

Health and Wellbeing Board, 12 October 2017

Quarterly Report of the Director of Public Health for Lambeth (July - September 2017)

Wards: All

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

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Report summary

This report is the quarterly report of the Interim Director of Public Health to the Lambeth Health and Wellbeing Board and the NHS Lambeth Clinical Commissioning Group for July – September 2017.

Finance summary

None arising from this report.

Recommendations:

1. The Board is asked to note the report

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

1 Context

Introduction - Lambeth Quarterly Public Health Report July - September 2017

- 1.1 This quarter's report outlines some of the work that has been going on over the summer, although the seasonal flu update marks the start of the autumn. Following reports of a 'bad' flu season in Australia, those eligible for a flu jab should be encouraged to take up the offer to protect both themselves and those to whom they provide care.
- 1.2 New statistics published in September have shown a shift in some of the trends in sexual health epidemiology. For the first time in many years, there has been a reduction in the rate and number of sexually transmitted infections reported across London, and this holds for all infections except syphilis. The reasons for this are likely to be multifaceted and subject to further analysis, but regular testing and early treatment for high risk groups combined with the promotional messages from the London HIV Prevention Programme may be contributing to this welcome improvement. Despite the overall drop in STI incidence, Lambeth continues to have the highest STI rates in the country and London. As demand for clinic services often outstrips supply the "channel shift" to online service for STI testing for people without symptoms is likely to be a key factor to support this reduction in the future.
- 1.3 We have also included an overview of the Part II of the Annual Public Health Report "After Tomorrow" which brought Children and Young Peoples' stakeholders together to start to consider what the future of Lambeth might be and the impact this may have on children and young people 10 years from now. This is still a work in progress but will be used to inform some public facing work around 'Child Friendly Lambeth'.

Health Intelligence

Joint Strategic Needs Assessment

- 1.4 The children's JSNA is now available on the Lambeth JSNA website https://www.lambeth.gov.uk/sites/default/files/ssh-cyp-jsna_0.pdf a visual summary of the key findings is also available.
- 1.5 The Pharmaceutical Needs Assessment (PNA) survey closed in August 2017. Copies of the questionnaire were distributed to pharmacies across Lambeth as well as the survey being accessible online. The PNA will be presented at Health and Wellbeing Board in February 2018 prior to final sign off.

Health Protection

Seasonal Flu

- 1.6 The national flu immunisation programme aims to provide protection to those who are at higher risk of flu associated morbidity and mortality. This includes older people, pregnant women, children and those with certain underlying medical conditions. In

2012 the Joint Committee on Vaccination and Immunisation (JCVI) recommended extending vaccination to children to provide both individual protection to the children themselves and reduce transmission across all age groups. JCVI recommended that school children are offered a live attenuated influenza vaccine (LAIV), administered as a nasal spray.

1.7 In 2017/18 the following are eligible for free NHS flu vaccination:

- all children aged two to eight (but not nine years or older) on 31 August 2017
- those aged six months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- People with weakened immunity from either disease or treatment


1.8 Frontline health and social care workers should be provided with flu vaccination by their employers. This should form part of the organisations' policy for the prevention of transmission of infection (flu) to help protect patients, residents, and service users as well as staff and their families. This includes staff in all NHS trusts, general practices, residential care homes, nursing homes and domiciliary care.

1.9 Public Health has taken the following steps to support effective seasonal flu vaccination:

1.10 NHSE London agreed to provide free access to flu vaccine for social care workers with "hands-on function" and who are employees of providers contracted by the Local Authority. About 3,500 social care workers in contact with vulnerable adults will be offered the vaccination through London based community pharmacies (signed up to London service level agreement).

