



# Annual Public Health Report

## Health in All Policies

*Adopting a whole system approach  
to address health challenges*

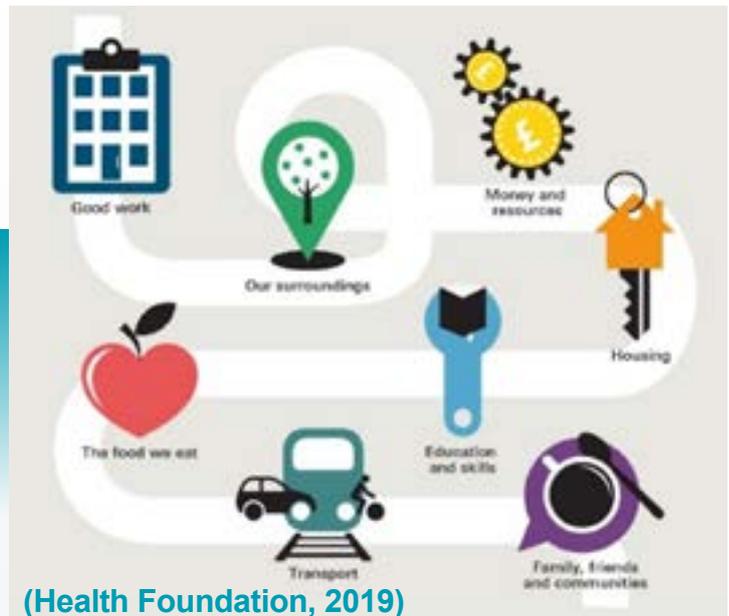
**Dr Catherine Mbema**  
Director of Public Health  
2019-2020

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**Dr Catherine Mbema,**  
Director of Public Health



It is now well recognised that our health and wellbeing as individuals, families and communities is influenced by factors that span beyond access to good healthcare.

This has become particularly pertinent during the COVID-19 pandemic, where ‘health influencers’ including the homes that we live in, the work that we do and the resources that we have access to have been important factors determining who has been most adversely affected. Colleagues at the Health Foundation have depicted these factors in the helpful infographic below.

Most of these ‘health influencers’ fall outside of the typical remit of those providing healthcare services. This means that most of us, including those in the local authority and wider local community, will have some role to play in improving health and wellbeing locally whether we run a local community group, maintain our local parks or run a local food business. I’m therefore very pleased to publish this annual public health report in my role as Director of Public Health.

This report was originally intended to be published last year but has since been updated and revised to include reference to the COVID-19 pandemic, which Foreword has highlighted just how important it is to take a whole systems approach to address health challenges and tackle health inequalities.

**“This approach provides a means for us to all recognise and embed health and wellbeing into the work that we do.”**

This approach provides a means for us to all recognise and embed health and wellbeing into the work that we do. The first chapter of the report will provide an overview of the approach and outline the ways in which a ‘Health in All Policies’ approach can be used. The main body of the report presents examples of where a ‘Health in All Policies’ approach is already being successfully adopted in the work of teams within Lewisham Council and partner organisations, including work in response to the COVID-19 pandemic.

The report will conclude with a firm set of recommendations about how we can work together to adopt this approach to positively influence health and wellbeing for all in Lewisham. I look forward to seeing further examples of ‘Health in All Policies’ work in the coming years.

**Dr Catherine Mbema**  
Director of Public Health  
February 2021



“...it’s important to recognise the links between improvements in population health and the achievement of other Council priorities.”

**Councillor Chris Best,**  
Deputy Mayor and Cabinet Member for Health and Social Care

I am delighted to see that this year’s annual public health report has a focus on the shared responsibility that we all have in improving the health and wellbeing of Lewisham residents.

As the COVID-19 pandemic has highlighted, people’s health and wellbeing are influenced by far more than access to good quality healthcare. Now more than ever, it’s so important that we take a joined up approach to ensuring good public health in Lewisham, working across different teams within the Council and in partnership with key stakeholders throughout the borough.

By adopting a ‘Health in All Policies’ approach, we will be better equipped to address health challenges in the future and continue the vitally important work of tackling health inequalities, particularly among our BAME communities. It is pleasing to see such a wide range of examples in this report of how health is found in the work of teams and organisations across Lewisham and I hope that this will help inspire more innovative work going forward.

I am pleased to endorse the recommendations contained within this report, particularly the commitment to championing a health in all policies approach at a strategic level – it’s important to recognise the links between improvements in population health and the



achievement of other Council priorities. The full recommendations are set out on Page 38 of this report.

I would like to offer my thanks to all those who have contributed to the development of this report.

**Cllr Best**  
**Deputy Mayor and Cabinet Member**  
**for Health and Adult Social Care**  
**February 2021**

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# Background to Health in All Policies

Health is much more than not being ill or needing access to healthcare. Many of the current major health challenges faced in England such as COVID-19, poor mental health, obesity and diabetes affect certain sectors of the population more than others. Evidence shows that these inequalities in people’s health are largely determined by the social, economic and environmental conditions they live in, (referred to as ‘the wider determinants of health’ fig.1).

**Since 1948 the World Health Organisation definition of health is ‘health is much more than healthcare but a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’**

Local authorities have a duty to improve health and reduce health inequalities of their local communities and to do this effectively this issue needs to be part of everyone’s business. The wider determinants of health have a much greater impact than medical care on how long and well people live. This is clearly shown in the difference seen in life expectancy between the most and least deprived LA’s in England, for males this is a difference of 9.3 years. This is also seen in Lewisham where life expectancy is 7.2 years lower for men and 6.1 years lower for women in the most deprived areas of Lewisham than in the least deprived areas.

Estimates of the contribution of different factors to people’s health have suggested that health behaviours (such as smoking and diet) and socio-economic factors (such as education and employment) are the biggest contributors to health, but that health services (clinical care) is still important and significant (fig.2).

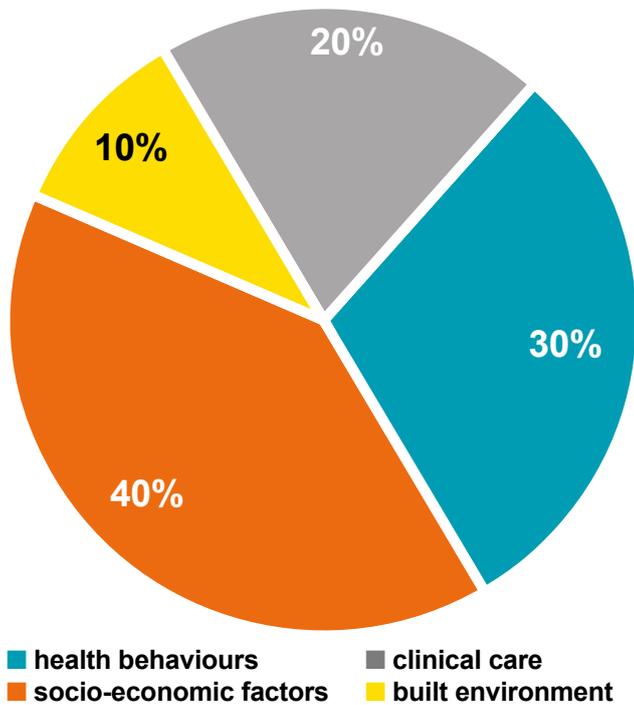
Because of the many factors involved in shaping the social determinants of health and the complexity of the issues in each layer it is unlikely that one sector can successfully impact on health on its own. However, these factors can be influenced and changed if sectors work together to improve health. This will also deliver additional co-benefits, as actions that improve health will also have other benefits such as educational attainment.

**Figure 1.**  
Social determinants for health model (source LGA)



Health in all policies (HiAP) is an established approach to improving health and health equity through a whole systems approach with collaboration between local government, organisations and communities working together on the wider determinants of health.

