

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

**Foreword from the Chair of the Health and Wellbeing Board**

Welcome to Lewisham's Joint Health and Wellbeing Strategy for improving the health and wellbeing of local people.

Who we are... .. its role and influence.

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## **Our Vision for Health and Wellbeing**

This ten year strategy has been developed by Lewisham's Health and Wellbeing Board (HWB) and sets out the improvements and changes that we as a Board, in partnership with others, will focus on to achieve our vision of

### ***Achieving a healthier and happier future for all***

This strategy outlines the key health and wellbeing challenges that people in Lewisham face, as well as the assets, skills and services that are available locally to support people to stay healthy and be happier.

As members of the Health and Wellbeing Board, we know that beneath the overall picture of health that exists, specific inequalities need to be addressed. In implementing this strategy, we will look for action that not only ensures that Lewisham performs as well or better than other boroughs with similar levels of deprivation, but also that all parts of Lewisham, and all members of its diverse communities enjoy the same quality of services and opportunities to maintain and improve their health and happiness.

In order to achieve long-term improvements in health and wellbeing, individuals, communities and organisations will need to work collaboratively. This collaboration starts with a joint commitment to ensure that people are at the heart of decisions about 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.'

We will also ensure that our work contributes to the objectives of Lewisham's Sustainable Community Strategy to reduce inequality, by narrowing the gap in outcomes for citizens; and to deliver together efficiently, effectively and equitably – ensuring that all citizens have appropriate access to and choice of high-quality local services

In taking forward action to achieve our vision we have three overarching aims

**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.

**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.

**To improve efficiency** - improving access and delivery, streamlining pathways and ensuring services provide good quality and value for money.

## **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.

## **Our Assets and Opportunities**

Within Lewisham, we are fortunate to be able to call upon many resources and assets that exist within our local communities and across the borough to support and promote health and wellbeing. Within Lewisham we have:

- the highest proportion of green space in London
- strong and active communities, able to mobilise their efforts and support each other to make changes
- a vibrant voluntary and community sector which provides tailored support and assistance to people
- an existing strong base of partnership working which has already established joint commissioning arrangements and integrated services
- 7 sports and leisure centres, 12 libraries and 21 children's centres. There are also 89 primary and secondary schools in Lewisham.

### **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 to define health as *a state of complete physical, mental and social wellbeing* and chosen an approach to wellbeing as having *the capability to do and be what you want in your life*'.

### **What we know about the health and wellbeing of people in Lewisham**

In developing this strategy we have considered all the information contained in Lewisham's Joint Strategic Needs Assessment (JSNA). The online JSNA ([www.lewishamsna.org.uk](http://www.lewishamsna.org.uk)) 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.<sup>1</sup>

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.
- 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.
- Both common and severe mental illnesses are more common in Lewisham than the London average.
- Looked after children are at higher risk of poor health outcomes.
- 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.

