1. Introduction

In 2007, the Local Government and Public Involvement in Health Act said that all Councils and PCTs must review the health and well-being needs of their population. This is called a Joint Strategic Needs Assessment (JSNA). Health and well-being includes the prevention of ill health and promotion of good health and quality of life as well as the provision of health and care services.

This JSNA will help the Council, the local NHS and other local statutory and voluntary organisations to understand what local people want and need so that they can make better use of resources and plan to improve services for those in greatest need.

There is no template – it is up to each area to decide how to produce the JSNA but it is intended to be easy to read and focussed on outcomes – that is on improving the health and well being of the local population. The JSNA assesses current and future need and service gaps and supports the Community Plan and the Local Area Agreement and its plans to meet local needs.

In Hounslow we have built our JSNA around four pillars

- Public Health
- Adult Social Services
- Children’s Services
- Place – the 5 localities of the Borough, Housing, Transport, Jobs, Safety etc
We have written this JSNA in a number of sections

- Introduction
- The Vision
- Hounslow – People and Place
- Hounslow priorities
- Action Plan a short plan noting what we will do next

The priorities have been separated into sections on

- **Improved health and emotional well-being**
- **Improved quality of life**
- **Making a positive contribution**
- **Increased choice and control**
- **Freedom from discrimination and harassment**
- **Economic well-being**
- **Maintaining personal dignity and respect and safeguarding**

These are based on the outcomes used by the government in “Our Health, Our Care, Our Say” and incorporate the Every Child Matters outcomes. In each section we have looked at what we know about how well services currently meet needs, including what we have heard from public feedback and also noted what we need to ensure happens in the future.

This is followed by three Appendices:

- Appendix 1 – summarises links to other key plans and strategies if you wish to learn more about particular subjects
- Appendix 2 covers an overview of, the resources available and
- Appendix 3 provides thirdly providing a short Glossary of key terms.

This JSNA and many of the key strategies are available to download on the Council and PCT websites at


**Consultation**

This document is mainly based around the consultation with and involvement of users, carers, stakeholders and the public in agreeing the strategies and plans listed in the Appendix. It has also been discussed at a consultation event in May 2008 and at local partnerships, the Council Executive, and the PCT Board.

It is planned that this document will be refreshed annually to keep the data on which the analyses are based up to date. During the course of the next year the Council and PCT will also involve a wide range of public, user and carer forums in discussing the JSNA and will amend the 2009 JSNA in the light of these discussions.
2. The Vision for the Community

The Community Plan 10 year vision is that:

By 2017, Hounslow will be a Borough that achieves the aspirations of its local community and continues to be proud of its identity. It will be a Borough that thrives from a new sense of unity where the community continues to celebrate diversity and build cohesion.

It sets out seven themes that provide a framework to achieve this vision:

**A Growing Community** - the overarching theme, reflecting the growing population of the borough and its increasing diversity.

**A Cleaner and Greener Community** - improving and sustaining Hounslow's environment.

**A Safer and Stronger Community** - increasing respect between communities and tackling crime and the fear of crime.

**A Healthy and Caring Community** - residents supported to stay healthier longer.

**An Economically Active and Skilled Community** - economic growth with the right skills for local people and opportunities for local businesses.

**A Children and Young People’s Community** - supporting and improving life chances for them.

**A Creative Community** - promoting the local heritage, culture and leisure.

The Local Area Agreement

The **Local Area Agreement** (LAA) is a key means for delivering this vision. Hounslow’s Local Area Agreement for 2008-11 is a three-year agreement between the Hounslow Local Strategic Partnership and Central Government. The LAA sets out how local priorities will be met by applying local solutions, whilst also contributing to progress on national priorities set out by government.

Hounslow’s LAA is focused on local priorities drawn from the objectives set out in our Sustainable Community Strategy. Health and well-being issues form a strong contingent within our priorities and the selection of the 35 National Indicators and targets which partners will be actively involved in delivering on over the next three years.
Golden Threads

Alongside the vision we believe that there are some key themes, which we have called golden threads. These are extremely significant and must underpin everything we do in delivering the priorities identified in this plan and in every development that we make.

- Preventing problems - providing the support needed to prevent difficulties from arising.
- Supporting people to help themselves, promoting choice and control
- Valuing the involvement of local people in planning, developing and monitoring services.
- Building stronger and united communities positively addressing the needs of vulnerable groups
- Focusing resources on groups with the greatest identified needs
- Safeguarding vulnerable children and adults
- Promoting good relations and understanding between all communities by emphasising shared values and aspirations
- Ensuring that resources are used efficiently and offer value for money
- A focus on delivering effective outcomes
- Ensuring the quality of everything we do
3. **HOUNSLOW CONTEXT**

### 3.1 Geography

Hounslow is a wedge-shaped London borough, bordered in part to the south by the River Thames, to the west by Heathrow Airport and to the east by Hammersmith & Fulham. Both its environment and its population are diverse. The Council’s strategic publication, ‘Changing Hounslow’¹, calls it a borough of contrasting character and fortunes. The latest Hounslow Community Plan² states that each of the local areas and communities is very different in character and that each has unique needs and priorities. The Council has grouped the areas into five localities: Feltham & Bedfont; Heston & Cranford; Central Hounslow; Isleworth & Brentford; and Chiswick.

### 3.2 Population

3.2.1 We believe the local population has been increasing rapidly in the past few years. We also believe this trend will continue. The 2001 Census found there to be 212,300 people living in Hounslow. Recent population projections issued by the Office for National Statistics (ONS)³ estimate that the number of people living in Hounslow has stayed more-or-less unchanged since the Census, ONS estimate this will remain so until 2011 and then increase only very slowly thereafter.

---

¹ ‘Changing Hounslow – towards a new vision for the borough’s future regeneration’, LB Hounslow Economic Regeneration Unit, June 2006
² Hounslow Community Plan 2007-2010, LB Hounslow Policy & Performance Unit, June 2007
3.2.2 This is at odds with much local evidence of significant population growth since 2001. For instance, the latest figure for non-UK nationals living in Hounslow and registered for National Insurance was 9,800, of whom more than a third were from East European countries only recently admitted to the European Community. A similar picture applies in many other boroughs.

3.2.3 Since the ONS figures help determine the amount of money the Council and the PCT receive from Government, strong representations have been made to the ONS for their estimates to be revised upwards. In 2007, the ONS made a modest adjustment, increasing Hounslow's population by 2% or a little over 4,000. This is well short of what we believe is required to reflect the true position.

3.2.4 The Greater London Assembly (GLA) contend that the ONS figures not only under-count the population of most London boroughs but also under-estimate the rate at which numbers are growing. The GLA produce their own population estimates and projections, which give a different picture. Unless otherwise indicated, we base our population analyses in this document on GLA data. As indicated in the table below, the rate of increase is estimated to be steepest just now. Hounslow's population is expected to grow by 6.6% between 2005 and 2011, equivalent to an increase of around 3,000 people each year.

![Population Projections 2002-2020](image)

3.2.5 In common with most of the rest of London, there is a high turnover of population. According to GP registrations, 13,300 people moved into Hounslow in 2004-05, while 17,000 (about 8% of the total population) moved out of the borough. It would seem that migration out of Hounslow tends to take place most often when children reach school age and when people retire. There is also a significant transient element to the population due to the presence of Feltham Young Offenders Institute, the Hounslow army garrison, and the proximity to Heathrow airport.

