Women's Health Inequalities Review

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WOMEN'S HEALTH INEQUALITIES REVIEW

FOREWORD BY THE CHAIR: COUNCILLOR ROMAYNE PHOENIX

It has been very fulfilling to have been the Chair for the Women's Health Inequalities Review. An initial interest that I expressed regarding maternity issues in Lewisham soon developed into a wider discussion within the Healthier Communities Select Committee. As women in England were beginning to live longer we found that the opposite was true in our own borough. As we began to look at more detailed statistics it became clear that there were also dramatic differences for women living in different wards: the life expectancy for women living in Crofton Park Ward being on average 7 years longer than for a woman living in New Cross Ward. It was time to start work on a study of women's health inequalities in Lewisham.

It is widely acknowledged that a range of factors have an affect on our health: anxiety, insecurity, low self-esteem, social isolation and having little or no say in matters regarding work or home. There are other factors, such as if quarter of our population having no qualifications their earnings are often restricted, and many mothers and single parents struggle to balance part time work (often lower paid and least protected) with their family commitments. Lewisham has one of the highest rates of homelessness in London, with a disproportionate number of black and minority ethnic (BME) members of the community on this list. The thousands of families on the housing waiting list often wait years in overcrowded or unsuitable accommodation to be re-housed.

With an increasing number of young women in Lewisham engaged in binge drinking, and more of them taking up smoking than young men, we must be concerned with their long term health outcomes. The figures for teenage pregnancy in Lewisham are high and despite current health work programmes the rates are not showing the start of any sustained reduction pattern. In a survey in Lewisham 75% of respondents admitted to having unprotected sex . Surely this should prompt calls for a change in the way that we discuss the issues of health, personal and sexual relationships at home and in schools. Low birth weight babies are often born to young single mothers and their health needs are intensive and expensive.

Whilst some health issues are related more closely to poverty and deprivation, others are not. Domestic violence is experienced by women in all walks of life. Fear and anxiety regarding confidence in the justice system for victims of sexual violence still prevents many women from reporting this crime; 95% of cases brought to court do not result in a conviction.

Cases of breast cancer and melanoma actually increase in more affluent areas, with the neighbouring boroughs of Bromley and Bexley having higher figures than Lewisham.

Obesity, however, has been related statistically to socio-economic status. The growing financial threat to National Health Service provision of this obesity crisis presents serious challenges to all groups working for the health and well being of the nation. Obesity is linked to CVD (cardio vascular disease), Type 2 Diabetes, and in increased risk of cancers. Here in Lewisham innovative ways of working within our communities may provide the key to progress.

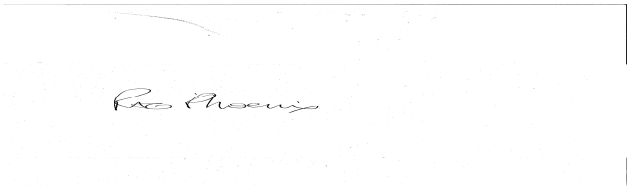
An expert witness, Meic Goodyear, Honorary Senior Visiting Research Fellow at the University of London, was challenged by the committee to suggest the one main

issue that could be tackled to make the most difference to women's health in Lewisham. His considered opinion was that nutrition should be the focus.

If as a society we plan to end child poverty, and ensure that our older citizens can afford fuel and food, and work to extend a' living wage', then the challenge to change eating habits and working within our communities, should have the chance to succeed.

Nationally collected figures showed that so many of our children never eat fresh fruit or vegetables. Several studies in prisons have shown positive changes in behaviour related to a change in diet. Good nutrition is beneficial in respect of how well the brain functions, concentration and learning. How we plan our meals can contribute to a healthier, more content and more fulfilled life, but we also need to include regular physical activity to promote health and avoid weight gain.

As sedentary, passive activities have increasingly replaced active recreation there are many women who have never taken part in sports or physical activities. Our children are less likely these days to play outside or spend hours in the park. We need to increase our confidence in using our public spaces for games and relaxation. Although boys still participate more in sport than girls and may continue into adulthood, we may need to find ways of developing an interest in exercise for our girls and of encouraging the rest of us to try something new, or to return to the pool or the dance floor.



Cllr Romayne Phoenix
CHAIR, WOMEN'S HEALTH INEQUALITIES REVIEW

i) Executive Summary

After a successful review of Men's Health in the borough ending with a report in June 2007, the Healthier Communities Select Committee decided to review the services for women and investigate where it could improve provision in the borough. This review was also timely as at that time there was concern about the gap in the life expectancy of women in Lewisham compared with women in England and an action plan was being developed.

The common themes of the review showed that, even though there was a lot of good work going on in the borough in respect of women's health, there are areas which could be improved. A lot of the recommendations relate to supporting the current work that is going on in the borough to ensure that the targets are able to be met. For example the review calls for the Healthier Communities Select Committee to monitor Lewisham PCT's work in improving the coverage of screening for breast, cervical and bowel cancer and to expand the Book Prescription Scheme, developed by Lewisham Library services in partnership with Lewisham PCT to improve the excellent service it is currently giving to residents.

The review also showed that there were some gaps in services to some residents in the borough. Improvements could be made to provide a better service for residents. For example, the review calls for: a Sickle Cell Register to be set up in the borough as soon as practicable, Lewisham PCT to develop ways to improve follow-up procedures for women who have received Health Checks for early identification of those at risk of cardiovascular disease in North Lewisham; and the Council to actively encourage all secondary schools in the borough to participate in the Westminster Domestic Violence Project.

The review was able to look at women's health over a broad range of policy areas, and come up with practicable and constructive recommendations to the bodies in the borough with health, well being and care responsibilities. This should help to improve the services for women – as well as more general services - and help to achieve the strategic aims, objectives and priorities for Lewisham in order to improve health and well-being.

The terms of reference of the Women's Health Inequalities Review Group were agreed as follows:

a) Set out how existing provision of health services for women help to meet strategic aims, objectives and priorities for Lewisham in order to improve health and well-being.

b) Identify what services are specifically targeted at improving women's health in the borough concerning health promotion, and including cancer screening, alcohol services, sexual health, cardiovascular and hypertension and consider the distribution and access to services.

c) Understand the nature of women's health issues, including maternal health, alcohol and domestic violence and in particular investigate any inequalities that exist between different groups of women (for example according to age, sexuality, ethnicity-sickle cell, religion or disability) and what actions could be taken to address this.
   - Access (barriers including language, culture)
   - Health outcomes (prevalence/incidence eg Cardiovascular Disease (CVD), cancer, mental health)
   - Wider determinants – housing, employment, poverty and sexual violence

d) Examine the communication and targeted health awareness raising campaigns in the borough.

e) Identify specific action that the local authority and/or its health partners might take to promote and improve women's health service provision and women's health awareness in general.

The Review Group held a number of meetings that consisted of taking evidence from leading officers from Lewisham Council, Lewisham Primary Care Trust (PCT), Lewisham Hospital NHS Trust, Lewisham Police, Geography and Health Research Group, University of London, The Royal College of Midwifes, and voluntary sector organisations groups such as the Building Healthier Communities, Sickle Cell Society, Lupus UK, Age Concern, Seniors and the Pensioners Forum. There was also input from the local Patient Welfare Forum at University Hospital Lewisham (UHL). The full list of meetings are listed in Appendix B.

The Review Group tried to engage with local community groups and interested bodies to gather as much information as possible for it to draw up its recommendations at the conclusion of its review.

The full analysis and comprehensive recommendations are provided in each section of the report.

Conclusions and Recommendations

The main conclusions and recommendations of the Review Group are as follows:

Social and Economic Determinants of Health Amongst Women in Lewisham

1. For the Children and Young People Select Committee to monitor how the 'Healthy Eating' initiatives and Sex Education in schools are being delivered to help improve young women's health for the future.

2. That the Healthier Communities Select Committee monitor progress of the social marketing work taking place in Evelyn Ward by Lewisham PCT in respect of smoking cessation and investigate the use of social marketing for alcohol cessation.

Cardiovascular Disease

3. The Healthier Communities Select Committee monitor the North Lewisham Plan to ensure that it delivers on its key targets, particularly in the areas of premature mortality in respect of cardiovascular disease which is a particular issue for women in the borough.

4. Lewisham PCT develop ways to improve follow-up procedures for women who have received Health Checks for early identification of those at risk of cardiovascular disease in North Lewisham.

5. Lewisham PCT provide more information to women patients on financial assistance in funding prescription costs. This has been seen as a particular concern for patients who have to take a lot of medication to keep their blood pressure low.

6. Lewisham PCT should recruit cardiac instructors to ensure delivery of the Active Heart Programme.

Maternity Services

7. For the Healthier Communities Select Committee to monitor the implementation of University Hospital Lewisham's Maternity Services Strategy and Action Plan.

8. UHL and Lewisham PCT to periodically report to the Healthier Communities Select Committee on progress against the Maternity Services Strategy and Action Plan.

9. The Healthier Communities Select Committee take an active role in considering proposals for the reconfiguration of Maternity Services in South-East London

Mental Health

10. The Council and Lewisham PCT should look to expand the Book Prescription Scheme, developed by Lewisham Library Services in partnership with Lewisham PCT, to improve the excellent service it is currently providing to residents.

11. Lewisham PCT should report to the Healthier Communities Select Committee improvements in access to cognitive behavioural therapy or equivalent psychological therapy treatment while it develops community care, to ensure there is appropriate early intervention for acute episodes where admission is required.

12. That Lewisham PCT ensures that access to psychological therapies is a priority.

Domestic Violence

13. The Council should support the establishment of a Special Domestic Violence Court in Greenwich which will also represent cases originated in Lewisham.

14. The Council actively encourage all schools in the borough to participate in the Westminster Domestic Violence Project.

Sickle Cell Disease

15. That Lewisham PCT explore with health partners the setting up of a Sickle Cell Register in the borough.

16. The Healthier Communities Select Committee monitor the implementation of the Sickle Cell Society's '2008 Report: Standards for Clinical Care of Adults with Sickle Cell Disease in the UK' by Lewisham PCT.

Cancer

17. The Council take a pro-active approach in promoting the use of sunscreen in all schools and also to promote the reduction in the use of sun-beds generally and the removal of unmanned sun-beds in council property.

18. The Healthier Communities Select Committee monitor Lewisham PCT's progress in increasing cancer screening coverage for breast cervical and bowel cancer.

19. The Council should also promote uptake in cancer screening coverage for breast, cervical and bowel cancer through its communications and events, such as in Lewisham Life and at local assemblies.

20. The Healthier Communities Select Committee should monitor the Council and health partners' tobacco control 'smokefree' agenda to ensure that it is effective in stopping men and women of all ages from starting to smoke, as well as an effective 'stop smoking' service.

Growing Older in Lewisham

21. The Cabinet Member for Older People ask Job Centre Plus to provide expert employment advice to older people in the One-Stop Shop.

22. The Cabinet Member for Older People should review the Lay Visitors Scheme after 12 months, with a view to including the use of unscheduled visits by Lay Workers..

23. Lewisham PCT must ensure that all GP surgeries publicise National Screening Programmes.

ii) Introduction

Gender inequalities refers to any "distinction, exclusion or restriction" made on the basis of "differences in power and access to resources between women and men poverty, social exclusion, unemployment, poor working conditions and unequal gender relations have a profound influence on patterns of health and illness"[1].

Being born a boy or a girl has a great deal to do with one's experience and treatment during the course of their life; and more precisely the link between gender and health. According to a report by Dr Neus Sauri Gaspar, Lewisham PCT, failure to acknowledge the difference in gender health issues has resulted, in the past, to biases in the health system[2].

Although women are deemed to be more likely then men to report health problems, and appear more knowledgeable about the range of healthcare services available; they however, are more likely for example to have caring responsibilities, and therefore may find it difficult to access the needed health care services due to lack of time, competing responsibilities etc. This aspect is further defined in the employment arena where women form the large bulk of part-time workers because of caring responsibilities.

Discrimination against women within the labour market is also well documented. Women generally work in lower paid jobs and are less likely to occupy top positions. This inevitably places them in the lower socio economic group, which also has a negative effect on one's health.

The Lewisham PCT's Commissioning Strategy Plan (CSP) covering the period 2007-2012 set as its first strategic goal 'to improve health and reduce health inequalities in Lewisham'. It identifies 'improving women's health' as one of the key health needs in the borough.

This review will not only aim to explore current health issues pertaining to women in Lewisham, but it will look at what actions could be taken to address these problems.

Background

1. At its meeting on 4th October 2007, the Healthier Communities Select Committee agreed to investigate health inequalities of women in the borough of Lewisham.
2. The Committee set up a working group to carry out the review. The Review was comprised of five committee members – Councillors Romayne Phoenix (Chair), Councillor Chris Flood, Councillor Alan Hall, Councillor Andrew Milton and Councillor Sylvia Scott. Councillor Scott is also the Chair of the Health Communities Select Committee.

The objectives of the Women's Health Scrutiny Review were:

a) Set out how existing provision of health services for women helps to meet strategic aims, objectives and priorities for Lewisham in order to improve health and well-being

[1] Vivienne Walters: The Social Context of Women's Health: Licensee BioMed Central Ltd
[2] Dr Neus Sauri Gaspar, Directorate of Public Health, Lewisham PCT, Jan 2007, Life Expectancy of Lewisham Women

b) Identify what services are specifically targeted of improving women's health in the borough

c) Understand the nature of women's health issues, including maternal health, domestic violence and in particular investigate any inequalities that exist between different groups of women

d) Examine the communication and targeted health awareness raising campaigns in the Borough

e) Identify specific action that the local authority and/or its health partners might take to promote and improve women's health service provision and women's health awareness in general.

Chapter One

Women's Health in the London Borough of Lewisham

1.1 The Healthier Communities Select Committee of the London Borough of Lewisham requested a report from PCT in October 2007 to get a better understanding of what is meant by "women's health inequalities" in the borough and how the local agencies are working together to come up with solutions to tackle them.

1.2 The Healthier Communities Select Committee were given a Women's Health Inequalities Briefing on 4 October 2007[3]. In summary, the briefing outlined that health inequalities are unacceptable differences in health care experience and health outcomes between different population groups. Tackling health inequalities has been identified by central government as a key priority. The London Borough of Lewisham is also a member of the Spearhead Group[4], which includes 11 local authorities in London that are in the worst fifth nationally for 3 or more of the following indicators:

- Male life expectancy at birth
- Female life expectancy at birth
- Cancer mortality rate in under 75s
- Heart disease and stroke mortality rate in under 75s
- Index of multiple deprivation 2004 (local authority summary), average score

1.3 The Spearhead Group was established in 2004 with a Department of Health Public Sector Agreement targets to address geographical inequalities in life expectancy, cancer, heart disease, stroke and related diseases. The targets aim to see faster progress compared to the average in the "fifth of areas with the worst health and deprivation indicators". Achievement of the targets will be assessed on the outcomes for this Group in 2010. In total, there are 70 local authorities and 88 PCTs in the Spearhead Group.

1.4 The report noted that the common causes of death amongst women in Lewisham between 2001 and 2004 were

- Circulatory disease - 35% of deaths
- Cancer - 25% of deaths
- Diseases of the respiratory system - 17%

Significant issues affecting women's health in Lewisham 0include:

- Alcohol and drug misuse
- Mental health
- smoking

[3] Healthier Communities Select Committee; Meeting of 4 October 2007; 'Women's Health Inequalities Briefing'.
[4] Tackling Health Inequalities; The Spearhead Group of Local Authorities and Primary Care Trusts; Department of Health, November 2004.

1.5 The Select Committee heard that circulatory disease was the biggest cause of death for males while respiratory disease was the biggest cause of death for females. Cancer in females accounted for 12% of all deaths and this has remained unchanged between 2001 and 2004. They also heard that since the early 1990s, premature mortality rates from circulatory disease have steadily fallen in England and across London as a whole. Within Lewisham a similar trend can be seen, though less smoothly, and Lewisham's rates have remained substantially higher than those national and London rates. In respect of cancer, the Select Committee heard that about 1,000 people are diagnosed with cancer every year in Lewisham although this varies year on year but has shown an overall decrease since 1997. The prevalent cancers in women in the borough are: breast, lung, colorectal, ovarian and stomach. The Select Committee were also appraised of some of the preventative measures such as focusing on reducing smoking, improvement of diet and improving the uptake of screening.

1.6 The Select Committee heard that respiratory disease is a significant issue for women in Lewisham. Trends in mortality from pneumonia depict Lewisham having higher than national rates. In 2005 there was a big downward turn in the rate amongst both males and females; however, mortality from pneumonia is still higher in Lewisham than nationally. They were told that pneumonia is a common cause of death in the frail and elderly. For women under 75 years old, from 2000 until 2004 there was an upward trend in years of life lost from pneumonia amongst Lewisham women, in contrast to the slight downward trend nationally. From 2003-2004 there was a downward trend in deaths from pneumonia in women under 75.

1.7 The Select Committee was informed about the issues surrounding alcohol and drug misuse. The alcohol mortality rate for women in Lewisham is worse than the London and England average. Women's alcohol consumption in Lewisham has increased at a greater rate than men's and the percentage of women binge drinking over the last six years has increased from six to ten percent.

1.8 In Lewisham, nearly 20,000 men and 12,000 women drink more than recommended limits. The death rate for alcohol-related illness is the fifth highest in London for men, and is higher than London average for women. Alcohol use is linked to domestic violence. In Lewisham from April 2005-March 2006, police attended 5595 incidents (5% of Lewisham female population) and 9.8% of these resulted in a criminal charge.

