

HEALTH AND WELLBEING BOARD			
Report Title	Key Messages from the Joint Strategic Needs Assessment and Engagement Process for Selection of Topics for 2015-16		
Contributors	Director of Public Health, London Borough of Lewisham	Item No.	4
Class	Part 1	Date: 19.05.15	
Strategic Context	Provides an overview of the health of the population of Lewisham and key challenges to inform the Health and Wellbeing Board and the Strategy and outlines the process for selecting future topics.		
Pathway	Health and Wellbeing Strategy and Implementation Group		

1. Purpose

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

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

- 2.1 Consider the key messages and direct as required any further analysis;
- 2.2 Agree the proposed process for engaging stakeholders and the wider community in the selection and production of needs assessment topics for the JSNA.

3. Policy Context

- 3.1 The production of a JSNA became a statutory duty on PCTs and upper tier local authorities in 2007. The Health and Social Care Act 2012 placed a new statutory obligation on Clinical Commissioning Groups, the Local Authority and the NHS England to jointly produce and to commission with regard to the JSNA. The Act placed an additional duty on the Local Authority and CCGs to develop a joint Health and Wellbeing Strategy for meeting the needs identified in the local JSNA
- 3.2 Lewisham's Joint Strategic Needs Assessment provides access to a profile of Lewisham's population, including demographic, social and environmental information. It also provides access to in-depth needs assessments which address specific gaps in knowledge or identify

issues associated with particular populations/services. These in-depth assessments vary in scope from a focus on a condition, geographical area, or a segment of the population, to a combination of these. Needs assessments in Lewisham are carried out to an agreed standard as outlined in the joint Community Services/Public Health guide. The overall aim of each needs assessment is to translate robust qualitative and quantitative data analysis into key messages for commissioners, service providers and partners.

- 3.3 The most recent version can be found here: www.lewishamjsna.org.uk
- 3.4 The priorities of The Health and Wellbeing Strategy 2013-2023 were informed by the JSNA.

4. Background

- 4.1 To undertake its responsibilities the Board needs to be periodically updated on the local population and its health needs.
- 4.1 A JSNA process was implemented in 2011. This included a standardised process for prioritising the topics on which needs assessments should be undertaken. There has been no systematic approach since 2012/13 to identify priorities for JSNA topics due to scarcity of resource to complete JSNAs topics; however topics have been completed when resources have become available.
- 4.2 Individual JSNA topics provide in-depth analysis and recommendations for that specific service/population group.
- 4.3 A Revised Process was agreed at the last Health and Wellbeing Board. It proposes a greater involvement of the Health and Wellbeing Implementation Group. It is proposed that this group now takes on the responsibility to oversee the prioritisation and final sign off of completed JSNA topics and presents the priorities for JSNA topics to be undertaken, and the conclusions from completed JSNA topics to the Health and Wellbeing Board.
- 4.4 The Health & Wellbeing Board requested further clarification on the process of engaging stakeholders and the wider community in selecting and prioritising topics for future JSNA needs assessments and agreeing an annual programme of work.

5. Population Profile and Health Challenges

5.1 Population

- 5.1.1 The Lewisham population is projected to grow across all age groups over the next five years. For this period the largest increase in numbers is in the 20-64 year old age group. Over the next fifteen years the greatest percentage increase will be in the 65+ age group.

- 5.1.2 The increasing number of births is expected to plateau towards the end of the decade. The population of children, in particular those aged 5 to 14 will continue to rise for the foreseeable future because of the previous rise in births.
- 5.1.3 Lewisham is the 14th most ethnically diverse local authority in England and Wales. Black and Ethnic Minority (BAME) groups make up 49.3% of the population, the two largest groups are Black African (12%) and Black Caribbean (11%). In the school population 77% are from BAME, with over 170 languages spoken. The ethnic profile of the older population, which has been predominately White will change.

