



Health & Wellbeing Board

Report title: Joint Strategic Needs Assessment Update

Date: 06 December 2021

Key decision: Yes/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 revised timescale for further work on the Joint Strategic Needs Assessment (JSNA).

The board is recommended to:

- Note the contents of the report
- Note update of the Picture of Lewisham 'macro JSNA'
- Approve the revised timelines for the completion of 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](#)

1. Summary

- 1.1. Due to the ongoing impact of the COVID-19 pandemic, capacity within the Public Health Team has been diverted away from the JSNA. The outstanding JSNA topic assessments have been reviewed, with first priority being given to a topic assessment on COVID-19 impact and recovery. A key tool introducing the JSNA and its specific topic assessments going forward will be the Lewisham Population Health Management System (including HealthIntent).

2. Recommendations

- 2.1. The board is recommended to approve:
- 2.2. Resuming the JSNA process to start with a JSNA topic assessment examining the wider COVID-19 impacts to support recovery planning and commissioning.
- 2.3. Additionally the Children and Young People Self-harm JSNA and the LGBT+ topic assessments will be completed and brought to future board meetings in 2022.
- 2.4. An ambition to develop a new Lewisham Health & Wellbeing Strategy and Health & Wellbeing Delivery Plan by December 2022.
- 2.5. In the new Strategy the H&WBB indicates its priorities for implementation based on evidence of intervention effectiveness, community/stakeholder priorities and the national political context.
- 2.6. The Lewisham Health & Care Partnership Board (Local Care Partnership) converts these priorities into an annual plan including a broad range of metrics to monitor progress and to engage those responsible for implementation i.e. an Outcomes Framework which makes full use of the potential of HealthIntent.

3. Policy Context

- 3.1. The Local Government and Public Involvement in Health Act 2007 placed a statutory duty on PCTs and upper-tier local authorities to jointly deliver a JSNA from April 2008. 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.

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- 3.2. The objective of a JSNA is to provide access to a profile of Lewisham's population, including demographic, social and environmental information. Locally this is presented via the 'Picture of Lewisham' document. The JSNA 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.
- 3.3. The most recent version of the JSNA can be found here:
<https://www.observatory.lewisham.gov.uk/jsna/>
- 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. Additionally they need to be briefed on new approaches to doing this. Below describes Population Health Management and the approach for Lewisham.

- 4.2. Population Health Management in Lewisham

Population health management (PHM) is a new terminology to describe how integrated care systems (ICSs) and Local Care Partnerships (LCPs) can use data to design new models of proactive care and deliver improvements in health and wellbeing which make best use of the collective resources. It is described by NHS England as “how we use historical and current data to understand what factors are driving poor outcomes in different population groups. It is how we then design new proactive models of care which will improve health and wellbeing today as well as in 20 years’ time. This could be by stopping people becoming unwell in the first place, or, where this isn’t possible, improving the way the system works together to support them”.¹

PHM is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. This includes focusing on the wider determinants of health – which have a significant impact as only 20-50% of a person’s health outcomes are attributed to the ability to access good quality health care – and the crucial role of communities and local people. There are potential PHM objectives such as analysing key risk factor variables which flow from the JSNA, which can be monitored now and to which several local agencies/sectors could contribute to improve the health of a large proportion of the Lewisham population.

PHM should be based on the Health & Wellbeing Strategy (H&WBS), which in turn should flow from the Joint Strategic Needs Assessment (JSNA), both of which are led by public health teams in local authorities (LAs). There should be clear linkages between these three products. The JSNA should identify poor health outcomes and scan information about wider health determinants and health and social care to suggest how they can be improved. The H&WBS should provide a framework for PHM and within that, how health and care services, and other local interventions (including those which can be delivered by other Council Departments) can best contribute to disability-free life expectancy. These interventions should be monitored regularly by the LCP.

A key question is how we identify and prioritise the health issues in the JSNA and

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interventions to improve them. Options include the example set by the National Institute for Clinical Excellence (NICE) which employs health economic methods to quantify the impact of interventions using quality-adjusted life years (QALYs). This provides useful guidance, however these metrics are not generally available at local level.

A further example is '[The Global Burden of Disease](#)' (GBD) study, which produces annual estimates of risk factors and disease burden (and many other publications) for all countries.^{2,3} From 2015 onwards Public Health England (PHE) funded GBD to produce annual estimates for [English local authorities](#) (LAs) of risk factors and disease burden.⁴ Health determinants are broken down into disease risk factors (such as deprivation, smoking or high blood pressure) and protective factors (such as education and income). The impact of different risk factors can be quantified locally using epidemiologic concepts such as attributable risks and fractions.

It is proposed in greater detail how we could monitor risk factors and disease burden in Lewisham in linked documents. Many Places still lack good local data about risk factors in particular, but through the HealthIntent system Lewisham now has access to linked, real time, anonymised person level data on risk factors, as well as diseases and health and social care use, from the information system. Such data has previously been collected through population surveys, but good local risk factor data can now be obtained from primary care electronic health records (EHRs).

