HEALTH AND WELLBEING BOARD

Date: Thursday 14 June 2018

Time: 6.00 pm

Venue: Committee Room (B6) - Lambeth Town Hall, Brixton, London, SW2 1RW

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Members of the Committee

Listed on next page

Substitute Members

Listed on next page

Further Information
If you require any further information or have any queries please contact:
Nazyer Choudhury, Telephone: 020 7926 0028; Email: nchoudhury@lambeth.gov.uk

Members of the public are welcome to attend this meeting. If you have any specific needs please contact Facilities Management (020 7926 1010) in advance.

Queries on reports

Please contact report authors prior to the meeting if you have questions on the reports or wish to inspect the background documents used. The contact details of the report author are shown on the front page of each report.
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<th>Representative</th>
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<td><strong>Lambeth Council:</strong></td>
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<tr>
<td>Councillor Jim Dickson (Chair)</td>
<td>Cabinet Member for the Voluntary Sector, Partnerships and Community Safety</td>
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<td>Councillor Jacqui Dyer</td>
<td>Cabinet Member for Health and Adult Social Care (job share)</td>
<td>Councillor Jennifer Brathwaite</td>
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<td>Councillor Sonia Winifred</td>
<td>Cabinet Member for Culture and Equalities</td>
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<td>Fiona Connolly</td>
<td>Interim Strategic Director of Adults &amp; Health</td>
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<td>Ruth Hutt</td>
<td>Director of Public Health</td>
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<td>Annie Hudson</td>
<td>Strategic Director of Children’s Services</td>
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<td><strong>NHS Lambeth Clinical Commissioning Group (CCG):</strong></td>
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<td>Dr Adrian McLachlan (Vice-Chair)</td>
<td>CCG (Chair)</td>
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<td>Andrew Eyres</td>
<td>Chief Officer, NHS Lambeth</td>
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<td>Dr Nandini Mukhopadhyay</td>
<td>CCG Clinical Governing Body Member</td>
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<td><strong>National Commissioning Board:</strong></td>
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<td>Dr Jane Fryer</td>
<td>Medical Director and Responsible Officer (South London) NHS England (London Region)</td>
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<td><strong>King’s Health Partners:</strong></td>
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<td>Dr Matthew Patrick</td>
<td>Guy's and St Thomas’ NHS Foundation Trust</td>
<td>Amanda Pritchard</td>
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<td><strong>Healthwatch Lambeth:</strong></td>
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<td>Sarah Corlett &amp; Duncan White</td>
<td>Healthwatch Lambeth</td>
<td>Catherine Pearson</td>
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AGENDA

PLEASE NOTE THAT THE ORDER OF THE AGENDA MAY BE CHANGED AT THE MEETING

1. Declarations of Interest

   Under section 4 of the governance arrangements for the Health & Wellbeing Board, Board members are bound by the Members’ Code of Conduct as set out in the Council’s Constitution (Part 4 Section 1). Where any Board member has a Disclosable Pecuniary Interest in any matter to be considered at a Board meeting they must withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter unless a dispensation has been obtained from the Monitoring Officer.

2. Minutes of Previous Meeting

   To approve the minutes of the previous meeting held on 8 February 2018.

3. Lambeth Children Partnership Update


5. Overview of Lambeth Early Action Partnership (LEAP) Programme

6. Lambeth Suicide Prevention Strategy

Digital engagement

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Persons making recordings are requested not to put undue restrictions on the material produced so that it can be reused and edited by all local people and organisations on a non-commercial basis.

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Public involvement

The Board has agreed principles for involving citizens (please contact Democratic Services for further information: democracy@lambeth.gov.uk, 020 7926 2170 or contact officer listed on the front page of this agenda).

Public Notice Questions (PNQs)

The Board welcomes the submission of public notice questions on its work (please contact Democratic Services for further information: 020 7926 2170 or number on the front page). In summary the rules are:

- PNQs may be submitted to each ordinary Board meeting by persons living, working, studying or using health services in the borough;
- each PNQ must include the name, address, email address and telephone number(s) (the name of the questioner will be published on the agenda (this may be withheld from publication in reasonable circumstances);
- each question may be addressed to a particular Board Member or will otherwise be referred to the relevant Board Member by the Secretary;
- PNQs must be submitted by the published deadline (seven clear days before the meeting).
- there are grounds to reject a submitted PNQ;
- accepted PNQs will be published on the agenda (in the order received) and referred to the Board Member for them to prepare an answer. However, where a questioner has submitted more than one question, all “first” questions will be taken first, “second” questions will be taken next and so on;
- at the meeting, the Board member will give an oral answer to the question. The questioner may ask one supplementary question, which must be relevant to the original question or answer given; and,
- after the meeting, Democratic Services will write to the questioner with the answer(s) given.
HEALTH AND WELLBEING BOARD

Thursday 8 February 2018 at 6.00 pm

MINUTES

PRESENT: Councillor Jim Dickson (Chair), Ruth Hutt, Dr Adrian Mclachlan, Andrew Eyers, Councillor Jane Pickard, Helen Charlesworth-May, Catherine Pearson

APOLOGIES: Councillor Jackie Meldrum, Nandini Mukhopadhyay, Sarah Corlett, Councillor Sonia Winifred, Annie Hudson, Dr Jane Fryer.

ALSO PRESENT: Tony Parker

1. DECLARATIONS OF INTEREST

The Chair, Councillor Jim Dickson informed that he was a member of the Lambeth Safeguarding Adults Board.

2. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the previous meeting held on 12 October 2017 be approved and signed by the Chair as a correct record of the proceedings.

The Chair informed the meeting that item 9 of the minutes concerning the Consultation on the London Health Inequalities Strategy document, had been submitted and that he wished to thank all contributors.

The Lambeth Together Alliance was making progress and would thematically run through all areas of work in the near future.

The Council was consulting on setting up public space protection orders on abortion and family planning clinics in the borough to avoid anti-social behaviour for those using those clinics. This consultation, which had
received a strong response, would run for another two to three weeks.

3. WORKING WITH FAMILIES AND CARERS - ACTION PLAN

Mr Denis O’Rourke presented the report.

The Chair felt that it was important to bring service users and carers to the centre of integrating health and social care and recognise their role in ensuring the wellbeing of others in addition to maintaining their own wellbeing. The report showed that a significant step had been made in this area. Two to three years prior, Councillor Rob Hill and others had raised queries regarding the understanding of the role carers played and how they were engaged and the report discussed this issue. It was important that the Lambeth Together Alliance had a carer’s perspective implemented within it.

The Board commented that:

- There was a launch event scheduled for 14 February 2018 and Councillor Rob Hill was expected to be in attendance.
- An emerging coalition in different areas of health and social care was a positive step forward.
- It was positive that young carers were also involved and that they would be part of the launch.

The Chair thanked Mr O’Rourke and also thanked Councillor Jackie Meldrum who had raised concerns and worked with diligence to ensure that issues arising in the area were addressed.

RESOLVED:
(1) That the development of a comprehensive carer’s action plan across Council and NHS delivery and transformation programmes be noted.
(2) That the development of a communications, engagement, and marketing campaign to raise awareness and promote better support of carers in Lambeth be noted.
(3) That a Carers Collaborative Strategy group to meet on a bi-monthly basis to develop and monitor the action plan be established and report progress back to the Health and Wellbeing board in October 2018 and annually thereafter.
(4) That the development and implementation of a Lambeth version of the Carers Passport be supported.

4. LAMBETH CHILDREN’S PARTNERSHIP UPDATE

Councillor Jane Pickard, Cabinet Member for Families and Young People, presented the report and explained that a meeting had also been held in January 2018, but this was a report based on the November 2017 meeting.

The Chair felt that the work on childhood obesity may need a further refresh considering that the government had taken steps to tackle childhood obesity. There was also work being conducted regionally in this area.
The meeting heard that Bimpe Oki was working alongside Guys and St Thomas’ Charity to ensure that the work done both by Lambeth and Guys and St Thomas’ Charity would be complimentary.

The Chair felt that building on the success would add further value.

RESOLVED:

(1) That the contents of the report be noted.

5. "LAMBETH MADE - OUR CHILDREN OUR FUTURE" CREATING A CHILD FRIENDLY LAMBETH

Mr Dan Stoten introduced the report.

The Chair thanked Mr Stoten for his report and stated that Lambeth Made had been discussed during the time that the Children and Young People’s Plan was being examined.

Mr Stoten stated that the popularity of the programme was based on the level of public awareness. Those who became aware of Lambeth Made supported it but the Health and Wellbeing Board was considered to be the ‘championing group’ for the success of Lambeth Made. Members of the Board were encouraged to talk about it more in general, particularly as it was a ‘grassroots’ programme. It was important to engage with as many schools as possible. However, schools had not been extensively involved in discussions due to their strict schedules. The campaign needed to succeed at reasonable pace.

The Board universally welcomed the report, commenting that:

- Consulting with businesses and employers would be a positive step forward.

- There was good level of support for young people from voluntary organisations.

- It would be ideal for business improvement districts to promote the programme. Businesses could use a Lambeth Made stamp to show that they supported the programme or show that they valued young people.

- Businesses could help by offering training, jobs and additional funding.

- Some of the work had originated from the work that had been done previously called After Tomorrow.

- This would offer a different way to work with businesses and would help develop young people’s relationship with businesses. After Tomorrow also had other ideas which could help further the work done by Lambeth Made.

- Adverse childhood experiences was a serious issue and addressing this could help with many of the other issues that often only manifest
in adulthood that also needed to be addressed.

- It would be useful to take into consideration not only young people with adverse childhood experiences, but also the families supporting them.

Mr Stoten stated that the comments from the Board were noted and in relation to the business improvement districts, it was important to note that a meeting had been held with some colleagues from the Council who had informed that the clarity of the offer to businesses was important. If members of the Board had links with businesses then they should let him know so that he could consult with them.

The co-production with young people was important and there was a focus on this to maintain its progression. However, the campaign was not just aimed at young people. Nuanced co-production was required. A discussion had also been held on business identities and it was found that some businesses identified purely as a Brixton business or national business rather than Lambeth businesses. It was important not to exclude any businesses. For example, Lambeth Made t-shirts and other promotional material could be sold at some of the clothing stores in Brixton.

**RESOLVED:**

1. That the Lambeth Made brand identity for any new or existing initiative that encourages communities, organisations or businesses to support or create opportunities for children and young people be adopted where appropriate.

2. That the Board act as positive ‘champions’ for the campaign by encouraging staff, networks, partners and service users to engage with any activities generated by the campaign, though promotion and endorsement where appropriate.

3. That assistance be given to contribute resources and opportunities where appropriate and support to create access that would benefit Lambeth Made.

4. That the evolution of the campaign through ideas, strategic support and delivery of projects and activities that promote the goals of Lambeth Made be supported.

**6. LAMBETH SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016/17**

Ms Sian Walker presented the report.

The Chair stated that there was an ethos of joint working and the report reflected this. Ms Walker had made a significant contribution and the report was easy to read with clear statistics and strategic direction.

The Board commented that:

- The listing of all the board members with their achievements was
useful.

- The report was well received by the Clinical Commissioning Group (CCG).

- The London Homeless Health Programme was consulting on issues relating to safeguarding and was scheduled to end in March 2018.

In response to questions from the Board, Ms Walker informed the meeting that:

- She hoped that the number of safeguarding concerns reported in Lambeth increased because it would indicate a wide level of awareness. The public awareness of adult safeguarding was not as widespread as it was for children. Many people were still not consciously aware of safeguarding and associated it with health and safety. Efforts would be made to find ways to explain safeguarding more clearly.

- It was important that the right measures and checks were in place so that time and resources could be saved by only investigating cases which needed that consideration.

- Lambeth had access to an Adult Multi-Agency Safeguarding Hub which sat alongside the Children’s Safeguarding hub. This consisted largely of a small administrative team, a social worker and senior practitioners. Such arrangements gave the opportunity for various public services to work to some level of synchronism with larger quantities of data. Consideration needed to be made on how referrals would be made to other organisations to make sure health sector workers had access to information they needed.

- Efforts were being made to find processes that acknowledged service users who raised issues to inform them that their issue was being dealt with.

- There was good performance data being submitted to the Safeguarding Adults Board.

- There were local authorities where safeguarding concerns were decreasing. However, some community safety data showed that some adults of working age had said that they did not feel safe. More community safety data acquired in Lambeth would help to see if further efforts to raise awareness are needed.

- The website had references which focused on elderly abuse and a community event could be held where a specialist in the area could deliver a presentation regarding issues relating to elder abuse.

- The case of ‘Mr D’ which was raised in a Safeguarding Adults Review (SAR) was a difficult case involving complex issues. He was
technically shown to have had mental capacity and felt that he did not want to have any treatment. At times, people’s mental capacity could fluctuate and some did not have “executive capacity”. More awareness of this issue needed to be raised on the Mental Capacity Act.

- A SAR sub group would hopefully be established on a quarterly basis so that it could review actions taken 6-9 months after implementation to monitor and direct progress.

- The decision made by the Supreme Court in 2014 meant that all local authorities and lead bodies needed to prioritise urgent cases for assessment. This would also have an effect on Deprivation of Liberty Safeguards (DoLS).

The Chair thanked Ms Walker and on the continuing success.

RESOLVED:

(1) That the contents of the Annual Report of Lambeth Safeguarding Adults Board for 2016/17 be noted.

7. QUARTERLY REPORT OF THE DIRECTOR OF PUBLIC HEALTH FOR LAMBETH (OCTOBER TO DECEMBER 2017)

Ms Ruth Hutt introduced the report.

Board Members welcomed the report and commented that that:

- The new birth visits related to visits made by Health Visitors when a child was born.

- It was important that over the next twelve months, Lambeth identified key indicators that would inform the Board of the impact of budget and service changes. Given the need to make savings, it might be that that the Board would begin to see changes in areas such as the rates of teenage pregnancy. Given changing levels of investment, it would be important to make decisions on based on evidence.

- It was important to be aware of the potential risks, but also the progress that could be made.

RESOLVED:

(1) That the report be noted.

8. LAMBETH PHARMACY NEEDS ASSESSMENT 2018

Mr Hiten Dodhia introduced the report.

In response to questions from Members, the meeting heard that:

- The analysis would show whether there was a need for more pharmacies in a particular area.
• If an area was to be observed as being underserved in the community, then a report could be submitted alerting relevant parties, such as NHS England, that there was a need in a particular area for a pharmacy.

• Any website in the UK selling medicine needed to be registered to the Medicines and Healthcare products Regulatory Agency and display the EU common logo on their website.

The Chair, upon concluding the meeting, stated that he would like to place on record the extensive efforts and accomplishments of Helen Charlesworth-May, Strategic Director for Adults and Health, during her time with Lambeth and as Strategic Director. The Health and Wellbeing Board thanked her for her contributions.

RESOLVED:
(1) The Lambeth Health and Wellbeing Board note the feedback received from the 60 day consultation.

(2) That the amendments required to comply with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) be agreed and signed off.

(3) That the Board delegate sign off of the Lambeth PNA to the Chair of the Health and Wellbeing Board subject to any changes being agreed.

(4) That the process to review any major changes in pharmacy service provision following publication in April 2018, resulting in a requirement for supplementary statements be published via the Health and Wellbeing Chairs’ Group with information submitted to the Health and Wellbeing Board as appropriate.

