Executive summary

This report is a quarterly report of the Joint Director of Public Health to the Lambeth & Southwark Health and Wellbeing Boards and the Lambeth & Southwark clinical commissioning groups. This report covers some current issues:

- Sexually transmitted infections – 2012 data published
- Cancer screening update
- Betting Shops
- Living Well for Longer - launch of Longer Lives toolkit
- Update on Public Health Intelligence
- Big Lottery bid
- Vitamin D

Summary of financial implications

There are no immediate resource implications arising from this report although some of the programmes described may have future resource implications.

Recommendations

To receive the Report of the Director of Public Health for the period 2nd May - 3rd July 2013
Consultation

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<th>Department or Organisation</th>
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<td>01.07.13</td>
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<td>Frank Higgins</td>
<td>Strategic Finance</td>
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<td>Peter Hesketh</td>
<td>ACS Finance (also on behalf of corporate finance)</td>
<td>02.07.13</td>
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Report history

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<td>20-06-13</td>
<td>27-06-13</td>
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Background documents

1/ Table 3: Number & rates of acute STI diagnoses in England, 2009 – 2012 Data are presented by PHE Region, PHE Centre, Upper Tier LA, and LA
http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1215589014186
2/ http://longerlives.phe.org.uk/
5/ http://www.biglotteryfund.org.uk/betterstart

Appendices
None.
Quarterly Report of the Director of Public Health

1. Context

1.1 The Joint Director of Public Health reports quarterly to the Lambeth & Southwark Health and Wellbeing Boards and the Lambeth & Southwark clinical commissioning groups.

2. Proposals and reasons

Sexually transmitted infections – 2012 data published

1.1 Public Health England has recently published 2012 data for sexually transmitted infections (STIs).

1.2 For most STIs (except Chlamydia), this data is based on genitourinary medicine (GUM) clinic information, and excludes data from general practice and community sexual health services.

1.3 The number of STIs in Lambeth and Southwark have risen year on year since residence based data was first collected in 2009. Lambeth and Southwark has some of the highest numbers of STIs in the country. Local sexual health services are committed to high levels of STIs testing. Lambeth and Southwark residents have very high GUM clinic attendances, 44,275 and 42,759 respectively, per year. Gonorrhoea is the STI that best indicates recent unprotected sexual activity. Table 1 provides 2012 data for gonorrhoea demonstrating the increase in STI cases over time.

1.4 For Chlamydia, this is the first year, where data collected through laboratories has been added to the GUM clinic data and so the 2012 data cannot be compared to previous years. The number of Chlamydia cases reported is high in both Lambeth and Southwark. However the increase as a result of adding new data seen in Lambeth is greater than in Southwark. The laboratory data that has been added has some caveats that may impact on this local data. There are a considerable proportion of laboratory requests that do not include postcode. These cases will be automatically allocated to the borough that the clinic is based. So for GSTT laboratory cases will be allocated to Lambeth. Lambeth has the highest Chlamydia screening uptake rates in England. This will also impact on the high levels of Chlamydia.

1.5 Lambeth, Southwark and Lewisham Sexual Health and HIV Commissioning Team is now hosted by Lambeth Council on behalf of all three. This team commissions a variety of services to promote sexual health, prevent infections and increase testing.
Table 1 - Gonorrhoea diagnoses made in GUM clinics numbers (and rates)

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<tr>
<td>Lambeth</td>
<td>590 (208.3)</td>
<td>690 (242.5)</td>
<td>961 (315.6)</td>
<td>1250 (410.5)</td>
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<td>Southwark</td>
<td>439 (153.7)</td>
<td>507 (176.6)</td>
<td>722 (250.1)</td>
<td>850 (294.4)</td>
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<td>London</td>
<td>5859 (75.6)</td>
<td>6427 (82.1)</td>
<td>8415 (102.6)</td>
<td>10651 (129.8)</td>
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<tr>
<td>England</td>
<td>13880 (26.8)</td>
<td>15823 (30.3)</td>
<td>20145 (37.9)</td>
<td>24396 (45.9)</td>
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Table 2 - Chlamydia diagnoses number (rate/100,000 population in brackets below)

