

Joint Strategic Needs Assessment 2018: Executive summary

Introduction and background

This Joint Strategic Needs Assessment (JSNA) is based upon presentations given to three themed workshops informing the Joint Health and Wellbeing Strategy in July 2018. As such, this JSNA directly provided an evidence base for the 2019–2023 Strategy.

Aim and 2018 approach
JSNA 2018

Approach 2018
3 x presentations for JHWS workshops (July 2018)



1. Best start in life
2. Early diagnosis & intervention
More than half of all HIV infections locally are diagnosed late.
3. Resilience



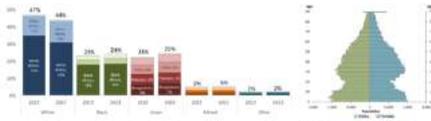
Aim of Joint Strategic Needs Assessment (JSNA):

To provide **timely, relevant information on the needs of the population** to inform key strategies (most notably, the Joint Health and Wellbeing Strategy [JHWS]) and commissioning decisions.

Its ultimate purpose in doing so is to improve the population's health and reduce health inequalities.

JSNA





+ socio-demographic profile

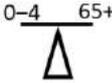
All data and references available within JSNA

Socio-demographic profile

Barking and Dagenham has a young and diverse population of around 210,700 residents in a densely populated, urban location.

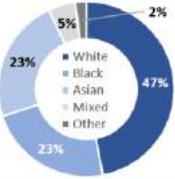
Socio-demographic profile
JSNA 2018

Population

-  210,700 residents
5,800 per km²
-  Half of residents are younger than 32.1 years
A lower median age than London or England
-  Same number of 0–4s as 65+
Highest % of under 5s in UK (9.4%)
-  8.5% annual turnover of residents

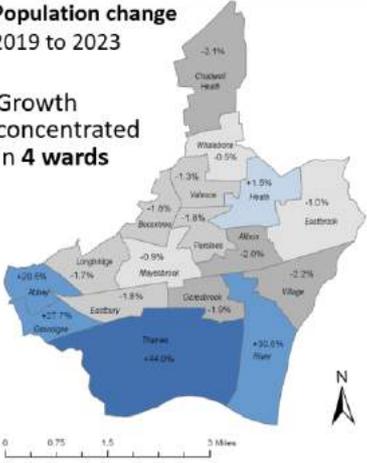
Three largest ethnic groups:

- White British (35%)
- Black African (18%)
- Other White (11%)



Population change 2019 to 2023

Growth concentrated in 4 wards



Deprivation

11th most deprived local authority in England
85% of small areas in 30% most deprived in England



Births and deaths

-  3,870 live births in 2017
Highest birth rate in England and Wales
-  1,191 deaths in 2016

Leading causes of death (2014-16):

1. Ischaemic heart disease
2. Dementia
3. Lung cancer
4. Chronic lower respiratory disease
5. Stroke

Lowest life expectancies in London

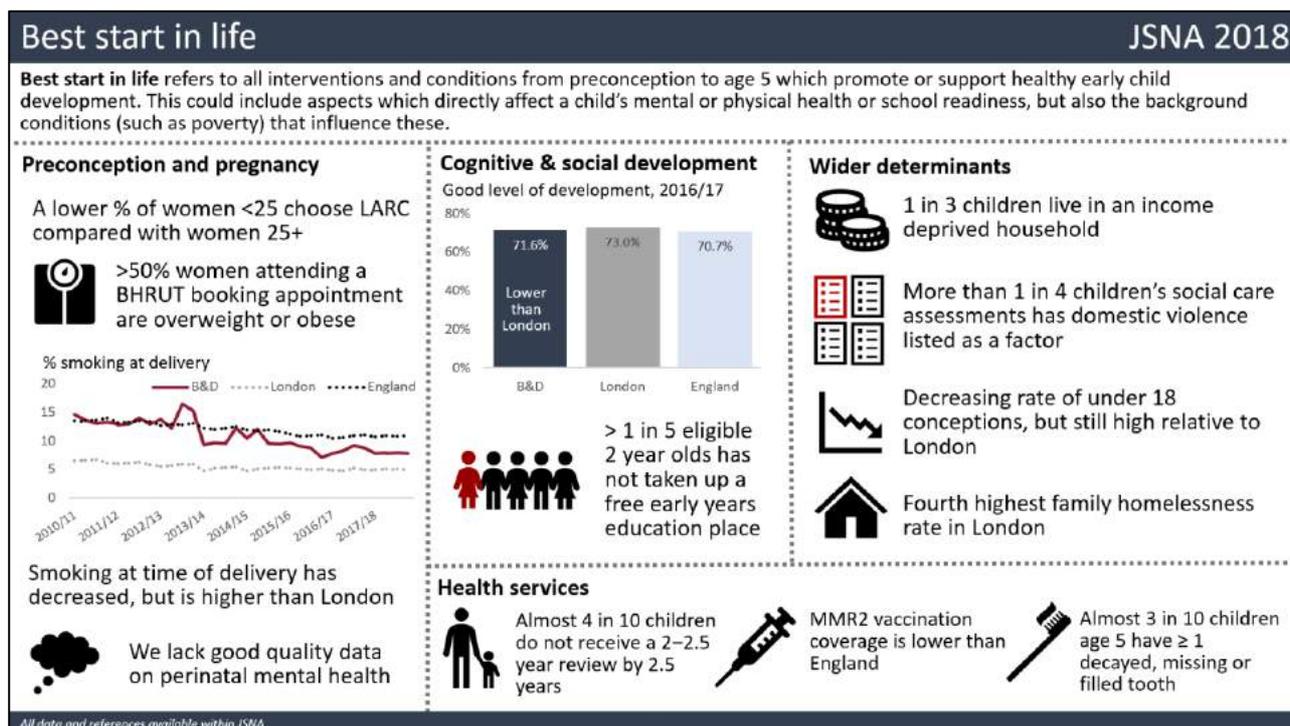
	81.9 years ↓ 2.3 years 84.2 years <small>London</small>		77.5 years ↓ 2.9 years 80.4 years
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Low healthy life expectancies