---

4 National Insurance Recording System 2006-07 data, issued May 07, Department for Work & Pensions
6 NHSCR registrations in year ending June 2005, recorded by Office for National Statistics (ONS)
3.2.6 Recent and planned commercial property developments combined with good transport links indicate that there will be a growing daytime population, as more people travel into Hounslow to work and shop. While there is limited information on this group, one indicator is evidence that 30% of people attending the A&E Department at West Middlesex Hospital live outside the borough (there is no acute hospital in Richmond Borough and Richmond PCT fund about one third of the West Middlesex Hospital services).

3.2.7 We have already mentioned the inflow of East European workers as one reason why the population is not falling in line with the above figures. The main reason, however, is that the number of Hounslow births has been increasing, while the number of deaths has been decreasing:

- In 2006, 3,828 live births were registered. This was 154 births higher than the previous year and continues the sharp upward trend that started in 2000\(^7\). One projection is that births could reach 4,500 by 2011\(^8\).

- In the same year, 1,499 deaths were registered, 39 fewer than in 2005 and 185 fewer than in 2002\(^9\).

3.2.8 The same GLA population projections provide estimates of births and deaths in the borough over the coming years. Deaths are expected to continue a gradual but significant downward trend – see section 3.5 below for more on mortality and morbidity. Live births, after that initial substantial increase, are estimated to level off from 2011. This will have implications for the numbers of children requiring a place in Hounslow schools.

![Hounslow births & deaths 2002-2020](image)

**source:** GLA population projections, 2007 round, PLP Low projections

3.2.9 Birth rates have been rising steadily, up from 15 per 1000 women aged 15-49 in 2002 to 17.3 per 1000 in 2005. Fertility rates and absolute numbers of births also rose between 2001 and 2005. From 3200 Hounslow births in 2002 and 3650 in 2005, the figure is expected to reach 3800 in 2011\(^10\).

---

\(^7\) ONS Vital Statistics, reported in Hounslow Children’s Plan 2007-2010
\(^8\) Hounslow Primary Care Trust Commissioning Strategy, October 2007
\(^9\) ONS, reported in DMAG
\(^10\) Hounslow PCT Commissioning Plan Template, October 2007
3.2.9 The infant mortality rate has fluctuated over recent years but the trend is downward. In 2003-2005, the infant mortality rate was 5.7 per 1000. It is about average for London boroughs.

3.2.10 A child born today in Hounslow can expect to live much longer than its grandparents. Life expectancy has been steadily increasing overall, though as a result of men living longer. Women continue to have a greater life expectancy than men on average but the gap has been narrowing. Indeed, life expectancy for women in Hounslow has not improved in the past ten years. Hounslow life expectancy at birth during the period 2004-06 was estimated to be 76.7 years for males and 80.6 for females. Each figure is almost a year lower than the average for England. 

3.2.11 Hounslow’s age profile is markedly different from that for the country as a whole, as indicated in the diagram below:

- On the one hand, Hounslow has a much higher-than-the-UK-average proportion of young adults (both male and female). It also has a larger percentage of children under five.
- Conversely, at the 2001 Census there were lower-than-the-UK-average percentages of adults and older people in all age groups from ages 45-49 onwards.

We consider some of the main features of three age groupings in the next section.
3.3 Population by age group

Children and young people

3.3.1 The number of children living in Hounslow has been increasing fairly rapidly through the decade and, according to the latest projections\(^1\), is set to continue to grow over the next three years, before levelling off.

3.3.2 This upward trend is illustrated most of all in numbers of children under five. By 2011, there are expected to be over 18,500 under 5s living in the borough, an increase of 6% over 2008 and a full 23% on 2002 numbers. Although a downturn is projected after 2011, there are significant implications for local services, particularly for health care and early years child care provision and education and school places.

3.3.3 By 2011, Under Fives are estimated to comprise 7.9% of the total borough population, compared with 7.2% for children aged 5-9 and 5.9% for those aged 10-14. We do not know why this is. One factor could be that parents of school-age children move out of the borough in search of affordable housing with the necessary additional bedrooms as their children grow older. But the contrast is also due to the increase in the under fives population which we do know is linked to the rising birth rate and migration – i.e. Polish, Somali and Afghan mothers moving into the borough having more children.

---

\(^1\) GLA population projections, 2007 round, PLP Low, issued March 2008
3.3.4 Children and young people are concentrated in the west. The two Hounslow Areas in the western half of the borough – West Area and Heston & Cranford – between them contain more than half the 0-19 year-olds. At the 2001 Census, they had 45.5% of the total population but 51% of individuals aged 0-19.

Adults aged 18-64

3.3.5 Adults aged 18-64 comprise around two-thirds of the total population. Their numbers are expected to grow much in line with those for children, with a steep increase through to 2011 and a gradual one thereafter. See the table below.

population projections 2002-2020: ages 18-64 (GLA 2007 Round, PLP Low)

3.3.6 While males out-number females among children and young people, there seems to have been a shift in the adult population since 2002, with females now beginning to out-number males. By 2011, there are expected to be around 3% more women than men of working age living in Hounslow.

3.3.7 The prevalence of physical disability and sensory impairment increases as the population ages. At the 2001 Census, for instance, only 6% of Hounslow residents aged 18-39 stated they had a limiting long-term illness but this rose to 21% for people aged 40-64. Although there are more people with learning disabilities in the younger adult age ranges, they are living longer nowadays and the differences are decreasing.

Older People

3.3.8 It is with people aged 65 and over that we have had the greatest difficulty with the official population estimates from the Office for National Statistics (ONS). Contrary to public expectations and contrary to the perceptions of many health and social care professionals responding to a growing demand for care, the ONS data have been showing a continuing decrease in the number of Older People in the borough since 2001 and that will continue for some years to come.
3.3.9 The latest GLA projections show a somewhat different picture.

3.3.10 These estimates indicate a slightly lower number of people aged 65-74 and 75-84 in 2008 than in 2002 but with increases thereafter. Indeed numbers in the younger group are set to grow markedly as the post-war ‘baby boomers’ reach pension age. The GLA expects there to be 276 (2.1%) more people aged 65-74 living in the borough in 2011 than in 2008. The increase for 75-84 year-olds over the same period is 126 (1.5%).

3.3.11 At age 85+, numbers seem to have been steady in the early part of the decade but now considerable increases are feeding their way through. The GLA’s estimate is that there are 372 more people aged 85 and over living in Hounslow in 2008 than three years ago, up 13% on 2005. In 2011, another 241 people aged 85+ are expected, up over 7% on 2008.

3.3.12 People aged 85 and over are the biggest users of health and social care services and the most likely to require expensive residential care. They are much more likely to have dementia – prevalence is estimated at 23% for this age group, compared with 7% in people aged 75-84 and 2% in those aged 65-74. Given the projected increase in the over 85s, this might mean that an estimated figure of 1500 older people with dementia might rise to almost 1600 over the ten years from 2006 to 2016.

3.3.13 Although the West Area had slightly the largest proportion of over 65s in the borough at the 2001 Census, a different picture emerges at age 85 and over with Chiswick having a considerably higher proportion of this age group, according to recent ward projections:

---

14 ‘Forget Me Not – mental health services for older people in England’, Audit Commission 2002
15 Older People Joint Commissioning Strategy 2007-2010, LB Hounslow/ Hounslow PCT
3.4 Ethnicity

3.4.1 People in Hounslow have a range of needs regardless of their ethnicity and we aim to support them and meet their needs in a personalised way. In order to understand the diversity of Hounslow this section will briefly set out the ethnic composition of Hounslow. Generally the health and care needs of particular ethnic or cultural groups are typical of the population as a whole - that is they are provided for through mainstream services which should always aim to meet each person’s needs sensitive to their personal circumstances. There are also some particular groups which have a higher prevalence of a medical condition or specialist needs.