CLOSE OF MEETING
The meeting ended at 7:48pm

CHAIR

Date of Despatch: Friday 16 February 2018
Contact for Enquiries: Nazyer Choudhury
Tel: 020 7926 0028
Fax: 020 7926 2361
E-mail: nchoudhury@lambeth.gov.uk
Web: www.lambeth.gov.uk

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Health and Wellbeing Board, 14 June 2018

Lambeth Children’s Partnership update

Wards: All

Portfolio: Cabinet Member, Children & Young People: Cllr Jennifer Brathwaite

Report Authorised by: Strategic Director: Children Services: Annie Hudson

Contact for enquiries: Latoya Boyer, Senior Policy, Equalities & Performance Officer, Policy & Communications, 020 7926 3724 lboyer@lambeth.gov.uk

Report summary

The purpose of this report is to update the Health and Wellbeing Board on the work programme of the Lambeth Children’s Partnership. This report covers the outcomes of the LCP meeting held on 24 April 2018.

Finance summary

There are no capital or revenue implications arising as a direct result of this report.

Recommendations

(1) To note the contents of the report.
1. **Context**

1.1 The Lambeth Children’s Partnership (LCP) is a sub-group of the Health and Wellbeing Board. Its chair is the cabinet member for Families and Young People and vice chair of the Health and Wellbeing Board. Some members sit on both boards. An update of the work of the Health and Wellbeing Board is reported to the LCP via Partner updates which is a standing item on the agenda of meetings.

1.2 The purpose of the Lambeth Children’s Partnership is to enable statutory and non-statutory agencies to work better together for children, young people and their families, both in planning and delivering services and thus improving outcomes for all children and young people.

1.3 The Lambeth Children’s Partnership is, along with the Local Safeguarding Children’s Board, a key strategic forum to talk about children and young people in the borough. It brings together all partners engaged in children’s services throughout the borough for a strategic discussion and general overview.

1.4 The Lambeth Children’s Partnership meeting held on 24 April was attended by:
- Cllr Jane Pickard (Chair), Cabinet Member for Families and Young People, LBL
- Annie Hudson, Strategic Director: Children Services, LBL
- Ruth Hutt, Director of Public Health, LBL
- Dr Bidisha Lahoti, Clinical Director, Children’s Community Services, Evelina London, Guys and St Thomas’ NHS Foundation Trust
- Mark Stancer, Director of Children’s Social Care, LBL
- Natalia Sali, Engagement Manager, HealthWatch
- Richard Parkes, Director, Young Lambeth Cooperative
- Teresa Foster, Detective Chief Inspector/Public Protection, Metropolitan Police (Lambeth borough)
- Dan Stoten, Assistant Director of Children’s Commissioning, LBL/NHS Lambeth CCG
- Sue Pettigrew, Chair of VCS Forum, St Michael’s Fellowship
- Donald Mars, Southwark & Lambeth, Department of Work and Pensions
- Sylveria Lawson, Social Worker, Children’s Social Care, LBL
- Susannah Beasley-Murray, Assistant Director, Children’s Services, LBL
- Tony Parker, Director of Commissioning & Improvement, LBL/NHS Lambeth CCG
- Jean Connery, Headteacher, Corpus Christi CofE primary school, Lambeth
- Laura Griffin, Commissioning Lead: Early Years & Parenting, Strategy & Commissioning, LBL
- Nina Khazaezadeh, Consultant Midwife, Guys and St Thomas’s Trust
- Maureen Sheridan, School Governor
- Dr Nandini Mukhopadhyay, CCG Clinical Lead: Children and Families, NHS Lambeth CCG
- Kristian Aspinall, Strategic Lead for Crime and Disorder, LBL
- Maria Jerram, Head of Youth Offending Service
- Nina Paul, Programme Manager, Children’s and Young Peoples Health Partnership
- Lynne Pacanowski, Head of Midwifery, GSTT
- Donald Mars, DWP
2. Proposal and Reasons

This report has been produced as an information paper for the Health and Wellbeing Board to update that body on what was discussed and agreed at the Lambeth Children’s Partnership meeting held on 24 April 2018. Health and Wellbeing Board members are asked to note the content of the report and provide comments if necessary. The following areas were discussed in detail at this meeting:

2.1 Tackling Violence Against Youth Strategy

Kristian Aspinall, Strategic Lead for Crime and Disorder, LBL

2.1.1 Kristian Aspinall introduced the Tackling Violence Against Youth Strategy and provided background information to its origins. The strategy has a two pronged approach: Improving the work that focuses on young people at risk and prevention of young people becoming involved in violence. It was explained strategy will involve the wider community including a whole council and partnership objective and that the strategy’s focus is children and young people up to the age of 25 years old.

2.1.2 The Strategy has four commitments for year one:

- Community engagement and partnership – Developed with the community
- Schools based programmes – comprehensive work to be carried out with schools
- Housing estate-based local plans – Gangs overlap with youth violence. Some violence is postcode driven. A significant amount of violence happens on our estates and there are some estates where violence is more prevalent. Physical design of the estate is a concern so this will be looked into and where Young people congregate such as play areas.
- Practice Based Interventions - Support will be available to those specialists who already work with young people and we will be building on existing work. We will be working with those practitioners to work towards improvements.

The board were invited to discuss the actions needed to deliver the four commitments of the strategy.

Comments and discussion:

- The importance of facilities such as community centres and adventure playgrounds in providing alternative activities for young people was emphasised.
- Inter-sports events to integrate youths from different postcodes and the benefits of sports is that it teaches boundaries through the rules
Ex-gang leaders going into schools to bring awareness to teachers
Surgeons going into primary schools and explaining the wounds caused by knives.
The importance of the voluntary sector and their relationship with the community
Importance of engaging with GPs as strategy moves forward
In the same way the stranger danger campaign targeted primary school children there could be honest conversations about knives
Awareness sessions could happen at children centres with parents
Inspirational programmes could be introduced to primary schools to lift aspirations as early as possible. Professional role models could visit primary schools and talk about their roles etc.
Tap into routes to empathy and up skill parents with particular focus on fathers.
Looking at transition periods of CYP in particular the primary to secondary transition period
Evidence must inform any work
Identify schools where there is a particular problem and indeed where violence may start from
Parent champions could go onto estates and there would be peer support for them
Continue to fund and support programmes like Oasis Youth Support programme where those between 12-24 years old come into A&E with minor knife injuries and there is work to deescalate it in their lives so there is not a fatality
Empowering single parent mothers
Mapping exercise of what has been effective and what has not

Kristian and the chair thanked everyone for their contributions.

2.2 Children’s and Young People’s Health Partnership (CYPHP) Programme Update

Dan Stoten, Integrated Assistant Director, Children’s Commissioning, LBL and Lambeth CCG and Nina Paul, Programme Manager, CYPHP

2.2.1 Dan and Nina reported that the partnership is about prevention and early intervention. It will identify risk very early on to improve the health outcomes for CYP. It is a partnership of clinicians, local decision-makers, and academics, working closely with children, young people, and families. The approach will be integrated, child centred and locally relevant. It has been informed by evidence and will be informing future evidence. All children will benefit from universal care if they access healthcare or attend school and children with long term health conditions will benefit from a comprehensive cycle of care.

2.2.2 A school based project is within the partnership. Schools receive an emotional health audit. Staff competencies and staff wellbeing are also part of the project. Staff have access to programme resources. This is target based support to help teachers. This is a free programme. 40% of schools are participating and we want more to take part. The project personnel require help in encouraging schools to sign up.

2.2.3 There are a series of in-reach clinics that aim to prevent children presenting at hospital. 84% of GPs said that it is helpful for children as there are shorter waiting times and there is reduced need for travel to the acute hospital.

2.2.4 There is tailored support for those children with long term health conditions (Asthma, Eczema, Epilepsy and Constipation) in the form of a health check is available to families which they can also complete themselves. This check also asks about emotional wellbeing of parent and child and some background information of the family. This information is fed into the CYPHP database that generates a data score.
Comments and discussion:

- It was confirmed that academies are also part of the school project
- The project encourages self-management, empowers families and builds resilience
- Perhaps there is a role for a Care co-ordinator
- Information could be very useful for other departments such as housing
- Vigilance must be applied in terms of data protection issues and consent when sharing information
- There is a need to ensure there is no duplication in the work the partnership will do

2.3 Children and Young People’s Plan Overview updates (including Lambeth Made, Reframing Early Help in Lambeth, Better Start Programme)

Dan Stoten, Integrated Assistant Director, Children’s Commissioning, LBL and Lambeth CCG and Susannah Beasley-Murray, Assistant Director, Children’s Services (Division)

2.3.1 Early Help: Susanna provided an update of the Early Help work in Lambeth.
2.3.2 Partnership - Early Help and Children Centres have been working together to develop a new step up/step down procedure using thresholds to ensure families get the right support at the right time. Schools have been notified of change. Health partners are on the steering group.
2.3.3 MHCLG - the Ministry of Housing, Communities and Local Government attended the February steering group. Funding has been confirmed for troubled families.
2.3.4 Payment By Results – An action plan has been agreed with the MHCLG detailing how the Payment by results 2020 will be met
2.3.5 Locality pilot - Streatham has been agreed as pilot. Engagement has begun with local partners in Streatham, Schools, VCS and local health partners are already signing up to the pilot. A new practice framework is ready to be tested within the locality pilot.
2.3.6 Internal service - The 5 Early Help staff practice workshops have been successfully completed including a session on the ‘voice of the child’. Principal social worker is leading the design of the internal structure for Early Help and supporting closer relationship with CSC with a focus on more complex cases.
2.3.7 Project group - A survey of 196 partners and 38 practitioners has been completed about their interactions with Early Help and a new offer going forward. Health and the Voluntary sector have been very enthusiastic.
2.3.8 Priorities for May include beginning consultation with schools and recruiting the Project team
2.3.9 The go live date will be in September 2018

2.3.10 Lambeth Made: Dan gave an update of the Lambeth Made campaign.
2.3.11 Creative assets around the campaign are being co-produced. Photographs are being taken and the website is being developed. Over 900 people have subscribed to the Lambeth Made newsletter. Businesses have signed up as well as a local NatWest bank and leisure centres. A summer launch event is being planned that will run for 5 – 10 days to keep the message rolling.

2.3.12 Better start: Dan reported on the work of the Better Start Programme.
2.3.13 Early year’s pathway is being developed which further integrates Health Visitors and Children’s Centres. There is lots of process development happening. Health visitor’s likely key stages.

2.3.14 SEND: Children with disabilities and SEN: community therapy offer review is commencing. Commissioners and SEN colleagues have met with colleagues in Public Health to start some demand management work, which will also take into account the SEN Support cohort, helping with service planning over the next few years.

2.3.15 Children’s Social Care:
Children at risk of harm - Joint work is happening with all boroughs in South London as regards residential placements and independent fostering. Links to be developed with CAMHS for children leaving care to ensure appropriate support. There is a shift to empower young people to manage their own care.

2.3.16 An implementation plan will also be developed.

2.3.17 Comments and discussion:

Early Help:

- Schools may be very receptive
- Timeline feels ambitious, however it looks shorter than what it is as it does not show the work that went on before this period
- The challenge may be in getting the communications right
- The Head teachers meeting will be attended to launch framework

2.4 Maternity Strategy

Dan Stoten, Integrated Assistant Director - Children’s Commissioning, LBL and Lambeth CCG and Lynne Pacanowski, Head of Midwifery, GSTT

2.4.1 Better Births is the national review of maternity services, led by an independent chair, Baroness Julia Cumberlege and was completed early 2016. It sets out a series of vision statements, targets and aims and required the establishment of a Local Maternity System (LMS). These vision statements included aspirations around: care will be safer, more personalised, kinder, professional and more family friendly; There will be a better interface between midwives and health visitors; Commissioners and providers will be brought together.

2.4.2 Locally, there will be shared clinical governance and information sharing between all providers of maternity care such as children’s centres, midwifery centre, GP practices and community centres. Midwives that train together will be placed to work together as far as possible to build trust in teams. The development of a digital maternity tool will mean that records are shared across hospitals of where and how birth is given.

2.4.3 Women have choice and control where and how they give birth which will build on the good home birth rate in KCH and GSTT. Central to Better Births is continuity of care to give the best outcome from pregnancy to birth and post birth. Those who are most vulnerable will be taken care of by teams with smaller caseloads. Care has historically been determined by GP location so hubs are being created to provide a 6 day and possibly 7 day service.
2.4.4 The Saving Babies’ Lives care bundle has four areas of focus: reduction of smoking in pregnancy; fetal growth restriction; increased fetal monitoring in labour and raising awareness of reduced fetal movement. Work on this includes multi-professional training and having a Maternity Safety Champion in place at Board level.

2.4.5 There is a perinatal mental health team in place while there is work towards a minimum level of psychiatric support, community psychiatric nursing support; and increasing numbers of mental health-trained midwives. As a result of big investment SLAM has increased the numbers of health professionals working within the perinatal mental health team.

Comments and discussion:

- Women having antenatal care together can develop social relationships and encourage peer support

Dan announced that Lynne would be retiring shortly and thanked her for her hard work and dedication.

2.5 Partner Updates

- Met Police reported the senior leadership team are in place for both Lambeth and Southwark and the formal merge will happen in January 2019
- DWP reported that Streatham and Stockwell Job centres remain open whilst some have had to close including Brixton.
- MSh (School Governor) would like to see an agenda item around improving behaviour and exclusions
- HealthWatch informed the board that an Annual stakeholder survey took place and there were positive results
- NS informed the board that a children and young people’s health event will take place on Wednesday 30th May at 10am to 1pm at Stockwell Children’s Centre. For children up to 15 years old, with any of the following conditions: Asthma, Eczema, Constipation, and/or Epilepsy.
- St Michaels Fellowship reported that an Emotional resilience pack had been co-produced with young people and is available free. It can be downloaded from "Stronger minds" website and has a series of activities
- Children’s Services, LBL confirmed the Ofsted report will be published on 9th May
- Evelina reported that more departments have moved into Evelina. Allergies have joined with mother and baby to prevent infant allergies. Sleep clinics and feeding clinics have merged to be able to manage these conditions in the community.
- Children’s Social Care reported that they have moved into the Civic Centre behind Lambeth Town hall. There will be a phased integration for YOS creating better opportunities for joint working and better communication. They continue to recruit good staff and are the 2nd highest borough at recruiting good staff.
- Public health reported that a sugar levy has been introduced and they are seeking to get match funding. There has been an outbreak of measles. YP forum review taking place to look at entry into A&E at GSTT.

The chair thanked the board for their hard work and contributions and said a tentative goodbye with imminent Local elections, with lead roles to be confirmed

3 Finance
3.1 There are no capital or revenue implications arising as a direct result of this report. Service planning has been undertaken on basis of identified funding and takes into account the Council’s medium term financial strategy.

4. Legal and Democracy

4.1 There are no legal comments arising from this report but specific legal advice may be provided as required.

5. Consultation and co-production

5.1 The report provides an update for the Health and Wellbeing Board. The Tackiling Violence Against Young People strategy will have a comprehensive approach to consultation and will involve engagement with children, young people, families and other key stakeholders.

