Lambeth

HEALTH IN OUR COMMUNITY

Public Health Report for Lambeth

Director of Public Health Annual Report 2014

Contents

Preface

Good physical and mental health helps us all to make the most of our lives. Our health and wellbeing is our most important asset. With three new leisure centres in Lambeth and fresh approaches to running our parks and libraries, the council and our communities are working together to keep Lambeth's residents healthy.

This is the first public health report that has been produced by the joint Lambeth and Southwark public health team. The transition of public health back to local government has been an exciting chance to improve healthcare for all. These changes to the way health services are delivered are putting health at the heart of the work of all our local services, such as planning and regeneration, schools, licensing and welfare. But it is not just about good services to prevent and treat ill health. It is also about what is being done to help people back into work and to live in decent homes.

The key recommendations from this report reflect the widening role of public health. Achieving these goals requires an integrated approach to preventing poor health, making the most of the borough's culture, leisure and sports assets to help people remain healthier for longer. We all have a role to play in improving our collective health and wellbeing and the challenge is to make the most of the assets we have to achieve this outcome.

Cllr Jim Dickson
Cabinet member for Health and Wellbeing

Foreword

"This has been an exciting time for public health, with councils being well placed to give strategic leadership and forge local partnerships to act on the shared goal of seeing the health of Southwark and Lambeth residents protected, sustained and improved."

Southwark and Lambeth have quite similarly diverse populations and have seen great improvements in overall health over the last 50 years, but health inequalities still remain in both boroughs. While we can be proud of the many public health successes in Lambeth, such as the improvement in life expectancy and reduction in infant mortality and in teenage pregnancy, we still have considerable work to do to reduce health inequalities. Working alongside council colleagues and other partners to do this will require new ways of working, harnessing the unique potential of directly influencing many of the external factors which result in health inequalities.

The annual public health report for this year aims to highlight the main health inequalities in Lambeth and what may be driving them. A combination of the Marmot Framework and Dahlgren and Whitehead model will be used as a structure, detailing issues which public health departments are best placed to address in collaboration with other functions of local authorities and their partners. The conditions in which we live and work, lifestyle factors which affect health, and variations in healthcare will therefore be the main areas of focus in this report.

Where possible, for the topic areas covered, the report will pick up on the existing health inequalities, outline the published evidence which supports action to address them, describe what is happening in Lambeth at the moment and recommend what more can be done in the future.

Dr Ruth Wallis
Director of Public Health

[i] Department of Health. Healthy Lives, Healthy People. November 2010.

Key recommendations

The key recommendations from this report reflect the widening role of public health. Implementing these recommendations will require partnership working with many agencies.

1 Prevent widening economic inequalities and work to sustain the financial resilience of residents through structural interventions, with the most critical being the promotion of the London Living Wage across our local employers.

2 All employers in the borough should be encouraged and supported to adopt good practice in relation to health and safety compliance and evidence-based workplace health programmes.

3 Public sector employers engaged in workplace health initiatives should be encouraged to share their knowledge and expertise with other employers as well as using their commissioning and procurement processes to encourage compliance with legislation and good employment practice.

4 Homeless prevention services need to reach not only those seeking statutory assistance, but also others in critical housing situations, living in unstable or unsuitable accommodation and facing substantial housing need.

5 Work towards a co-ordinated and strategic system to identify those most likely to be at risk of food poverty and ensure that individuals and families at risk are signposted to the appropriate support services.

6 The universal care pathway from conception to early years in Lambeth should be strengthened using the London Maternity Standards and the enhanced Healthy Child Pathway to ensure we provide services which are fair for all and appropriate for everyone's needs.

7 The Children and Young People's Partnership extends its engagement with head teachers and governors to develop a sustainable strategy which improves young people's health and wellbeing and enables them to make healthy lifestyle choices.

8 Social relationships and community development should be made policy priorities and should be part of future Health and Wellbeing strategies to improve worsening social isolation for some communities and vulnerable population groups.

9 Referral pathways for smoking cessation need to be developed for priority groups, such as those with long-term conditions and mental health issues. These should be implemented along with measures to increase quit rate, prevent relapse and promote targeted community action against illegal sales, to particularly benefit those from disadvantaged groups.

10 Investigate whether existing interventions and services designed to prevent and reduce harm and treat substance misuse are actually reaching those most likely to be affected. Ensure that the services meet National Institute for Health and Care Excellence (NICE) guidelines for effectiveness and value for money.

11 Given the multi-factorial and complex causes of unhealthy weight, addressing obesity will require sustained and long-term investment and support from all partners.

12 The promotion of physical activity should routinely be incorporated into building, planning, social, transport, school and workplace strategies and policies. Policies should support people to be more physically active in their everyday lives. Some population groups are less likely to be active and targeted programmes should be considered.

13 Comprehensive sex and relationship education should be implemented in all schools in Lambeth as part of an integrated Health and Wellbeing Programme.

14 Improve coverage in the cancer screening programmes in Lambeth, particularly in the bowel screening programme.

Introduction
Health and health inequalities

"The social conditions in which people live powerfully influence their chances to be healthy. Indeed, factors such as poverty, food insecurity, social exclusion and discrimination, poor housing, unhealthy early childhood conditions, and low occupational status are important determinants of most diseases, deaths and health inequalities between and within countries"[1].

(Commission on the Social Determinants of Health, WHO, 2004)

Health and health inequalities

Health is not just the outcome of genetic and biological processes, but is also influenced by our social and economic conditions, the "wider determinants of health".

Health inequalities are the unfair and avoidable differences in health status and outcomes between different population groups. These inequalities result from variations in the distribution of socioeconomic determinants of health, such as education, employment, and housing. The effects of these and other factors accumulate throughout the life cycle.

Health inequalities follow a socioeconomic gradient, that is to say that the risk of illness and early deaths increases with increasing levels of deprivation. This means that more economically unequal societies have worse health and social problems. Health inequalities therefore affect each one of us and require action across a range of population groups.

Wider determinants of health in the current socioeconomic climate

The recent welfare reforms, austerity measures and the economic downturn have affected disadvantaged communities the most. Making more affordable housing available and strengthening financial resilience are therefore priority actions to stop health inequalities from increasing further. Promotion of the London Living Wage across all public services, the provision of debt and welfare advice, referrals to appropriate agencies, and targeted hardship payments are all interventions that will lessen the mental and physical health impacts of economic deprivation.
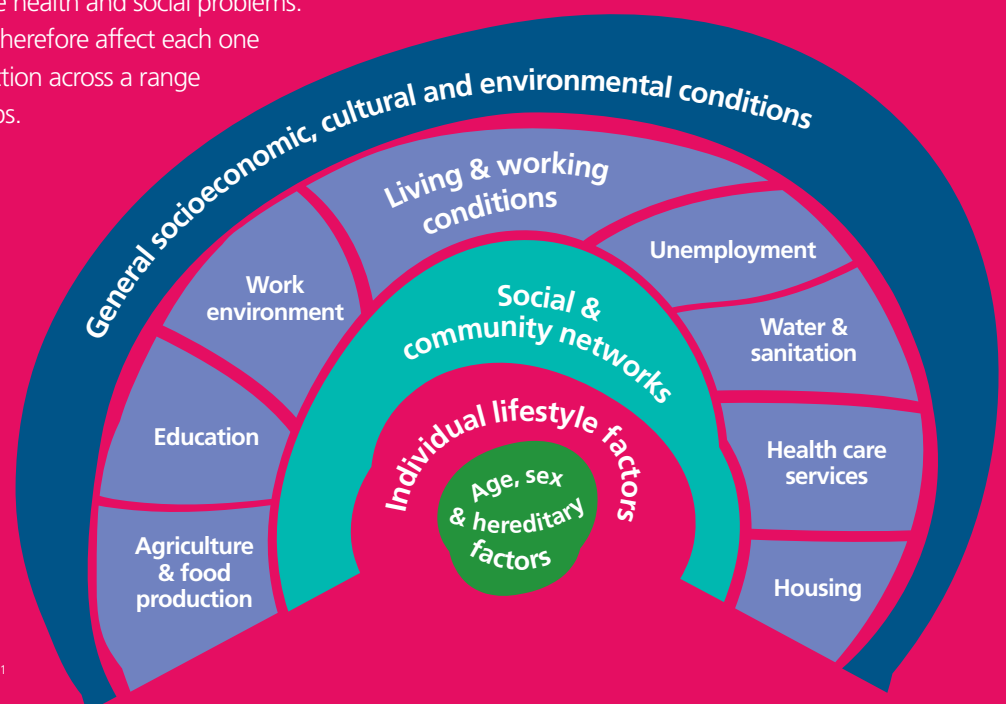
Figure 1:
The layers of influence on an individual's health[1]

Health inequalities in Lambeth

Important gains have been made in the overall health of the borough. However, significant inequalities in health still remain.

Not every resident lives as long as they could

Lambeth residents live longer than they did 10 years ago and live almost as long as people in England overall. Lambeth residents, however, spend fewer years in good health than the English average. Healthy life expectancy for men in Lambeth is 2.7 years lower than in England, and 1.5 years lower for women[2]. As deprivation increases, the chance of living without disability decreases by 6 years. The wealthier the area, the longer people live. In Lambeth the difference between the most and least deprived areas was 5 years for men and 2.8 years for women.

Child deaths

The risk of a child dying before his/her first birthday in Lambeth is higher compared to that in England (5.5 children per 1000 live births die in Lambeth compared to 4.1 in England). We do not have data for intra-borough inequalities, but a national analysis for infant mortality showed that these deaths tend to be higher in deprived areas, among babies of mothers born outside the UK, if the mother is under the age of 20, for babies of single mothers and for those whose parents who work in routine and manual jobs[3].

What can be done to address health inequalities?

In a fair society, health should not be determined by where people are born, where they live or how much they earn. Provision of services which are fair for everyone will lessen the health impacts of the socioeconomic inequalities.

Local councils, health service commissioners and providers should carry out equity and equality impact assessments to ensure that service delivery is tailored to patients' needs without inadvertently making inequalities worse. They should conduct systematic impact assessments of all strategies, policies and new contracts to ensure that those most at risk are targeted appropriately. Health equity audits can also be used to check how fair the service is and if it can contribute to service improvement.

Improving housing and financial resilience are priorities that all sectors can contribute to as employers and service-providers.

The local council, together with partners, can lead on financial resilience. The NHS can contribute by ensuring early detection and effective management of long-term conditions, mental health, and infectious diseases, taking into consideration the socioeconomic conditions of the patients. As an employer, the NHS can contribute to the local economy and ensure that all employees, including support services, are paid the London Living Wage.

Councils can also contribute to preventing some of the risks, for example, by ensuring good quality standards of housing, and preventing overcrowding. Creating equity will take time, and the current drive to reduce health inequalities needs to be sustained to ensure good lives for all.

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In this section we look at households affected by low paid income and workplace health, insufficient housing and economic inequalities contributing to food poverty and homelessness.

The conditions in which we live and work have a significant impact on our health and wellbeing. Differences in these factors and the health inequalities that result will be the focus of this chapter.

Statutory bodies, for example, the local councils and NHS services, come into contact with people throughout many of their life stages, and in some instances have a large impact on their working and living conditions. Therefore, we will also highlight where statutory bodies can work to address health inequalities resulting from differences in living and working conditions, both now and in the future.

Key messages

1 Low and insecure income affects health not only through material deprivation, but by generating stress and then unhealthy behaviours. Most importantly, poor health in childhood can lead to poor adult health, meaning that low income can have long-lasting negative effects across generations. Thus, economic inequalities are contributing to the social gradients of illness and death.

2 Preventing and lessening the health impact of economic inequalities requires changes to personal lifestyles and living conditions over the short and medium term. Promoting healthier working and fairer employment conditions as well as decent wages will contribute to reduce economic inequality. In the short-term, we need to strengthen financial resilience, while we develop interventions aimed at reducing poverty.

Key recommendations

1. The council and health services need to bolster the financial resilience of those on low incomes, particularly among the most deprived, by providing individual targeted interventions, such as access to financial and welfare advice services and support to manage stress, depression and anxiety.

2. The council and health services need to prevent the widening of economic inequalities, and work to sustain the financial resilience of residents through structural interventions, with the most critical being the promotion of a healthy living wage.

3. Health professionals should strengthen their links with social and welfare services by:

- Recording the social status of patients

- Linking with social and welfare services to ensure patients receive the support they need

- Using their roles as managers, employers, and commissioners or service-providers to offer good quality work, employ local people to commission or procure local services, and to pay the London Living Wage.

What's the issue?

Overall, Lambeth's population is becoming more affluent, but this masks income and employment inequalities.

Economic activity and inactivity

The majority of residents are economically active[*] (85% of working age residents), in employment[†] (78% of working age residents) and in a well paid job[1].

Since the economic downturn in 2008, more people in Lambeth are working in relatively well-paid jobs (social classes 1-3), and fewer have manual or unskilled jobs (social classes 8 and 9).

While more people are engaged in economic activity than in 2008, the people with long-term conditions represent over a quarter of those not working, which is 10% higher than at the start of the recession.

Being self-employed is more common in Lambeth (16.2%) than in London (12.2%) or England (9.8%), and this has been on the increase since 2008[2]. Just under three and a half per cent of working age residents are not working and claim JSA.[3]

Table 1: Employment, unemployment and inactivity in London by ethnic group, 2011

Broad ethnic group	Employment rate	Unemployment rate	Economic Inactivity rate
White	73	7	21
Black	57	20	29
Indian	69	9	24
Pakistani/Bangladeshi	54	15	37
Mixed or multiple	57	16	33
Chinese & Other	61	11	32
All Ethnic Minority	60	14	30
All	68	10	25

Source: GLA Intelligence Unit, 2012/Quarter 1 – Quarter 4 2011 (4 Quarter Average) Labour Force Survey

[*]Economically active refers to people who are either in employment or unemployed.
[†]In employment refers to people who did some paid work in the census reference week (whether as an employee or self employed); those who had a job that they were temporarily away from (e.g. on holiday); those on government-supported training and employment programmes; and those doing unpaid family work.

Employment and income inequalities

Despite some of these changes, the following employment and income inequalities exist in Lambeth:

- Women are less likely to be employed than men (74% vs. 82%).

- Women's earnings remain lower than men, and the gap has increased since 2002, from £19.8 per week in 2002 to £60 per week in 2014.[3]

- Overall, Londoners in black and minority ethnic groups are more likely to be unemployed (black) or economically inactive (Pakistanis and Bangladeshis) than their white counterparts.[4]

- 31.7% children in Lambeth live in poverty (18,615)[5], which is higher than in London as a whole (26.7%). Child poverty is more common in lone-parent families.

- Access to free school meals is a local indicator of economic disadvantage and it has largest concentrations in Coldharbour and Tulse Hill wards, with hotspots in Vassall, Streatham Wells, Thornton and Thurlow Park wards.

Effects of the welfare reforms

The welfare reforms have added to the stress of the economic downturn, affecting the most vulnerable in the borough, with a high risk of increasing health inequalities. Approximately, 13.3% (30,690 people) of working-age Lambeth residents claim some benefits, but the ongoing reforms put this income at risk and weakens households' financial resilience in the absence of work which pays enough to cover the high costs of living in the capital.[6] In Lambeth, the total loss of income associated with the welfare reforms has been estimated to amount to £75.7 million by 2015/16, equivalent to £1,690 per year for every household claiming in 2011[7].

Consequences of unemployment and income inequalities

The direct and indirect health impacts of unemployment and income inequalities include[8, 9]:

- Increased stress and anxiety, and an increase in domestic violence.

- Unhealthy lifestyles, such as an increase in alcohol consumption and dependency, smoking, and unhealthy eating, all risk factors of CVD and cancers.

- Effects on physical health such as respiratory and infectious diseases resulting from fuel poverty and overcrowding. This could lead to an increased use of health services especially acute hospital admissions. Fuel poverty is likely to increase as households face competing financial priorities. Over 9,000 households in Lambeth are living in fuel poverty (7.5% of all households). However, fuel poverty is unequally distributed throughout the borough.[10]

What can we do about it?

