

# Overview and Scrutiny

## Preventing premature mortality review

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Healthier Communities Select Committee  
March 2012



### Membership of the Healthier Communities Select Committee:

Councillor John Muldoon (Chair)  
Councillor Stella Jeffrey (Vice - Chair)  
Councillor Pauline Beck  
Councillor Kevin Bonavia  
Councillor Joseph Foloronsu  
Councillor Carl Handley  
Councillor Michael Harris  
Councillor Ami Ibitson  
Councillor Chris Maines  
Councillor Dan Whittle



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## 1. Chair's Introduction

In Lewisham, we have a saying: "*Salus populi suprema lex*" – it's the motto on our coat of arms. It can be roughly translated as "The health of the people is the first great law" and can be found as far back as the writings of Cicero. It is especially relevant today, as the transfer of the public health function to local government progresses. Once again, local government will be central to driving forward the improvement of the health of our nation. Those familiar with public administration may recall when public health responsibilities were last vested in local government; it will be different this time. Health and wellbeing boards will be the foundation for developing a cogent and coherent system for public health, providing leadership and engagement.



Whilst London has higher life expectancy than New York, it is behind other world cities, such as Tokyo, Paris and Sydney, especially for female life expectancy. Mortality ratios show that health inequalities between areas of Britain have continued to rise this century. Although it is reported that the "North/South" divide in Britain is the widest for 40 years, this conceals the variations within geographical regions. For example, the difference in life expectancy between the most and least deprived London neighbourhoods is 7.2 years for men and 4.6 years for women. If you live in Westminster or Kensington & Chelsea, on average you will live longer than if you live in Lewisham or Greenwich.

It was against this landscape that the Healthier Communities Select Committee embarked on a major review of the causes of premature mortality in Lewisham, and how the Council could support our residents to address these issues, to create a borough where people can live longer, live healthier lives. There is, of course, a range of causes of premature mortality. The Committee, to make best use of its time, focussed on those important factors where Council influence and inputs would have the most effective outcomes.

I am extremely grateful to all those who gave oral and written evidence to the Committee and for the support provided to the review by Lewisham Council and NHS staff. I thank the Committee members for their persistent and diligent enquiry. I commend this report to the reader.

A handwritten signature in blue ink, appearing to read 'John Muldoon'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Cllr John Muldoon  
Chair of the Healthier Communities Select Committee

## 2. Executive Summary

- 2.1 Although life expectancy in Lewisham has improved slightly in recent years, the gap between the national average life expectancy and life expectancy in Lewisham is not improving. People dying before the average life expectancy, premature mortality, is often a key indicator of broader health inequalities. “Health inequalities” are the differences in the quality of health and well being and health care across different populations. This specifically includes differences in the presence of disease, health outcomes, or access to health care across racial, ethnic, sexual orientation and socio-economic groups.
- 2.2 In November 2010, the Government published a White Paper “Healthy Lives, Healthy People” that sets out the Government’s long term vision for the future of public health in England. Within the evidence base for the White Paper, it was found that many deaths and illnesses could be avoided by adopting healthier lifestyles. The report concluded that a substantial proportion of cancers, around 30% of circulatory diseases and a large proportion of vascular disease could be avoided. This could be done mainly through a combination of reducing smoking rates, improving diet and increasing physical activity.
- 2.3 The Healthier Communities Select Committee wanted to examine what action was being taken, and what more could be done, to help people in Lewisham live healthier, longer lives. The Committee focused on the lifestyle issues that are primarily responsible for early deaths: smoking, unhealthy diets and lack of physical activity. The Committee found evidence of a wide range of activities and programmes in Lewisham supporting people to live healthily. However, the Committee also identified areas where more could be done to support, encourage and enable people to learn about and develop healthier lifestyles. As a result the Committee has identified a number of recommendations for the Council, schools and the local NHS as to how they could better support everyone in Lewisham to enjoy a long and healthy life.

### **3. Purpose and Structure of Review**

- 3.1 The aim of this review was to assess the current actions being taken to address the main causes of premature mortality in Lewisham, in order to assess the effectiveness of current interventions in improving outcomes and reducing the rates of premature mortality across the Borough.
- 3.2 The review was scoped in June 2011 and the terms of reference for the review were agreed as:
- What is the rate of premature mortality in Lewisham and how does this compare locally and nationally?
  - Are there any marked imbalances in premature mortality figures in Lewisham between localities and communities, and if so what are the causes of the imbalance?
  - What are the specific causes of premature mortality in Lewisham?
  - What are the “underlying” causes of premature mortality in Lewisham?
  - What is being done to tackle premature mortality in Lewisham?
  - Is there a strategic approach to tackling premature mortality across the borough?
  - Is the strategic approach taken demonstrating success in meeting its objectives?
  - Are there evidence-based targeted actions being taken to reduce mortality?
  - Are the targeted actions being taken effective?
  - Is there best practice that can be shared within Lewisham and beyond?
  - Is there best practice locally or nationally in preventing premature mortality that we could learn from?
  - Is there more that can be done to prevent premature mortality in Lewisham?
- 3.3 Four evidence sessions were held in July, September and December 2011 and February 2012. The first session focussed on smoking, the second on obesity, the third on physical activity and the fourth on the role of primary care and wider best practice in reducing health inequalities.
- 3.4 The committee heard from the following expert witnesses:
- Dr Helen Tattersfield, Lewisham GP and Vice Chair of Shadow Health and Wellbeing Board
  - Dr Danny Ruta, Director of Public Health
  - Katrina McCormick, Deputy Director of Public Health
  - Jane Miller, Deputy Director of Public Health
  - Lyn Burton, Tobacco Control Strategy and Commissioning Manager
  - Jo Edun, Joint Service Manager for Lewisham Stop Smoking Service
  - Gwenda Scott, Healthy Weight Strategy Manager, Public Health, NHS Lewisham
  - Sally Brothers, Head of Nutrition and Dietetics, Lewisham Healthcare NHS Trust
  - Annette Stead, Service Manager, Sport and Leisure Services, LBL

- John Pye, Trading Standards and Markets Manager, LBL
- Mervyn Kaye, Commissioner, CYP, LBL
- Sam Kirk, Strategic Waste and Environment Manager, LBL
- Sara Nelson, South London Cardiac and Stroke Network
- Lyn Wheeler, Patient Representative, South London Cardiac and Stroke Network
- Jenny Budd, Lewisham Healthy Walks Co-ordinator, Lewisham Healthcare NHS Trust
- Lucreta LaPierre, Healthy Walks Leader (volunteer)
- Joni Blackwood, Fitness Instructor - "Get Active" and "Check and Change" Programmes
- Gail Findlay, Director of Health Improvement, University of East London
- Alison Pearce, Well London Programme Manager

- 3.5 The Committee visited health & leisure facilities and activities across the borough where Members spoke to people working at the different centres, and to members of the public taking part in the range of activities. The Committee also met with the Young Mayor and Young Advisors.
- 3.6 The Committee concluded its review and agreed its recommendations in March 2012.

## 4. Background

- 4.1 At the meeting of the Healthier Communities Select Committee on 27 April 2011, the Committee resolved to undertake an in-depth review looking at premature mortality in Lewisham
- 4.2 Premature mortality is often a key indicator of broader health inequalities. “Health inequalities” refers to the differences in the quality of health and well being and health care across different populations. This specifically includes differences in the presence of disease, health outcomes, or access to health care across racial, ethnic, sexual orientation and socio-economic groups
- 4.3 In 2010 the Marmot Review: “Fairer Society, Healthy Lives” was published. This was the culmination of a year long independent review into the most effective, evidence-based, strategies for reducing health inequalities in England. The review found that, in England, people living in the poorest neighbourhoods will, on average, die seven years earlier than people living in the richest neighbourhoods.<sup>1</sup>
- 4.4 The review further concluded that, “not only are there dramatic differences between best-off and worst-off in England, but the relationship between social circumstances and health is also a graded one. This is the social gradient in health. Put simply, the higher one’s social position, the better one’s health is likely to be.”

### Premature mortality in Lewisham

- 4.5 Life expectancy at birth for males and females in Lewisham is lower than the England average.<sup>2</sup> Between 2005 and 2007, the average life expectancy at birth for men in Lewisham was 76.0 years; this was 1.2 years less than the England average of 77.3 years.<sup>3</sup> Although life expectancy for women in Lewisham is lower than that for England, it is improving. Since 1995-1997 it has increased by 2.4 years. In the period 2005-2007, life expectancy in women in Lewisham was 80.8 years, 0.74 years less than the England average of 81.5 years.<sup>4</sup>
- 4.6 There are inequalities in premature mortality across Lewisham. In the period 2003 - 2007, nine wards in Lewisham experienced higher premature mortality than that of England. For this period, the wards that experienced the highest rates were found in Lewisham Central, Evelyn, Rushey Green, Downham and New Cross.
- 4.7 In addition, Bellingham, Grove Park, Perry Vale, Rushey Green, Sydenham and Whitefoot experienced higher premature mortalities from circulatory diseases compared to England. The average for Lewisham was 128.5 per 100,000 population, significantly higher than the rates for England. (111.99 for males and 49.51 for females per 100,000 population).

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<sup>1</sup> Fair Society, Healthy Lives – the report of the Marmot Review  
<http://www.marmotreview.org/AssetLibrary/Exec%20sum%204.8MB.pdf>

<sup>2</sup> Lewisham’s Joint Strategic Needs Assessment (JSNA)

<sup>3</sup> Lewisham’s JSNA

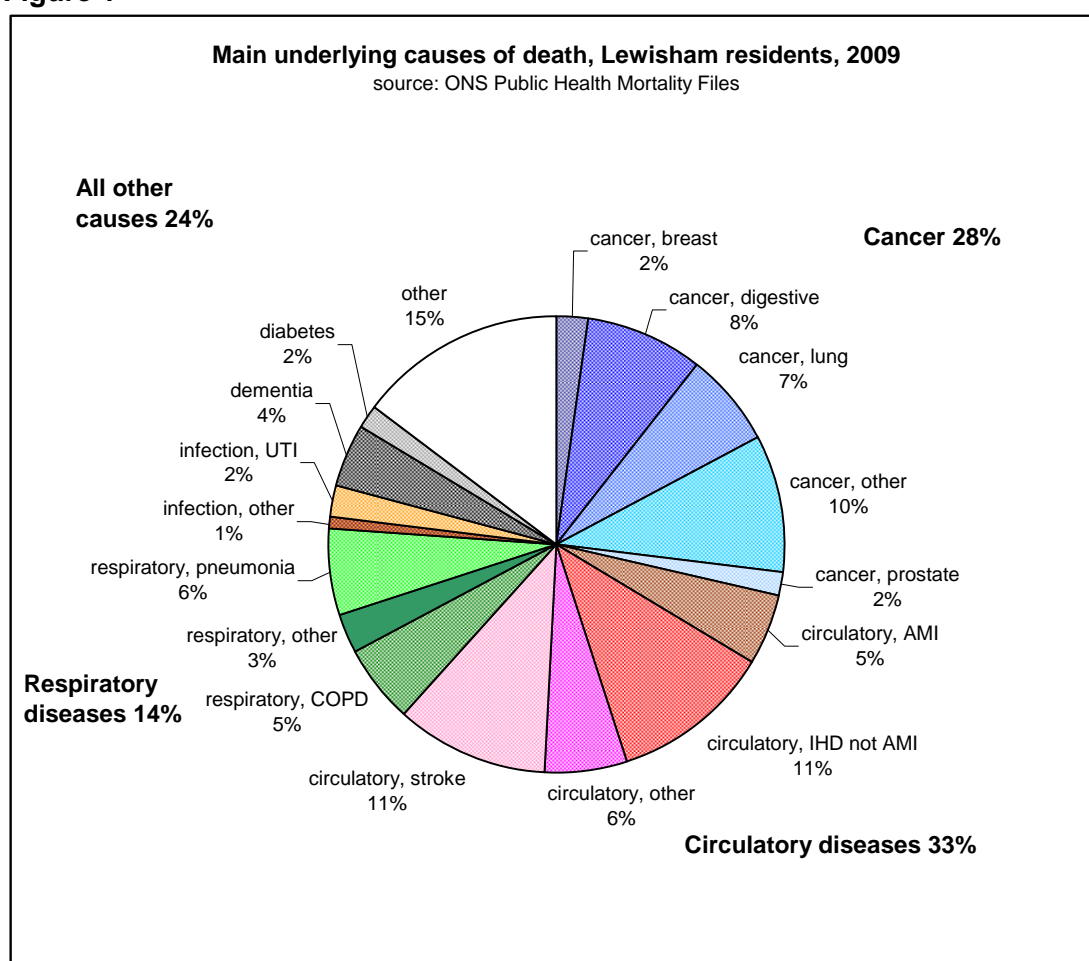
<sup>4</sup> Lewisham’s JSNA

4.8 Standardised Mortality Rates (SMRs) are a reliable illustrator of overall health inequalities. The directly standardised all-age all-cause mortality rate for Lewisham was 644 persons per 100,000 population in 2007, or 673 per 100,000 population for the 3-year average 2005-2007: this is significantly higher than the rates for London and England. The main underlying causes of death in Lewisham are circulatory diseases, cancer and respiratory diseases. This is similar to the main causes of death nationally.

