

<b>HEALTH AND WELLBEING BOARD</b>			
<b>Report Title</b>	Key Messages from the Joint Strategic Needs Assessment		
<b>Contributors</b>	Director of Public Health, London Borough of Lewisham	Item No.	11a
<b>Class</b>	Part 1	Date: 19.07.16	
<b>Strategic Context</b>	Provides an overview of the health of the population of Lewisham and key challenges to inform the Health and Wellbeing Board and the Strategy		

## **1. Purpose**

- 1.1 Provides an overview of the health of the population of Lewisham and key challenges to inform the Health and Wellbeing Board and the Strategy. Additionally the report describes the process for engaging stakeholders and the wider community in the selection and production of needs assessment topics for the JSNA.

## **2. Recommendation/s**

Members of the Health and Wellbeing Board are recommended to:

- 2.1 Consider the key messages and direct as required any further analysis;

## **3. Policy Context**

- 3.1 The production of a JSNA became a statutory duty on PCTs and upper tier local authorities in 2007. The Health and Social Care Act 2012 placed a new statutory obligation on Clinical Commissioning Groups, the Local Authority and the NHS England to jointly produce and to commission with regard to the JSNA. The Act placed an additional duty on the Local Authority and CCGs to develop a joint Health and Wellbeing Strategy for meeting the needs identified in the local JSNA
- 3.2 Lewisham's Joint Strategic Needs Assessment provides access to a profile of Lewisham's population, including demographic, social and environmental information. It also provides access to in-depth needs assessments which address specific gaps in knowledge or identify issues associated with particular populations/services. These in-depth assessments vary in scope from a focus on a condition, geographical area, or a segment of the population, to a combination of these. Needs assessments in Lewisham are carried out to an agreed standard as outlined in the joint Community Services/Public Health guide. The overall aim of each needs assessment is to translate robust qualitative and quantitative data analysis into key messages for commissioners, service providers and partners.

- 3.3 The most recent version can be found here: [www.lewishamsna.org.uk](http://www.lewishamsna.org.uk)
- 3.4 The priorities of The Health and Wellbeing Strategy 2013-2023 were informed by the JSNA.

#### **4. Background**

- 4.1 To undertake its responsibilities the Board needs to be periodically updated on the local population and its health needs. Individual JSNA topics provide in-depth analysis and recommendations for that specific service/population group.

#### **5. Population Profile and Health Challenges**

##### **5.1 Population**

- 5.1.1 The Lewisham population is projected to continue to grow by a further 20,000 residents over the next five years. Growth is predicted across almost all age brackets, with the exception of residents aged 20-29, where a small decrease is projected. For this period the largest increases are likely to be seen in the brackets, 10-14, 40-44 and 55-59, which will all increase by 3,000 or more residents. By 2026 the population is projected to be 341,000, growth of almost 40,000 residents from the 2016 figure.
- 5.1.2 The birth rate in Lewisham continues to be above the London average, however the actual number of births per year has dropped slightly since a peak in 2012.
- 5.1.3 Lewisham is the 14<sup>th</sup> most ethnically diverse local authority in England and Wales. Black and Ethnic Minority (BAME) groups make up 49.3% of the population, the two largest groups are Black African (12%) and Black Caribbean (11%). In the school population 78% of pupils are from BAME, with over 170 languages spoken. The ethnic profile of the older population, which has been predominately White will change.

##### **5.2 Overarching Data and Health Inequalities**

- 5.2.1 There have been improvements in the health of Lewisham residents. However Lewisham experiences significantly worse health outcomes than London and England. The 2014 Standardised Mortality Ratio (SMR) for All Cause Mortality in Lewisham was 102 compared to London (SMR 91) and England (SMR 99). This was a slight increase for Lewisham compared to 2013.
- 5.2.2 Health outcomes are variable across Lewisham. Data on life expectancy by ward from 2010-2014 shows that on average Males in Crofton Park ward can expect to live for five years longer than Males in New Cross, 81.1 years compared to 75.1 respectively. For Females the

gap is even bigger between both Perry Vale and Crofton Park wards (86.5 years) and New Cross (78.0 years).

