

Version 5 (January 2013)

**LEWISHAM HEALTH AND WELLBEING STRATEGY:
HEALTH AND WELLBEING FOR ALL BY 2023**

Foreword from the Mayor

DR

AF

T

Introduction

Welcome to Lewisham's 10 year strategy for improving the health and wellbeing of local people.

This strategy looks ahead to 2023 and explores how Lewisham and its residents will change and develop over this period. It identifies the key health and wellbeing challenges that people will face, as well as the assets, skills and services that are available locally which can support people to maintain and improve their health and wellbeing.

What do we mean by 'health and wellbeing'?

Good health and wellbeing will mean different things to different people. For this strategy we have followed the World Health Organisation (WHO) in defining health as

'a state of complete physical, mental and social wellbeing'

This definition reflects the fact that health isn't just about being free from illness or disease. It encompasses how people feel in themselves and in the communities in which they live.

We define wellbeing as

'the capability to do and be what you want in your life'

Together these definitions of health and wellbeing acknowledge that we cannot only focus on adding years to life. We must also take actions aimed at adding life to years; in other words take actions to improve the quality of people's lives.

Working together to achieve a single goal

This strategy is an ambitious one – it sets out a strategic commitment for the next 10 years focused on a single overarching goal of:

"Health and Wellbeing for all by 2023"

Not everybody in Lewisham can be equally healthy and happy, but it is possible to significantly narrow the gap in health and wellbeing amongst our residents, and between Lewisham and the rest of the country.

Taking a different approach to tackling health inequalities in Lewisham

Achieving the goal of Health and Wellbeing for all by 2023 requires us to think differently about the root causes of health inequalities. This strategy sets out an approach that:

- recognises the importance of empowering individuals to take action by themselves, but also in and with their families and communities;
- recognises the need to create physical and social environments that encourage healthy habits, choices and actions;
- recognises that every aspect of people's lives, their work, their housing, their finances and their relationships can have an impact on their health and wellbeing.

Finally, the strategy explores the different role that organisations and individuals will need to play in order to achieve improvements in the borough.

Our local area

Lewisham is a part of London, the largest, most culturally diverse and vibrant city in the European Union and home to over 7.5 million people. Lewisham's future is shaped by the growth and success of London.

Lewisham covers an area of 13.4 square miles stretching from the Thames at its most northerly point to Bromley in the south. There are good transport links to the rest of London and the wider region. The West End, Canary Wharf, London City Airport and the new international rail terminal at Stratford are all within easy reach. Lewisham citizens can take full advantage of the opportunities available in London, one of the few world cities with strong global connections.

Some 275,000 people live in Lewisham. The borough has a young population, with 25% of residents aged between 0 – 19. By contrast, just under 10% of the population is aged over 65. Figures show that Lewisham's population is expected to increase to 321,121 by 2021, an increase of over 44,000 residents in a 10 year period. The projected older population (65+) will be 9%. There is no common definition of disability, but 14% of residents identify themselves as being limited in carrying out day-to-day activities.

Just over 8% of residents identified themselves as providing unpaid care to a friend or relative. This percentage has remained the same since the 2001 Census.

As a locality, Lewisham is the 15th most ethnically diverse local authority in England. Two out of every five Lewisham residents are from a black or minority ethnic background. There are over 170 languages spoken in the borough.

The health and wellbeing of people in Lewisham

In general, people in Lewisham feel healthy. Within the borough, 83% of residents identify themselves as having good health or fairly good health. However, 5% identify themselves as having bad health or very bad health.¹

Health outcomes vary across the borough. While some parts of the borough experience relatively good health, others experience high levels of health deprivation and disability. This is illustrated on the map below.