5.2 Health Inequalities

- 5.2.1 There have been improvements in the health of Lewisham residents. However Lewisham experiences significantly worse health outcomes than London and England. The 2013 Standardised Mortality Ratio (SMR) for All Cause Mortality in Lewisham was 98 compared to London (SMR 91) and England (SMR 99). This was a notable decrease for Lewisham compared to 2012.
- 5.2.2 Health outcomes are variable across Lewisham. Recent data indicate that Life Expectancy for males in New Cross, Sydenham and Lewisham Central wards is 75 years; five years lower than for males living in Crofton Park. Female Life Expectancy in New Cross is 77 years, nine years lower than for females living in Crofton Park.
- 5.2.3 The premature mortality rate for Lewisham is significantly higher than that of London. There are higher rates of overall and specific causes of mortality in the more deprived areas of the borough. Rates of Premature All Persons, All Cause Mortality are significantly higher in Lewisham Central, Bellingham and New Cross wards compared to the Lewisham average. Cancer, Circulatory disease and Respiratory disease are the main contributors to the gap in life expectancy between Lewisham and England for both men and women. Whilst there are other concentrations of deprivation and poor health outcomes in some wards, these change from year to year and high levels of deprivation are found throughout Lewisham.
- 5.2.4 Long term conditions are more prevalent amongst the poorest in society. Compared to social class I (the most affluent), people in social class V (the least affluent) have 60 percent higher prevalence of long term conditions and 60 percent higher severity of conditions.
- 5.2.5 In addition to deprivation impacting on inequalities in health outcomes, other populations such as those with mental health problems, homeless people, asylum seekers and Black and minority ethnic groups experience health inequalities. For example 70% of people with mental health problems smoke, please see 5.6.2 below for further information. Additionally for inequalities seen in Sexual Health see 5.7.

5.3 Cancer

5.3.1 Cancer is now the main cause of death (28.3%), followed by circulatory disease (28.1%), respiratory disease (13.8%) and dementia (9%).

5.4 Health Risks

5.4.1 More people smoke in Lewisham than the national average, reducing the number of people who smoke would make a major impact on the key causes of premature death. Obesity rates in children are high compared to England although similar to rates in London. Reducing levels of obesity, alcohol intake and inactivity would also contribute to improving health outcomes.

5.5 Long-Term Conditions

5.5.1 There will be increasing numbers of people who have long-term conditions and this will further increase with the ageing population, particularly the likelihood of having more than two conditions.

5.5.2 Lewisham's Black and Minority Ethnic communities are also at greater risk from health conditions such as diabetes, hypertension and stroke.

5.5.3 Identifying those with disease early and treating them optimally will be essential to managing this increasing demand.

5.5.4 Dementia - with the increasing age of the population the number of dementia cases will rise; prevalence increases particularly in the population older than 65.

5.6 Mental Health

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

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

5.7 Sexual Health

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

5.8 Birth Weight

- 5.8.1 The percentage of low birthweight babies has been a challenge in Lewisham, however for 2013 Lewisham was slightly lower than the London average. Smoking in pregnancy is the single most important modifiable factor contributing to low birthweight. Early access to antenatal care, careful management of high risk pregnancies and smoking cessation can significantly improve neonatal and maternal outcomes including low birthweight.
- 5.8.2 The highest risk of low birth weight is in babies born to mothers of Black African and Black Caribbean ethnicity, to mothers of any Asian ethnic group, and to mothers from deprived areas.

5.9 Children

- 5.9.1 The main health risks for children are premature delivery, high levels of obesity, and high levels of toxic stress defined as exposure to strong, frequent, and/or prolonged adversity, such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship. The level of child poverty in Lewisham is significantly worse than the England average. The rate of family homelessness is also worse than the England average.
- 5.9.2 Lewisham has significantly higher emergency admissions for diabetes, asthma and epilepsy in children aged under 19, than England.

