

HEALTH AND WELLBEING BOARD

27 September 2016

Title: "Our Health, Our Borough" Joint Strategic Needs Assessment (JSNA) 2016	
Report of the Corporate Director of Adult & Community Services	
Open Report	For Decision
Wards Affected: All	Key Decision:
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Sponsor: Matthew Cole, Director of Public Health	
<p>This paper aims to do three things. It gives assurance to the Health and Wellbeing Board (HWB) board that it has discharged its duties in relation to the Joint Strategic Needs Assessment (JSNA). It will also highlight key findings of the JSNA 2016 in the context of key strategies and priorities for the borough. Finally it will make recommendations for the JSNAs for 2016 and 2017.</p> <p>Summary</p> <p>The London Borough of Barking and Dagenham (LBB) faces many challenges and opportunities. It continues to experience deprivation with high rates of unemployment. The demography comprises of a young, mobile population, that is fast growing. The health of our residents is not as good as we would like it to be. A key health issue and outcome that continues to be of concern is inequalities in life expectancy and, more specifically, healthy life expectancy for which Barking and Dagenham residents continue to be below the London average. There have also been changes in the policy context since last year.</p> <p>Inequalities are addressed through: improving the access and quality of health and care, prevention policies such as behavioural change and, to achieve the greatest long term impact, by tackling the social determinants of health. This document briefly outlines the approach of the JHWS and the strategies of partners in responding to the local health and wellbeing challenges, including addressing inequalities and their determinants.</p> <p>The JSNA refresh for 2016 has taken a similar approach to last year. It comprises 90 sections describing the health and wellbeing of local residents and related commissioning recommendations. Led by public health, it was developed by partners and fulfils the statutory guidance for the HWB.</p> <p>This paper summarises some of the key data linked to selected strategic priorities of the JHWS and key partners for each stage of the life course. The complete on line JSNA resource will contain further detail on these and other priorities and commissioning intentions.</p> <p>The final section of this paper discusses potential next steps for the JSNA in 2016 and 2017.</p>	

Recommendation(s):

The Health and Wellbeing Board is recommended:

- (i) To consider the implications of the findings of the JSNA in the development of strategies of partnership organisations
- (ii) To support the commissioning of services by partner organisations that align with the JSNA findings and the Joint Health and Wellbeing Strategy (JHWS).
- (iii) To assess the impact of the JSNA on the Delivery Plan of the JHWS by March 2017.
- (iv) Require that in-line with statutory requirements the Public Health Department lead an update and refresh of the JSNA in 2017 to inform commissioning in 2017/18.

Reason(s):

The JSNA provides the fundamental evidence base on which strategic decisions of the Board are made. It directly informs the development of the Joint Health and Wellbeing Strategy. It is a statutory duty of the Health and Wellbeing Board to discharge the functions of the Council and the NHS Barking and Dagenham Clinical Commissioning Group to prepare the JSNA.

1 Introduction and background

The purpose of this paper

This paper aims:

- To assure the Health and Wellbeing Board (HWB) board that it has discharged its duties in relation to the Joint Strategic Needs Assessment (JSNA)
- To highlight key findings of this JSNA 2016 in the context of key strategies and priorities for the borough.
- To make recommendations for the JSNAs for 2016 and 2017.

Our approach to the JSNA in 2016

Since 2007 local areas have been required, by statute to produce a JSNA as outlined in the Local Government and Public Involvement in Health Act 2007¹ and the Health and Social Care Act 2012² ³. Local authorities and CCGs have equal and joint responsibilities to prepare JSNAs through the health and wellbeing board (HWB). The JSNA identifies the current and future health and wellbeing and social care needs of the population for the area of the HWB. It should include demographics, needs of disadvantaged groups and areas and wider social and environmental factors. It is key to driving strategies, priorities and commissioning of Joint Health and Wellbeing Strategy (JHWS) and partners. Our approach, this year, in line with this guidance is similar to the JSNA in 2015 that was well received. Led, by the public health department, the JSNA comprises contributions from the officers and the partners of the health and wellbeing board. The more than 90 sections comprise the most up to date information available, through the life course and on topics across the priorities of the HWB and partners. As such it provides a detailed, publicly available online resource for partners and the public and discharges the responsibility of the HWB.

The structure of this paper

This paper briefly outlines the challenges and opportunities in Barking and Dagenham in 2016. It then explores these in more detail: policy context and our developing strategies, demographic changes, inequalities in health and approaches to addressing health inequalities. A section summarising our population and their health and wellbeing includes: demographics, the key outcomes of life expectancy and healthy life expectancy as well as up to date data from this year's JSNA on selected priorities across the life course linked to our key strategies.

¹ legislation.gov.uk, Local Government and Public Involvement in Health Act 2007, 2007 c. 28 Part 5 Chapter 1 Section 116 [Online] available from: <http://www.legislation.gov.uk/ukpga/2007/28/contents> [Last accessed; 18 August 2016]

² legislation.gov.uk, Health and Social Care Act 2012, 2012 c. 7, PART 5, CHAPTER 2, Joint strategic needs assessments and strategies [Online] available from: <http://www.legislation.gov.uk/ukpga/2012/7/part/5/chapter/2/crossheading/joint-strategic-needs-assessments-and-strategies> [Last accessed: 18 August 2016]

³ Statutory guidance 2013 - DH

The challenges and opportunities we face in Barking and Dagenham 2016 and beyond – a brief overview

This section sets a brief context of demographic changes, health challenges and policy changes. Further sections of the report expand on these issues notably section 3.1 (demographics), section 2.2 (our key strategies) and section 3 on the health and wellbeing of our residents.

Barking and Dagenham continues to be one of the fastest growing boroughs. It has a very young population and a mobile and changing population.

Whilst progress is being made on many fronts, our population still have poor health, social and economic outcomes. There are big inequalities, for example the life expectancy of residents in Barking and Dagenham is lower than any other London borough. The levels of employment and skills of our residents are well below the London average. Some population groups in Barking and Dagenham are particularly likely to suffer poor health –such as the homeless, people with severe and enduring mental illness, or victims of domestic violence.