	60.7 years ↓ 3.7 years 64.4 years <small>London</small>		58.2 years ↓ 5.3 years 63.5 years
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All data and references available within JSNA

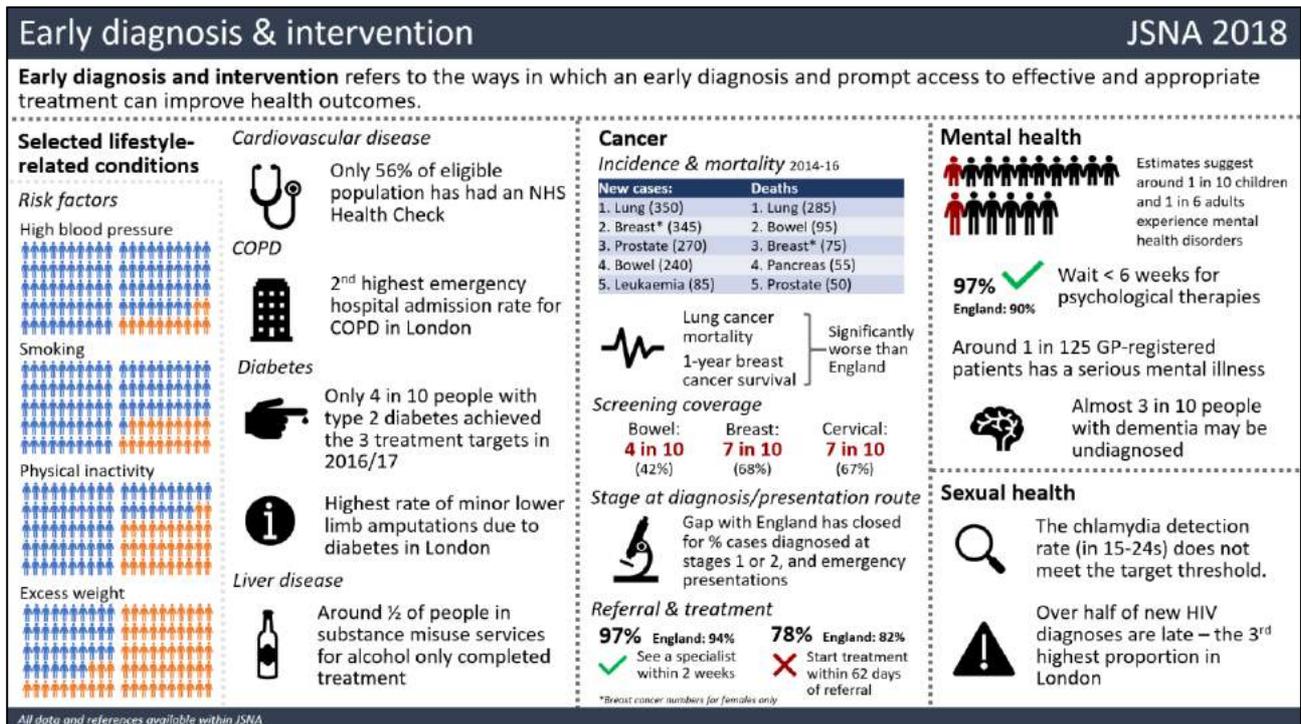
Best start in life



Key implications for commissioning:

- Improving adult population health in areas such as excess weight and physical activity (both Borough Manifesto targets) would benefit the next generation.
- Ensuring women are aware of the benefits and can access long-acting reversible contraceptives (LARC) may give them more control over when or if they choose to become pregnant.
- Pregnancy should continue to be recognised as a key moment to help women and their partners make a long-term change in areas such as smoking cessation.
- We should explore how we can bring together existing sources of early years data to effectively monitor and identify inequalities and areas for improvement.
- We should continue to improve take-up of funded early years places, while continuing to support parents to develop a suitable home learning environment.
- Services should recognise that the conditions in which children spend their early years are likely to have a large impact on their future health outcomes.
- Services should continue to find ways to identify and reach children who have not received vaccinations.

