

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

Foreword from the Chair of the Health and Wellbeing Board



Introduction

Welcome to Lewisham's ten 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.

Working together to achieve our vision

This strategy is an ambitious one – it sets out a strategic commitment for the next 10 years focused on achieving our vision of:

“Health and wellbeing for all Lewisham residents by 2023”

We can't expect everybody in Lewisham to be equally healthy and happy, but we believe that it is possible for individuals, communities and organisations to work together to significantly improve people's health and wellbeing and to reduce the inequalities in health and wellbeing that exist between different sections of our community and between Lewisham and the rest of the country.

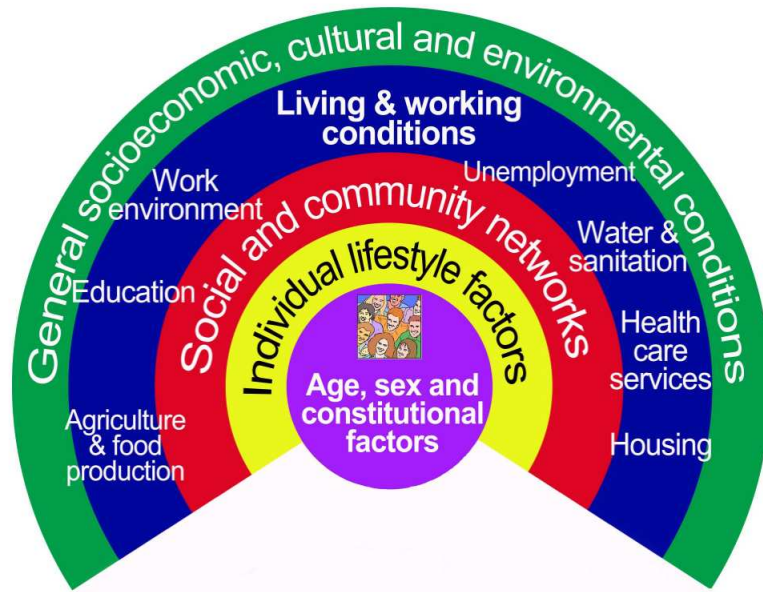
What do we mean by 'health and wellbeing'?

Good health and wellbeing mean different things to different people. Any definition needs to reflect the fact that health isn't just about being free from illness or disease. It also needs to encompass how people feel in themselves and in the communities in which they live. And wellbeing means not only extending people's lives but also improving the quality of their lives. So for the purposes of this strategy, we have used the World Health Organisation's (WHO) definition and have defined health as '*a state of complete physical, mental and social wellbeing*' and wellbeing as having "*the capability to do and be what you want in your life*".

Tackling health inequalities in Lewisham

Achieving our goal of Health and Wellbeing for All by 2023 will require us to think differently about the root causes of health inequalities. We recognise that health and wellbeing is affected by social factors as well by the choices and actions taken by individuals. Such factors determine the quality and length of a person's life. Some 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:



In order to tackle health inequalities in Lewisham, we recognise:

- the importance of empowering individuals to take action by themselves, and also within their families and communities;
- the need to create physical and social environments that encourage healthy habits, choices and actions;
- 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.
- the roles that organisations across all sectors must 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 a quarter of residents aged between 0 – 19. By contrast, just under 10% of the population is aged over 65. By 2021, Lewisham's population is expected to increase to 321,121, an increase of over 44,000 residents in a 10 year period. The number of residents aged over 65 is projected to 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.

Lewisham is the 31st most deprived local authority in England, and relative to the rest of the country its levels of deprivation are increasing.

The health and wellbeing of people in Lewisham

In order to obtain information on the health and wellbeing of the people of Lewisham, we have referred to 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. The JSNA also includes the community and patient perspective.

From this information, we know that, in general, people in Lewisham feel healthy. 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

We know that Lewisham 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.

¹ Census 2011

- More people smoke than the national average and reducing the number of people in Lewisham who smoke would make a major impact on all three causes of premature death.
- 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.

We also know that 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.

In summary, 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.

