

# HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT

<b>Relevant Board Member(s)</b>	Councillor Philip Corthorne Cabinet Member for Social Services, Housing, Health and Wellbeing
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Dan Kennedy, London Borough of Hillingdon
<b>Papers with report</b>	Appendix 1 - Hillingdon's Health Profile 2018 Appendix 2 - JSNA work plan 2018-2019

## 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 for 2018, developments to the JSNA and then key priorities for the remainder of this financial year.</p>
<b>Contribution to plans and strategies</b>	The Joint Strategic Needs Assessment provides insight into the prevailing needs within Hillingdon and guides commissioning decisions across a broad range of areas to ensure services meet the needs of local residents.
<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. RECOMMENDATION

**That the Board:**

- 1) Note the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) for 2018.**
- 2) Note and comment on the work to develop the JSNA and the key work priorities for 18/19 (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 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.

#### Summary of Hillingdon's Joint Strategic Needs Assessment

3. When comparing Hillingdon to the England average, key headlines from the JSNA shows that:
  - Life expectancy for both men and women in Hillingdon is higher.
  - Hospital stays related to alcohol and self-harm are lower than England.
  - Infant mortality rates are lower
  - There are higher levels of breast feeding.
  - Levels of smoking at time of delivery are lower.
  - Smoking prevalence amongst routine and manual workers (a key challenging demographic) is better.
  - Lower levels of people killed or seriously injured on roads.
  - There are lower rates of excess winter deaths
  - Obesity levels at reception are better than the England average
4. However, as with all Boroughs, local analysis indicates some challenges to improve health and wellbeing. These include:
  - Low birth-weight of term babies
  - 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.
  - Cancer diagnoses at an early stage is slightly lower
  - Proportion of eligible adults being offered a health check is lower
  - Vaccination rates amongst children (MMR, PCV and Hib/Men C) is lower
  - Proportion of Hillingdon's five year olds with signs of tooth-decay is higher relative to England

5. 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. Cancer screening rates (breast, cervical and bowel) tends to be lower in Hillingdon relative to the national average.
6. 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 was 15.2%. This has now reduced to 11.6%, which is lower than the estimated proportions for England (14.9%).
7. 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.
8. To improve health and wellbeing, commissioning plans should continue to focus on 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.
9. The purpose of the JSNA is to not only provide an evidence base against key issues – but also prompt further action to address any gaps that are identified. To this end, it is important to draw reference to schemes of work that are ongoing to improve how Hillingdon performs against those issues listed in paragraph 5. This includes priorities under the borough's Joint Health and Wellbeing Strategy focussing on early intervention, prevention and self-care, work of the Safer Hillingdon Partnership to continue to keep crime levels low and extensive work undertaken by the Safeguarding Children's Board. These and other streams of work will ensure that for those areas that Hillingdon is an outlier – progress will be made to improve and monitor performance.

#### Hillingdon's JSNA workplan

10. There are a number of routinely available demographic, 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. These datasets available for local use and have been recently updated within the Hillingdon JSNA. Updates to the JSNA are shared with commissioners as they are produced.
11. During 2018/19 updates to the JSNA have included the demographic profile of the borough, including a more detailed profile at ward level to aid service planning and re-design. During the year, work has been also been undertaken on Oral Health, Breast Feeding, Sexual Health and a review of primary care contracts including smoking cessation and health checks.
12. In terms of the workplan for 2019/20, this is currently under development with discussions ongoing with the CCG. This is being done in tandem with agreeing the Core Offer.

#### Developing Hillingdon's JSNA

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13. There has been considerable work undertaken to improve the usability of the JSNA as a tool to inform strategic planning, improve the look and feel of the JSNA and encourage its use across the council and wider partners;
- Rationalisation of pages – removing older data (anything older than 5 years old) and refreshing remaining pages.
  - Revised structure aligning JSNA with the broad categories in the annual health plan (children, adults, older people and health protection).
  - Move to factsheets – at-a-glance summaries of key metrics. Closer reference to Public Health Outcomes Framework ensuring greater focus on those areas where Hillingdon needs to improve performance.
  - Automation of the JSNA enabling future updates to be smoother and more efficient.
  - Easier navigability via the website.

### **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.

## **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.

## **6. BACKGROUND PAPERS**

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

## Appendix 1

### **Hillingdon Health Profile 2018**

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. A red circle means that this area is significantly worse than England for that indicator. It should be noted that some of the data in the table below will be a number of years old and will relate to the latest nationally available data.

# Health summary for Hillingdon

The chart below shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red 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. A red circle means that this area is significantly worse than England average. However, a green circle may still indicate an important public health problem.

