Lambeth’s Cooperative Health + Wellbeing Strategy 2013-2023

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Executive Summary

About this document:
This strategy is a statement about what health and well-being means and how it impacts on individuals and families in Lambeth. It has been produced by the Lambeth Health + Wellbeing Board on behalf of the people and organisations in our borough. It is intended to support and guide the work of everyone in Lambeth from individuals to business to public services. At its heart is a belief that we can go further and faster in improving health and wellbeing in Lambeth if citizens, services and business work together in an equal and reciprocal partnership.

Our ambition:

**We want Lambeth to be 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

Our progress:
The good news is that the majority of Lambeth residents are happy, rate their health well and like the area in which they live. However, whilst much progress has been made, it is still the case that a higher proportion of Lambeth residents experience poor health and wellbeing than nationally. Many people in Lambeth are also being hit hard by the combined effects of the economic downturn and benefit cuts.

How we will work together:
To maintain our progress and to achieve the above outcomes, we now need to accomplish a step change in the way Lambeth’s people, services and organisations work together. We have identified six interlinked ways of working to achieve that change, they are:

- Citizens and services working together as equal partners (coproduction)
- Investing early to enable people to stay healthy and maintain good wellbeing
- Whole person / whole family care
- Collaborative commissioning
- Health and wellbeing equity and equality in all polices
- Safeguarding children and adults from abuse and neglect

Making it happen:
Everyone in Lambeth has a role to play in making this strategy happen. The Health and Wellbeing Board (and the partners on the board) will play its part by commissioning activities and services collaboratively with citizens and public and private agencies. The Board and Lambeth Council and Clinical Commissioning Group will also work to embed health and wellbeing equity and equality in all of our polices (from licensing to workforce).
Good physical and mental health and wellbeing helps us make the most of our lives. Be it work, socializing or looking after family and friends, our health and wellbeing is amongst our most important asset.

This strategy is published by the Lambeth Health and Wellbeing Board on behalf of everyone who lives or works in Lambeth. It is a commitment to working together in a new way to deliver real improvements for individuals and families, especially those with the greatest needs. It provides an evidence-based approach to enable Lambeth’s communities, public services, businesses, voluntary and community organisations to work together as equal partners. At its heart is a belief that we can go further and faster in improving health and well-being and reducing health inequalities in our borough if citizens and services work together as equal partners; and, if more can be done early to help people stay healthy and well, thereby preventing ill health and poor wellbeing and the need for more intensive services, care and treatment.

Everyone knows these are tough times. We face the greatest health and well-being challenges in a generation due to the economic downturn and cuts to funding for local services and welfare benefits. Realising our ambitions requires becoming even better at working collaboratively.

Health and well-being is determined by multiple factors, many of which are can be changed for the better. For example smoking is the most common cause of respiratory conditions, heart disease and lung cancer, but it is social, economic and environmental factors that largely determine whether an individual is likely to take up smoking, and whether they are likely to be successful giving up. This Strategy is therefore not just about services. It is about how we are born, grow, live, work and age. This includes the positive and negative impacts we experience during our journey through life, all the way from childhood to adulthood.

Our approach is about not just focusing on physical or mental health issues or health services in isolation, but considering the things that prevent ill health and poor wellbeing and reduce the need to access care services; i.e. the things that make us happy and healthy like a good home, job, income and education. This means considering short, medium and long term needs, and identifying priorities that will make a difference to individuals and families – now and in years to come. Achieving the goals set out on these pages will require people to make changes in their own lives, action by communities and business and changes to the ways public services work. We all have a role to play.

We look forward to working collectively with you to create a Lambeth that values and improves the health and well-being of everyone.
1. Introduction

This Document

This Strategy is a statement about what health and well-being means and how it impacts on individuals and families in Lambeth. It is a commitment to working together in a new, co-operative way to understand and address issues, and deliver tangible improvements for individuals and families, especially those with the greatest needs.

It provides an evidence-based approach to enable Lambeth’s communities, public services, businesses and voluntary and community organisations to work together to improve health and well-being and reduce health inequalities in our borough. At its heart is a belief that we can go further and faster in improving health and wellbeing in Lambeth if citizens and services work together in an equal and reciprocal partnership.

Who is this Strategy for?

Simply put everyone in Lambeth. Whether you live, work, study, or use services here. This is a strategy for people of all ages, in all part of our borough. It is intended to support and guide the work of everyone from individuals to business to public services. If Lambeth is part of your life, you are part of the Strategy.

Who has produced the Strategy?

This strategy has been produced by the Lambeth Health + Wellbeing Board on behalf of the people and organisations in our borough. The Board is made up of representatives of Lambeth’s citizens and the main organisations with responsibilities and funding to protect and improve health and well-being in the borough. It brings together Lambeth Healthwatch, Council, NHS Clinical Commissioning Group, NHS National Commissioning Board and King’s Health Partners to work with local people to improve health and wellbeing in our borough.

Details of the makeup of the Board, how it works and how you can get involved are available on the Councils website: http://www.lambeth.gov.uk/moderngov/mgCommitteeDetails.aspx?id=648

How this strategy meets Lambeth’s legal requirements

This strategy is the Joint Health and Wellbeing Strategy for Lambeth. It is a statutory document which Lambeth Council and Clinical Commissioning Group are required to produce through the Health + Wellbeing Board and to have regard to when commissioning and planning services. In Lambeth we are seeking to go beyond the minimum legal requirement to produce a cooperative strategy for everyone in our borough.
Health is wealth’ is a cliché, but a true one. Improving the health and well-being of individuals in Lambeth will deliver **economic and social benefits** for all individuals and organisations in our borough, for example:

- **Individuals** – a lack of people to talk to and confide in is as bad for your health as smoking, being obese or drinking alcohol excessively\( ^{vi} \). Activities such as volunteering can enhance an individual's personal and social life, as well as increase employability and career prospects\( ^{vi} \).

- **Families** – a child with high natural intelligence living in an economically deprived situation is likely to be overtaken intellectually by the time they are aged seven by a child with lower natural intelligence from a richer home. Part of this difference can be addressed by reading to a child every day and regular bed times Error! Bookmark not defined..

- **Business** – London organisations with 250 employees lose around £4,800 per week (approximately £250,000 per year) due to sickness absence Error! Bookmark not defined., with small and medium-sized businesses even more susceptible to employee absence. Evidence-based employer-led health and well-being interventions are cost effective and can be tailored to company size\( ^{vi} \).

- **Schools, colleges and universities**, – e.g. education and health and well-being are closely linked, with more education enabling better health and well-being, and vice versa\( ^{vi} \).

- **Landlords** – people living in cold homes are three times more likely to die unnecessarily in winter, one in four adolescents living in cold housing are at risk of multiple mental health problems (five times the rate of those living in warm homes)\( ^{vi} \), children in overcrowded housing are 10 times more likely to contract meningitis and homeless children are two to three times more likely to be absent from school\( ^{vi} \).

- **Police and emergency services** – alcohol is a factor in over half of all violent crimes\( ^{vi} \) (including three in four instances of domestic violence\( ^{vi} \)) and the majority of night-time arrests are for alcohol-related offences\( ^{vi} \).

- **Employment services** – 43% of Londoners with a health problem are out of work\( ^{vi} \), and the likelihood of returning to work after ill-health reduces with time to almost nil after two years\( ^{vi} \). Equally unemployment increases your likelihood of poor physical and mental health, needing health care and early death\( ^{vi, vi} \). Impacts of unemployment are also felt by families, who without a working member are more likely to suffer persistent low income or poverty\( ^{vi} \) and their children are more likely to have poor mental health\( ^{vi} \), recurrent health problems and lower well-being\( ^{vi} \).