The following evidence-based measures can be employed in the short and medium term to address the health inequalities which result from employment and income inequalities in Lambeth:

- **Short term measures:**
  - Identify early financial pressure and refer people quickly and effectively to welfare and financial advice through general practices and other well-placed front line services. This approach will ensure that mitigating interventions are offered to the most vulnerable before their health situation deteriorates further.
  - Increase financial resilience of households and families affected by the welfare reforms.
  - Ensure that all staff in public services (direct or contracted out) have access to advice if they are receiving benefits.
  - Ensure that all staff in public services and services contracted out receive the London Living Wage.

- **Medium term measures:**
  - Facilitate the availability and provision of good quality and affordable childcare for Lambeth residents.
  - Establish capacity for clinicians to take patients' social history.[11]
  - Include the routine collection of patients' social status by clinical and social care staff by building on research concerning the recording of socioeconomic status previously performed in Lambeth.
  - Establish capacity among frontline health care professionals to identify health problems directly related to socioeconomic conditions such as domestic violence.
  - Broaden public health messages to include the importance of the social determinants of health relating to income, work and poverty.

What's happening at the moment?

There are a number of innovative initiatives being undertaken in Lambeth to combat income and employment inequalities.

"**Every Pound Counts**" is a local authority-led initiative which provides welfare and benefit advice to people with disabilities or long-term conditions, including people with mental health support needs and children with complex support needs and all carers. Eligible residents are referred to the service by GPs, discharge teams and other agencies. The service includes benefit checks to identify those who are entitled to benefit and are not claiming, as well as advice to people with specific benefits. The demand for this specialised service has increased since the implementation of the welfare reforms.

Lambeth Council has also developed a set of measures to mitigate the impact of the welfare reforms, which include:

- Promoting employment, skills and enterprise

- A financial inclusion strategy and work stream

- Using impact data to inform the Housing Strategy, review allocation policies and D HP priorities

- Re-commissioned advice sector to improve access

- Co-producing and targeting a new local welfare assistance scheme

- Careful planning to support those impacted by several reforms

- Welfare Reform Strategy Group and impact matrix

- Tenancy rescue services, including door knocking for most affected households

- Training stakeholders and service providers

- Dedicated new casework team in Housing Options

- Strong data analysis using local and DWP information

- Promoting Credit Union and lodging options

What more can be done?

In line with the recommendations outlined above better mainstreaming of equality and equity audits into work of the local authority would help to build upon the excellent work already taking place in Lambeth to address health inequalities resulting from income and work inequalities. These should pay particular attention not only to the geographic distribution of poverty, but also how poverty is distributed among different age groups, ethnicity, gender, and other segments of the population.

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Key messages

1 Being in fairly paid and suitable employment is good for health when compared to unemployment. Worklessness is associated with poorer physical and mental health generally. However, the quality of work is also significant[1].

2 The workplace is an effective setting for health improvement initiatives and interventions aimed at ill-health prevention. Workplace interventions can also make a significant contribution to reducing inequalities in health.

3 Investing in the health and wellbeing of employees makes sound economic and business sense for employers. Providing comprehensive workplace health programmes can produce significant benefits that outweigh the costs to employers[2].

Key recommendation

1. All employers in the borough should be encouraged and supported to adopt good practice in relation to health and safety compliance and evidence-based workplace health programmes.

2. Those public sector employers already engaged in workplace health initiatives should share their knowledge and expertise with other employers, as well as using their commissioning and procurement processes to encourage compliance with legislation and good employment practice.

What's the issue?

Employment in Lambeth

The ONS Business Register and Employment Survey 2012 shows that the largest employment sectors in Lambeth are public administration, education and health (46,200) and financial and other business services (30,400).

The 2013 ONS Interdepartmental Business Register indicates that there were 12,275 micro businesses (92.6% of total), 795 small businesses, 135 medium businesses, and 45 large businesses. Lambeth has a high proportion of self-employed workers (16%) – a group of workers who do not usually benefit from occupational health or other support services, and who may experience higher levels of isolation than other workers.

Workplace health

In terms of workplace health, nationally around 80% of new work-related conditions in 2011/12 were musculoskeletal disorders, stress, depression or anxiety[3].

Additionally, employment which is more likely to damage health (for example, higher exposure to physical and chemical hazards, irregular hours, shift work, higher exposure to psychological work demands, and insecure employment) is more likely to be experienced by workers in lower socioeconomic positions[4].

Work and long-term conditions

The working population is ageing and will face a higher burden of chronic illness in years to come[5]. It is essential that the health needs of these workers are not overlooked. Evidence suggests that when employees are off work for 6 months, the likelihood of a return to work is reduced to approximately 50%. At 12 months, this reduces to 25%, and after 2 years the chances are virtually nil[6]. Analysis of the GP register data in Lambeth shows that about 24% of the registered population has one or more long-term conditions. Of these, 71% are in the working age group. Using the workplace to support effective long-term condition management to this group is thus important.

What can we do about it?

Employers should consider implementing Marmot's recommendations on healthier workplaces[7]. These include initiatives aimed at ensuring employees have:

- Freedom from precariousness
- Some control over work
- Appropriately high demands
- Fair earnings and job security
- Opportunities for training, learning and promotion

In addition, the following should be addressed:

- Preventing social isolation, discrimination and violence
- Sharing information and decision-making
- Reintegrating sick and disabled people into full employment
- Meeting basic psychological needs

Organisations should ensure that they have reviewed and implemented appropriate NICE recommendations relating to workplaces[8, 9, 10].

All employers in Lambeth should ensure that they are fully compliant with health and safety requirements. Advice can be sought from the Corporate Health & Safety department or the Health and Safety Executive (www.hse.gov.uk). Use of the Mayor of London's Healthy Workplace Charter by organisations in Lambeth could also ensure that organisations are using an evidence-based approach to any broader health at work programmes.

What's happening at the moment?

Twenty-seven London councils have signed up to use or promote the Mayor of London's Healthy Workplace Charter. One of its main aims is to increase the number of employers using best practice and proven interventions to reduce work-related ill health and the flow of employees out of work. It can also support reduction in health inequalities because of the potential to reach population groups which are difficult to access through primary care, such as migrant workers, shift workers and, more broadly, men. Lambeth Council is currently working towards the Charter standards.

Lambeth Council hosts an annual business event (Lambeth Means Business) in partnership with the Federation of Small Businesses to demonstrate to SMEs the support on offer locally. For the last 2 years Public Health has supported the event.

The Lambeth Council Enterprise team also works alongside the Lambeth Food Partnership to offer business support and advice to new Lambeth food businesses as part of their Create Programme which aims to build a healthier and more sustainable food system in the borough.

What more can be done?

More needs to be done to support smaller employers. Public sector and larger employers should be urged to act as role model to other sectors and employers so that they can share resources and expertise. Larger private sector employers should be encouraged to use CSR programmes to support smaller organisations. The London Healthy Workplace Charter should also be adopted and promoted by all London local authorities.

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Local case study

Since 2011 Guy's and St Thomas' NHS Foundation Trust (GSTT) have been delivering their '5 Ways to a Healthier You' programme. As well as improving the health and wellbeing of staff, the Trust recognises the impact the programme has on better care for patients and carers, as well as working towards improvement of the health of the community. It also overlaps with other initiatives focused upon reducing sickness absence to 3%.

Options available to staff as part of the programme have included work-based smoking cessation services, access to physiotherapy, nutrition and dietary advice, and CBT services, exercise classes and walking groups. In addition, there have been improvements to staff facilities including cycle storage, gyms and the pool, and improvement of the healthy eating options provided to staff. An early evaluation report has suggested that staff highly rate the activities available to them. It also suggests that staff perceptions of their health and general wellbeing have improved.

Key messages

1 Housing is a key priority for public health as poor housing harms mental and physical health, impairs children's development and undermines neighbourhood cohesion and wellbeing.

2 Good quality housing, housing management, and housing advisory services make a substantial contribution to preventing and reducing health inequalities at all stages of the life course.

3 Tackling and preventing homelessness is an essential part of Lambeth's Housing strategy for 2012-2016. Public health will assist in delivering the council's holistic approach by brokering relationships with primary care services and other stakeholders.

The focus of public health work with housing will not be confined to homelessness. However, the current and predicted pressures make it a high priority since both tackling and preventing homelessness are paramount to improving health and reducing health inequalities.

Key recommendations

At this time, factors such as increases in rent and cost of living and the welfare reforms mean that more people struggle to find adequate, clean, safe, and warm housing and may be at risk of becoming homeless. From a public health point of view, the prevention of homelessness needs to be a key priority.

This prompts us to make the following recommendations:

1. Homeless prevention services should aim to reach out not only to those seeking statutory assistance but also to others whose situation is critical because they are living in unstable or unsuitable accommodation with substantial housing need.

2. Pathways aimed at tackling homelessness and related health inequalities require new working relationships and referral pathways between the housing department and many other partners across the council. Partners in the Registered Social Landlord (RSL) sector, private landlords, the NHS (both primary and community care and the acute sector), and voluntary sector can also make a strong contribution.

What's the issue?

Poor housing is strongly associated with poor health and psychological distress. Secure and good quality homes will lead to improved health. The relationship between housing and health is complex and researched widely. A recent review of literature highlighted that improved health is most likely when the housing improvements are targeted at those with poor health and inadequate housing conditions, in particular inadequate warmth[1]. Improved health may also lead to reduced absences from school or work.
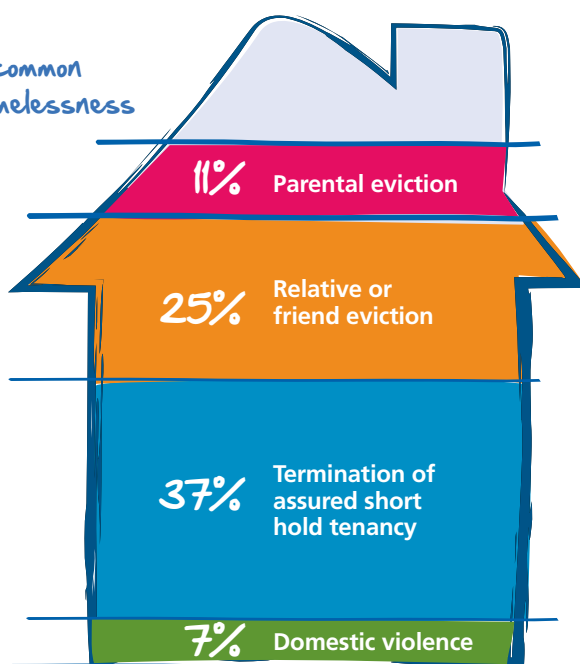
Improvements in energy efficiency and provision of affordable warmth may allow householders to heat more rooms in the house and increase the amount of usable space in the home. Greater usable living space may lead to more use of the home, allow increased levels of privacy, and help with relationships within the home.

Homelessness

In the last few years, a shortage of affordable homes and rising rents in the private rented sector have made it more difficult for authorities to find sustainable solutions for rough sleepers and households threatened with homelessness, leading to longer stays in temporary accommodation (TA). However, providing nightly paid TA has also become much more expensive.

In Lambeth, in 2013-14, 704 households were accepted as statutorily homeless. The main reasons cited were:

A study commissioned by Shelter[4] found that interviewees identified several factors contributing to their homelessness, rather than a single cause. Family conflict/relationship breakdown was the most common factor (68%), however drug (31%) and alcohol (28%) problems and mental health problems (19%) played a significant role.

Although it is not shown in the official statistics, we know from a study commissioned by Shelter[1] that interviewees identified two to three factors contributing to their homelessness, emphasising the fact that homelessness cannot usually be attributed to a single cause. Family conflict and relationship breakdown was the most common factor given (68%), however drug (31%) and alcohol (28%) problems and mental health problems (19%) also played a significant role.

Overcrowding

Lambeth has high levels of overcrowding, affecting 17,207 households in total, with 11.1% of households lacking one bedroom, and 2.1% lacking two bedrooms.[3] While this puts Lambeth in a central position in comparison to other inner London boroughs, it means that there are still a large number of people whose health is detrimentally affected by overcrowding and who are at a higher risk of homelessness. There is also likely to be a high number of "hidden homelessness", or multi-family occupancy of one-family households, for which we do not have official data.

The four most common reasons for homelessness in Lambeth:

- 11% Parental eviction
- 25% Relative or friend eviction
- 37% Termination of assured short hold tenancy
- 7% Domestic violence

What can we do about it?

Nationally, there is a wide array of evidence-based interventions which contribute to homelessness prevention. These approaches currently used in the council and nationally can serve for public health to inform health and social care agencies about options available, and promote new ways of cross-organisational working.

What's happening at the moment?

The council is already working to prevent and address homelessness. In 2013/14, Lambeth prevented homelessness for 1169 households, of which 489 remained in their home and 681 found alternative accommodation. Of those that remained at home, Lambeth Council helped in the following ways:

- Mediation: 38 households helped
- Conciliation: 192 households helped
- Financial payment from a homeless prevention fund: 20 households helped
- Resolving rent or service charge problems (DHP): 25 households helped
- Sanctuary scheme measures for domestic violence: 114 households helped
- Crisis intervention: 29 households helped
- Negotiation or legal advocacy: 15 households helped
- Other assistance: 39 households helped

The 681 households that found alternative accommodation were helped in the following way:

- Hostel or HMO placement: 10 households helped
- Private renting scheme (PRS) with a landlord incentive scheme for families: 158 households helped
- PRS – Move On scheme: 77 households helped (This scheme helps people move from supported accommodation into private renting when no longer required, freeing up bed spaces for others).
- Deposit guarantee scheme (bond): 16 households helped
- Accommodation with family or friends: 27 households helped
- Supported housing placement: 366 households helped
- Social housing Part 6 (Housing Register) or 'Other': 27 households helped

The following services also help residents to stay in their current accommodation:

- Lambeth Housing Options & Advice Service
- ACS – Adult's and Community services/ Broadway Assessment Centre
- SLAM – South London and Maudsley NHS Foundation Trust
- The mental accommodation service
- The Single Homeless Project

Lambeth was recently successful in a bid to the Big Lottery Fund for its Early Action Project (LEAP). This will operate for ten years in four wards selected on the basis of their high levels of deprivation. As overcrowding is a known risk factor for poor health and social and emotional outcomes for children, finding ways of addressing it will be included in the project. This will also help to reduce accidents and unintentional injuries, improve the wellbeing and sleep of children and their families and give children more space to play in safe conditions.

What more can be done?

The following actions could be taken:

- Greater awareness-raising in local agencies about how housing services can assist people at risk of homelessness.

- Addressing the lack of co-ordination and information-sharing between housing, health and social care services in identifying those at risk of needing support to prevent them losing their home.

- Ensuring that households in temporary accommodation are linked into relevant health and social care services and other support networks to help them maintain their tenancy.

- Improved partnership working and liaison regarding strategy development for tackling homelessness, with induction training for relevant council and NHS staff on homeless protocols.

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Key messages

Food poverty is defined as 'the inability to afford or have access to healthy food'[†].

1 The people most likely to be in food poverty are older people, people with disabilities, households with dependent children or someone who is unemployed, and members of black and minority ethnic groups.

2 Food poverty causes poor physical and mental health and contributes to heart disease, diabetes and strokes. For children, food poverty can lead to malnutrition, and is linked to obesity, low levels of vitamin D, and stunted growth.

3 Inequalities in diet caused by food poverty can also lead to inequalities in health and life chances.

4 Food poverty generates very significant costs to public services, especially health services. For example, it has been estimated that malnutrition costs the UK's health services up to £7.4 billion a year.

Key recommendation

To have a co-ordinated and strategic system to identify those most likely to be at risk of food poverty and to ensure individuals and families at risk are signposted to the appropriate support services.

[†]Taken from Choosing a better diet: a food and health action plan, Department of Health, 2005

What's the issue?

Food poverty is on the increase locally and nationally. One of the manifestations of food poverty can be seen in the increased use of food banks. There are multiple drivers to this problem, they include: low income, welfare reform, rising food prices, rising energy cost and food deserts.

People on low incomes eat more processed foods which are much higher in saturated fats and salt. They also eat less variety of foods. This is related to economies of scale and fear of potential waste.