**Figure 2.**  
Relative contributions to health (source LGA)



**Health behaviours**

- Smoking
- Diet/exercise
- Alcohol
- Poor sexual health

**Socio-economic factors**

- Education
- Employment
- Income
- Family/social support
- Community safety

**Definition**

Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health and wellbeing.

**The Helsinki Statement on Health in All Policies 2014.**

HiAP is based on the concept that the environment that people are born, live, study, work, relax and grow old shape their health

outcomes. Individual choices affects health but are always made in the context of the wider determinants (economic, social and physical environment) that can affect every decision. This concept should be regularly communicated through the process, as for many the first option when asked to address poor health is through better access to healthcare and lifestyle choices. There is no ‘right way’ to incorporate HiAP but general principles apply:

- **Promote health, equity and sustainability** – incorporate into policies and programmes and embed into decision making
- **Support intersectoral collaboration** – build partnerships recognising links between health and other policy areas
- **Benefit multiple partners** – ‘win-win’ approach, all partners have something to gain from HiAP
- **Evidence that partnerships work** – clear focus on outcomes
- **Engage stakeholders** – essential that work is responsive to community needs
- **Create structural or procedural change to embed HiAP** – policy decisions to be seen through health and equity lens
- **Develop common monitoring & evaluation tools** – agreement between partners on what constitutes success for a HiAP approach HiAP can be used across the whole organisation, partnership or sector and can also be applied to specific policies, programmes and strategies.

There are many ways that that HiAP can be implemented, these include:

- **Focus on a specific public health issue** such as obesity or air quality where a multi partnership and cross sector commitments can lead to major change.
- **Focus on a key policy area** such as housing or transport that have significant health impacts.
- **Focus on a window of opportunity** that provide opportunities to engage in collaboration for health.
- **Focus on changing structures or practice** to establish and/or use a mechanism or process to embed policy.

# Case studies from across the Council



## Setting up a locally enhanced COVID-19 contact tracing service

### AIM

In October 2020 local authorities were invited to set up local contact tracing partnerships to supplement the work of the national NHS Test and Trace service. Pilots of local partnerships had shown high success rates in being able to contact those that the national team had not reached. Local authorities were required to set the local partnerships at speed, and with a grant from central government to support the response to COVID-19.

### Relationship with Public Health

Public health is the Council's team leading on the response to COVID-19. Public health had been working with a range of stakeholders as part of COVID-19 outbreak prevention and control since February 2020. This work was extended to include contact tracing to further strengthen our existing work.

### Partnership

The development of the local contact tracing partnership required extensive partnership working with national, regional and Council wide teams as this was not something that could

be achieved by the public health team alone. Redeployed teams from across the Council, including the libraries team, enforcement and planning, supported staffing of the service.

National and regional teams within the Department of Health and Social Care (DHSC) and Public Health England (PHE) supported getting the processes in place to be able to provide a contact tracing service. Once the infrastructure was implemented, and advice sought from neighbouring boroughs on lessons learnt on early implementation, the Lewisham service went live.

### Outline of the work

A plan, do, study, act (PDSA) approach was used to develop the service. It became clear that the teams were comfortable in a hierarchical structure, being able to escalate issues.

The role of the consultant in public health began as very operational and needed to be scaled back. Working as a team in identifying what worked and what didn't, we were able to collaboratively set up structures and working practices that allowed the team to be very effective.

Team Leaders designed spreadsheets for use by the teams, call handlers prepared how to guides, and operational leads were able to oversee the service and set up policies and procedures on escalation.

### Engagement

From the start, the service was a collaborative effort between all involved. There was a commitment from the call handlers to the chief executive of the Council to make the service a success. The teams were redeployed from their usual roles (and comfort zone) to deliver a service that was new to them.

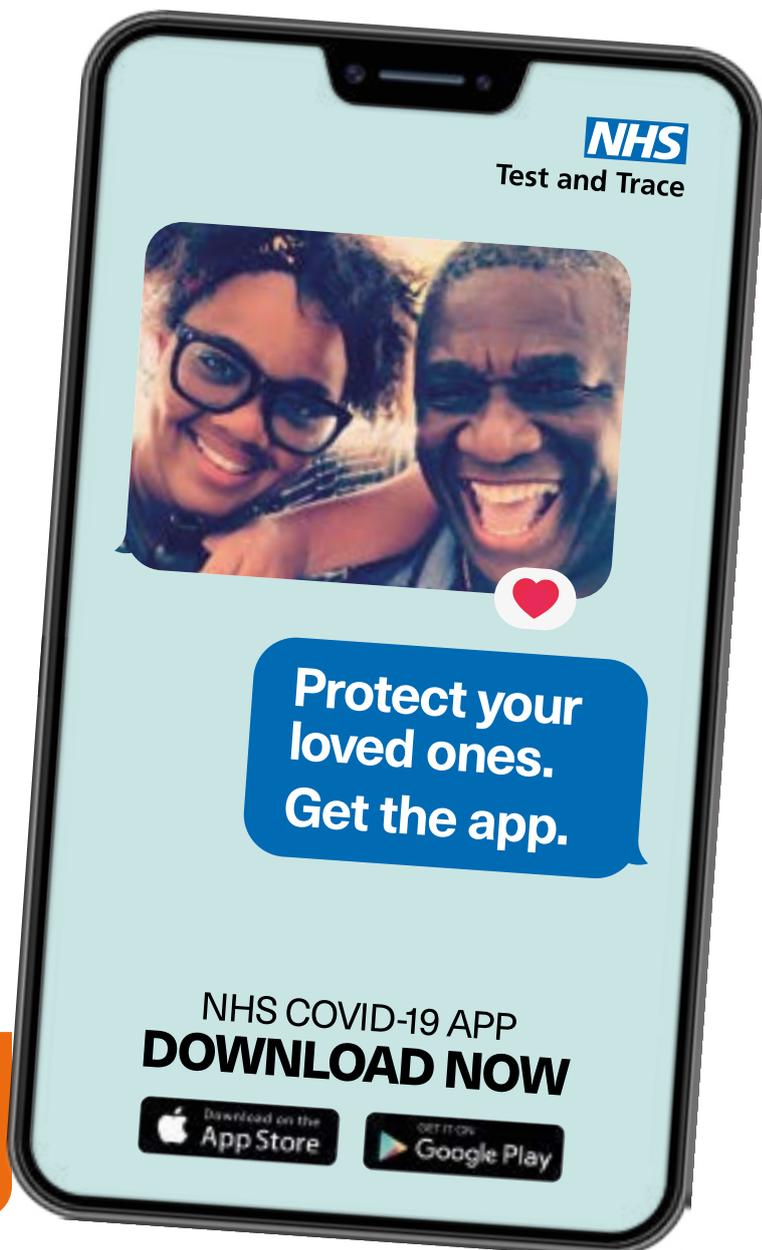
### What difference was made?

The service has successfully and consistently contacted cases that have not been reached by the national NHS Test and Trace team.

The local service has reduced the number of confirmed cases of COVID-19 not contacted to less than 10%. The professionalism, skill and encouragement the service has shown to make contact with cases in Lewisham residents has made a demonstrable impact in our borough response to COVID-19.

### For more information please contact:

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**The service has successfully contacted cases that have not been reached by the national NHS Test and Trace team.**



## Establishing Lateral Flow Device (rapid) testing sites for COVID-19

### AIM

It is estimated that one in three people are asymptomatic for COVID-19, meaning that they can unknowingly transmit the virus to others whilst being infected. Finding individuals with asymptomatic COVID-19 infection and asking them to self-isolate is essential to reduce levels of COVID-19 transmission. Lateral Flow Devices (LFD) or rapid tests can detect people who are infectious, do not require laboratories to process tests and provide results rapidly.

