 to 19 year olds.
- There is a lack of information on the extent of the mental health needs of mothers during pregnancy and in post natal period.
- There is no central intelligence data warehouse to define defaulters (families with children that do not complete their immunisations) to the childhood immunisation programme.
- There is a lack of data on sustained breastfeeding more than 6 weeks after birth.

Figure 18 – Commissioning activity – continuing service gaps
In addition to our analysis of unmet need set out above Lambeth First also reviewed pre-existing needs assessments that were undertaking by partner organisations prior to the development of the JSNA. Analysis of the extent to which previous gaps had been addressed through the commissioning of new and improved services was carried out. The table below provides information around service needs that have still not been fully addressed.

Needs identified through pre-JSNA assessment	Specific commissioning activity in response to identified need	Commissioning gaps that still exist
Child health promotion programme	✓	Evaluation of defaulters to immunisation programme There is a need to improve services and data quality on women who are overweight and obese in pregnancy
Mental health needs in pregnancy	x	To ascertain extent of unmet need in current service provision programmes
Domestic violence in pregnancy (16-19 year olds)	✓	Evaluation of current domestic violence programme targeting pregnant teenage mothers and their families
Demand for child care in Lambeth – affordability and inconvenient opening times	✓	Review of current service provision to measure precise unmet need

Recommendations

As a result of our analysis of data, information gathered from existing analysis, feedback from commissioners this JSNA makes the following recommendations for consideration by Lambeth First:

Strategic

- Ascertain extent of unmet mental health need in current maternity service provision.
- Evaluate current domestic violence programme targeting pregnant teenage mothers and their families.
- Review the current child care provision for families with preschool children in light of increasing demand.
- Respond to the recommendation with the JAR report to improve stability and retention of Child Social Workers, CAMHS specialists and Health Visitors.

Operational

- Evaluate defaulters to the immunisation programme.
- Improved services for women who are overweight and obese in pregnancy.
- Map current service provision targeting management of mental health in pregnancy against NICE guidance.

Technical

- Obtain higher quality data on women who are overweight and obese in pregnancy

Children, young people and families: 5-19 years

This section includes health and wellbeing analysis/recommendations for the following issues:

- **Oral health**
- **Smoking**
- **Alcohol and substance misuse**
- **Childhood obesity and healthy eating**
- **Sexual behaviour**
- **Teenage conception**
- **Admissions to hospital**
- **Emotional wellbeing of children and young people**
- **Children with disabilities (or a disability)**
- **Mental health – Children and adolescent mental health service (CAMHS)**
- **Cross cutting issue: Housing and children and young people**
- **Feedback from commissioners on the 5-19 years agenda**
- **Commissioning activity - continuing service gaps**
- **Recommendations**

This section looks at the key health and wellbeing challenges facing children and young people aged between 5-19 years old. By 2010 it is estimated that around 14,400 children will be between the age of 5-9, 11,700 will be between the ages of 10-14 and 11,900 will be between the ages of 15-19. Continuing our approach of using the lifecycle of young people, issues selected for analysis within this section cover the main health challenges our 5-19 year olds face such as oral health, obesity, alcohol and substance misuse, sexual health alongside emotional and mental wellbeing. However despite the numerous health challenges facing children, set out within this report, it is important to remember that about 90% of young people perceive themselves to be very or quite healthy. In addition, more than two thirds (68%) of children and young people feel happy about life at the moment[29].

Oral health

Problems related to children's oral health were reported by parents of 22% of 5 year olds, 26% of 8 year olds, 34% of 12 year olds and 28% of 15 year olds.

The nationally co-ordinated British Association for the Study of Community Dentistry Survey (BASCD) data shows that around 38% of five-year-olds in Lambeth suffer from tooth decay compared with 33% for England (2005-06). Five-year olds with tooth decay have on average three decayed teeth and local research suggests that African Caribbean children have lower levels of tooth decay than their White counterparts.

In addition, at the time of the Children's Dental Health Survey 2003, 8% of 12 year-olds in Lambeth were receiving orthodontic treatment.

[29] Consultation data has been drawn from the Lambeth Resident Survey (2009), Lambeth Place Survey (2009), the Tell Us Survey and services strategies and consultation processes

Smoking

From the data Lambeth has available it is unclear how many young people are taking up smoking so future projections are uncertain. This has been acknowledged as an information gap for the partnership to explore further. However there is evidence to suggest this is a health challenge that needs to addressed from consultation data with children and young people – with primary school children stating that smoking is one of their main concerns[30].

Alcohol and substance misuse

Lambeth First has learned through research and consultation with young people that they are less likely to say that they have taken drugs or drunk alcohol. They also feel that they need more information on drugs and alcohol. In addition the partnership found that some of the main concerns for primary school students are binge drinking and drugs.

Currently 7.2% of people participating in drug treatment programmes in Lambeth were aged under 18 years. To help address this health need all secondary schools in Lambeth currently have a drug and alcohol policy. Substance misuse health promotion in Lambeth schools was rated as good by the JAR (Joint Area Review) in 2008, which also acknowledged the wide range of targeted support to address substance misuse among vulnerable children and young people. These include services provided by the community and voluntary sector to meet the needs of minority ethnic communities and lesbian, gay and bisexual young people.

Specialist substance misuse officers in the Lambeth Youth Offending Service (YOS) and Children and Families Social Care Team also continue to provide an effective link between mainstream and specialist services.

Childhood obesity and healthy eating

Childhood obesity is a major public health challenge and is associated with psychological issues, the onset of type II diabetes and coronary heart disease in adulthood. It is one of the 10 key issues Lambeth is focusing on as an area of unmet need and therefore has been outlined in detail below.

As part of the National Childhood Measurement Programme (NCMP) NHS Lambeth is required to weigh and measure all children in reception and year six. 13% of children at reception level are obese in Lambeth compared with 11% in London, and 9.9% in England. Reception year children in Lambeth have relatively higher obesity levels than London and England levels.

The obesity level for year 6 pupils was 24.6% as recorded in 2006-07 school year compared to the national average of 17.5%%. (National Child Measurement Programme) The 2008-09 data showed 23.2% children obese in the year 6 category. Lambeth has developed an Obesity Strategy which is being implemented since 2008 and has specific directives to tackle child obesity.

The partnership has found through consulting young people that they believe they need more information about healthy eating. Lambeth has a number of programmes

[30] Consultation data has been drawn from the Lambeth Resident Survey (2009), Lambeth Place Survey (2009), the Tell Us Survey and services strategies and consultation processes

in place to address its higher levels of obesity in children by tackling low physical activity levels and sedentary behaviours that are associated with obesity amongst children and may be both a cause and consequence of being overweight. The key programmes are outlined below:

- The MEND programme (Mind, Exercise, Nutrition — Do it!) is a multi-discipline community based weight management programme targeting children aged between 7-13 years.
    - It is funded by the Big Lottery and emphasises a practical fun learning approach to help families with overweight and obese children manage their weight
    - It commenced in Lambeth in May 2007 at Lambeth Academy and has taken place each term since then.
    - Over 20 programmes have been run in Lambeth and over 150 participants and their families have taken part to date.

- NHS Lambeth has developed a local "Healthy Weight – Healthy Lives Strategy 2008–11" to tackle obesity in the borough.

- Lambeth First will invest £1.8m over the next three years to further enhance play provisions in Lambeth.

- Lambeth has successfully bid to become one of 10 Wave 2 Play Pathfinder authorities in England, providing an additional £2.5m investment for local play facilities.

- A "Lambeth Community Sport and Physical Activity Network (CSPAN) has been developed to raise the profile of sport and physical activity and to provide a framework for partner organisations to work together to meet local performance indicators and LAA targets.

- A new play and sport unit has been established within Children and Young People Services (CYPS) responsible for strategically leading sport and working in partnership with the Council's environment and culture departments to ensure a coordinated approach to delivery of physical activities for young people.

Sexual health amongst young people

In the UK overall, the number of sexually transmitted infections (STIs) has continued to increase since the national strategy was published in 2001. Young people (aged 16-24 year sold) are the age group most at risk of being diagnosed with a sexually transmitted infection, accounting for 65% of all Chlamydia, 50% of genital warts and 50% of gonorrhoea infections diagnosed in genitourinary medicine clinics across the UK in 2007 (HPA, 2008).

The most common sexually transmitted infection in young people is genital Chlamydia (HPA, 2008). The National Chlamydia Screening Programme in England performed 270,729 screens in under 25 year olds in 2007: 9.5% of screens in women and 8.4% in men were positive for Chlamydia. Lambeth's Chlamydia Screening programme completed 11,849 screens in 2008-09, 35.6% of Lambeth's population aged 15-24 year olds, of which 8.6% were found to be positive. Approximately 35% of screens were completed on under 19 year olds. The national screening rate of young women is much higher than young men and this is replicated in Lambeth's

programme where 53.4% of women aged 15-24 received a screen in 2008-09 compared to 15.4% of young men. Increasing uptake of screening by young men is a local quality indicator for the Lambeth's Chlamydia Screening Programme for 2009-10.

Genital warts were the second most commonly diagnosed sexually transmitted infection nationally among young people in genitourinary medicine clinics, with 49,250 cases diagnosed in 2007 (682 per 100,000), a 8% rise on 2006. High rates were also reported for genital herpes (156 per 100,000) and gonorrhoea (130 per 100,000), although rates were much lower for HIV (10 per 100,000) and syphilis (6 per 100,000) (HPA, 2008).

Rates of diagnosed STIs vary among young people of different ethnic groups. Data from the National Chlamydia Screening Programme in England show that in 2007 Chlamydia positivity rates of >10% are found among young Black-Caribbean's (12.9%), Black-Other (10.1%) and those of mixed origin (11.2%), while rates among young White Caucasians are 9.3% and <5% among young Asians (4.4%). Data from the Gonoococcal Resistance to Antimicrobials Surveillance Programme (GRASP), which operates in England and Wales, indicate that young Black-Caribbean's are disproportionately affected by gonorrhoea, accounting for 21% of the samples collected in 2006 (HPA, 2008).

Increasing access to Sexual Health Services by young people has been a strategic objective of Lambeth's Sexual Health Strategy 2006-2010. During this time Lambeth has significantly modernised local sexual health services with a particular focus to make services more young people friendly. This has included achieving Department of Health 'You're Welcome' accreditation by 6 local services:

- 1 Termination of Pregnancy (TOP) provider (BPAS Leigham Clinic)
- 2 GP practices –Corner Surgery & Herne Hill
- 1 Young People's Specialist SH provider –Brook Brixton
- Vauxhall and Riverside Sexual Health Centre
- I CAMHS Early intervention site

Further local action planning to improve the sexual health of Lambeth's young people is being taken forward by the Lambeth & Southwark Young People's Sexual Health Strategy that will be finalised in November 2009. Additional information around sexual health can be found in supplement 5.

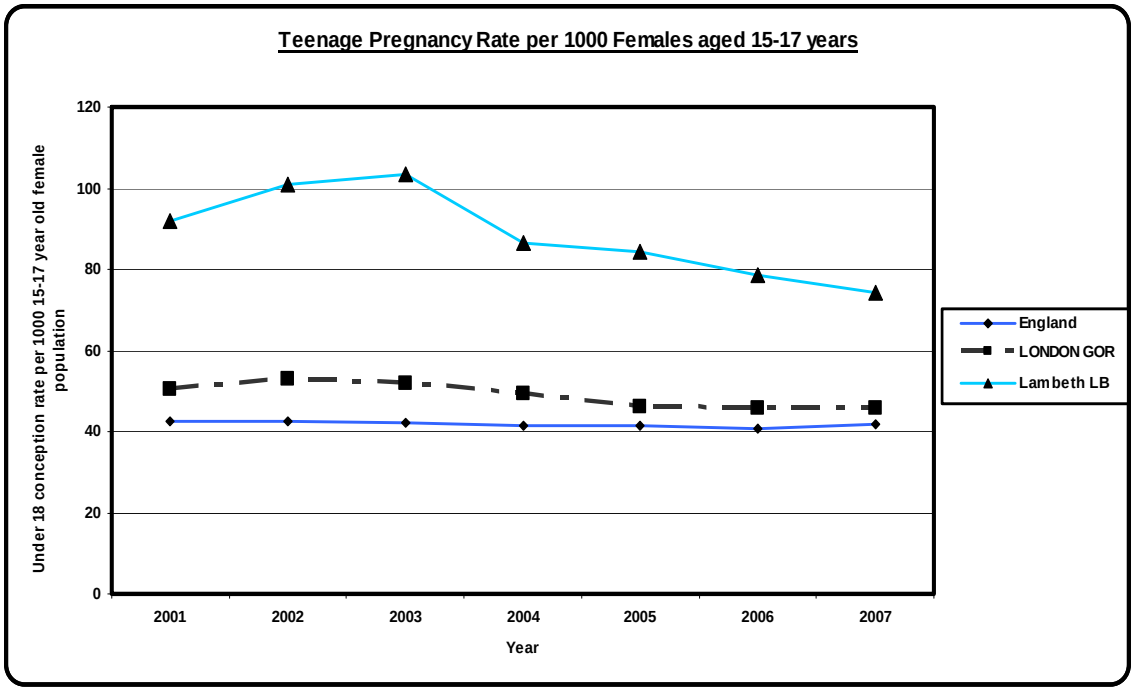
Teenage conception

The partnership has found through consulting young people that the main concern of secondary school students is teenage pregnancy and sexual health. Lambeth has one of the highest teenage conception rates (number of conceptions per 1,000 females aged 15 to 17) in the UK. The conception rate is calculated annually and is derived from birth registrations, abortions and mid-year population estimates.

This year provisional national figures for under-18 conception were published for 2007 show that Lambeth's rate was 74.4 per 1,000 girls aged 15-17, representing an overall decline of 12.8% since 1998 (the baseline year of the strategy). From 1998 to 2003 Lambeth's conception rate rose. Since 2003 there has been a 28% reduction in the conception rate. This is the fourth year Lambeth has recorded a reduction in it's under 18 conception rate. In Lambeth 63% of the under 18 conceptions led to an abortion, an increase of 4% from the previous year.

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 Services and the voluntary and community sector (VCS). The local strategy and action plan is underpinned by needs assessment and developed in line with national research and guidance on best practice.

Figure 19 – Teenage pregnancy rate per 1,000 females aged 15-17 years
Source: Teenage Pregnancy Unit, Office for National Statistics, 2008



Admissions to hospital

Hospital admission data is an indicator of the health needs of a local community. In recent years as technology has developed there is increasing activity in day cases for more minor treatment.

Lambeth averages at 91 per 10,000 resident population compared to the London value of 96 and England value of 123. For Lambeth this is a decrease over the previous year 2005-06. Lambeth ranks 12th out of 32 boroughs where 32 is the worst in London and is doing well compared to other boroughs[31].

Emotional wellbeing of children and young people

Through Lambeth's "Tell Us" survey (referred to in Figure 20) a range of information was gathered around the perceptions of children and young people. Although the sample size is relatively small the information does give some understanding of key issues. The issues that most concern children and young people are set out below and the findings show that a significant number of children and young people who worry about crime echo the recent findings of the young people's resident survey.

[31] London Health Observatory, 2008

Figure 20
Source: Lambeth Council Tellus3 Analysis (2008)

Which of the following things, if any, do you worry about the most? (Tick all options that apply)		
	LA%	**NAT%**
Being bullied	30	27
School work	31	31
Exams	62	57
Girlfriends/boyfriends/sex (Year 8 and 10 only)	28	26
Being healthy	33	30
Money	31	28
Friendships	38	34
My future	63	49
Getting into trouble	37	27
My parents or family	41	30
Crime	50	27
My body	38	32
Something else	14	11
Don't know	2	3
Nothing	4	5

Overall 63% of Lambeth's children and young people are rated as having good emotional wellbeing. This is a significant improvement on 2007/08 where only 56% of our children and young people were classified as having good emotional wellbeing. We also know that fewer children and young people are bullied at school/outside of school then before. Our latest Tell Us survey has shown that 62% of respondents saying they have never been bullied at school and 83% say they have never been bullied elsewhere. This compares to national averages of 56% and 75% respectively[32].

In addition to the Tell Us survey our 2009 Lambeth Residents Survey (Young People) has shown a further 10% fall in the number of young people who rate bullying as one of their 'top three' concerns – with 21% of young people in 2009 identifying this as an issue[33].

Children with disabilities (or a disability)

There are approximately 2,000 children with a disability in Lambeth. The commonest disorders are communication disorders, moderate and severe learning disability and autism. Co-morbidities are common e.g. visual or hearing problems associated with learning disability. Compared to London and England, Lambeth appears to have a higher proportion of autistic children, and children with communication disorders.

Disability prevalence varies by gender (more common in boys), age (cohort effects), and the prevalence of antecedent factors in the population (deprivation, consanguinity, prematurity etc.) and by mortality rates at different ages.

[32] Lambeth Council: Tellus3 Analysis and Action Plan (2008)
[33] Lambeth Council; Lambeth Residents Survey (2009)

There are many data limitations in understanding the needs of children with disabilities in Lambeth. The Children's Act Register is less likely to be aware of children with autism or physical disability, while more children than expected from national studies are identified as having a severe learning disability.

The best prevalence estimates come from two National Disability surveys of children under 16, in 1985 and 1988, conducted by the Office of Population Censuses (OPCS) and Surveys (OPCS). The total prevalence rate of disability among children under 16 in this study was 3.2% (32/1000). This would be around 2,070 children under 19 in Lambeth (3.2%).

About a third of children with disability are known to services, with apparent under-ascertainment of children with autistic spectrum disorder, physical disability and visual impairment. Compared to other inner London boroughs, London and England, Lambeth has fewer children with moderate and severe learning disability, or physical disability, and more children with speech, language and communications needs.

Mental health – Children and adolescent mental health service (CAMHS)

The importance of psychological wellbeing in children and young people to ensure they are able to develop a healthy emotional, social, physical, cognitive and educational development is well-recognised.

The majority of young people in Lambeth feel they would not know where to tell a friend to go if they wanted to access a mental health service. There is therefore a need for improved information to guide young people to mental health services in the borough. Lambeth also needs to improve access to counselling services and provide more advice on coping with stress and time management for young people.

In addition to needs around access to information and counselling services young people also feel it is important for a figure head or mentor to have a lead role in emotional health and wellbeing in schools or youth settings so young people know who they can go to if they need to speak to someone.

Lambeth estimates that it has experienced a relatively large influx of migrants – as shown in changes to our school population. Separately it is thought that children among refugee and asylum seeker families have a higher risk of mental ill health because of their exposure to trauma. Therefore accurate knowledge/data about these new populations is important to enable effective planning of services.

The total number of children with mental health problems at any one time in Lambeth aged 0-17 years is likely to range between 4,039 and 5,159. This figure is based on information from the 2004 national Mental Health Survey and model-based estimates. Further information around prevalence is set out below Figure 21.

Figure 21 – Whole population estimates of child and adolescent mental health disorders in 0-17 year olds in Lambeth
Sources: Office for National Statistics Mental Health Survey

Source	**Population prevalence**	**Lambeth population in this age group** (ONS MYS 2006)	**Estimated number in Lambeth**
ONS Mental Health Survey 2004 5-16 year olds (ONS MYS 2006)	9.6 (national)	30,951	3,067
Modal based estimates for 5-14 year olds	15.6 (Lambeth)	26,846	4,187
Estimates in 0-4 year olds*	5%	19,455	972
Likely range 0-17 years			4,039 – 5,519

Research studies have also shown that mental health prevalence in inner city deprived areas such as Lambeth is even higher than national rates. The estimates based on the modelling work described above (or 'modal based data available) reflect(s) deprivation but not ethnicity; as Lambeth has a high proportion of ethnic minority children the model based estimate is likely to be higher than the actual prevalence.

There are a lot of voluntary organisations providing services in schools in Lambeth and it would be useful to have a link worker in CAMHS who could be contacted with any questions (supervisory role) and important to ensure appropriate targeted services are in place for children and young people with complex needs. In addition, the importance of transition between children and adult mental health services has been identified through national policy. This needs to be handled sensitively by all involved parties in order to ensure the transition is completed as seamlessly as possible. In Lambeth the South London and Maudsley Mental HealthTrust (SLAM) has developed a transition protocol, which identifies at an early stage those young people likely to require adult mental health services. This protocol is currently being refreshed but it is anticipated that the principle of early engagement by adult services should remain. In addition Lambeth needs to respond to and take account of the 2008 JAR report which recommended further work to ensuring the retention and stability of CAMHS specialists within the borough.

Cross cutting issue: Housing and children and young people

Housing is an issue which impacts on the wellbeing of individuals across all age ranges. With regard to young people there are a number of unmet housing needs within Lambeth. For example, for most young people in the borough trying to access the private rented sector remains extremely difficult with affordability being an overwhelming barrier. Young people are less likely to have disposable income available to meet the high costs associated with rent deposits and advanced payments. In addition the restrictions on housing benefit for those under 25 wanting

to live in the private sector significantly reduce housing choice[34]. Buying a house is also difficult for young people with average house prices are over £300,000

Young people in Lambeth have told us that accessing good quality affordable accommodation is a high priority for their age group. In a recent study commissioned by Lambeth Council, young people interviewed stated that there should be greater availability of housing provision for those under 23 given the difficulties encountered gaining access to housing as a result of their age and levels of disposable income. Furthermore feedback from the Visions of Success group, a consultation group made up from young people leaving care in Lambeth would suggest that young people require help not in the form of entering social housing but assistance to renting or purchasing their own home. This may be in the form of advocating on their behalf when approaching private landlords for accommodation or even signposting them to 'young person friendly' landlords or estate agents.

There is limited information on the specific housing needs of young people in Lambeth, including the rates of tenancy failure, and this has been identified as a priority area to progress. We do know that during the last five years Lambeth has witnessed a dramatic reduction in the number of young people faced with homelessness. In 2004 there were 199 young people accepted as statutory homeless and at time of writing the number had significantly reduced to 47. This can be attributed to the introduction of a number of preventative measures achieved by the Family Support Service working with young adults and their parents to prevent or delay homelessness. There are still however, through no fault of their own, significant numbers of young people who may be at risk of becoming homeless.

At time of writing (July 2009) there were 15,057 applicants registered on the mainstream housing register, which is line with similar inner London local authorities. Of this figure 5,231 were from families and 1,529 were under the age of 25. There were 1,792 households in temporary accommodation and of this amount 1,410 families with children/pregnant women and 42 households were under the age of 18.

Due to the increase of homeless prevention work undertaken and extending the range of alternative housing solutions available to households, temporary accommodation occupation in the borough, usage of this form of accommodation for young people has reduced during the last two years. We also know that of those households currently placed in temporary accommodation, families with children/pregnant women represent the largest group accounting for almost 80% of all occupants (1,443 out a possible 1,845 households).

Generally speaking, children living in temporary accommodation are likely to experience emotional and developmental difficulties impacting negatively on their education attainment. Furthermore where families with children are in temporary accommodation, access to education services can be disrupted, particularly if households are moved between a numbers of different placements. In Lambeth we recognise the impact that multiple moves can have on the family and where ever possible keep the family in the same accommodation until they secure more settled permanent accommodation.

Unfortunately households have little choice where they are placed when living in temporary accommodation. We recognise that many households would prefer to live

[34] Single people under 25 have had their housing benefit entitlement limited to the 'single room rent' (SRR), their entitlement based on the average rent in the area for single roomed accommodation.

nearer to their support networks or their children's' school so not to disrupt their education. Lambeth Council and other public sector partners cannot provide this alone and it is through the private sector that households can have real choice to where they live and access good quality accommodation. Lambeth therefore encourage and assist our landlords through the Landlord Accreditation Scheme demonstrating that the properties provided are safe, of good quality and adhere to high standards.

Lettings First, a house lettings agency manage a number of homeless prevention rent deposit schemes assisting vulnerable households into homes of their choice. In 2008/9 400 families were helped through this scheme removing the real threat of homelessness.

In Lambeth we have also virtually achieved the 2010 national target to stop placing young people in bed and breakfast, in addition significantly reduced the number of young people placed in temporary accommodation; 47. The refocusing of the Housing Options and Advice Team in 2007 that provides statutory housing advice services, homelessness prevention and assessment has allowed the borough to work within a homelessness-prevention focussed ethos, assisting young people with advice and support before they reach crisis point and end up homeless.

Feedback from Lambeth's commissioners 5-19 years agenda

During the JSNA process (and in addition to our review of data sets and analysis documents) commissioners supported the development of this report by identifying what they believed were gaps in service provision. These findings are divided into commissioning gaps and information gaps. These are set out below.

Commissioning gaps

- There is a need to review access to mental health services and persistent waiting times in CAMHS.
- There is a need to assess the extent to which services for 5-19 year olds rely on short-term funding and agree management of a range of different funding sources and revised time-frames.
- Lambeth must ensure that appropriate health promotion and service information is available to children, young people and families to increase awareness of mental health and wellbeing and encourage access to services as early as possible.

Information gaps

- There is no central information point for all mental health service provision for children and young people and their families across Lambeth.
- There is not enough information about the number of children aged 5-19 years who smoke.
- Information sharing protocols are required to ensure better sharing and awareness of those children and young people involved in 'risky behaviours' and to improve communication between services working across the different tiers.
- A clearer understanding of the numbers of parents with a mental health problem in Lambeth is required. In addition information about the services available to meet the needs of this key group of individuals and their children and young people is needed.

Figure 22 – Commissioning activity – continuing service gaps

In addition to our analysis of unmet need set out above Lambeth First reviewed pre-existing needs assessments that were undertaking by partner organisations. Analysis of the extent to which previous gaps had been addressed through the commissioning of new and improved services was carried out. The table below provides information around service needs that have still not been fully addressed.