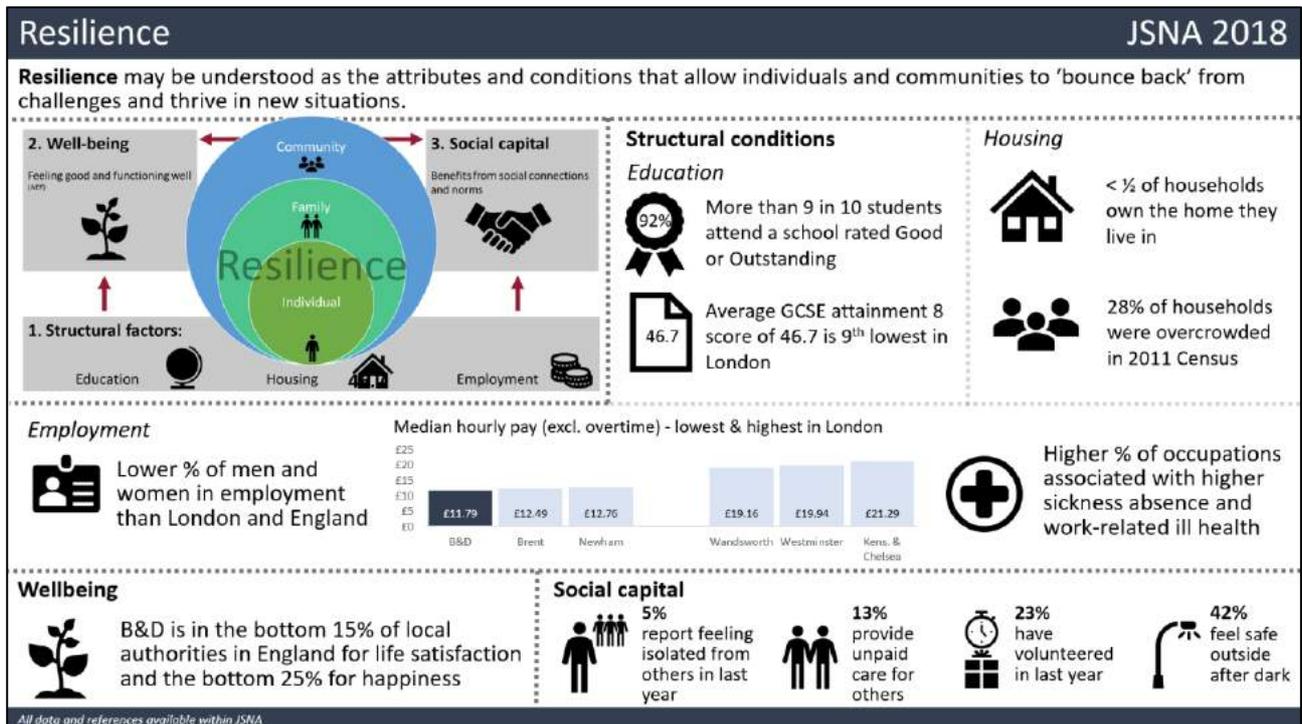
Early diagnosis and intervention



Key implications for commissioning:

- A focus on prevention is key to intervening early for conditions such as cardiovascular disease and diabetes.
- Increasing NHS Health Check and national cancer screening programme coverage would increase early diagnosis and intervention.
- Referral to cancer treatment figures should be analysed to identify the reasons for delay.
- Recognising and diagnosing mental health disorders, and ensuring residents recognise when they should seek medical advice, and feel able to do so, is important.
- Recent evidence on the burden of physical ill health suffered by people with serious mental illnesses underlines the need for joined up services and a holistic understanding of needs.
- Reducing the proportion of undiagnosed dementia cases may allow these individuals to receive support to slow its progression and plan for future needs.
- Increasing coverage of routine chlamydia testing in young people would prevent possible complications and reduce onward transmission.
- Strategies to reduce the proportion of late HIV diagnoses should be explored.

Resilience



Key implications for commissioning:

- Structural factors such as education, housing and employment support resilience. As such some key focus areas could be:
 - Improving school readiness, maintaining high school standards and environments, and increasing attainment and attendance.
 - Supporting the availability of high quality, affordable housing.
 - Supporting the unemployed and the economically inactive who would like to work to enter employment.
 - Advocating for the London Living Wage, helping uncover cases where the National Minimum Wage is not being paid, enforcing health and safety requirements (where under local authority remit), supporting training, and encouraging the development of skilled jobs in the area.
- Another key aspect of resilience is wellbeing. Addressing underlying socio-economic factors may increase wellbeing.
- The third strand of resilience explored in this JSNA is social capital. This suggests that:
 - Reducing social isolation would be beneficial to resilience.
 - Exploring whether social support networks are equally distributed may help us understand who may need more support.
 - As with support networks, it would be worth exploring whether volunteering is evenly distributed within the borough to understand who and who does not volunteer.
 - Exploring residents' attitudes to their local area will give us insights into how norms are changing over time and how we might intervene to affect these positively.