In early November 2020, following a number of “field research pilots” (Liverpool City, setting specific pilots, universities, schools and care homes) the Department of Health and Social Care made LFD testing kits available to Directors of Public Health (DPH) in local authorities. 10,000 kits were provided initially, with the addition of 10% of the population (30,000 tests in Lewisham) per week. The original intention for LFD testing was to undertake asymptomatic mass testing, which then evolved to considering targeted LFD testing for defined populations.

### Relationship with Public Health

The Director of Public Health was asked to lead, direct and co-ordinate the local testing effort with national support.

### Partnership

Essential to the implementation of rapid testing was collaborative working across teams in the local authority. The COVID Action team identified

staff who could be redeployed to the work. A small team was established, which included a manager from the Housing Team, a Project Manager and a Consultant in Public Health. The team co-ordinated the establishment of rapid testing sites in a range of settings. The team also supported the rollout of rapid testing directed from a national level, which included Care Homes for Older Adults and Universities.

## Outline of the work

Initially, priority sites for rapid testing were identified by the public health team who were responding to outbreaks of COVID-19 in the community. Testing was prioritised for staff in special schools and a Further Education (FE) college. The team supported the schools and college to set up their own on-site rapid testing.

In November 2020 rapid testing expanded considerably as a result of the impact of the second wave of the pandemic, and following the move to Tier 4 in December 2020 Lewisham commenced the roll out of an enhanced community testing programme. The aim of the community testing was to break the chain of transmission from asymptomatic individuals, and reduce infection rates. Following the second national lockdown on 6th January 2021, the programme was targeted at those who needed to leave home to work and volunteer.

The Catford Civic Suite was rapidly repurposed and staffed to provide a large community testing site, with testing commencing in January 2021. Additional sites in the south and north of the borough later opened to provide wider availability of rapid testing across the borough including the Green Man Downham, Deptford Lounge and Wearside Depot for council staff. Some smaller sites have also been established for organisations who cannot access the national programme, including in Early Years and supported housing settings. The team have also offered support to the secondary and primary schools who are accessing their own testing from the Department of Education.

## Engagement

Engagement with residents and staff has been essential to allay concerns in regard to the reliability of rapid testing.

A clear communication strategy has been key to promoting rapid testing and to encourage key workers to have regular testing at the test sites. Community Champions have also promoted LFD testing to the local community.

## What difference was made?

Thousands of rapid tests have been completed to date and a number of asymptomatic COVID-19 cases have been identified and required to self-isolate for ten days to break the transmission of the virus. Twice weekly rapid testing by front-line workers has provided them with confidence in regard to their COVID-19 status and to continue to provide essential services.

## Challenges

The strategy behind the roll out of rapid testing is constantly changing as the pandemic progresses and the level of infection rises and falls. A key change brought in when infection rates were high was that there is no longer the requirement to have a confirmatory PCR test after a positive LFD test at community testing sites. This requirement may change again once infection levels decrease. The programme and test sites must be flexible and able to adapt to a rapidly changing environment.



**Engagement with residents and staff has been essential and Community Champions have promoted testing to the local community.**



## Neighbourhood Community Development Partnerships (NCDPs)

### AIM

Neighbourhood Community Development Partnerships (NCDPs) are made up of local voluntary and community sector organisations (VCSOs) and statutory agencies based in all four Neighbourhoods in Lewisham. Each of the four partnerships is led by local community development workers employed by Age Concern, who support members to identify community-level health and wellbeing priorities and to develop local solutions to address them. Using an asset-based approach NCDPs are encouraging VCSOs and other key stakeholders to share skills and resources in order to strengthen community networks.

### Relationship with Public Health

To help with the development of each NCDP, grants have been made available from Lewisham's Public Health team for community projects which focus on locally identified health and wellbeing priorities. Using a combination of available health and wellbeing data and evidence highlighting the key health and wellbeing issues across the borough and local community knowledge, grants are encouraged from innovative partnership approaches that seek to address the key areas of concern.

### Partnership

The development of NCDPs has formed out of a partnership approach between Age Concern and Lewisham Council. Council Officers from the Public Health team and Culture and Communities team have supported the development and the ongoing administration of the partnerships. The Public Health team have supported the prioritisation work of the NCDPs by providing local health and wellbeing data and other available evidence as well as assisting with the shortlisting and distribution of the small grants.

## Outline of the work

There are four NCDPs located in each of the Lewisham Neighbourhoods who meet on a quarterly basis. The partnerships focus on the following overarching aims:

- Reduced social isolation and loneliness
- Increased access to routes to improve health and wellbeing
- Structures in place to ensure local community development activity is coordinated at a neighbourhood level
- Communities identify local health and wellbeing priorities that matter to them and develop solutions
- Develop existing local assets to build networks leading to greater community cohesion and control
- Recruit and train local volunteers

## Engagement

Each of the Partnerships also develop their own local health and wellbeing priorities at a workshop event every year. Partnership meetings provide opportunities for networking and information sharing for all key stakeholders supported by the Community Development worker leads.

The Public Health grants application process is launched each summer to allow time for community groups to work together to develop project ideas for their local area. 30 community projects have been funded between 2017-2019. The funded projects are wide-ranging and innovative. They range from increasing social opportunities for older people, IT training programmes, gardening projects, young film makers and cookery classes.

## What difference was made

Over 170 different VCSOs have attended the NCDPs since their formation. The partnerships have resulted in a greater collaboration between community organisations. This has resulted in the creation of a number of innovative local collaborative projects. Many projects are intergenerational with participants aged under 18 to over 85. Some projects are

ethnic minority cultural celebrations attracting 48% of participants from BAME groups. Other projects address men's mental health but overall participants' gender is roughly equal; 57% women and 43% men.

The work of the NCDPs was recognised nationally as they were shortlisted in the community involvement category at the national Local Government Chronicle awards in 2019.

## Challenges

One of the main challenges has been to ensure that all VSCO stakeholders have an equal voice and are supported to develop project plans. Smaller organisations do not necessarily have the capacity or skills and require greater input from the community development workers. There is also more work to be done to ensure that the work of the NCDPs is communicated to wider stakeholders.

## For more information please contact:

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**NCDPs have shown that partnership working can result in increased community connectedness and cohesion.**



## Measuring Health and Wellbeing Outcomes in Adult Education

### AIM

Adult Learning Lewisham (ALL) is Lewisham Council's adult education service. ALL have developed an Outcomes Framework in order to capture the main outcomes and benefits of adult learning. Six types of outcomes have been identified (through a literature review, participant research and first principles) including Health & Wellbeing Outcomes. The project, over the past year, has been to identify and measure the health and wellbeing outcomes of adult education. This was partly through direct surveys (SF-8 short survey) and partly through a universal question that all learners have been asked as part of their individual learning plan.

### Relationship with Public Health

ALL have been working on monitoring health outcomes since 2015, and have been working on specific projects with the Public Health since 2016. This includes work with the Director(s) of Public Health as well as specifically contributing to the following initiatives over the past few years: ALL's contribution to the Public Health and Wellbeing Strategy; ALL's support for public health initiatives such as Sugar Smart; ALL's contribution to the development of Lewisham's Social Prescribing Framework; and the SF-8 health outcomes pilot.

### Partnership

Initial meetings were held with key officers in 2015, followed by an invitation to the Public Health team meeting in which an extensive range of joint initiatives were discussed. The successful initiatives were those that were congruent with the aims and priorities of ALL and Public Health and to which resources were already being committed. These are listed above.

## Outline of the work

For the health outcomes pilot there were two separate strands. The first strand was the development of a simple survey question that ALL learners could be asked at the beginning and at the end of their course as part of their Individual Learning Plan (ILP), to give a simple measure of the health (and wellbeing) outcomes of particular courses. These results were collated at the end of each year, to give an overview of the health impact of ALL. The second strand was in partnership with the Learning & Work Institute to pilot 'social metrics' which we hoped would give a valid and reliable measure of health outcomes – using the SF-8 short form survey.