¹ Census 2011

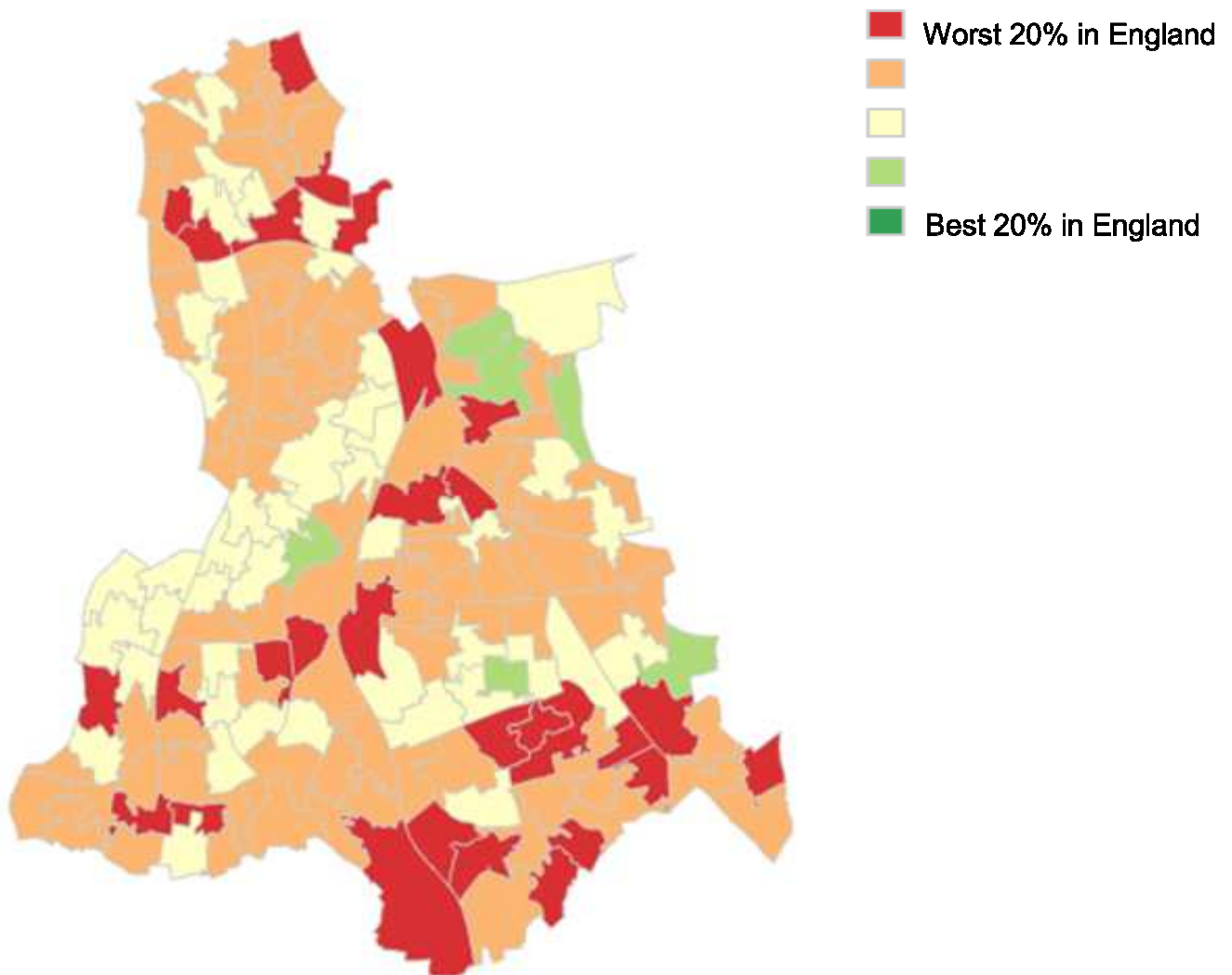


Fig 1. Indices of Multiple Deprivation 2010 – Health deprivation and disability

Challenges and opportunities

Although many people in Lewisham report good health, many residents are not as healthy as they could be:

- Men and women in Lewisham have a relatively low life expectancy compared with the England average.
- The three most important causes of this gap between Lewisham and the rest of the country are premature deaths below the age of 75, from circulatory diseases (mainly heart attacks and stroke), cancer (mainly lung, breast and bowel), and respiratory diseases.

- More people smoke than the national average and there are high rates of early deaths from circulatory disease (coronary heart disease, hypertensive disease and stroke) and cancer compared with England.
- Lewisham's black and minority ethnic communities are at greater risk from health conditions such as diabetes, hypertension and stroke.
- There are high rates of teenage conceptions, sexually transmitted infections and obesity compared with England.
- Medical advances are helping people to live longer but, in line with this, more people can expect to live for some time with a care and support need.

