

# Public Health Outcomes: Reduce Alcohol Harm

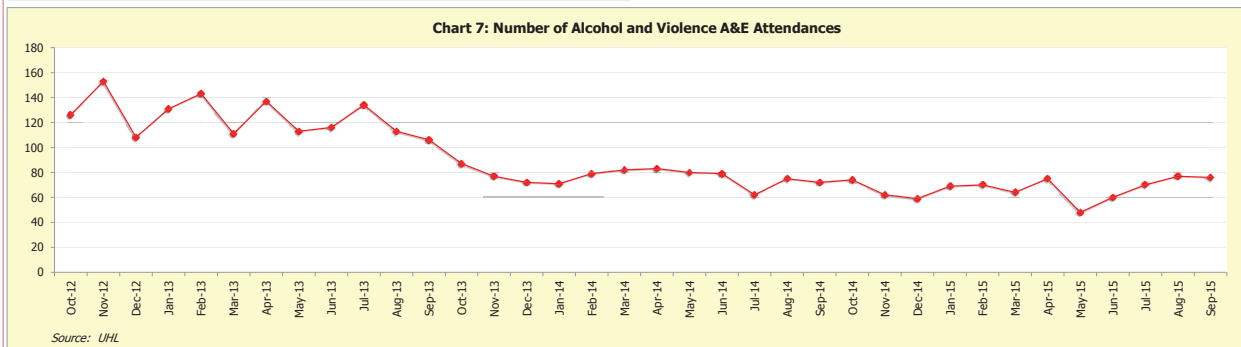
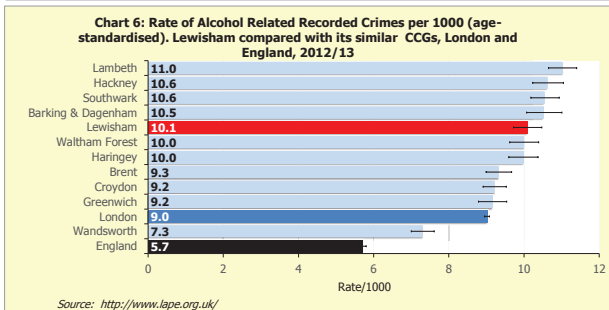
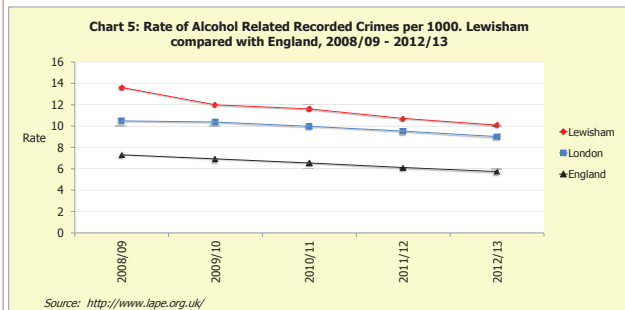
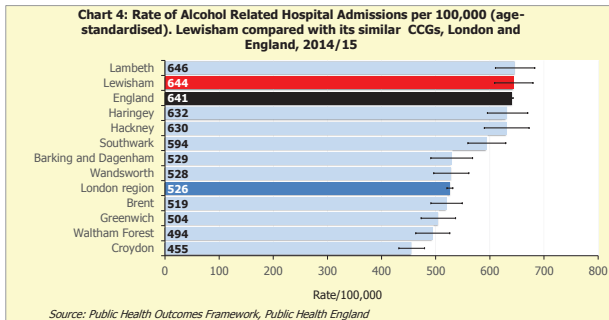
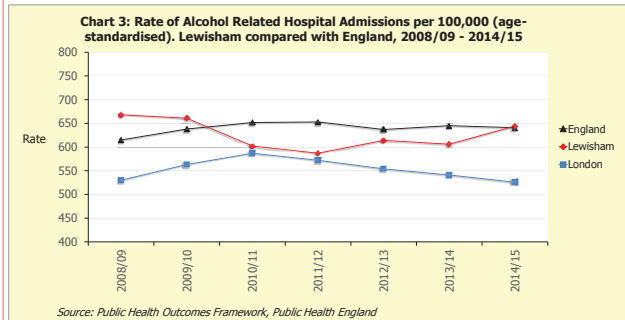
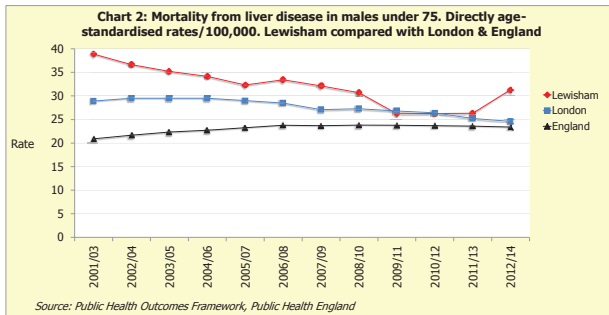
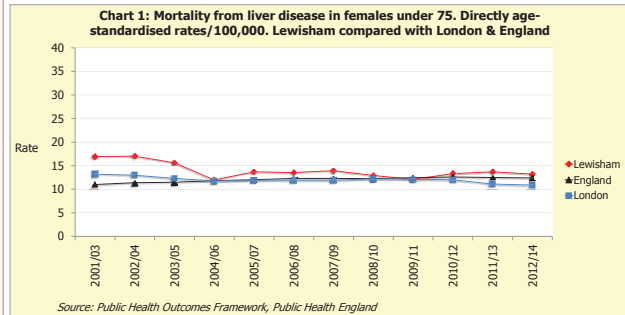
## Key Messages

- Under 75 mortality for liver disease is increasing in England. The increase in Lewisham males appears to be at a faster rate, however it is not statistically different from England.
- Alcohol related admissions in Lewisham have been steadily rising since 2011/12 and were higher than London and similar boroughs in 2014/15.
- The proportion of those having NHS Health checks who were screened for alcohol has increased from 74% in 2013/14 to 87% in 2015/16 and AUDIT C is now embedded in the programme.
- About 11% of those having a health check have excess alcohol intake (600 people in 2015/16).
- Alcohol related violent Accident & Emergency attendances at Lewisham Hospital appear to be decreasing.
- Front line workers continue to be trained in Brief Interventions, including relating to Alcohol.
- Performance by the specialist provider has improved in terms of numbers reached for alcohol interventions, however these are still far below the numbers of people estimated to be alcohol dependent in Lewisham (3,650). Current performance represents only about 5% in treatment.

## Health and Wellbeing Board Performance Metrics

Indicator	Latest period of availability	Lewisham	London	England	England benchmark	Direction from previous period
Alcohol related admissions (ASR per 100,000 population)	2014-15	644	526	641	similar	↑
Number of practitioners attending Brief Intervention Training	2015-16	110	-	-	-	-

## Trends/Benchmarks



## Activity Performance

Alcohol related admissions to hospital. Age-standardised rates per 100,000 population	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Lewisham	668	661	602	587	614	606	644
number				1351	1430	1434	1516
increase from previous year					79 (6%)	23 (2%)	82 (5%)
London	530	563	587	572	554	541	526
England	615	638	652	653	637	645	641

Identification and Brief Advice (IBA)	2013/14	2014/15	2015/16
Number of front line workers trained in IBA	195	245	110

NHS Health Checks	2013/14	2014/15	2015/16
Number of patients who have received NHS Health Checks who have been screened for alcohol (AUDIT C)	(71%) 5216	(86%) 5236	(89%) 4793
Number of patients identified with excess alcohol intake	(12.5%) 655	(11.5%) 696	(10.1%) 545

**Adults: Diagnostic Outcomes Monitoring Executive Summary (DOMES)**

1. Successful completions as a proportion of all in treatment

Baseline period: April 2014 - Mar 2015		Previous Period:		Latest Period: April 2015 to Mar 2016		National average
(%)	(n)	(%)	(n)	(%)	(n)	
43.6%	125/287	31.3%	100/319	32.7%	111/339	39.2%

2. Proportion who successfully completed treatment in the first 6 months of the latest 12 month period and re-presented within 6 months

Baseline period: Completions: April 2014 - Sep 2014 Re-presentations: up to March 2015		Previous Period: Jan 2015 to Jun 2015 Re-presentations: up to Dec 2015		Latest Period: Apr 2015 to Sep 2015 Re-presentations: up to Mar 2016		National average
(%)	(n)	(%)	(n)	(%)	(n)	
11.8%	9/76	15.5%	9/58	11.4%	5/44	9.3%

3. Abstinence and reliably improved rates at 6 months review in the last 12 months

Abstinence rates				Expected range for Lewisham clients	Reliably improved
Previous period: Oct 2015 to Dec 2015		Latest period: Jan 2016 to Mar 2016			
(%)	(n)	(%)	(n)	(%)	(%)
19.1%	26/136	17.1%	27/158	14.6% - 27.2%	18.4%

4. Percentage of clients waiting over three weeks to start first intervention

Previous Period: Oct 2015 to Dec 2015		Latest period: Jan 2016 to Mar 2016		National average	Number over 6 weeks
(%)	(n)	(%)	(n)	%	(n)
1.0%	1/96	1.6%	1/62	4.2%	0

5. Proportion of new representations who had an early unplanned exit (before 12 weeks)

Previous Period: Oct 2014 to Sept 2015		Latest period: Jan 2015 to Dec 2015		National average
(%)	(n)	(%)	(n)	%
21.3%	44/207	20.8%	46/221	14.5%

6. Proportion in treatment who live with children under the age of 18

Previous period: Jan 2015 to Dec 2015		Latest period: Apr 2015 to Mar 2016		National average
(%)	(n)	(%)	(n)	%
21.3%	61/286	18.9%	64/339	24.7%

7. Proportion of new presentations to treatment who live with children under the age of 18

Previous period: Jan 2015 to Dec 2015		Latest period: Apr 2015 to Mar 2016		National average
(%)	(n)	(%)	(n)	%
23.4%	51/218	20.5%	52/254	23.9%

**Young people: YP Specialist Substance Misuse Interventions**

Number in specialist services	2014-15	2015-16	National
No. of young people under 18 in specialist services in the community	85	99	14133
No. of young adults, 18-24, in 'young people only' specialist services in the community	79	104	2934
No. of young people under 18 in specialist services within the secure estate	10	10	1314

Referral sources	2015-16		
	Local	Local%	England
Youth justice (incl the Secure Estate)	41/102	40%	27%
Education Services	14/102	14%	26%
Self, family and friends	25/102	25%	12%
Children and family services	13/102	13%	19%
Other substance misuse services	1/102	1%	3%
Health and mental health services (excl A&E)	5/102	5%	7%
A&E	1/102	1%	1%
Other	2/102	2%	4%

**Achievements**

- There has been a continued focus on enforcement regarding the availability and supply of alcohol and a new statement of Licensing Policy has been released.
- Increase in numbers screened for alcohol - All pregnant women are now screened for alcohol.
- The proportion of those having NHS Health checks screened for alcohol has increased and is now embedded in programme.
- Increase in number of front line workers trained to identify alcohol and deliver brief interventions.
- Specialist alcohol services have become increasingly effective at reaching dependent drinkers in A & E and as hospital inpatients.

# Public Health Outcomes: Cancer

## Key Messages

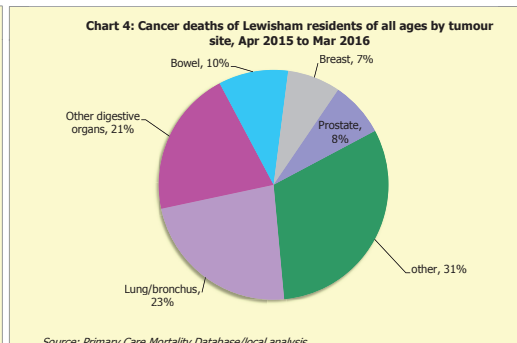
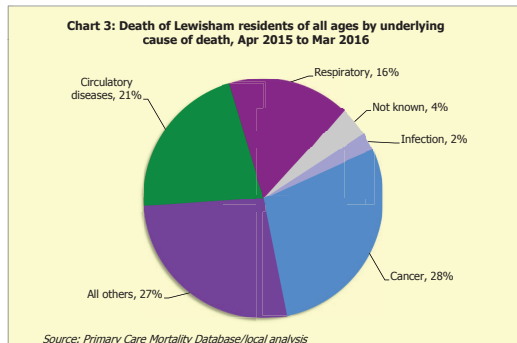
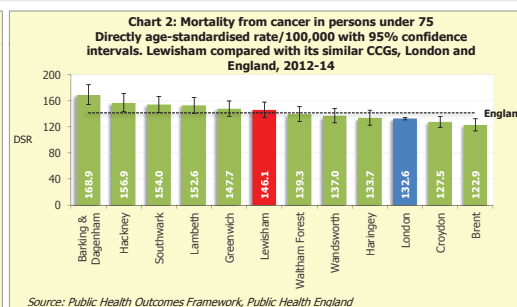
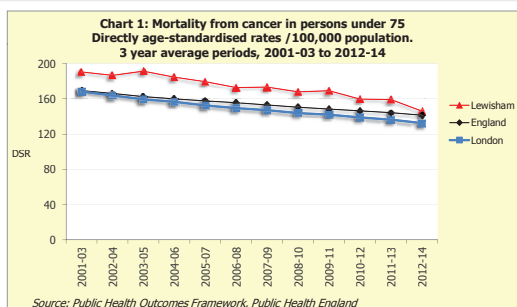
- Over the past ten years premature mortality (under 75) from cancer has decreased in England, London and Lewisham. However premature mortality from cancer in Lewisham remains significantly higher than London (Charts 1 and 2). The latest data indicates that the gap between Lewisham and the other areas is closing.
- In 2015/16, cancer was the main cause of death in Lewisham (Chart 3), accounting for 28% of all deaths.
- Breast and Lung cancer survival has seen a slight upwards trend, however the picture is more mixed for Colorectal cancer.
- The proportion of cancer diagnosed at an early stage (1-2) in Lewisham is not significantly different from neighbouring boroughs or England (Chart 8).
- The rate of two week wait referrals per 100,000 population (Chart 9) has increased since the previous period and is above all comparator boroughs.
- Breast screening coverage in Lewisham does not meet the national target of 70% and has remained at approximately 65% for the past 7 years (Charts 10 and 11)
- Cervical screening coverage has fallen compared to the previous year. The Lewisham level is significantly above London but significantly below England (Charts 12 and 13)
- Uptake of bowel cancer screening in Lewisham is below the national target of 60% (Chart 14) and significantly below the national average.

## Health and Wellbeing Board Performance Metrics: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years

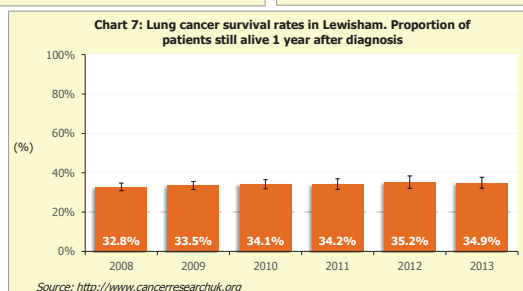
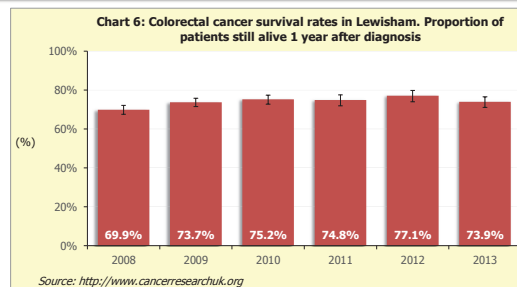
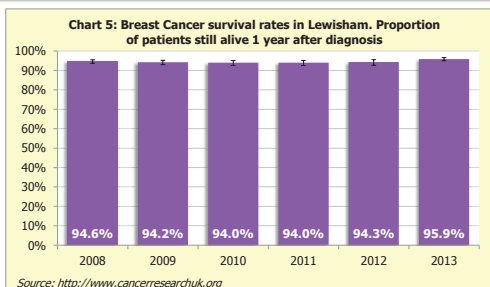
Indicator	Latest period of availability	Previous period (Lewisham)	Latest period (Lewisham)	London	England	England benchmark	Direction of Travel
Breast cancer screening coverage (%)	2015	65.0%	65.7%	68.3%	75.4%	Significantly lower	↑
Cervical cancer screening coverage (%)	2015	73.7%	71.7%	68.4%	73.5%	Significantly lower	↓
Bowel cancer screening coverage (%)*	2015	-	43.3%	47.8%	57.1%	Significantly lower	-
Early diagnosis of cancer (%)	2014	45.6%	47.3%	48.2%	50.7%	Similar	↑
Under 75 mortality from all cancers (DSR)	2012-14	159.2	146.1	132.6	141.5	Similar	↓

\* The latest figure for bowel cancer screening cannot be compared to previous years as it is based on local authority of residence as opposed to PCOs on a registered population basis

## Mortality: Trends/Benchmarks

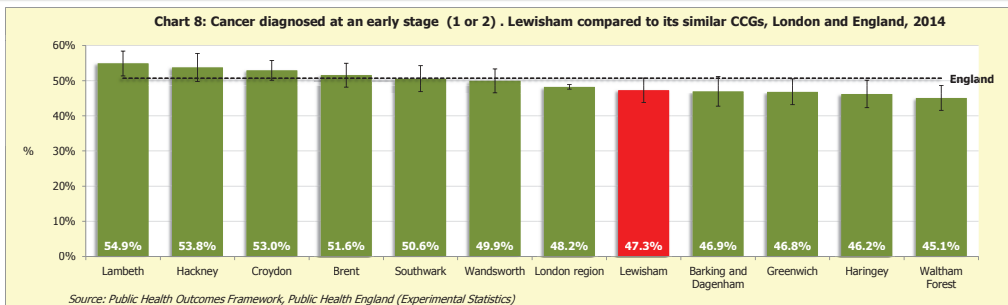


## Survival: Trends/Benchmarks

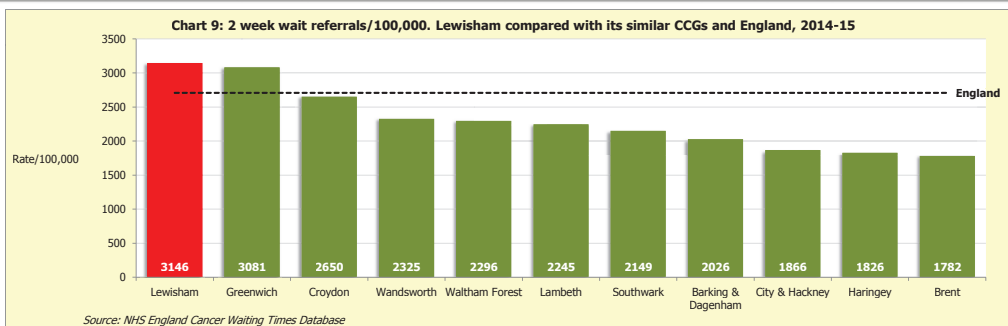


# Public Health Outcomes: Cancer

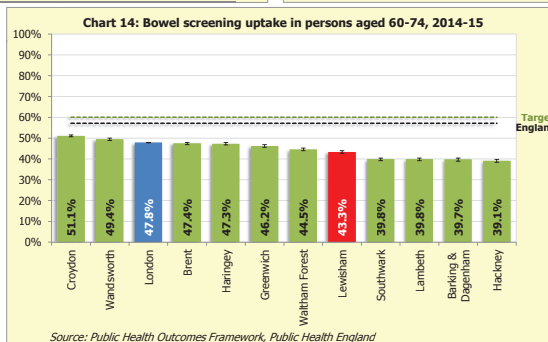
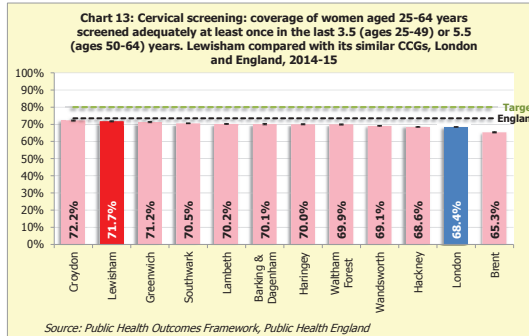
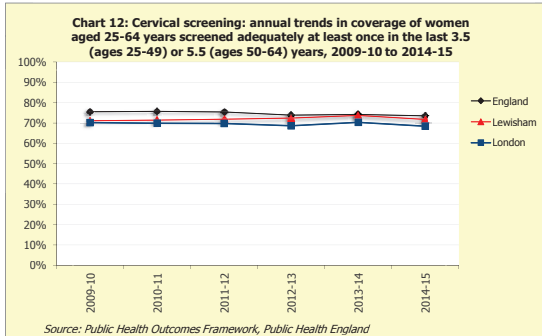
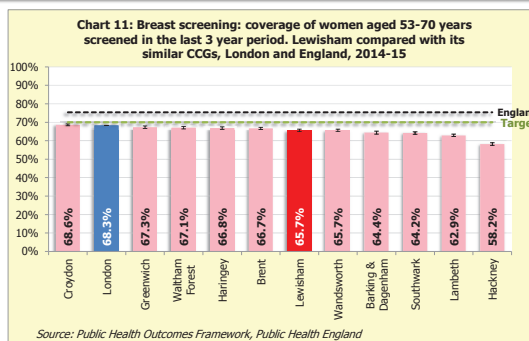
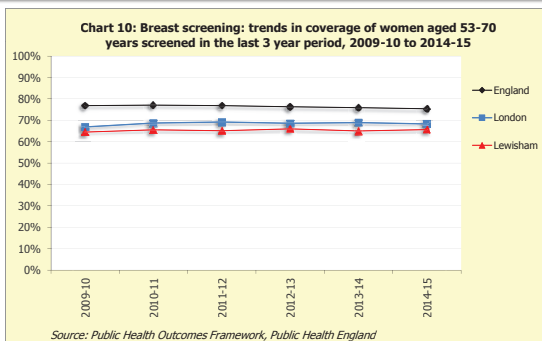
## Early Diagnosis: Trends/Benchmarks



## 2 Week Waits: Trends/Benchmarks



## Screening: Trends/Benchmarks



## Achievements

- A Health and Wellbeing Strategy Priority has been to increase the number of people who survive colorectal, breast and lung cancer. As part of implementing this, a number of actions have been undertaken including the following:
- Review of Cancer: CCG and Public Health have completed a review of cancer in February 2014. Reducing variation in early detection has been incorporated into the work of the CCG Primary Care Development Strategy Board.
- Cancer awareness raising: Public Health incorporated cancer awareness raising as part the services delivered by the Community Health Improvement Service in Lewisham & Greenwich Trust
- Be Clear on Cancer Campaigns: Public Health England's National Be Clear on Cancer Campaigns that have focussed on Bowel Cancer, Bladder and Kidney Cancer, Lung Cancer, Ovarian Cancer and Breast cancer in older persons have been promoted to Primary care and communities
- Lewisham now has a specific Macmillian Cancer GP who is working closely with the Community Outreach Service
- A Bowel Cancer Screening Post which has been vacant, is being proposed to be adapted to also work across breast, lung and prostate cancer screening.