A Lambeth study into food suggests that 27% of food bank users had no recourse to public funds. It also suggested that Black and Minority Ethnic communities (BME) were over-represented.

What can we do about it?

Food poverty is a complex economic and social phenomenon. Addressing it will require a co-ordinated and strategic public, private and voluntary sector response.

Statutory, voluntary and the private sectors should join efforts and increase access to nutritious foods both in and out of school term-time through our community kitchens, food growing projects, local food businesses and voluntary organisations which offer food to vulnerable families. School settings can also play an important role, using innovative approaches, for example, the use of art and enterprise to encourage young people to eat a nutritious diet.

Partners should work together to identify those at risk of food poverty and seek to address the root causes, for example improving access to benefits and finance advice, affordable healthy food and support for appropriate housing and living conditions.

What's happening at the moment?

Public Health has carried out an extensive review of the evidence around food, looking at the whole food system[*]. One of the emerging themes identified by the review as a local priority is to address food poverty and access to affordable, nutritious and safe food.

Development of a Lambeth Food Partnership and co-produced food strategy

The Lambeth Food Partnership was established in 2013 and is the first such formal food partnership in London. It includes representation from across public sector agencies and grass roots organisations and aims to address all aspects of the food system including food poverty.

Food poverty workshop

A workshop about how to tackle food poverty was organised for Lambeth and key front line workers were invited to attend. They included: welfare advisors, crisis loan officers, housing support officers, food bank staff and other advisers working with vulnerable client groups.

Cooking on a budget

Food workers collaborate with Children Centres, providing practical sessions on shopping, preparing and cooking healthy recipes for parents and children. Participants can taste and eat as well as share learning and experiences around healthy eating

Lambeth Food Flagship Borough

Lambeth was successful in its bid to become a London Food Flagship Borough and this will bring additional support and resources. As a Flagship borough we will be implementing programmes to address inequalities and child hunger.

What more can be done?

We will be piloting a Child Hunger Programme. This aims to establish interventions for vulnerable children and families. It will focus on early years, schools, community and street settings and provide universal access to breakfast clubs, cook and eat sessions, shopping on a budget, food growing projects, socialising, tasting and learning about different cultures and foods. A food poverty co-ordinator will be working with the families to identify and implement sustainable solutions to tackling their different situations. The learning from the evaluation of this programme will help to build local evidence and inform effective implementation of programmes in Lambeth to address Food Poverty.

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[*]The Food System is defined as all the structures, activities and connections relating to how food is produced, processed, procured, distributed and consumed and the impact this has on individuals and the community.

Local case study

A mum of European national Spanish heritage attended the Lambeth Norwood Foodbank seeking support. She was pregnant and struggling with just £20 left while issues with benefits were sorted. She was struggling to feed both herself and to nourish her unborn baby.

Staff at the foodbank were able to support her not only with food but also once baby was born helped her with essential baby supplies. Through the foodbank this mum also got advice around benefits and support for getting back to work when her baby was three months old. She is now working and able to support herself, baby and husband who is also trying to get work.

2.0 Our children, our families, our community

In this section we look at the impact of early interventions and universal care pathways from conception to early childhood, improving the health and well-being of children and young people and the impact of building better social relationships in the community.

2.1 Maternity and early years

Key messages

1. Illness prevention and early intervention services are particularly important for pregnant women, babies and young children, contributing to better health in adulthood and helping to break the cycle of health inequalities.

2. This approach requires a strong universal care pathway from every baby's conception through to early childhood, identifying a wide range of risks and needs and offering timely provision of effective local services.

Key recommendation

Lambeth's universal pathway for children from conception to early years should be strengthened, using the London Maternity Standards and the enhanced Healthy Child Pathway, to ensure our service provision is fair for all and appropriate for everyone's needs.

What's the issue?

There are inequalities between Lambeth's pregnant women which are known to have a detrimental impact on the lives of babies and their parents. This includes obesity, higher infant mortality rates, domestic violence, and mental health needs among certain population groups.

For example, local data suggests that obesity in pregnancy varies considerably in different ethnic groups (around three-fold), and reviews of all child deaths show that about 26% are preventable, higher than the national rate. (20%)[1, 2].

Vitamin D deficiency is another important area where there is inequality. It is more widespread in children from low-income families and Black and Minority Ethnic (BME) families, which make up a large proportion of Lambeth's population. The Chief Medical Officer estimates vitamin D deficiency at about 20-40% of young children. The deficiency is not always spotted, resulting in poorer health outcomes in pregnancy and early childhood.[3]
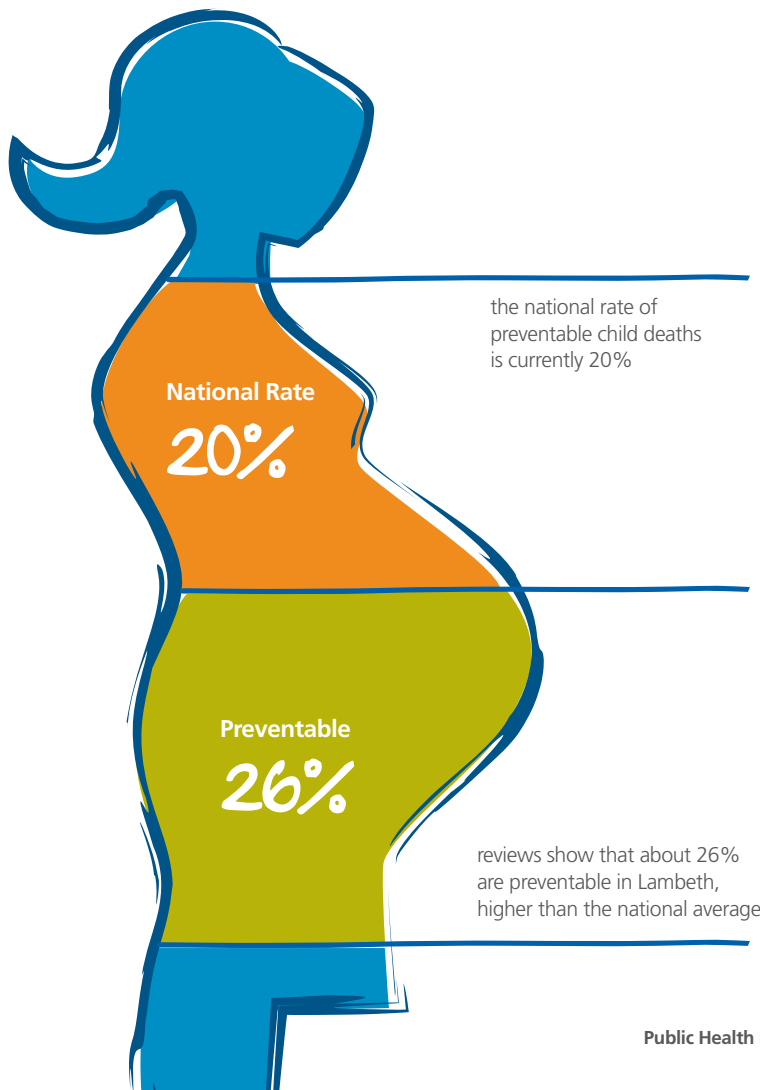
What can we do about it?

The Marmot Report, 'Fair Society, Healthy Lives', makes recommendations to address health inequalities in early childhood, summarised below[4]:

1. Allocate more of the budget to the developmental needs of young children and make sure spending is highest in population groups where the need is greatest.

2. Support families to achieve ongoing improvements in their young children's development by:

- Giving priority to women before and immediately after the baby's birth including intensive home visiting

- Providing paid leave for parents in the first year of every baby's life, with a minimum income to enable healthy living

- Giving routine support to families through parenting programmes, children's centres and key workers, to meet social need via outreach to families

- Supporting children and families through the transition to school.

3. Provide good quality early years education and childcare fairly across the whole population, using evaluated models and must meet quality standards. This should be combined with outreach to increase the take-up by children from disadvantaged families.

the national rate of preventable child deaths is currently 20%

National Rate

20%

Preventable

26%

reviews show that about 26% are preventable in Lambeth, higher than the national average

What's happening at the moment?

Lambeth Council and the NHS are currently working in the following areas to address the health inequalities outlined on the previous page:

1. A review of maternity services in Lambeth using the London standards[5]. This also forms part of the South East London Maternity Commissioning Strategy.

2. A Lambeth-wide Vitamin D supplement programme for pregnant women and children aged under 4 years old. Midwives and health visitors issue cards to parents to exchange for supplements, freely available from participating pharmacies.

What more can be done?

The following initiatives could be introduced to strengthen and build on Lambeth's existing work, designed to tackle health inequalities:

1. Improvement of the detection and treatment of mental health disorders in new mothers.

2. Provision of evidence-based parenting support to families at a level which meets their needs.

Local case study

LEAP (Lambeth Early Action Partnership)

This is a ten-year multimillion pound programme. It aims to improve outcomes in three areas (social and emotional, diet and nutrition, communication and language), from a baby's conception up to the age of 4, through integrating care across health, children's services, social care, the voluntary sector and others.

References

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Key messages

1   Schools are a key setting for forming and changing the health behaviours of young people, resulting in improved long-term health and wellbeing.

2   As the Children and Young People's Partnership, we need to continue to engage and challenge schools to champion young people's health and wellbeing.

Key recommendation

Further engagement with head teachers and school governors to develop a sustainable strategy which encourages young people to make healthy lifestyle choices to improve their overall health and wellbeing.

What's the issue?

Education is an important influence on the health of people and communities. Improving the educational outcomes of the most disadvantaged has the potential to make a positive impact on health inequalities.

Lambeth has a young and diverse population. A larger proportion of children under 16 live in poverty compared to England, and the rate of family homelessness and the number of first time entrants into the youth justice system is higher, too. Lambeth children and young people have higher rates of obesity than the English average (see figure below):
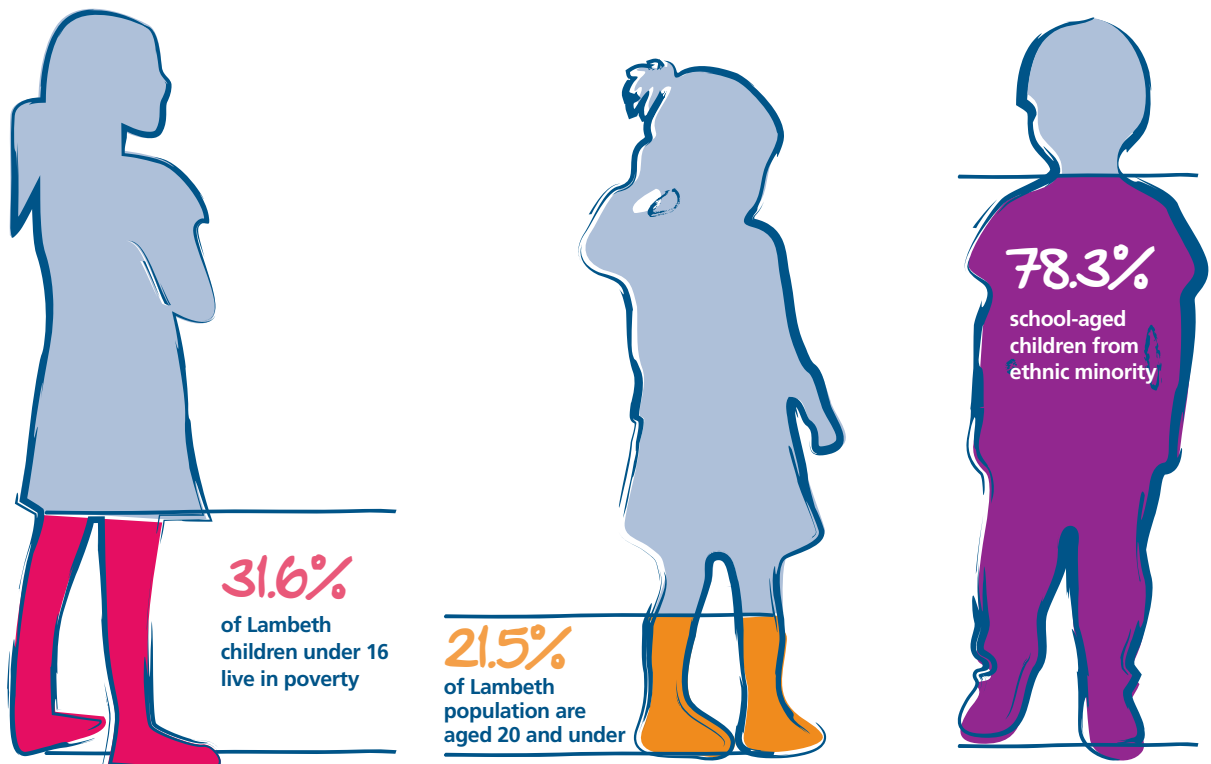
There is also:

- unmet need around mental health and wellbeing
- poor sexual health
- an increase in levels of long term conditions

We know that these inequalities are linked to deprivation and ethnicity, so our interventions should target the specific needs of these groups.

Many health behaviours and problems are initiated in adolescence and track into adulthood. Half of lifetime mental illness starts by age 14, eight out of ten adult smokers started as teenagers, and eight out of ten obese teenagers become obese adults.

For this reason, it is crucial that the council adopts 'Whole School' approaches. Current Government policy encourages schools to focus on pupils' academic attainment. Personal, social, health and economic education (PSHE) is not a statutory subject and could therefore be regarded as less important in the curriculum. Despite this, many schools do value the health and well being of pupils, but may lack the expert knowledge to deliver a diverse programme, for example, around sex and relationships or drugs and alcohol.

31.6%
of Lambeth children under 16 live in poverty

21.5%
of Lambeth population are aged 20 and under

78.3%
school-aged children from ethnic minority

What can we do about it?

Research highlights that young children with higher levels of emotional, behavioural, social and educational wellbeing tend to achieve better academic results in school, and are more engaged, both in early years and in the future.(DFE, 2012).

Lambeth Council should support schools to develop a 'Whole School' approach to health and wellbeing. Research has indicated that this will be cost effective in the longer term.

The offer should include an integrated education programme which covers:

- sex and relationships
- drugs, alcohol and tobacco
- emotional health and wellbeing including anti-bullying work
- tackling violence and development of non-violent relationships
- food, nutrition and weight management.
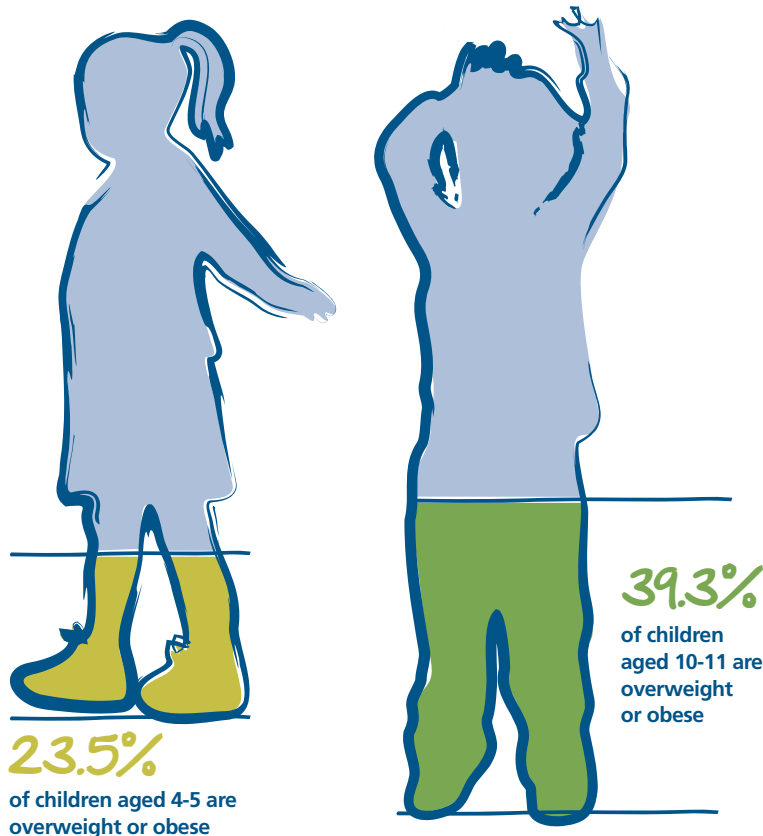
What's happening at the moment?