- **Care services** – one in seven consultations with a GP relate to benefits rather than ‘health'\( ^{vi} \) and economically deprived patients are more likely to require readmission to hospital after a heart attack, heart failure or pneumonia\( ^{vi} \). Welfare / benefits advice associated with primary health care has been shown to be cost effective, reduce patient visits to GP and engage vulnerable groups not accessing traditional services\( ^{vi} \).
How will this Strategy make a difference?

This Strategy is not intended to include all health and well-being issues and actions within Lambeth’s communities and partners. Neither does it make all existing plans redundant. Rather it sets out how we can together work more effectively using existing resources by setting out shared outcomes and ways of working.

The difference it will make is explained in its name, it is:

- **Co-operative** – It is developed, owned and delivered by all people and organisations in Lambeth to focus on the issues where working together can improve outcomes.
- **Health and wellbeing** – Not just focusing on physical or mental health issues or health services in isolation, but considering the things that prevent ill health and the need to access care services; i.e. the things that make us happy and healthy (e.g. housing, employment, income, physical activity, education, etc.).
- **Strategic** – Considering short, medium and long term needs, and identifying priorities that will make a difference to individuals and families now and in years to come.

*Figure 1* shows how this strategy fits with wider processes in Lambeth. Together with the Joint Strategic Needs Assessment (JSNA), this strategy will become:

1. The on-going process for strategic assessment and planning on health and well-being needs, and the wider factors that impact upon them (including how services are commissioned and the reduction of inequalities).
2. A mechanism for strategic leadership and accountability of responsible agencies, helped by legal obligations on the local authority and healthcare commissioners to align with the Strategy.

Everyone in Lambeth has a role to play in making this strategy happen. The Health and Wellbeing Board (and the partners on the board) will play its part by commissioning activities and services collaboratively with citizens and public and private agencies. The Board and Lambeth Council and Clinical Commissioning Group will also work to embed health and wellbeing equity and equality in all of our polices (from licensing to workforce).

![Figure 1: Lambeth Cooperative Health and Wellbeing Strategy](image-url)
2. Our Ambition

Lambeth has a proud, successful history of public, community and private sectors working together to improve and enrich the lives of the people of our borough. This strategy aims to build on that foundation so that together we can continue to improve the health and wellbeing of people in Lambeth.

We want people, at every stage of their lives, to live healthy and happy lives in flourishing communities and to have the support and care they need when they need it. We want our public services to continue to be leaders in their fields, working hand in hand with the diverse communities of the borough and Lambeth’s business and voluntary, community and faith organisations to drive forward innovative and lasting improvement. This includes developing new ways of working that give more control to residents, building stronger communities in charge of their own destinies.

In Lambeth we aspire to achieve the following four outcomes:

**Lambeth to be a place where:**

- **Health and well-being is improving for all, and improving fastest in 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**
3. What is health and wellbeing?

There are many definitions of health and of wellbeing but in this document we have used the following definition:

‘Health and well-being’ is having the physical, mental and social capacity to take up opportunities and be happy, not just the absence of illness and problems.

Improving health and wellbeing is about improving the environment and social circumstance people live, the choices people make in their own lives and health and care services.

Understanding health

Health is both mental and physical, with both being equally important. Both are determined by multiple factors as show in Figure 2, many of which we are able to change for the better.

In the main our health is determined by social and economic factors, the physical environment and our behaviours. For example, equality with those around you, strong social networks, education, employment, good housing, freedom from discrimination and a clean environment - all contribute to good health. In addition, positive parenting and social and emotional support at the beginning of life and support from family, friends and services at times of major life events, can improve people’s life chances throughout their lifetime.

The choices we make in our own lives are also important. We can all invest in our own health by doing what we can to eat healthily and be physically active and avoiding risks like drinking too much alcohol, smoking, unsafe sex and illegal drugs.

Access to good quality healthcare both mental and physical when we need it is also essential and has been estimated to contribute around a fifth to a quarter of our health.

Figure 2: Dahlgren & Whitehead ‘Social Model of Health’
Understanding wellbeing

To experience good wellbeing is to feel positive about today and to have hope about the future; to feel reasonably confident about being able to handle life’s stresses and problems and that mostly life is fulfilled and rewarding.

The cornerstones of mental wellbeing for communities and individuals are: kindness and respect for self and others; fairness and social justice in everything especially service provision; and, being able to take part in community activities and decision making.

Figure 3 shows the interrelating factors that lead to good wellbeing. Improving wellbeing requires action to create the conditions that enable citizens and communities to do well in life, to flourish. Including a focus on people’s abilities and aspirations not just their needs.

Wellbeing is about how people experience their own lives, so for example, people must feel able to achieve things or feel they have a sense of purpose. Wellbeing is also about the personal and the social, so improving the wellbeing of local populations needs to involve a strengthening of local social connections, support networks and the sense of belonging that make up the social fabric of communities.

We can all take action to promote our own wellbeing. The Five Ways to Well-being in Box 2 are a set of evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population.

BOX 2: The Five Ways to Wellbeing

The Five Ways to Well-being are a set of evidence-based messages developed by NEF (the new economics foundation) as part of the Foresight Project on Mental Capital and Wellbeing.

Connect... With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community.

Be active... Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice... Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning... Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving.

Give... Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in.

The accumulation of health and wellbeing over our lifetime

Both health and well-being are therefore about how we are born, grow, live, work and age and the positive and negative impacts that we accumulate during our journey through life as shown in Figure 4. This strategy sets out how people and organisations in Lambeth can work together to create the conditions throughout people’s lives that enable people to stay health and well and to have the care and support they needed when they need it.
Figure 3: New Economics Foundation ‘Dynamic Model of Wellbeing’

Figure 4: Marmot model of health and wellbeing over the life-course
4. Health and wellbeing in Lambeth

Whilst in many ways the health and wellbeing of people in Lambeth is better than it has ever been and continues to improve, that is not the case for everyone. The good news is that the majority of Lambeth residents are happy, rate their health well and like the area in which they live. People in the borough are living longer than ever before\(^1\), infant mortality is falling\(^2\) and the gap in life expectancy between Lambeth and England has reduced\(^3\).

However, whilst good progress has been made, it is still the case that a higher proportion of Lambeth residents experience poor health and wellbeing than nationally or in London as a whole. Too many are dying early of preventable causes (most commonly cancer, heart failure and stroke) or living with long term ill health and low levels of wellbeing. Many Lambeth residents are also being hit hard by the impacts of the economic downturn (this is covered in more detail in Chapter 5).

**Lambeth’s Joint Strategic Needs Assessment (JSNA)**

Lambeth’s Joint Strategic Needs Assessment (JSNA) is a detailed assessment of health and wellbeing in Lambeth. It is updated on an on-going basis. It summarises information on health and well-being, including local health statistics, assessments of local service provision, capacity estimation, views of local people, assets assessments and outcomes analyses.

The JSNA informs commissioning for health and wellbeing in Lambeth. The Health and Wellbeing Board will develop the JSNA so that everyone in Lambeth is able to contribute to, understand and feel ownership of it and its conclusions. It will include monitoring inequalities in health and wellbeing and the effects of the recession and welfare changes on health and well-being (e.g. employment, housing and income). The following pages highlight key findings from the JSNA, which can be found in its entirety at: [http://www.lambeth.gov.uk/Services/CouncilDemocracy/JSNA.htm](http://www.lambeth.gov.uk/Services/CouncilDemocracy/JSNA.htm)

**Lambeth’s Strengths and Assets**

Lambeth has historically had a strong sense of tradition and community anchored on its people, places and organisations. This Strategy takes an ‘assets-based’ approach that will harness these strengths to develop and deliver solutions.

For the majority of people help and support from family, friends and other community members is effective with dealing with most issues in life most of the time. Expert advice and help is most effective for extraordinary events or helping those with additional needs.