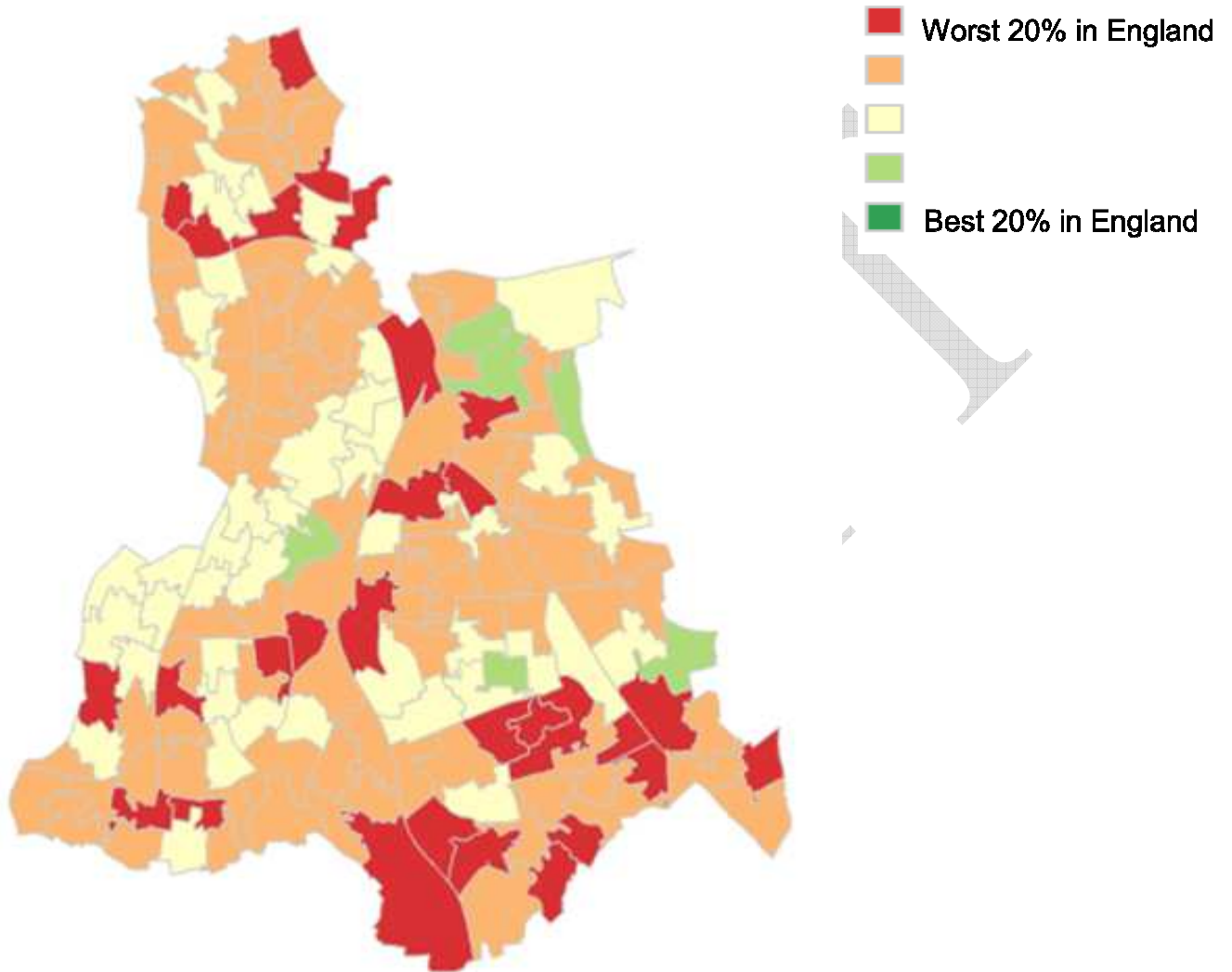


Fig 1. Indices of Multiple Deprivation 2010 – Health deprivation and disability

Lewisham's voluntary and community sector

The vision for Lewisham will only be achieved with the involvement and support of Lewisham's diverse and vibrant voluntary and community sector. The sector plays a vital role in improving the health and wellbeing of Lewisham's residents; by representing users, by providing a wide range of services and support, and by reviewing the commissioning plans of statutory partners to ensure they meet the needs of local people.

The sector is uniquely placed to complement statutory services. Voluntary and community organisations and groups across the borough can provide extensive depth and reach into our communities. Through their work they can provide intelligence on community needs, input their knowledge about issues that affect health and wellbeing, represent the voice of our communities, and input their expertise into service design and delivery.