1. Key Messages - Communicable Diseases

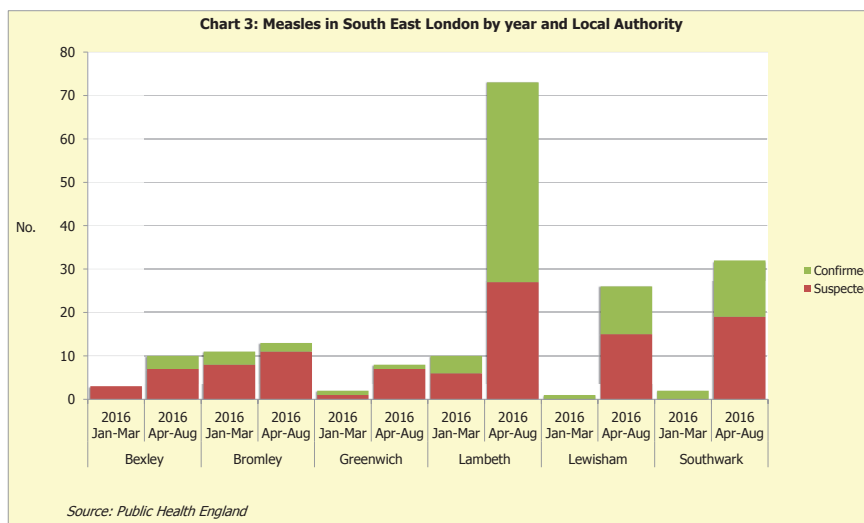
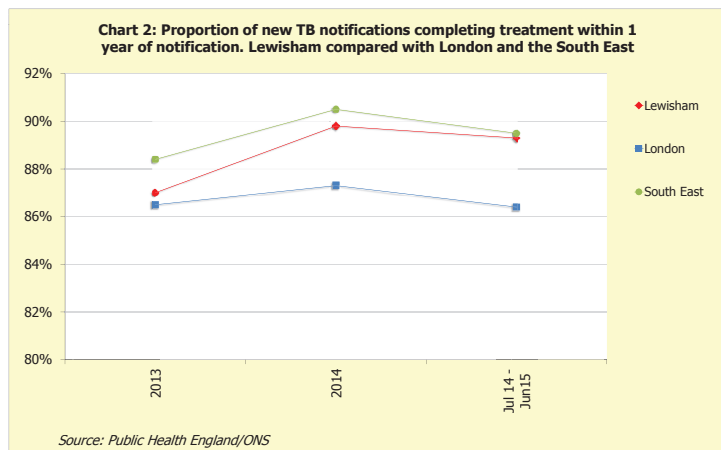
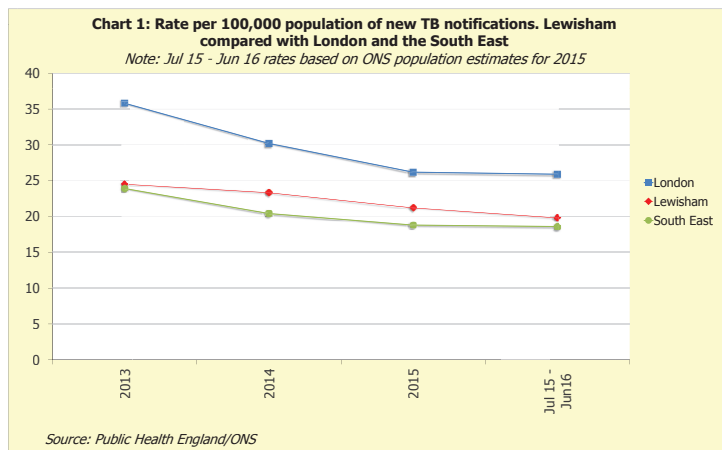
**Tuberculosis (TB)**

- London has a higher TB rate compared to the rest of the UK. Lewisham has a lower rate compared to the London average at 19.8 cases per 100,000 population (Jul 15 - Jun 16 rates based on ONS population estimates for 2015)
- TB incidence has been declining in Lewisham since 2011. This is in line with a downward trend in London and the rest of the country. There has been a slight year on year rise in the proportion of TB cases completing treatment since 2010.
- Lewisham Public Health works closely with PHE and the CCG to monitor incidence locally, and to provide oversight of TB incidents with public health implications.
- In line with key recommendations from the National TB Strategy, there are plans locally to implement a latent TB infection screening in primary care settings across Lewisham in 2016/17. Commissioners and Public Health are working together on this, drawing on funds provided by NHS England.

**Vaccine Preventable Diseases**

- There was an outbreak of measles in London and the South of England. London recorded 60 cases between February and April 2016. There would normally be 10 cases in such a time period. 4 out of 5 cases are in people aged 15 and over. People affected are those who are unimmunised or partially immunised (not had two doses of the MMR vaccine).
- Lewisham has had 5 confirmed cases of measles since February 2016, higher than would normally be expected but lower than the borough of Lambeth which has been badly affected.
- Lewisham Public Health has communicated key messages to Health Visitors and School Nurses. This included the importance of checking the immunisation status of children when opportunities arise, and of referring those who are either unimmunised or have incomplete records to see their GP. Public awareness was also raised through the Council's website and publicity channels during the World Immunisation Week in April.
- Latest figures show that the numbers of mumps and whooping cough cases in Lewisham are as low as, or lower than neighbouring boroughs in South East London. However, the data presented is for numbers rather than rates (Population data table below).

Trends/Benchmarks - Communicable Diseases



Population Data - Communicable Diseases

Measure	Goal	Most recent data	SE London	Period
Incidence Rate TB/100,000	<30	19.8	18.6	Jul 15 - Jun 16
% TB Cases Rx complete	85.0%	89.3%	89.5%	Jul 14 - Jun 15
Avg No cases/mth of measles	0.0	0.6	6	2015
Avg No cases/mth of mumps	0.0	1.7	12	2015
No cases of pertussis	0.0	1.4	15.4	2015

Key Messages - Healthcare Acquired Infection

**Antimicrobial Stewardship**

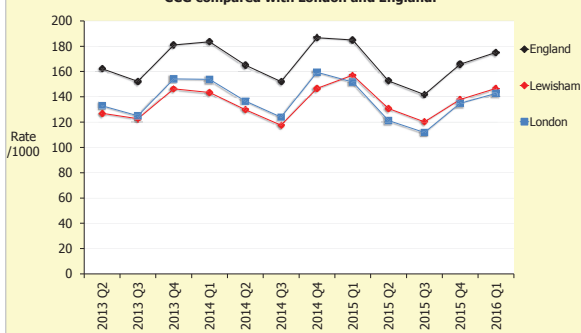
- Primary care antibiotic prescribing guidelines have been reviewed by a multidisciplinary team across a number of CCGs and Trust, including Lewisham and Greenwich Trust, and Lewisham CCG.
- Lewisham CCG's Prescribing Incentive Quality Scheme indicators will again reflect NHS England's Quality Premium initiatives.
- Antibiotic prescribing is broken down by GP practice in the graphs below. Despite progress made in 2012/13, the volume of broad spectrum antibiotics prescribed remains greater than average compared to other CCGs, with wide variance across Lewisham practices.

**MRSA and Clostridium difficile**

- Despite a zero tolerance policy for cases of MRSA bacteraemia in place for all healthcare organisations, Lewisham recorded five cases in the year 2015/16. 41 cases of C. diff were recorded in that year which exceeds the target of 33 cases set by the Department of Health for Lewisham.
- Lewisham Public Health works closely with stakeholders (including the local acute trust, the CCG, and Gp practices) to prevent Healthcare Acquired Infections.
- Public Health and the CCG are currently reviewing their infection control arrangements. The aim is to improve infection control practices within primary care, and to establish an improved delivery function for Post-Infection Reviews and Root Cause Analyses within the CCG.
- Lewisham Public Health will continue to have oversight of the work, which will enable the DPH to retain assurance responsibilities for Post Infection Reviews and Root Cause Analysis.

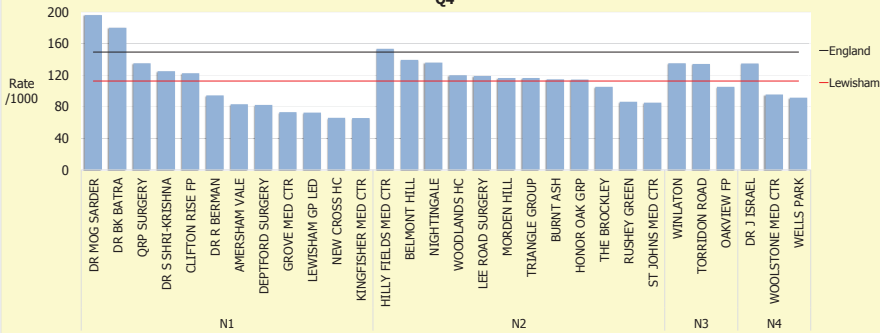
Antimicrobial Stewardship - Healthcare Acquired Infection

Chart 4: Antibiotics: total number prescribed/1000 persons. Lewisham CCG compared with London and England.



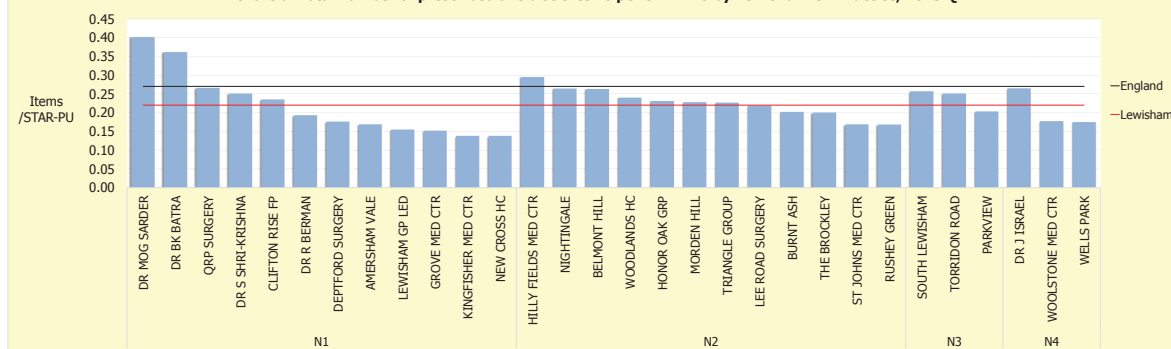
Source: Public Health England (<http://fingertips.phe.org.uk/profile/amr-local-indicators/>)

Chart 5: Total number of prescribed antibiotic items per 1000 registered patients in Lewisham, 2015 Q4



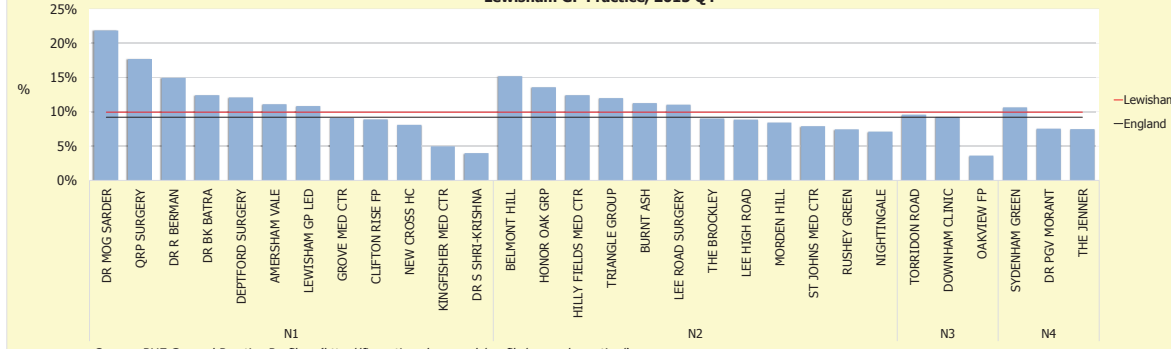
Source: PHE General Practice Profiles (<http://fingertips.phe.org.uk/profile/general-practice/>)

Chart 6: Total number of prescribed antibiotic items per STAR-PU by Lewisham GP Practice, 2015 Q4



Source: PHE General Practice Profiles (<http://fingertips.phe.org.uk/profile/general-practice/>)

Chart 7: Percentage of broad spectrum prescribed antibiotic items (cephalosporin, quinolone and co-amoxiclav class) by Lewisham GP Practice, 2015 Q4



Source: PHE General Practice Profiles (<http://fingertips.phe.org.uk/profile/general-practice/>)

Trends/Benchmarks - Healthcare Acquired Infection

**Number of Clostridium Difficile & MRSA healthcare acquired infections for Lewisham CCG**

Period 2007/08 to 2015/16  
Source HCAI Data Capture System/PHE

Healthcare Acquired Infection	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Clostridium Difficile	Observed	16	59	77	62	34	52	41
	Target							33
MRSA	Observed	<5	10	7	6	<5	6	5
	Target							0

Achievements

- Latent TB infection screening pilot has now gone live in Lewisham
- C. Diff infections are on the decline

## Public Health Outcomes: Increase Uptake of Immunisation

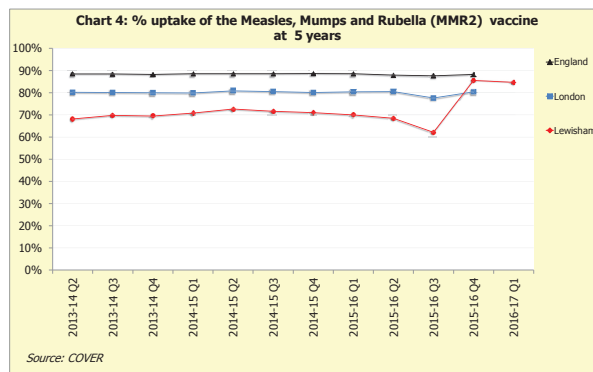
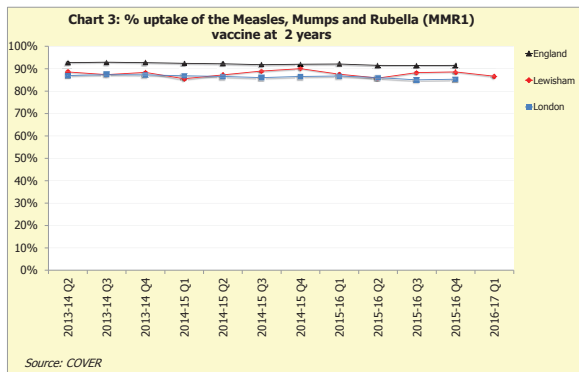
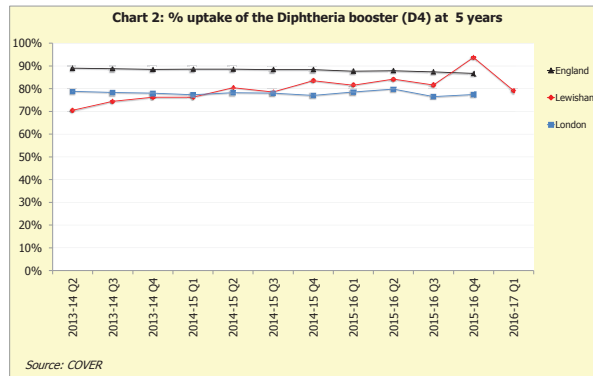
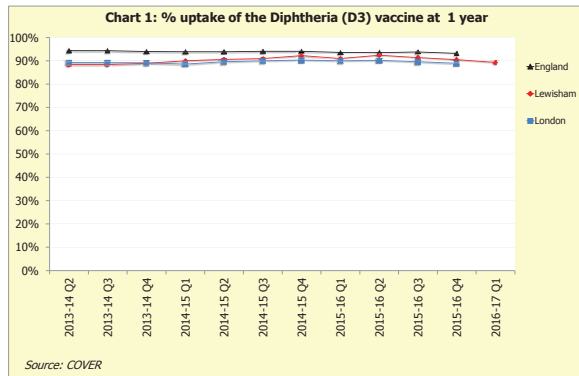
### Key Messages

- Increasing the uptake of immunisation is one of the priorities of the Be Healthy element of the Children and Young People's Plan and has been identified as one of its priorities by the Lewisham Health and Wellbeing Board.
- Uptake of all four key childhood immunisations has improved. This is most marked for the substantial increase in Measles, Mumps and Rubella 2 at five years in the last quarter of 2015/16. This relates to extensive work undertaken by the Lewisham Immunisation Coordinator who identified a problem with vaccination data recording by GP practices. Over a period of several months many Lewisham GP practices were using the wrong READ codes to record MMR2 vaccination after migrating to Emis web. The Immunisation Coordinator has now corrected this problem. In addition, a GP registrar has been carrying out work with individual GP practices to ensure that children are invited for MMR1 and 2 vaccinations at the appropriate age.
- The latest data for HPV vaccine uptake shows a decline on the previous year. Public Health and school nursing are developing an action plan for the 2016/17 academic year to address the fall in HPV vaccine coverage and the challenge of protecting teenagers against a range of meningococcal diseases. This decline in uptake appears to relate to increasing numbers of parents withholding consent for their daughters to be vaccinated, as well as changes to the dosage schedule and delivery in schools.
- Uptake of flu vaccine in 2014/2015 was considerably better than in previous years. At the end January our uptake showed improvements for all the main groups targeted. This means that we were the most improved borough in London and safely put us in the top ten performers in the Capital. Lewisham's performance improved most in relation to the uptake of flu vaccine in pregnant women in Lewisham: we ranked fourth in London and achieved an increase of 11% over last year's

### Health and Wellbeing Board Priority: Improving Immunisation Uptake

Indicator	Latest period of availability	Previous period of availability	Latest available period	London	England	England Benchmark	Direction of Travel
Uptake of the Measles, Mumps and Rubella Vaccine at five years of age (%)	2015-16	71.5	71.5	79.5	88.0	significantly lower	➡
HPV Vaccine Uptake (%)	2014-15	82.9	73.4	79.2	-	-	⬇
Uptake of Flu vaccine in persons 65+	2014-15	70.2	71.4	69.2	72.7	similar	⬆

### Trends/Benchmarks



Source: COVER Data (please see Notes)

### Percentage Uptake of Key Vaccines in Childhood

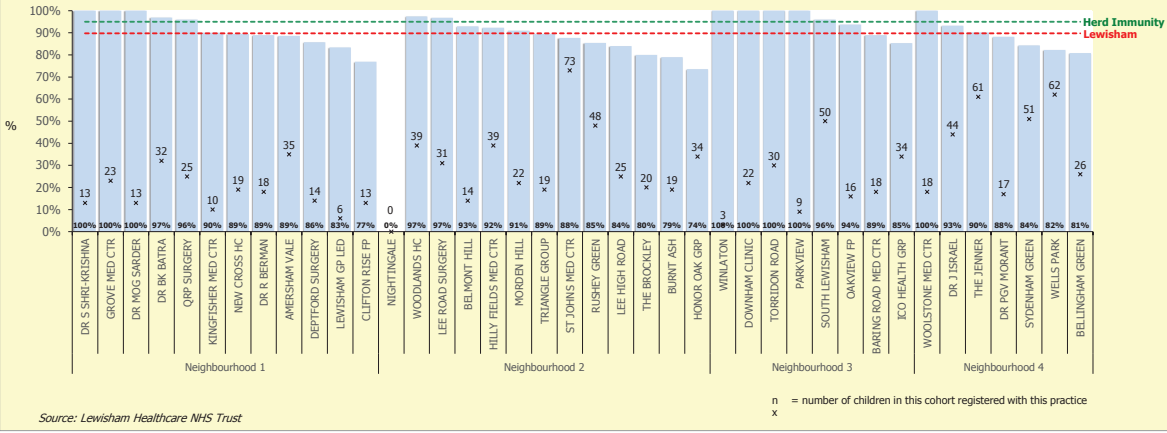
Vaccine	Target	2015-16 Q2	2015-16 Q3	2015-16 Q4	2016-17 Q1	London (2015-16 Q4)	England (2015-16 Q4)
D3 at 1 year	91.9%	92.4%	91.4%	90.5%	89.3%	88.9%	93.2%
MMR1 at 2 years	90.8%	85.6%	88.2%	88.5%	86.6%	85.3%	91.5%
Hib/Meningitis C booster at 2 years	90.3%	85.4%	87.2%	86.9%	83.1%	85.1%	91.5%
Pneumococcal booster at 2 years	90.8%	85.5%	86.9%	87.8%	85.9%	84.8%	91.3%
D4 at 5 years	91.1%	84.2%	81.6%	93.7%	79.1%	77.4%	86.7%
MMR2 at 5 years	91.1%	68.4%	62.1%	85.5%	84.7%	80.4%	88.2%

#### Notes

- London and England data are for the quarter for which this most recent data is available.
- Uptake of the third dose of Diphtheria vaccine (D3) is an indicator of completion of the primary course of immunisation of children under 12 months that aims to protect children against diphtheria, tetanus, whooping cough, polio, Haemophilus influenzae b and Group C Meningococcus.
- MMR aims to protect children against measles, mumps and rubella. Two doses are required: MMR 1 at 12 months and MMR 2 at any time after three months have elapsed since MMR1, but before five years of age.
- Hib/ MenC and PCV boosters (bstr) are given at 12 months and aim to protect children against Haemophilus influenzae B, Group C Meningococcus and Pneumococcus. These are relatively new to the programme – hence the apparent rapid increase in uptake of these vaccines.
- D4 is the fourth dose of diphtheria vaccine. This is a key component of the preschool booster, which should be given at any time from the age of three years and four months but before the child starts school. The preschool booster completes the protection of children against diphtheria, tetanus, whooping cough and polio.

Supporting Information

Chart 5: % uptake of MMR1 by Neighbourhood for babies born in 2013-14 Q4 (vaccination given Feb 2016). Comparison by GP Practice



Source: Lewisham Healthcare NHS Trust

% uptake of MMR1 by Neighbourhood for babies born in 2013-14 Q4 (vaccination given Feb 2016). Comparison by GP Practice

Neighbourhood 1	Neighbourhood 2	Neighbourhood 3	Neighbourhood 4	Lewisham
92.3%	87.7%	94.5%	87.5%	89.8%

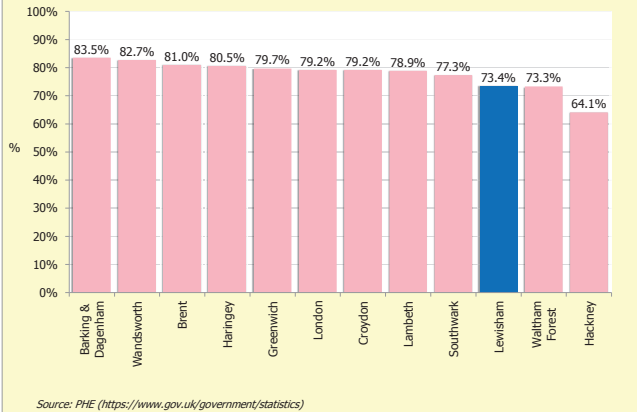
\* This illustrates the relative performance of practices in ensuring children receive their first dose of MMR. It is based on the most recent and complete data

Chart 6: Pre-School Booster uptake % by Lewisham GP Practice for children aged 5. Comparison by Lewisham GP Practice, 2015/16 Q4



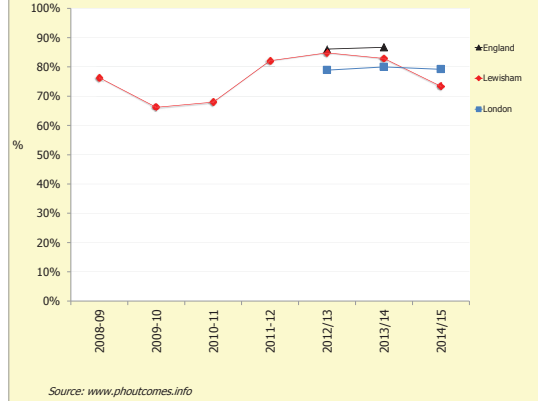
Source: WILMA

Chart 7: Percentage of females aged 12-13 who have received all doses of the HPV vaccine. Lewisham compared with statistical comparators, 2014/15



Source: PHE (<https://www.gov.uk/government/statistics>)

Chart 8: Percentage of females aged 12-13 who have received all doses of the HPV vaccine. Lewisham compared with London and England

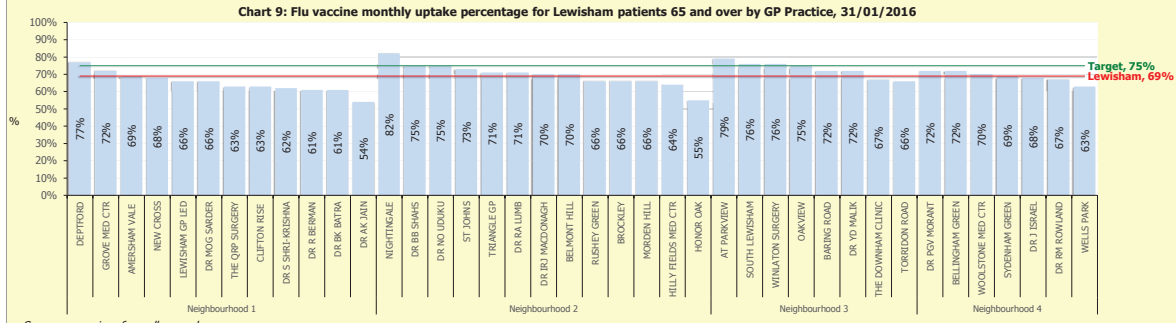


Source: [www.phoutcomes.info](http://www.phoutcomes.info)