1.11 Information has been circulated to commissioners of social care services as well as to residents.

1.12 There are plans to monitor uptake through the pan London pharmacy SONAR data platform.

<p>Get it, don't chance it: It's free because you need it</p>  <p>Anyone can catch the flu and it could be a really serious illness for some. Lambeth borough residents who are vulnerable and at increased risk of complications from flu are being urged to protect themselves and their families with a free flu jab.</p> <p>Even those who had a flu jab last</p>	<p>winter need another one this year to stay protected.</p> <p>Ruth Hutt, the Council's Director of Public Health said: "Flu is not like a cold – it can be a really serious illness for some people. Getting the flu jab is an important way to protect yourself (and the people you care for), particularly if you are pregnant, over 65 years of age, or in one of the other at-risk groups.</p> <p>"We urge residents at increased risk of developing complications from getting flu to get protected with the flu jab this winter. Antibiotics won't relieve your symptoms, nor will it speed up your recovery."</p> <p>This year, flu vaccinations will be offered FREE of charge to the following groups:</p>	<ul style="list-style-type: none"> • People aged 65 years or over • People aged under 65 years with long term medical conditions • Pregnant women at any stage of pregnancy • Children of school years 1, 2, 3 & 4; as well as those in reception class • People living in long-stay care facilities • Care workers providing direct hands-on support to social care service users • Carers of an older or disabled person, including those in receipt of carers allowance <p>You can arrange for your FREE vaccination through your GP or local pharmacy.</p>
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Hepatitis A outbreak update

- 1.13 An outbreak of Hepatitis A was identified in November 2017. Cases were identified across the UK but London and Lambeth in particular saw a higher proportion of cases. Over the summer it appears that there has been drop in cases and there have been no new cases in Lambeth residents since August 2017. This outbreak affected mainly men who have sex with men, with the main driver being sexual contact through gay venues. Around 60% of confirmed cases were admitted to hospital.
- 1.14 The response to the outbreak included: prophylactic vaccination, hygiene, awareness raising and health promotion. Initial response to the outbreak was complicated by vaccine shortage and the global nature of the outbreak.
- 1.15 The focus is now on sustaining a high enough vaccination coverage among high risk groups to prevent further hepatitis A outbreaks.

Bacterial infections in People who inject drugs (PWID)

- 1.16 By end of 2016, primary care services and health inclusion teams reported observing more serious bacterial infections in PWID in recent years including MRSA. At the same time Public Health England South London (PHE SL) was addressing an outbreak of Invasive Group A Streptococcus infection in this population group. Hospital Episode Statistics suggest that the number of PWID admitted due to skin, soft tissue or vascular infections has increased since 2012 after several years of decline.
- 1.17 PHE SL together with local public health established a working group of local health professionals and experts to evaluate the scale of this problem and consider responses. PHE SL colleague reviewed the published evidence and local data. A range of possible interventions were brainstormed with the steering group.
- 1.18 There were three key challenges: (i) a lack of evidence for which preventative programmes are effective, (ii) a lack of data about infections in this group, because services do not routinely record whether patients inject drugs, (iii) limited resources for investment in prevention. Despite this, the working group came to a consensus that action should be taken due to the scale of the problem in this group and the relatively low awareness relative to problems such as Hepatitis C and overdoses.
- 1.19 The working group recommended that two interventions should be established in the short term: (i) providing information to PWID to help them understand the risk of bacterial infections, improve their hygiene, identify infections, and provide guidance on accessing healthcare, and (ii) supporting healthcare workers to help them understand the importance of the issue, talk to PWID about hygiene and managing infections, and how to refer for treatment. These interventions were chosen because they are low-cost and provide a first step in raising awareness of the problem.
- 1.20 The working group also highlighted the importance of maintaining or (depending on a review of provision) scaling-up needle exchange services. Provision of sterile injecting equipment is widely recognised as the most effective method of preventing injecting-related harms.
- 1.21 There is now an action plan to take forward the recommendations with the aim to prevent antibiotic resistant bacterial infections in this high risk group.