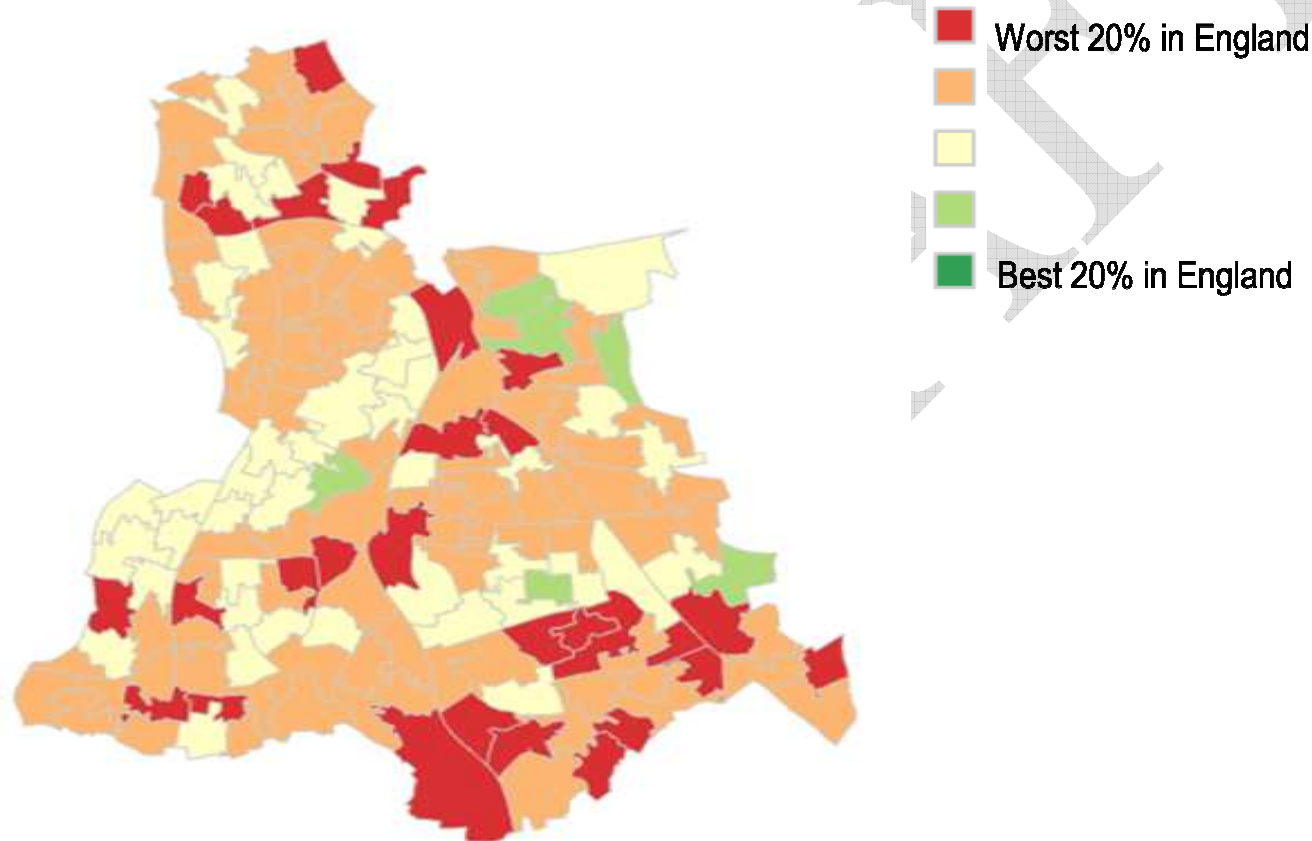
We also know that people in Lewisham have different life expectancy depending on where they live. Men living in the most deprived areas in the borough live on average 6.5 years less than men in the least deprived areas. Women in the most deprived areas live 3.3 years less than women in the least deprived areas. 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.

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<sup>1</sup> Census 2011

There are also significant ethnic health inequalities in Lewisham. Uptake of breast cancer screening is lower 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:

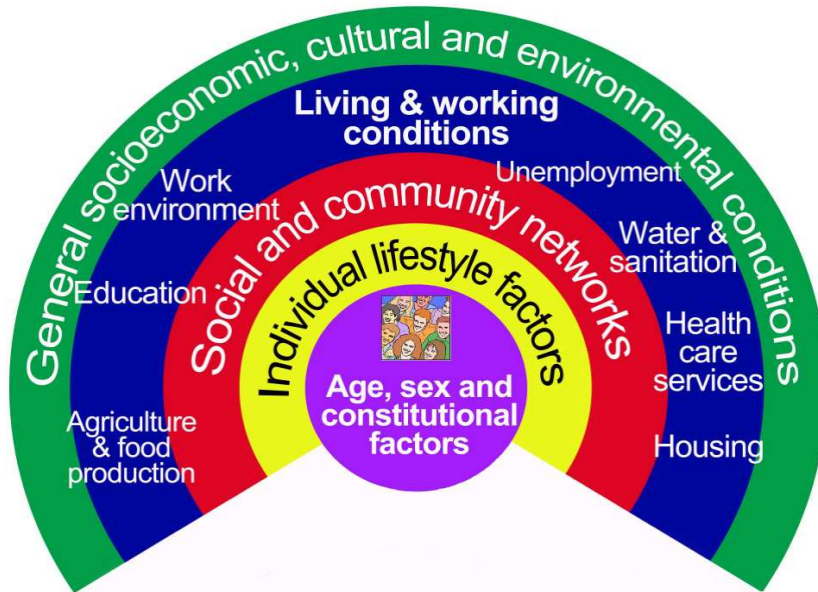


**Fig 1. Indices of Multiple Deprivation 2010 – Health deprivation and disability**

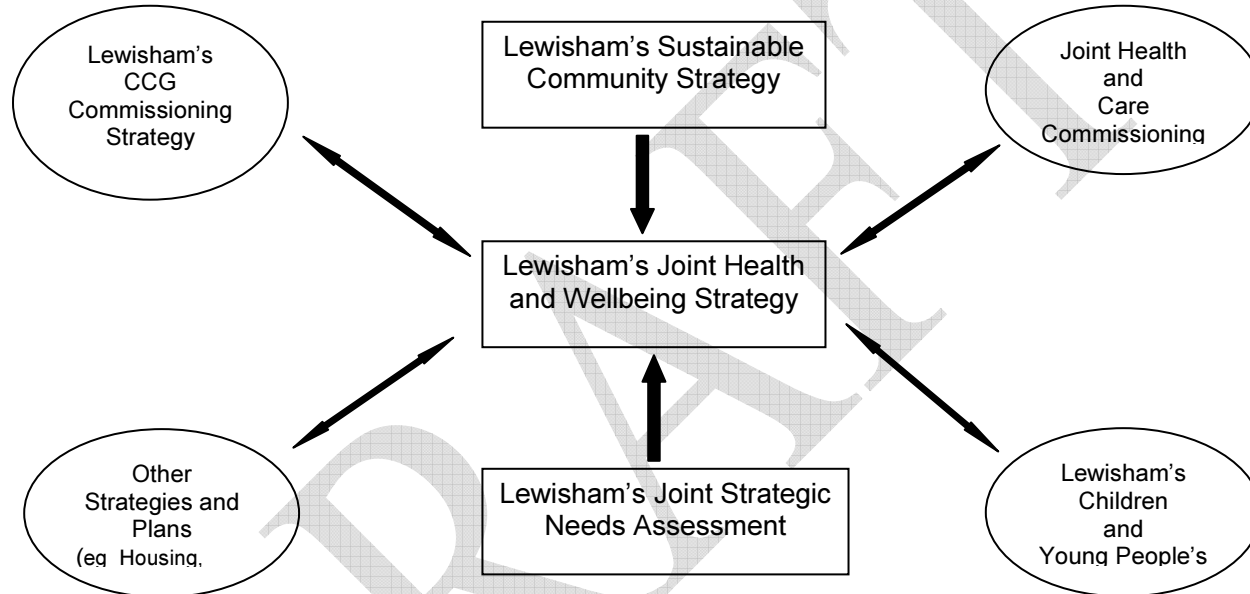
### Multiple Determinants of Health

We also know that health and wellbeing is affected by social factors as well as 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 the behaviours and thought processes that in turn affect physical and mental health and wellbeing.

The following diagram summarises these multiple determinants of health:



Given these wider determinants, it is important that this strategy connects with other strategies and plans across organisations as shown below:



### What you told us

We are grateful to people across the voluntary and community sector who have helped us develop this strategy. Voluntary and community organisations and groups across the borough provide extensive depth and reach into our communities and through their work provide intelligence on community needs, have knowledge about issues that affect health and wellbeing and represent the voice of our communities.



We asked the sector what issues we would need to consider in order to improve health and wellbeing in Lewisham and what the sector could contribute to delivering the strategy. They 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.

