

HILLINGDON'S HEALTH AND WELLBEING STRATEGY, JOINT STRATEGIC NEEDS ASSESSMENT AND PUBLIC HEALTH PRIORITIES

Relevant Board Member(s)	Councillor Jane Palmer, Cabinet Member for Social Care, Health and Wellbeing
Organisation	London Borough of Hillingdon
Report author	Kevin Byrne, London Borough of Hillingdon
Papers with report	Appendix 1 - Hillingdon's Health Profile 2019

1. HEADLINE INFORMATION

Summary	<p>This report covers three key areas:</p> <ul style="list-style-type: none">• Action on Hillingdon's Joint Health and Wellbeing Strategy and proposals for developing the next iteration from 2021;• The Joint Strategic Needs Assessment providing an overview of the key health and wellbeing needs in Hillingdon; and• Setting out Public Health priorities for Hillingdon to guide future activity.
Contribution to plans and strategies	<p>The Joint Health and Wellbeing Strategy is the key overarching strategy for health and care in Hillingdon. The Joint Strategic Needs Assessment (JSNA) 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. Our public health priorities reflect the areas for additional attention through commissioning plans and strategies and across partners.</p>
Financial Cost	<p>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.</p>
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1. agrees that officers come back to the next Board meeting with proposals for developing the next iteration of Hillingdon's Joint Health and Wellbeing Strategy from 2021, in light of current pandemic and period of substantial change in health and care in Hillingdon.**

2. agrees the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) for 2020; and
3. agrees the Hillingdon Public Health priorities for 2020/21.

3. INFORMATION

Background

1. Prior to the COVID-19 pandemic, the Board had received regular performance progress updates based on its Joint Health and Wellbeing Strategy (2018-21). This Strategy was based on the Hillingdon Chapter of, what was then, the Sustainability and Transformation Plan for North West London.

2. Given the pandemic, emergency measures have been put in place at national level, regionally and locally to respond to the crisis. The Board has received in separate papers, detail on the Local Outbreak Control Plan and from Hillingdon Health and Care Partners (HHCP) the local health and care recovery plan.

3. These papers also set out the proposals for new a streamlined governance structure whereby the HHCP Delivery Board will replace the former Transformation Board and provide the key place for discussion amongst partners on improvement and performance issues. Performance data, therefore, has not been commissioned, during the pandemic against the tasks in the 2018 Strategy as focus has been on the response and recovery plans. This work has superseded previous reporting and it is suggested that we now move towards developing the next iteration of the Joint Health and Wellbeing Strategy rather that revert to reporting on the 2018 version. There are key papers to this Board and developments underway, especially:

- Local outbreak control plan (Agenda Item 6);
- The HHCP recovery plan and governance (Agenda Item 6);
- The Integrated Care System plans for NWL and single CCG (Agenda Item 7);
- The plans for The Hillingdon Hospitals NHS Foundation Trust (THH) and out of hospital services (Agenda Item 9);
- The Better Care Fund plan (Agenda Item 10);
- Joint Strategic Needs Assessment (see below); and
- Our public health priorities (see below).

4. It is proposed that all of these should be considered as part of the mix and a more detailed plan as to how we should draw together the next strategy from 2021 be brought to the next Board meeting.

Joint Strategic Needs Assessment (JSNA)

5. 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 Hillingdon's Health and Wellbeing Board 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.

6. 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. Datasets are published periodically and much of what is currently available pre-dates the COVID-19 pandemic. Other evidence and commentary is pointing to underlying conditions, particularly obesity and diabetes as increasing risk should people become exposed to COVID.

Summary of Hillingdon's Joint Strategic Needs Assessment

7. When comparing Hillingdon to the England and London averages, key headlines from the JSNA (see also Appendix 1) shows that:

- Life expectancy for men is higher.
- The mortality rate from all causes is lower.
- Numbers of those killed and seriously injured on Hillingdon's roads is lower.
- Emergency hospital admissions rate for hip fractures is lower.
- Estimated diabetes diagnosis rate is higher.
- Teenage conception rate is lower.
- Percentage of children in low income families is lower.
- Statutory homelessness rate (eligible homeless people not in priority need) is lower.
- Violent crime (including sexual violence) hospital admissions for violence is lower.
- Infant mortality is lower.