Lambeth is committed to supporting schools to improve the health and wellbeing of school aged children. Primary and secondary schools are encouraged and supported to register and be accredited by the Healthy Schools London Awards.

The Lambeth Healthy Schools Partnership commissions a Health and Wellbeing programme which is offered to all primary and secondary schools. The programme covers:

- sex and relationships education (SRE)
- drug, alcohol and tobacco education (DATE)
- emotional wellbeing
- nutrition and healthy lifestyle (in primary schools)
- violence-related issues.

This programme is well received, with the majority of primary schools and all secondary schools engaging in some elements of the programme over the last three years.

The Partnership has also funded a Continuing Professional Development Programme in PSHE with a focus on SRE for teachers and school nurses. This improves quality and increases capacity for PSHE in schools.

The Schools and Students Health Education Unit (SHEU) survey, which assesses pupils' health behaviour, is undertaken every two years. The outcomes inform work around PSHE and the health and wellbeing programme.

What more can be done?

The Children and Young People's Partnership needs to extend its strategic leadership role and work with headteachers and governors to address young people's health and well being issues.

The Partnership should also develop a more co-ordinated approach to address the emotional and mental health needs of young people in schools.

39.3%
of children aged 10-11 are overweight or obese

23.5%
of children aged 4-5 are overweight or obese

References

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Key messages

1 The quality and quantity of social relationships are linked to mental wellbeing, ill health and deaths in a population with resulting health inequalities.[1, 2]

2 Good social relationships are as beneficial to health as quitting smoking. Resilient communities with a core of strong social relationships do better in the face of adversity and austerity[1].

3 People on lower incomes are more likely to be affected by low levels of social participation.

4 The public sector has a role to play in strengthening people's social networks through one-to-one work, community development and planning new public spaces[3].

Key recommendation

Reducing social isolation and improving social relationships and community development should be made policy priorities and be part of future Health and Wellbeing strategies.

What's the issue?

Social relationships have been damaged by cultural and economic trends in the UK. Population mobility, long working hours, distance from immediate family, perception of safety, culture of self-reliance, fast paced city living, 'gentrification,' inequalities between different social groups and tensions between others all play their part.[4]

There are certain groups which are less likely to have good relationships and have poor social networks resulting in inequalities which impact on their health and wellbeing:

- Retired and older people are particularly at risk
- Unemployed people twice as likely not to know anyone in a position of influence[3,5]
- People living in poverty[5]
- Men compared to women
- People with mental health problems, learning disabilities, ex offenders, new migrants, BME communities, people with disabilities and high users of social care.

A poor network of relationships has been shown to result in the onset and persistence of conduct problems in children[6].

The current austerity measures are likely to make the situation worse.

The Five Ways to Wellbeing

are evidence based ways to improve mental wellbeing that is to help individuals and communities to feel good and do well. The 5 ways are:

1. Connect; keep in touch with friends, family and community. Make friends throughout life.

2. Be active; keep fit and active every day with whatever you enjoy

3. Take notice; take time to appreciate the world around you. Be mindful.

4. Keep learning; keep your mind active, maintain and learn new skills. Pursue your interests throughout life

5. Give; be kind, say thank you, give back, volunteer

For more information see www.neweconomics.org/ issues/entry/well-being

What can we do about it?

The evidence base for interventions which foster good social relationships is growing.[7]

The following have proved effective:

- Encouraging the use of 'Five Ways to Wellbeing' – particularly 'Connect' and 'Give'
- Parenting support
- Whole school approach to emotional health and wellbeing
- Health and wellbeing strategies and interventions at work, for example, team social events, sports activities, reading groups
- Fostering support and exchange through informal neighbourhood connections, for example, befriending, Men's Sheds, timebanking, reading groups, free community festivals[8]
- Building neutral social space into regeneration projects
- Promoting use of technology to encourage social connections.

What's happening at the moment?

There are extensive and varied events and activities in Lambeth for people of all ages and interests to follow their passions, learn new skills, make friends and give back to their community. Many of these are run by individual communities or organisations but many others are the result of partnership and collaboration between statutory, voluntary and community organisations. Some activities are specifically aimed at improving social relationships in line with the evidence-based strategies mentioned above including:

- Vauxhall Gardens Estate (Well London)
- Building communities in Coldharbour (London Community Foundation)
- Ageing Well Partnership
- The Reader Organisation – read aloud groups
- Community festivals: Brixton Splash, Lambeth Country Show, West Norwood Feast, Streatham Festival
- 1-4-1 Time bank partnership
- TOPAZ preventative social care team
- Lambeth Living Well Collaborative

28%
All of the time

49%
Often

18%
Some of the time

4% Rarely
1% Not stated
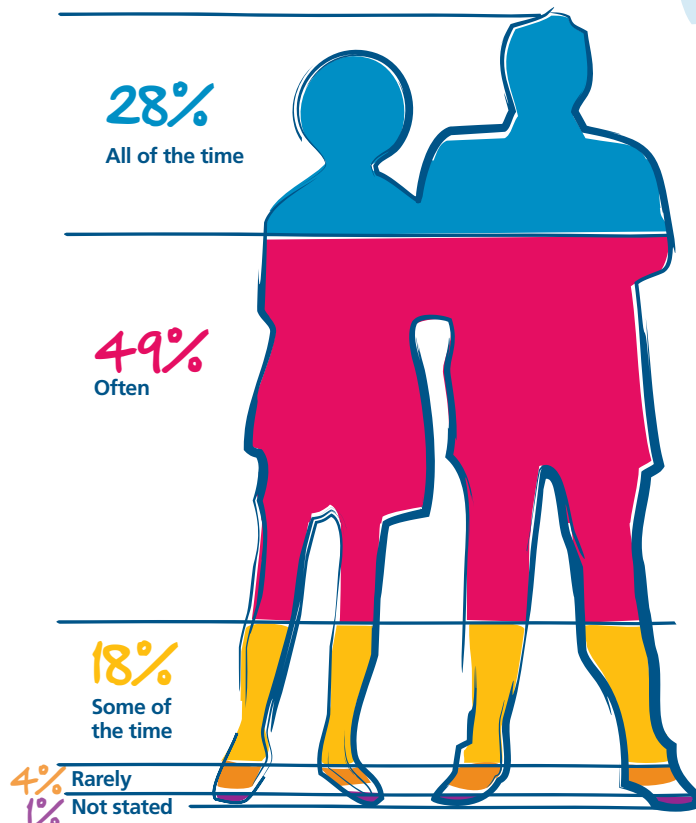
Result from Lambeth resident's survey when asked if they had felt close to other people in the last two weeks.

What more can be done?

Whilst there are a large number of initiatives and Lambeth is an energetic and exciting borough with strong social and cultural community relationships there is always scope to improve what is happening when it comes to addressing health inequalities.

It is also important to recognise the contribution of community activities which enhance social networks and cohesion. For example, community arts projects, local community festivals and free activities in libraries.

Public servants should strive to build and sustain relationships with citizens, clients or patients, their families, carers and friends, and to help people to make new connections.

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Local case study

Building communities in Coldharbour

This is a community development programme for every stage of people's lives, created with the aim of empowering residents and making the most of all the assets to be found in Lambeth.

It includes support for women to get into work, engaging young people in education and learning, a community challenge fund, Loughborough women's group, community fun days, welfare advice, film projects and gardening.

The Loughborough Women's group has been running for three years. It provides an accessible base for isolated women, support with self-development and mindfulness, and trips out.

"Working as a community we are bigger and we can get things done one way or another"

Segan Ghebrekidan, community organiser

INCOME, WORK, HOUSING AND ENVIRONMENT

OUR CHILDREN, OUR FAMILIES, OUR COMMUNITY

STAYING HEALTHY

Tobacco Control
Alcohol and Substance Misuse
Healthy Weight
Physical Activity
Sexual Health and HIV Prevention

PRIMARY CARE

In this section we look at some of the most important lifestyle factors which impact on health and some of the ways in which our work can mitigate against resulting health inequalities.

3.1 Tobacco control and smoking

Key messages

1 Smoking is the single largest preventable cause of poor health and health inequalities in Lambeth, so to address this must be a priority.

2 A comprehensive evidence-based tobacco control approach is necessary to reduce the high levels of smoking. This includes tackling illegal sales, and measures to prevent people from taking up smoking, helping them to stop and protecting others from second hand smoke.

3 Shisha use, particularly among children and young adults, is a growing public health concern.

4 A recent Health Equity Audit revealed that although those from BME communities and deprived areas made use of the stop smoking service they were less likely to quit within 4 weeks.

Key recommendation

Referral pathways for smoking cessation need to be developed for priority groups, such as those with long-term conditions and mental health issues. These should be implemented along with measures to increase quit rate, prevent relapse and promote targeted community action against illegal sales, to particularly benefit those from disadvantaged groups.

What's the issue?

In Lambeth, 21.3% of people smoke, similar to the national and London averages.[1] Tobacco use is associated with a number of demographic factors and well-recognised negative health effects. Health inequalities result from exposure to tobacco smoke. The use of evidence-based approaches is required in order to tackle these effectively.

There is a strong link between tobacco use and those from lower socio-economic groups. 31.7% of people with routine or manual occupations smoke, which is higher than in the general population. As a result, smoking accounts for over half of the difference in risk of premature death between social classes. Death rates from tobacco are two to three times higher among disadvantaged social groups than among the better off.[1]

Aside from associations with deprivation, several other population groups are affected differentially by tobacco use.

Smoking during pregnancy significantly increases the risk of miscarriage, stillbirth, and cot death.

- Approximately 4.4% of pregnant women are recorded as smokers[1]

- Women in low-paid jobs are three times more likely to smoke during pregnancy as professional women.

- Children born to mothers who smoke are much more likely to smoke themselves.
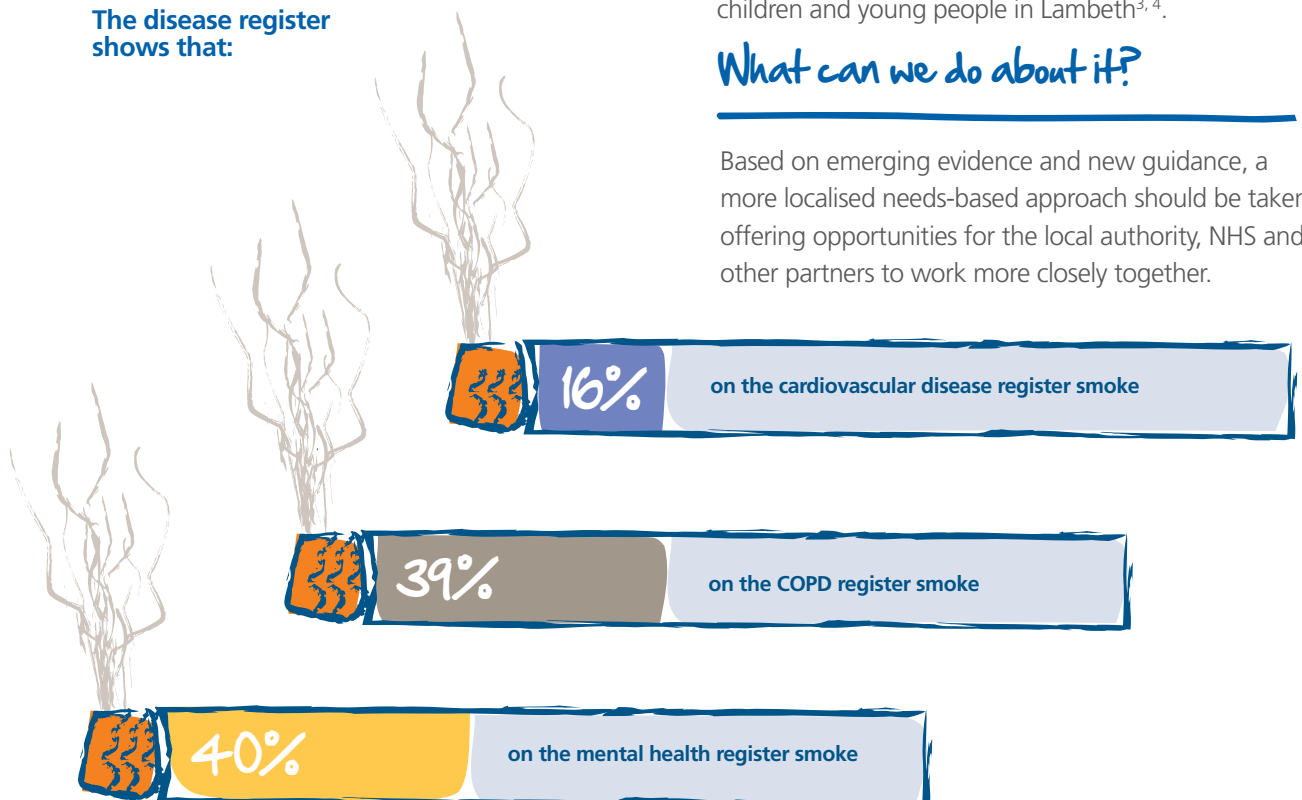
The disease registers show that:

- 40% on the mental health register smoke
- 16% on the cardiovascular disease register smoke
- 39% on the COPD register smoke.

In Lambeth there are further concerns associated with tobacco use, such as the use of illegal cigarettes and shisha. 1 out of every 7 cigarettes smoked in Lambeth is illegal[2]. In addition to health risks, illegal tobacco is often associated with crime and gang activity and a loss in tax revenue.

Alarmingly over the last two years there has been a 23% self-reported increase in the use of shisha by children and young people in Lambeth[3, 4].

What can we do about it?

Based on emerging evidence and new guidance, a more localised needs-based approach should be taken, offering opportunities for the local authority, NHS and other partners to work more closely together.

The disease register shows that:

16% on the cardiovascular disease register smoke

39% on the COPD register smoke

40% on the mental health register smoke

What's happening at the moment?

The Lambeth and Southwark Tobacco Control Alliance, with representatives from the statutory and non-statutory sectors, continues to promote an evidence-based tobacco control approach.

In 2013-14, 4373 people made use of the stop smoking service, of whom 1724 still didn't smoke after 4 weeks.[5] Stop smoking support is also currently being offered through 51 GP practices, 61 pharmacists, specialist services and SLAM.

An action plan is being developed as a response to the intelligence-gathering exercise around shisha and illegal tobacco sales[6]. Priority areas of work include joined-up enforcement across councils and improved local intelligence-gathering, making use of the crime stoppers number, training and communication.

What more can be done?

More targeted support for those from disadvantaged groups is required in order to tackle smoking. Priority groups would include black and ethnic minority groups, the unemployed, those with long-term conditions and mental health issues.

Local case study

Water pipe tobacco smoking is commonly known as shisha and has grown in popularity across the UK. UK-based shisha research is currently limited. However, evidence reveals that twice as many young people use shisha as those who smoke cigarettes.[7] The Department of Health has recognised that shisha is a health risk warranting attention.[8]

The South East London Illegal Tobacco group commissioned work to find out the local use and awareness of shisha. In Lambeth, 211 people were interviewed:

- 69% were aware of shisha
- 32% stated they had smoked shisha
- 12% stated they had smoked shisha in the last year.

This is evidence that shisha is a growing concern. The South East London Illegal Tobacco group seeks to collaborate with Public Health England and other partners to create an effective strategy to reduce the uptake.[9]

References

1 Public Health England (2014). Local Tobacco Control Profiles for England. Available at: http://www.tobaccoprofiles.info/profile/tobacco-control/data [Accessed 13th October 2014]

2 Power G. Illicit Tobacco in South East London: a survey of smokers. 'Tobacco, Crime and Health Inequalities in South East London'. The South East London Illegal Tobacco Cluster, April 2013. Available at: http://www.southwark.gov.uk/downloads/download/3572/illicit_tobacco [Accessed 13th October 2014]

3 Lambeth Clinical Commissioning Group (2012). Supporting the Health of Young People: A summary report of the Health related Behaviour Survey.

