

Joint Strategic Needs Assessment (JSNA)

Picture of Lewisham 2019
Part A

- What is a JSNA?
- The JSNA Process in Lewisham
- The Borough
- Mortality
- Overarching Health Indicators
- Health & Wellbeing Strategy Priorities
- Other Determinants of Health
- Services



The JSNA is a process by which the current and future health and wellbeing needs of the local population are described and considered

Aids commissioning and strategic decision making

Helps local authorities and partners fulfil their responsibility to improve health and wellbeing

Should highlight inequalities between different groups of the population

The production of a JSNA is a statutory requirement for Health and Wellbeing Boards and is crucial for informing Health and Wellbeing Strategies





 A revised JSNA process was agreed by the Health and Wellbeing Board in <u>July 2017</u>

Achieve wider stakeholder engagement

Take account of and help determine local priorities

Aims of new process

Provide a more strategic overview of needs

Be more transparent and accountable to the Health & Wellbeing Board and manage JSNA resources



- This document describes the population of Lewisham in terms of the key health and socio-demographic characteristics, including mortality, morbidity, ethnicity and inequalities.
- The JSNA is updated with new information, evidence and intelligence as it becomes available and as new issues and gaps are identified.





Achieving a healthy weight

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

Improving immunisation uptake

Reducing alcohol harm

Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking

Improving mental health and wellbeing

Improving sexual health

Delaying and reducing the need for long term care and support

Reducing the number of emergency admissions for people with long-term conditions

Health and Wellbeing Strategy Priorities -

The health and wellbeing strategy explains what priorities the Health and Wellbeing Board has set in order to tackle health need





The Borough

With a population of 303, 500 Lewisham is the 14th largest borough in London by population size and the 6th largest Inner London



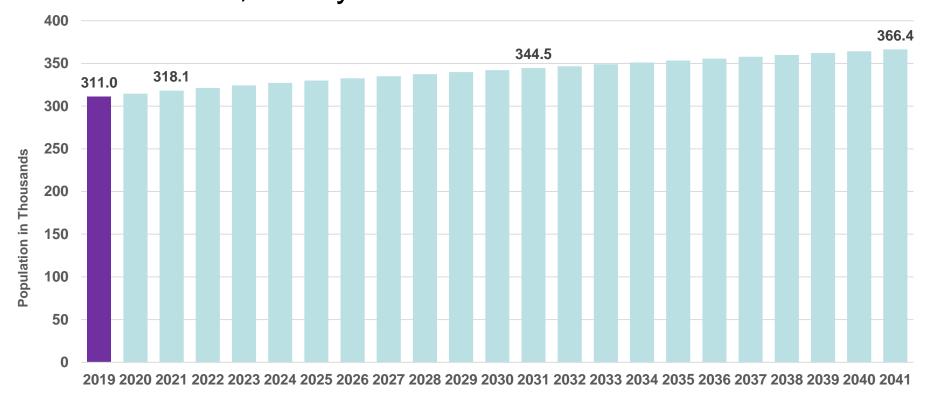
	Males	Females	Total
0-17	35,095	33,363	68,458
18-64	102,157	104,440	206,597
65+	12,597	15,884	28,481
Total	149,849	153,687	303,536

Source: ONS 2018 Mid Year Population Estimates

Population by Age and Sex - Lewisham has a young population bias



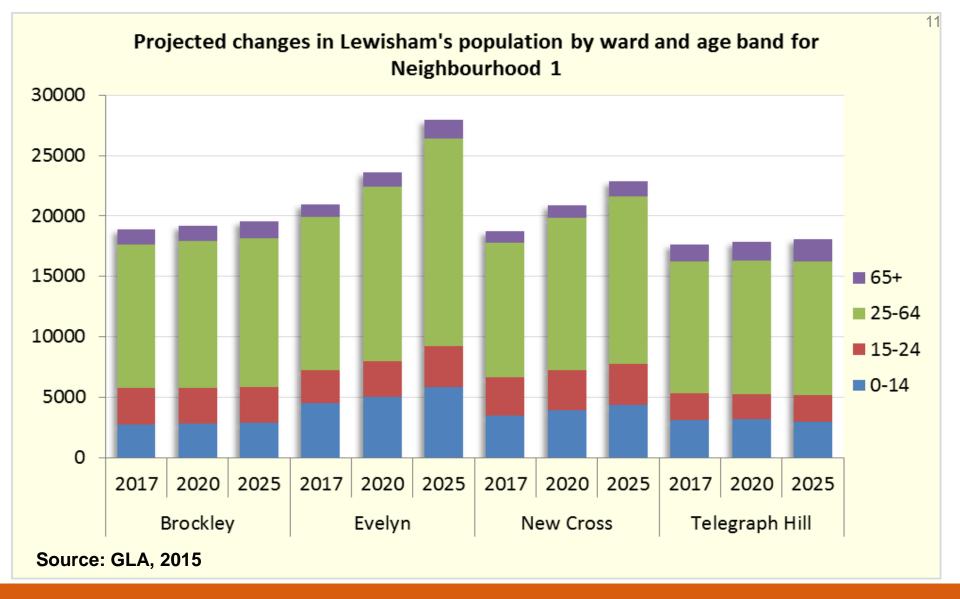
The population is set to continue to grow, by the time of the 2021 Census it is expected to reach 318,100 and climb to 344,500 by the time of the 2031 Census.



