Public Health in
Lambeth and Southwark

Director of Public Health Report
April – June 2015
Introduction

This is the quarterly report of the Director of Public Health for Lambeth and Southwark for the first quarter of 2015-2016. The report is for the London boroughs of Lambeth and Southwark, and Lambeth and Southwark Clinical Commissioning Groups, as well as for all Health and Wellbeing Boards partners.

The aim of the quarterly reports is to update partners on some of the activities of the Lambeth and Southwark specialist public health team and work being done in partnership, and to provide information about public health issues relevant to Lambeth and Southwark, including alerting people to areas of concern or risk.

This quarter summaries are on Tobacco Control in Lambeth and Southwark, Lambeth Food Flagship Programme, Wellbeing, Children and Young People’s Health, Free Vitamin D Scheme, Norovirus, New Meningitis programmes and SH:24.

Comments and ideas for future topics are welcome. Please contact PHadmin@southwark.gov.uk

1. Tobacco Control in Lambeth and Southwark

Tobacco use is the major cause of preventable death in England and harms not just smokers but the people around them, through the damaging effects of second hand smoke. Smoking is a major cause of ill health and death in Lambeth and Southwark and health inequalities, with those from routine and manual workers and other disadvantaged groups being about one and a half times, and up to two times more likely to be smokers that the general population. Compared to the rest of the country, Lambeth and Southwark are significantly higher in:

- Lung cancer registrations
- Oral cancer registrations
- Smoking attributable deaths
- Deaths from lung cancer
- Deaths from chronic obstructive pulmonary disease

In addition to the direct medical and social costs of treating tobacco induced illnesses there are other indirect costs including loss of productivity, fire damage and environmental harm from cigarette litter. Spending on tobacco control measures can reduce these costs. Reducing tobacco use will benefit the
wider local and national economy. There is clear evidence that the most effective tobacco control strategies involve taking a multi-faceted and comprehensive approach at both national and local level.

Lambeth and Southwark have a long history of tackling smoking. It is important that we build on successes and apply the learning from the work over the years into the development of the comprehensive tobacco control strategy for each of the boroughs. Smoking cessation is one of the most cost effective health interventions, every £1 spent on smoking cessation services saves £10 in future costs. Although the proportion of smokers has fallen significantly over the years, the decline has been much slower in Lambeth and Southwark. In the two boroughs, stark inequalities exist with little positive change occurring within certain population groups, e.g. routine and manual and those with mental health issues. Investing sufficiently in tackling smoking is therefore essential if we want to improve health and reduce health inequalities in the boroughs.

As part of the Strategy development, in addition to the review of the evidence on effective interventions, a commissioner workshop focusing on a rapid review of the stop smoking services was held in May. Analysis of Lambeth and Southwark stop smoking data (2013/14) across was presented. During that year, 4,373 smokers in Lambeth and 3,208 smokers in Southwark set a quit date, with a quit rate of 39% for Lambeth and 36% for Southwark. Linking location of GP practices with smoking prevalence, deprivation, COPD practice registers, unemployment and actual Nicotine Replacement Therapy (NRT) spend, showed that many areas with expected high need did not appear to have the associated expected spend on NRT. The workshop also highlighted missed opportunities; evidence suggests that smokers are up to four times more likely to succeed with stop smoking services than if they try to quit on their own. Exploration of pharmacological reports identified at least 2,218 smokers in Lambeth and 3,316 in Southwark had attempted to quit smoking on their own. A larger proportion of these smokers would have quit if they had been supported through the stop smoking service, opportunities to harness this cohort of motivated quitters should be sought.

The workshop also highlighted the need to prioritise interventions that tackle inequalities and a focus on prevention of long term conditions. Some insight work is currently being undertaken with communities across Lambeth and Southwark and includes engaging with smokers and ex-smokers, their views will help to inform the stop smoking service model to be commissioned from April 2016 onwards. An event is being organised for July 2015, which will bring together stakeholders, including commissioners, providers and residents to help consolidate a model that further meets local needs

Previous survey results revealed that in Lambeth and Southwark an estimated 57% and 73% smokers
respectively were offered illegal tobacco over a one year period. During this period, 36% of Lambeth smokers and 56% of Southwark smokers bought illegal tobacco. Illegal tobacco is often associated with other criminal activity and increases demand and supply amongst children. The South East London Illegal Tobacco Network (a network of public health and trading standards teams in South East London) is running a ‘call to action’ campaign to change acceptability of illegal tobacco. The campaign will ask people to pass on the message and report anyone they believe is selling illegal tobacco in their area. Experience from other similar campaigns shows that it changes views of those who may perceive illegal tobacco as a victimless crime, can drive a significant increase in the number of reports made from the public regarding illegal sellers, which in turn can make these sellers less comfortable. Over the summer, the campaign will be actively promoted at the following events:

- Bermondsey Carnival Saturday 4 July 2015
- Elephant and Nun Festival Saturday 15 August 2015

2. Lambeth Food Flagship Programme

Following a successful bidding process in 2014, Lambeth was awarded Food Flagship status. As a London Food Flagship Borough, our vision is for all Lambeth residents to develop a love of healthy and sustainable food.

Being a Food Flagship Borough brings with it funding opportunities and support guaranteed for two years but possible longer. The Lambeth Food Flagship Programme consists of range of interventions and projects including:

- The implementation of the School Food Plan in all Lambeth schools via Lead Food Flagship Schools
- Development of community activities including food growing initiatives
- Implementation of the Alexandra Rose Vouchers to support vulnerable families with young children to be able to buy more fruits and vegetables
- Local Capacity building and development including working with young people, businesses, and the Lambeth Food Partnership – which represents over 200 community groups across Lambeth
• Implementing a summer Healthy Eating Holidays

• Evaluation of programme, learning and development.

The work with Lambeth schools on the new School Food Plan is progressing. The four identified Lead Food Flagship groups are providing training and supporting other schools within their cluster to adopt the plan. In addition, the Natural Thinkers project which links children to nature is extending the offer to schools, children centres and 1 o clock clubs.

Public Health will also work with our local networks and partners to encourage the implementation of the School Food Plan in all Southwark schools.

The Rose Voucher for Fruit and Vegetable which is a scheme funded by the Food Flagship Programme, will start this month in 6 children centres. The scheme seeks to increase the consumption of fresh fruit and vegetables of some of the most vulnerable families in Lambeth, with a focus on low income families. Low-income families expecting a baby or that have small children (under 4 years old), are helped to access more healthy affordable food through the provision of financial and motivational support. The Rose Voucher in Lambeth cohort includes Healthy Start recipients (and those eligible), POE families (Priority of Excluded groups) and those families that have ‘no recourse to public funds’ (such as asylum seekers). Focussing on these families, the scheme supports behaviour change interventions and activities alongside providing vouchers that can be exchanged for fruit and vegetables at a range of local and neighbourhood food outlets. By locating the Rose Voucher registration and distribution at Children’s Centres the scheme supports participants’ engagement with existing interventions and activities focused on health and wellbeing. Five fruit and vegetable stalls in Brixton Market have signed an agreement to accept and redeem the vouchers.

The Healthy Holiday Programme (funded until the end of the Summer), will be developing the capacity of organisations that run holiday programmes for vulnerable children to promote healthy eating to children and their families and to provide healthy free lunches in a pleasant environment to these children. In addition, a community food poverty worker will work with families, providing support and advice to build future resilience, knowledge and skills around addressing the underlying causes of food poverty, e.g. budgetary and benefits advice; employment and skills development, etc.

Being a Food Flagship Borough has also brought national interest from a range of external stakeholders wanting to work with the borough. For example, the national Change4Life Programme has recently attended one of the summer food festivals in Lambeth to pilot and test a new resource package.
Evaluation is a key element of the Flagship Programme, Lambeth and Southwark Public Health, the GLA, PHE and academic partners are working together to ensure that we gather learning from the Programme.

3. Wellbeing

Wellbeing and Happiness small grants fund

London Community Foundation has received 95 applications for the small grants fund to promote mental wellbeing in Lambeth and Southwark. A panel meeting will be held in June and grants will be awarded from a pot of just over £30k. Some monies will be used to support monitoring and evaluation for successful groups. Favour will be given to those working with groups experiencing poor wellbeing, smaller grassroots organisations working at neighbourhood level where they can demonstrate what the community wants rather than a ‘good idea’ by paid professionals and those who are taking an ‘asset based’ approach.

A report on the previous year’s grant funding is expected shortly. These included projects run by ‘A mile in her shoes’, Carenet, Clapham Park Project, Home Start Southwark, Lambeth Asian Centre, Sickle Cell & Young Stroke Survivors, Silverfit, South London Cares, Springfield Community Flat and the Streatham Drop in Centre for Asylum Seekers and Refugees.