## **How will we work together to deliver improved health and wellbeing outcomes for Lewisham**

Alongside the statutory agencies, Lewisham enjoys the involvement and support of a diverse and vibrant voluntary and community sector. This sector is uniquely placed to complement statutory services and plays a vital role in providing expertise input into service design and delivery. We are also fortunate to have strong communities and neighbourhoods in which people actively take responsibility for the well-being of their area and those who live there.

We can strengthen and build on the strong networks and local connections that exist. We know can't expect everybody in Lewisham to be equally healthy and happy but we can work together to significantly improve people's health and wellbeing and reduce the inequalities in health and wellbeing that exist between different sections of our community, and between Lewisham and the rest of the country.

## Our Approach

Informed by both the Marmot Review<sup>2</sup> and the Ottawa Charter Principles<sup>3</sup>, in commissioning, designing, developing and delivering the activities or services which will deliver our vision and aims the Board will look to an approach which:

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

Encouraging individuals to take control of and be responsible for their health and wellbeing as far as they want and are able to, by better equipping them to manage their own care. Providing timely information and advice so that people can make informed choices about the care and support they need.

*Creates supportive environments that help people to make positive changes*

Everyone will be empowered to be actively involved in their local neighbourhood area and be responsive to the needs of those who live there.

*Puts the patient at the heart of their care*

Putting the user at the heart of their care which is co-ordinated around the needs, convenience and choice of the individual and families. Patients and users taking the lead in how services are designed and being more involved in deciding the care and support they require.

*Recognises the health implications in everything we do*

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

*Is outcome focused*

Using the NHS, Public Health and Local Authorities outcomes frameworks and user and community feedback to measure success.

*Promotes integration and community based care*

Rearranging services in a way that provides the care and support people need, at the right time in the right place, and establishing neighbourhood-based delivery models where appropriate.

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<sup>2</sup> The Marmot Review in 2010 'Fair Society, Health Lives' <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf>

<sup>3</sup> <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index1.html>

## Priority areas

As partners, using the JSNA evidence and focusing on our three aims of improving health, care and efficiency, we have:

- looked at those areas which collectively are able to make the biggest difference to health and wellbeing at all levels of our health and social care system, from empowering people to make healthy choices to prevent ill health, through early intervention to prevent deterioration in health and wellbeing, to targeted care and support, right through to complex care for people with long term health problems;
- chosen those areas and actions that will enable transformative system level change and integration across social care, primary and community care, and hospital care;
- considered in particular those areas where early action now, for example by addressing the 'causes of the causes' of ill health and inequalities, particularly in the early years, or intervening to prevent dependency will improve quality and length of life in the future, and reduce the need for additional health and social care interventions later on.

In so doing, we have selected nine priority areas for action over the next ten years. These are:

### **1: Achieving a Healthy Weight**

### **2: Increasing the number of people who survive colorectal, breast and lung cancer for 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**

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**For each priority area we describe why this area was chosen as a priority and what we want to achieve.**

**Priority 1: Achieving a Healthy Weight**

**Why is this a priority?**

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.

**What do we want to achieve?**

Lewisham residents to take up opportunities to be physically active and for all children to engage in regular physical activity.

Help to be available to everyone who could benefit from weight management and to see a significant reduction in the percentage of children and adults who are obese.

The majority of fast food outlets to offer healthier food options, and now new outlets to open.

Children in Lewisham to have the same weight distribution as children living in England in 1990.

A significant reduction in the prevalence of type 2 diabetes and coronary heart disease.

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

**Why is this a priority?**

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 was to achieve cancer survival rates of 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 1,000 Lewisham residents are diagnosed with cancer each year. In 2011 there were 518 deaths from cancer in Lewisham.

**What do we want to achieve?**

Men and women in Lewisham to be much more aware of signs and symptoms of key cancer types and to feel comfortable in visiting primary care settings with their concerns.

Survival rates for cancer to be similar to the average survival rates in Europe and ultimately the best in Europe.

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

#### **Why is this a priority?**

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.

#### **What do we want to achieve?**

A significant increase in the uptake of all vaccines in Lewisham.