3.4.2 Many people originating from Asian arrived during the 1960s and 70s from India, Pakistan and East Africa and so did a smaller number from the Caribbean. These settled communities of largely second- and third-generation individuals and families have been joined by people from an increasingly diverse range of backgrounds. Latest estimates\(^{16}\) predict that the ethnic composition of the local population will continue to change.

\(^{16}\) GLA Ethnicity Projections, 2007 Round, PLP Low, published February 2008
3.4.3 One noticeable feature of recent years has been the widening of the geographical and ethnic origin of people living within the borough, with an increase in the number of people originating from African in the borough, many of them from Somalia. Nowadays there are people living in Hounslow from more backgrounds than ever before. In 2008, there are estimated to be almost 24,000 people in the Black Other/ Other Asian/ Other ethnic categories, more than one in ten of the local population. By 2011, the figure is expected to reach almost 27,000. The census does not collect data on people from Eastern Europe, Cyprus, Portugal and other European descent but these groups are also rising.

3.4.4 There are estimated to be between 7,100-8,200 refugees in Hounslow, over 3% of the population. The refugee communities represented in the Borough include people from Afghanistan, Albania, Bosnia, Kosova, Iran, Iraq, Sri Lanka, Kenya, Somalia and Tanzania. Many are physically and mentally healthy but others can have greater health needs including lower levels of childhood immunisation and greater levels of mental distress amongst those who have arrived from regions of armed conflict.

3.4.5 Hounslow has a relatively large number (123) of authorised sites for travellers compared with other boroughs but only a small number (50) of housing units for them – Ealing and Hillingdon, for example have three times this.\(^\text{17}\)

3.4.6 There are currently considerable variations between the proportion of the BME population in different age ranges. At 2008, it is estimated that the BME population comprises 50.3% of children (ages 0-17), 41.0% of adults (ages 18-64) and 25.4% of older people. These differences seem likely to reduce over time as the BME population ages.

3.4.7 Over the period 2004-2007, an annual average of 1200 children and young people were admitted to schools in Hounslow from abroad.\(^\text{18}\) Recent figures from Hounslow schools indicate that only 33% of school pupils came from White-British backgrounds. Almost half the pupils spoke a language other than English as their first language. Those arriving directly from abroad often have additional needs in learning English. This also applies to many adults, who require English to be able to readily access and use services and to support their well-being.

3.4.8 The diversity of ethnicity is reflected in religion. At the 2001 Census, although the main religion of children and young people was reported to be Christian (43%), the combined total of Muslim, Sikh and Hindu religions was not far behind (31%). As mentioned above many mainstream services will meet needs irrespective of the religion of the service user but there are occasions when service provision will need to take account of the user’s religion in the way the service is delivered.

3.4.9 There is also evidence of some good community relations in the Borough. In the 2006 Hounslow Residents Survey, overall 61% of respondents agreed with the statement that their local area is a place where residents respect ethnic differences between people, whilst 22% disagreed.\(^\text{19}\) This indicates a need to continue working locally towards a cohesive community.

\(^\text{17}\) data from Housing & Community Services, LB Hounslow
\(^\text{18}\) Hounslow Children and Young People’s Plan 2007-2010
\(^\text{19}\) Hounslow Residents Survey 2006, BMG/ LB Hounslow
3.5 Health, disability and carers

3.5.1 This section of the Joint Strategic Needs Analysis provides information about some of the health and care characteristics and needs of Hounslow residents. What it does not do is to quantify the demand for services from people who live outside the borough but use health facilities located in it, such as GP practices or West Middlesex Hospital’s A&E Department. The little evidence we have suggest considerable cross-border service use.

3.5.2 We have already noted that death rates in Hounslow are decreasing and life expectancy is generally increasing. However a previous Annual Health report stated that Hounslow’s overall mortality rate was slightly higher than the England average and considerably higher than the average for North West London. In fact, the mortality rate (all causes, all ages) for Hounslow in 2006 was 661.8 per 100,000. This was the 3rd highest death rate in Outer London and represents a slight increase over 2005.

3.5.3 The causes of premature deaths - that is, deaths of people aged under 75 - of Hounslow residents in 2005 were as follows:

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Percentage of deaths aged under 75 attributable to cause</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>20.0%</td>
</tr>
<tr>
<td>Cerebrovascular disease (stroke)</td>
<td>6.0%</td>
</tr>
<tr>
<td>Other Circulatory Diseases</td>
<td>8.9%</td>
</tr>
<tr>
<td>Cancers (malignant neoplasms)</td>
<td>29.1%</td>
</tr>
<tr>
<td>Respiratory Disease</td>
<td>10.5%</td>
</tr>
<tr>
<td>Digestive Disease</td>
<td>5.2%</td>
</tr>
<tr>
<td>Accidents and Suicide</td>
<td>8.3%</td>
</tr>
<tr>
<td>Other causes</td>
<td>12.0%</td>
</tr>
</tbody>
</table>

Source: ONS Vital Statistics, 2005

---

20 Hounslow’s Annual Public Health Report 2003-04, Hounslow Primary Care Trust
21 NHS IC published Dec 2007, quoted in Government Office for London Indicator Profiler
3.5.4 In comparative terms, data sources\(^{22}\) suggest that Hounslow has a lower prevalence of bronchitis/ emphysema than average for London but higher levels of diabetes. It has much higher levels of chronic heart disease and hypertension.

3.5.5 Cancers are the biggest cause of premature death, in Hounslow as for elsewhere in England. **Deaths aged under 75 from Cancers by ward 2000-2004**

3.5.6 There are large variations within the borough\(^{23}\). Early death rates from cancer in the Brentford, Isleworth, Feltham North and Bedfont wards are considerably higher than average. Equally the death rates in Chiswick and much of the centre of the borough are below average. However, in Hounslow as for England as a whole, there has been an overall downward trend in deaths from cancers. This trend is expected to continue.

3.5.7 The premature death rate from coronary heart disease for Hounslow is also significantly higher than both the London and North West London averages. **Deaths aged under 75 from Coronary Heart Disease by ward 2000-2004**

---

\(^{22}\) quoted in Commissioning Strategy Plan Template, Hounslow PCT, October 2007

\(^{23}\) ONS Death registrations; 2000-2004 ward level GLA population projections, scenario 8.07; analysis by London Health Observatory and quoted in Hounslow’s Annual Public Health Report 2006-07
3.5.8 The map above shows a different picture from that for cancers. Feltham North again is among the wards with the highest death rates but others with high rates are mostly in the centre of the borough.

3.5.9 Hypertension is associated with stroke. Although Hounslow’s 2002-04 mortality rate from stroke was only slightly above average for England, it was well above that for London boroughs. While early deaths from stroke have decreased across most of the country, this has not been happening in Hounslow.

3.5.10 In 2004, there were 153 deaths from stroke in people from Hounslow. During the period 1993-2004, 72% of Hounslow stroke deaths occurred in people aged 75 or over, 17% in 65-74 year-olds and 11% in people under 65. Three in every five who died from stroke were females.

3.5.11 The middle of the borough has the worst figures for mortality from stroke. This, as a PCT report has noted, is not unexpected because this is where the largest number of Asian residents live and they have the greatest level of circulatory disease in Hounslow. However, stroke is by no means confined to the Asian population – two of the four wards with the highest mortality rates from stroke in 2004 were in Brentford and Chiswick (Syon and Chiswick Homefields).

3.5.12 There have been sharply increasing numbers of Hounslow residents with tuberculosis, with a trebling in the number of notifications between 2001 and 2005, when it reached 80 cases per 100,000 population. This is almost six times the rate for England & Wales.