The policy context of 2016 is challenging. We sit in a national context of economic challenges and policy changes, such as welfare reforms and the funding of the public sector. The council, for example if austerity continues, by 2020 will be spending half of what we spent in 2010. These changes mean that we have to find new ways of delivering services.

At a local level there are also opportunities. Barking and Dagenham has strong partnerships and is developing new approaches to integrated care and localities and is a NHS innovation test bed (Care City). One of our growth areas - Barking Riverside – is, appointed by NHS England as London's only Healthy New Town. We are London's Growth opportunity to which end we commissioned the Growth Commission report – a central tenet of which is to ensure there is "no one left behind" in maximising the opportunities of growth.

The next section outlines an approach to addressing inequalities and further describes our key strategies.

2 “No one left behind”- addressing inequalities

2.1 A multi faceted approach to addressing inequalities

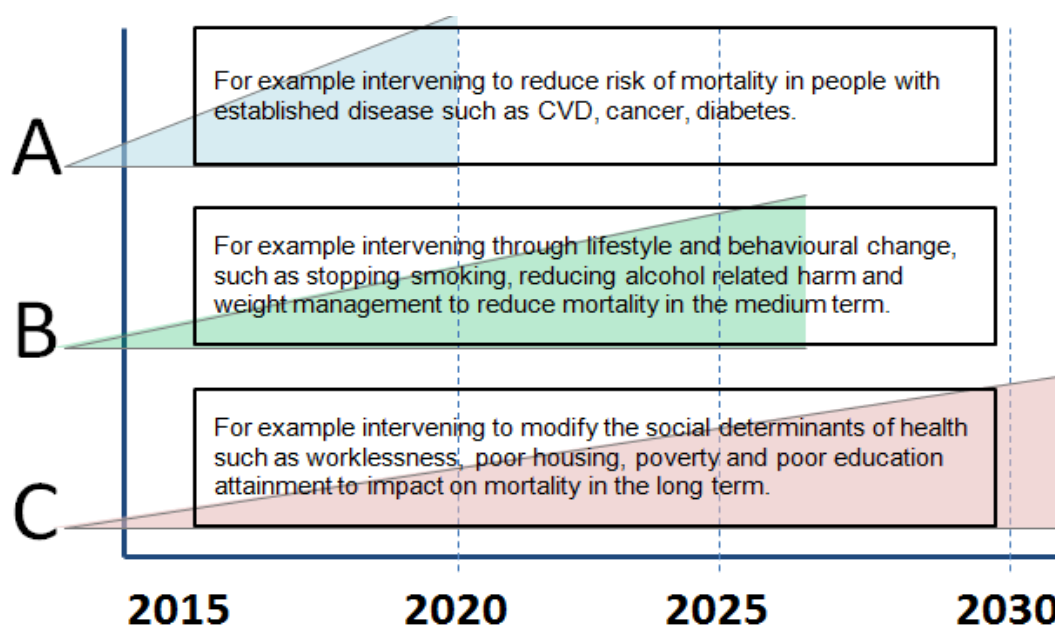
A fundamental aim of the JHWS and all partners’ strategies is to reduce inequalities. As shown throughout this paper, these exist between our residents when compared to London or England and between population groups within the borough.

Figure 1 shows the three approaches to reducing health inequalities and their comparative impact over time.

- Intervening to reduce risk of death in people with established disease –**eg improving quality and access to health and social care**. This has the greatest impact in the *short term*
- Intervening through lifestyle and behaviour change, such as stopping smoking, and weight management – **prevention** - to reduce mortality in the *medium term*.
- Intervening to modify the **social determinants of health** such as worklessness or poor housing – to impact on mortality in the *long term*.

These approaches derive from the former Health Inequalities National Support Team and have been used widely in national strategies. The next section demonstrates how local strategies and policies embed these three approaches to improve the life chances for everyone in LBB.

Figure 1: Health Inequalities, Different Gestation Times for interventions



Adapted from: Health Inequalities National Support Team (2009)

2.2 Our key strategies

This section outlines key strategies for partners.

Joint Health and Wellbeing Strategy

The JHWS 2015-2018 was updated in August 2015. It set key outcomes:

- Improving life expectancy
- Reducing the gap in life expectancy between LBB and London
- Improving health and social care outcomes through integration of health

Based on evidence of need from the JSNA 2014, partners priorities, value for money and achievability the JHWS outlined top priorities for improving health and wellbeing of all the people who live and work in the borough.

The JHWS sets priorities under the key themes of:

- **Prevention**
- **Improvement and integration of services**
- **Care and support**
- **Protection and safeguarding**

Social determinants of health - such as educational attainment and health and the built environment cut through these themes and there was a set of actions for supporting vulnerable and minority groups.

In line with the Marmot Review, the strategy also takes a life course approach covering the life stages of: pre birth and early years, primary school children, adolescence, maternity, early adulthood, established adults, older adults. The strategy is supported by a deliver plan.

The Corporate Plan and the Growth Commission Report

The council's corporate vision is: "one borough, one community, London's growth opportunity". The aim is to encourage civic pride, enable social responsibility and grow the borough. To this end they also commissioned an expert report the "Growth Commission". The Growth Commission Report: "No-one left behind": in pursuit of growth for the benefit of everyone recommends goals to improve health and life expectancy as well as social determinants. Through these ambitions the council is prioritising:

- **Social determinants of health** – such as protecting green and public open spaces, increasing educational attainment. These are central to the Growth Commission report of regeneration, new homes, new jobs, culture and heritage.
- **Prevention** e.g. behaviour change campaigns for obesity, smoking, substance misuse, teenage pregnancy and vaccinations.
- **Integration and care** – e.g. calling for integrated services for vulnerable children and young people.
- **Safeguarding** –The council has also recently refreshed its Corporate Plan that outlines more details of these commitments. The council is also developing a borough manifesto. It is also revising the Local Plan for the Borough.

Sustainability and Transformation Plan (STP)

The visions for the STP are:

- Improving the health and wellbeing outcome for NEL, ensuring **sustainable health and social care services** built around the needs of local people
- New models of care with better outcomes – focusing on **prevention** and out of hospital care.

Priorities are promotion of **prevention and self-care** and improving primary care and reforming acute services. Whilst not explicit in these visions: a number of priorities for the STP relate to inequalities and **social determinants of health** such as employment and improving the physical environment and housing.