Specific causes of mortality in Lewisham

4.9 The three main causes of death in Lewisham in 2008-2009 were circulatory diseases (33%), cancers (26%) and respiratory diseases (15%). The following chart illustrates the breakdown of causes of death in calendar year 2009.<sup>5</sup>

**Figure 1**



Circulatory Diseases

4.10 Sometimes referred to as cardiovascular disease (CVD), Circulatory diseases include:

- coronary heart disease (CHD),
- ischemic heart disease,

<sup>5</sup> <http://www.lewishamsna.org.uk/a-profile-of-lewisham/demography/deaths>



- stroke and cerebro-vascular accident,
- heart failure,
- hypertensive disease (high blood pressure).

- 4.11 Coronary heart disease (CHD) develops when the artery supplying blood to the heart becomes partially or wholly blocked, and can result in a heart attack. A stroke happens when the blood supply to the brain is disturbed. Strokes are the leading cause of severe adult disability in the UK and the third most common cause of death after cancer and coronary heart disease.
- 4.12 In 2008/9 in Lewisham, there were 5,509 people with diagnosed chronic heart disease (CHD), 1,923 people with atrial fibrillation, 1,454 people with heart failure, and 3,033 people with diagnosed transient ischemic attack (TIA) or stroke. Hypertension is the most common long term health condition both in Lewisham and nationally. It is a highly modifiable risk factor for stroke, heart disease, and kidney failure. There is a strong association between undetected and uncontrolled hypertension and deprivation and inequalities. In Lewisham there are 30,321 people with diagnosed hypertension. It is estimated that only half of the expected number of people with hypertension in Lewisham are diagnosed.
- 4.13 Between 2005-2007, the premature mortality rate from all circulatory diseases (diseases of the heart and blood vessels) for men and women in Lewisham was 148.33 and 61.99 per 100,000 population respectively. This is above the rates for England (111.99 for males and 49.51 for females per 100,000 population). In the period 2004-06 there were 33% more deaths in men and 26% more deaths in women from circulatory diseases in Lewisham compared to England.<sup>6</sup>
- 4.14 In females aged 65-74, Lewisham's death rate from circulatory disease is 22% higher than England's. In females aged 75 and over, Lewisham's death rate from circulatory disease is 11% higher than the national rate.

### Cancer

- 4.15 Mortality from cancer accounts for 19% of the male life expectancy gap and 13% of the female life expectancy gap between Lewisham and England. There is a clear downward trend in premature mortality from cancer in Lewisham but the relative gap between Lewisham and England has increased from 9.35 in 1995-97 to 11.6% in 2006-08.
- 4.16 The total number of deaths from cancer in Lewisham in 2008-09 was 469. Lung cancer is the main cause of cancer deaths in Lewisham, followed by Breast, Colon and Prostate Cancer.<sup>7</sup>
- 4.17 Directly standardised rates of incidence of cancer for males in Lewisham is significantly higher than those for London and England. Rates for females in Lewisham are lower than England but not for London. The premature mortality rate of cancer for men in Lewisham for the period, 2005-2007, was significantly higher than the London and England rates. There were 18% more deaths in men from cancer in Lewisham compared to England.

<sup>6</sup> <http://www.lewishamjsna.org.uk/health-inequalities/cvd-prevention/what-do-we-know/facts-and-figures>

<sup>7</sup> <http://www.lewishamjsna.org.uk/adults/cancer-prevention-screening-and-treatment>

- 4.18 The premature mortality rate of female cancer in Lewisham has generally been above the rate for England. However the most recent data (2005-2007) shows that this rate was not significantly different from that of England or London:

**Table 1: Deaths from cancer type 2008-09**

Cancer type	Lung	Breast	Colon	Prostrate	Oesoph	Pancreas	Stomach	Other
	23.9% (110)	6.6% (31)	5.8% (27)	5.1% (24)	4.9% (23)	4.9% (23)	4.7% (22)	44.6% (209)

Source: PH Mortality Files

### Respiratory Diseases

- 4.19 Chronic obstructive pulmonary disease (COPD) is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. The main symptom of COPD is an inability to breathe in and out properly. This is also referred to as airflow obstruction.
- 4.20 Airflow obstruction is caused by long-term damage to the lungs, usually as a result of smoking, which is the main cause of COPD. As the condition progresses, breathing in and out becomes increasingly difficult, and the patient's physical ability to carry out normal tasks may be diminished. Symptoms can be exacerbated by air pollution, extremes of temperature, and viral or bacterial infections. There is no cure for COPD, and treatment concentrates on relieving the symptoms.
- 4.21 COPD is the third leading cause of death among males in Lewisham and the eighth among females. COPD contributes to the gap in life expectancy between England and Lewisham, as smoking rates are highest in lower socio-economic groups and the number of cigarettes smoked per day is also higher in this group. COPD is the second highest contributor to the gap in life expectancy in men (11.3%) and fourth highest contributor in females (9.1%), with pneumonia the second highest. The recorded prevalence of COPD in Lewisham is higher than that of London, and the admission rate for COPD is also higher.
- 4.22 The three main causes of premature mortality in Lewisham are Cardiovascular Disease (CVD) , Cancer and COPD. The predominant causes of these illnesses are Smoking, Obesity and lack of Physical Activity.

## 5. Findings

### SMOKING

- 5.1 Smoking is the single greatest cause of preventable illness and premature death in the UK, and is one of the main determinants of health inequalities. It is the major contributing factor to the mortality divide between the most deprived areas in England and England as a whole. It is estimated to cost the NHS in the UK £5.2 billion a year. It is a major contributor to ill health, including circulatory disease, cancer and COPD.
- 5.2 Nationally, one fifth of all UK deaths, 112,000 per year, are caused by smoking. One in two regular smokers is killed by tobacco, half dying before the age of 70, losing an average of 21 years of life. Around 84% of deaths from COPD, and 90% of all deaths from lung cancer are caused by smoking. It is estimated that around 5% of all hospital admissions in 2008/09 were attributable to smoking.
- 5.3 There are a number of different sources of information about smoking prevalence. The key sources are the General Lifestyle Survey, the Integrated Household Survey, the Health Survey for England, the 'Smoking Epidemic in England' paper, produced by the Institute for the Geography of Health at The University of Portsmouth in 2004, and the GP Quality and Outcomes Framework data.<sup>8</sup>
- 5.4 Smoking prevalence for England was estimated to be 21% from the Integrated Household Survey for the period October 2009 to September 2010. This is the same as the 2009 General Lifestyle Survey, which estimated that 21% of the adult population were cigarette smokers, in Great Britain, in 2009.

#### Smoking in Lewisham

- 5.5 Tobacco use is the biggest single factor in the gap in healthy life expectancy between Lewisham and England. Lewisham performed significantly worse on 9 out of 15 smoking indicators in the local tobacco control profiles from the London Health Observatory 2010. In 2006-08, there was a rate of 267 per 100,000 smoking attributable deaths compared with a 206.8 average in England as a whole<sup>9</sup>. Some of the other indicators for which Lewisham performed worse than England included deaths from lung cancer, numbers of hospital admissions, adult smoking prevalence, and numbers of successful quitters. Lewisham had the sixth highest estimated smoking prevalence in London, using the Integrated Household Survey (IHS) data.
- 5.6 There is no precise measure of smoking prevalence in Lewisham. Using IHS data for Lewisham there was an estimated 19.9% (17.7% to 22.6%) smoking rate in Lewisham for the period September 2009 to October 2010 from a survey sample of 875 responders. The difference from England at 21% was not statistically significant.
- 5.7 However the estimated prevalence data that is available from Local Tobacco Control Profiles,<sup>10</sup> states a smoking prevalence of 27.1% for the three year period 2006-2008, higher than the England prevalence of 22.2% and London prevalence of 20.8%.

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<sup>8</sup> See appendix B for different measures of smoking prevalence

<sup>9</sup> Association of Public Health Observatories: Local Tobacco Control profiles 2010

<sup>10</sup> *ibid*

- 5.8 Smoking prevalence from the 'GP recorded smoking prevalence' data in 2009 ranged from 17% in some Lewisham practice populations to 24% in others for patients aged 16 and above. It is unlikely that the range between practices would be as large as 7%. Despite the fact that it provides a measure of smoking prevalence, it does not give an accurate picture due to incomplete data in some practices and some smokers being reluctant to inform their GPs if they continue to smoke.
- 5.9 The number of smokers in Lewisham is estimated to lie somewhere between 45,000 and 50,000 (with 58,253 at 27.1% and 37,325 at 17%). With the exception of pregnant women and practice populations there is no data available on smoking prevalence in different population groups in Lewisham, therefore prevalence data for different population groups has to be extrapolated from national data (as described above).
- 5.10 Using the GP smoking prevalence data, it is possible to plot smoking prevalence for each practice, which can then be considered in terms of deprivation. As would be expected, a high Index of Multiple Deprivation (IMD) score correlates with high smoking prevalence. Table 2 shows the ratio of smoking indicators for the most and least deprived practices compared with Lewisham. A ratio of 1.00 indicates a similar profile to Lewisham, above 1 is higher than Lewisham and below 1 is lower than the Lewisham average.

**Table 2: Ratio of smoking indicators comparing most deprived practices with least deprived by IMD score**

Practice Name	IMD Ratio	% 0-24 yrs ratio	% 75 + ratio	Smoking Prevalence ratio	Smoking recorded in last 15 months ratio
Lee Road	0.66	0.74	1.05	0.84	1.02
Torridon Road	0.75	1.00	0.71	0.90	1.00
Brockley	0.76	0.97	0.66	0.87	1.03
MacDonagh	0.78	0.81	1.42	0.91	0.98
Hilly Fields	0.81	0.95	0.58	0.91	0.98
<b>Lewisham</b>	1			1	1
Amersham Vale	1.19	1.14	0.3	1.01	1.03
Batra (Waldon)	1.17	1.12	0.33	1.01	1.00
Jamil (Waldron)	1.17	1.07	0.49	1.01	1.03
Boundfield Road	1.26	1.24	0.5	1.11	1.04
Bellingham Green	1.31	1.17	0.57	1.24	1.02

Source: Lewisham PCT Public Health Department, Annual Public Health Report 2009

### Stopping Smoking in Lewisham

- 5.11 The Committee heard from the manager of the Lewisham-wide Stop Smoking Service, and the Tobacco Control Strategy Commissioning manager from the Department of Public Health.
- 5.12 Lewisham Stop Smoking Service (SSS) supports a large network of advisors based in primary care, pharmacy and the community. There is a core team of 9 which train others to become advisors, and then mentors all advisors across the borough. The team also monitors performance across the borough, provides

materials to all advisors and runs numerous clinics and drop ins. Lewisham SSS is part of a London network of all London SSS that meet regularly to share best practice. The service implements and promotes best practice.