4 Lambeth Council (2014). Supporting the Health of Young People: A summary report of the Health related Behaviour Survey.

5 Health and Social Care Information Centre (2014). Lambeth Stop Smoking Services Return 2013-14.

6 Tackling Illegal Tobacco in your communities 2012 Fresh and Tobacco Free Futures

7 Jawad M. Public Health Implications of Shisha Smoking in London. Department of Primary Care and Public Health Imperial College London, 2013.

8 Department of Health (2011). Healthy Lives, Healthy People. A Tobacco Control Plan for England.

9 Power G. Shisha Smoking in South East London: A Cross Population Survey of Shisha Use and Awareness in South East London, 2014.

Key message

1 People who misuse drugs and alcohol come from a variety of backgrounds, but those who live in deprived communities are more likely to experience the harms associated with substance misuse than those from more affluent areas.

Key recommendation

We need to investigate whether existing interventions and services designed to prevent and reduce harm and treat substance misuse are actually reaching those most likely to be affected. We also need to ensure that the services follow the National Institute for Health and Care Excellence (NICE) guidelines shown to be effective and good value for money.
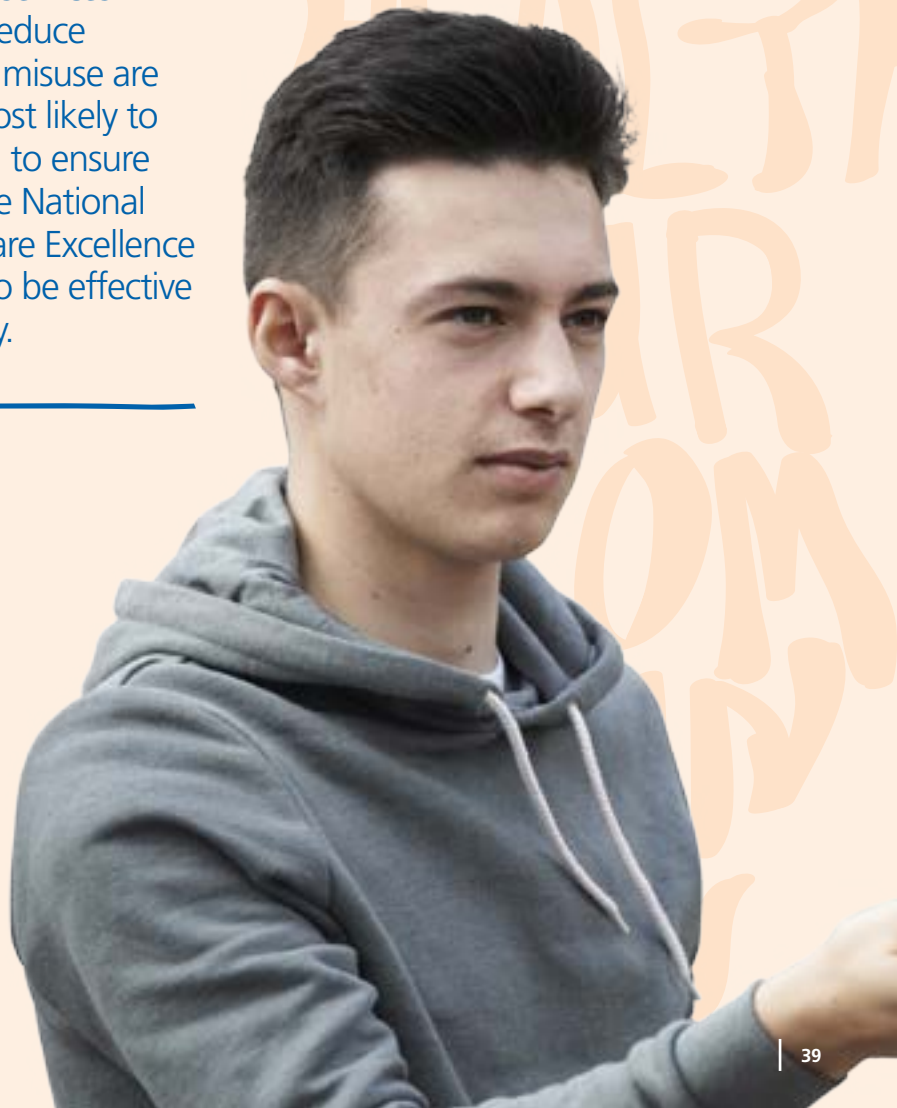
What's the issue?

Alcohol

After smoking, alcohol is the second biggest preventable killer. Alcohol misuse has been linked with a range of health and social harms. If you drink too much in one session you are more likely to suffer from bad moods and to end up in A&E or a police cell, while regular alcohol consumption can lead to heart disease, stroke, liver disease and certain types of cancer.

Alcohol consumption is highest in the most affluent groups who drink more often but in smaller amounts. However, alcohol-related harm is greatest in the least affluent groups.

Figure 1 shows the strong relationship between deprivation and alcohol-related harm. Those local authorities, with relatively high levels of deprivation, such as Lambeth have higher rates of alcohol attributable hospital admissions.

Drugs

There is a well-recognised link between poverty and drug misuse. Vulnerable individuals who live in deprived communities or are part of disadvantaged families are more likely to be affected by problem drug use.

Figure 2 shows that those areas with relatively high levels of deprivation, such as Lambeth, have higher rates of problematic drug users – users of opiates and/or crack cocaine.

What can we do about it?

There is a wealth of evidence about what works well. NICE has collated this information to provide national guidance on how we can effectively reduce and prevent harm and provide treatment for people with substance misuse problems. These guidelines can be roughly divided into 'preventing harm', 'reducing harm' and 'treatment.'

Figure 1

Hospital episodes with alcohol related conditions (persons) 2012/13 Vs IMD 2010

$R^2 = 0.692$

- Lambeth
- Southwark

Figure 2

Estimates of problem drug use (PDU): aged 15 to 64 (2006/07) Vs IMD 2010

$R^2 = 0.5919$

- Lambeth
- Southwark

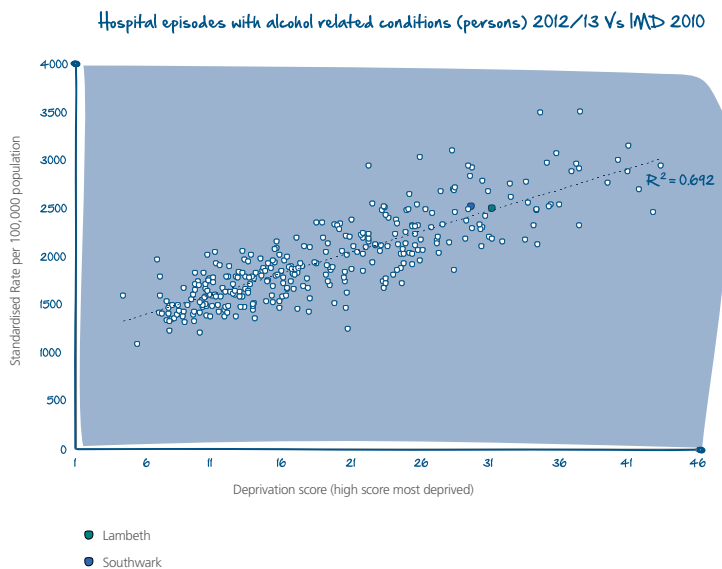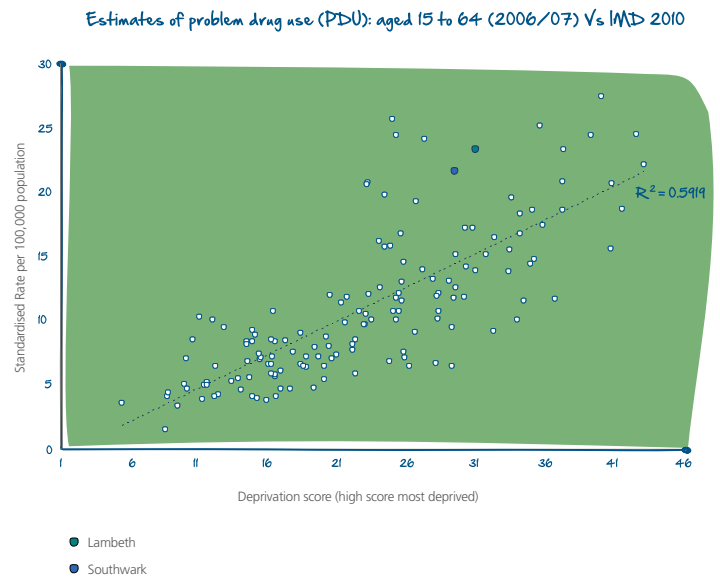**References**

This report heavily references Bambra C, Joyce K and Maryon-Davis A (Prepared on behalf of Task Group 8) Strategic Review of Health Inequalities in England post-2010 (Marmot Review) Task Group 8: Priority public health conditions Final report (May 2009).

[1] Gilchrist G, Radcliffe P, Keen J et al. Physical Health Audit of Substance Misusers in Lambeth, July 2014)

What is happening at the moment?

There is a large amount of work taking place across Lambeth to prevent and reduce harm, and provide high quality treatment to those experiencing alcohol and drug-related problems.

Preventing harm

Managing availability, particularly in those areas which already have a high density of alcohol outlets, is an important way to reduce alcohol-related harm. New arrangements in licensing mean that the Director of Public Health can now submit evidence to inform local licensing decisions. A successful pilot in Lambeth (see case study below) has highlighted the important contribution of public health data in this initiative.

Reducing harm

Identification and brief advice (IBA) is the delivery of 'simple structured advice,' following recognition of someone's alcohol issue. It has proved to be an effective intervention to encourage less drinking among people whose alcohol consumption is at risky levels. Approximately 50,000 local residents could benefit from this approach. A wide range of activity is taking place to increase and improve the delivery of IBA across Lambeth, particularly in primary care settings where it has been shown to be effective.

Treatment

Substance misusers are reported to have poorer physical health than the general population, with greater prevalence of infectious diseases, poor dental health and other long-term conditions. In collaboration with academic colleagues, we have undertaken an audit to understand how the physical health and health care of substance-misusing service users in Lambeth can be improved. We have identified eight recommendations for future commissioning[1].

What more can be done?

It is essential that we help people once they develop a substance misuse problem but we also need to make sure that we invest in preventing children and young people and adults from misuse in the first place. To support this approach, we need a better understanding of the financial as well as health gains that could be made from local investment in prevention.

Any prevention work needs to:

1. Look at drug and alcohol programmes and services to make sure they include all the actions recommended by NICE guidelines.

2. Ensure equal access to information and alcohol misuse services for population groups at higher risk of alcohol-related harm.

Local case study

Public health licensing pilot

Directors of Public Health now have the status of a 'responsible authority' under the Licensing Act, meaning they can submit evidence to inform local licensing decisions. A recent five month pilot funded Safe Social London Partnership (SSLP) to use public health data to inform licensing decisions in Lambeth. During the pilot, 53 applications were received. It was decided that for just over a quarter of applications (14, in total) health representations should be made to the licensing sub-committee.

Of the 12 representations heard by the sub-committee, 9 (75%) resulted in the license being refused, withdrawn or only granted dependent on conditions which reduced alcohol-related harm. Verbal feedback indicates that the Lambeth licensing sub-committee and the other responsible authorities welcomed the collaboration with, and representations from, Public Health.

The process developed by SSLP for the Lambeth pilot is being used by Public Health England as an example of best practice for national guidance. Lambeth Joint Commissioning Group has allocated money to fund a part-time post to lead on the delivery of Public Health input into local licensing decisions for one year. The impact of this post will be evaluated at the end of the allocated period.

Key message

1. The causes of obesity are complex, with many factors involved. Effective actions to address unhealthy weight will therefore require a strategic and whole system approach, delivered in multiple settings and with the involvement of a range of stakeholders.

Key recommendation

Given the multi-factorial and complex causes of obesity, addressing it will require a continued and long-term investment and support. Programmes delivered will need to include preventative measures as well as treatment services aimed at supporting individuals, communities and the wider environment to achieve and promote healthy weight.

What's the issue?

Childhood obesity is a growing concern locally and nationally. Childhood obesity can cause social, psychological and health problems. Overweight and obese children are more likely to:

- be ill
- be absent from school due to illness
- experience health-related limitations
- require more medical care than healthy weight children
- experience bullying and stigma, which can affect their self-esteem and may, in turn, affect their performance at school.
- become obese adults and have a higher risk of ill health, disability and premature mortality in adulthood.

The data from National Childhood Measurement Programme (NCMP) show that obesity levels in Lambeth children have been consistently higher than the London average, and significantly higher than the England average. Local authority level NCMP data from 2008/09 to 2012/13 were analysed by Public Health England. It revealed that although there is an increasing national trend among Year 6, Lambeth is the only local authority in England to show a sustained statistical decrease in obesity among Year 6 children. There has also been a significant reduced prevalence of obesity in Lambeth Reception Year children.

Nationally, the NCMP shows a strong relationship between deprivation and obesity among children in each age group. However, in Lambeth where deprivation is fairly widespread, significant differences between the most and least deprived are not as stark. Inequalities are more evident between certain ethnic groups, with children in Black ethnic groups having a significantly higher risk of obesity than those in Mixed, Asian, Other and White ethnic groups.

What can we do about it?

- Healthy weight requires a life course approach starting with obesity prevention from birth through the promotion of breastfeeding, healthy weaning and eating practices and physical activity in line with a child's development. Once children reach school age, the whole school environment should support healthy eating and activity behaviours for all. Reinforcing small positive changes into daily life can help maintain and achieve a healthy weight.

- Families who struggle to achieve a healthy weight should be supported with information and support from trained, multi-agency, front line staff and should be able to access appropriate, evidence based supportive services.

- In addition to targeted obesity prevention and treatment activities, the wider environment should be a place which promotes healthy eating and physical activity behaviours. For example, working in partnership with different communities and agencies to address the Food System* and enabling families, children and communities to have access to healthy, safe and affordable food. Also by working with Local Authority colleagues to make an active lifestyle easier for the local population through policies and planning to encourage active travel and planned physical activity sessions accessible to all.

* The Food System is defined as all the structures, activities and connections relating to how food is produced, processed, procured, distributed and consumed and the impact this has on individuals and the community.

What's happening at the moment?

In Lambeth we are taking a strategic and evidence-based whole system approach to tackling childhood obesity. We are implementing an innovative Lambeth Multi-Agency Healthy Weight Care Pathway. This consists of both preventative and treatment programmes. The programmes and services are reviewed, monitored and evaluated regularly to ensure that they are available to all those needing them, and that families and children are not disadvantaged because of language, ethnicity, religion, cultural practices and socio-economic background. For more information, please see the reference below.[1]

What more can be done?

Addressing obesity will require continued, long term investment and support. The review, learning and evaluation from the implementation of the Lambeth Healthy Weight Care Pathway should be used to inform future recommendations and local strategic decisions designed to address childhood obesity.

Case study one:

Capacity building of health and non-health practitioners working with Lambeth children and young families

To date, more than 650 health and non-health professionals working with children and young families have attended the Lambeth Level One Healthy Weight Training, aimed at building local capacity. As part of the training, participants are asked to complete a reflective log or journal, noting how learning from the training workshop has impacted on their practice. Feedback shows that as a result of the training, participants feel more confident to raise the issue of healthy weight with children and young families, provide advice and signpost to services.

Case study two:

Pilot Level Three Specialist Weight Management service

The Lambeth Level 3 Specialist Weight Management programme offers targeted support services to overweight and obese children with additional complex health and social needs. A mother who has made use of the service with her child noted:

"I wanted the healthier lifestyle for the whole family and we are now on board, but we have made the changes gradually. Even my Mum has become more aware of her own health".

References
[1] Lambeth Multi-Agency Healthy Weight Care Pathway for Children 0-11 years of age. For more information contact: Bimpe Oki and/or Vida Cunningham. Lambeth and Southwark Public Health Team.

