



Health and Wellbeing Board

Developing the new Lewisham Health and Wellbeing Strategy

Date: 14 December 2022

Key decision: No.

Class: Part 1

Ward(s) affected: All

Contributors: Catherine Mbema, Patricia Duffy

Outline and recommendations

Lewisham's current Health and Wellbeing Strategy is at the end of its lifespan. This report summarises previous Health and Wellbeing Board items on the strategy recommends that the Health and Wellbeing Board consider options to create a new strategy.

Timeline of engagement and decision-making

This item was previously discussed at the March 2018 and March 2020 Health and Wellbeing Boards. Both meetings agreed that a new Health and Wellbeing Strategy should be developed.

1. Summary

This report gives the Health and Wellbeing Board information to consider how best to develop and proceed with the production of a new Health and Wellbeing Strategy (HWS). Background on the current strategy is given as well as important context, including findings from the Wider Impacts of COVID-19 Joint Strategic Needs Assessment.

2. Recommendations

It is recommended that the Health and Wellbeing Board consider how best to develop a new Health and Wellbeing Strategy, including approach and timelines. This should be seen in context of previous recommendations and the wider impacts of COVID-19.

3. Policy Context

As mandated by the Health and Social Care Act 2012, every Health and Wellbeing Board in England has a statutory responsibility to produce a HWS. This should be informed by the Joint Strategic Needs Assessment (JSNA). Lewisham's last HWS was published in 2013, with a refresh produced in 2015. The JSNA has continued to be updated throughout the duration of the HWS. A Performance Dashboard was developed to support monitoring of the HWS.

4. Background

Lewisham's ten year HWS was published in 2013. It contained three overarching aims:

- 1) To improve health – by providing a wide range of support and opportunities to help adults and children to keep fit and healthy and reduce preventable ill health.
- 2) To improve care – by ensuring that services and support are of high quality and accessible to all those who need them, so that they can regain their best health and wellbeing and maintain their independence for as long as possible.
- 3) To improve efficiency – by improving the way services are delivered; streamlining pathways; integrating services, ensuring that services provide good quality and value for money.

The strategy also identified nine priority areas for action over the 10 years which were largely shaped through the JSNA and various stakeholder engagement activity. These priority areas for Lewisham were as follows:

- 1) Achieving a healthy weight
- 2) Increasing the number of people who survive colorectal, breast and lung cancer at 1 and 5 years
- 3) Improving immunisation uptake
- 4) Reducing alcohol harm
- 5) Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
- 6) Improving mental health and wellbeing
- 7) Improving sexual health
- 8) Delaying and reducing the need for long term care and support
- 9) Reducing the number of emergency admissions for people with long term conditions

In 2015, the strategy was refreshed following engagement activity with stakeholders and discussions by the Health and Wellbeing Board. Three interdependent broader priorities were identified for 2015-18:

- 1) To accelerate the integration of adult, children's and young people's care
- 2) To shift the focus of action and resources to preventing ill health and promoting independence

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3) Supporting our communities and families to become healthier and more resilient, including addressing the wider determinants of health

5. Developing the new Lewisham Health and Wellbeing Strategy

5.1. Summary of previous papers on the development of a new strategy

March 2018 Report

In July 2017, the Health and Wellbeing Board agreed to the establishment of a Strategy Review Group to consider the priorities within the HWS and to determine whether the strategy remained fit for purpose. This group produced a report which was presented in March 2018.

This report noted that the current drivers of the Health and Wellbeing agenda nationally, regionally and locally had changed. As such it recommended that a revised HWS consider the following:

- Quality of Life - too many people live with preventable ill health or die too early in Lewisham. Health inequalities persist and the wider contributory factors to a person's quality of life and overall wellbeing require focussed attention to enable all people in Lewisham to live well for longer
- Quality of Health, Care and Support - People's experience of health, care and support is variable and could be improved. The system needs to evolve from a provider-focused one. The individual needs to be empowered to be in control of their own health and wellbeing through accessible information and local support, available closer to home.
- Sustainability - there are increasing levels of demand - population growth, age, complexity of need – and the financial resources are limited. The local health and wellbeing system must be forward looking and adaptable to such competing pressures. The longer term focus must be on sustainable solutions.

