

# HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT

<b>Relevant Board Member(s)</b>	All Members of the Board
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Kevin Byrne, Administration Directorate
<b>Papers with report</b>	Appendix 1 – Hillingdon's Health Profile 2013 Appendix 2 – JSNA Work Plan 2013-2015

## 1. HEADLINE INFORMATION

<b>Summary</b>	<p>The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health needs of Hillingdon's residents used to inform commissioning plans to improve health and wellbeing. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments to be discharged through the local Health and Wellbeing Board.</p> <p>This paper provides an overview of the key health and wellbeing needs in Hillingdon from the JSNA and presents priorities for developing the JSNA in Hillingdon.</p>
<b>Contribution to plans and strategies</b>	The Joint Strategic Needs Assessment is used to inform improvement priorities set out within the Health and Wellbeing Strategy and within commissioning plans.
<b>Financial Cost</b>	There are no direct financial implications arising from the recommendations set out within this report. The findings from the JSNA are considered in developing commissioning plans which will be presented to the Health and Wellbeing Board for consideration.
<b>Ward(s) affected</b>	All

## 2. RECOMMENDATIONS

That the Board:

1. notes the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) which are being considered in developing updated commissioning plans.
2. notes and comments on the proposed JSNA work priorities (as set out in Appendix 2) which ensures that it remains a key source of local intelligence to underpin effective service planning.

### **3. INFORMATION**

#### **Background to the Joint Strategic Needs Assessment (JSNA)**

1. The Joint Strategic Needs Assessment is an assessment of the current and future health needs of the local community. The JSNA represents a key source of local intelligence which exists to underpin the work of local health and wellbeing boards to develop local evidence-based priorities for commissioning to improve health and reduce inequalities. The JSNA is a requirement set out in legislation. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments to be discharged through the local health and wellbeing board.
2. The statutory guidance for JSNAs and Joint Health and Wellbeing Strategies issued by the Department for Health in March 2013 sets out that:
  - JSNAs should be produced by health and wellbeing boards, and are unique to each local area. These are the needs that could be met by the local authority, CCGs, or the NHS Commissioning Board.
  - Health and wellbeing boards should also consider wider factors that impact on their communities' health and wellbeing, and local resources that can help to improve outcomes and reduce inequalities.
  - Local areas are free to undertake JSNAs in a way best suited to their local circumstances. There is no template or format that must be used and no mandatory data set to be included.
  - A range of quantitative and qualitative evidence should be used in JSNAs.
  - Health and wellbeing boards are also required to produce a Pharmaceutical Needs Assessment to inform the commissioning of local pharmacy services.
  - Health and wellbeing boards can request relevant information to support JSNAs from organisations represented on the board (core members and others).
3. The JSNA should be used to help to determine local priorities for health improvement and in turn these priorities should inform what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. CCGs, the NHS Commissioning Board, and local authorities' plans for commissioning services will be expected to be informed by the JSNA. These organisations are expected to consult the health and wellbeing board about their commissioning plans. The JSNA can be used to support discussions about integration and the transformation of local services in line with the Integration and Transformation Fund.
4. The JSNA in Hillingdon is informed by a range of data. This includes the demographics of the area, and needs of people of all ages including how needs vary for people at different ages; the needs of people with complex and multiple needs; and wider social, environmental and economic factors that impact on health and wellbeing.
5. Data is drawn from a wide range of sources including:
  - population and deprivation data;
  - mortality, the prevalence of illness and birth rates;
  - take-up of health, social care and relevant universal services;
  - where available, the outcomes of commissioned services.

## Summary of Hillingdon's Joint Strategic Needs Assessment

6. Overall, the health and wellbeing of Hillingdon's residents is good and continues to improve. Based on key indicators (Hillingdon's Health Profile – appendix 1) and other data, the key headlines from the needs analysis shows that for people living in Hillingdon compared to England on average:
  - Life expectancy for both men and women in Hillingdon is higher, largely as a result of falling death rates from cancer, heart disease and stroke.
  - Adults smoking and smoking related deaths is lower in Hillingdon.
  - Lower levels of mothers smoke during pregnancy.
  - There are higher levels of breast feeding.
  - Road injuries and related deaths are lower.
  - Early deaths from cancer are lower.
  - Those living in deprivation are lower.
  - Estimated levels of adult healthy eating are higher.
  - There are lower levels of teenage pregnancy.
7. As with all Boroughs, local analysis indicates some challenges to improve health and wellbeing. These include:
  - Hospital stays for alcohol related harm are higher in Hillingdon than the England average.
  - Historically higher levels of violent crime in Hillingdon.
  - Higher rates of sexually transmitted infections.
  - A higher rate of children classified as obese.
  - People diagnosed with diabetes in Hillingdon is higher than average.
8. The biggest causes of death in Hillingdon are cardio-vascular disease (heart disease and stroke), cancer, diabetes and respiratory diseases. Diabetes is a significant cause of illness (morbidity) and predisposes to other diseases e.g. heart disease and stroke, kidney disease and blindness.
9. Certain lifestyle factors will increase the risk of ill-health, including smoking, poor diet, lack of regular exercise and higher levels of alcohol consumption and/or binge drinking. The estimated 2011/12 prevalence of smoking in Hillingdon (17.6%) is lower than the estimated proportions for England (20.0%) and London (18.9%). In Hillingdon, 23% of adult population is estimated to be obese. Alcohol consumption can also lead to greater degrees of risk taking which impact on health and wellbeing such as accidents, unprotected sexual activity and assaults.
10. Age and other related conditions also affect health and wellbeing. Many people aged 65 and over are diagnosed with one or more long term conditions, of whom over half are typically diagnosed with multiple long term conditions which increases dependency on care and support. Other conditions include learning disability and child and adult mental health, including dementia. It is estimated that 4,600 children in Hillingdon have a specific mental health need which requires support.