1.9 However, as figures shown to the Select Committee indicated, best estimates show that for the overall population binge drinking is less frequent in Lewisham than in London overall and nationally. They were also informed that alcohol-related presentations at University Hospital Lewisham A&E department are estimated to account for 10% of patients overall. An estimated 6,500 presentations to GPs in the borough per year are alcohol-related and Lewisham has a three percent higher rate of females accessing drug treatment services compared to other London boroughs.

1.10 Mental health in Lewisham was discussed. The Select Committee were informed that there were differences between mental health in Lewisham and prevalence of depression by age and gender in Lewisham. Women are vulnerable in their late 30s and late 50's and men are more vulnerable in their late 40's.

1.11 At the primary care level there is evidence that women are 70% more likely than men to contact their family doctor with a mental health problem in Lewisham, regardless of severity of illness. Also, there are significant areas of major mental illness in Lewisham. Bulimia and anorexia are also seen in men, but are not as prevalent as in women In respect of suicide; the national target for reducing numbers of suicide has already been achieved and surpassed for men but not for women. A suicide audit is currently being undertaken by the Directorate of Public Health.

1.12 The Select Committee also heard that significant work is being carried out to promote and increase activity, tackling obesity and encouraging people to stop smoking. Also the local Area Agreement has the following priorities in relation to health and wellbeing:

- Improved health equalities and public health
- Improved life expectancy
- Older people in Lewisham have improved quality of life and greater life expectancy.

There are targets in the LAA related to:

- Exercise
- Mental health
- Sexual health
- Smoking cessation
- Immunisation
- Life expectancy
- Mortality

1.13 The vision of Lewisham PCT is to secure better health and well being for people in Lewisham by:

- Promoting healthier lifestyles.
- Empowering people to manage their own conditions where appropriate.
- Ensuring that people have access to excellent and appropriate primary and community care when and where convenient for them.
- Making sure that, where needed, care from different sources is seamlessly delivered, especially for those with mental health problems.
- Replacing reliance on hospital care with care nearer home when appropriate.
- Involving people in how we plan our services.

1.14 Lewisham PCT has highlighted the need to improve life expectancy for women and is developing an action plan to address this. The Select Committee heard about the number of health initiatives in the Borough of Lewisham that were listed in the paper that were presented to the Select Committee.

1.15 The Select Committee resolved that

(i) The recommendations in the report be agreed, with the addition of sickle cell and poor housing issues.

(ii) The Policy and Research Officer sets up a Working Party for the review on Women's Health Inequalities in accordance with the Terms of Reference.

This led to the setting up of the Women's Health Inequalities Review Group, with Councillors Romayne Phoenix, Chris Flood, Alan Hall, Andrew Milton and Sylvia Scott.

Chapter Two

Social and Economic Determinants of Health Amongst Women in Lewisham

Background

2.1 Gender, in the socioeconomic world, potentially shapes individual experience and opportunities and across the life course. While many experiences of childhood are similar for boys and girls, they are exposed to different treatment as a result of their gender.

2.2 The Select Committee was presented with information on the Social and Economic Determinants of Health Amongst Women In Lewisham in a report and presentation.

2.3 The wider determinants of health can be described as "Whether rich or poor, social conditions influence people's health. As well as age, sex and biological characteristics that are fixed, individuals are embedded in society and therefore there is a need to acknowledge the influence of personal lifestyle as well as interactions with family, friends, neighbours and communities. Good health is also shaped by the type and quality of housing, employment, the physical and social infrastructure of communities, the quality of services and amenities, income and access as well as environmental factors such as pollution, or traffic congestion. It is also highly dependent on general socio-economic factors in society"[5].

Evidence

2.4 The report on this topic noted that the health in Lewisham was improving for men – but not for women. Life expectancy continues to rise, however, amongst women the gap is widening between Lewisham and the rest of England. The report also identified some of the challenges such as high levels of diabetes and obesity. The health of children is threatened by poor diet, high levels of smoking, and alcohol use. About 1 in 10 adults suffers from mental health problems.

2.5 Life expectancy in Lewisham is another issue. Amongst women there is a seven year difference in life expectancy with women in New Cross ward dying on average 7 years earlier than women in Crofton Park ward.

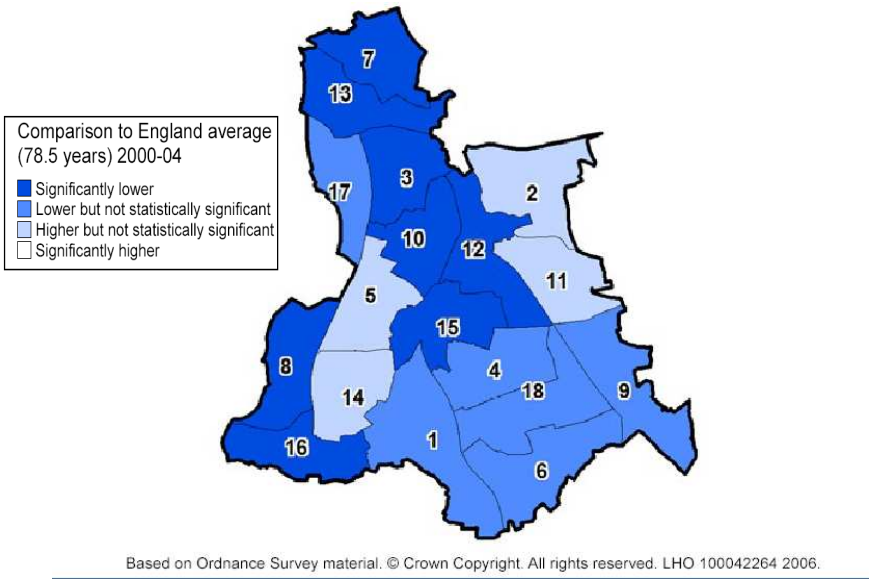
- The average life expectancy between 2003 and 2005 was almost 79 years in Lewisham, with New Cross, Ladywell, Lewisham Central, Forest Hill, Sydenham and Rushey Green wards all having lower life expectancy than the Lewisham average
- Women in New Cross, Brockley, Ladywell, Lewisham Central, Forest Hill, Sydenham and Rushey Green wards all have lower female life expectancy than the England average

[5] Social and Economic Determinants of Health Amongst Women in Lewisham; Meic Goodyear, Geography & Health Research Group, Queen Mary University of London

- Women in New Cross and Lewisham Central have lower life expectancy when compared with the Lewisham average and Crofton Park and Telegraph Hill women having significantly better life expectancy than the Lewisham average
- The picture for men is somewhat similar but in addition males in Rushey Green ward have lower life expectancy

2.6 The Review Group were also presented with Ward-by-Ward information on Life Expectancy in Lewisham. It was noted that as well as being affected by living in a deprived area, life expectancy is influenced by social status. Women in professional occupations have an average life expectancy that is three years higher than women in skilled manual jobs, while the difference between women in professional occupations and women in unskilled work is seven years

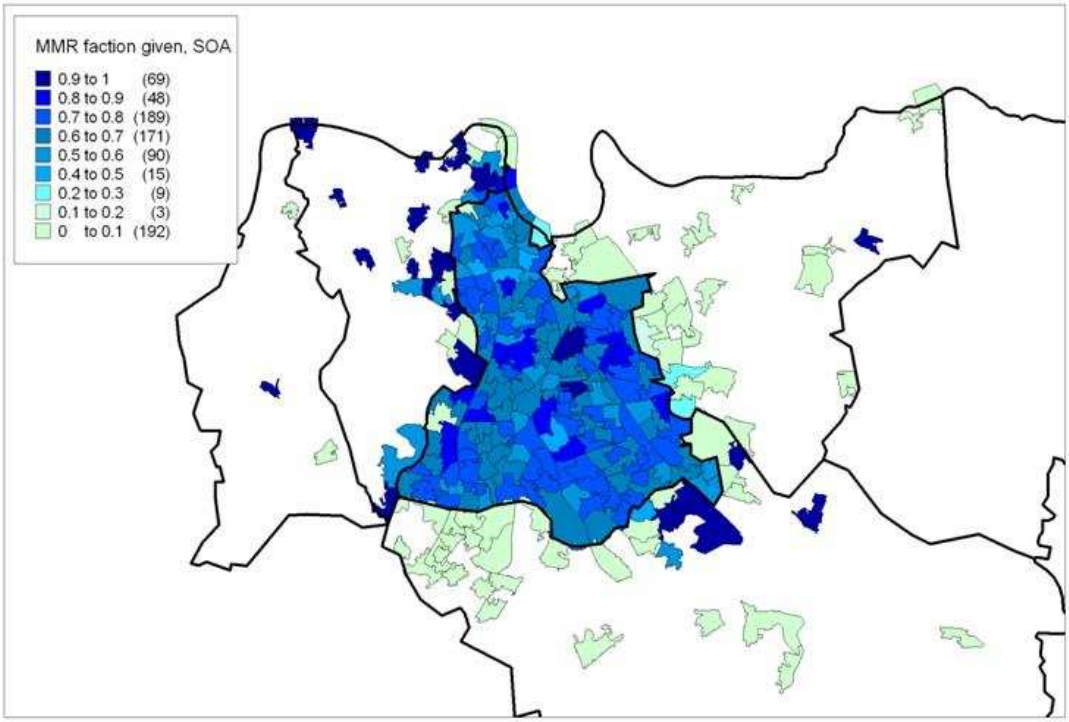
Figure 1 - Life Expectancy Gap in Lewisham compared to England Average (2000-04)



No	Ward name
1	Bellingham
2	Blackheath
3	Brockley
4	Catford South
5	Crofton Park
6	Downham
7	Evelyn
8	Forest Hill
9	Grove Park
10	Ladywell
11	Lee Green
12	Lewisham Central
13	New Cross
14	Perry Vale
15	Rushey Green
16	Sydenham
17	Telegraph Hill
18	Whitefoot

2.7 The Review Group were presented with various statistics on the prevalence of adverse conditions and how they affect different ethnic groups, and social determinants.

Figure 2 - Adverse prevalence example: MMR unimmunised status 2006



2.8 The presentation noted, in conclusion, that:

- Social determinants are major secondary influences on health
- Direct attribution is difficult, as there are many possible social influences in play on a relatively small adverse incidence
- There is insufficient information on social aspects of population and of individuals (much has happened since Census 2001)
- Interventions in the most important social determinants (eg income deprivation) are not the province of those charged with health care provision

2.9 The Review Group was also briefed by Dr. Marion Gibbons, of Lewisham PCT, about statistics in relation to the New Cross ward, which again highlighted New Cross as having the most indicators that are significantly poorer than the Lewisham average. Bellingham, Downham, Evelyn and Whitefoot are not far behind. Also, Lewisham has a fairly low infant mortality rate when compared with Southwark, Newham and Haringey.

2.10 Lewisham PCT had also been increasing funding to health improvement currently. Funds have been made available for supporting lifestyle change for

- Health trainers
- Everyday swim
- Obesity programme

- GP exercise referral
- Stop smoking
- Alcohol screening and brief intervention
- Sexual health - peer mentoring
- Mental health Black and Minority Ethnic (BME) project
- Breast feeding cafes

Recommendation

For the Children and Young People Select Committee to monitor how the 'Healthy Eating' initiatives and Sex Education in schools are being delivered to help improve young women's health for the future.

That the Healthier Communities Select Committee monitor progress of the social marketing work taking place in Evelyn Ward by Lewisham PCT in respect of smoking cessation and investigate the use of social marketing for alcohol cessation.

Chapter Three

Tackling Cardiovascular Disease in Lewisham: an Overview

Background

3.1 The Government published 'Saving Lives: Our Healthier Nation'[6] in July 1999, and this included targets to reduce the death rate in people under 75 by at least two fifths for coronary heart disease and stroke. The Government also published a National Service Framework for Coronary Heart Disease[7] This set out a strategy to modernise CHD services over ten years. It details 12 standards for improved prevention, diagnosis, treatment and rehabilitation and goals to secure fair access to high quality services. Standards 1 & 2: relate to reducing heart disease in the population, standards 3 & 4 relate to: preventing CHD in high risk patients, standards 5,6 & 7 relate to heart attack and other acute coronary syndromes, standard 8: relates to stable angina, standards 9 & 10 relates to revascularisation, standard 11 relates to heart failure and standard 12 relates to cardiac rehabilitation.

3.2 The latest progress report on the National Service Framework, published March 2009, states that "Death rates from heart disease are falling while smoking prevalence, a major cause of heart disease, still follows a downward trend. The number of people receiving cholesterol- and blood pressure-lowering drugs is increasing steeply, which will increase the possibility that mortality rates continue to fall in future years".

3.3 "The target set out in *Saving Lives: Our Healthier Nation* to reduce deaths from cardiovascular disease (coronary heart disease, stroke and related diseases) by 40% in people under 75 by 2010 was met five years early. The mortality rate has now fallen by 44% when compared with the 1995–97 baseline". The report also said that no one is waiting more than three months for heart bypass surgery, which is an improvement from 2000, when more than 1,000 patients waited over a year for surgery, and from 1996 when some patients waited over two years"[8].

Evidence

3.4 Circulatory disease (CD) includes coronary heart disease, hypertension, stroke and heart failure. Deaths from circulatory disease account for about 35% of all deaths in Lewisham and are the leading cause of death.

3.5 Premature mortality from CD is 20% higher than nationally for both males and females and all age mortality is 4% more[9]. Lewisham ranks 11th out of all London boroughs for premature deaths due to CD.

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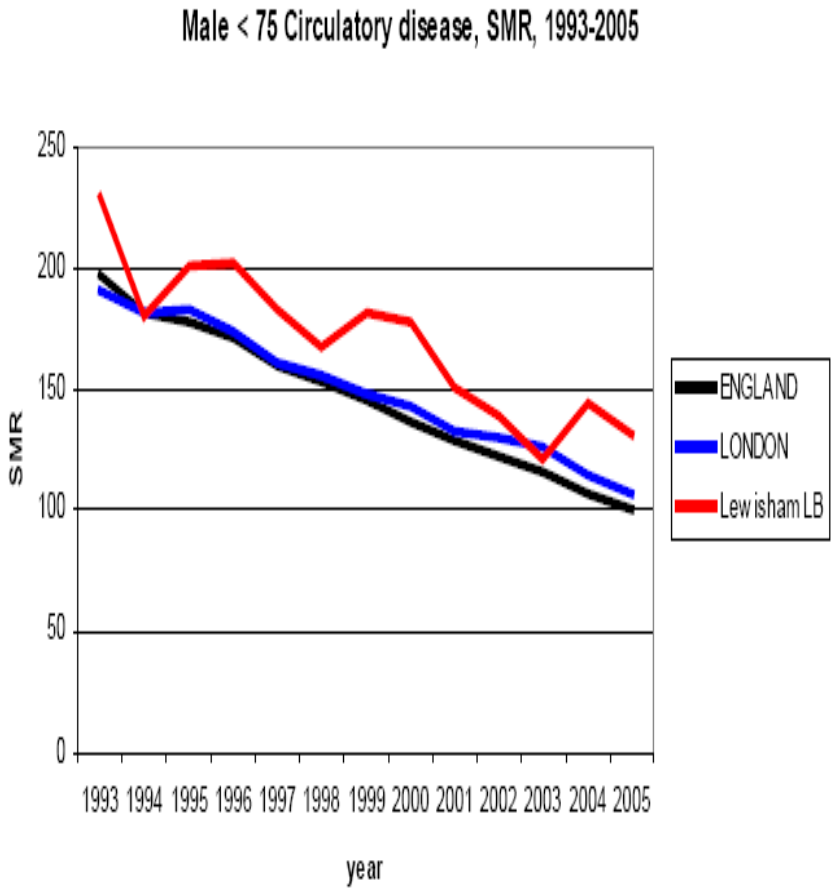
[6] Saving Lives: Our Healthier Nation, Department of Health, July 1999

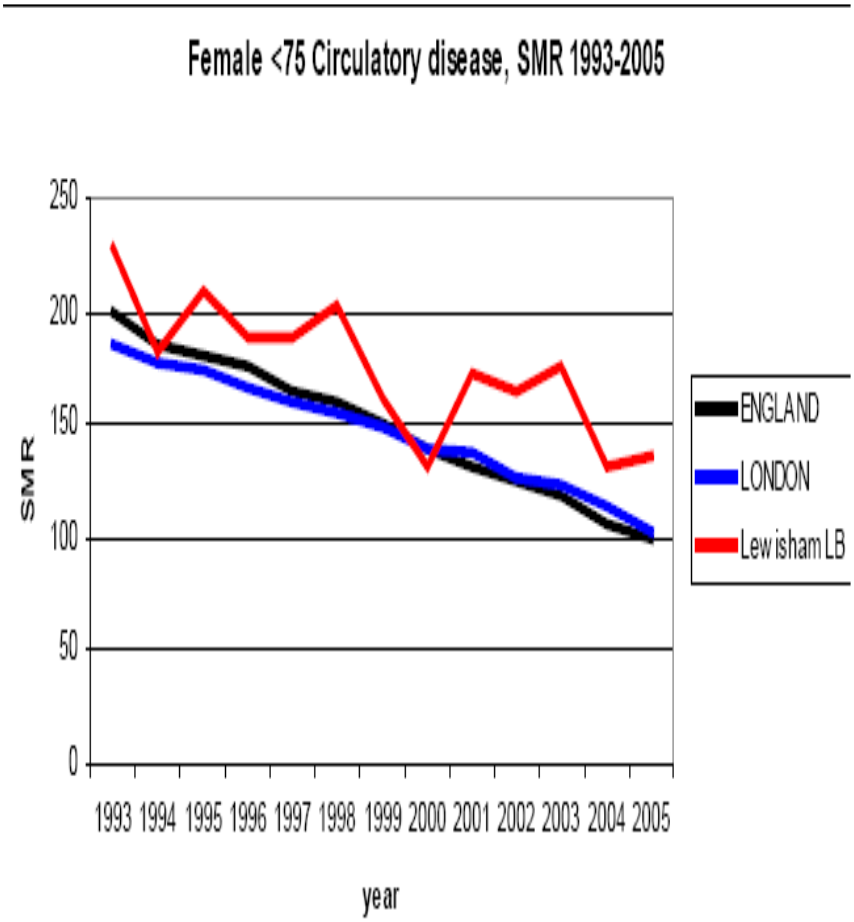
[7] National Service Framework For Coronary Heart Disease, Department of Health, March 2000.