- 5.13 The service is funded as an adult treatment service for people who want to stop smoking and offers help for those who live, work or study in Lewisham. Support is provided in the form of 1-2-1 advice and support and offers a combination of medication and behavioural support.
- 5.14 The service provides a full range of medications for up to 12 weeks to help people when they are withdrawing from Nicotine such as: Patches, Gum, Inhalator, Mouth and Nasal Sprays and Lozenges. Champix is the most effective single treatment which is a prescription only medication available through GP surgeries.
- 5.15 Champix works by slowly blocking the brain's receptors so they no longer crave nicotine. Patients take it whilst continuing to smoke and slowly cut down the number of cigarettes smoked between the 8<sup>th</sup> and 14<sup>th</sup> day. The effects of Champix make smoking less enjoyable as it tastes unpleasant to smoke. It is not used for pregnant women or those aged under 18. The service has now made Champix more available through 18 Pharmacists with Patient Group Direction.
- 5.16 The Stop Smoking Service is currently delivered at 33 of the 55 GP practices in Lewisham, 32 pharmacies, 4 Community Clinics and a range of work places. There is also a specialist hospital based service and specialist services for people with mental health condition and pregnant women. The pregnancy advisers promote smoke-free homes for those who cannot or will not stop smoking.
- 5.17 The Committee was advised that some of the smaller GP practices considered that that they did not have the capacity to offer a Stop Smoking Service, and that the team was working with them to explore ways of joining up with neighbouring practices to deliver a Stop Smoking Service for their patients.

**Recommendation 1: All GP practices should be encouraged to offer a Stop Smoking Service, either alone or in partnership with neighbouring practices. If this is not possible, for an individual practice, the GP should actively refer patients who smoke to the Stop Smoking Service.**

#### Using the Stop Smoking Service

- 5.18 The majority of Lewisham residents currently access the Stop Smoking Service through their GP practice, while those who work and study in Lewisham are most likely to use local pharmacies and other community drop-in clinics spread across the borough.

**Recommendation 2: The Stop Smoking Service should continue to extend its services to reach more people in more non-medical venues.**

- 5.19 The profile of service users for the last year was: 47% male, 53% female, 40% from BME groups, 52% over 40, 2% under 18. The Stop Smoking Service manager

advised that the service works to increase uptake in under-represented groups (Asian people make up 6% of the LBL population but 2% of service users) and hopes that the uptake will increase over the next 12 months.

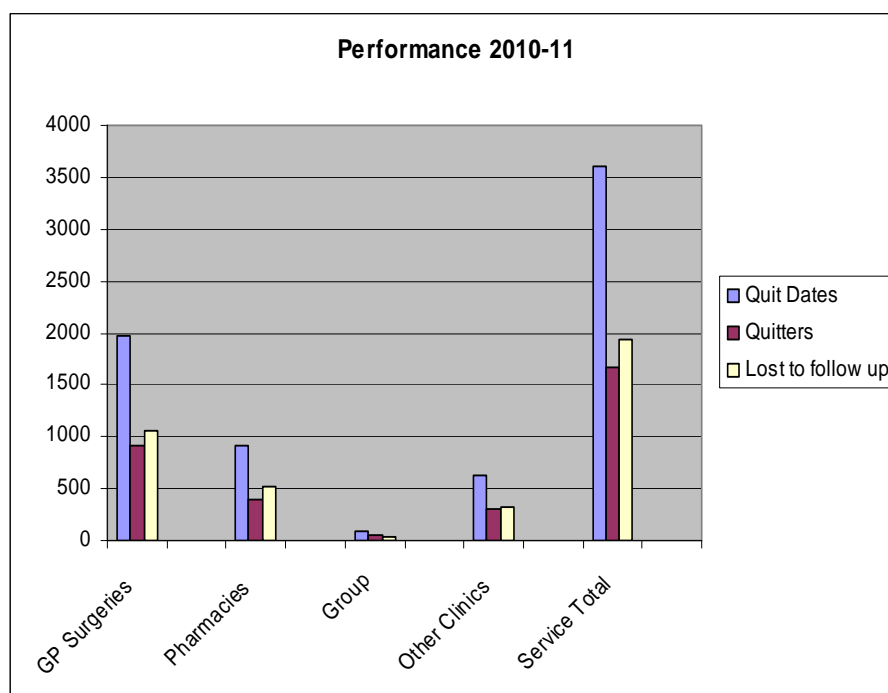
**Recommendation 3: The Stop Smoking Service should undertake more targeted work focusing on community groups, particularly those that are currently under-represented in the service’s usage figures, such as South-East Asian communities and Eastern & Central European communities.**

**Recommendation 4: The Stop Smoking Service should look at developing its promotion and outreach work, to include publicising the service with posters and leaflets in relevant languages, in a wider range of locations, such as specialist food shops, betting shops, pubs and mini-cab offices.**

5.20 However, the demographic of smokers in Lewisham is not known: as the smoker profile of Lewisham is an estimate, it is not clear how the percentage of SSS users match the profile of smokers in Lewisham. Only 6-8% of all smokers in Lewisham are estimated to use the service, and people are more likely to quit when using the service than without it.

5.21 The Department of Health (DH) measure of a successful “quit” attempt is when the service user is not smoking 4 weeks after their quit date. In 2010-11, the Lewisham SSS exceeded its set target, and recorded that a total of: 3,600 people set a “quit date”, 1,671 successfully quit, but 1,929 did not return to follow up appointments, or not did not succeed in their quit attempt.

**Figure 2**



- 5.22 The DH target for the Lewisham Stop Smoking Service for 2011-12 is to achieve 1,725 successful quits; the service is aiming for over 2,000. To get this number of successful quits, the figures suggest that 8,000 people would need to be supported by the service. In Lewisham, 12 weeks of support is provided, to attempt to address those that find it difficult to quit, and people are able to access the service again in the future if they are unsuccessful. The Committee commends the good work done by the service to date, with its ambitious targets and attempts to take the service out to a number of workplaces in the borough.

#### Strategic leadership

- 5.23 Lewisham's Smoke Free Future Action Plan is the responsibility of an "action group" that includes Lyn Burton, Jo Edun, SLaM, Council representatives and voluntary sector representatives. The Director of Public Health suggested to the Committee that the effective delivery of the plan should be the responsibility of the Lewisham Strategic Partnership Board, or, when planned legislative changes come into effect, the Health and Wellbeing Board. The Director of Public Health advised the Committee that the action plan is not currently monitored outside of the action group.

**Recommendation 40: The numerous relevant plans and strategies overseen by various working groups and action groups should be better co-ordinated and brought together clearly under the direct stewardship of the Shadow Health and Wellbeing Board and the successor Health and Wellbeing Board, and co-ordinated into a clear "Healthy Lewisham plan". The targets, planned actions, outcomes and responsibility should be clear to, and easily accessible by, the public.**

#### Motivation to quit

- 5.24 People's motivations for trying to quit are very varied, some report it is for health reasons and others for financial reasons. The level of motivation is a higher factor in success than the number of cigarettes smoked a day – some people who smoke 3 cigarettes a day find it impossible to stop where others who smoke 60 a day manage to quit completely. Younger children can help influence parents to stop smoking as, when they learn a lot about the dangers of smoking at school, they then discuss this and apply pressure on their parents at home to stop. This is reported as a factor in a number of parents contacting the Stop Smoking Service.
- 5.25 Legislation changes in recent years, in relation to smoking, have made a huge difference to the numbers of smokers and the numbers trying to quit. Public health professionals believe that the key way to continue to reduce smoking over time is to reduce the numbers that take it up in the first place, to ensure the messages about smoking to young people are clear, that it is not seen as a good choice to make and that smoking is not seen as "the norm".

#### Trading standards

- 5.26 The Council's Trading Standards team organise operations with police cadets to attempt to purchase cigarettes from shops by children that are obviously under-age (at least 2 years away from the legal age). The Trading Standards team advised the Committee that in 2008/2009 they made 26 attempts to purchase cigarettes

and were sold cigarettes by 3 shops, in 2009/2010 there were 32 attempts and 1 sale, and in 2010/2011 30 attempts and 3 sales – most sellers were “repeat offenders”. The London average is 1 sale per 6 attempts so figures in Lewisham were better than average.

- 5.27 When the Young Mayor and Young Advisors spoke to the Committee about underage smoking, they advised that they felt that it was easy to purchase cigarettes in Lewisham if under-age and that a number of shops regularly sold cigarettes to under-age young people.
- 5.28 Under the ‘Tobacco Advertising and Promotion (Display and Specialist Tobacconists) (England) (Amendment) Regulations 2011, and the ‘Protection from Tobacco (Sales from Vending Machines) England Regulations 2010’; cigarette advertising at retail premises in England will be banned from April 2012 for “large” retail premises, with smaller shops following suit in 2015. From 1<sup>st</sup> of October 2011 sales from vending machines in England have been banned.
- 5.29 A licence from the Council is not required to sell cigarettes from garages, shops etc, but, if shop owners are prosecuted for under-age sales, they can be banned for a year from selling tobacco products. There is not much evidence of widespread re-sale of duty free or counterfeit tobacco products in Lewisham; officers work with HMRC to help detect counterfeit production and sale.

**Recommendation 5: The Council and Public Health in Lewisham should ensure they monitor the impact of the Tobacco Advertising and Promotion (Display and Specialist Tobacconists) (England) (Amendment) Regulations 2011 and the ‘Protection from Tobacco (Sales from Vending Machines) England Regulations 2010’.**

**Recommendation 6: The Council should ensure that Trading Standards continues its work to monitor and address all illegal sales of tobacco, including under-age sales, and any breach of the new regulations.**

### Young People

- 5.30 Most long term smokers start smoking in their teens. Experimentation is an important predictor of future use. Children who experiment with cigarettes can quickly become addicted to the nicotine in tobacco. Children may show signs of addiction within four weeks of starting to smoke and before they commence daily smoking.<sup>11</sup>
- 5.31 Children who live with parents or siblings who smoke are 2 – 3 times more likely to become smokers themselves than children of non-smoking households. Every year, around 200,000 children and young people start smoking in England. In 2009, 6% of school pupils said that they smoked at least once a week<sup>12</sup>. In 2009,

<sup>11</sup> Di Franza JR et al. Initial symptoms of nicotine addiction in adolescents. Tobacco Control 2000

<sup>12</sup> Passive Smoking and Children: A Report by the Tobacco Advisory Group of the Royal College of Physicians March 2010



29% of pupils aged 11-15 said they had tried smoking at least once. This is lower than at any time since the young people's smoking survey began in 1982. The proportion of pupils who had tried smoking at least once represents a long term decline since 1982, when 53% had tried smoking. Girls are more likely than boys to have ever smoked or be regular smokers.

- 5.32 The prevalence of regular smoking increases with age, from less than 0.5% of 11 year olds to 15% of 15-year olds. The 2009 survey found that those who describe their ethnicity as mixed or black are less likely to smoke than white pupils.
- 5.33 In 2010, the Schools Health Education Survey of 3,000 Lewisham pupils found a decrease in the number of pupils who said they had ever smoked or expected to smoke when they were older, in comparison with 2008. 74% said they had never smoked at all. 74% of primary pupils said they will not smoke when they are older. 4% of Year 8 boys and 4% of Year 10 boys said they smoked 'regularly' or 'occasionally'. 5% of Year 8 girls and 5% of Year 10 girls said they smoked 'regularly' or 'occasionally'. However, 48% of pupils said that someone in their family smoked. 20% of pupils said that their mother smoked on most days, 30% of pupils said that their father did. 21% percent said that they had a close friend that smoked on most days. It is likely that pupils have under-reported smoking as they may not wish to divulge their smoking status.
- 5.34 The Young Mayor and Young Advisors advised the Committee that they felt young people needed to be taught about the consequences of smoking at an earlier age, rather than when they were at secondary school, and the message needed to be repeated regularly. They advised the Committee that those of them that knew people who had smoked, and who are suffering ill-health as a result, were more likely not to smoke and to encourage friends not to smoke. By contrast, young people who did not know people who had suffered any consequences of smoking and did not know the effects were more likely to take it up when they reached their teenage years. Therefore, they felt that quite a graphic and shocking approach, making the medical consequences of smoking clear to young people, should be used, as they felt that shocking images would make young people think twice before smoking.
- 5.35 The Committee was informed by the Director of Public Health, that the Young Mayor and Young Advisors had previously advised him that they felt that peer educator models of intervention would be a useful way to discourage smoking in teenagers, and they had also advised him that smoke free role models from across generational boundaries would be a good way to encourage young people not to take up smoking in the first place.
- 5.36 The Young Mayor and Young Advisors also spoke to the Committee about boredom and stress being a factor in taking up smoking for some young people. They advised the Committee that some schools offered support to young people in accessing Stop Smoking Services. The young people felt that information about the effects of smoking needed to be clearer and more graphic to help make teenagers think twice before taking up smoking.