Health and social care Services

London HIV Prevention Programme (LHPP)

- 1.22 Lambeth Council commissions and manages the London HIV Prevention Programme on behalf of London councils, including the public health campaign “Do It London”. The programme was renewed by council leaders last year to run at least until spring 2019.
- 1.23 A brand new multimedia Do It London campaign (“*Do It Your Way*”) launched at the end of August, focusing on ‘combination HIV prevention’. It includes, for the first time, the promotion of Pre-Exposure Prophylaxis (PrEP), in advance of the forthcoming NHS [PrEP Impact Trial](#). The campaign has been widely distributed across London through outdoor and digital media, and will be ongoing across various channels to March 2018.
- 1.24 Building on four previous rounds of Do It London campaigns since summer 2015, which have variously promoted the benefits of regular testing and condom use, the new campaign makes explicit reference to Pre-Exposure Prophylaxis (PrEP) and to the concept of Treatment as Prevention (TasP) via achieving an “Undetectable” viral load (U=U). Yet the campaign continues to reinforce ongoing and frequent testing as the gateway to biomedical prevention methods, alongside maintaining condom use.
- 1.25 The new campaign has been exceptionally well received by stakeholders and audiences alike, with the artwork being recognised worldwide as a first for a major developed city to combine condoms, testing, PrEP and Undetectable into one burst of public advertising. It has had a destigmatising effect by showing HIV prevention as the choice of everyone – positive and negative alike. London is cited worldwide as being at the forefront of HIV campaigning for this new era of prevention.
- 1.26 The overarching objective of the LHPP, since its inception in 2014, was to reduce HIV infections, increase earlier diagnosis and promote condom use in London. Evidence published by PHE has revealed that HIV incidence in London dropped sharply – for the first time in decades - during late 2015 and 2016, during the first phase of Do It London campaigns. Data revealed that five large London sexual health clinics experienced a “steep fall” in new HIV diagnoses in men who have sex with men (MSM) compared to the previous year. There were also smaller declines in other London clinics. A similar steep fall was not witnessed in the rest of England.
- 1.27 Further PHE Data published in mid-September 2017 revealed that, for the first time in a decade, Sexually Transmitted Infection (STI) rates in London dropped overall by 5% in 2016, with a 19% drop in gonorrhoea diagnoses in all populations and a 25% reduction in gonorrhoea in MSM. PHE explicitly cited the impact of Do It London, in promoting condom use and regular screening, in helping to drive this record reduction. During winter/spring 2015/16 and 2016/17, Do It London campaigns focused on STI prevention and the importance of condom use, with specific up weighted targeting of MSM and black ethnic groups – who are at highest risk of STIs. Whilst London (and Lambeth in particular) still has the highest rates in England for HIV and STI diagnoses, the message is that we are beginning to “turn the tide” on an 8 year surge of gonorrhoea, with overall rates of STIs decreasing. Professor Yvonne Doyle, Regional Director for PHE London, noted the data as encouraging news “shows that work to promote frequent testing together with safe sex practices is paying off. This means people are using condoms and are regularly being tested.”

Articles on the campaign: <https://www.standard.co.uk/lifestyle/health/how-you-can-help-to-prevent-hiv-a3620406.html>

LSL and EJAF HIV Testing and Care Programme

- 1.28 Lambeth Public Health is leading a partnership of Lewisham and Southwark councils, Lambeth, Lewisham and Southwark CCGs, NHS England, the Big Lottery Fund and the Elton John AIDS Foundation (EJAF) to set up a new programme to improve HIV outcomes in South East London. The programme will aim to add value to current interventions or test sustainable innovative interventions and will adopt a social investment partnership (SIP) approach. EJAF are providing £2m investment to the programme initially for two years meaning that there is no financial risk to NHS and Council partners, with the Big Lottery Fund making an additional £1.2m available to support the payment of outcomes. The Steering Group, chaired by the Lambeth Director of Public Health is establishing and governing the programme, which will be in place by November 2017 when Lambeth Commissioners will start to commission interventions. A wider stakeholder event was held in late September to get contributions from clinicians, voluntary sector and patient representatives, and CCG commissioners to help inform potential interventions.

Reducing Escherichia Coli (Ecoli) bloodstream infection in older people.