6. Risk management

6.1 None

7. Equalities impact assessment

7.1 The report provides an update for the Health and Wellbeing Board. An Equality Impact Assessment has not been produced for the purpose of this report but will be produced for many of the projects discussed by the LCP at this meeting.

8. Community safety

8.1 None

9. Organisational implications

9.1 Staffing and accommodation

   None

10. Health

10.1 None

11. Timetable for implementation

11.1 The next meeting of the LCP is Tuesday 10 July 2018.
### Audit trail
### Consultation

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<td>Annie Hudson</td>
<td>Strategic Director Children Services</td>
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<td>Tony Parker</td>
<td>Director, Commissioning and Improvement</td>
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<td>Tim Gibson</td>
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<td>Nazyer Choudhury</td>
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<td>Hannah Jameson</td>
<td>Policy and Communications</td>
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Health and Wellbeing Board 2018, 14 June 2018


Wards: All

Portfolio: Cabinet Member for Healthier and Stronger Communities: Councillor Jim Dickson

Report Authorised by: Ruth Hutt Director of Public Health, 0207 926 7196, rhutt@lambeth.gov.uk

Contact for enquiries: Bimpe Oki, Consultant in Public Health, 020 79269678, boki@lambeth.gov.uk

Report summary

This report provides the draft Health and Wellbeing Strategy Year 2 Implementation Plan (2018-2019) from the Lambeth Staying Healthy Partnership Board. The Lambeth Health and Wellbeing Strategy was refreshed in 2016-2017, with a corresponding implementation plan agreed annually. The draft Health and Wellbeing Strategy Year 2 Implementation Plan (2018-2019) has been developed with partners and is produced by the Lambeth Staying Health Partnership Board on behalf of the Lambeth Health and Wellbeing Board. The Implementation Plan (2018 – 2019) will be a “live” document recognising that the Plan will need to take into account relevant local partnership working relationships and changes that may occur during the course of the year.

Finance summary

None arising from this report.

Recommendations

1. The Health and Wellbeing Board agrees the draft Lambeth Health and Wellbeing Strategy Refresh Year 2 Implementation Plan, (2018 – 2019), acknowledging that it will need to be reviewed and updated during the course of the year to reflect any significant local and national health and wellbeing changes.
1. **Context**

1.1 The Staying Healthy Partnership Board is the lead partnership body reporting directly to the Health & Wellbeing Board on strategy, action, investment and progress to prevent ill health, promote health and wellbeing and reduce health inequalities of the Lambeth population. It has, the oversight of the implementation of the Lambeth Health and Wellbeing Strategy on behalf of the Lambeth Health and Wellbeing Board.

1.2 The Lambeth Staying Healthy Partnership Board has led, on behalf of the Lambeth Health and Wellbeing Board, the development of the draft Lambeth Health and Wellbeing Strategy Refresh Year 2 (2018-2019) Implementation Plan. The Plan has been produced in collaboration with partners and actions have been prioritised for the year.

1.3 The Lambeth Health and Wellbeing Strategy Refresh (2016-17) sets the ambition of Lambeth being a place where:

- Health and well-being is improving for all, and improving fastest for those communities with the poorest health and wellbeing
- People are able to reach their full potential and to feel good about themselves
- Everyone is able to make a contribution and to feel valued
- People are safe from harm

1.4 Linked to the ambition the strategy is a focus on four broad areas, these are:

- **Early Action and Prevention**: fully embedding early action in Lambeth, so that we tackle causes rather than symptoms. Also a focus on areas of prevention that can make a real difference to health inequalities across the borough.
- **Transforming systems and integrated care**: ensuring that local people are fully involved in changes taking place across health and social care, locally, regionally and nationally. Working together to ensure that the citizen is at the centre of all transformation, with a focus on personalised services and citizens playing an active role in their care
- **Health and wellbeing in all policies**: health and wellbeing is everyone’s business. Working with services to ensure that health and wellbeing is considered and built into new policy changes and service developments.
- **Housing**: locally and nationally, the links between housing and health and wellbeing are increasingly recognised. Strengthening these links and considering how services and staff can better work together.

1.5 Three additional areas form part of the overall strategy refresh, across all four priorities:

- **Citizen involvement, information and communication**: The role of citizens in the work of the strategy, and across health and wellbeing, is key. Maintaining commitment to the citizen involvement principles set out in the original strategy and planning to increase levels of involvement in the coming years. Across all priorities in the strategy, the importance of access to information – strategic, operational and community – has been identified as vital.
- **Joint Strategic Needs Assessment (JSNA) and monitoring performance**: Making use of data will be key to ensuring that the Board maintains its focus on the wellbeing of people in the borough, and that information on impact of activity is used across all service areas. Further developing Lambeth’s JSNA and create a suite of performance and outcome measures to report to future Boards.
- **Developing and strengthening the Health and Wellbeing Board**: Annual sessions have been held with the King’s Fund, to identify areas for development of the Board itself. Using
the recommendations from these sessions, along with national guidance and good practice, to further develop and strengthen the role of the Health and Wellbeing Board.

1.6 As part of the development of the Year 2 Health and Wellbeing Strategy Implementation Plan (2018-2019), it was agreed that actions in the Plan would be organised across the priority areas in the Strategy. However, it was proposed that “Housing” is incorporated into the “Health and Wellbeing in all Policies” priority and the Joint Strategic Needs Assessment has its own key actions.

1.7 This Plan should be viewed as a “working document” since it has been recognised that there may be emerging local priorities, particularly in light of Lambeth Together; and possible refocusing of areas within the Borough Plan. Therefore during the course of the year, the Plan will need to be updated to reflect any significant actions that may arise as a result of these and other regional or national changes.

2. **Proposal and Reasons**

2.1 The Staying Healthy Partnership Board has been working with partners to identify and co-ordinate action that delivers on the Health and Wellbeing Strategy (HWBS) objectives. The Implementation Plan provides the opportunity to prioritise action to deliver the HWBS and a framework to be able to monitor progress. An update report on progress will be provided on a quarterly basis to offer assurance to the Health and Wellbeing Board on the effective delivery of key programmes of work.

3. **Finance**
   There are no financial implications arising from this report

4. **Legal and Democracy**
   There are no legal implications arising from this report

5. **Consultation and co-production**

5.1 The draft Health and Wellbeing Strategy 2018 – 2019 Implementation Plan was led by the Staying Healthy Partnership Board (SHPB) and developed in collaboration with key stakeholders. The draft Plan has been received and approved by the SHPB.

6. **Risk management**

6.1 No risk management issues arising from this report

7. **Equalities impact assessment**

7.1 Not applicable

8. **Community safety**

8.1 No community safety issues arising from this report
9. **Organisational implications**
   None

10. **Timetable for implementation**

10.1 This Plan is for the year 2018-2019.

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<td>Fiona Connelly</td>
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The Lambeth Health and Wellbeing Strategy Refresh Year 2 Implementation Plan (2018-2019) has been produced by the Lambeth Staying Healthy Partnership Board on behalf of the Lambeth Health and Wellbeing Board. This Plan should be viewed as a “working document” since it is acknowledged that there may be emerging priorities in 2018-19, particularly relating to Lambeth Together and the Borough Plan, which may need to be incorporated into the Implementation Plan during the course of the year. Therefore alongside the quarterly progress monitoring, the Plan will be reviewed and updated to reflect any significant actions that may arise as a result of any relevant significant local, regional or national changes.

1. **Early Action and Prevention**
   Fully embed early action in Lambeth, so that we tackle causes rather than symptoms. Also a focus on areas of prevention that can make a real difference to health inequalities across the borough.

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<tr>
<td>1. Work with local voluntary and community organisations to strengthen the sector and local networks</td>
<td>• Use the voluntary sector strategy to support co-production and user voice within Lambeth Together</td>
<td>LBL Policy and Communications Team Lambeth CCG</td>
<td>March 2019</td>
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<tr>
<td></td>
<td>• Black Thrive – regular sharing learning on impact of prevention and engagement approaches to partners</td>
<td>Black Thrive</td>
<td>Quarterly</td>
</tr>
<tr>
<td>2. Deliver LEAP for children under 4 and their families and the wider CYP Plan</td>
<td>• Provide regular updates on lessons learned and understand how these shape and inform existing and new services.</td>
<td>LEAP</td>
<td>Quarterly</td>
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<tr>
<td>3. Development and delivery of key prevention programmes</td>
<td>• Implementation of the Suicide Prevention Strategy</td>
<td>Public Health</td>
<td>March 2019</td>
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<tr>
<td></td>
<td>• Development of a local Obesity Plan</td>
<td>Public Health</td>
<td>March 2019</td>
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<tr>
<td></td>
<td>• Assurance to HWBB through the Staying Healthy Board of programme delivery and enhancing health and wellbeing impacts for</td>
<td>Public Health</td>
<td>Quarterly</td>
</tr>
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</table>
Appendix 1: Draft HWBSIP (2018-19)

2. **Transforming Systems and Integration**

   Ensure that local people are fully involved in changes taking place across health and social care, locally, regionally and nationally. Working together to ensure that the citizen is at the centre of all transformation, with a focus on personalised services and citizens playing an active role in their care.

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<th>Lead(s)</th>
<th>Timescales</th>
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<tr>
<td>1. Support the development of Lambeth Together</td>
<td>- Specifically, embed public health prevention policies into the further development of Lambeth Together, including Community based care through Local care Networks - MH Alliance - MLTCs and Older People Services - Children and Young People Services</td>
<td>Lambeth Together LBL/CCG (Adults and Health) Lambeth CCG (Primary care development)</td>
<td>March 2019</td>
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<td>2. Development of Lambeth CCG Strategic Plan and refresh of Lambeth Health and Wellbeing Strategy</td>
<td>- Develop the Lambeth CCG Strategic Plan that supports the implementation of Lambeth Together - Refresh the Lambeth Health and Wellbeing Strategy taking into account local, regional and national changes</td>
<td>Lambeth CCG Public Health</td>
<td>March 2019</td>
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### 3. Health and Wellbeing in all Policies
Health and wellbeing is everyone’s business. Working with services to ensure that health and wellbeing is considered and built into new policy changes and service developments.

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<th>Actions</th>
<th>Lead(s)</th>
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</thead>
<tbody>
<tr>
<td>1. Explore the development of a systematic approach within the Council for conducting Health Impact Assessments (HIAs) across new policy and strategic developments.</td>
<td>• Public Health with Policy team to strengthen the health and wellbeing element of Equality Impact Assessment</td>
<td>Public Health LBL Policy and Communications Team</td>
<td>March 2019</td>
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<tr>
<td></td>
<td>• In collaboration with Planning and Regeneration seek to develop local proposals for the implementation of HIAs for key developments</td>
<td>Public Health LBL Planning and Regeneration Teams</td>
<td>March 2019</td>
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<tr>
<td>2. Include health and wellbeing as a consideration of how the local authority and CCG does its’ business and act as local exemplars for health and wellbeing</td>
<td>• Monitor and Review implementation of the LA declaration on sugar reduction and healthier food and use learning to inform future action.</td>
<td>Public Health</td>
<td>July 2018</td>
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<td></td>
<td>• Work with events team to incorporate and promote health and wellbeing into all corporate led events, starting with the organisation of the Lambeth Country Show</td>
<td>Public Health LBL Policy and Communications (Events) Team</td>
<td>July 2018</td>
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<tr>
<td></td>
<td>• Explore the systematic use of the London Healthy Streets Approach to promote healthier environments and the public realm,</td>
<td>Public Health LBL Environment Team and LBL Planning and Regeneration Teams</td>
<td>March 2019</td>
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<tr>
<td></td>
<td>• Implement the Lambeth Air Quality Action Plan</td>
<td>LBL Environment Team Public Health</td>
<td>March 2019</td>
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<tr>
<td>3. Ensure that health and wellbeing is integrated into staff development programmes</td>
<td>• Support the development of a strategic approach to Making Every Contact Count (MECC) across the local authority and CCG</td>
<td>Public Health Lambeth CCG (Governance &amp; Development) LBL (Corporate Resources – Learning and Development)</td>
<td>March 2019</td>
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</table>
4. **Joint Strategic Needs Assessment (JSNA)**

Making use of data will be key to ensuring that the Board maintains its focus on the wellbeing of people in the borough, and that information on impact of activity is used across all service areas. Further developing Lambeth’s JSNA and create a suite of performance and outcome measures to report to future Boards.

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<tr>
<td>1. Agree priorities and process of pieces of work to contribute to the JSNA</td>
<td>• Develop Lambeth Older People’s demographic profile</td>
<td>Public Health</td>
<td>December 2018</td>
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<td></td>
<td>• Conduct an Older People’s needs assessment starting with key priority areas</td>
<td>Public Health</td>
<td>March 2019</td>
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<td></td>
<td>• Update the Air Quality needs assessment</td>
<td>Public Health</td>
<td>December 2018</td>
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<td>• Public Health work with colleagues across the local authority to help identify priorities as part of the JSNA and provide good practice guidance for conducting needs assessment.</td>
<td>Lambeth Council Public Health</td>
<td>March 2019</td>
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<td></td>
<td>• Public Health work with CCG colleagues to help identify priorities as part of the JSNA and provide good practice guidance for conducting needs assessment.</td>
<td>Lambeth CCG Public Health</td>
<td>March 2019</td>
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<td></td>
<td>• Identify areas of work within Lambeth Together that would benefit from being informed through need assessments</td>
<td>Public Health Lambeth Together</td>
<td>March 2019</td>
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</table>
| 2. Update and Develop relevant health intelligence factsheets | • Update key health intelligence factsheets:  
  - Suicide  
  - Lambeth avoidable mortality  
  - Demography  
  - Life expectancy | Public Health | March 2019 |
| | | | July 2018 November 2018 November 2018 March 2019 |
| • Develop new health intelligence factsheets particularly those that link to the Borough Plan:  
  - Obesity  
  - Health Inequalities | Public Health | March 2019  
  | | September 2018  
  | | March 2019 |
Health and Wellbeing Board, 14 June 2017

Overview of Lambeth Early Action Partnership (LEAP) Programme

Wards: All

Portfolio: Cabinet Member for Children and Young People: Councillor Jennifer Braithwaite

Report Authorised by:

Contact for enquiries: Laura McFarlane, National Children’s Bureau, via Tony Parker Tparker@lambeth.gov.uk

Report summary
This report provides an overview of the LEAP Programme. The report describes the background to the programme and gives a summary of the portfolio of interventions being delivered in the 4 wards of Coldharbour, Stockwell, Vassall and Tulse Hill.

The aim of the programme is to demonstrate that increasing the use of early invention and preventive approaches outcomes for children will be improved. The programme aims to influence change in the way early childhood services are delivered, and leave a lasting legacy in Lambeth.

The report describes the capital element of the programme - improving places and spaces in the 4 LEAP wards.

Finance summary
The LEAP Partnership is funded by the Big Lottery Fund over a 10 year period 2015 -2025.

Recommendations
1. Note the update report.
2. Support the progress of the LEAP Programme towards scale.
3. To note the key performance indicators for the LEAP Programme
1. **Context**  
1.1 Contained in attached report from NCB.

2. **Proposal and Reasons**  
1.2 Contained in attached report from NCB.

3. **Finance**  
3.1 There are no financial implications directly arising from this external report.

4. **Legal and Democracy**  
4.2 There are no legal implications directly arising from this external report.