Developing an integrated care model

Locally we are working across Barking and Dagenham, Havering and Redbridge to develop an approach to integrating and commissioning care for the area. Priorities for this model include: stronger communities (**social determinants of health**), investment in **prevention** and **improved health and social care through integrated high quality care pathways** and improved access and a locality delivery model of care.

3 Our people and their health and wellbeing. Key findings of the JSNA 2016

There are three parts to this section. 1) The first summarises the latest demographic information. 2) The second gives key messages about the key outcomes: healthy life expectancy and life expectancy. 3) Subsequent sections describe key messages under each stage of the life course.

3.1 Population growth and changes in our population from 2011 to 2030

Changes in the population 2001 to 2015

The population of the borough has increased by 21.9% between the 2001 Census and 2015 ONS mid-year estimates to 201,979.

In relation to age: the borough has the highest population percentage of children and young people aged 0 to 14 (at 26 %) in England and Wales. The number of over 65s has reduced over this time. Crucially, the number and proportion of our residents over 85 has increased.

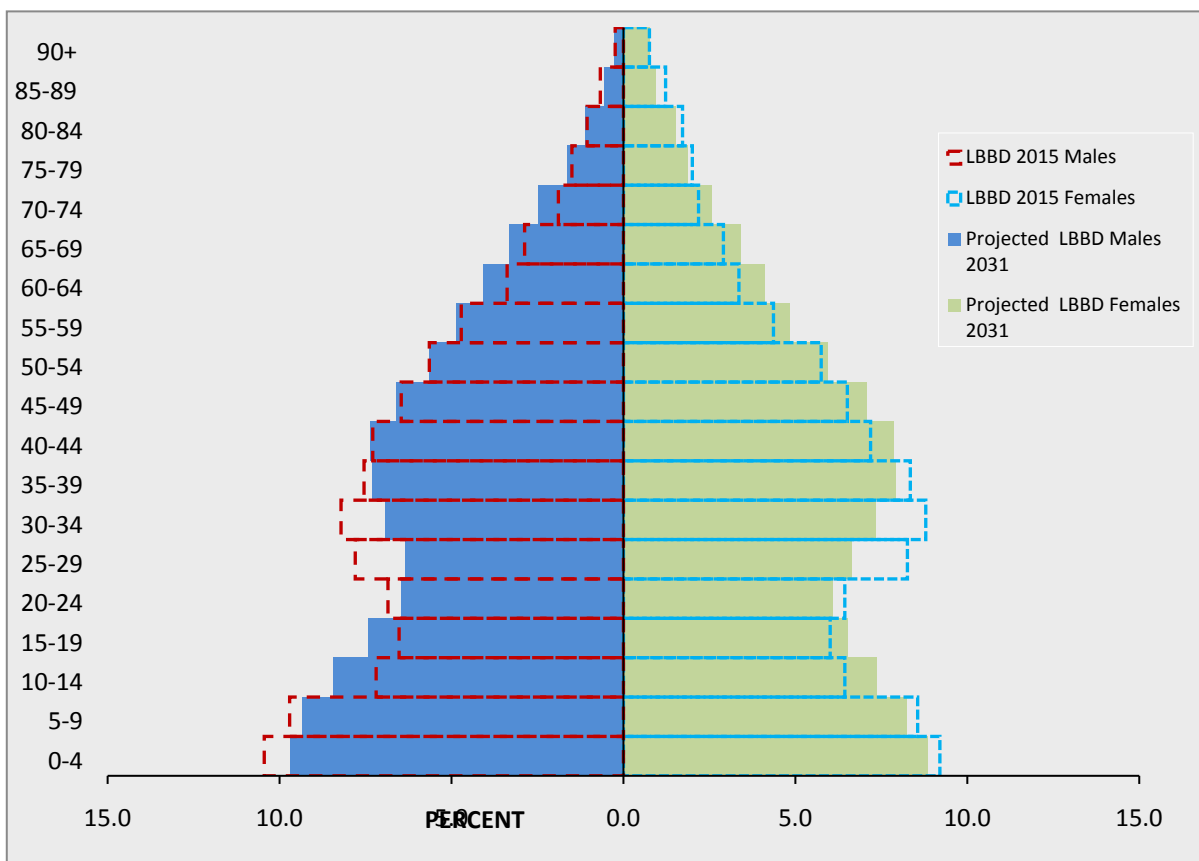
The ethnic composition of the borough has changed. There has been a large decrease in the white population from 80.9% in 2001 to 49.5% in 2011 and to 45.0% in 2015. In particular, the Black African population has risen from 4.4% in 2001 to 15.4% in 2011 and 16.2% in 2015. This is the second highest proportion of this population group within a local authority across England and Wales. The Bangladeshi population has risen from 0.4% (2011) to 4.8% of the population in 2015. There has also been a sharp rise in the number of eastern European residents. Estimates suggest that in 2015 45% are white British and 55% are from Black and Minority Ethnic Groups (BME).

Socio-economic changes over this time include: a rise in private renting, a reduction in people with no qualifications and an increase in lone parent households. LBBDD now has the highest percentage of lone parent households (14.3% of households) in England. The relative deprivation of the borough has changed from a rank of 22nd (Index of Multiple Deprivation) in the country and 7th to 3rd in London.

Predicted changes in the population 2015 – 2030

Figure 2 shows the population pyramid for LBBDD for males and females comparing 2015 with 2030. It includes assumptions for example in relation to fertility rates, death rates, inward and outward migration as well as information on housing developments in growth areas.

Figure 2 LBBB 2015 vs Projected LBBB 2031



Source: GLA Witan, 2016

- Barking and Dagenham in 2031 is projected to have fewer young children aged 0-9 years, and fewer young adults aged 25-34 years (reducing from 16.5% to 13.7% of the total population).
- The reduced number of children will be as a result of a significantly lower young adult population; an age group responsible for 59% of all births nationally.
- The proportion of older adults is also projected to increase, particularly females age 40-74 years and males aged 60-74 years.
- These changes are expected to occur due to the borough becoming less deprived, leading to a lower birth rate, and a higher proportion of older people

Predicted population size within the “growth areas”

The growth areas include a total of 28,084 new homes (the largest include 13,865 Barking Riverside and surrounding areas, 4,568 in the South Dagenham area, 5,716 in Barking Town Centre). This equates (assuming 2.7 people per home) to 75,827 residents⁴.