The borough is able to call upon a number of resources and attributes of the local community:

- Lewisham has the highest proportion of green space
- Lewisham has strong and active communities, able to mobilise their efforts and support each other to make changes
- Lewisham has a vibrant voluntary and community sector which provides tailored support and assistance to people

Health and social care support and services

Health and Wellbeing services and support are not provided from one single agency. Just as people's health is unique so each person will interact with a variety of services and organisations at different times.

NHS services in Lewisham are planned and 'purchased' by Lewisham Clinical Commissioning Group (LCCG). Led by local GPs, the LCCG has responsibility for commissioning hospital and community services. It also has a responsibility to ensure that health services provided in Lewisham are safe, of a high standard and effective.

Lewisham people benefit from having a highly effective local hospital situated in the borough. University Hospital Lewisham has strong links with the local community and with the other parts of the borough's health and care system to ensure that people going in or coming out of hospital receive the right support at the right time.

Adult and Children's Social Care services and Public Health activity is provided by Lewisham Council.

Healthwatch Lewisham provides an independent voice for people who receive health and social care services in Lewisham. Supported and complemented by Lewisham's engaged voluntary and community organisations, Healthwatch Lewisham ensures that

the voice of patients and the public inform and influence how health and social care is delivered and experienced in the borough.

Lewisham's active and diverse volunteers and many voluntary, community and faith organisations work across the borough and contribute to people's wider sense of wellbeing and belonging. A key element of a well-functioning health and social care system is the community support that helps people to maintain their independence and enjoy living in their community.

Collectively, we improved health outcomes in a number of key areas in the last few years. For example:

- Almost 7,000 people aged 40-74 have undergone a health check in the past year
- We are now in the top ten boroughs in the country for breastfeeding and are well on the way to achieving the prestigious UNICEF/WHO baby friendly award
- In the last year, our immunization rate for children at 2 years of age for mumps, measles and rubella has increased significantly, taking us from the bottom of the league table of London boroughs to just above the middle
- The percentage of reception year children who are overweight and obese has fallen slightly in the last year
- We have been proactive in creating the first South East London Tobacco Alliance that aims to tackle illegal tobacco activity and prevent our children from accessing cheap cigarettes.

The Health and Wellbeing Board

The complexity of health and care can best be tackled if organisations and individuals work in partnership. Lewisham has a long history of partnership working. It provides different perspectives, different resources and different levels of expertise to problems and recognises that the best solutions are developed together with those who the services effect.

Lewisham's Health and Well-being Board brings together individuals from the key organisations that deliver health and care services as well as representation from the borough's voluntary and community sector. The perspective of citizens and patients is provided by Healthwatch Lewisham.

The Board is responsible for this strategy and for making sure that its objectives are met. The Board comprises:

- The Directly Elected Mayor of Lewisham
- Cabinet Member for Community Services
- The Director of Adult Services
- The Director of Children's services
- The Chair of Lewisham Clinical Commissioning Group
- The Director of Public Health
- The Chair of Healthwatch Lewisham

Alongside the Health and Wellbeing Board, Lewisham's Healthier Communities Select Committee and the Children and Young People Select Committee has taken a keen interest in health inequalities and has conducted reviews into both Women's and Men's Health.

The Children and Young People's Strategic Partnership, through its Children and Young People Plan, provides clear leadership and engagement in relation to tackling health inequalities experienced by children and young people.

The Joint Strategic Needs Assessment

This Strategy is based upon Lewisham's Joint Strategic Needs Assessment (JSNA).

The JSNA brings together in one place a wealth of information on the health and social care needs of Lewisham's citizens, complemented by information on the social, environmental and population trends that are likely to impact on people's health and well-being.

This data allows the needs of people in Lewisham to be analysed and shows where needs are not being met, which services are delivering effectively and where more can be done to improve outcomes.

The JSNA is an open document and relies upon community and patient perspective to complement the statistical data. As an open source it also provides communities and organisations with the information to help them improve local health and well-being and to tackle health inequalities.

The JSNA findings can be accessed online at www.lewishamsna.org.uk.

The JSNA has provided the information and analysis through which the Health and Wellbeing Board has identified its priority areas for action.