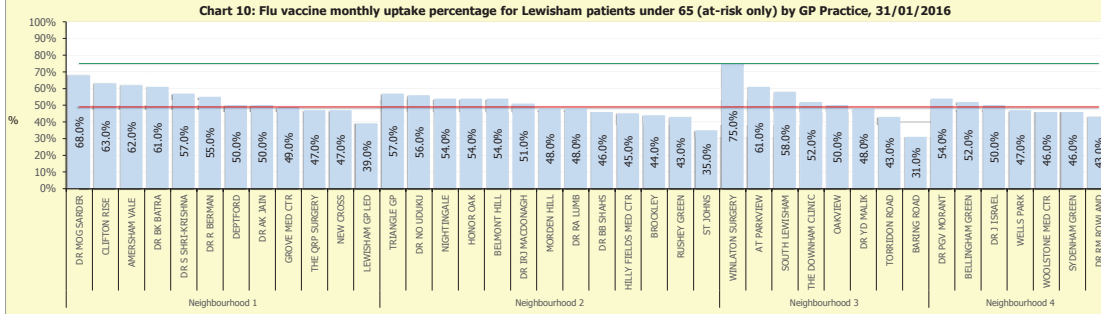
Influenza Vaccination

Chart 9: Flu vaccine monthly uptake percentage for Lewisham patients 65 and over by GP Practice, 31/01/2016



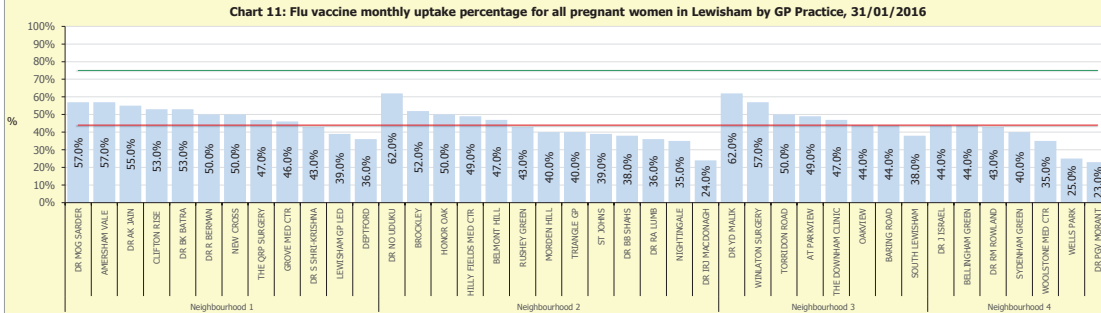
Source: www.immform.dh.gov.uk

Chart 10: Flu vaccine monthly uptake percentage for Lewisham patients under 65 (at-risk only) by GP Practice, 31/01/2016



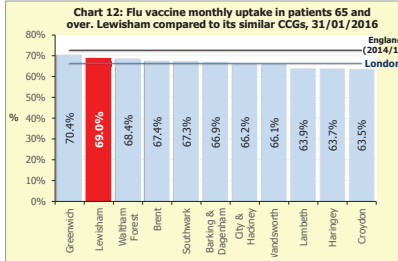
Source: www.immform.dh.gov.uk

Chart 11: Flu vaccine monthly uptake percentage for all pregnant women in Lewisham by GP Practice, 31/01/2016



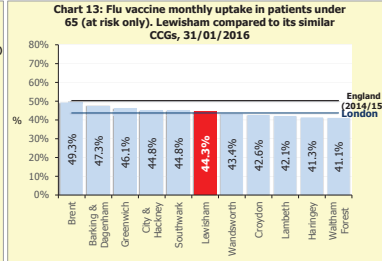
Source: www.immform.dh.gov.uk

Chart 12: Flu vaccine monthly uptake in patients 65 and over, Lewisham compared to its similar CCGs, 31/01/2016



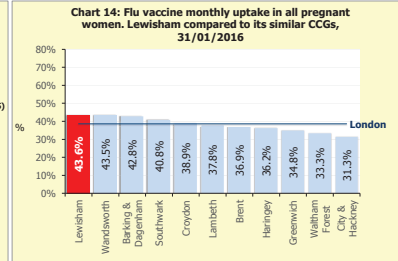
Source: www.immform.dh.gov.uk

Chart 13: Flu vaccine monthly uptake in patients under 65 (at risk only), Lewisham compared to its similar CCGs, 31/01/2016



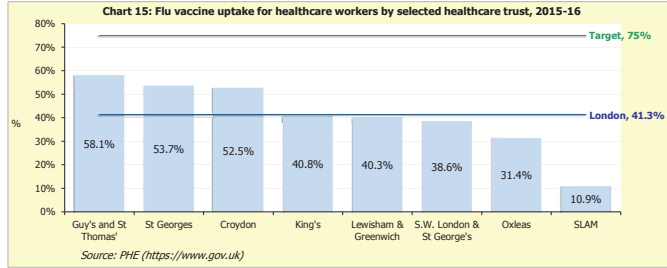
Source: www.immform.dh.gov.uk

Chart 14: Flu vaccine monthly uptake in all pregnant women, Lewisham compared to its similar CCGs, 31/01/2016



Source: www.immform.dh.gov.uk

Chart 15: Flu vaccine uptake for healthcare workers by selected healthcare trust, 2015-16



Source: PHE (https://www.gov.uk)

Achievements

- Significant improvement in recording of Measles, Mumps and Rubella 2 at age five, resulting in dramatically improved performance in Quarter 4 of 2015/16.
- Flu vaccination has also been an area of notable improvement.

Key Messages

Pregnancy

- Early access to maternity care is a national key performance indicator with a national target of 90% (women booked for maternity care by 13 weeks of pregnancy). Lewisham borough rate is 92.7% but UHL is 86.1%. This latter figure is an improvement, likely to be due to the audit carried out which pinpointed system and process improvements.
- Maternal obesity increases the risk of poor pregnancy outcomes and is a risk factor for childhood obesity. The Lewisham proportion for excess weight has increased, however is still below levels seen between 2010 and 2012. This has also been the subject of a CQUIN in 2015-16.

Birth

- The rate of low birthweight in Lewisham has declined significantly over the past eight years and has now stabilised to be comparable to London as a whole. Despite this the Lewisham rate of low birthweight is still significantly greater than the country as a whole. Maternal smoking is the single biggest contributor to low birthweight. Also, a significant proportion of low birthweight babies are pre-term. Premature births remain higher in Lewisham than in both England and London. Extreme prematurity is the single most important cause of mortality in childhood in Lewisham.

Antenatal and Newborn Screening

- Assurance systems for the antenatal and newborn screening programme were reviewed in 2015 following discussions with NHSE and PHE. UHL is meeting most screening KPIs with the exception of newborn bloodspot avoidable repeats, referral of Hepatitis B positive women to specialist services and timely testing of partners when women are found to be of sickle cell disease carrier status. However, a verbal report from the Antenatal and Newborn screening co-ordinator suggest a significant improvement in the Hepatitis B KPI indicating that in Q4 2015/16, 100% of women referred were seen by a GastroEnterologist within 6 weeks of results being available. This data is still to be confirmed by PHE.

Mortality

- In the past, perinatal mortality and in particular stillbirth rates, have been significantly higher in Lewisham than in England and London as a whole. Most recent data suggests that local infant and child mortality rates are now similar to the England average. Continued scrutiny of these important indicators of maternal and child health is necessary.

Promoting a Healthy Weight

- Breastfeeding initiation continues to remain consistently above 85% for the most recent data available but had risen to 79.7% at 6-8 weeks in Quarter 3 of 2015/16. These rates continue to outperform both London and England.
- Actions to increase breastfeeding rates include working towards UNICEF Baby Friendly accreditation in the borough. The community and hospital achieved stage two accreditation in 2014 and are jointly working towards achieving stage 3 by Autumn 2016. Children's centres are supporting the assessment by working closely with health visitors and maternity services in supporting mothers to breastfeed.
- Childhood obesity: Rates remain significantly higher than the England rate and for 2014/15 Lewisham falls within the top quintile (highest) of Local Authority obesity prevalence rates for Reception and Year 6. As in previous years the proportion of obese children in Year 6 was more than double that of Reception year children, similar to the national results. Actions to address this problem include building the local capabilities of the workforce through training on a variety of topics to promote healthy weight, provision of targeted and specialist weight management services accessible in community venues and the development of a 'Health in Lewisham' webpage on the council website to provide information and advice to support families achieve a healthy lifestyle.

Injury

Locally, the rate of admission of children to hospital due to injury of any kind has increased over recent years and rose again in 2014/15. This rise is counter to the nation decline in such admissions. The numbers of deaths and serious injuries of Lewisham children on the roads, on the other hand, has declined in recent years and is now directly comparable to rates in London and in England as a whole. The rise in admissions, therefore requires further investigation.

Health and Wellbeing Board Performance Metrics

Indicator	Latest period of Availability	Previous Period of Availability	Lewisham	London	England	England Benchmark	Direction of Travel
Low Birth Weight of all babies (%)	2014	7.8%	7.8%	7.7%	7.4%	similar	↔
Excess Weight in Reception (%)	2014-15	24.6%	23.7%	22.2%	21.9%	sig high	↓
Excess Weight in Year 6 (%)	2014-15	39.3%	38.9%	37.2%	33.2%	sig high	↓
Maternal Excess Weight (%)	2015-16	42.0%	45.8%	-	-	-	↑
Breastfeeding Prevalance 6-8 weeks (%)	2015-16	73.9%	76.3%	-	43.8%	sig high	↑
Smoking Status at Time of Delivery (%)	2015-16	4.9%	4.6%	4.8%	11.4%	sig lower	↓

Trends/Benchmarks

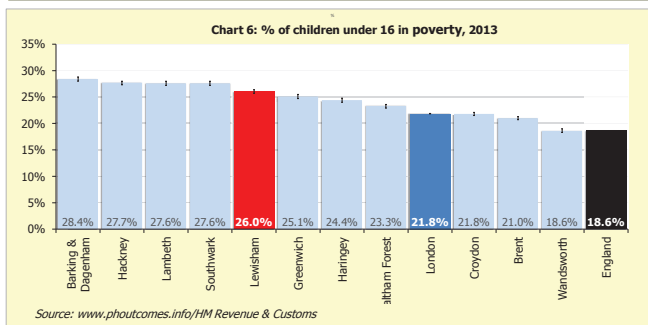
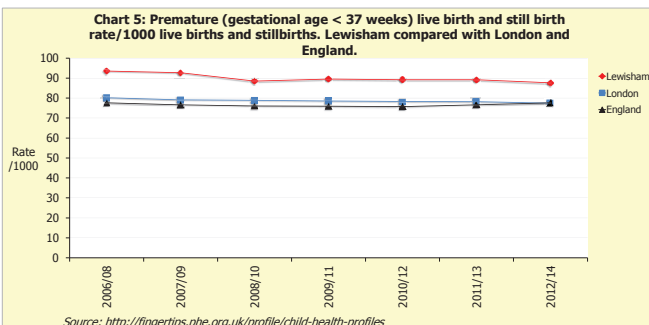
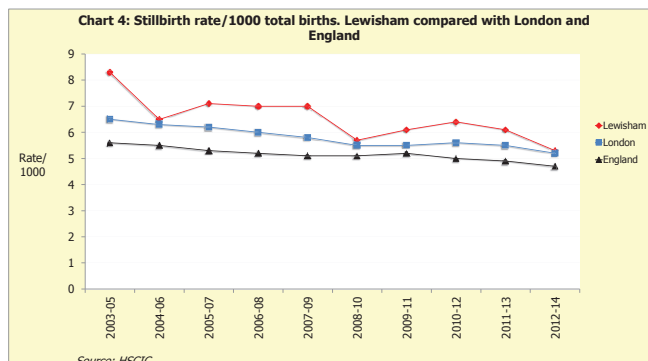
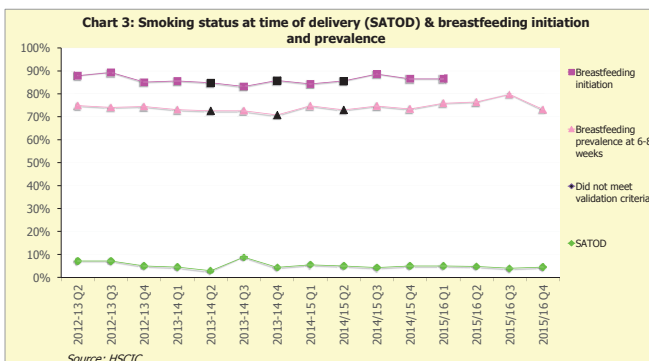
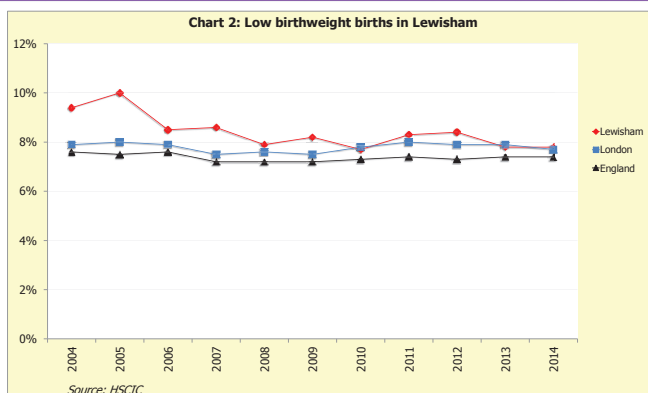
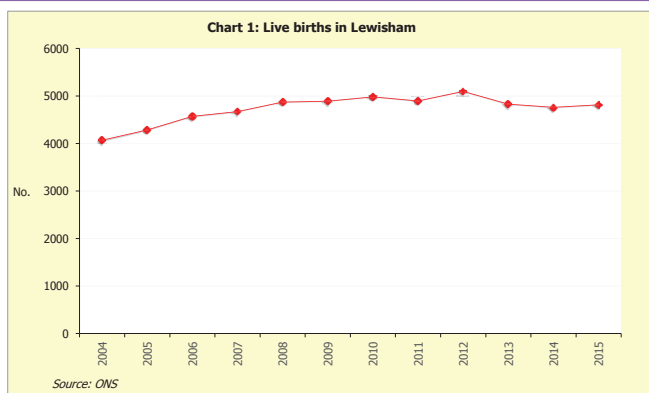
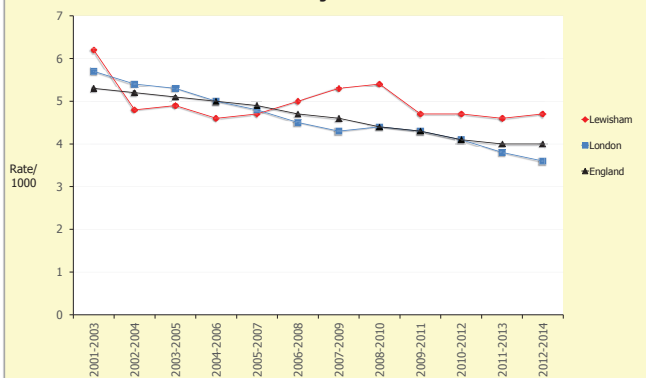
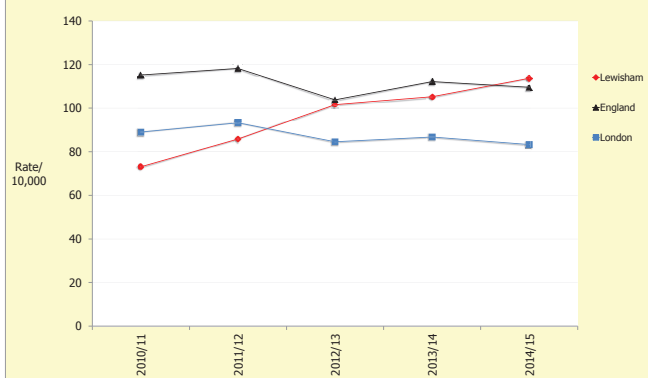


Chart 7: Infant mortality rate /1000. Lewisham compared with London and England



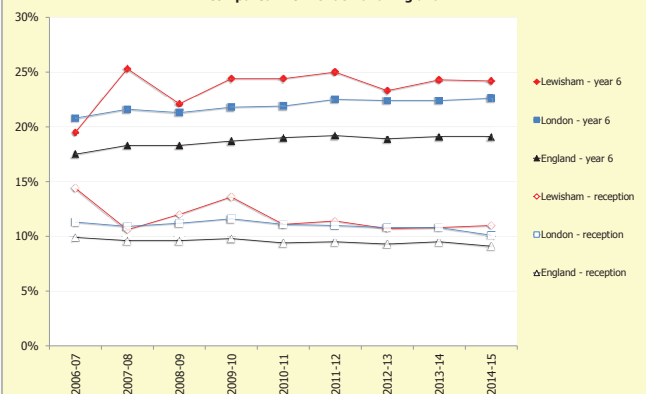
Source: [www.phoutcomes.info](http://www.phoutcomes.info) / <https://indicators.ic.nhs.uk/webview/>, Indicator type: PHOF

Chart 8: Hospital admissions caused by unintentional and deliberate injuries in children (ICD 10: S00-T79 and/or V01-Y36) aged 0-14 years. Rate/10,000



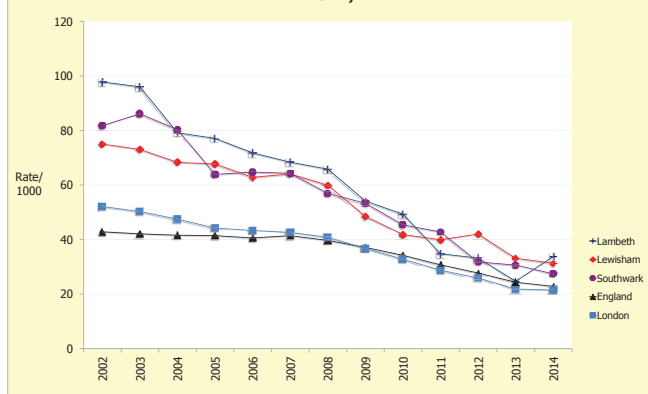
Source: [www.phoutcomes.info](http://www.phoutcomes.info), Indicator type: PHOF

Chart 9: % of children in reception and year 6 who are obese. Lewisham compared with London and England



Source: <http://www.hscic.gov.uk/nmp>

Chart 10: Under 18 conception rate: annual trends (rate/1000 females aged 15-17)



Source: <http://www.ons.gov.uk>

Population Data

Measure	Goal	Lewisham	London	England	Period	Comment
Number of Births (all births)		4843	130,261	667,351	2015	
Premature (gestational age < 37 weeks) live birth rate/1000 live births and stillbirths		87.7	77.5	77.60	2012-14	
Bookings>12+6	90%	92.7%	96.2%	102.1%	2014/15 Q3	
Stillbirth Rate/1000	5.5	5.3	5.2	4.7	2012-14	
Neonatal Mortality Rate/1000	3.0	3.1	2.5	2.8	2012-14	
Infant Mortality Rate/1000	4.5	4.7	3.6	4.0	2012-14	
Low birth-weight births	7.2%	7.8%	7.7%	7.4%	2014	
Maternal Smoking Status At Time Of Delivery	5.4%	4.5%	4.9%	10.6%	2015/16	
Breastfeeding Initiation	89.3%	86.5%	85.5%	73.8%	2015/16 Q1	
Breastfeeding Prevalence at 6-8 weeks	77%	73.2%	* 47.6%	43.7%	2015/16 Q4	* indicates data did not meet validation criteria
NBBS Coverage by 17/7 (NB1)	95%	97.8%	97.4%	96.2%	2015/16 Q4	
NBBS-coverage (NB4) - data to follow					2015/16 Q3	
Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years. Rate/10,000		113.7	83.3	109.6	2014/15	
Uptake of healthy start vitamin D - Children registered	5%	1172			2015/16 Q4	Uptake is 20% for the whole year
Uptake of healthy start vitamin D - Mothers registered	2%	1080			2015/16 Q4	Uptake is 8% for the whole year
Childhood obesity - Reception	12.2%	11.0%	10.1%	9.1%	2014/15	N=398
Childhood obesity - Year 6	24.0%	24.2%	22.6%	19.1%	2014/15	N=691
Childhood admissions from dental decay						
Hospital admissions for asthma (under 19 years). Rate/100,000		263.4		216.1	2014/15	
Childhood poverty <16 years		26.0%	21.8%	18.6%	2013	
Child mortality 1-17 years DSR/100,000		10.6	12.0	12.0	2012/14	

\* Data did not meet validation criteria

## Lewisham Healthcare (Trust) Data

Measure	Goal	Most recent data	Period	Red flag? (Y/N)	Previous Data	Period	Comment
<b>Activity</b>							
Number of births per month (maternities)	350	339	Mar/2016	Y	347	Mar/2015	
% Bookings > 12+6	90%	86.1%	Mar/2016	Y	83.4%	Mar/2015	
Preterm births	< 37 weeks	12%	2013/14				
	< 32 weeks	3%	2013/14				
Total C/S rate (planned and unscheduled)	<24%	27.7%	Mar/2016	N	28.2%	Mar/2015	
Stillbirths >= 24 weeks (number)	0	1	Mar/2016	N	1	Mar/2015	
<b>Public Health Indicators</b>							
Smoking status at time of delivery	5%	3.8%	Mar/2016	N	4.3%	Mar/2015	
Breastfeeding initiation	95%	86.4%	Mar/2016	N	86.5%	Mar/2015	
Overweight mothers		27.5%	2015-16		24.9%	2014-15	
Obese mothers		16.1%	2015-16		15.1%	2014-15	
Morbidly obese mothers		2.2%	2015-16		2.0%	2014-15	
<b>Screening</b>							
Antenatal HIV testing coverage (ID1)	90%	99.9%	2015/16 Q4	N	99.8%	2015/16 Q3	
Antenatal Hep B Referral in 6/52	70%	85.7%	2015/16 Q3	N			
Down's Syndrome Form Complete (FA1)	97%	99.3%	2015/16 Q4	N	99.3%	2015/16 Q3	
Antenatal (AN) Sickle cell and Thalassaemia (SCT) coverage (ST1)	95%	99.9%	2015/16 Q4	N	100.0%	2015/16 Q3	
Avoidable Repeat NB Blood Spot (NB2)	2%	2.7%	2015/16 Q4	Y	1.4%	2015/16 Q3	

## Achievements

- Breastfeeding rates remain significantly higher than England.
- Smoking status at time of delivery has fallen again and continues to be lower than London and significantly below England.
- A research study, supported by Public Health and South London CLAHRC is due to start this year at Lewisham University Hospital to look at the impact of providing a continuity of carer model of care on pre-term birth rates in women with risk factors. Pauline Cross, Public Health Consultant Midwife is on the steering group for this research and has also run a series of service-user events for parents of pre-term babies to ensure the whole pathway for this group is improved.
- Pauline Cross and Gwenda Scott, Public Health Strategist wrote an obesity CQUIN for LGT in 2015/16 in collaboration with CCG colleagues, which has resulted in the introduction of a new pathway for pregnant women with excess weight. They have also supported LGT in designing an evaluation process to measure the outcomes of this pathway and service-user satisfaction.

# Public Health Outcomes: Mental Health

## Adult Mental Health

### Key Messages

- There are higher rates of mental illness in Lewisham compared to London and England as a whole, although they are similar to those of our neighbouring boroughs. As a result there are high levels of service usage and spending on mental health in the borough.
- The adult community mental health teams were reorganised into a new structure which aims to support recovery, prevent relapse and crisis and enable service users where appropriate to step down from specialist mental health care to primary care.