## Engagement

Project leaders worked with heads of department and tutors to identify the most appropriate courses and groups of learners for the pilots. For the SF-8 survey we concentrated on classes aimed at those with mental health issues, for the ILP version we asked for volunteer tutors. Very basic instructions were issued to tutors who then administered the surveys as part of their ILP planning and review process. Aside from the evidence that these surveys provide, they provide the data for the tutor to deliver personalised and targeted support for the learner.

## What difference was made?

At a recent Local Education Authorities' Forum for the Education of Adults (LEAFA) Executive Board meeting we presented our research, and agreement was reached to run a national pilot of our latest learning plan/outcomes survey. This will provide a large amount of data which will better inform future curriculum, health, and social prescription decisions. It will also provide a framework for tutors and curriculum leaders to help learners develop in areas beyond course objectives and certification.

## Challenges

The SF-8 survey presented challenges because it is a commercial product and would be expensive to use on a large scale. The results were also inconclusive, and this highlighted how this was a clinical tool, and probably not suited to the interventions we provide. We have used these pilots to address the challenges that the ILP survey presented, such as the depth and number of questions that tutors and learners felt most appropriate and how to let learners have control of the outcomes they were aiming for, the result being a usable survey for a national pilot. We still face challenges around the best way to gather the information (paper based, online, an app) and if or how to measure distance travelled. We hope to address these in the next phase of pilots.

## More information:

<https://lewisham.gov.uk/myservices/education/adult/find-a-course>



**Time spent on pilot projects is time well spent.**



## Working to Improve Air Quality in Lewisham

### AIM

Improve Air Quality through engagement with local stakeholders (healthcare providers, schools, businesses & community groups). Businesses and health care providers are key partners to engage in air quality improvement

### Relationship between Public Health and Environmental Health

Public Health's remit includes responsibilities around air quality and work closely with the council's Environmental Protection Team who sit within the Environmental Health Service. EP have traditionally led on air quality work and the Director of Public Health (DPH) is responsible for sign off of Lewisham's Annual Status Report for Air Quality and Air Quality Action Plans. There will be increased funding available to Environmental Health following a realignment of Environmental Health into the Public Realm Directorate. This will lead to additional staffing resources which will enable both Public Health

and Environmental Health to increase the work on improving Lewisham's Air Quality alongside its strategic partners and local stakeholders. It will also enable recommendations from the Coroner's Inquest in December 2020 to be woven into Lewisham's ongoing work in this area.

### Partnership working

Public Health was instrumental in establishing liaisons with local stakeholders such as general practitioners and University Hospital Lewisham with the aim to encourage them to reduce their impact on local air quality through local solutions to reduce emissions from freight and delivery.



### Outline of the work

Clean Air Villages (CAV2) built on the work undertaken through the DEFRA-funded 2017/18 Clean Air Villages (CAV1) project to enable further widespread and sustained action to reduce emissions resulting from the delivery of goods and services to businesses in 13 of London's most polluted town centres ('villages'). Clean Air Villages (CAV3) is now ongoing which builds on the work undertaken via CAV2 with more villages including Deptford High Street. Cross River Partnership's (CRP's) Clean Air Villages 3 collaborative fund was granted to deliver Air Quality improvement activities over the financial year 2020/21. The programme aims to reduce emissions in several hotspots of poor air quality across London boroughs. Within these hotspot villages, working with businesses and communities to make deliveries and servicing more efficient, using both individual and collective action. Businesses and communities are engaged through workshops, seminars and 1-to-1s. The areas identified are within the GLA defined Air Quality Focus Areas and for Lewisham, Deptford High Street area and Lewisham Town Centre are the two designated villages. Whilst this work is coming to a close Public Health and Environmental Protection Teams will strive for the project to become a stepping stone to further work in this area.

### Engagement

Clean Air Village is a behaviour change project, which works with businesses focussing on the dual benefits of improving air quality whilst also saving them time and money through more efficient operations. CRP works with businesses in these villages to offer 1 to 1 support to help businesses reduce emissions from business-

related deliveries and services. There is also a tailored solution for each village. The CRP will enable the sharing of best-practice and learning across villages.

### What difference?

Outcomes will be as a result of actions taken by businesses in the 13 villages which will reduce demand for delivery and servicing trips and increase the number of trips undertaken by ultra-low emission vehicles.

### Challenges

Clean Air Village is promoting air quality-related behaviour change from a wider community perspective (including residential and commercial transport and travel), there has been some limitation on the business engagement around Lewisham.

### More Information

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<https://crossriverpartnership.org/projects/clean-air-villages-3/>

**Cargo bike scheme started for businesses in Deptford to improve air quality**



## Mental Health First Aid in Schools

### AIM

Youth Mental Health First Aid (YMHFA) is an internationally recognised training approach in Mental Health First Aid (MHFA). The programme is designed to teach people how to identify the signs and symptoms of mental ill health in children and young people and offers guidance regarding onward support. Courses are tailored for professionals who teach, work and care for school-aged children and young people. Learners will also gain an understanding of how stigma and discrimination about mental health affect children and young people's mental health and emotional well-being, with an expectation on the individual to challenge negative attitudes in the workplace to support the creation of a mental health friendly environment.

### The key outcomes intended for this training programme are:

- Improved mental health and wellbeing for children and young people in Lewisham
- Improved engagement in education and reaching full potential in academic and social milestones by children and young people identified
- Improved relationships with other children and adults, as well as family relationships

### Relationship with Public Health

The YMHFA training courses were introduced through the Lewisham Public Health Improvement Training Programme in 2013-14. Offering MHFA training across the workforce is an opportunity to provide consistent knowledge and information. The training also helps to support work on transition between children and adult services by providing consistent information to professionals in both child, adolescent and adult services.

As part of the wider drivers for the CAMHS Transformation Plan, agreement was given by Joint Commissioners for the delivery of a YMHFA Programme for schools in Lewisham. This was building on positive outcomes in improving attitudes, skills and confidence around mental health.

### Partnership

In line with national and local intentions, the Lewisham Children and Young People's Partnership, including NHS Lewisham CCG, committed to providing programme of MHFA training courses to schools across Lewisham during 2019. This MHFA England training programme is available to professionals working in all Lewisham schools.

### Outline of the Work

Course delegates gain an understanding of how stigma and discrimination around mental health affects children and young people's mental health and emotional well-being, with an expectation on the individual to challenge negative attitudes in the workplace to support the creation of a mental health friendly environment. This support to strengthen school's approach to mental health and emotional wellbeing is set in line with the Transforming Children and Young People's Mental Health Green Paper, 2017.

Youth Mental Health First Aid training complements a wider mental health and emotional wellbeing offer to Lewisham Schools. Specifically, the training has enabled practitioners to explore mental health literature, understand how to combat stigma, and promote early intervention.

### Engagement

The YMHFA training offer is delivered during term time only and is tailored to meet the needs of schools to maximise take up. In order to make this training appealing to schools, options are available for a 1 or 2 day course. Promotion for the training has been undertaken by meeting with school leads, via the Mental

Health and Emotional Wellbeing Programme Board and schools' mailing bulletin. This Way Up Wellbeing deliver YMHFA Training with a strong focus on prevention and de-escalation of mental and emotional distress in children and young people. As well as teaching resilience and strategies to improve the emotional and mental well-being of CYP and promote positive mental health and wellbeing.

### What difference was made?

There have been significant developments in strengthening the mental health and emotional wellbeing offer within Lewisham, in which YMHFA Training has been a key component. The training has already reached 48% of Lewisham schools with representatives from 41 educational settings (71 participants) with the concluding course in the autumn term. In the coming year, commissioners will continue to promote early intervention and prevention of children and young people's mental health difficulties, with a particular focus on delivery in schools. As part of this work YMHFA training will continue to be offered to schools.

### Challenges

Take up from secondary schools has been lower than primary schools, measures are being taken to understand and respond to this. Some schools required more than the initial 2 places maximum offered – this was to ensure an even spread of training across the borough. This has since been relaxed due to schools identifying the need for additional places. Dates for delivery can be challenging against all schools calendars. Not all schools as aware of the training offer despite ongoing promotion.