[INCLUSION OF RELEVANT CHARTS FROM THE JSNA]

A vision for Health and Wellbeing in Lewisham

Shaping our future – Lewisham’s Sustainable Community Strategy provides an ambitious vision for the future of Lewisham, its communities and its citizens.

“Together, we will make Lewisham the best place in London to live, work and learn.”

Lewisham’s Health and Wellbeing Strategy contributes towards making this vision a reality.

The Health and Wellbeing Board is committed to :

“Health and Wellbeing for All Lewisham Residents by 2023.”

Our principles

In line with ‘Shaping our future’, Lewisham’s Sustainable Community Strategy, the activity of the Health and Wellbeing Board is based on two key principles

Reducing inequality – narrowing the gap in outcomes for citizens.

In the context of this Strategy, reducing inequalities refers to the health inequalities that exist between Lewisham and other parts of the country, as well as inequalities that exist within Lewisham between different communities and different areas.

Beneath Lewisham’s overall picture of health exist specific inequalities that need to be addressed. This strategy recognises that improvements need to happen so that Lewisham performs as well or better than other boroughs with similar levels of deprivation, but also that improvements need to happen so that all parts of Lewisham and its diverse communities enjoy the same quality of services and similar outcomes.

People in Lewisham have different life expectancy depending on where they live. Men living in the most deprived wards in the borough live on average 6.5 years less than men in the least deprived wards. Women in the most deprived wards live 3.3 years less than women in the least deprived wards. In the last five years, the gap has closed by about a year for both men and women but there is more work to do. Cancer mortality rates for example are much higher in Bellingham and New Cross.

There are also significant ethnic health inequalities in Lewisham. Diagnosis of breast cancer is delayed in black women, whilst late diagnosis of HIV infection is more common in black African heterosexual men. Black teenage girls are 74% more likely to get pregnant than white teenage girls. White men and women have higher rates of admission for alcohol related problems.

Delivering together efficiently, effectively and equitably – ensuring that all citizens have appropriate access to and choice of high-quality local services.

To improve the long-term improvements in Lewisham's health and wellbeing, individuals, communities and organisations will need to work collaboratively. This collaboration starts with a recognition that people should be at the heart of their care, that they are able to make choices over the care and support they receive and that there should be 'no decision about me, without me.'

This process starts with people being supported to look after their own health and are empowered to make health decisions over their lifestyles.

When dealing with NHS organisations, this means that people should have a choice over their GPs, a choice over the types of services or treatments that they might require and a choice over where they receive their services of treatment.

In social care, this level of choice of control will start when a person meets with a social worker to assess their needs. Working with the social worker, the individual should then expect to be able to define their aspirations and how their care and support can help them to live the lives they wish to lead.

Collaboration isn't just between the individual and organisations. It's also about the different organisations themselves working in a more integrated manner.

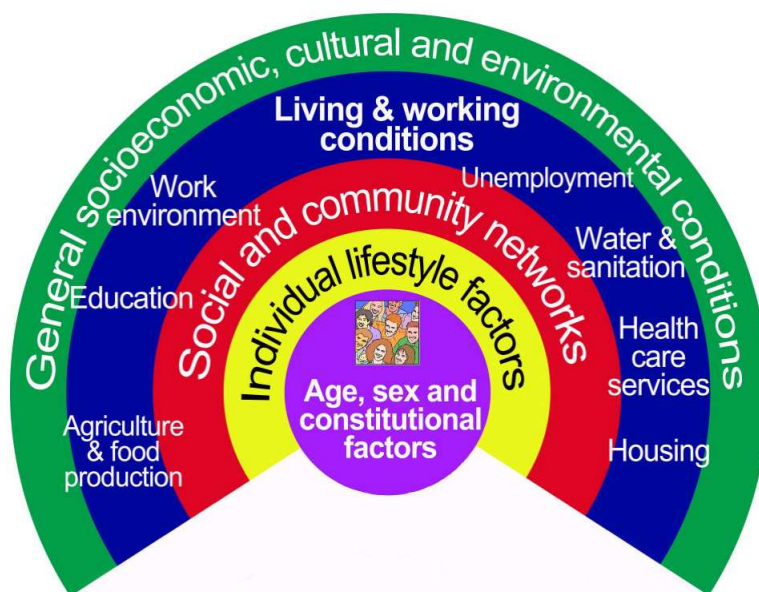
People using services should expect the same quality of care no matter which organisation they are dealing with. Where an individual's care or support needs are transferred from one organisation to another (for example, when a person is discharged from hospital and requires support from social care services) they should expect their support to be seamless and help them to progress towards rehabilitation and recovery. Lewisham's health and social care providers, the Council, Lewisham Hospital, Lewisham's Clinical Commissioning Group and providers from the commercial and voluntary and community sectors are high performing organisations and have a history of working together to make sure that services and care are joined up and effective.