- 5.2.3 The premature mortality rate for Lewisham is significantly higher than that of London. There are higher rates of overall and specific causes of mortality in the more deprived areas of the borough. Rates of Premature All Persons, All Cause Mortality are significantly higher in Lewisham Central, Bellingham and New Cross wards compared to the Lewisham average. Cancer, Circulatory disease and Respiratory disease are the main contributors to the gap in life expectancy between Lewisham and England for both men and women. However the most recent released of the Indices of Multiple Deprivation indicated that relative to other areas in England, Lewisham is now less deprived than in 2011.
- 5.2.4 In addition to deprivation impacting on inequalities in health outcomes, other populations such as those with mental health problems, homeless people, asylum seekers and Black and minority ethnic groups experience health inequalities. For example 70% of people with mental health problems smoke, please see 5.7 below for further information. Additionally for inequalities seen in Sexual Health see 5.9.
- 5.2.5 The rate of low birthweight in Lewisham has declined significantly over the past eight years. Despite this the Lewisham rate of low birthweight is still significantly greater than the country as a whole (7.8% compared to 7.4%) but we are now in line with London at 7.7%. Maternal smoking is the single biggest contributor to low birthweight. Also, a significant proportion of low birthweight babies are pre-term. Extreme prematurity is the single most important cause of mortality in childhood in Lewisham.
- 5.2.6 The highest risk of low birth weight is in babies born to mothers of Black African and Black Caribbean ethnicity, to mothers of any Asian ethnic group, and to mothers from deprived areas.

### **5.3 Priority Objective 1: Achieving a Healthy Weight**

- 5.3.1 Obesity rates in children are high compared to England although similar to rates in London. Maternal obesity, i.e. obesity in pregnancy is also high.

### **5.4 Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years**

- 5.4.1 Cancer is now the main cause of death (28.3%), followed by circulatory disease (28.1%), respiratory disease (13.8%) and dementia (9%). Screening for both breast and cervical cancer are significantly lower than England, however bowel cancer screening is significantly higher.

### **5.5 Priority Objective 3: Improving Immunisation Uptake**

5.5.1 Significant work around childhood immunisations has taken place with particular focus on Measles, Mumps and Rubella at five years of age. This has resulted in a dramatic improvement in performance of this indicator in quarter 4 of 2015-16. Other childhood immunisations have also seen uptake improve.

#### **5.6 Priority Objective 4: Reducing Alcohol Harm**

5.6.1 There is a high rate of alcohol harm in Lewisham and Alcohol related hospital admissions are increasing. Reducing levels of obesity, alcohol intake and inactivity would also contribute to improving health outcomes.

#### **5.7 Priority Objective 5: Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking**

5.7.1 More people smoke in Lewisham than the national average, reducing the number of people who smoke would make a major impact on the key causes of premature death.

#### **5.8 Priority Objective 6: Improving Mental Health and Wellbeing**

5.8.1 Prevalence of mental illness is high in Lewisham both for Common Mental Illnesses and Severe Mental Illness. Poor mental health is more prevalent in disadvantaged communities in Lewisham. Demand for services is high.

5.8.2 Mental ill health is more prevalent in certain Black and Minority Ethnic groups, those who identify as Lesbian, Gay or Bisexual, those who are divorced/widowed/separated and those living in deprived areas.

5.8.3 Dementia - with the increasing age of the population the number of dementia cases will rise; prevalence increases particularly in the population older than 65. Lewisham's prevalence is currently lower than England's but is rising

#### **5.9 Priority Objective 7: Improving Sexual Health**

5.9.1 Lewisham has very high rates of abortion, teenage pregnancy and sexually transmitted infections. HIV rates are high and over half of all cases are diagnosed 'late'. Certain groups are disproportionately affected by sexual ill-health. For example, HIV has had a greater impact on several groups such as men who have sex with men and those from Black African communities.