In Barking Riverside specifically, under the Healthy New Town programme, detailed modelling of population and health needs is being undertaken to inform the infrastructure plans for the development. The modelling suggests that the population will be younger, with a higher proportion BME than Barking and Dagenham as a

⁴ Source: LBBB Planning

whole. This is based on assumptions based on information on those who have moved in to date and from other similar developments. However they must be treated with caution as multiple, as yet unquantifiable, factors may impact on the future demographics of this population.

Predicted health needs

Different national data sets and tools predict specific health needs. For example:

- People living with sight loss is expected to increase from 4,050 to 5,180 between 2015 and 2030⁵
- Prevalence of cancer is expected to increase from about 3,500 to 5,500 or 7,000 (dependant on different assumptions about incidence and survival) between 2010 and 2030⁶
- People with dementia over 65 is expected to increase from 1,502 in 2014 to 1,842 in 2030⁷

3.2 Life expectancy and health life expectancy

- Both females and males in Barking and Dagenham live shorter than females and males live in London and England. Life expectancy in Barking and Dagenham (77.6 years for males and 82.1 for females, 2012-14) is lower than in any other London borough.
- There is a gap in life expectancy for females and males between LBBD and London and England. For females this was closing until 11/13 but unfortunately it has widened again as women's life expectancy in LBBD has fallen. For males, there has been a widening of the gap in life expectancy between London and LBBD.
- Healthy life expectancy (the years lived in good health) in Barking and Dagenham for males is 4 years and for females is approximately 9 years lower than the England average. This has a significant impact on the quality of life for residents it also has a significant impact on how residents manage their own health and use health services.
- With a healthy life expectancy of only 54.6 years and life expectancy of 82.1 years women in Barking and Dagenham live 27.5 years with chronic health issues before they die (2012-14).
- The most common causes of premature death (under 75 years old) in men, in descending order is: coronary heart disease (CHD), lung cancer and chronic obstructive pulmonary disease (COPD). For women, the top three causes are: lung cancer, CHD and breast cancer.

⁵ Source: RNIB Sight Loss Data Tool version 3

⁶ Source: PHE – LCI and MCS

⁷ Source: Projecting Older People Population Information System (POPPI)

3.3 Pre-birth and early years

Early years lay a foundation for health and wellbeing for the rest of the life course. The Health and Wellbeing Board are working in partnership to provide children with the best start in life. The impacts of early years behaviours like breastfeeding and healthy weaning, exposure to cigarette smoke or domestic violence can impact children throughout their lives. In Barking and Dagenham, 37% of children live in poverty. This figure is equal to the London average but much higher than the England rate of 28%. This can have a huge impact on a child's start to life, and to future educational achievement and employment prospects. **JHWS priorities are shown in bold.**

Level of development

We want our children to start well and this means having a good level of development.

Our data:

- In 2015, 67.8% of our children achieved a good level of development, a 7.8% increase on 2014 results.
- Overall girls are doing much better than boys (76% compared to 60%).
- There are some groups of children that need extra focus, in particular White British children, with White British girls doing slightly worse than White British boys.
- Children who had attended at least 12 sessions at a Children Centre were more likely to achieve a good level of development than those who had not.

Our priorities and strategies:

- **Our children to start well – this means having a good level of development (social determinant of health).**
- **An integrated early years service from conception to age 5 (improvement and integration of services)**

Immunisations

Immunisation of children against preventable infectious diseases is not only essential to maintaining individual child health, but also the health of the family and children in the wider community.

Our data:

- Uptake of immunisation in our children has improved significantly and moved substantially closer to the local target of 90% uptake.
- Uptake still remains below the national target of 95% across all childhood immunisations.
- The gap for 5 year old immunisations in some cases is up to 10% lower than the national average

Our priorities and strategies:

- A priority within the Council's corporate indicators.
- Improvements are underway but we have not yet achieved the target, especially in 5 year olds.

- **Our children to be protected against diseases that we can prevent (improvement and integration of services)**

Dental health

Poor dental health in children will contribute to dental problems in later life through dental decay, gum disease and associated problems with pain and infection.

Our data:

- The dental health of our 3 year olds is much worse than in the rest of England.
- On average our children have 3.5 decayed, missing or filled teeth, well above the England average is 3.1 (2013 survey).
- Our 5 year olds have a higher level of decay than London and England with one in every three children having a decayed tooth.
- Our Asian children have particularly high rates of decay and untreated disease.

Our priorities and strategies:

- We are developing an oral health strategy to address this issue.
- **Our children to have regular check-ups and less dental decay (improvement and integration of services)**

Accident and emergency attendances and hospitalisation in 0-5 years

The leading causes of attendances at Accident and Emergency and hospitalisation amongst the under 5s include illnesses such as gastroenteritis and upper respiratory tract infections, along with injuries caused by accidents in the home. Around half of under 1 year olds visit an Accident and Emergency department, leading to 1 in 3 being admitted⁸.

Our data:

- There were 758.3 A&E attendances for those aged under 5 in Barking and Dagenham in 2014/15 per 1,000 population. This is higher than the London average (681.9) and the national average (540.5). The figure for LBBB also represents an increase from the previous year's figure.
- In 2012-14, the infant mortality rate was 4.4 per 1,000 live births in the borough. This is higher than that seen nationally (4.0) and in London (3.6) for the same time period.

Our priorities and strategies:

- **An integrated early years service from conception to age 5 (improvement and integration of services).**

3.4 Primary school children

Primary School is a period of growth, physically, emotionally and educationally, it is also a period where lifestyle behaviours like healthy eating and physical activity can be the key to future health and wellbeing. The Healthy Child Programme (5-19 years) sets out an expectation that every child is offered a health review with a trained professional at entry to Reception year and at Year 6, this includes measures of physical health like height and weight and mental and emotional wellbeing.