### Contact details for more information:

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<https://www.healthylondon.org/resource/schools-mental-health-toolkit>  
<https://www.minded.org.uk/>

**Ensure buy in from school strategic leads and significant lead in time for promotion.**



## Daily Mile Initiative

### AIM

The Daily Mile initiative encourages children to run outdoors for 15 minutes per day, for a minimum of three days per week, during school hours. The Daily Mile aims to improve the 'physical, mental, emotional, and social health and wellbeing' of children and importantly, increase and embed physical activity in daily habits.

### Relationship with Public Health

Lewisham has been implementing a Whole Systems Approach to Obesity (WSAO) since 2016 and was selected as one of four national pilot WSAO sites in the country. Implementing a WSAO was a direct response to Lewisham's ongoing challenges around childhood obesity.

It was acknowledged, that to accelerate progress, two main cross cutting actions were required to create healthier environments.

These were:

- 1 The Daily Mile
- 2 Lewisham Sugar Smart Campaign

### Partnership

A diverse range of over 100 stakeholders were brought together to form the Lewisham Obesity Alliance (LOA), which meets on a regular basis to share best practice and identify opportunities to align actions. Stakeholders, including elected members, champion the whole systems approach to obesity, including the Daily Mile.

### Outline of the Work

The success of the Daily Mile rests on building and maintaining relationships with stakeholders, especially schools. The importance of the initiative for child health, concentration, learning and behaviour is highlighted to schools. Reiterating that the Daily Mile is simple, inclusive (children with special needs/disabilities can take part) is also helpful.

As part of the Childhood Obesity Trailblazer programme, unsold out of home advertising estate (billboards) will be utilised to promote locally co-produced public health campaigns including the Daily Mile. We hope that by doing this, the initiative will be taken up by more primary schools in the borough.

Working in partnership with the Daily Mile strategic lead for London and Lewisham's Healthy Schools Officer has provided further opportunities to encourage schools to adopt the Daily Mile and provide support to those schools that are already doing the initiative.

### Engagement

Engagement with schools has been conducted through a variety of direct and indirect measures, including: presentations given to schools; organising or participating at school conferences; surveys; information in the Governor's pack; information in the feedback letters to schools as part of the National Child Measurement Programme and communication via the schools mailing. Face to face meetings with school leads or PSHE staff have been arranged by public health directly liaising with school staff. Schools doing the Daily Mile have been encouraged by public health to host open days for other school staff to observe the Daily Mile in action.

### What difference was made?

To date, 45 schools (44 primary and 1 secondary) are running the Daily Mile, ranging from one year group, to a whole school of nearly 600 children. In total, 12,890 pupils in Lewisham are running the Daily Mile. When speaking to schools, there seems to be more awareness of the Daily Mile.

### Challenges

Maintaining contact with schools and keeping 'on top' of changes-for example: key member of staff leaving, number of children participating and encouraging schools that have not adopted the Daily Mile to take part has been challenging.

Aligning actions, sharing information with the London strategic Daily Mile lead and Lewisham Healthy Schools Officer will help to overcome these challenges.

### Children taking part in the Daily Mile at Turnham Primary School

#### More information

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**Embed the Daily Mile within a wider piece of work that has local political support in order for it to gain significance and recognition from stakeholders and schools.**



## School Superzones Pilot

### AIM

Lewisham has signed up to the London Devolution (Public Health England) School Superzones pilot project. The aim of the project is to create a healthier and safer environment for children to live, learn and play. Superzones are a 400m radius around schools in which actions are taken to protect children's health and encourage healthy behaviours through interventions that target: unhealthy food and drink sales; advertisements; alcohol; smoking; gambling; air quality; physical inactivity; and crime.

### Relationship with Public Health

Officers and Councillors were invited to an initial workshop facilitated by Public Health to start the process of developing a School Superzones action plan for Lewisham. The project has become established through development of a joint action plan, regular meetings and workshops and attending regional workshops.

### Partnership

The project is a collaboration between different teams in the Council, elected members, school staff, pupils and parents, local residents, community organisations and other local stakeholders. It brings together existing, planned and new actions and focuses them in the Superzone area, ensuring that they align with other actions across the themes.

## Outline of the work

- Mapped activities that focused on; adverts, alcohol, unhealthy food and drink, air quality, gambling, smoking, physical inactivity that were already happening, as well as upcoming initiatives; crime was identified as an eighth category for inclusion.
- Haseltine Primary School in Bellingham ward was identified as a pilot school, based on looking at levels of need in the area and also at the level of school engagement. Concurrently, asset mapping of the physical environment and infrastructure around the school was done.
- A detailed map of the superzone area was developed to help identify the assets, harms and opportunities in the area.
- Two workshops held at Haseltine Primary School discussed local issues and challenges which included: air quality and traffic, children and parents getting to school, fast food takeaway premises, crime, and other challenges. This helped prioritise actions and an action plan has been developed and is updated on a quarterly basis.

## Engagement

We have held a number of meetings at the school, this has helped gain engagement from a wide range of stakeholders in the area. The insight gained helped to prioritise actions and develop a joint action plan. Also, links between different teams in the council has been a key success factor. This has made relationships stronger and will also benefit other areas of collaborative work in the future. It also has enabled the profile of some public health issues to be raised, for example bringing physical activity and the food environment into discussions about air quality.

## What difference was made?

Benefits include:

- The Superzone was included as a criteria to prioritise areas for the creation of Healthy Neighbourhood Zones. The area was selected for the first year of the programme and there will be measures put in place to improve air quality, and to make the neighbourhood more walkable and bikeable.

- As part of the Air Quality audit a green screen for the school received matched funding through Section 106
- The Superzone will be included in the Council's new licensing policy.

## Challenges

The main challenges has been to match expectations of the local community to the superzones concept. It was important to clearly identify that there was no funding attached to this project so that we did not raise false expectations. Many of the benefits would not be immediate or beyond the scope of the pilot period, because of this, the decision was made to extend the pilot for a further year so that actions can be progressed and learning shared.

## More information

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**Aligning actions across diverse work streams takes time, it is important to factor this into your timeline.**



This created a shared understanding of how complex obesity is and that all sectors of society have a role to play in its reduction. This helped to gain commitment and engagement from the diverse stakeholders.

Following a series of meetings on the food environment and the use of parks and open spaces, members of the Alliance identified 3 key actions to focus on for each theme, working together to align actions to maximise outcomes.

Increase access to healthier food	Increase use of parks and open spaces
Public/private sector organisations to buy in to a workplace charter that outlines provision on healthy eating guidelines at events	Give people reasons to go to parks-range of activities/hydration stations or coffee bars in parks
Up-skill people; including schools and youth services, looked after children and residential care homes	Support schools, workplaces to use parks
Support services, children’s centres, early years providers in developing updated food and nutrition policies	Maximise walking and cycling e.g. by increasing uptake amongst specific groups and identify key set of messages on benefits of physical activity

### Engagement

We engage with partners in several ways. Firstly, the quarterly meetings are held with a different external speaker or local stakeholder sharing examples of best practice each time. These relate to the 6 key actions the Alliance is working towards. Sharing learning with additional insight from external speakers helps inspire and motivate Alliance members to reflect on their individual areas of work and also how they can align actions. Secondly, partners provide updates on how they are contributing to this agenda in a quarterly Public Health Obesity Alliance e-newsletter. All partners are able to use this as a means to evaluate how engaged stakeholders are and the work they are doing.

### What difference was made?

A key success is that the Lewisham Obesity Alliance is continuing to grow and is now made up of a diverse range of over 100 stakeholders who champion the obesity agenda and whole systems approach. This has helped the Alliance gain support and recognition from elected members, and has created partnerships

between organisations that would not have formed without a whole systems approach to obesity.