Source: ONS 2016

Population Growth - this growth is through a combination of the number of births exceeding the number of deaths and international migration, people moving to the borough from overseas

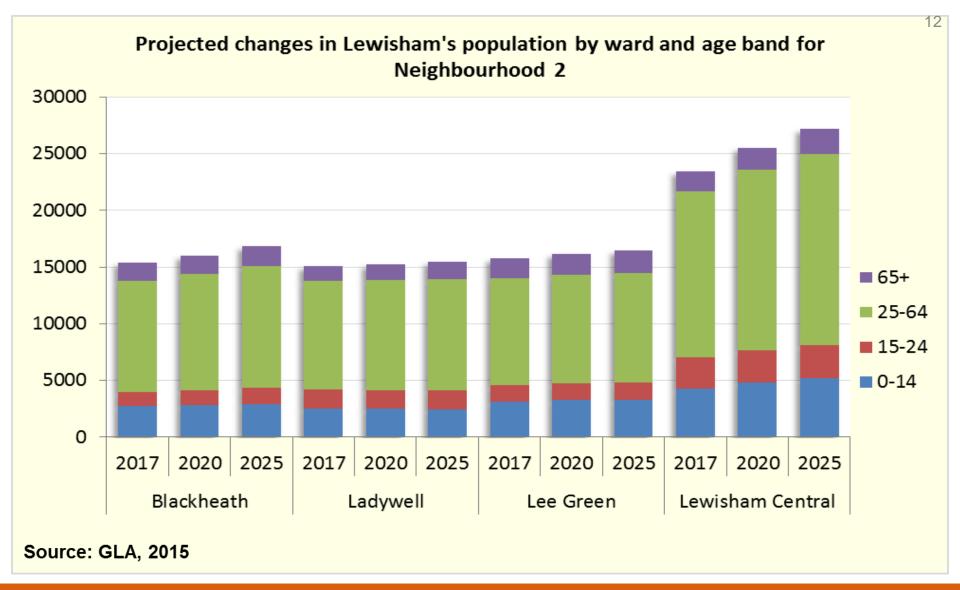




Population growth - Neighbourhood 1

The growth will continue to follow the pattern of a younger population bias at the north of the borough





Population growth - Neighbourhood 2

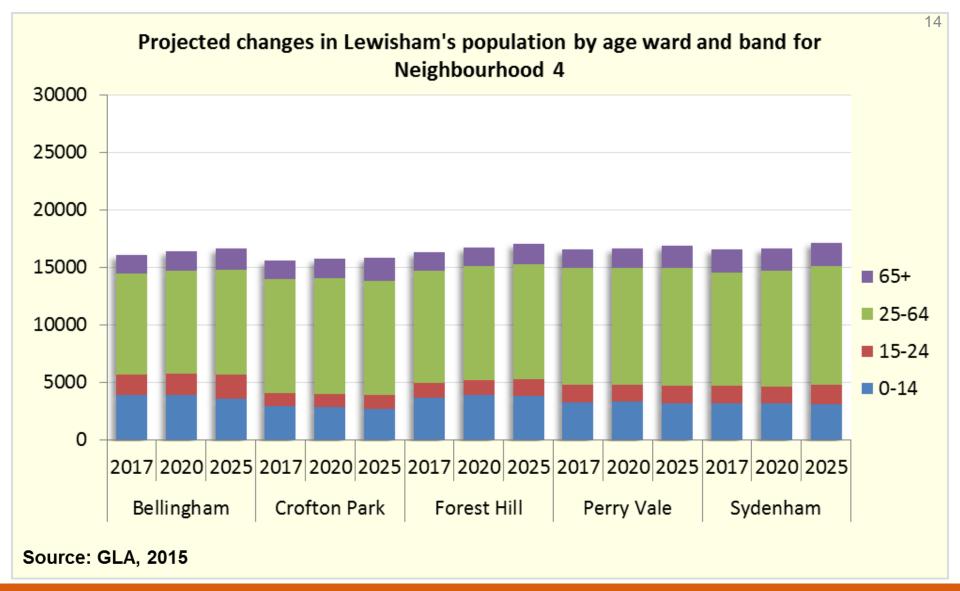
Growth will not be evenly distributed across the borough.