Childhood obesity, healthy diet

We particularly want to protect our children against becoming overweight and obese. Childhood obesity is known to be linked to poorer health in later life particularly heart disease and diabetes.

Our data:

- Barking and Dagenham has the highest proportion of overweight and obese children in Reception class (27.5%) among all London local authorities. This has increased slightly (0.7%) compared to the previous year. (Source: NCMP 2014/15).
- The percentage of overweight or obese children in year 6 fell by 1.6%, and is the 7th highest rate among London local authorities.

Our priorities and strategies:

- Improving lifestyles and behaviours in children in relation to drugs, alcohol, obesity, physical activity and diet are prominent priorities within: the council corporate plan, JHWS and STP
- We have developed a Healthy Weight Strategy
- **Our children to be more active and eat healthier diets (prevention).**
- **More children are taking regular physical activity (prevention)**

Mental health

Child and adolescent mental health is in section 3.5 Adolescents: Emotional and mental health

3.5 Adolescence

Adolescence is a period of substantial change, individuals are developing health behaviours, beliefs and concepts that forms the basis of their health and wellbeing for the rest of their lives. The impacts of developing physical or mental ill health in adolescence can affect educational attainment and core life skills around relationships and identity.

Teenage pregnancy

Our data:

- We have the 2nd highest teenage pregnancy rate in London, this is higher than England average.
- Conception rates are falling: from 40.1 to 32.4 (pregnancies per 1,000 women aged 15-17) from 2013 and 2014 respectively.
- The borough's Teenage Pregnancy rate is declining at a faster rate than regionally and nationally.

Our priorities and strategies:

- **Empower adolescents to make informed choices about their sexual and emotional health (prevention).**

Educational attainment/NEETS (Not in Education, Employment or Training)

There is a strong link between NEETs and poor health outcomes.

Our data:

- There were 512 recorded NEETS in LBBB in 2016. There has been no change in these levels since 2013/14.
- Of Young people aged 18-24 in LBBB, 3.6% were claiming either Jobseekers Allowance or Universal Credit. This is much higher than London average and the average of any other borough in London (May 2016 data).

Our priorities and strategies:

- **To continue to improve the educational attainment of children and young people in our borough (social determinant of health).**

Smoking and drinking

Smoking results in short term harm such as impacting on respiratory function. Moreover, most young people who smoke regularly continue to smoke throughout adulthood. Drinking during childhood, particularly heavy drinking is associated with a range of problems including physical and mental health problems, alcohol-related accidents, violence, and anti- social behaviour.

Our data:

- We estimate that up to 27% of local young people between the ages of 11 and 19 (mainly in the older group) smoke regularly.

- A Young Peoples specific service, Subwise, engaged with 309 individuals, 264 were under the age of 18 (2015-16). Alcohol was stated as their main problem substance for 36% of these young people, the youngest of these being 11 years old.
- Most of the referrals were White British. Women and BME groups were under represented.
- Alcohol related hospital admissions for the under 18s in LBBD are lower than the London and national average.

Our priorities and strategies:

- We want to prevent our teenagers starting as well as support them in stopping.
- This is a priority in the STP and a Council key indicator.
- **Fewer adolescents to smoke and/or problematically use alcohol (prevention).**

Emotional and mental health

We want to empower our adolescent residents to make informed choices about their sexual and emotional health, including issues linked to preventing child sexual exploitation. Mental health problems in childhood and adolescence can have tragic circumstances.

Our data:

- There are 7,188 children and adolescents with diagnosable mental health problems.
- The most common conditions are emotional disorders, conduct disorders and hyperkinetic disorders.
- Vulnerable children (such as from homeless families or families affected by substance misuse and looked after children) are more likely to suffer mental ill health.

Our priorities and strategies:

- A key local and national policy priority is to ensure parity of esteem with physical health.
- We have recently undertaken a CAMHS needs assessment to further inform priorities.
- We have developed and agreed a Local Transformation Plan for Child and Adolescent mental health. This is due to be refreshed in October 2016.
- **More adolescents have developed coping and rebound skills to manage life stresses.**

3.6 Maternity

Early antenatal booking

Early antenatal booking is recommended to ensure that women do not miss out on interventions, monitoring or screening that might benefit their health and their babies. Socially disadvantaged groups are less likely to book by 12 weeks.

Our data:

- We have seen an improvement in booking before 12 weeks. 8 out of 10 women (2014 data) compared to 6 out of 10 women (2013) saw a midwife within 12 weeks.
- However data for England in early 2014 9 out of 10 women saw a midwife within 12 weeks.

Our priorities and strategies:

- **High quality care and support during pregnancy.**
- **The majority of women to take up the opportunity of antenatal screening**
- **More women in pregnancy from vulnerable groups to have dedicated support.**

Smoking

Our data:

- In the first quarter of 2015/16 around 9 in 100 women who gave birth in the borough were smokers. Although the percentage is reducing, it remains the highest level in London.

Our priorities and strategies:

- Fewer of our parents to expose their children to cigarette smoke during pregnancy.

Breastfeeding

Breast feeding has a number of benefits for mother and child including increasing immunity for the child and reducing risk of obesity in later life.

Our data:

- In recent years an increasing number of Barking and Dagenham mum's are choosing to breastfeed but mums in Barking and Dagenham are still less likely to breastfeed than mums in London.
- Barking and Dagenham has relatively low breastfeeding initiation rates (78%) compared with London and England (86.1% and 74.3% respectively).

Our priorities and strategies:

- Breast feeding rates are improving. We now want to target white British mums, mums from lower socio economic groups who are less likely to breast feed.
- **More infants are breast fed in the first months of life.**

3.7 Adulthood

3.7.1 Changing lifestyle behaviours.

Lifestyle and behaviour change is a key way to improve life expectancy that will have an impact in the medium term. To address health inequalities interventions must be universal but with an intensity according to the level of disadvantage in addition to targeted interventions for some specific vulnerable groups.

Targeting certain disadvantaged groups who have Changing lifestyle behaviours (Obesity, smoking, substance misuse, Teenage pregnancy) are key priorities of the plans of the council, STP, integrated model of care as well as JHWS.

Smoking

More than half of the inequality in life expectancy between social classes is now linked to higher smoking rates amongst poorer people. In our borough smoking has a significant impact on life *expectancy*.