---

24 quoted in Commissioning Strategy Plan Template, Hounslow PCT, October 2007
25 Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development
ditto
27 Stroke Equity Audit, Public Health Directorate, Hounslow PCT, 2006
28 Pan-London TB Register data, Health Protection Agency, 2006
3.5.13 Long-term health conditions and disability become more common with increasing age. So while fewer than one in twenty children were reported at the 2001 Census to have a limiting long-term illness, health problem or disability limiting their daily activities, over half of people aged 75 or over did so.

![Long-term illness by age: Hounslow 2001](chart.png)

Source: 2001 Census

3.5.14 Disability is a complex concept to define and therefore to quantify. The number of people on the borough’s physical and sensory disability registers (2300 adults and older people at March 2007) under-counts the true incidence. However most people with, for example, a mild visual impairment sufficient to require glasses would not consider themselves disabled. A best guess is that around one adult in ten aged 18-64 can be considered to be moderately or severely disabled, approximately 15,000 in Hounslow.

3.5.15 A much higher proportion of older people are disabled but, for many, their disability is as much related to the effects of ageing as to the development of specific long-term conditions, mobility problems, visual/ hearing impairments or other disabilities.

---

29 Housing & Community Services Management Information Team
30 Physical Disabilities & Sensory Impairment Joint Commissioning Strategy 2007-2010, LB Hounslow/ Hounslow PCT
3.5.16 There are approximately 540 local people aged 18-64 and known to local services who have moderate or severe learning disabilities. Including children and the growing number of older people with learning disabilities, the total figure for Hounslow is around 800. One estimate is that numbers are growing – over and above the effects of any population increases – by about 1% a year between 2004 and 2011.31

3.5.17 Many mental health problems are temporary, so it is difficult to be precise about numbers with severe and enduring mental illness. Applying national estimates32 to Hounslow, we might expect to have around 10,750 people in the latter category. Perhaps two-thirds will be females. However, this gender imbalance is reversed for suicides, a prevention priority for Hounslow. In the period 1995-2006, twice as many men as women from the borough committed suicide.33

3.5.18 At the 2001 Census, almost 19,000 people (8.9% of the local population) said they provided informal care to family or friends. The proportion of carers in Hounslow was slightly higher than in London as a whole.

3.5.19 If we apply projected population increases to the data, we might expect the number of carers to increase too during the period to 2011. However these figures may actually under-estimate the true position, given the anticipated faster growth in the number of disabled people and the number of people aged 85 and over.

![Hounslow carers by hours per week](image)

source: 2005 GLA population projections applied to 2001 Census data

3.5.20 The impact of the caring task on the health and wellbeing of carers can be considerable. In one survey of 1000 carers34, 76% said that caring had affected their health a little or a lot of the time. Of these, one in six said caring had led them to smoke, drink or use drugs more than before.

---

31 Learning Disabilities Joint Commissioning Strategy 2007-2010, LB Hounslow/ Hounslow PCT
33 Suicide and Unexpected Deaths Review Project 2006
34 quoted by Office for National Statistics in ‘Mental Health of Carers’, 2002
3.5.21 **Teenage pregnancy** is a national issue but is a particular priority for Hounslow, where the rate of conceptions among 15-17 year-old girls (43.2 per 1,000 in 2005 or 166 conceptions in total) is higher than both the London and England averages.\(^{35}\) Although this rate is 11% lower than in 1998, the local Teenage Pregnancy Strategy’s target aims to halve the 1998 level by 2010.

3.5.22 Using 2002-2004 figures, no fewer than seven of Hounslow’s 20 Wards feature in the highest 20% of teenage conception rates in England.\(^{36}\) There are significant variations in teenage conceptions around the borough. Although the West Area is highest overall of Hounslow’s five Areas, there are ‘hot spots’ right across the borough.

3.6. **Households and housing**

3.6.1 A household is “a single person or a group of people who have the address as their only or main residence and who either share one meal a day or share the living accommodation”, according to the definition used since 1981 for the Census and other national surveys.

3.6.2 The number of households in Hounslow is increasing even faster than the population. In other words, household sizes are shrinking, the trend is for more people to live on their own or as a couple without children. From 84,500 households in 2001, the figure was expected to reach 88,500 in 2006 and 91,900 in 2011. This represents an increase in households of almost 1% per year. The trend is set to continue for the foreseeable future.\(^{37}\)

---

35 quoted in Annual Public Health Report 2006-07, Hounslow PCT
36 ditto
37 GLA Interim Household projections CO598 scenario, quoted in DMAG briefing 2006/12
3.6.3 More people are living on their own or in smaller family groups. At the time of the 2001 Census, the average household size in Hounslow was 2.54, slightly higher than for Outer London boroughs as a whole; by 2011 it is estimated to be 2.42. Households are getting smaller elsewhere too, which means that in 2011 Hounslow would still have the third largest average household size of the 19 Outer London boroughs.

3.6.4 Across all tenures there is both under-occupation of homes and overcrowding. Hounslow has significantly more overcrowded households (16% of total households) than the average of 12% for Outer London. The 2001 Census showed that nearly 14,000 households lacked at least one bedroom according to their household size and type. At that time, over a quarter of households renting from the Council and renting from a private landlord lacked at least one bedroom. Under-occupation is most prevalent in the owner-occupied sector.

3.6.5 According to the 2001 Census, the proportion of owner-occupier households in the borough was 61%, lower than the average for outer London (68%). The percentage of households renting from the council (17.1%) was well above the outer London average of 11.6%. A further 6% of households rented from housing associations. For households renting privately, the proportion was 15.9%, also higher than in outer London as a whole (13.9%). Since 2001 the number and proportion of both owner occupation and private renting has increased through new building and changes of tenure in the existing stock. The number and proportion of households renting from the local authority has decreased.

3.6.6 Some 30% of households living in the Borough in 2001 were one-person households. Of these, just over a third (11.5% of total households) were one-person pensioner households. Another 32% of households contained dependent children and of these over a fifth were headed by single parents.5

3.6.7 About one household in nine (9,400 at the 2001 Census) is a lone parent household. Some have non-dependent children but in 2001 two-thirds of the children were dependent on their single parent. There were 3000 with one dependent child and another 3000 with two or more children. At the time, 80% of Hounslow’s lone parents were White and 17% were Asian. In 2006, single parents made up 18.5% of those claiming Income Support and other benefits. There is a high level of demand for access to childcare amongst this group to support entry into employment.

3.6.8 The local authority, through its provider Hounslow Homes, performs well on housing. The Council completed its decent homes programme by March 2006, the first authority to do so in London. The percentage of local authority-owned non-decent dwellings is the lowest in London and the borough has the 5th highest level of tenant satisfaction with local authority landlord services. Hounslow is about average for London in numbers of homeless households in temporary accommodation.

38 ditto
39 2001 Census, Office for National Statistics
40 2001 Census
41 quoted in Government Office for London Indicator Summary, 2006 data
3.6.9 In terms of expressed demand for housing, in March 2008 there was a total of 11,249 current applications for housing or re-housing. Yet the supply available for letting in 2007 was only 725 dwellings. 42

3.6.10 Homelessness is the most extreme expression of housing demand. During the year 2007-08, the Council accepted it had a homelessness duty for applications from 382 households. At the end of March 2006, there were 1,125 homeless households in temporary accommodation.

3.6.11 The Council is currently undertaking its third Housing Need Survey. This will provide current data on the housing needs within the Borough and particularly the need for affordable housing. The results of this survey will be available later in the year. A London-wide assessment of the housing needs of gypsies and travellers has been undertaken but has not yet been published.