Wellbeing network

The network met in April at the Employment Academy, Peckham. The aim of this meeting was to enable members to set the agenda and priorities for the Wellbeing Programme for the next year. These have fallen into five groupings:

1. Poverty and financial exclusion
2. Loneliness
3. Café for a CAF-Community Assessment Framework (peer support and solutions for those in crisis)
4. ‘Open Dialogue’ in Lambeth and Southwark (see; http://www.nelft.nhs.uk/mental_health/Open_dialogue)
5. Community empowerment to take action on isolation
The full report is available at https://lambethwellbeing.files.wordpress.com/2015/05/final-lambeth-southwark-wellbeing-network-report-200515.pdf

We are beginning to identify with colleagues where there is work currently going on that we as a network could build on and contribute to, particularly around the loneliness and financial exclusion work.

**Brixton Reel 2015**

Plans are underway for this year’s Brixton Reel film festival which will take place in Lambeth October to coincide with World Mental Health Day. The aim of the festival is to use film as way to engage with different community groups, especially African-Caribbean and African people, and increase understanding of how to look after your mental health and wellbeing and where to get help locally. It links into the recommendations of Lambeth’s black health and wellbeing commission.

This year’s theme for World Mental Health Day is ‘Dignity in Mental Health’. This year ideas include working with the Chinese/Vietnamese and Somali communities as well as having a specific LGBT focus. Partners on the project so far are Time to Change, Black Cultural Archives, Mosaic, GST NHS Trust, SLAM NHS Trust and the Dragon Café.

More on previous year’s projects can be found at www.brixtonreel.co.uk

**4. Children and Young People’s Health in Lambeth and Southwark.**

**Children and Young People’s (CYP) Health in Lambeth and Southwark.**

A specific Joint Strategic Needs Assessment for CYP is being done for Lambeth and Southwark. This will make recommendations to improve health and wellbeing, and to inform commissioning intentions. The JSNA will be done in two phases:

- **Phase 1:** Overview of demography, and main health, social care and safeguarding needs and services: end of August
- **Phase 2:**
  - Engagement/coproduction with stakeholders
  - Service provision and best practice: October/November 2015

Key stakeholders include the local authorities, CCGs, Patient and Public representatives, Provider representatives and the Voluntary Sector.
A JSNA steering group will report to the Health and Wellbeing Board and other relevant forums.

The proposed content is outlined below and it has been developed from best practice JSNAs in other local authorities:

- Intro, Methods, Key findings
- Population Profile: Ethnicity, religion, child poverty, deprivation, LAC, disability,
- Maternal Health and Birth Data
- Early Years (under-5)
- School Age & Young People (5 to 25 in 5 yearly groups)
- Education & Employment
- Safeguarding
- Disabilities and complex needs children
- Children in Care
- Stakeholder and user engagement

This JSNA will also use and signpost to recent and ongoing work where it is relevant. Such work is diverse and detailed, and includes findings from partners such as the CYPHP and LEAP as well as current priorities like the vitamin D supplementation programme and the neglect needs assessment.

5. **Free Vitamin D scheme in Lambeth and Southwark**

**Introduction & Background**

The Department of Health has identified the following groups of being at risk of vitamin D deficiency:

a. infants and children aged under 5
b. pregnant and breastfeeding women, particularly teenagers and young women
c. people over 65
d. people who have low or no exposure to the sun, for example, those who cover their skin for cultural reasons, who are housebound or confined indoors for long periods
e. people with darker skin, for example, people of African, African-Caribbean or South Asian family origin.

NICE Public Health Guidance (PH56) recommends that local authorities should ensure Vitamin D
supplements containing the recommended reference nutrient intake are readily available for all at risk groups such as by considering promoting free supplements for at risk groups.

As Part of the Healthy Child Programme to prevent the increasing rise of Vitamin D deficiency and in more extreme cases rickets in children under 5 years, Lambeth joint commissioning and Southwark CCG agreed to fund a free Vitamin D scheme in both boroughs. The scheme provides free Vitamin D (Healthy Start Vitamins) to all pregnant women, new mothers and all children under 4 years in Lambeth and Southwark. The Free Vitamin D scheme started at the beginning of September 2014

Scheme in Lambeth & Southwark

The scheme is operated through community pharmacies. Currently there are 20 pharmacies involved in Lambeth and 21 in Southwark.