*Figure 8* illustrates some of Lambeth’s many strengths. The challenge is to support and raise the profile and use of these assets, whilst acknowledging and addressing fundamental issues that may require a more traditional approach (e.g. poverty, poor housing, care services, etc.).

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\(^1\) Average life expectancy in Lambeth increased by 2.7 years for women (to 81.1 years) and 5 years for men (to 77.0 years) between 1995-97 and 2008-10

\(^2\) Deaths of infants aged under 1 year has reduced by 39% (between 1995-97 and 2007-09)

\(^3\) The gap in life expectancy between the Lambeth and England average reduced by 37% for men and 7% for women between 1995-97 and 2008-10
Figure 8: Assets (i.e. ‘what makes us healthy and happy’) in Lambeth

**Associations / groups:**
- Vibrant, active and passionate voluntary and community groups, including Health & Well-being VCS Forum
- Active faith communities
- Local interest groups / clubs - e.g. sports, book
- Sense of community in town centres
- ‘Green’ communities - Incredible Edible, Transition Towns, Friends of Parks groups, Community Freshview
- Local history - e.g. Henry Tate, West Norwood Cemetery, Black Cultural Archives, history societies
- Public-led decision making - e.g. Lambeth Living Well Collaborative, Young Lambeth Co-operative, etc.

**People in Lambeth:**
- 7 out of 10 people in very good or good health
- Half people rate life 7 or 8 out of 10
- Diversity - e.g. ethnicities, countries of origin, languages, religions
- Lesbian/Gay/Bisexual/Transgender population and gay nightlife scene
- Active individuals volunteering / helping (formally and informally)

**Institutions / Organisations:**
- Local authority – over 500 services
- NHS services - 52 GP practices, 2 hospitals, community health services, 60 pharmacists, 39 dentists, 22 optometrists, substance misuse services
- Integrated Care Pilot
- Education - schools, nurseries, child care settings & colleges
- Leisure facilities – e.g. Brockwell Lido, Brixton Ice Rink, Stockwell skatepark
- Cultural activities - e.g. Southbank, Brixton Academy, cinemas, museums, theatres and art galleries
- Local festivals & events – e.g. Streatham Festival, Brixton Splash, Lambeth Country Show, Urban Art Fair, Black History Month, Celebrating Age Festival

**Local economy:**
- Large working age population
- Business Improvement Districts (Waterloo Quarter, Vauxhall One)
- Regeneration - Nine Elms Vauxhall, Streatham Hub
- Good transport links
- Credit Union
- Brixton Pound
- Timebanking
- Affordable housing schemes
- Small business start ups
- Public sector (e.g. local authority, NHS)

**Technology:**
- Online forums & blogs - e.g. Urban75, Virtual Norwood, Brixton Blog, Little Lambeth
- 9 out of 10 residents have internet access, a third via mobile phone

**Physical space:**
- Parks & green spaces (9 'Green Flag' rated)
- Vauxhall City Farm
- Regeneration - e.g. Nine Elms Vauxhall, Streatham Hub, Norwood Hall, West Norwood cinema
- Local history - e.g. Henry Tate, West Norwood Cemetery, Black Cultural Archives, various history societies
- Supported and sheltered housing
- Affordable housing – e.g. 40% target for new developments
Key health and wellbeing challenges

Whilst in many ways the health and wellbeing of people in Lambeth is better than it has ever been and continues to improve, that is not the case for everyone. Many issues of particular concern are well known including high levels of mental ill health, diabetes, sexually transmitted diseases (including HIV), childhood poverty, domestic and youth violence, alcohol consumption, smoking, homelessness, childhood obesity, teenage pregnancies and substance misuse. Others are not so high profile and include; tuberculosis, road traffic accidents, air pollution and deaths in early childhood.

*Figure* 9 summarises an analysis for Lambeth of outcomes from the national NHS and public health outcome frameworks based on trend (i.e. getting worse or better) and burden (i.e. the scale of the impact on Lambeth’s population). The ‘Red box’ identifies key measures of health and wellbeing that are of most concern as they are both worsening and have a high burden on Lambeth.

For many of the above issues there are substantial inequalities within Lambeth. People on lower incomes, those with disabilities, people from some black and ethnic minority communities, gypsies and travellers and homeless people are all more likely to suffer poor health and wellbeing or to die young. There are also specific inequalities in health and wellbeing between men and women and between people with different sexual orientations.

Pages 16-19 provide a snapshot of key health and wellbeing issues at different life stages from childhood to old age. They are based on information from the Lambeth Joint Strategic Needs Assessment which can be found in its entirety at:

Figure 9: An analysis of health and well-being outcomes in Lambeth based on trend (i.e. getting worse or better) and burden (i.e. costs to Lambeth)

RED BOX OF HEALTH OUTCOMES (NHS & Public Health)

Improving
- Life expectancy for males and females
- Smoking prevalence in adults
- Breast and cervical cancer screening coverage
- Injuries due to falls & hip fracture in people 65+
- Population vaccination coverage (children)
- Mortality rate from causes considered preventable
- Premature mortality (< 75) from cancer, heart disease, liver and respiratory diseases.
- 16-18 yr olds not in education or employment-NEET
- Adults in contact with mental health service in stable accommodation
- Excess <75 mortality rate in adults with SMI
- Excess weight in children (4-5 and 10-11 year olds)

Worsening
- Seasonal flu vaccination uptake in 65+ & at-risk groups
- Preventable sight loss – glaucoma
- Children in poverty
- Hospital admissions due to alcohol related conditions
- Emergency admissions for acute conditions that should not usually require a hospital admission
- Violent crime including sexual violence (hospital admissions)
- Statutory homelessness, households in temp accommodation, violent crime

High Burden

Low Burden

Improving
- Breast feeding initiation
- Smoking status at the time of delivery
- Under 18 conceptions
- Take up of NHS Health checks programme
- Uptake of Chlamydia screening
- PROMs for elective procedures
- Reducing incidence of avoidable harm (MRSA, C. difficile)

Worsening
- Male life expectancy at 65 years
- Female life expectancy at 65 years
- Infant mortality rate (deaths in babies under 1 year)
- Mortality from cancers of the digestive system (stomach and colorectal cancer)
- Mortality in all ages from liver diseases
CHILDREN & YOUNG PEOPLE (Pre-birth to 18 years)

**Population**
- <19 population = 68,700 (22% vs 24% in Eng).
- <19 Pop to grow by 15%+ to 80,000 by 2030.
- <5 population = 22,000 in 2011.
- School age children from BME = 84.7%

**Behaviours**
- % Obesity (10-11 yrs):
  - Lambeth: 24%
  - London: 22%
  - England: 19%
- Physical activity: 54% children participate in 3 hours sport a week worse than England avg.
- Teenage pregnancy: 35 per 1000 15-17 yrs girls down 66% since 2003. (Eng rate = 30)
- Alcohol/Drugs/Smoking: 10% children abuse alcohol; 3% use drugs or smoke worse than England average.