**Recommendation 7: Children should be taught about the consequences of smoking from a suitable age in primary school.**

**Recommendation 8: Teaching children about the dangers of smoking should not be done just once, but repeated at appropriate times throughout their school life, with age-appropriate levels of information about the consequences given, so that the message is re-iterated regularly and appropriately.**

**Recommendation 9: With older children, the messages about smoking should be delivered in the same way as those about illegal drugs; to ensure that the addictive nature and harmful effects of smoking are clear, and graphically and shockingly laid out to young people. Any anti-smoking campaign targeted at young people should also use modern technology and social media to consolidate the message and increase the reach of the campaign.**

## **OBESITY**

- 5.37 Obesity in adults and children is a growing public health issue in the UK. The prevalence of obesity in children and adults in England has more than doubled in last twenty-five years. Obesity has serious health effects; it is a risk factor for diseases such as diabetes, cardiovascular diseases and many cancers. It has been projected that if there is a continued rise in obesity in the UK over the next two decades, there will be 11 million more obese adults in the UK by 2030<sup>13</sup>.
- 5.38 Obesity reduces life expectancy by an average of three years, or eight to ten years in the case of severe obesity (BMI over 40). Around 10% of all cancer deaths among non-smokers are related to obesity. The risk of Coronary Artery Disease increases 3.6 times for each unit increase in BMI and the risk of developing Type 2 diabetes is about 20 times greater for people who are very obese (BMI over 35), compared to individuals with a BMI of between 18 and 25. For some cancers every additional 5kg/m<sup>2</sup> in BMI increases a man's risk of, for example, colon cancer by 24% and in women endometrial cancer by 59%<sup>14</sup>.
- 5.39 Obesity increases the risk of developing a range of health problems leading to chronic and severe medical problems, shown overleaf in Table 3. As the incidence of obesity is greater at an early age it is expected that, in the future, a higher proportion of the population will live with chronic disabilities.

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<sup>13</sup> Swinburn B.A. et al. The global obesity pandemic: shaped by global drivers and local environments. *The Lancet*: 378, issue 9793, p804-814. Aug 2011.

<sup>14</sup> Wang YC et al. health and economic burden of the projected obesity trends in the USA and the UK. *The Lancet*: 378, Issue 9793, p 815-825. Aug 2011.

**Table 3. Relative risks of health problems associated with obesity<sup>15</sup>**

<b>Greatly increased risk</b> (Relative risk much greater than 3)	<b>Moderately increased risk</b> (Relative risk 2-3)	<b>Slightly increased risk</b> (Relative risk 1-2)
<ul style="list-style-type: none"> <li>• Type 2 diabetes</li> <li>• Insulin resistance</li> <li>• Gallbladder disease</li> <li>• Dyslipidaemia (imbalance of fatty substances in the blood, e.g. high cholesterol)</li> <li>• Breathlessness</li> <li>• Sleep apnoea (disturbance of breathing)</li> </ul>	<ul style="list-style-type: none"> <li>• Coronary heart disease</li> <li>• Hypertension (high blood pressure)</li> <li>• Stroke</li> <li>• Osteoarthritis (knees)</li> <li>• Hyperuricaemia (high levels of uric acid in the blood) and gout</li> <li>• Psychological factors</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer (colon cancer, breast cancer in postmenopausal women, endometrial [womb] cancer)</li> <li>• Reproductive hormone abnormalities</li> <li>• Polycystic ovary syndrome</li> <li>• Impaired fertility</li> <li>• Low back pain</li> <li>• Anaesthetic risk</li> <li>• Foetal defects associated with maternal obesity</li> </ul>

5.40 The National Institute for Health and Clinical Excellence (NICE)<sup>16</sup> recommends that overweight and obesity are assessed using Body Mass Index (BMI). BMI is calculated by dividing a person's weight (in kilograms) by the square of their height (in metres). The calculated BMI can be compared to the thresholds recommended by the World Health Organization shown in Table 4.

**Table 4. Classification of overweight and obesity among adults<sup>17</sup>**

<b>Classification</b>	<b>BMI (kg/m<sup>2</sup>)</b>	<b>Risk of co-morbidities</b>	<b>Co-morbidities</b>
Underweight	Less than 18.5	Low (but risk of other clinical problems increased)	Type 2 diabetes Hypertension Stroke Coronary heart disease Cancer Osteoarthritis Dyslipidaemia
Healthy weight	18.5 – 24.9	Average	
Overweight	25 – 29.9	Increased	
Obesity - class I	30 -34.9	Moderate	
Obesity - class II	35 – 39.9	Severe	
Obesity - class III (severely or morbidly obese)	40 or more	Very severe	

5.41 For adults, NICE recommends that waist circumference is used in addition to BMI to assess health risks for those with a BMI less than 35.

<sup>15</sup> Healthy Weight, Healthy Lives A toolkit for developing local strategies. Dr Kerry Swanton for the National Heart Forum/Cross-Government Obesity Unit/Faculty of Public Health October 2008

<sup>16</sup> NICE. Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. NICE clinical guidance 43. 2006.

<sup>17</sup> Healthy Weight, Healthy Lives: A toolkit for developing local strategies. 2008

**Table 5. Combining BMI and waist measurement to assess obesity and risk of type 2 diabetes and cardiovascular disease in adults**

Classification	BMI (kg/m <sup>2</sup> )	Waist circumference and risk of co-morbidities	
		Men: 94-102cm	Men: more than 102cm
		Women: 90-88cm	Women: more than 88cm
Underweight	Less than 18.5	-	-
Healthy weight	18.5 – 24.9	-	Increased
Overweight	25 – 29.9	Increased	High
Obesity	30 or more	High	Very high

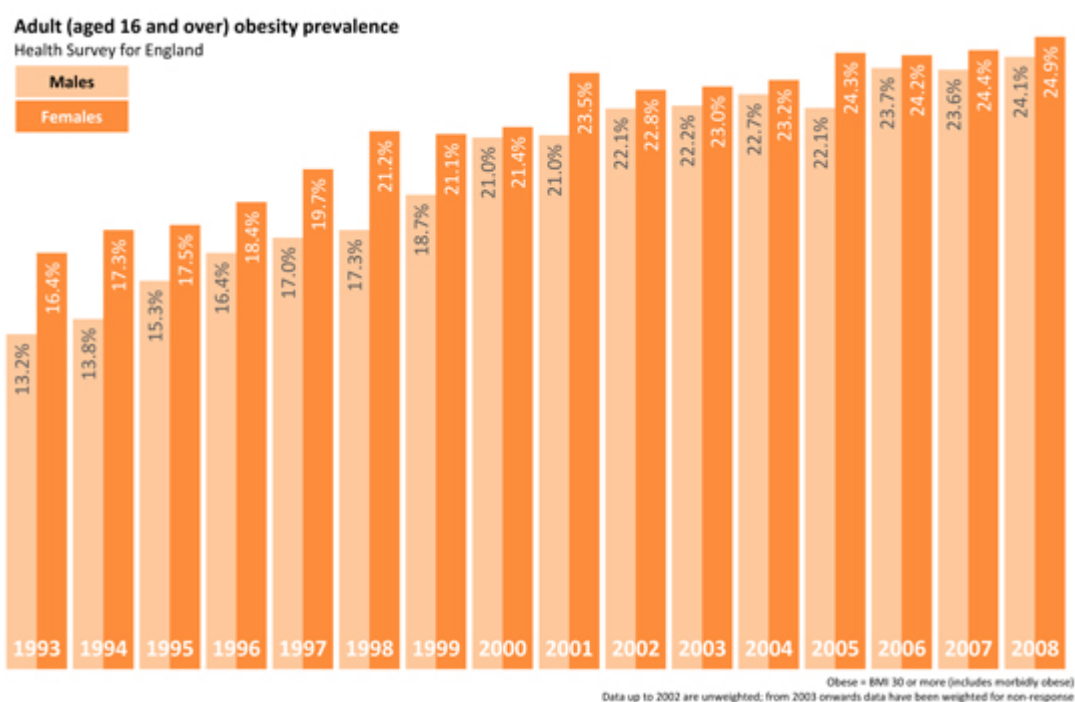
5.42 In simple terms obesity is caused by an imbalance between energy intake and energy expenditure, where intake is greater than expenditure. The reasons for the recent worldwide increase in obesity are complex: an individual's eating and activity habits are influenced by external social and environmental factors where an abundance of food and increased sedentary behaviour is common.

**The national prevalence of obesity**

5.43 The prevalence of adult obesity in England has more than doubled in the last twenty five years. Although the incidence of obesity has increased in most countries worldwide, the rate of increase in England has been particularly high.

5.44 Since 1993 the proportion of men who are obese has increased from 13.2% to 24.1% in 2008 and in women from 16.4% to 24.9%. The rapid increase in obesity prevalence has resulted in only 32.8% of men and 41.2% of women in 2008 with a healthy BMI.

**Figure 3. Trends in adult obesity prevalence England 1993-2008**



Source: National Obesity Observatory 2011

- 5.45 Nearly 1 in 10 children in reception year and 1 in 5 children in year 6 were classified as obese in 2009/10<sup>18</sup>. A similar trend in the increase in adult obesity was observed in children, but there appears to have been a slowing in the rate of childhood obesity since 2004.
- 5.46 It is predicted that by 2050 the prevalence of obesity will increase to 60% of men, 50% of women and 25% of children<sup>19</sup>.

#### **The local prevalence of obesity**

- 5.47 Extrapolation from national data to the Lewisham adult population suggests that the prevalence of adult obesity in Lewisham (23.7%) is not significantly different to the English average<sup>20</sup>. This is a modelled estimate using the Health Survey for England 2006-2008. This is similar to our neighbouring boroughs and in the top quintile for London boroughs. Local data sources however, suggest that prevalence may be higher.
- 5.48 Local maternal obesity data shows that there are more women overweight or obese in Lewisham compared with England. Data from the vascular check programme piloted in North Lewisham indicated that for those who attended screening the incidence of obesity was higher than the English average.

**Recommendation 10: Maternal obesity is a growing problem in Lewisham, and a targeted approach with mothers-to-be and young families should be developed and delivered via midwives and ante-natal services.**

<sup>18</sup> National Child Measurement Programme. Results 2009/10

<sup>19</sup> Foresight report, 2007

<sup>20</sup> Health Profile 2011-Lewisham, [www.healthprofiles.info](http://www.healthprofiles.info)

**Table 6: Prevalence of Adult Obesity in Lewisham: Estimates and Local Data**

Source	Lewisham	England
Health profile 2011	23.7%	24.2%
QOF (GP registers)	7.4%	10.5%
North Lewisham vascular check pilot (2007-09)	33.4%	24.2%
North Lewisham pilot-raised waist circumference	61% women 38% men	44% women 32% men
Maternal obesity (UHL) 2010	24%	17%

5.49 Data from the National Child Measurement Programme shows that the prevalence of obesity for children in both reception and year 6 is significantly higher than the English average.