8. However, as with all boroughs, local analysis indicates some challenges to improve health and wellbeing when compared to London and England. These include:

- The mortality rate from all cardiovascular diseases is higher.
- Percentage of cancer diagnosed at early stage is lower.
- Percentage of physically active adults is lower.
- Smoking prevalence in adults is higher.
- Smoking prevalence in adults in routine and manual occupations is higher.
- TB incidence rate is higher.
- Childhood obesity continues to be a challenge particularly in the proportional increase in overweight and obese children between reception and Year 6 – where Hillingdon ranks higher than national and regional averages.

9. 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 and to COVID-19. Cancer screening rates (breast, cervical and bowel) tends to be lower in Hillingdon relative to the national average.

10. 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 2017 prevalence of smoking in Hillingdon was 11.6%; this has now increased to 17.16% (2018), which is higher than both London and England averages (13.9% and 14.4%). The increase in smoking prevalence in the adult population is likely to be an artefact due to a change in survey methodology undertaken by the ONS. The ONS has advised caution in comparing results from different survey years, due to the changes in survey methodologies.

11. 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.

12. 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.

13. The purpose of the JSNA is to not only provide an evidence base against key issues, but also to 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 earlier in the report. 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 work plan

14. 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. Updates to the JSNA are shared with commissioners as they are produced.

15. During 2019, updates to the JSNA have included the demographic profile of the Borough, mortality and the National Child Measurement Programme.

16. In terms of the work plan for 2020/21, this covers a broad range of topics from the impact of Heathrow expansion, updating prevalence profiles at Ward level through to updated analysis of mortality rates, women's health and maternity and long-term conditions. A revised chapter on autism has also been developed.

The JSNA and Hillingdon's Public Health Priorities

17. The JSNA is the evidence behind decisions on commissioning of services. It also supports our work on public health and the wider determinants of health. Based on the JSNA and the Public Health Outcome Framework data, we have identified the following areas for priority attention for 2020/2021. These also include the mandatory functions required under the Act:

1	<p>Deliver against mandatory Public Health functions, in the most efficient and effective manner</p> <p>The mandatory PH functions cover NHS Health Checks, Health Protection, National Child Measurement Programme, Sexual Health and the provision of a public health advice service to the CCG and the 0-19 health service.</p>
2	<p>Reduce Childhood Obesity</p> <p>Working collaboratively, across partners to support families to provide healthy food choices and increase physical activity. Using data from the National Child Measurement Programme to develop interventions that support children identified as overweight or obese.</p>

3	Improve Sexual Health Ensure provision of open access sexual health services within the Borough including genitourinary medicine teenage pregnancy prevention, school nursing services, community and post-pregnancy contraception services and cervical screening (for women who do not access GP services for sexual health).
4	Reduce alcohol and substance misuse, including smoking To continue to support residents, especially those from key target groups (pregnant women, young people, people with mental health conditions, manual worker), to quit smoking. Also support residents to recover from substance misuse.
5	Improve mental health and wellbeing amongst vulnerable groups <ul style="list-style-type: none"> • Early intervention and prevention of mental health conditions. • Reduce suicide. • Reduce isolation and loneliness and increase independence in older people. • Provide support for those with dementia or autism. • Provide support for those with long-term conditions and learning disabilities to ensure that they lead fulfilling lives. • Provide support for carers.
6	Increase adult physical activity Improve health and reduce obesity levels within the Borough's adult population.
7	Tackle violent crime, through the: <ul style="list-style-type: none"> • Reduction and prevention of domestic abuse • Support of victims • Reduction and prevention of knife crime
8	Reduce homelessness and rough sleeping Reducing homelessness in the Borough, assisting families to find permanent accommodation and addressing the challenge of rough sleeping.
9	Ensure children have the best start in life by: <ul style="list-style-type: none"> • Encouraging breastfeeding • Reducing tooth decay in 5 year olds • Family immunisations <p>Ensure effective commissioning and delivery of health visiting and school nursing service.</p>
10	Reduce the risks to residents from poor air quality Address impact of poor air quality due to Heathrow and road network especially around schools and other high risk areas.

Financial Implications

There are no financial implications arising from this report. Commissioning proposals stemming from any JSNA recommendations 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 has reviewed the report and concurs with the financial implications set out above, noting that there are no financial implications arising from the report recommendations.

Hillingdon Council Legal comments

The Borough Solicitor confirms that there are no specific legal implications arising from this report.