Our approach – how will we work to deliver improved outcomes for Lewisham

Many factors determine the quality and length of a person's life. Some operate before birth (for example the genes a baby inherits, or exposure to the mother's smoking in the womb). The influence of these factors may not be felt immediately, but may emerge throughout a person's life.

Throughout a person's childhood and into adulthood, they are exposed to many other factors in their immediate physical, family and social environment, and in the wider social, political and economic environment.

Some factors directly impact on health, and others shape behaviours and thought processes that in turn may affect physical and mental health and Wellbeing. The following diagram summarises these multiple determinants of health:



To tackle all of these issues effectively requires an approach that:

Empowers local people and communities to take control over their health and wellbeing

This involves:

- Supporting community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health.
- Establishing neighbourhood-based bringing together local communities, agencies and GPs to identify and help address local health priorities.

- Providing support for people to make healthier lifestyles choices and look after their health.

Example

Creates supportive environments that help people to make positive changes

This involves:

- Maximising the use and accessibility of green spaces for physical activity, food growing etc.
- Ensuring that new developments and new housing provide adaptable, decent homes.
- Providing information and education to enhance life skills and to support personal and social development.

Example

Puts the patient at the heart of their care

This involves:

- Patients and service users being able to exercise choice as to the type of service they receive and (where relevant) who they receive it from
- Patients and service users receiving a more seamless service from the different elements of the health and social care system, so that they are not repeating their story, nor receiving the same interventions time and time again
- Designing services which take account patient and public experiences and involves them in identifying and addressing gaps.

Example

Recognises the health implications in everything we do

This involves

- Putting health in the agenda of policy makers in all sectors and at all levels.

Example



A F

T

Key aims and objectives

The following are the three key aims of the Health and Wellbeing Strategy and the associated priority outcomes:

Aim one - To improve health – provide a wide range of support and opportunities to help adults and children to keep fit and healthy and reduce preventable ill health.

Aim two - To improve care - ensure that services and support are available 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.

Aim three - To improve efficiency - improve access and delivery, streamline pathways and ensure services provide good quality and value for money

Increase the uptake of childhood immunizations to achieve herd immunity

- **Why is this a key area of focus:** This has been identified as a priority because although uptake of some of our routine childhood vaccines has improved, considerable progress is still required to achieve the 95% uptake identified by WHO as necessary to avoid outbreaks of infections like measles. Uptake varies greatly by GP practices.

- **What interventions will we be looking to for improvement?**

- **Where we will be in 3 years, 5 years and 10 years?**

Prevent the uptake of smoking among children and young people and reduced the numbers of people smoking

- **Why is this a key area of focus:** This has been identified as a priority because tobacco use is the biggest single factor contributing to the gap in healthy life expectancy between Lewisham and England, there are still between 40-50,000 smokers in Lewisham, around 710 11-15 year olds take up smoking each year, and 48% of Lewisham children say that someone smokes in their home on most days.
- **What interventions will we be looking to for improvement?**

- **Where we will be in 3 years, 5 years and 10 years?**

Reduced harm caused by alcohol misuse

- **Why is this a key area of focus:** This has been identified as a priority because Alcohol use has a major impact on health, anti-social behaviour, crime and other important social issues, including the well-being and development of children: In Lewisham an estimated 11365 drinkers are at high risk and 31,873 drinkers are at increasing risk of harm. Alcohol-related hospital admissions are high in Lewisham and are rising.