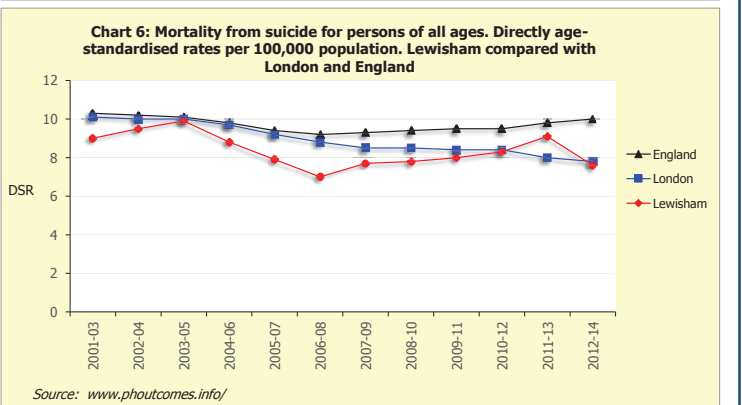
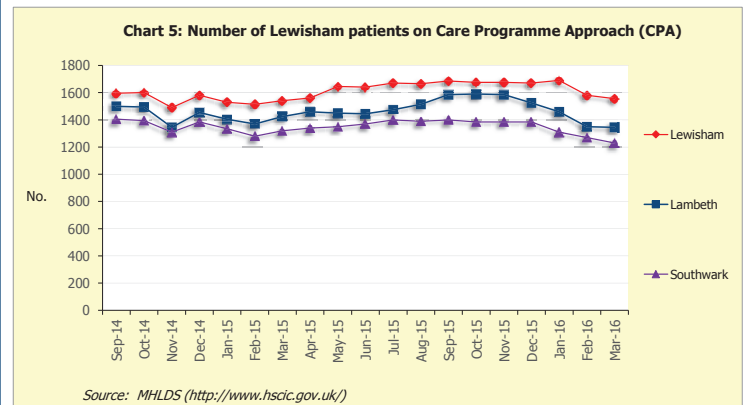
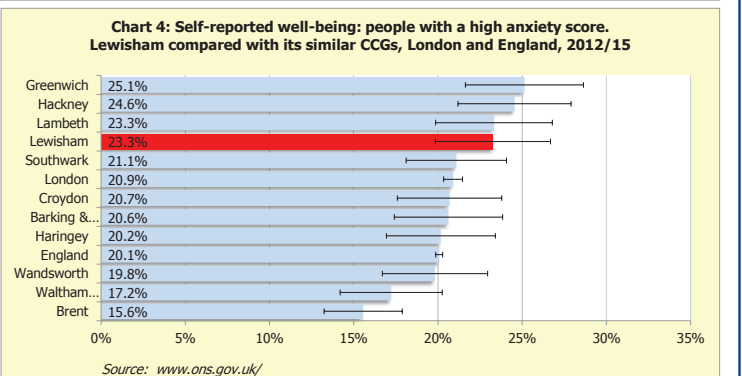
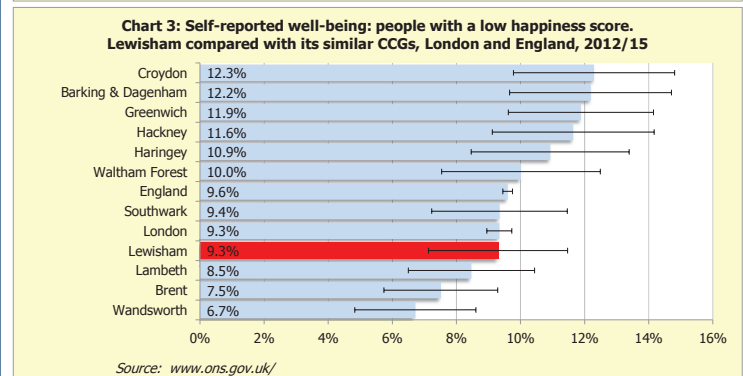
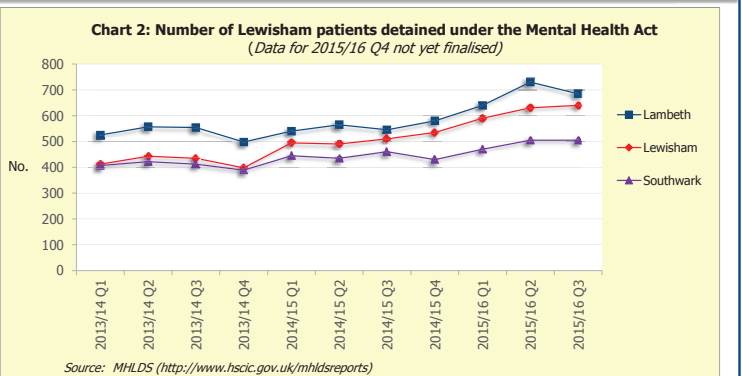
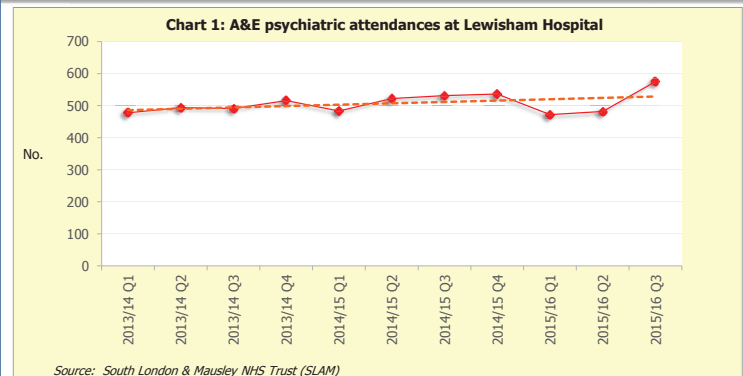
## Health and Wellbeing Board Performance Metrics - Improving Mental Health and Wellbeing

Indicator	Latest period of availability	Lewisham	London	England	England Benchmark	Direction of Travel
Prevalence of serious mental illness (%)	2014-15	1.28	1.07	0.88	<b>sig high</b>	↑
Prevalence of Depression (%)	2014-15	6.40	5.33	7.30	<b>sig lower</b>	↑
Improving Access to Physiological Therapies referrals entering treatment (%)	2014-15	6.9	-	-	-	-
Proportion of those accessing IAPT who moved to recovery (%)	2014-15	35.0	-	-	-	-

### Activity Performance

The number of A&E Psychiatric attendances has increased in Quarter 3 of 2015/16. (Chart 1) We are awaiting data for Quarter 4. There is also a general upwards trend for the number of patients detained under the Mental Health Act, which is broadly witnessed in Lambeth and Southwark (Chart 2). The 3 year average (2012-14) directly age-standardised rate for suicide per 100,000 population was 7.6, compared to 7.8 in London and 10.0 in England. (Chart 6) New three year rolling averages have been released by ONS on Wellbeing, Lewisham residents are more likely to have a high anxiety score than both London and England. (Chart 4) Lewisham has consistently had a higher rate of people on a Care Programme Approach (CPA), compared to Lambeth and Southwark. (Chart 5)

### Trends/Benchmarks



### Commentary

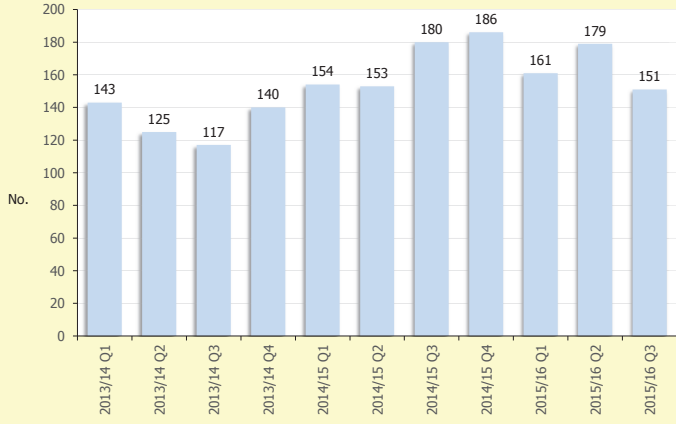
Suicide rates have seen the first rolling three year average decrease since 2006-08. The actual numbers of deaths remain small but the Lewisham figure is not significantly lower than England.

Key Messages

- The focus for adult mental health services in Lewisham is improving the care for people with dementia. In particular, increasing diagnosis at the earliest stage as possible.

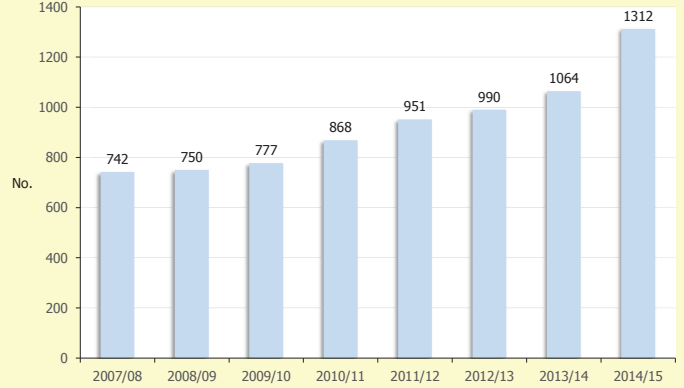
Trends/Benchmarks

Chart 7: Referrals to Lewisham Memory Service



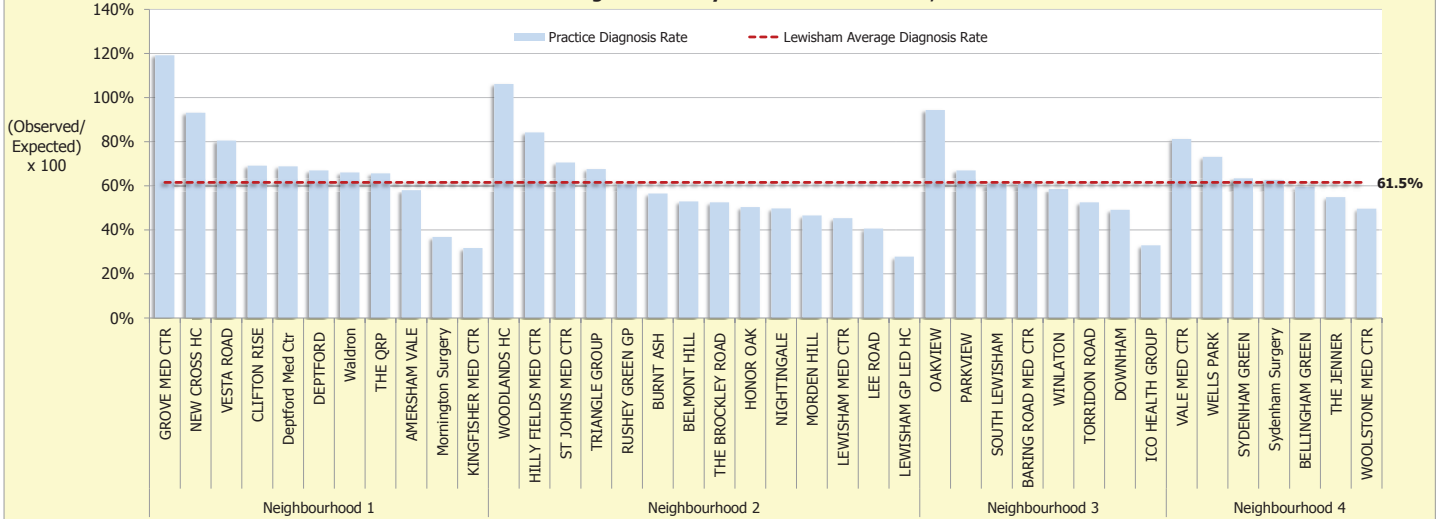
Source: Lewisham SLAM

Chart 8: Number of Patients on Lewisham GP practice Dementia Register by year



Source: QOF/HSCIC

Chart 9: Dementia Diagnosis rate by Lewisham GP Practice, March 2015



Source: National Dementia Prevalence Calculator

\*\*Prevalence based on Dementia UK figures for 2007

Commentary

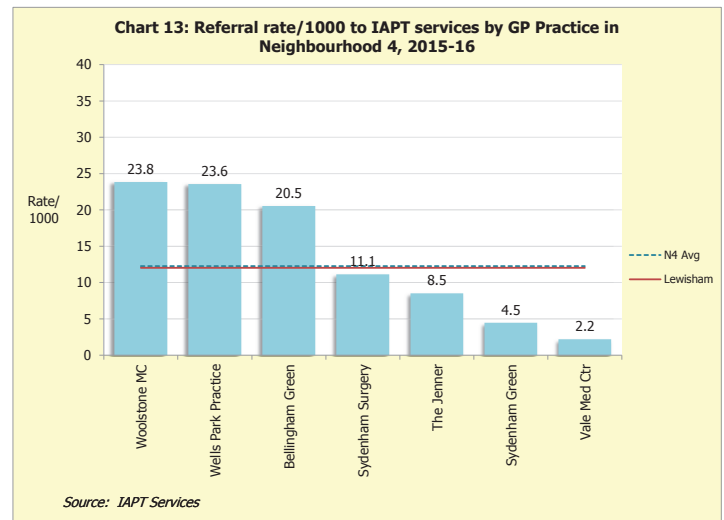
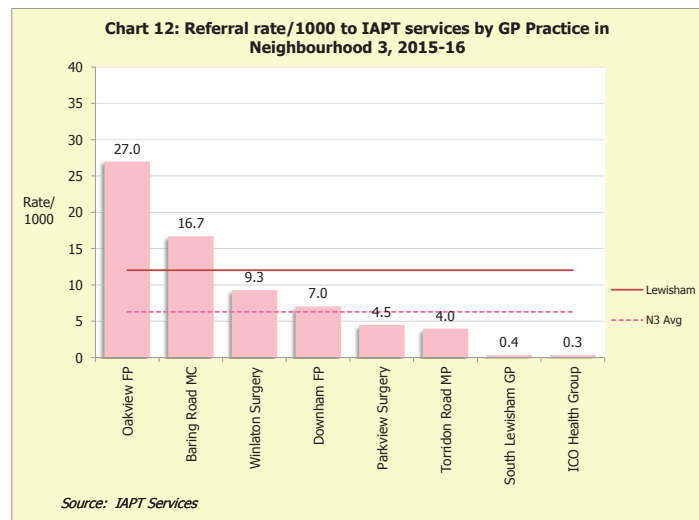
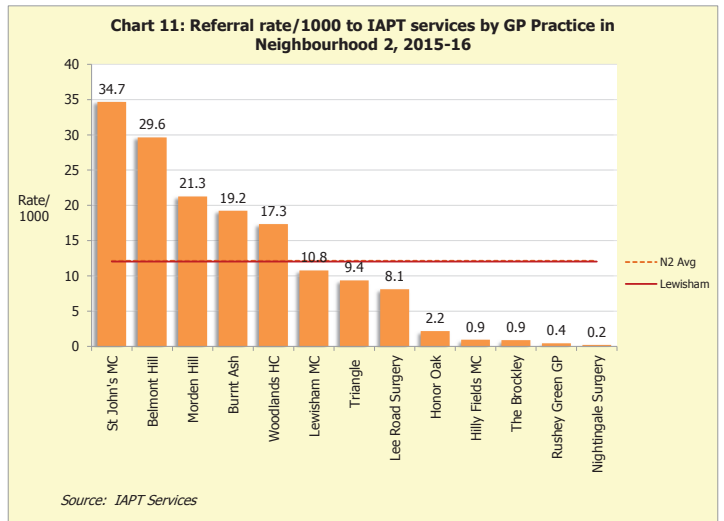
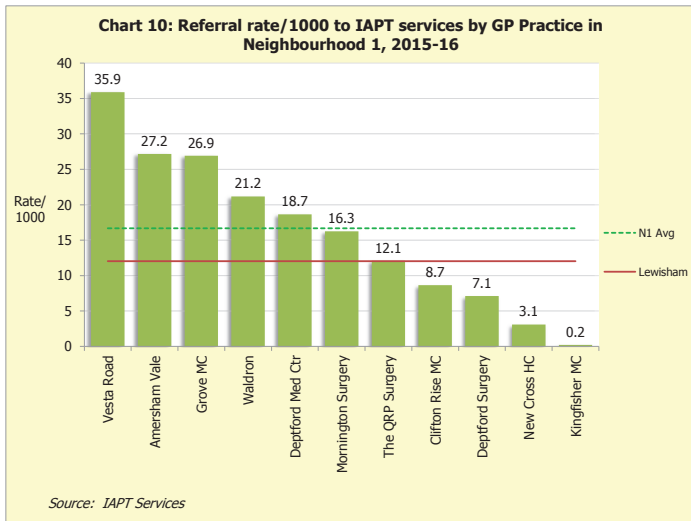
The Lewisham Memory Service was established in April 2011 as a single point of access service. The referrals to the service have continued to fluctuate but remain above the levels seen in the initial quarters. Encouragingly the size of GP Dementia Registers have increased year on year. However, the graph shows that the gap between the diagnosed and expected rates of diagnosis vary greatly between GP practices suggesting that GPs performance in diagnosing and consequently caring for their dementia patients is also variable.

3. Improving Access To Psychological Therapies (IAPT)

Key Messages

- Between April 2015 and March 2016 8,377 referrals were made to the Lewisham IAPT service. Neighbourhood 2 continues to receive the highest number of referrals (37%).
- 6,039 patients entered treatment, which equates to meeting 16% of need for people with depression and anxiety in Lewisham and exceeds the local target set for the service, of 5,664.
- 47% of referrals were made by GPs (previously 56%); 48% were self referrals.
- 66% of people referred to the service were women; 34%, men.
- BME Groups were under-represented in referrals.
- 26% of referrals reported having a long term health condition and 19% of referrals to the service reported having a disability.
- The average wait time in actual days from referral to first attended appointment was 29 days.
- The service Did Not Attend (DNA) rate, for all appointments, is 9%; whilst the DNA rate for assessment appointments was just under 19%.

Trends/Benchmarks



# Public Health Outcomes: Mental Health

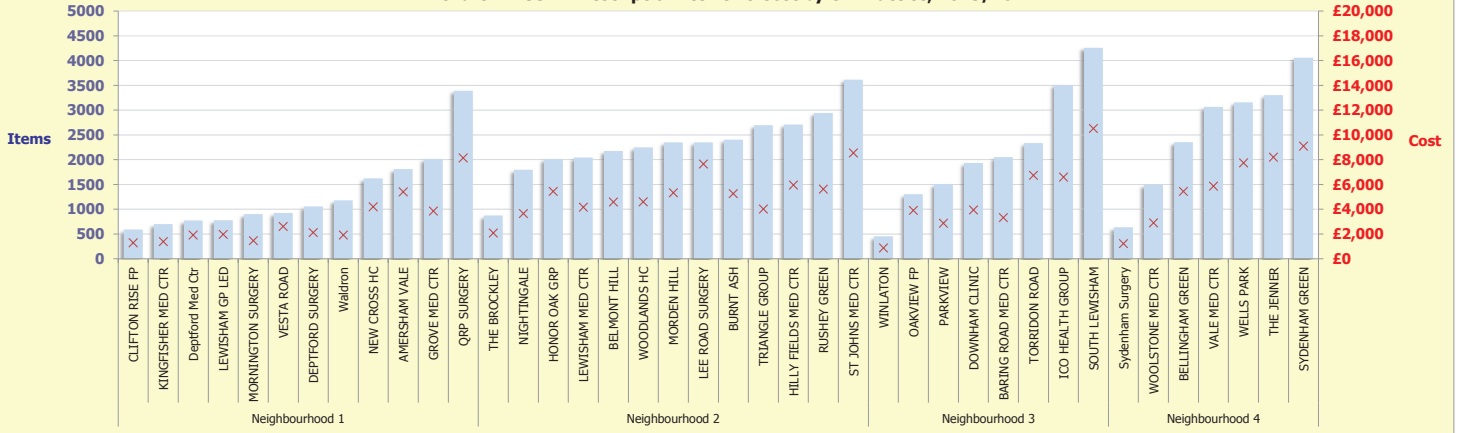
## Primary Care/Secondary Care Interface

### Key Messages

The primary/secondary care interface is of increasing importance as specialist mental health services work to step down service users who no longer require specialist care. Following the implementation of the new adult mental health model, community teams have moved from a three team structure to a four team structure to mirror the primary care neighbourhoods in the borough. There is also additional support for GPs to manage their mental health caseload.

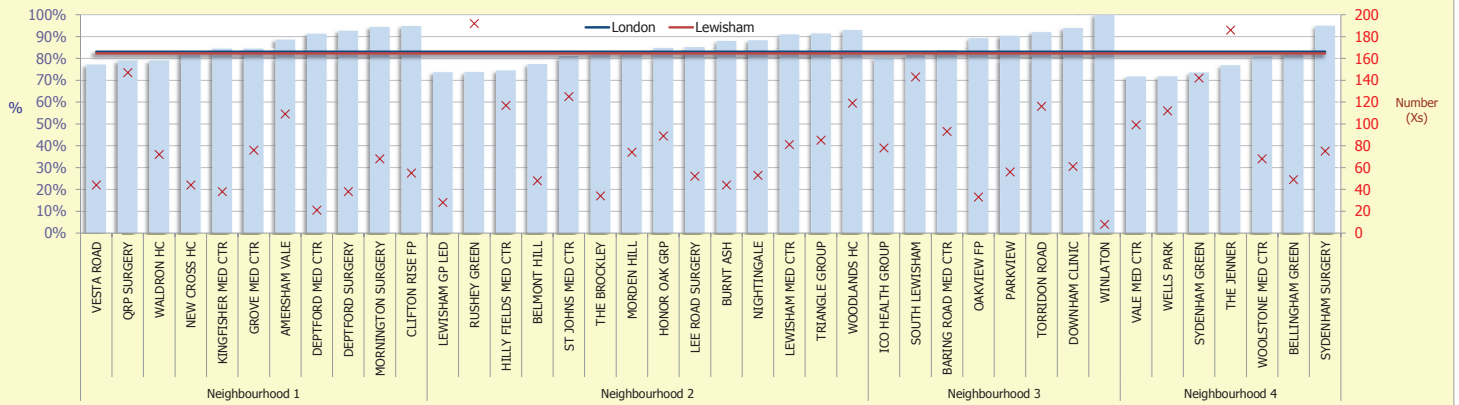
### Trends/Benchmarks

**Chart 14: SSRI Prescription Items vs Cost by GP Practice, 2015/16**



Source: Lewisham Pharmacy Team, EPACT

**Chart 15: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months (MH003), 2014/15**  
2015/16 data should be available in October



Source: QOF, HSCIC

### Commentary

- There remains wide variation in the number of SSRI items prescribed by GP practice.
- The BMI measure is no longer available and has been substituted with a blood pressure check. Again there is variation in and between Neighbourhoods. This remains a potentially important indicator of how well practices are managing the physical health of their mental health patients.
- There is a great variation in the rate of admissions by GP practice for mental health reasons. Some of this will be related to the number of patients on their registers with a mental health diagnosis and the severity of the condition. The concentration of admissions in some practices and neighbourhoods suggest there could be value in practice based initiatives to prevent admissions.