#### **5.10 Long-Term Conditions**

5.10.1 There will be increasing numbers of people who have long-term conditions and this will further increase with the ageing population,

particularly the likelihood of having more than two conditions. Currently 28.9% of residents have a long term condition and 11.2% have two long term conditions.

5.10.2 Lewisham's Black and Minority Ethnic communities are also at greater risk from health conditions such as diabetes, hypertension and stroke. Identifying those with disease early and treating them optimally will be essential to managing this increasing demand.

5.10.3 Lewisham residents with Long term conditions are less likely to be in employment than the overall population (65.7% compared to 74.5%). more prevalent amongst the poorest in society. However the Lewisham figure is above the England rate of 60.9%.

## **5.11 Children**

5.11.1 The main health risks for children are premature delivery, high levels of obesity, and high levels of toxic stress defined as exposure to strong, frequent, and/or prolonged adversity, such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship. The level of child poverty in Lewisham (26.0%) is significantly worse than the England average (18.6%). The rate of family homelessness is also worse than the England average.

## **5.12 Young People**

5.12.1 The main health risks for young people are mental health issues, often as a consequence of exposure to toxic stress during early development, and sexual ill-health. High levels of obesity, and use of tobacco alcohol and cannabis also adversely affect young people's health in Lewisham.

## **5.13 Adults**

5.13.1 Health risks for adults are the increasing numbers of people diagnosed with long term conditions and their management, in particular, Diabetes, COPD, CVD and hypertension.

5.13.2 Level of mental health needs for both common and severe mental illness are significantly higher for adults in Lewisham compared to London and England. None of the cancer screening programmes meet the national targets. The prevalence of risk factors such as obesity and overweight affect 61% of the adult population. Around 1 in 5 adults smoke, rising to 1 in 4 for routine and manual workers and there is a high rate of alcohol harm in Lewisham.

## **5.14 Older People**

5.14.1 The prevalence of having a long term condition increases with age and over fifty percent of those aged 75+ will have two or more long term conditions.

5.14.2 The prevalence of dementia increases markedly with age, at about 1% of 65 to 69 year olds and almost one in four people aged over 90. In 2012/13 it was estimated that under half of all people with dementia are undiagnosed in Lewisham.

5.14.3 The rate of emergency hospital admissions for accidental falls is significantly higher in Lewisham than the England average, at 3,367 per 100,000 in 2012/13.

## **6. Financial implications**

6.1 There are no specific financial implications. The Public Health team will have to allocate the appropriate human resources to manage and coordinate the JSNA process. Relevant commissioners will also be required to allocate appropriate human resources to the relevant JSNA Topic Expert Group.

## **7. Legal implications**

7.1 The requirement to produce a JSNA is set out above.

7.2 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, Health and Wellbeing Boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in their area.

## **8. Crime and Disorder Implications**

8.1 There are no Crime and Disorder Implications from this report.

## **9. Equalities Implications**

9.1 JSNAs are a continuous process of strategic assessment and planning, with a core aim to develop local evidence, based priorities for commissioning which will improve health and reduce inequalities. Equalities Implications have been highlighted throughout the body of the report.

## **10. Environmental Implications**

10.1 There are no Environmental Implications from this report.

## 11. Conclusion

- 11.1 Lewisham continues to face notable health challenges, despite deprivation falling relative to other areas. With recently upwardly revised figures on population growth predicted these issues need to continue to be addressed through the Health and Wellbeing Board and its Strategy to ensure that improvements are continued and that areas of poor performance are addressed.

If you have any difficulty in opening the links above or those within the body of the report, please contact Stewart Snellgrove ([Stewart.Snellgrove@lewisham.gov.uk](mailto:Stewart.Snellgrove@lewisham.gov.uk); 020 8314 9308), who will assist.

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