Needs identified through pre-JSNA assessment	Specific commissioning activity in response to identified need	Commissioning gap that still exist
Childhood obesity	✓	Programmes targeting families pre-school children
Identifying and supporting families with complex physical and mental health needs	✓	Review barriers to access to services
Alcohol and harm reduction programmes in schools	✓	There are no remaining gaps
Teenage pregnancy	✓	There are no remaining gaps
Children aged 5 – 19 years who smoke	x	Information and data systems to capture children who smoke aged 5 – 19 years

Recommendations

As a result of our analysis of data, information gathered from existing analysis, feedback from commissioners this JSNA makes the following recommendations for consideration by Lambeth First:

Strategic

- To develop a clear process of information sharing requirements between statutory providers and the voluntary sector for children on the CAMHS waiting list and incorporate an evaluation mechanism.
- To ascertain the need for programmes targeting families of pre-school children through existing initiatives e.g. Child Health Promotion Programme.

Operational

- To incorporate the use of the interactive needs assessment web-based tool, designed by the national Child and Maternal Health Observatory (ChiMat) to reflect the mental health needs of the children and families.
- To ensure effective information systems are in place to obtain data on patterns of childhood obesity and children aged 5 to 19 years who smoke by ethnicity and locality in Lambeth.
- The review barriers to access to CAMHS service for children with complex needs.
- Improve uptake of Chlamydia screening among young men

Adults

This section includes health and wellbeing analysis/recommendations for the following issues:

- **Life expectancy**
- **Inequalities in cardiovascular disease (CVD)**
- **Inequalities in cancer**
- **Inequalities in diabetes**
- **Mental health**
- **Programmes managing long term illness**
- **Healthy lifestyles:**
  - Smoking
  - Obesity and healthy eating in adulthood
  - Alcohol and alcohol related harm
- **Sexual health**
- **HIV**
- **Cross cutting issue: Housing and adults**
- **Feedback from commissioners on the adult agenda**
- **Commissioning activity - continuing service gaps**
- **Recommendations**

Almost half (45%) of Lambeth's population is aged between 20 and 39 years, compared with just over a third (36%) for London and three in ten (28%) nationally (2001 Census). Population projections also suggest that the number of 46-64 year olds will increase by a large amount within Lambeth[35]. This section of our 'Being Healthy' analysis looks at the major unmet health needs facing our adult population and broad health outcome date. Key issues addressed are life expectancy, major illnesses/diseases which affect the citizens we serve, mental health, healthy lifestyles and sexual health.

Life expectancy

Lambeth male life expectancy has shown improvement compared to the female life expectancy and the gap is narrowing between the national and local life expectancy. However nationally, life expectancy is improving at a faster rate compared to the spearhead PCTs of which Lambeth is one. (Spearhead PCTs are the 20% of PCTs in England with the highest levels of deprivation). From baseline year the life expectancy inequality gap has reduced by 41% in males and 9% for females. The life expectancy gap is projected to reduce by 48% for men but worsen by 3% for women. This may be because the life expectancy for females in Lambeth is already high and the gap is relatively smaller than for males.

The life expectancy for Lambeth residents has increased from baseline year 1995-7 by 4.2 years for men (75.8 years in 2005-07) and 2.2 years for women (80.6 years in 2005-07). Life expectancy at birth has also improved for both men and women at Lambeth. Compared to England the gap in life expectancy has reduced for both men and women but the reduction in gap in women is lower.

[35] Lambeth First State of the Borough Report (2008)

Analysis at the ward level is shown in Figure 23 and Figure 24. Men living in 21 of Lambeth's 23 wards have a life expectancy below national average with 12 of these wards having a significantly lower life expectancy. Women living in 14 of 21 wards have a life expectancy below national average with six of these wards having a significantly lower life expectancy.

In Lambeth the prevalence of circulatory disease, cancers and respiratory disease explain over half the gap (54%) in life expectancy for Lambeth men living in the most deprived wards compared with England as a whole.

For women circulatory disease, respiratory disease and diseases of the digestive system explain up to half the gap (49%) in life expectancy for Lambeth women living in the most deprived wards compared with England as a whole. A more detailed technical briefing on life expectancy is available in supplement 6.

Cancers, infections diseases and accidents form a smaller proportion (about 10%) of the gap. Diseases of the digestive system, accidents and infectious diseases are also important contributory factors explaining a further 27%.

Figure 23 – Ward level life expectancy for men 2002-06
Source: LHO and national statistics

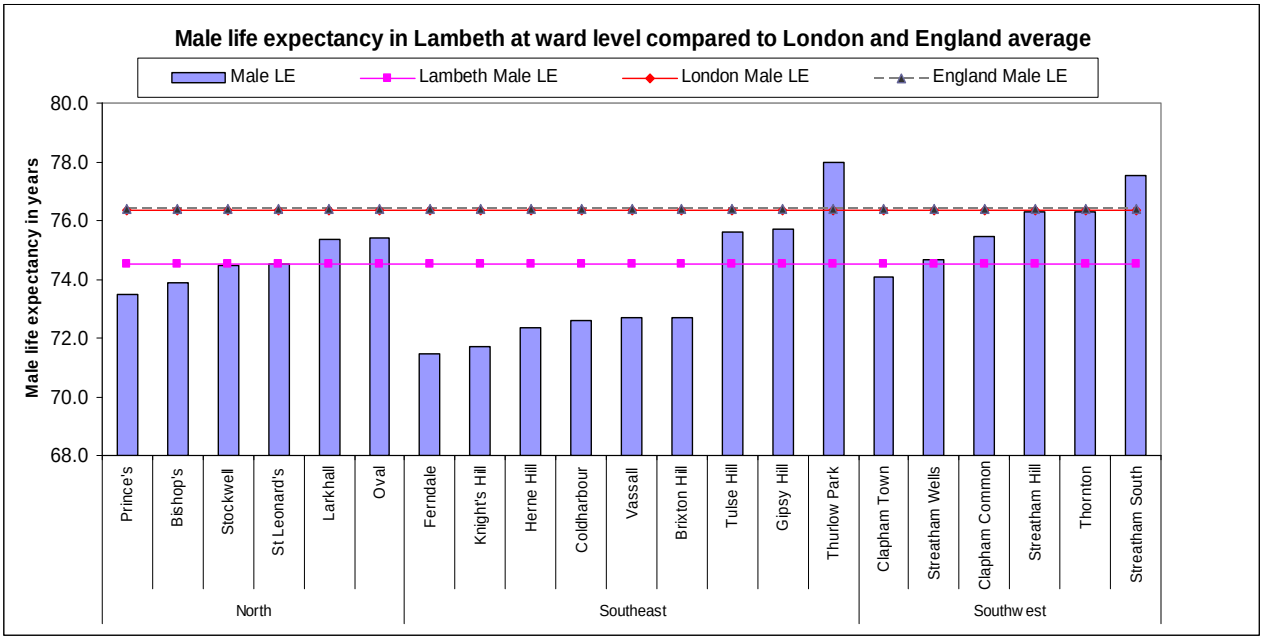
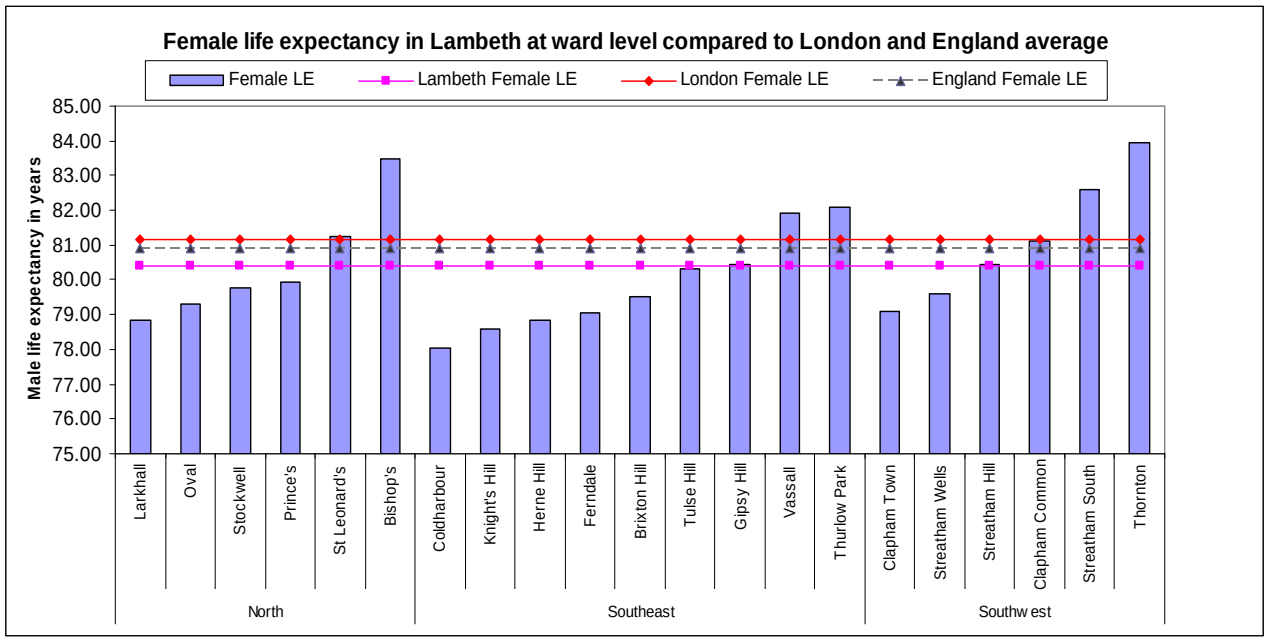


Figure 24 - Ward level life expectancy for men 2002-06
Source: LHO and national statistics



Inequalities in cardiovascular disease (CVD)

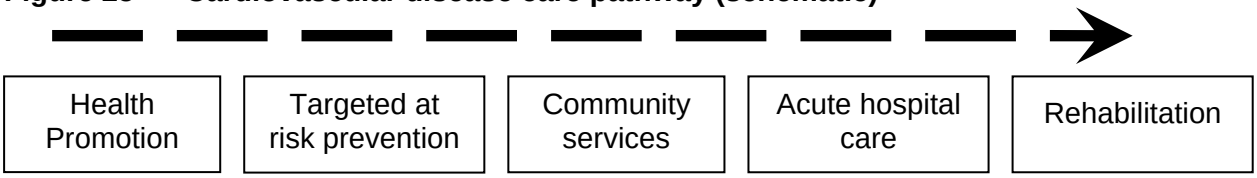
Circulatory diseases are the main contributors to the gap in life expectancy between the fifth least deprived and the fifth most deprived areas in Lambeth. Although deaths have decreased over the decades there is a rising prevalence of the risk factors especially in women below the age of 75 years that would need to be addressed in order to reduce CVD health inequality in Lambeth.

Inequalities occur at all stages of the CVD patient journey – there is a high prevalence of risk factors especially more in the deprived wards of the borough, however there is still unequal access and uptake of services in addition to variation in the quality of care being provided to Lambeth residents with CVD.

It is possible to identify those with a higher risk of developing CVD so that targeted preventative initiatives can be put in place, however, although a high proportion of patients are being identified through practice registers, there is a lower proportion of those achieving recommended treatment outcomes.

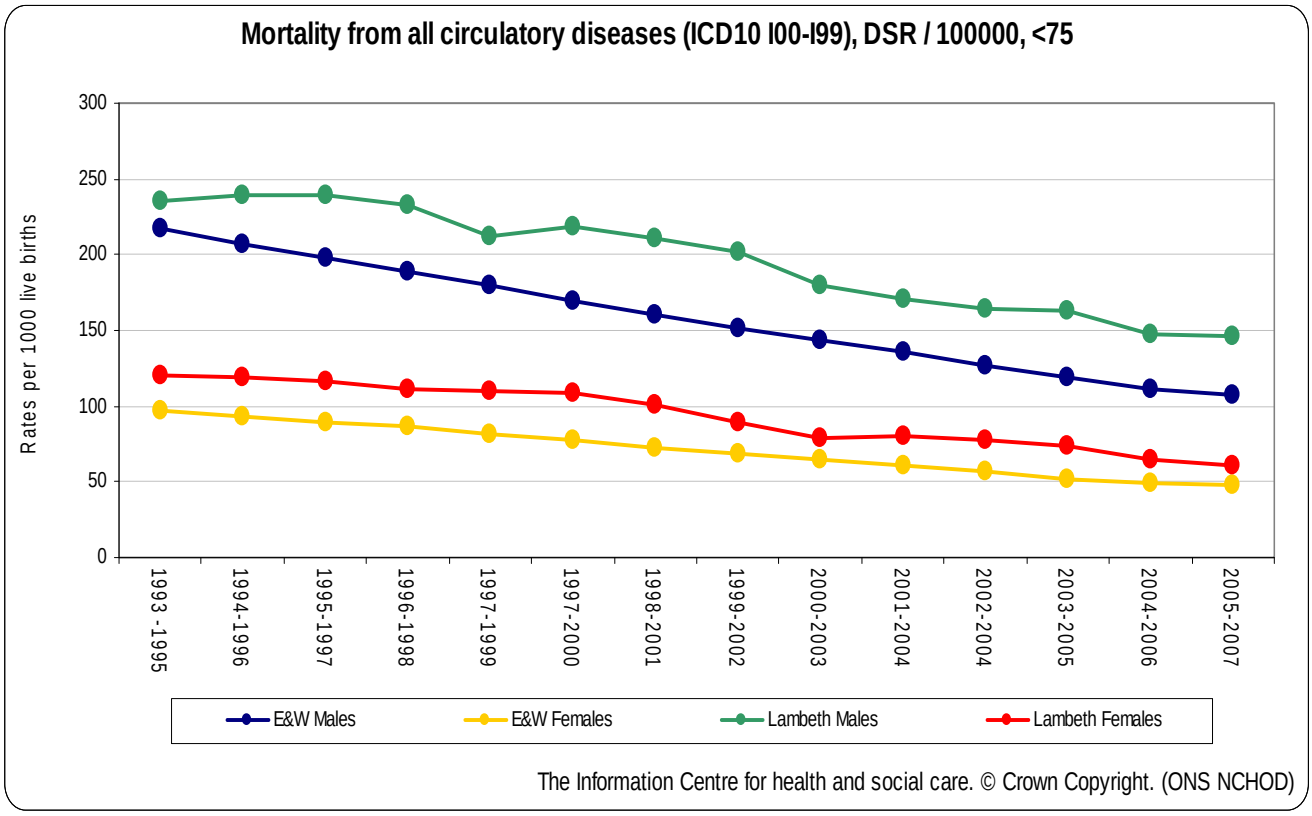
The partnership has set out a vision of excellence for the prevention and treatment of CVD and continues to aim for good quality of care across the continuum of CVD care (Figure 25) although there is still a need to ensure an effective evidence base, strong partnership working and enhancing the voice of service users to aid in reducing health inequalities.

Figure 25 - – Cardiovascular disease care pathway (schematic)



Premature death rates have fallen over the last decade or so (see Figure 26) and there has been a 41% reduction in mortality rates from circulatory disease in Lambeth (2005-07). For men there has been a 39% reduction and for females 44% reduction. However, mortality reduction is happening quicker overall nationally compared to Lambeth so the gap is reducing less quickly.

Figure 26 – Early death rates from heart disease and stroke
Source: NCHOD, ONS, 2009

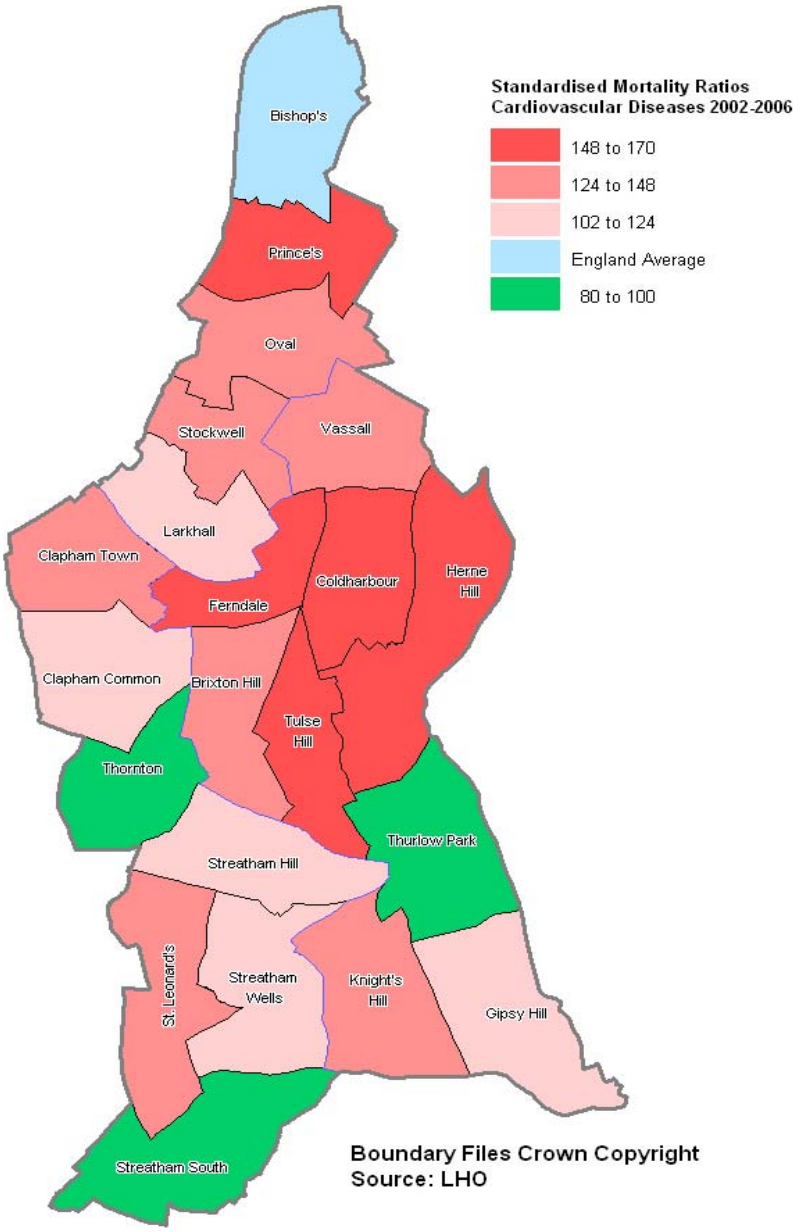


At ward level, mortality rates still vary with age, gender, socio-economic status, ethnicity between the electoral wards in Lambeth. All cause age-standardised premature mortality ratios (SMRs) for the period 2002-2006 range from 81.1 to 169.3. SMRs were highest in the Herne Hill, Tulse Hill and Prince's wards (Figure 27).

For men, premature SMRs ranged from 80 in Thurlow Park to 167 in Herne Hill and mortality rates were also considerably higher than the England national average in Prince's, St. Leonard's, Coldharbour, Tulse Hill and Vassall wards.

For women, many of the wards did not have statistically significant figure, however, available data showed that premature SMRs were considerably higher than the England average in Ferndale, Streatham Wells, Herne Hill, Gipsy Hill and Prince's wards.

Figure 27 – Premature standardised mortality ratios by ward, 2002-06



The case detection rate of coronary heart disease (CHD) in Lambeth residents is 1.3% compared to 2.3% nationally. The prevalence models have estimated that there could be over 5,000 individuals in Lambeth with CHD who are undetected and who need treatment to avoid premature complications and/or death.

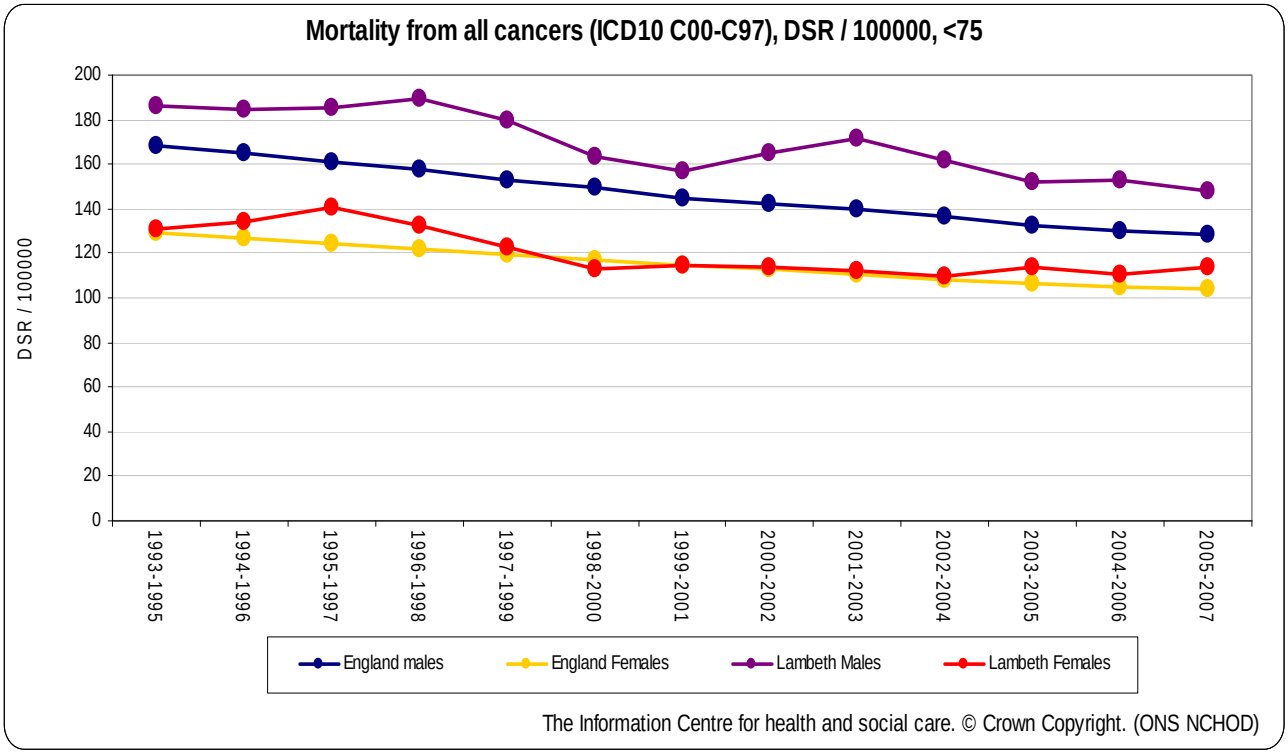
The case detection rate of hypertension in Lambeth residents is around 9% compared to 11.3% nationally. The prevalence models have estimated that there could be over 34,000 individuals in Lambeth with hypertension who are undetected and who need to be treated to avoid development of CHD and stroke. However the estimates should be treated with some caution as the criteria for registering a patient as hypertensive is different from the model definitions of hypertension.

Inequalities in cancer

For cancer, from the 1995-97 baseline, the latest performance (2005-07 data) shows there has been an absolute gap reduction of 45% overall and a 23% reduction in overall mortality. The forecast outturn is for a further overall reduction in absolute gap of 48% in 2011 and 28% reduction in mortality. There are differences in men and women in the absolute gap reduction although the mortality reduction appears similar. The 2005-07 mortality rate from cancer in all persons under 75 years in Lambeth of 129 is still higher than the England rate of 115 per 100,000 population.

Overall there has been a 20% reduction in deaths from cancer in Lambeth (2005-07), with deaths for males reduced by 19% and for females by 20%. In addition there has been 31% narrowing of the absolute gap between Lambeth and England as a whole. However cancer remains a major cause of illness and mortality in the Lambeth and thus it presents a public health challenge for the organisation of prevention, diagnosis, treatment and care delivery.

Figure 28 – Early death rates from cancer
Source: Association for Public Health Observatories, 2009



Diabetes

Diabetes is one of the greatest health challenges facing the UK today, Unless it is diagnosed and effectively treated, diabetes can put people at risk of complications such as heart and kidney disease, blindness, strokes and amputations. Deaths from diabetes are expected to rise by 25% in the next 10 years (Diabetes UK).

In September 2008 the prevalence of diabetes identified in Lambeth was 2.9%, which is lower than the London (3.6%) and estimates derived from the Health Survey for England 2006 (4.9%). The Diabetes Phase 3 prevalence model estimates 4.2% residents in Lambeth to have diabetes which means over 1000 individuals in Lambeth may have diabetes but are yet to be detected and treated.

The NHS Service Review of diabetes commissioned by the Health Care commission in 2007 put forward recommendations which included NHS Lambeth improving partnership working between people with diabetes and their healthcare professionals when planning and agreeing their care. It was also recommended that Lambeth should reduce variation in general practices and work more closely with all partners providing and commissioning diabetes services.

Lambeth's rates of adults with diabetes who are looking after their condition; who feel supported to self care through planning, information and education; and who have key tests and measurements carried out are all rated as 'fair' by the Health Care Commission (2007). These levels are comparable with similar boroughs. The performance of Lambeth meets minimum requirements and the reasonable expectations of patients.

Mental health

In population terms mental ill health causes more disability and illness than any other long term condition. Currently Lambeth has the highest number of benefits claims for mental health problems of any London borough. Because of this high level of need on the Lambeth population mental health is one of the NHS Lambeth top priorities in its 5 Year Commissioning Strategy Plan.

GP records in Lambeth (2009) suggest that they are offering treatment and care to about 4,000 people with **severe mental illness (SMI).** This equates to about 1.4% of the adult GP registered population or nearly three times the average expected from national surveys. Out of 7,500 adult and elderly clients the local secondary specialist provider of mental health services South London and the Maudsley NHS Foundation Trust (SlaM) is providing treatment to about 2,000 people with SMI. More than 1,300 SLaM clients had no diagnosis recorded but a proportion of these are first time presentations with symptoms suggesting a diagnosis of SMI. Audits over the last two years have confirmed that there are people known to their GP with SMI who are not known to SLaM and vice versa. SLaM and primary care services are working to improve the accuracy of their systems through the psychosis care pathway. Lambeth First therefore expect, over the next year, to gather a more accurate estimate of the numbers of people, although the figure does not include people who are not registered with a GP.