[8] Page 3 The Cononary Heart Disease National Service Framework, Building on Excellence, Maintaining Progress, Department of Health, March 2009.

[9] all age mortality refers to all deaths from cardiovascular disease. Premature mortality refers to deaths in the population aged under 75.

Figure 3 - Premature mortality from circulatory disease





3.6 Since the early 1990s premature mortality from cardiovascular disease (CVD) has steadily fallen in England and across London. In Lewisham there has been a similar trend, but rates have remained higher than either the national or London rates. There is a variation in mortality from circulatory disease across the Lewisham wards. Premature mortality is highest in Evelyn and New Cross, with Lewisham central, Brockley and Rushey Green also significantly higher than the national average.

3.7 Lewisham PCT has a number of policies to tackle cardiovascular disease in Lewisham:

- The CVD Prevention Programme is one of the PCT's health improvement priorities
- The PCT is developing a locally enhanced service for CVD prevention
- GP Practices are being supported to use a recommended risk assessment tool and have a validated CVD at risk register

3.8 Lewisham PCT also has a number of policies to tackle hypertension in Lewisham:

- A model of care has been developed to help identify hypertension and ensure appropriate management
- An education and training programme
- Implementation of disease registers
- Optimising pharmacological management

- Raising awareness
- Targeting specific groups
- Established a ambulatory blood pressure monitoring service in specific practices across Lewisham as part of a community service
- Recruit hypertension nurse specialists
- Hold community hypertension clinics
- Involve community pharmacists
- Train health trainers in hypertension
- Designate an hypertension nurse to work with health trainers
- Improve patient self-care programmes

3.9 Lewisham PCT also outlined the further developments in policies for tackling hypertension:

- Develop a community hypertension service
- Link more effectively with BME groups and consider innovative ways to reach ethnic minority groups
- Strengthen the role of lifestyle assistants and community matrons in the management of hypertension
- Increase physical activity programmes
- Develop referrals to community based healthy living projects and activities

3.10 The Review Group also heard about the Lewisham Active Heart Programme:

- The Active Heart Programme has been operating since 1996 and forms part of the exercise provision provided by Lewisham council in partnership with Lewisham PCT
- The programme provides a range of exercise classes that enable the patient to move from a hospital based session to a supervised community session.
- After a cardiac event and recovery known as Phase 1 and 2, patients complete phase 3. This usually takes place in the hospital and is supervised by a cardiac nurse
- The Active Heart Programme staff are funded through UHL to deliver the exercise aspect of the programme for some sessions

3.11 The Review Group discussed the Cardiovascular Disease Risk Register, linkages between deprivation and high premature mortality and the use of statins for women.

3.12 The Review Group asked whether the Promoting early Identification of People at Risk of Cardiovascular Disease (CVD) in North Lewisham had changed lives through early detection. They also asked questions relating to whether “follow-ups” are being done and whether GPs are working in partnership to tackle this issue. There were also concerns that 30% of hypertensive patients do not take their tablets, and members wondered whether the cost of prescription could be a factor.

3.13 The Review Group asked about the number of health trainers available, also commenting on the act of cycling and walking could also be encouraged as part of the exercise regime. Also to realise that a large proportion of elderly people have mobility problems, which is an obstacle to getting involved in exercise, so there should be exercise aimed at this age group. There were also concerns about the level of support on offer for people from incapacity

benefit who are moving into work and suggested that officers could recruit much needed cardiac instructors from the EU pool of resources.

Recommendations

That the Healthier Communities Select Committee monitor the North Lewisham Plan to ensure that it delivers on its key targets, particularly in the areas of premature mortality in respect of cardiovascular disease which is a particular issue for women in the borough.

That Lewisham PCT develop ways to improve follow-up procedures for women who have received Health Checks for early identification of those at risk of cardiovascular disease in North Lewisham.

That Lewisham PCT provide more information to women patients on financial assistance in funding prescription costs. This has been seen as a particular concern for patients who have to take a lot of medication to keep their blood pressure low.

Lewisham PCT should recruit cardiac instructors to ensure delivery of the Active Heart Programme.

Chapter Four

Maternity Services

Background

4.1 The national context for Maternity Services is the 'Maternity Matters: choice, access and continuity of care in a safe service' which was published in April 2007[10]. Maternity Matters highlights the Government commitment to developing a high quality, safe and accessible maternity service through the introduction of a new national choice guarantee for women. This will ensure that by the end of 2009, all women will have choice around the type of care that they receive, together with improved access to services and continuity of midwifery care and support.

4.2 The national choice guarantees described in 'Maternity Matters' are:

- Choice of how to access maternity care
- Choice of type of antenatal care
- Choice of place of birth – depending on their circumstances, women and their partners will be able to choose between three different options. These are:
    - a home birth
    - birth in a local facility, including a hospital, under the care of a midwife
    - birth in a hospital supported by a local maternity care team including midwives, anaesthetists and consultant obstetricians. For some women this will be the safest option
- Choice of place of postnatal care - as well as the choice of local options, a woman may choose to access maternity services outside her area with a provider that has available capacity. In addition, every woman will be supported by a midwife she knows and trusts throughout her pregnancy and after birth

4.3 The Government pledge that these four national choice guarantees will be available for all women by the end of 2009 and women and their partners will have opportunities to make well informed decisions about their care throughout pregnancy, birth and postnatally.

Evidence

4.4 The evidence provided to the Review Group was based on the work of UHL and 'Maternity Matters', the Midwifery Services Contribution to Tackling Health Inequalities - The Royal College of Midwifes and the Healthcare Commission Report on Maternity.

[10] Maternity Matters, choice, access and continuity of care in a safe service', Department of Health, April 2007

Maternity Matters in Lewisham:

4.5 UHL presented to the Review Group the work in respect of maternity services in Lewisham. The work of Maternity Services is going to be influenced in the medium-to-long term by the Healthcare Commission's Review of Maternity Services, which was published on 25 January 2008[11], and the subsequent Healthcare Commission report[12]. The key areas brought to the Review Group by officers from UHL were as follows:

- Key drivers for midwifery services in Lewisham are Maternity Matters and the recent Healthcare Commission review of services;
- A pilot maternity day held at the Waldron health centre has received positive feedback, although it was identified that women with pre-existing conditions are less likely to attend the event;
- Care pathways must be diverse and meet the needs of all women.
- Seeking to address low birth weights by focussing on more support and early intervention as research suggests that early access reduces the likelihood of low birth weights;
- An action plan has been developed to address the issues raised in the Healthcare Commission report;
- UHL will repeat the questionnaire used by the Healthcare Commission in September to access progress since February 2007;
- The number of ante-natal appointments offered to women is under review

4.6 The Review Group asked a number of questions to officers of UHL, such as the impact of the Midwife Day, the role of Maternity Support Workers and their impact on the experience of women in labour, staffing levels, the impact of 'A Picture of Health' on Maternity in Lewisham and recruitment and retention.

4.7 The Review Group were also informed that research suggests that Maternity Matters and Patient Choice can not be delivered without additional investment and that there has been a net reduction in maternity services this year due to changes in the national tariff. They were also informed that UHL's Maternity Services Liaison Committee has considered the Healthcare Commission report. They are looking at measures to support the Trust in addressing the issues raised and perceptions about the services delivered and received.

4.8 The Review Group received updates of UHL's Maternity Services Report and Action Plan following on from the recommendations made in the Healthcare Commission's Review and Report.

Midwifery Services Contribution to Tackling Health Inequalities - The Royal College of Midwifes

4.9 Officers from the Royal College of Midwives gave evidence to the Review Group on some of their observations in respect of Midwifery Services. The comments were as follows:

[11] Healthcare Commission website www.healthcarecommission.org.uk – National Review of Maternity Services, published 25 January 2008.
[12] 'Towards Better Births; A Review of Maternity Services In England, Healthcare Commission, July 2008.

- The Royal College of Midwifes (RCM) are concerned about standards of care and the perceptions of poor quality care and heightened expectations which are not adequately resourced;
- There is a national shortage of midwifes;
- A large number of midwives are approaching retirement in the next 10 years and the birth-rate has increased by 17%;
- A number of women under use maternity services and those with multiple needs find it more difficult to access services and receive continuity of care;
- Maternity services should be commissioned on up to date information on the needs of women and services delivered must be culturally sensitive – midwife support workers provide opportunities to enhance services;
- Disabled women are not adequately provided for in maternity services;
- Lewisham and Greenwich have the highest fertility rates in England;
- UHL is exploring other ways to support women in the community longer – community assessment as women are coming into hospital far too early, not in established labour and this is having a detrimental impact on perception of services received;
- Maternity care has not progressed as it did not have targets associated with it and funding is not ring-fenced;
- Overall funding has decreased whilst birth rates have increased quite significantly and PCTs are required to pay for actual deliveries;
- Maternity services have been designed around high risk as opposed to normal deliveries

Healthcare Commission Report on Maternity:

4.10 The Healthcare Commission conducted a 'Review of Maternity Services' in 2007, which was published on 25 January 2008.

4.11 The Review was based on three main sources of data:

- a web-based maternity questionnaire completed at trust-level
- a voluntary web-based supporting questionnaire for maternity staff to complete at each trust, which will not form part of the second assessment
- a trust-level survey of women who have recent given birth

4.12 They also used national datasets that provide useful information on maternity services. The review covered the care provided from when women first access maternity services, having become pregnant, to their sign-off by the mid-wife – usually around 10 days after the birth.

It included:

- General care provided by trusts to women, such as the provision of tests and screening, antenatal appointments, birth choice options and postnatal care
- Policies and outcomes for specific groups of women, in particular:
  - Services in place for women with diabetes
  - Services in place for women experiencing mental health issues

- Delivery methods and outcomes for births involving twins, breech
- Presentations and women that have had a previous given birth by caesarean section
- Value for money issues such as number and use of staff

4.13 The period for collecting data was from 11 May 2007 to 10 October 2007.

The comprehensive review found specific issues in some trusts, such as:

- Resources and numbers of staff staffing levels were well below average and care sometimes suffered as a result.
- Communication between healthcare professionals was not always up to standard.
- The recommended antenatal care was not always provided of a high enough standard, particularly for women whose pregnancies were likely to be more risky.
- Consultant obstetricians did not spend the length of time on labour wards that their professional body recommended.
- There was not adequate continuity of care.
- There were too few beds and bathrooms, particularly in labour wards.
- Doctors and midwives did not attend in-service training courses.
- IT and data management systems were not always adequate, making it difficult to assess up to scratch services.
- Some women experienced poor care and communication after the birth

4.14 A brief summary of the recommendations of the report are that

- Trusts should monitor the pathway of care from first contact with the maternity services to the time of transfer to the health visiting service, and ensure that care complies with guidance for antenatal, intrapartum, mental health and postnatal care from the National Institute for Health and Clinical Excellence (NICE)
- Trusts should ensure that there are sufficient numbers of appropriately qualified staff available to provide a high level of care
- Trusts and those commissioning services should ensure that there are regular and effective mechanisms for gathering and acting on the views of women using their services, and should ensure that they are represented in the process for planning and monitoring the quality and safety of service provided
- Trusts should encourage and support all maternity staff in working effectively in multidisciplinary teams with agreed shared objectives
- Trusts should ensure that all staff are appropriately trained, up-to-date and confident in practising the essential skills needed for a safe and high quality maternity service; where appropriate, this training should be multidisciplinary

- Trusts must ensure that maternity units are equipped with appropriate IT systems that comply with Connecting for Health, enabling completion of mandated national data sets and the provision of accurate and systematic data on outcomes and management information on which to plan, commission and manage the resources required for maternity care
- Strategic Health Authorities (SHAs) and Monitor (the performance monitoring bodies) should ensure that trusts and those bodies charged with commissioning services address effectively the requirements of women and their babies who are from higher risk groups during pregnancy and afterwards, identified by the Confidential Enquiry into Maternal and Child Health. This includes ensuring that the process of planning and setting of priorities identifies them and appropriate clinics and visits are provided to support them

4.15 Some of the findings in the report revealed a number of findings about maternity service provision in the country. For example variations in the types of screening tests available to women:

- Nearly all women are getting a fetal anomaly scan, but only 61% of trusts' scans include all of the 11 items recommended by NICE, such as checks on the babies heart function, and the babies face and lips

- NICE raised the quality requirements for Down's syndrome screening in April 2007, but only 11% of trusts reported meeting these requirements for all women, meaning that in the remainder of cases, women are receiving inferior screening

4.16 The review found variations in performance on readmission rates and on the level of midwife support:

- a quarter of trusts had a readmission rate for babies from jaundice or dehydration of 12 per 1,000 babies or greater while the better performing trusts had rates of 4.8 per 1000 babies or lower.
- The average number of contacts by midwives per woman was 3.7 or less for a quarter of trusts but the top scoring 25% of trusts had an average of 5 or more contacts.

4.17 UHL had a detailed assessment from the Healthcare Commission and details are available on the Healthcare Commission website[13].

4.18 Also, in January 2008, the Government announced extra funding for maternity, totalling £330 million over the next three years to ensure that mothers get the best possible care and are guaranteed a full range of birthing choices.

[13] http://www.healthcarecommission.org.uk/_db/_documents/RJ2ScoredAssessment.pdf

Recommendations

That the Healthier Communities Select Committee should monitor the implementation of University Hospital Lewisham's Maternity Services Strategy and Action Plan.

That UHL and Lewisham PCT to periodically report to the Healthier Communities Select Committee on progress against the Maternity Services Strategy and Action Plan.

That the Healthier Communities Select Committee take an active role in considering proposals for the reconfiguration of Maternity Services in South-East London

Chapter Five

Mental Health in Lewisham

Background

5.1 The prevalence of mental health in society has been the source of much research and investigation – here are some of the findings in respect of mental health in this country:

1 in 4 British adults experience at least one diagnosable mental health problem in any one year, and one in six experiences this at any given time.

- The Office for National Statistics Psychiatric Morbidity report (2001)

5.2 Although mental disorders are widespread, serious cases are concentrated among a relatively small proportion of people who experience more than one mental health problem (this is known as 'co-morbidity').

- The British Journal of Psychiatry (2005)

5.3 Women are more likely to have been treated for a mental health problem than men (29% compared to 17%).This could be because, when asked, women are more likely to report symptoms of common mental health problems.

- Better Or Worse: A Longitudinal Study Of The Mental Health Of Adults In Great Britain, National Statistics (2003)

5.4 Depression is more common in women than men. 1 in 4 women will require treatment for depression at some time, compared to 1 in 10 men. The reasons for this are unclear, but are thought to be due to both social and biological factors. It has also been suggested that depression in men may have been under diagnosed because they present to their GP with different symptoms.

- National Institute For Clinical Excellence (2003)

5.5 Women are twice as likely to experience anxiety as men. Of people with phobias or OCD, about 60% are female.

- The Office for National Statistics Psychiatric Morbidity report (2001)

5.6 Men are more likely than women to have an alcohol or drug problem. 67% of British people who consume alcohol at 'hazardous' levels, and 80% of those dependent on alcohol are male. Almost three quarters of people dependent on cannabis and 69% of those dependent on other illegal drugs are male.

- The Office for National Statistics Psychiatric Morbidity report (2001)

5.7 One in four unemployed people has a common mental health problem

- The Office for National Statistics Psychiatric Morbidity report (2001)

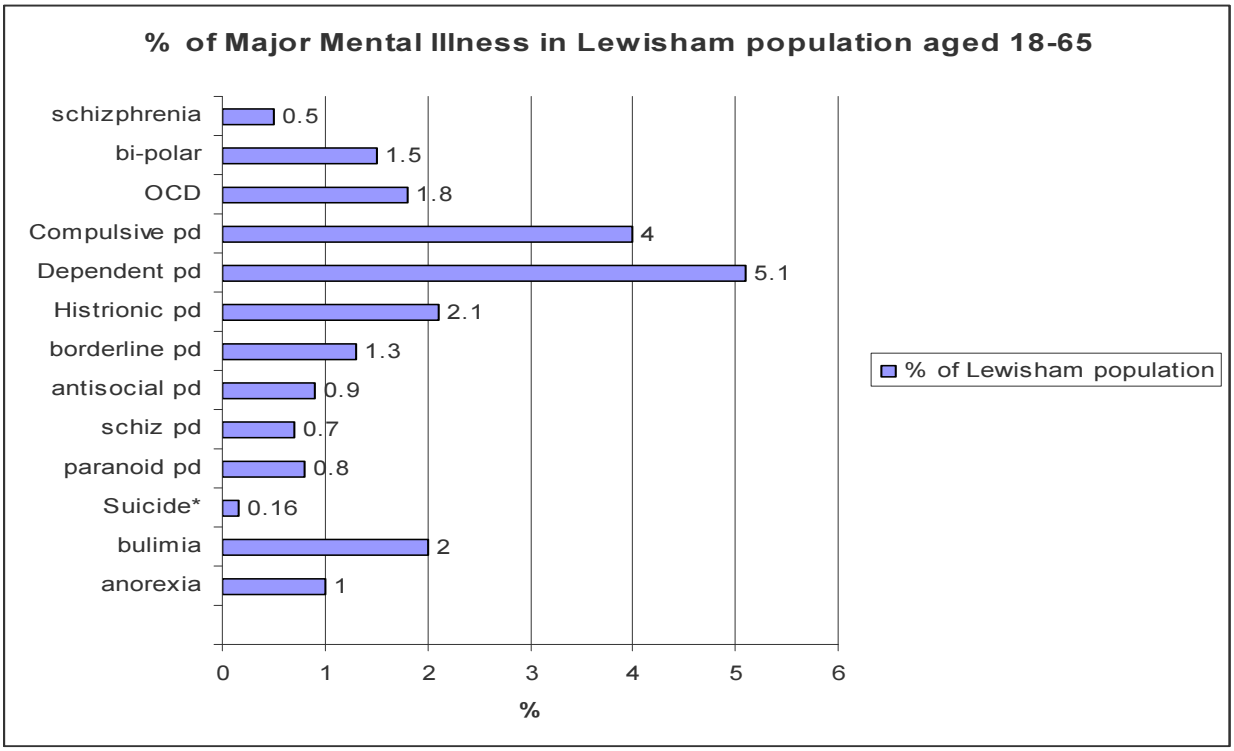
Evidence

5.8 For its evidence, the review received a presentation on Mental Health in Lewisham from Emily McKie, Associate Director, Joint Mental Health Commissioning, Lewisham PCT.