Lewisham Central Ward is predicted to see notable increases due to planned developments in the area.



Population Growth - Neighbourhood 3 Growth at the south of the borough will be at a slower pace

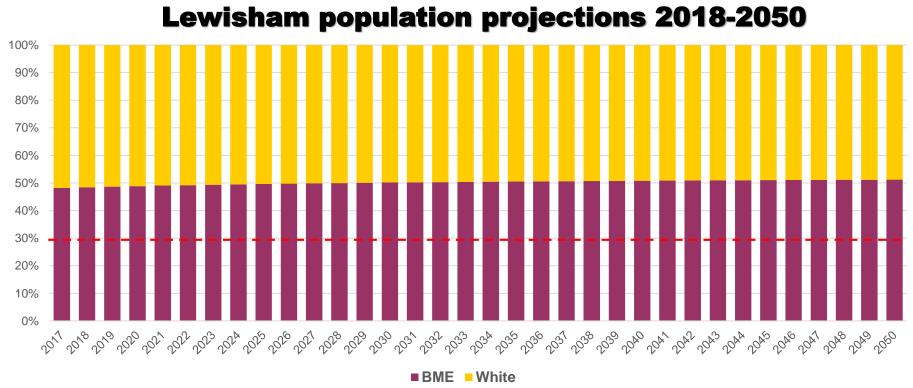




Population Growth - Neighbourhood 4



- The ethnic profile of Lewisham residents is forecast to change up to 2050 15
- By 2028 it is forecast that the White and BME population will be 50/50
- Subsequently the BME population is predicted to exceed the White population

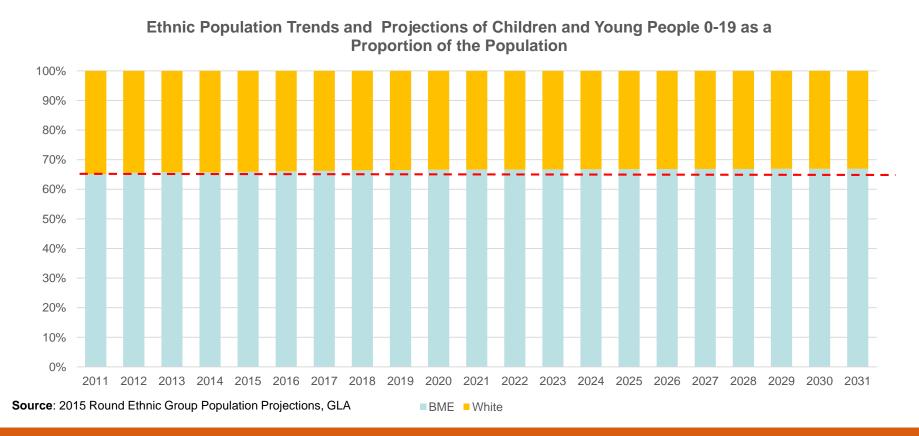


Source: 2015 Round Ethnic Group Population Projections, GLA

Ethnicity - understanding the current and future ethnic composition of the borough is important as some health conditions impact disproportionately on certain ethnic groups, e.g. diabetes. There is also disparity by ethnicity in use of and access to some services