**Vulnerable children**
- 182 children with severe learning difficulty;
- 1194 children with learning difficulties; and 543 children with autistic spectrum disorders known to schools in Lambeth.
- 3000+ children have mental health issues needing access to CAMHS

**Safeguarding children:**
- Total Referrals per year
  - 3000
- Children looked after
  - 478
- Child Protection Plan
  - 320

**Deaths**
- Deaths in infants less than 1 year = 6.2 per 1,000 live births (30% higher than England rate of 4.6)
- Deaths in children under 18 = 20 per 100,000 (20% higher than England)

**Health services**
- Childhood immunisations – 82% / 93% vaccinated for MMR and DPT
- Children in care immunised – 65% is lower than England average of 79%
- Sexual health – high Chlamydia screening rate (50% 15-24 yrs old), but high diagnosis rate (39.5%); 71% girls aged 12-13 received full HPV vaccine
- Breast feeding – 93.4% mothers start, but only 79.6% continue to 6-8 weeks

**Social & economic**
- 1 in 3 children live in poverty compared to 1 in 4 in England
- 50% higher rate of homelessness than England
- 42% higher rate in Lambeth compared to England of youths entering the justice system
- 92 per 10,000 <18 yr (500) children in care
- 6 in 10 (59%) children aged 5 have “good” development
- 1 in 14 (7.4%) 16-18 year olds not in education, employment or training
- 34.2% children receive free school meals compared to 16.5% nationally

**KEY NEEDS**
1. Safe & supportive school and community life – provide skills for life and enable maximum educational attainment
2. Reducing health impacts of poverty – including low birth weight, higher rates of infant and child deaths in Lambeth
3. Addressing factors associated with poverty – including mental health issues, alcohol / drug misuse and domestic violence
4. Health behaviours – especially behaviours that cause obesity (unhealthy eating and lack of physical activity) and risky sexual behaviour
5. Early Intervention & realising opportunities – partnership to safeguard children, tackle harms (e.g. crime & violence) & prevent individuals not being in education, employment or training
6. Ill health prevention services – improving immunisation uptake and newborn screening to prevent disease and early detection of disabilities
7. Mental health – understanding mental health issues and service provision for children and young people (CAMHS)
ADULTS (18+ years)

Demography
- 237,000 residents 18+ in Lambeth.
- 21,520 residents 20-64 (70% vs 60% in Eng).
- 60,000+ adults from BME background.
- 64% of population are White.
- 25% of population are Black or African.

Prevalence of Long term conditions in Lambeth 18+ population

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>34000+</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>5100+</td>
</tr>
<tr>
<td>Diabetes</td>
<td>13,700</td>
</tr>
<tr>
<td>Stroke</td>
<td>3300+</td>
</tr>
<tr>
<td>Severe Mental Illness</td>
<td>4500+</td>
</tr>
<tr>
<td>Chronic Lung disease</td>
<td>3400+</td>
</tr>
<tr>
<td>HIV</td>
<td>2500+</td>
</tr>
<tr>
<td>Dementia</td>
<td>1000+</td>
</tr>
<tr>
<td>Learning disability</td>
<td>1000+</td>
</tr>
</tbody>
</table>

Well-being (measures)
- Health: Good connections with friends and family.
- Job satisfaction and economic security.
- Present and future conditions of the environment.
- Education and training.

Health service use
- Highest Hospital admissions due to:
  - Accidents
  - Cancer
  - Circulatory diseases
  - Respiratory conditions
- In-patient activity increasing by 5.7% on each year.
- In- & Out-patient activity growing 6-7% per year.
- A&E attendances rising year-on-year & 18% admitted to a hospital bed.
- Higher incidence of emergency hospital admissions due to alcohol related conditions.

Social & economic
- In 5 users of mental health services in settled accommodation.
- In 4 adults with mental illness receive incapacity benefits.
- 60% people with learning disability in settled accommodation.
- 98% community mental health service users are not in employment.
- 15% of working age population on out of work benefits.
- 2713 per 100,000 people receive direct payment support to live alone.

Causes of death
1. Circulatory diseases
2. Cancer (Lung, Digestive, Breast)
3. Respiratory diseases
4. Digestive disorders

(Reduction in deaths but gap remains)

Conditions
- Disease prevalence models show high number of undetected cases of –
  Diabetes, Hypertension, Heart disease.

Early treatment and detection is beneficial in avoiding unwanted hospital admissions.

KEY NEEDS
1. Promoting mental well-being – including access to employment, especially for people with a disability including mental illness.
2. Housing – reducing overcrowding and temporary accommodation in households especially where there are children living.
3. Welfare changes – understanding the short and long term impact of welfare benefit changes on health and wellbeing of the population.
4. Behaviours – tackling preventable risk factors such as smoking, alcohol, unsafe sex, hypertension, obesity, etc.
5. Addressing preventable ill health – early detection of hypertension, diabetes and heart disease, and better management of mental illness with a focus on prevention.
7. Local assets – protecting and promoting local assets, ensuring that people with the greatest need (i.e. at risk of health inequalities) benefit from them.
OLDER PERSONS PROFILE (65+ years)

**Population**
- 65+ population = 22,700 (8%)
- 65+ Males = 10,000; 65+ Females = 12,700
- 8% of Lambeth’s population is 65+

**Ethnicity**
- 66% of older population is White.
- 17.5% population is Black African.
- 6% population is Black Caribbean.

**Predicted to have Depression**
- 2000: 895 (3%)
- 2010: 696 (2%)

**Have Dementia**
- Known to Learning Disability services: 470

**Mental Health**

**Health services**
- Flu immunization uptake is 65% with Lambeth ranking 9th lowest in London.
- Breast, cervical and bowel cancer screening uptake is reportedly lower in Lambeth compared to London and England average.

**Emergency Admissions in 75+**
- High rates of emergency admissions for people 75+ years in: Larkhall and Stockwell wards in North locality; Ferndale, Vassall, Tulse Hill wards in Southeast locality; Streatham Wells and Clapham Town wards in Southwest locality.

**Falls**
- 1 in 4 older adults are predicted to have a fall
- 10% likely to be admitted & need long term care.
- In 2009-10 Lambeth ranked 7th highest amongst London PCTs for fall related hospital admissions; higher than both England and London average.

**Death rate**
- 10th highest in London for excess winter deaths.
- Top causes of excess seasonal deaths are: flu, respiratory conditions, heart disease, and stroke.
- Death rates from diabetes, hypertension, liver disease and kidney disease worse than England.

**Behaviours**

**% Smokers**
- 65+: 14%

**Hazardous Drinking in 65+**
- 10%

**Obesity in 65+**
- 25%

**Social & economic**
- 48% (14,180) receive state pension
- 37% (8,300) predicted to live alone
- 17% (4,100) with no or limited central heating
- 17% (3,806) receive community based services
- 9% (2,074) provide unpaid care to a partner
- 4.7% (1,062) carers receive services after a review

**Smoking**
- Prevalence in 60+ has increased from 12% in 2007 to 14.3% in 2009

**Alcohol**
- 1 in 6 men & 1 in 15 women (65+) drink more than the recommended limit

**Obesity**
- 1 in 4 older adults are estimated to be obese or morbidly obese

**KEY NEEDS**
1. Opportunities – reduce social isolation, promote opportunities to contribute, fair treatment of people in care.
2. Quality of life – improve quality of life and disability-adjusted life expectancy, especially those with long term conditions reporting bad or very bad health and those with depression of mental illness.
3. Behaviours – address smoking, alcohol misuse and obesity in older adults, as their consequences account for 70% of total hospital activity.
5. Preventing unwanted hospital admissions – especially emergency admission in 75+ population and seasonal deaths from flu, respiratory, heart disease.
6. Early detection & management of ill health – early detection and adequate management of long term conditions to reduce premature death.
5. Impact of the economic downturn

The UK economy officially entered into recession in June 2008, since when it has only had limited growth. During that time earnings, state benefits and tax credits have all fallen in real terms. Funding for most public services has also been reduced substantially. Whilst Lambeth’s economy is stronger than many other parts of the country this squeeze on living standards and public finances presents a real threat to the health and wellbeing of Lambeth’s population.

Impact on individuals and families

The economic downturn has had far-reaching effects on individuals, families and communities in Lambeth, often exacerbating existing borough issues (e.g. unemployment, lack of affordable housing, poverty, etc.). A London-specific analysis by the Institute of Health Equity (formerly known as the ‘Marmot Team’ and advisers to the World Health Organisation and UK Government) demonstrated that the economic downturn and welfare changes are likely to be the greatest influence on health and well-being in the short and medium term due to changes in employment, housing and income. Lambeth will be affected to a greater extent than other areas due to a higher proportion of people in groups likely to be most affected (e.g. families, young people, etc.). Figure 10 provides a snapshot of the number of people affected by economic hardship in Lambeth.