The report asked that the Health and Wellbeing Board should undertake a series of workshops to inform development of a revised HWS by reviewing the:

- Aims
- Priorities
- Delivery Plan and current monitoring arrangements
- Terms of Reference, Board membership and sub-structures

March 2020 Report

This subsequent report set out updated context and drivers for health and care across the borough and further recommended that members of the Board agreed to the development of a new HWS that reflected local health and care priorities. A programme of local stakeholder engagement to help develop and produce the new strategy was also proposed, as well as the Health and Wellbeing Board to hold a series of workshops to contribute to the development of the new strategy reviewing the aims, priorities and any associated delivery plan. Any approach to developing the revised strategy would need to be both flexible and sustainable i.e. one that remains adaptable to longer-term future changes whilst delivering within tight financial constraints.

Furthermore the report stated that consideration should be given to broadening the strategy's aims and priorities. To promote sustainability in the system, individuals should be encouraged to take greater control and responsibility for their own health and care,

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with an emphasis on prevention needed to be reflected in any new strategy.

It also stated that consideration should be given to whether the revised strategy should incorporate the wider contributory factors to a person's overall health and sense of wellbeing such as housing, education, employment (the wider determinants of health), the environment and places residents live.

The report suggested that a new strategy should also reflect the Board's (at that time) focus on the need to address health inequalities in Black, Asian and Minority Ethnic groups, as it remained a locally agreed priority.

5.2. Health and Wellbeing Board Away Session – November 2022

A Board Away session facilitated by Local Government Association (LGA) colleagues was held on 17th November 2022 to begin discussions about the future strategic priorities of the Board following previous discussions about developing a new Health and Wellbeing strategy.

Discussions echoed previous considerations of a strategy that focused on the wider determinants of health. A new strategy should also align with other emerging plans for health and care in the borough including the Local Care Partnership priorities and South East London Integrated Care System Strategy.

A follow up session supported by the LGA is being planned for January/February 2023 to take forward planning for the new Health and Wellbeing Strategy.

5.3. High Level Findings from the Wider COVID-19 Joint Strategic Needs Assessment (JSNA)

The summary below describes broad findings from the Wider COVID-19 JSNA Topic Assessment. The JSNA Steering Group are in the process of reviewing the full report to finalise recommendations.

Scope

The purpose of this needs assessment was to understand both the direct and in-direct impacts of COVID-19 within Lewisham, as well as seeking to identify any impact on health inequalities. The overall number of cases, deaths and vaccine uptake are summarised, followed by analysis of a variety of data and indicators to understand 'knock-on' effects of COVID-19, for example waiting lists for treatment and uptake of preventative measures such as (other than COVID-19) vaccines and cancer screening. Due to the magnitude of the pandemic all impacts of COVID-19 must be considered to help inform the new HWS.

Findings - Direct Impacts of COVID-19

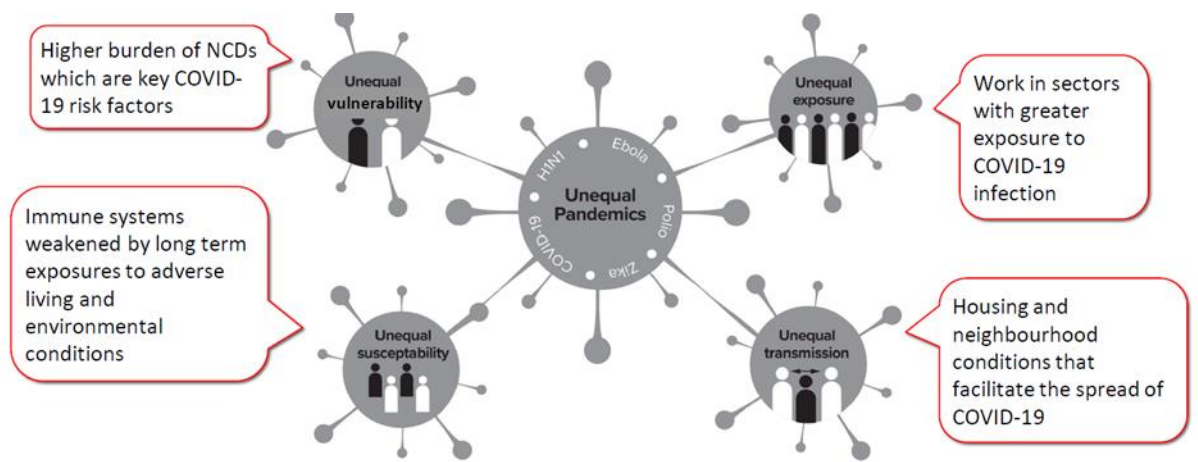
Whilst the older population and those with certain underlying health conditions were widely seen to be more vulnerable to the COVID-19 virus itself, further inequalities were seen, in that characteristics including but not exclusive to a person's ethnicity, living conditions or the type of work they did, impacted how likely they were to contract COVID-19 and how likely they were to become seriously ill. This is well summarised in 'The Unequal Pandemic: Health Inequalities' (Figure 1 below).