5.10 Young People

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

5.11 Adults

- 5.11.1 Health risks for adults are the increasing numbers of people diagnosed with long term conditions and their management, in particular, Diabetes, COPD, CVD and hypertension.
- 5.11.2 Level of mental health needs for both common and severe mental illness are significantly higher for adults in Lewisham compared to London and England. None of the cancer screening programmes meet the national targets. The prevalence of risk factors such as obesity and overweight affect 61% of the adult population. Around 1 in 5 adults smoke, rising to 1 in 4 for routine and manual workers and there is a high rate of alcohol harm in Lewisham.

5.12 Older People

- 5.12.1 The prevalence of having a long term condition increases with age and over fifty percent of those aged 75+ will have two or more long term conditions.
- 5.12.2 The prevalence of dementia increases markedly with age, at about 1% of 65 to 69 year olds and almost one in four people aged over 90. In 2012/13 it was estimated that under half of all people with dementia are undiagnosed in Lewisham.
- 5.12.3 The rate of emergency hospital admissions for accidental falls is significantly higher in Lewisham than the England average, at 3,367 per 100,000 in 2012/13.

6. Proposed Engagement Process for Selecting JSNA Topics

- 6.1 At the beginning of each financial year, it is proposed that the chair of the Health & Wellbeing Strategy Implementation Group writes to: all member organisations of the Health & Wellbeing Board, the Boards reporting to the Health & Wellbeing Board, Health & Wellbeing Strategy Delivery Groups, main health & social care providers, and key voluntary organisations. The chair will invite submission of suggested JSNA topics for needs assessment using a standard JSNA registration form.
- 6.2 The Health & Wellbeing Strategy Implementation Group will also utilise existing engagement events to invite submission of suggested JSNA topics for needs assessment. Examples include the proposed engagement on the refresh of the 2015-2018 Health & Wellbeing Strategy Delivery Plan and engagement events forming part of the Well London programme in Bellingham, North Lewisham and Central Lewisham.
- 6.3 The Lewisham JSNA website will allow online submission of suggested JSNA topics for needs assessment using the same JSNA topic registration form.
- 6.4 The Health & Wellbeing Strategy Implementation Group will aggregate all submissions of suggested JSNA topics for needs assessment, undertake a prioritisation process using agreed criteria to select a proposed priority list of JSNA topics for needs assessments to be undertaken in 2015-16, and schedule a work plan and timetable for publication of topics to the JSNA website.

7. Financial implications

- 7.1 There are no specific financial implications. The Public Health team will have to allocate the appropriate human resources to manage and

coordinate the JSNA process. Relevant commissioners will also be required to allocate appropriate human resources to the relevant JSNA Topic Expert Group.

- 7.2 Both the development of the JSNA and any expenditure proposed as a result of it will be met either from existing budgets or from new external funding.

8. Legal implications

- 8.1 The requirement to produce a JSNA is set out above.
- 8.2 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, Health and Wellbeing Boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in their area.

9. Crime and Disorder Implications

- 9.1 There are no Crime and Disorder Implications from this report.

10. Equalities Implications

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

11. Environmental Implications

- 11.1 There are no Environmental Implications from this report.

12. Conclusion

- 12.1 Lewisham continues to face notable health challenges. With a fast growing population these issues need to continue to be addressed through the Health and Wellbeing Board and its Strategy.
- 12.2 The proposed process for engaging stakeholders and the wider community in selecting and prioritising JSNA topics for future needs assessments will ensure that the process is systematic and improved and overseen by the Health And Wellbeing Implementation Group which is accountable to the Health and Wellbeing Board.

If you have any difficulty in opening the links above or those within the body of the report, please contact Kalyan DasGupta (kalyan.dasgupta@lewisham.gov.uk; 020 8314 8378), who will assist.

If there are any queries on this report please contact Trish Duffy, Public Health, Lewisham Council, on 0208 314 7990, or by email at: ***patricia.duffy@lewisham.gov.uk***