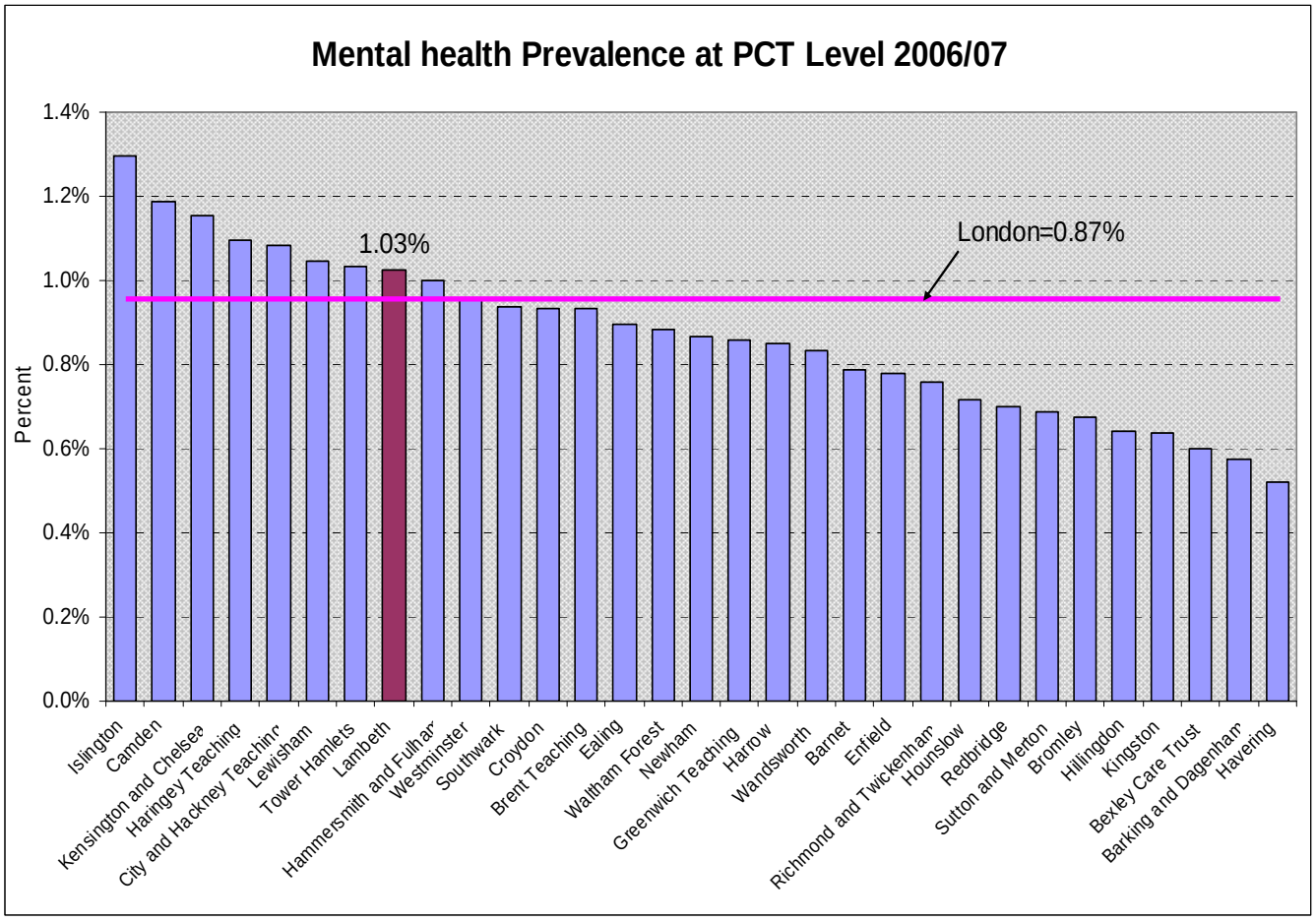
National estimates suggest that 15.1% adults (over 15 years old) have symptoms of **common mental disorder (CMD**), such as anxiety and depression. In addition, about half of these (7.5%) are severe enough to warrant treatment (such as talking therapy or medication). In Lambeth this works out at between 30,000 and 53,000 people aged 16 – 74 years experiencing some symptoms of one or more of the disorders at any one time (about half is mixed anxiety and depression) and about 1,000 people over the age of 74. This equates to between 15,500 – 27,000 people who might benefit from treatment.

It is of note that prevalence of CMD in women is substantially higher than in men (19.7% compared with 12.5% for men). One suggested explanation for this (and for the slightly more even spread of CMD in women across income groups) is the greater exposure of women to domestic violence and abuse.

Reasons why Lambeth may have higher than average prevalence of mental illness are related to:

- **High levels of poverty:** As income goes down prevalence of mental illness goes up
- **Ethnic mix:** Black men (but not women) appear to have higher prevalence of SMI (3.1% compared with 0.2% of white males)
- **The young age profile of the population:** SMI is much more common in younger people the highest rates being in men and women between 35 to 44 years (0.7% and 1.1% respectively).

Figure 29
Severe mental illness in primary care: numbers of patients registered with a GP in Lambeth (2006 – 07)
Source: Quality outcome framework data, ONS



People with mental health problems especially SMI also tend to experience poorer health and die earlier than the general population (some studies suggest up to 25 years earlier). This is likely to be due to the high proportion of people with mental health problems who:

- Experience socioeconomic deprivation (strongly associated with premature death) including long term unemployment
- Experience lifestyle risk factors; smoking, lack of exercise and obesity
- Have other long term conditions especially diabetes and coronary heart disease
- Tend to have poorer access to primary care, screening and health promotion programmes

A two year study in Islington found that 43% of people dying prematurely (before the age of 75 years) from cardiovascular disease had a mental health problem. This means mental and physical health need to be considered together if people's health is to be improved and early death prevented.

Deaths due to suicide and undetermined injury in all persons in Lambeth have decreased slowly from an average of 33 a year during 1995-97 to 23 deaths a year during 2004-08. This is a rate of 8.65 per 100 000 population which compares well with the London average of 8.3. However in Lambeth 80% of deaths from these causes are in men (a rate of 13.7 per 100 000 compared to 3.52 per 100 000 in women during 2005-07). This is similar to the London and national picture where although rates are at their lowest since 1991, suicide remains the second most common cause of death in men aged 15 – 44 years, (after accidental death) and is the cause of 1 in five deaths in men aged 20-34 in London.

In 2007 Lambeth spent £276 per capita on mental health care which is the fourth highest amount in England[36] . To ensure investment in this area makes a measurable impact upon the quality of life of people experiencing mental ill health and their families and carers Lambeth First partners are working together on a series of service improvement programmes. For example, talking therapy (counselling) provided from GP practices is now organised in neighbourhood teams leading to more choice of counsellors. The Improving Access to Psychological Therapies (IAPT) programme offering cognitive behavioural therapy (CBT), especially for people with anxiety and depression, started in September 2009. People can be referred to IAPT by their GP, from Job Centre Plus or by self referral.

More detailed analysis of mental health issues in Lambeth is in the JSNA supplement 5. However access to good quality and accurate local data on primary and secondary care is still limited. Improving this is a priority for NHS Lambeth and partners. Further work is also needed on conditions such as eating disorders, personality disorder, dual diagnosis (substance misuse and mental ill health) and medically unexplained symptoms.

Aside from the work on mental illness Lambeth First are launching their second mental wellbeing programme in November 2009. This programme is concerned with the protection and promotion of positive mental and emotional wellbeing of everyone living and working in Lambeth. The programme recognises the importance of the wider social, community and economic setting to mental wellbeing of populations especially people who are not ill but maybe at risk of poor mental health. The actions relate to the built environment, access to skills and jobs and the importance of wellbeing promoting schools and workplaces, community engagement and participation, community safety, and tackling stigma and discrimination. The programme sets out roles of statutory and voluntary and community organisations in providing the enabling conditions for people to flourish and the commitment of Lambeth First to make this happen.

Programmes managing long term illness

In Lambeth 67% of individuals managing long term illnesses are recorded as being supported to be independent and in control of their condition compared to the National average of 74%. Lambeth ranks 17 out of 33 London boroughs.

[36] Appleby and Gregory (2008)

Long term conditions is one of the six priority areas within NHS Lambeth's five year commissioning strategy plan and Healthcare for London has identified long term conditions as key priority with a specific focus on diabetes and stroke.

Over 30,000 people are living with one or more long term illnesses in Lambeth. There are many excellent examples of robust referral pathways between primary and secondary care in Lambeth supplemented by the modernisation initiatives funded through Guys' and St Thomas' Foundation Trust charitable funds. Examples of such initiatives include an intermediate care team for diabetes and strong diabetes network including a GP with special interest, and commissioners; heart failure community based clinics and a rapid access clinic (cardiovascular disease).

Patient views have shaped the Lambeth Long Term Conditions Strategy with the redesign of the community nursing and therapy teams integrating daytime and evening nursing, case management and therapy teams based care pathways. However further work needs to be undertaken around the burden of long term respiratory illnesses and its management across the partnership as there is limited information from available data sources.

Healthy lifestyles

Healthy lifestyle issues in Lambeth are an area of concern (e.g. high smoking prevalence, worsening obesity levels related to poor diets and lack of physical activity, alcohol and drug misuse; these indicators appear worse than the national average). This analysis focuses on three of the main causes of poor health outcomes (due to poor lifestyle choices) – smoking, poor diet and alcohol.

Smoking

The proportion of Lambeth residents who smoke (35%) is much higher than the national level (22%) and each year approximately 350 Lambeth residents die because of smoking.

Recent surveys suggest the prevalence of smoking has dropped to below 30% in Lambeth, however an accurate estimate is not available. Encouragingly, between April 2005 and March 2007 an estimated 3,000 people attempted to give up smoking with a success rate of around 40%.

The quit rate in Lambeth is 795 per 100,000 populations, which is better than the national average - Lambeth ranks 17 out of 33 London. The 2007-08 figures show the Lambeth quit rate for 16+ aged populations at 828 per 100,000 compared to London rate of 853 and England average of 894. While the rate is on the increase, the NHS stop smoking service have set targets based on increasing trend of quit rate till 2011-12 through NHS Lambeth's Commissioning Strategy Plan.

Obesity and healthy eating in adulthood

Like the rest of London, the vast majority of Lambeth's residents feel they are currently in good health (72% compared with 71% in London). Levels of physical activity and healthy eating among adults are better than national levels and levels of adult obesity are lower than average.

Statistics about Lambeth residents show that levels of physical activity are higher and residents are less likely to be overweight (17% compared with 22% across England). It is estimated that 30.3% of Lambeth adults eat a healthy diet (above the national average of 26.3%) and the level of obesity in Lambeth adults (18.6%) is lower than the England average (23.6%). However growing trends in childhood obesity as discussed above are still a challenge.

Alcohol and alcohol related harm

Alcohol is a major problem in Lambeth. Figures for alcohol harm related admission shows a year on year rise from 1,336 per 100,000 to 1,724 per 100,000 from 2004-05 to 2006-07 respectively. This rate for Lambeth in 2006-07 at 1,724 is also higher than the London average of 1,375 per 100,000 population as seen in the table below (Table 3y).Lambeth ranks fifth highest in terms of alcohol related harm hospital admissions. Newham has the highest while Bexley has the lowest rate amongst the London boroughs. Alcohol abuse can cause numerous health problems such as liver diseases, gastro-intestinal diseases, neurological diseases, mental illness or physical injury.

Figure 30 – Alcohol harm related hospital admission trends
Source: Office for National Statistics, 2008

	2004/05	2005/06	2006/07	Average annual change
	Rate per 100,000			
Lambeth	1,336.0	1,482.8	1,724.2	194.1
London	1,062.5	1,252.2	1,375.6	156.5

Sexual health

Lambeth has a young, diverse and highly mobile population with very high rates of teenage conceptions, sexually transmitted infections (STIs) and human immunodeficiency virus (HIV). A significant number of STIs continue to be among young adults and Chlamydia screening shows higher prevalence of Chlamydia in some ethnic groups. Estimating the prevalence of STIs in the community as a whole is difficult. The best estimates of prevalence are in high-risk groups – GUM attendees and Chlamydia screening data from young people. Epidemiology indicates Lambeth has high numbers of STIs diagnosis at GUM clinics compared to the rest of London. Lambeth's Chlamydia Screening programme completed 11,849 screens in 2008-09, 35.6% of Lambeth's population aged 15-24 year olds, of which 8.6% were found to be positive. These estimates cannot be easily translated into prevalence in the community as a whole.

Capacity has been increased within all local services through innovations facilitated by the GST Charity's Sexual Health Modernisation Initiative (2003-2008). Within our population there are some underserved and high-risk groups, including young people, men who have sex with men, black Africans and African-Caribbean's. There is limited resident-specific data to inform targeted location of services but the data that is available suggests very high levels of need (as shown by teenage conceptions, STI and HIV rates) in the Brixton area, Streatham Hill and Kennington / Vauxhall (Prince's Ward). Services need to be easily accessible to residents from those areas. Recent service developments have seen two new Sexual Health Clinics opening in Vauxhall & Streatham Hill since November 2007.

The Lambeth Sexual Health & HIV Strategy (2006-2010) will be refreshed in January 2010. This will take stock of the significant progress made by local Sexual Health Services and review how services can be further developed to ensure high risk group have improved access to high quality services.

Details of commissioning activity within sexual health are available in supplement 5.

HIV

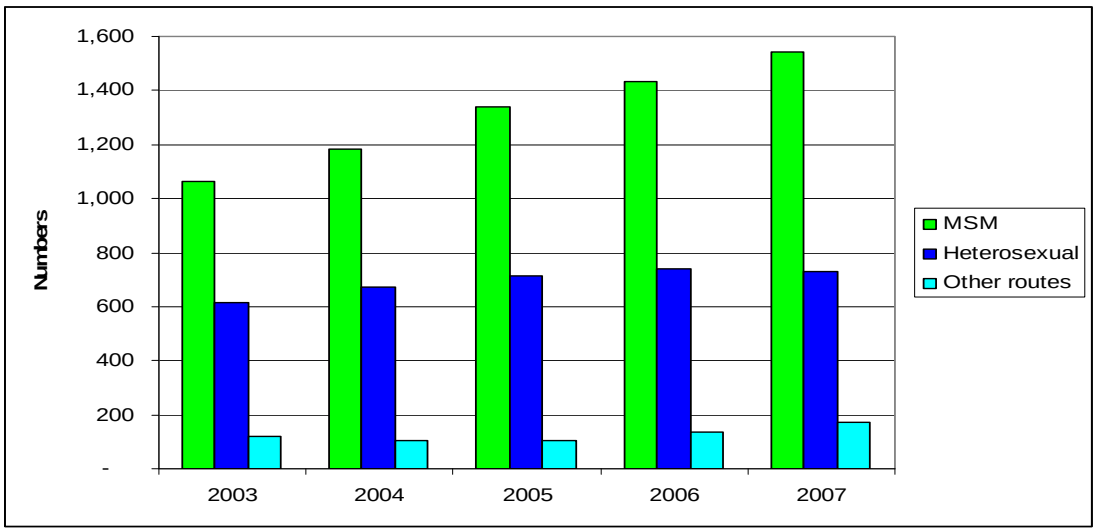
HIV continues to be a major public health problem. In 2007 the estimated UK number of people living with HIV was 77,400, with over a quarter (28%) being unaware of their infection. London accounts for half of diagnosed HIV infections. Lambeth is by far worst affected borough in the UK accounting for 9.7% the London and 4.3% the UK caseload. Lambeth had twice as many diagnosed HIV infected individuals than other 'London cosmopolitan cluster PCTs' (statistically similar in terms of demography and deprivation), except neighboring Southwark.

In the UK the HIV epidemic primarily affects disadvantaged and marginalized population groups i.e. men having sex with men (MSM), black African heterosexuals, and injection drug users. These at risk population groups are particularly overrepresented in Lambeth.

Infections acquired through sex between men accounted for 63% (1,544/2,442) of all diagnosed infections in Lambeth in 2007. Although sexual orientation is not collected in standard UK data sources, recent estimates from the HPA showed that Lambeth likely has one of the largest populations of MSM in the UK, with MSM accounting for up to 15% of the male population, nearly three times the London Average of 5.3%.

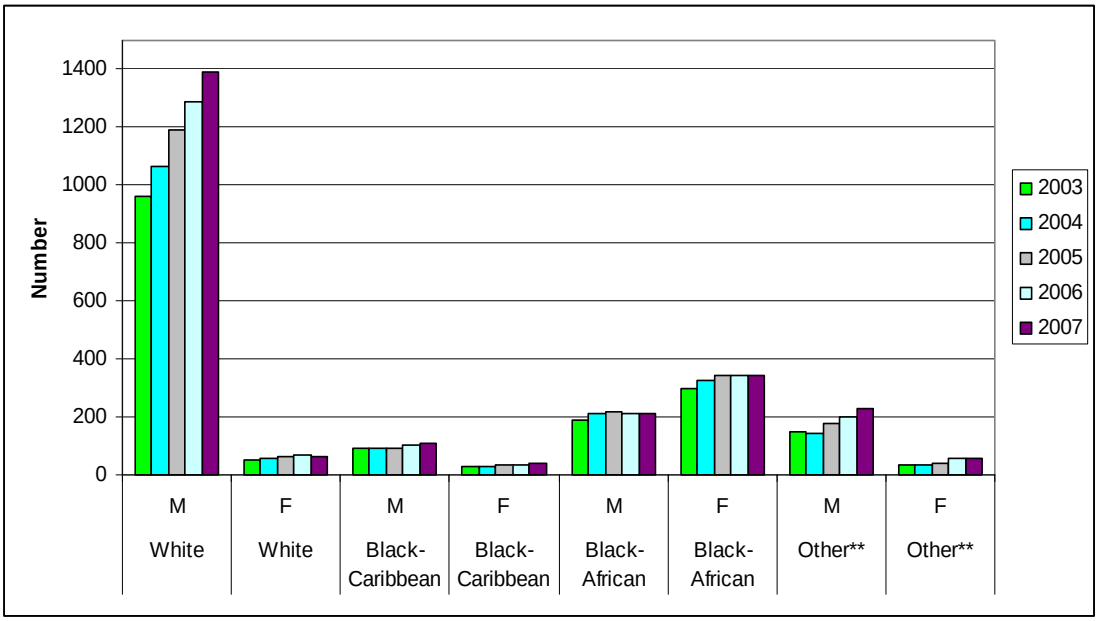
In 2007, 27 % (553/2,442) of infections in Lambeth were in Black Africans. The majority of infections in black African heterosexuals are thought to be acquired abroad, largely in Sub-Saharan Africa. 12% of Lambeth's population is estimated to be of Black African ethnicity, signifying a substantial local population at risk for acquiring HIV through within UK transmission.

Figure 31 – Numbers of diagnosed HIV-infected individuals by probable route of infections, Lambeth 2003-2007
Source: SOPHID, HPA



The figure above shows the trends in number of diagnosed HIV infected individuals by route of transmission in Lambeth between 2003-2007. Overall numbers in Lambeth increased by 33% in this period which was similar to London (36%). However diagnosed infections in MSM increased significantly by 45%, compared to only 18% in heterosexuals. This is in contrast with London overall with 29% increase in MSM and 35% in heterosexuals.

Figure 32 – Numbers of diagnosed HIV-infected individuals by ethnic group, sex and survey year.
Source: SOPHID, HPA



** The ethnic group 'Other' includes the groups 'Black-Other/Black-Unspecified', 'Other/Mixed' and 'Other Asian/Oriental'

The figure above shows the number of diagnosed HIV infected individuals by ethnic group and gender in Lambeth 2003-2007. White males have been the by far most affected group and show continued steep increase. The second most affected group were black African females followed by black African males, however numbers over that period have not increased significantly. Of interest are increasing numbers in the Other** ethnic groups group which included UK Black and Mixed race ethnicities and may illustrate the risk for onward transmission.

Highly effective treatments have substantially reduced HIV related deaths. In 2007 the prevalence of diagnosed HIV in the overall adult population aged 15-59 years in Lambeth was 1.19% (or 2,442 people), rivaling prevalence of other common chronic conditions like diabetes (3.3 %) or CHD (1.3 %) in this age group. However, in contrast to these, HIV prevalence is increasing rapidly (35% from 2003 – 2007) and may likely to surpass other major chronic conditions in the near future if trends continue. Up to 1,200 people in Lambeth are estimated to be are unaware of their HIV infection

Late HIV diagnosed HIV Exceptional treatment advances have transformed HIV into complex long-term chronic condition. Late HIV diagnosis has become the single largest risk factor for HIV related mortality and is associated with a reduction in survival by about a decade (individual health benefit). Black Africans are particularly affected by late diagnosis, with 40% of new diagnoses in this group continuing to be diagnosed late over recent years. In addition, onward HIV transmission is estimated to be 3.5 times higher when persons are unaware of their infection and the number of new infections could be reduced by early diagnosis (public health benefit). On account of this evidence the 2008 National HIV Testing guidance recommend routine HIV screening of adult patients registering with primary care in high prevalence PCTs, and the London HIV prevention indicator aims to reduce the proportions of late diagnoses among newly diagnosed individuals.

Despite national anti-discrimination policy advances, there is continuing HIV-related stigma, xenophobia and homophobia, which represent the major barrier for individual and public health improvements.

We also know that there is increasing evidence that long-term HIV infected individuals are at higher risk for common chronic conditions including cardio-vascular disease, stroke, diabetes, cancer which will pose challenges for local health services and negatively impact on health inequalities in Lambeth.

Antiviral therapy (ART) is considered to be one of the most cost effective treatments for a chronic condition and recent evidence suggest that life expectancy of diagnosed HIV infected individuals at the age of 35 is around three and a half decades which amounts to a lifetime (drug treatment only) cost of around £250,000 per person. The expansion of HIV testing into primary and secondary care is considered cost-effective at a prevalence threshold above 2/1,000 (Lambeth 11.98/1,000)

Cross cutting issue: Housing and adults

Health and wellbeing is strongly influenced by housing. Analysis of housing need has been targeted in this JSNA to housing need for older people and housing need for vulnerable people. Relevant narrative is therefore set out below in these respective sections. At a high level, and by way of introduction, we are aware that Lambeth has a high level of need with regard to housing and due to a number of issues such as the limited development land for housing and high local population (fourth most

densely populated urban authority in the UK) it will remain very challenging to meet all this need.

Excluding transfers there are over 17,000 households are on the council's housing waiting list. Of those in need, about one quarter, while unable to afford private housing, could afford some form of intermediate housing, at a cost between that of social rents and full market private renting.

To clear this backlog it would be necessary to build around 5,000 new units of socially rented housing, intermediate rented housing, or affordable housing for sale each year, or some 15,000 over any three year period. Given the lack of space within Lambeth and the high levels of population density that already exist it simply is not practical for Lambeth to meet this need by building new homes. Reflecting this reality, within the London plan the Mayor has set Lambeth a target of building 1,100 homes per year. Over the past three years, a total of 3,444 new homes were built in the borough and of these, some 944 were affordable housing for rent or for sale. Looking forward however it is likely that the rate of house completions across the borough in 2009, 2010 and probably 2011 will be lower.

Feedback from Lambeth's commissioners on the adult agenda

During the JSNA process (and in addition to our review of data sets and analysis documents) commissioners supported the development of this report by identifying what they believed were gaps in service provision. These findings are divided into commissioning gaps and information gaps. These are set out below.

Commissioning gaps

- There is a lack primary prevention programmes for vascular disease (heart disease, stroke, diabetes, renal disease) which is a major health problem in Lambeth.
- The link and cross referral between A&E, homeless services, drug treatment services and alcohol services needs to be strengthened.
- Sexual health and HIV services continue to work towards increasing access from three identified at risk groups, young people, African and African-Caribbean communities and men having sex with men (MSM).
- Improving access to Sexual Health services for working women. The current provision is being remodelled to increase uptake of services by these women.
- There is a need to increase uptake of long acting reversible contraception (LARC) amongst high risk groups.
- Improvements in data within mainstream sexual health services to identify actual numbers and demographics of those receiving HIV testing, including sexuality is required.
- There is further need to strengthen prevention agenda in statutory service through normalising 'opt out' HIV testing in non-specialist services. Primary care testing pilot is being implemented to address this, further developments include testing in non-specialist acute settings are required.
- Improved links between HIV services and 'Staying Healthy' work streams are required.
- Targeted and ongoing work with African Caribbean Communities is needed to more effectively identify and treat HIV.
- Improved services for working women are required. The current provision is being remodelled to increase activity.
- Commissioning links between HIV services for health and social care services

need improvement.

Information gaps

- There is no formal care pathways have been identified from available intelligence for long term neurological conditions.
- A scoping exercise to see how compliant services are with NICE guidance for long term conditions is required.
- National data collection systems are currently focused on either contraception activity within community reproductive settings or sexually transmitted infections within hospital genitourinary medicine (GUM) settings, therefore there is no means for collecting total activity across the system.
- Data including and pre dating 08/09 did not include information about patients' sexuality, therefore it is difficult to assess accessibility of services by MSM who are identified as a high risk group.
- Improvements in data within mainstream sexual health services to identify actual numbers and demographics of those receiving HIV testing, including sexuality is required.
- Data on the number of HIV tests in carried out in primary care (excluding antenatal care)

Figure 33 – Commissioning activity – continuing service gaps

In addition to our analysis of unmet need set out above Lambeth First reviewed pre-existing needs assessments that were undertaking by partner organisations. Analysis of the extent to which previous gaps had been addressed through the commissioning of new and improved services was carried out. The table below provides information around service needs that have still not been fully addressed.

Needs identified through pre-JSNA assessment	Specific commissioning activity in response to identified need	Commissioning gap that still exist
Long terms condition management programmes (diabetes and mental health)	✓	Targeted programmes or care pathway around respiratory conditions. Evaluation of diabetic care pathways in primary care.
Access to mental health support services for working adults	Not clear	
Concerns around quality of primary care provided to BME groups	✓	Evaluate patient satisfaction survey in primary care.
Sexual health		
Consistency of data and information systems.	**X**	Need to improve quality and consistency of data across partnership to enable services to further target sexual health inequalities.