Our data:

- The smoking prevalence in LBBB, whilst reduced, remains the highest in London (2013).
- Deaths from smoking in people over 35 years is also the highest in London (2011-13 data).
- 9 out of 10 deaths from lung cancer are attributable to smoking. This is the leading cause of premature death in women, and second highest cause in men.
- Hospital admissions attributable to smoking are much higher than London and England at 2,001 for LBBB compared to 1,608 and 1,688 per 100 000 population for London and England respectively.

Our priorities and strategies:

- This is a priority in the council corporate plan, priority for prevention in the STP and key to the integrated model of care.
- A Tobacco Control Strategy has been developed.
- **Fewer adults smoke/or problematically use alcohol (prevention).**

Weight and diet

After smoking, obesity is one of the most important risk factors to being healthy for our residents.

Our data:

- Over two third of adults in the borough are overweight (68.4%) compared to 58.4% in London and 64.6% in England (PHOF estimates 2012-2015).
- Also according to QOF 2014/15, 11.5% of adults in LBBB are obese; this is higher than London average of 7.3% and the national average of 9%.

Our priorities and strategies:

- **More adults have a healthy weight and have access to healthy food/produce (prevention)**
- Key strategies prioritise referral to healthy lifestyle programmes and health and the built environment.
- A Healthy Weight Strategy has been developed.

Physical activity

Our data:

- Only 15% of Barking and Dagenham's population in physical activity for at least 30 minutes participate 5 times per week with nearly 45% participating once per week.
- There is also low utilisation rates of our green spaces.

Our priorities and strategies:

- *There is a corporate priority to increase leisure centre attendance.*
- There is an STP priority for use of green spaces and the built environment.
- Healthy New Towns focus on developing green spaces.
- A Healthy Weight Strategy has been developed.
- **More adults to take regular physical activity including cycling and walking (prevention)**

3.7.2 Early intervention and prevention of long term conditions.

Cancer, heart disease and chronic obstructive airways diseases are the major causes of premature death in our residents. Early diagnosis and intervention for people with established disease and screening programmes improves quality of life and reduces mortality by identifying disease early. The NHS Health check programme is a key mandatory programme identifying diabetes, heart disease, high blood pressure and stroke to support early identification and appropriate interventions. Cancer screening programmes are key. These are priorities within our key strategies and performance indicators. For example: empowering our residents to manage their own condition is fundamental to the STP and the integrated model of care. NHS Health checks and cancer screening programmes are priority indicators for the council and the JHWS.

This section now summarises key data from the JSNA for long term conditions (cancer, cardiovascular diseases (including diabetes, heart disease and stroke).

Cancer

Our data:

- Cervical screening rates improved between 2012/13 and 2013/14 and then declined in 2014/15 by 1.6% compared to the previous year.
- Similarly Breast cancer screening rates increased slightly between 2012/13 and 2013/14 from 64.3% to 65.1% followed by a decline to 60.4%. This is lower than the level for England (72.2%).
- The rate of uptake for bowel screening in LBBD has gradually improved over the last few years, increasing from 35.1% in 2009/10 to 43.2% in 2014/15. However it is still much lower than the national target of 57.9% and is also low 7th lowest between all London boroughs.
- Cancer deaths are falling nationally but, unfortunately, in Barking and Dagenham it is continuing to rise.
- Lung cancer is the most common cause of death in our Barking and Dagenham residents with smoking causing 9 out of every 10 lung cancer deaths.
- The rate of premature death from lung cancer in Barking and Dagenham is higher than London and 50.3% higher than England.
- The one year survival rate for all cancers in B&D in 2013 (64.9%) was the second lowest in London after Newham, much lower than London rate of 70.9% and the England rate of 70.2%.

Our priorities and strategies:

- We want to increase screening uptake and early diagnosis of cancer. Key priorities for the JHWS and the STP are early diagnosis of cancer and improvement of cancer screening for breast, bowel and cervical cancer.
- **More adults to take up the offer of screening for cancers including breast, bowel and cervical.**
- **More adults with the early signs of chronic disease to be identified in primary care and start treatment and care.**

Diabetes

Diabetes is a major public health problem, with approximately 10% of the NHS budget spent on diabetes care. 90% of adults with diabetes have Type 2 or adult onset diabetes. Unhealthy diet, low physical activity and obesity are major contributors to Type 2 diabetes.

Our data:

- In 2015 there were 11,013 people aged 17 years or older who had a diabetes diagnosis. This is equivalent to 7.3% of this age group compared to 6.4% for England.
- This is a 4.0% rise on March 2014 data(10,629) although this is most likely due to increased detection.
- The rate of emergency diabetic admissions in known diabetics is higher than London and England.

Our priorities and strategies:

- We want to increase the number of people identified with pre diabetes and prevent them from developing diabetes. A key priority for the STP is diabetes prevention.
- We aim to focus on improving the quality of care and support for people living with diabetes as well as empowering our residents to manage their own condition.
- **Improve services for people living with long term conditions.**
- **More adults with the early signs of chronic disease are identified in primary care and start treatment and care.**

Stroke

Residents who do have strokes in Barking and Dagenham are likely to have severe strokes, and are more likely to die under 75 years of age.

Our data:

- The prevalence of stroke is 0.91% across Barking and Dagenham; significantly lower than the national rate of 1.73%.
- Stroke related emergency hospital admissions have increased in Barking and Dagenham between 2003/04 and 2014/15, whilst for the same period England saw a decline.
- Mortality rates for stroke in people aged 65-74 years old and for men of any age is higher than the London and England average.

Our priorities and strategies:

- NHS Health checks identify people with stroke risk factors to enable proper consideration of evidence-based lifestyle advice and treatments where indicated.
- The NHS Health check is a mandatory programme and a corporate priority for the council.
- It is a priority to ensure GP stroke registers are up to date and blood pressure monitored regularly.
- **Improve services for people living with long term conditions.**
- **More adults with the early signs of chronic disease are identified in primary care and start treatment and care.**

Respiratory diseases e.g. chronic pulmonary disease

Our data:

- Barking and Dagenham has the 3rd highest prevalence of COPD among the 32 London boroughs at 1.64% (2014/15 data).
- LBBD had the highest rate of hospital admissions for COPD (370 per 100,000 population) of all the boroughs in outer North East London. This rate is more than double the England average at 200 per 100,000 population (2011-12 data).
- Premature mortality rate from respiratory conditions was at 31.6 per 100,000; considerably higher than that of London and England (17.1 and 17.8 respectively) (2014/15 data).
- Currently, an estimated 47% of patients with diagnosed COPD continue to smoke.