11. To improve health and wellbeing, commissioning plans should consider how to prevent ill-health, early identification of any long-term condition, early intervention to prevent harm from long term conditions and tackling risk factors.

### Developing Hillingdon's JSNA

12. There are a number of routinely available health and social care data sets which are used to update Hillingdon's JSNA. This includes data available from the NHS and the Office for National Statistics: mortality, birth rates and the prevalence of disease are datasets available for local use and have been recently updated within the JSNA. Updates to the JSNA are shared with commissioners.
13. To underpin commissioning plans, a set of priorities are proposed to develop the Hillingdon JSNA (appendix 2). The work plan has been informed by discussions on the CCG 'core offer'. Comments are invited from the Board about the proposed JSNA work plan.

### **Financial Implications**

There are no financial implications arising from the recommendations in this report. Commissioning proposals arising from the evaluation of the Joint Strategic Needs Assessment will be subject to further reports.

## **4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

### **What will be the effect of the recommendation?**

The JSNA is a key source of local intelligence that informs and underpins effective commissioning to improve health and wellbeing for Hillingdon's residents.

### **Consultation Carried Out or Required**

The ongoing development of Hillingdon's JSNA will involve close working across the council and with key partners and other stakeholders.

### **Policy Overview Committee comments**

None at this stage.

## **5. CORPORATE IMPLICATIONS**

### **Hillingdon Council Corporate Finance comments**

Corporate Finance have reviewed this report and confirmed that there are no financial implications arising from the recommendations in this report.

### **Hillingdon Council Legal comments**

The Health and Social Care Act 2012 ('The 2012 Act') amends the Local Government and Public Involvement in Health Act 2007 ('The 2007 Act'). Under The 2012 Act, Local Authorities

and Clinical Commissioning Groups (CCGs) have an equal and joint duty to prepare a Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

The 2007 Act makes provision for this duty to be delivered through the Health and Wellbeing Board (HWB) having regard to guidance issued by the Secretary of State.

Statutory Guidance, issued in March 2013, defines JSNA as an ‘assessment of the current and future health and social care needs of the local community. These are needs that could be met by the local authority, CCGs or the NHS Commissioning Board (NHS CB). Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included’.

## **6. BACKGROUND PAPERS**

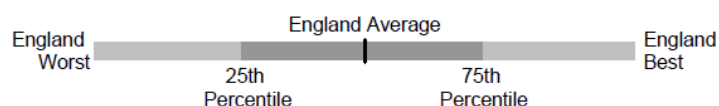
Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, Department of Health, 26 March 2013.

## Appendix 1 – Hillingdon’s Health Profile 2013 (Published 24<sup>th</sup> September 2013)

This ‘spine’ chart shows a summary of how key health and wellbeing indicators for the residents of Hillingdon compares with the rest of England overall. Hillingdon’s result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. This information is drawn from a wide range of sources and published by Public Health England. This is not the only set of key health indicators but does provide a current overview.