### Challenges

The main challenges are competing priorities for stakeholders and gaining commitment in the early stages from other Council directorates who had not previously been fully engaged with the obesity agenda. Being a national pilot and having senior leadership buy-in helped overcome some of these. We will continue to engage a wider partnership to join the Alliance and encourage stakeholders to embed the WSAO into their policies and actions plans to ensure sustainability of the work.

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**2016 Lewisham Annual Public Health Report on Obesity**

**Involving stakeholders in all the earlier phases of the whole systems approach led to sustained engagement and contribution to the agenda**



## Healthy Early Years London Scheme (HEYL)

### AIM

To support and accredit Early Years settings with First Steps, Bronze, Silver and Gold awards for developing a focus on health and wellbeing through the 12 themes of HEYL. To increase awareness of child health and wellbeing to children, parents and the staff that work with them.

### Relationship with Public Health

The HEYL scheme brought together Public Health and the Early Years Education Team and one officer from each team began to plan and work together.

### Partnership

Lakhvinder Matharu (Public Health Officer – Nutrition) and Mary Gobey (Early Years Advisor) plus a working group made up from both teams to become the Quality Assurance Team (QUAGS) to ensure a breadth of knowledge and skill is shared and cascaded.

### Outline of the work

We introduced the scheme to all early years settings at all regular network meetings and forums and encouraged all to take up the scheme. We visited settings to support and monitor progress.

We have delivered training/presentations from people representing the 12 themes of HEYL. We have marked, assessed and accredited audits for awards. Planning celebration events and are continuing to reach out to more settings.

## Engagement

The first year we introduced the scheme to all settings. This year we are targeting more hard to reach settings, settings that Require Improvement and those in areas of deprivation. On going strong communication and regular contact, visits and support will continue across the borough.

## What difference was made?

**81** settings engaged,

**46** First Steps achieved,

**7** Bronze Awards.

Through this scheme the healthy curriculum is highlighted and recognised by Ofsted. Good knowledge about healthy lifestyles is cascaded and more early intervention/support is put into place.

There is more awareness about the 12 themes of HEYL – healthy eating, infection control, home safety, social and emotional wellbeing, oral health, home learning, speech, language and communication, physical activity, supporting children with chronic illness/SEN, early cognitive development and parent/staff mental health and sustainability.

## Challenges

The time invested in this work comes from the commitment to improve Early Years and the belief that every child deserves a good start in life. This now depends on the goodwill of the early years provision management and its members. We continue to promote the scheme and plan in small incentives and an end of year celebration event.



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**Active promotion of health and education working together to make a difference to the lives of young children and their parents and the teams that work with them.**



## Joint Strategic Needs Assessments (JSNA)

### AIM

To profile Lewisham's population, including demographic, social and health information. The JSNA also provides access to in-depth needs assessments which address specific gaps in knowledge or identify issues associated with particular populations/services. These in-depth assessments vary in scope from a focus on a condition, or a segment of the population. The overall aim of each needs assessment is to translate robust qualitative and quantitative data analysis into key messages for commissioners, service providers and partners.

### Relationship with Public Health

The JSNA is a core part of Public Health's work and is a statutory obligation through the 2012 Health & Social Care Act. The work allows the team to establish and build relationships with teams and colleagues across the council and the partnership, through shared working and collaboration. A JSNA Steering Group was established in 2017, chaired by the Director of Public Health, which is responsible for development of the JSNA and has representation from across all Lewisham health sectors.

### Partnership

In recent years work has taken place with the Children's Joint Commissioning Team for the Parenting JSNA, Environmental Health and Transport for the Air Quality JSNA, Youth Offending Team for the Young People in Contact with the Criminal Justice System JSNA and Social Care for Repeated Removals of Children into Social Care JSNA.

## Outline of the work

A revised process for undertaking the JSNA was agreed at the Health and Wellbeing Board in July 2017. The purpose of this was to:

- 1 Achieve wider stakeholder engagement;**
- 2 Provide a more strategic overview of needs;**
- 3 Take account of and help determine local priorities;**
- 4 Be more transparent and accountable to the Health & Wellbeing Board;**
- 5 Provide effective monitoring and efficient management of available JSNA resources.**

The implementation of the newly agreed process means that there is now a systematic approach to prioritising topic assessments and has meant that the 'Picture of Lewisham' document, providing an overview of key health and socio-demographic information is updated each year. There is also a direct sign-off process with the Health & Wellbeing Board ensuring the JSNA keeps a political and public profile. This has better embedded the JSNA within council work.

## Engagement

Public Health has engaged with commissioners and other relevant stakeholders by attending team meetings, Directorate Management meetings, voluntary sector events etc. to promote the JSNA and ensure engagement and awareness is as wide as possible. Presentations at the Neighbourhood Community Development Partnership neighbourhood meetings has also meant that the resource has reached a wider audience. This activity has meant that awareness has improved, therefore more informed decisions can be made. A broader range of topics for the in-depth needs assessments is now put forward rather than the traditional 'medical' health focus.

## What difference was made?

The aim of any JSNA process is to provide accurate and timely information so that better decisions can be made, whether this be commissioning/decommissioning of a service, ensuring residents/service users are more aware of an issue, or that inequalities between groups are better understood. Feedback on both the Picture of Lewisham and the new JSNA process has been positive, the hope is this will continue to improve as the JSNA becomes part of the soon to be launched 'Lewisham Observatory', so the JSNA information is seen in conjunction with other relevant local data and information.

## Challenges

Challenges have included data quality and availability. The aim is to understand if there are specific health inequalities within the borough and between population groups. Often there is a lack of borough specific information, especially getting equalities monitoring data.

In other cases commissioned services are not providing data which is robust enough to draw conclusions from. Both challenges frequently appear as recommendations within individual needs assessments.

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**Plan ahead, ensure colleagues know what is going to be asked of them and that findings can be publicly shared.**



## Making Every Contact Count

### AIM

Making Every Contact Count (MECC) training provides staff with the competence and confidence to deliver a brief intervention to an individual to bring about a lifestyle behaviour change. This can focus on a range of behaviours that may impact on health including alcohol, smoking, nutrition and physical activity. The training is aligned to the NHS Prevention and Lifestyle Behaviour Change: A Competence Framework. It also reflects Drugs and Alcohol National Occupational Standards (DANOS) supporting brief interventions around alcohol use, as well as NICE guidance on individual behaviour change (PH49).

### Relationship with Public Health

In Lewisham, the Health and Wellbeing Board have made it a strategic priority to ensure that all staff working across health, social care and voluntary organisations are equipped with the necessary knowledge and skills to promote health and wellbeing to bring about a behaviour change. Members of the Board made a commitment to prioritise the training of their staff to deliver brief interventions on healthy lifestyles, in line with NICE guidance, on account of the strength of evidence, in alignment with the Health Education England mandate.

### Partnership

The MECC training programme has been rolled out across the borough in a variety of settings and a range of organisations; some in-house for particular professional groups, others in multi-professional settings. We have worked closely with partners from the local CCG and strategic training networks.

A tier of manager's briefings was also built into the programme. This training for managers and service leads aimed to increase understanding of MECC delivery, support staff in implementation

and allow for discussion in supervision and performance evaluation sessions.

### Outline of the work

The Health Improvement training programme is a fundamental component in the implementation of Lewisham Health and Wellbeing strategy and the integration of Health and Social care. The training programme provides a range of quality assured training to equip the workforce with the skills and knowledge to identify opportunities for health promotion and facilitate key health messages within their work practice and community settings.

A MECC training course has been developed as part of this programme to enable participants to gain the knowledge and develop the skills to equip them to improve their practice, based on a sound evidence base. The training has a clear aims, objectives and includes post training evaluation, over 1500 staff and volunteers have been trained. The knowledge and skills acquired on the course will enable participants to promote health in various settings through effective practice.