Figure 1: Pathways to Inequalities in COVID-19

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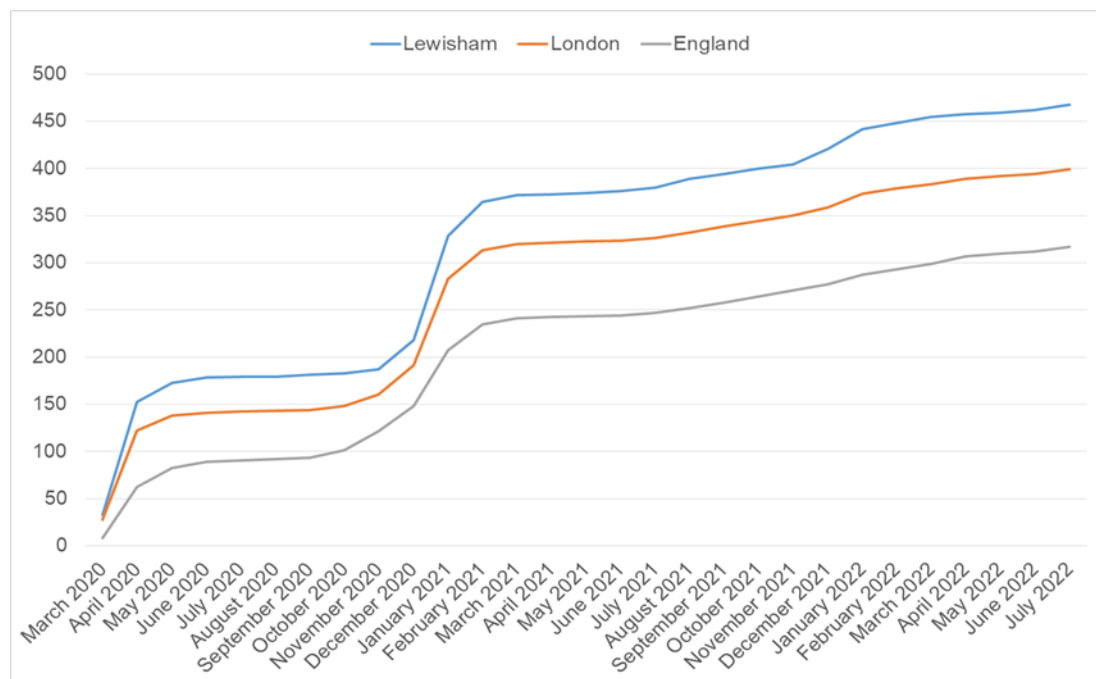
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(Source: [The Unequal Pandemic: COVID-19 and Health Inequalities](#))

As Figure 2 below highlights, Lewisham’s population saw a higher age-standardised COVID-19 mortality rate than both the regional and national average. This age-standardisation is important, particularly for an area like Lewisham which has a younger population bias.

Figure 2: Cumulative age-standardised COVID-19 Mortality Rate per 100,000 population (March 2020 - July 2022)



(Source: [CHIME Tool, OHID](#))

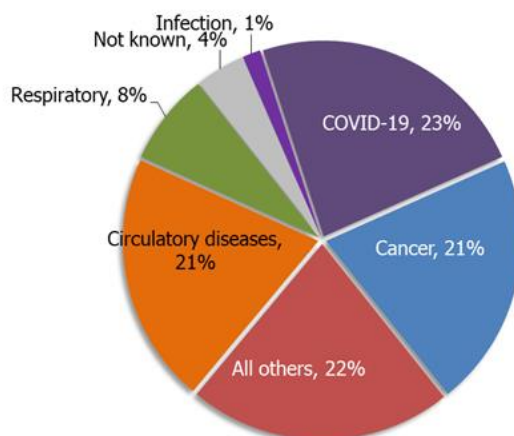
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There were 2,341 deaths recorded in Lewisham in the financial year 2020/21, this was an increase from 1,874 in 2019/20. Figure 3 (below), shows the underlying cause of death by proportion for Lewisham residents who died in 2020/21. 547 (23%) deaths were due to COVID-19 and 490 (21%) due to cancer. Pre-pandemic cancer was the biggest cause of death, (538 of the total 1,874 deaths in 2019/20).