- 1.29 Public health is working with Lambeth integrated commissioning to implement the national objectives on reducing blood stream infection and the need to treat urinary tract infection (UTI) with antibiotics. There is now a joint action plan bringing together acute trust, primary care and social care. A review of local data showed that unplanned admissions of short duration (less than 3 days) associated with UTI costs around £ 800,000 a year .

Modelling future needs for care support

- 1.30 Over the summer the public health team hosted 2 London School of Economics masters students who undertook modelling of the future need for 24 social care and the number of children who would be transitioning to adult services for learning disability.
- 1.31 The first project which modelled the need for 24 hour social care among older Lambeth residents showed an increase in need over the next 10 years. This was largely attributed to dementia, falls and stroke. Interventions to prevent these conditions are thus critical to reduce these needs. The increase in demand is also associated with the increase in older people living in Lambeth.
- 1.32 The second project modelled the need for transition services for children with learning disabilities (LD) aged 16 in the Borough of Lambeth. Such services aim to prepare disabled children for successful transitions to adult social care provision. It also investigated the critical needs among children with LD in order to prevent challenging behaviours and inform resource allocation. The number of 16 year olds with severe learning disability requiring social care increases slowly in next 10 years. The number of 16 year olds with challenging behaviour is estimated to remain steady

around 4-5 per year. Communication was identified as a critical factor in addressing challenging behaviour.

2. Proposals and Reasons

Health Improvement

Mayor of London Better Health for all Londoners - Consultation on the London Health Inequalities Strategy

- 2.1 The Mayor of London's draft London Health Inequalities Strategy, "*Better Health for all Londoners*" was published on 23rd August 2017. The overall ambition for the new Health Inequalities Strategy is to see healthy life expectancy improve, as well as less variation in how long men and women and different Londoners can expect to live in good health.
- 2.2 Health inequalities are determined by a range of factors including social, economic, and the environment. The Mayor's responsibilities for planning, transport, housing, economic development, culture, policing and the environment mean he is able to influence these areas of work to promote health. Strategies are also being developed for London on key issues such as food, education and sport. Through the draft Health Inequalities Strategy the Mayor has committed to ensuring that health and health inequalities are systematically considered in the development of his new strategies and policies.
- 2.3 The consultation period will run until 30 November 2017. The strategy outlines what the Mayor intends to do and the consultation seeks views on what more he could do, but it is also a call to action for other partners to indicate what they may be already doing and what else they could do to support this agenda. The consultation sets out five broad aims and associated objectives for healthy children, healthy minds, healthy places, healthy communities and healthy habits.

Healthy Children

1. London's babies have the best start to their life
2. Early years settings and schools support children and young people's health and wellbeing

Healthy Minds

1. Mental health becomes everybody's business across London. Londoners act to maintain good mental health of themselves, their families, friends, neighbours and colleagues.
2. There is parity of esteem between mental and physical health
3. London's diverse populations no longer experience stigma associated with mental ill-health, and levels of general awareness about mental health increase
4. London's employees are mentally healthy Londoners feel able to talk about suicide and can find out where they can get help.

Healthy Places

1. London's air quality improves
2. Health inequalities are reduced through planning and making our streets healthier
3. London is a greener city where all Londoners have access to good quality green space
4. The negative impact of poverty and income inequality on health is addressed

5. London's workplaces support more Londoners into healthy, well paid and secure jobs
6. Housing quality and affordability improves
7. Homelessness rough sleeping in London is tackled

Healthy Communities

1. It is easy for all Londoners to participate in community life.
2. All Londoners have necessary skills, knowledge and confidence to understand how to improve their health
3. Health is improved through a community and place based approach
4. Social prescribing becomes a routine part of community support across London
5. People and communities are supported to prevent HIV and reduce the stigma surrounding it
6. There is a reduction in TB cases among London's most vulnerable people
7. London's communities feel safe and are united against hatred in whatever form it takes.

