

Questions for Lambeth Together meeting March 2025 from Odilon Couzins

1. Indoor Air Quality

I recently completed a systematic review of research into the effectiveness of improved classroom air quality in reducing the spread of infections such as Flu, RSV, and Covid. While there needs to be more research on this topic, I found strong evidence that ventilation and HEPA filters could reduce infections by 30-60%. Given the ongoing high levels of illness among students and teachers, I do not understand why so little is being done to improve indoor air quality in schools and other crowded indoor spaces.

A few questions:

- i. Has the council engaged with the mayor's project to pilot HEPA air purifiers in classrooms? If so, which schools have them. If not, why not? **Response from the Sustainability Team:** We are engaging with the GLA on their air filtration project in schools. The project is currently in the procurement stage, and the GLA has not chosen which schools they intend to work with. We will be happy to support any schools that wish to participate when the project progresses to that stage.
- ii. Last summer I proposed to conduct a study of such an intervention in schools, but the council's public health team didn't take me up on the offer. This is a cheap intervention with a large health benefit, why are you not pursuing it? **Response from the Sustainability Team:** We do not have the resource to run a project trialling indoor air filtration in schools in the Climate Change and Sustainability team. Furthermore, there is not an appetite to duplicate the work that is already going to be carried out by the GLA. We will support he closely follow the outcome of the GLA project and the results will inform how we respond to indoor air quality in schools.
- iii. As you all know, Measles is one of the most infectious airborne pathogens we know of. What is being done to address the risk in transmission in nurseries and primary schools? **Response from the Public Health Team:** Vaccination remains the most effective defence against measles. The routine childhood vaccination programme, commissioned by NHS England, ensures that two doses of the MMR vaccine are universally offered to children through GP surgeries. Encouragingly, the majority of parents in Lambeth are choosing to vaccinate their children. However, achieving sufficient coverage is essential to prevent community transmission and outbreaks.

To complement the GP offer (which remains the core offer) and address inequalities in uptake, we have commissioned the "Vaccination in New Spaces" pilot. This initiative provides all routine childhood immunisations for children aged 0-5 years and includes targeted engagement through Q&A sessions at trusted community sites. The programme has expanded from six to nine Children's Centres, covering 50% of the borough and focusing on areas of deprivation. Between April and September 2024, 28 workshops were conducted, engaging 407 parents and caregivers. These sessions have enhanced participants' understanding of vaccine benefits, empowered informed decision-making, and fostered trust in clinical staff.

The hyper-targeted component, a home visit service, continues to engage underserved families to facilitate catch-up vaccinations. However, challenges such as staff turnover, capacity limitations, and low referral rates persist. Efforts to raise awareness of the service continue through established channels, including GP bulletins and forums for practice managers and nurses.

Further initiatives to improve uptake include enhancements to GP call/recall systems. Our "Celebrate and Protect Birthday Cards" initiative gently reminds families of the importance of

vaccinations, including MMR, while a seasonal card campaign specifically targeted families with children aged 1-11 years who had missed doses, raised awareness of measles risks and encouraged uptake.

Additional local actions include:

- Co-producing an MMR information video with stakeholders and residents, addressing common concerns. The video is available [online](#), and we welcome your support in sharing it widely.
- Supported a Southeast London Immunisations Webinar for clinical and non-clinical staff, attended by over 100 professionals, to improve provider-patient communication and promote vaccination.
- Delivering pop-up community vaccination clinics to improve access and convenience.
- Collaborating with voluntary and community organisations to raise awareness and encourage uptake.

We continue to work closely with community leaders and council departments, including birth registry and early years services, to maximise opportunities to promote and improve local vaccination coverage.

2. Measles

I spoke with parents picking their young children up from a local nursery this week and was surprised that many didn't seem to be aware of their child's MMR vaccination status, or of the low rate of vaccination in London. None of them seemed concerned or aware that Measles can be deadly.

The WHO says Measles is "one of the most contagious diseases in the world", and that it is spread through the air and can remain contagious on surfaces for hours – just like Covid and Flu but ***much*** more effectively. Unvaccinated young children are at highest risk of serious illness.¹

Last September the Lambeth Together board pack noted that Lambeth had the highest number of infections in London, and that there was a "notable concentration in the most deprived areas." – so it is also a health equity issue. (LTCP-September-2024-Boardpack)

Vaccines may be the best line of defence, but given the airborne nature of Measles spread, why are we not cleaning the air in schools, GP surgeries, and especially nurseries where very young unvaccinated children gather in crowded spaces?