5. **Consultation and co-production**  
5.1 N/A

6. **Risk management**  
6.1 N/A

7. **Equalities impact assessment**  
7.1 N/A

8. **Community safety**  
8.1 N/A

9. **Timetable for implementation**  
9.1 N/A
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LEAP – Lambeth Early Action Partnership – Update June 2018

LEAP is a partnership of organisations that formed in 2012 to develop and submit a bid to the Big Lottery Fund. “A Better Start” aims to improve the life chances of babies and very young children by delivering a significant increase in the use of preventative approaches in pregnancy and the first three years of life.

In summer 2014 LEAP were successful in securing £36M from the Big Lottery Fund to deliver a portfolio of early intervention programmes over 10 years. LEAP is focused on the four most deprived wards in the borough – Stockwell, Vassall, Coldharbour and Tulse Hill. The programme commenced in 2015 and will run until 2025.

The partnership is facilitated by the National Children’s Bureau who hold the legal accountability to the Big Lottery. The partnership is comprised of local delivery partners including: Lambeth Council, Lambeth Clinical Commissioning Group, GSTT Foundation Trust, Kings College Hospital, South London and Maudsley, local voluntary and community sector organisations and parents who live in the LEAP wards.

The LEAP Portfolio of interventions is framed around three child focused outcomes.

- Diet and nutrition – good nutrition during pregnancy and first four years creates strong foundations for a child’s growth, development and long term health
- Social and emotional development – babies’ social and emotional development begins at birth. It is strongly influenced by their parent/carer
- Speech, language and communication – babies want to communicate from the moment they are born. This is when their speech language and communication skills start developing

In addition to the three child focussed outcomes the LEAP partnership has identified two systems change outcomes which describe the legacy that LEAP aspires to leave at the end of the 10-year programme.

- Resources that are focused on prevention, with parents and the community as key drivers of local services
- Pregnant women and children are supported by a strong, family-centred single pathway, around which organisations work together and information flows freely

Capital Investment
£4.3M of the grant has been allocated to improve and enhance early year’s places and spaces in the four LEAP wards. The improvements will support the delivery of the programme interventions and to leave a lasting legacy in the four wards (Stockwell, Coldharbour, Vassal and Tulse Hill).

The key focus of the capital programme is to make improvements to the children’s centres, improve One o’clock Clubs, enhance, and create early year’s outdoor provision across the four wards. The capital programme will create more spaces for parent-led activities and enable the co-location of multi-agency teams.

Below, we show the key programme phases for LEAP delivery, our full portfolio of services, and the key population indicators for LEAP.

If you would like more information, please do not hesitate to contact the LEAP team on 0207 582 4182 or email Laura McFarlane at (lmcfarlane@ncb.org.uk) or Chris Wellings at (cwellings@ncb.org.uk).

Programme phases

To help plan delivery, we divided 2015-2025 into four phases: 1) Set-up, 2) Scale, 3) Whole system, and 4) Influence.

The diagram below sets out broad timings associated with these phases and some general tasks that sit under them. LEAP’s role in disseminating learning across Lambeth
should run throughout the project, but, as shown below, it will become a major focus during the final phase
LEAP 2015-2025
Programme Phases

Set-Up
April 2015-March 2017

Scale
April 2017-March 2021

Whole System
April 2021-March 2023

Influence
April 2023-March 2025

LEAP Learning
LEAP learning

Whole System
whole system

Engagement work
Engage Community

Support services on
Support services on

Establish full portfolio
Establish full portfolio

Health and well-being
facilities

Local education
Local education

Engage in local education
Engage in local education

Current priorities
Adapt and review services and
adapt and review services and

Innovation
Innovation

Innovate and continuously
Innovate and continuously

Together
1. Think of the every years
Together
1. Think of the every years

system
system

The launch
The launch

Help embed
Help embed

1. LEAP learning
1. LEAP learning

Collaborate with
Collaborate with

LEAP Learning
LEAP learning

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Key population indicators

To monitor both need and change at a population level, a set of outcome indicators was developed at the bid phase for LEAP. There are around 60 of these indicators, including demographic information. This has proved a useful resource for the core team, but a less effective driver of challenge and action at a partnership level.

To help make our partnership more data-driven, we have selected a set of “Core Indicators” from the wider list. This set of indicators, including trend data from previous years where available, will be updated and presented annually to the LEAP Partnership Board.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Source</th>
<th>Reporting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of babies with a birth weight over 4000g</td>
<td>ONS vital statistics/Local birth files or local maternity data</td>
<td>ONS vital statistics annual release (towards end of calendar year); local birth files in financial year quarters</td>
</tr>
<tr>
<td>Proportion of mothers breastfeeding at 6-8 weeks</td>
<td>Health Visitor Care Notes system - GSTT</td>
<td>Sharing in development, period to be defined</td>
</tr>
<tr>
<td>Proportion of children overweight at school entry</td>
<td>National Child Measurement Programme Data (NCMP) - GSTT, contracted by Public Health</td>
<td>Annual academic year end</td>
</tr>
<tr>
<td>Proportion of children obese at school entry</td>
<td>NCMP - GSTT, contracted by Public Health</td>
<td>Annual academic year end</td>
</tr>
<tr>
<td>Proportion of children achieving at least the expected level of development in all personal, social and emotional early learning goals at age 5</td>
<td>EYFSP - Lambeth Children’s Services</td>
<td>Annual academic year end</td>
</tr>
<tr>
<td>Proportion of children on child protection plans at age 5</td>
<td>Lambeth Children’s Services</td>
<td>Annual extract</td>
</tr>
</tbody>
</table>
LEAP’s portfolio of services

The table below describes the LEAP interventions

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community, Activity and Nutrition (CAN)</strong></td>
<td>CAN service supports pregnant women with a BMI of 25 or above to adopt a healthier diet and lifestyle and to sustain these changes.</td>
</tr>
<tr>
<td><strong>Breastfeeding Peer Support</strong></td>
<td>The Breastfeeding Peer Support Network provides one-to-one and group support for new mothers with the aim of improving take up and prevalence rates for breastfeeding.</td>
</tr>
<tr>
<td><strong>LEAP into Healthy Living</strong></td>
<td>LEAP into Healthy Living is a multi-strand approach to reducing childhood obesity. It includes training for the workforce on healthy diet and nutrition, work with local food businesses, Cook and Eat sessions, food growing, and physical activity sessions.</td>
</tr>
<tr>
<td>Service Type</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Oral Health</td>
<td>Our oral health work-stream includes the distribution of oral health packs to all children attending their age one health checks and support for childcare settings to introduce supervised tooth brushing.</td>
</tr>
<tr>
<td>Caseload Midwifery</td>
<td>Caseload Midwifery involves care from a named midwife throughout pregnancy and birth.</td>
</tr>
<tr>
<td>Centring Pregnancy</td>
<td>Centring Pregnancy groups are a form of antenatal care. Women meet with a healthcare professional in groups and engage in their care by taking their own weight and blood pressure and recording their own data.</td>
</tr>
<tr>
<td>Baby Steps</td>
<td>A service for soon-to-be parents in the run up to the birth of their baby. Baby Steps aims to increase parental capacity to nurture and care for their baby.</td>
</tr>
<tr>
<td>Family Nurse Partnership</td>
<td>A home visiting service for first time young mothers from pregnancy until their child is two.</td>
</tr>
<tr>
<td>Parent and Infant Relationship Service (PAIRS) One-to-One</td>
<td>PAIRS One-to-One aims to help strengthen the parent-child bond through therapeutic support for attachment and attunement.</td>
</tr>
<tr>
<td>Parent and Infant Relationship Service (PAIRS) Together Time</td>
<td>A group work service (6 weekly sessions co-delivered by a practitioner with therapeutic training) to help strengthen the relationship between parent and child.</td>
</tr>
<tr>
<td>Parent and Infant Relationship Service (PAIRS) Circle of Security</td>
<td>A group work service (8 weekly sessions delivered by trained children’s sector or community sector workers) to show how secure parent-child relationships can be supported and strengthened.</td>
</tr>
<tr>
<td>Parent and Infant Relationship Service (PAIRS) Workforce Supervision</td>
<td>Attachment, attunement and infant mental health support from the PAIRS team for practitioners delivering LEAP services or working locally.</td>
</tr>
<tr>
<td>GP Connect</td>
<td>GP Connect brings together GPs, health visitors, and children’s centre workers to identify and respond to early signs of problems (as indicated by, for example, missed immunisations and GP appointments and A&amp;E admissions)</td>
</tr>
<tr>
<td>Overcrowded Housing Support Service</td>
<td>This service aims to improve parental well-being through home visits, space-saving advice, workshops and activities.</td>
</tr>
<tr>
<td>Domestic Violence Support Service</td>
<td>The Domestic Violence Support Service is a multi-strand approach to supporting local parents with young children. It includes enhanced casework, group work, and workforce support.</td>
</tr>
<tr>
<td><strong>Making it REAL for under 3s</strong></td>
<td>A home visiting service that trains local practitioners to work with parents on supporting children’s early literacy and language development.</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Enhanced Speech and Language</strong></td>
<td>This is a multi-strand offer aimed at delivering a first-class speech and language service in the LEAP wards. The work includes audits and support for PVI settings, new Chattertime groups, and new Baby Chattertime sessions.</td>
</tr>
<tr>
<td><strong>Doorstep Library</strong></td>
<td>Doorstep Library is an estate-based home visiting service. Trained volunteers read with children in their homes.</td>
</tr>
<tr>
<td><strong>Natural Thinkers</strong></td>
<td>Natural Thinkers uses outdoor spaces and nature to promote children’s early language. The service is particularly targeted at boys.</td>
</tr>
<tr>
<td><strong>Parent Champions</strong></td>
<td>Our local volunteer Parent Champions act as a bridge between services and local families and communities.</td>
</tr>
<tr>
<td><strong>Community Engagement</strong></td>
<td>LEAP’s Community Engagement Strategy is delivered in partnership with the local voluntary and community sector. It incorporates community events, local early years forums, and LEAP Parent Representatives.</td>
</tr>
<tr>
<td><strong>Family Partnership Model</strong></td>
<td>Family Partnership Model is a workforce approach for developing and applying helper qualities and goal-setting. The model is being adopted by children’s centre workers, early help workers, and health visitors.</td>
</tr>
</tbody>
</table>
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Health and Well-Being Board, 14 June 2018

Lambeth Suicide Prevention Strategy

Wards: All

Portfolio: Cabinet Member for Health and Social Care: Councillor Edward Davie
Report Authorised by: Fiona Connolly Strategic Director for Adults and Health

Contact for enquiries: David Orekoya, Lead Commissioner-Health Improvement, dorekoya@lambeth.gov.uk

Report summary
Every suicide represents a tragic loss for the individuals which can have profound effects on their families, workplace and the wider community. The government has made reducing suicide a key component of efforts to improve mental health and wellbeing and as part of this all local areas in England are required to have a multi-agency suicide prevention plan. Whilst rates of suicide in Lambeth are generally lower than England as a whole, there are more people affected by mental ill health which is one of the risk factors for suicide. This briefing provides an overview of the aims and objectives of Lambeth's suicide prevention strategy and action which seeks to take specific action to reduce suicide whilst retaining a focus on the broader context of poor mental health which is contributory risk factor.

Finance summary
None arising from this report

Recommendations
1. The Health and Well-Being Board formally agree the Lambeth Suicide Prevention Strategy and action plan for 2018/19
1. **Context**

1.1 Suicide rates have been increasing in England since 2007, with suicide now being the leading cause of death amongst men under 50 and amongst new mothers. It is also the leading cause of death amongst young people aged 20-34 in the UK (Office for National Statistics 2015), accounting for 24% of deaths amongst men and 12% amongst women. In response the Government is implementing a National Suicide Strategy. This strategy follows recommendations from the Five Year Forward View for Mental Health to develop national and local suicide prevention strategies and action plans with a target of a 10% reduction in suicide. Guidelines for local suicide prevention planning were issued by Public Health England in October 2016.

1.2 This strategy supports the ambition set out in both the Council’s Community Plan 2016-2021 and Lambeth CCG 5 Year Forward to reduce health related inequalities which impact on the overall life chances and outcomes for residents in Lambeth. The strategy also recognises the broader links between physical and mental well-being as part of the wider efforts to assure parity of esteem between interventions to tackle both poor physical and mental health.

2. **Proposal and Reasons**

2.1 Lambeth’s local suicide prevention strategy has been developed following extensive review of local evidence. Local data highlighted that Lambeth has lower rates of actual suicide but higher rates of risk factors associated with suicide including mental ill health, substance misuse and insecurity arising out of economic circumstances. Therefore the approach within Lambeth has been to utilise the formulation of the local strategy and action plan to underpin focused action on these and other associated risk factors. Amongst the priorities identified within the Lambeth suicide strategy there are actions to: improve the emotional health and wellbeing of children and young people; address inequalities in mental health outcomes for BME communities in Lambeth; continue to deliver quality support for people presenting with both mental health and substance misuse issues; and engaging with advice agencies and other agencies to assist people who may be vulnerable due to economic circumstances.

2.2 Following an initial consultation event on the draft strategy held in February 2018, further work has been undertaken to scope out key priorities and actions and have set out a summary action plan for Year 1 of the strategy in Appendix 2. Key activities for this year encompass:

- Ensuring early access and crisis support for high risk groups as part of the redesign of the community offer for mental health services
- Reviewing children’s needs and the current offer around the promotion of resilience and resilience and suicide prevention in schools with a particular focus on Looked After Children, young people leaving care, young people with no recourse to public funds.
- Identifying concrete actions and indicators that address inequality in outcomes for BME people around suicide and self-harm
- Mapping current provision of bereavement support services and review whether signposting information is widely available to people across all age groups

2.3 The Council will also work collaboratively with partners across South East London to implement guidance and best practice with respect to dual diagnosis and improve access to more meaningful data to improve near time reporting of suicide, attempted suicide and self-harm.

3. **Finance**

3.1 There are no specific financial implications arising out of the development and implementation of this strategy as it is aligned with and embedded as part of core business for key stakeholders.
4. **Legal and Democracy**

4.1 For the purpose of advancing the health and wellbeing of the people in its area, the Health and Wellbeing Board has a duty to encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner. The board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under the National Health Service Act 2006, and the Health and Social Care Act 2012 in connection with the provision of such services.

4.2 Section 1 of the Localism Act 2011 provides the Council with the power to do anything that individuals generally may do. The Council may exercise this power for, or otherwise than for, the benefit of the authority, its area, or persons resident or present in its area. This general power is limited by any restrictions in any existing or future legislation.

4.3 Section 111 of the Local Government Act 1972 provides powers for a local authority to do anything (whether or not involving the expenditure) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions.

4.4 Where, in pursuance of any of the objectives set out in this report, the Council purchases goods or services, or commissions works, officers must be mindful of the internal and statutory procurement rules.

5. **Consultation and co-production**

5.1 Following the consultation on the initial draft event at the pre-meet of the Health and Well-being Board in February there has been considerable engagement with key stakeholders. This has informed both the scope of key priorities and principle actions that will be taken forward in the action plan for 2018/19. Feedback mechanisms will be built into the monitoring and review of the action plan as part of the evaluation of the impact of the strategy.