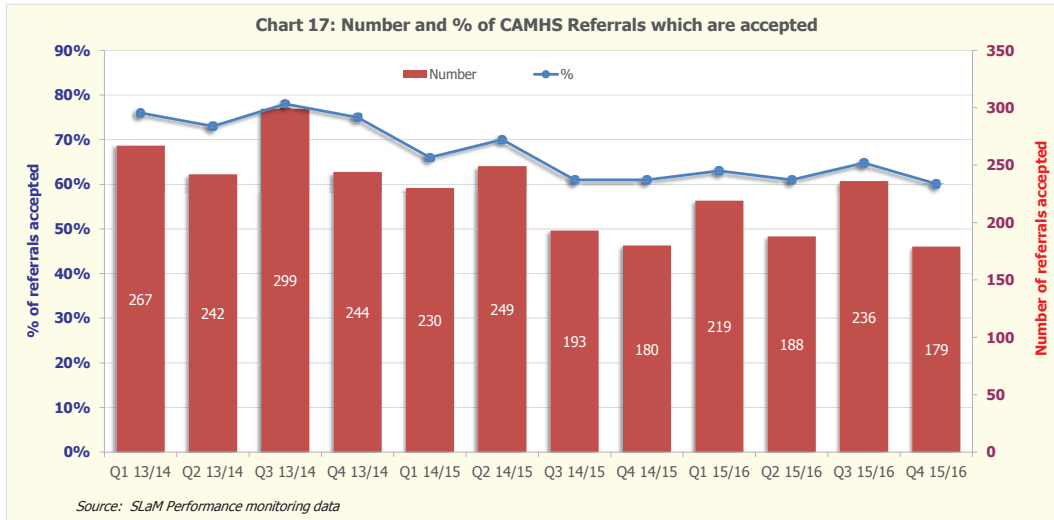
# Public Health Outcomes: Mental Health

## Child and Adolescent Mental Health

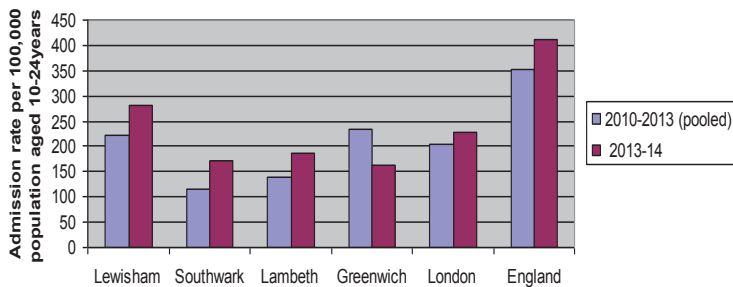
### Key Messages

- Both the number and proportion of CAMHS referrals which are accepted has seen a decline since 2013/14. The most common source of referral is from GPs, followed by Schools; A&E and Social Services. (Chart 17)
- An online counselling service has been run by Kooth as part of the Headstart project. There was a total of 762 registrations in 2015/16, however young women have been four times more likely to register compared to young men.
- Chart 18 shows standardised rates of self-harm in per 100,000 population aged 10-24 years in Lewisham compared to neighbouring boroughs, London and England. This data refers to admissions from A&E, to another ward, i.e. psychiatric ward, short stay/assessment unit or mental health inpatient ward.
- Chart 19 shows the trend for Lewisham for self-harm admissions in young people

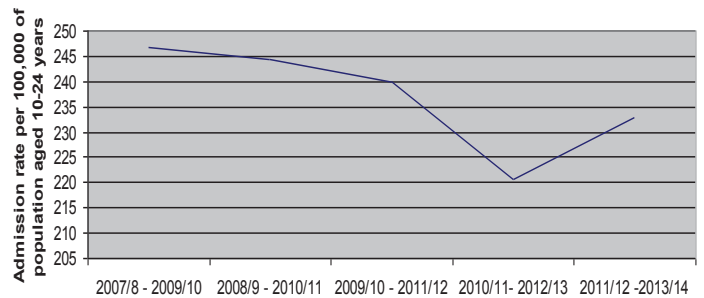
### Trends/Benchmarks



#### Admissions as a result of self harm



#### Admissions as a result of self harm, Lewisham



### Achievements

- The number of patients on GP Practice Dementia Register continues to increase
- Work is being undertaken regarding the Mental Health of Older Adults (65+)
- The IAPT service exceeded its target for number of patients seen

# Public Health Outcomes: Improve Sexual Health

## Overall Key Messages

- Under 18 conceptions remain significantly higher than the national average (Chart 1)
- Chlamydia positivity rates remain high and are now higher than all similar CCGs (Chart 4)
- The number of new STIs has decreased for both Heterosexual and MSM since 2014 (Chart 8)

## Health and Wellbeing Board Performance Metrics - Improving Sexual Health

Indicator	Latest period of availability	Lewisham	London	England	England Benchmark	Direction from previous period
Rate of chlamydia detection per 100,000 young people aged 15 to 24 (crude rate)*	2015	5434	2200	1887	sig high	↓
People presenting with HIV at a late stage of infection (%)	2012-2014	40.7	36.6	42.2	similar	↓
Legal abortion rate/1000 women of all ages	2015	25.6	20.7	16.2	sig high	↑
Teenage conceptions (rate per 1000 15-17 yr olds)	2014	31.3	21.5	22.8	sig high	↓

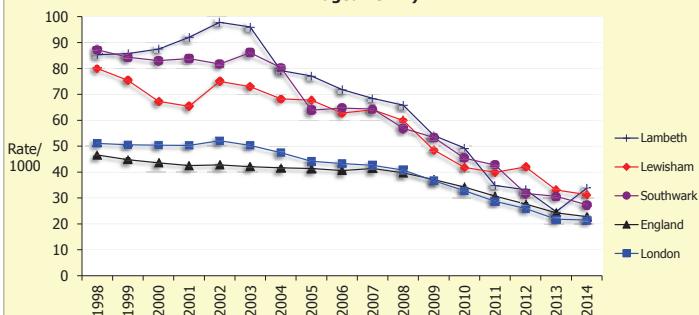
\* the direction of travel for this indicator can be debated as we also wish to ensure that we are screening the correct young people

## Young Person's Sexual Health (under 19s)

- In 2014, there were 144 conceptions recorded among under 18s in Lewisham which was down from 152 in 2013.
- Lewisham's under 18 conception rate has declined by 60.9% since 1998, comparing favourably with the decline of 51.1% across England.
- While the gap has narrowed, Lewisham is one of only 5 London boroughs where conception rates remain significantly higher than the national average.
- As a consequence, the under 18 abortion rate is also relatively high but the proportion of conceptions ending in abortion is similar to the average.

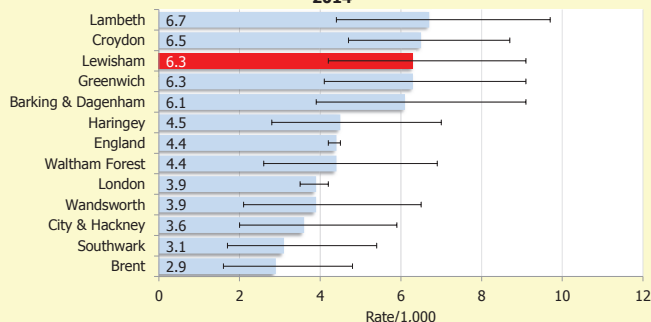
## Trends/Benchmarks

**Chart 1: Under 18 conception rate: annual trends (rate/1000 females aged 15-17)**



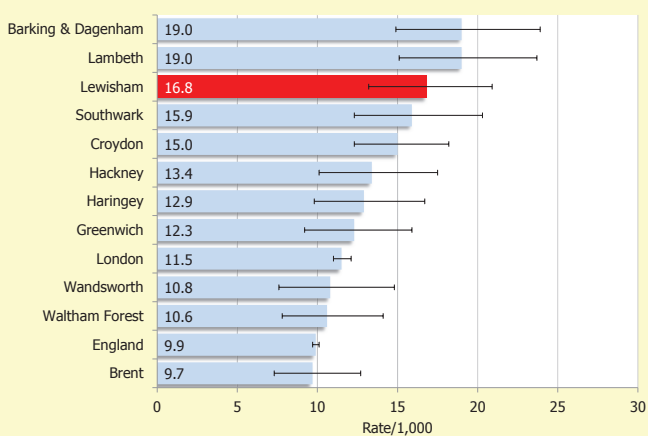
Source: Sexual Health Profiles

**Chart 2: Under 16 conception rate/1000 females aged 13-15, 2014**



Source: Sexual Health Profiles

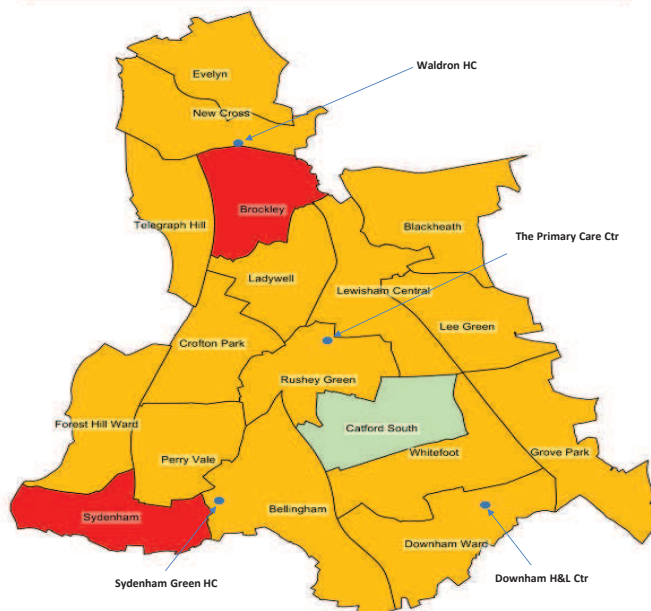
**Chart 3: Legal abortion rates/1000 women aged under 18. Lewisham compared with its similar CCGs, London and England, 2015**



Source: Sexual Health Profiles

**Map 1: Under 18 conception rate/1,000 women aged 15-17 years by Lewisham ward, 2012-14**

Ward not sig. different from LA  
 Ward sig. higher than LA  
 Ward sig. lower than LA



# Public Health Outcomes: Improve Sexual Health

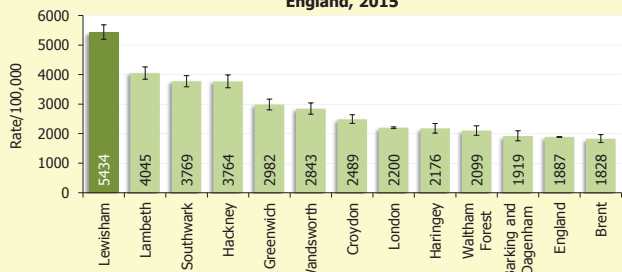
## Sexually Transmitted Infections

### Key Messages

- Although Chlamydia screening coverage has decreased, it still compares favourably with similar CCGs and the London and England average. (Charts 4 & 5)
- A decrease in the number of new STIs was seen which is counter to the trend of recent years. This was seen in both heterosexual and MSM residents. (Chart 8)
- Pelvic Inflammatory Disease is high, further work is being undertaken to better understand this. (Chart 7)
- Gonorrhoea is seeing an upwards trend nationally but particularly in London. Lewisham's rate remains above London but has stabilised. (Chart 10)

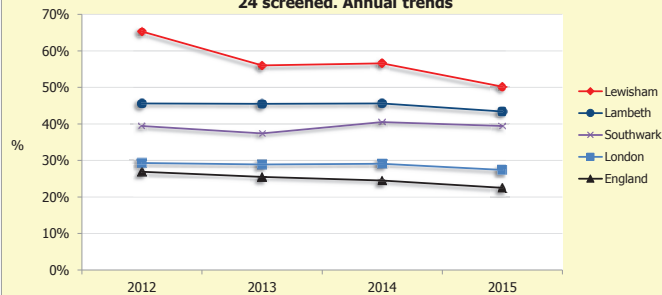
### Trends/Benchmarks

**Chart 4: Chlamydia: detection rate/100,000 resident population aged 15-24. Lewisham compared with its similar CCGs, London and England, 2015**



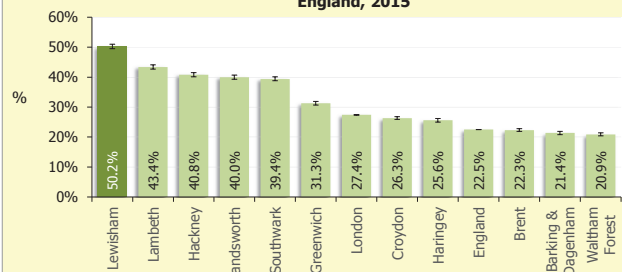
Source: PHE Sexual Health Profiles

**Chart 5: Chlamydia: percentage of the resident population aged 15-24 screened. Annual trends**



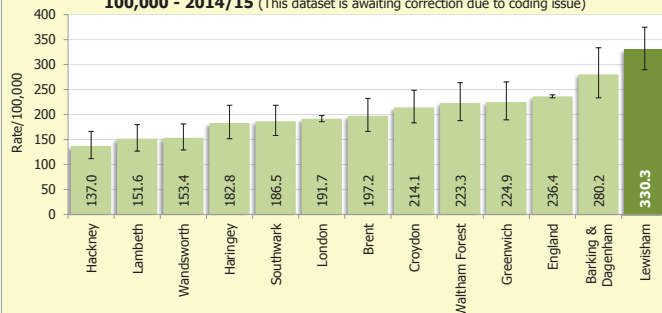
Source: PHE Sexual Health Profiles

**Chart 6: Chlamydia: percentage of the resident population aged 15-24 screened. Lewisham compared with its similar CCGs, London and England, 2015**



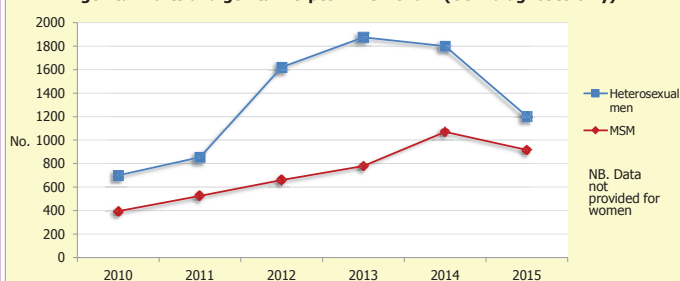
Source: PHE Sexual Health Profiles

**Chart 7: Pelvic Inflammatory Disease (PID) admission rate per 100,000 - 2014/15 (This dataset is awaiting correction due to coding issue)**



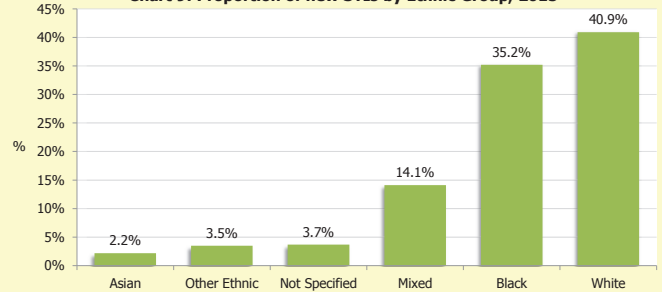
Source: PHE Sexual Health Profiles

**Chart 8: Number of new STIs, chlamydia, gonorrhoea, syphilis, genital warts and genital herpes (GUM diagnoses only)**



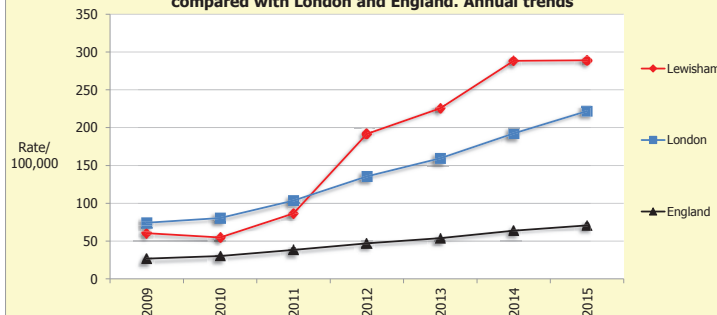
Source: HPA Web Portal

**Chart 9: Proportion of new STIs by Ethnic Group, 2015**



Source: HPA Web Portal

**Chart 10: Gonorrhoea diagnosis rate per 100,000 population. Lewisham compared with London and England. Annual trends**



Source: PHE Sexual Health Profiles

### Commentary

- 6,346 new STIs were diagnosed in residents of Lewisham in 2015, a rate of 2,174 per 100,000 residents.

# Public Health Outcomes: Improve Sexual Health

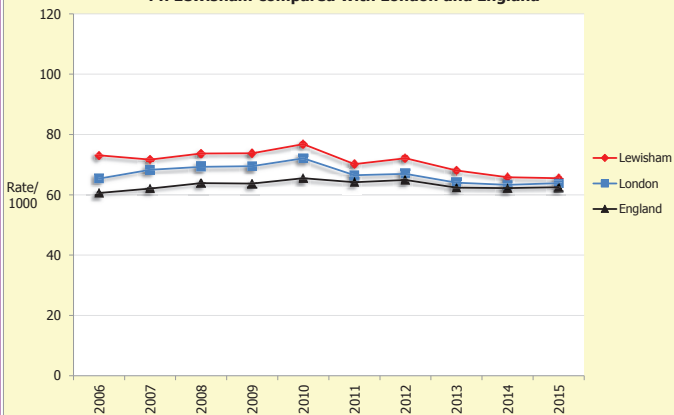
## Contraception

### Key Messages

- The Lewisham General Fertility Rate has dropped fractionally to bring it closer to both the London and England average. (Chart 11) The overall conception rate has seen a more notable decrease yet still remains higher than the London and England average (Chart 12).
- Whilst Lewisham sees a lower rate of GP Prescribed LARC compared with similar CCGs, the trend for LARC at Contraception and Sexual Health Clinics is positive. (Charts 13 & 14)
- Both Black African and Black Caribbean women are disproportionately 'over represented' in the numbers receiving emergency contraception (Chart 16).

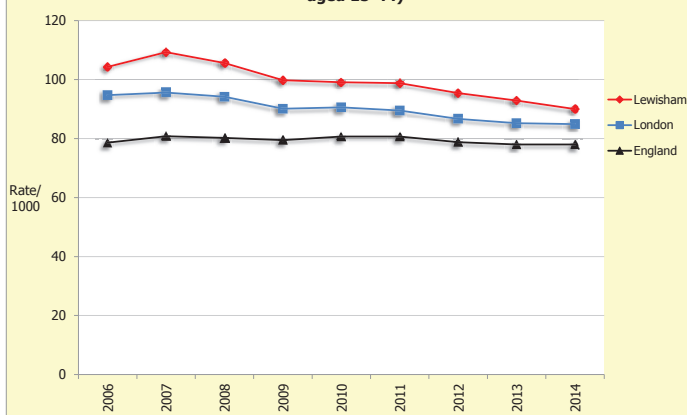
### Trends/Benchmarks

**Chart 11: General fertility rate (live births)/1000 women aged 15-44. Lewisham compared with London and England**



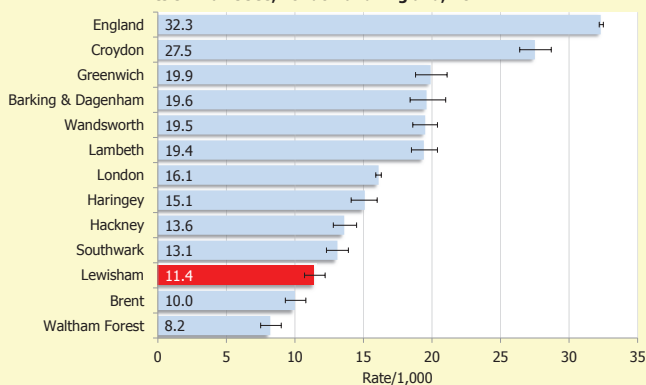
Source: <http://data.london.gov.uk/dataset/births-and-fertility-rates-borough>

**Chart 12: Overall conception rate: annual trends (rate/1000 females aged 15-44)**



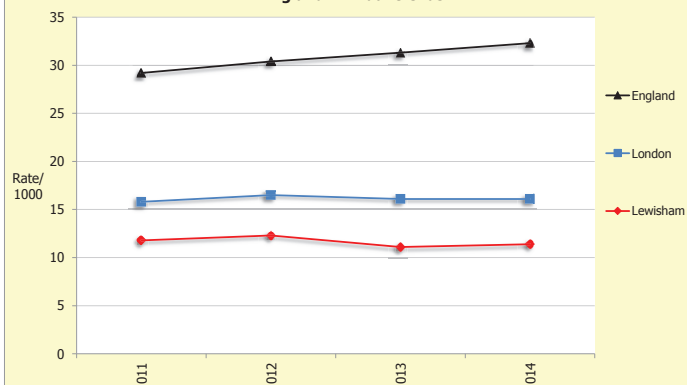
Source: ONS (<http://www.statistics.gov.uk>)

**Chart 13: GP prescribed Long-Acting Reversible Contraceptive (LARC) rate/1000 females aged 15-44. Lewisham compared with its similar CCGs, London and England, 2014**



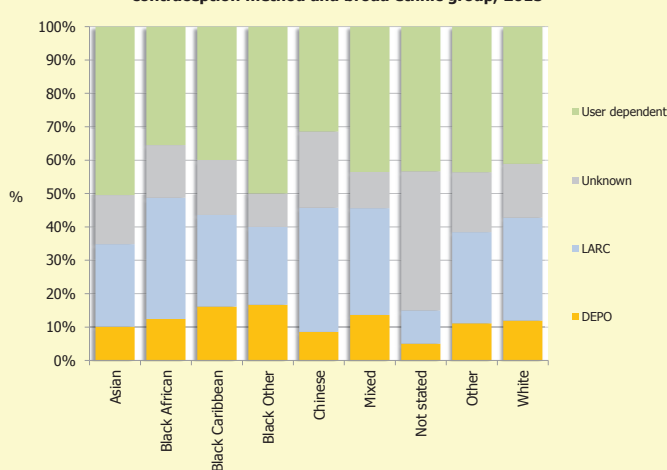
Source: Sexual Health Profiles

**Chart 14: GP prescribed Long-Acting Reversible Contraceptive (LARC) rate/1000 females aged 15-44. Lewisham compared with London and England. Annual trends**



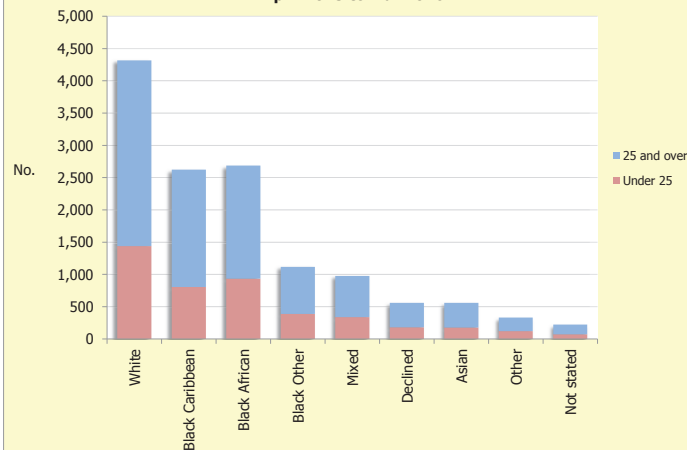
Source: Sexual Health Profiles

**Chart 15: Contraception following abortion in Lewisham by contraception method and broad ethnic group, 2015**



Source: BPAS-MSI-Kings

**Chart 16: Number of Lewisham pharmacy supplied Emergency Hormonal Contraceptions (EHC) by broad ethnicity and age group, April 2015 to Mar 2016**