In giving feedback on the activity required to achieve the vision, the voluntary and community sector has highlighted:

- The impact of social isolation on people's physical and mental health and wellbeing
- The barriers that hinder people from pursuing a healthy lifestyle, from cost and access to a lack of confidence to turn up and engage with existing activities.
- The existence of a range of opportunities and activities, already provided within the community, that could support people to feel healthier and maintain their independence.
- The significant role played by Voluntary and Community organisations and Faith organisations in supporting people's engagement with their local community but also in acting as a trusted source of information.
- The importance of being able to easily access a wide range of cultural and leisure activities so that people could feel empowered and stimulated
- The value of combining traditional medical interventions with 'social' prescribing i.e. doctors and other health and social care professionals supporting people to access cultural, social and leisure opportunities in their local area
- How some groups are more at risk of poor health outcomes than others, for example carers, young carers and older people who do not have English as their first language
- Some of the key barriers to improving health and wellbeing: lack of organisational join-up, a lack of continuity between services, knowing what opportunities are available and having the time and space to consider which opportunities to access.

Our Assets and Opportunities

Although we face significant challenges in improving health and wellbeing, we are able to call upon the many resources and attributes that exist within our local communities and across the borough. To note a few:

- Lewisham has the highest proportion of green space in London
- 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
- Lewisham can build from an existing strong base of partnership working which has already established joint commissioning arrangements and integrated services
- The borough is home to 7 sports and leisure centres, 12 libraries and 21 children's centres. There are also 89 primary and secondary schools in Lewisham.

Working in Partnership

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. Across the borough, a significant number of partners are working together to improve the health and wellbeing of Lewisham's adults and children.

Existing partners within the borough are committed to joining up services wherever possible and making the very best use of resources. Collectively, Lewisham achieved improved health outcomes in a number of key areas in the last few years, including:

- Almost 7,000 people aged 40-74 had a health check in the past year
- Lewisham is now in the top ten boroughs in the country for breastfeeding
- The immunisation rate for children at 2 years of age for mumps, measles and rubella has increased significantly
- Lewisham is amongst the best performers in London for increasing access to psychological therapies

The Health and Wellbeing Board

Lewisham's Health and Wellbeing Board will be responsible for developing and delivering the actions that underpin this strategy and for making sure that objectives are met. The 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 comprises:

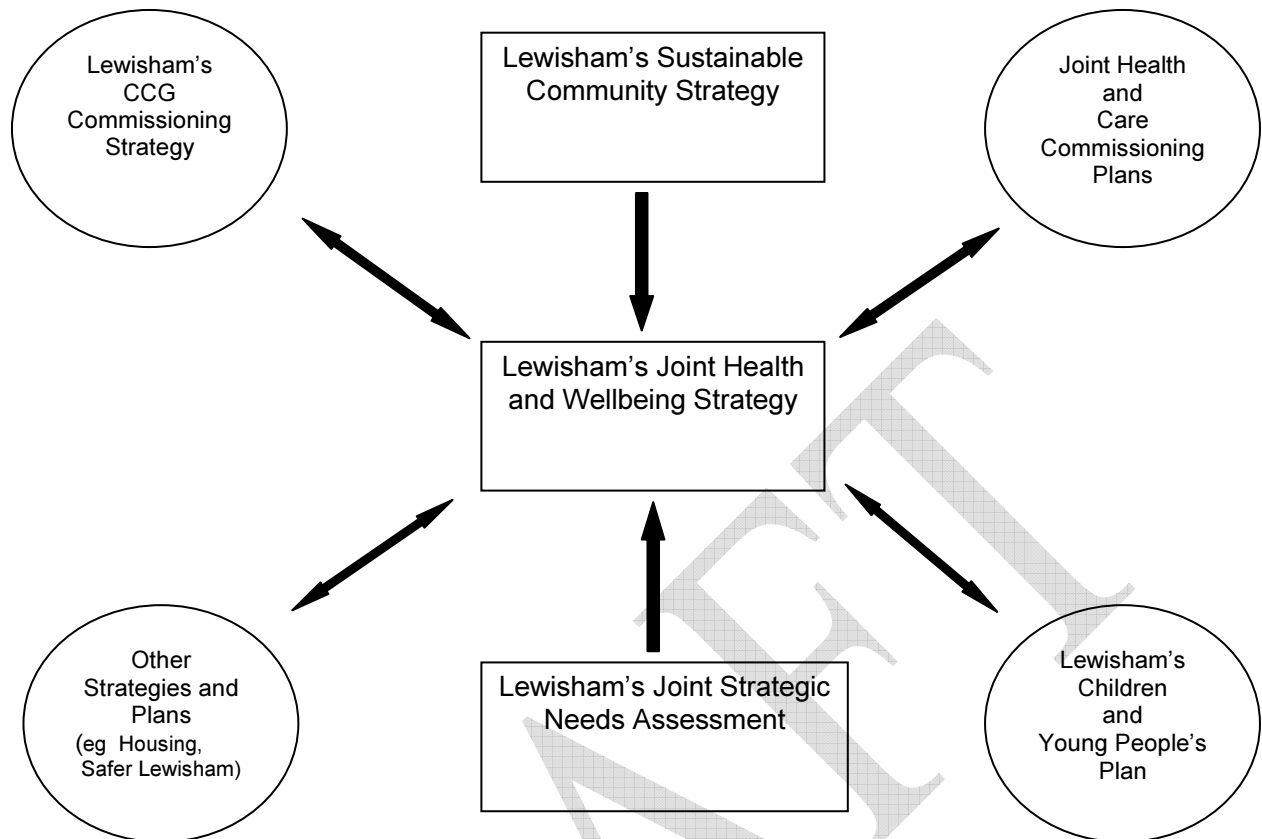
- The Directly Elected Mayor of Lewisham
- The Cabinet Member for Community Services
- The Director of Adult Services
- The Director of Children's services
- A representative of the Lewisham Clinical Commissioning Group
- The Director of Public Health
- A representative of Healthwatch Lewisham