6. **Risk management**

6.1 Every local partnership is required to agree a local plan in line with the National Suicide Prevention Plan. Development of the local plan has enabled the Council to align the strategy with a local focus on broader risk factors for poor mental health.

7. **Equalities impact assessment**

7.1 The emphasis of the strategy and action plan embeds and reinforces existing action that is being taken to improve mental health and well-being of key priority groups including Children and Young People, BME communities and people experiencing mental health difficulties. This is in line with the Council’s Community Plan and the recommendations of the Equalities Commission to improve outcomes and reduce avoidable inequalities associated with poor health. Central to the plan is ambition to: promote resilience; assure advice, support and early access especially for those in crisis; and deliver high quality care to people in contact with mental health services. Monitoring of the impact for key equalities groups will be integral to the detailed planning which will guide delivery of the action plan for 2018-19.

8. **Community safety**

8.1 Suicide represents a significant loss not only for the individuals concerned but also for families and the wider community with negative consequences for overall family and community well-being. The strategy contributes to amelioration of the risk related to these community harms by addressing factors associated with poor mental health. In addition one of the identified priorities is to provide better support to families and social networks that have been affected by suicide, given the emotional and psychological impact that an individual’s death due to suicide can have.
9. **Organisational implications**

9.1 **Health**

The strategy and action plan contributes to fulfilment of the Council’s obligations to improve public mental health as outlined in the Health and Social Care Act 2012. The strategy is also in line with the recommendations of the Equalities Commission and the Joint Strategic Needs Assessment, by taking action to reduce differentials in mental health and broader well-being outcomes across key equalities groups. Poor mental health is linked to inequalities in both physical health and overall outcomes across the life course.

10. **Timetable for implementation**

10.1 Implementation timetable is set out in Table 1 below.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
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<tbody>
<tr>
<td>Consultation on Draft Suicide Prevention Strategy</td>
<td>February 218</td>
</tr>
<tr>
<td>Finalise Action Plan</td>
<td>May 2018</td>
</tr>
<tr>
<td>Approval of Strategy and Action Plan</td>
<td>June 2018</td>
</tr>
<tr>
<td>Implementation of 2018-19 Actions</td>
<td>June 2018-March 2019</td>
</tr>
<tr>
<td>One year review and refresh of action plan</td>
<td>April 2018</td>
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**Audit Trail**

**Consultation**

<table>
<thead>
<tr>
<th>Name/Position</th>
<th>Lambeth directorate / department or partner</th>
<th>Date Sent</th>
<th>Date Received</th>
<th>Comments in paragraph:</th>
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<td>Councillor Edward Davie</td>
<td>Cabinet Member for Health and Social Care</td>
<td>01.06.18</td>
<td>04.06.18</td>
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<tr>
<td>Fiona Connolly</td>
<td>Strategic Director for Adults and Health</td>
<td>01.06.18</td>
<td>01.06.18</td>
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<tr>
<td>Guy Swindle, Finance</td>
<td>Corporate Resources</td>
<td>25.05.18</td>
<td>30.05.18</td>
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</tr>
<tr>
<td>Michael O’Hora, Legal Services</td>
<td>Corporate Resources</td>
<td>25.05.18</td>
<td>30.05.18</td>
<td>4.1-4.4</td>
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<tr>
<td>Nazayer Choudhury, Democratic Services</td>
<td>Corporate Resources</td>
<td>25.05.18</td>
<td>31.05.18</td>
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**Report History**

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<tr>
<td>Report deadline</td>
<td>01.06.18</td>
</tr>
<tr>
<td>Date final report sent</td>
<td>05.06.18</td>
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<td>Part II Exempt from Disclosure/confidential accompanying report? Delete as appropriate</td>
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</tr>
<tr>
<td>Key decision report</td>
<td>No</td>
</tr>
<tr>
<td>Date first appeared on forward plan</td>
<td>N/A</td>
</tr>
<tr>
<td>Key decision reasons</td>
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</tr>
<tr>
<td>Background information MANDATORY: Insert headings for a few main public documents you have used or referenced</td>
<td>N/A</td>
</tr>
</tbody>
</table>
to write this report. This is a legal requirement. For Cabinet reports, **insert hyperlinks**. Do not list private documents (such as OB reports). Detailed procurement information will need to be provided in an internal procurement report but will not be appended to this report (and the public info. will be a background document).

**Appendices**
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LONDON BOROUGH OF LAMBETH SUICIDE PREVENTION STRATEGY

2018-2021
EXECUTIVE SUMMARY

INTRODUCTION
Mental Health and Wellbeing has been an area of focus in Lambeth for many years. Through our local partnerships we have developed innovative and person centred approaches to supporting people affected by mental illness. Rates of suicide in Lambeth are generally lower than England. However, there are more people affected by mental illness. It is therefore important that we retain this focus on broader mental health issues within the requirement to have a suicide prevention plan. One suicide is one too many. In view of this our suicide prevention strategy and action plan focuses as much on the wider context of poor mental health as a potential risk factor as it does on suicide itself.

WHY SUICIDE IS A CONCERN
- Suicide is the leading cause of death among young people aged 20-34 years in the UK (ONS 2015), accounting for 24% of deaths in this age group in men and 12% in women. It is also the leading cause of death among men aged 35-49 (followed closely by heart disease).
- Lambeth has a higher prevalence of some of the key risk factors for suicide than the benchmark for England (including severe mental illness and substance misuse)
- Many of the risk factors and social determinants which make people vulnerable to suicide are more prevalent in times of economic instability: loss of employment, debt, relationship breakdown, substance misuse and loneliness are known contributory factors for suicide.
- We therefore need to ensure that all those who are in known “at risk” groups receive the support they need to build up protective factors and to ensure that they have access to help in times of crisis. Suicide prevention needs to be part of a wider effort to promote mental wellbeing and to improve individual and community resilience.

WHAT WE KNOW
- The number of deaths from suicide in Lambeth each year is 24 (average over period 2014-2016, source: Primary Care Mortality Data)
- The suicide rate in men in Lambeth is almost 3 times higher than in women.
- The suicide rate in Lambeth for all persons (10.2 per 100,000 population) is similar to that for London (PHOF, data for 2014-2016)
- Individuals with a history of self-harm are at increased risk of death by suicide. Our admission rate for intentional self-harm is similar to the London benchmark (the Lambeth rate was 100 per 100,000 population in 2015/2016). Self-harm is more common than suicide and it is important that we provide early interventions for people with a history of self-harm.

WHAT WE WILL DO
- The purpose of this strategy is to provide a multi-agency framework for action across the life-course to prevent avoidable loss of life through suicide. It draws on local experience and research evidence, aiming to prevent suicide and promote mental health and wellbeing.
- Our key priorities will be: 1. People who are vulnerable due to economic circumstances, 2. Children and young people, 3. People who misuse substances, 4. People in the care of mental health services, 5. BME groups, migrants and asylum seekers 6. Improving access to timely suicide and self-harm data
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ACKNOWLEDGEMENTS

With thanks to all those who have helped us with the strategy through signposting and contribution at consultation events. Particular thanks to Denis O’Rourke, James Crompton, Ian Diley, Ruth Hutt, Sarah Corlett, Hiten Dodhia and Judith Eling and the members of the Lambeth Living Well Collaborative.
FOREWORD

While Lambeth has a relatively low suicide rate, each year in Lambeth, around 24 people take their own lives. The consequences of each one of these deaths from suicide is far reaching, affecting on average an additional 10 people.

Suicide has many causes and the majority, if not all of these deaths are preventable. Mental health is a key factor but the majority of those who die by suicide were not in contact with mental health services. The causes are a complex interaction of individual risk factors (such as ill health, substance misuse, mental illness, history of trauma); social risk factors (such as debt, isolation, relationship breakdown or racism) and wider environmental factors (economic recession, housing crises). As such, there is no one solution to preventing suicide.

A thriving and prosperous local economy, safe communities, a focus on health and wellbeing and a strong start in life can reduce some of the risks of suicide.

We will make use of our networks across London and SE London as well as our local partnership to maximise the impact of our local suicide prevention plans, working at scale where appropriate, but recognising that many of the actions will be local and set within a Lambeth context.

No single organisation can do this alone. We will work through existing agencies and partnerships to build upon and strengthen the actions that we know have an impact. The strategy will build on the approaches developed with the Lambeth Living Well Collaborative and Black Thrive working closely with communities to develop effective approaches which can make a real difference and reduce the number of people who take their own lives.

Councillor Jim Dickson

London Borough of Lambeth

February 2018
INTRODUCTION

The impact of an individual dying by suicide or making an attempt to do so are far reaching. The death will profoundly impact on people in the individual’s workplace, family and community. It is estimated that for every person who dies at least 10 people are directly affected. The death will impact on their ability to work effectively, to continue with caring responsibilities and to have satisfying relationships. The impact of a death by suicide thus extends into future generations. The economic cost of suicide is also substantial (estimated to be £1.67 million for the death by suicide of someone of working age).

Suicide risk reflects wider inequalities as there are marked differences in suicide rates according to people’s social and economic circumstances, with those in poorer communities more likely to be affected. People in the lowest socio-economic groups living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socioeconomic group living in the most affluent areas. Approaches aiming to protect those who are vulnerable in this way (for example people in debt or who are homeless) are vital to reducing risk.

There are specific factors that increase the risk of suicide. The strongest identified predictor of suicide is previous episodes of self-harm. Mental ill-health and substance misuse also contribute to many suicides.

Suicide is preventable and it is our collective responsibility to do all that we can to reduce deaths through suicide. This must be through a multi-agency approach bringing together the Council, primary care and secondary care services, voluntary and third sector organisations as well as communities and individuals. A strategy that is to succeed in reducing suicide deaths needs to combine a range of integrated interventions that build community resilience and target groups of people at heightened risk of suicide.

AIMS

Nationally, a target has been set for the suicide rate in England to be reduced by 10 percent by 2020/2021, with the starting point taken as the publication of the Five Year Forward View for Health in 2016. The national plan says that all local areas should have multi-agency plans contributing to a 10% reduction nationally. At a local level, it would be difficult to demonstrate a 10% reduction in a meaningful way, as suicide numbers tend to fluctuate year-on-year and a 10% reduction of the suicide rate in Lambeth would translate into very small numbers of individual deaths, which could be difficult to distinguish from this underlying variation.

Some local authorities have adopted a Zero Suicide approach. A zero suicide approach acknowledges that while it may not be possible to prevent every suicide, we should aspire to do so. Zero Suicide is not a short-term performance measure, rather it is concerned with not accepting any suicide as inevitable, and is an approach that aims to transform attitudes to suicide prevention.

The strategy for Lambeth aims to contribute to the 10% target set nationally, with the intention that this will foster our bigger ambition and aspiration, which is to prevent every suicide.
UNDERSTANDING SUICIDE IN LAMBETH

Every year, around 24 people living in Lambeth will die from suicide. There are also a significant number of suicide deaths that occur within the borough of people who are resident in other local authority areas. An essential part of effective suicide prevention is understanding who is dying from suicide, where they died, what methods they used and what risk factors might have contributed to the suicide.

We have some of this information from the data that was available to the Public Health Intelligence Team as well as data that was available through open sources; we would have a better understanding of local issues related to suicide if we had information from a detailed suicide audit using coroner’s data and this may be possible in the future.

The text below summarises key points from data analysed to date. The full analysis can be found in the as a fact sheet on our Lambeth JSNA website to this strategy document.

KEY STATISTICS FOR LAMBETH

NUMBER OF SUICIDE DEATHS EACH YEAR

Over the 3-year period 2014-2016, on average 24 Lambeth residents died each year from suicide. One quarter of these were female.

SUICIDE RATES

- Suicide rates vary significantly between the regions and countries of the UK. Northern Ireland has the highest rate, followed by Scotland, then Wales, with London having the lowest.
- Within London, there are no significant differences between the suicide rate in Lambeth and the rates in its statistical neighbours. The suicide rate in Lambeth 2014—2016 was 10.2 per 100,000 population.

TRENDS

There has been a general decrease in suicide rates in Lambeth, London and England in the period 2001-2016.

AGE

Most suicides in Lambeth occur in people aged between 20-50 years.
In males, the most frequent age band is 30-39 year olds whereas in females it is 20-29 year olds.
LOCATION OF SUICIDE

Key points

- 47% of suicide deaths in Lambeth residents or occurring in Lambeth were certified in hospital. However most of these deaths had not occurred in hospital and were therefore excluded from the analysis of location.
- 59% of suicide deaths occurred in residential premises (excluding deaths where location was unknown)
- Of known non-residential locations, the commonest were train stations and rail tracks, followed by the River Thames and parks, churchyards and cliffs.

COUNTRY OF ORIGIN

Key points

- Ethnicity is not recorded in ONS data and was not available in the PCMD dataset analysed. The best available proxy was “country of origin” of the deceased.
- At the time of the UK census 2011, 38% of the population of Lambeth was non-UK born.
- Local data suggests that there are differences in suicide rate linked to country of origin, with a particularly high rate in people born in North America and the Caribbean, however due to the small number of suicide deaths it is not possible to demonstrate a statistical difference.

Suicide crude rates per 100,000, Lambeth residents, 5 year average (2011-15), male and female (source: PHOF) compared to benchmark (crude rate for England)

<table>
<thead>
<tr>
<th>Age 10-34 years</th>
<th>Age 35-64 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.3</td>
<td>19.7</td>
</tr>
<tr>
<td>10.5</td>
<td>20.8</td>
</tr>
<tr>
<td>2.7</td>
<td>5.0</td>
</tr>
<tr>
<td>2.9</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Lambeth | England | Lambeth | England

- The suicide rate for men in the age range 10-34 years is lower than the benchmark (England).
- For women the rate is similar to the benchmark (though numbers have been combined for all female suicide deaths in London as they are too small to analyse by borough).
- In the older age group (35-64), the rate in men is similar to the benchmark (England), whereas in women it is lower than the benchmark (again, the rate given for women is that for the whole of London).
METHOD OF SUICIDE

Key points
- Hanging, strangulation and suffocation are the commonest suicide method overall and the commonest in males, whereas in females death by poisoning is marginally more common than hanging.
- Poisoning has become less common over the time period analysed (2001-2017), while there has been a slight increase in the proportion of suicides occurring as the result of hanging/strangulation/suffocation. There has been little change over time in the proportion of deaths occurring by jumping or falling.

OCCUPATION

Key points
- The largest number of suicide deaths occurred in people who were unemployed or students or retired.
- In people recorded as having an occupation, the largest number were working in skilled trades, followed by professional occupations.
- Local data suggests that people working in certain occupational groups are at significantly increased risk of suicide. The group with the highest rate is those working in skilled trades occupations (predominantly, in Lambeth, those in skilled metal, electrical and electronic trades, textiles, printing and other skilled trades, and skilled construction and building trades). The second highest rate is in those working as process, plant and machine operatives (predominantly transport and mobile machine drivers and operatives).