A Vitamin D co-ordinator supports the scheme and informs all those working with mothers and children as well as community/voluntary organisations about the scheme. Data to the end of March 2015 shows that:

- In Lambeth 24.9% under 4 year olds were registered on the scheme and receiving vitamins.
- In Southwark 15.5% of under 4 year olds were registered on the scheme and receiving vitamins.
- 41% of mothers heard about the scheme from their health visitor, 29% from pharmacy, 14% from the GP and 11% from midwives, others included children centres/posters.
- 59% of children receiving vitamins are 0-12 months, 20% are one year olds, 14% are two year olds, 7% aged 3 years.
- 52% of children registered on the scheme are from BME communities.

Awareness Raising:

The Vitamin D co-ordinator undertakes an on-going programme of awareness raising sessions about the importance of Vitamin D and the free scheme which includes health visitors, midwives, foster carers, GP Locality meetings, practice nurses etc.

Work with Primary Care:

Work is being undertaken with Southwark CCG to add a protocol alert to help clinicians in primary care signpost to the programme. Once agreed this will be shared with Lambeth CCG. It is also hoped that the new Clinical Effectiveness Group will work on alerts for vitamin D to be added to antenatal, postnatal and six week check-up templates.
Evaluation

An evaluation of the first year of the scheme is planned for September 2015.

6. Norovirus

There was an outbreak of norovirus in Kings College Hospital on both sites (Denmark Hill and Princess Royal University Hospital). It started in early April, and by mid May there was just one ward affected (haematology/oncology). The control measures were implemented very efficiently by the acute trust including scrutinising patients arriving in A & E with a history of acute diarrhoea. Anyone with any history of D or V (diarrhoea and vomiting), was isolated and treated as probably having norovirus until proven otherwise. This outbreak affected also a number of staff within the acute trust.

KCH Infection control team may review the profile of patients affected including from where they came from and their recent contact with Health services.

The Public Health team supported the dissemination of information on management of D& V in care home and GP practices. They also facilitated the exchange of information between key stakeholders (Acute Trust, CCG and PHE-SEL)

Lessons learned:

- Review factors affecting early detection of the outbreak
- Monitoring case profile to be able to establish risk of transmission within the community
- Consider including syndromic surveillance in the monitoring of gastroenteritis outbreak

7. New Meningitis programmes

Two new Meningitis vaccination programmes will be introduced from September 2015. The Meningitis B infant programme will be added to the routine infant vaccination schedule, with new fever guidance. The Meningitis ACWY adolescent programme is being introduced as a rapid response to increasing Meningitis W cases, and has been declared a national incident. It will replace the current Meningitis C programme.
As laid out in a recent NHSE/ PHE communication\(^1\), following recommendations from the Joint Committee on Vaccination and Immunisation (JCVI), the **meningococcal B disease (MenB) infant vaccination programme** is expected to reduce meningitis and septicaemia cases and associated serious complications, as well as provide reassurance to parents. The new MenB vaccination will be delivered through general practice (through an NHSE enhanced service) to babies born after 1st July 2015, at their 1\(^{st}\) and 3\(^{rd}\) routine immunisation appointments (at 2 and 4 months), with a booster at 12/13 months. There will also be a small catch up programme for children born May-June 2015.

Guidance includes advice for both healthcare professionals and parents/carers around the increased risk of fever, and therefore prophylactic use of paracetamol at regular intervals following vaccination. As this counters existing paracetamol guidelines, additional training and resources will be provided locally, as well as revised guidance. PHE South East London Health Protection Team are working with Lambeth and Southwark CCGs, Public Health and GSTT Community Health Services Immunisation Team to deliver updates by September 2015.

**Meningococcal ACWY conjugate vaccination (MenACWY) programme**, also detailed in recent NHSE/ PHE communication\(^2\), is being introduced across England this year to respond to a rapid and accelerating increase in cases of invasive meningococcal group W (MenW) disease, which has been declared a national incident. MenACWY conjugate vaccine will provide direct protection to the vaccinated cohort as well as indirect protection to unvaccinated children and adults. This follows JCVI advice, and will replace existing MenC vaccination.

The programme is recognised as a significant additional workload for those involved in its delivery. This is expected as follows:

- An urgent catch-up campaign for current school year 13 adolescents using a call and recall system through general practice from August 2015 (with further catch up of school years 11 and 12 once they reach year 13)

- A catch-up campaign for current school year 10 students through schools from January 2016

- Adding MenACWY vaccine to the routine adolescent schools programme (school year 9 or 10) from Autumn 2015, as a direct replacement for the MenC vaccination


• Adding MenACWY vaccine to the existing time-limited ‘freshers’ programme (ie for older first time university entrants who have not already received MenACWY, replacing MenC) delivered through general practice.