Some of the evidence the Review Group received was:

- There is an over-representation of young black men in mental health services. Nationally, young black men are on average 6 times as likely to be admitted to an in-patient ward than young white people. Other groups are often under represented in services e.g. Asian women
- Other factors impacting on people's mental health are chronic disease and disability
- Smoking and substance misuse is also often associated with mental health problems
- There are some issues that are gender specific that can be looked at, though gender specific data for analysis is not readily available in all areas
- Lewisham is the 39th most deprived borough nationally, and 11th in London
- People with mental health problems have a shorter life expectancy of approximately 10 years due to physical health complications
- Serious Mental Illness affects 21 people in every 100,000 in Black African & Caribbean population and to 3 in 100,000 the white population
- Women are more vulnerable to depression in their late 30's and 50's and men in their late 40's
- Women are 70% more likely to contact a GP with a mental health problem than men
- There are high numbers of people receiving incapacity benefit in Lewisham who have a mental illness.

Figure 4 - % Severe and Enduring Mental Illness in Lewisham compared to UK (Psychiatric Morbidity Survey 2000, extrapolated to Lewisham



5.9 The Review Group heard additional evidence from Lewisham PCT, for example, the theory of Cory Keyes and his explanation of 'flourishing' and 'languishing' in society and how this affects mental health and well-being. The Review Group went on to hear about anxiety and depression, schizophrenia and psychosis and the effects of morbidity and mortality. The Review Group also heard about; the Mental Wellbeing Impact Assessment Toolkit, Local Area Agreement targets where improving people's mental wellbeing can assist with empowering them, and thus help to in respect of reduce teenage pregnancy, reducing domestic violence and increase smoking cessation.

5.10 The Review Group heard about the NICE guidelines for anxiety and depression, and that Lewisham South London and Maudsley Trust (SLaM) has set up a steering group for implementation. The Review Group also heard about the Depression Project that Lewisham PCT has initiated, which gives various options when people present at GP practices with depression, for example books in Lewisham libraries that GPs can recommend to patients.

5.11 The Review Group received evidence about the management options for depression that considered by General Practitioners (GPs), such as self-help, facilitated support, psychological therapies and anti-depressant medication and how medication is prescribed. They heard that the trend in expenditure on drugs for mental health in Lewisham is similar to the national trend – and in 2007-08 it was approximately £587,000. In terms of developments, a Psychological Therapies equity audit has been carried out, and this showed that Lewisham is meeting 18% of the need for psychological therapies. A bid has been made for funding to improve psychological therapies, and 2 pilots, one north of the borough and one south of the borough that will look at improving access to psychological therapies by creating a centre to triage referrals so they can manage access better. There was also the 'Horizons' Project, that is looking to help people return to work. The bid was successful

for “Improving Access to Psychological Therapies”. Lewisham have been successful in becoming a wave 2 site for the National Improving Access to Psychological Therapies Programme (IAPT). This is a new service to improve the psychological health and wellbeing for people with common mental health problems, in turn assisting them to maintain employment and return to work. It will provide more equitable access to psychological therapy for all residents of Lewisham. There will be particular focus on the needs of people from Black and Ethnic Minority groups who are less likely to access existing psychological therapy services. The service will begin in October 2009 and consist of 28 additional staff. This should enable an additional 3,995 to receive psychological therapies each year, with an anticipated recovery rate of 50%. It will be open to self referrals and form part of a comprehensive primary care Psychological Therapies Service. Staff will be based in the community and the service will be structured in line with the Four PCT Practice Based Commissioning clusters. SLaM will manage the service.

5.12 The Review Group heard about severe and enduring mental illness. There is a business case being developed by SLaM to provide fully gender-segregated areas on inpatient wards. The SLaM Trust Board gave outline approval at their meeting in December 2008 subject to more detailed work that has been incorporated into a revised Business Case which was considered at their meeting on 23 March 2009. The Board approved these proposals which means that more detailed design and planning will be carried out with a view to beginning the procurement process at the end of 2009. If this timeframe is met, then the overall programme of works could be complete in 2012. Specialist perinatal services and other initiatives like the Women’s Forum and the Wellbeing Group were also referenced. The severe effect of morbidity and issues around mortality were noted. Lewisham has around 20 suicides a year in total. With such a small number it is difficult to address specifically as the reasons could be disparate, the focus is likely to be on improving mental wellbeing in general. Future priorities are to expanding psychological therapies, strengthening mental health in strategies such as the Joint Strategic Needs Assessment, the Local Area Agreement and the Commissioning Strategy Plan, Community development in health promotion and wellbeing and ensure services compliance with NICE guidelines.

5.13 The Review Group discussed funding for the voluntary sector to provide services for health promotion and wellbeing, the Book Prescription Scheme, registration with a GP and the training the police receive regarding dealing with mental health patients. It was noted that there was positive work on all of the above areas in Lewisham. The following issues were also raised by the committee; the use of the Waldron Centre, the Horizon Project and encouraging parents to return to work early, accessing education for people who have mental illness, GPs detecting mental illness, life-expectancy for those with mental illness, the most commonly-used drugs for mental illness.

5.14 The Review Group discussed definitions for mental health, the issue of BME groups and mental health, and they heard about the bid being put together by the Lewisham Libraries Information Service, to apply for a grant for the ‘Skilled for Health in Libraries’ project, to be based possibly at the Downham Health & Leisure Centre. The grant was successful and the ‘Skilled for Health in Libraries’ project went ahead.

Recommendations

The Mayor and Cabinet should fund the expansion of the Book Prescription Scheme, developed by Lewisham PCT in partnership with Lewisham Library services, to improve the excellent service it is currently providing to residents.

Lewisham PCT should report to the Healthier Communities Select Committee improvements in access to cognitive behavioural therapy or equivalent psychological therapy treatment while it develops community care, to ensure there is appropriate early intervention for acute episodes where admission is required.

That Lewisham PCT ensures that access to psychological therapies is a priority.

Chapter Six

Domestic Violence

Background

6.1 Domestic Violence is high on the agenda of the local and national government. Locally, there will be area agreement targets[14], with the baseline year as 2008-09 and targets set thereafter. Nationally, the Home Office has produced four Annual Reports on the National Domestic Violence Delivery Plan[15] and the progress they are making on this Plan. The 2007-08 Report covers progress in the financial year 2007-08 on the following targets:

- To increase the early identification of – and intervention with – victims of domestic violence by utilising all points of contact with front-line professionals
- To build capacity within the domestic violence sector to provide effective advice and support to victims of domestic violence
- To improve the criminal justice response to domestic violence
- To support victims through the criminal justice system (CJS) and to manage perpetrators to reduce risk.

6.2 The Government also published '*Saving Lives. Reducing Harm. Protecting the Public. An Action Plan for Tackling Violence 2008-11'* was published in February 2008. This was underpinned by the new Public Service Agreements (PSAs). The Government believed that this provides a greater emphasis on serious violence including domestic violence for the next three years. This means not only a priority nationally but also locally.

Evidence

6.3 The Review Group heard evidence from the Metropolitan Police Service (MPS) and Lewisham Council's Crime Reduction Service. The Review Group heard the following evidence from Superintendent Ian Mill, of Lewisham Police:

- His role as Crime Manager oversees a number of areas such as Community Safety, the Sapphire Team, Jigsaw and investigations in areas such as burglary and robbery
- In addition to the domestic violence statistics included in the papers, the Review Group got to see the latest figures on serious violence and sexual assaults
- Lewisham Police currently has a 87% satisfaction rate, which compares favourably with the 79% satisfaction of its MPS clusters boroughs. The Green Paper 'From the Neighbourhood to the National' proposes that 'public confidence' becomes one of the police targets
- Domestic violence in Lewisham is 80% against females and 20% male – whereas the national average is 7% male

[14] 'Opportunities and Well-Being For All, Lewisham's Local Area Agreement, Lewisham Council, June 2008

[15] 'National Domestic Violence Delivery Plan, Annual Progress Report 2007-08', Home Office, October 2008

- The MPS targets in Lewisham co-ordinate with the Local Area Agreements targets and APEX targets in respect to crime. Only a few other boroughs are in this position
- Joint Action Group (JAG) meetings, which are held every 2 weeks with senior Lewisham Police officers and Council Crime Reduction Service in Lewisham, has 'domestic violence' as a standard item
- There is an Independent Domestic Violence Advisor (IDVA) based at Lewisham Police Station to help increase satisfaction and confidence amongst victims
- There is new leadership at Detective Inspector level which has helped to develop the domestic violence team
- The quality of reporting of domestic violence has improved due to a specific form to record domestic violence incidents. There is an additional level of supervision for the domestic violence reporting forms to ensure consistency
- Outstanding suspects are checked weekly by the Chief Superintendent and Risk Identification Meetings are held to look at the risk issues concerning particular cases
- Funding has been secured for a second IDVA at Lewisham Police Station
- Multi-Agency Risk Assessment Conferences (MARAC) will improve the co-ordination of dealing with domestic violence cases. In a MARAC, local agencies will meet to discuss the highest risk victims of domestic abuse in their area. Information about the risks faced by those victims, the actions needed to ensure safety, and the resources available locally are shared and used to create a risk management plan involving all agencies
- Neighourhoods Funding has been secured to tackle serious violent crime
- There is a Referral Worker based in the Custody Suite at Lewisham Station who dealt with arrested persons with drug and alcohol misuse issues and wanted intervention support in relation to these problems
- There is a suite at Lewisham Police Station, called the Burley Suite, which is available to the police to give domestic violence victims more privacy
- Working to reduce the amount of cases that collapse before they reach court, and monitor cautions.

6.4 The Review Group discussed the following issues:

- of domestic violence directed at men, the responsibilities from 'Every Child Matters' in dealing with domestic violence incidents where children are present at the time or elsewhere in the house
- the domestic violence reporting forms, the work of the Multi-Agency Risk Assessment Conferences (MARAC), the rates of domestic violence in Lewisham
- the sex industry and abusive relationships and the partnership working between the borough police and its local partners.

6.5 The Review Group also received evidence from the Crime Reduction Service, Lewisham Council. They received papers on the work being carried out in Lewisham in the area of domestic violence. Lewisham has a Domestic Abuse Strategy which has been refreshed and agreed in November 2007. The Domestic Abuse agenda and strategy links directly into the Safer Lewisham Partnership Strategy and action plan.

The Domestic Abuse Strategy for Lewisham is focussed on four key aims:

- Increase safe choices for victims fleeing domestic violence
- Hold perpetrators accountable for their abusive behaviour towards their partners
- Provide public education to raise awareness of domestic violence in the community
- Educate children and young people as to the impact and effects of domestic violence

6.6 Lewisham LSP agreed to prioritise the work of Domestic Violence and as such have included National Indicator 32 repeat incidence of domestic violence as one of the priority 35.

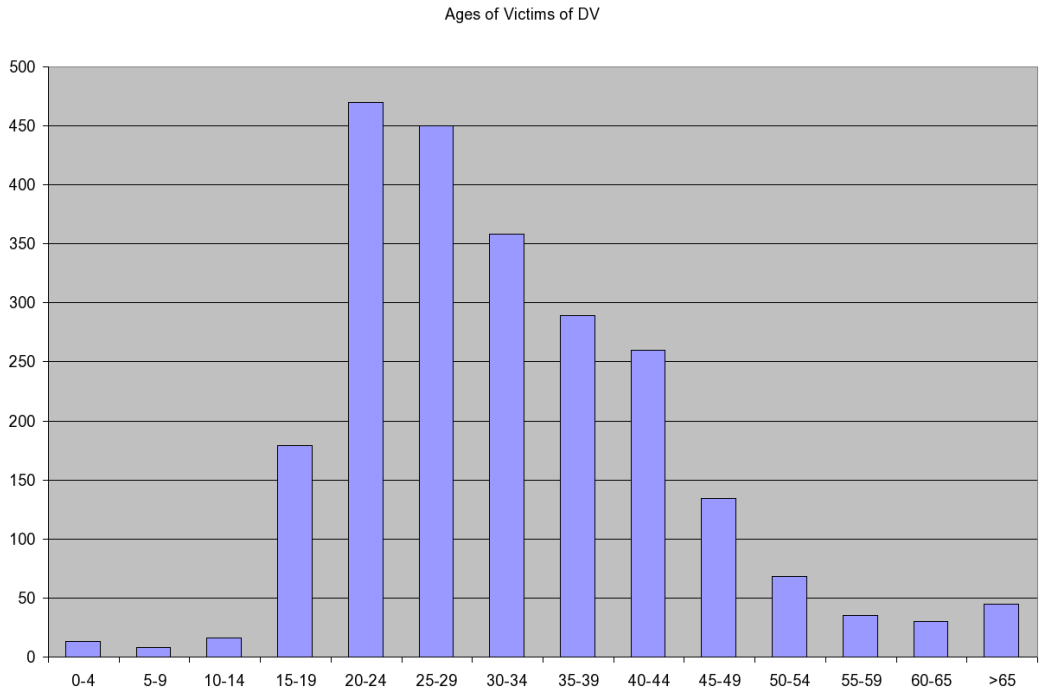
6.7 The Review Group were informed that a Domestic Offence is any classified notifiable offence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or who have been intimate partners or family members, regardless of gender. Standard performance is measured by Domestic Incidents, however subsequent analysis looks at Domestic Violence, i.e. incidents that were violent in nature. Lewisham has the highest number of reported Domestic Incidents in Metropolitan Police area, followed by Croydon, Greenwich, Southwark and Lambeth.

6.8 Lewisham recorded 1560 Domestic Offences in the current Financial Year to date (08/09), compared with 1575 this time last year (07/08), this is a 1% reduction. This is substantially better than the London-wide figure of a 7.3% increase for the same period. Arrest Rate for a Domestic Incident this same period is 62.2%, up from 52.8% in the same period 07/08.

6.9 A summary of some of the analysis received by the Review Group is as follows; In the dataset provided by Police, only 3 incidents of Domestic Violence had been recorded where it had been assessed that drugs were involved. This could be because the vast majority of victims choose not to involve the police when they have been taking drugs. With alcohol the figure is higher at 216, however still substantially lower - 9.2% of the total 2355 offences - than expected. Lewisham DV Pilot Evaluation Report indicates that alcohol was a factor in 76% of cases they reviewed – 92 of 121, so we would expect Police data to provide us with a similar ratio. For the given time period, we have a total of 2355 reported victims *in all incidents* of Domestic Violence. Of these, 430 are repeat victimisations or 18.26%.