SELF HARM

Key points
- The number of emergency admissions for self-harm is much larger than suicide counts each year; and those admitted for self-harm represent only a proportion of those who self-harm as many people do not present to hospital after a self-harm episode
- The peak age group overall and in males is 20-29 year olds; in females the peak spreads across the 10-19 and 20-29 year age bands.
- Just over half of admissions for self-harm are in people of white ethnicity, about 17% are in black ethnicities (about a third each African, Caribbean and other Black background).
- 6% of those admitted due to self-harm are discharged to a mental health inpatient unit, and a further 1% to a high security psychiatric unit.
- The majority of self-harm admissions occur as a consequence of exposure to drugs (prescribed and non-prescribed)
- The second most frequent reason (9%) is intentional self-harm by a sharp object.
- The most common type of drugs used in self-harm are non-opioid analgesics, antipyretics and antirheumatics: 37% of all admissions (this groups includes paracetamol and ibuprofen).
DEPRIVATION

- Analysis of suicide rates by IMD (Index of Multiple Deprivation) decile band shows that there is a far larger burden of suicide deaths in the 5 most deprived deciles compared to the 5 least deprived.
- The life expectancy gained if the most deprived quintile in Lambeth had the same mortality from suicide as the least deprived quintile would be 0.14 years in males, and 0.02 years in females (PHE 2015).

RISK FACTOR PREVALENCE

Key points

Lambeth has a higher than average prevalence (as compared to England as well as to London) for the following risk factors for suicide:

1. Substance misuse (both alcohol and opiates and/or crack cocaine use)
2. Severe mental illness
3. Contact with the criminal justice system (in children/young people aged 10-18)
4. Loneliness (as measured by % of households occupied by a single person)
5. Children in care/care-leavers

CURRENTLY UNKNOWN

The following characteristics of individuals who died from suicide and other additional details are not available from current data but would be very valuable in understanding suicide patterns and local issues in Lambeth:

- Ethnicity and protected characteristics
- Chronic ill health/disability/terminal illness
- Substance misuse
- Engagement with mental health services and other services
- Local context (e.g. large-scale local redundancies by a single employer)
- High-frequency locations (as almost half of deaths certified in hospital, location information is missing for almost half of all suicide deaths)
- Immigration status and refugee status
AREAS FOR ACTION

We have adopted the 6 initial key priority areas and the 7th, recently added key area, from the national suicide strategy (DH 2012) to develop a set of priorities for Lambeth. The 7 key areas are:

1. Reducing the risk of suicide in key high risk groups
2. Tailoring approaches to improve mental health in specific groups
3. Reducing access to means of suicide
4. Providing better information and support to those bereaved
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Supporting research, data collection and monitoring
7. Reducing rates of self-harm as a key indicator of suicide risk

Joint Actions with South East London Mental Public Health Group

The SE London Mental PH Group has been meeting bi-monthly to discuss ways of working together on public mental health improvement; one of the key areas discussed was suicide prevention. Joint working is proposed as being the preferred approach in the following action areas:

- Working collaboratively with coroners and other agencies to improve data collection and intelligence in relation to suicide
- Provision of training programmes on suicide prevention (e.g. STORM training)
- Reducing access to means of suicide (e.g. working with Network Rail, TfL, British Transport Police)
- Responsible reporting of suicides by media and local press
- Providing better information and support to those bereaved or affected by suicide
- Improving access to crisis support and counselling for people in at risk occupations (e.g. outreach via Trade Associations)

Working across South East London and London creates economies of scale for some elements of suicide prevention which cross borough boundaries.

LOCAL PRIORITY ACTIONS

Priority action areas were identified on the basis of local need (data analysis and consultation), discussion with STP partners and the literature on suicide and self-harm trends and risk factors. A mapping exercise was undertaken highlighting the evidence of what works in suicide prevention, what the Lambeth situation is and local developments planned. The full analysis can be found in appendix 1.
SUMMARY OF PRIORITY AREAS FOR ACTION

Priority areas that we have identified in Lambeth are:

1. People who are vulnerable due to economic circumstances,
2. Children and young people,
3. People who misuse substances,
4. People in the care of mental health services,
5. BME groups, migrants and asylum seekers
6. Improving access to timely suicide and self-harm data

Priority Actions are based on evidence of what works and knowledge of local programmes following engagement with a range of local stakeholders.

PRIORITY AREAS AND OVERLAP WITH EXISTING WORK PROGRAMMES

The diagram below illustrates the services, strategies and programmes that are already operating across that borough which relate to the six priorities we have identified for our suicide prevention strategy.
OUR SUICIDE PREVENTION PARTNERSHIP APPROACH

The combined knowledge, experience and resources of organisations across all sectors are necessary in order to achieve the ambitions of this suicide prevention strategy. We have started to engage with the following partners, with the aim of building a network for suicide prevention across Lambeth:

GOVERNANCE

The Suicide Prevention Strategy has been developed by the Lambeth Public Health Team (London Borough of Lambeth) with support from the Lambeth Living Well Collaborative and other partners. It is meant to be a “live” document with an annual action. It will report into Staying Healthy Board, with overall Governance resting with Lambeth Health and Wellbeing Board. The Strategy will run from 2018-2021, with a 6-monthly review of the action plan.

MONITORING AND EVALUATION

An annual action plan will be produced for each year of the strategy. The priorities for the first year are outlined in Appendix II.

The fundamental outcome which this strategy aspires to contribute to is a reduction by 2020/2021 of at least 10% in the number of people dying by suicide, compared to 2016/2017 levels.

The relatively small number of suicides at local level make it difficult to measure a significant change in rates. However, there are alternative methods of monitoring success in reducing suicide attempts and self-harm, and a set of indicators will be developed in conjunction with a more detailed elaboration of the action plan.
APPENDIX I – PRIORITY ACTION AREAS

Priority action areas were identified on the basis of local need (data analysis and consultation), discussion with STP partners and the literature on suicide and self-harm trends and risk factors. Priority action areas have been highlighted in shaded rows in the action plan.

<table>
<thead>
<tr>
<th>Area for action</th>
<th>What works</th>
<th>Lambeth position</th>
<th>Local developments planned</th>
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</thead>
<tbody>
<tr>
<td>Men</td>
<td>Delivering information and support through trusted sources e.g. through peers, and undertaking outreach work in the community</td>
<td>Ratio of deaths in Lambeth is in line with national expectations. There are no Men’s Sheds listed in Lambeth in open directories.</td>
<td>Planned transformation of adult mental health services</td>
</tr>
<tr>
<td>People in the care of mental health services</td>
<td>Ensuring access to specialist community teams, providing 24 hour crisis care and developing local policies on dual diagnosis patients</td>
<td>Lambeth has an “evening sanctuary” for out-of-hours crisis support at the Mosaic Clubhouse</td>
<td>Data is being obtained from SLAM on the numbers of Lambeth patients who have died from suicide</td>
</tr>
<tr>
<td>People in contact with the criminal justice system</td>
<td>Providing suicide awareness training for those who work in prisons, probation services and the courts and focus interventions on transition times</td>
<td>Lambeth has a prison in its geographical area (Brixton) though the majority of prisoners are not residents. There have been suicide deaths at the prison historically. NHS England commission offender health contract. The Regional Safer Custody Lead runs a developmental programme for all London prisons (due to be implemented in HMP Brixton during 2018). Risk assessment training is also provided to mental health nurses working in police stations (including Brixton). The National Probation Service provide a 2-day suicide prevention training to all staff. The NPS has a Suicide Prevention Action.</td>
<td>Engagement with PHE Justice Health Team and London Safer Custody Lead</td>
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<tr>
<td><strong>Specific occupational groups</strong></td>
<td>Engaging employers to promote mental health in the workplace and reduce stigma to increase help seeking behaviour. Working with local occupational health services to strengthen support available to employees</td>
<td>Local data shows that specific occupational groups are at higher risk of suicide, particularly those working in skilled building trades, and in elementary administration and service roles. ONS data shows nationally there is higher risk in certain other groups also, including in school teachers.</td>
<td>Mental health and wellbeing have been considered in the recommissioning of the Occupational Health Service and Employee Assistance services for Council and School staff. Lambeth Council Leadership Essentials (phase 1) being offered to all people managers and has wellbeing as one of the cross cutting themes. It specifically refers to supporting staff and developing staff as well as being supportive and addressing wellbeing issues within management.</td>
</tr>
<tr>
<td><strong>People who misuse drugs and alcohol</strong></td>
<td>Integration of assessment, care and support for people with co-morbid substance misuse and mental health problems (dual diagnosis)</td>
<td>Local data shows that Lambeth has rates of substance misuse that are higher than the benchmark. A number of commissioned services operate in the borough: Lambeth Consortium (community support), Drug and Alcohol Service (tier 2 and 3), Lambeth Harbour (recovery) as well as third sector services: Aurora Project (peer mentoring).</td>
<td>Mental health promotion provision is due to be reviewed (SLAM/CCG).</td>
</tr>
<tr>
<td><strong>Community-based approaches</strong></td>
<td>Education of primary care doctors targeting depression recognition and treatment</td>
<td>Suicide prevention training (STORM training) is provided free to frontline staff (3 sessions provided 2016-2017)</td>
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<tr>
<td><strong>Community based awareness campaigns to reduce stigma and discrimination and increase help seeking behaviour</strong></td>
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<tr>
<td>Providing suicide prevention training to specific groups of people who have the greatest opportunity to identify people at risk of suicide e.g. GPs, faith leaders, teachers</td>
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<tr>
<td>Providing financial and debt counselling support to vulnerable individuals</td>
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<thead>
<tr>
<th><strong>The current mental health promotion offer includes a number of training sessions for community organisations</strong></th>
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<tbody>
<tr>
<td>MHFA (Mental Health First Aid) training sessions are offered to frontline staff - 6 courses offered in 2016/2017 to volunteers/voluntary sector staff</td>
</tr>
<tr>
<td>Brixton Reel Film Festival</td>
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<tr>
<td>Wellbeing Communities Network Event</td>
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<tr>
<td>Small grants fund for mental wellbeing</td>
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<tr>
<td>Mental Wellbeing blog</td>
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<tr>
<th><strong>Children and Young People</strong></th>
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<tbody>
<tr>
<td>Developing schools-based awareness programmes targeted at specific times in the curriculum e.g. exams and transitions</td>
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<tr>
<th><strong>The Young Lambeth Emotional Wellbeing and Mental Health Strategy and Plan 2015-2020</strong></th>
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<tbody>
<tr>
<td>Lambeth Made: Children and Young People’s Plan for Lambeth 2017-2022</td>
</tr>
<tr>
<td>“Chat Health”-messaging service for young people in Lambeth and Southwark, giving access to a school nurse for advice, including on emotional health</td>
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<tr>
<td>Well Centre in Streatham is a youth health centre; a counsellor is part of the team</td>
</tr>
<tr>
<td>People who are vulnerable due to economic circumstances</td>
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<tr>
<td>Pregnant women and those who have given birth in the last year</td>
</tr>
<tr>
<td>LGBT people</td>
</tr>
<tr>
<td>BME groups, migrants and asylum seekers</td>
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<tr>
<td><strong>Restricting Access to suicide means</strong></td>
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<tr>
<td><strong>Supporting those bereaved by suicide</strong></td>
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<tr>
<td>Ensure all first responders have supplies of signposting information, e.g. Help is at Hand z-card Disseminate information via the Coroner’s office, local funeral directors and voluntary sector organisations Ensure individual approaches for anyone identified as being at risk of contagion, including rapid referral for community mental health support</td>
</tr>
<tr>
<td>Ensuring local media are aware of the Samaritans’ guidance on responsible media reporting Working with the local media to encourage them to provide information about sources of support and contact details of helplines when reporting mental health and suicide stories</td>
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<tr>
<td><strong>Reducing self-harm</strong></td>
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<tr>
<td><strong>Reducing self-harm</strong></td>
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**Lambeth Suicide Prevention Strategy Action Plans**

**Actions agreed by the South East London Public Health Mental Health Group (2018/19)**

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Action</th>
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<tbody>
<tr>
<td>1. Reducing the risk of suicide in key high risk groups</td>
<td><strong>People who use drugs and alcohol</strong>&lt;br&gt;1.1 Ensure there is no ‘wrong door’ for dual diagnosis (mental health and substance misuse) patients through the implementation of new public health guidance around dual diagnosis</td>
</tr>
<tr>
<td>2. Providing better information and support to those bereaved or affected by suicide</td>
<td>2.1 Review SLAM’s offer with regard to bereavement support</td>
</tr>
<tr>
<td>3. Supporting research, data collection and monitoring</td>
<td>3.1 In the absence of timely suicide data from the coroner to inform a formal suicide audit, work with SLAM to improve access to more meaningful data to improve near time reporting of suicide, attempted suicide and self-harm</td>
</tr>
<tr>
<td>4. Reducing rates of self-harm as a key indicator of suicide risk</td>
<td>4.1 Ensure NICE guidance for supporting those who self-harm is reflected across the SLAM service&lt;br&gt;4.2 Review crisis provision for individuals in distress – particularly the out-of-hours pathway.</td>
</tr>
</tbody>
</table>
## Lambeth 2018/19 Suicide Prevention Plan summary

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Owner</th>
<th>Deadline</th>
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</table>
| **1. Reduce the risk of suicide in high risk groups** | **People in the care of mental health services**  
1.1 Input into the redesign of the community offer for mental health services, to ensure that early access and crisis support meets needs of high-risk groups including Sanctuary opening hours; review role of Solidarity in Crisis and support for community development approaches to build resilience. | **CCG mental health commissioning lead/Public Health/Certitude** | March 2019 |
| **People in contact with the criminal justice system** | **1.2 Review current actions in the Youth Offending Service (YOS) to prevent suicides in young offenders** | **Public Health/Youth Offending Service (YOS)** | March 2019 |
| **Specific occupational groups** | **1.3 Integrate health and wellbeing into the Council’s own employment policies (eg: staff development and Leadership programmes). This includes work on level 2 of the Healthy Workplace Charter. Target groups for access and support through occupational health and employee assistance are staff/contractors in construction and education.** | **Human Resources, Health and Safety team/Public Health** | September 2018 |