3.7 Deprivation, poverty, earnings and benefits

3.7.1 An accurate way of describing Hounslow and the people that live in the borough may be as ‘One size does not fit all’. The map below illustrates considerable variations within the borough in terms of multiple deprivation.

3.7.2 This is a measure that combines data on income, employment, health deprivation and disability, barriers to housing and services, education, crime and living environment. The ‘super output areas’ with the darkest colours are those that are the most deprived. A small number of these in Hanworth, Feltham and Brentford fall into the bottom tenth (the 10% most deprived) of the 32,500 areas in England. Quite a few more, spread across the borough and signified by the two darkest blues on the map, are within the bottom third. Areas that are relatively affluent are sometimes adjacent to the most deprived areas.

42 data from Housing & Community Services, LB Hounslow
3.7.3 The Borough’s good external road links have been instrumental in the development of local centres of employment. In the changing face of the economy, Hounslow is now re-establishing itself and is recognised as a good inward investment location. West London possesses a number of unique factors that distinguish its economy from its neighbours and the rest of the UK. These include: Heathrow Airport; a significant creative industries sector; some of the biggest blue chip businesses in the world, for example BSKYB and Glaxo SmithKline, and a significant concentration of employment within the food, transport and logistics sectors.

3.7.4 Unemployment in Hounslow in 2006-07 was high for women (4,800 or 9.1% of females aged 16-59 deemed economically active, compared with a London average of 7.3% and an England average of 4.8%). There were 4,600 males unemployed in the same period, the same proportion as for London as a whole (7.4%) but higher than the England average (5.6%).

3.7.5 In Youth unemployment in the period November 2006-January 2007, Hounslow ranked 23rd out of 32 London boroughs in the proportion of 16-18 year-olds not in employment, education or training (NEET).

3.7.6 On the other hand, educational achievement is generally high. The percentage of young people obtaining 5 GCSEs Grade A*-C is better than the London average and improving. BME students perform particularly well. The most recent figures show them as 8th best overall of 32 boroughs in the proportion of BME young people obtaining 5 GCSEs Grade A*-C, while White students are the 5th worst for their ethnic grouping. BME students do better than the London BME average on KS2 Maths and average on English, while White British are among the worst.

3.7.7 At the 2001 Census, Hounslow was in the top 10% in England for the proportion of residents with degrees or higher-level qualifications (28.4%). More recently, improvements have also been noted in the percentages of adults to each of Level 2, 3 and 4 skills.

3.7.8 Employment levels in Hounslow in 2006 were significantly higher for White residents. For White men, the employment rate was 85.4%; for BME men it was 71.3%. Similarly, for White women it was 71.8% and BME women 58.0%.

3.7.9 It seems likely that many families in Hounslow are experiencing financial pressures. Earnings are lower than the London average, reflecting the fact that people living in Hounslow are less likely to be employed in managerial, professional or skilled trades jobs (57.6% of those employed in 2006-07, compared with 60.1% for London as a whole).

---

43 ONS annual population survey July 2006 – June 2007, quoted in NOMIS
44 quoted in Government Office for London Indicator Summary, Nov 2006-Jan 2007 figures
45 quoted in Government Office for London Indicator Summary, 2007 data
47 quoted in Government Office for London Indicator Summary, 2006 data
49 ditto
3.7.10 Another recent survey\textsuperscript{50} shows that on average male full-time workers living in Hounslow earned 5\% less than the London average. The gap was more marked for female full-time workers: pay was 10\% below the London average.

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{hourly_rates_of_pay_2007.png}
\caption{Hourly Rates of Pay 2007}
\end{figure}

\textit{Pay of men & women in full-time employment and resident in Hounslow}

3.7.11 As with deprivation generally, there are marked differences in pay and low incomes across the borough. In the map below, the darker colours indicate where incomes were significantly below £15,000 per household in 2004:\textsuperscript{51}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{income_map.png}
\caption{Map of household incomes in 2004}
\end{figure}

3.7.12 One other indicator of relative poverty in the borough is provided by the Fuel Poverty Indicator published for 2003.\textsuperscript{52} This ranked Hounslow as 84th of 354 of local authority areas in England in terms of the proportion of people who had to spend more than 10\% of their income on heating and other fuel – on this factor, Hounslow was among the highest quarter of areas experiencing fuel poverty.

\begin{flushright}
\textsuperscript{50} ONS annual survey of hours & earnings – resident analysis 2007, quoted in NOMIS
\textsuperscript{51} CACI Paycheck Data, 2004
\textsuperscript{52} quoted in on-line mapping tool, South West Public Health Observatory, February 2008
\end{flushright}
3.7.13 About one person in eight of working age is out of work and claiming benefits. The difference from the London average in numbers of total claimants is largely due to the smaller percentage of unemployed people in Hounslow. The proportion of older people on Pension Credit in 2005 was 25%, the same as the London average. The proportion of children in families on key benefits is about average for London but recent figures indicate that this percentage has been increasing.

<table>
<thead>
<tr>
<th></th>
<th>Hounslow numbers</th>
<th>Hounslow %</th>
<th>London %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total claimants</td>
<td>19,550</td>
<td>13.2</td>
<td>14.4</td>
</tr>
<tr>
<td>* Job seekers</td>
<td>3,070</td>
<td>2.1</td>
<td>2.9</td>
</tr>
<tr>
<td>* Incapacity benefits</td>
<td>8,630</td>
<td>5.8</td>
<td>6.1</td>
</tr>
<tr>
<td>* Lone parents</td>
<td>4,430</td>
<td>3.0</td>
<td>3.2</td>
</tr>
<tr>
<td>* Carers</td>
<td>1,090</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>* other income-related benefits</td>
<td>790</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>* Disabled</td>
<td>1,130</td>
<td>0.8</td>
<td>0.7</td>
</tr>
<tr>
<td>* Bereaved</td>
<td>400</td>
<td>0.3</td>
<td>0.2</td>
</tr>
</tbody>
</table>

% is a proportion of resident working age people

3.7.14 The Government is committed to significantly reducing the number of people on long-term benefits, particularly lone parents and disabled people. Recent research has revealed that 50% of adults of working age who had mobility problems were unemployed and that 50% of disabled Londoners were ‘economically inactive’, compared with 21% of non-disabled people. Some 28% of all economically inactive disabled adults would have liked a job.

3.7.15 If applied to local circumstances, this unmet demand for work would equate to 275 physically or sensorily disabled adults who were accessing community services in 2005-06 following an assessment.

3.7.16 A local survey of barriers to employment experienced by disabled people revealed that what they want is not skills development but support in finding a job and staying in work, including help with tax and benefits. The demand by care users for help to achieve this is likely to rise considerably, as new rules on disability benefits are introduced.

3.7.17 The proportion of adults with learning disabilities in employment is a little higher than the London average (though still a local priority for improvement) but Hounslow has the second lowest percentage in London of users of community mental health services in a job.

---

53 Department for Work & Pensions benefit claimants, May 2007, quoted by NOMIS
54 DWP, August 2005, quoted by DMAG
55 quoted in Government Office for London Indicator Summary, May 2007 data
58 Residents’ Panel survey, Hounslow Council, November 2006
59 ‘Empowering Disabled People to Work’, LB Hounslow Housing & Community Services, Sept 2007
60 quoted in Government Office for London Indicator Summary, 2005-06 & 2006-07 data respectively.
3.8 **Other factors influencing health and wellbeing**

3.8.1 Hounslow has experienced year-on-year reductions in crime. From 2003/04 to 2007/08 there was a 22% overall reduction in crime. Hounslow also achieved a 23% reduction in crimes recorded in the British Crime Survey between 2005 and 2008. Levels of crime in Hounslow compare fairly well with other boroughs.61

![Bar chart showing total number of crimes per 1,000 population 2006-07](chart.png)

3.9.1 The London Fire Brigade report a 20% reduction in fires started deliberately in 2007-08 compared with the previous year.