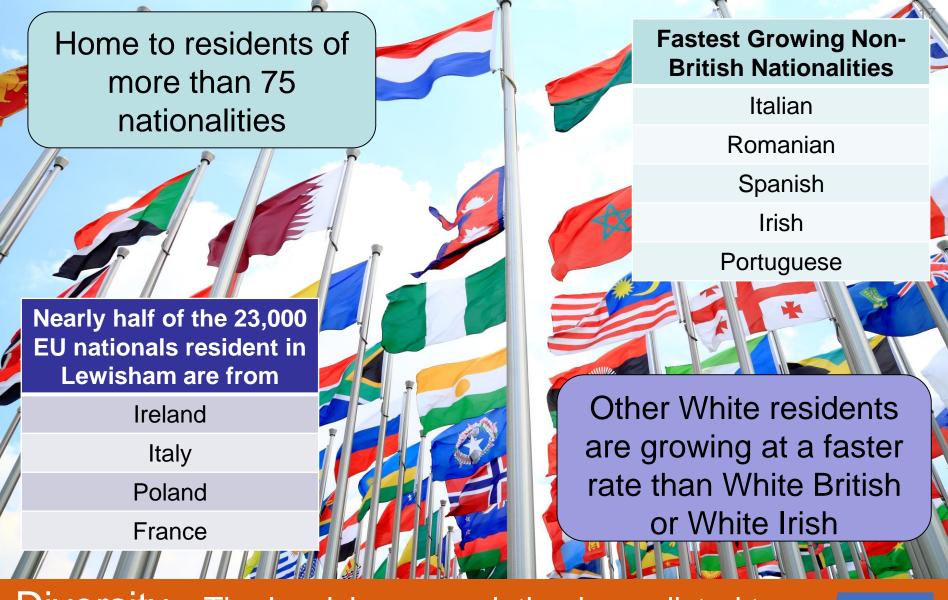
However for young people the ethnic proportions are and will continue to be quite different. The percentage of 0-19s of BME heritage has remained at or marginally above 65% since 2011. By 2031 the proportion of BME residents aged 0-19 is projected to reach 67%.



Ethnicity of Young People - between 2011 and 2031the size of the population of BME children & young people 0-19 will grow at



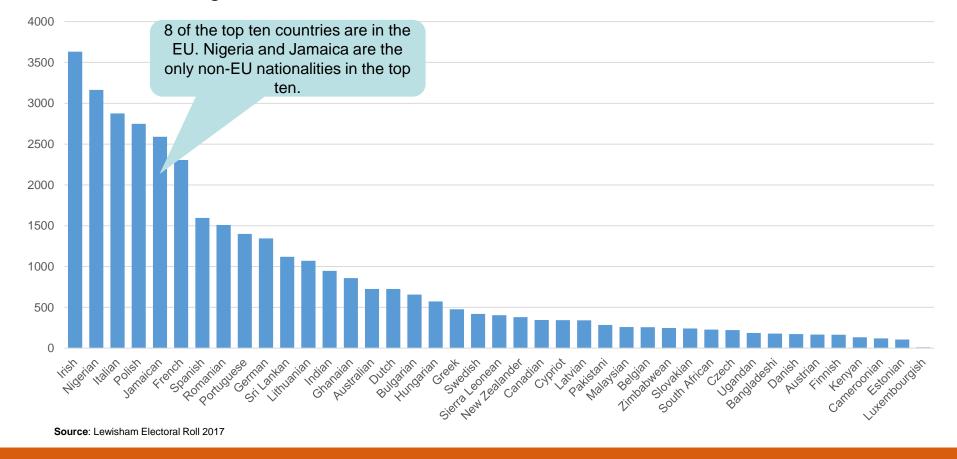
more than three times the rate of their White counterparts



Diversity - The Lewisham population is predicted to continue to diversify as it grows over the coming decades

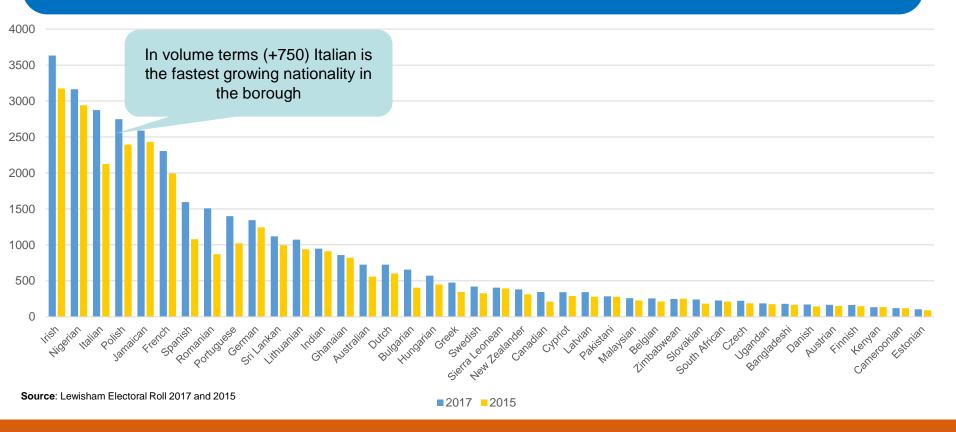


The chart below shows nationalities on Lewisham's Electoral Roll that are at or above triple digits. Aside from those who identify as British, the top ten most numerous nationalities are Irish, Nigerian, Italian, Polish, Jamaican, French, Spanish, Romanian, Portuguese and German.