Supporting the Health and Wellbeing Board, the Children and Young People's Strategic Partnership will ensure that there is clear leadership and specific engagement in relation to tackling health inequalities experienced by children and young people.

Furthermore, Lewisham's Healthier Communities Select Committee and the Children and Young People's Select Committee will continue to take a major interest in the work of the board and in the activity and progress in relation to this strategy.

Relationship to other strategies

The Joint Health and Wellbeing Strategy does not sit alone and needs to be seen within a wider set of strategies that aims to improve the lives of Lewisham's residents as shown below. This strategy alongside others aims to achieve the overarching and ambitious vision "*Together, we will make Lewisham the best place in London to live, work and learn*" that has been set by Shaping our future – Lewisham's Sustainable Community Strategy.



Our principles

In line with 'Shaping our future', the activity of the Health and Wellbeing Board is based on two key principles.

Reducing inequality – narrowing the gap in outcomes for citizens.

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

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

To achieve 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.'

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

In taking forward our work, as partners we are committed to 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 delivery models 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.

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 are designed and built to promote healthier lifestyles and good mental health.
- Providing information and education to enhance life skills and to support personal and social development.

Puts the patient at the heart of their care

This involves:

- Patients and users taking the lead in how services are designed and being more involved in deciding the care and support they require;
- Rearranging services in a way that provides the care and support people need, at the right time in the right place.
- Providing the timely information and advice so that people can make informed choices about the care and support they need.

Recognises the health implications in everything we do

This involves

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

Key aims and priority objectives

To achieve our vision, we will focus on three key aims :

Aim one - 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.

Aim two - To improve care - ensuring 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 - improving access and delivery, streamlining pathways and ensuring services provide good quality and value for money.

These aims will drive the work across nine priority objectives. These nine objectives have been selected because our JSNA evidence indicates that continued focus on these particular areas will give us the best chance of achieving these three overarching aims, and ultimately of realising our goal of health for all Lewisham residents by 2023.

Priority Objective 1: Achieving a Healthy Weight

Why is this a key area of focus?

This has been identified as a priority because the prevalence of adult obesity is around 33% 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.

The action we will take

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

In three years' time, there will be a significant increase in the number of residents who take up opportunities to be physically active. There will have been a fundamental shift in the numbers of children engaging in regular physical activity.

In five years' time, there will be a significant reduction in the percentage of children and adults who are obese. Everybody who could benefit from weight management will be offered help. Healthier food options will be available in the majority of fast food outlets.

In ten years' time, children in Lewisham will have the same weight distribution as children living in England in 1990. The prevalence of type 2 diabetes and coronary heart disease will have reduced significantly.