Improve partnership working for treatment between health, independent contractors and voluntary sector.	✓	There are no remaining gaps
Sexual health – HIV		
HIV awareness programmes in schools	✓	Evaluate effectiveness of current provision in schools
Targeted HIV work on Vulnerable People	✓	Service targeting homeless Increased prevalence of MSW and associated high smoking rates.
Consistency of data	**X**	Variation and quality of data currently being collected across partnership reflecting inequalities.
Improve partnership working for treatment between health, social care and the voluntary sector	✓	There are no remaining gaps
Stigma and safety	✓	Variation in practice with certain groups been served through voluntary groups. Need for clearer systems and processes across health and social care in Lambeth.
HIV screening in primary care	✓	Data systems to capture information.

Recommendations

As a result of our analysis of data, information gathered from existing analysis, feedback from commissioners this JSNA makes the following recommendations for consideration by Lambeth First:

Strategic

- Tackling obesity is a major factor in preventing/managing diabetes and its complications. GP-based screening for people with risk factors should therefore be promoted in order to identify undiagnosed populations.
- Recognise HIV as a rapidly growing long-term chronic condition driving future health inequalities in Lambeth
- Tackle HIV related stigma, xenophobia and homophobia among health and social care professionals, and the public in Lambeth
- Reduce late diagnosed HIV: Expand access to HIV testing to reduce HIV related morbidity and mortality and reduce onward HIV transmission
- Increase access to sexual health services for high risk groups- young people, African/Caribbean Communities and men who have sex with men

Operational

- Develop a care pathway for the management of long term respiratory illnesses.
- Improve information systems currently used to collect sexual health data across partnership
- Ascertain the HIV awareness training needs for front line staff as part of reducing HIV stigma agenda across the partnership.

Older people

This section includes health and wellbeing analysis/recommendations for the following issues:

- **End of life care**
- **Screening programmes**
- **Morbidity - Admission rates**
- **Intermediate care**
- **Managing long term illnesses**
- **Wider determinants of health**
- **Cross cutting issue: Housing and older people**
- **Supported housing services**
- **Feedback from Lambeth's commissioners on the older people agenda**
- **Commissioning activity – continuing service gaps**
- **Recommendations**

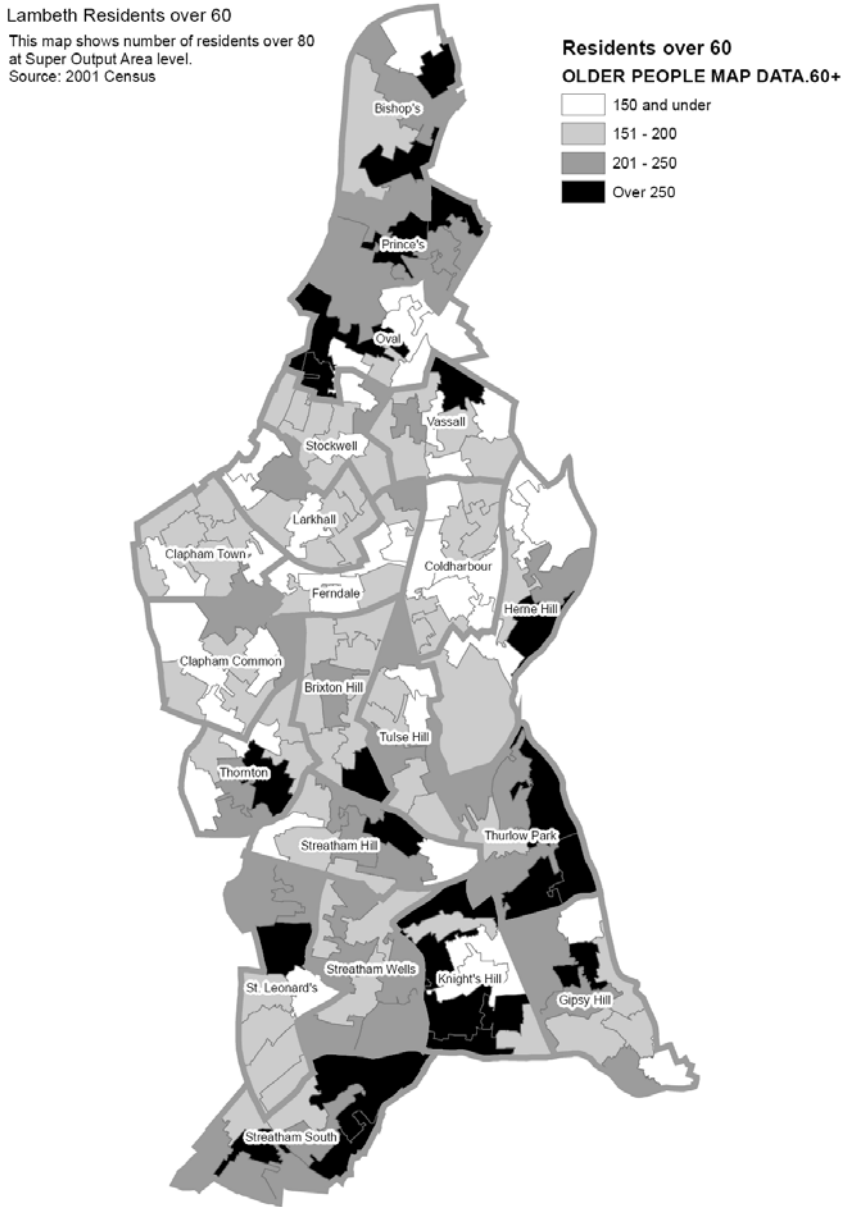
Lambeth has a smaller proportion of older people than other local authorities in the UK. According to the 2001 census, Lambeth's population of people over the age of 65 years is 9.2%, compared to an average of 10.3% in inner London and 15.9% in England. Latest data from the ONS mid year population estimates published in 2006 show that the proportion of our population that is over 65 years old has further decreased to 8.6%. Currently this goes against the broader national trend where the older population is growing (11.8% in inner London and 15.9% in England). However despite this decrease in the short term our medium term population projections do suggest that Lambeth will see a small growth in the number of people over 65 years old – with the largest increases in those over the age of 85[37]

In 2010 it's predicted there will be 23,390 over 65s and in 2025 there will be 27,257. The Black Caribbean population is projected to decrease over time but Black Caribbean's over 60 years are projected to grow by a third (34%) by 2025. Similarly, Black Africans over 60 are projected to increase by 250%, though from a smaller baseline population. In addition, in Lambeth there are more older women than there are older men, particularly in the higher age groups (people over the age of 70). Lambeth's older people population are relatively spread out within the borough, however there is some clustering in the north and south of Lambeth. Details of this clustering are set out in Figure 34.

Community engagement with older people has found that they want to remain in their current home for as long as possible and to remain independent for as long as possible. Further, whilst most older people would rather remain at home, they also recognise that sheltered housing or extra care housing would have benefits for them in still having their own front door as they get older and more frail. Older residents are also often more concerned about the services they receive rather than the actual housing itself. The main concerns about housing are around repairs taking a long time and when they are carried out they can be of a low quality.

[37] Lambeth First; Positive Ageing – An Older People Strategy for Lambeth

Figure 34 – Lambeth older people map



End of life care

Guy's and St Thomas' Trust awarded Lambeth and Southwark a unique opportunity to provide exceptional care for the dying by funding a £4.5 million Modernisation Initiative End of Life Care Programme. The programme is a collaboration of local people with the acute and primary healthcare sectors, social care, care homes, and voluntary sectors and academics working in end of life care.

There are five work areas within the programme, which will build on good practice and existing initiatives which are already improving end of life care in Lambeth and Southwark.

- End of life care for people living in their own home - work with a selection of GP practices to understand the best way to share information and coordinate care for people with end of life care needs.

- End of life care in care homes - work with a selection of care homes and local experts including St Christopher's Hospice to identify best practice.
- End of life care in hospital - work with staff at Guy's and St Thomas' NHS Foundation Trust, South London and the Maudsley NHS Foundation Trust and King's College Hospital NHS Foundation Trust to understand the best systems and ways of working and ensure clients receive excellent care.
- End of life care for people with dementia - focus on dementia and people with cognitive impairment. An initial focus understanding the triggers that identify changes in a person's needs, to help partners to provide the best possible care.
- Leading and sustaining change - Work making sure that resources and systems are in place to sustain improvements in the long term.

The team come from a wide variety of backgrounds including nursing, social work and psychology, with a passion to improve end of life care in Lambeth and in 2009, six Clinical Champions were appointed to lead on specialist work areas across the partnership.

In October 2008, district nurses and GPs in Lambeth, Southwark and Lewisham hospitals started to trial a well-established tool to provide care for the dying in the last days and hours of life - the Liverpool Care Pathway - to help professionals to communicate well, provide psychological and spiritual care, manage symptoms, discontinue inappropriate treatments and be caring towards and after the death.

In October 2008, the team co-hosted an event with the Department of Palliative Care, Policy and Rehabilitation, King's College London, to share recent research findings and examples of service improvement with staff caring for people at the end of life in Southwark and Lambeth.

This year marked the inauguration of the End of Life Newsletter which is publicly available to service providers, service users and local residents.

Screening programmes

Breast cancer screening for women started in 1988 and from the NHS Cancer Plan published in 2000. It increased its age range to between 50 and 70, inviting women for a mammogram every three years.

The bowel cancer screening programme has been in place in Lambeth since April 2008. Bowel cancer screening is offered every two years to everyone aged 60 to 69. By 2012 this will be extended to cover people aged 60 to 75.

In 2009 it was agreed that everyone aged 40 to 74 will be offered an assessment of their 'vascular risk'. It will be offered every five years and will assess the risk of developing diabetes, stroke, and heart and kidney disease.

Morbidity - admission rates

Older people are the biggest users of health services. At any one time it is estimated that two thirds of hospital beds are occupied by someone over 65.

People over 65 also account for 60% of all NHS prescription items, with 36% of people over 75 taking four or more medications at any one time. However 50% of

older people do not take their medicines as prescribed and are three times more likely to be admitted to hospital with an adverse drug reaction.

Intermediate care

Intermediate care is a range of services that include therapists, nurses, social workers and support workers with medical input who work with people after illness to regain their health and independence as far as is possible.

The services currently cost £2.97m a year of which £1.6m is spent on inpatient care. Services are being developed to support more people to rehabilitate, recuperate at home or recuperate in a more domestic setting rather than in hospital beds.

Rather than providing all new referrals for social care with home care, Lambeth is following national best practice in developing a re-enablement service. This is where the care is provided through skilled support workers who work with therapists, district nurses, community matrons and social workers to work with people for up to six weeks to regain their independence rather than just providing personal care.

Managing long term illnesses

54% of older people in Lambeth are living with a long term condition. This includes conditions such as diabetes, stroke and heart disease. The proportion of BME older people with a long term condition in the borough is higher. While 11% of the population over 65 are from the BME community they account for 25% of older people living with a long term condition.

Lambeth has a higher than average number of older people living with depression and approximately 1,500 people with dementia. This is expected to be an underestimation as it is acknowledged nationally and locally that mental illness in older people is under diagnosed. In addition we know that the three main causes of death are heart disease, cancer and stroke, many of which are preventable illnesses.

Lambeth is committed to improve the health of its population and NHS Lambeth has committed an additional £500,000 a year from 2009/10 to develop programmes and services to support people in developing healthy lifestyles.

Cross cutting issues: Housing and older people

Housing need

Housing need is an issue which cuts across all of our population groups. With regard to older people, Lambeth's Housing Needs Assessment Update (carried out in 2007) showed that of the 8,000 households that were 'in need' - 4% of this need is for older households. In addition, Lambeth Private Sector Stock condition survey (carried out in 2004 and currently in the process of being refreshed), shows that older people households are more likely to be living in non-decent housing. Older people often express a desire to remain in their current home for as long as possible. In order to help ensure this, there are a number of preventative measures that can be put in place to ensure that a person's home is suitable for them to live in as they age and to reduce the risk of accidents in the home.

In terms of specific housing for the elderly, Lambeth has over 2,000 homes in sheltered housing schemes, mostly flats plus a few bungalows. Almost half are

owned and managed by Lambeth Council or Tenant Management Organisations; the remainder are owned and managed by Housing Associations.

The council owns 28 sheltered housing schemes across in Lambeth and set up a Sheltered Housing Commission in 2006. In 2007 the reported outcome was that the current schemes were of variable quality in the accommodation that they provided and an investment strategy was required.

Lambeth also has the second highest number of older people going into residential or nursing care in London at 202 (0.85% of total over 65 population). This compares with Southwark 174 (0.68%) and Lewisham 207 (0.8%). The inner London average is 162 (excluding City of London). Lambeth currently funds 702 people in residential and nursing home placements at a cost of £16.3 m or £22,326 per place per year.

Demand for Council and Housing Association owned sheltered housing is relatively low when compared to the demand for general needs properties. There are fewer older people currently living in sheltered housing than in 'general needs' property (either owner occupied, privately rented, or rented from the Council or Housing Associations).

Supported housing services

Lambeth has the fourth lowest number of older people supported with social care services to live at home in London (1,577 people currently) and third lowest "intensive" home support (over 10 hours per week) at 503 (City of London and Kensington and Chelsea were the lowest). This compares with 722 in Southwark, 583 in Lewisham and 673 in Wandsworth.

Details of the options available are contained in the Older People's Strategy and the commissioned activity supplement accompanying this report and include:

- Fire safety
- Community alarms
- Assistive technology
- Floating support
- Investments in people's homes
- Handypersons scheme
- Home Improvement Agency (HIA)
- Equipment for independent living

Feedback from Lambeth's commissioners on the older people issues

During the JSNA process (and in addition to our review of data sets and analysis documents) commissioners supported the development of this report by identifying what they believed were gaps in service provision. These findings are divided into commissioning gaps and information gaps. These are set out below.

Commissioning gaps

- More equitable participation in health promotion programmes is required.
- Better discharge planning including strengthening of in-reach of community services into hospital is required.
- The development of an agreed care pathway for dementia is required.
- A more proactive review of vulnerable elderly especially house bound residents is required.

- Better support around end of life care for vulnerable elderly is required.

Information gaps

- Analysis of supply of services in relation to distribution of elderly is required.
- Intervention to engage elderly in health promotion and early intervention is required.
- There is currently limited information on the diagnosis or under-diagnosis of dementia.

Figure 35 – Commissioning activity – continuing service gaps

During the JSNA process, and in addition to our review of data sets and analysis documents, commissioners supported the development of this report by identifying what they believed were gaps in Lambeth service provision around services that supported the 'Being Healthy' outcomes. They are divided into commissioning gaps and information gaps below.

Needs identified through pre-JSNA assessment	Specific commissioning activity in response to identified need	Commissioning gap that still exist
Management of long term illnesses for those with co-morbidities	✓	Need to evaluate current management processes across the partnership through specific care pathways for specific health needs e.g. dementia.
Limited information on housebound residents	**X**	Lack of clear process and analyses.
Poor access to cancer screening programmes	✓	Assess effectiveness of service provision from identified target groups.
Health promotion programmes to promote mental health and wellbeing.	✓	The need to integrate targeted health promotion programmes into current leisure facilities and voluntary sector.
Support for elderly carers	✓	Improve health information service provision through a central system.

Recommendations

As a result of our analysis of data, information gathered from existing analysis, feedback from commissioners this JSNA makes the following recommendations for consideration by Lambeth First:

Strategic

- Assess effectiveness of screening services from identified target groups currently not accessing available programmes.
- Ascertain the need for care pathways for older people with co-morbidities targeting housebound and mental health clients

Operational

- Improve health information processes aimed at supporting elderly carers.
- Ascertain the feasibility of an integrated model of health improvement programme delivery targeting older people through current service provision across the partnership.

Vulnerable people

This section includes health and wellbeing analysis/recommendations for the following issues:

- **People with disabilities**
- **Personalisation and access to adult social care**
- **Healthy lifestyles – managing additional long term illness and disabilities**
- **Cross cutting issue: Housing and vulnerable people**
- **Feedback from Lambeth's commissioners on the adult agenda: Commissioning gaps, Information gaps**
- **Commissioning activity – continuing service gaps**
- **Recommendations**

This population group, especially those with a mental health problem or disabled people with physical and/or sensory impairment are known to experience poorer health and earlier death than other people in Lambeth. These multiple disadvantages are further compounded by the barriers that prevent access to ordinary opportunities, goods and services. Residents in Vulnerable People have told us they have concerns around the withdrawal of services especially those with complex needs dependent on health and social care. They also have concerns about the quality of care received from social workers and carers.

People with disabilities

St Leonards, Gipsy Hill and Vassall wards have the highest levels of adult residents with disabilities. Information collected through Lambeth Disability Register is collected annually for people with learning disabilities (aged 14 and above) and includes details on refusals, mortalities and those that have moved out of borough. This is set out in detail in the table below.

Figure 36 – Status of records for Lambeth Register for People with Learning Disabilities, 2003-2008
Source: Lambeth 'I count' disability register (2008)[38]

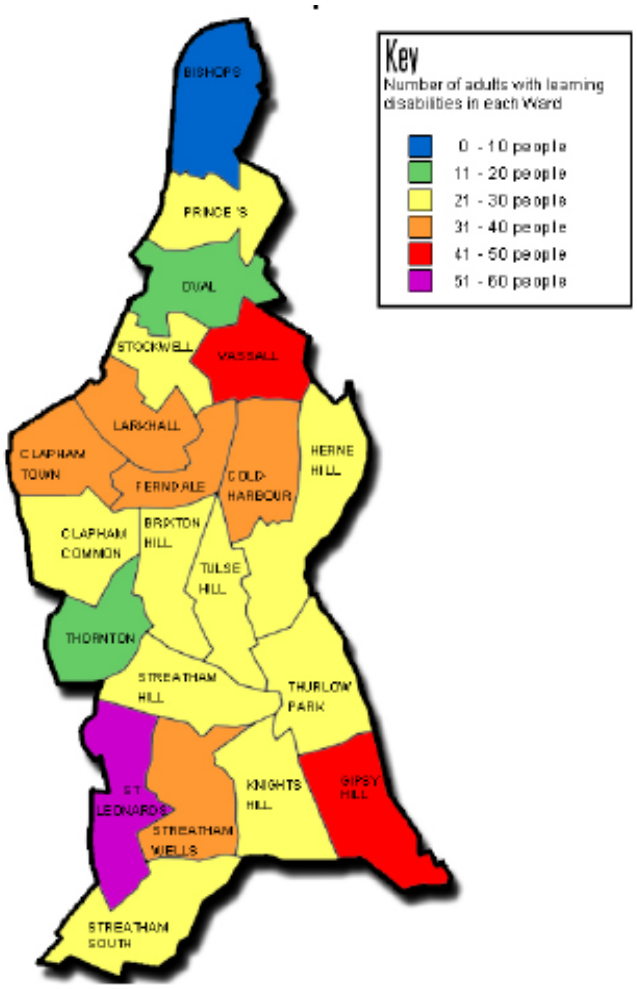
	Year					
	2003	**2004**	**2005**	**2006**	**2007**	**2008**
Number of records: people aged 14+	491	561	748	831	892	940
Number of records: people aged 18+	489	559	698	790	863	896
Non-responders (known to be >18)	357	312	484	381	271	186
Refusals	7	7	11	14	16	17
Mortalities	13	19	35	50	57	68
Other deletions e.g. moved out of the borough and no longer the responsibility of Lambeth	19	34	41	51	69	87

[38] http://www.registerservices.nhs.uk/sites/default/files/reports/lambethpld.pdf (accessed June 2009)

Response rate	**59.75%**	**66.2%**	**63.1%**	**71.3%**	**79.2%**	**85.7%**

The Lambeth "I Count" Register is a joint project between Lambeth Community Services, Health, Education and voluntary services (Learning Disability Partnership). It is managed by Register Services part of the Sutton and Merton Primary Care Trust. Encouraging people to voluntarily register is a challenging exercise. It is important that data is available on real people, to help plan services and identify where resources should go. The secure website is available to GP practices (data only on their patients) and as at the end of September 2008, only eight practices in Lambeth took advantage of this service. The secure website and its available standard reports mean that all stakeholders are able to obtain up-to-date data direct from the website without contacting the registry direct.

Figure 37 – Map showing numbers of adults (18+) with learning disabilities in each ward as at September 2008



The causes of death for the majority of adults with learning disabilities are due to two key issues – respiratory disease and heart disease. In 2008 between 46% and 52% of people with learning disabilities died from respiratory disease compared to 15% to 17% in the general population. With regard to heart disease (14%-20%) and almost half of all people with Down's Syndrome are affected by congenital heart problems. This is a much higher rate than the general population.

Personalisation and access to adult social care

Personalisation of care services is at the core of Lambeth's approach to meeting the social care needs of our older and vulnerable residents within the borough. Personalised services enables those in receipt of adult social care services (whether provided by statutory services or funded by themselves) to be empowered to shape their own lives and the services they receive.

Lambeth's In-Control pilot in 2008-09 helped 35 people with learning disabilities to personalise their services. In 2009-10 Lambeth is extending the ability to personalise services for people with physical disabilities and older people with mental health problems[39]. Currently 50 service users have been assessed for and are taking up personal budgets. In addition Lambeth has been designated a pilot area for individual health budgets.

Lambeth is taking forward its personalisation agenda through six work streams. These are:

- Communications and stakeholder engagement
- Citizen wellbeing and outcomes
- Commissioning
- Workforce development
- Business process
- Finance

The communications and stakeholder engagement programmes aims to help our citizens understand the changes being introduced via self directed support. It also promotes the benefits of self directed support and ensures stakeholders play a meaningful part in shaping changes.

Lambeth is also working to ensure our commissioning of health and social care services is further developed to take account of the self directed support model. Underpinning this will be a mixed market offering people a variety of services. Lambeth First is proactively working to develop this market and the quality and standards to regulate it.

The citizen wellbeing and outcomes work stream is seeking to establish a wider and more effective framework for measuring the impact and outcomes achieved through personalised social care services. Specifically it will rate the success of personalisation for service users, carers and the organisation involved. It will understand the impact of services on service users and carers' lives and enable improvements to the commissioning environment to be made. Workforce development and business process redesign are also key elements of the personalisation programme.

These work streams form an integrated programme that will identify the changes required in our workforce to support the delivery of self-directed support and the development of personalised customer pathways. These pathways will provide an 'end-to-end' process for customers from access through to delivery of services that embodies personalisation and self directed care.

In advance of a more sophisticated qualitative and quantitative performance framework being established (currently being taken forward in the citizen wellbeing

[39] Lambeth First Comprehensive Area Assessment Self-Assessment

and outcomes work stream). Currently the extent to which the partnership is personalising services is measured by a series of national performance indicators. These however are largely process performance measures and do not provide a complete picture of personalisation within Lambeth. Although this data does not provide a detailed understanding around the outcomes achieved through personalisation (a fact recognised by central government) it does provide some indications.

Data provided (Figure 38) includes comparative data for London's minimum, maximum and average performance.

Figure 38 – Personalisation of data in Lambeth (2009)
Source: Lambeth Council 2008/09 performance outturn

Performance indicator	Lambeth	Maximum performance in London	Minimum performance in London	London average
The number of social care clients receiving self directed support per 100,000 population	178.7 (or 331 people)	665	179	309
Timeliness of social care assessments	95%	96%	73%	86%
Timeliness of social care packages following assessments	95%	97%	87%	93%
People supported to live independently through social care services (all adults)	2,877	4,384	2,522	3,672.88
Carers receiving needs assessments or review and a specific carer's service, or advice and information	22%	43%	13%	23%
Achieving independence for older people through rehabilitation/intermediate care	100%	100%	56%	80%

In addition to our performance data for personalisation, the partnership maintains information around social care support provided to vulnerable people to enable them to live independent lives. Performance against each of these measures (for 2008/09) is set out below.

Figure 39 – Performance for social care support for vulnerable people (2008/09) Source: Lambeth Council 2008/09 performance outturn

Performance indicator	Lambeth	Maximum performance in London	Minimum performance in London	London average
Percentage of vulnerable people achieving independent living	79%	89%	64%	80%
Percentage of vulnerable people who are supported to maintain independent living	99%	99%	96%	98%
Adults with learning disabilities in settled accommodation	46%	84%	5%	56%
Adults with learning disabilities in employment	6%	36%	3%	8%
Adults in contact with secondary mental health services in settled accommodation	Not available	99%	44%	76%
Adults in contact with secondary mental health services in employment	Not available	11%	1%	7%

Healthy lifestyles – managing additional long term illness and disabilities

In Lambeth the three boroughs' primary healthcare team provides nurse-led services for refugee and asylum seekers, homeless, people who have or are at risk of TB and/or HIV and drug and alcohol users.

The barriers to equality of service for vulnerable population groups e.g. people with a physical and/or sensory impairment cut across all service and organisational boundaries.

The availability and accessibility of housing, the restrictions in public transport and access to public buildings are seen as universal impediments in leading an inclusive and fulfilling life. These barriers cannot be removed solely by the commissioning of services and require a more coordinated, planned and corporate approach.

Cross cutting issue: Housing and vulnerable people

Housing need is an issue which cuts across all of our population groups. With regard to vulnerable people we have identified an information gap with, limited up to date information on the burden of housing needs for Vulnerable People such as those with physical and sensory disability. From the intelligence obtained, at least 71 households are awaiting adapted property or a property for wheelchair access[40] – of which:

- 29 households waiting for an adapted property
- 42 households waiting for wheelchair standard property
- 30% needed a bed-sitter or one bedroom property
- 20% needed a four or larger bedroom property.

At least a further six households are currently funded in residential care homes due to lack of availability of suitable independent housing options[41].

Based on evidence from another piece of commissioned work[42]:

- 39 people with physical or sensory impairments are likely to need supported accommodation – 10% for less than a year, 30% for between 1-3 years and 60% for more than two years.
- There is a shortage of 'move on' accommodation – 28% of people in temporary supported accommodation could move on leading to a potential waste of £2.7m that could be used to secure private rented accommodation and 'floating support'.
- There is a need for 131 units for combined groups of people with a learning disability and people with physical or sensory impairments.

A survey of Lambeth's community care equipment/ minor adaptation users undertaken in 2008 revealed that 7.3% disabled clients thought the design of their home was 'totally inappropriate' for their needs, and 24% reported their home only met 'some' of their needs.