**Figure 10: Key challenges to daily life in Lambeth during the downturn and welfare changes**

<table>
<thead>
<tr>
<th>Employment</th>
<th>Income</th>
<th>Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 11,900 people are out of work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 in 20 16-18 year olds are not in employment, education or training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 in 3 children live in poverty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 in 4 households in fuel poverty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 969 Lambeth residents became homeless in 2011/2012 alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1,200 households in temporary accommodation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 18,000 households on housing waiting lists</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is well evidenced that being out of work, living in poverty and the stress of living with constant job insecurity or mounting debt have a serious detrimental impact on health and wellbeing. For example Figure 11 illustrates the links between socioeconomic stress and poor mental health.

Certain population groups are normally at a disadvantage, but during an economic downturn their health can be further compromised as their physical, mental and financial resources are least resilient to withstand the economic shocks. These groups include those with disabilities, ethnic minorities, the poor, some women and single mothers (and their children), young unemployed and older people. Unless we take local action they will suffer from an unequal recovery from the economic downturn which will in turn increase inequalities in health and wellbeing. Evidence from previous economic recessions shows that those with disabilities, ethnic minorities and low skilled workers will experience an increase in and longer duration of unemployment. During this economic downturn young people are also experiencing disproportionately high unemployment.
Impact on Services

The economic downturn has triggered what looks set to be a long period of austerity. Funding for services (public, voluntary and private) is reducing at the same time that demand for many services is increasing. Whilst improving efficiency and effectiveness may be able to mitigate some of the inevitable shortfall, difficult decisions about prioritisation and reducing services are likely to be required.

Local government has long been the primary - and most effective - agent to tackle key factors important to health and wellbeing (e.g. housing, environment and the local economy). Increased challenges in these issues, reductions in welfare benefits and new responsibilities previously belonging to National Government (e.g. crisis loans) will lead to increased demand on services. At the same time funding from National Government (the primary source of council funds) is reducing in real terms by 28%\(^\text{viii}\) between 2011 and 2015, with Lambeth Council needing to find savings of £94.5 million.

Lambeth health services are largely funded through the Lambeth NHS Clinical Commissioning Group, which will receive a 2.3% increase in funding for 2013/14\(^\text{ix}\). Whilst on the surface an improvement, this is below inflation (therefore a real term reduction) and far below increases in demand due to:

- **Improved technology, medicines and treatment** – More individuals with life-limiting conditions (e.g. premature babies, people with Down’s Syndrome) or suffering potentially fatal events (e.g. stroke or trauma) are able to live longer and higher quality lives.
- **Earlier detection of treatable conditions** – Improved detection and earlier treatment leading to improved survival for treatable conditions (e.g. cancers).
- **Increases in long-term conditions** – More individuals with conditions requiring treatment (e.g. diabetes, cardiovascular disease, etc.).

In the voluntary and community sector funding has consistently reduced over the last five years. Six out of 10 organisations in London predicted a reduction in their funding in 2012-13, despite two-thirds reporting increased demand on their services. As a consequence only half expected to be able to meet demand and four out of 10 expected to have to close services\(^\text{x}\).
6. How we will work together

We have had real success in improving health and wellbeing in Lambeth over recent decades. However, as described in the previous two chapters, the challenges we now need to overcome to sustain that progress are substantial. To maintain our progress we now need to achieve a major step change in how Lambeth’s people, services and organisations work together. This chapter sets out six ways of working to achieve that change. By making a major shift in how we work together in each of these ways we believe we can achieve the continued improvements in health and wellbeing and the reductions in health inequalities to which we aspire. Our six ways of working are:

1. **Citizens and services working together as equal partners** (coproduction)
2. **Collaborative commissioning**
3. **Investing early to enable people to stay healthy and maintain good wellbeing**
4. **Whole person / whole family care**
5. **Health and wellbeing equity and equality in all polices**
6. **Safeguarding children and adults from abuse and neglect**

The above are not goals in and of themselves. They are the six most effective, evidenced based, ways of working that everyone in Lambeth can adopt in order to achieve the outcomes set out in chapter 2. We hope that everyone in Lambeth will actively consider how they can adopt these six approaches. The members of the Lambeth Health and Wellbeing Board will set out how they will apply them in each of their relevant plans and strategies.
How we will work 1: Citizens and services working together as equal partners

We will create a culture in Lambeth that enables citizens and services to work together as equal and reciprocal partners.

All too often services are designed and delivered without the real involvement of the people they are intended to help. We want to move away from this style of working to one where people and services work together as equal partners. Shifting the way services work from ‘done to’ to ‘done with’. This way of working is often called coproduction. Figure 12 provides an explanation of what full coproduction is. The concept of co-production is that people’s needs are better met when they are involved in an equal and reciprocal relationship with professionals, working together to get things done. It is a radically different approach to public services. We believe this is a better way to work because it recognises that most of the time it is people themselves (not services) that are best placed to improve their own health and wellbeing. When people do need support from services their knowledge of their own lives is just as important as specialist/professional expertise. Box three sets out the six citizen involvement principles Lambeth Health and Wellbeing Board has agreed to support all partners in Lambeth in moving to coproduction.xiv

There is an increasing body of evidence to support this way of working. The Wanless report set out the economic case for individuals managing their own health, thereby reducing risk factors for ill health and the demands on professional services. The Marmot report found that reductions in inequality are unlikely to be achieved without increased citizen participation. More detailed studies have found that that supporting people to play a more active role in their health and care can improve life expectancy, control over symptoms, quality of life and social capital and dramatically reduce the need for GP and hospital visits and the length of hospital stays and can also lead to lower and better use of medicines xv

**Figure 12: Lambeth Cooperative Handbook model of Coproduction**

<table>
<thead>
<tr>
<th>User and professional roles in the design and delivery of services</th>
<th>Service Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionals as sole service deliverers</td>
<td>Professionals and service users/community as co-planners</td>
</tr>
<tr>
<td>Service Delivery</td>
<td>Traditional professional service provision</td>
</tr>
<tr>
<td>Professionals and service users/community as co-delivers</td>
<td>User co-delivery of professionally designed services</td>
</tr>
<tr>
<td>Users/communities as sole deliverers</td>
<td>User/community delivery of professionally planned services</td>
</tr>
</tbody>
</table>

We will create a culture in Lambeth that enables citizens and services to work together as equal and reciprocal partners.
**Box 3: The Lambeth Charter for Effective Citizen Involvement**

1: Working together for change [co-production]
- Recognising people as assets and using the skills and strengths they have to design and run services
- Building on people's capabilities
- Promoting mutuality and reciprocity
- Developing peer support networks
- Breaking down barriers between professionals and users
- Facilitating rather than delivering

2: Leadership
- Individual: Involving individuals in the management of their own health and wellbeing
- Collective: Involving the whole community in different ways e.g. patient cohorts, special interest groups, age groups, BME populations or the wider public
- Representative: Involving organisations and individuals that are enabled to act as representative of others (e.g. Third sector organisations, LINk/HealthWatch)
- Co-operative: Involving Health and Wellbeing agencies from all sectors in joint engagement activities

3: All Involvement will be Purposeful
- The purpose of all Involvement activities will be clearly defined

4: All involvement will be Accessible and Fun!
- Increasing citizen participation in decision making should be both engaging and enjoyable
- Ensuring Equalities issues are addressed
- Working with existing forums and structures to reach people as well as creating new methods of engagement
- Taking place in a variety of locations and using many different methods – working with people in their communities, using different tools and approaches for different audiences
- Ensuring access needs are met to enable participation (e.g. around money, health needs, childcare, language, disability)

5: All involvement will be well planned, appropriately resourced & accountable
- Allowing adequate time for the planning of activities and the building of relationships
- Ensuring full and correct information is available to people to respond to
- Providing appropriate training and support to enable effective participation
- Ensuring there is no costs for individuals involved – contributions are recognised and rewarded
- Establishing processes and accountability lines that are clear, concise and productive
- Developing effective support and project planning mechanisms (e.g. monitoring, establishment of criteria and use of qualitative feedback from citizens)

6: All involvement will be Transparent
- Part of a published plan that sets out the planned activities, targets, and hoped for outcomes
- Ensuring feedback to participants
- Monitored and evaluated – showing the difference the engagement has made
- Testing new ways of involving communities in managing health and wellbeing and transferring this knowledge to other neighbourhoods, through the HWB
How we will work 2: Investing early to enable people to stay healthy & maintain good wellbeing

We will shift the balance so more of our collective time, energy and resources are invested early to enable people to stay healthy and maintain good wellbeing.