Between 2015 and 2017 the fastest growing nationality on Lewisham's Electoral Roll (by volume) was Italian (up 750 over the period), followed by Romanian (up 640), Irish (up 458) and Portuguese (up 378). Over the same period, Italian replaced Jamaican as the third most numerous non-British nationality, Polish is the fourth most numerous and Jamaican is now the fifth most numerous. Romanian has replaced Portuguese as the eighth most numerous non-British nationality and Portuguese has replaced German as the ninth most numerous non-British nationality in the borough.



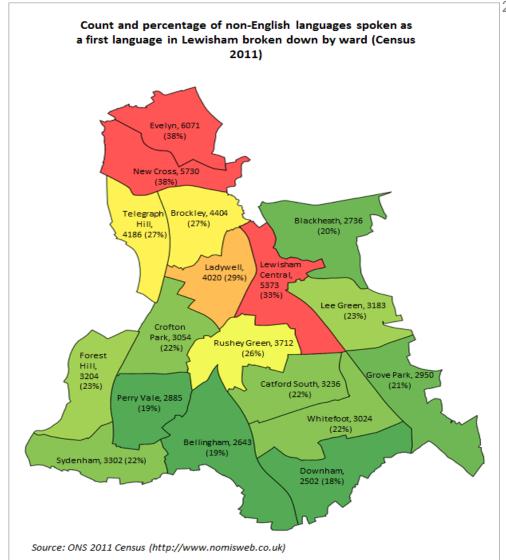




The 2011 Census remains the most comprehensive source for data on religion/faith for residents. Over half of all residents identified as Christian. Residents stating their religion was Muslim was the second largest group.



- Residents whose first language is not English are concentrated in the north of the borough as well as Lewisham Central ward.
- The School Language Census taken in Autumn 2018, showed over 170 languages are spoken by Lewisham pupils





In relative terms, Lewisham remains amongst the most deprived local authority areas in England

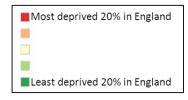
In the overall Index of
Multiple Deprivation or IMD
(the combined score from all
the indices), Lewisham's
average score was 28.59

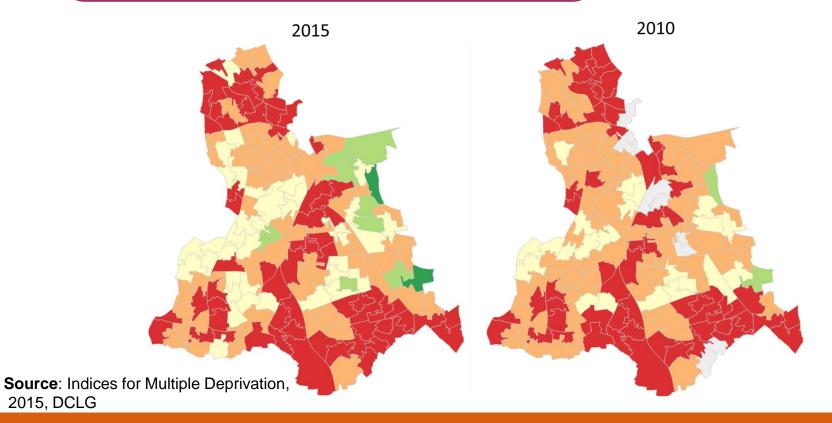
This puts Lewisham as the 48th most deprived of all 326 English Local Authorities (one being the most deprived), compared to a ranking of 31st for 2010 and 39th for 2007

Therefore Lewisham is within the 20% most deprived Local Authorities in England Within London Lewisham is ranked the 10th most deprived borough (DCLG, 2015)



The maps breaks down urban deprivation into smaller geographies. It shows that whilst Lewisham was less deprived in 2015 compared to 2010, concentrations of deprivation in the north and south of the borough remain comparatively high.