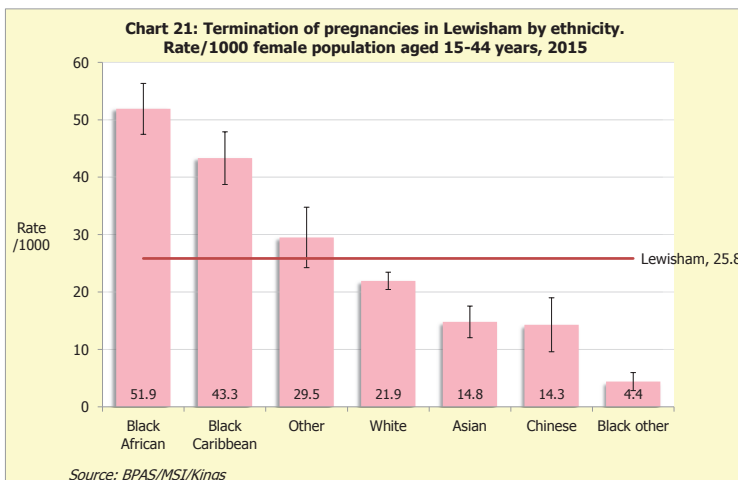
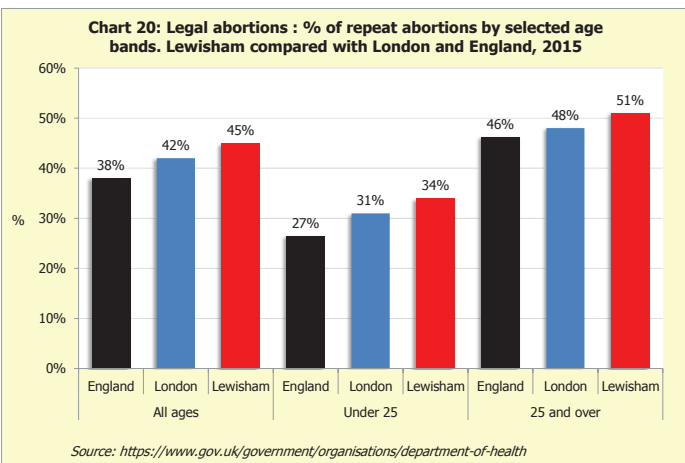
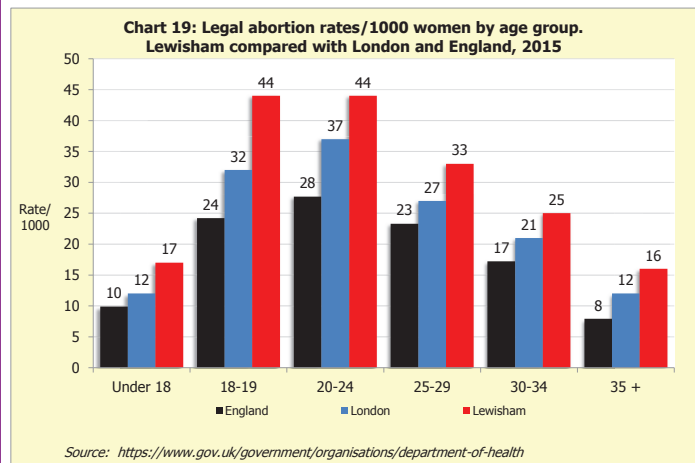
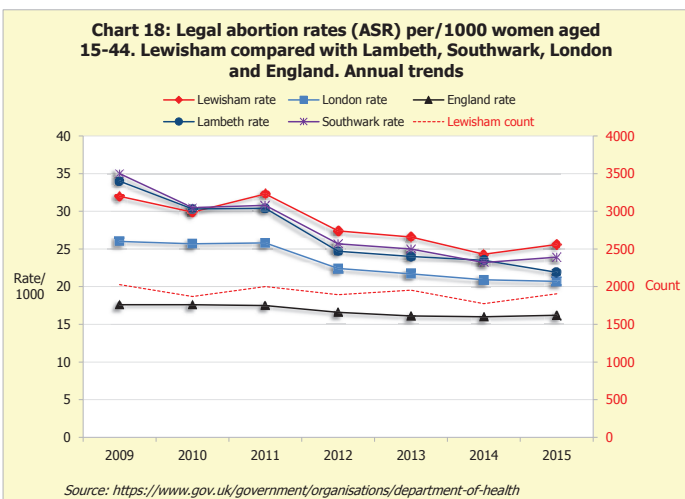
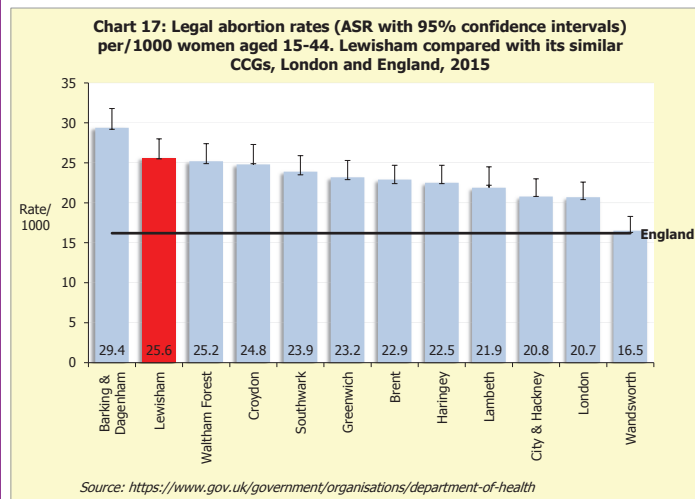
Source: PharmOutcomes

Abortions

Key Messages

- 1,905 abortions took place on Lewisham residents in 2015, this was an increase on 2014 (Chart 18).
- The 2015 total abortion rate per 1000 population was only available for 152 local authorities in 2015. Of these Lewisham was second, just behind Barking and Dagenham.
- The rate of women of Black African ethnicity having an abortion, is over twice the Lewisham average rate. Black Caribbean women are also far more likely to have an abortion than other ethnic groups. (Chart 21)

Trends/Benchmarks



Commentary

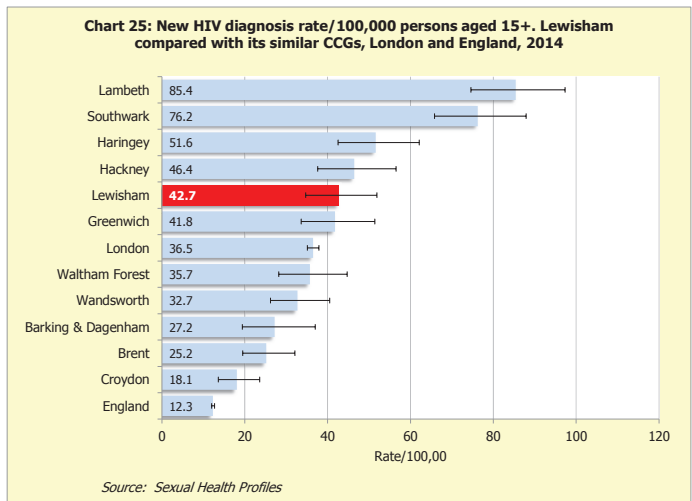
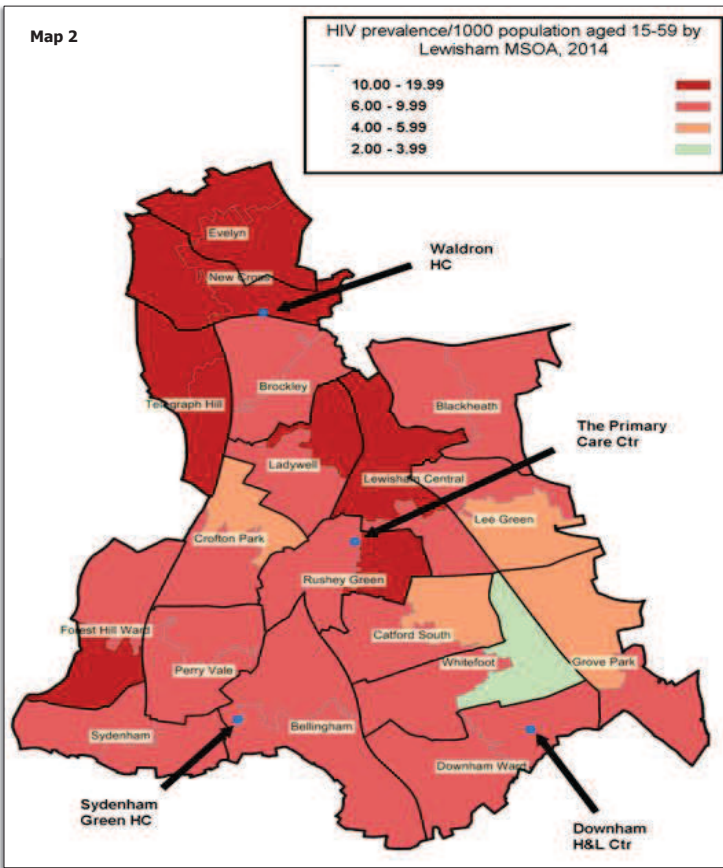
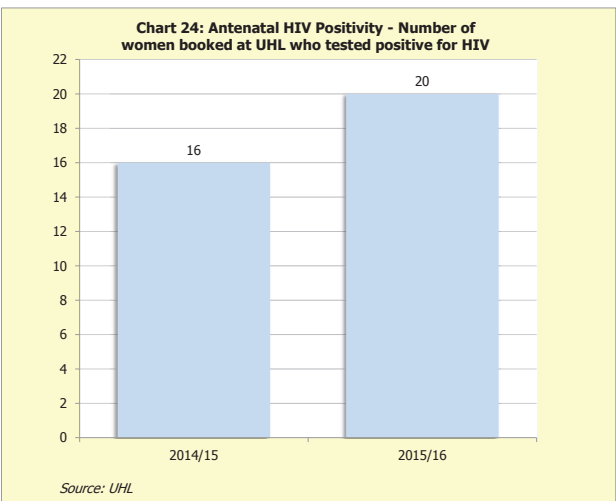
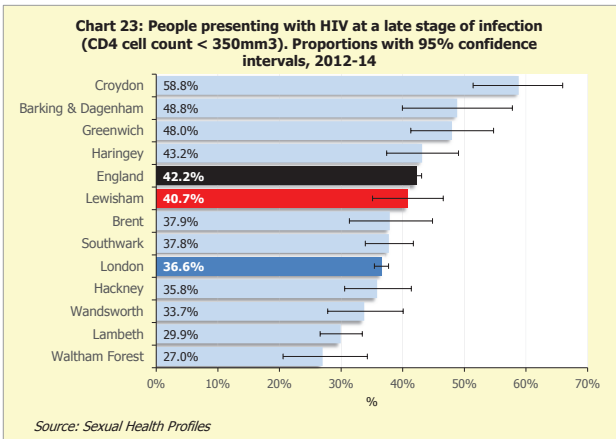
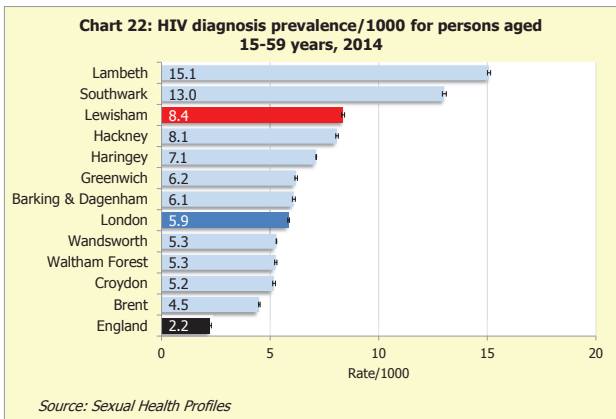
Among NHS funded abortions, the proportion of those under 10 weeks gestation was 83.7%, in 2015 while in England the proportion was 80.3%. The earlier abortions are performed the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality and increases choices around procedure.

HIV

Key Messages

- HIV Diagnosis is high compared to similar local authorities, the new HIV Diagnosis rate is also relatively high. (Chart 22)
- Neighbourhood 1 (North Lewisham) sees the highest concentration of residents who are HIV Positive. (Map 2)
- New data on Antenatal HIV Positivity is included, however this is just for women booking at UHL, not necessarily residents. 2015/16 saw a slight increase compared to 2014/15. (Chart 24)

Trends/Benchmarks



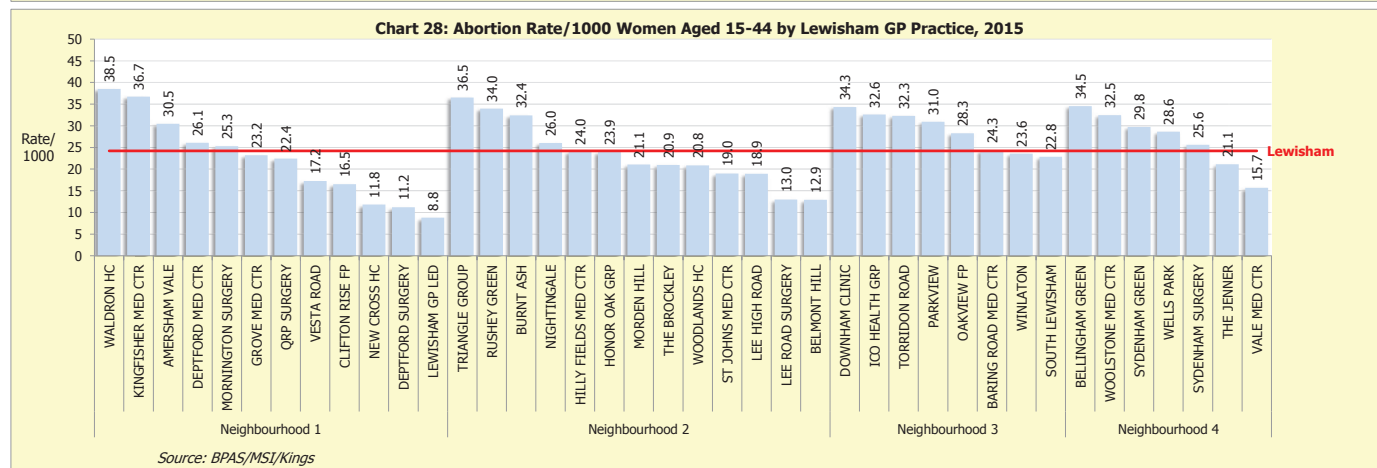
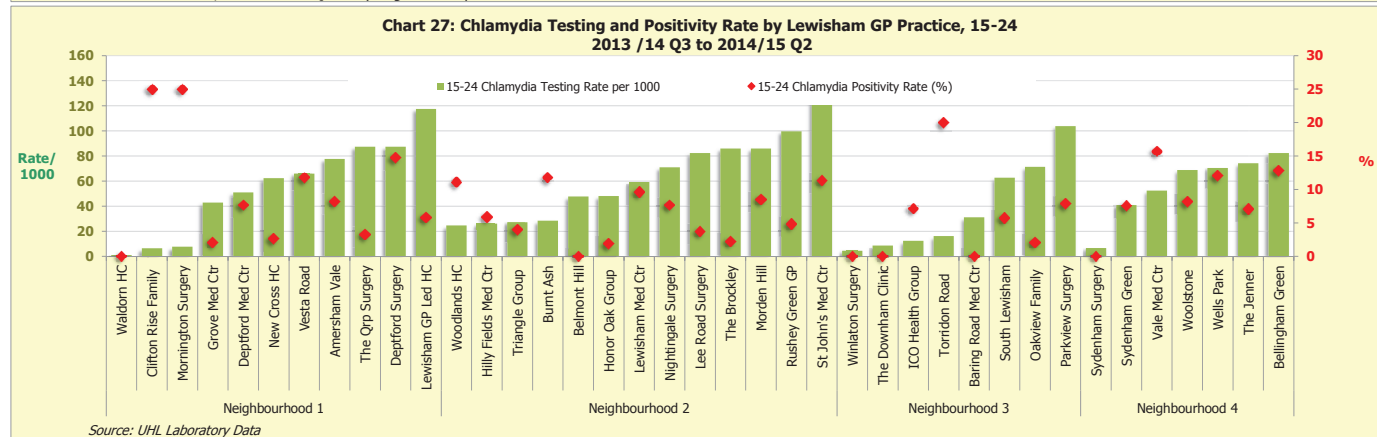
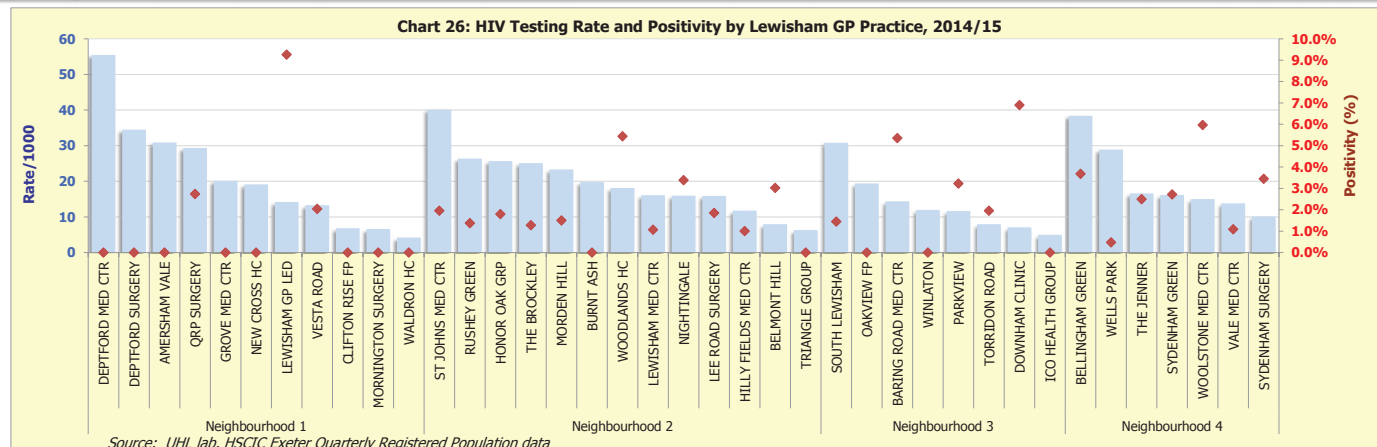
# Public Health Outcomes: Improve Sexual Health

## Primary Care

### Key Messages

The rate of STI testing and the positivity rates varies by GP practice as does the abortion rate.

### Trends/Benchmarks



### Achievements

- Teenage conception rates continue to fall
- Chlamydia positivity rates remain high and are now higher than all similar CCGs (Chart 4)
- The number of new STIs has decreased for both Heterosexual and MSM since 2014 (Chart 8)

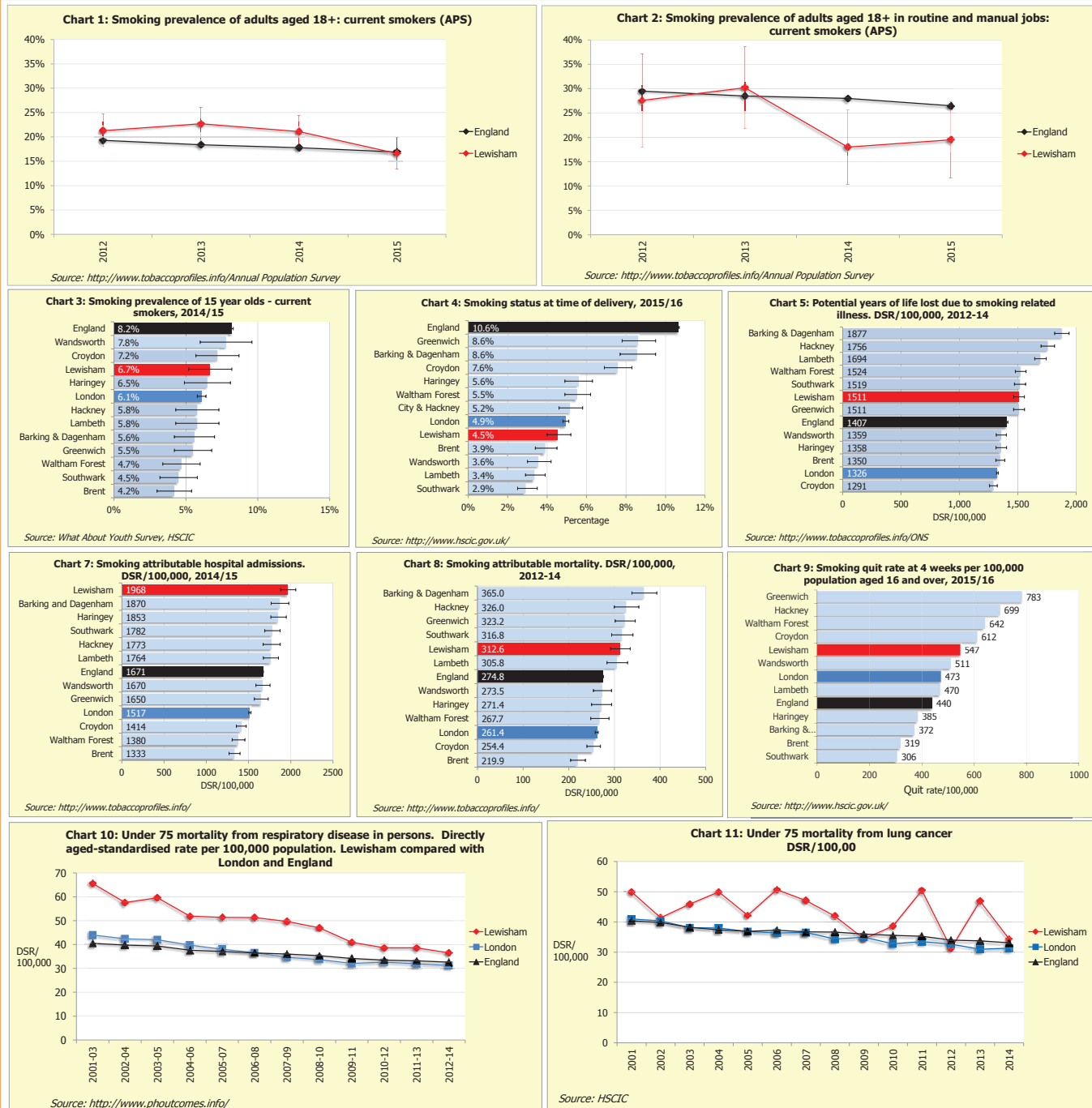
Key Messages

- More people smoke in Lewisham compared with London and England. 1 in 5 people continue to smoke in Lewisham, which rises to 1 in 4 for those in routine and manual occupations.
- The number of smoking quitters has remained stable after falling in previous years.
- The Stop Smoking Service is very successful at reaching heavily addicted smokers such as pregnant women and people with mental health problems, with a strong correlation between deprivation (shown through areas with low IMD scores) and smoking quitters and an increasing number of smokers quitting from more deprived wards.
- Continued focus on illegal and underage sales and large quantities of illegal tobacco seized, through the use of sniffer dogs and the Enforcement Team.
- Smoking attributable hospital admissions and mortality are statistically higher than England and London.
- New data is being used to understand smoking prevalence in young people, via the WAY Survey (Chart 3), which indicates less 15 year olds in Lewisham smoke than in England, however the confidence intervals for this indicator are wide at borough level.