4.3. Lewisham LCP decision-making and monitoring processes

PHM requires a long term focus and vigorous implementation processes and monitoring. It needs to be embedded in local and statutory processes to ensure that it is not an add-on or something which is being done by someone else, but is seen by all stakeholders as part of business as usual. It therefore needs to extend across a range of risk factors and the local interventions planned to tackle them. Some of these are health and social care interventions, while others are delivered by Council programmes and other partners. The interventions and their impacts need to be monitored at least annually, if not quarterly. This links back to the JSNA, particularly given the policy context described in Section 3 above.

However currently the JSNA outputs are not strongly influencing health and social care commissioning, Council Departments e.g. Education and Environment, local and public sector employers and other agencies. LCPs will provide an ideal forum for implementation, but a framework is needed to incorporate these objectives, convert them into commissioning, and engage health and social care teams. Individual departments, directorates and organisations within the LCP may well have existing outcomes frameworks, but there is a need for an overarching partnership outcomes framework that reflects the LCP's overall ambitions and priorities for improving population health and wellbeing and reducing inequalities in Lewisham.

5. JSNA Update

5.1. Resuming the JSNA process

The JSNA process will resume with the following priority areas of JSNA work including:

- A JSNA topic assessment examining the wider COVID-19 impacts to support recovery planning and commissioning.
- Work towards completion of the Children and Young People Self-Harm JSNA and LGBT+ JSNA
- A JSNA topic assessment/refresh will also be performed on the topic of Air Quality
- The previously proposed JSNA topic assessment on Transition to Adulthood

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will be stood down.

- 5.2. The COVID-19 impacts JSNA will be presented at the July 2022 meeting of the Health and Wellbeing Board.
- 5.3. The outstanding JSNA topic assessments, where completion was paused due to the pandemic, will be completed and presented at future Health and Wellbeing Boards.
- 5.4. The above is pending confirmation from the JSNA Steering Group (see below).
- 5.5. All of the above will be utilising the varying extents the HealthIntent information system.

6. JSNA Steering Group

- 6.1. The JSNA Steering Group is responsible for topic prioritisation, review and approval of completed assessments to recommend to the Health and Wellbeing Board. The group was established following the agreed change in the JSNA process in mid-2017 and was meeting regularly from November 2017. However it has not met since the COVID-19 pandemic began in early 2020. It had representation from Public Health, Lewisham CCG, Lewisham and Greenwich Trust, South London and Maudsley Trust, Voluntary Action Lewisham, a representative of the local community organisations, Children and Young People's Commissioning, Health Watch and the Local Medical Committee.
- 6.2. Led by Public Health, the JSNA Steering Group is scheduled to be re-established and meet in January 2022 to agree actions and confirm the completion of the suggested JSNA topic assessments. It will also be consulted on production of the COVID-19 JSNA topic assessment.

7. New Lewisham Health and Wellbeing Strategy

- 7.1. Lewisham's first health and wellbeing strategy (2013-2023) was published in December 2013 and contained three overarching aims:
 - 7.1.1. 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.
 - 7.1.2. To improve care – by ensuring that services and support are of high quality and accessible 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.
 - 7.1.3. To improve efficiency – by improving the way services are delivered; streamlining pathways; integrating services, ensuring that services provide good quality and value for money.
- 7.2. The strategy also identified nine priority areas for action over the 10 years which were largely shaped through the JSNA and various stakeholder engagement activity. These priority areas were as follows:
 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

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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
- 7.3. In 2015, the strategy was refreshed and focused on a smaller number of short term priorities for action over a three year period (2015-18). These revised priorities were as follows:
1. To accelerate the integration of adult, children's and young people's care
 2. To shift the focus of action and resources to preventing ill health and promoting independence
 3. Supporting our communities and families to become healthier and more resilient, which will include addressing the wider determinants of health

In March 2020, the Lewisham Health and Wellbeing Board agreed to the development of a new health and wellbeing strategy for 2021-26 to reflect the current health and care context and address local health and care priorities. Owing to the COVID-19 pandemic, this was postponed but will be resumed to develop a strategy for the 2022-27 five year period in line with the following next steps:

1. Data collation via the JSNA process (COVID impacts JSNA): November – March 2022
2. Development of a health and wellbeing priorities framework: March – May 2022
3. Stakeholder engagement: May – September 2022
4. Strategy final development: September – December 2022

8. Financial implications

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

9. Legal implications

- 9.1. The requirement to produce a JSNA is set out in the Policy Context section.
- 9.2. 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.

10. Equalities implications

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. The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

11. Climate change and environmental implications

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

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12. Crime and disorder implications

12.1. There are no crime and disorder implications from this report.

13. Health and wellbeing implications

13.1. There are no health and wellbeing implications from this report.

14. Report author and contact

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

References

1. NHS England. Population Health and the Population Health Management Programme. In: Care DoHS, ed.: NHS England; 2021.
2. Murray CJL, Aravkin AY, Zheng P, et al. Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet* 2020;396(10258):1223-1249. DOI: 10.1016/S0140-6736(20)30752-2.
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4. Steel N, Ford JA, Newton JN, et al. Changes in health in the countries of the UK and 150 English Local Authority areas 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet* 2018;392(10158):1647-1661. DOI: 10.1016/S0140-6736(18)32207-4.

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