Herd immunity for all of the vaccine preventable diseases of childhood in Lewisham.

The incidence of all vaccine preventable diseases to have declined significantly and only sporadic cases of vaccine preventable disease to be seen in Lewisham.

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

### **Why is this a priority?**

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.

### **What do we want to achieve?**

Practitioners to be skilled in identifying those at risk from alcohol harm and in delivering brief interventions.

Fewer drinkers at increased or higher risk of harm from alcohol and a decrease in the number of alcohol-related hospital admissions.

More people accessing and completing treatment services.

Young people exiting treatment in a planned way

A decrease in alcohol use by young people across the borough.

No increase in early deaths from liver disease in Lewisham and, to achieve the same or lower levels as England.



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

**Why is this a priority?**

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.

**What do we want to achieve?**

Practitioners to be skilled in delivering brief interventions on smoking

Very few children or young people taking up smoking.

A significant reduction in the number of adults who smoke and more children living in smoke free homes

Very little use of illicit tobacco.

For it to be socially unacceptable to smoke indoors or in cars.

## **Priority 6: Improving mental health and wellbeing**

### **Why is this a priority?**

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.

### **What do we want to achieve?**

For BME representation accessing psychological therapies to be representative of the local population.

Families to receive support from Child and Adolescent Mental Health Services or an alternative service to prevent the escalation of mental health issues and prevent more severe mental health problems.

All children who would benefit from support to protect their mental health to be identified at a younger age.

For mental wellbeing to be recognised as a key component of good health.

People with mental illness to be physically healthy through better access to screening and by receiving support for behaviour change in relation to smoking, physical activity and healthy weight management.

Suicide rates to be below the national average

An improvement in under 75 mortality for those with mental illness.

## **Priority 7: Improving sexual health**

### **Why is this a priority?**

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.

### **What do we want to achieve?**

All young people to know where and how to access free condoms and emergency contraception.  
A significant reduction in the teenage pregnancy rate.

All schools to receive SRE support.

All GPs to routinely offer HIV testing and late diagnosis of HIV to be a rare event.

Long Acting Reversible Contraception (LARC) to be widely available in most GP practices and at weekends and for LARC to become the preferred method of contraception for women over 20 years old.

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

**Why is this a priority?**

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.

**What do we want to achieve?**

For any resident discharged from hospital and identified as needing health and social care support, to receive enablement services to regain their independent living skills.

For more people with complex health and social care needs to be supported to live at home and to receive integrated care and support from multi-agency teams working closely with their GP.

For people to be able to manage effectively their own conditions at home.

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

### **Why is this a priority ?**

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).

Cardiovascular Disease is a major contributor to the life expectancy gap between Lewisham and England. Lewisham identifies less people than expected on all GP cardiovascular disease registers, and performs below the England average in identifying and managing cardiovascular disease (coronary heart disease, stroke and transient ischaemic attack, hypertension, heart failure and atrial fibrillation) in primary care.

### **What do we want to achieve?**

The systematic identification, diagnosis and risk profiling of COPD, diabetes and cardiovascular disease to be implemented across all GP practices.

All patients to be managed within care pathways that meet NICE quality standards.

The majority of patients with LTCs to be actively engaged in self care, and to have good co-ordination of all aspects of their care by a key worker.

Patients to be effectively managed in the community.

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

## **Our Delivery Plan**

This strategy is accompanied by a Health and Wellbeing Delivery Plan which sets out the activities to achieve the improvements and outcomes required in each priority area. It will identify the activity delivered by various agencies on the Health and Wellbeing Board, as well as the contributions and support that will be sought from local communities. As Members of the Health and Wellbeing Board, we will continually review the progress that is being made and will consider any additional steps that need to be taken to ensure there is measurable and effective improvement.

## **Governance and delivery**

Lewisham's progress towards improving the health and wellbeing of its residents will be monitored by 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
- A representative of NHS England
- A representative of Local Medical Committee

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 and will oversee delivery of those actions relating to children.

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.

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