Key message

1 Physical inactivity is a risk factor for at least 20 chronic diseases. Many of the leading causes of ill health and early death in Lambeth such as coronary heart disease, cancer and Type 2 diabetes could be prevented if more inactive people were to become active.

Key recommendations

1. The promotion of physical activity should be routinely incorporated into building, planning, social, transport, school and workplace strategies and policies. Policies should support people in being able to include physical activity in their everyday lives.

2. In adopting a whole population approach to increase physical activity, it is important to take targeted action moving those who are non-active to becoming active. This would include people with disabilities, younger women, older people and those living in deprived communities.
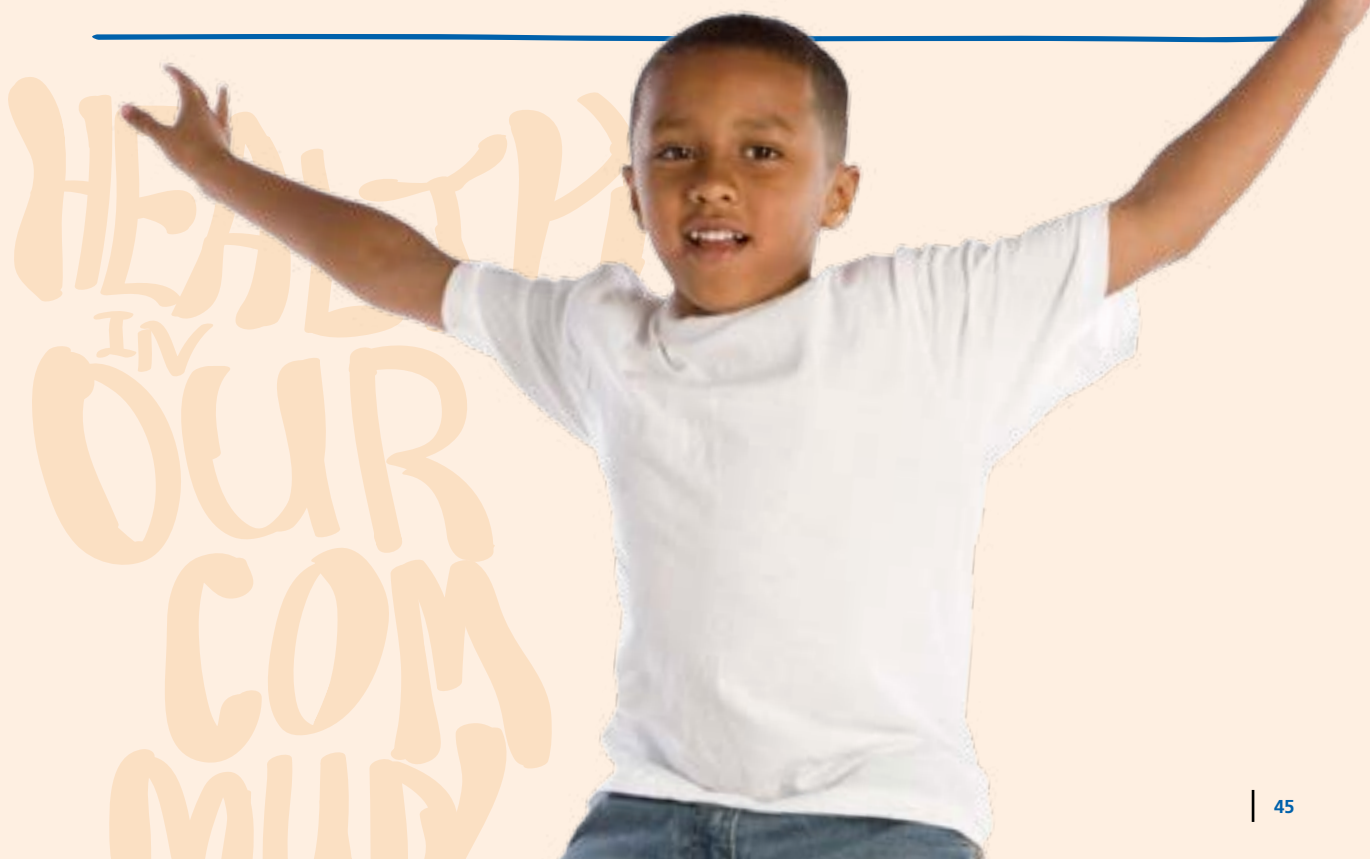
What's the issue?

Physical inactivity currently accounts for nearly one-fifth of premature deaths in the UK and is due to increase by a further 15% by 2030. Physical inactivity leads to an estimated 126 premature deaths a year in Lambeth. The annual health cost of physical inactivity is estimated as £4,861,940.[+]

To optimise the health benefits of exercise, it is recommended that:

- adults do 150 minutes of moderate physical activity a week in bursts of 10 minutes or more
- children and young people do 60 minutes a day being active
- under fives do 180 minutes a day

Approximately 66.3% of adults in Lambeth are active – doing recommended levels of physical activity – which is higher than the regional and national average. However, 21.2% are deemed to be inactive, doing less than 30 minutes a week.

The Active People Survey shows that 45.8% of adults in Lambeth participate in sport, again higher than the regional and national average. This however masks some significant inequalities, with men and those from the highest socio-economic status participating almost twice as much as women and those from the lowest socio-economic status.

Local data is fairly limited but it is likely that Lambeth reflects the national picture of girls, people with disabilities, the unemployed and those from black and minority ethnic groups being less active. Physical activity also decreases with age.
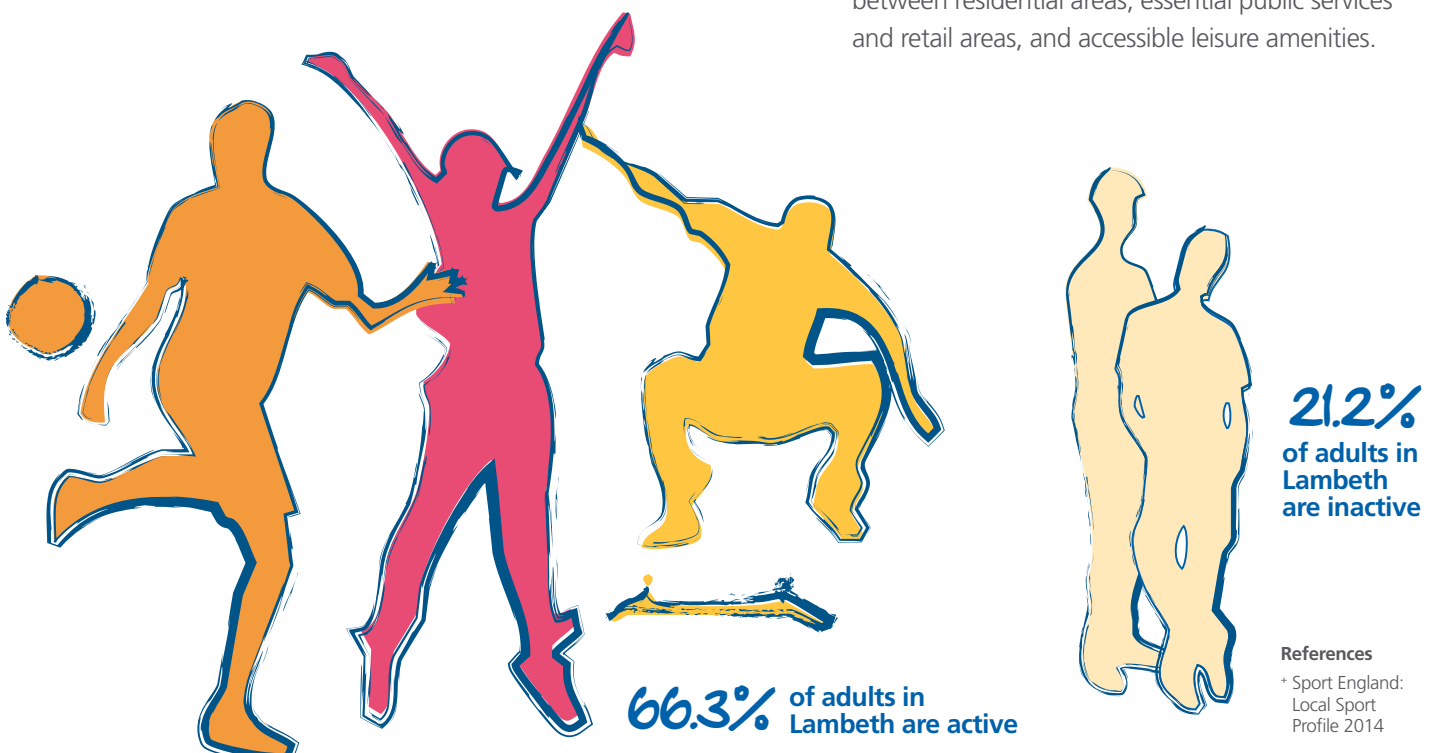
Physical activity benefits extend well beyond physical health and into many areas of life such as psychological and social wellbeing, community cohesion and employment. The estimated annual cost of inactivity to society including health care costs and losses in economic productivity is £14 million per 100,000 population in Lambeth.

What can we do about it?

Tackling population inactivity requires a whole system approach as there is no single intervention which will work on its own.

Evidence supports encouraging physical activity amongst children and young people. Good habits established when young can last a lifetime. Taking a whole school approach to promoting physical activity has been shown to be more effective than stand-alone interventions.

Increases in activity can be supported by designing environments which promote physical activity, including buildings, streets, and open spaces. For example, provision for cyclists, walking routes between residential areas, essential public services and retail areas, and accessible leisure amenities.

21.2% of adults in Lambeth are inactive

References
[+] Sport England: Local Sport Profile 2014

66.3% of adults in Lambeth are active

Behaviour change interventions such as motivational interviewing and brief advice from primary care are proven to work and have been shown to be especially cost effective.

In particular, walking has been shown to be a particularly good activity to promote as it is very accessible, and is an effective gateway into other physical activities.

What's happening at the moment?

Council leisure facilities and parks in Lambeth have seen significant capital investment in recent years, supporting the improved access to good quality leisure options including green open spaces and playgrounds.

Across Lambeth there is a rich and varied network of organisations which provide physical activity and sport opportunities. These include:

- traditional leisure services where you can turn up, pay, and go for a swim
- voluntary sports clubs
- organisations which use physical activity as part of their wider services, for example, youth groups, faith groups, disability organisations, Scouts and Guides
- social leagues for sports like netball and cricket
- instructor-led groups, for example, British Military Fitness
- informal social groups which have limited formal organisation but still facilitate opportunities to be active

89 Lambeth clubs are listed on the sports and activity finder getactivelondon.com

Using co-production, a Lambeth Physical Activity and Sports Strategy is currently being developed. Consultation has taken place with the community, providers, commissioners and policymakers.

Feedback reveals that residents felt that making facilities more affordable would lead to more physical activity and sport.

Community groups highlighted the opportunities for further access to suitable spaces and equipment, for example, schools and leisure centres at off peak times, as well as using these to reach more isolated communities.

Alongside the Physical Activity and Sports strategy, Lambeth is developing a Playing Pitch strategy and an Indoor Sports Facility Strategy.

In addition, the Chief Cultural & Leisure Officers Association (cCLOA) is working with the council to support the local authority and its partners in the physical activity and sport sector to better understand the commissioning landscape in Lambeth. In particular, they identify local needs, current commissioning structures, systems, processes and priorities. The intention is that the findings will help support market development in line with commissioning approaches and priorities.

What more can be done?

There is a commitment to promote physical activity and sport in Lambeth. This has been demonstrated by the vast community action as well as the travel, cycling, walking and facilities plans of the council and partners. It is important that all this action is co-ordinated to maximise the potential benefits to residents. This can be achieved by ensuring that the final Lambeth Physical Activity and Sport Strategy, which is currently being co-produced has shared, clear and quantifiable outcomes.

A range of physical activity and sport opportunities should be made accessible to those with the greatest needs. In addition residents should be supported to incorporate physical activity into their everyday lives.

References

1 All Party Commission on Physical Activity (2014). Tackling Physical Inactivity-A Coordinated Approach. Available at: http://activitycommission.com/report-tackling-physical-inactivity-a-coordinated-approach [Accessed 20th October 2014]

2 Transport for London (TfL) (2014). Improving the health of Londoner's: Transport Action Plan. Available at: http://tfl.gov.uk/cdn/static/cms/documents/improving-the-health-of-londoners-transport-action-plan.pdf [Accessed 20th October 2014]

3 HM Government (2014). Moving More, Living More. The Physical Activity Olympic and Paralympic Legacy for the Nation. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279657/moving_living_more_inspired_2012.pdf [Accessed 20th October 2014]

4 National Institute for Health and Clinical Excellence (NICE). Guidance on physical activity webpage. Available at: https://www.nice.org.uk/GuidanceMenu/Lifestyle-and-wellbeing#/Guidance/Lifestyle-and-wellbeing/Physical-activity [Accessed 20th October 2014]

5 UK Active (2014). Turning the tide of inactivity report. Available at: http://ukactive.com/downloads/managed/Turning_the_tide_of_inactivity.pdf [Accessed 20th October 2014]

6 Public Health England (2013). Public Health Outcomes Framework. Available at: http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/101/page/0/par/E12000007/are/E09000028 [Accessed 20th October 2014]

Key message

1 The focus of all sexual health work and investment should be shifted into evidence-based prevention, which is embedded in all clinical services.

Key recommendation

Comprehensive sex and relationship education should be implemented in all schools in Lambeth as part of an integrated Health and Wellbeing Programme.

Local case study

Launching in January 2015, SH:24 is a free, online sexual health service for people living in Lambeth and Southwark. SH:24 will provide a quick, discrete and completely confidential service 24 hours a day. This innovative service will provide clear and simple home sampling kits (testing) for sexually transmitted infections, information about symptoms, advice on prevention and signposting to our local sexual health services. The development of SH:24 is funded by Guy's and St Thomas' charity. Established as a Community Interest Company it is developed in partnership with the NHS, led by public health and delivered by a dedicated team of individuals including public health, specialist sexual health services and the Design Council. During 2015 the team will be extending the service to provide access to and advice about contraception – follow its progress on: http://sh24.squarespace.com. By embracing design led innovation and working collaboratively with NHS services and users, SH:24 believes that it can improve the sexual health of the local population, reduce the number of unplanned pregnancies and improve the user experience. Evaluation of SH:24 is led by Kings College London and will provide important learning both for sexual health services as well as transferability to other sectors of health care delivery within the NHS.
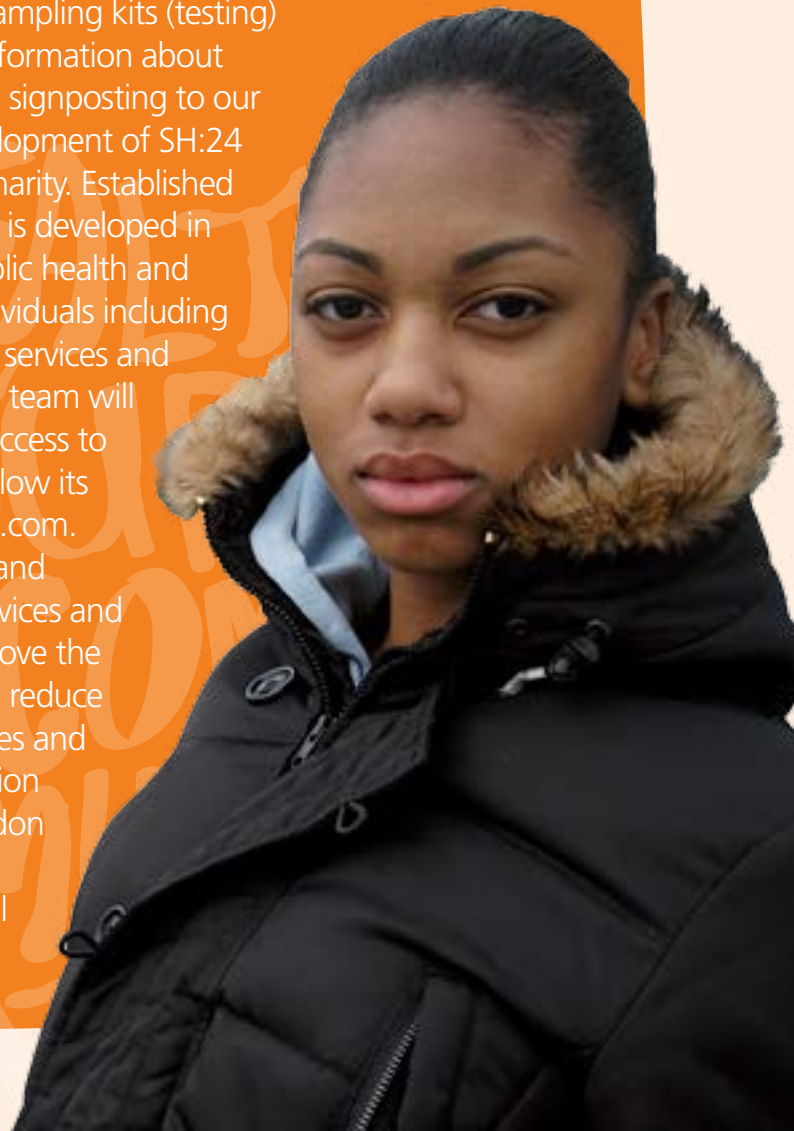
What's the issue?