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
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<tr>
<td>Lambeth</td>
<td>2377 (839.1)</td>
<td>2529 (889)</td>
<td>2936 (964.3)</td>
<td>5001 (1642.5)</td>
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<td>Southwark</td>
<td>1877 (657.1)</td>
<td>2266 (789.4)</td>
<td>2640 (914.4)</td>
<td>2584 (895)</td>
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<tr>
<td>London</td>
<td>23936 (428.5)</td>
<td>24840 (447.4)</td>
<td>23958 (441)</td>
<td>23639 (512)</td>
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<td>England</td>
<td>143352 (330)</td>
<td>149952 (350.4)</td>
<td>144795 (342.7)</td>
<td>136961 (371.6)</td>
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Cancer screening update

2.1 Overall

- We are in discussions with PHE about the continued performance monitoring for CCGs into the future, both CCG coverage and practice level coverage. For 2013 – we have arrangements to continue in the Lambeth/Southwark public health department.
- We are currently assessing the impact of the London list validation exercise on cervical screening coverage performance and will report.

2.2 Cervical screening

- HPV triage implementation - meeting between NHSE, PHE, UHL, KCH, GSTT, ex screening commissioners for LSL and BBG and Lewisham DPH to discuss the laboratory configuration in SE London to enable implementation of HPV triage on 11/6/13. LSL is the only part of London who have not have authorisation from the NHS Cancer Screening Programme (NHSCSP) to implement – this has delayed significantly because of SLHT. It has been agreed that the preferred option is two cytopathology laboratories for SE London to assure of the required
workload is maintained as activity falls initially as a result of HPV triage and subsequently following the introduction of primary HPV testing and with the impact of HPV immunisation. NHSE will approach GSTT to explore whether they are able to absorb the additional workload. Once this is agreed and there is an implementation plan with milestones signed off by the NHSCSP – authorisation will be given for HPV triage implementation.

### 2.3 Performance at 31st December 2012

<table>
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<th>5 year coverage</th>
<th>3.5 year coverage</th>
<th>5 year coverage</th>
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<tr>
<td></td>
<td>25-64 years</td>
<td>25-49 year old</td>
<td>50-64 years</td>
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<td>Lambeth</td>
<td>72.94</td>
<td>65.37</td>
<td>72.43</td>
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<tr>
<td>Southwark</td>
<td>74.08</td>
<td>66.33</td>
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### 2.4 Breast screening

- The SE London Breast Screening Programme has achieved full digitalisation over the last six months.
- SELBSP is committed to reintroduce a mobile van to the Surrey Quays site following a fall off in screening uptake in the last screening round (see minutes 4/6/13 SELBSP commissioning minutes). The impact was seen mainly in the SE16 postcode area where the uptake decreased between the 2009 and 2012 screening round by 6%.

### 2.5 Performance

- Lambeth coverage at September 2012 - 61.97% (target 70%)
- Southwark coverage at September 2012 - 63.36 (target 70%)

### 2.6 Bowel cancer screening

Bowel cancer screening was introduced in 2006 for the age range 60-70 years. In SE London – the programme has begun age extending to include up to 75 years from April 2013. There is an evaluation of an NHSCSP funded ‘improving bowel cancer screening uptake pilot’ on-going which should report by September.

Performance is poor – with the latest uptake in Lambeth and Southwark at 35.15% - national target 60%. We are the lowest in London.

### Betting Shops

- There are clear links between low income, poverty and poorer health. High streets in the more deprived parts of the country have been labelled a ‘toxic mix’ of fast food outlets, betting shops, off licenses and pay day loan companies. Work is already taking place in both Lambeth and Southwark to prevent further hot food takeaways from opening.
2.8 Lambeth & Southwark public health is now working with partners across London, the GLA and licensing managers to look at concerns relating to betting shops. It has been estimated that up to £848 million is spent at betting shops across the 2 boroughs with North Southwark, Camberwell and Peckham and Vauxhall amongst the top ten nationally.

2.9 There are five areas of work:

- Developing a draft Cumulative Impact Policy (CIP) for betting shops;
- Understanding the implications of refusing licenses on the basis that more money is made from gaming (the use of fix odds betting machines) than betting and therefore licensing conditions in the Gambling Act are not met;
- Working with Planning on the implications of using an Article 4 directive & Supplementary Planning Documentation to limit the further increase in betting shops;
- Assessing the potential for enhancing the Gambling Code of Practice for betting shops;
- Better understanding the data available to inform changes.

