

# HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT

<b>Relevant Board Member(s)</b>	Councillor Philip Corthorne
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Dan Kennedy, 01895 250 495
<b>Papers with report</b>	Appendix 1 – Hillingdon's Health Profile 2015 Appendix 2 - JSNA work plan 2015 - 2017

## 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 Health and Wellbeing 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.
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 2015 – 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.
  - Lower levels of mothers smoke during pregnancy.
  - There are higher levels of breast feeding.
  - Rates of hip fractures as well as road injuries and related deaths are lower.
  - Early deaths from cancer is similar.
  - Those living in deprivation are lower.
  - There are lower levels of teenage pregnancy.
  - Hospital stays related to alcohol and self-harm are lower.
  - Long term unemployment and drug misuse is lower.
7. As with all Boroughs, local analysis indicates some challenges to improve health and wellbeing. These include:
  - Historically higher levels of violent crime in Hillingdon.
  - Higher rates of homelessness.
  - Higher rates of sexually transmitted infections and tuberculosis.
  - 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 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 2014 prevalence of smoking in Hillingdon (17.1%) is slightly lower than the estimated proportions for London (17%). In Hillingdon, 24% of adult population is estimated to be obese.
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 direct financial implications arising from the recommendations in this report.

### **Hillingdon Council Legal comments**

The Borough Solicitor confirms that there are no specific legal implications arising from this report. Hillingdon's JSNA complies with the Statutory Guidance issued by the Secretary of State for Health

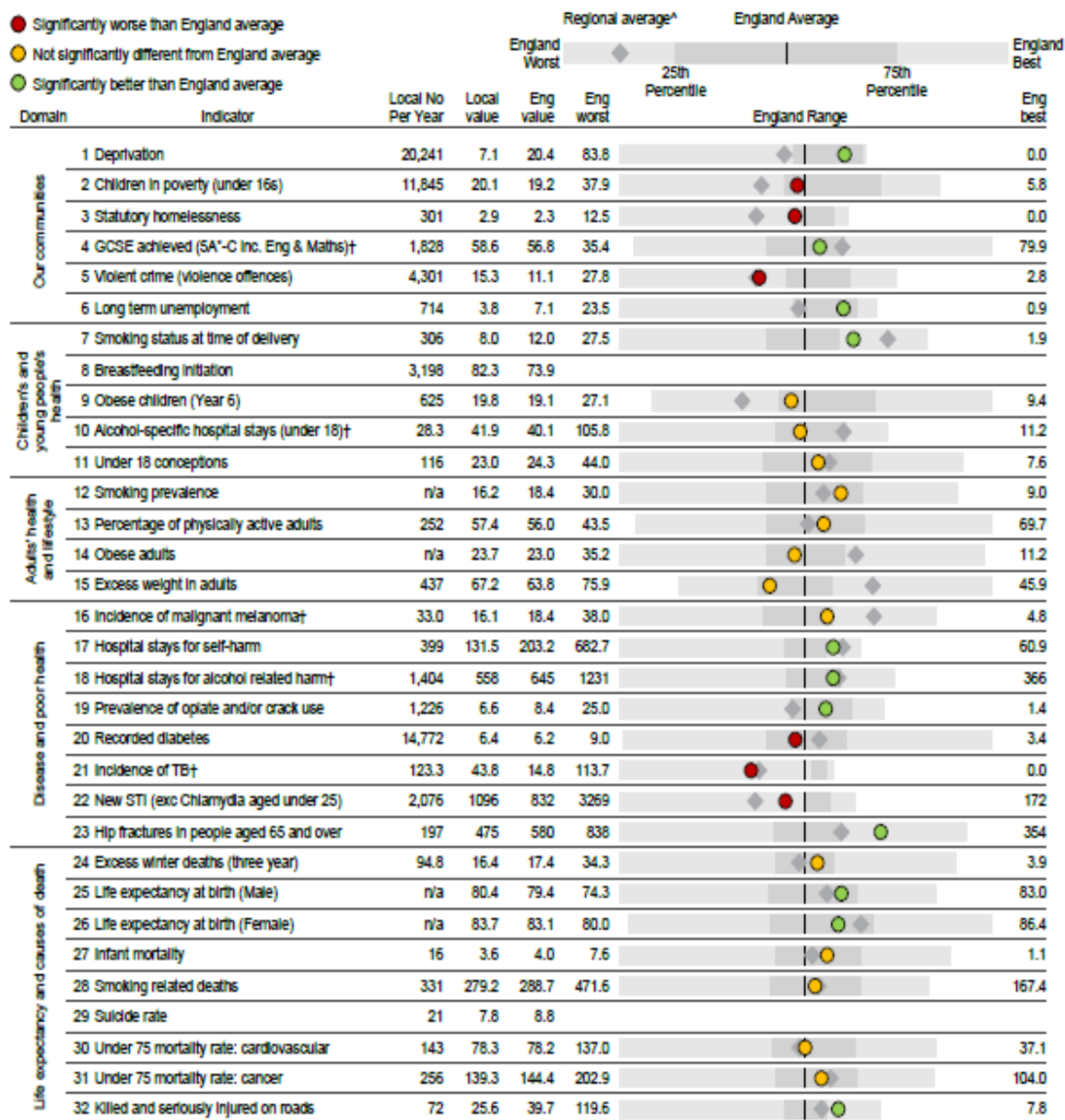
## **6. BACKGROUND PAPERS**

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

## Appendix 1

### Hillingdon Health Profile 2015

The chart below shows how the health of people in Hillingdon compares with the rest of England. Hillingdon's results for each indicator is shown in a circle. The average rate for England is shown by a black line, which is always in the centre of the chart. The range of results for all local areas in England is shown in a grey bar. A red circle means that this area is significantly worse than England for that indicator.



## **Appendix 2 – Hillingdon’s Joint Strategic Needs Assessment – Work Plan (2015-2016)**

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	Older People’s Needs assessment	Analysis of the key health and social care needs of older people across Hillingdon including an analysis of data available from universal services.	By December 2015
2	Alcohol Mis-Use	Analysis of alcohol related needs and diseases.	By December 2015
3	Drug Mis-Use	Analysis of drug mis-use related needs and diseases.	By December 2015
4	Child and Adolescent Mental Health Services	Updated analysis of the needs and services available for children and adolescents with mental health needs.	By December 2015 Some analysis still to be completed.
5	Learning Disability	Analysis of the needs and services available for adults with a learning disability.	By January 2016
6	Sexual Health / Disease	Analysis of the prevalence of sexual health diseases.	By January 2016
7	Adult Mental Health	Updated analysis of the needs and services available for adults with mental health needs.	By March 2016
<b>Work Completed</b>			
1	Children and Young People’s Needs Analysis	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	Data analysis completed July 2015
2	Pharmaceutical Needs Assessment (PNA)	Analysis of key health needs across the Borough and how pharmacy services are meeting these needs in specific localities.	Analysis completed and PNA agreed by HWB in December 2014. PNA published on the Council website January 2015.

<b>Ref</b>	<b>Area of Development</b>	<b>Description</b>	<b>Timescale</b>
3	Drug and Alcohol Mis-Use	Analysis of drug and alcohol mis-use related needs and diseases.	Data checking and analysis completed October 2014
4	Physical Activity Needs Analysis	Analysis of physical activity data.	Completed August 2015.