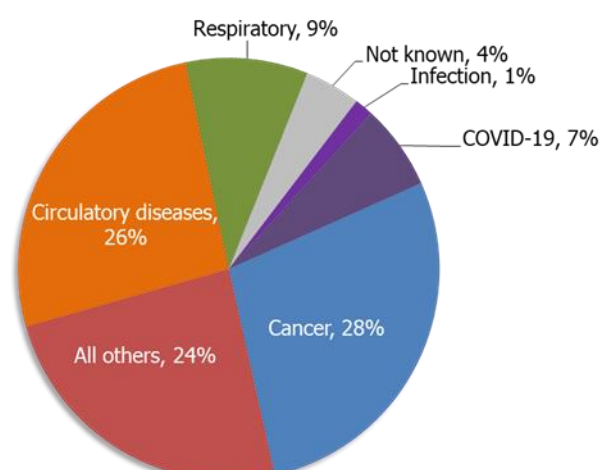
Figure 3: Proportion (%) of Deaths of Lewisham residents of all ages by underlying cause of death, 2020/21



Source: Primary Care Mortality Database/local analysis

In 2021/22 there were far fewer deaths (1,257) in Lewisham. Figure 4 (below) illustrates that 82 (7%) of deaths were due to COVID-19, and 354 (28%) were due to cancer. Cancer was once again the most common cause of death. Both the number of deaths due to COVID-19 and the total number of deaths in Lewisham in the second year of the pandemic were significantly reduced. Pre-pandemic the typical number of deaths per year in the borough was closer to 2,000.

Figure 4: Proportion (%) of Deaths of Lewisham residents of all ages by underlying cause of death, 2021/22



Source: Primary Care Mortality Database/local analysis

Due to the age bias of COVID-19 mortality, analysis by ethnicity was deferred to national data, analysed by OHID. At the start of the pandemic, people from a Black ethnic group

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had the highest mortality rate. In the second wave, it was then people from an Asian ethnic group. What was consistent was that people from a White ethnic group saw the lowest COVID-19 mortality rate throughout the pandemic.

In terms of COVID-19 related hospital admissions at University Hospital Lewisham, the 'second wave' of COVID-19 accounted for more admissions per month than the 'first wave'. However despite the extremely high COVID-19 infection rate in December 2021 and January 2022, this did not translate into hospital admissions in the same way as previous infection peaks. This later Omicron wave occurred after the mass vaccination roll out.

Findings - Long COVID

Long COVID is a broad term to describe the signs and symptoms that continue or develop after initial acute COVID-19 infection. The first cases of Long COVID were reported in May 2020 and since then, over 50 Long COVID symptoms have been described. Common symptoms include fatigue, shortness of breath, cough, smell or taste dysfunction, cognitive impairment, and muscle pain. The cause of Long COVID is, as yet, poorly understood and the subject of major international research.

ONS data estimated that in May 2022, 2 million people in the UK were experiencing self-reported Long COVID symptoms - 3.1% of the total population. Whilst national GP records for England looking at data between February 2020 and March 2022 found that 0.28% of the registered population had received a Long COVID diagnosis. In Lewisham, analysis of the local Population Health Management System showed that between May 2020 and May 2022, 1,332 people had been given a Long COVID diagnosis (0.38% of registered patients). This makes the local diagnosed Long COVID rate significantly higher than the England rate.

Those of working age saw higher rates of Long COVID, (peaking within 40-49 year olds). Women were twice as likely to be diagnosed as men. The ethnic group most diagnosed with Long COVID in Lewisham was Black Caribbean. The rate was significantly higher than those from a White or Black African ethnic group.