### Engagement

We engaged with our target audience by presenting proposals for the delivery of a systematic approach to brief intervention to the board. This supported in identifying how each member organisation could contribute, through identifying the numbers and areas of their workforce who would receive MECC training.

The MECC training programme has since been rolled out across a variety of settings, involving a range of organisations; some in-house for particular professional groups, others in multi-professional settings. We have worked closely with partners from the local CCG and strategic training networks. Public Health also developed a local MECC resource (handout) for participants to support the sustainability of the knowledge and skills gained and signposting to local services.

### What difference was made?

- Over 1500 staff and volunteers from the workforce have been trained
- An increase in health outcomes of the local population
- A culture whereby all health and social care professionals and volunteers can, as a minimum, deliver a lifestyle intervention
- An increase in referrals to Lewisham lifestyle services
- MECC can be delivered as face to face 0.5 day sessions or within Protected learning time/team meetings where ever possible. There is also online training if a capacity issue is identified
- Senior leadership will support MECC and staff will be released to attend training

### Challenges

- The need to consider how best to meet the training needs of the workforce including targeting the wider workforce who have not previously accessed MECC training
- Focus on providing targeted training which is easily accessible to staff is key, taking training to staff teams is seen as an incentive in attendance.
- Fostering a culture where releasing staff for training is seen as an investment in learning rather than a cost pressure. Taking into account, there is no direct cost to providing brief interventions by existing staff, it will present a small pressure on staff time.
- The need to ensure that delivery is embedded in practice following the training. Support and opportunities for staff to report on how the training has been utilised in working practice is also a factor which should also be considered
- The inclusion of mental health and wellbeing and cancer awareness as topics of focus to support health improvement activity within local communities

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**The investment of funding for continuation of the programme particularly in Making Every Contact Count (MECC) training is vital. MECC has been recognised across London as a priority, underpinned by NICE 2014 guidance (PH 49). The continuation of MECC to prevention requires sustainable resourcing.**

# Case studies from our partners



## Maternity Stop Smoking Brief Intervention and Carbon Monoxide Monitor Provision

### AIM

- Carbon Monoxide (CO) monitoring of every pregnant woman at booking and at 36 weeks of pregnancy
- Increase in the take up of referrals by women to the Stop Smoking Service
- Reduction of smoking in pregnancy and post-birth

### Relationship with Public Health

The Public Health Consultant Midwife and local joint Children's Commissioners provided a case to use public health funding to finance the above approach in view of the significant impact of maternal smoking on family health and wellbeing.

### Partnership

Work took place with Lewisham and Greenwich Trust, Children's Centres, Greenwich and Bexley colleagues, the Smoke Free Delivery group and an outside provider to plan the above approach.

## Outline of the work

- Met with stakeholders to ensure that everyone was committed to aims and implementation of the programme
- Investigated evidence base of preferred trainer including contact with organisations that had used her and the training approach
- Provision of evidence-based, brief intervention training to over 340 staff including midwives, health visitors, admin staff, obstetricians, support workers and all of the Stop Smoking advisors in 2018
- Provision of specialist stop smoking intervention called 'Risk Perception' for delivery by a small number of staff to the most addicted smokers (2019)
- Provision of CO monitors to every community midwife
- Inclusion of % of women offered CO monitoring on the maternity commissioning scorecard so that LGT report on this on a quarterly basis
- Monitoring of pregnant smokers referred and quits in the Smoke Free Delivery group

## Engagement

- Inclusion of all key stakeholders from the beginning
- Use of evidence-based approaches
- Ensuring that monitoring of outcomes is measured in both the Smoke Free Delivery group and the Maternity Commissioning group. This ensures that the investment put into the staff training does not disappear as a priority once the training is completed

## What difference was made?

- 90.2% of pregnant women were offered CO monitoring (Nov 2019) as opposed to 12.2% in December 2016
- Smoking at time of delivery at UHL and for Lewisham borough is significantly lower than the national average
- We have not seen an increase in take up of stop smoking services by pregnant women offered by LGT
- We have not so far seen an increase in quits by pregnant women using the stop smoking service

- It is hoped that quits by the most addicted pregnant smokers and their partners will increase when the Risk Perception approach begins at UHL

## Challenges

- Training fatigue by staff, attempts to mitigate this by using an evidence-based approach
- The sheer logistics of trying to train such a large number of clinical staff across two sites and backfill challenges. Found that leadership is essential and senior leaders putting 'can-do' people in charge of the organising training element
- Staff capacity to spend time on this subject when there are so many competing areas for discussion. To combat this the trainer tailored her approach to be used in the context of busy staff with a few minutes to get maximum effectiveness of the intervention.

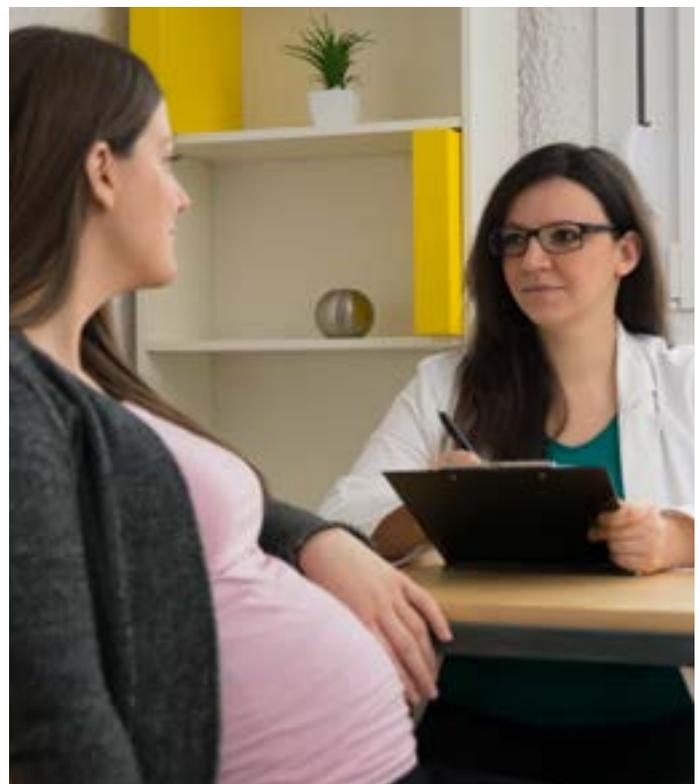
## More information

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**Involve senior leaders from the beginning in the proposed initiative including showing them the evidence, as well as agreeing how the desired outcome will be measured following the initiative**



## Cancer Awareness Training for Pharmacy Teams and Community Members

### AIM

To support the Health and Wellbeing Strategy Priority to increase the number of people who survive bowel, breast and cervical cancer.

### Relationship with Public Health

As part of implementing the Health and Wellbeing Strategy priority, a number of actions have been undertaken including the following:

- Public Health has commissioned Cancer Research UK (CRUK) 'Talk Cancer' training to pharmacists and a bursary-funded CRUK workshop was delivered to 15 community group members in December 2018. A total of 34 pharmacists were trained over three sessions.
- Several cancer learning events for healthcare

professionals have now taken place in Lewisham specifically around bowel and lung cancer.

### Partnership

Public Health worked closely with partners from the local CCG, Pharmaceutical Committee, Cancer Research UK and Medicines Management to explore how a model of Cancer Awareness training could be developed and implemented within Lewisham Community Pharmacies. The model involved training

staff from each pharmacy to conduct brief conversations with customers about cancer. The Pharmacies would also undertake health promotion displays using approved material. Members of this group also led initial discussion on developing cancer awareness training for community members.

### Outline of the work

Lewisham Public Health have supported the coordination of Cancer Awareness training for Lewisham Pharmacy Teams. This training was delivered by facilitators with a nursing background from Cancer Research UK. Talk Cancer workshops equip and empower community members to raise awareness of cancer and support early diagnosis in the community. The training provides participants with better knowledge around cancer prevention, screening and early prevention. It also provides participants with the tools and confidence to encourage people to make lifestyle choices, use local services and go to the GP with their concerns. We want to foster a culture in Lewisham, where residents are more aware of signs and symptoms of key cancer types and feel comfortable to visit primary care settings with their concerns, thus increasing the proportion of cancers diagnosed earlier.