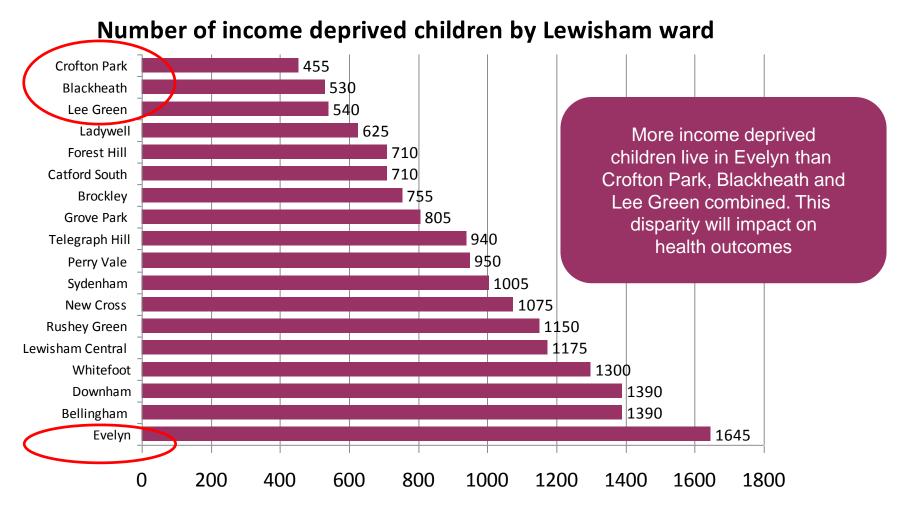






2015, DCLG





Source: Indices for Multiple Deprivation, 2015



14.5% of residents are living with a long term condition which limits their daily activities*

This is slightly below the England average of 17.6%, however this is likely to be due to the younger population bias

For those of working age this reduces to 11.5%

* Proxy question for disability 2011 Census



People with a learning disability have shorter life expectancy

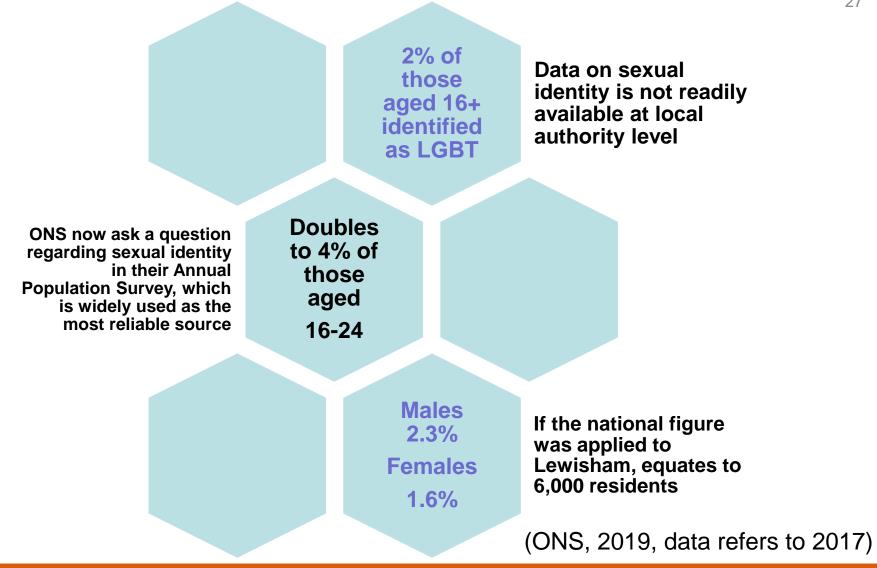
Disproportionately affected by certain health conditions including coronary heart disease, respiratory disease and epilepsy

Lewisham QOF Prevalence* is 0.4%

Equates to 1,296 patients

*2017/18







- People providing high levels of care are twice as likely to have poor health compared with those without caring responsibilities (<u>Carers UK</u>)
- 8.1% of Lewisham residents provide at least some unpaid care each week (around 22,500) (2011 Census)

Day to Day Activities are Limited to Some Extent (2011 Census)			
Carers	Non Carers		
23.7%	13.2%		

Only 36.6% of <u>adult carers</u>
 have as much social contact
 as they would like (NHS Digital, 2016/17)





- The borough's growing population means extra demand for services, ranging from GP Practices, Pharmacies and Sexual Health Clinics
- It is crucial to fully understand this growth to be able to plan effectively
- Continuing diversity must also be considered when planning and commissioning services
- Need to be aware of languages to keep services accessible
- To make services increasingly equitable it is crucial to be aware of the inequalities that currently exist