Living Well for Longer – launch of Longer Lives toolkit

2.10 Although important progress has been made in improving health in recent years in the UK, we are not yet at the level of the best; too many people are still dying at too young an age. One of Public Health England’s first major initiatives, Longer Lives, was published on Tuesday June 11, 2013 following a ministerial visit on Monday to Lambeth to launch the tool. This is part of a call to action to reduce avoidable premature mortality as announced by Secretary of State Jeremy Hunt in March 2013. The purpose is to support local authorities & clinical commissioning groups to tackle causes of premature death that are preventable through population health or amenable to good quality healthcare. Local authorities have taken on formal responsibility for improving the health of their residents from April 2013 as part of their public health responsibility.

2.11 Longer Lives is a new website [http://longerlives.phe.org.uk/](http://longerlives.phe.org.uk/) that will illustrate how premature mortality (deaths under 75) varies between English local authorities, and to provide links to examples of how some of the most important causes can be reduced at population or individual levels. The website focuses on 4 main causes of premature deaths: cardiovascular disease, cancers, lung and liver diseases. Information on more causes of premature mortality will be added over time, together with links to more examples of effective interventions.

2.12 Each local authority will be colour coded to show how it’s premature mortality compares with the average for England. Green represents rates that are statistically significantly better than the England average and red denotes rates that are statistically significantly worse. Yellow denotes rates that are within expected limits but better than average, and orange denotes rates within expected limits but worse than average. The map can also show local authorities shaded by deprivation. This is important, because many of the risk factors for premature mortality are associated with deprivation. Each local authority can also be compared with other authorities with similar deprivation level to take account of this.
2.13 Key findings for Southwark: In the three year period 2009-11, Southwark had a total of 1877 premature deaths. Southwark’s overall premature mortality rate is ranked 115th out of 150 in England (in the red zone as significantly worse than England). However, when taking into account deprivation, comparing to similar deprived populations, it is ranked 6th out of 15 (in the yellow zone below the cluster average). The corresponding rankings for cancer are 104th out of 150 (red zone) and 4th of 15 (yellow zone above the cluster average). For heart disease and stroke they are 109th of 150 (red zone) and 8th of 15 (yellow zone). For lung disease they are 127th of 149 (red zone) and 10th of 15 (orange zone). For liver disease they are 126th of 149 (red zone) and 12th of 15 (orange zone).

2.14 Key findings for Lambeth: In the three year period 2009-11, Lambeth had a total of 1989 premature deaths. Lambeth’s overall premature mortality rate is ranked 121st out of 150 in England (in the red zone as significantly worse than England). However, when taking into account deprivation, comparing to similar deprived populations, it is ranked 5th out of 15 (in the yellow zone below the cluster average). The corresponding rankings for cancer are 118th out of 150 (red zone) and 8th of 15 (orange zone above the cluster average). For heart disease and stroke they are 113th of 150 (red zone) and 5th of 15 (yellow zone). For lung disease they are 100 of 149 (red zone) and 4th of 15 (yellow zone). For liver disease they are 112 of 149 (red zone) and 7th of 15 (yellow zone).

2.15 This toolkit is not to set targets or performance manage as there is no acceptable level of premature mortality. The key is to continue collective efforts to implement effective prevention and treatment programmes targeting populations groups and individuals at risk to reduce premature mortality as far as possible and to reduce the variation in premature mortality between local authorities across the country. Longer Lives seeks to help local authorities compare themselves with other authorities from which they may wish to find examples of actions they can take. One of the most important factors affecting premature mortality is socioeconomic status, and on the whole, more deprived local authorities have worse premature mortality than more affluent authorities. This tool enables local authorities to compare themselves with other local authorities that have lower premature mortality to discover whether there are any other actions they could be taking. It may be particularly helpful for local authorities to compare themselves with others that have similar levels of deprivation to see where they are doing better or worse, and explore why. The toolkit is linked to key evidence based interventions and other health promotion materials that Local Authorities and CCGs can use to enable further improvement.

Update on Public Health Intelligence: Transition Issues

2.16 The Public Health in Local Government factsheets published by the Department of Health in December 2011 summarise the new public health functions of Councils, and the Local Public Health Intelligence factsheets published in September 2012 set out the importance of local health knowledge and intelligence support to the commissioning and delivery of essential public health services.
2.17 Critical elements of the function include:

- NHS Health Check assessments;
- the National Child Measurement Programme (NCMP);
- open access sexual health services (contraception and sexually transmitted infections testing and treatment);
- information and advice to promote local health protection arrangements; and
- public health advice to NHS commissioners.