Findings - Wider Impacts of COVID-19

The wider impacts of COVID-19 have been felt right through the entire population. Issues in difficulty accessing healthcare both during lockdowns and subsequent delays and extended waiting lists have been extensive. However those who were already in poorer health have been disproportionately impacted by this. Delays in accessing healthcare are continuing and waiting times and targets are frequently not meeting operational standards.

The full needs assessment looks at a number of services but key findings to note include:

- *Cancer screening*: Rates of both cervical and breast cancer screening are yet to return to pre-pandemic levels. This is particularly concerning given Lewisham's levels were already significantly lower than the national average before COVID-19.
- *Immunisations*: Childhood immunisation levels are also yet to return to pre-pandemic levels. Whilst Lewisham has better uptake than many similar areas, overall uptake is significantly lower than the national average, therefore any drop leaves a greater proportion of the population exposed to illness and potential outbreaks.
- *Hospital Treatment Waiting Times*: Fewer LGT patients are being seen within the Operational Standard Waiting Time of 18 weeks to start treatment year on year since 2019. Whilst the proportion seen in January 2020 was lower than 2019 (pre-pandemic), the gap between the LGT level and the operational standard has increased much more significantly in both 2021 and 2022.

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- *Two Week Wait Cancer Referrals*: Lewisham has been seen to have a notably higher rate of Two week wait urgent cancer referrals than other similar areas (and the national average) for some time. With the additional pressures of COVID-19 on the NHS, the % of patients seen within two weeks has fallen both well below the operational standard and further away from the England average

- *Surgery*: Within LGT the number of in-patient procedures dropped significantly during the 1st lockdown and then again between Jan-Mar 2021. Whilst levels have since returned to that seen in the last quarter before the pandemic, there does not appear to be any excess to account for those missed in the biggest waves

- *Child and Adolescent Mental Health Service*: The Lewisham service saw over a 40% increase in the number of referrals between 2020/21 to 2021/22. Around 7 in 10 referrals were accepted in both years, meaning that caseloads have increased. The increase in demand for services coupled with challenges around recruitment and retention of staff that is being felt nationally, has contributed to increased waiting times.

Although the needs assessment has strived to understand the breadth of effects of COVID-19, it is highly likely some of the wider impacts of the pandemic will not be fully understood for years to come. Some services now appear to have activity levels similar to before COVID-19 (such as surgery and Sexual Health), however in cases where services were temporarily halted or reduced, it is not clear how backlogs are being caught up with.

For other services, including uptake of preventative healthcare such as NHS Health Checks, immunisations and certain cancer screening we are still yet to return to pre-pandemic levels. This is more concerning in Lewisham, which even prior to COVID-19 was already seeing lower uptake and saw long standing health inequalities such as notable differences in life expectancy depending on the area of the borough a resident lived.

Mental health is another key area that will need to be monitored closely post-pandemic, particularly in light of the figures shared by the CAMHS service above.

6. Financial implications

There are no specific financial implications at this stage. If further discussions take place on commissioning and developing services in the future the financial implications will be considered at that point.

7. Legal implications

8. A Health and Wellbeing Strategy is a statutory responsibility of the Health and Wellbeing Board introduced by the Health and Social Care Act 2012, which amended the Local Government and Public Involvement in Health Act 2007, to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

9. Equalities implications

An integral part of any HWS should be to reduce health inequalities, both in terms of access to healthcare and outcomes for individuals. As a new HWS is developed health inequalities will be considered at every stage.

10. Climate change and environmental implications

There are now climate change and environmental implications from this report.

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11. Crime and disorder implications

There are no crime and disorder implications from this report.

12. Health and wellbeing implications

Yes, the core purpose of the HWS is to improve the health and wellbeing of residents.

13. Background papers

[Health and Wellbeing Strategy Review Item at March 2018 meeting of the Health and Wellbeing Board](#)

[Developing a new Health and Wellbeing Strategy 2021-26 Item at March 2020 meeting of the Health and Wellbeing Board](#)

[Lewisham Health and Wellbeing Strategy](#)

14. Glossary

Term	Definition
HWS	Health and Wellbeing Strategy

15. Report author(s) and contact

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Provide the name of the author of the financial implications.

15.1. Comments for and on behalf of the Executive Director for Corporate Resources:

Abdul Kayoum

Comments for and on behalf of the Director of Law, Governance and HR:

Melanie Dawson

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