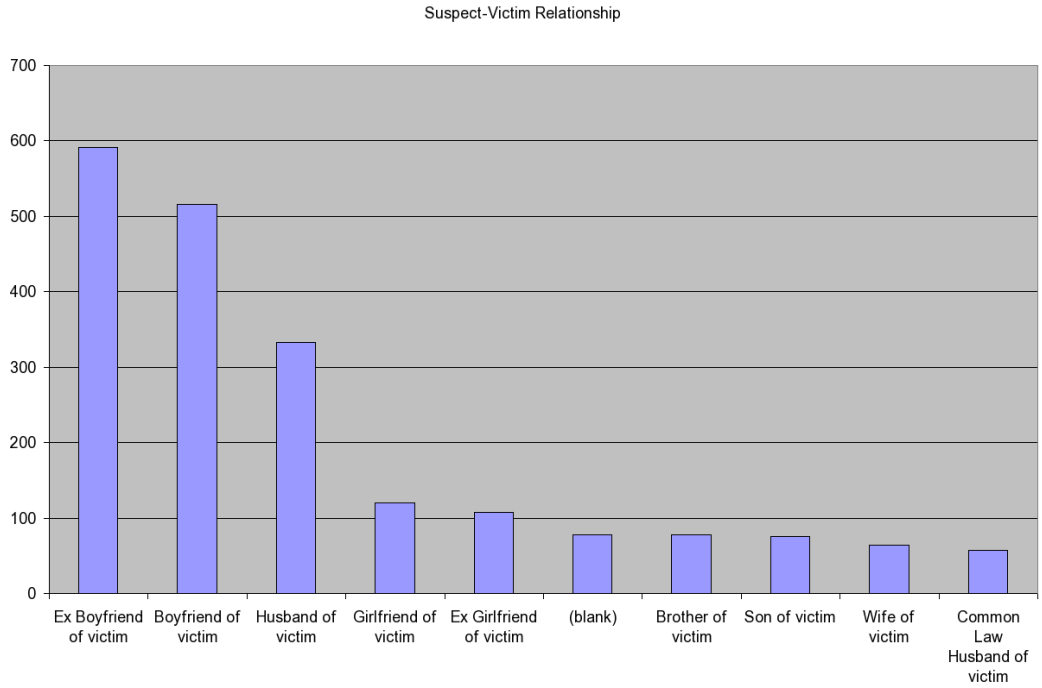
6.10 These 430 cases are shared between 178 individuals, with the worst affected being victimised 9 times, but the vast majority of repeat victims – 129 or 72.5% – had been involved twice. This leaves us with 2103 separate individuals who had been reported as victims of Domestic Violence in the last 12 months, of whom 8.46% suffered DV repeatedly.
The sex of victims were 80% Female (1885) and 20% Male (465), in terms of ethnicity, 47% are IC1 – White, 43% are IC3 – Black and the remaining 10% are evenly split among the other ethnic groups. The ages of victims are as follows

Table 1 – Age of Victims of DV



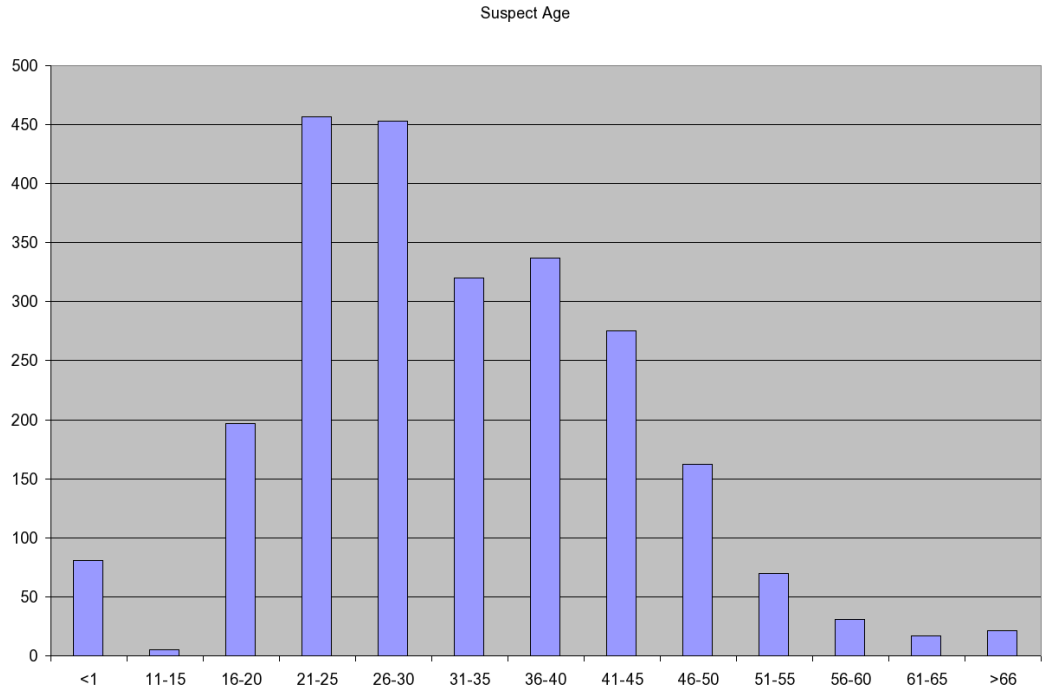
6.11 In terms of suspects, 77% were Male (1881) and 18% Female (430), ethnicity is broken down as follows: 47% are IC3 (Black), 37% are IC1 (White), 4% are IC4 (Asian), 4 % are IC2 (Dark European) and the remaining 8% are evenly split among other ethnic groups. In relationship to victims is as follows:

Table 2 – Suspect-Victim Relationship



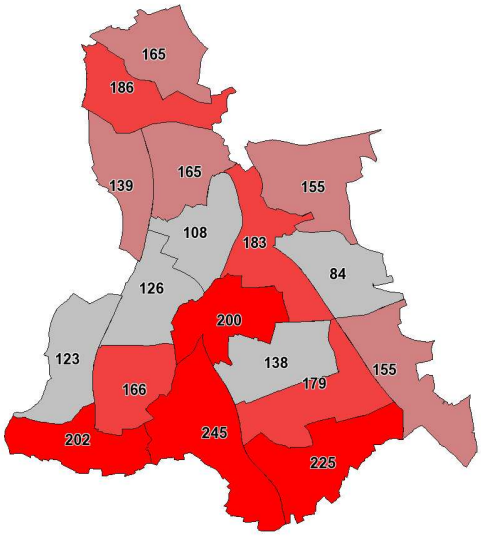
The age of suspects is broken down as follows:

Table 3 – Suspect Age



NB: when the age of the suspect is unknown it is recorded as “<1”.

Figure 5 – Domestic Violence & Location



In respect of location, the vast majority of domestic incidents occur in residential premises, however the maps below illustrate wards most frequently reporting Domestic Incidents.

Wards most affected are in the South of the borough.

6.12 Also, Domestic incidents are fairly evenly spread throughout residential areas of Lewisham, however there are three areas of higher incidents: Lower Sydneham, Beckenham Hill and the Castillion Road area in Whitefoot.

6.13 The Review Group also heard about the current range of Domestic Violence initiatives operating in Lewisham, supporting victims, targeting perpetrators and working on prevention. The range of initiatives outlined were:

- Victim Support Lewisham
- Refuge projects, such as the recruitment of an Independent Domestic Violence Advocate (IDVA), the Refuge Community Outreach Project and the Sanctuary Project
- Lewisham Refuge Network
- Probation – Woman's Safety Officer to provide specialist support
- Tryangle - an early intervention project which kicks in prior to perpetrator contact with the Criminal Justice System
- Women Against Domestic Violence (WADV) - aim of this project is to reduce crime and the fear of crime experienced by women and children affected by Domestic Violence
- Domestic Violence and Alcohol Project - project was set up initially as a six month pilot, to run from January to June 2007, funded by Government Office for London. The initial aims of the project is to test for the association between alcohol and domestic violence locally, and to test the feasibility of conducting alcohol brief interventions and arrest referral work in the custody suite, specifically with 18+ perpetrators of intimate partner violence.
- Domestic Violence Training
- MARACs (local agencies will meet to discuss the highest risk victims of domestic abuse in their area. Information about the risks faced by those victims, the actions needed to ensure safety, and the resources available locally are shared and used to create a risk management plan involving all agencies)

- Westminster Domestic Violence Project - The Community Safety Service are currently exploring the option of the Westminster Domestic Violence Project being rolled out into schools in Lewisham.

6.14 The Review Group discussed sexual violence aimed at men, changes in legislation that means the police have additional responsibilities in domestic violence incidents, the domestic violence reporting form, whether there was such a reporting form for rape cases, whether the MARAC teams worked with Maternity Services, whether there would be a special Domestic Violence Court in Greenwich, Lewisham's high rates of recorded domestic violence incidents in comparison to other borough forces in the MPS, whether there were any issues in relation to the sex industry and abusive relationship in Lewisham and the borough police's working relationship with their local partners. They also discussed the Westminster Domestic Violence Project, repeat offenders and the possibility of a Family Officer being recruited to look at the evidence from referrals.

Recommendations

The Council should support the establishment of a Special Domestic Violence Court in Greenwich which will also represent cases originated in Lewisham.

The Council actively encourage all schools in the borough to participate in the Westminster Domestic Violence Project.

Chapter Seven

Sickle Cell and Genetic Conditions

Background

7.1 Sickle Cell and Thalassaemia were the primary genetic conditions that were reviewed by the Review Group.

7.2 Sickle cell disease is part of a group of sickle cell disorders in which there is an abnormality in the production of globin chains which together with iron components form haemoglobin. In sickle cell disorders, at least one of the two genes that code for haemoglobin will code for the abnormal haemoglobin S. The other gene may be normal and code for haemoglobin A, normal adult haemoglobin. A person with one normal haemoglobin gene and one sickle haemoglobin gene is said to have sickle cell trait or carrier status (AS). If a person inherits two sickle haemoglobin S genes they will have sickle cell disease (SS). Other variations include the presence of haemoglobin S in combination with another abnormal haemoglobin gene, e.g. haemoglobin C, giving SC disease, which produces a milder condition than sickle cell SS disease.

7.3 The haemoglobin S that is produced is structurally abnormal. The red blood cells carrying the abnormal haemoglobin become “sickled” in low oxygen conditions, losing their normal spherical shape. This causes anaemia and the person is then susceptible to anaemic crises, where the level of haemoglobin drops sharply. The sickled cells also get stuck at various points in the circulatory system, leading to crises caused by blockage of blood vessels.

Evidence

7.4 The Review Group heard that to reduce complications and improve the quality of life of those with sickle cell disease, patients are prescribed preventative medication like life-long penicillin and pneumococcal vaccination. Other treatments are blood transfusions, with chelation therapy for iron overload, treatments for when infections occur and acute admissions for the management of crises. In respect of thalassaemia, the genetics were explained, with complications such as massive liver and spleen, severe growth retardation and bone deformities. Certain types of thalassaemia can be incompatible with life. Those with thalassaemia must have blood transfusions every three-four weeks, with chelation therapy to reduce iron overload and with these treatments can maintain an almost normal quality of life.

7.5 To be affected by sickle cell disease, inheritance of a single abnormal gene from one parent is sufficient to produce carrier status, but two abnormal genes, one from each parent must be inherited to cause the disease. It is only when both parents carry at least one abnormal gene that there is a risk of giving birth to an affected baby. When both parents carry at least one abnormal gene, the risk of having a baby with the disorder is 1 in 4 for each pregnancy. In respect of screening,

7.6 The NICE guideline for Antenatal Care (March 2008)[2] makes the following key points about antenatal screening for sickle cell disease and thalassaemia:

- Screening for sickle cell disease and thalassaemia should be offered by 10 weeks gestation.
- Screening can take place in primary or in secondary care.
- Pre-conception counselling and carrier testing could be carried out.
- Where prevalence is high there should be a system of universal carrier testing for women. Where prevalence is low, a system should exist for risk assessment of women, using a family origin questionnaire, prior to testing only those who have a high risk of carrying the trait.

7.7 The recommendation for carrier testing within 10 weeks of pregnancy is to allow for timely counselling, partner testing and prenatal diagnosis.

7.8 The NHS Sickle Cell & Thalassaemia Screening Programme[3] was set up to implement a national linked programme of antenatal screening for thalassaemia and sickle cell disease and neonatal screening for sickle cell disease. They state the purpose of the screening programmes for sickle cell and thalassaemia as below:-

- The purpose of antenatal screening for sickle cell disease and thalassaemia is to identify couples at risk of an affected infant and to offer the choice of prenatal diagnosis with the option of termination or continuation of an affected pregnancy.
- The aim of newborn screening is to identify infants with sickle cell disease who are at risk of presenting for the first time with severe overwhelming infection and splenic sequestration crises.

7.9 The Review Group learned that there are an estimated 12,500 people with sickle cell disease in the UK and 700 people with thalassaemia. There are 300 neonates born annually with sickle cell disease in the UK and 17 with β thalassaemia major. The birth prevalence for sickle cell disease in the UK is one in 2380 live births.

7.10 Carrier rates for sickle cell disease and for thalassaemia vary considerably between ethnic groups. The following carrier rates illustrate the relevance of ethnicity to the pattern of distribution of these conditions.

Table 4 - The highest carrier rates for sickle cell disease occur in the Black African and Black Caribbean groups.

Sickle Cell Disease

Ethnic Group	Carrier frequency
Black Caribbean	1 in 10
Black African	1 in 5
Asians	1 in 50
Caucasian	1 in 600

Thalassaemia

Ethnic Group	Carrier frequency
Cypriots	1 in 6
Asian / Middle Eastern	1 in 30

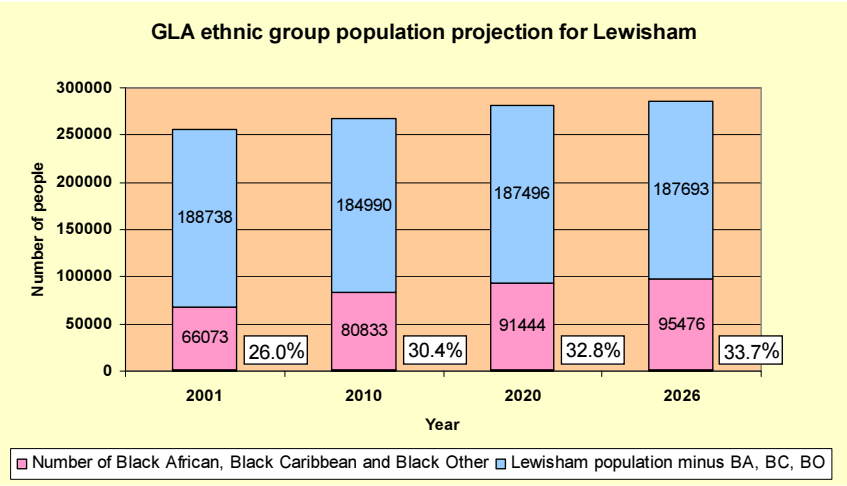
African Caribbean	1 in 100
Northern European	1 in 1000

Source: Hickman et al

7.11 The Review Group also learned that the highest carrier rates for sickle cell disease occur in the Black African, Black Caribbean, and Black Other groups. These three groups combined made up 2% of the UK population in 2001 (Census 2001). They represent 14% of the London population and 30% of the Lewisham population in 2009, that is 79,468 people in Lewisham[16]. With this substantial difference between the ethnic profile of Lewisham's population and that of the population of the country as a whole, a significantly higher rate of sickle cell disease at birth can be expected in Lewisham than in the UK.

7.12 Lewisham PCT said that it is also important to note that the numbers of people in the Black African, Black Caribbean and Black Other groups are growing in absolute number in Lewisham, but also form an increasing proportion of the population in Lewisham.

Table 5 - Projected number and proportion of people in the three Black ethnic groups for selected years (GLA)



7.13 The proportion of the Lewisham population falling in the Black ethnic groups is expected to rise gradually to 34% by 2026. There is likely to see an increase in the number of sickle cell births and also a rise in the prevalence of sickle cell in the population due to migration of children and adults into the area.

7.14 The Review was informed that Lewisham there is no register for sickle cell disease, so the actual prevalence of sickle cell patients in the borough is not known. However, it is known that there are 450 sickle cell disease patients registered with Lewisham hospital, of whom, approximately 200 are children and 250 are adults. Some people may be registered as patients outside the borough but they are unlikely to represent a large number. Lewisham PCT would expect there to be people in Lewisham with sickle cell disease who are not registered with the hospital if they are generally well and have not been referred at any point to the hospital.

[16] GLA Round Ethnic Group Population Projections, London Health Observatory, April 2008.

7.15 In respect of Services in Lewisham, the Review Group was told that currently there is a consultant haematologist in Lewisham Hospital who sees patients with sickle cell disease. There is a neonatology consultant at the hospital who takes care of neonates and children with sickle cell disease. The community haemoglobinopathy service is a regional Sickle Cell and Thalassaemia Centre hosted by Lambeth PCT for Lewisham, Southwark and Lambeth boroughs. It is based in Kennington. Lewisham PCT does not currently commission any other services for sickle cell and thalassaemia. Lewisham Hospital laboratory provides first line screening tests for sickle cell disorders and thalassaemia.

7.16 The Review also heard from representatives from the South-East London Sickle Cell and Thalassaemia Centre (this service is funded by Lewisham PCT and commissioned by Lambeth PCT on behalf of Lambeth, Southwark and Lewisham PCTs). The following was brought to the attention of the Review:

- The range of services administered by the Centre
- The Genetic Counselling Service and the support offered to patients
- The work of the Centre in health promotion to community groups, health professionals and the public
- That the Centre has two Case Managers for the ages 0-12 years-old and one Case Manager for 13-years-old-and-older, with five nurses supporting the Lambeth, Southwark and Lewisham areas
- The programme of work carried out by the Centre
- That the 'termination of pregnancy' figures for Lewisham are very low. There is a high prevalence of sickle cell births in Lewisham
- That the Centre uses a Care Management Model when managing sickle cell disease and thalassaemia cases for long-term care
- There is a Sickle Cell Awareness Month every July, and the Centre carry out a number of event across the borough such as a stall at Lewisham People's Day
- Some of the challenges in respect of Sickle Cell Disease, for example issues such as data collection, timeliness of bookings, better information-sharing needed and getting improvement on male partner screening. Also tackling cultural and religious influences to ensure that adults and children get the appropriate care

7.17 The Review Group also heard from a representative of Lewisham Council, regarding the position of specialist social worker to work with young people who have sickle cell disease that have complex needs that they are hoping to recruit, and a representative of Building Healthier Communities, about the work that they are doing to support clients who have Sickle Cell Disease and Lupus.

7.18 The Review Group discussed whether, as Lewisham has a universal screening programme for pregnant woman, with demographic and ethnic change, people with sickle cell and genetic conditions might slip through the net. They also discussed the preventative medication of life-long penicillin, genetic counselling, the implementation of recommendation contained in the Sickle Cell Society in their 2008 Report: Standards for Clinical Care of Adults with Sickle Cell Disease in the UK and the concern about the lack of a Sickle Cell Register in the borough to identify all those carrying the disease.

Recommendations

That Lewisham PCT set up a Sickle Cell Register in the borough.