Health and Wellbeing Board Performance Metrics - Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking

Indicator	Latest period of availability	Previous period of availability	Lewisham	London	England	England Benchmark	Direction from previous period for Lewisham
Smoking Prevalance (%) aged 18+: current smokers (APS)	2015	20.6%	16.6%	16.3%	16.9%	similar	↓
4 week smoking quitters (crude rate per 100,000)	2015-16	680	547	473	440	-	↓
Smoking status at time of delivery (%)	2015-16	4.9%	4.5%	4.9%	10.6%	significantly lower	↓

Trends/Benchmarks





Stop Smoking Services

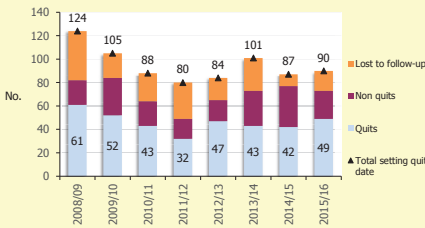
Achieve the annual DH target: 4 week quits in 2015/16 and quarterly targets

Annual 4 weeks quits	Target	Actual	Quit rate	Pregnancy
2015/16	1500	1291	44%	49 (54%)
2014/15	1900	1573	44%	42 (48%)
2013/14	1800	1703	45%	43 (43%)
2012/13	1800	1803	46%	47 (56%)

Breakdown of 4 week quits by quarter

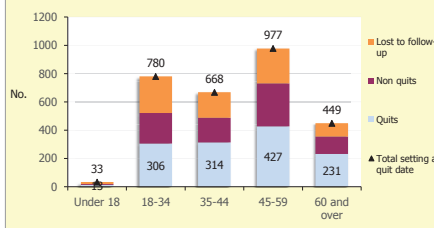
Quarterly 4 week quits	2015/16 Target: 1500	2014/15 Target: 1900	2013/14 Target: 1800	2012/13 Target: 1800
Q1	369	377	396	392
Q2	277	369	371	372
Q3	310	411	391	350
Q4	335	416	545	689

Chart 12: Number of pregnant smokers in Lewisham who had quit at 4 week follow-up



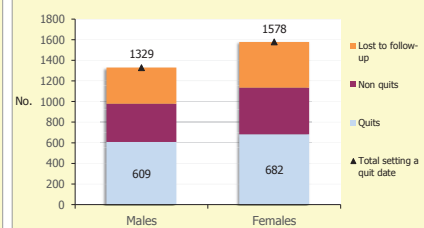
Source: Lewisham Stop Smoking Services

Chart 13: Number of smokers in Lewisham who had quit at 4 week follow-up by age group, 2015/16



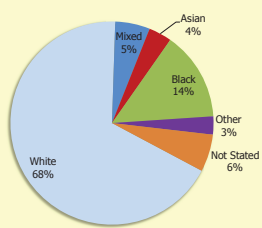
Source: Lewisham Stop Smoking Services

Chart 14: Number of smokers in Lewisham who had quit at 4 week follow-up by gender, 2014/15



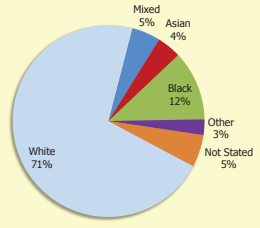
Source: Lewisham Stop Smoking Services

Chart 15: Ethnic breakdown of number of smokers in Lewisham setting a quit date, 2015/16



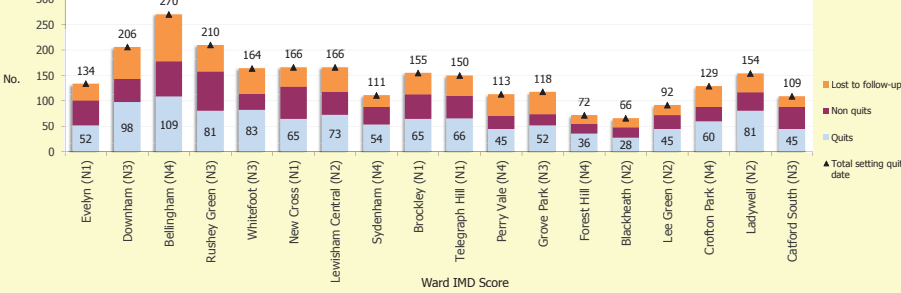
Source: Lewisham Stop Smoking Services

Chart 16: Ethnic breakdown of number of smokers in Lewisham who quit, 2015/16



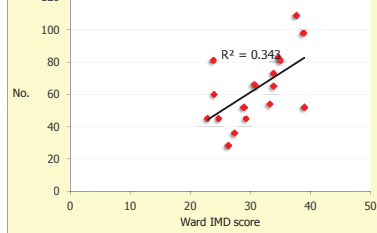
Source: Lewisham Stop Smoking Services

Chart 17: Number of smokers who quit (self-report) at 4 week follow-up by Lewisham ward in descending order of Index of Multiple Deprivation (IMD) score, 2015/16



Source: Lewisham Stop Smoking Services

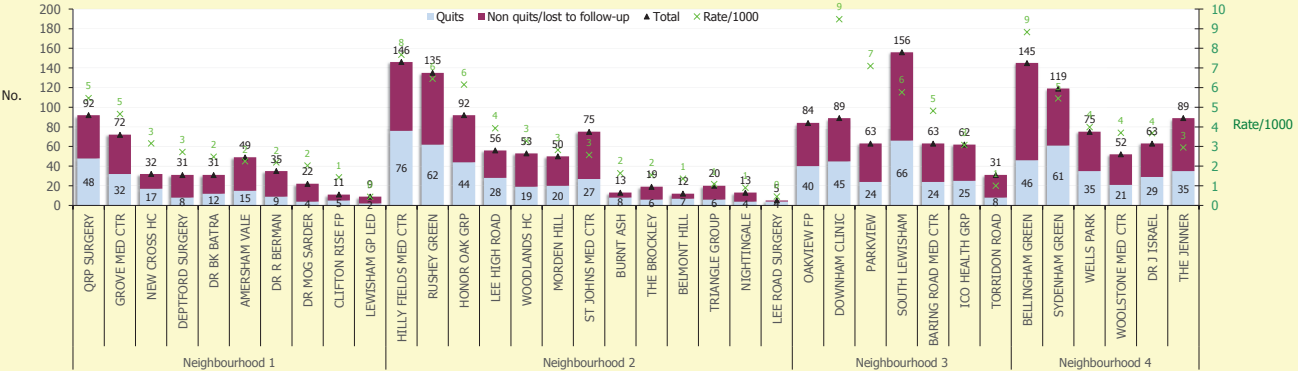
Chart 18: Correlation between IMD scores by ward and number of successful quitters by ward for Lewisham, 2015/16



P-value = 0.002: The correlation is statistically significant at the accepted 5% level

Source: Lewisham Stop Smoking Services

Chart 19: Number and rate/1000 population of smokers in Lewisham who had quit (self-report) at 4 week follow-up by GP Practice, 2015/16



Source: Lewisham Stop Smoking Services

Achievements

- Smoking status at time of delivery remains less than half that of England (SATOD) and almost half of pregnant smokers who are referred to the Stop Smoking Service successfully quit.
- There are a number of key actions identified at a local level in addition to national measures to reduce smoking prevalence. These include continued focus on enforcement (there has been significant success in seizures of illegal tobacco) and a stop smoking service for heavily addicted smokers.
- There has also been particular success in reaching smokers and encouraging them to quit in more deprived areas of the borough.

Key Messages

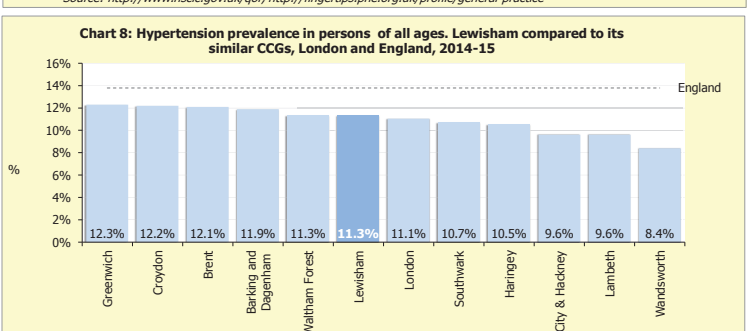
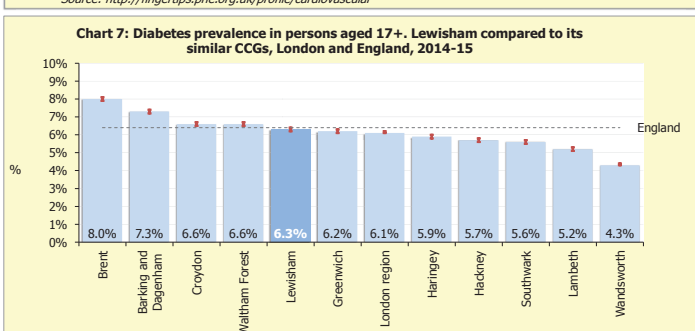
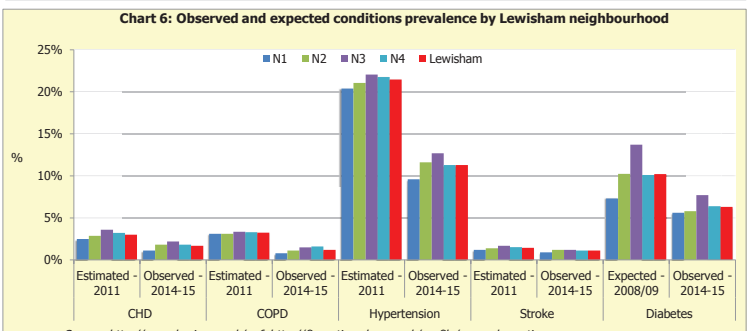
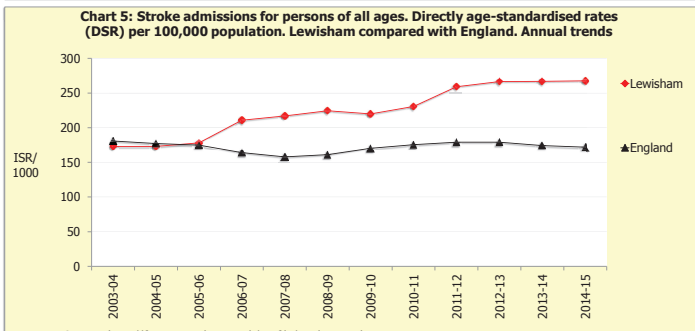
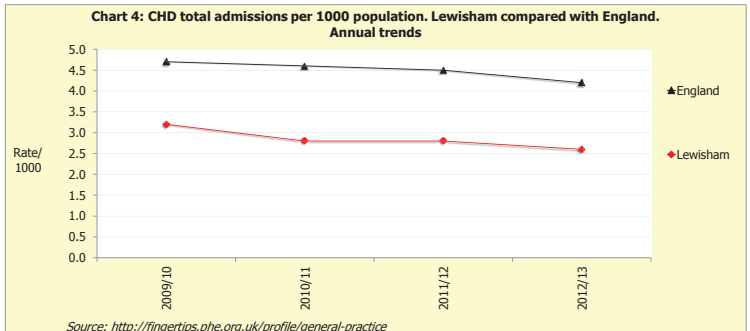
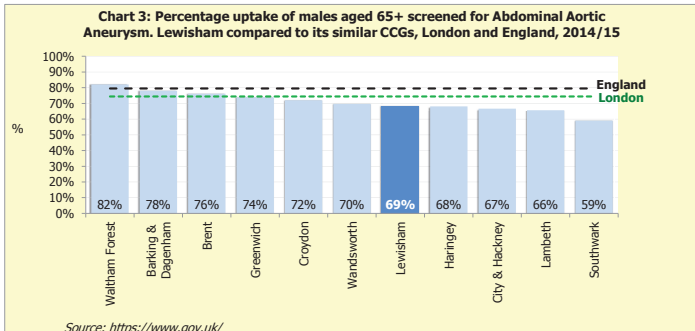
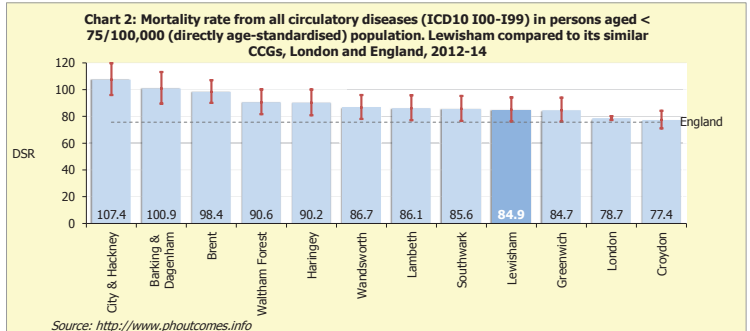
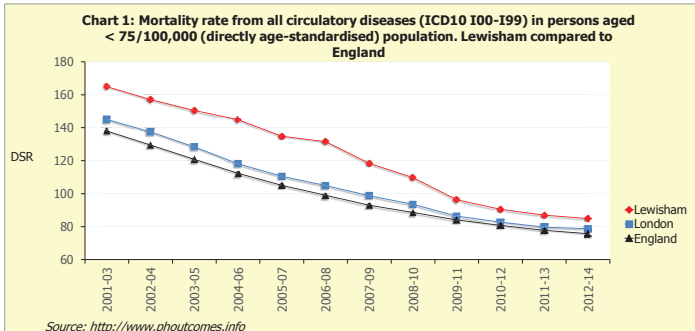
- The rate of CVD mortality for persons under 75 in Lewisham is decreasing faster than that for England. However the Lewisham rate does remain higher than the London and national average (Chart 1).
- Benchmarking data by CCG is now available for Abdominal Aortic Aneurysm screening. Lewisham ranks in the middle of its peers, however fares significantly worse than England. (Chart 3)
- Stroke admissions have increased only slightly over the last three years but remain significantly higher than England. (Chart 5) Coronary Heart Disease admissions are decreasing slightly. (Chart 4)
- The NHS Health Check programme aims to prevent heart disease, stroke, diabetes and kidney disease, and raise awareness of dementia both across the population and within high risk and vulnerable groups. In April 2013 the NHS Health Check became a mandated public health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years. At least 20 per cent of the eligible population have been offered a health check annually. The annual % uptake rate is 32.6% in 2015/16 (Chart 9), which was a decrease from 38.7% in 2014/15 and falls below the London level of 38.7% and England (44.4%) for 2015/16.
- The Health Check programme is increasingly reaching more men (46% in 2015/16, up from 44% in 2014-15) (Chart 16). The majority of people attending are in the younger age group (40-55 years) with 40-44 year olds alone making up 9% of the total. (Chart 14)

Health and Wellbeing Board Performance Metrics

Indicator	Latest period of availability	Previous period	Lewisham	London	England	England benchmark	Direction from previous period	Source
Under 75 Mortality from CVD (rate per 100,000)	2012-14	87.0	84.9	78.7	75.7	similar	↓	PHOF

CVD - Trends/Benchmarks

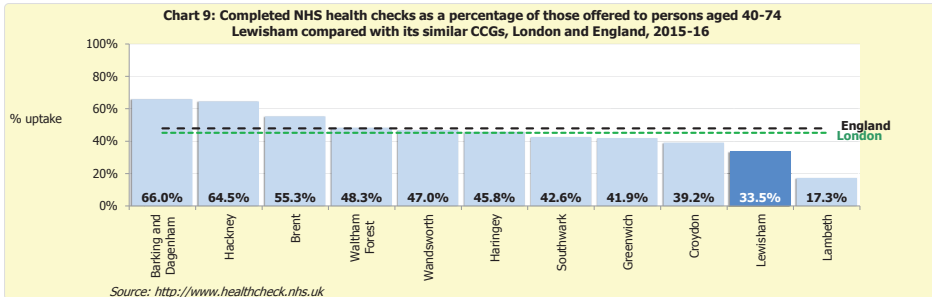
3 year rolling average		2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14
U75 CVD mortality rate/100,000	Lewisham	164.9	157.1	150.5	144.8	134.9	131.6	118.4	109.7	96.2	90.5	87.0	84.9
	England	138.0	129.5	120.9	112.3	105.1	99.0	93.1	88.6	84.0	80.8	77.8	75.7



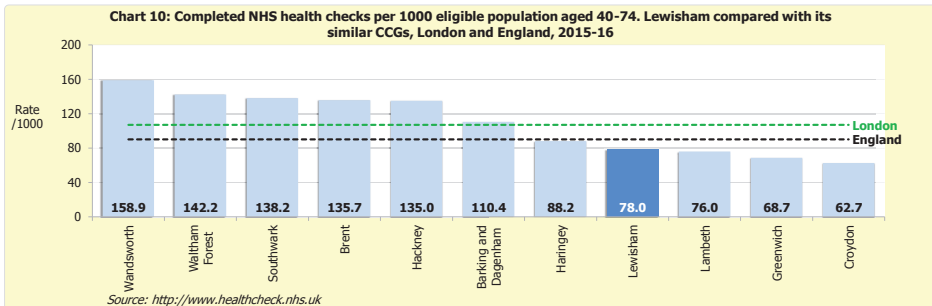
Activity Performance - NHS Health Check Programme

		Lewisham	
Period		2015/16	2016/17
Q1	Number Offered	3362	5561
	Number Completed	1388	2033
	% uptake	41.3%	36.6%
Q2	Number Offered	3449	
	Number Completed	1334	
	% uptake	38.7%	
Q3	Number Offered	2951	
	Number Completed	1201	
	% uptake	40.7%	
Q4	Number Offered	6295	
	Number Completed	1462	
	% uptake	23.2%	
YTD	Total Number Offered	16057	5561
	Total Number Completed	5385	2033
	% Uptake	33.5%	36.6%
		Lewisham	
		London	45.2%
		England	47.9%

Source: QMS Health Check Focus

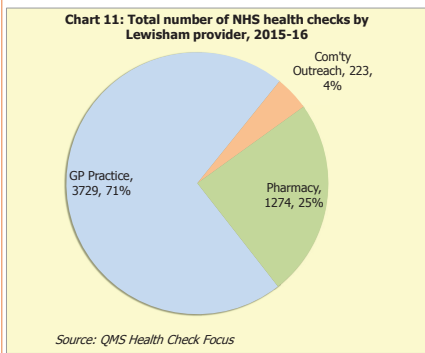


Source: <http://www.healthcheck.nhs.uk>

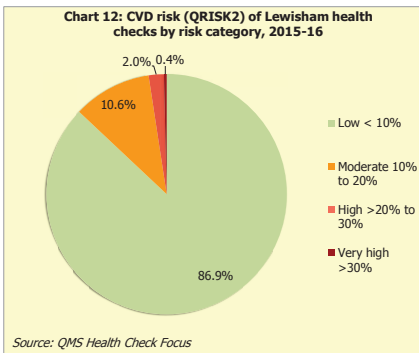


Source: <http://www.healthcheck.nhs.uk>

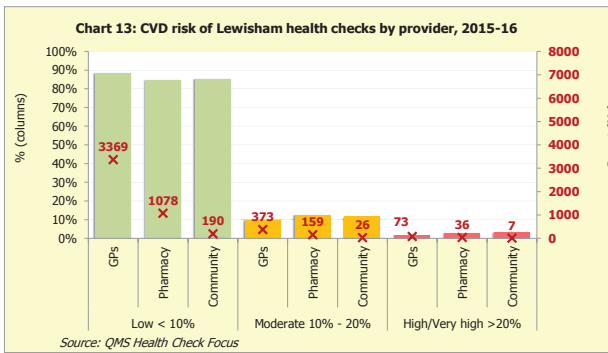
Service Data



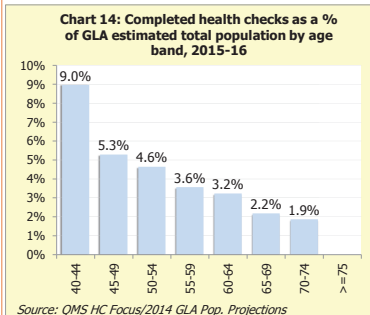
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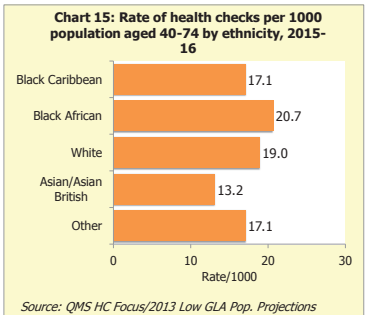
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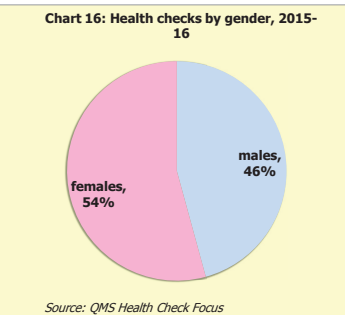
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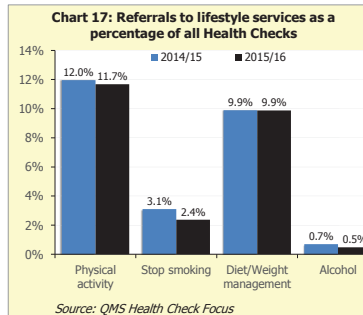
Source: QMS HC Focus/2014 GLA Pop. Projections



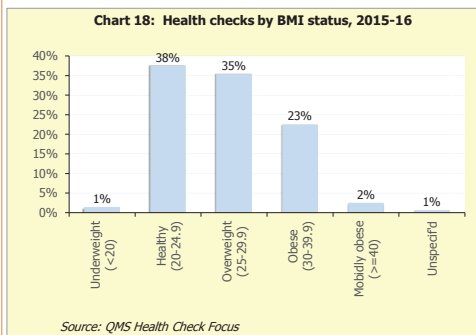
Source: QMS HC Focus/2013 Low GLA Pop. Projections



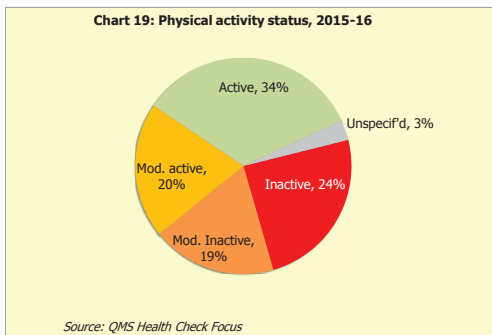
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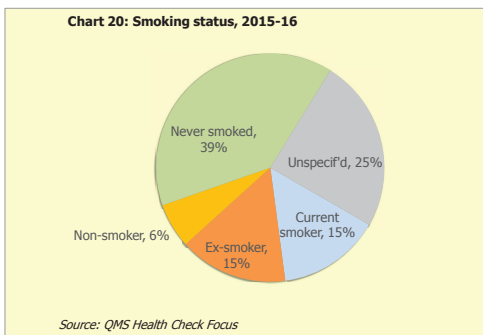
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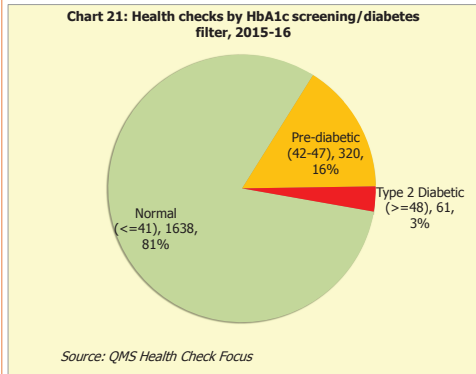
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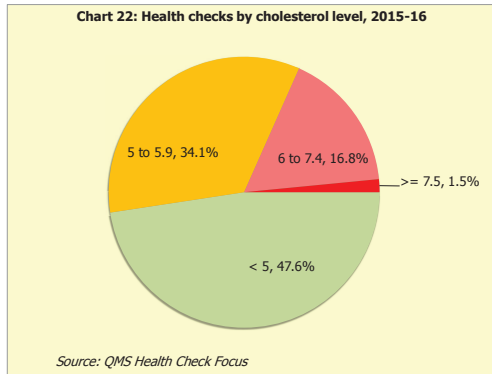
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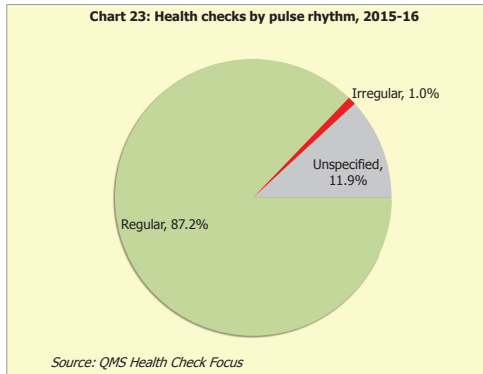
Source: QMS Health Check Focus



Source: QMS Health Check Focus



Source: QMS Health Check Focus



Source: QMS Health Check Focus

Prevalence diagnosis in Lewisham

QOF Indicator	2012/13		2013/14		2014/15	
	Recorded prevalence (%)	Expected prevalence (%)	Recorded prevalence (%)	Expected prevalence (%)	Recorded prevalence (%)	Expected prevalence (%)
Atrial Fibrillation	0.7%		0.8%		0.8%	
Hypertension	11.0%		11.3%		11.3%	
Coronary Heart Disease	1.8%		1.8%		1.7%	
Stroke/Transient Ischaemic Attack	1.1%		1.1%		1.1%	
Heart Failure	0.5%		0.5%		0.5%	

Achievements

- The NHS Health Check programme is now in the 5th year which means local residents are now receiving a second invitation five years on.
- Point of Care Blood Testing for cholesterol and HbA1C has been introduced into 20 GP surgery sites. These sites have seen an increase in Health Check numbers since their introduction.
- The Health Check programme is increasingly reaching more men (46% in 2015/16). The majority of people attending are in the younger age group (40-55 years).
- In 2015/16 the programme has identified 300 Lewisham residents at high risk of developing diabetes.

Key Messages

Prevention and early intervention are the key to tackling obesity. To achieve this involves working in partnership to minimise the impact of the obesogenic environment and supporting a healthier built environment that encourages healthier eating and being active. Lewisham is a national pilot for the whole systems approach to obesity, working with Leeds Beckett University to understand what works to tackle obesity and share learning.

**Environment:** Actions to support healthier eating and being active include being a key partner in developing a sugar smart campaign, promoting the uptake of the Daily Mile initiative in primary schools, a restrictive planning policy on new hot food take away establishments and a new borough wide community service to support communities on healthy eating and activity.

**Childhood obesity:** Rates remain significantly higher than the England rate and for 2014/15 Lewisham remains in the top quintile (highest) of Local Authority obesity prevalence rates for Year 6. Reception year performance has improved and Lewisham is now in the second quintile. As in previous years the proportion of obese children in Year 6 was more than double that of Reception year children, similar to the national results. Local analysis of the data reveals that for the nine years data has been collected (2006/7 to 2014/15) there is slight variability but no consistent trend over the period in obesity rates in either cohort of children. Actions to address this problem include building the local capabilities of the workforce through training on a variety of topics to promote healthy weight, provision of targeted and specialist weight management services accessible in community venues and the development of a 'Health in Lewisham' webpage on the council website to provide information and advice to support families achieve a healthy lifestyle.