6. BACKGROUND PAPERS

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

Appendix 1 - Hillingdon Health Profile 2019, published 22/10/19

Health summary for Hillingdon

Key

Significance compared to goal / England average:

Significantly worse	Significantly lower	↑ Increasing / Getting worse	↑ Increasing / Getting better
Not significantly different	Significantly higher	↓ Decreasing / Getting worse	↓ Decreasing / Getting better
Significantly better	Significance not tested	↑ Increasing	↓ Decreasing
		↑ Increasing (not significant)	↓ Decreasing (not significant)
		— Could not be calculated	→ No significant change

Life expectancy and causes of death

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
1 Life expectancy at birth (male)	All ages	2015 - 17	n/a	80.8	80.5	79.6	↑
2 Life expectancy at birth (female)	All ages	2015 - 17	n/a	83.8	84.3	83.1	↑
3 Mortality rate from all causes	<75 yrs	2015 - 17	1,913	307.0	309.5	331.9	↑
4 Mortality rate from all cardiovascular diseases	<75 yrs	2015 - 17	441	73.8	73.2	72.5	↑
5 Mortality rate from cancer	<75 yrs	2015 - 17	751	124.1	123.6	134.6	↓
6 Suicide rate	10+ yrs	2016 - 18	74	9.7	8.1	9.6	↓

Injuries and ill health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
7 Killed and seriously injured (KSI) rate on England's roads	All ages	2015 - 17	234	26.0	32.2	40.8	↑
8 Emergency hospital admission rate for intentional self-harm	All ages	2017/18	279	91.3	83.6	185.5	↑
9 Emergency hospital admission rate for hip fractures	65+ yrs	2017/18	195	462.7	515.0	577.8	↓
10 Percentage of cancer diagnosed at early stage	All ages	2017	423	50.9	52.7	52.2	↑
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	82.6	71.4	78.0	↑
12 Estimated dementia diagnosis rate	65+ yrs	2019	1,899	68.8 *	72.6 *	68.7 *	↑

Behavioural risk factors

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
13 Hospital admission rate for alcohol-specific conditions	<18 yrs	2015/16 - 17/18	46	21.4	18.0	32.9	↓
14 Hospital admission rate for alcohol-related conditions	All ages	2017/18	1,537	592.7	532.6	632.3	↑
15 Smoking prevalence in adults	18+ yrs	2018	39,682	17.1	13.9	14.4	↑
16 Percentage of physically active adults	19+ yrs	2017/18	n/a	60.6	66.4	66.3	↓
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	62.4	55.9	62.0	↑

Child health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
18 Teenage conception rate	<18 yrs	2017	75	14.8	16.4	17.8	↓
19 Percentage of smoking during pregnancy	All ages	2017/18	241	6.5	5.0	10.8	↑
20 Percentage of breastfeeding initiation	All ages	2016/17	3,334	85.2	-	74.5	↓
21 Infant mortality rate	<1 yr	2015 - 17	38	2.9	3.3	3.9	↑
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2017/18	771	22.0	23.1	20.1	↓

Inequalities

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
23 Deprivation score (IMD 2015)	All ages	2015	n/a	18.1	-	21.8	=
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	33.6	23.6	25.4	↑
25 Inequality in life expectancy at birth (male)	All ages	2015 - 17	n/a	7.6	7.2	9.4	↑
26 Inequality in life expectancy at birth (female)	All ages	2015 - 17	n/a	5.6	4.9	7.4	↑

Wider determinants of health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
27 Percentage of children in low income families	<16 yrs	2016	9,830	16.0	18.8	17.0	↑
28 GCSE attainment (average attainment 8 score)	15-16 yrs	2017/18	n/a	49.7	49.7	46.7	↑
29 Percentage of people in employment	16-64 yrs	2017/18	149,700	74.1	74.2	75.2	↓
30 Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	48	0.4	1.0	0.8	↑
31 Violent crime (including sexual violence) - hospital admissions for violence	All ages	2015/16 - 17/18	368	38.5	44.4	43.4	↑

Health protection

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
32 Excess winter deaths index (single year)	All ages	Aug 2016 - Jul 2017	127	21.8	22.9	21.6	↑
33 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	1,778	888.3	1713	850.6	↓
34 TB incidence rate	All ages	2016 - 18	227	25.0	21.9	9.2	↓

For full details on each indicator, see the [definitions tab of the Local Authority Health Profiles online tool](#).

For a full list of profiles produced by Public Health England, see the fingertips website: <https://fingertips.phe.org.uk/>

Available online:

<https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e09000017.html?area-name=hillingdon>