Healthy Habits

1. Childhood obesity falls and there is a reduction in the gap between the boroughs with the highest and lowest rates of child obesity
2. Smoking, alcohol and substance misuse are reduced among all Londoners, especially young people

2.4 Next Steps

Lambeth will respond to the consultation by participating in regional events, promoting the consultation locally and providing a formal Lambeth response. Through the response we intend to share local good practice and the considerable work Lambeth has done through the Equalities Commission. This will also highlight what could be done at London level to further support local efforts to deliver our Borough Plan and Health and Wellbeing Strategy priorities which have reducing inequalities as a cut crossing theme.

- 2.5 The Lambeth Public Health team, on behalf of the Lambeth Health and Wellbeing Board, will facilitate the development of a joint Lambeth Consultation response from the London Borough of Lambeth and Lambeth CCG.

The full consultation and support documents can be found here:

<https://www.london.gov.uk/what-we-do/health/have-your-say-better-health-all-londoners>

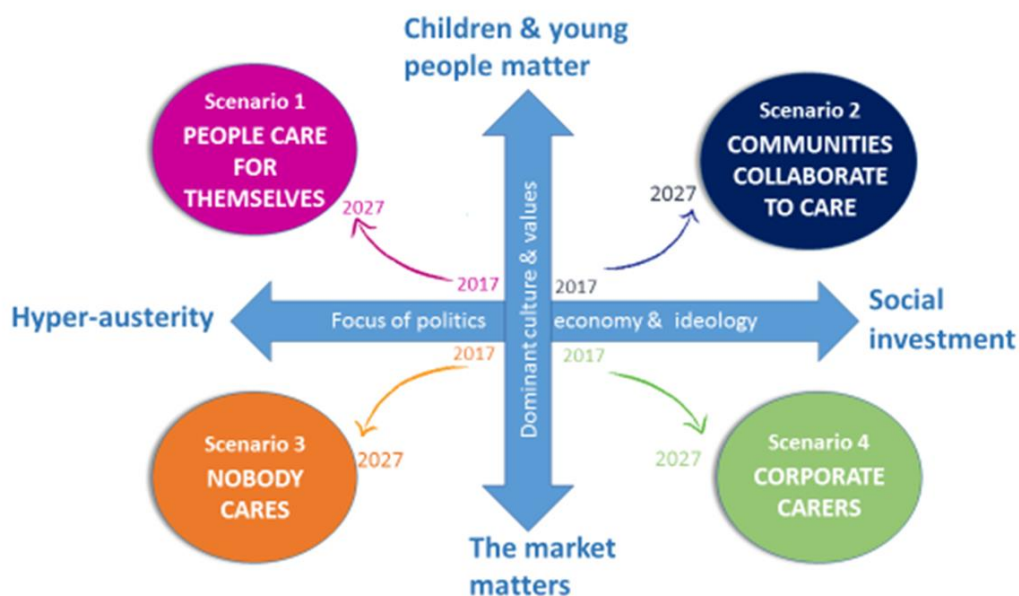
The Lambeth After Tomorrow Scenarios- Annual Public Health Report Part II

- 2.6 As part of the Lambeth Annual Public Health Report for 2016/17, we developed a series of *After Tomorrow Scenarios* for the borough. These scenarios are designed to help us make collective sense of what is happening to the local, national, and global environment and how that might impact on the health of our borough. These scenarios will help us understand the forces that will shape the future for our children and young people in the decade to 2027.
- 2.7 It is expected that these scenarios will enable us, along with our partners, to test out policies in a range of plausible future contexts to inform our efforts to "future proof" them as best we can in an uncertain world.

- 2.8 Development of the scenarios has been undertaken collaboratively with involvement from many people across the Lambeth population, including young people. It is a good example of how the Council is working to develop policy in partnership with local people, rather than on their behalf.
- 2.9 It is important to note that these scenarios are not predictions of the future or statements of strategic intent. They are here to help us generate new plans in light of what **could** happen.