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<thead>
<tr>
<th>Objective</th>
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<th>Owner</th>
<th>Deadline</th>
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</table>
| **2. Tailoring approaches to improve mental health in specific groups** | **Community based approaches**  
2.1 Review provision of suicide prevention (STORM) training and Mental Health First aid training to front-line staff and consider expansion to other groups | **CCG/Public Health** | September 2018 |
<p>| <strong>Children and Young People</strong> | <strong>2.2 Review access to acute assessment for Children and Young People (CYP) via the Children and Young People’s Mental Health Service</strong> | <strong>Young People’s commissioning/Public health</strong> | September 2018 |
| | <strong>2.3 Review CYP needs and current offer around promotion of resilience and suicide prevention in schools (including anti-bullying, emotional problems, self-harm, bereavement) with a particular focus on Looked After Children, young people leaving care, young people with no recourse to public funds.</strong> | <strong>Young people’s commissioning/Public health</strong> | December 2018 |</p>
<table>
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<tr>
<th>Objective</th>
<th>Actions</th>
<th>Owner</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>2.4</td>
<td>Ensure staff dealing with young vulnerable people receive appropriate training (eg: Leaving Care Team)</td>
<td>Young people’s commissioning</td>
<td>March 2019</td>
</tr>
<tr>
<td><strong>People who are vulnerable due to economic circumstances</strong></td>
<td><strong>2.5</strong> Review training needs of staff in advice services/food banks/Job Centre Plus and whether Job Centre Plus flag up vulnerable clients using a Safeguarding Alert.</td>
<td><strong>Public Health/Advice Services/Food Bank</strong></td>
<td><strong>March 2019</strong></td>
</tr>
<tr>
<td><strong>LGBT people</strong></td>
<td><strong>2.6</strong> Review whether best practice is currently implemented in Lambeth schools (eg: anti-bullying policy referencing LGBT, data disaggregated by protected characteristic). Explore possibility of peer mental health champions through Young Lambeth Co-op.</td>
<td><strong>Public Health/Schools and Education team/YL Co-op/Community Safety partners</strong></td>
<td><strong>March 2019</strong></td>
</tr>
<tr>
<td><strong>BME groups, migrants and asylum seekers</strong></td>
<td><strong>2.7</strong> Identify concrete actions and indicators that address inequality in outcomes for BME people (particularly people of African Caribbean decent, asylum seekers and refugees) around suicide and self-harm</td>
<td><strong>Black Thrive/Public Health</strong></td>
<td><strong>September 2018</strong></td>
</tr>
<tr>
<td>3. Providing better information and support to those bereaved or affected by suicide</td>
<td><strong>3.1</strong> Map current provision of local bereavement support services and review whether signposting information is widely available to people across all age groups (eg: Help is at Hand z card, advertising of bereavement services).</td>
<td><strong>Public Health</strong></td>
<td><strong>March 2019</strong></td>
</tr>
<tr>
<td>Objective</td>
<td>Actions</td>
<td>Owner</td>
<td>Deadline</td>
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| 4. Supporting research, data collection and monitoring | **4.1** Conduct an audit of meaningful data to improve near time reporting of suicide, attempted suicide and self-harm highlighting prevalence among stated strategic target groups and other local vulnerable groups eg:  
- People with contact with mental health services  
- Providers of substance misuse services  
- Pregnant women & postnatal  
- Migrants and asylum seekers  
- Homeless people  
- Women who experience violence  
- Women in the criminal justice system  
- Men in the criminal justice system (including Brixton prison)  
This will also include the collection of surveillance data on substances used in poisonings and where they were purchased. | Public Health with relevant service providers eg: SLAM, substance misuse, homeless commissioners, regional safer custody lead (prisons), YOS | March 2019 |
| | **4.2** Explore setting up a real-time suicide surveillance system with the police | Public Health | March 2019 |
| | **4.3** Review how Black Thrive and Lambeth Alliance’s Shared Measurement relates to suicide risk factors/outcomes | Public Health, Black Thrive, Lambeth Alliance | March 2019 |
| 5. Reducing rates of self-harm as a key indicator of suicide risk | **5.1** Review how self-harm episodes are currently followed up in primary and secondary care. | Public Health/CCG, CYP commissioning team/LBL Education team | March 2019 |
| | **5.2** Work with schools/education team to review/develop preventative interventions in school; include a review of self-harm protocol for schools. | CCG Children’s commissioning | September 2019 |
Every year, around 24 people living in Lambeth will die from suicide. There are also a significant number of suicide deaths that occur within the borough of people who are resident in other local authority areas.

To help understand who is dying from suicide, how this changes over time, we can analyse data that is available to us from the Primary Care Mortality Data (PCMD) dataset, as well as data published by Public Health England on their “Suicide Prevention Profile” webpages. The suicide profiles published there for each local authority area are publicly accessible and allow comparison both of suicide rates as well as of suicide risk factors. There may be further information available in the future from a full suicide audit, however there are currently data access issues for this data. This would allow us to understand in more detail the circumstances leading up to suicide deaths and provide additional demographic and risk factor information such as ethnicity.

The data summarised here is taken from the PCMD dataset covering a period from 2001-2017. As suicide numbers are very small for individual years the conclusions that can be drawn from analysing such a long time period are more meaningful. Another difficulty with interpreting suicide numbers is that they fluctuate year-on-year and it can be misleading looking at numbers for individual years. Further information on understanding suicide statistics is available on the Samaritans’ website (www.samaritans.org) and on the ONS website (www.ons.gov.uk).

**DEFINITIONS**

1. The WHO definition of suicide is “the act of deliberately killing oneself”.
2. The Lambeth suicide data analysis uses the definition of suicide adopted by the Office of National Statistics (ONS), which reflects the coding used by WHO (ICD-10). This includes deaths from the ICD-10 groups “intentional self-harm” (for persons aged 10 years and over) as well as “injury/poisoning of undetermined intent” (for persons 15 years and over). Deaths from an event of undetermined intent in 10 to 14 year-olds are not included because the assumption cannot be made that in this age group the deaths were self-inflicted, and the possibility of unverifiable accidents, neglect or abuse cannot be excluded.
3. This definition will vary from a Coroner’s verdict of suicide. Coroners record a verdict of suicide only when there is evidence beyond reasonable doubt that the injury was self-inflicted, and the deceased intended to take their own life. Including “events of undetermined intent” mitigates against the undercounting of suicide that is known to occur when relying on coroners’ verdicts, as coroners record an open verdict when there is doubt about the deceased’s intentions. Research has shown that most open verdicts are likely to be suicides.
4. Suicides are recorded by ONS only once an inquest has been completed. As inquests may not be conducted in the year of death there can be considerable delay until a death is recorded. Data used for analysis counts suicides in the year in which they were recorded rather than the year of death. This is consistent with ONS practice.
5. Self-harm is defined as an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent (NICE 2011). Self-harm admission data analysed was provided by Secondary Uses Service (SUS) and reports on admissions to hospital for self-harm in patients for whom Lambeth CCG is responsible.
KEY STATISTICS FOR LAMBETH

NUMBER OF SUICIDE DEATHS EACH YEAR

Over the 3-year period 2014-2016, on average 24 Lambeth residents died each year from suicide. One quarter of these were female.

SUICIDE RATES

Suicide rates vary significantly between the regions and countries of the UK. Northern Ireland has the highest rate, followed by Scotland, then Wales, with London having the lowest.

Within London, the boroughs’ suicide rates have wide confidence intervals due to smaller numbers and there are no significant differences between the suicide rate in Lambeth and the rates in its statistical neighbours.

Highest and lowest age-standardised suicide rates in regions of the UK, 2016 (ONS), rate per 100,000 residents

Age-standardised suicide rates per 100,000 per year, 2014-2016, for Lambeth and statistical neighbours (source: PHOF)
TRENDS

There has been a general decrease in suicide rates in Lambeth, London and England in the period 2001-2016.

Suicide rate in all persons showing 3-year averages, for Lambeth, London and England (source: PHE PHOF)

AGE

Most suicides in Lambeth occur in people aged between 20-50 years.

In males, the most frequent age band is 30-39 year olds whereas in females it is 20-29 year olds.

At the extremes of age (under 20 and over 79) suicide numbers are so small that they could not be shown (suicide numbers smaller than 10 cannot be reported).
Ethnicity is not recorded in ONS data and was not available in the PCMD dataset analysed. The best available proxy was "country of origin" of the deceased.

At the time of the UK census 2011, 38% of the population of Lambeth was non-UK born.

The suicide rate for men in the age range 10-34 years is lower than the benchmark (England).

For women the rate is similar to the benchmark (though numbers have been combined for all female suicide deaths in London as they are too small to analyse by borough).

In the older age group (35-64), the rate in men is similar to the benchmark (England), whereas in women it is lower than the benchmark (again, the rate given for women is that for the whole of London).

### Country of Origin

Ethnicity is not recorded in ONS data and was not available in the PCMD dataset analysed. The best available proxy was “country of origin” of the deceased.

At the time of the UK census 2011, 38% of the population of Lambeth was non-UK born.

### Note on the data: overlapping confidence intervals

Deaths in UK-born residents 7.9 per 100,000 (CI 6.9 to 8.9)

Deaths in non-UK born residents 9.8 per 100,000 (CI 8.38 to 10.46)
Crude suicide rate in Lambeth residents by region of birth per 100,000 population (source: Census 2011 and PCMD 2001-2017).

Note: Apparent differences between regions of birth may not be significant due to small numbers

**Key points**

Local data suggests that there are differences in suicide rate linked to country of origin, with a particularly high rate in people born in North America and the Caribbean, however due to the small number of suicide deaths it is not possible to demonstrate a statistical difference.

**LOCATION OF SUICIDE**

47% of suicide deaths in Lambeth residents or occurring in Lambeth were certified in hospital. However most of these deaths had not occurred in hospital and were therefore excluded from the analysis of location. The data available recorded the location in which the deceased had been certified dead by a medical practitioner rather than the actual place of death, and in some instances the location stated did not reflect where the individual had died, particularly in relation to deaths by drowning in the Thames as bodies are generally retrieved some distance downstream.

59% of suicide deaths occurring in Lambeth or in Lambeth residents occurred in residential premises. These were also excluded from the analysis summarised in the figure as they are unlikely to be amenable to an intervention to the location.

Of the locations analysed for suicide deaths in Lambeth residents and suicide deaths occurring in Lambeth, the commonest locations were train stations and rail tracks, followed by the River Thames

**Key points**

59% of suicide deaths occurred in residential premises (excluding deaths were location was unknown)

Of known non-residential locations, the commonest were train stations and rail tracks, followed by the River Thames and parks, churchyards and cliffs.
Suicide counts by location of death certification, Lambeth residents and suicide deaths occurring in Lambeth, 2001-2017

**OCCUPATION**

Occupations were recorded in Primary Care Mortality data and were converted to SOC 2010 codes (the current standard occupational classification for the UK).

**Key points**

The largest number of suicide deaths occurred in people who were unemployed or students or retired.

In people recorded as having an occupation, the largest number were working in skilled trades, followed by professional occupations.
Suicide deaths in Lambeth residents, 2001-2017, by SOC 2010 major occupational group and for unemployed/students and retired, excluding those with no record of occupation.

**Key points**

Local data suggests that people working in certain occupational groups are at significantly increased risk of suicide. The group with the highest rate is those working in skilled trades occupations (predominantly, in Lambeth, those in skilled metal, electrical and electronic trades, textiles, printing and other skilled trades, and skilled construction and building trades). The second highest rate is in those working as process, plant and machine operatives (predominantly transport and mobile machine drivers and operatives).

**Suicide method**

![Diagram showing the proportion of total suicide deaths occurring by different methods, showing male and female deaths, Lambeth residents, 2001-2017.]

**Key points**

Hanging, strangulation and suffocation are the commonest suicide method overall and the commonest in males, whereas in females death by poisoning is marginally more common than hanging.

Poisoning has become less common over the time period analysed (2001-2017), while there has been a slight increase in the proportion of suicides occurring as the result of hanging/strangulation/suffocation. There has been little change over time in the proportion of deaths occurring by jumping or falling.
Trends in suicide methods shown as size of coloured area corresponding to proportion of deaths occurring by that method. Lambeth residents, 2001-2017.

SELF-HARM

Number of emergency admissions due to self-harm, for Lambeth CCG responsible patients, for period 2012/2013-2016-2017 (source: Lambeth CCG, 2017)
Unique admissions for self-harm, by 10 year age bands, for males, females and all persons, Lambeth CCG, 01/04/2012-31/10/2017

Discharge destination | % of discharges after self-harm admission
--- | ---
High security psychiatric accommodation | 1%
Penal establishment or police station | 1%
Patient died | 1%
General hospital ward | 4%
Mental health inpatient unit | 6%
Permanent or temporary place of residence | 87%

Unique admissions for self-harm, by ethnicity, Lambeth CCG responsible patients, 01/04/2012-31/10/2017

Discharge destinations from self-harm emergency admissions, Lambeth CCG, 01/04/2012-31/10/2017
**Key points**

- The number of emergency admissions for self-harm is much larger than suicide counts each year; and those admitted for self-harm represent only a proportion of those who self-harm as many people do not present to hospital after a self-harm episode.
- The peak age group overall and in males is 20-29 year olds; in females the peak spreads across the 10-19 and 20-29 year age bands.
- Just over half of admissions for self-harm are in people of white ethnicity, about 17% are in black ethnicities (about a third each African, Caribbean and other Black background).
- 6% of those admitted due to self-harm are discharged to a mental health inpatient unit, and a further 1% to a high security psychiatric unit.

**Reason for emergency admission after self-harm, Lambeth CCG, 01/04/2012-31/10/2017**

**Key points**

- The majority of self-harm admissions occur as a consequence of exposure to drugs (prescribed and non-prescribed)
- The second most frequent reason (9%) is intentional self-harm by a sharp object.
- The most common type of drugs used in self-harm are non-opioid analgesics, antipyretics and antirheumatics: 37% of all admissions (this groups includes paracetamol and ibuprofen).

**DEPRIVATION**

Analysis of suicide rates by IMD (Index of Multiple Deprivation) decile band shows that there is a far larger burden of suicide deaths in the 5 most deprived deciles compared to the 5 least deprived.

The life expectancy gained if the most deprived quintile in Lambeth had the same mortality from suicide as the least deprived quintile would be 0.14 years in males, and 0.02 years in females (PHE 2015).
**RISK FACTOR PREVALENCE**

Lambeth has a higher prevalence than the benchmark value (the average for England) and the regional average in the following, which are all known to be risk factors for suicide (Source: PHE Fingertips reports):

1. **Substance misuse**

2. **Children in the care system**

3. **Contact with the criminal justice system**

4. **Severe mental illness**

5. **Loneliness**
CURRENTLY UNKNOWN
The following characteristics of individuals who died from suicide and other additional details are not available from current data but would be very valuable in understanding suicide patterns and local issues in Lambeth:

- Ethnicity and protected characteristics
- Chronic ill health/disability/terminal illness
- Substance misuse
- Engagement with mental health services and other services
- Local context (e.g. large-scale local redundancies by a single employer)
- High-frequency locations (as almost half of deaths certified in hospital, location information is missing for almost half of all suicide deaths)
- Immigration status and refugee stat

Key points
Lambeth has a higher than average prevalence (as compared to England as well as to London) for the following risk factors for suicide:

6. Substance misuse (both alcohol and opiates and/or crack cocaine use)
7. Severe mental illness
8. Contact with the criminal justice system (in children/young people aged 10-18)
9. Loneliness (as measured by % of households occupied by a single person)
10. Children in care/care-leavers
Health and Wellbeing Board, 14 June 2018

Quarterly Report of the Director of Public Health for Lambeth (January to March 2018)

Wards: All

Report authorised by: Ruth Hutt, Interim Director of Public Health

Contact for enquiries:
Ruth Hutt,
rhutt@lambeth.gov.uk

Report summary

This report is the quarterly report of the Interim Director of Public Health to the Lambeth Health and Wellbeing Board and the NHS Lambeth Clinical Commissioning Group for January to March 2018.

Finance summary

None arising from this report.

Recommendations:

1. The Board is asked to note the report

Comments and suggestions are welcome. Please contact publichealth@lambeth.gov.uk.
1 Context

Introduction -

1.1 The start of 2018 has been a busy time for the Public Health in Lambeth with lots of change. We have said goodbye to Helen Charlesworth-May, Strategic Director for Adults and Health at Lambeth Council, who has been a real advocate for Public Health in Lambeth and supported the public health specialist team moving to Lambeth Council from Southwark. We are also saying goodbye to our view of SE London as we move from Phoenix House in Vauxhall to the new Civic Centre in Brixton at the beginning of April. From our new vantage point on the fifth floor we get equally great views looking north towards the ever changing London skyline. The new facilities on the site in Brixton include showers and cycle storage to encourage active transport for our staff. The newly refurbished Town Hall has already hosted a number of events including the recent whole systems approach to LGBT+ health for which we had the rainbow flag flying proudly over the Town Hall. The first Health and Wellbeing Board of 2018 and the last of this election term was also held back in the Town Hall. The informal session included discussion around the suicide prevention plan which will be taken forward through 2018.