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

Why is this a key area of focus

Cancer survival rates in England are significantly poorer than in comparable countries. It has been estimated that if England was to achieve similar cancer survival rates to the European average, then 5,000 lives would be saved every year. If England were to achieve cancer survival rates at the European best, then 10,000 lives would be saved every year. Research suggests that a major explanation for poorer outcomes in England is that cancers are diagnosed at a later stage. It is known that there is greater delayed diagnosis for breast cancer amongst some groups such as older people and certain BME groups.

Lewisham does not reach the national coverage targets for the cancer screening programmes for Breast, Cervical and Bowel cancer. In Lewisham approximately 1000 Lewisham residents are diagnosed with cancer each year. In 2011 there were 518 deaths from cancer in Lewisham.

The action we will take

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

In three years' time, men and women in Lewisham will be much more aware of signs and symptoms of key cancer types and feel comfortable to visit primary care with their concerns.

In five years' time, survival rates for cancer will be similar to the average survival rates in Europe.

In ten years' time, survival rates for cancer will be similar to the best survival rates in Europe.

Priority Objective 3: Improving Immunisation Uptake

Why is this a key area of focus?

Immunisation is one of the most cost-effective health interventions available, saving millions of people from illness, disability and death each year. Effective and safe vaccines that protect against more than 20 serious diseases are available. Uptake of immunisation has been a problem in Lewisham for some time. Recorded uptake of indicator vaccines has been below target, and as a result, significant numbers of children in Lewisham have not been protected against potentially serious infections. Due to the low uptake of MMR vaccine, there was an outbreak of measles in Lewisham in 2008 with a total of 275 confirmed or suspected cases.

Uptake of many vaccines in adults is also short of achieving national targets. For example, though increasing numbers of the elderly are protected against influenza, and Lewisham achieved national targets for this group in the past two years, uptake of influenza vaccine in other groups remains an issue.

The action we will take

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

In three years' time, there will be a significant increase in the uptake of all vaccines in Lewisham.

In five years' time, herd immunity will have been achieved for all of the vaccine preventable diseases of childhood in Lewisham.

In ten years' time, there will only be sporadic cases of vaccine preventable disease in Lewisham. The incidence of all these diseases will have declined significantly.

Priority Objective 4: Reducing Alcohol Harm

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 wellbeing and development of children. Deaths from liver disease have been increasing during the past 20 years, largely as a result of alcohol-related liver disease. In Lewisham over 11,000 drinkers are considered to be at high risk, and over 31,000 drinkers are at increasing risk, of harm. Alcohol-related hospital admissions are high in Lewisham and are rising.

The action we will take

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

In three years' time, most practitioners will be skilled in identifying those at risk from alcohol harm and in delivering brief interventions. There will be fewer high risk and increasing risk drinkers. The number of people accessing and completing treatment services will have increased. The number of young people exiting treatment in a planned way being maintained at 90% or better each year up to 2016 and a decrease in the number of alcohol related admissions.

In five years' time, there will be a decrease of alcohol use by young people across the borough. Fewer drinkers will be at increased or higher risk of harm from alcohol. There will be a continuing decrease in the number of alcohol-related hospital admissions.

In ten years' time, early deaths from liver disease in Lewisham will no longer be increasing and will be at the same level as England.

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

Why is this a key area of focus:

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. Over 700 11-15 year olds take up smoking each year and nearly half of Lewisham children say that someone smokes in their home on most days.

The action we will take

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

In three years' time, there will be a reduction in the numbers of children and young people taking up smoking by 10%, more children living in smoke free homes, and a reduction in the use of illicit tobacco.

In five years' time, the number of adults smoking will drop to less than 15%, and the numbers of children and young people taking up smoking will be reduced by 20%.

In ten years' time, there will be very few smokers and very few children will live with smokers. It will be socially unacceptable to smoke indoors or in cars and very few young people will start smoking.

Priority Objective 6: Improving mental health and wellbeing

Why is this a key area of focus?

Common mental illnesses such as anxiety and depression affect nearly 1 in 5 (19.8%) people in the Lewisham population. This is higher than London (18.2%) and England (16.6%). Seventy-five percent of people with common mental illnesses go undiagnosed. Rates of severe mental illness such as schizophrenia and bipolar disorders are also higher than the national average. Around 50% of mental disorders occur by the age of 14 years and 75% by the mid 20s. Identifying risk factors and early presentation of mental health problems can prevent escalation and help recovery.

The action we will take

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

In three years' time, BME representation in IAPT service will be representative of the local population. Families currently unable to access CAMHS services will receive alternative support to prevent the escalation of mental health issues.