The scenarios

- 2.10 The four scenarios depict alternative, but sometimes overlapping, ways in which various major trends may play out nationally and in Lambeth. These future scenarios are broad enough and comprehensive enough to suggest that the actual future will sit somewhere across this matrix.



- 2.11 These scenarios have been constructed through analysis of potential responses in political, economic, social, technological, and environmental conditions to the following five key drivers between 2017 and 2027:

- Protracted austerity
- Technological explosion
- Demographic shift
- Demographic shake-ups
- Planetary health

- 2.12 All four scenarios are predicated on a set of shared assumptions including economic shock from Brexit, public service funding pressure, and increased technological innovation. They are also based on an assumption that social inequalities, intolerance, and generational conflict have increased.

- 2.13 In each case, the seeds of growth for the scenarios are already in place. We are therefore, potentially, standing on the first step towards each of these scenarios becoming a reality.
- 2.14 There are some consistent messages which feature in each of the scenarios and should provide some policy context for partners as they plan into the future. These include the relationship between industry/private sector business and the public sector. It appears inevitable in all the scenarios that we will need to work together across the public/private interface to achieve our aspirations for young people in Lambeth. Another emerging theme is how we work with residents, in a transparent way in the context of the public sector finance squeeze and are realistic about what public services may look like in the future including how we are supported by our citizens to safeguard those functions which protect the most vulnerable.
- 2.15 The headlines for each scenario are outlined below but the full report is available from publichealth@lambeth.gov.uk on request.

2.16 ***Scenario 1: People care for themselves***

The key characteristics of this future are those of protracted austerity and increased engagement by communities in developing their own solutions to problems. Health and education services have been fragmented through the pressure from severe cuts and a two-tier system operates. Community cohesion is threatened through social segregation as affluent communities attempt to protect their assets from outsiders and inequalities accelerate.

2.17 ***Scenario 2: Communities collaborate to care***

In this scenario, there has been a policy retreat from prioritisation of market deregulation to a recognition of a need for balance with government intervention. There is a policy of directing market forces to improve universal economic and social outcomes. Government has recognised the need to address more actively structural changes in society such as the ageing population and changes in family structure, and emphasised policies that support and care for children and young people.

2.18 ***Scenario 3: Nobody cares***

In this future, austerity has been maximised and any state provision at all is challenged. The market is seen as the only method for managing resources. The most severe inequalities have emerged as families become solely responsible for their assets. Quality of provision in state schools has declined markedly and those who attend are stigmatised in comparison to private school pupils. More parents have taken to home schooling and to collective childcare.

2.19 ***Scenario 4: Corporates care***

This scenario has the corporate sector taking responsibility for social investment from the government on the back of a regime of tax credits. If social investment provides for corporate needs and profits, it is funded. While there is high investment in scientific research by industry, it is industry that sets the agenda. The focus on fashionable causes leads to ill-thought out programmes with low population health returns and genuine hardship is ignored. While the healthy, well-educated workforce is well supported, there are large gaps in support for other segments of the population and retirement is delayed or foregone.

2.20 Next steps - using the scenarios

The next phase in the development of the Annual Public Health Report is to bring the Lambeth After-Tomorrow scenarios to bear on policy making. A toolkit for using the scenarios will be produced as a companion-piece to the report. A key next step is to apply this work to local policy development.

3 Finance

None arising from this report.

4 Legal and Democracy

There are no legal implications.

5 Consultation and co-production

Not applicable.

6 Risk management

Not applicable.

7 Equalities impact assessment

Not applicable.

8 Community safety

Not applicable.

9 Organisational implications

None

10 Timetable for implementation

Not applicable.

Audit trail				
Consultation				
Name/Position	Lambeth cluster/division or partner	Date Sent	Date Received	Comments in para:
Helen Charlesworth-May Strategic Director	Children Adults & Health	021017	031017	
Andrew Pavlou Legal Services	Enabling: Integrated Support	021017	031017	
Pete Hesketh	Finance	021017	031017	
Councillor Jim Dickson	Cabinet Member: Health & Wellbeing			
External				