Sexual health in young people seems to be steadily improving in Lambeth. Teenage pregnancy rates continue to fall. Amongst all age groups however, Lambeth continues to have the highest sexually transmitted infection (STI) rates in the country.

Inequalities in sexual health also persist among particular population groups in Lambeth. Men who have Sex with Men (MSM) continue to have very high rates of HIV and STIs. Some MSM in Lambeth are taking very high risks. Black African and Caribbean communities have high STI rates and a high prevalence of HIV as highlighted in the Chemsex study commissioned by Lambeth and Southwark 2013/14 (http://lambeth.gov.uk/social-support-and-health/public-health/the-chemsex-study).

Rates of infection continue to rise, partly due to additional cases being identified as more people are coming forward to be tested and treated.

What can we do about it?

The following measures can work to improve sexual health in Lambeth:

- Continue to increase access to testing and treatment services, and partner notification, whilst ensuring affordable models of sexual health service delivery.

- Provide distribution of condoms which is comprehensive and joined up, supported by training to help enable people to use condoms correctly

- Deliver sex education in schools, within a wider healthy schools framework, which includes self-esteem, tackling stigma and attitudes towards sex, sexuality and relationships

- Develop a clear plan for increasing the coverage of HIV testing in community settings, including general practice, and review the evidence base for other testing venues, for example pharmacies

What's happening at the moment?

Lambeth is ranked number 1 for Chlamydia screening and diagnosis rates (2013). However, these rates show a reduction on the previous year's coverage of 15 to 24 year olds, the main age group at risk.

Despite Lambeth having one of the highest rates of HIV (13.9 per 1000 15-59 year olds), late diagnosis rates are lower than elsewhere in London due to high levels of HIV testing.

What more can be done?

- Continue to improve access to all services, shifting non-complex activity out of hospital-based specialist GUM clinics into community settings, including GPs, pharmacies and SH:24, employing new online technology

- Implement the new MSM national framework which includes mental health, substance misuse and sexually transmitted infection (STI).

In this section we look at the importance of primary healthcare, immunisation, cancer screening and mental health and well-being.
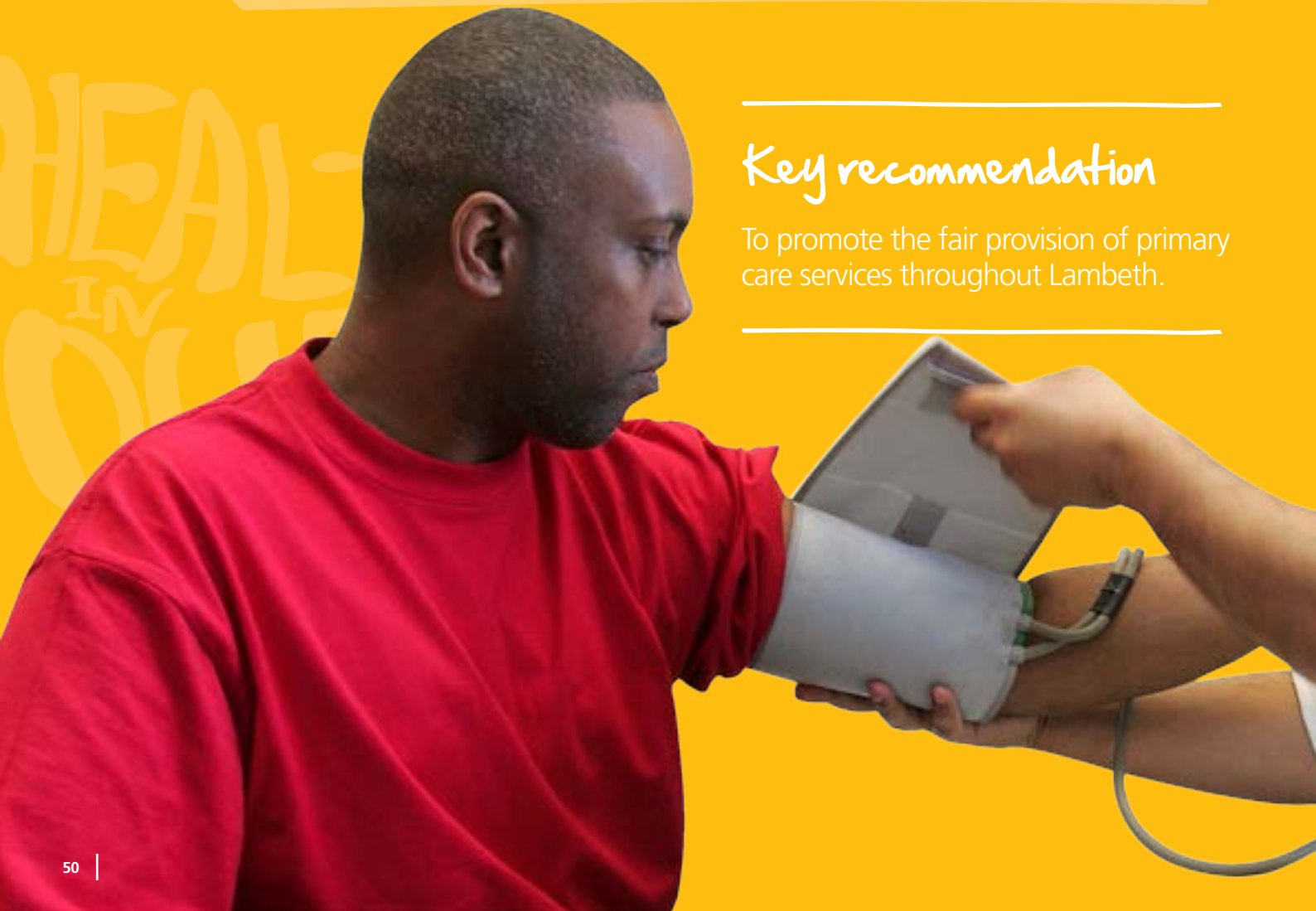
4.1 Primary care

Key messages

1 Primary care is an effective means of improving the health of the Lambeth population. **Brief advice from GPs on alcohol, smoking and activity is effective in increasing healthy behaviours.**

2 Fair access to primary care services can work to decrease the health disadvantages of socioeconomic inequalities. Conversely, variation in the coverage and quality of primary care services in Lambeth may actually contribute to health inequalities. It is therefore important for GPs to be made aware of the link between the socioeconomic status of their patients and the variations in practice outcomes.

Key recommendation

To promote the fair provision of primary care services throughout Lambeth.

What's the issue?

Primary care is an important part of the local healthcare delivery system. Effective preventive services delivered in primary care include the NHS Health Checks programme and brief advice for stopping smoking, reducing alcohol harm and increasing physical activity. The Inverse Care Law operates so that those most in need of healthcare services are least likely to access them. For example, respiratory disease is more prevalent in lower income groups, who are more likely to smoke.

Variation in the delivery of primary care services in Lambeth can be illustrated on a locality basis, with GP surgeries in some parts of Lambeth achieving better patient outcomes than GP surgeries in others. Two examples of patient outcomes which may differ are the detection of those with long term conditions, and those prescribed statins as part of the primary prevention of heart disease following an NHS Health Check.

Differences in these outcomes may be the result of several factors associated with the localities in addition to the provision of appropriate primary care, for example, the level of deprivation in the area. Nevertheless, efforts to reduce these inequalities should be employed irrespective of the underlying cause.

What can we do about it?

In 2011, the King's Fund carried out an independent inquiry into the quality of general practice. It revealed that whilst the quality of care in most practices is good, there were 'wide variations in performance and gaps in the quality of care both within and between practices'[1]. The following areas were highlighted as having particular scope for improvement[1]:

- Long-term conditions
- Continuity of care
- Co-ordination of care
- Patient involvement and engagement
- Prescribing

Informed by the inquiry, the following suggestions were among those recommended to improve quality and reduce variation in primary care[1]:

- Raising awareness amongst those working in general practice about variations in quality and to understand how much of this is avoidable
- Strengthening links between general practice and other services in areas where patients with complex problems receive care from multiple providers
- Ensuring that all patients receive all their recommended care as defined in clinical best-practice guidance, for example, in the prescription of low-cost statins and in delivering recommended care to people with long-term chronic illness.

Although these suggestions have been outlined for action at the national level, local application of some of the most relevant recommended actions could be considered.

What's happening at the moment?

The Lambeth Primary Care Development Plan aims to improve equity of access to primary care on a population basis using Local Care Networks – a neighbourhood service delivery model including pharmacies.

To address inequalities in the management of long-term conditions in primary care, the Southwark and Lambeth integrated care (SLIC) project has been introduced to support integrated care in both boroughs.

What more can be done?

It is clear that there is a need to close the gap between the expected and detected prevalence of long-term conditions in primary care and to reduce variation. Further interrogation of the research evidence will be required to identify the most effective approaches to do this. At present, the use of co-production and systems change approaches in Lambeth may lead to optimal treatment of this patient group.

Commissioners and GPs should also look more to wider determinants of health in their practice area to adapt service delivery to the needs of their patients and to ensure that variations do not exacerbate health inequalities.

Local case study

Public Health has undertaken some modelling of the health impact of statins in preventing cardiovascular events in people identified as at risk following a health check in community settings (GPs, pharmacies and outreach services).

In Lambeth, in those people who are identified as at risk following a health check and who are prescribed a statin, currently around 39 emergency hospital admissions and six deaths are avoided every year. However, if 60% of these people at risk were prescribed a statin, 115 emergency hospital admissions and 16 deaths could be prevented, with a net saving of £369,000 per annum.

This modelling work has been circulated to relevant stakeholders to highlight the importance of prevention in primary care and community services.

References

The King's Fund (2011). Improving the Quality of Care in General Practice: Report of an independent inquiry commissioned by the King's Fund.

4.2 Immunisations

4.2.1 **Childhood immunisations**

Key message

There have been consistent year-on-year improvements in childhood immunisation uptake rates in Lambeth.

Key recommendations

1. To maintain the existing local immunisation team.

2. To further incentivise GPs to enable health visitors to target harder to reach children.

What's the issue?

Complex NHS changes have left several organisations with a remit for immunisation – NHS England, CCGs, local councils, GPs and community services.

What can we do about it?

The excellent work of the GSTT immunisation team has produced considerable improvements in uptake locally. For the first time ever, uptake of the three doses of Diphtheria at two years old has now reached 95.8% in Lambeth.

Timely gathering of local data with appropriate cleaning and validation, and extensive follow up of unimmunised children has resulted in achieving this in all population groups.

Robust call and recall ensures good uptake. Locally, this involves consolidating the existing GP birthday card scheme for inviting children for their immunisations.

What's happening at the moment?

Childhood immunisation uptake rates in Lambeth are above the London average. Focused work to improve uptake of the 1st dose of MMR and pre-school booster is also being undertaken to ensure high uptake in all population groups.

What more can be done?

Consider making GP payments graduated for under 5s and conditional upon GPs achieving certain targets within 4 months of the due dates.

Continue with the practice nurse training established to support local health professionals.

Key message

1. Flu vaccination levels for at-risk groups in Lambeth vary widely across GP practices.

2. Local health and social care staff vaccination remains below the national target.

Key recommendation

Vaccination of health and social care staff should be increased to help protect patients, family, and colleagues as well as themselves.[1]

What can we do about it?

A good level of seasonal flu vaccination is key to reducing harm from flu, and pressures on health and social care in winter[2]. Eligible for free flu vaccination are those aged 65 and over, pregnant women, people in clinical risk groups, residential care home residents, children aged 2-4, and carers.

GP practice vaccination of 65s and over during winter 13/14 stood at 67% in Lambeth. The coverage was lower in other risk groups, with wide variation across practices. In 2012/13 the vaccine uptake by those aged 6 months to 65 years in an at-risk category was just below 50%[3].

Data from Kings and Guys & St Thomas' showed 43% of flu related emergency hospital admissions were in patients in one of the higher risk groups[4].

Local health staff vaccination rates over 2012/13 showed low GP vaccination at around 50%, with practice nurses showing better uptake as a staff group (67% in Lambeth)[5].

What works to address this?

- Tackle myths around flu vaccination to encourage uptake particularly in eligible groups
- Ensure social care leads are aware of the need for, evidence about and availability of flu vaccination
- Encourage and support general practice staff and other key staff leads to act as role model 'flu champions' in being immunised
- Immunise 2-4 year olds to reduce the spread of flu.

What's happening at the moment?

- Local public and staff-facing communication campaign completed Autumn 2014
- Improved links with NHS England who are responsible for improving general practice flu immunisation
- Flu training updates planned by public health with CCG nurse leads for practice nurses and health care assistants.

Local case study

In 2013/14, a local council social care lead identified key front line staff for vaccination. He purchased a supply of pharmacy vaccination vouchers and staff could then get vaccinated at a time and place convenient to them.

What more can be done?

Social care employers need to be made more aware that their duty of care responsibility includes ensuring flu vaccination availability to front line staff.

National plans to introduce the delivery of flu vaccine to all children. This will protect the children and further reduce the spread of flu in the community. Analysis of the current pilot show that this works best through the school nursing service with additional staff who can be redeployed when not in the flu season.

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Key messages

1 Early diagnosis of cancer through screening results in better outcomes and increased survival rate.

2 There are currently three national cancer screening programmes: breast, cervical and bowel. The effectiveness of these depends on their coverage (the percentage of the eligible population group who have been screened).

Key recommendation

To improve coverage in the cancer screening programmes in Lambeth, particularly in the bowel screening programme.

What's the issue?

The incidence and severity of some cancers varies between different communities and the general population. This is thought to be linked to a combination of factors, including lifestyle, ethnicity, socioeconomic circumstances, age, gender, genetic pre-disposition and knowledge of and access to services. All these factors also impact on screening uptake.

Breast cancer

- Breast cancer is the most common cancer in the UK and the second most common cause of cancer death in women[1]. Studies have shown that black women are more likely to present at an early age with more aggressive disease and have a significantly worse survival rate than other ethnic groups[2]. Black women on average, present 21 years younger than white women[3]

- Breast screening is offered every three years to all women aged 50-70 registered with a GP. This programme is being extended to include women aged 47 to 73 years

- For the breast screening programme, coverage is defined as the percentage of 50-70 year old women that have had a breast screen result in the last three years. The national coverage target is 70%. Breast screening coverage in November 2013 in Lambeth was 58.3%, which is lower than the London average.

