



## Health & Wellbeing Board

### Joint Strategic Needs Assessment Update

**Date:** 12 March 2020

**Key decision:** No.

**Class:** Either Part 1

**Ward(s) affected:** ALL

**Contributors:** Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham

### Outline and recommendations

This report provides details of the recently completed Joint Strategic Needs Assessment (JSNA) Topic Assessments on Mental Health and Adult Asthma and COPD (Chronic Obstructive Pulmonary Disease). It also outlines proposals for a revised JSNA topic selection process for 2020/21 and a review of the impact of recently published JSNA Topic Assessments.

The board is recommended to approve:

- The publication of the completed Joint Strategic Needs Assessment (JSNA) Mental Health and Adult Asthma and COPD Topic Assessments as part of the agreed process at the [July 2017 Health and Wellbeing Board](#).
- The proposals for a revised JSNA topic selection process for 2020/21.
- The proposals to review the impact of recently published JSNA Topic Assessments.

## Timeline of engagement and decision-making

This paper is being submitted as part of the revised JSNA process originally agreed by the [Health and Wellbeing Board in 2017](#)

The Health & Wellbeing Board approved the proposal to undertake JSNA Topic Assessments on Mental Health and Adult Asthma and COPD at the meeting on [1/03/18](#)

### 1. Summary

- 1.1. This update provides an overview of two recently completed JSNA Topic Assessments on Mental Health and Adult Asthma and COPD (Chronic Obstructive Pulmonary Disease). It also outlines proposals to revise the JSNA topic selection process for 202/21 and a proposal to evaluate the impact of recently published JSNAs.

### 2. Recommendations

- 2.1. The board is recommended to approve:
- 2.2. The publication of the completed Joint Strategic Needs Assessment (JSNA) Mental Health and Adult Asthma and COPD Topic Assessments as part of the agreed process at the July 2017 Health and Wellbeing Board .
- 2.3. The proposals for a revised JSNA topic selection process for 2020/21.
- 2.4. The proposals to review the impact of recently published JSNA Topic Assessments.

### 3. Policy Context

- 3.1. The production of a JSNA became a statutory duty of 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 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. The objective of a JSNA is to provide 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. 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.

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- 3.3. The most recent version of the JSNA can be found here: [www.lewishamjsna.org.uk](http://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. Individual JSNA topics provide in-depth analysis and recommendations for that specific service / population group.

## 5. JSNA Update

### 5.1. Completed Mental Health JSNA Topic Assessment

- 5.1.1. The aim of the JSNA is to understand the mental health and wellbeing needs (including dementia) of adults in Lewisham, review how well these needs are met, identify any gaps and make recommendations for improvements in service provision. Some of the key findings include:
  - 5.1.2. Lewisham has significantly higher rates of diagnosed depression than the London average (8.2% compared to 7.1%).
  - 5.1.3. The rate of severe mental illness (SMI) in Lewisham is significantly higher than both the London and England averages (1.3% in Lewisham compared to 1.1% in London and 0.9% in England).
  - 5.1.4. The prevalence of mental ill health is not spread evenly across the population, and there are some population groups that have higher rates of mental ill health in Lewisham, including; BAME communities, the unemployed and those who misuse drugs or alcohol.
  - 5.1.5. The numbers of people with common mental health disorders and severe mental illness in Lewisham are projected to increase in the coming years.
  - 5.1.6. There is a strong link between mental health and physical health. Adults in Lewisham who are in contact with secondary mental health services are more than three times as likely to die as people of the same age in the general Lewisham population

### 5.2. Completed Adult Asthma and COPD JSNA Topic Assessment

- 5.2.1. This JSNA aims to systematically review information about the adult population in Lewisham living with asthma and COPD. It can be used to support decision making that will ultimately lead to improved health and wellbeing in the local population as well as reduced inequalities. Some of the key findings include:
  - 5.2.2. The rate of premature mortality from respiratory disease in Lewisham is the second highest in London (behind Barking & Dagenham only), at 43.4 per 100,000. Rates are higher in men than women and correlate with increasing levels of deprivation.
  - 5.2.3. In Lewisham, the prevalence of smoking among adults is 15.5%, which equates to 35,780 current smokers. The burden of smoking-related ill health is particularly great in Lewisham as compared to the London and national averages.
  - 5.2.4. Lewisham also has a high level of smoking-attributable mortality, which is statistically significantly higher than the national or London average at 310.7 per 100,000 it is the second highest rate in London.

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5.2.5. According to the GP register, there are 4,308 people in Lewisham with a diagnosis of COPD, which equates to a prevalence of 1.3%. This is lower than the national average. It is widely recognised that COPD is under diagnosed across the UK. A recent estimate by Public Health England suggests that there may be over 3000 patients with undiagnosed COPD living in Lewisham.