The Healthier Communities Select Committee monitor the implementation of the Sickle Cell Society's Report '2008 Report: Standards for Clinical Care of Adults with Sickle Cell Disease in the UK' by Lewisham PCT.

Chapter Eight

Cancer

Background

8.1 The Government approach to tackle cancer in the UK has been driven by their Cancer Plan, which was published in September 2000[17]. The NHS Cancer Plan has four aims:

- to save more lives
- to ensure people with cancer get the right professional support and care as well as the best treatments
- to tackle the inequalities in health that mean unskilled workers are twice as likely to die from cancer as professionals
- to build for the future through investment in the cancer workforce, through strong research and through preparation for the genetics revolution, so that the NHS never falls behind in cancer care again.

8.2 The plan also provides a "comprehensive strategy for bringing together prevention, screening, diagnosis, treatment and care for cancer and the investment needed to deliver these services in terms of improved staffing, equipment, drugs, treatments and information systems.[18]"

8.3 The NHS Cancer Plan proposed to begin to implement its strategies by the following:

- additional £570 million by 2003/04 for cancer services
- implementation of cancer service improvements by cancer networks
- cancer networks develop strategic service delivery plans
- network workforce, education and training and facilities strategies to underpin service delivery plans
- cancer network commissioning pilots to be established[19]

8.4 There would also be a substantial improvement in funding for cancer services, and it was proposed that services would receive an additional £280 million in 2001/02, £407 million in 2002/03 and £570 million by 2003/04.

8.5 Progress on the NHS Cancer Plan has been noted in The NHS Cancer Plan and the New NHS; Providing a Patient-Centred Service[20], where it was stated that deaths
have fallen by more than 12% in just six years and the NHS Cancer Plan 3-Year Progress Report: Maintaining the Momentum, should how the Cancer

[17] The NHS Cancer Plan: A Plan For Investment, A Plan For Reform; Department Of Health; September 2000.
[18] Page 5, The NHS Cancer Plan: A Plan For Investment, A Plan For Reform; Department Of Health; September 2000.
[19] Page 92, The NHS Cancer Plan: A Plan For Investment, A Plan For Reform; Department Of Health; September 2000.
[20] The NHS Cancer Plan and the New NHS; Providing a Patient-Centred Service; Department of Health, October 2004

Plan was being implemented, with the additional investment that was promised going into cancer services, the establishment of the Cancer Networks, improvements in screening amongst other things. The Nation Audit Office also did a report on the NHS Cancer Plan, stating that the Plan was generally well conceived and substantial progress has been made to date, with many targets in the Plan met or on course to be met, but still a lot of work needed to be done, and made some recommendations for improvements, such as "strategic health authorities, working through primary care trusts, need to ensure that networks have the resources required for an effective and sustainable performance. [21].

8.6 The Lancet Oncology online has also recently published a report on the NHS Cancer Plan. Experts analysed survival rates for 21 common cancers and compared the results for England and Wales, and an analysis of the data showed the cancer plan in England appeared to be helping improve survival rates although wide regional variations still remain, with people in the South having far better chances than those in deprived areas of the North[22].

Evidence

8.7 The Review Group heard evidence from representative from Lewisham PCT. This follows in the points below.

8.8 Cancer is one of the big killers in England. Every year approximately 230,000 people in England are diagnosed with cancer and 125,000 die from the disease. Approximately one in three people will develop cancer in their lifetime and one in four people will die from it. In 2006, the UK was ranked 22nd for females and 8th for males for cancer mortality out of 28 European countries (1 having the lowest mortality). Cancer generally increases in age and different cancers are site of cancer varies by gender.

8.9 The UK Cancer Reform Strategy published in 2007 builds on the progress made since the publication of Cancer Plan (2000) and strives to close the gap in cancer outcomes between the UK and the rest of Western Europe.

8.10 The key aims are to:

- Prevent cancer by tackling the lifestyle factors that increase the risk of developing the disease
- Diagnose cancer earlier by increasing coverage of cancer screening and increasing awareness of cancer symptoms
- Ensure that patients have access to high quality cancer care
- Support and empowering patients through their 'cancer journey'
- Reduce inequalities in cancer incidence, mortality and access to care
- Bring cancer care closer to home where appropriate

8.11 The Review Group learned about the major risk factors for cancer, such as smoking, diet, physical activity, obesity, alcohol consumption, infections, exposure to some chemicals, e.g. asbestos and exposure to sunlight and UV radiation.

[21] Department of Health, NHS Cancer Plan, A Progress Report; National Audit Office; March 2005

[22] An Assessment of the NHS Cancer Plan in England, The Lancet Oncology online, March 2009

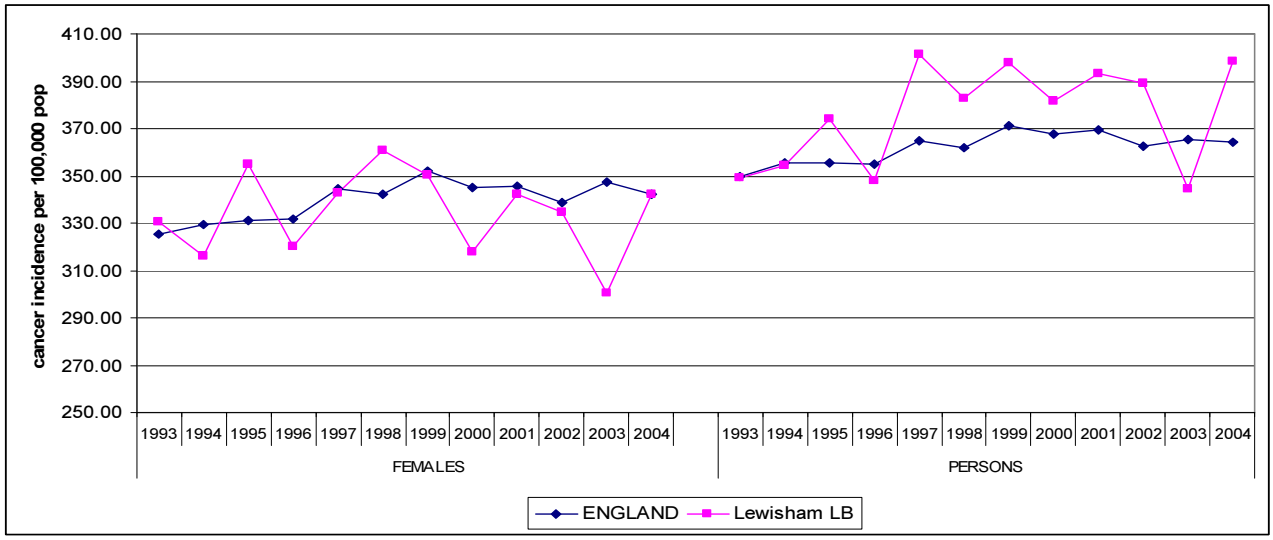
Table 6 - Lifestyle cancer risk factors (Adults)

Percentages	Obesity	Smoking	Fruit & vegetable consumption*	Binge drinking
National	23.6	24.1	26.3	18.0
London	18.4	23.3	29.7	12.7
Lewisham	**19.2**	**26.8**	**26.9**	**12.9**
Lambeth	18.6	28.1	30.3	16.8
Southwark	19.7	27.7	29.9	14.8

The NHS Information Centre for health and social care, 2008, *Source: Health Surveys for England 2003 to 2005* * Consumption of 5 portion of fruit/vegetable a day

8.12 The Review heard that Approximately 400 women in Lewisham are diagnosed with cancer each year. Over this period there has been a 14% increase in all cancer incidences, 3% increase in cancer incidences for females and 20% for men. Cancer is also the 2nd highest cause of death in Lewisham. The most common causes of cancer deaths for women are lung, breast and colorectal cancer. There are some inequalities when it comes to tackling cancer.

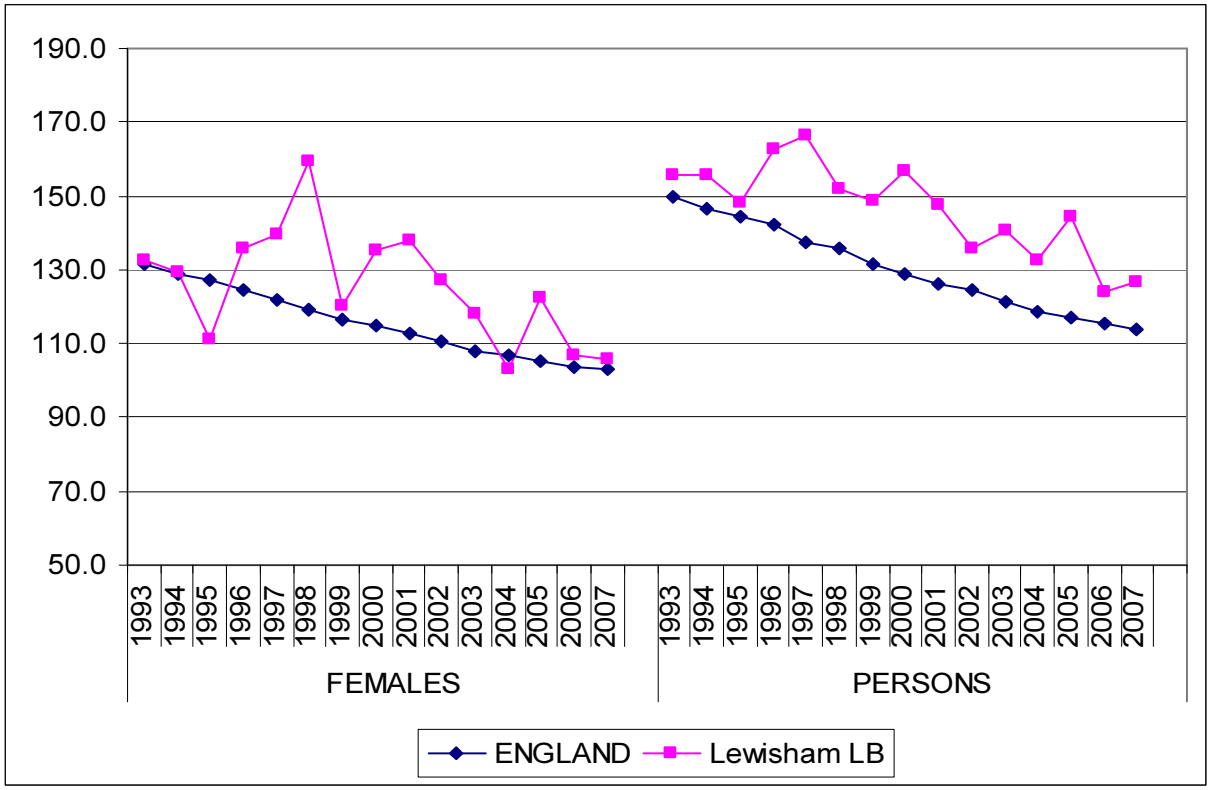
Figure 6 - Trends in cancer incidence in Lewisham and England, DSR, females, 1993-2004



Source: NCHOD

8.13 The Review Group learned that in the Government paper, 'In *Saving Lives: Our Healthier Nation* (1998)' the Government set a public sector target to reduce cancer deaths in people under 75 by 20% by 2010 from the 1995-1997 baseline. Between 2004-2006, cancer mortality in Lewisham was 143/100, 000 which represents a 15% reduction from the baseline rate of 169. Cancer deaths in women <75 have declined by 14%, from 129 in 1995-1997 to 111/100, 000 in 2004-2007.

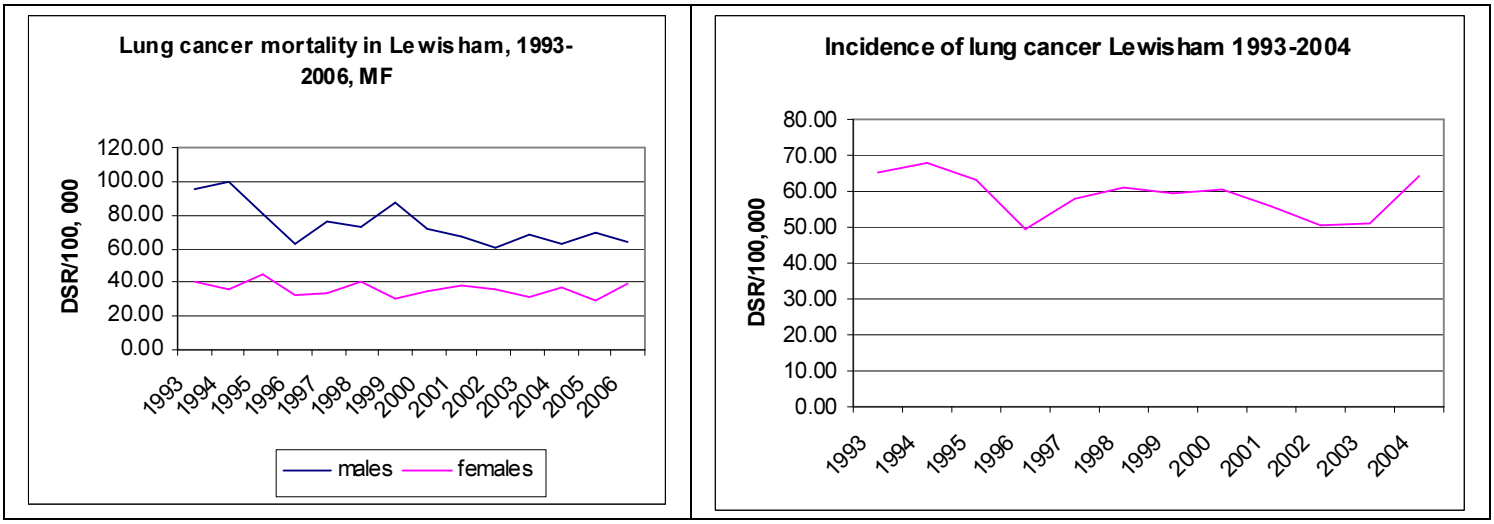
Figure 7 - Trends in premature mortality from cancer, females and persons, 1993-2007



Source: NCHOD MFP male, female, persons

8.14 The Review Group were informed that the most common causes of cancer deaths for women are lung, breast and colorectal cancer. There were no clear trends in breast cancer incidence in Lewisham between 1993 and 2004. Because of the small number of new diagnoses, rates fluctuated considerably during this period. Breast cancer mortality fluctuated between 1993 and 2006, but there was a general downward trend with a 28% decline from 36/100, 000 in 1993 to 26 in 2006. Lewisham has higher breast cancer mortality rates than Lambeth and Southwark but similar to London and England. Unlike the UK, in Lewisham, breast cancer is not the most common cause of cancer deaths in women. Most cancer deaths in women in Lewisham are due to lung cancer. **Smoking is the most significant risk factor accounting for 80-90% of cases of lung cancer.** The incidence has remained largely unchanged since 1993, but mortality has declined in men. **There has been no significant change in lung cancer mortality in women.** Deaths rates from lung cancer in women in Lewisham between 2004 and 2006 were significantly higher than London and England.

Figure 8 - Trends in lung cancer incidence and mortality in Lewisham



Source NCHOD

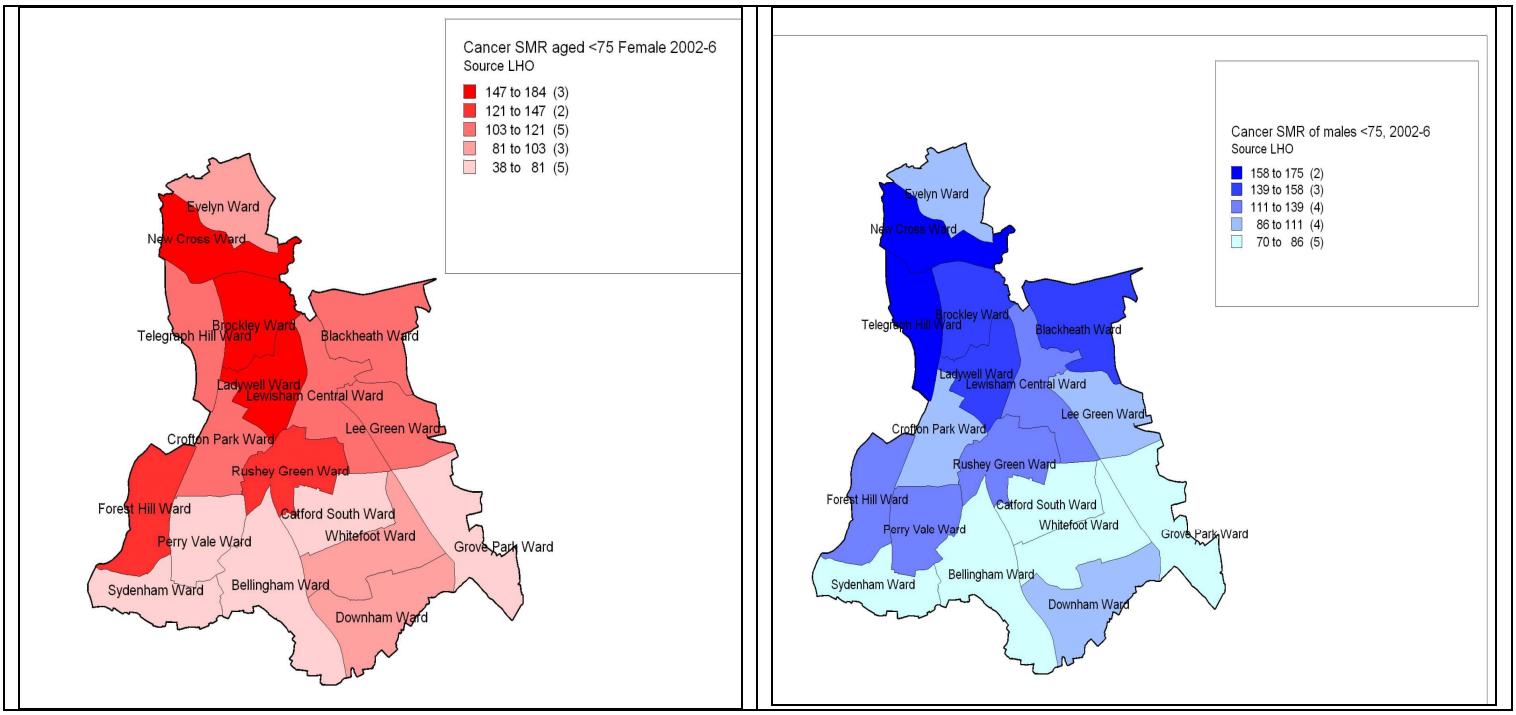
8.15 The Review Group heard that with colorectal cancer, diet is a significant risk factor, with high consumption of red meat and low consumption of fruit, vegetable and fibre being associated with increased incidence. Other risk factors include lack of physical exercise, obesity, alcohol consumption and smoking. There has been little change in the incidence of colorectal cancer since 1993 but mortality has declined in men. Colorectal mortality rates in women in Lewisham were not significantly different to London and England between 2004 and 2006.