Very interestingly, the UK govt Measles Epidemiology report from 2023 shows a dramatic drop in measles cases as soon as students broke up for summer. This points very strongly to the need to not only promote vaccines but also introduce air filtration and/or ventilation in classrooms.²

- i. **What is the current MMR vaccination rate for children at 24mo and 5yr in Lambeth? Do you have further demographic or geographic breakdown on vaccination rates or coverage? Response from the Public Health Team:** The latest publicly available MMR vaccination data can be accessed here: <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2024-to-2025-quarterly-data>. National COVER reporting does not provide granular insights into vaccination inequalities. However, a health equity audit conducted

¹ <https://www.who.int/europe/news/item/22-02-2024-rapid-measles-outbreak-response-critical-to-protect-millions-of-vulnerable-children>

² <https://www.gov.uk/government/publications/measles-epidemiology-2023/confirmed-cases-of-measles-in-england-by-month-age-region-and-upper-tier-local-authority-2024>

by UKHSA has identified disparities within the UK vaccination programme. Additionally, a local audit in Lambeth has highlighted inequities in coverage and timeliness, which guides our targeted engagement approach to ensure support reaches those most in need.

ii. **Is there a plan to get to 95% vaccination rate, and if so what is it? Response from the Public**

Health Team: A co-produced childhood vaccination strategy is in place following a comprehensive needs assessment. This strategy is outcome-focused and centres on four priority areas:

- Quality improvement
- Community engagement and outreach
- Effective communication
- Workforce development and Making Every Contact Count (MECC)

Given current coverage levels, we are working pragmatically with partners to increase uptake, aiming for a minimum of 90% coverage over two years. Addressing inequalities remains a key priority throughout all workstreams. However, achieving this ambition remains a challenge. Challenges in vaccination arise from a complex interplay of factors, including intrapersonal elements (such as vaccine fatigue, hesitancy, health beliefs, and health literacy), community influences (such as religious, cultural, and gender norms), and institutional factors (such as access and registration issues, culturally tailored services, and vaccination funding and delivery). We continue to explore improvement initiatives through our vaccinations and immunisations working group.

iii. **The impact of Measles is also a health equity issue. What has been done to ensure that residents in Temporary Accommodation, those who may not speak English, Asylum seekers, and those who for whatever reason do not access GP care are reached? Response from the Public**

Health Team: We work closely with partners such as the Health Inclusion Team to facilitate and support GP registration for sanctuary seekers residing in temporary accommodation. As part of our "Vaccination in New Spaces" service, in-reach vaccination clinics are delivered at Sanctuary Seekers' Hotels to address incomplete immunisation status, achieving good uptake of overdue vaccinations among children.

iv. **Have all school staff been offered a booster? Many adults aged 50+ didn't get vaccinated as children, but I haven't seen them targeted much. Response from the Public Health Team:** The NHS routinely provides two doses of the MMR vaccine: the first at one year old and the second from 18 months. Those who missed these can still catch up through the NHS, including older children and adults. If unsure about vaccination history, individuals can contact their GP to check records and arrange any necessary doses. We regularly include information on missed vaccinations in our communications.

v. **Aside from vaccination, what are we doing to prevent the spread of Measles? Response from the Public Health Team:** Through community-led initiatives, we are educating communities about the symptoms, risks, and prevention of measles. Our preventive measures include addressing misconceptions in Q&A sessions, disseminating information, and promoting vaccinations to encourage early action and reduce transmission.

3. Health of HMO residents

I continue to be shocked at the weak enforcement of standards in HMOs. There are serious health risks from issues such as cold, damp, mould, and fire safety. Despite obvious problems, HMO licenses are granted, reporting mechanisms are weak and difficult for residents to navigate, and enforcement is so slow that residents' health is seriously endangered in the meantime.

- i. What can Lambeth Together members do to strengthen timely and effective enforcement? This is a health issue as well, not only a planning, licensing or housing matter. **Response from Community Safety and Resilience:** The Private Sector Enforcement and Regulations Team (PSER) provides a wealth of information to tenants and outlined on the website a simple 3 step approach for residents with damp and moulds issues who are placed/ resides in the borough:

- Stage 1 – Stop mould from becoming a problem: Suggested prevention measure.
- Stage 2 – Ask your landlord for help: Information on how to contact landlord templates to help residents and explaining what the law says and landlord's responsibilities.
- Stage 3 – Get help Once the above process has been followed and the Landlord hasn't done anything, the PSER officers may be able to take legal action against the landlord to force them to carry out repairs. We also outline the steps we can take and the relevant actions and tools available to our disposal. The above steps are laid out in the Council's website via Damp and mould | Lambeth Council

