HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT

Relevant Board Member(s)	Councillor Philip Corthorne Cabinet Member for Social Services, Housing, Health & Wellbeing
Organisation	London Borough of Hillingdon
Report author	Dan Kennedy, London Borough of Hillingdon
Papers with report	Appendix 1 - Hillingdon's Health Profile 2017 Appendix 2 - JSNA work plan 2017-2018

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. RECOMMENDATION

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 2017 – 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.
   - Hospital stays related to alcohol and self-harm are lower than England.
   - There are higher levels of breast feeding.
   - Lower levels of smoking at time of delivery are lower.
   - Lower level of people killed or seriously injured on roads.
   - 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.
   - The number of children in Year 6 classified as obese is higher 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 2016 prevalence of smoking in Hillingdon (15.2%) which is lower than the estimated proportions for England (15.5%).

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. During 2017/18 updates to the JSNA have included the demographic profile of the borough, including a more detailed profile to aid service planning and re-design. During the year, work has been undertaken on a respiratory needs assessment, and older people's needs assessment and a review of 2015 mortality data update looking at causes of death from dementia and other diseases

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

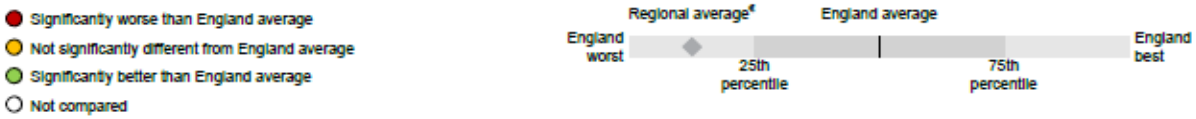
6. BACKGROUND PAPERS

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

Appendix 1

Hillingdon Health Profile 2017

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.



Domain		Indicator	Period	Local 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)	2014	11,965	19.9	20.1	39.2		6.6
	3	Statutory homelessness	2015/16	56	0.5	0.9			
	4	GCSEs achieved	2015/16	1,853	60.1	57.8	44.8		78.7
	5	Violent crime (violence offences)	2015/16	6,177	21.1	17.2	36.7		4.5
	6	Long term unemployment	2016	392	2.0 ^20	3.7 ^20	13.8		0.4
Children's and young people's health	7	Smoking status at time of delivery	2015/16	269	7.1	10.6 $[1]	26.0		1.8
	8	Breastfeeding initiation	2014/15	3,290	83.4	74.3	47.2		92.9
	9	Obese children (Year 6)	2015/16	700	21.2	19.8	28.5		9.4
	10	Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	74	35.7	37.4	121.3		10.5
	11	Under 18 conceptions	2015	95	18.4	20.8	43.8		5.4
Adults' health and lifestyle	12	Smoking prevalence in adults	2016	n/a	15.2	15.5	25.7		4.9
	13	Percentage of physically active adults	2015	n/a	51.5	57.0	44.8		69.8
	14	Excess weight in adults	2013 - 15	n/a	62.0	64.8	76.2		46.5
Disease and poor health	15	Cancer diagnosed at early stage	2015	396	47.0	52.4	39.0		63.1
	16	Hospital stays for self-harm†	2015/16	343	110.7	196.5	635.3		55.7
	17	Hospital stays for alcohol-related harm†	2015/16	1,390	535.8	647	1,163		374
	18	Recorded diabetes	2014/15	15,803	6.7	6.4	9.2		3.3
	19	Incidence of TB	2013 - 15	320	36.5	12.0	85.6		0.0
	20	New sexually transmitted infections (STI)	2016	1,731	870.9	795	3,288		223
	21	Hip fractures in people aged 65 and over†	2015/16	204	506.1	589	820		312
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2013 - 15	n/a	80.5	79.5	74.3		83.4
	23	Life expectancy at birth (Female)	2013 - 15	n/a	83.7	83.1	79.4		86.7
	24	Infant mortality	2013 - 15	43	3.3	3.9	8.2		0.8
	25	Killed and seriously injured on roads	2013 - 15	209	23.8	38.5	103.7		10.4
	26	Suicide rate	2013 - 15	73	10.0	10.1	17.4		5.6
	27	Smoking related deaths	2013 - 15	926	250.1	283.5			
	28	Under 75 mortality rate: cardiovascular	2013 - 15	460	80.7	74.6	137.6		43.1
	29	Under 75 mortality rate: cancer	2013 - 15	761	132.1	138.8	194.8		98.6
	30	Excess winter deaths	Aug 2012 - Jul 2015	244	13.5	19.6	36.0		6.9

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 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) 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 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 (aged 17 and over) 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 aged 15 to 64 21 Directly age-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 under 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 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 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.
^20 Value based on an average of monthly counts $[1] There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

<u>Appendix 2</u> – **Hillingdon's Joint Strategic Needs Assessment – Work Plan (2017-18)**

The following table summarises the key work plan activities scheduled to develop the JSNA for the remainder of 2017/18. A calendar of updates for 2018/19 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	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) – draft PNA 2018 60 day statutory consultation completed 26 November 2017. On track to publish early 2018.
2	Mortality Needs Assessment	Analysis of data from the Primary Care Mortality Database (PCMD).	March 2018
3	Locality/ward profiles	Provide a needs analysis of the population at locality/ward level	March 2018
4	Cardiology review	Analysis of rates of intervention in Hillingdon and outcomes delivered	March 2018 (annual update)
5	Diagnostics review	Review of current diagnostic services available in Hillingdon	February 2018
6	Drugs & Alcohol Health and Care Needs Assessment - Phase II	Review of needs assessment carried out in 2014	February 2018