3.9.2 In relation to community safety, the fear of crime can affect the quality of people’s lives just as much as being a victim of a crime. Overall, 85% of Hounslow residents surveyed in 200762 felt fairly or very safe in their local area during the day. This represents the highest feeling of safety score for the past three years.

3.9.3 However, this figure reduced to 35% when the Residents Panel were asked to consider their safety levels after dark. Females are significantly more likely than males to feel unsafe during the evening/night in their local neighbourhood. Perceptions of safety are linked to age. Surprisingly, when considering their local neighbourhood at night, those under 65 years of age are significantly more likely to describe themselves as feeling unsafe compared to those over 65.

3.9.4 One estimate of the number of problem drug users (opiate and crack/cocaine users) in Hounslow is 1883 or about 1.2% of the adult population.63 Just under half of these are in touch with specialist services.

---

61 Metropolitan Police Statistics  
62 Hounslow Residents Survey, BMG, 2007  
63 Glasgow estimate quoted in Hounslow Needs Assessment for 2008-09 Treatment Plan
3.9.5 Of course, rather more people than this use drugs. One finding for 2004-05\textsuperscript{64} was that 12.4\% of Hounslow adults were misusing drugs, which was lower than the average for London (14.4\%) but above that for England as a whole (10.0\%).

3.9.6 Recent figures on Hounslow deaths related to alcohol show improvements over a three-year period\textsuperscript{65}.

3.9.7 However this only tells part of the story. In fact, the alcohol-attributable mortality rate for women (24.1 in 2005) was worse than the England average and the rate for men (48.8) was significantly worse. The rise in alcohol-attributable hospital admissions for Hounslow provides a different picture:

3.9.8 Adults in Hounslow score significantly better on healthy eating - 30\% are considered to be eating a healthy diet, compared with a 24\% for England overall.\textsuperscript{66}

\textsuperscript{64} quoted in on-line mapping tool, South West Public Health Observatory, February 2008
\textsuperscript{65} North West London Public Health Observatory, 'Local Alcohol Profiles for England'
\textsuperscript{66} Modelled estimate from Health Survey for England, quoted by London Public Health Observatory
3.9.9 However, latest data for Hounslow shows high levels of obesity in Hounslow’s children (2007). Initial findings for 2007 indicate that 22% of children entering school (that is in Reception, aged 5) are overweight or obese and that by Year 6 (when they are 10-11 years old), 37% are overweight or obese. This indicates that a higher proportion of children are overweight upon leaving primary school compared with when they started school.

3.9.10 On one estimate, only 10.2% of Hounslow adults are considered to be physically active\(^67\), as against an England average of 11.6%. Other data in a survey by Sport England\(^68\) of the proportion of adults who exercise or take part in sport for a minimum of three 30-minute period a week put the participation figure higher at 19.7%. Yet this is still below the participation rate for London (21.3%) and England (21%), falling just outside of the lowest quartile nationally. Participation is particularly low in the female, BME and disabled populations.

3.9.11 When this survey data is mapped, there are large east-west differences across the borough:

- in the east, participation rates are high for England (23-37% in Chiswick)
- in the centre, levels of participation are medium (18%-23% in Brentford, Isleworth and parts of Central Hounslow)
- in the west, levels are low (11%-18% in Feltham, Bedfont, Hanworth, Cranford, Heston and Hounslow West)

3.9.12 On air quality and pollution, recent data on carbon monoxide emissions suggest Hounslow has the 6th highest level of CO2 emissions per person of the 32 London Boroughs.\(^69\) Levels of nitrogen dioxide, the main pollutant emitted from petrol and diesel vehicles, are above the national average.\(^70\)

3.9.13 Pollution is of concern to local residents, particularly given the number of main roads in the borough and the proximity to Heathrow. Some 80% of residents have described aircraft noise as a problem, while 72% considered noise from cars to be a problem. Noise pollution created from aircraft is also known to have a negative impact on the learning environment for children.

3.9.14 Many parents and young people are worried not only about the pollution threat from busy roads but also the safety risks. In fact, Hounslow’s statistics are better than the national average. In 2003, there were 131 road accident casualties in the borough. This placed Hounslow in the lowest quarter of local authority areas in the proportion of road casualties for total population.\(^71\) In 2005, Hounslow was also 10th lowest of 32 London boroughs in the proportion of child road casualties.\(^72\)

---

\(^{67}\) ditto
\(^{68}\) Active People Survey, Sport England, 2007
\(^{69}\) quoted in Government Office for London Indicator Summary, 2005 figures
\(^{70}\) State of the Environment Report, April 2006
\(^{71}\) quoted in on-line mapping tool, South West Public Health Observatory, February 2008
\(^{72}\) quoted in Government Office for London Indicator Summary, 2005 figures
3.9.13 On transport, the borough has excellent road, rail and air links to all parts of Britain and good east-west road links. North-south travel is more difficult, especially on public transport, which may explain why at the 2001 Census almost three-quarters of local households owned a car and over a third of these had two or more cars. This was about average for England but well above the figure for London as a whole.73

3.9.14 The 2001 Census also asked about how people travelled to work. More than half (53%) of Hounslow residents went to work by car, a third (33%) by public transport and 14% by motorcycle or bicycle or on foot.

3.9.15 Hounslow lies directly east of Heathrow. In 2006 a total of 471,000 aircraft landed or departed from Heathrow’s two runways. Our residents benefit economically from the jobs that are provided, but also suffer from the inevitable environmental effects of being near the world’s busiest airport. Economically the impact of the airport is substantial, with 11,500 of Hounslow’s residents employed directly by Heathrow Airport. Many more are in industries associated with the airport. In addition, the airport’s presence has attracted leading international corporate operations.

3.9.16 However, the environmental effect is also significant. The increased volume of traffic generated by the airport contributes to air pollution. Residential communities in Hounslow are badly affected by noise levels. The disruption this causes will substantially increase if the Government decides to permit ‘mixed mode operation’ allowing both runways for landing and taking off simultaneously or a third runway is built.

3.10 Localities

3.10.1 Hounslow has five Areas, each with its own Council Committee.74

73 2001 Census, Office for National Statistics
3.10.2 The **West Area** comprises Feltham, Hanworth and Bedfont. It has:

- the highest proportion of residents aged 65 and over (14% at the Census);
- the highest proportion of children and young people aged 0-19;
- low-to-average life expectancy for the borough, except in Feltham North, where it is only 78.2 years for women and 72.6 for men\(^75\);
- the highest proportion of White residents (83% in 2001);
- fairly high unemployment rates, despite the proximity to the airport – in 2007, Hanworth ward had the highest proportion in the borough of people receiving out-of-work benefits (18.8%)\(^76\);
- the highest levels of expected prevalence of obesity in adults in the borough\(^77\) and a high proportion of children and young people identified as overweight or obese;
- two of the three highest wards (Feltham West and Bedfont) in the borough for teenage conceptions of girls aged 15-17\(^78\);
- the low level of educational attainment, with 56% of young people achieving 5 A*-C GCSEs in 2006-07.