MenACWY update will be provided alongside those for MenB to general practice in Lambeth and Southwark, and any additional opportunities for enabling this are being sought. In addition it should be noted that due to the speed of MenACWY programme cohort implementation, national vaccine stock will be more limited, and temporary ordering restrictions may come into place.

8. SH:24

SH:24
March – June 2015 update

About this document

This document provides an update of the progress of SH:24 since its launch in March this year. It offers a snapshot of early data on the uptake of the service, an insight into how the service has been received by users, and information on the next phases of development.

Background

SH:24 provides people with free sexually transmitted infection (STI) test kits, information and advice – 24 hours a day. Users can get tested for the four most common sexually STIs: chlamydia, gonorrhea, syphilis and HIV. The service is quick, discreet and completely confidential and is fully integrated with local specialist sexual health services.

SH:24 has created its unique approach to building the service through a Community Interest Company (CIC) model, which brings together a diverse partnership including local NHS services and commissioners. The development of the service is funded by Guy’s and St Thomas’ Charity and the STI testing element of the service is funded by local authority commissioners – SH:24 has been contracted to deliver STI testing in Lambeth and Southwark from 01 March 2015.
Launch of the service

As a lean start-up SH:24 hasn’t adopted a hard launch approach (that involves vigorous marketing and advertising campaigns) but instead has softly launched the service, testing out various ways of raising awareness in a targeted way.

Early promotion of the service focused on ensuring people currently accessing specialist sexual health services know there is an online alternative. Having developed close partnerships with our local specialist clinics (Burrell Street and Camberwell), community sexual health clinics, GPs and pharmacies across Lambeth and Southwark during the development of the service, posters and mini-business cards are displayed in all of these settings.

Additionally, large vinyls are now displayed on Burrell Street and Camberwell clinic’s street facing windows (see below) – which adopt some of SH:24’s tried and tested messaging and iconography. Digital tags (NFC) have been integrated into the vinyl’s to allow passers-by to simply tap their phone and instantly access the order a test kit button on the website.
More recently, promotion was stepped up with the distribution of our mini business cards in high footfall and commuter areas in the boroughs. Promotional material has also been distributed to a variety of community spaces - from local enterprises such as the Stockwell Partnership and Better Bankside to libraries in the boroughs. We are currently working with local police, bars and clubs to arrange for our stickers and posters to be displayed on their premises and to run a Lesbian Gay Bisexual and Transgender (LGBT) focused event.

There have been a range of positive features in local press and press targeted at typically higher risk groups – which have helped to create notable increases in usage of the service. SH:24 is currently in discussions with national press and local radio stations to increase coverage and continue to raise awareness about the service.

Data and early insights

To date SH:24 has received 1,132 orders, 61% from women and 39% from men, broadly reflecting the gender split of clinic users. The website has received 4,312 visitors (70% of which are new) and 21,663 page views. Nearly 60% of users access SH:24 using their mobile phone which confirmed our early user research that indicated a strong preference for accessing sexual health services via mobile devices.

Over half of users (53%) have returned their test – which is above the return rate of other comparable online services and suggests the redesign of test kit packaging and support material users receive during the user journey has had a positive impact.

94% of SH:24 users are asymptomatic and 40% have visited a clinic in the past 12 months – indicating that SH:24 is working towards its aim of shifting a proportion of asymptomatic clinics users online and helping to tackle the current pressure on services. Early data is also showing that SH:24 is being used
by high risk groups: 19% of users are from Black and Ethnic Minority (BME) backgrounds, 17% are men who have sex with men (MSM) and 85% are under 35. The uptake amongst BME users is particularly encouraging – who can be harder to reach and often less likely to use digital services.

SH:24 has received positive feedback from users directly and also online via social media (see tweets below).

Next steps

The STI testing element of SH:24 is the first phase of development. Over the next two years SH:24 will continue to develop the service iteratively to include improved user support options and optimisation of elements of the service (this phase has been recently initiated), emergency hormonal contraception (EHC), oral contraception, partner notification and treatment for chlamydia.

More information

For more information about the service visit:

Website – www.sh24.org.uk

Blog - https://sh24.squarespace.com

Twitter - @sh24_nhs