**Breastfeeding:** Rates for both initiation and 6-8 weeks show improvement since 2013-14. All submitted data continue to meet the national validation criteria whereas many London boroughs still fail to meet the validation criteria. Actions to increase breastfeeding rates include working towards UNICEF Baby Friendly accreditation in the borough. The community and hospital achieved stage two accreditation in 2014 and are jointly working towards achieving stage 3 by the end of 2016. Lewisham Health Visiting service achieved their Stage 3 award in July 2016 with the support of Lewisham Children's Centres and Lewisham Council's Public Health Team. Lewisham Maternity services are preparing for their Stage 3 assessment in December 2016.

**Maternal obesity:** Maternal obesity increases the risk of poor pregnancy outcomes and is a risk factor for childhood obesity. Data from Lewisham Hospital for 2015 indicates that maternal obesity rates are lower than those recorded in 2010-12 although there has been a slight increase in 2015. Whether this reflects a change in the ethnicity of women booking for maternity care at the hospital is currently being investigated. Actions to address this problem include ensuring that all obstetricians and midwives at the Trust have been trained in how to raise the issue of healthy weight with pregnant women and in ensuring that all women with a possible problem are referred appropriately. Preconception advice on healthy weight is also available for women themselves on the public health pages on Lewisham Council website ([www.lewisham.gov.uk/health](http://www.lewisham.gov.uk/health)), links to which exist on the Trust website. The PH team have worked with Lewisham CCG and Lewisham hospital to design an improved care pathway for overweight and obese women who choose to have their babies at the hospital. This has also been the subject of a CQUIN in 2015-16.

**Adult Obesity:** The prevalence of obesity in adults and children in England has more than doubled in the last twenty-five years. A modelled estimate of adult obesity prevalence in Lewisham is 23.7% which is not significantly different to the England average, and indicates that around 53,000 residents are obese. Recently published data for Lewisham on the prevalence of excess weight (overweight and obese) in adults is 60.7%, similar to the national average but higher than the London average (58.4%). (Chart 12) A similar level of excess weight (57.9%) is seen in adults aged 40-74 years - monitored as part of the NHS Health Check programme. Chart 11 shows that GP Practices in Lewisham are notably under-reporting obesity. Actions to address this problem include building the local capabilities of the workforce through training on a variety of topics to promote healthy weight, and provision of a range of weight management services.

**Physical Activity - Adults:** Physical inactivity is the fourth largest cause of disease and disability in the UK. Reducing inactivity could prevent up to 40% of long term conditions (PHE 2014). In Lewisham the proportion of Adults (16+) classified as physically active is 58.8% which is not significantly different from that of England. Nationally, over one in four adults (28.7%) do less than 30 minutes of physical activity a week, and are classified as 'inactive'. The Lewisham proportion is similar at 27.1%. NICE suggests all 'inactive' adults should be offered a PA BA intervention. Lewisham residents are less likely to use outdoor space for exercise/health reasons than the England (13.2% compared to 17.9%). Over four in ten NHS Health Checks reveal that the patient is inactive to some extent (43%).

**Physical Activity - Children:** National surveys show that only a small proportion (20%) of children aged 5 to 15 years meet the Government recommendation for physical activity with children leading increasingly sedentary lifestyles. No information is available locally on activity levels of young children, but new data is now available from the WAY Survey for 15 year olds which shows just 11.3% are physically active for one hour every day.

**Sport:** Males participation in Sport has remained stable over the last ten years but women 's has decreased from a smaller starting point.

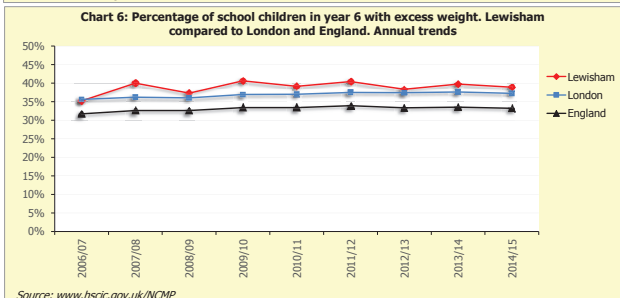
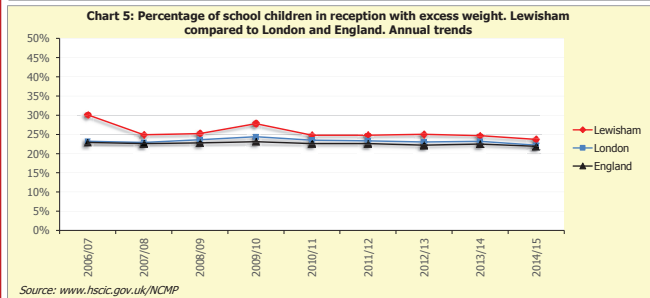
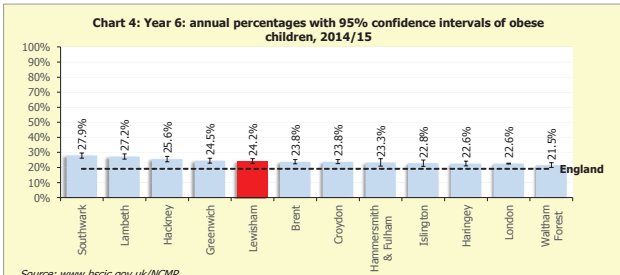
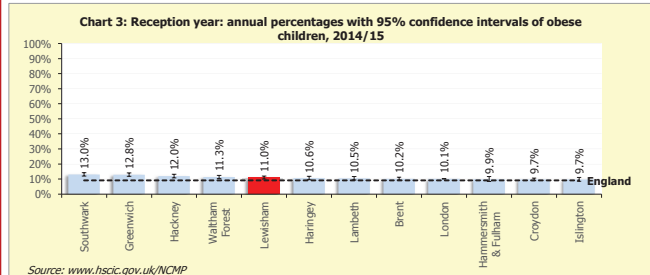
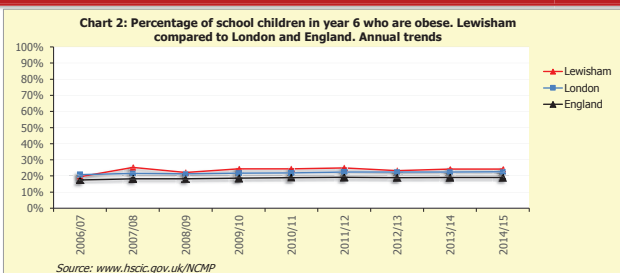
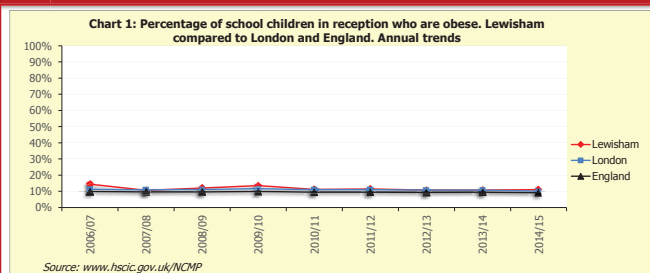
Health and Wellbeing Board Performance Metrics - Achieving a Healthy Weight

Indicator	Latest period of availability	Lewisham	London	England	Direction from previous period	Source
Excess weight in Adults (%)	2012-14	60.7	58.4	64.6	↓	Active People Survey
Excess weight in Children - Reception (%)	2014-15	23.7	22.2	21.9	↓	NCMP
Excess weight in Children - Year 6 (%)	2014-15	38.9	37.2	33.2	↓	NCMP
Maternal Excess Weight (%)	2015-16	45.8	-	-	↑	LGT
Breastfeeding Prevalence at 6-8 weeks (%)	Q1 2015/16-Q4 2015/16	75.7	-	42.8	↑	NHS England

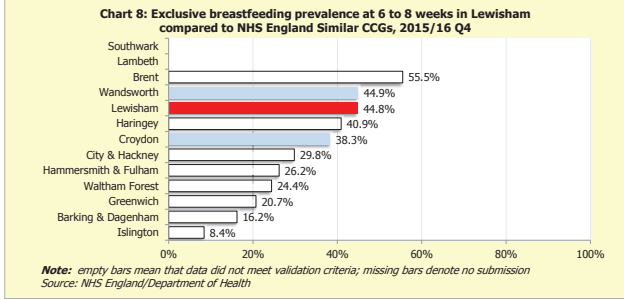
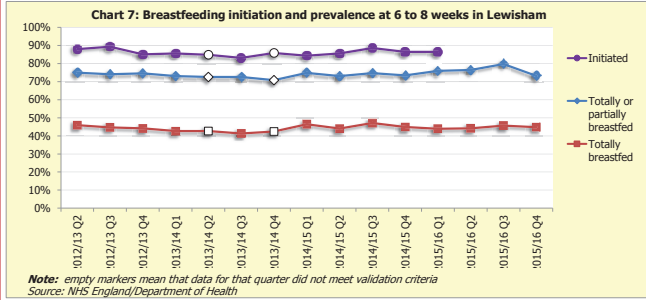
Performance Targets - Children

	Reception Year					Year 6				
	2007/08	2011/12	2012/13	2013/14	2014/15	2007/08	2011/12	2012/13	2013/14	2014/15
Percentage of children with height and weight recorded who are obese (target)	10.6%	12.0%	12.3%	12.0%	12.0%	25.3%	24.3%	24.0%	24.0%	24.0%
Percentage of children with height and weight recorded who are obese (actual)	10.6%	11.4%	10.7%	10.8%	11.0%	25.3%	25.0%	23.3%	24.3%	24.2%
Number of children with height and weight recorded	2,625	3,223	3,565	3,487	3,615	2,522	2,420	2,442	2,672	2,857
Percentage of children with height and weight recorded (target)	87.0%	87.0%	87.0%	87.0%	87.0%	89.0%	89.0%	89.0%	89.0%	89.0%
Percentage of children with height and weight recorded (actual)	87.0%	92.5%	93.3%	95.5%	94.0%	89.0%	93.4%	91.9%	93.1%	92.0%

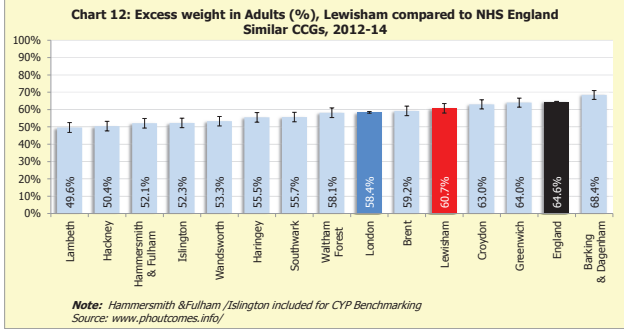
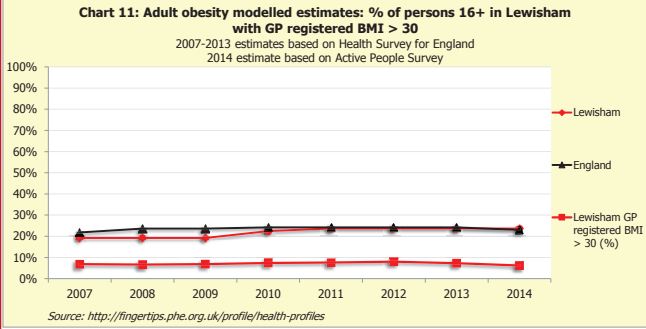
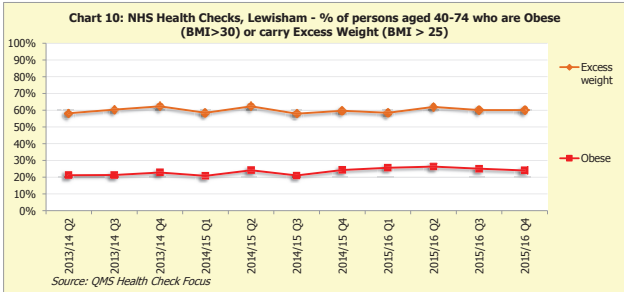
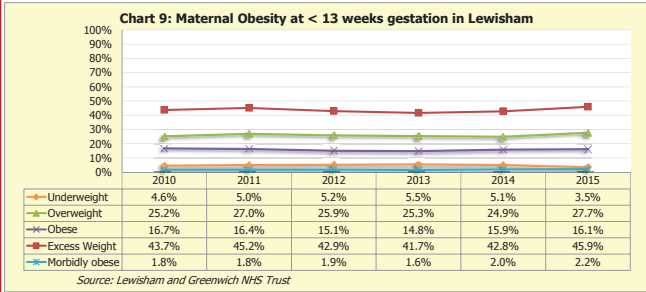
National Child Measurement Programme - 2014/15



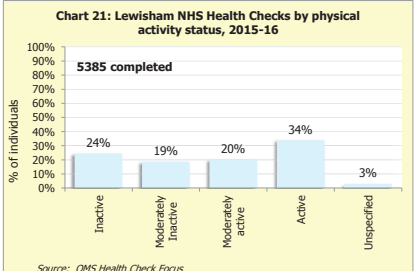
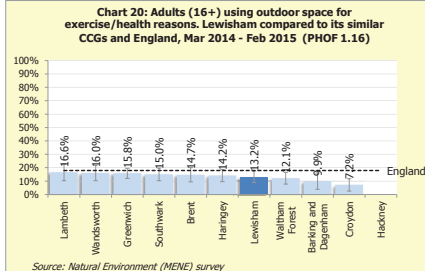
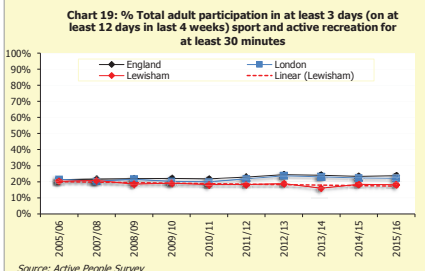
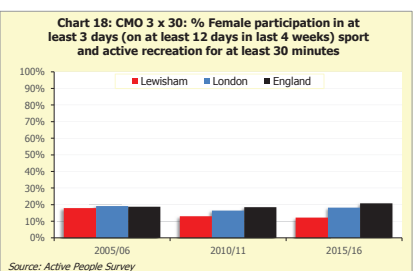
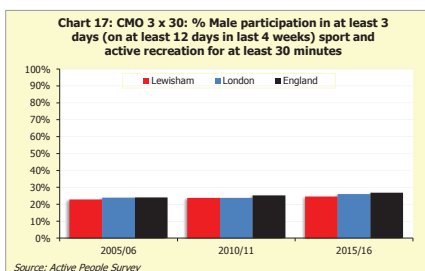
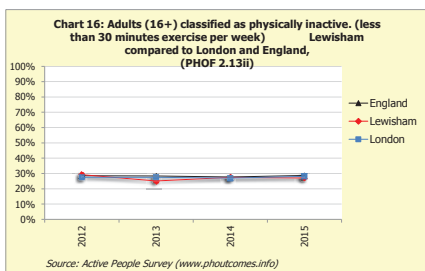
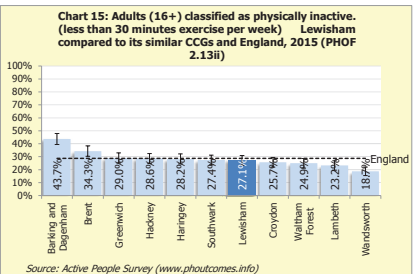
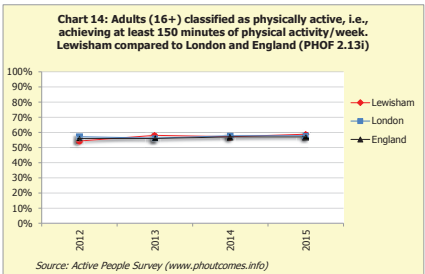
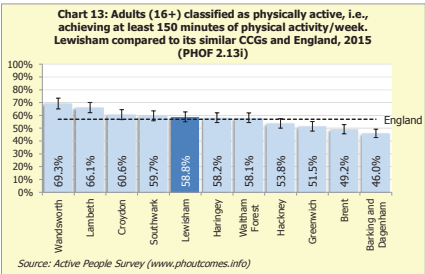
Breastfeeding



Trends/Benchmarks - Adults Weight

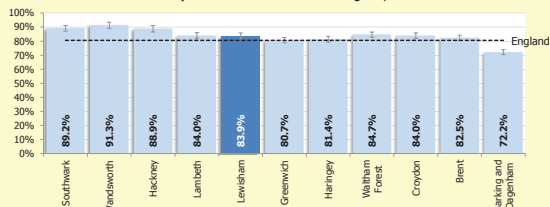


Physical Activity - Trends/Benchmarks



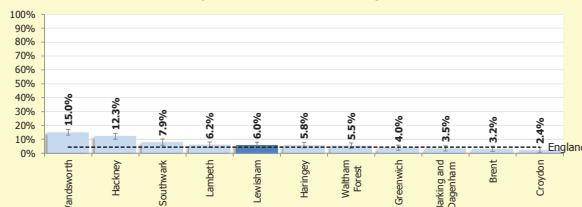
## Public Health Outcomes: Whole System Approach to Obesity

**Chart 24: Percentage of adults who do any walking, at least once per week Lewisham compared to its similar CCGs and England, 2014-15**



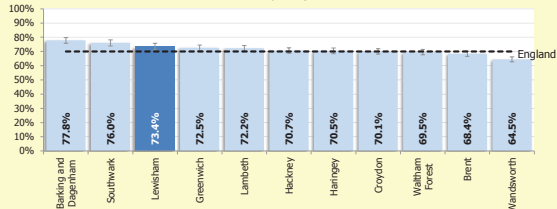
Source: Department for Transport, Active People Survey

**Chart 25: Percentage of adults who do any cycling, at least three times per week. Lewisham compared to its similar CCGs and England, 2014-15**



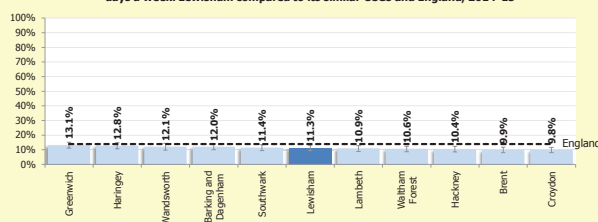
Source: Department for Transport, Active People Survey

**Chart 26: Percentage of 15 year olds with a mean daily sedentary time in the last week over 7 hours per day. Lewisham compared to its similar CCGs and England, 2014-15**



Source: WAY Survey (PHE Fingertips)

**Chart 27: Percentage of 15 year olds physically active for at least one hour per day seven days a week. Lewisham compared to its similar CCGs and England, 2014-15**



Source: WAY Survey (PHE Fingertips)

### Key Performance Indicators

Area	Indicator (and frequency of reporting)	Previous data		Current data	
		Period	Value	Period	Value
Environment	Change 4 Life sugar swap signups	2013/14	1230	2015	1225
	Change for Life Get Moving Signups			2015/16	1189
	Use of outdoor space for exercise health reasons	2013/14	8.7%	2014/15	13.2%
	Planning applications for fast food outlets refused	2014/15	5	2015/16	2
	Number of Breastfeeding Welcome venues			2015	60
	Number signed up to the sugar smart campaign				
Training	Number attending community cookery clubs	New		2016/17 Q1	38
	Childhood obesity training staff	2015/16 Q4	34	2016/17 Q1	12
Vitamin D	Every Contact Counts Training			2015/16	133
	Participants attending nutrition/weight management training	2015/16 Q1-2	69	2015/16 Q3-4	194
	Number of children registered	2015/16 Q3	1152	2015/16 Q4	1172
Fruit and Veg Intake	Number of children's drops issued	2015/16 Q3	3740	2015/16 Q4	4069
	Number of parents registered	2015/16 Q3	1056	2015/16 Q4	1080
	Number of tablets issued - pregnant women	2015/16 Q3	632	2015/16 Q4	579
	Number of tablets issued - post-natal women	2015/16 Q3	1829	2015/16 Q4	1488
	Proportion of the population meeting the recommended '5 a day' on a usual day	2014	48.1%	2015	44.0%
School meals	% take-up KS1 Universal Infant FSM (yrs R,1,2) Month	Dec-15	87%	Mar-16	87%
	% take-up KS2 paid school meals (yrs 3-6)	Dec-15	63%	Feb-16	60%
	% take-up KS2 free school meals (yrs 3-6)	Dec-14	92%	Mar-16	85%
	% total take-up Secondary school meals	Dec-15	43%	Mar-16	41%
	% take-up Secondary free school meals	Dec-15	46%	Mar-16	77%
Weight management Children	Numbers referred	2015/16 Q4	181	2016/17 Q1	267
	Numbers recruited		55		145
	Numbers completed		12		46
Weight management Adults	Weight watchers number referred	2015/16 Q3	339	2015/16 Q4	285
	% completed programme	2015/16 Q3	54%	2015/16 Q4	54%
	% completed with >5% weight loss	2015/16 Q3	50%	2015/16 Q4	53%
	Number referred	2015/16 Q2	134	2015/16 Q3	120
	% completed programme	2015/16 Q3	41.3%	2015/16 Q4	31.0%
	>5% weight loss	2015/16 Q3	26.0%	2015/16 Q4	25.0%
Exercise on Referral (EOR)	No increase in BMI at 12 months	2015/16 Q3	63.0%	2015/16 Q4	51.0%
	Number of EOR (16+) referrals received (Fusion Leisure Data).	2015/16 Q1+2	735	2015/16 Q3+4	447
	Number of EOR referrals (16+) attended initial group assessment (Fusion Leisure data)	2015/16 Q1+2	249	2015/16 Q3+4	428
	Number of EOR completers (Fusion Leisure Data)	2015/16 Q1+2	122	2015/16 Q3+4	75
	Number of EOR referrals received (1Life)	2014/15	465	2015/16 Q1-3	195
	Number of EOR initial assessments completed (1Life)	2014/15	284	2015/16 Q1-3	149
Healthy Walks	Number of EOR completers (1Life)	2014/15	21	2015/16 Q1-3	16
	Total number of adults participating in the regular walks (on average at least once a week)	2014/15 Q1+2	1432	2015/16 Q1	601
	Total number of new walkers	2014/15 Q1+2	132	2015/16 Q1	86
Walking	Percentage of new walkers reporting doing more physical activity	2014/15 Q1+2	82%	2015/16 Q1	85%
	Percentage of Adults who do any walking, at least five times per week (Department of Transport, Active People Survey)	2014/15	60.9%		
Local Cycling Initiatives	Number of adult cycle lessons delivered to beginners and improvers 16+ years	2014/15	129	2015/16 (Q1-3)	450
	Number of adults who have taken up bike loan offer	2014/15	300	2015/16 (Q1-3)	397
Cycling	Percentage of Adults who Do Any Cycling (PHE Fingertips)	2014/15	16.1%		
Children	Number of pupils participating in the Daily Mile			2016/17 Q1	900
	Number of Year 6 participating in Bikeability cycle training (Level 1 and/or level 2 training)			2016/17 Q1-Q2	533
	Number of under 9's learn to ride sessions with parents	2015/16 (Q1-3)	224	2016/17 Q1-Q2	148
	Walking to School Once a Week (School Travel Plan)				
Other	Number of adults, 60+ yrs accessing free swimming	2014/15	5071	2015/16	13.2%

### Achievements

- Breastfeeding: Community and maternity services achieved UNICEF Baby Friendly Initiative stage 2 award in 2014.
- Nutrition initiatives: Implementation of a universal vitamin D scheme reached 30% of eligible women and 50% of infants under 1 year.
- Physical activity: Implementation of a 20mph zone across Lewisham
- Healthier built environment: Successful in bid to be a national pilot for the Whole Systems approach to obesity.
- Obesity surveillance: High participation was achieved in the National Child Measurement Programme. Also weight management support, providing a range of programmes available for children and adults as part of a tiered referral pathway accessed by nearly 2,500 residents a year.
- Implementation of the Daily Mile: Currently 4 Primary Schools are taking part.
- Use of Outdoor Space for exercise/health reasons has increased.