We believe that we can achieve better health and wellbeing outcomes for people in Lambeth by prioritising earlier action at all critical life stages. We want Lambeth to be a place where people are ready for everything, with “enabling” communities and services that equip people to flourish and where early help is available to picks up and respond to the first signs of difficulty. Figure 13 sets out the shift we want to see. Over time we want to achieve a shift in the pattern of resources in Lambeth so more is invested in the centre and left of the diagram, with demand for care and recovery reducing.

The case for this shift is one of values and economics. Care and recover is usually intensive of resources. Investing in enabling people to stay healthy and well and in early help/intervention that catches people early and stops them deteriorating makes economic senses because in many cases this approach can save money down the line by preventing the need for more intensive and expensive services. But just as importantly prevention and early help are better for people, avoiding unnecessary ill health and poor wellbeing.

Some life events are universal or nearly universal: birth to five, for instance, primary to secondary, into work, retirement. Other events affect certain groups: leaving care, illness or injury, family breakdown. Thus some early action is targeted and some is universal.

Figure 13: The prevention to late intervention continuum
How we will work 3: Whole Person/whole family care

We will integrate health, social care and wider services around the needs of people and populations, tailoring services to the specific needs of each individual or family.

A transformation in how services are organised and delivered is needed in order to address the challenges facing the health and social care system. We need to improve the integration of physical and mental health, and social care and wider services like housing and education. While integration has been on the agenda for years, there has only been gradual progress. We now want to achieve a step change whether it be for children and families, people with long term conditions or the frail elderly.

We will tailor services to the specific needs and situation of each individual or family, most commonly in the case of those who require ongoing care or support but increasingly for all. Including enabling people to make decisions about how the funding available for their care is spent through individual budgets and direct payments. We aim to do this by coordinating systems of care and support more effectively so that services fit around the needs of individual and families, rather than expecting them to fit around the way services are organised. This will include integrating acute, primary and social care (across all providers, public, voluntary, community and private) and providing holistic care that addresses physical, mental, social and economic needs. It will also include a focus on the development of effective multi agency teams in which staff work flexibly and in which full use is made of the range of skills available including the skills of the individual and their family and friends. We will work to identify people’s needs earlier and to take action to, for example, avoid people being admitted to hospital unnecessarily. In particular we will:

• coordinating care better around people;
• identifying people’s care needs and supporting them earlier;
• supporting people to keep themselves healthy where possible;
• ensuring people’s care is delivered in the most appropriate setting.
How we will work 4: Collaborative Commissioning

Commissioning is the process of allocating resources to improve outcomes. In Lambeth we are developing collaborative commissioning\(^\text{19}\), which marks a significant change from the past when commissioning was often undertaken by individual organisations in isolation and without the real involvement of local people.

*Figure 1* sets out Lambeth’s collaborative approach to commissioning. Key differences between collaborative and traditional commissioning are:

- An explicit focus on outcomes throughout
- Making the citizen central to everything
- Recognising citizens for what they can bring, not just what they need
- Making coproduction with citizens the default way of working for all organisations
- All organisations opening up their data and information and making their decision making as transparent as possible
- Working to develop the market of providers to ensure there are enough of the right kinds of organisations with the right skills to deliver the services that are required now and in the future
- Encouraging innovation by becoming risk-aware rather than risk-averse

The Lambeth Health and Wellbeing Board and each of the organisations on the Board will adopt this approach to commissioning. We will use this approach to consider how all of the activities we commission can contribute to each of the four outcomes set out in chapter 2.

We will also fully integrate public health into commissioning in Lambeth; ensuring thinking about how outcomes are achieved is informed by high quality public health advice. Making best use of public health advice whether in, for example, regeneration, housing, planning, schools, leisure, adult social care, or the wider environment and economy. Our collaborative approach to commissioning will ensure that the wider determinants of health are better addressed collaboratively by the council, residents, NHS and partner agencies.

*Figure 15* sets out a common strategic framework for assessment and planning to support collaborative commissioning in Lambeth. This is an evidence-based framework for completion in partnership by those involved in commissioning to:

- Understand and measure *causes and effects* on the health and well-being of individuals, families and communities, including inequalities;
- Identify proven (i.e. evidence-based) *interventions* to address issues
- Agree *outcomes* that will demonstrate improvements for individuals in Lambeth.

Consideration of key health and well-being issues (e.g. inequalities, equity, employment, skills, income, etc.) at each stage of commissioning will enable commissioning to improve health and well-being and reduce health inequalities.
Figure 14: Lambeth’s Collaborative Commissioning Cycle

A shared definition of the change that communities and public, private, voluntary and community organisations will work together to achieve and agreed ways of measuring progress.

Resources might be contributed by communities, public services or business etc and could include a mix of money, people’s time and buildings etc.

Including looking at the evidence of what works and working out how local strengths and assets can be built on.

What are the strengths in communities that can be built on, what do people want to see change, what can be improved, what are the differences between different groups (e.g., men & women or young & old)?

Both based on looking at what we can measure and asking citizens and professionals what their experience has been.

For example, voluntary groups might agree to focus on a new issue, public organisations might agree to provide or buy different services or licensing or planning policy might be changed.

Understand the strengths and needs in the community

Are the activities and services having an impact on our outcomes?

Be clear about the change we want to see (outcomes)

Allocate resources (time, money, buildings etc)

Agree new or changed activities & services & make them happen

Look at the different ways of achieving the outcomes

Citizens, public services, businesses
## Figure 15: Common strategic framework for assessment and planning

<table>
<thead>
<tr>
<th>Life cycle</th>
<th>Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal</td>
<td>Children &amp; Young People</td>
</tr>
<tr>
<td>Preschool</td>
<td>School age</td>
</tr>
</tbody>
</table>

### Structural Issues (causes)

- Prevention & resilience for ‘at risk’
- Coping/resolving in ‘affected’ (early intervention)
- Mitigating impacts

**Outcome(s):**
(health, well-being, assets)
Children are the lifeblood of communities and society, but the timing of parenthood has a dramatic effect on lives. Teenage pregnancy is a positive choice for some, but for many it can be negative for their health and well-being, e.g.:

- **Mothers** – Worse health and mental health outcomes\textsuperscript{xx}, less likely to complete education, and by the age of 33 are more likely to have no qualifications, be in receipt of benefits and on lower incomes\textsuperscript{xxi}.
- **Fathers** – Similarly worse life-time health, economic and employment outcomes than peers\textsuperscript{xxii}.
- **Families** – Teenage mothers are more likely to be lone parents\textsuperscript{xxii} and face family conflict\textsuperscript{xxi}.
- **Children** – More likely to die before their first birthday\textsuperscript{xxiii}, live in poverty, poor housing, have bad nutrition\textsuperscript{xx}, and more likely to become a teenage parent themselves\textsuperscript{xx}.