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



	Indicator names	Period	Local count	Local value	Eng value	Eng worst		Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 - 16	n/a	80.8	79.5	74.2		83.7
	2 Life expectancy at birth (Female)	2014 - 16	n/a	83.8	83.1	79.4		86.8
	3 Under 75 mortality rate: all causes	2014 - 16	1,851	303.7	333.8	545.7		215.2
	4 Under 75 mortality rate: cardiovascular	2014 - 16	426	72.5	73.5	141.3		42.3
	5 Under 75 mortality rate: cancer	2014 - 16	745	126.5	136.8	195.3		99.1
	6 Suicide rate	2014 - 16	80	10.8	9.9	18.3		4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 - 16	221	24.7	39.7	110.4		13.5
	8 Hospital stays for self-harm	2016/17	248	79.5	185.3	578.9		50.6
	9 Hip fractures in older people (aged 65+)	2016/17	229	556.5	575.0	654.2		364.7
	10 Cancer diagnosed at early stage	2016	452	50.9	52.6	39.3		61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	81.2	77.1	54.3		96.3
	12 Dementia diagnoses (aged 65+)	2017	1,791	67.4	67.9	45.1		90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 18s)	2014/15 - 16/17	57	26.9	34.2	100.0		6.5
	14 Alcohol-related harm hospital stays	2016/17	1,293	498.2	636.4	1,151.1		388.2
	15 Smoking prevalence in adults (aged 18+)	2017	26,544	11.6	14.9	24.8		4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	60.8	66.0	53.3		78.8
	17 Excess weight in adults (aged 18+)	2016/17	n/a	55.2	61.3	74.9		40.5
Child health	18 Under 18 conceptions	2016	80	15.5	18.8	36.7		3.3
	19 Smoking status at time of delivery	2016/17	241	6.3	10.7	28.1		2.3
	20 Breastfeeding initiation	2016/17	3,334	85.2	74.5	37.9		96.7
	21 Infant mortality rate	2014 - 16	27	2.0	3.9	7.9		0.0
Inequalities	22 Obese children (aged 10-11)	2016/17	781	23.2	20.0	29.2		8.8
	23 Deprivation score (IMD 2015)	2015	n/a	18.1	21.8	42.0		5.0
Wider determinants of health	24 Smoking prevalence: routine and manual occupations	2017	n/a	17.8	25.7	48.7		5.1
	25 Children in low income families (under 16s)	2015	9,480	15.6	16.8	30.5		5.7
	26 GCSEs achieved	2015/16	1,853	60.1	57.8	44.8		78.7
	27 Employment rate (aged 16-64)	2016/17	147,600	74.2	74.4	59.8		88.5
	28 Statutory homelessness	2016/17	45	0.4	0.8			
	29 Violent crime (violence offences)	2016/17	6,289	21.1	20.0	42.2		5.7
	Health protection	30 Excess winter deaths	Aug 2013 - Jul 2016	200	11.1	17.9	30.3	
31 New sexually transmitted infections		2017	1,828	918.9	793.8	3,215.3		266.6
32 New cases of tuberculosis		2014 - 16	307	34.4	10.9	69.0		0.0

For full details on each indicator, see the definitions tab of the Health Profiles online tool: [www.healthprofiles.info](http://www.healthprofiles.info)

**Indicator value types**

1, 2 Life expectancy - Years 3, 4, 5 Directly age-standardised rate per 100,000 population aged under 75 6 Directly age-standardised rate per 100,000 population aged 10 and over 7 Crude rate per 100,000 population 8 Directly age-standardised rate per 100,000 population 9 Directly age-standardised rate per 100,000 population aged 65 and over 10 Proportion - % of cancers diagnosed at stage 1 or 2 11 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 12 Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia 13 Crude rate per 100,000 population aged under 18 14 Directly age-standardised rate per 100,000 population 15, 16, 17 Proportion - % 18 Crude rate per 1,000 females aged 15 to 17 19, 20 Proportion - % 21 Crude rate per 1,000 live births 22 Proportion - % 23 Index of Multiple Deprivation (IMD) 2015 score 24, 25 Proportion - % 26 Proportion - % 5 A\*-C including English & Maths 27 Proportion - % 28 Crude rate per 1,000 households 29 Crude rate per 1,000 population 30 Ratio of excess winter deaths to average of non-winter deaths (%) 31 Crude rate per 100,000 population aged 15 to 84 (excluding Chlamydia) 32 Crude rate per 100,000 population

Regional\* refers to the former government regions.

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

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## **Appendix 2 – Hillingdon’s Joint Strategic Needs Assessment – Work Plan (2018-19)**

The following table summarises the key work plan activities that are being delivered this year that draw on and/or have feedback into Hillingdon’s JSNA. 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.

<b>Ref</b>	<b>Area of Development</b>	<b>Description</b>	<b>Timescale</b>
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.	Completed March 2018
2	Respiratory Needs Assessment	A new needs assessment to address gaps within respiratory of the local and wider population	Completed April 2018
3	NCMP Needs Assessment	A new needs assessment carried out to review obesity of children in the borough	Completed May 2018
4	Mortality Needs Assessment	Analysis of data from the Primary Care Mortality Database (PCMD)	Completed March 2018
5	Musculoskeletal Needs analysis	A review of unmet needs and gaps in delivering current services.	Completed September 2018
6	Health checks, smoking cessation and needle exchange	Providing performance data on NHS Health checks, smoking cessation and needle exchange programme to support commissioning.	Ongoing
7	Older Peoples Needs Assessment	A review of needs of older people in the borough	Completed July 2018
8	Locality/ward profiles	Provide a needs analysis of the population at locality/ward level	Completed March 2018
9	Published JSNAs	The following JSNAs were completed and published:	April – October 2018



Ref	Area of Development	Description	Timescale
		<ul style="list-style-type: none"> <li>- Breastfeeding</li> <li>- Childhood immunisation</li> <li>- Children in need</li> <li>- Teenage conception</li> <li>- Fertility</li> <li>- Sexual health</li> <li>- Excessive winter deaths</li> <li>- Births</li> <li>- Healthy Life Expectancies</li> </ul>	
10	Cardiology review	Analysis of rates of intervention in Hillingdon and outcomes delivered	Pending March 2019 (annual update)
11	Diagnostics review	Review of current diagnostic services available in Hillingdon	Pending February 2019
12	Oral Health review	A requested review of the borough's performance on dental health needs	Ongoing November 2018
13	Teenage Pregnancy	Quarterly update of the borough's performance against national and regional targets	Ongoing November 2018
14	Drugs & Alcohol Health and Care Needs Assessment - Phase II	Review of needs assessment carried out in 2014	Pending February 2019