Our priorities and strategies

- **Active case finding: around a half of all patients with COPD remain undiagnosed.**
- **Fewer adults smoke/or problematically use alcohol (prevention).**

3.7.3 Health and care system

The JHWS aims for more adults to have access to community based urgent care services in ways that suit their work/life balance and to avoid unplanned hospital care. For our residents the effective management of chronic conditions in primary care is important.

Our data:

- Barking and Dagenham CCG has the 3rd highest unplanned hospitalisation rate in London (1,054 per 100 thousand, or just over one admission per 100 residents in 2014/15), and is ranked 40th among 209 CCGs across England.
- The rate varies between wards, Heath (1,560) had the highest rate per 100 thousand population in 2014/15, while Chadwell Heath (826) and Mayesbrook (846) had the lowest rates.

Our priorities and strategies:

- Other key JHWS and council key performance indicators relating to the health and care system include: direct payments for social care, delayed transfer of care, unplanned hospitalisation, A and E attendances.
- **More adults with the early signs of chronic disease are identified in primary care and start treatment and care.**
- **Improve services for people living with long term conditions.**

Mental health

Severe and enduring mental health is in section 3.9 Vulnerable and minority groups

3.8 Older adult priorities

The health and wellbeing of this group is often characterised by an increasing dependency on support, as individuals' age and become frailer. Health deteriorates for many of our residents in older age. Older residents are more likely to fall or to have poor eye health. The impact of social isolation, poverty and the lifetime effects of health risk behaviours such as smoking, all contribute to an older person's health and wellbeing. There is no avoiding that old age is followed by death, and providing individuals support and dignity in dying is an important part of the health and social care agenda.

Health and care system

In the future there will be an increase in the numbers of people with diabetes, stroke, heart disease and arthritis needing care as well as larger increase in the number of residents with dementia needing care. The demand from those with moderate or severe need for social care is estimated to increase by 90%.

Our data:

- An analysis of resident's use of social care between 2008 and 2012 found that although demand for services fell in the period, Barking and Dagenham still has more service users than its comparator boroughs.
- There was a 17% fall in the number of older people using community based services. The use of residential and nursing care services remained stable.

Our priorities and strategies:

- Frail elderly adults to be supported to live independently.
- Key JHWS and council key performance indicators relating to the health and care system include: direct payments for social care, delayed transfer of care, unplanned hospitalisation, A and E attendances and older people's permanent admissions to residential homes.

Older people mental health

Older people (aged 65 years and over) may have additional needs and experience poor outcomes if those needs are not met.

Our data:

- Depression is almost twice more common in older women, than in older men in Barking and Dagenham.
- The number of cases of severe depression is projected to increase among residents aged 65-69 years. This will likely be a result of projected population growth in this age group over the coming years.

Our priorities and strategies:

- The JHWS aim is for mental health services for older people to have parity of esteem with physical health services.
- **Residents with dementia to be on a GP register and to have access to the services they need.**

Falls

Our data:

- In Barking and Dagenham every year our residents over 65 years old have around 7,000 falls.
- In 2014/15, 383 people aged over 65 suffered injuries due to falls, (1,656 per 100,000), this is lower than both the London rate of 2,253 and the national rate of 2,125 per 100,000 population aged over 65 years.
- Barking and Dagenham have around 9,400 falls made by residents aged over 65 years each year.
- Of those 9,400 around 4,060 will fall twice or more in a year. Additionally, according to Public Health England, 526 individuals attended A&E, many of these are preventable.

Our priorities and strategies:

- A JHWS priority is for fewer older adults injured through accidents in the home, particularly falls.

End of life care

Our data:

- Many more of our residents (56.3%) die in hospital than is the case for England as a whole (48.7%).
- Of deaths in other places a similar percentage die at home (22.7% Barking and Dagenham, 23% England) and fewer die in a care home (14.2% Barking and Dagenham compared with 20% England). It may be that our care homes are less well able to care for people who are dying and residents of care homes are more likely to go into hospital to die.

Our priorities and strategies:

- With active case finding and good disease management the majority of these deaths could be anticipated and the end of life adequately planned for.
- A JHWS priority is for adults who are terminally ill to die with dignity in a planned supported way.

Eye health

- Visual impairment is a common consequence of ageing. Nearly two thirds of visually impaired are women. People from BME communities are at greater risk of some leading causes of sight loss. Most people with severe visual impairment are over 65.

Our data:

- The estimated rate of common conditions leading to blindness or partial loss of sight is higher in LBBD than in London or England.
- The proportion of people registered as blind or partially sighted in LBBD is lower than London or England.

Our priorities and strategies:

- A scrutiny review of eye health was undertaken 2014-15
- An eye health strategy is being implemented 2016 -17.

3.9 Vulnerable and Minority Groups

Addressing of needs of vulnerable groups with poorer health outcomes is key to addressing health inequalities. Understanding these needs is an important aspect of the JSNA. This section summarises some of the information from the JSNA in relation to key vulnerable groups.

Looked after children

Our data:

- The trend in previous years shows increasing numbers of looked after children in the borough, however this has now stabilised at 455.
- Of the looked after children in care the percentage that received a health check increased from 93% in 2014/15 to 94% in 15/16. This is above national and London averages (88% and 90% respectively).
- Dental checks for all looked after children have increased from 80% to 85%, and medicals from 75% to 82%.
- Eye checks declined slightly by 1% to 76%.

Our priorities and strategies:

- Dental, eye and health checks for all children in care remain areas for improvement.
- Improving health outcomes for looked after children, care leavers and youth offenders is a JHWS priority.
- Child and adult safeguarding and child protection plans are also key priorities in the council KPIs and JHWS.