2.18 The first three – NHS Health Check assessments, NCMP and the contraception element of sexual health services – require the return of data, variously, to the HSCIC or Public Health England, and will be included in the Department for Communities and Local Government Single Data List (SDL) for 2013/146.

2.19 In order for Local Authorities to meet the requirements for these data returns and other critical public health functions it is important that Public Health has access to the right level of data. One of the requirements of this is an N3 connect for access to NHS & social care data (including safe haven arrangements). LBS have submitted the IG-toolkit 10 version online in March in order for LAPH to handle sensitive data. This submission requires the council to deliver on an action plan to meet information governance requirements in the next few months to maintain the N3 connection. It is recommended that an information governance steering group is set up to deliver the action plan required to meet the information toolkit.

**Big Lottery bid**

2.20 Lambeth is one of 40 local authorities that has been long listed for the Big Lottery’s new £165m *Fulfilling Lives: A Better Start* initiative.

2.21 This aims to deliver a step change in preventative approaches in pregnancy and the first three years of life to improve life chances of babies and young children. Partnering with a national charity is required and Lambeth has done so with the National Children's Bureau. A steering group is in place with wide membership from local stakeholders.

2.22 The key features of the programme are:

- Investing £30-£50 million in 3-5 areas, each with a population of approximately 50,000 for 8 to 10 years. Four wards in Lambeth have been put forward (Coldharbour, Stockwell, Tulse Hill, Vassall).

- Each area runs a variety of programmes and initiatives to improve outcomes for children in three key areas of development: social and emotional development; communication and language development; and nutrition.

- There will be a ‘systems change’ in the way that local health, public services and the voluntary sector work together to put prevention in early life at the heart of service delivery and practice.
2.23 The next stage of the application closed on 7 June with results known in early August. This will result in 10-15 chosen areas, each of which can bid for £400k to work up a full application over 6 months. The final 3-5 areas will be chosen thereafter.

Vitamin D

2.24 Addressing Vitamin D deficiency is a public health priority in Lambeth and Southwark. Vitamin D is an essential vitamin for the development of healthy bones and teeth. Requirements for Vit D cannot be met by diet alone, and there is not enough sunshine from October-March in UK to make sufficient Vit D. Vit D deficiency can result in hypocalcaemia seizures in very young children and rickets in children and Osteomalacia in adults. Rickets is an entirely preventable disease. Populations at particular risk of deficiency include babies and children under 5, all pregnant and breastfeeding women and all darker skinned populations such as African, African-Caribbean and South Asian populations.

2.25 Prevalence estimates suggest that in 2013 there will be 2476 children aged 0-4 with Vitamin D deficiency in Lambeth and 2646 in Southwark and there will be 190 cases of rickets in children aged 0-4 in Lambeth and 203 cases in Southwark. The current cost burden of vitamin D deficiency and rickets in Lambeth & Southwark which is estimated to cost £383,102 per annum.

2.26 Supplementation: At present in Lambeth and Southwark, universal supplementation of vitamin D is solely for babies up to 6 months of age. A business case has been developed to secure funding of £143,122.34 per annum for universal supplementation of vitamin D for all Lambeth & Southwark mothers during pregnancy and until their child is 12 months old, and all children under 4 years old. That is £71,561.17 for Southwark and £71,561.17 for Lambeth.

2.27 Other London Boroughs and cities are implementing the above Vit D supplementation programme, Lewisham, Hackney and Birmingham. A recent study in the Heart of Birmingham area found that the incidence of vitamin D deficiency had reduced from 29 cases recorded in 2005 to 12 in 2009-2010.

2.28 Decisions on funding this programme need to be prioritised and the programme implemented.

3 Finance Comments

3.1 There are no immediate resource implications arising from this report although some of the programmes described may have future resource implications.

4 Comments from Director of Governance and Democracy

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

5.1 The report provides an update for the Health and Wellbeing Board. There is no specific consultation associated with the report.

6. Organisational implications

6.1 Risk management:
None

6.2 Equalities impact assessment:
N/A.

6.3 Community safety implications:
None

6.4 Environmental implications:
None

6.5 Staffing and accommodation implications:
None

6.6 Any other implications:
None

6.7 Timetable for implementation
Not applicable.