HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
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Papers with report	Appendix 1 – Hillingdon's Health Profile 2016 Appendix 2 - JSNA work plan 2016 - 2017

1. HEADLINE INFORMATION

Summary	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. 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.
Contribution to plans and strategies	The Joint Strategic Needs Assessment is used to inform improvement priorities set out within the Health and Wellbeing Strategy and within commissioning plans.
Financial Cost	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.
Ward(s) affected	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 comment 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 2016 – 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.
    - Children living in deprivation are lower.
    - Levels of teenage pregnancy are similar to that of England.
    - Hospital stays related to alcohol and self-harm are lower.
    - Long term unemployment is lower.
    - Rates of homelessness are lower than England.

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 sexually transmitted infections and tuberculosis.
    - People diagnosed with diabetes in Hillingdon is higher than average.
    - The percentage of physically active adults is lower than England.

8. The biggest cause of death in Hillingdon continues to be 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 2015 prevalence of smoking in Hillingdon (16.9%) which is the same as the estimated proportions for England (16.9%).

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.

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.

14. Over recent months key updates to the JSNA have included:

    - May 2016, refresh of Children and Young people's Needs Assessment
    - October 2016, Substance Misuse Tender slide pack update - 50+ slides updated with latest demographic data and drugs & alcohol data
    - November-December 2016, a review of 2015 mortality data update looking at causes of death from dementia and other diseases

15. In addition to the above, updates to the JSNA on the web have included updates on prevalence of dementia and demographic profile of the borough. Whilst not falling under the purview of the JSNA – additional work undertaken to build a more detailed profile of the borough and to aid service planning and re-design include completion of a homelessness review (July 2016)completion of updated school places planning forecasts and the development of an updated Strategic Housing market Assessment (November 2016).

16. Future planned updates include Excess Winter Deaths, Smoking related pages and Accidents all due by the end of the financial year

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 2016

The chart below shows how the health of people in Hillingdon compares with the rest of England. Hillingdon's results for each indicator are 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.

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

Regional average€ | England average | England worst | 25th Percentile | 75th Percentile | England best

Domain		Indicator	Period	Local No total count	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1	Deprivation score (IMD 2015) #	2015	n/a	18.1	21.8	42.0		5.0
	2	Children in low income families (under 16s)	2013	10,710	17.9	18.6	34.4		5.9
	3	Statutory homelessness†	2014/15	32	0.3	0.9	7.5		0.1
	4	GCSEs achieved†	2014/15	1,819	59.4	57.3	41.5		76.4
	5	Violent crime (violence offences)	2014/15	5,735	20.0	13.5	31.7		3.4
	6	Long term unemployment	2015	463	2.4	4.6	15.7		0.5
Children's and young people's health	7	Smoking status at time of delivery	2014/15	288	7.4	11.4	27.2		2.1
	8	Breastfeeding initiation	2014/15	3,290	83.4	74.3	47.2		92.9
	9	Obese children (Year 6)	2014/15	593	19.3	19.1	27.8		9.2
	10	Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	77	38.0	36.6	104.4		10.2
	11	Under 18 conceptions	2014	105	20.5	22.8	43.0		5.2
Adults' health and lifestyle	12	Smoking prevalence in adults†	2015	n/a	16.9	16.9	32.3		7.5
	13	Percentage of physically active adults	2015	n/a	51.5	57.0	44.8		69.8
	14	Excess weight in adults	2012 - 14	n/a	63.4	64.6	74.8		46.0
Disease and poor health	15	Cancer diagnosed at early stage #	2014	373	46.3	50.7	36.3		67.2
	16	Hospital stays for self-harm	2014/15	371	124.5	191.4	629.9		58.9
	17	Hospital stays for alcohol-related harm	2014/15	1,429	553	641	1223		374
	18	Recorded diabetes	2014/15	15,803	6.7	6.4	9.2		3.3
	19	Incidence of TB	2012 - 14	361	41.9	13.5	100.0		0.0
	20	New sexually transmitted infections (STI)	2015	1,833	937	815	3263		191
	21	Hip fractures in people aged 65 and over	2014/15	216	506	571	745		361
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2012 - 14	n/a	80.4	79.5	74.7		83.3
	23	Life expectancy at birth (Female)	2012 - 14	n/a	83.9	83.2	79.8		86.7
	24	Infant mortality†	2012 - 14	44	3.3	4.0	7.2		0.6
	25	Killed and seriously injured on roads	2012 - 14	226	26.3	39.3	119.4		9.9
	26	Suicide rate†	2012 - 14	50	6.7	10.0			
	27	Deaths from drug misuse #	2012 - 14	9	x^2	3.4			
	28	Smoking related deaths	2012 - 14	955	262.6	274.8	458.1		152.9
	29	Under 75 mortality rate: cardiovascular	2012 - 14	440	78.3	75.7	135.0		39.3
	30	Under 75 mortality rate: cancer	2012 - 14	801	142.3	141.5	195.6		102.9
	31	Excess winter deaths	Aug 2011 - Jul 2014	190	10.9	15.6	31.0		2.3

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 12 Current smokers, Annual Population Survey (APS) 13 % adults achieving at least 150 mins physical activity per week 14 % adults classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population 21 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged <1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10+) 27 Directly age standardised rate per 100,000 population 28 Directly age standardised rate per 100,000 population aged 35 and over 29 Directly age standardised rate per 100,000 population aged under 75 30 Directly age standardised rate per 100,000 population aged under 75 31 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.
# New indicator for Health Profiles 2016. x^2 Value cannot be calculated as number of cases is too small

More information is available at www.healthprofiles.info and http://fingertips.phe.org.uk/profile/health-profiles Please send any enquiries to healthprofiles@phe.gov.uk

<u>Appendix 2</u> – Hillingdon's Joint Strategic Needs Assessment – Work Plan (2016-17)

The following table summarises the key work plan activities scheduled to develop the JSNA for the remainder of 2016/17. A calendar of updates for 2017/18 will be developed and agreed in conjunction with Public Health. These activities complement the additional and 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, demographics etc.). Taken together the schedule of routine updates and more substantive pieces of work listed below will help ensure the JSNA is responsive and informs the priorities within the Joint Health and Wellbeing Strategy.

Ref	Area of Development	Description	Timescale
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 2016
2	Pharmaceutical Needs Assessment (PNA) 2018	Analysis of key health needs across the Borough and how pharmacy services are meeting these needs in specific localities.	In order to meet the statutory publication date (April 2018) – work on the PNA will commence in March 2017.
3	Respiratory Disease	Analysis of air quality and disease prevalence.	By March 2017
4	Maternity Services	Analysis of data from conception to 1 year and late booking of maternity services.	By March 2017
5	Mental Health/Substance Misuse	Updated analysis of previous analysis	By April 2017