Residents have said[43] that they find it hard to contact the right people for re-housing and adaptations and that the council needs better systems for checking what adapted properties it already has for letting, so these can be allocated to disabled people.

In addition communications between agencies such as Lambeth's Housing and Adults' and Community Services Departments on need and resources must be quicker and more effective.

Supporting vulnerable families in temporary accommodation also remains a key unmet need within Lambeth – although the number of people in temporary accommodation has been reducing for a number of years. In December 2004 there were 2,224 households in temporary accommodation (TA) and occupation continued

[40] St Bede's report, Lambeth Council Supporting People, October 2008
[41] Ibid.
[42] Tribal consulting, Needs of Lambeth's residents with physical and sensory impairments in the Lambeth Council, April 2008
[43] Lambeth commissioning strategy for adults with physical and sensory impairments – first consultation draft, 2009

rising and peaked at 2,451 households in March 2007. Since then TA occupation has reduced year on year, by 14 percent in 2007/08, and by 9% in 2008/09. By July 2009 this had been reduced to 1,722 households.

Feedback from Lambeth's commissioners on the adult agenda

During the JSNA process (and in addition to our review of data sets and analysis documents) commissioners supported the development of this report by identifying what they believed were gaps in service provision. These findings are divided into commissioning gaps and information gaps. These are set out below.

Commissioning gaps

- There is limited understanding of unmet housing need in people with long term neurological conditions and disability.
- There is a need to develop formal care pathways for people living with co-morbidities.
- There are a significant proportion of the learning disabled population who do not access health programmes or leisure facilities.
- There is limited targeted HIV work currently on Vulnerable People such as homeless people, HIV substance misuse users and people with mental health issues.

Information gaps

- Current "patchy" record of carers across GP practices in the borough which would need to be improved to aid the understanding of health needs of carers at a local level.
- Information on the health needs of people with learning disabilities living in Lambeth is either not available or of variable quality.
- A system to synthesise the data that is available from a range of local sources, for example relating to housing need, the provision of community care services as well as service provision data to help develop a more coherent picture of local need.

Figure 40 – Commissioning activity – continuing service gaps

In addition to our analysis of unmet need set out above Lambeth First reviewed pre-existing needs assessments that were undertaking by partner organisations. Analysis of the extent to which previous gaps had been addressed through the commissioning of new and improved services was carried out. The table below provides information around service needs that have still not been fully addressed.

Needs identified through pre-JSNA assessment	Specific commissioning activity in response to identified need	Commissioning gap that still exist
Quality of available mental health data across the partnership.	✓	Mapping of information systems across the partnership to identify gaps in data quality.

Data gaps and limitations of disability register.	✓	There are no remaining gaps
Poor awareness amongst frontline statutory and voluntary sector staff.	**X**	Ascertain extent of need and incorporate into statutory / voluntary mandatory training and development programmes.
Poor access to health promotion programmes and leisure facilities.	✓	There are no remaining gaps
Targeted HIV awareness programmes.	✓	There are no remaining gaps

Recommendations

As a result of our analysis of data, information gathered from existing analysis, feedback from commissioners this JSNA makes the following recommendations for consideration by Lambeth First:

Strategic

- Develop a systematic mapping programme of all mental health information systems across partnership and assess quality of information outputs.
- Review all information sharing protocols specific to mental health across the partnership.

Operational

- Ascertain the extent of need and incorporate into statutory and voluntary mandatory training and development programmes.

Staying safe

Children, young people and families

Adults

Older people

Vulnerable people

Children, young people and families

This section includes Staying Safe analysis/recommendations for the following issues:

- **Safeguarding children**
- **Prevalence of abuse and neglect (vulnerable children)**
- **Unintentional injury in children**
- **Young people and crime**
- **Recommendations**

Feeling safe is an important aspect of wellbeing and this covers a wide range of issues such as child safeguarding, young people as victims of crime and young people as perpetrators of crime. The ability to feel safe also includes issues such as prevalence of bullying (this is discussed in more detail in the 'Being Healthy' section.

As well as safeguarding and actual crime, the fear of crime can also alter people's lifestyles and may affect them in ways that lessen their quality of life and impact upon their physical and psychological health. Children and young people may be less likely to use public spaces and may withdraw from social life. In addition fear of crime may also lead to psychological health effects such as stress, depression and sleeping difficulties.

Safeguarding children

Safeguarding is a concept which is defined as "the process of protecting children from abuse or neglect, preventing impairment of their health or development, and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully"[44]

Lambeth's Safeguarding Children Board (LSCB) is currently chaired by the Executive Director of Children and Young People's Services and attended by senior professionals across all statutory agencies, faith communities and the voluntary sector. The Board is a strategic body whose priorities are discharged through a work programme which is delivered by the following sub committees: Policy and Procedures; Safer Recruitment and Allegations Management; E- Safety; Promotion of Safeguarding; Child Death Review; Serious Case Review; Performance Management and Training.

Additional information around safeguarding need and Lambeth's approach to safeguarding is set out in the Lambeth safeguarding Board Strategic Plan, Children and Young People's Plan and the Joint Area Review Report from Ofsted.

Prevalence of abuse and neglect (vulnerable children)

Based on the definition provided above safeguarding covers a wider series of issues in addition to tackling the abuse and neglect of vulnerable children. Issues such as bullying, accidents, prevention of road traffic accidents and safety on the internet all fall into the category of safeguarding.

[44] Working together to safeguard children, 2006

Lambeth completes an annual return to the Department of Children Schools and Families setting out the performance in relation to Children in Need (vulnerable children). Figure 42 shows a summary of the latest return which covers the period April 2008 to March 2009.

Figure 42 – Data on children with child protection plans 2008-09
Source: Child Protection and Referrals 3 (CPR3) Returns

	2007-08	2008-09
Referrals to social care	3,969	4,281
Repeat Referrals (within 12 months)	6%	10%
Percentage of referrals that become Initial Assessments	85%	83.5%
Number of Initial Assessment	3,379	3,586
Percentage of Initial Assessments completed within 7days	77%	67.1%
Number of Core Assessments	1,080	1,363
Percentage of Core Assessments completed within 35 days	82%	79.6%
Percentage of Cases Allocated to a qualified Social Worker	100%	100%
Percentage of Cases Reviewed within timescales	100%	100%
Percentage of children with repeat plans	10.7%	8.5%
Percentage of children who have been removed within 2 years	7.4%	4.2%

Last year there were 4,281 referrals to Children's Social Care. This figure has historically been high compared to statistical neighbours[45] and this trend seems to have continued this year. Only 434 of these referrals (just over 10%) had been referred in the previous year which is a comparatively low figure. Taken together the figures underline the levels of deprivation within Lambeth as well as the changing population as new, high-need families' move into the borough.

84% of the referrals led to an initial assessment (a seven day assessment of the needs of the child which must be done before a child can access Social Care services). This figure is far higher than our statistical neighbours (67%). Referrals that do not meet the threshold for an initial assessment are sign posted to other agencies.

Initial assessments are the area where performance has been most disappointing in terms of the target we set ourselves. This national indicator measures the timeliness of the assessment i.e. the proportion carried out within seven days. Last year's

[45] Lambeth's statistical neighbours for child safeguarding are: Southwark, Lewisham, Haringey, Hackney, Greenwich, Brent, Islington, Wandsworth, Ealing, Tower Hamlets, Hounslow, Waltham Forest, Hammersmith and Fulham, Camden and Merton

performance was 77% which was higher than our statistical neighbours. This year's outturn has been 67% against a target of 80%. The figure for statistical neighbours is not yet known.

Core assessments are in-depth assessments that are carried out on children with multiple or complex needs, including children subject to Child Protection investigations. The national indicator is again one of timeliness - assessments must be carried out within 35 working days. Performance in 2008/09 was 80% and is a little short of our target which was 82%. The reasons for this are largely the same as for the initial assessments.

In 2008/09 550 children were subject to Child Protection enquiries carried out under section 47 of the 1989 Children Act. Comparative data is pending from statistical neighbouring local authorities, but historically the Lambeth figures tend to be higher than our statistical neighbours.

282 children were subject to Child Protection Conferences and 76% of these were held within timescales. This represents sharply improved performance. Our Child Protection investigations are also being done more speedily and conference booking systems are much improved.

Figure 43 – Snap shot of children with child protection plans, March 2009
Source: Child Protection and Referrals 3 (CPR3) Returns

Age range	Total boys	Total girls	Unborn	Total children
Neglect	72	74	2	148
Physical abuse	5	4	0	9
Sexual abuse	4	4	0	8
Emotional abuse	18	22	0	40
Multiple	3	3	0	6
Total	102	107	2	211

Overall numbers of children with Child Protection Plans (formerly "on the Child Protection register") stands at 211. This is a reduction on last years figure of 253 which Joint Area Review inspectors thought was too high. One of the main reasons it has come down has been the development of a credible child-in-need reviewing system which lends multi agency planning and scrutiny to cases without the need for a formal child protection plan.

Over the last year 244 children became subject to child protection plans, down from 296 last year. Of these 20 or 8% had previously been registered.

Figure 44 – Children removed from a child protection plan
Source: Child Protection and Referrals 3 (CPR3) Returns

Length of time with a child protection plan	Number of discontinued plans			Total
	Girls	Boys	Unborn	
< 3 months	37	26	2	65
3 - 6months	23	8	0	31
6 months - 1 year	58	36	0	94
1 - 2 years	52	32	0	84
2 - 3 years	4	5	0	9
3+ years	3	0	0	3
Total	**177**	**107**	**2**	**286**

Over the last year 286 children ceased to be subject to Child Protection Plans as shown in Figure 44. Of these, 12 or 4.2% had had plans for a period longer than two years. This comparatively low figure is deemed good performance as it shows that decisive action is taken to ensure that children who are subject to child protection plans are effectively safeguarded.

In addition to our at-risk children that still live with their families Lambeth also have 544 looked after children (LAC) as of the end of March 2009. Of these 56 (10.3%) were unaccompanied asylum seekers. During 2008-09, 209 children came into council care and 245 left council care.

Most local children in care are looked after because of abuse or neglect. About 40% of these children are in care because the court has decided that they are suffering significant harm in the care of their parents. Parental mental health and substance misuse issues feature strongly as causal factors.

Children become vulnerable or at-risk for a variety of reasons and a sustained resolution to the risks facing their wellbeing must also focus on these causative factors. Key challenges facing at-risk children in Lambeth include:

- Parents with mental health challenges
- Domestic violence and parental substance misuse
- Parental learning disabilities
- Poor environment

With regard to mental health we know that one in six adults will develop a mental health problem at some point in life and with over 200,000 adults living in Lambeth this equates to around 34,000 citizens. Currently 5,310 adults within Lambeth receive support from adult mental health services and over 3,500 referrals were received by Adult Mental Health Services in the last 12 months. We also know that 30-50% of these adults are estimated to have dependent children, 25% of new referrals to social care involve concerns about parental mental health (this equated to around 1,000 children) and 26% of the children on a child protection plan in Lambeth live with a parent who has mental health problems.

Domestic violence plays a role in placing children at-risk. Currently 60% of children with child protection plans live in a home where there is domestic violence, 25% of children with child protection plans live with a parent with drug problems and 18% of children with child protection plans live with a parent with alcohol problems. In

addition, 10% of children with child protection plans live with a parent with a learning disability.

Many of these challenges described above have already been identified as issues that must be addressed, in order to safeguard vulnerable children and young people. In order to tackle these issues in an even more joined-up way adult and children services need to build on existing local best practice and ensure a greater use of joint common assessment processes i.e. Common Assessment Framework (CAF). This will ensure early intervention to support the families and avoid the need for child protection interventions.

The local environment can also create a context in which children are at-risk. Currently 41% of children with a child protection plan live in poor environmental conditions.

A final key challenge is the disproportionate numbers of black and mixed heritage children in care and with child protection plans. The over representation of these groups locally is also reflected nationally and analysis is ongoing to understand the causative factors that have led to this over representation of this cohort of children. In addition Lambeth needs to respond to and take account of the 2008 JAR report which recommended further work to ensuring the retention and stability of child social workers within the borough.

Unintentional injury in children

Nationally, safety has been promoted for all children and young people and preventing harm from occurring in the first place has been the best way to keep children and young people safe[46].

Children and young people should be able to enjoy safe environments wherever they spend their time and it is vital that children, young people and their parents can develop a good understanding of risks to children's safety and how to manage these. Each year in the UK, unintentional injury results in more than two million visits to accident and emergency (A&E) departments by children. Half of these injuries occur at home and many are preventable[47] with estimated costs to the NHS of over £2.2 billion a year[48].

The most common cause of death among children aged 1-4 years in Lambeth is unintentional injury, which includes transport accidents, drowning, choking and suffocation, fire and flames[49]. Children from the poorest families are at higher risk than children from more affluent families.

The National Institute of Clinical Excellence is currently developing guidance on preventing unintentional injury in children aged up to 15 years in the home. This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at professionals, commissioners and managers with public health as part of their remit

[46] http://publications.everychildmatters.gov.uk/eOrderingDownload/DCSF-00151-2008.pdf
[47] Audit Commission/Healthcare Commission (2007) Better safe than sorry: preventing unintentional injury to children. London: Audit Commission.
[48] Office of the Deputy Prime Minister (2006). The economic cost of fire: estimates for 2004 [online]. Available from www.communities.gov.uk
[49] ChiMat, 2009

working within the NHS, local authorities and the wider public, private, voluntary and community sectors[50].

Young people and crime

The potential of a young person is severely constrained if they become involved in crime and anti-social behaviour. In order to increase the wellbeing of this vulnerable group it is vital that young people, who have committed criminal acts, are supported to reduce the likelihood of them re-offending. We want to increase their opportunities to lead positive lives through the provision of suitable education, training, employment and accommodation.

Whilst ward-level or sub borough analysis is not included in this report, the information available has been compared, against our Home Office family group[51].

Youth re-offending

Our overall youth re-offending rates (after 9 months) has increased by 0.9% in 2009 when compared to our rates in 2005. In addition our frequency rate for re-offending (in 2009) is the second highest after 9 months. However it should be recognised that the cohort size for Lambeth in 2009 is smaller than 2005 and three of our comparative boroughs recorded larger increases in re-offending rates than Lambeth[52].

Figure 45 – Overall youth re-offending rates 2005 vs. 2009
Source: Lambeth Council; final data summary for YOT in England April 08 – March 09

Local Area	2005			2009			
	Cohort	Number of re-offences within 9 months	Frequency rate after 9 months	Cohort	Number of re-offences within 9 months	Frequency rate after 9 months	Percentage change from the baseline after 9 months
Brent	147	97	0.66	152	156	1.03	+55%
Greenwich	145	88	0.61	133	87	0.65	+7.8%
Southwark	151	94	0.62	182	162	0.89	+4.3%
Lambeth	**166**	**150**	**0.9**	**159**	**145**	**0.91**	**+0.9%**
Hackney	112	99	0.88	136	112	0.82	-6.8%

[50] http://www.nice.org.uk/nicemedia/pdf/PreventingInjuriesU15sFinalScope.pdf
[51] (The Home Office family group is a group of local areas that have been clustered together as they are deemed by the Home Office to be comparable. Lambeth's comparable areas are Lewisham, Hackney, Greenwich, Tower Hamlets, Brent, Islington, Hammersmith, Fulham and Southwark).
[52] Full 12 month re-offending rate data is not yet available for 2008/09. Re-offending rates are calculated by establishing a cohort of young offenders between January – March and tracking the number of offences they carry out over a 12 month period. Given that we do not have the 12 month data for 2009 we have compared 9-month data for both years. It is important to note that the number of offences do not equate to number of individuals within the cohort committing the offence i.e. a single person could commit more than one offence.

Lewisham	110	162	0.9	176	145	0.82	-8%
Hammersmith and Fulham	80	78	0.91	84	63	0.75	-17.3%
Tower Hamlets	194	211	1.09	165	140	0.25	-22%
Islington	131	127	0.97	138	103	0.75	-23%

Custodial sentences

Custodial sentences have a significant impact on a young persons life chances as a result of criminal activities they undertake/participate within. Preventative measures with children and young people can address this behaviour and stop/reduce the likelihood of them committing an offence that will require a custodial sentence. In 2008-09 98 custodial sentences were handed out to young people – out of a total of 763 offences. This was an increase of 8.4% on the baseline year (2006-07) and was equivalent to 12.8% of all sentences. The table below sets out Lambeth's performance when compared to our family-group of boroughs[53].

Figure 46 – Young people who are convicted and given a custodial sentence Source: Lambeth Council; Final Data Summary for YOT in England April 08 – March 09

Borough	2008/09			
	Custodial Sentence	Total Sentences	Percentage of custodial sentences	Percentage change 2006/07 – 2008/09
Islington	47	406	11.6%	177.3%
Greenwich	53	493	10.8%	65%
Hammersmith and Fulham	38	371	10.2%	48.9%
Brent	70	583	12.0%	34.7%
Southwark	96	677	14.2%	31.4%
Tower Hamlets	45	495	9.1%	13.5%
Hackney	71	621	11.4%	12.2%
Lambeth	**98**	**763**	**12.8%**	**8.4%**
Lewisham	24	366	6.6%	-16.8%

[53] Lambeth Council; Final Data Summary for YOT in England April 08 – March 09

Youth offending and BME groups

A critical challenge facing Lambeth is the reduction of over representation of BME communities within the youth justice system, specifically the Black/Black British population. Currently the Black/Black British population in Lambeth represents 30.3% of our youth offending population. This makes this cohort significantly over represented within the youth justice system when compared to our population profile. This issue has been identified by the borough and reducing the number of BME first time entrants has been a focus for Lambeth First over the past few years. Through proactive work we have seen the rate fall to 262 per 100,000, which is a significant drop from 2007 when the rate was 367.84 per 100,000[54].

Lambeth and comparative borough information on the population make-up of the Youth Justice system is set out below. The picture of over representation of Black/Black British young people occurs in all of the boroughs except Greenwich[55].

Figure 47 – BME representation in youth offending population
Source: Lambeth Council; Final Data Summary for YOT in England April 08 – March 09.

Borough	**Type of data**	Ethnicity				
		White	**Mixed**	**Asian/ Asian British**	**Black/ Black British**	**Chinese**
Brent	YOS Population	109	24	57	258	6
	Difference*	-8.8%	-2.5%	-18%	31.6%	-2.3%
Lambeth	**YOS Population**	**113**	**71**	**12**	**397**	**9**
	Difference*	**-26.6%**	**1.6%**	**-4.1%**	**30.3%**	**-1.1%**
Hammersmith and Fulham	YOS Population	103	39	8	119	11
	Difference*	-26.3%	4.5%	-4.2%	25.0%	0.9%
Hackney	YOS Population	206	67	40	309	4
	Difference*	-14.6%	3.1%	-6.5%	20.5%	-2.6%
Southwark	YOS Population	175	64	17	329	13
	Difference*	-19.4%	3%	-2.6%	20.4%	-1.4%
Lewisham	YOS Population	188	69	15	255	6
	Difference*	-17.6%	4.4%	-1.9%	17.2%	-2.0%

[54] Lambeth Council: LAA Stretch Target Report (Quarter 4) 2008/09
[55] Lambeth Council; Final Data Summary for YOT in England April 08 – March 09

Islington	YOS Population	210	37	19	107	7
	Difference*	-5.2%	0.4%	-3.8%	10.5%	-1.9%
Tower Hamlets	YOS Population	128	34	320	56	5
	Difference*	-5.8%	2.4%	0.5%	4.4%	-1.5%
Greenwich	YOS Population	243	30	83	17	1
	Difference*	-1.4%	2.3%	12.9%	-11.2%	-2.7%

*Difference referred to in the table refers to the difference between the YOS population and the local population for each group based on ONS Mid-Year population estimates

First time entrants into the Youth Justice System

Reducing first time entrants into the Youth Justice System is also critical for the promotion of wellbeing within Lambeth. National studies have shown that offending is linked to truancy, low attainment, employability and substance abuse. It is also hugely detrimental to young people's ability to achieve, their ability to make a positive contribution and their ability to achieve economic well-being. Lambeth has recognised the challenge of reducing first time entrants coming into the Youth Justice System and is a priority within our Young and Safe Strategic Action Plan and Safer Lambeth Partnership Plan.

Set out below is information around the number of first time entrants entering the Youth Justice System in Lambeth and comparable boroughs.

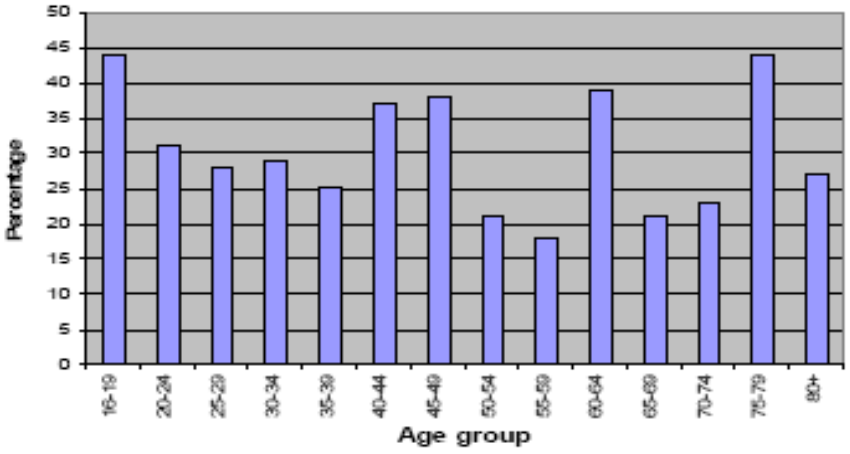
Figure 48 First time entrants into the Youth Justice System
Source: Lambeth Council; Final Data Summary for YOT in England April 08 – March 09

Borough	YOT rate per 100,000 (2007/08)	YOT rate per 100,000 (2008/09)	Percentage change (2007/08 vs. 2008/09)
Hammersmith and Fulham	1588	1117	-29.7%
Islington	1989	1571	-21.0%
Greenwich	1181	1036	-12.3%
Lewisham	1285	1128	-12.2%
Hackney	2122	1881	-11.3%
Lambeth	**1753**	**1569**	**-10.5%**
Tower Hamlets	1811	1635	-9.7%
Southwark	19.1	1736	-8.7%
Brent	1099	1282	16.7%

Young people as victims of crime

People aged between 16 and 19 years and 75 and 79 years are the groups which reported the most victimisation (44% each) in 2008 Figure 42. However the 16 to 19 year olds were over three times as likely to be a victim of a violent crime or a hate crime than the rest of the population (16% compared to 4.8% for violent crime; 12% compared to 3.6% for hate crime), while 75-79 year olds were more likely to be the victim of a property crime (22% to 16%).

Figure 41 – Age groups and crime victimisation in 2008
Source: Lambeth's older people's strategy - draft for consultation (February 2009)



Recommendations

As a result of our analysis of data, information gathered from existing analysis, feedback from commissioners this JSNA makes the following recommendations for consideration by Lambeth First:

Strategic
- None

Operational
- None

Adults

This section includes Staying Safe analysis/recommendations for the following issues:

- **Crime**

Crime

Volume crime in Lambeth is down 30% since 2003-04, which represents the third highest decrease in the Metropolitan Police area. Despite this, crime reduction and public safety is still a concern for 49% of Lambeth residents. In addition fear of crime may have increased.

The bi-annual Residents Survey provides information around how safe or unsafe people feel when outside in the area where they live after dark Those responding 'very/fairly safe' have reduced from 50% in 2005 to 45% in 2007 to 41% in 2009. These levels remain significantly lower than the inner London average of 49%.

In the financial year to March 2009 Total Notifiable Offences (TNOs) fell by 2.3% offences compared with 2007-08 from 35,989 to 35,174[56]. The cost of estimated crime borough wide for 2008-09 was over £344.5 million. This was a decrease of just over £17 million compared to 2007/8 which had estimated costs of over £361 million.

Levels of crime in Lambeth remain high. Compared to our London Crime and Disorder Reduction Partnership (CDRP) 'family' of 13 other similar authorities Lambeth currently has the 2nd highest count of TNOs in 2009/10 (12,370 recorded offences through to July). Lambeth has the highest count of Burglary (1,372 offences), for all Robbery (795) and Sexual Offences (176) and the 3rd highest count of Violence Against Person (VAP) (2,749 offences) and for Criminal Damage (1,367 offences).

Fundamental to our approach to reducing offending/re-offending is the recognition that as local commissioners, we already spend a significant amount of resources to address offending. Partners in Lambeth spend at least £22 million per year on services for offenders, ex-offenders and people at risk of offending. This includes the provision of healthcare to prisoners in HMP Brixton (recognising that not all prisoners in HMP Brixton are from Lambeth), supported accommodation for offenders with housing and mental health support needs and drug treatment services.

Moving forward our emphasis is on identifying and exploiting opportunities for joint-commissioning within existing budgets. Although aligning commissioning arrangements across the partnership is complex, particularly where some services are commissioned regionally and/or for wider populations than just Lambeth's offenders Lambeth First continues to prioritise the creation of safer and stronger communities within our Sustainable Community Strategy and associated thematic plans. For more information on wellbeing needs associated with crime refer to the Safer Lambeth Strategic Assessment 2009.

[56] Data correct at 12/08/2009 - figures may change slightly due to monthly MPS refreshes for the previous 24 months data

Older people

This section includes Staying Safe analysis/recommendations for the following issues:

- **Fear of crime**

Fear of crime

Much has been done in Lambeth to make older people feel more secure. Lambeth First have focussed on prevention of harm to older people (in order to promote their independence and wellbeing), have sought to reduce their fear of crime and prevent the need for more intensive services like police intervention.

Residents have voiced that the fear of crime is not as much of a concern as it was in 2007, but they did raise concerns about "groups" of young people[57].More details on some of the programmes and current service provision targeting the safety of older people can be found in the Older People's Strategy for Lambeth[58], the Safer Lambeth Strategic Assessment and Safer Lambeth Delivery Plan.