Health Improvement

Re-commissioning of Lambeth Smoking Cessation Service:

1.2 In February 2018 Lambeth Public Health successfully completed the recommissioning of the new Lambeth Smoking Cessation Service that will go live on 1st April 2018. The new services will be a partnership coordinated by Guys and St Thomas’s NHS Trust (GSTT) working together with Community Pharmacies, General Practice and South London and Maudsley NHS Trust (SLaM). The new service will ensure that everyone who wants help to quit smoking can be directed to the most appropriate level of support, whilst targeting additional assistance at individuals who find it most difficult to stop and most at highest immediate risk of ill health from smoking, including pregnant women, people with mental health problems and those living with long term conditions. The new service will consist of GPs undertaking case finding and referral; pharmacies delivering stop smoking in a consolidated number of sites in each town centre area; and GSTT who act as lead provider and provide specialist Stop Smoking advice and interventions from agreed hub in Lambeth. There will also be access to the London Stop Smoking Helpline/website as a supplement to the service.

Whole Systems Approach to LGBT Inequalities

1.3 Lambeth Council is one of two pilot sites, alongside Leeds City Council, for a project which takes a Whole Systems Approach to LGBT Inequalities. The project is sponsored by Public Health England. Lambeth is working together with the national LGBT Consortium and our local partners Hero/GMFA and Black Thrive. Whole System Approach is intended to galvanise local partners
across health, housing, social care, police and the voluntary and community sector etc. to work together address multiple and overlapping disadvantage experienced by some LGBT communities in Lambeth. On 20th February 2018 Lambeth Council hosted an event that brought together Lambeth Council, Lambeth CCG and representatives from the voluntary and community to exchange ideas and agree priorities for change. Participants agreed that Lambeth should focus efforts in three key areas: improving LGBT and especially Trans people’s experience of local primary health services; increasing visibility and promoting wellbeing of BME LGBT people; and improving capture and use of LGBT equalities data across the Council and Lambeth CCG. We are now developing a local action plan based on the priorities that will be implemented during the 2018/19.

Do It London wins LGC ‘Campaign of the Year’ award

1.4 Lambeth’s Public Health team brought home the prestigious Campaign of the Year title from the glitzy Local Government Chronicle (LGC) Awards ceremony on Park Lane. The Do It London campaign is a core part of the London HIV Prevention Programme (LHPP) which is funded by London's boroughs but run by two staff members from the Public Health team at Lambeth.

1.5 The judges presiding over the award stated that:

“This is a world leading and life changing campaign that demonstrates exceptional partnership working. It has tackled a difficult subject area but has showed clear results and impact through effective research, insight and evaluation”

1.6 You can read more about the award here from London Councils and you can also visit the Do It London campaign website to find out more about HIV prevention options in the capital. A new campaign launches in summer 2018.
DASH Lambeth, a new integrated sexual health and substance misuse service for Lambeth young people officially launched in March. DASH Lambeth (which stands for drugs, alcohol and sexual health) is a partnership between Brook Young People, a specialist young people’s sexual health charity, and Change, Grow, Live (CGL) a specialist substance misuse provider.
1.8 This is the first time that specialist young people’s services for sexual health and substance misuse have been brought together in the borough. The service will be delivered through outreach at various locations across the borough, taking services out of clinics and into the community, giving young people quick and easy access to services at a location that suits them.

1.9 DASH Lambeth provides advice, brief interventions and clinical services for sexual health and substance misuse, advice and information on sexual health, sexual health testing and treatment, the full range of contraception including long-acting reversible contraception (LARC) and advice and brief interventions for substance misuse, including harm prevention and reduction.

1.10 The launch event was held at the Black Prince Trust community centre, which is one of the new community venues from which the service will be delivered every Friday afternoon. DASH Lambeth is already being provided at number of other venues across the borough, including Gracefield Gardens Health Centre, Lambeth College and Alford House Youth Centre.

1.11 More information about the service can be found on the website, including a ‘find a service’ tool for young people to find their nearest DASH Lambeth venue, and a referral form for anyone that wishes to refer a young person to the service. https://www.brook.org.uk/find-a-service/regions/london/lambeth-young-people

**Health Intelligence**

**Toolkits launched to combat fuel poverty and cold homes across England**

1.12 Cold homes and unaffordable fuel bills can lead to poor health for the most vulnerable people. Fuel poverty affects one in ten households in England. NICE guidelines have recommended that England’s 152 Health and Wellbeing Boards commission local ‘single point of contact’ housing and health referral service. Cornwall Council and Citizens Advice have developed two toolkits to help health services and local authorities tackle the problem of cold homes and the impact they have on health.

The toolkits is available [here](https://www.brook.org.uk/find-a-service/regions/london/lambeth-young-people) and ready to use. Information about different models of cold homes and health services are available at the Citizens Advice [blog](https://www.brook.org.uk/find-a-service/regions/london/lambeth-young-people).

**Falls - Return on investment tool**
1.13 PHE has developed a return on investment tool which assesses falls prevention interventions for older people, allowing those setting policy to choose the best interventions for their area. You can access the tool here and read more in our blog.

1.14 Public Health England have updated the Local Alcohol Profiles for England with 2016/17 hospital admissions data, including alcohol-specific admissions, alcohol related admissions and breakdowns by age group and condition.

1.15 The tool, which includes values for each London borough is accessed here: https://fingertips.phe.org.uk/profile/local-alcohol-profiles

Key points for Lambeth:
- Admission episodes for admission episodes for alcohol specific conditions and alcohol-related conditions (broad) and were both significantly worse than the national and regional averages.
- Rates of alcohol specific mortality in Lambeth are also significantly worse than the London average; there have been 76 deaths specifically attributable to alcohol in the past three years in Lambeth.

New resources on teenage pregnancy

1.16 Narrative reports on teenage pregnancy are now available from Fingertips for each upper tier local authority bring together key data and information to help inform commissioning decisions to reduce unplanned teenage conceptions and improve outcomes for young parents. They include local data and a summary of the evidence for effective intervention along with a link to more detailed guidance from PHE’s new Teenage pregnancy prevention framework and the existing Framework for supporting teenage mothers and young fathers. The most recent teenage pregnancy data from 2016 shows a continued decline in the Lambeth teenage pregnancy rate. Lambeth’s report is available here.

Cardiovascular disease profiles

1.17 Updated versions of the Cardiovascular Disease (CVD) Profiles have been published on PHE's Fingertips tool. These are CVD profiles for each clinical commissioning group (CCG), a set of four reports looking each at coronary heart disease, diabetes, kidney disease and stroke. The profiles compare the subject CCG with data for England, a group of similar CCGs and its sustainability transformation partnership (STP). Available here.

Healthy life expectancy

1.18 The Office of National Statistics published a report (link) in March 2018 looking at small area analysis of healthy life expectancy based on 2011 census wards. This shows substantial inequalities in health between small populations. Figures 1 and 2 below show a comparison of life expectancy (LE) and healthy life expectancy (HLE) in men and women and how Lambeth wards compare to the rest of England and Wales for the period 2009-13.
These figures show a strong correlation between the length of life and the length of a healthy life for men and a moderate correlation for women.

1.19 A more detailed analysis of the inequalities in life expectancy, healthy life expectancy and the gap between these two metrics within Lambeth wards in men and women this shows the following:

* HLE for men varies between 56.9 to 64.3 a gap of 7.4 years
* LE for men varies between 74.6 to 81.3 a gap of 6.7 years
* HLE for women varies 59.1 to 65.5 a gap of 6.4 years
* LE varies from 80.5 to 87.5 a gap of 7 years

1.20 The difference between HLE and LE varies between 14 to 20.2 years for men and 17.5 to 27.4 years for women. More detailed analysis is available from the Public Health Intelligence Team.

**Health Protection**

**Vaccination**

**Childhood Immunisation**

1.21 In Quarter 3 (December to March) of 2017/18 Lambeth Public Health continued to work closely with key stakeholders to improve vaccination uptake. This included seeking assurance on the effective delivery of all elements of the vaccination programme through the newly formed NHSE Immunisations Quality and Performance Board. This is exemplified in the Hepatitis B vaccination failsafe for at risk babies’ where Public Health worked closely with the Child Health Information Service provider and GPs to identify babies who had not received the 2nd dose of the vaccine as required, and ensured that they were vaccinated. Achieving herd immunity continues to be a challenge. Vaccination uptake rates in the under 5s are lower in Q3 than at the same time last year. Factors likely to contribute are:

- Accurate record of vaccinations administered to registered patients
- Timely reporting to RiO using QMS/Practice Focus
- ‘Natural fluctuations’ in uptake
- Missed opportunistic vaccination
- Effective call/recall systems – research supports the use of text messages.

1.22 There have been a number of new cases of measles in South East London through March in both adults and children, highlighting the importance of maintaining immunisation coverage at herd immunity levels to prevent potential outbreaks.
Seasonal flu

1.23 The flu vaccination programme aims to reduce the impact of flu on the population. The vaccine is the best form of protection against flu. However, achieving 75% uptake for flu vaccination continues to be a challenge in the community. The uptake, except for pregnant women, has been decreasing in past 3 years. In all practices, some of the ‘at risk’ patients declined the flu vaccine, reaching up to 1 in 5 in some practices. However in the Acute and Mental Health Trusts, uptake amongst frontline healthcare workers has increased significantly. This means that there is a lower likelihood and spread of flu from frontline healthcare workers to their patients and service users.

1.24 Public Health and the CCG plan to conduct a review of the flu vaccination campaign (in the community) for the 2017/18 season to learn lessons for next winter. This will complement the review of management of flu cases in acute trusts coordinated by the PHE South London Health Protection Team.

Infection Prevention Control review

1.26 Lambeth and Southwark CCGs have commissioned a review of the local Infection Prevention Control (IPC) roles and responsibilities. The aim is to ensure that the governance, roles, responsibilities and processes are fit for purpose and ensure that residents are safe from environmental and infectious risks.

1.27 The review shows that the IPC risk is evolving with an increasing need to provide safe care in the community as more people live longer with chronic illnesses. Antibiotic resistance is increasing in common infections (such as Urinary tract infection). The Health and Social Care Act 2012 fragmented parts of the health and social care system and had resulted in multiple players interacting with IPC roles and responsibilities.

1.28 The current model of the Lambeth, Southwark and Lewisham IPC Committee (LSL ICC), chaired by the Lambeth Director of Public Health, is assessed to be efficient and supportive of effective partnership and collaboration among critical stakeholders: primary care and the hospitals. However there are significant gaps including ensuring IPC in the context of care in the community (care and nursing homes, domiciliary care) and the lack of assurance mechanism about safety of dental care. The assurance process needs to be strengthened and communication channels updated.

1.29 The LSL ICC has agreed to set a task and finish group to take forward the recommendations from the review.

Health in All Policies

Healthier Vending in Lambeth Leisure Centres — taking out the equivalent of 1,000 sugar cubes

1.30 Public Health continues to work with partners to implement commitments made as part of the Local Authority Declaration on Sugar Reduction and
Healthier Eating, which was jointly signed by the Council and CCG. One of the latest achievements is the changes that have been made to the contents of vending machines in Lambeth Council leisure centres. GLL who run the centres and Selecta, the vending retailer have worked with Public Health and Council colleagues to provide lower calorie and lower sugar snacks and drinks from the vending machines.

1.31 The new approach to vending machines includes:

- replacing many chocolate bars with nuts
- replacing sweets with sugar free alternatives; and
- replacing crisps with popcorn or lighter options.

1.32 The changes mean that the new healthier vending machines contain significantly less calories and sugar - the equivalent of up to 1,000 sugar cubes have been removed from a typical machine. Each machine has messages on them to encourage the healthier choices. Future plans include the provision of nutritional information on and the Red Amber Green ‘traffic light’ system on pre-purchased products to help make people make informed choices.

Public Health input into Guy’s and St Thomas’ Charity Childhood Obesity Programme

1.33 On 27th February Guy’s and St Thomas Charity launched its childhood obesity report – ‘Bite Size: Breaking down the challenge of inner-city childhood obesity’. The report takes a detailed look at the evidence on how the ‘obesogenic’ inner-city environment is providing people with an overwhelming amount of opportunities to eat high energy food, therefore promoting unhealthy choices. Contributors to the report included a range of stakeholders including Lambeth Public Health team and Lambeth was featured as a local area demonstrating good practice by adopting a whole systems approach to addressing childhood obesity. The Lambeth Public Health team continues to work closely with the Charity, and is taking a co-ordinating role for Lambeth proposals to the Charity, ensuring that Charity funded projects complement and add value to local action.

Healthy Pupils Capital Fund (Sugar Levy)

1.34 The Soft Drinks Industry Levy (Sugar Tax), took effect from April 2018. The Department for Education has published guidance for the responsible bodies who will receive direct allocations of the Healthy Pupil Capital Fund. The allocation for Lambeth is £349,915. The key points from the Department for Education guidance and the associated Lambeth response are highlighted below:

- Allocations of the fund will be made to local authorities for distribution to schools and will be paid alongside the School Condition Allocation (SCA).
Funding is provided for 2018-19 only, i.e. it is not an ongoing revenue stream.

• The fund is intended to improve children’s and young people’s physical and mental health by improving and increasing availability to facilities for healthy eating, physical activity, mental health and wellbeing and medical conditions – but is not ring fenced.

• The London prevention devolution commitment on the sugar levy states: “London and national partners will work closely together to ensure that money raised through the Soft Drinks Industry Levy is able to best support action to address childhood obesity in London by building on and complementing efforts already underway.” As with other boroughs in London, Lambeth is seeking encourage actions that contribute to tackling childhood obesity

• It is possible for local authorities to pool funding or take advantage of match-funding opportunities. In Lambeth, the Public Health team is exploring these opportunities with the Levy money, to increase the impact of this funding for health and wellbeing in Lambeth schools.

• There are reporting requirements for every local authority; this will be done in the same way that School Capital Allocation spending is documented.

1.35 From a Public Health perspective, we would want to ensure that the HPCF is spent in a way that; improves the health and wellbeing of children in the borough, ensures an optimal return on investment and builds on actions already being taken. Discussions with Education colleagues has led to adopting the approach that Schools should bid for the funds against a set of criteria produced by Public Health. There are pros and cons to this approach and we will need to ensure that every eligible school has the opportunity to access the funds, including getting those schools who may have greater needs engaged. Wherever possible, as part of the bidding process, schools will be supported. A list will be made available to schools of examples of what the money can be used for, particularly highlighting those that may be potentially and relatively beneficial locally. To maximise funding potential and reach, we are encouraging schools to work collaboratively on bids.

2 Finance
None arising from this report.

3 Legal and Democracy
There are no legal implications.

4 Consultation and co-production
Not applicable.
5  **Risk management**  
Not applicable.

6  **Equalities impact assessment**  
Not applicable.

7  **Community safety**  
Not applicable.

8  **Organisational implications**  
None

9  **Timetable for implementation**  
Not applicable.

### Audit trail

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