Cervical cancer

- Cervical cancer is the most common cancer in women aged under 35[4]. Local incidence and mortality from cervical cancer is higher than national and London rates[5]

- The cervical screening programme offers screening to women between the ages of 25 to 64, with women aged between 25-49 being offered screening every three years, and those aged 50-64 every five years

- For the cervical cancer screening programme, coverage is defined as the percentage of eligible women between the ages of 25 and 64 years who have had an adequate test result in the last five years. The national target is 80%. Cervical screening coverage in November 2013 in Lambeth was 71%

- Human papilloma virus (HPV) is a common virus that can be transmitted during intimate sexual contact, and is linked to the development of abnormal cervical cells. If left untreated, these abnormal cells may go on to develop into cervical cancer. HPV triage and test of cure have been introduced into the cervical screening programme across England

- All girls aged 12 or 13 are offered the HPV vaccine as part of the childhood vaccination programme. The vaccine protects against the two types of HPV responsible for more than 70% of cervical cancers in the UK. Current research suggests the HPV vaccine is protective for at least 20 years.

Bowel cancer

- Bowel cancer is the second most common cause of death from cancer in the UK and the third most common cancer[6]. Southwark and Lambeth both have a high incidence of bowel cancer, a high mortality from bowel cancer and two thirds of people who are sent a bowel screening kit as part of the bowel cancer screening programme do not return it

- As the bowel screening programme is relatively new, the number of 60 to 69 year olds who return their test kit (uptake) is used as a measure instead of coverage. The national target for uptake is 60%. Uptake in Lambeth in February 2014 was 38.7%, which is among the lowest uptake in London

- A study has shown a low uptake of bowel screening in the Asian community which cannot be explained by differences in other factors such as age, gender, date of screening invitation, or deprivation index. The likelihood of participating in screening remains two and a half times lower among Muslims and Sikhs, and about twice lower among Hindus even if these other factors are taken into consideration[7].

What can we do about it?

Population-based screening programmes help in the early detection of disease. For example, people engaged with the breast cancer screening programme have lower mortality. An independent review of breast screening found that breast screening saves around 1,300 lives from breast cancer in the UK each year.

Following the introduction of the NHS cervical screening programme in the late 1980s, cervical cancer rates have decreased considerably, reaching a plateau in the early 2000s.

Reported incidence of bowel cancer is increasing, while mortality is decreasing. The main reason incidence appears to be increasing is that more cancers are identified due to the screening programme. The reduction in mortality is due in part to earlier diagnosis as a result of the screening programme as well as improved treatments.

What's happening at the moment?

Challenges to the cancer screening programmes in Lambeth include a high population mobility, which makes keeping records up to date difficult. The multi-ethnic and socioeconomic make up of the population may also contribute to low coverage due to incorrect patient details on GP records.

In addition, for bowel and breast screening, the programmes are not embedded within primary care, so there is little incentive for GPs to promote the service.

Current work includes:

- An audit to determine the training history and needs of cervical smear takers in primary care, to ensure that all smear takers are trained and up to date with programme developments

- Developing health promotion materials and information to raise awareness among GPs and to keep them updated of changes to the programmes

- Following on from the success of a telephone intervention pilot conducted recently to improve bowel screening uptake, we are working with local GP practices to improve uptake among their practice population through patient engagement. There is evidence to suggest that people are more likely to return the test if they have a conversation with their GP about it.

What more can be done?

Further work will be undertaken on awareness-raising and piloting interventions in primary care to establish whether this improves uptake in bowel cancer screening.

We will continue to work closely with the commissioners and providers of the screening programmes to ensure coverage improves and inequalities are reduced.

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Local case study

A pilot to improve uptake in bowel cancer screening

Recently, a pilot project was run with some GP practices. The intervention was to identify and then telephone those men and women who were due to be invited to complete the bowel screening kit and to check whether:

- they had received the kit
- they understood how to use the kit
- they had the intention to use and return the kit.

If they had not received a kit then we were able to send a replacement and if they did not understand how to use it we were able to talk them through the process if they wished.

As a result of the intervention, a significant number of additional people participated in the screening programme who may not otherwise have done so. Further work around following up those who do not return their kit is now being considered.

Key messages

1 The risk of poor mental health is not equal across the population. Early life experiences, socioeconomic circumstances, and physical health all influence risk.

2 People with mental health problems are disadvantaged in society in terms of discrimination, unemployment, poverty, social isolation, physical ill health and premature death. As a result of their social and economic situation the benefit cuts are having a disproportionate impact.

3 The social and economic cost to society of mental ill health and poor mental wellbeing is huge. In 2011, mental ill health was the largest single source of disability in the UK, accounting for 22.8 per cent of the 'burden of disease'.

4 Solutions are societal, attitudinal and economic as well as medical. A focus on health behaviour change approaches is likely to blame the most disadvantaged rather than 'creating the better social and financial environments that enable individuals and communities to have more control over their health and wellbeing'[1].

5 Reducing inequality doesn't just happen. 'Unless consciously designed not to, policies and actions that work for populations as a whole can often inadvertently entrench inequalities'[2].

Key recommendations

1. All future commissioning strategies and plans should start with what needs to be done to ensure the most disadvantaged and excluded groups will benefit.

2. People with mental health problems frequently have a mix of issues for which they need support. Organisations should come together to offer a holistic problem-solving approach without the need for lots of referrals and multiple assessments, and be supported to do so.

What's the issue?

At any one time, 16.2% of the adult population (age 16 & over) may have a common mental disorder (CMD), such as depression, anxiety, panic disorder, phobias, obsessive compulsive disorders and eating disorders[3]. This is about 51,000 people in Lambeth (based on the GP registered population).

Nationally, about 1% of adults are expected to have a severe mental illness (SMI), mainly schizophrenia and bipolar disorder[3], but see below for Lambeth figures. One in ten children and young people (10%) aged 5-16 have a clinically diagnosed mental disorder. One in five children diagnosed with a mental health problem may have more than one disorder, and children with an emotional disorder are more likely to have poor physical health (23% compared to 5% of children with no disorder)[4].

However not everyone is at the same risk. Risk of a mental health problem increases as household income decreases. In Lambeth, a borough with high levels of deprivation, 1.5% of the population aged 16 years and over registered with a Lambeth GP have SMI, about 50% higher than what would be expected from national surveys.

Having a mental health problem is at least as bad for health as smoking 20 cigarettes a day[5]. People with severe and enduring mental ill health:

- Die much earlier than the general population in South East London (between 8 to 17.5 years earlier).[6]

- Are more likely to have one or more physical illnesses. In Lambeth, of people known to their GP to have a severe mental illness 26.4% had at least one other physical illness. Over half of this group had two or more conditions[7].

- Are more likely to be at risk of poor physical ill health, because they are more likely to smoke, be overweight, and to lack the opportunities and support to live a healthy life. For example, in Lambeth 43.3% of people known to their GP with SMI also smoke compared with (at the time) 22.5% of the adult GP registered population overall.

People with mental illness lose out across society, being more likely to be:

- Unemployed: In 2012 the Mental Health Foundation reported that nationally only 27% of working age adults with mental illness were in work, compared with about 70% of the general working age adult population[8]. Nearly 50% of long term sickness absence is thought to be due to mental health problems[9]. In Lambeth out of all the new clients of Talking Therapies Services in the first 6 months of 2014-15, 24% were unemployed. This is three times the unemployment rate amongst working age adults in the borough (8.3%)[10]. Of working age adults (18-69 years) on the Care Programme Approach (CPA) in Lambeth (about 1200 people) only 4.3% are working[11]

- In poor quality or otherwise unsuitable accommodation. In Lambeth, of working age adults on CPA about 37% are not in settled accommodation.[11]

- Excluded from opportunities to make friends, volunteer and contribute to their communities.

- Living on their own and socially isolated and vulnerable to financial or sexual exploitation, as well as being subject to verbal abuse and negative stereotyping in the media and elsewhere. Frequently they do not have a voice or control of their own care[12].

Despite increased risk of physical illness, health services do not often tailor provision adequately for people with mental illness who then miss out on treatment and preventive services[13].

What can we do about it?

- All commissioning strategies and plans address how people with or at risk of poor mental health will be included. Services should not be designed or commissioned with just an average person in mind.

- Health and local government need to foster the conditions which enable people and communities to take control over their health and wellbeing and pay attention to the role of social relationships, physical health, housing and employment in recovery of people with mental health problems. The mental and emotional health of people with physical conditions also needs to be addressed.

- As a matter of urgency, local partners need to agree how they will act to change the overall social and economic circumstances in which people are born, grow, live, work and age so as to reduce risk of mental and physical ill health for future generations. Shift investment 'upstream' especially to preventive action with new parents, families and young people in school.

- Take all possible action to avoid the worst impact of benefit cuts on the poorest, including people with or at risk of mental health problems. As a minimum, institute appropriate surveillance so the extent of the impact on the local population can be measured.

- Ensure front line health and council professionals have access to relevant and appropriate learning and development on mental health and wellbeing and are supported to do so, so that they are aware of the mental health component of many issues that people present with and have basic skills and confidence to identify and deal with these appropriately, for example, support, advice, signposting.

What's happening at the moment?

The Lambeth Talking Therapies Service and the Lambeth Early Intervention and Prevention Service (LEIPS, the local healthy lifestyles service) work together to help patients with both physical ill health and mental distress, for example, offering tailored support to people with obesity and people with diabetes. Lambeth Talking Therapies Service also offers specialist support to people experiencing mental ill health so they can stay in work or find work.

The Lambeth Living Well Collaborative has established a new 'hub' where people with a range of difficulties, including mental illness, can be referred to for holistic assessment of their situation and action planning that is specific to them. People are offered a 12-week programme which can include debt and housing advice, support to get back to work or education, peer support, advice on physical health, as well as mental health treatment. Since the hub opened in the north of Lambeth nearly 800 people have been seen For more information see http://lambethcollaborative.org.uk/news/the-living-well-network-hub.

Lambeth Council has launched a Financial Resilience Strategy with a number of options to support people to manage their money better if they experience loss of income. Along with Citizens Advice Bureau they are piloting 'One Lambeth Advice' www.onelambethadvice.org.uk where trained volunteer advice guides in community locations offer help to people to find the information they need about debt, benefits etc.

A small amount of Mental Health First Aid and mental health awareness training is available, mainly for voluntary and community organisations. This is an evidence-based two day introduction to mental health and wellbeing, common myths and taboos, when to consider someone maybe experiencing mental distress and what non-experts can say and do to help.

As part of their commitment to integrated care, Lambeth CCG wish to incorporate mental health support to the care of people with long-term physical health conditions. This is starting with the care of older people with dementia. The next stage is to make this work for adults of working age and older people with common mental disorders like anxiety and depression.

Kings Health Partners (KHP)

KHP work towards integrating physical and mental health care with the IMPARTS programme, which aims for integration in research, training and clinical services. This includes training on core mental health skills for physical healthcare teams. **www.kcl.ac.uk/ ioppn/depts/pm/research/imparts/index.aspx**

Local case study

Listen to Airdrina's story as an example of how things can change when someone has their needs addressed in a holistic way and has some choices about how they live **www.lambethcollaborative.org.uk**

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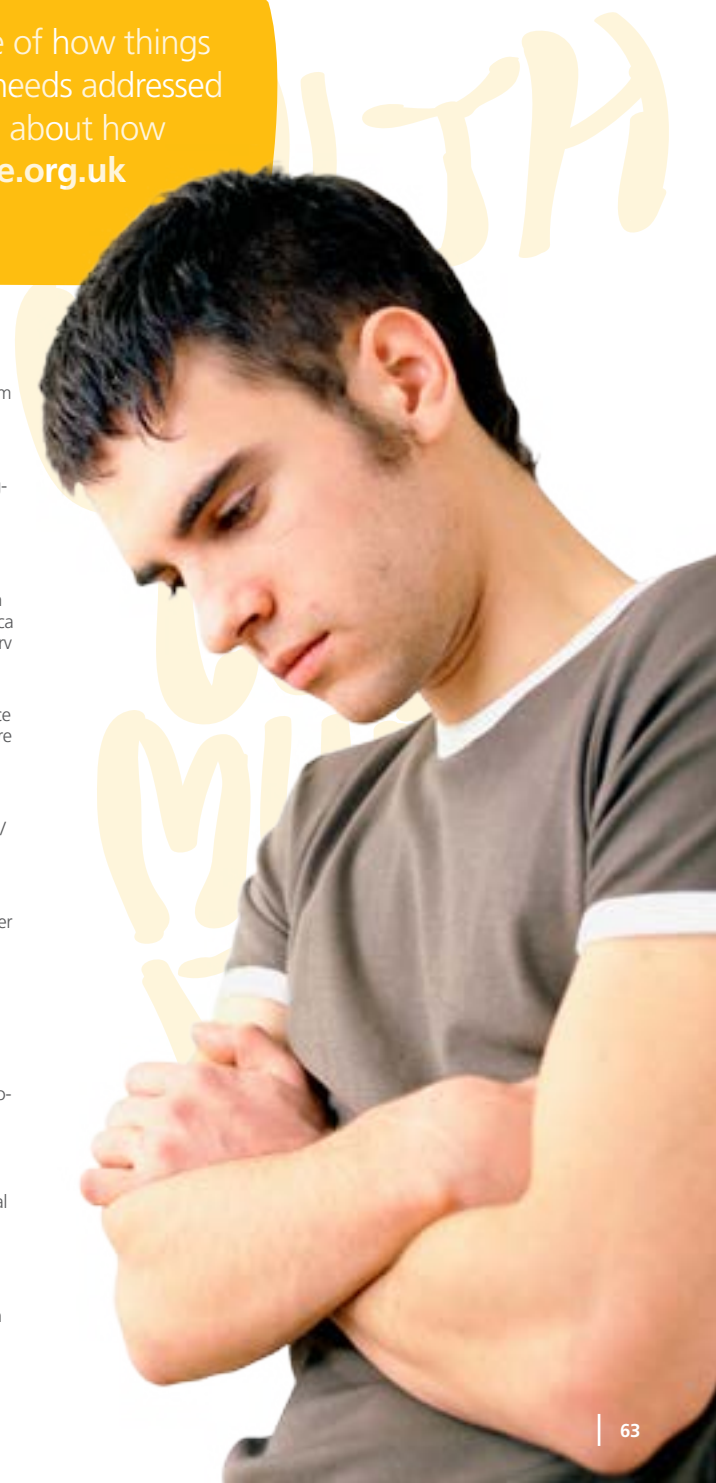
5.0 Update on recommendations from last years Annual Public Health Report

Recommendations APHR 2012/13	Progress so far
1 Public Health should continue to monitor causes of death of children and young people, and inform commissioning.	The Child Death Overview Panel (CDOP) for Lambeth makes recommendations to the Lambeth safeguarding board every year from its annual report regarding child deaths in the borough.
2 Improving mental wellbeing should continue, and be supported by the CCG.	There is now one Lambeth and Southwark Wellbeing Programme, supported by Lambeth CCG.
3 Smoking cessation is effective in reducing ill health and premature mortality, and should continue to be invested in.	There continues to be sustained investment in smoking cessation.
4 Improving health and reducing health inequalities is central to Lambeth CCG's purpose, and should continue to be its central priority, supported by Public Health.	Prevention is an important focus of Lambeth CCGs 5 year commissioning strategy and a review of the CCGs equality objectives is currently in progress.
5 Public Health should continue to inform commissioners, to work with clinicians to change care pathways and clinical practice.	Public health has contributed to the breathlessness care pathway work and smoking cessation pathways.

Recommendations APHR 2012/13

Progress so far

6
From 1st April 2013 the Local Authority takes on responsibility for health improvement. The Staying Healthy Programme Board should review its membership to reflect this, and support a coherent evidence based programme to continue progress.

A Lambeth Staying Healthy Board has been established. It is a sub-board of the Lambeth Health and Wellbeing Board and membership includes representation from the local authority, CCG and Healthwatch.

7
The DPH should establish a performance group to monitor progress of PH outcomes targets; this should connect with CCG and Health & Wellbeing boards.

A public health outcomes framework monitoring group has been formed and has met twice to monitor progress on the PH outcomes targets in Lambeth.

8
The action plan from the Health and Wellbeing Strategy should be informed by priorities for health improvement.

A transitional Health and Wellbeing Strategy has been produced in Lambeth.

9
The CCG should continue to have appointed leads for Public Health, and priorities including health improvement.

Public health has representation on the Lambeth Staying Healthy and Lambeth Health and Wellbeing Boards.