**Table 7: Results of National Child Measurement Programme 2009/10**

School year	Region	Overweight	Obese	Overweight & Obese
Reception	Lewisham	14.2%	13.6%	27.8%
	London	12.7%	11.6%	24.3%
	England	13.3%	9.8%	23.1%
Year 6	Lewisham	16.3%	24.4%	40.7%
	London	15.1%	21.8%	36.9%
	England	14.6%	18.7%	33.3%

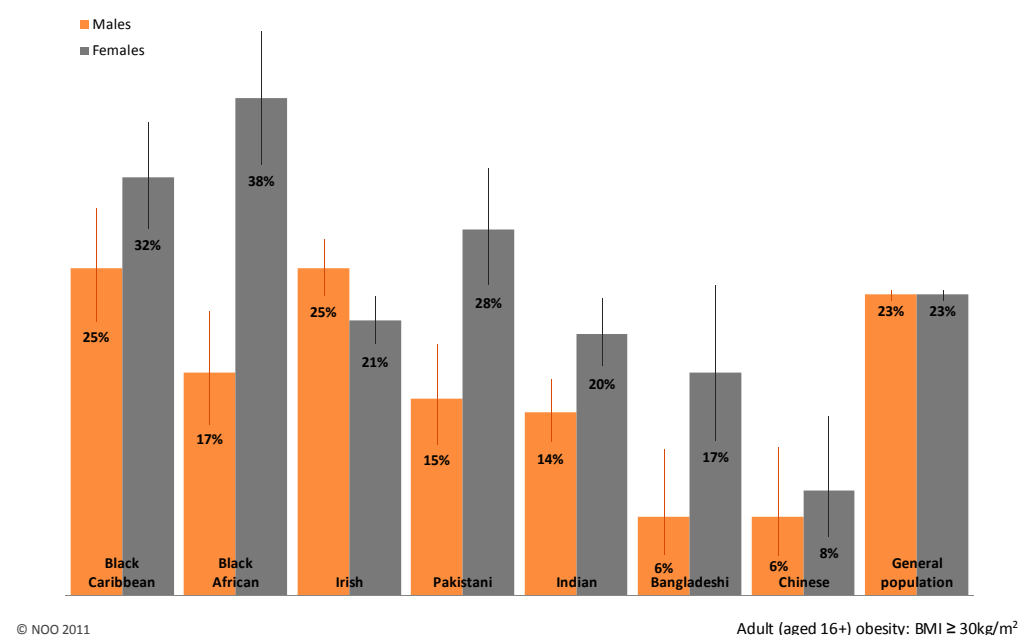
#### **Obesity and deprivation**

5.50 For children the link between childhood obesity and deprivation is well established. For adults obesity prevalence is also associated with socioeconomic status with a higher level of obesity found among more deprived groups. This association is stronger for women regardless of the deprivation measure used. For men only some measures e.g. occupation-based and qualification-based show a clear relationship between obesity and deprivation

#### **Obesity and ethnicity**

5.51 Obesity prevalence varies between ethnic groups. When using BMI as a measure, the prevalence of obesity is higher in females in Black Caribbean, Black African and Pakistani groups compared to other ethnic groups and the general population. Prevalence of obesity is lower among men from Black African, Indian, Pakistani, Bangladeshi and Chinese communities compared to the general population (figure 4).

**Figure 4 Prevalence of obesity in adults by ethnic groups**



### Local lifestyle

5.52 Several sources of information on diet and activity are available for England and these show that adults are still eating more saturated fat and sugar than the recommended levels<sup>21</sup> and only a third of men and women eat the recommended 5 portions of fruit and vegetables a day<sup>22</sup>. Only 40% of men and 28% of women are meeting the recommended level of physical activity of 30 minutes, 5 days a week. These measures of diet and activity levels are based on self reported data which may be overestimations and the true values lower than that recorded.

5.53 Limited information is available on the local lifestyle of Lewisham residents; the Lewisham Health Profile identifies that more adults in Lewisham meet the 5-a- day target for fruit and vegetables but fewer adults meet the physical activity recommendation of 30 minutes, 5 days a week than the England average.

### Tackling Obesity in Lewisham

5.54 The Committee heard from Sally Brothers, Head of Nutrition and Dietetics at Lewisham Healthcare NHS Trust. Sally told the Committee about the range of weight loss/healthy eating support offered in Lewisham.

5.55 There are a range of services including community weight loss groups, primary care services and hospital based services. Patients are referred from a range of services including orthopaedics, maternity, endocrinology and cardiology. Participants are offered a choice of one-to-ones, 10-week group management and shopping tours. One-to-ones usually are a programme of monthly meetings over a 6 month period, with a target of 5% weight loss. Group weight management is held weekly over a 10 week programme, which includes a weigh in followed by discussion of a relevant topic. Over the last 3 cycles of the weight management programme, weight loss has ranged from 0.3 to 9.2 kg.

<sup>21</sup> National Diet and Nutrition Survey 2008/09.

<sup>22</sup> NHS information Centre. Statistics on obesity, physical activity and diet. England 2011

- 5.56 Nutrition information is aimed at cultural diets as appropriate, and translated as required, so for example information about balanced nutrition is available in Turkish and Tamil, depicting food from the relevant food groups that are more regularly eaten by those communities.
- 5.57 The Committee also heard from Gwenda Scott, the Healthy Weight Strategy Manager from the Public Health team about the strategic approach to tackling obesity in Lewisham. Gwenda advised the Committee that there are currently two directly relevant strategies in place: The Strategy on Childhood obesity (March 2010) and the Lewisham Food Strategy, which was launched in 2006.

#### **Childhood Obesity Strategy**

- 5.58 The Children and Young People Plan for 2009-2012 has “the reduction of childhood obesity” as a key priority. The plan states that the Council and partners will:
- Target resources and services to identified areas of the borough where need is greatest.
  - Work with families in Children’s Centres and schools to promote healthy eating and physical activity.
  - Build on Healthy Schools status and extended school services activity to promote healthy weight and healthy activity and allow targeted support to children and young people at risk of obesity.
  - Increase the take up of school meals whilst delivering to the nationally set nutritional standards.
  - Work with School Sports Partnership and other sport and physical activity providers to promote sport and physical activity to children and young people and their families.
  - Promote national campaigns such as Change4Life to Lewisham residents.
  - Implement a care pathway for children with weight management issues.
  - Commission age specific and targeted weight management programmes, including programmes that support both children and their families to create sustainable lifestyle changes.
  - Ensure children are as healthy as possible at birth, including promotion of breastfeeding and preparation towards Baby Friendly status across the borough.
- 5.59 The Strategy on Reducing Childhood Obesity is a key part of meeting the priority as set out in the Children and Young People Plan. It is part of a long term plan to promote healthy lifestyles for the whole population of Lewisham. The Committee was advised that work is currently underway to develop and expand the strategy to include adults. The current strategy focuses on children and families and encompasses prevention, treatment and management of overweight and obesity in children. Action plans have been developed for the universal services to promote healthy eating, increase physical activity and reduce sedentary behaviour.
- 5.60 The Committee was advised that some of the outcomes of the strategies related action plans were:



- Training on promoting healthy weight in children has been commissioned for staff working with children and families so that all are aware of the role they play in promoting healthy weight in children.
- Targeted weight management services for children and their families, Mind Exercise Nutrition Do it (MEND), and a local delivery partner have been commissioned and delivery begun. The service is now able to reach a wider age group from 5-16 years.

5.61 The Mind Exercise Nutrition Do it (MEND) programme has been very successfully working with children in Lewisham over recent months. Over the 10 week course, the child and their parent attend local sessions which are made up of a mix of fun physical activity for children such as street dance, alongside discussions, practical cookery sessions and workshops. Teaching healthy cooking skills to children and parents is considered to be a key part of the programme in instigating lifestyle changes and giving people some practical skills to develop.

**Recommendation 11: The Downham Nutrition Partnership Model should be rolled out more widely across the Borough.**

**Recommendation 12: The MEND programme, or similar evidence based programmes, should be rolled out as widely as possible across the Borough.**

5.62 When talking to the Young Mayor and Young Advisors, the Committee was told about different experiences of healthy options being available at different Lewisham secondary schools. Some young people advised that there were an interesting range of meals and snacks made available, and often the meals were from a range of cultures. Other young people reported that there was predominately bland, uninspiring “healthy” food available at their school, and were surprised to hear from their peers that they had access to healthy versions of jerk chicken, rice and peas and other spicy and flavoursome healthy option meals.

5.63 Sally Brothers, Gwenda Scott and all the young people who spoke to the Committee agreed that just knowing what food was healthy and the proportion of each food group that should make up a meal (which is often taught in schools), was not enough to increase the uptake of healthy eating. Both professionals and young people reported that people having the knowledge and cookery skills to buy fresh ingredients and prepare a healthy meal was not as widespread as it used to be, and that this was a key area for further improvement. The fact that there are a wide range of processed meals sold for convenience purposes and labelled as “healthy options” added further confusion to those trying to develop a healthier diet and reduce consumption of fast foods.

5.64 The Committee heard that there is a high level of accessible, affordable fruit and vegetables in Lewisham, particularly across the range of markets in the borough and the numerous local food stores. However, the knowledge and skills necessary to cook healthy meals needed to be more widely distributed to younger people and their parents to improve general healthy eating levels across the borough. There appeared to be a mis-conception that healthier food was more expensive than fast food, so understanding food preparation and food cost is an important life skill that a large number of young people need assistance in developing.

5.65 The young people advised the Committee that they felt unhealthy meals were much more easily accessible, and cheaper, than healthy meals. They all reported being able to buy fried chicken and chips for £2 within a very short distance of their schools.

**Recommendation 13: All schools should be encouraged to promote a healthy relationship with food to all pupils in all appropriate ways, through personal, social and health education (PSHE) and all other interactions with pupils, such as school dinners and vending machines.**

**Recommendation 14: All schools should incorporate into the curriculum opportunities for their pupils to prepare and cook healthy meals, and at after school provision and extra-curricular activities where practicable. This should occur at all key stages.**

**Recommendation 15: Healthy school dinners in all schools should be varied and flavoursome. All schools should follow the good example set by some Lewisham schools and ensure that a culturally diverse range of hearty, healthy meals are provided.**

**Recommendation 16: In light of recent increases in cost, pricing of school meals for secondary school children should compare as favourably as possible with the cheap fast foods available locally to the school, to encourage young people to choose the healthier meals for financial as well as health reasons. Those secondary schools that currently allow students off site at lunch time should review that policy, and consider the health benefits of keeping students on site at lunch time.**

**Recommendation 17: Although all children are taught about the need for a balanced diet and that meals should be balanced between the various food groups, opportunities to learn and develop food preparation and cooking skills to prepare quick and easy healthy snacks and meals should be offered throughout schools, not just for those taking a relevant GCSE course.**

**Recommendation 18: Parenting Support offered through the Early Intervention Programme should include nutrition, budgeting and cooking guidance as part of the support offered to parents.**

**Recommendation 19: The Committee welcomes the fact that Lewisham has a wide range of markets selling a wide range of fresh and affordable fruit and vegetables, and this should continue to be supported, encouraged and promoted.**

### **Work with fast food outlets.**

- 5.66 Lewisham is now part of the “Scores on the Doors scheme”<sup>23</sup>. Eating out has been found to account for an average 11% of an adult’s energy intake. Several London boroughs are working with their local food businesses to increase the healthy food options available to customers e.g. Tower Hamlets Food for Health Awards, Barking and Dagenham ‘Saturation Point’ planning policy and fast food takeaways.