[57] Lambeth Residents Survey, 2009
[58] Lambeth's older people's strategy - draft for consultation (February 2009)

Vulnerable adults

This section includes Staying Safe analysis/recommendations for the following issues:

- **Safeguarding adults**
- **Feedback from commissioners on the Staying Safe agenda**
- **Commissioning activity – continuing service gaps**
- **Recommendations**

Safeguarding adults

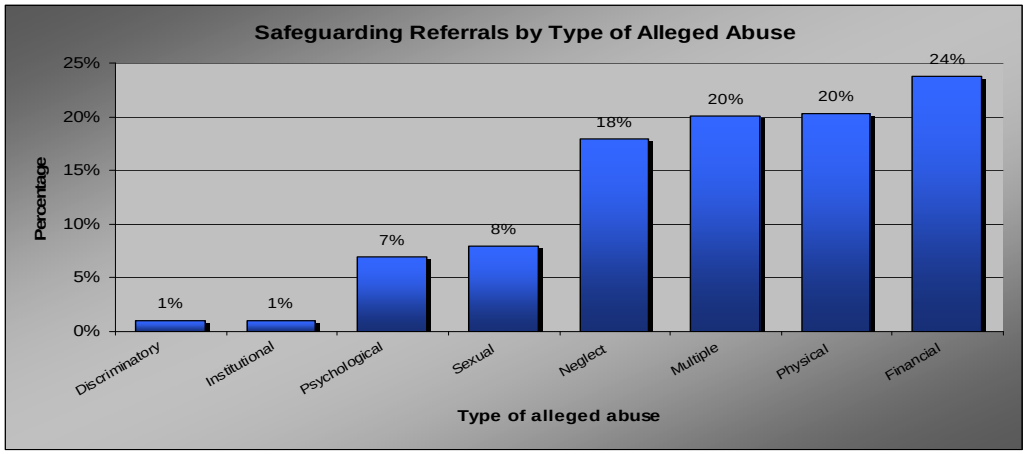
As with child safeguarding, adult safeguarding seeks to reduce the likelihood of vulnerable adults being abused. Safeguarding cuts across all the key areas of supporting older people, personalisation of services and carer support.

During 2008-09, governance around adult safeguarding has been strengthened with the Lambeth Safeguarding Adults Partnership Board (LSAPB) now chaired by the Executive Director of Adults and Community and Services. This board also has a committed membership of senior managers at divisional director level from partner agencies and includes members of the Lambeth LiNK (Local Involvement Network).

309 adult social care staff have received safeguarding training (a 53% increase from 202 in 2007/08). There are no zero star rated homes in Lambeth, and there are now just six Lambeth users in five zero star rated homes elsewhere in the country[59].

Safeguarding referrals have increased year on year within the borough from 126 in 2005-06, to 492 in 2008-09[60]. The Adults Self Assessment attributes this increase in safeguarding referrals in part to the renewed focus on this issue, provision of clear procedures and communication channels, training and improved partnership working[61].

Figure 49 – Safeguarding referrals by type of alleged abuse
Source: Lambeth Safeguarding Adult Strategy Annual Report 2008-09

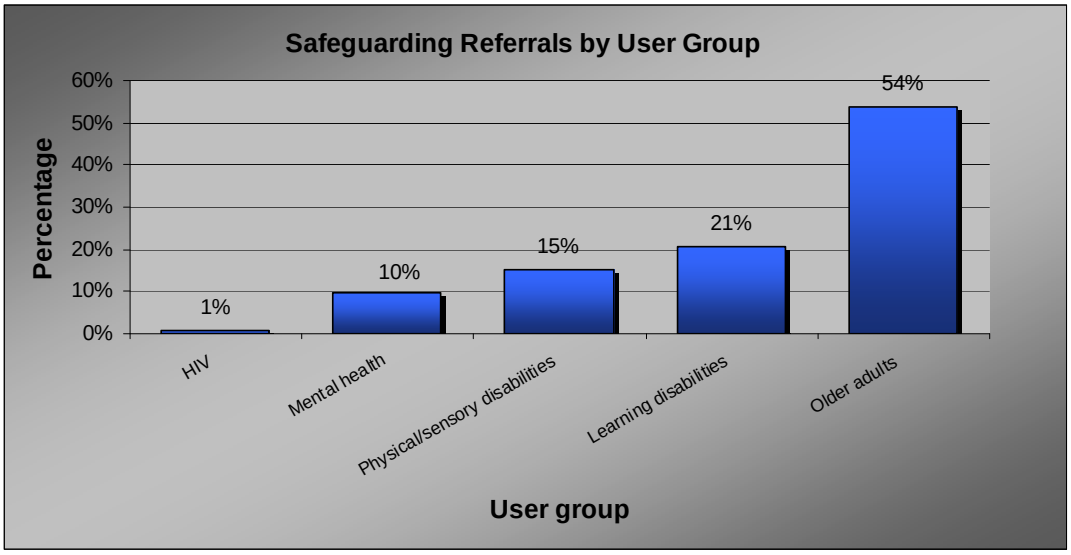


[59] Adults Self Assessment, Lambeth Council, 2009
[60] Ibid
[61] Lambeth Inter-Agency Safeguarding Adult Strategy Annual Report 2008-09

The types of abuse show some variation on last year in that alleged physical abuse is down from 27% to 20% and financial abuse is up from 20% to 24%. This may be linked to the recession or a consequence of staff becoming more aware of financial abuse. The increasing complexity of the alleged abuse is reflected in the 2% increase in referrals of multiple abuse[62].

The breakdown of referrals according to user-group (Figure 50) shows very little variation on previous years. Older people continue to be the subject of the majority of referrals. The number of adults with learning disabilities (100) continues to be a source of concern with some evidence that they are, on occasion, subject to public harassment.

Figure 50 – Safeguarding referrals by user group
Source: Lambeth Safeguarding Adult Strategy Annual Report 2008-09



In 2008-09, for the first time, a much more comprehensive record has been kept of the ethnicity of those who are subject to safeguarding adults referrals. What is immediately striking is the under-representation of those of Asian background (2%), given their much higher representation in the population as a whole. This suggests a significant degree of under-reporting or reluctance to involve statutory agencies.

There are some shifting patterns in the profile of the alleged abusers. Relatives and friends remain the largest category of alleged abusers but there has been a significant drop of 15% on last year. There has been a 10% drop in abuse alleged against care home staff that could be attributed to ongoing work in care homes to improve the quality of care through increased training of their staff. Domiciliary care is on a slower change trajectory which is reflected in the 6% increase of alleged abuse against this staff group.

The returns on the findings arising from investigation of Safeguarding Adult referrals appear to show two trends; an increased willingness by the public and care agencies to make such referrals and staff developing greater confidence in coming to definitive conclusions.

[62] Ibid

The proportion of allegations that were upheld or partially upheld is down from 25% to 16% this year. At the same time, the proportion of allegations not upheld has more than doubled from 15% to 31%. This has resulted in findings that are inconclusive being more than halved from 42% to 19%, which is a welcome development[63].

The Commission for Social Care Inspection was involved in the strategy meetings for these cases and has therefore been made aware of the issues. In order to ensure that the practice of all agencies is improved by the learning from these cases, all recommendations have been incorporated into the Lambeth Safeguarding Adults Partnership Board (LSAPB) Business Plan 2009-10[64].

Feedback from commissioners on the Staying Safe agenda

During the JSNA process (and in addition to our review of data sets and analysis documents) commissioners supported the development of this report by identifying what they believed were gaps in service provision. These findings are divided into commissioning gaps and information gaps. These are set out below.

Commissioning gaps

- The number of adult safeguarding investigations which resulted in organisational improvements rose from 12 to 30 cases[65]. But there is a need for more proactive intervention.
- There have been no formal serious case reviews in 2008/9, however we have looked at a number of complex cases where it was indicated that practice improvements could be made.

Information gaps

None identified

Figure 51 – Commissioning activity – continuing service gaps

In addition to our analysis of unmet need set out above Lambeth First reviewed pre-existing needs assessments that were undertaking by partner organisations. Analysis of the extent to which previous gaps had been addressed through the commissioning of new and improved services was carried out. The table below provides information around service needs that have still not been fully addressed.

Needs identified through pre-JSNA assessment	Specific commissioning activity in response to identified need	Commissioning gaps that still exist
Support for lone parents (pre-school)	✓	To evaluate current programmes targeting lone parents through Children Centres and primary care
Supporting homelessness	✓	There are no remaining gaps
Safeguarding vulnerable children	✓	Need to understand local drivers that have led to the over representation of BME children

[63] Lambeth Inter-Agency Adult Strategy Annual Report 2008-09
[64] Lambeth – Commissioning strategy for adults with physical and sensory impairments (first consultation draft), 2009
[65] Lambeth Commissioning Strategy for Adults with Physical and Sensory Impairments (First consultation draft), 2009

Knife and dog related crime in young black males	✓	There are no remaining gaps
Domestic violence awareness in young people	**X**	To encourage Incorporation of domestic violence awareness programmes in schools through current PHSE curriculum
Safeguarding adults	✓	There are no remaining gaps
Support for domestic violence victims (especially female young people aged 16-19 years)	✓	There are no remaining gaps
Concerns by older population of "groups" of youth and perceptions of impending crime	✓	Promote and review the intergenerational working imitative e.g. Say and Play Scheme across borough

Recommendations

As a result of our analysis of data, information gathered from existing analysis, feedback from commissioners this JSNA makes the following recommendations for consideration by Lambeth First:

Strategic

- Evaluate current domestic violence programme targeting pregnant teenage mothers and their families
- Encourage incorporation of domestic violence awareness programmes in secondary schools through current PHSE curriculum.
- Develop understanding of how Lambeth targets its family support work to BME families – to ensure that our approach is fit-for-purpose.

Operational

- Evaluate current programmes targeting lone parents through children centres and primary care.
- Promote and review the intergenerational working initiative, Say and Play Scheme across Lambeth.

Enjoying and achieving

Contents

Children, young people and families

This section includes Enjoying and achieving analysis/recommendations for the following issues:

- **Attainment**
- **Absence from school** – impact on attainment
- **Absence from school** – primary school
- **Absence from school** – secondary school
- **Exclusions**
- **After education (post secondary school)**
- **Commissioner's feedback on the Enjoying and achieving agenda**
- **Commissioning activity – continuing service gaps**
- **Recommendations**

Ensuring our children and young people enjoy their childhood and secure positive outcomes from their education is essential for long term wellbeing. A high quality education provides young people with the foundation and ability to access high quality employment opportunities. In addition, research shows that children who are able to enjoy their childhood and engage in constructive 'play' have greater emotional wellbeing.

To ensure our children and young people succeed Lambeth has invested in its schools and children centres to provide a wide range of extended and supportive services for families. Currently the borough has 62 primary schools, 14 secondary schools and 6 SEN (special educational needs) schools. 89% of these schools already provide the full core offer of extended schools services which is above the national and regional average (87% and 88% respectively). Of the nine schools that do not provide the full core offer of services a further five will meet this standard by September 2009. In addition to the Extended Schools Programme, the borough currently has 28 Children Centres

Attainment

Over the past ten years (1998 – 2008) Lambeth has seen increases in attainment at Key Stages 1, 2, 3 and 4 (GCSE). We know that increasing attainment plays a major role in reducing the risk of isolation in young people now and social exclusion later in life. Detailed analysis around educational attainment in Lambeth is set out in the Lambeth Council publication Raising Achievement in Lambeth Schools: Success and Challenges in Narrowing the Achievement Gap.

Successful overall attainment at **Key Stage 1** is measured by the percentage of pupils achieving Level 2 in writing, reading and mathematics. Over the past 10 years there has been little or no improvements in the proportion of pupils gaining Level 2 in writing, either nationally or in Lambeth with 81% and 74% reaching this level in 2008 and 80% and 74% achieving this level in 1998 respectively. In reading 79% of pupils achieved this level in 2008, compared to 84% nationally. In 1998 74% of Lambeth pupils achieved Level 2 compared to 80% nationally. This represents a 1% improvement in Lambeth since 2002. Finally in mathematics 85% of Lambeth pupils

achieved Level 2 in 2008, compared to 90% nationally. In 1998 80% of pupils achieved this level compared to 84% nationally[66].

Looking below these borough-wide there is a variation of performance between children from different ethnic backgrounds. Portuguese pupils have been consistently the lowest performing group at Key Stage 1. However, they have made the most improvement in closing the gap between 2002-2008 – by 5% over this period. In 2008 46% of Portuguese pupils achieved level 2 at Key Stage 1 compared to the Lambeth average of 62%, 61% of African pupils, 55% of Black Caribbean, 59% of Black Other and 72% of White British pupils achieved level 2[67]. Average Key Stage 1 performance when looking at gender shows that in 2008 girls out performed boys in all three areas; reading 71% compared to 60%, writing 61% compared to 47% and mathematics 68% compared to 65%. Overall, although there were variances in the gap between boys and girls in each of the subjects, the relative gap in performance has reduced only slightly in 2008 from what it was in 1999[68].

Social class provides a further perspective around variance in educational attainment. Although data is not collected in a way to formally assess attainment by social class – eligibility for free school meals is used as a proxy for deprivation. In 2008 only 53% of pupils eligible for free school meals achieved an average score of Level 2 at Key Stage One compared to 68% of pupils who were not eligible for free school meals[69].

At **Key Stage 2** pupils are expected to achieve Level 4 in English, mathematics and science. At KS2, Lambeth pupils have improved at a faster rate than pupils nationally, and the gap has been greatly reduced in all three subjects. Between 1998 and 2008 the gap narrowed seven percentage points in science to 86% (down to a two point gap), in mathematics the gap has reduced from 9 points in 1998 to five points in 2008 – 74%, while in English the gap has practically been eliminated (down from an eight point gap to only one point difference by 2008) with 80% of pupils achieving this level[70].

Again, looking below borough-wide figures we find variation in performance between children from different ethnic backgrounds. At KS2 Portuguese pupils showed the highest improvement over the seven years to 69% (up by 11 percentage points) albeit from the lowest starting point. In addition the relative performance of African pupils fell. In 2002 they were two percentage points above the borough average, but by 2008 they were equal to the Lambeth outcome of 80%. Of all the major ethnic groups they had the smallest improvement in attainment over the period. 76% of Black Caribbean pupils and 84% of White British pupils secured Level 4 or above at KS2 in 2008. The gap between the highest (White British) and lowest (Portuguese) achievers has narrowed from 19 percentage points in 2002, to 15 points in 2008[71].

Gender variation is evident at KS2, as it is at KS1, with girl's consistently outperformed boys in English. The gap was 10 percentage points in 1999, and by 2008 this had fallen to seven points. In the intervening years, the gap had varied between a five and 14 points difference. For the majority of the years examined, girls outperformed boys in mathematics by a few percentage points, although in 2008 there was no gap. Similarly, in science, girls tended to outperform boys slightly. In

[66] Lambeth Council: Raising Achievement in Lambeth Schools
[67] Ibid
[68] Ibid
[69] Ibid
[70] Ibid
[71] Ibid

2008 78% of boys achieved an average of Level 4 at Key Stage Two with girls achieving 81%. At KS2, pupils who were eligible for a free meal were again less likely to reach the threshold than those who were not eligible[72]. However, in contrast to KS1, there was a slight narrowing of the gap between 2002 (14 percentage points) and 2008 (12 percentage points) – with 72% of children eligible for Free School Meals achieving Level 4 on average compared to 84% for those not eligible[73].

At **Key Stage Four (GCSEs)** the number of pupils achieving 5 or more GCSEs grades A*-C has been increasing year on year. Over the past 10 years there was an increase from 29% in 1998 to 62% in 2008. Since 1998, achievement by Lambeth pupils has increased above the national rate of improvement. In 1998, there was a gap of 17 percentage points in the proportion of pupils gaining 5 or more A*-C grades – this has reduced significantly to a three percentage point gap in 2008[74].

Below these borough-wide figures there are variations in performance between ethnic groups. Since 2002 Portuguese pupils have shown the strongest improvement and have closed the gap with the overall Lambeth result. In 2002, Portuguese pupils were 11 percentage points below the borough average, but they are currently one percentage point above. This is mainly due to a very strong performance this year, up 16 points, compared with a borough improvement of six percentage points[75].

In contrast the gap has widened for Black Caribbean pupils. In 2002, they were seven percentage points below Lambeth, but by this year the gap had widened to nine points. This group are the lowest performing of all the major ethnic groups. More Black African and Black Other pupils secured 5 or more GCSEs at grades A*-C in 2008 than the borough average with 65% and 67% achieving this level respectively. In contrast to KS1-KS3, the performance of White British pupils at GCSE has consistently been below the borough average, although the gap has narrowed this year to only one percentage point[76].

Variation has also remained between genders, however the gap in performance for the key indicator (pupils securing five or more good GCSE passes grades A*-C) has reduced between girls and boys and is smaller in 2008 than it was in 1999. However, in the intervening years there was a great deal of fluctuation in performance, and in 2007 boy's actually outperformed girls. However in 2008 this position was reversed with 59% of boys achieving this level compared to 65% of girls[77]. At GCSE level, pupils who were eligible for a free meal improved their levels of attainment by a slightly higher margin than those who were not eligible, reducing the gap between the two groups from 18 percentage points in 2002, to 16 points in 2008. This translates to 69% of children not eligible for Free School Meals securing 5 or more GCSE at grades A*-C compared to only 53% of children who are eligible for Free School Meals[78].

Absence from school – Impact on attainment

Absence from school is an important indicator as it means that children and young people are missing vital aspects of their education. This has a direct impact on educational attainment, where a strong correlation is seen between the amount of

[72] Ibid
[73] Ibid
[74] Ibid
[75] Ibid
[76] Ibid
[77] Ibid
[78] Ibid

time taken off by a child and their educational achievement at both primary and secondary level.

The impact of absence from school can be stark. At Key Stage 2 there us a 22 percentage point gap in reading between pupils who attended at least 95% of possible sessions and those who have attendance rates less than 90% achieving Level 2B+. The gap for writing is 24 points and for mathematics is 21 points. There is a similar picture at Key Stage 2 (for pupils achieving Level 4 or above) with a 17 percentage point gap in English, 16 points in mathematics and a 13 point gap for science[79].

The gap in attainment continues at Key Stage 4 (GCSE) with 72% of children who attend more than 95% of time securing 5 GCSEs grades A*-C compared to 44% for those that attend less than 90% of the time[80].

Absence from school – primary schools

Certain groups of children at young people are at greater risk of being absent of school. These groups include those who are already vulnerable and whose health and wellbeing may also be lower than their contemporaries. Within Lambeth boys have slightly higher rates of absence than girls, both unauthorised and authorised at Primary School. This equates to an average of 14.1 sessions missed in authorised absence by boys and 13.5 sessions on average missed by girls in 2007-08[81].

Variation is also evident in absence rates (authorised and unauthorised) for Primary School pupils when comparing children from different ethnic backgrounds. Authorised absence rates ranged from a low of 3.3% for Turkish pupils to a high of 10.5% for Gypsy/Roma pupils. Again for unauthorised absence rates the highest rates were found in Gypsy/Roma pupils (10.3%) and the lowest in Vietnamese pupils (0.6%) and White Irish (0.5%). Of the largest ethnic groups, Black African pupils had both the lowest authorised and unauthorised absence rates (3.4% and 0.9% respectively). Black Caribbean pupils had the highest rate of unauthorised absences (1.8%), and White British pupils had the highest rate of authorised absences (5.1%). Again this is exactly the same relative position as in the previous academic year[82].

Pupils who were eligible for a free meal had higher rates of absence, both authorised and unauthorised, than those who were not eligible, with an unauthorised rate double that of pupils who paid for a meal. Looking at reason for absence, pupils eligible for a free meal were more likely to have authorised absence due to exclusion, and unauthorised absence with no reason provided (12.7% compared to 7.2% for those who paid for a meal). Conversely, FSM pupils had lower levels of absence due to family holidays and extended family holidays[83].

[79] Lambeth Council; Attendance and Achievement in Lambeth Schools 2007/08 KS1, KS2, KS3 and GCSE
[80] Ibid
[81] Ibid
[82] Ibid
[83] Ibid

Figure 52 – Rates of Absence 2003-2008 Primary Schools
Source: Lambeth Council; Attendance and Achievement in Lambeth Schools 2007-08 KS1, KS2, KS3 and GCSE

Year	Lambeth		National	
	Authorised	Unauthorised	Authorised	Unauthorised
2003/4	5.3%	0.9%	5.1%	0.4%
2004/5	5.3%	1.0%	5.0%	0.4%
2005/6	5.4%	1.0%	5.3%	0.5%
2006/7	4.7%	1.1%	4.7%	0.5%
2007/8	**4.8%**	**1.3%**	**4.7%**	**0.6%**

Reasons for absence are collected by schools and reporting back to Lambeth Council. The table below shows the range and types of absence by school. However, it is clear that some schools are still not coding data consistently, for example in one school 57.2% of all absence has been coded as medical appointments while this school has only 3.0% for illness, compared with Lambeth figures of 6% and 52% respectively. Another school has 41% of unauthorised absences as "no reason provided" – compared with the borough average of 10%. In one school 16% of all absences were due to unauthorised lateness, compared to the average for Lambeth of 0.1%[84].

Figure 53 – Minimum and maximum absence rates by reason
Source: Lambeth Council; Attendance and Achievement in Lambeth Schools 2007-08 KS1, KS2, KS3 and GCSE

Authorised Absence	Minimum	Maximum	Lambeth Average
Other	1.4%	25.6%	10.5%
Excluded	0.0%	7.5%	1.0%
Extend Family holiday	0.0%	3.6%	0.2%
Family Holiday	0.0%	23.3%	7.6%
Illness	3.0%	89.4%	52.4%
Medical appt	1.5%	57.2%	6.0%
Religious Observance	0.0%	7.3%	1.7%
Study Leave	0.0%	1.0%	0.0%
Traveller Absence	0.0%	1.1%	0.0%
Unauthorised Absence			
Family holiday (not agreed)	0.0%	16.0%	1.7%
No reason provided	0.0%	40.9%	9.8%
Other	0.0%	44.5%	6.5%
Late	0.0%	21.0%	2.6%

Absence from school – secondary school

Overall attendance rates for Lambeth's secondary schools were 92.9% in 2007-08, with an authorised absence rate of 5.77% and an unauthorised absence rate of 1.31%. The table below shows that overall attendance rate for secondary schools

[84] Ibid

has been stable overt the past four years. However unauthorised absence has risen in this period too from 0.8% to 1.3%. This is also reflected nationally with unauthorised rates rising slightly to 1.5%. Authorised absence figures have also showed a downward trend, from 6.7% in 2000-01 to 5.8%. National figures for secondary schools have also declined from 6.6% to 5.9% in this period[85].

Figure 54 – Secondary Attendance Trends
Source: Lambeth Council; Attendance and Achievement in Lambeth Schools 2007-08 KS1, KS2, KS3 and GCSE

	2004/ 05	2005/06	2006/ 07	2007/08
Lambeth				
Attendance Rate	92.5%	92.2%	92.5%	92.9%
Unauthorised absence	0.8%	0.7%	0.9%	1.3%
Authorised Absence	6.7%	7.1%	6.6%	5.8%
National				
Attendance Rate	92.0%	91.9%	92.1%	92.7%
Unauthorised absence	1.2%	1.2%	1.5%	1.5%
Authorised Absence	6.6%	6.7%	6.4%	5.9%

As with primary school, certain groups of children at young people are at greater risk of being absent at secondary school. Authorised attendance for both male and female pupils was equal. Both had a figure of 5.8%. Unauthorised absence for males was 1.4% and for females 1.1%. This is reflected nationally in secondary schools. White British pupils in secondary schools have the highest authorised and unauthorised absence at 7.9% and 1.9 % respectively. These are followed by Mixed White/Caribbean pupils with 7.1% and 1.6% and Mixed Other pupils with 6.9% and 1.9%[86].

In addition pupils receiving free school meals had higher authorised absences than those with paid meals, with 76.1% compared to 5.3%. Unauthorised absences were very similar[87].

Additional information around Secondary School absence rates can be found in 'Lambeth Council's Attendance and Achievement in Lambeth Schools 2007/08 KS1, KS2, KS3 and GCSE'.

Exclusions

Schools are able to permanently exclude pupils from school if they are very disruptive or violent. The local authority has the responsibility to provide full time education for the young person. This process not only has a potential impact on the young person and their educational attainment, but an excluded young person is more likely to be involved in crime. In 2007-08, which as with absenteeism, is the latest full year data Lambeth has there were a total of 56 permanent exclusions overall. This consisted of 11 primary exclusions, 43 secondary exclusions and 2 special school exclusions. Of these, all but 5 were pupils living within Lambeth. Figure 55 below sets these out and compares these to national 2006-07 figures[88].

[85] Ibid
[86] Ibid
[87] Ibid
[88] Lambeth Council; Permanent Exclusions in Lambeth Schools 2007/08

Figure 55 – Permanent Exclusions 2007/08
Source: Lambeth Council; Permanent Exclusions in Lambeth Schools

Type	Total	Lambeth	National	Percentage of school phase population
Primary	11	20%	11%	0.06%
Secondary	43	77%	87%	0.47%
Special	2	4%	2%	0.44%
Grand Total	**56**			
Permanent exclusions as percentage of school population		**0.18%**	**0.12%**	

Of the 56 permanent exclusions in 2007-08 the reasons for these exclusions are categorised into 8 different areas. These reasons and the proportion of cases which relate to these reasons are set out below. By far the greatest reason (given for over 48% of cases) is due to persistent disruptive behaviour[89].

Figure 56 – Reasons for Permanent Exclusions 2007-08
Source: Lambeth Council; Permanent Exclusions in Lambeth Schools

Reason for exclusion	Total	Lambeth	National
Other	12	21.4%	15.2%
Verbal Abuse against Pupil	2	3.6%	4.3%
Persistent Disruptive Behaviour	27	48.2%	31.1%
Physical Assault against Pupil	8	14.3%	15.6%
Sexual Misconduct	2	3.6%	1.6%
Physical Assault against Adult	3	5.4%	11.3%
Verbal Abuse against Adult	1	1.8%	10.3%
Drug and Alcohol related	1	1.8%	4.6%
Grand Total	56		

The highest proportion of permanent exclusions was in secondary schools with 77% of the total. Nationally 87% of permanent exclusions are also from the secondary sector. Lambeth had 0.18% of exclusions as a percentage of the whole school population compared to a national figure of 0.12%[90].