8.16 The Review Group also learned that over 97% of cervical cancers are due to infection with Human Papilloma Virus (HPV). The number of cases of cervical cancer that are diagnosed every year is very low. Between 2002 and 2004, there were 864 cases diagnosed throughout London. Local incidence and mortality has been declining steadily since 1993, although there are fluctuations because of the small numbers. This can be largely attributed to the success of the cervical screening programme. Between 2004 and 2006 death rates in Lewisham were similar to London and England. The Review Group also learned about bladder and stomach cancer.

8.17 The Review Group learned about health inequalities in relation to cancer and received some information on ward-level cancer rates for males and females. It was noted that certain types of cancers such as breast, prostate and malignant melanoma are inversely related to deprivation and occur more in more affluent communities. Affluent PCTs in London such as Bromley and Bexley have the highest rates of breast and skin cancer in London.

8.18 Within Lewisham the most deprived wards have considerably higher rates of cancer deaths than the national average. The wards with significantly higher female cancer mortality are New Cross, Lee Green and Bellingham.

Figure 9 - Standardised Mortality Ratios in males and females in Lewisham, 2002 and 2006

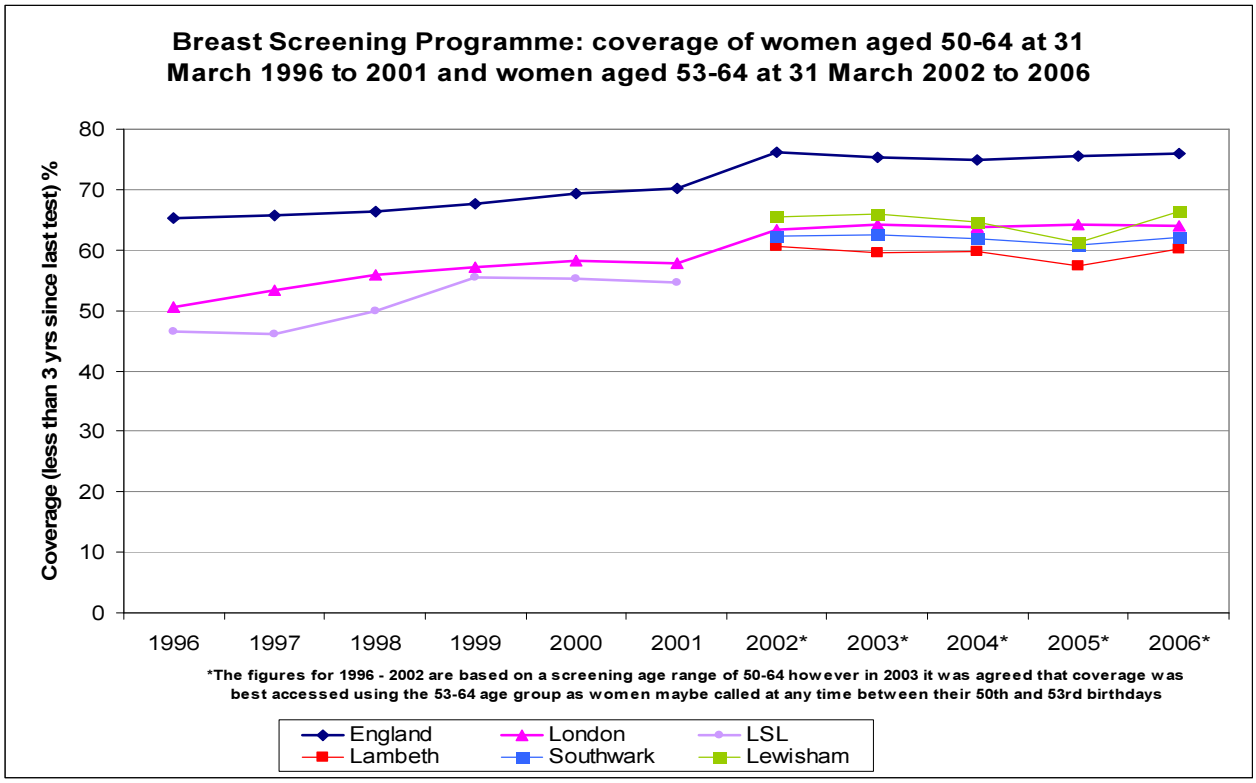


Source: LHO

8.19 The Review Group heard that Lewisham PCT, alongside their partners, are looking to prevent cancer by promoting a healthier lifestyle, with a comprehensive smoking cessation programme, a healthier diet through the Lewisham Food Strategy, promoting physical activity through the Lewisham Sport and Physical Activity Strategy, maintaining healthy weight and early cancer detection. They also heard about the national cancer screening programmes. Women aged between 50 and 70 years of age are invited for screening every three years. The aim of the breast-screening programme is to detect breast cancers at a very early stage and therefore improve treatment outcomes and reduce mortality. The current national target is to achieve 70% coverage. The programme in the UK has screened more than 19 million women and has detected around 117,000 cancers. In 2007/08, the breast screening coverage in Lewisham was 58%. This low coverage is seen in most inner London PCTs and is attributable to a variety of factors including population mobility; lower levels of literacy and high ethnic minority populations. Breast screening uptake is lower in younger women who are invited for breast screening the first time (incident screen) but improves with age.

8.20 Between 2004 and 2007, 12500 women were screened in Lewisham and approximately 25 lives saved. This represents only 58% of the eligible population. If PCT had met the national coverage target of 70% an additional 5 deaths from breast cancer could have been avoided.

Figure 10 - Trends in breast screening coverage, women 50-64, 1996-2006



Source: PCSS/QARC

8.21 The cervical screening programme aims to detect and treat precancerous changes to the cervix and treat them before they develop into cancer. Women aged between 25 and 49 years are invited to be tested every three years and women aged between 50 and 64 are invited every five years. The current national coverage target is 80%. In June 2008, the coverage in Lewisham PCT was 74.48%. Over the past three years there has been a gradual decline in cervical screening coverage in Lewisham. The coverage is particularly low in young women aged between 25 and 30 years. While the number of cervical cancers diagnosed is very small (1 in 2006), the number of women with precancerous cervical lesions (dyskaryosis) is considerably higher. In 2007/08 approximately 9% (1700) of women screened in Lewisham had some degree of cervical dyskaryosis.

8.22 With colorectal screening, Bowel cancer screening was introduced in Lewisham in January 2008. The aim of this screening programme is early detection of bowel cancer and detection of polyps in the in the wall of the bowel which may later develop into cancer. Men and women aged between 60 and 69 years will be invited every two years. The national target is to achieve an uptake of 60%. The uptake in Lewisham between April and June 2008 was 46%. It is anticipated that this will improve as the programme continues to roll-out within the borough.

8.23 Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16 per cent[2]. Between 2004 and 2006, there were 133

deaths from colorectal cancer in Lewisham, bowel cancer screening may save up to 20 lives over the next few years.

8.24 The Review Group also heard from the Lewisham some of the initiatives being conducted in Lewisham to tackle health inequalities in respect of cancer. These include the Cancer Collaborative, Pacesetters, the Lambeth Southwark Lewisham (LSL) Health Promotion and the work with the South East London Cancer Network. The Cancer Collaborative is funded by the Department of Heath Improvement Foundation working in the New Cross, Evelyn and Bellingham wards, focusing on breast, bowel and lung cancer. Pacesetters, a 2-year project working with the local community to increase coverage of breast cancer screening among BME women will start next month in the SE13 postcode. It aims to reduce inequality in health outcomes and access. This is also Department of Health funded project. The Review Group also heard about some future developments such as Skin cancer prevention and early cancer detection, plans to increase uptake of breast screening in BME women, the cancer screening age extensions and the new cancer waiting times.

8.25 The Review Group discussed ward level cancer mortality rates, how Lewisham PCT manage the statistics for those who have their cancer treatment outside the borough, why the incidences of breast cancer were going up, but the mortality rate was falling, whether cancer screening programme ages should be lowered, screening for genes that will identify hereditary cancers, bowel cancer screening advertising in the borough and work being conducted to encourage children to protect themselves with sunscreen from the sun.

Recommendations

The Council take a pro-active approach in promoting the use of sunscreen in all schools and also to promote the reduction in the use of sun-beds generally and the removal of unmanned sun-beds in council property.

The Healthier Communities Select Committee monitor Lewisham PCT's progress in increasing cancer screening coverage for breast cervical and bowel cancer.

The Council should also promote uptake in cancer screening coverage for breast, cervical and bowel cancer through its communications and events, such as in Lewisham Life and at local assemblies.

The Healthier Communities Select Committee should monitor the Council and partners' tobacco control "smokefree" agenda to ensure that it is effective in stopping men and women of all ages from starting to smoke, as well as an effective 'stop smoking' service.

Chapter Nine

Growing Older in Lewisham

Background

9.1 The national context for the 'growing older' agenda is usually based around the areas of retirement and pensions. The Government has proposed a number of pension reforms recently. In 2005 the independent Pensions Commission published the report "A New Pension Settlement for the Twenty-First Century", containing a series of recommendations for long term reform. Following an extensive programme of national consultation aimed at building a genuine broad based consensus, the Government's first White Paper was published in May 2006 Security in Retirement: towards a new pensions system. The first phase of the reforms was completed with the Pensions Act 2007 becoming law in July 2007. Measures in this Act were largely focused on reforming the state pensions system[23]. A second White Paper, Personal Accounts: a new way to save, published in December 2006, contained further proposals, with an emphasis on encouraging private saving. These measures were legislated for in the Pensions Act 2008, which became law in November 2008. The Pensions Act contains a number of measures aimed at encouraging greater private pension saving. From 2012 it is planned that all eligible workers, who are not already in a good quality workplace scheme, will be automatically enrolled into either their employers' pension scheme or a new savings vehicle, which is currently known as a personal account scheme. To encourage participation, employees' pension contributions will be supplemented by contributions from employers and tax relief.

9.2 The Enabling Retirement Savings Programme is responsible for delivering the workplace pension reforms in the Pensions Act 2008 including, from 2012:

- The compliance regime to enforce the new employer duty
- The new employer duty (which requires employers to automatically enroll workers into, and contribute to, a workplace pension arrangement)
- Setting up the personal accounts scheme

9.3 The Enabling Retirement Savings Programme is made up of the three bodies jointly responsible for delivering the reforms: DWP, the Pensions Regulator (TPR), and the Personal Accounts Delivery Authority (PADA). Their main functions are:

- DWP is responsible for co-ordinating activity for the reform programme, including agreeing policy with Ministers and overseeing delivery
- The Pensions Regulator's role in these reforms is to maximise compliance with the employer duties set out in the Act, and ensure certain safeguards protecting employees are adhered to

[23] http://www.dwp.gov.uk/pensionsreform/

- PADA is responsible for designing and introducing the new personal accounts pension scheme, and setting up the Trustee Corporation to run the scheme.

9.4 There are also a number of others issues in respect of growing older that the Government is trying to tackle, such as independence and dignity in relation to care in care homes, health and social services and access to other services. These are the type of issues that were addressed in the evidence presented to the Review Group.

Evidence

9.5 The Review Group received evidence from Council officers and representatives from Lewisham PCT. The Review Group learned about the Ageing Well Strategy and Action Plan. In December 2007, the Ageing Well Strategy and action plan was agreed after significant consultation with local residents and key organisations and forums such as Age Concern and the Older People's Forum.

9.6 The strategy built on, and updated, Lewisham's first multi-agency Ageing Well strategy, produced in 2002. This was developed from a major consultation exercise with a citizen's panel and older residents in the borough. People were asked to consider what would help them age well in Lewisham, and they identified six areas – valuing the contribution of older people; a safe environment; financial security, including the ability to remain economically active; remaining healthy for as long as possible; access to life-long learning, including contributing to the learning of others; and fostering positive relationships. This updated strategy also reflects a number of the demands set out in the Pensioners Manifesto, developed by Lewisham Pensioners Forum in 2006. It highlights a stronger focus on the aspirations of older people to remain healthy and active as they age. A delivery plan is currently being developed with the following key sections: Advice & Information; Age-proofing Universal services; Engaging older people; Dignity in Age; Targeted Services that promote independence; Maximising Income; Safe and Secure; Health; Advocacy; Housing and Home. The plan will be finalised in the early new financial year (2009-2010) and will bring together all key planned activity concerning older people in one place giving clarity and enabling join up and joint promotion and development.

9.7 The Review Group also learned about the Ageing Well Strategy and Delivery Plan would promote independence and well-being for the over-50s. For example, One of the key areas of the new Ageing Well delivery plan will be Age-proofing of Universal services (eg: housing, health, leisure, arts, tourism, ICT etc.) Older people purchase or use a range of local services and products and are becoming an large and increasingly important group. Service providers need to design their services to take account of the different segments of the older age group and ensure that they are accessible and appropriate. This should include delivery mechanisms that take services out to customers, where access is a barrier.

9.8 The Review Group also received some statistical information on Community Education Lewisham (CEL). Recent analysis showed that CEL currently delivers a broad offering of community learning to the residents of Lewisham. In 08/09, 64% of learners are enrolled on unaccredited courses and 52% of the teaching hours delivered are in this area. Over 30% of all learners are over 55, with this rising to 43% of learners on adult learning courses

(unaccredited). 80% of all learners are female, 79% for those on unaccredited courses. The full set of statistics are as follows:

Table 7 - Community Education Lewisham (CEL)

0809 Funding	Learners	Learner %	GLH	Delivery %	Female	Male	% Female	% Over 55
FE - Accredited	1,525	36	19,996	48	1,224	301	80	9
FE -Unaccredited	333	12	6,737	31	187	146	56	29
First Steps	937	22	5,858	14	746	191	80	46
Fam Learning Lit and Num	47	1	322	1	44	3	94	2
NLDC	17	0	1,076	3	13	4	76	6
WFL	36	1	371	1	33	3	92	14
PCDL	1,357	32	7,563	18	1,141	216	84	48
TOTALs	**4,252**		**41,923**		**3,388**	**864**	**80**	**31**
Unaccredited Totals	**2,727**	**64**	**21,927**	**52**	**2,164**	**563**	**79**	**43**

9.9 The Review Group also heard about the Quality of life for older people in respect of day centres, the strategy for transferring older people smoothly from hospital to their own homes/care homes, publicity, communications and information and end of life care. For example when transferring older people smoothly from hospital to their own home/care homes, discharge from hospital is organised through inter-agency work between UHL and the local authority social work teams, one of which is based at the hospital. There are clear protocols with attached timeframes for each stage. Discharge planning starts from the point of admission with a multi-agency ward round within the first few hours of admission. Failed discharges and inappropriate re-admissions are monitored through inter-agency forums. Moving people to a care home from hospital is a rigorous process, with emphasis on understanding the previous home circumstances and context to avoid inappropriate and too early decision making. Also, a new magazine aimed at older residents 'My Life' is disseminated across the Borough and contains items and issues of interest to older residents and also aims to break down perceptions and stereotypes and to offer real life information such as options around sheltered homes for homeowners who want to downsize.

9.10 The Review Group heard about the Lay Visitors Scheme from the Cabinet Member for Older People. They heard that the Cabinet Member set up an Older Adults Forum as part of the Ageing Well Strategy. Care within care Homes was considered a particularly important within the group. People were concerned about this as many had friends and relative in local care homes

- It was agreed that volunteers from the Older Adults Forum would be lay visitors at care homes in the borough and make planned, announced visits to the care homes
- Felt it would be more productive if the lay visitors were older people to make the residents in the care homes more comfortable in talking about their concerns, if they have any.
- All the volunteers have undertaken a CRB check, and are being trained by Age Concern. Age Concern have been commissioned to do this and training began in November and new volunteers for the second part of the scheme will be recruited in the new year 2009.