### Engagement

Public Health worked closely with strategic partners and Health Engagement facilitators from Cancer Research UK to develop promotion approaches to the target audience. Members of this group then actively engaged with pharmacies and community members by presenting proposals for the delivery of the training. This in turn encouraged potential participants to identify, if they had a special interest in raising awareness amongst local communities with a health focus. This was to support the role of primary care in improving cancer outcomes, by having conversations with the public.

### What difference was made?

- Supporting members of the wider workforce to gain skills, confidence and knowledge about practical interventions to be able to respond to people experiencing poor health and wellbeing through delivery of targeted and tailored training.
- Increasing awareness of the signs and symptoms of cancer and improve the knowledge of the main cancer screening programmes (bowel, breast and cervical) among members of the wider workforce tailored to the needs of different population groups in Lewisham.
- Contributing towards the reduction in stigma around cancer in the borough.
- Working towards achieving long-term local and South East London STP outcomes to improve uptake of breast and bowel cancer screening, cancer survival and improve overall health and wellbeing in Lewisham and South East London

### Challenges

Although we have seen particular success with the Awareness training for Lewisham Pharmacy Teams, the challenge has been to ensure that under represented areas of the workforce have access to training. We now want to build on this work with those who have received this training to ensure they continue to have the confidence and capacity to deliver on the scale required.

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**Ensure opportunities to facilitate the sustainability of this work, since those receiving training could then become a useful resource for the borough in terms of knowledge and skills around cancer.**

# Recommendations

**Harness the learning from whole system working on COVID-19 and continue to work with stakeholders across the council and wider system to increase understanding and build capacity to further implement a health in all policies approach.**

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**Build on existing work to formalise a health in all policies approach at all stages of service development and strategy and policy-making.**

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**Continue to champion the health in all policies approach at a strategic level by highlighting the links between improvements in population health and the achievement of corporate and other strategic priorities**

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**Develop a framework to enable the ongoing and robust assessment of the impact of policy decisions on health and health inequalities within the Lewisham population**



# References/Further Information

**Local Government Association (LGA) Health in All Policies: a manual for local government (2016).** <https://www.local.gov.uk/health-all-policies-manual-local-government>

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**World Health Organization, Constitution.**  
<https://www.who.int/about/who-we-are/constitution>

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**Health state life expectancies by national deprivation deciles, England and Wales: 2015 to 2017**  
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstatelifeexpectanciesbyindexofmultipledeprivationimd/2015to2017>

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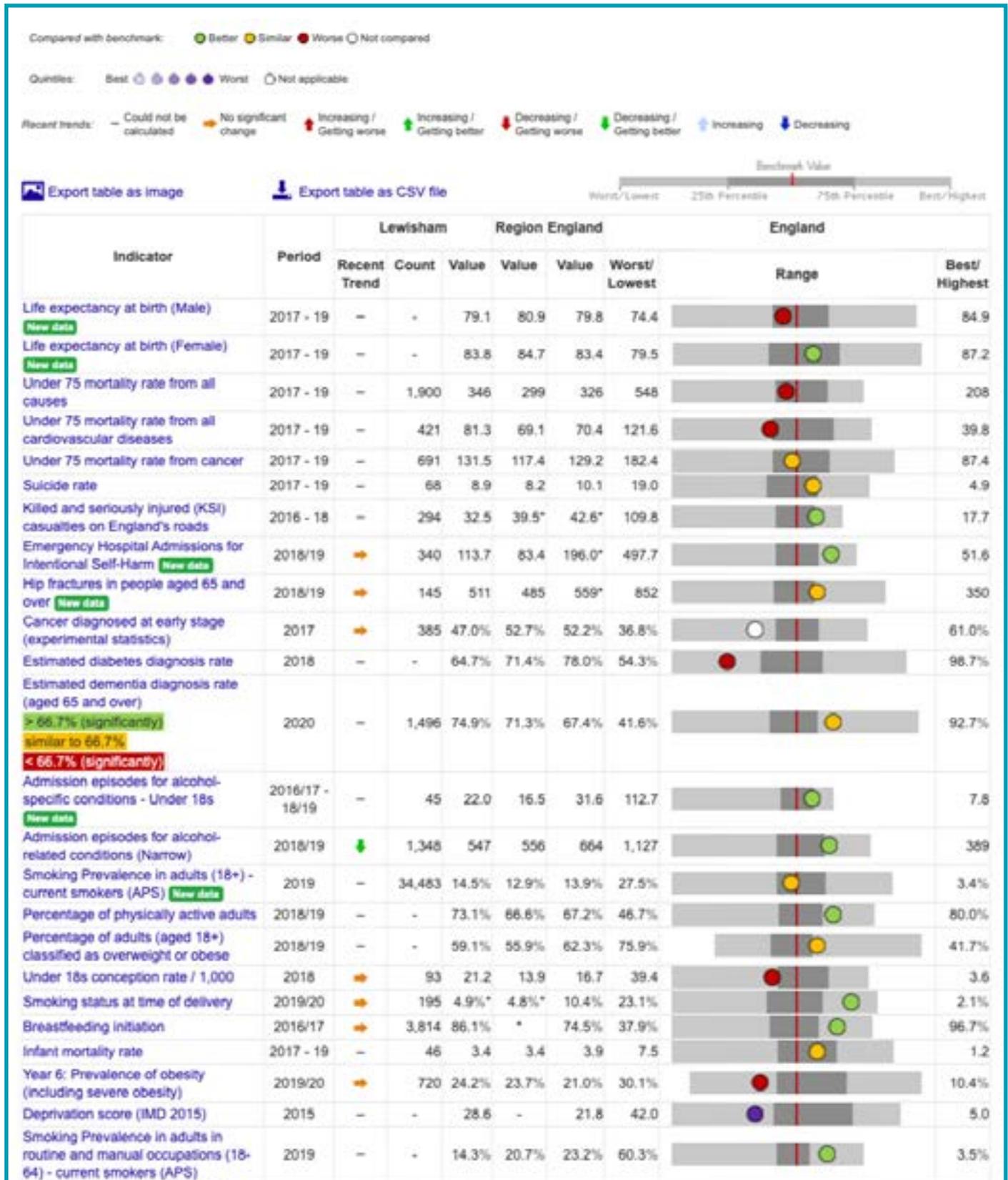
**World Health Organization, Finland Ministry of Social Affairs and Health. Health in all policies: Helsinki statement. Framework for country action. World Health Organization; 2014.**  
<https://apps.who.int/iris/handle/10665/112636>

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# Appendices: Health & Wellbeing Profile for Lewisham

The chart below provides an overview of the key indicators of health and wellbeing for the population of Lewisham as of February 2021.





This chart has been taken from the Public Health England Fingertips website. This site provides a wide range of data and analysis of indicators of health and wellbeing for areas across England.

The data for each profile is summarised in a Spine Chart. In this spine chart the value for Lewisham for each indicator is shown as a circle. The chart provides a comparison between the health of people in Lewisham and the average for the rest of England.

The England average is indicated by the red line at the centre of the chart. The range of values for all boroughs in England is indicated by the light grey horizontal bar. A red circle means that Lewisham is significantly worse than the England average for that indicator. A green circle indicates that Lewisham is significantly better than the England average for that indicator.

Link to profile:

<https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132701/pat/6/par/E12000007/ati/202/are/E09000023>

For a list of all the profiles available for Lewisham please visit:

<https://fingertips.phe.org.uk/>

**If you would like further information about a particular indicator on this profile or have any other query relating to data on the health of the Lewisham Population please contact the Public Health Intelligence Team:**

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