Children with special educational needs

Our data:

- The proportion of children identified with special educational needs is lower in Barking and Dagenham than nationally.
- There has been a downward trend in number of children with special educational needs (SEN) without statements.
- The numbers of children with severe disabilities is growing nationally.
- In Barking and Dagenham this means paying particular attention to our disadvantaged residents and our Asian and Black African communities because they have a higher prevalence of young disabled children.

Our priorities and strategies:

- The JHWS priority is for our children with special educational needs to have their needs met and demonstrate improved educational and health outcomes.

Domestic violence

Our data:

- Domestic violence affects our children and adults and is the leading cause of ill health for women aged 19-44 years.
- Barking and Dagenham has the highest reported rate of domestic abuse offences in London in 2015/16.
- Using year to date totals, there were 2,568 offences in 2015/16 which represents an increase of 5.4% compared with 2,436 offences in 2014/15.
-
- Domestic abuse is a factor that features in 62% of the borough's open social care cases.

Our priorities and strategies:

- The JHWS priority is for our children's and adults domestic violence services to meet the needs of residents.
- Domestic violence is also a priority performance indicator for the council.
- **Children to be protected against Child Sexual Exploitation.**

Severe and enduring mental health issues and employment

The JHWS aim is for people with mental health issues to be dealt with on an equal footing to people with physical health issues. We also aim for vulnerable residents to have access to employment opportunities.

Our data:

- There were just under one in a thousand (or 0.76%) of Barking and Dagenham residents registered by GPs as seriously mentally ill in 2013/14, with a slight decrease (-.08%) in 2014/15.
- The London wide level of serious mental illness in 2014/15 increased by 2.14% (to 1.07%), compared to the previous year. Registration of serious mental illness locally may be less than expected in view of levels in other London boroughs with similar levels of deprivation.
- Throughout 2014/15 3.7% of adults in LBBDD, who receive secondary mental health services, were in paid employment, this is low compared London and England averages (6.7% and 6.8% respectively).
- In August 2015 the borough had 8,090 residents claiming Employment and Support Allowance (ESA) benefit with around 43% of these claiming on the basis of mental health or behavioural related disorders.

Our priorities and strategies:

- The A key priority for the JHWS is for mental health services and pathways to explicitly consider access for individuals from minorities, including sexual orientation where there is evidence of enhanced need. The STP, ACO, council and JHWS all set as a priority the aim for more of vulnerable adults to have employment opportunities.
- **More of vulnerable adults to have employment opportunities.**
- We are developing a mental health strategy

Fuel poverty and affordable housing for older and vulnerable adults

Barking and Dagenham has developed an integrated Affordable Warmth Strategy for 2015/20, to deliver a holistic plan to mitigate against excess winter deaths, retrofit and insulate homes, encourage reduced energy consumption and promote access to lower energy tariffs.

Our data:

- Fuel poverty has risen slightly in the last few years but at a lesser rate than our comparator boroughs.
- The percentage of households in fuel poverty in LBBD has risen from 9.9% of households to 10.6% 2011 and 2014 respectively, this is in-line with the London average rate. The Council's interventions have prevented the number of households in poverty from rising. Tackling fuel poverty is to be embedded within the corporate delivery of services.

Our priorities and strategies:

- More older adults and vulnerable individuals to live in high quality and more energy efficient homes, protected from weather extremes.
- To increase the number of vulnerable adults identified by the annual Warm Homes, Healthy People programme.

Homelessness

Barking and Dagenham is one of the less wealthy London Councils and has a significant issue with homelessness. Homelessness directly links to health as homeless individuals and families are likely to be more unhealthy than the general population.

Our data:

- The number of people in the priority need group to whom LBBD Council has accepted a full homelessness duty has experienced a 4-fold increase between 2009 and 2013.
- The numbers of applicants from BME communities has increased significantly over the last 12 months; the number of BME applicants actually meeting the criteria for statutory homelessness has remained stable.

Our priorities and strategies:

- A JHWS priority is to provide independence for our residents and tackle homelessness.

4 Next Steps for JSNA 2016 and 2017

The 90 sections of the JSNA provide a comprehensive description by partners of the HWB board of the needs and assets of the borough. This information should inform the development of key strategies and priorities of the HWB board and its partners as recommended below. Limited feedback on JSNA 2015 was that it was utilised and well received. We propose that we undertake more customer feedback of the JSNA 2016 and review the content and format for the 2017 JSNA.

5 Impact of Care Act 2014

The Care Act stresses the need to integrate health and social care services at all levels and is prescriptive about what it expects in terms of the JSNA and the Joint Health and Wellbeing Strategy.

6 Mandatory Implications

6.1 Joint Strategic Needs Assessment

This report provides an update on the most recent findings and recommendations of the JSNA.

6.2 Health and Wellbeing Strategy

The recommendations of this report align well with the strategic approach of the Joint Health and Wellbeing Strategy. The strategy continues to serve the borough well as a means to tackle the health and wellbeing needs of local people, as identified in the JSNA. The reader should note, however, that there are areas where further investigation and analysis have been recommended as a result of this year's JSNA. The purpose of the ongoing JSNA process is to continually improve our understanding of local need, and identify areas to be addressed in future strategies for the borough.

6.3 Integration

The report makes several recommendations related to the need for effective integration of services and partnership working.

6.4 Financial Implications

(Completed by Katherine Heffernan, Group Manager, Service Finance)

This report provides an update on the Joint Strategic Needs Assessment for Barking and Dagenham and identifies a number of priorities and recommendations. There is no new funding available to meet these recommendations and all action taken will be funded from within existing resources (which may require some level of prioritisation.)

6.5 Legal Implications

There are no legal implications. (Completed by: Chris Pickering, Principal Solicitor, Employment and litigation)

6.6 Risk Management

The recommendations of this paper are a product of the evidence based JSNA process, with an aim to improve health and wellbeing across the population. There are no risks anticipated, provided the commissioning and strategic decisions take into consideration equality and equity of access and provision.

6.7 Non-mandatory implications

The JSNA seeks to review the evidence of need for local residents across the breadth of health and wellbeing. Therefore the recommendations presented here and the full JSNA document will be of relevance to stakeholders across the health and social care economy.