**Recommendation 20: The Committee notes the use of cumulative impact zones for alcohol, and asks officers to explore the possibility of developing a similar model in relation to fast food outlets, particularly around all Lewisham secondary schools, to develop and promote Lewisham as a healthy choices borough.**

**Recommendation 21: The Council should explore developing explicitly, within the local development plan and in all relevant local planning policies, the encouragement of healthy food outlets, shops, businesses and facilities**

**Recommendation 37: A “Healthy Lewisham” promotion and awareness campaign, should be developed, building on the “Live well, live long in Lewisham” branding of this review. As part of this awareness campaign, the Council should explore developing a targeted poster campaign outside fast food shops, which outlines the consequences of eating fast food regularly.**

### **Lewisham Food Strategy**

- 5.67 The Lewisham Food Strategy was launched in 2006. The overall aim of the strategy is to increase the health and welfare of Lewisham people through improved access to nutritious and safe food from a more sustainable food chain. The Lewisham Food Strategy fits within the Mayor of London’s Food Strategy which is overseen by the London Food Board. Work continues throughout the borough on the four themes:

1. Food access - to reduce economic, cultural and educational barriers
2. Food, nutrition and health-to contribute to the reduction in nutrition related ill-health
3. Food safety - to ensure the safety of food produced, sold and consumed in Lewisham
4. Food sustainability - food produced, transported and sold in Lewisham

- 5.68 The key developments in recent years as a result of the strategy, were reported to the Committee as including:

- The development of local food co-operatives, which as in part increased the sale of low cost high quality fruit and vegetables to local residents
- Increased number of active community gardens across Lewisham

<sup>23</sup> [www.scoresonthedoors.org.uk](http://www.scoresonthedoors.org.uk)

- Providing professional nutrition support to community groups in north Lewisham
- The development and delivery of the Love Food Hate Waste campaign and events across the borough
- The funding of the Downham Nutrition project

- 5.69 The Committee heard from Sally Brothers and Gwenda Scott that a key part of local action to tackle obesity is the roll out of the National programme of Health checks locally. The NHS Health Check<sup>24</sup> is part of a new national scheme to help prevent the onset of heart disease, stroke, diabetes and kidney disease for adults aged 40-74. The objective is to offer screening for all those eligible, around 76,000 people in Lewisham within a five year period. All adults who attend will get personalised advice on how to lower their risk and maintain a healthy lifestyle.
- 5.70 About 2000 health checks have been carried out so far, which is about 30% of those invited for a health check, which can be carried out at a GP surgery or local participating pharmacy – the data from these is still to be analysed.
- 5.71 Additional support on weight management available through a new community weight management programme (Shape-Up) for overweight and obese adults (with a BMI between 25 & 35). Outcomes of the initial programmes were very positive with 80% registering a reduction in weight and reporting improvements in activity levels and emotional health.
- 5.72 A new dietetic weight management service for the NHS Health Checks is currently out to tender. This will enhance the primary care dietetic service currently available.

**Recommendation 22: Within the Borough’s business awards, the Mayor should consider including an award for healthy businesses, those who encourage, promote and support healthy eating and living in their local community.**

**Recommendation 23: The Health Checks programme should be more widely promoted, via the Council and partner websites, GP practices, within the voluntary sector and the LINK.**

**Recommendation 24: Local pubs and restaurants should be encouraged to provide and promote healthy snacks and meals.**

## PHYSICAL ACTIVITY

### Definition of physical activity

- 5.73 Physical activity includes all forms of activity such as everyday walking and cycling to get from A to B, active play, work related activity, active recreation, dancing, gardening or playing active games as well as organised and competitive sport.

<sup>24</sup> [www.nhs.uk/nhshealthcheck](http://www.nhs.uk/nhshealthcheck)

Three aspects of physical activity are important when it comes to increasing fitness and reducing obesity: Duration, Intensity & Frequency.

- 5.74 Physical activity can reduce the likelihood of premature death by 20-30% and regular physical activity also reduces CVD risk by up to 50%. Physical activity increases good cholesterol, lowers bad cholesterol, reduces high blood pressure and reduces risk of stroke.
- 5.75 Start Active, Stay Active: The Chief Medical Officer guidance (April 2011) on physical activity levels emphasised the need for a life course approach and the need for physical activity at all ages, and issued guidance for levels of physical activity for Under 5's, 5-18years, 19-64years and 65+. The guidance has a stronger recognition of the role of vigorous intensity activity and has a stronger emphasis on daily activity and limiting sedentary behaviour.
- 5.76 Adults (19-64) are advised to be active daily, doing moderate activity in 10 minutes spans to make 150 minutes per week or 30 minutes of activity 5 days a week, as well as muscle strengthening activity at least 2 days a week. All adults are advised to minimise sedentary behaviour.
- 5.77 At present, only 10% of adults in Lewisham achieve Chief Medical Officer targets of 30 minutes moderate physical activity, five times per week. An estimated 10,000 adults per year would need to get more active to reach 2020 targets of 70% doing 5 x 30mins. The current focus in Lewisham is to encourage more people to do what they already do in more active ways, with the primary focus on getting the inactive active.

**Increasing Physical activity in Lewisham**

- 5.78 The NHS and its partners have developed a Physical Activity Strategy which aims to increase the level of activity of inactive people. This strategy also has an annual action plan which is led by the Lewisham Physical Activity Partnership and aims to deliver the strategy. The action plan is monitored through the Physical activity partnership each quarter and evaluated annually
- 5.79 Various indicators are used to measure Physical Activity in adults via the Active People Survey (all are self reported).

**Table 8:** Active People Survey (Old NI8)

	2005-6	2007-8	2008-10	2009-11
<b>Lewisham</b>	<b>20.3%</b>	<b>20.8%</b>	<b>18.8%</b>	<b>20.7%</b>
Bromley	21.7%	21.8%	21.0%	20.7%
Greenwich	19.1%	19.1%	22.6%	19.7%
Southwark	18.4%	22.1%	21.2%	20.9%
London	21.5%	20.3%	20.8%	20.8%

5.80 Levels of physical activity, as reported above, vary by Gender, Age, Ethnicity and Socio-economic Status. The Committee was advised that, based on the survey in 2010:

- Males are more active than females
- Young people more active than older people
- Able bodied people more active than people with LTLI

- White people slightly more active than people who are not white
  - Affluent people more active than those less affluent
- 5.81 The Committee heard much evidence about the wide range of efforts to encourage and enable people to increase their physical activity levels in Lewisham. The Committee was advised that the wide range of activities and support fall into three broad categories: Universal, Targeted and Specialist.
- 5.82 **Specialist**, are programmes of physical activity subject to strict regulation and protocol and currently include the Exercise on Referral Scheme which targets those with high BMI (body/mass index), and those with a range of health issues such as diabetes and asthma. This also includes the Active Heart programme where Lewisham Healthcare NHS Trust refers patients post cardiac events to low-level exercise with specially trained instructors.
- 5.83 The Committee heard from the Director of Public Health that, according to NICE (2006) Guidance, the only physical activity intervention based in a primary care setting that has an evidence base in successfully demonstrating long-term adherence to physical activity are those based on the principles of brief intervention.
- 5.84 The Committee visited the Downham Health and Leisure Centre, and its Members spoke to NHS, Council and centre management staff about the usage of the centre, and the partnership working between the various services and organisations operating out of the Centre. The Committee was impressed with the welcoming feel of the building and the extremely positive impact close working across organisations, particularly between the Council library staff and centre management, was evidently having on local young people.
- 5.85 Members of the Committee also spoke to the local GPs at the centre and the centre management about the direct links between the two services. The Committee heard that the pathway for GP referral to exercise was currently being reviewed to try and increase its effectiveness and the monitoring of take up, as both reported some issues in the take up and completion of the full course of activities.
- 5.86 The Committee heard from Lynn Wheeler, a patient representative of the South London Cardiac and Stroke Network, who advised that she has been referred to the Active Heart Programme in Bromley. Lynn told the Committee about her experiences of using the scheme, and how important she and the other people using the scheme found a regular supportive tutor, and how important timings and group dynamics were in encouraging people to maintain their participation in activities.
- 5.87 Lynn advised that, in her experience, activities held at a suitable time of day (e.g. evening for working people daytime for older people), were important in encouraging attendance. The “heart smart” exercise classes enable people with similar experiences and conditions to exercise together. Lynn also advised that a dedicated trainer to support nervous newcomers and make the activities welcoming and achievable was a key factor in encouraging attendance, and that the activities had to be made a social activity and fun to take part in to encourage people to want to continue to take part in physical activity.

**Recommendation 25: The GP referral scheme should be clearly monitored and reported, and the referring GP practice should monitor the uptake and outcomes for each patient they refer. GP practices should also help patients understand the value of the services to which they are being referred and promote uptake.**

**Recommendation 26: Primary Care Staff should all implement and promote the Let's Get Moving Physical activity Care Pathway to patients with long term conditions**

**Recommendation 27: Leisure providers providing the GP referral exercise service should ensure that people referred are given appropriate choices of timings, and that some sessions are organised around age groups and gender groups where preferred, so that cohorts of users can be developed and supported as a group. Support to complete the course, and reduced membership subscription incentives and signposting to more activities, once the course is completed, should be offered if possible.**

**Recommendation 28: All people referred under the GP exercise referral scheme should be able to access the same range of activities across all borough localities.**

**Recommendation 29: Fusion and all other contracted providers should be encouraged to ensure that a broad range of affordable, and, where appropriate, subsidised activities are provided and promoted. Planning and promoting those activities should, in part, take direct account of the views and input of the Positive Ageing Council and seek the input of the Young Mayor and Young advisors.**

**Recommendation 30: Pricing information for all Lewisham Leisure centres and activities should be easily accessible on the Lewisham Council website.**

5.88 **Targeted**, are programmes of physical activity aimed at those at risk of potentially developing health problems such as the NHS Health checks programme aimed at the 40-74 age range and the Healthy Walks programme. The health check aims to pick up those who may be at risk of CVD, and Type 2 Diabetes. Following a health check, residents can be offered these services to support any lifestyle changes they are recommended to make. Where people are unsure or ambivalent around change, a health motivator ("Change Coach") can talk them through their options and support them to increase their activity levels. The NHS Health Check is the

only programme that currently measures the physical activity level of patients using the General Practitioner Physical Activity Questionnaire.

- 5.89 The Committee also heard from Joni Blackwood, an independent fitness instructor who delivers the “Get Active” and “Check and Change” Programmes. Joni advised the Committee that there are a number of programmes offered across the borough, some funded by the NHS and some by Sport England, providing the flexibility to offer a variety of services in a wide range of locations, including schools and community centres.
- 5.90 Joni advised that some programmes are 40 weeks long, some 10 weeks long, ranging from Pilates to Zumba, from walking to boxercise. “Shape Up” is an 8 week programme over a period of 8 workshops that helps clients identify the behaviours that can stop them from achieving their health and weight loss goals, or have caused them to give up or fail in the past. The programme addresses topics like portion sizes, food labels and internal and external triggers. The aim of the programme is for clients to leave with achievable goals and realistic lifestyle choices – the majority of clients have maintained their weight loss a year after the programme.
- 5.91 Joni gave the Committee three detailed, anonymised, case studies from programme participants who wanted the Committee to know about the positive impact the programmes have had on their lives.
- 5.92 **Universal** activities, are the broad range of activities for everybody in the borough, which include Everyday activities, Active recreation and Sport. In terms of the ‘**universal**’ offer for general exercise and fitness, there are a variety of delivery agencies such as:
- Leisure Centres (Council run)
  - Leisure centres (privately run)
  - Community sporting centres (voluntary and private sectors)
  - Parks (Council run)
  - Playing fields (school, Council, voluntary and private sectors)
  - School facilities (Council and privately run)
- 5.93 These all provide activities at a range of prices. The Lewisham Plus Card scheme, which is a leisure discount card, operates across Council facilities. The Lewisham Plus Card scheme enables a reduction in costs for people on low income. For people over 60 years of age and for disabled residents on benefits, and carers, several activities are free of charge.
- 5.94 The Committee was advised that the Lewisham Plus Card scheme is currently being reviewed with a view to a better offer from agencies (yoga, zumba, tai chi) and it should be re-launched in the new financial year. For residents with disabilities many of the leisure centres have adapted equipment as well as a target to increase usage by people with disabilities as part of their annual plans.