**What we did**

The Lambeth Teenage Pregnancy and Parenthood Partnership brought together all local organisations (both statutory and voluntary) to create an integrated, evidence-based programme focussed on supporting young people and young parents, including addressing broader impacting factors (e.g. poverty, education, violence, drugs and alcohol, etc.). Key interventions included:

- **Effective information sharing** – Timely data sharing between partners to inform strategic and commissioning decision making and performance management.
- **Integrated education programme** – High quality education on sex and relationship, drugs and alcohol, health and well being and addressing issues associated with violence, in schools, pupil referral units, and community settings.
- **Appropriate, accessible services** – Contraceptive and sexual health advice and information designed with and around young people to enable informed decisions.
- **Building potential** – Increasing self-esteem and aspirations in all young people, and understanding of opportunities and potential in young parents.
- **Early intervention** – Professionals parents and carers informed and skilled to identify risks, discuss issues and signpost to services.
- **Communications** – Information and media campaign designed with and for young people, parents, carers and professionals to debunk myths, increase knowledge and build resilience.

**What we achieved**

- 60% reduction in teenage conceptions since 1998\textsuperscript{xxiv} – 218 less under-18 pregnancies each year
- Improved educational attainment at GCSE to better than the national average – more than 6 out of ten children achieve five GCSEs at A*-C
- Young volunteers involved in development and delivery of key elements, e.g. six college students trained as peer educators as part of condom distribution scheme.
How we will work 5: Health and Wellbeing equity and equality in all polices

We will put health and wellbeing equality and equity at the heart of all policy in Lambeth, so we create a borough where people can flourish

With as much as four-fifths of health determined by factors outside of care services, it is imperative that we address the factors with greatest impact in a more effective and systematic way. The ‘Marmot Review’ demonstrated that embedding health and well-being considerations and equality and equity into all policies is essential for reducing health inequalities. It also highlighted the need to incorporate ‘proportionate universalism’ into service delivery, delivering interventions / services to individuals with a scale and intensity proportionate to their need (i.e. the greater your need the greater level of service you should receive).

Establishment of this approach will be facilitated by the move of public health into the local authority. The transfer of this function (and funding) at national level included a clear mandate to “understand the needs of your community and….your responsibility to tackle the wider determinants of health at a local level, putting people’s health and well-being at the heart of everything you do - from adult social care to transport, housing, planning and environment”.

Key components of our approach will be:

• **Maximising the impact on health and well-being of existing strategies** – We will audit existing health and ‘non-health’ strategies against ‘what works’ on reducing health inequalities to identify opportunities to modify approaches to improve effectiveness at delivering specific objectives and the shared objective of reducing health inequalities.

• **Consistent, rigorous implementation of existing tools** – Methods and tools already exist to embed health and well-being, equality and equity in how we develop and deliver policy, developments, services and strategies. Integrated health and well-being impact assessments provide a unique opportunity to reduce health inequalities by identifying how the health of specific population groups will gain or loss by health and non-health proposals and evidence suggests that the benefits of assessments outweigh the costs.

• **Cross-sector interventions to address factors impacting on health and well-being** – The determinants and impacts of health and well-being exist across all services. We will identify and implement evidence-based interventions across services to address factors that impact on health and well-being (e.g. linking welfare advice with health services). This should include how Lambeth organisations (i.e. large and SME business, health providers and voluntary sector) can work together and with health and well-being organisations to address health and well-being issues of both their workforce and the local population to address (e.g. employment, skills, opportunities, inequalities, etc.); often referred to as ‘corporate social responsibility’.
"Fuel poverty" is having to spend more than 10% of your income to heat your home adequately. It is a consequence of three factors: household energy efficiency, fuel costs and household income. In Lambeth 1 in 4 households people live in fuel poverty, compared to 1 in 5 nationally.

Negative impacts on health and well-being of fuel poverty are direct and indirect, including:

- **Children** – Poor infant weight gain, increased hospital admissions, developmental issues (mental and physical), and increased severity and frequency of asthma symptoms.
- **Adolescents** – Poor physical and mental health, and lower educational attainment.
- **Adults** – Poor physical and mental health, especially in vulnerable individuals.
- **Older people** – Poor physical and mental health, increased risk of accidents and injury, and higher risk of premature death.
- **Services** – £859m cost of preventable, winter-related illness to the NHS, with further costs to social services, and economic costs to individuals, families and businesses of absences from work.

**What we did**

Lambeth Council, the NHS and Age UK Lambeth established a cross-departmental, cross-sector Steering Group to address the root causes through a Fuel Poverty Strategy with four strategic aims:

1. **Targeting** – Systematic monitoring, identification and targeting embedded in relevant Council policies and strategies to support individual households affected.
2. **Universal household energy efficiency** – Aiming to achieve a minimum standard of energy efficiency in all property tenures and exceed minimum standards where possible.
3. **Awareness** – Working within partner agencies to raise awareness and build capacity of alleviating fuel poverty amongst the most vulnerable members of the community.
4. **Financial assistance** – Assisting individual households to access energy efficiency grants and loans, increase their income by taking up benefits they are entitled to and get cheaper fuel by understanding available energy tariffs.

**What we achieved**

- Over 1,600 households provided with energy efficiency measures (radiator panels, energy monitor, energy saving light bulbs, etc.) and comprehensive advice.
- 800 Loughborough Estate homes had comprehensive energy efficiency (e.g. new boilers, double-glazed windows, external wall insulation and roof insulation).
- 992 households received 'Coldbusters' grants for efficient heating and insulation.
How we will work 6: Safeguarding children and adults from harm

We will work together to safeguard children, young people and vulnerable adults from abuse and neglect

Safeguarding means protecting people’s health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. We all have a role to play in keeping people safe in Lambeth. Safeguarding people at risk is a structured joint approach by statutory bodies, their commissioned services and the community to achieve this objective.

Everybody has the right to lead a life where their dignity, human and civil rights are promoted and respected. Children and young people, and those adults who are less able to protect themselves from abuse and mistreatment, need support to stay safe and to obtain redress if they have been abused or mistreated.

Abuse is the violation of an individual’s human and/or civil rights by any other person or persons. Abuse includes physical harm, sexual exploitation, theft, discriminatory behaviour, bullying and neglect; it can be deliberate or the result of ignorance or omission. It can take place in health care and support settings, public places and in people’s homes. In some situations, people at risk may not realise that they are being abused.

Those most in need of protection are children, young people and adults who are ill, frail or have a disability and who are a result unable to protect themselves from significant harm. Everyone who comes into contact with children, families and vulnerable adults has a role to play.

Action to safeguard people in Lambeth is lead by our two safeguarding boards the Lambeth Safeguarding Children Board and the Lambeth Safeguarding Adults Partnership Board.

- You can find out more about the Lambeth Safeguarding Children Board here: [www.lambethscb.org.uk](http://www.lambethscb.org.uk)

- You can find out more about the Lambeth Safeguarding Adult Partnership Board here: [http://www.lambeth.gov.uk/Services/HealthSocialCare/ServicesAdults/LambethSafeguardingAdultPartnershipBoard.htm](http://www.lambeth.gov.uk/Services/HealthSocialCare/ServicesAdults/LambethSafeguardingAdultPartnershipBoard.htm)
Lambeth has amongst the highest levels of violence in both London and England\textsuperscript{xxviii}, with young people aged 16-24 years most likely to be victims and perpetrators of violence. Children and young people in general are vulnerable to the health and well-being impacts of violence, including:

- **Short term impacts** – Physical injury, mental and emotional impact, impact on employment and education, social impacts (e.g. family or relationship breakdown), negative health behaviours and homelessness

- **Long term impacts** – Poor school achievement, reduced economic prospects, behavioural problems, substance misuse, poor mental health, poor sexual health, poor physical health, further violence and increasing inequalities.