In five years' time, significantly more children and families will have been supported to prevent more severe mental health problems. Children who will benefit from support to protect their mental health will be identified at a younger age. Mental wellbeing will be recognised as a key component of good health.

In ten years' time, we will see improvements in the physical health of people with mental illness through better access to screening and support for behavior change in relation to smoking, physical activity and healthy weight management. Suicide rates will remain below the national average and under 75 mortality for those with mental illness will improve.

Priority Objective 7: Improving sexual health

Why is this a key area of focus:

Sexual health is a local priority due to high rates of teenage pregnancy, abortion, sexually transmitted infections and HIV. Although the teenage conception rate has fallen significantly in Lewisham it remains amongst the highest nationally. One in 10 young people aged 15-24 have chlamydia infection, a further 1 in 50 have gonorrhoea and HIV prevalence is amongst the highest in the UK.

The action we will take

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

In three years' time, we will see the teenage pregnancy rate fall at the same or greater rate than the London average. All schools will have been offered SRE support. All young people will know where and how to access free condoms and emergency contraception. All GPs will routinely offer HIV testing.

In five years' time, LARC will widely available in most GP practices and at weekends. All pharmacies in the borough will offer free emergency contraception. The late diagnosis rate of HIV will have fallen to less than 30%. There will be a rise in the number of males screening for chlamydia.

In ten years' time, rates of chlamydia infection will have fallen. The repeat abortion rate will be reduced by 30%. LARC will become the preferred method of contraception for women over 20 years old. Access to routine (where there are no symptoms) STI screening will be done online. Teenage pregnancy rates will be at the lowest level ever. Late diagnosis of HIV will be a rare event. CCard will be an established brand across London.

Priority Objective 8 – Delaying and reducing the need for long term care and support.

Why is this a key area of focus:

Research suggests the provision of intensive short term interventions (enablement), at times of crisis, can reduce the demand for institutional and long term care and improve outcomes for service users. In addition, evidence suggests that people's need for ongoing social care support is reduced by 60 per cent compared to those who used conventional home care provision. Furthermore over 60 per cent of people who receive enablement services required no more than six weeks of intervention and support.

The action we will take

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

In three years' time, any resident who is discharged from hospital and identified as needing health and social care support will receive enablement services to regain their independent living skills.

In five years' time, more people with complex health and social care needs will be supported to live at home where they will receive integrated care and support from multi-agency teams working closely with GPs.

In ten years' time, there will be a substantial increase in the number of people able to manage effectively their own conditions at home.

Priority Objective 9: Reducing the number of emergency admissions for people with long term conditions

Why is this a key area of focus?

Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of disease burden in Lewisham. Only 40% of expected cases in Lewisham are recorded on GP registers. 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. The prevalence of diabetes is expected to rise by 23% over 10 years. It is estimated that in Lewisham in 2009 there were 14,124 people aged 16 years or older who have diabetes (diagnosed and undiagnosed).

In 2009/10, heart failure admissions in Lewisham were significantly higher than the London and England average. There are high levels of avoidable emergency admissions, and readmissions are common (about 1 in 4 patients are readmitted in three months). There were 1442 patients recorded on Heart Failure Registers in Primary Care in Lewisham 2008/9. It is estimated that there are twice that many.

The action we will take

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

In three years' time, systematic identification, diagnosis and risk profiling of COPD, diabetes and heart failure will be implemented across all GP practices. All patients will be managed within care pathways that meet NICE quality standards. Admission rates to hospital will be amongst the lowest in London.

In five years' time, the majority of patients with LTCs will be actively engaged in self care, and will have good co-ordination of all aspects of their care by a key worker. Over 90% of patients will be effectively managed in the community at any one time.

In ten years' time, Lewisham will have amongst the lowest rate of admissions for LTCs in England, and premature mortality rates below the age of 75 years for Lewisham residents will be amongst the lowest in the country.

Governance and delivery

Lewisham's progress towards improving the health and wellbeing of its residents will be monitored by the Health and Wellbeing Board.

To complement this strategy, the Board will produce an action plan, which will identify the specific activity needed to achieve the nine priority objectives. The action plan will identify the activity required from the different agencies on the Health and Wellbeing Board, as well as the contributions and support that will be required from local communities. The Health and Wellbeing Board will continually review the activity to achieve the priority objectives and will consider any additional steps that need to be taken to ensure effective progress.

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