- **What interventions will we be looking to for improvement?**

- **Where we will be in 3 years, 5 years and 10 years?**

Improved healthy weight

- **Why is this a key area of focus:** This has been identified as a priority because the prevalence of adult obesity may be 33.4% in Lewisham compared to 24.2% in England, Lewisham has a high prevalence of childhood obesity, 13.6% of reception children were obese as were 24.4% of children in year 6, significantly higher than the England average for the past three years. Over 40% of 10-11 year olds and over a quarter of 4-5 year olds were overweight or obese in 2009/10.
- **What interventions will we be looking to for improvement?**
- **Where we will be in 3 years, 5 years and 10 years?**

Improved mental health and wellbeing

- **Why is this a key area of focus:** This has been identified as a priority because common mental illnesses (CMI) are estimated to afflict 19.8% of Lewisham's population at any one time. This prevalence is higher than London and England with 18.2% and 16.6% respectively, and 75% of people suffering from CMI go undiagnosed. Serious mental illnesses (SMI) such as schizophrenia and bipolar disorder are estimated to affect 1.1% of Lewisham's population, a figure higher than the national average of 0.7%. This means some 2,900 Lewisham residents have had a history of SMI. In all ages we need to take action to address the common mental illnesses such as anxiety and depression estimated to afflict almost 20% of our population, and the 20% of our population at high or increasing risk of health problems arising from drinking too much alcohol. Looked After Children (LAC) are 40% more likely to have a mental health issue, this rises to 70% for children in residential care.
- **What interventions will we be looking to for improvement?**

- **Where we will be in 3 years, 5 years and 10 years?**

Improved sexual health

- **Why is this a key area of focus:** This has been identified as a priority because in 2009 the teenage conception rate in Lewisham was 55.6 per 1,000 15- 17 year old females, the 17th highest rate in England and 4th highest in London. The rate of HIV infection in Lewisham is 7.5 per 1,000, equating to approximately 1,360 individuals, with the 8th highest prevalence in the UK. In Lewisham around 60% of HIV infection is acquired through sex between men and women. Around 10% of 15-24 year olds screened for Chlamydia are positive, and around 2% of 15-24 year olds screened for Chlamydia also have gonorrhoea.
- In young adults action is required to address our high rates of sexually transmitted infections, HIV and teenage pregnancy.
- **What interventions will we be looking to for improvement?**

- **Where we will be in 3 years, 5 years and 10 years?**

Delay and reduced need for long term care and support

- **Why is this a key area of focus:** This has been identified as a priority because the proportion of older adults aged 65 and over 85+, receiving residential and nursing home packages as at 31st March 2011 in Lewisham was 1.2% and 1.2% respectively, and there is evidence that reablement services can reduce demand for homecare packages.
- In older people action is required to improve the quality of care for those with chronic conditions such as diabetes, COPD and dementia, and to reduce the need for long term care and support.
- **What interventions will we be looking to for improvement?**

- **Where we will be in 3 years, 5 years and 10 years?**

Reduce the number of emergency admissions for people with chronic long term conditions

- **Why is this a key area of focus:** This has been identified as a priority because Lewisham residents are more than twice as likely as residents in the local authority with the lowest admission rate to be admitted to hospital for COPD and diabetes care in general practice is amongst the poorest in England.
- **What interventions will we be looking to for improvement?**

- **Where we will be in 3 years, 5 years and 10 years?**

Increase the number of people who survive colorectal, breast and lung cancer for 1 and 5 years

- **Why is this a key area of focus:** This has been identified as a priority because In Lewisham approximately 1000 Lewisham residents are diagnosed with cancer each year. In 2008-09 there were 469 deaths from cancer in Lewisham. The premature mortality rate (under 75years) for males in Lewisham is 24% higher than that of England (2009), and 10% higher for females and Lewisham does not reach the national coverage targets for the cancer screening programmes, Breast, Cervical and Bowel.
- Whilst lifestyle changes will add the most years to life over the long term, there is still much that can be done to improve survival for those people with cancer. Delayed diagnosis amongst deprived groups, older people (for breast cancer) and certain BME groups (for breast cancer) probably accounts for worse cancer survival in Lewisham when compared to England.

What interventions will we be looking to for improvement?

- **Where we will be in 3 years, 5 years and 10 years?**

The role of the community in helping to deliver this strategy

[This section will be based upon information arising from the engagement activity, currently underway.]