3.10.3 **Heston and Cranford** is characterised by:

- fairly high levels of life expectancy, except in Heston West and Heston Central where they are lower than average;
- about average levels for the borough of early deaths from cancer but generally high levels of deaths from coronary heart disease – except in Hounslow East, where they are very low\(^79\);
- the highest proportion of BME residents in the borough – even at the 2001 Census they comprised a majority (63%), as did Asian residents (53%);
- the largest number of Looked-After Children (93 in 2006-07);
- a high level of educational achievement (64% of young people with 5 GCSE A*-C in 2006-07);

3.10.4 **Central Hounslow** has:

- variations between wards in life expectancy, but generally high life expectancy for females;
- low death rates from cancer but premature death rates from respiratory disease, heart disease and stroke much higher than the borough average;
- predominantly owner-occupied housing of varying age and quality;
- a large population of both White people (49% at the 2001 Census) and Asian people (41%);
- high educational attainment levels, with 66% of young people achieving 5 A*-C GCSEs in 2006-07;
- lower than average unemployment;
- the lowest proportion of residents who say they feel safe\(^80\).

---

\(^{75}\) ONS 2002-2004 & G LA, analysis by London Health Observatory

\(^{76}\) Department for Work and Pensions, Feb 2007


\(^{78}\) 2002-2004 data quoted in Hounslow Annual Public Health Plan 2006-07

\(^{79}\) 2000-2004 data quoted in Hounslow Annual Public Health Plan 2006-07

\(^{80}\) Hounslow Residents Panel Survey, BMG, 2007
3.10.5 Brentford and Isleworth

- a mixed area, ranging from owner-occupied family houses, to new apartments in regenerated neighbourhoods close to the river, to two large Council estates – where deprivation is amongst the highest in the borough;
- relatively high premature death rates for cancers but about average for other causes;
- variations between wards in life expectancy, particularly for females, with a difference of 6 years during 2002-2004 between Isleworth ward (76.1 years) and Brentford ward (82.1);
- a BME population of around 25%, including a long-established Caribbean community;
- low teenage conceptions in Osterley & Spring Grove, about average elsewhere;
- the highest level of educational achievement in the borough with 73% of young people achieving 5 A*-C GCSEs in 2006-07.

3.10.6 Chiswick

- the smallest of the five areas (31,400 population in 2001), with the lowest proportion of young people aged 0-19 (19.4%) and the highest percentage of single people in households without children (27%);
- a higher proportion of older people and much the highest percentage of people aged 85 and over – many live on their own;
- a predominantly affluent and White area (85% in 2001), with some expensive housing but pockets of deprivation too;
- high life expectancy and premature death rates markedly below average for the borough;
- low unemployment;
- the lowest level of educational achievement in the borough, with 51% of young people achieving 5 A*-C GCSEs in 2006-07.
4. HOUNSLOW PRIORITIES

4.1 Improved health and emotional well-being

4.1.1 We know that:

- Life expectancy in Hounslow is below the England average for both men and women. Hounslow has significantly more early deaths per 100,000 population from heart disease and stroke than the England average and slightly more from smoking but fewer early deaths from cancer.\(^81\)

- Hounslow is estimated to have a better-than-average proportion of adults who are healthy eaters and fewer who are obese or binge drinkers. However the number of children found to be overweight or obese at the age of 10-11 is significantly higher than the national average (38% compared with 32% nationally).

- It has been estimated that the prevalence of cigarette smoking in Hounslow among people aged 16 and over is estimated at 29% and the percentage of people who are ex-smokers is 35%,\(^82\) higher than national average estimates (25% for men, 24% for women)\(^83\).

- One in five (19.7%) of Hounslow’s population participate in moderate sport or active recreation for 30 minutes or more on at least 3 days a week. This is below the participation rate for London (21.3%) and England (21%), falling just outside of the lowest quartile nationally. Participation is particularly low in the female, BME and disabled population.\(^84\)

- Uptake of immunisations for children is lower than national targets

- Services such as Hounslow Youth Counselling are very popular with young people: supporting approximately 450 young people a year

- The number of statemented children and young people with an identified primary need of ASD (Autistic Spectrum Disorders) in Hounslow has increased by 47% between 2003 and 2008.

- Many children are adversely affected by living with domestic violence.

- The proportion of teenage girls in Hounslow who become pregnant is higher than the England average, although numbers are falling.

- In 2006, 538 people resident in Hounslow were accessing HIV care. Numbers have been increasing year on year; this latest figure is 61% higher than in 2002\(^85\).

\(^81\) age standardised data 2003-05 ages under 75, Department of Health
\(^82\) Health Development Agency 2004
\(^83\) General Household Survey 2005, Office for national Statistics
\(^84\) Sport England. 2007. Active People Survey.
\(^85\) SOPHID (Survey of Prevalent HIV Infections Diagnosed 2006, provisional data), Health Protection Agency, 2007
Hounslow has an award winning one-stop shop for drug misuse services (Pharmacia House) which provide holistic care, education and training

A quarter of community patients with serious mental illness have problematic drug and/or alcohol use.86

The suicide rate for women in Hounslow is around the England average. The rate for men is a little below average but has been rising recently.87

25%-40% of people with learning disabilities also have mental health needs. Around a third of people with learning disabilities also have mental health needs and a third have a physical disability.88 And they are less likely to seek health advice.89

Around 15% of people with a learning disability will have some form of behaviour such as aggression, destruction and self injury which present a significant challenge for those caring for them

4.1.2 You have told us:

- Improving your health is important to you and you wish to exercise more, reduce stress, lose weight and improve your diet.

- People are concerned about the effects of air quality and pollution

- People would like more talking therapies to be available for those with mental health needs

- People would like the NHS to develop more specialised services and centres for stroke services and complex emergency services

- Young people would like advice on contraception and more and better sex education to be made more available in school and in other places where they go.

- Children and young people say that improving their health is important to them. They want better information and advice about drugs and alcohol, healthy living, and contraception and sex. Their parents and carers are supportive of health information being available to young people.

- A national survey carried out amongst children and young people through schools (Tell Us 2 Survey) in summer 2007, showed that fewer young people in Hounslow reported the use of drugs compared with the national average.

---

86 Hounslow Local Implementation Team Hounslow Dual Diagnosis Strategy (2007)
87 2004-05 data quoted in draft Mental Health Joint Commissioning Strategy 2008-2011, LB Hounslow/ Hounslow PCT
88 Learning Disabilities Joint Commissioning Strategy 2008-2011, LB Hounslow/ Hounslow PCT
- Counselling services for young people should be re-named because the association with ‘mental health’ puts them off.

- Young people and their parents and carers are concerned about high levels of drug use and consider it to be a major problem. All young people surveyed feel that there is a drugs problem in the local area.

- Learning Disabilities service users and carers need better support in hospital and better and quicker access to specialist nurses, speech & language therapy, physiotherapy, dental care, dietetics and chiropody.

4.1.3 We need to ensure that:

- Year-on-year improvements to the health and life expectancy of Hounslow residents are a top priority for health agencies.

- A greater emphasis is given to prevention and early intervention, to reduce the incidence of serious ill-health and disability and to facilitate continued independent living.

- Strategies are focussed on promoting health and well-being, commissioning the services and interventions that will achieve better health across health services and local governments with everyone working together to promote inclusion and tackle health inequalities.

- We work with partners to make sure that people with ill health and/or disability are able to live as full life as they can and make use of a wide range of community facilities.

- We achieve significant reductions in early deaths, particularly from coronary heart disease and stroke and also from cancers. In this respect, we will consider a targeted programme in one part of the borough where mortality rates are high, perhaps the West Area.

- People have timely and easy access to information and advice about how to stay healthy and improve their well-being, access services and treatment and about what these may involve. People whose first language is not English are supported to access information on improving their health and well-being.

- Assessment and care management and service provision take full account of the needs of people with dual diagnosis - i.e. those who fall into more than one customer group – and work together effectively.

- Health and social care needs are considered as part of a single assessment process or on the basis of a holistic approach to service needs, e.g. within the learning disabilities framework of person-centred planning.