With regard to variation, male pupils were the highest proportion of permanent exclusions in Lambeth and nationally. Lambeth male pupils contributed to 66% of permanent exclusions compared to a national figure of 79%. Further, there was a difference of 8% in permanent exclusions between pupils on free school meals (54%) and paid meals (44%). Black Caribbean pupils also had higher rates of permanent exclusions (46%). This is a disproportionate amount compared to Lambeth's ethnic breakdown[91].

Additional information around permanent exclusions is available within the Lambeth Council report entitled 'Permanent Exclusions in Lambeth Schools 2007/08'. Within

[89] Ibid
[90] Ibid
[91] Ibid

this report additional data sets are provided around exclusions compared to gender, ethnicity, free school meals as well as information around exclusions by year group.

In addition to permanent exclusion, pupils can also be excluded for a fixed period of time before rejoining their classes. In 2007-08, the last full year set of data Lambeth has, there were a total of 1,572 fixed-term exclusions in 2007-08 comprising 933 pupils and 10,096 sessions missed through exclusion. This equates to 5,048 days lost in education[92].

Figure 57 – Fixed-term exclusions year on year
Source: Lambeth Council; Fixed-Term Exclusions in Lambeth 2007/08

	2006/07		2007/08	
	Lambeth number of exclusions	Lambeth Percentage of Exclusions	Lambeth number of exclusions	Lambeth Percentage of Exclusions
Primary	287	14%	315	20%
Secondary	1453	72%	1034	66%
Special	270	13%	223	14%
Total*	**2010**	**6.86%**	**1572**	**5.18%**

*percentage of school population

A total of 45 schools had fixed term exclusions in 2007-08. The table below summarises the local authority figures compared to national data.

Figure 58 – Fixed-term exclusions in Lambeth schools
Source: Lambeth Council; Fixed-Term Exclusions in Lambeth 2007/08

	Cohort	Number of pupils with Fixed Term Exclusion	Number of pupils (Percentage of the school population)	Total Number of Fixed Term Exclusions	Number of fixed term exclusions as percentage of school population
Lambeth	30,371	933	3.07%	1572	5.18%
National 2006/07	n/a	227160	3.02%	425600	5.66%

The highest proportion of fixed-term exclusions was in secondary schools with 66% of the total. There were 1,572 fixed term exclusions in 2007-08, expressed as 5.18% of Lambeth's school population. This is a drop of 1.68 percentile points from the 2006-07 figure of 6.86% (2,010 exclusions). 933 pupils had a fixed-term exclusion, expressed as 3.07% of Lambeth's school population. This is a drop of 0.41 percentile points from the 2006-07 figure of 3.48% (1,020 pupils). In Lambeth and nationally, fixed-term exclusions peak around pupils aged 13. Further, Black Caribbean pupils (32.20%) and White British pupils (19.79%) contribute to over half of Lambeth fixed-term exclusions, although they are just over a third of the school population[93].

[92] Lambeth Council: Fixed-Term Exclusions in Lambeth 2007/08
[93] Ibid

Additional information around permanent exclusions is available within the Lambeth Council report entitled 'Fixed-Term Exclusions in Lambeth 2007/08'.

After education (post- secondary school)

Measuring the numbers of people aged 16-18 not in education, employment or training (NEET) gives an indication of young people who are not able to achieve economic wellbeing. Historically the number of children not in education, employment or training was high in Lambeth – but this has been falling for a number of years. By the end of 2008-09 the number of young people classified as NEET had fallen to 7.9% exceeding our 2008-09 target of 9.1% and 2009/10 target of 8.1%[94].

Detailed analysis of our year-end figure is not possible due to the method of calculation (the year-end figure is an average of the number of young people which qualify as NEET for November-January. Adjustments are also made to account for the local population). We are however able to provide analysis for a snapshot of the data, in this instance the figures for January 2009, which provide the closest/most comparable data to the year-end figure. In January 2009 we had an adjusted figure of 7.7% of young people classified as NEET which equals 300 young people (unadjusted 278 young people). Analysis below is based on this cohort.

Within this cohort 46.40% of NEET young people are female and 53.60% are male. In addition the greatest number of NEET young people (in both genders) are aged 18. figure 59 below sets this out in more detail.

Figure 59 – Age and Gender Split: NEET Cohort – January 2009
Source: NEET Dataset January 2009

Age	Gender (Female)	Gender (Male)	Total	Percentage Total
16	0	4	4	1.44%
17	39	40	79	28.42%
18	62	78	140	50.34%
19	28	27	55	19.78%
Total	129	149	278	100%
Percentage (total)	46.40%	53.60%		

Looking at the ethnic breakdown of our cohort the two largest groups is White British (25.17%) and Black Caribbean (23.38%). Based on 2001 Census data it is clear that White British people are underrepresented within our NEET cohort (25.17% compared to 52.3% of the general population). In addition Black Caribbean young people are over represented in our cohort as they make up 10.8% of our population in Lambeth but make up 23.38% of the cohort. A full ethnic breakdown is set out below.

[94] Lambeth Council: Council Performance Digest 2008/09 Year End

Figure 60 – Ethnic breakdown: NEET Cohort – January 2009
Source: NEET Dataset January 2009

Ethnic Background	Gender (Female)	Gender (Male)	Total	Percentage Total
White British	31	39	70	25.17%
Black Caribbean	26	39	65	23.38%
Other mixed background	11	10	21	7.55%
Black African	9	10	19	6.83%
White and Black Caribbean	9	9	18	6.47%
Other	7	3	10	4.00%
Other ethnic groups (numbers too small to publish due to data protection)	26	30	51	19.77%
No information	10	9	19	6.83%
Total	129	149	278	100%

Our NEET cohort lives across the borough, but we do have clusters of NEET young people in certain wards. Out 'top 10' NEET wards are set out below alongside the deprivation ranking for each ward. It is notable that over 40% of our NEET cohort is based in 5 wards (Coldharbour, Herne Hill, Vassal, Larkhall and Knight's Hill). It is also interesting to note that deprivation is not directly linked to prevalence of NEET with some of our least deprived wards having the highest number of young people classified as NEET.

Figure 61 – Geographic Breakdown: NEET Cohort – January 2009: Top 10 Wards
Source: NEET Dataset January 2009. Deprivation rankings are drawn from IMD 2007 Dataset – super output areas averaged out into ward level information.

Ward	Deprivation Ranking	NEET Ranking	Young people that are NEET (Number)	Young people that are NEET (percentage)
Coldharbour	1	1	30	10.79%
Herne Hill	14	2	26	9.35%
Vassall	2	3	22	7.91%
Larkhall	7	4	21	7.55%
Knight's Hill	11	5	20	7.19%
Thurlow Park	21	6	19	6.83%
Gipsy Hill	10	7	15	5.40%
Streatham South	17	8	12	4.31%
Streatham Wells	15	9	10	4.00%
Prince's	6	10	10	4.00%

Feedback from Lambeth's commissioners on the Enjoying and achieving agenda

During the JSNA process (and in addition to our review of data sets and analysis documents) commissioners supported the development of this report by identifying what they believed were gaps in service provision. These findings are divided into commissioning gaps and information gaps. These are set out below.

Commissioning gaps

- None identified

Information gaps

- None identified

Figure 62 – Commissioning activity – continuing service gaps

In addition to our analysis of unmet need set out above Lambeth First reviewed pre-existing needs assessments that were undertaking by partner organisations. Analysis of the extent to which previous gaps had been addressed through the commissioning of new and improved services was carried out. The table below provides information around service needs that have still not been fully addressed.

Needs identified through pre-JSNA assessment	Specific commissioning activity in response to identified need	Commissioning gap that still exist
Targeted programmes to improve perceptions of higher education in order to increase aspirations	✓	There are no remaining gaps

Recommendations

As a result of our analysis of data, information gathered from existing analysis, feedback from commissioners this JSNA makes the following recommendations for consideration by Lambeth First:

Strategic

- None

Operational

- None

Adults

This section includes Enjoying and achieving analysis/recommendations for the following issues:

- **Further learning**

Further learning

In order to secure and maintain employment adults need the necessary qualifications to succeed in the work place. We know within Lambeth that many of the citizens we serve lack basic skills or relevant NVQ skills which would improve their employment prospects. For more information around adult learning please refer to the 'achieving economic wellbeing' section which provides information around NVQ Level 2, 3 and 4 skills in Lambeth. Further, additional information around 'enjoy' is set out under our outcome 'making a positive contribution' – with an analysis around volunteering.

Older people

This section includes Enjoying and achieving analysis/recommendations for the following issues:

- **Further learning**

Further learning

In line with national trends the number of over 65s in Lambeth starting an Adult Learning course has gone down from 580 to 370 people between 2006-07 – 2007-08. Lambeth First believes that this decline in learning with within our older people community is a result of the impact of central governments changes to adult learning funding – where nationally funding is being directed to support people moving into employment rather than "wellbeing"[95].

[95] Lambeth's older people's strategy - draft for consultation (February 2009)

Vulnerable people

This section includes Enjoying and achieving analysis/recommendations for the following issues:

- **Cultural services**
- **Feedback from Lambeth's commissioners on the Enjoying and Achieving agenda**

For our 2009 JSNA report Lambeth First's analysis on vulnerable people (in this outcome) has focused their ability to undertake positive leisure activities. Lambeth First knows that cultural activities have a positive impact on a range of social and health issues. In addition, these activities also promote social inclusion and community cohesion. The partnership firmly believes that all vulnerable people should have the same opportunities to be able to Enjoying and achieving as everyone else.

Use of cultural services (parks, open spaces and leisure centres)

At present, disabled residents appear to make less use of Lambeth parks and open spaces than the general population in the borough. Whereas 67% of Lambeth residents use these facilities, only 54% of disabled residents do, and there is particularly low usage by people with hearing impairments.

People with disabilities also appear to make less use of sports and physical activity opportunities/services. We know that in Lambeth, 71.2% of people with disabilities are inactive, compared with 40.3% of people who do not have a disability[96]. One of the potential reasons for this is that our sports and leisure facilities, with provision for disabled people, are not easily available across the borough[97]. Customer usage figures appear to confirm this belief with only 20% of disabled people using them, compared with 34% among all Lambeth residents.

In order to understand the difference in usage Lambeth undertook a series of consultations in autumn 2008 with disabled people[98]. This research found that 55% of disabled residents rate the parks and open spaces 'good' to 'excellent' – compared with 64% among all Lambeth residents. Reasons for low usage of parks by disabled people include:

- Concerns around anti social behaviour and gangs
- Overhanging bushes that are not taken care of that can block/hamper visually impaired citizens

With regard to our sports and leisure facilities the reasons why disabled adults do not make more use of Lambeth's sports and leisure facilities included:

[96] Quoted by Lambeth Joint Strategic Needs Assessment – version 4 (November 2008) from Lambeth Needs Assessment for Physical Activity (March 2008)
[97] Quoted by Lambeth Joint Strategic Needs Assessment – version 4 (November 2008) from Lambeth Needs Assessment for Physical Activity (March 2008)
[98] Qualitative research with older and disabled people – Final Report, November 2008 (Philippa Hughes, Research and Consultation Team - Quality, Performance and Research, LB Lambeth.

- The need for carers to pay for use of leisure facilities (in addition to the disabled person) when they are accompanying them
- Lack of awareness of free or discounted charges to access facilities
- Concerns that there will be no staff there to help with their disabilities

Feedback from Lambeth's commissioners on the Enjoying and Achieving agenda

During the JSNA process (and in addition to our review of data sets and analysis documents) commissioners supported the development of this report by identifying what they believed were gaps in service provision. These findings are divided into commissioning gaps and information gaps. These are set out below.

Commissioning gaps

- None identified

Information gaps

- Integrated information systems and processes for Vulnerable People with co-morbidity across the partnership to help measure health outcomes.

Figure 62 – Commissioning activity – continuing service gaps

In addition to our analysis of unmet need set out above Lambeth First reviewed pre-existing needs assessments that were undertaking by partner organisations. Analysis of the extent to which previous gaps had been addressed through the commissioning of new and improved services was carried out. The table below provides information around service needs that have still not been fully addressed.

Needs identified through pre-JSNA assessment	Specific commissioning activity in response to identified need	Commissioning gap that still exist
Linking available leisure / gym facilities health related programmes	✓	Systematic process of measuring health outcomes across the partnership
Targeted programmes to improve perceptions of higher education in order to increase aspirations	✓	There are no remaining gaps
Community involvement opportunities	✓	There are no remaining gaps
Access to leisure / gym facilities by Vulnerable People	✓	There are no remaining gaps
Lack of equality and diversity awareness amongst frontline statutory partners	✓	Training needs analysis for statutory front line staff to assess effectiveness of current provision.

Recommendations

As a result of our analysis of data, information gathered from existing analysis, feedback from commissioners this JSNA makes the following recommendations for consideration by Lambeth First:

Strategic

- To ensure a systematic process of measuring health outcomes in leisure / gym related programmes across the partnership.

Operational

- To undertake training needs analysis on equality and diversity programmes for statutory front line staff to assess effectiveness of current provision.

Making a positive contribution

Contents:

Children, young people and families

This section includes making a positive contribution analysis/recommendations for the following issues:

- **Volunteering**

Children's and Young People's services in Lambeth are aimed at ensuring that children and young people grow up confident about the future and are able and willing to make a positive contribution to a cohesive community. This first JSNA has focused on the issue of volunteering in this outcome to understand its prevalence and identify what Lambeth First needs to do to further enhance volunteering within the borough

Volunteering

The 2007 Residents Survey showed that Lambeth's young residents play an active part in their community with 30% of young people aged 11-17 being a member of their school council (6% higher than the London average), one in five (21%) having volunteered (7% higher than across London) and one in ten (10%) having been a peer educator.

In addition, the Tell Us National survey shows that just over 61% of young people nationally undertake some form of volunteering and/or fundraising in the course of a year, whereas locally there is both an under-reporting of volunteering by young people in the borough and under-performance in relation to Lambeth's statistical neighbours. Only 49% of the Lambeth young people surveyed say they have given time to charity, a local voluntary group, neighbour or someone else. It is also likely that a majority of these efforts do not lead to recorded or accredited outcomes for the young people involved.

Building on our 2007 Resident Survey and our Tell Us survey – we now some data on young people volunteering from the 2009 resident's survey. Positively, just over a quarter (28%) of Lambeth young people, are or have been a member of their school council, significantly higher than the inner London average of 16%. This trend is reinforced in the 2008 TellUs3 survey which found that more Lambeth children and young people feel that their views are listened to in the running of their school, 54% in 2008, compared to 46% in 2007. However, there has been a significant decrease in the amount of young people doing voluntary work - dropping from 21% in 2007 to 9% in 2009. This decrease brings Lambeth back in line with the inner London average of 12%.

Lambeth First The is committed to addressing these issues and to building on the youth engagement already in place within the Borough – in order to provide a co-ordinated and range of high quality volunteering opportunities for young people, with clear and meaningful outcomes.

Adults, older people and vulnerable people

This section includes making a positive contribution analysis and recommendations for the following issues:

- **Volunteering**
- **Commissioner's feedback on the making a positive contribution agenda**
- **Commissioning activity – continuing service gaps**
- **Recommendations**

Building on our analysis of young people and volunteering, Lambeth First have also undertaken data regarding rate of volunteering in our adult population.

Volunteering

The 2009 Place Survey shows that just under a third of Lambeth residents (30%) have given unpaid help to a group or organisation over the last 12 months with 10% helping at least once a week. One in ten (9%) have been a member of a tenants group, 8% a member of another community group and 6% a member of a group to tackle local crime problems; similar proportions to inner London. Around one in six residents (16%) have given help in the last 12 months as an individual, again in line with London figures.

NI 3 is the percentage of residents who have taken part in at least one of the following activities in the last 12 months.

- Been a local councillor
- Been a member of a group making decisions on local health or education services
- Been a member of a decision making group set up to regenerate the local area
- Been a member of a decision making group set up to tackle local crime problems
- Been a member of a tenants group decision making committee
- Been a member of a group making decisions on local services for young people
- Been a member of another group making decisions on services in the local community

For this measure Lambeth achieves a score of 20.3, which is broadly in line with other inner London Boroughs and slightly higher than the overall London average (20.3% compared with 19.6% and 16.9% respectively). According to the Ipsos MORI overall national average, residents in Lambeth are more likely than those across the country to be involved in civic participation (20.3% compared with 14.7%).

Feedback from Lambeth's commissioners on the adult agenda

During the JSNA process (and in addition to our review of data sets and analysis documents) commissioners supported the development of this report by identifying what they believed were gaps in service provision. These findings are divided into commissioning gaps and information gaps. These are set out below.

Commissioning gaps

- None proposed from available intelligence

Information gaps

- Information sharing across the partnership as appropriate

Figure 63 –Commissioning activity – continuing service gaps

In addition to our analysis of unmet need set out above Lambeth First reviewed pre-existing needs assessments that were undertaking by partner organisations. Analysis of the extent to which previous gaps had been addressed through the commissioning of new and improved services was carried out. The table below provides information around service needs that have still not been fully addressed.

Needs identified through pre-JSNA assessment	Specific commissioning activity in response to identified need	Commissioning gap that still exist
Volunteering opportunities	✓	There are no remaining gaps
Influencing local decisions within Lambeth through consultations	✓	There are no remaining gaps
Opportunities for carers	✓	There are no remaining gaps
Community involvement opportunities for the older population	✓	There are no remaining gaps

Recommendations

As a result of our analysis of data, information gathered from existing analysis, feedback from commissioners this JSNA makes the following recommendations for consideration by Lambeth First:

Strategic

- None proposed.

Operational

- To promote current volunteering opportunities through current service provision as appropriate.

Achieving economic wellbeing

Contents:

Local economic assessment

This section includes information about Lambeth's forthcoming Local Economic Assessment and covers the following issues:

- **Background to the LEA and links to the JSNA**
- **Aims of assessment**
- **Timetable**

Background

Lambeth First is in the initial stages of developing its new statutory Local Economic Assessment. This will complement and inform our overall understanding of need within the borough and facilitate the development of robust strategies to improve wellbeing. Lambeth is clear that its Local Economic Assessment will become the central data source for the economic wellbeing element of the JSNA and, in line with the JSNA, it will focus on understanding/exploring the barriers which limit the ability to achieve economic wellbeing – which in turn plays a major role in overall wellbeing.

Aims of assessment

Specifically Lambeth First expects this Local Economic Assessment will lead to:

- More effective prioritisation of economic and regeneration interventions
- Clarity of the roles leading to greater delegation of greater resources from national government and Regional Development Agencies to local areas
- Improved engagement with private sector partners
- A stronger, higher quality local authority input to the iterative dialogue, led by the Regional Development Agency (London Development Agency), on the development of the regional economic strategy

Early thinking around the Economic Needs Assessment within Lambeth suggests that one of its key areas of focus will be on understanding the causes of economic exclusion with a focus on:

- Understanding the most effective ways to prepare people for work
- Understanding the most effective ways to strengthen the local/sub regional economy so as to ensure those that are ready to work, have a pool of employment opportunities available to them

Timetable

The finalised scope of the Local Economic Assessment will be completed by autumn 2009 and the assessment is due to be completed by 2010. Prior to the completion of this assessment the JSNA has reviewed key economic data to understand variation in performance within Lambeth and how we compare to other boroughs, London average and England average. This will be built upon/explored further in the Local Economic Assessment. Key issues addressed include:

- Skills
- Employment rates
- Average earnings
- Number of people on out of work benefits
- Number of people on incapacity benefit
- Business registrations

Children, young people and families

The primary focus of this section is on adults and vulnerable people. Data on children and young people and their likely future economic wellbeing is discussed in the 'Enjoying and achieving' section of this document which looks at attainment, further learning and those children designated as not in education, employment or training (NEET).

Adults

This section includes achieving economic wellbeing analysis and recommendations for the following issues:

- **Strength of the local economy**
- **Overall employment**
- **Skills**
- **Average earnings**
- **Recommendations**

This section provides information around the strength of the overall economy, employment rates, skills levels and average earnings. Overall employment is a broad positive measure of wellbeing as studies have shown that those employed in good jobs are more likely to Being Healthy, live in good quality housing and be less likely to commit crime. In addition attaining skills through further learning is increasingly essential to ensuring economic wellbeing, with the 2007 Leitch Review of Skills arguing that in the medium term securing NVQ Level 3 skills will be the minimum requirement for jobs.

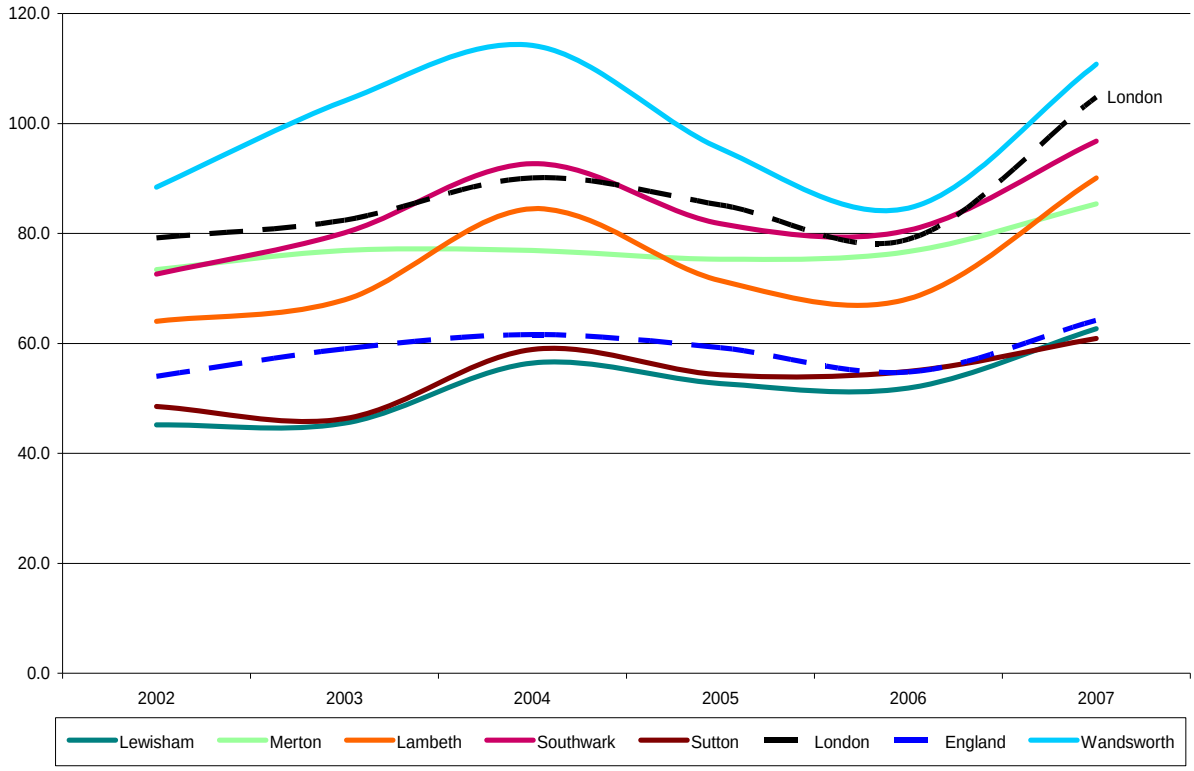
Strength of the local economy

A key measure/indicator for the strength of the local economy is the rate of business registrations in the borough. There is an upward trajectory for Lambeth represented by the time series above 2002 – 2009 and this follows the trend for London. **Business registrations** per 10,000 working age population which is an indication on business starts ups has generally been lower that the London average and lower than that for neighbouring boroughs Southwark and Wandsworth, but higher than Lewisham and Sutton, which are geographically within a similar economic sub-region to Lambeth.

The methodology for business registrations was changed in November 2008 and includes the number of newly registered businesses for VAT. The dataset also includes PAYE businesses for those businesses that are below the threshold for VAT. This is a proxy for business growth in an area.