9.11 The Review Group also received a presentation from a representative of Lewisham PCT on Life Expectancy in Lewisham. They heard that:

- Lewisham has a younger population profile than the England age profile
- Lewisham is estimated to have a population increase of 16.9% in the over 65s by 2025, compared to the England estimate of a 35% increase.
- It is estimated that BME communities will make up over 35% of the over-65s population in Lewisham by 2025
- Females have a higher life expectancy than males in Lewisham
- Life expectancy for males and females in Lewisham is improving in relation to the life expectancy for England, but it is still lower than the national average
- Lewisham is on schedule to meet its targets for male and female life expectancy for 2010
- There are wide variations in life expectancy in wards in the borough. The wards with the highest life expectancy in the years 2002-2006 for females were Crofton Park, Whitefoot and Perry Vale, and the lowest life expectancy were New Cross, Lewisham Central and Ladywell
- There is a higher mortality from all circulatory diseases and cancer in Lewisham than in London, and England/Wales
- The length of time you would be expected to live after reaching 65 is slightly less than the average for England for both males and females
- The PCT are trying to combat some of the issues related to life expectancy and mortality through a programme of screening for cancer; immunisation programmes like the flu vaccination for people over 65, and the Pneumococcal polysaccharide vaccine; the introduction of Vascular Check programme for people aged 40 -74; and initiatives to manage long-term conditions such as annual reviews and Information on local and national groups and information such as Expert Patient Groups and Disease specific groups.

9.12 The Review Group discussed the following issues:

- the pilot for a sexual health project for young people offered by the Teenage Pregnancy Unit
- whether the Council had made any preparations for older people in the recession
- whether the Ageing Well Strategy will cater the particular needs for the Black and Minority Ethnic (BME) older people in the borough
- unannounced visits as part of the Lay Visitors Scheme
- the work of the LINKs
- the flu vaccine for vulnerable people in the winter months
- Vascular Checks
- what the Lewisham PCT are doing right which is helping bring the mortality rates for circulatory diseases and cancers closer to the rate for England and Wales and what is specific to places like Crofton Park and Perry Vale that makes them have a better life expectancy than other wards in the borough.

Recommendations

Job Centre Plus should work with in Age Concern (Catford) to provide expert employment advice to older people in The One-Stop Shop.

The Cabinet Member for Older People should review the Lay Visitors Scheme after 12 months, with a view to including the use of unscheduled visits by Lay Workers

Lewisham PCT must ensure that all GP surgeries publicise National Screening Programmes.

Chapter Ten

Women's Health Inequalities Delivery Plan

10.1 The Review Group were shown the latest draft of Lewisham PCT's Women's Health Inequalities Delivery Plan as part of the review. The Delivery Plan is shown below:

Women's Health Inequalities Delivery Plan 2008/9

Background
Recent reports show women's health is worsening in Lewisham (LHO, 2006). Amongst males, the gap in life expectancy between Lewisham and England has been reducing. For women, the gap in life expectancy has increased since the baseline year (1996). Furthermore, there is a growing gap in life expectancy between areas of lesser and greater deprivation particularly amongst women.

The priority for in-depth work is to a focus on improving life expectancy and reducing the impact of:

- Alcohol
- Coronary vascular disease (CVD)
- Cancer

The alcohol mortality rate for women in Lewisham is worse than the London or England average. Women's alcohol consumption in Lewisham has increased more than men's and the percentage of women binge drinking over the last six years has increased from six to ten percent.

There has been a marked increase in the gap in premature mortality for women in Lewisham compared to England of over 55% compared with a 10% decrease for men. The fallacy that CVD is a male disease has led to CVD being identified later in women and surgery being less successful. Lifestyle issues are a contributor to the outcome and therefore it is proposed that a whole population approach will tackle the following: Physical activity; Nutrition; Smoking; Alcohol

A focus on lifestyle will also lead to improvements in obesity levels and also reduced respiratory illness such as chronic obstructive pulmonary disease (COPD).

Mortality from cancer on a ward level basis for those under 75 is a concern for Evelyn, Rushey Green, New Cross and Bellingham. Amongst women it is Bellingham where the standardised mortality ratio is significantly higher than the national average. The cancers that most affect women in Lewisham (Thames Cancer Registry, 2006) are: Lung, Breast, Colorectal, Ovarian and Stomach.

The preventative dimension to cancer amongst women needs to focus on reducing smoking and improving the uptake of screening. In Lewisham both breast and cervical screening coverage do not meet the targets set by the Department of Health.

The PCT public health department has recently reported on women's life expectancy (Gaspar, 2007) and a summary of health issues faced by women (Carr, 2007). Further work is required to consider the contribution of ethnicity, age and geography on life expectancy so that the targeted work with women from particular communities can be focused on where it is needed. Two groups that may require this more targeted work are: Irish women; African Caribbean women. Both these groups have large populations in Lewisham with poorer health outcomes.

The Lewisham Strategic Partnership and the Healthier Lewisham Partnership Board agreed in 2007 that a health improvement plan should be developed for women. This is part of the implementation of the Lewisham health inequalities strategy to contribute to the targets for 2010. This is the delivery plan for 2008/9 of the Women's Health Improvement Plan 2007 to 2010. This plan identifies additional targeted actions to those being delivered through Lewisham-wide strategies identified in the Healthier Communities Framework by Lewisham Council, Lewisham PCT and other agencies. The 2007/2010 plan was developed in response to the following targets:

National Target

- By 2010 to reduce by at least 10 per cent the gap between the quintile of areas with the lowest life expectancy at birth and the population as a whole.

LAA targets 2006/8

- Reduce the gap in premature mortality rates due to cancer between the ward with the highest standard mortality ratio (SMR) and Lewisham as a whole by 6% by 2010.
- Reduce premature mortality rates from heart disease and stroke and related diseases, (circulatory diseases), so that the absolute gap between the national rate and the Lewisham rate is reduced by 40% by 2010.

The relevant current LAA targets are:

- All age all cause mortality
- Adult participation in sport
- 16+ smoking rate

Local indicators

- Mortality rate from all circulatory diseases at ages under 75
- Mortality rate from all cancers at ages under 75
- Healthy life expectancy at age 65
- Use of public libraries

The outcomes identified in the table below contribute to the following health outcomes:

- Increased life expectancy
- Decreased rates of premature all cause mortality
- Decreased rates of premature mortality due to cardiovascular disease
- Decreased rates of premature mortality due to cancer

Objective	Activity	Target date	Process outcome	Lead
To investigate the reasons for the widening gap in women's life expectancy and excess premature deaths in Lewisham compared with England .	Extend work undertaken in Women's Life Expectancy Report (Jan 2007) to consider ethnicity, age and place of residence so work can be targeted appropriately. Investigate possible reasons for higher mortality rates for women under 75 from circulatory disease compared with women nationally (Deaths due to Circulatory Disease in Lewisham women)	Dec 08 Nov 08	Increased understanding and knowledge	PH Directorate PCT
To work with GPs to improve early diagnosis of cancer in primary care and referral for investigation in accordance with best clinical practice.	Healthy Communities Collaborative in North Lewisham and Bellingham: Information is submitted by each participating GP on a monthly basis to help them to track their progress in monitoring and treating more people: Increased number of urgent 2 week referrals Increased number of new cancer diagnoses Increased number of new cancer cases via 2 week referral Increased number of new cases with no spread The local project manager and team members work together with the practices to make any improvements that are required. To ensure presenting patients are managed and treated according to best practice guidelines.	March 09	Measurable improvements in the early detection and treatment of cancer thus decreasing premature deaths and events	Health improvement team, PCT
To improve the uptake of primary care services and screening, including the identification of CVD risk factors in patient populations, and the diagnosis of illness.	Work on CHD agenda through risk registers focusing on older people. North Cardiovascular Disease Healthy Communities Collaborative in Bellingham and North Lewisham - promoting the early	March 09	Measurable improvements in the early detection and treatment of cardiovascular disease thus decreasing premature deaths and events (Number of detailed risk	Public Health Directorate, PCT

	identification of people at risk - a minimum of 1000 health checks Nurse led clinic Pilot 6 practices on setting up CVD risk registers Roll out to all practices based on learning from 6 pilots Walk In service at Waldron Health Centre 33 practices Alcohol Locally Enhanced service-screening and brief intervention	March 09 March 09 Sep 08 March 09 March 09 weekly April 08	assessments completed on 40-75 year olds, Number of patients on General Practice high risk registers for cardiovascular disease, Number of patients on the General Practice high risk register who are prescribed lipid lowering drugs, number of premature events, number of premature deaths). People at risk of CVD are identified and signposted or referred to appropriate services Patients managed and treated according to best practice guidelines. Improved access and services	
To work with communities to raise awareness of health and promote the uptake of services.	Healthy Communities Collaborative in North Lewisham and Bellingham: To increase the number of people seeking advice about cancer and CVD, and encourage and support them to seek treatment earlier. Work in the local communities to help educate and raise awareness of the symptoms of cancer, and when people should get in touch with their GP. The teams test ways of delivering health-related information in an understandable and acceptable way, to get people to present to their GP earlier. Teams gather information about their community to better understand the people living their and the level of service provision. Focus on women's health in each area of tent	March 09	Measurable improvements in the early detection and treatment of cancer thus decreasing premature deaths and events	Health improvement team, PCT

	on Lewisham People's Day			
To improve and develop Stop smoking services	to re-provide Lewisham's level 3 service (rolling group at Lewisham Hospital) following the decommissioning of the specialist service previously provided by SLAM and commission North Downham Training Project to offer an intensive service in the Downham area. to increase the no of quits achieved by the pharmacy service to continue development of data recording and collection systems to learn from best practice examples to improve recruitment of smokers and no of successful quits to maintain support to advisors and training and induction programme in primary care Provide weekly clinics run by sessional stop smoking advisors. at GP practices experiencing difficulties in offering their own practice based service at South Lewisham Woodlands, Oakview , Hilly Fields, the Triangle and Dr Sarker's practice. When the practice is able to resume their own service, the advisor to target other practices/ areas. Drop ins at Waldron and Lee Health Centres 'Stop before the Op'- recruit project manager, learn from best practice and implement Increased support from Stop Smoking Advisors to current providers in GP practices and pharmacies in North Lewisham	March 09	A minimum of 1250 4 week quitters in Lewisham and number of smokers quitting in Evelyn and New Cross wards doubled, compared with 2007/8 from 49 to 98 in Evelyn and from 56 to 112 in New Cross, contributing to reduced smoking prevalence and associated morbidity and mortality. Improved access and services	
To develop local targets				
To increase the uptake of cervical screening, breast screening and bowel screening.	Implement the recommendations from the Breast Screening Health Equity Audit Recruit to new screening uptake post	March 09 July 08	Increased uptake of cervical, breast and bowel screening.	Health Improvement Team, PCT

	Work programme for Screening uptake post Launch Cancer Healthy Communities Collaborative in Evelyn, New Cross and Bellingham wards Recruit Project Manager for Healthy Communities Collaborative	Oct 08 Sep08 Oct 08		
Alcohol	Improve treatment responses for victim and perpetrators of domestic violence Review how treatment agencies work with clients around violence, and how probation work with perpetrators around substance misuse, including alcohol Map referral pathways for DV victims with substance misuse issues, including alcohol Review awareness/training needs of refuge agencies around substance misuse, including alcohol Assess feasibility of targeting the most persistent offenders with package of measures to reduce offending. To include addressing substance misuse issues Develop and disseminate flow chart to aid health professionals identification and referral of DV, to include alcohol services Action research study towards a Lewisham alcohol – related Domestic Violence Reduction System. The Drinking Control Zone has been in place in Lewisham for 5 years, in light of recent increases in women street drinking it has been proposed that one of the drug and alcohol treatment agencies (based at Central Clinic), outside of which the street drinkers gather, run a women-only group, once a month to empower female street drinkers many of whom	March 09		LBL

	may be in abusive relationships. Implementation of recommendations from Effective Interventions to Reduce Binge Drinking in Young Women and Girls, PH Dept Screening and brief interventions established and operating in 32 GP surgeries, A & E and Probation service Alcohol Awareness raising at Christmas			
To measure the health impact of the women's health improvement programme	Research proposal Identify resources to undertake an evaluation To monitor the number of smokers accessing the service and quitting smoking in Evelyn and New Cross, including age, ethnicity and gender Monitoring reports to Improvement Foundations on progress in implementation and outcomes of CVD and Cancer Collaboratives PCT to undertake work on measuring impact of health and cost effectiveness linked to scale of investment, drawing on London and national work.		Increased understanding of what works in Lewisham and the impact of investment on health outcomes.	

10.2 The Review Group asked for additional information on the connection of health and deprivation in North Lewisham and pregnancy rates in Lewisham. The Review Group also discussed bowel cancer screening, whether the cervical cancer screening age-ranges would be effected by any effort to bring down the pregnancy rate for younger people and whether alcohol aspects of the Delivery Plan and what could be done to tackle street drinking in Rushey Green.

Appendix A - Members of the Review Group

Councillor Romayne Phoenix (Chair)
Councillor Chris Flood
Councillor Alan Hall
Councillor Andrew Milton
Councillor Sylvia Scott

Appendix B - Meeting Dates

6 May 2008 – public meeting held at the Civic Suite, this meeting tackled the topic of the social determinants affecting women's health. Evidence was heard from the Primary Care Trust and Queen Mary University of London.

11 June 2008 - public meeting held at the Civic Suite, looking at Heart Disease. Evidence was heard from Dr Alfred Banya from the Primary Care Trust, as well as a member of the Health and Recreation team, Lewisham, with contributions from the Building Healthier Communities (formerly African Community Partnership).

30 July 2008 – public meeting held at the Civic Suite looking Maternity Services. Evidence was heard from Pauline Cross (Lewisham PCT), Pauline Esson (University Hospital Lewisham), Pat Gould, Sean O'Sullivan and Francine Allen from the Royal College of Midwives.

28 October 2008 - public meeting held at the Civic Suite, looking at Mental Health. Evidence was heard from Emily Mckie, Assistant Director, Joint Mental Health Commissioning, Lewisham PCT, with contributions from Joan Redding, Service Development Librarian, Lewisham Library.

13 November 2008 – public meeting held at the Civic Suite, looking at Domestic Violence. Evidence was heard from Superintendent Ian Mill, Crime Manager, Lewisham Police, and Geeta Subramaniam, Head of the Crime Reduction Service and Supporting People.

20 January 2009 – public meeting held at the Civic Suite, looking at Sickle Cell and Genetic Conditions, and Cancer. Evidence was heard from Dr. Sonia Ahmed, Public Health Registrar, Lewisham PCT, Hilda Castillo-Binger, South-East London Sickle Cell and Thalassaemia Centre, Brian Scouler, Service Manager, Young Adults Service, Lewisham Council, Elizabeth Adongo, Director of Building Healthier Communities and Dr. Nike Arowobusoye, Lewisham PCT.

16 February 2009 - public meeting held at the Civic Suite, looking at Growing Older In Lewisham. Evidence was heard from Annette Stead, Head of Sports and Active Recreation, Councillor Peggy Fitzsimmons, Cabinet Member for Older People and Katrina McCormick, Interim Director of Public Health, Lewisham PCT

11 June 2009 – public meeting held at the Civic Suite, looking at Social Marketing in the area of smoking, and the draft Report and recommendations for the Review. Evidence was heard from Lyn Burton, Stop Smoking Manager of Lewisham PCT and Jane Miller, Interim Director for Public Health, Lewisham PCT.

Appendix C – Glossary of Terms

CVD - Cardiovascular Disease
PCT - Primary Care Trust
UHL - University Hospital Lewisham
CSP - Commissioning Strategy Plan
CD - Circulatory disease
BME - Black and Minority Ethnic
UHL – University Lewisham Hospital
NICE- National Institute for Health and Clinical Excellence
SHA - Strategic Health Authorities
SLaM - South London and Maudsley NHS Foundation Trust
CJS - Criminal Justice System
MPS - Metropolitan Police Service
JAG - Joint Action Group
APEX –
IDVA - Independent Domestic Violence Advisor
MARAC -Multi-Agency Risk Assessment Conferences
SS - Sickle Cell Disease
GLA – Greater London Authority
NHS – National Health Service
LSL - Lambeth Southwark Lewisham
LAA – Local Area Agreement

Appendix D - Acknowledgements

Elizabeth Adongo	Director, Building Healthier Communities
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Evelyn Akoto	Committee Support Officer, LBL
Francine Allen	Royal College of Midwives
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Gary Connors	Community Safety Manager, LBL
Pauline Cross	Midwife Consultant, Lewisham PCT
Pauline Esson	Director of Midwifery, University Hospital Lewisham
Valarie Fairbrass	Patient Welfare Forum at University Hospital Lewisham
Carolina Perez Ferrer	Lewisham PCT
Councillor Peggy Fitzsimmons	Cabinet Member for Older People
Marion Gibbon	Assistant Director, Public Health, Lewisham PCT
Miec Goodyear	Public Health Intelligence Specialist, Geography and Health Research Group, University of London
Pat Gould	Royal College of Midwives
Dr Fiona Hamilton	SpR Public Health, LCPCT
Geoff Heyes	Committee Support Officer, LBL
Aliya Kumruddin	Building Healthier Communities
Linda Latch	Lewisham Victim Support
Katrina McCormick	Joint Interim Director of Public Health, Lewisham PCT
Emily McKie	Associate Director, Joint Mental Health Commissioning, Lewisham PCT
Superintendent Ian Mill	Crime Manager, Lewisham Police
Jane Miller	Joint Interim Director of Public Health, Lewisham PCT
Maya Onyett	Physical Activity Manager, LBL
Dr Donal O'Sullivan	Assistant Director for Public Health, LCPCT
Sean O'Sullivan	Royal College of Midwives
Lesley Parker	Age Concern
Collis Peart	South-East Sickle Cell and Thalassaemia Centre
Aliya Porter	Health Improvement Programme Manager, Lewisham PCT
Roger Raymond	Scrutiny Officer, LBL
Joan Redding	Service Development Librarian, Lewisham Library, LBL
Bridgit Sam-Bailey	Pensioners Forum
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Geeta Subramaniam	Head of Crime Reduction Service and Supporting People, LBL
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