Violence accounts for three-quarters of the economic costs of all crime. The £29.9 billion UK cost per year includes £2.9 billion to the NHS (equivalent to tobacco and alcohol) and £4.3 billion to the criminal justice system.

### What we did

The South London Violence Prevention Project involves the Crime and Disorder Partnership of the Council, police, probation service, fire brigade and NHS, and is led by Guys and St Thomas’ and Kings College hospitals. It is based on the concept of ‘teachable’ and ‘reachable’ moments, when individuals experiencing the negative effects of their actions are open to changing their behaviour\textsuperscript{xxix}. 75\% of assaults requiring hospital treatment are not reported to police and individuals involved are more likely to attend in the future due to another violent incident\textsuperscript{xxx}.

It is a three-year pilot in Southwark and Lambeth with three strands targeting 12-18 year olds:

1. **Data sharing** – Collection of anonymised data collection on demographics (e.g. age, sex, etc.) and incident (e.g. location, time, weapon, etc.) for sharing with Crime and Disorder Partnership to inform crime prevention policies.

2. **Outreach** – Youth outreach staff from voluntary sector partner Oasis UK are located in the Accident and Emergency Department to signpost and refer to opportunities and services for young people in the local area; this works alongside the hospital Safeguarding Children Team.

3. **Building capacity** – Developing skills and understanding of hospital staff, and expert, evidence-based health advice and support to crime and disorder partnership to reduce violence.

### What we achieved

- 414 young people have gone through the service, with 86 receiving support
- 40\% of young people helped were victims, 20\% were both victim and perpetrator

A detailed evaluation of the programme is underway.

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**Achieving better together case study: Violence amongst young people**

Lambeth has amongst the highest levels of violence in both London and England\textsuperscript{xxviii}, with young people aged 16-24 years most likely to be victims and perpetrators of violence. Children and young people in general are vulnerable to the health and well-being impacts of violence, including:

- **Short term impacts** – Physical injury, mental and emotional impact, impact on employment and education, social impacts (e.g. family or relationship breakdown), negative health behaviours and homelessness

- **Long term impacts** – Poor school achievement, reduced economic prospects, behavioural problems, substance misuse, poor mental health, poor sexual health, poor physical health, further violence and increasing inequalities.

Violence accounts for three-quarters of the economic costs of all crime. The £29.9 billion UK cost per year includes £2.9 billion to the NHS (equivalent to tobacco and alcohol) and £4.3 billion to the criminal justice system.

### From young people:

“After my injuries it was really nice to have a person to talk to, and make me feel better about myself”

“..that’s changed. I haven’t been in trouble since I got hurt”

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From young people:

“After my injuries it was really nice to have a person to talk to, and make me feel better about myself”

“..that’s changed. I haven’t been in trouble since I got hurt”
7. Measuring Progress

Under the Health and Social Care Act 2012, three sets of national indicators (‘outcomes frameworks’) were established to assess progress on outcomes for the NHS, Public Health and Adult Social Care. Taken together, the frameworks give an overview of health and well-being. They provide comprehensive collection of performance data at national level, so require translation into outcomes and indicators that are meaningful locally. Figure 16 sets out how these three frameworks relate to each other.

National outcomes frameworks

The Public Health Outcomes Framework (PHOF) aims “To improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest”. It has two high level outcomes (increased healthy life expectancy; and reduced difference in life expectancy and healthy life expectancy between communities) and 63 indicators under four domains:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

The NHS Outcomes Framework (NHSOF) compiles 54 indicators under five domains:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment; and protecting them from avoidable harm

The Adult Social Care outcomes framework (ASCOF) includes 21 indicators in four domains:

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

At present there is not a similar all encompassing national outcomes framework in place for Children and Young People, although there is coverage of some children’s health outcomes in the Public Health and NHS outcomes frameworks. Priorities for children and young people of the Lambeth Children’s Trust Board (CTB) are:

- Commission and coproduce services that are effective in meeting the needs of local communities.
- Early help for children, young people and families.
- Children and young people are safeguarded and protected from harm.
**Figure 16: National outcomes framework**

**Public Health**
- **Adult Social Care and Public Health:**
  - Maintaining good health and wellbeing.
  - Preventing avoidable ill health or injury, including through reablement or intermediate care services and early intervention.
- **NHS and Public Health:**
  - Preventing ill health and lifestyle diseases and tackling their determinants.
  - Awareness and early detection of major conditions.
- **Adult Social Care and NHS:**
  - Supported discharge from NHS to social care.
  - Impact of reablement or intermediate care services on reducing repeat emergency admissions.
  - Supporting carers and involving in care planning.
- **ASC, NHS and Public Health:**
  - Shared local health and well-being issues for joint approaches.
  - (Focus of joint health and well-being strategies)
8. Refining this strategy

The primary aim of this Strategy is to establish an on-going, cooperative approach to health and well-being, therefore this written document is a point on that journey. Building that process was at the centre of developing this document, which is based on contributions from:

- Four all-borough workshops that brought together over 350 individuals and representatives of organisations to review what existed and develop key elements of the Strategy.
- A Cross-sector Working Group with representatives from all Council directorates, the NHS CCG, Lambeth Local Involvement Network (now Healthwatch Lambeth), Lambeth Community & Voluntary Sector Health & Well-being Forum and NHS Lambeth (Public Health).
- A Review and analysis of current Lambeth strategies and interventions, and their alignment to health and well-being goals.
- On-going and developing engagement activities with key groups, including the #feelgoodlambeth project engaging the public to document assets using cameras.

The Strategy will become the on-going process for strategic assessment and planning on health and well-being for Lambeth and we have already made significant progress during 2012 (e.g. development workshop⁹⁹⁹⁹). This process will continue in 2013/14 to create a Strategy that is truly cooperative, focussing on:

- **Shared priorities** – Using the current priorities derived from the JSNA, we will widen discussions to focus on areas where joint action can make a difference by improving efficiency and effectiveness to protect and improve health and well-being.

- **Co-operative interventions** – Identifying the actions that evidence demonstrates make a difference and identifying how people and organisations can each contribute through the assets they possess.

- **Better outcome measures** – Continuing to improve how we measure progress and success by focussing on outcomes that more closely reflect the lived experience of individuals and families in Lambeth.

Equality and equity will be embedded across all elements of development to ensure equal opportunity to participate and consideration of differences in access, needs and outcomes.

A detailed action plan will be developed to ensure the delivery of the activities within this document during 2013/14. It will be monitored and managed by the HWB.
9. How you can get involved

Involvement of the diverse range of individuals and organisations in Lambeth will dictate the success or failure of this Strategy. Over the next year you can be involved in the following ways:

• **‘Be the change that you wish to see’** – The words of Mahatma Gandhi on how to achieve change in the world are directly relevant. Individuals taking responsibility for their health and well-being through making positive choices in their life – including consideration for and helping others (e.g. friends and family, volunteering, etc.) – will be fundamental to creating a culture that protects and improves health and well-being in Lambeth.

• **Targeted engagement** – A specific focus for 2013/14 is engaging the vulnerable and excluded, people likely to have high levels of need but whose views are seldom heard. It will take a coordinated effort of people and organisations in Lambeth to reach out and bring them to the fore.

• **Contributing to the process** – The development process will include numerous opportunities for individuals and organisations to shape our approach through activities run by the HWB and other partners (e.g. CCG, Healthwatch, Children’s Trust Board, Young Lambeth Co-operative, etc.).

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4 Mahatma Ghandhi has been described as the ‘father of the Indian nation’ for his leadership on Indian independence from British rule, and is famous for his belief in non-violence and equality.
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