Figure 64 – Business registration rates
Source: BERR website/IDBR

	2002	2003	2004	2005	2006	2007
Lewisham	45.2	45.5	56.4	52.7	51.9	62.7
Merton	73.4	76.9	76.9	75.3	76.7	85.4
Lambeth	64.0	67.9	84.5	71.4	68.1	90.1
Southwark	72.6	80.1	92.7	81.8	80.6	96.8
Sutton	48.5	46.3	58.9	54.3	54.9	60.9
London	79.2	82.4	90.1	85.2	78.9	104.8
England	54.0	59.0	61.6	59.2	54.8	64.2
Wandsworth	88.4	104.1	114.2	95.4	84.6	110.8



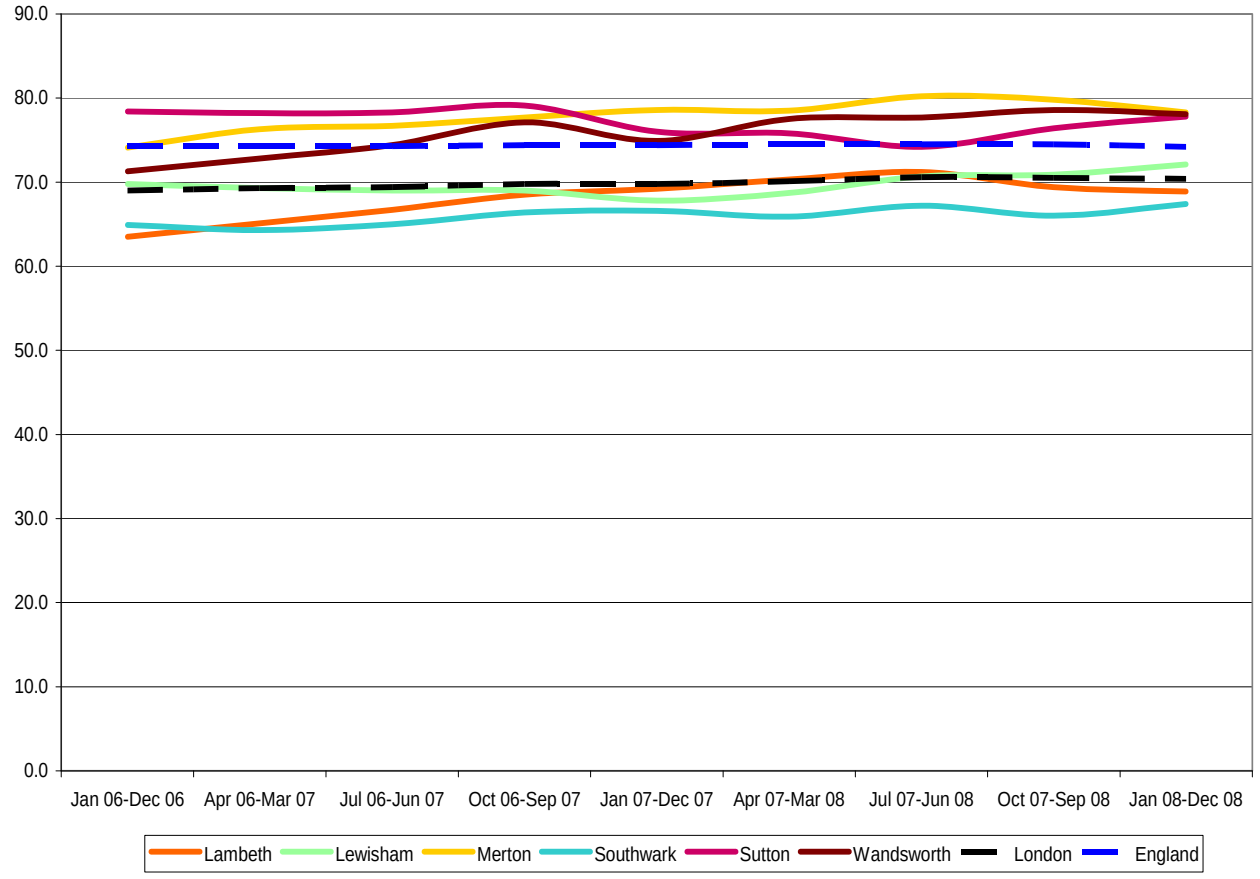
Overall employment

Tackling worklessness and increasing overall employment in the borough is essential for improving overall wellbeing. Lambeth First knows that those in employment are less likely to be in poverty, are less likely to be involved in crime, are more likely to be healthy and are less likely to live in poor quality housing. The table and graph below sets out overall employment rates for the borough. Having peaked at 71.2% between July 2007 – June 2008 the borough has seen falls as the severe recession has continued to have an affect on the country. Our latest data, which runs from January 2008 – December 2008 shows that our overall employment rate has fallen back to 68.9% compared to 70.4% for London.

Comparatively, the London Borough of Southwark which is in the economic sub-region with Lambeth had a 1.4% increase in NI 151 over the period October 2007 – September 2008 to January 2008 – December 2008. Southwark's rate currently 67.4%, the highest it has been since January 2005 – December 2005. It is also worth noting that of the five comparative boroughs provided three have continued to see a growth in overall employment up until December 2008 (Sutton, Lewisham and Southwark). Whether this will continue when more recent data becomes available is as yet unclear.

Figure 65 - Overall employment rates
Source: APS / Nomis

	Jan 06-Dec 06	Apr 06-Mar 07	Jul 06-Jun 07	Oct 06-Sep 07	Jan 07-Dec 07	Apr 07-Mar 08	Jul 07-Jun 08	Oct 07-Sep 08	Jan 08-Dec 08
Lambeth	63.5	65.1	66.7	68.5	69.2	70.3	71.2	69.4	68.9
Lewisham	69.8	69.3	69.0	69.0	67.8	68.7	70.7	70.9	72.1
Merton	74.1	76.3	76.7	77.7	78.6	78.5	80.2	79.8	78.3
Southwark	64.9	64.3	65.0	66.4	66.6	65.9	67.2	66.0	67.4
Sutton	78.4	78.2	78.3	79.1	76.0	75.8	74.2	76.4	77.8
Wandsworth	71.3	72.8	74.4	77.1	74.9	77.5	77.7	78.6	78.1
London	69.0	69.3	69.4	69.8	69.8	70.1	70.6	70.5	70.4
England	74.3	74.3	74.3	74.4	74.4	74.5	74.5	74.5	74.2



At a wider macro economic level, the annual growth in output for London is less than that for the United Kingdom. London's annual growth in output decreased to -1.0% in Quarter 4 2008 from a downwardly revised 1.2% in Quarter 3 2008. In the rest of the UK, annual growth in output decreased to -2.2% in Quarter 4 2008 from an upwardly revised 0.3% in Quarter 3 2008. (Source: GLA Economics).

Negative growth for London will have an impact on economic indicators such as the employment rate and with the current decrease in the employment rate in

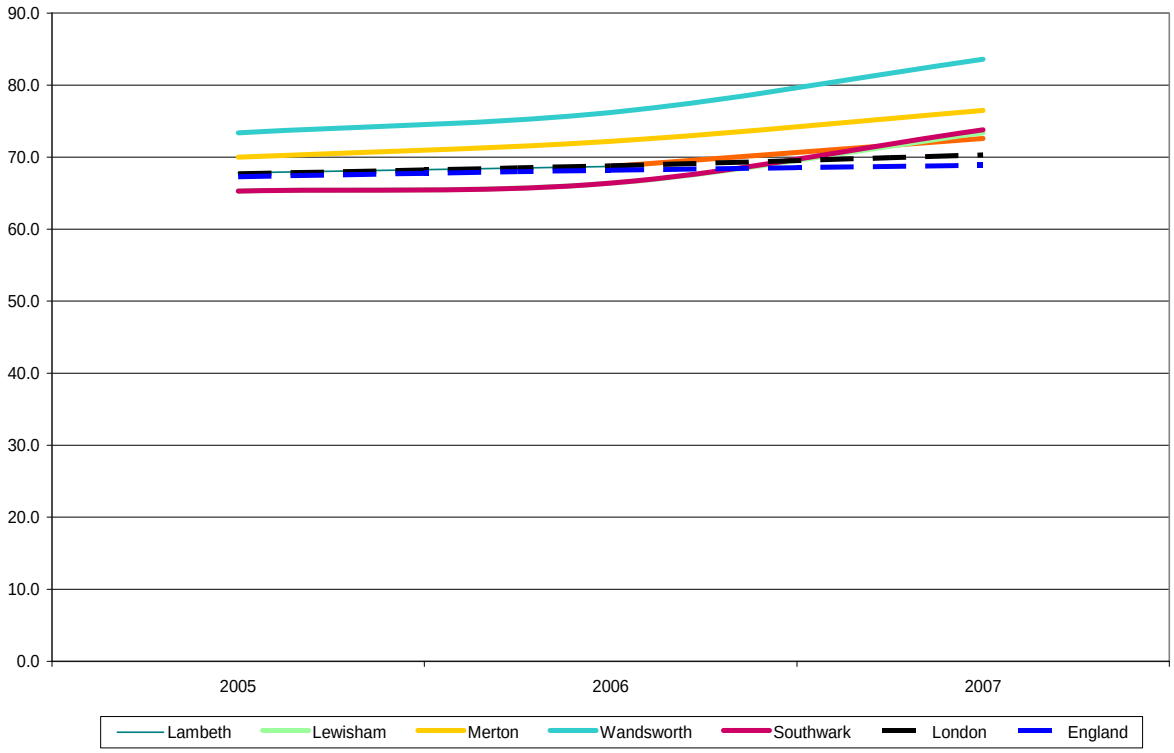
combination with the decline in growth, it is expected that there may be further decreases in the Lambeth employment rate.

Skills

Lambeth has substantial percentage of adult residents trained to **level 2** qualifications, and this has increased by 4.8% over period 2005 to 2007. Currently Lambeth is above the London and national average for England, 72.6% for Lambeth compared to 68.9% for England and 70.3% for London. Lambeth is however 1.2% below Southwark, however taking into account that Lambeth's higher performance against London average, this indicates that taken as a sub-region, there are high levels of adults qualified to level 2.

Figure 66 – Percentage of people with Level 2 qualifications
Source: DCSF

Borough	2005	2006	2007
Lambeth	67.8	68.7	72.6
Lewisham	65.3	66.4	73.4
Merton	70.0	72.2	76.5
Wandsworth	73.4	76.2	83.6
Southwark	65.3	66.4	73.8
Sutton	70.5	71.3	69.9
London	67.7	68.8	70.3
England	67.3	68.2	68.9



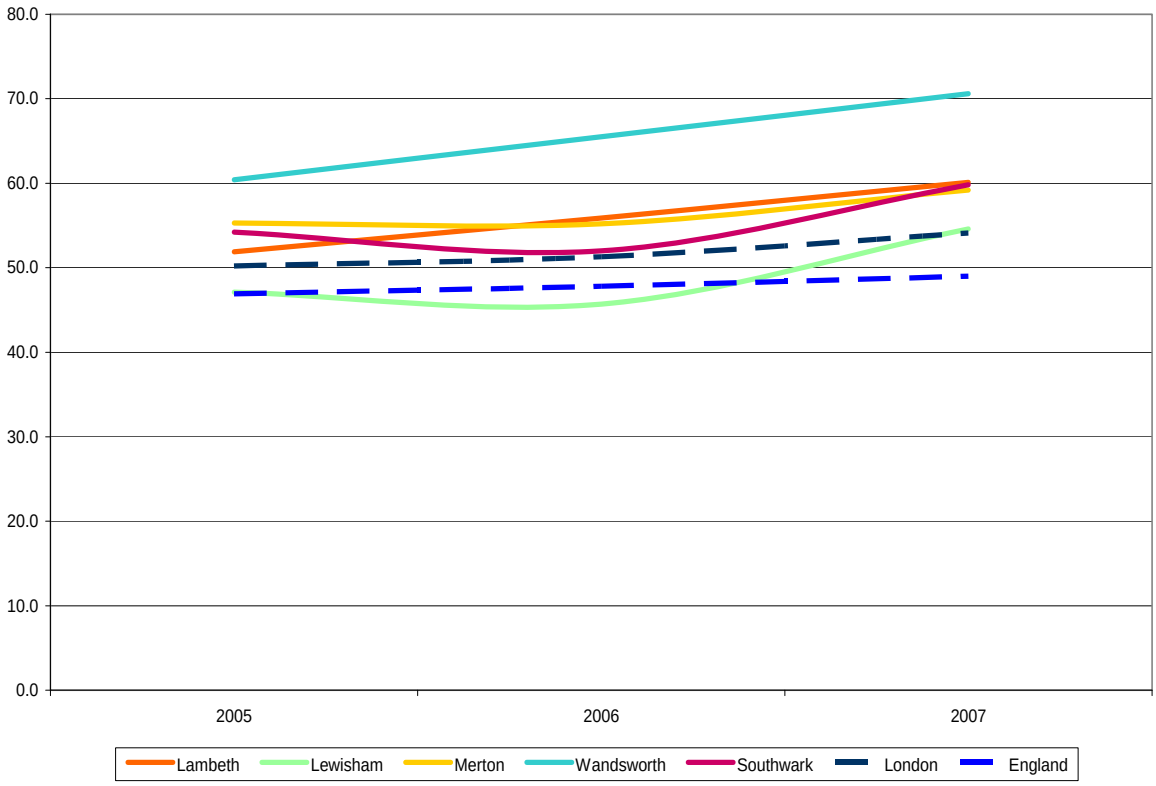
Lambeth is also performing well with regard to the **level 3** qualifications, 6% higher than the London average and a substantial 11.1% higher than that for England. Lambeth has 60.1% resident adults trained up to level 3, compared to 54.1% for

London and 49% for England. The performance over time has also increased by 8.2% over period 2005 to 2007.

Lambeth has 0.3% more residents trained up to level 3 compared to Southwark (59.8%), with Wandsworth having a considerable higher percentage 70.6% compared to Lambeth and London.

Figure 67 – Percentage of people with Level 3 qualifications
Source: DCSF

Borough	2005	2006	2007
Lambeth	51.9	55.9	60.1
Lewisham	47.1	45.7	54.6
Merton	55.3	55.2	59.2
Wandsworth	60.4	65.5	70.6
Southwark	54.2	52.0	59.8
Sutton	51.7	52.8	47.7
London	50.2	51.3	54.1
England	46.9	47.8	49.0



Recommendations

- Specific recommendations around our outcome of achieving economic wellbeing will be made in our Local Economic Assessment. This will inform and drive commissioning priorities for Lambeth First with regard to the 'achieving economic wellbeing outcome'

Older people

This section includes achieving economic wellbeing analysis/ recommendations for the following issues:

- **Fuel poverty**

As older people over the age of 65 tend not to be economically active, this JSNA report has not undertaken extensive analysis around our outcome of 'economic wellbeing' in relation to this cohort. However, we have undertaken some analysis around the issue of fuel poverty. Whilst fuel poverty does not only impact upon older people – the fact that a great number of older people are on low/moderate fixed incomes makes them vulnerable to this issue.

A household is in fuel poverty if, in order to maintain a satisfactory heating regime it would be required to spend more than 10% of its income on all household fuel use[99]. It can damage people's quality of life and health as well as impose wider costs on the community. The likelihood of ill health is increased by cold homes, with diseases such as influenza, heart disease and stroke all exacerbated by cold.

Fuel poverty is usually defined by an annual expenditure on fuel in excess of 10% of annual household income. By this definition, 6,128 households 5.2% of households in Lambeth are experiencing fuel poverty[100].

The highest levels of fuel poverty are associated with households living in the private rented sector and in pre-war housing. The types of household most affected by fuel poverty include single parent, large family and pensioner households; households of black, Asian and mixed race origin, economically vulnerable households and those on low incomes.

The Fuel Poverty Indicator, developed by the Centre for Sustainable Energy and Bristol University, estimated that 32% of Lambeth households are in fuel poverty. This compares with a rate of 27% in London as a whole.

In England, over 50% of fuel poor households consist of older people (aged over 60). Those living alone are most at risk, especially if they live alone in a large house[101].

Recommendations

- Specific recommendations around our outcome of achieving economic wellbeing will be made in our Local Economic Assessment. This will inform and drive commissioning priorities for Lambeth First with regard to the 'achieving economic wellbeing outcome'

[99] Department of Environment Farming and Rural Affairs (2004) 'Fuel poverty in England: The Governments Action Plan'
[100] Fuel Poverty Indicator based on the 2003 English House Condition Survey (EHCS) and 2001 Census
[101] Lambeth's older people's strategy - draft for consultation (February 2009)

Vulnerable people

This section includes achieving economic wellbeing analysis/ recommendations for the following issues:

- **Out of work benefits**
- **Incapacity benefits**
- **Recommendations**

Whilst vulnerability can be defined in many ways, this section looks at the number/scale of people who are vulnerable due to unemployment (either on out-of-work benefits or on incapacity benefit).

Out of work benefits

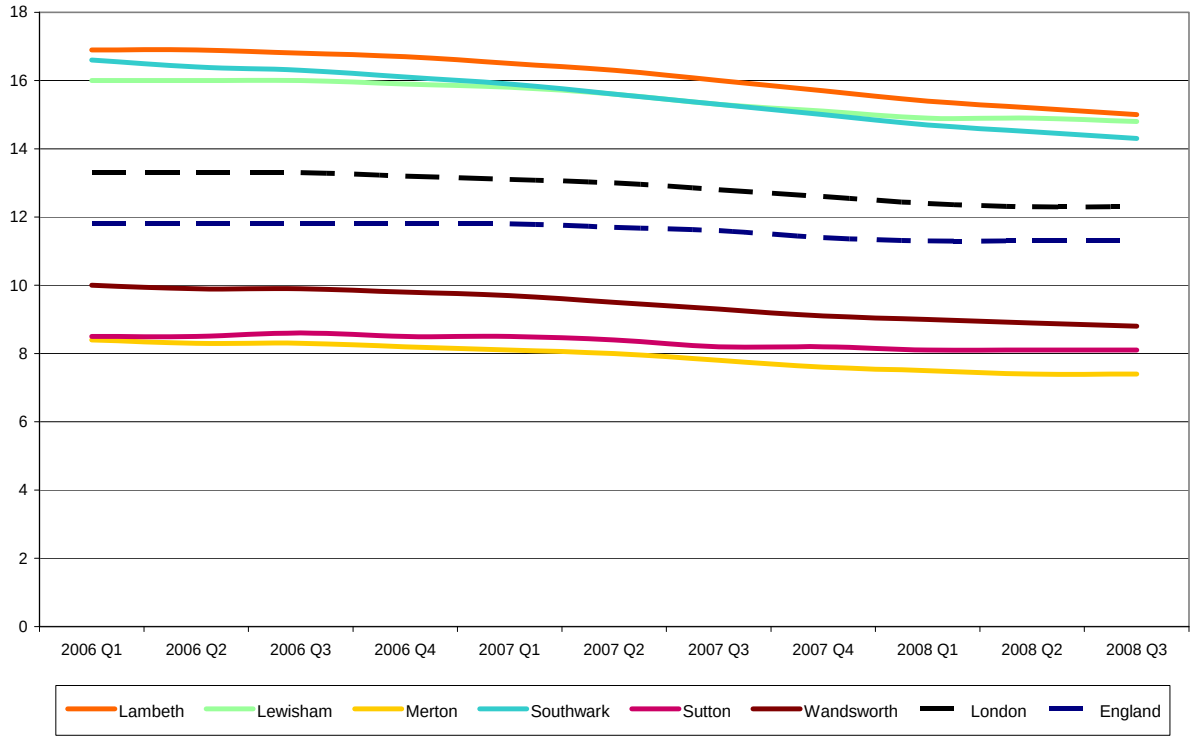
Data around vulnerable people and employment has shown that there has been a 1.5% decrease for **working age people on out of work benefits** for Lambeth over Quarter 1 2007 to Quarter 3 2008, which shows positive performance, there is however an eight month time lag with this dataset. Lambeth now needs to close the gap of 2.7% to match the London average.

Southwark compared to Lambeth has had over the same period 1.6% decrease and its rate lower than Lambeth at 14.3% for Southwark, compared to 15% for Lambeth. Also compared to other South London boroughs Lambeth's rate considerable higher, the rate below 10% for Wandsworth, Merton and Sutton.

Moreover Lambeth is 3.7% below the average for England and with the negative economic growth in London, and the time lag with the dataset, it is probable that economic indicators will show the impact of the recession on all areas and possible widened gap with Lambeth and London average. The earliest indication of this are the Job Seekers Allowance Claimant Counts released on monthly basis with one month time lag. JSA is one component of the working age people on out of work benefits. There has been a 0.2% increase in the JSA claimant count from May 2009 to June 2009, and this claimant count has a one month time lag.

Figure 68 Percentage of working age people on out of work benefits
Source: CLG

	2007 Q1	2007 Q2	2007 Q3	2007 Q4	2008 Q1	2008 Q2	2008 Q3
Lambeth	16.5	16.3	16	15.7	15.4	15.2	**15**
Lewisham	15.8	15.6	15.3	15.1	14.9	14.9	**14.8**
Merton	8.1	8	7.8	7.6	7.5	7.4	**7.4**
Southwark	15.9	15.6	15.3	15	14.7	14.5	**14.3**
Sutton	8.5	8.4	8.2	8.2	8.1	8.1	**8.1**
Wandsworth	9.7	9.5	9.3	9.1	9	8.9	**8.8**
London	13.1	13	12.8	12.6	12.4	12.3	**12.3**
England	11.8	11.7	11.6	11.4	11.3	11.3	**11.3**

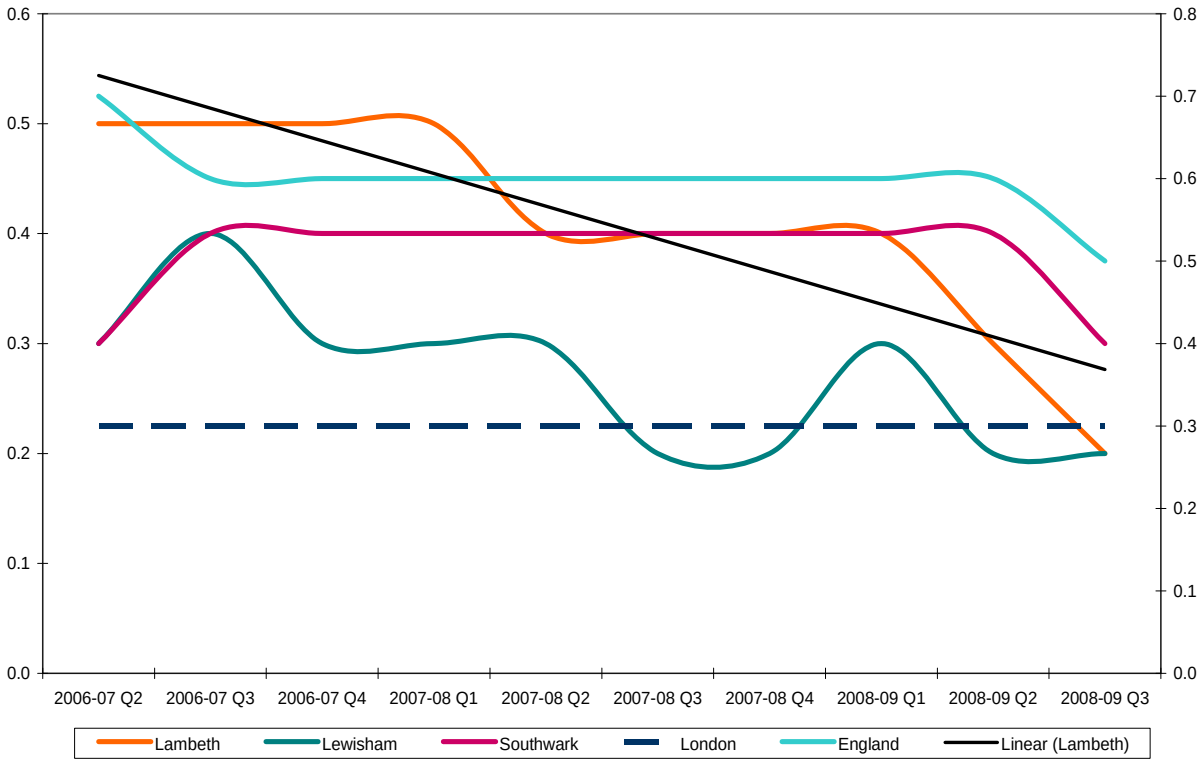


Incapacity benefit

Lambeth has continued to see decreases in the number of residents that are **employed and moving onto incapacity benefit**. There has been a 0.3% decline over the period 2006-07 to 2008-09 compared to London which stayed at constant percentage, so that Lambeth at 0.2 % is above the London average of 0.3% and above Southwark 0.3%. This therefore compares favourable as seen by the linear trend for Lambeth above which is downward for positive performance. The time lag issue is also applicable to this dataset.

Figure 69 – Percentage of people in Lambeth on incapacity benefit
Source: Department for Works and Pensions (DWP)

	2006-07 Q2	2006-07 Q3	2006-07 Q4	2007-08 Q1	2007-08 Q2	2007-08 Q3	2007-08 Q4	2008-09 Q1	2008-09 Q2	2008-09 Q3
Lambeth	0.5	0.5	0.5	0.5	0.4	0.4	0.4	0.4	0.3	0.2
Lewisham	0.3	0.4	0.3	0.3	0.3	0.2	0.2	0.3	0.2	0.2
Merton	0.4	0.4	0.5	0.5	0.4	0.4	0.3	0.3	0.3	0.3
Southwark	0.3	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.3
Sutton	0.4	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.4	0.5
Wandsworth	0.3	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.2
London	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
England	0.7	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.5



Recommendations

- Specific recommendations around our outcome of achieving economic wellbeing will be made in our Local Economic Assessment. This will inform and drive commissioning priorities for Lambeth First with regard to the 'achieving economic wellbeing outcome'

Cross cutting themes

In developing our JSNA Lambeth First identified a series of cross cutting themes and partnership wide issues that were included within our analysis. These included issues such as mental health and housing. In addition, a number of technical and partnership issues were also identified as areas where further collaboration/partnership working was required. These issues included:

- Community engagement
- Data sharing
- Data quality
- Communications.

In addition to analysis contained within this document and the data presented to explain our need/unmet needs, Lambeth First also reviewed pre-existing needs assessments that were undertaking by partner organisations. Analysis of the extent to which previous gaps had been addressed through the commissioning of new and improved services was carried out. The table below provides information around service needs that have still not been fully addressed.

Feedback from Lambeth's commissioners on the cross cutting themes

During the JSNA process (and in addition to our review of data sets and analysis documents) commissioners supported the development of this report by identifying what they believed were gaps in service provision. These findings are divided into commissioning gaps and information gaps. These are set out below.

Commissioning gaps

- Joint community engagement strategy across the partnership
- Joint community strategy and implementation plan to ensure timeliness of JSNA process

Information gaps

- Information sharing protocol / policy for the JSNA

Figure 70 – Commissioning activity – continued issues to address

In addition to our analysis of unmet need set out above Lambeth First also reviewed cross cutting themes within the JSNA to identify gaps that remain. The table below provides information around these needs that need to be developed further – as part of the 2010 JSNA refresh.

Needs identified through pre-JSNA assessment	Specific commissioning activity in response to identified need	Gaps that still exist
Community involvement	✓	Promote awareness of available opportunities as previous stated.

Data sharing across the partnership	✓	Mental health and physical / sensory disability.
Data quality	✓	There are no remaining gaps
Limited engagement with service users and residents about issues outside health.	✓	There are no remaining gaps

Recommendations

As a result of our work to undertake this JSNA, this report recommends that moving forward Lambeth First undertake the following:

Strategic

- To ensure that community intelligence guides a joint community engagement agenda which helps to identify health inequalities and the best ways in which to support hard to reach population groups.

Technical

- To adopt and apply a social marketing approach techniques to help address specific priorities identified through specific needs assessment.

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