DRR

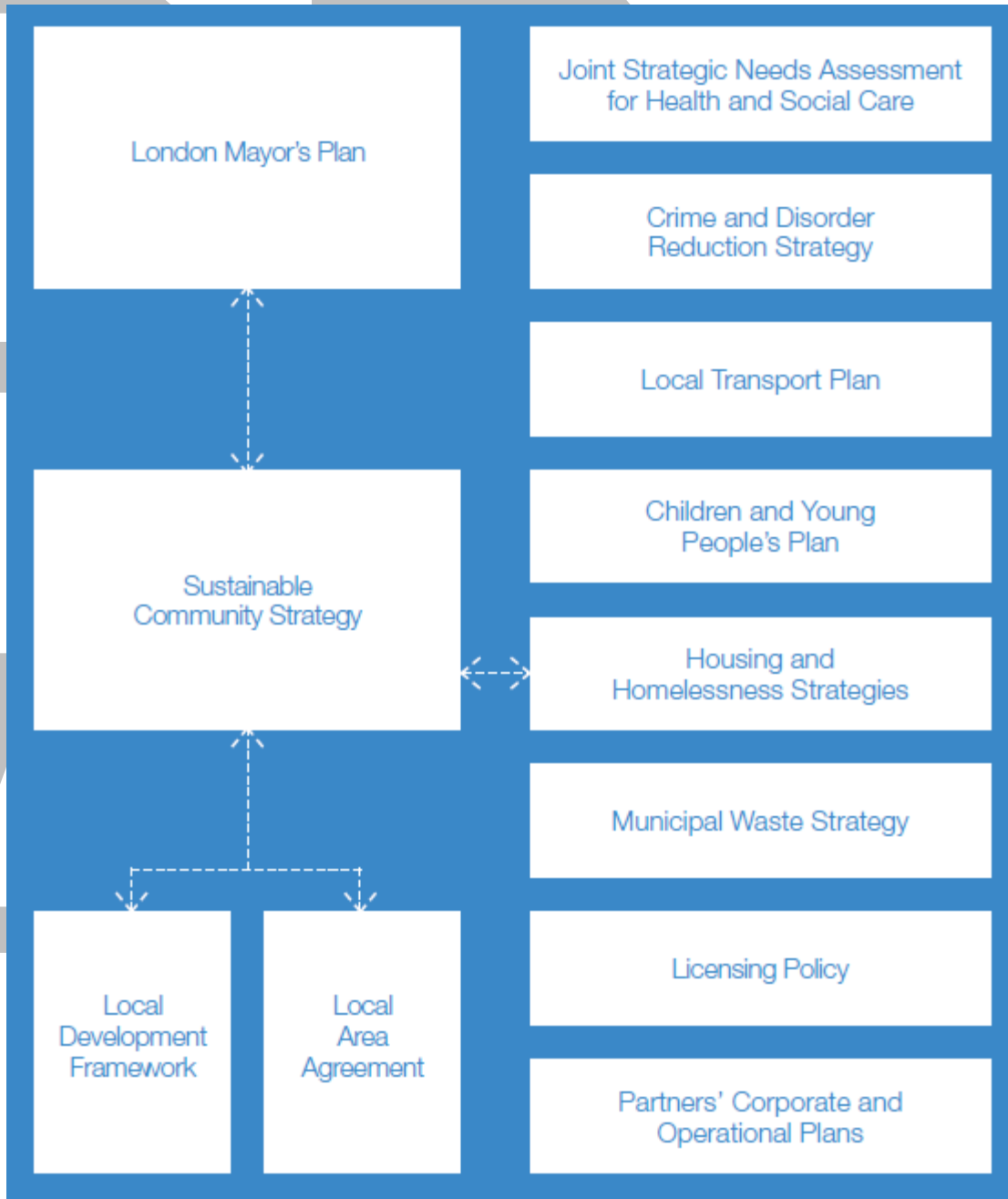
AF

T

Governance and delivery

Lewisham's progress towards improving the health and wellbeing of its residents will be monitored by the Health and Wellbeing Board and reviewed by the Council's Healthier Communities Select Committee.

Underpinning this strategy is a two-year action plan, which will identify the specific activity that will take place around each of the nine objectives. The action plan will identify activity required from different agencies as well as the contributions and support that will be required from local communities. At the end of the two year period the Health and Wellbeing Board will assess how well the actions have been delivered and what next steps need to be taken to ensure further progress.



[This diagram will be amended to incorporate the Health and Wellbeing Strategy]