5.2.6. According to GP registers there are 17,121 adults with a diagnosis of asthma in Lewisham. This equates to a prevalence of 5.9% in the adult population which is the same as the England average.

### 5.3. **Proposal for a revised JSNA topic selection process for 2020/21**

5.3.1. The current process for the selection of JSNA Topic Assessments was agreed by the Health and Wellbeing Board in 2017 and is set out [here](#). It is proposed that the process is revised this year, postponing the call for topic suggestions until September 2020 and undertaking a smaller number of topic assessments (1-2) between September 2020 and March 2021. The “Picture of Lewisham” element of the JSNA will also not be updated this year. The rationale for this is as follows:

5.3.2. There are a number of JSNA Topic Assessments still outstanding from 2018/19 and 2019/20. Postponing the agreement of topic assessments for 2020/21 will allow time for these assessments to be completed, approved and published.

5.3.3. It has been proposed that the Health and Wellbeing Board review and refresh the Health and Wellbeing Strategy in 2020/21. It is likely that a Macro Level JSNA will be required to inform this process. Postponing the identification of new JSNA Topic Assessments will provide the analytical capacity to undertake this Macro Level JSNA.

5.3.4. The trends in demographics and population health and wellbeing depicted in the “Picture of Lewisham” do not change significantly from year to year. It often takes at least 3 years of surveillance to identify a change in trend. Extending the period between updates to 2 years should not adversely affect the ability of stakeholders to use the information within the profile to inform their decision-making.

### 5.4. **Proposal to review the impact of recently published JSNA Topic Assessments**

5.4.1. The overall aim of the JSNA is to translate robust qualitative and quantitative data analysis into key messages for commissioners, service providers and partners. This information should be used to inform short, medium and long-term commissioning decisions and support the development of strategies to improve health, wellbeing and care in Lewisham and tackle inequalities, including the Health and Wellbeing Strategy.

5.4.2. As it is now 3 years since the new process for identifying, producing and publishing the JSNA was agreed by the Health and Wellbeing Board, it is proposed that a brief evaluation should be undertaken of the extent to which, the JSNAs published in this period, have achieved the aims outlined above.

5.4.3. The scope of the evaluation will be determined by the resources available but could involve a mixed methods approach utilising surveys, interviews and desk-based research. The evaluation will cover one or more of the following themes:

- Leadership & Governance
- Engagement and ownership
- Links to strategic planning and commissioning
- Data sharing and collation
- The report itself

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## **6. Financial implications**

- 6.1. There are no specific financial implications. However the financial implications of any recommendations arising from the assessments will be considered either during or once the assessments are completed as appropriate.

## **7. Legal implications**

- 7.1. The requirement to produce a JSNA is set out in the Policy Context section.
- 7.2. 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.

## **8. Equalities implications**

- 8.1. 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 and summarised in report section 13.2.

## **9. Climate change and environmental implications**

- 9.1. There are no climate change or environmental implications from this report.

## **10. Crime and disorder implications**

- 10.1. There are no crime and disorder implications from this report.

## **11. Health and wellbeing implications**

- 11.1. The impact of mental wellbeing and poor mental health on the Lewisham population and its sub-groups have been highlighted in the Mental Health Topic Assessment. The report makes a number of recommendations which, if implemented, will have a positive impact on the mental health and wellbeing of Lewisham's residents, these include:
- Improving the physical health of people with severe mental illness
  - Continuation of the work towards reducing BAME mental health inequalities
  - A continued focus on prevention and early intervention
  - More targeted support for protected characteristic groups and groups we know are at higher risk of developing mental health conditions
- 11.2. The impact of asthma and COPD on the adult population in Lewisham and its sub-groups have been highlighted in the Adult Asthma and COPD Topic Assessment. The report makes a number of recommendations which, if implemented, will have a positive impact on the health and wellbeing of Lewisham's residents, these include:
- To continue to invest in stop smoking services and to encourage more Lewisham residents to quit smoking.
  - To identify and diagnose new cases of COPD and asthma in primary care.
  - To ensure that there is adequate access to spirometry in Lewisham to support early diagnosis of COPD.
  - To commission sufficient pulmonary rehabilitation services to meet local need.
  - Clear exacerbation-pathways separate for asthma/COPD to be developed.

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- An integrated community respiratory team would be beneficial in terms of consideration of more holistic care.
- A dedicated home oxygen service could be considered and may work well across boroughs as has been commissioned in other regions.

## **12. Background papers**

- 12.1. Mental Health JSNA Topic Assessment
- 12.2. Adult Asthma and COPD JSNA Topic Assessment

## **13. Report author and contact**

- 13.1. Dr Catherine Mbema, Director of Public Health, catherine.mbema@lewisham.gov.uk

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