Whilst Enforcement action is considered on a case-by-case basis, PSER through the licensing of HMOs enables them to work with landlords to raise standards of living in the borough and work to tackle the issues of poor housing conditions as outlined (cold, damp, mould, and fire safety in HMOs), by holding landlords to a high standard, and by carrying out inspections. Alongside the enforcement powers granted by licensing, the Council will also carry out comms campaigns to make landlords, tenants and residents aware of the requirements. The council will be actively inspecting for unlicensed properties and also undertake pro-active licence compliance checks to ensure properties are complying with licence requirements

- ii. Could the council allow residents to report urgent issues directly to council teams, bypassing HMO landlords? At present they must navigate a clumsy online portal and must prove they have given landlords 14 days in writing to fix problems. For an elderly disabled person or a single mum facing possible homelessness, this arrangement is simply not fit for purpose. **Response from Community, Safety and Resilience:** Residents can access the [Report a private housing issue | Lambeth](#) as mentioned above, we have not been made aware of any complaints regarding the online disrepair portal being difficult to navigate or to complete. There is also the option to e-mail the HMO licensing inbox directly [@HMOlicensing](#), or if they have issues filling out the online form, they can contact the customer service team at [customer-centre-Lambeth](#). Advice on landlord disrepair turnaround times can also be found on [Home - Shelter England](#), which also provides templates and the complaints procedure against landlords. Except in emergency situations, tenants of the private rented sector should inform their landlord of the problem (preferably in writing) and allow them an opportunity to resolve it. We will normally direct tenants to contact their landlord first but will investigate a complaint where private tenants are dissatisfied with the response or action undertaken by their landlord. This is because landlords can only carry out their legal obligations once they have been made aware of the problem. The law covering landlord and tenant issues requires that tenants notify their landlords of any problems with the property. In certain situations, tenants will not be expected to contact their landlord first, e.g. where the matter appears to present an imminent risk to the health and safety of the occupant; where there is a history of harassment/threatened eviction/poor management practice etc.
- iii. Also, can Lambeth Together (and perhaps Public Health) help set up a health outreach team that helps HMO residents, many of whom consider themselves temporary and therefore do not register at local GPs, to improve their access to health services? More than 60% of TA residents are mothers with small children, so it is essential that they have access to these services. Sadly, many "temporary" residents wait months or years before finding long-term accommodation.

Public Health Response: We continue to enhance partnerships and advocate for health-in-all policies to drive effective health promotion.

4. Long Covid (Post-acute COVID-19 Syndrome)

House of Commons research estimates around 3% of the UK population had Long Covid.³ NHS England estimates 1.1% have had it for more than two years.⁴ That would mean between 3,000 and 9,000 people in Lambeth alone.

- i. **Can anyone tell me how many people in Lambeth are confirmed to have Long Covid? Response from the Public Health Team:** There is ongoing research nationally. You can find details about long COVID research studies on the [National Institute for Health and Care Research \(NIHR\) website](#). People can sign up to take part in the research on [the Be Part of Research website](#). Additionally, people can find out which healthcare organisations provide long COVID services in their area [here](#).
- ii. **Is there a strategy to identify and support residents with Long Covid, and if so what is it? Response from the Public Health Team:** People can find help and support for long COVID [here](#). There are also resources about long covid, the [Long COVID SOS](#).

5. ME/CFS

There is a significant percentage of people with Long Covid – perhaps 30% - who satisfy the diagnostic criteria for ME/CFS (formerly known as Chronic Fatigue Syndrome).

Unfortunately, there is limited care available for people with ME. It's notoriously difficult to diagnose, and most GPs have limited understanding of the condition. ME is a largely hidden but often extremely serious condition. Only recently has ME been acknowledged as a physiological illness, and many medical professionals still insist it is largely psychological and advise harmful "treatment" such as now debunked "graded exercise therapy". The Dept of Health and Social Care is supposed to release a new "ME/CFS Delivery Plan" very soon, but nobody can say exactly when.

Last year we discussed introducing a package of training materials for GPs in Lambeth. I recently had a very good discussion with Dr Di Aitken about this, but we cannot do this alone.

- i. **Can Lambeth Together commit to identifying and disseminating appropriate materials and raising awareness among healthcare providers?**

I would also strongly recommend that anyone not familiar with ME watch some of the excellent videos and first-hand testimony produced with support from Wellcome Foundation called **Dialogues for a neglected illness**. They are available here: <https://www.dialogues-mecfs.co.uk/>

³ <https://commonslibrary.parliament.uk/research-briefings/cbp-9112/>

⁴ The Clinical Post COVID Society is a joint initiative between NHS England (NHSE) and British Society of Physical and Rehabilitation Medicine (BSPRM) - <https://www.clinicalpcs.org.uk/>