**Recommendation 31: The Committee welcomes the free swimming programme for under 16’s and over 60’s in the borough. The Committee considers the Lewisham Plus Card to be an excellent scheme that should be reviewed as planned, and then publicised and promoted widely.**



- 5.95 Lewisham Council and NHS Lewisham are focusing, over the next two years, on developing industrial interventions in relation to 4 key activities in supporting more inactive people to become active. Industrial interventions are those that can impact on a large number of people, rather than targeted smaller localised initiatives and may sometimes be available through contractual arrangements with the different sectors. These are Swimming, Dance, Walking and Cycling. Sport for both young people and adults will also underpin this. Early intervention is key for future healthy lifestyles.
- 5.96 Some industrial interventions will be implemented through contractual arrangements with leisure companies. For example, in terms of Swimming, the Council has secured free swimming for children 16 and under, and people over 60 for a minimum of 15 years. This should, in time, show increased uptake in swimming, leading to improvements in health when allied to continued marketing and promotion. In addition, Top Up Swim has been promoted for the past two years and gives the opportunity at year 7 for young people who have not learnt to swim at primary school the chance to learn in a number of half term crash courses.

**Recommendation 32: The Council should carry out an audit of all sports facilities in the borough, looking at the operational status of all facilities, and the capacity and usage figures of all facilities, including schools, to enable a clear picture of capacity and usage to be developed and used to inform future provision planning and promotion.**

**Recommendation 33: As part of the Olympics preparation, celebration and legacy, free “taster” sessions should be organised and publicised for a wide range of sports before during and after the Olympics and Paralympics. If these can link in directly with Olympic coverage, particularly on Blackheath with the big screen coverage, that would be welcomed.**

- 5.97 **Walking** - Walking has a fundamental role to play in achieving the objectives of Lewisham’s Physical Activity Plan (2010-2013) and will become one of the four key themes from 2012. The Chief Medical Officer’s physical activity guidelines (July 2011) reinforce the importance of walking, both as an effective form of physical activity in its own right and an entry point to more vigorous exercise. It offers increased opportunities for social interaction contributing to safer and more vibrant neighbourhoods, reducing traffic congestion and generating economic benefits.
- 5.98 A broad range of walking activities is available locally, including innovative programmes. Regeneration initiatives have created new opportunities for walking across the borough. There is minimal data on the numbers of residents that regularly walk in Lewisham and the Physical Activity Partnership will look at how this can be developed. A more strategic approach is planned from April 2012 with a distinct walking plan that will aim to achieve an ‘industrial’ level of engagement.

- 5.99 There are also a range of organised group environmental activities that people enjoy being a part of such as Nature's Gym which started in June 2008 and has had over 200 different volunteers working on over 40 different sites. Other organisations, such as Friends of Park groups, also have activity days such as river clean ups or park projects. Gardening, of course, is a traditional activity and there has also been an upsurge of gardening projects like community gardens.
- 5.100 The Committee heard from Jenny Budd, Lewisham Healthy Walks Co-ordinator, and Lucreta Lapierre, a Healthy Walks volunteer, about how a programme of healthy walks have been developed across Lewisham over recent years. The programme was originally targeted at the over 50's to increase the amount of gentle to moderate activity done by older people, primarily focused on getting the inactive active but over the last few years the programme has been extended to include all ages. A range of walks, with a range of difficulty, has been developed across the borough, all led by volunteers.
- 5.101 The scheme has proved popular and approximately 160 people are currently regularly taking part in the programme. Between November 2010 and November 2011 there were 252 people registered with the programme, who attended a total of 4,906 sessions. There are a total of 526 walks a years, 74% of participants are women, 26% men. A programme of Nordic walking is being developed for those that want to now increase the intensity of their walking activities. Lucreta advised the Committee that, not only did the walks provide the opportunity for people to get fitter and enjoy their local green spaces, but they also provided a powerful opportunity for local people to get to know each other socially and assisted in developing community cohesion.

#### **Physical Activity and Young People**

- 5.102 Since the cessation of the School Sport Partnership Funding in August 2011, the school sports landscape has changed. With the introduction of the new 'School Games', funding has been secured for 2 School Games Organisers, working across the Borough. These posts are managed by Haberdashers' Aske's Knights Academy and Prendergast Ladywell Fields College.
- 5.103 This new infrastructure is working closely with schools, the Lewisham Secondary Sports Association and the Council Sport and Leisure Service to provide schools with the opportunities to be part of the School Games from a local intra-school level through to a Regional London level. Local sport clubs and team are increasingly cementing their links with schools to provide exit routes for young people. All schools are encouraged to register at [www.yourschoolgames.com](http://www.yourschoolgames.com) where they will then receive additional resources, support, access to funding and rewards.
- 5.104 Lewisham provides a variety of play spaces from large nature sites like Honor Oak Adventure Play Ground (APG), to more inner city sites such as Deptford APG to indoor sites such as Woodpecker Youth club or Ladywell Youth village. All of the current sites provide a quality service to young people from across the borough with sites open to the public 5 days a week, 50 weeks of the year after school, weekends and school holidays.
- 5.105 Activities offered differ from site to site although the service is always developing. These include robust, often physically demanding, play in safe supervised settings including a range of sports, both indoor & outdoor, arts & craft projects and games. The service also supports a wide variety of residential and day trips throughout the year which gives young people opportunities to experience different activities, environments and a chance to interact with their

peers without potential pressures placed upon them in their home and school environments.

- 5.106 The quality of these services is high. They are designed to be both fun as well as giving children and young people a chance to experience new skills. The range of activities attracts large numbers of young people who appreciate the non-prescriptive approach. Over Summer 2011 around 3,000 young people attended youth facilities with the APGs averaging over 60 users per day. The service utilises this access to young people to provide outreach specialist programmes including work around sexual health, drugs awareness and adolescent mental health.
- 5.107 The Committee heard from the Young Mayor and Young Advisors that not many of them were aware of the wide range of physical activity and sporting activities that were available for them to take part in across the borough. The Committee was concerned that, as a group of highly engaged young people, it was worrying that they were not very aware of any activities on offer at affordable prices.
- 5.108 The Committee also heard that enjoyment of physical activity in school was varied, with differing levels of participation, interest and not enough always done to encourage and engage young people in participation in the core requirements of the curriculum, let alone to encourage them to develop wider sporting interests and hobbies.

**Recommendation 34: All schools should be strongly encouraged to make their sports and leisure facilities available for the local community and local sport and activity groups to use outside school hours, and actively promote any groups/classes/activities happening at the school to local parents and pupils.**

**Recommendation 35: Schools should strive to provide more than the bare minimum requirements of physical activity for children and young people, both within the curriculum and with a wide range of extra-curricular sporting activities**

**Recommendation 36: Physical activity within schools should harness young peoples' interests, so ways of providing opportunities to develop street dance, basket ball and skating clubs alongside more "traditional" sports, within schools should be explored.**

#### **Healthy Living in Lewisham**

- 5.109 The Committee heard repeatedly, at every evidence session and on every visit, that the themes of smoking, healthy eating and physical activity were all linked, both in the people and communities for which they are a primary problem, the illnesses they cause and in the efforts to target and encourage people to lose weight and be active. Tackling obesity and the health problems it causes effectively requires healthy eating and exercise to become more widespread across the borough, with people better informed and supported to develop healthier lifestyles in Lewisham.

- 5.110 Where voluntary/community sector groups are engaged in delivering health improvement projects or initiatives, there should be support supplied by the Council to ensure awareness of project funding cycles. Where funding for a project is finite, advice and support or signposting should be provided/available to project leaders so that alternative funding to allow the project to continue can be effectively sought.
- 5.111 The Committee considers that the Council should take a lead in promoting Lewisham as a healthy place to live, work and learn by developing a workplace health scheme for Council employees, as the Director of Public Health informs the Committee that there is evidence that employers can help their employees improve their general health by taking certain effective measures and offering support programmes.
- 5.112 The Committee understands the need for a targeted approach to specific areas such as smoking. It considers that the overall approach to achieving the Sustainable Communities Priority for Lewisham of “Healthy, active, enjoyable”: where people can actively participate in maintaining and improving their health and well-being, requires the further development of a high profile joined up strategic approach to developing and promoting Lewisham as a healthy place to live, work and learn. Therefore the Committee makes the following recommendations:

**Recommendation 37: A “Healthy Lewisham” promotion and awareness campaign, should be developed, building on the “Live well, live long in Lewisham” branding of this review. As part of this awareness campaign, the Council should explore developing a targeted poster campaign outside fast food shops, which outlines the consequences of eating fast food regularly.**

**Recommendation 38: The Healthy Lewisham campaign should include targeted information targeted at key life events where changes in peoples eating habits and physical activity levels are known to often occur. These include maternity, leaving school, retiring, starting a family and moving to a new home.**

**Recommendation 39: The Shadow Health and Wellbeing Board, and the successor Health and Wellbeing Board, should take a strategic lead in developing Lewisham as a healthy place to live work and learn. This approach should include setting clear targets in relation to reducing smoking (and the commencement of smoking), reducing levels of obesity, increasing levels of physical activity and increasing access to and consumption of healthy food across the borough.**

**Recommendation 40: The numerous relevant plans and strategies overseen by various working groups and action groups should be better co-ordinated and brought together clearly under the direct stewardship of the Shadow Health and Wellbeing Board and the successor Health and Wellbeing Board, and co-ordinated into a clear “Healthy Lewisham plan”. The targets, planned actions, outcomes and responsibility should be clear to, and easily accessible by, the public.**

**Recommendation 41:** There should be improved access to information regarding healthy living in Lewisham. In particular, the information on the Council website in relation to sport and physical activity should be reviewed so that it is comprehensive, engaging, searchable and up-to-date. All web pages, plans and information should be fully printable in a readable format from the website.

**Recommendation 42:** Once the website and available information has been reviewed and updated, a physical activity promotion campaign targeted at young people should be carried out, to raise awareness of and participation in the wide range of sporting activities available for young people. Such a campaign should include all available social media approaches of engaging young people, in addition to tradition promotion routes.

**Recommendation 43:** A brief update on the relevant recommendations (listed at appendix A) from three related previous scrutiny reviews must be included in any response to this review and, where deemed relevant by the Committee, any future update on the outcomes of this review may require a further update on those previous scrutiny review recommendations. This premature mortality review builds on the foundations of previous scrutiny work, and by bringing these previous review recommendations together with the premature mortality review, the Healthier Communities Select Committee will be able to monitor progress effectively in reducing premature mortality in Lewisham.

## 6. Recommendations

6.1 The Committee makes the following recommendations:

### Smoking

1. All GP practices should be encouraged to offer a Stop Smoking Service, either alone or in partnership with neighbouring practices. If this is not possible for an individual practice, the GP should actively refer patients who smoke to the Stop Smoking Service.
2. The Stop Smoking Service should continue to extend its services to reach more people in more non-medical venues.
3. The Stop Smoking Service should undertake more targeted work focusing on community groups, particularly those that are currently under-represented in the service's usage figures such as South-East Asian communities and Eastern & Central European communities.
4. The Stop Smoking Service should look at developing its promotion and outreach work, to include publicising the service with posters and leaflets in relevant languages, in a wider range of locations, such as specialist food shops, betting shops, pubs and mini-cab offices.
5. The Council and Public Health in Lewisham should ensure they monitor the impact of the *Tobacco Advertising and Promotion (Display and Specialist Tobacconists) (England) (Amendment) Regulations 2011* and the '*Protection from Tobacco (Sales from Vending Machines) England Regulations 2010*'.
6. The Council should ensure that Trading Standards continues its work to monitor and address all illegal sales of tobacco, including under-age sales, and any breach of the new regulations.
7. Children should be taught about the consequences of smoking from a suitable age in primary school.
8. Teaching children about the dangers of smoking should not be done just once, but repeated at appropriate times throughout their school life, with age-appropriate levels of information about the consequences given, so that the message is re-iterated regularly and appropriately.
9. With older children, the messages about smoking should be delivered in the same way as those about illegal drugs; to ensure that the addictive nature and harmful effects of smoking are clear, graphic and shockingly laid out to young people. Any anti-smoking campaign targeted at young people should also use modern technology and social media to consolidate the message and increase the reach of the campaign.

### Obesity

10. Maternal obesity is a growing problem in Lewisham, and a targeted approach with mothers to be and young families should be developed and delivered via midwives and ante-natal services.