### Key

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	19587	7.1	20.3	83.7	[Grey bar from ~10 to ~80, green dot at ~75]	0.0
	2 Proportion of children in poverty	13360	23.7	21.1	45.9	[Grey bar from ~10 to ~70, red dot at ~25]	6.2
	3 Statutory homelessness	116	1.1	2.3	9.7	[Grey bar from ~10 to ~60, green dot at ~30]	0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1797	61.0	59.0	31.9	[Grey bar from ~10 to ~80, green dot at ~60]	81.0
	5 Violent crime	5369	20.2	13.6	32.7	[Grey bar from ~10 to ~70, red dot at ~20]	4.2
	6 Long term unemployment	971	5.3	9.5	31.3	[Grey bar from ~10 to ~60, green dot at ~30]	1.2
Children's and young people's health	7 Smoking in pregnancy ‡	326	8.3	13.3	30.0	[Grey bar from ~10 to ~70, green dot at ~30]	2.9
	8 Starting breast feeding ‡	3260	83.3	74.8	41.8	[Grey bar from ~10 to ~70, green dot at ~75]	96.0
	9 Obese Children (Year 6) ‡	603	20.7	19.2	28.5	[Grey bar from ~10 to ~80, red dot at ~20]	10.3
	10 Alcohol-specific hospital stays (under 18)	27	46.4	61.8	154.9	[Grey bar from ~10 to ~70, green dot at ~60]	12.5
	11 Teenage pregnancy (under 18) ‡	157	30.8	34.0	58.5	[Grey bar from ~10 to ~80, green dot at ~35]	11.7
Adults' health and lifestyle	12 Adults smoking	n/a	17.6	20.0	29.4	[Grey bar from ~10 to ~80, yellow dot at ~20]	8.2
	13 Increasing and higher risk drinking	n/a	21.0	22.3	25.1	[Grey bar from ~10 to ~70, yellow dot at ~25]	15.7
	14 Healthy eating adults	n/a	33.2	28.7	19.3	[Grey bar from ~10 to ~70, green dot at ~30]	47.8
	15 Physically active adults	n/a	56.4	56.0	43.8	[Grey bar from ~10 to ~80, yellow dot at ~55]	68.5
	16 Obese adults ‡	n/a	23.2	24.2	30.7	[Grey bar from ~10 to ~70, yellow dot at ~25]	13.9
	Disease and poor health	17 Incidence of malignant melanoma	27	11.0	14.5	28.8	[Grey bar from ~10 to ~70, green dot at ~30]
18 Hospital stays for self-harm		516	184.1	207.9	542.4	[Grey bar from ~10 to ~70, green dot at ~60]	51.2
19 Hospital stays for alcohol related harm ‡		5986	2152	1895	3276	[Grey bar from ~10 to ~80, red dot at ~20]	910
20 Drug misuse		1362	7.5	8.6	26.3	[Grey bar from ~10 to ~70, green dot at ~30]	0.8
21 People diagnosed with diabetes		13564	6.1	5.8	8.4	[Grey bar from ~10 to ~80, red dot at ~20]	3.4
22 New cases of tuberculosis		126	47.5	15.4	137.0	[Grey bar from ~10 to ~30, red dot at ~15]	0.0
23 Acute sexually transmitted infections		2658	965	804	3210	[Grey bar from ~10 to ~70, red dot at ~20]	162
24 Hip fracture in 65s and over		240	495	457	621	[Grey bar from ~10 to ~80, yellow dot at ~25]	327
Life expectancy and causes of death	25 Excess winter deaths ‡	138	24.9	19.1	35.3	[Grey bar from ~10 to ~80, yellow dot at ~25]	-0.4
	26 Life expectancy – male	n/a	79.7	78.9	73.8	[Grey bar from ~10 to ~70, green dot at ~75]	83.0
	27 Life expectancy – female	n/a	83.6	82.9	79.3	[Grey bar from ~10 to ~80, green dot at ~80]	86.4
	28 Infant deaths	20	4.6	4.3	8.0	[Grey bar from ~10 to ~70, yellow dot at ~25]	1.1
	29 Smoking related deaths	302	179	201	356	[Grey bar from ~10 to ~70, green dot at ~30]	122
	30 Early deaths: heart disease and stroke	144	59.1	60.9	113.3	[Grey bar from ~10 to ~70, yellow dot at ~25]	29.2
	31 Early deaths: cancer	238	97.9	108.1	153.2	[Grey bar from ~10 to ~70, green dot at ~30]	77.7
	32 Road injuries and deaths	82	30.3	41.9	125.1	[Grey bar from ~10 to ~70, green dot at ~30]	13.1

‡ For comparison with PHOF Indicators, please go to the following link: [www.healthprofiles.info/PHOF](http://www.healthprofiles.info/PHOF)

## **Appendix 2 – Hillingdon’s Joint Strategic Needs Assessment – Forward Work Plan (2013-2015)**

The following table summarises the key work plan activities scheduled to develop the JSNA. These activities complement routine analysis of national and local data which are undertaken to keep the JSNA up-to-date (e.g. annual data about birth rates, mortality etc.). The plan will be regularly reviewed and updated to ensure the JSNA is responsive and informs the priorities within the Joint Health and Wellbeing Strategy.

<b>Ref</b>	<b>Area of Development</b>	<b>Description</b>	<b>Timescale</b>
1	Children’s Needs Assessment	Analysis of the key health and social care needs of children across Hillingdon including an analysis of data available from universal services e.g. education	By December 2013
2	Pharmaceutical Needs Assessment	Analysis of key health needs across the Borough and how pharmacy services are meeting these needs in specific localities.	Refreshed by December 2013 Full update by March 2015
3	Child and Adolescent Mental Health Services	Updated analysis of the needs and services available for children and adolescents with mental health needs.	Full update by March 2014.
4	Adult Mental Health	Updated analysis of the needs and services available for adults with mental health needs.	By March 2014
5	Learning Disability	Analysis of the needs and services available for adults with a learning disability.	By March 2014
6	Physical Disability	Analysis of the needs and services available for adults with a physical disability.	By March 2014
7	Sexual Health / Disease	Analysis of the prevalence of sexual health diseases.	By June 2014
8	Alcohol Mis-Use	Analysis of alcohol related needs and diseases.	By June 2014
9	Drug Mis-Use	Analysis of drug mis-use related needs and diseases.	By September 2014