11. The Downham Nutrition Partnership Model should be rolled out more widely across the Borough.
12. The MEND programme, or similar evidence based programmes, should be rolled out as widely as possible across the borough.
13. All schools should be encouraged to promote a healthy relationship with food to all pupils in all appropriate ways, through personal, social and health education (PSHE) and all other interactions with pupils, such as school dinners and vending machines.
14. All schools should incorporate into the curriculum opportunities for their pupils to prepare and cook healthy meals, and at after school provision and extra-curricular activities where practicable. This should occur at all key stages.
15. Healthy school dinners in all schools should be varied and flavoursome. All schools should follow the good example set by some Lewisham schools and ensure that a culturally diverse range of hearty, healthy meals are provided.
16. In light of recent increases in cost, pricing of school meals for secondary school children should compare as favourably as possible with the cheap fast foods available locally to the school, to encourage young people to choose the healthier meals for financial as well as health reasons. Those secondary schools that currently allow students off site at lunch time should review that policy, and consider the health benefits of keeping students on site at lunch time.
17. Although all children are taught about the need for a balanced diet and that meals should be balanced between the various food groups, opportunities to learn and develop food preparation and cooking skills to prepare quick and easy healthy snacks and meals should be offered throughout schools, not just for those taking a relevant GCSE course.
18. Parenting Support offered through the Early Intervention Programme should include nutrition, budgeting and cooking guidance as part of the support offered to parents.
19. The Committee welcomes the fact that Lewisham has a wide range of markets selling a wide range of fresh and affordable fruit and vegetables, and this should continue to be supported, encouraged and promoted.
20. The Committee notes the use of cumulative impact zones for alcohol, and asks officers to explore the possibility of developing a similar model in relation to fast food outlets, particularly around all Lewisham secondary schools, to develop and promote Lewisham as a healthy choices borough.
21. The Council should explore developing explicitly within the local development plan and in all relevant local planning policies, the encouragement of healthy food outlets, shops, businesses and facilities.
22. Within the Borough's business awards, the Mayor should consider including an award for healthy businesses, those who encourage, promote and support healthy eating and living in their local community.

23. The Health Checks programme should be more widely promoted, via the Council and partner websites, GP practices, within the voluntary sector and the LINK.
24. Local Pubs and restaurants should be encouraged to provide and promote healthy snacks and meals.

### **Physical Activity**

25. The GP referral scheme should be clearly monitored and reported, and the referring GP practice should monitor the uptake and outcomes for each patient they refer. GP practices should also help patients understand the value of the services to which they are being referred and promote uptake.
26. Primary Care Staff should all implement and promote the Let's Get Moving Physical activity Care Pathway to patients with long term conditions
27. Leisure providers providing the GP referral exercise service should ensure that people referred are given appropriate choices of timings, and that some sessions are organised around age groups and gender groups where preferred, so that cohorts of users can be developed and supported as a group. Support to complete the course, and reduced membership subscription incentives and signposting to more activities, once the course is completed, should be offered if possible.
28. All people referred under the GP exercise referral scheme should be able to access the same range of activities across all borough localities.
29. Fusion and all other contracted providers should be encouraged to ensure that a broad range of affordable, and, where appropriate, subsidised activities are provided and promoted. Planning and promoting those activities should, in part, take direct account of the views and input of the Positive Ageing Council and seek the input of the Young Mayor and Young advisors.
30. Pricing information for all Lewisham Leisure centres and activities should be easily accessible on the Lewisham Council website.
31. The Committee welcomes the free swimming programme for under 16's and over 60's in the borough. The Committee considers the Lewisham Plus Card to be an excellent scheme that should be reviewed as planned, and then publicised and promoted widely.
32. The Council should carry out an audit of all sports facilities in the borough, looking at the operational status of all facilities, and the capacity and usage figures of all facilities, including schools, to enable a clear picture of capacity and usage to be developed and used to inform future provision planning and promotion.
33. As part of the Olympics preparation, celebration and legacy, free "taster" sessions should be organised and publicised for a wide range of sports before during and after the Olympics and Paralympics. If these can link in directly with Olympic coverage, particularly on Blackheath with the big screen coverage, that would be welcomed



34. All schools should be strongly encouraged to make their sports and leisure facilities available for the local community and local sport and activity groups to use outside school hours, and actively promote any groups/classes/activities happening at the school to local parents and pupils.
35. Schools should strive to provide more than the bare minimum requirements of physical activity for children and young people, both within the curriculum and with a wide range of extra-curricular sporting activities
36. Physical activity within schools should harness young peoples' interests, so ways of providing opportunities to develop street dance, basket ball and skating clubs alongside more "traditional" sports, within schools should be explored.

### **General Recommendations**

37. A "Healthy Lewisham" promotion and awareness campaign, should be developed, building on the "Live well, live long in Lewisham" branding of this review. As part of this awareness campaign, the Council should explore developing a targeted poster campaign outside fast food shops, which outlines the consequences of eating fast food regularly.
38. The Healthy Lewisham campaign should include targeted information targeted at key life events where changes in peoples eating habits and physical activity levels are known to often occur. These include maternity, leaving school, retiring, starting a family and moving to a new home.
39. The Shadow Health and Wellbeing Board and the successor Health and Wellbeing Board should take a strategic lead in developing Lewisham as a healthy place to live work and learn. This approach should include setting clear targets in relation to reducing smoking (and the commencement of smoking), reducing levels of obesity, increasing levels of physical activity and increasing access to and consumption of healthy food across the borough.
40. The numerous relevant plans and strategies overseen by various working groups and action groups should be better co-ordinated and brought together clearly under the direct stewardship of the Shadow Health and Wellbeing Board and the successor Health and Wellbeing Board, and co-ordinated into a clear "Healthy Lewisham plan". The targets, planned actions, outcomes and responsibility should be clear to, and easily accessible by, the public.
41. There should be improved access to information regarding healthy living in Lewisham. In particular, the information on the Council website in relation to sport and physical activity should be reviewed so that it is comprehensive, engaging, searchable and up-to-date. All web pages, plans and information should be fully printable in a readable format from the website.
42. Once the website and available information has been reviewed and updated, a physical activity promotion campaign targeted at young people should be carried out, to raise awareness of and participation in the wide range of sporting activities available for young people. Such a campaign should include all available social media approaches of engaging young people, in addition to tradition promotion routes.

43. A brief update on the relevant recommendations (listed at appendix A) from three related previous scrutiny reviews must be included in any response to this review and, where deemed relevant by the Committee, any future update on the outcomes of this review may require a further update on those previous scrutiny review recommendations. This premature mortality review builds on the foundations of previous scrutiny work, and by bringing these previous review recommendations together with the premature mortality review, the Healthier Communities Select Committee will be able to monitor progress effectively in reducing premature mortality in Lewisham.

**List of previous, relevant, scrutiny recommendations related to this review that the Committee would like an update on:**

**Men's health in Lewisham – HCSC in depth review 2006/07**

**Smoking cessation**

**4** It is recommended that a question on smoking is included in the next survey of residents to record smoking prevalence and to better target stop smoking services on an ongoing basis.

**5** It is recommended that the Council strengthens its role and responsibility in terms of general well-being and promotes the benefits of smoke-free environments and stop smoking services to staff, service users, clients and contractors. In particular, both the Council and local NHS bodies should use their contractual powers to the fullest to influence other organisations to implement a no smoking policy on all Council and NHS sites to reinforce good practice and raise public awareness.

**6** With the stop smoking services expanding their work, there is a need to raise the profile and visibility of these services in Lewisham and to focus on tackling the discrepancy in the number of men to women who are quitting via the smoking cessation services. It is recommended that targeted promotion to men and social marketing of smoking cessation services are developed and implemented.

**Physical exercise**

**7** It is recommended that further work is carried out to assess the appropriateness of the choice and image of the exercise sessions on offer via referral from GPs so that they appeal more to men, to ensure men are being offered the services and that the benefits of taking part are promoted.

**8** It is recommended that when follow-up scrutiny is carried out, council officers are asked to report back to the scrutiny body on the outcomes of visits to pubs and workplaces in Lewisham to promote physical activity and the benefits of taking part in exercise for men in relation to health promotion.

**9** Only 55% of boys and 39% of girls were reaching the recommended level of physical activity, and the Council needs to do more to increase the numbers of boys and girls reaching the recommended level.

**10** The Review Group welcomes the proposed establishment of a Lewisham Sports Council and recommends that the Council and PCT give their support to its successful formation.

**11** It is recommended that the Council and PCT, when marketing physical activity, highlight the benefits of everyday activities such as walking and cleaning as identified in the promotion leaflet 'A bit of what you fancy'.

**Diet and nutrition**

**12** It is recommended that, as part of the implementation of the government white paper, the promotion of healthy eating should be considered through local planning and licensing decisions. When responding to consultation on the enhanced role of the councillor and corporate councillor as part of the new government white paper, the Council could include the requirement that local

authorities should have a greater influence over planning and licensing policy and that decisions should include consideration of health implications, for example in relation to planning and licensing applications for food outlets to encourage healthy foods.

**13** It is recommended that choice in school dinners should be directed at helping to encourage children and young people to eat healthily. The Review Group welcomed schools becoming more active in their involvement with the food choices that pupils bring to school as part of their lunch boxes.

**14** In terms of the Healthier schools initiative, greater efforts need to be made to help encourage all schools in Lewisham to participate in the Healthy Schools initiative.

### **Women's Health inequalities – HCSC in depth review 2008/09**

#### **Social and Economic Determinants of Health Amongst Women in Lewisham**

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

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

#### **Cardiovascular Disease**

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

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

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

#### **Cancer**

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

### **Tackling Childhood Obesity - CYP Select Committee in depth review 2006/07**

#### **Nutrition**

- There should be a hard hitting campaign initiated by the Council and PCT working together to promote health eating for families

- Schools should help to educate parents about the benefits of healthy food for their children and the dangers of junk food.
- Parents should be encouraged to sign their children up for school meals rather than providing packed lunch boxes.
- The extended schools agenda presents opportunities to teach children about healthy eating and cooking.
- The PCT should look at the scope to recruit more nutritionists to promote healthy eating in the borough (funds permitting).
- Evaluations of projects should be completed in order to assess, as far as possible, the impact of individual community health promotion campaigns.
- Vending machines in council buildings (including schools, leisure centres and community halls) should only serve healthy products. This stipulation should be included in any new contracts entered into with companies providing such services for the Council.

### **Sports activities**

- Schools should be encouraged to meet the two-hour weekly minimum physical activity requirement as set by central government. Particular emphasis should be placed on Key Stage 1.
- It is essential that new school sports facilities provided under the Building Schools for the Future Programme, are made available for out-of-hours use for the community, and that this is promoted.
- The extended schools agenda should be used to provide additional opportunities for physical activities.
- Promote the large range of activities throughout the borough and in neighbouring boroughs - Make the information easily accessible to all.
- If possible, offer greater discounts to children and young people to use leisure facilities.
- Look at staff and resources and quality and training of staff to support and run facilities and activities.
- Establish strong links with the voluntary sector and London Thames Gateway.
- Encourage all schools to engage in inter-school competitions.
- Encourage each school to send one promising young person to the London Olympics.
- Focus on the bid for the Olympics and increase opportunities to children and young people in line with this.
- Look at providing bursaries to sponsor promising candidates.
- Organise mini-Olympics for schools including Paralympics.
- Encourage other forms of activity for those who have less interest in sport, e.g. dance and family-friendly walks or nature trails in local parks.

**Additional references of key tobacco reports**

Smoking Kills: A White Paper on Tobacco. TSO 1998

Healthy Lives, Healthy People: A Tobacco Control Plan for England. HM Government 2011.

Statistics on Smoking, England 2010. The NHS Information Centre for Health and Social Care 2010.

London Health Observatory: Local Tobacco Control Profiles 2010

Smoking, drinking and drug use among young people in England in 2009. The Information Centre for Health and Social Care, 2010

Passive smoking and children. Royal College of Physicians, London, 2010

Breaking the cycle of children's exposure to tobacco smoke: British Medical Association 2007

School-based interventions to prevent the uptake of smoking among children. PH23. NICE 2010

Guidance on preventing the uptake of smoking by children and young people. PH14 NICE 2008

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