- There is a range of local support for children and adults with learning disabilities and additional mental health difficulties, and for their carers.
Children and young people with substance misuse problems have access to effective intervention.

Mental health difficulties amongst children and young people are identified and addressed at an early stage and action is taken to promote their emotional and mental well-being.

There is an appropriate range of mental health support for the increasing number of children and young people diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorders.

Pregnancy amongst teenage girls is reduced.

More parents and carers have their children fully immunised against childhood diseases.

Levels of childhood obesity are monitored and reduced and better quality data on obesity in adults are developed.

Expectant and new families make healthy choices for themselves and their children and problems are identified at an early stage.

4.2 Improved quality of life

4.2.1 We know that:

- Improvements to quality of life are dependent on many factors beyond achieving good health and social care and decent housing. A 'whole person' approach is necessary, requiring consideration of housing, education, leisure, employment, transport and community facilities too.

- Perceptions of crime and of risks to individual safety can be as important as actual crime in making people feel safe or unsafe in their community.

- There is a negative impact on the borough environment from the noise pollution created from aircraft.

- You want accessible travel services for all especially those with disabilities and long term conditions

- Comprehensive carers assessments and access to a range of services to give carers a break

- In 1995, 21,800 households in Hounslow contained at least one person with at least one special need or problem (physical or sensory disability, learning difficulties, mental health problems); 2,500 households stated a requirement for level access to their property; and 4,600 households contained someone with a medical problem that was likely to change their housing needs in the future.  

---

90 General Household Survey 1995
• The quality of youth services in Hounslow is good. The OFSTED inspection of the Youth Service (2006) found the service to be good in terms of the quality of its delivery and curriculum, its reach to black and minority ethnic groups, and its participation work with young people.

• There are limited opportunities in Hounslow for disabled children to access out of school activities.

• In Hounslow there has been a high rate of permanent exclusions from schools, especially amongst secondary age pupils.

• More information is needed about local facilities and activities to make sure that children, young people and their families can access them.

• In recent years, the attainment of pupils in Hounslow schools has improved faster than in the country as a whole and pupils achieve above national average in tests at all key stages.

• There are specific groups of children and young people who under-achieve at school: White British Boys (in literacy) and those from Somali, Black Caribbean, Afghan and Traveller heritage, those claiming free school meals and Looked After Children.

• The council funds a significant range of well used and highly regarded preventative services for adults, e.g. Indian Gymkhana, falls and osteoporosis awareness training, Age Concern, Alzheimer’s Society and Crossroads.

• People in Hounslow are concerned about the behaviour of young people, but the number of young people involved in criminal conduct is relatively small: 377 young people were involved in crime in Hounslow in 2007/08. This represents 1.9% of the youth population.

• The number of young people entering the criminal justice system for the first time is increasing, especially in the west of the borough at 37% compared with 10% in the east.

• There are particular hot spots for youth crime in Hounslow with Feltham, Hounslow Central and Brentford having more arrests of 10-17 year olds than other areas of the borough.

4.2.2 You have told us:

• Information about what is going on and where is really important.

• Local people’s top three priorities for improving community safety in their neighbourhood, are
  o supporting young people by providing more youth facilities
  o increase the number of Police Officers patrolling the streets.
  o do more to tackle alcohol and drug fuelled Anti Social Behaviour and crime
- Children and young people are concerned that they are being labelled as trouble makers just because they are young.

- Children and young people express concern about crime on the streets. They do not feel safe, even travelling to and from school.

- Parents and carers say there is too much crime committed by young people and too much bad behaviour by them – but also that adults are often badly behaved too.

- Adults and children and young people say there is not enough for young people to keep occupied with when not in school and they need more places to go and things to do in their local area.

- Children, young people and families do not feel safe in some parks and playgrounds in the borough.

- Nearly half of young people recently surveyed believed that Hounslow’s youth clubs are friendly and approachable and provide services that young people need but they want access to more youth services in their local areas.

- LD service users value the opportunity to live in their own home and to use community facilities like the Waterman’s Centre. They want more things to do evenings and weekends.

- LD users say that public transport is not accessible enough – they want to be able to travel around more easily.

- MH service users also give high priority to public transport but report that many of them had been having difficulties in obtaining or retaining Freedom Passes.

- LD carers want more access to mainstream leisure and to exercise, crafts, relaxation etc

- PDSI service users want improvements in community facilities generally – things like sufficient disabled parking bays and improved physical access to buildings can have an enormous impact on their ability to live independently.

4.2.3 We need to ensure that:

- People of all ages have places to go and things to do that they want and that are of high quality and where they feel safe and are safe.

- There is good communication about the leisure provision that already exists within the borough.

- The numbers of activities that are affordable are increased.
The harmful effects of Heathrow Airport on the borough’s well-being are reduced.

The risk of accidental injury and death is reduced.

People of all ages have access to a range of sport and leisure activities that promote healthy lifestyles, as well as being supported in building exercise into their daily routines.

People with disabilities have better access to things to do and places to go that will meet their specific needs and that they can enjoy.

Standards in schools continue to be raised with particular reference to groups of pupils and schools which are underachieving.

Parents of teenagers receive advice, information, guidance and support when needed.

All partners are involved in the provision and engagement of children and young people in crime prevention activities.

There is a reduction in the number of children and young people involved in the criminal justice system for the first time and who re-offend, especially in hot spot areas.

The social inclusion, re-integration and adjustment of children and young people known to and leaving the Youth Justice System are promoted.

More positive images of young people are promoted to challenge negative stereotypes and balance fear of crime.

4.3 Making a positive contribution

4.3.1 We know that:

- People of all ages want feedback about the issues that they raise through consultation and more effective mechanisms for the dissemination of information that interests them.

- Social care users and carers are pleased with involvement though opportunities such as the OP Panel and Finding A Voice events.

- Children and young people want to be listened to and actively involved in the way decisions are made - not just consulted - and they want feedback about the issues they raise.

- The Joint Area Review concluded that consultation with children and young people who are looked after is outstanding and that Hounslow has four elected young people who are active representing the borough on the UK Youth Parliament.
There are barriers to children and young people with disabilities taking part in decision-making processes and consultation with this group is not coordinated effectively.

Children and young people who attend special schools in Hounslow have indicated that they would like more opportunities to express their views.

Young people in the borough contribute at least 100,000 hours voluntary work per year through the Duke of Edinburgh scheme.

High numbers of clients have completed self-assessments for OT services.

4.3.2 You have told us:

- LD carers want people with LD to have a greater voice in decisions made by Partnership Boards etc.
- Parents and carers say there are times when they would like more advice and support in their parenting role.
- Children and young people are worried about crime on the streets and want anti-social behaviour to be stopped.
- Older People have stated they appreciate the opportunity to become involved in the Volunteers Scheme and to make a difference to services, e.g. via initiatives like the Older People’s Panel and domiciliary care monitoring visits.

4.3.3 We need to ensure:

- Services give added emphasis to enabling users to participate in community life and to enhancing social inclusion.
- Local arrangements for participation and involvement give health and care service users an effective voice in improving service development, delivery and monitoring.
- We give feedback on the outcomes on involvement and consultation.
- The new Local Involvement Networks (LINks) support and enhance these involvement arrangements.
- Local decision making processes are enhanced to gain the representation of a broader range of young people’s views especially on wider council decisions and they participate fully in the design, delivery and evaluation of services provided for them.
4.4 **Increased choice and control**

4.4.1 **We know that:**

- We need to develop more personalised approaches in Hounslow which support service users have greater choice and control
- The voluntary sector in Hounslow is underdeveloped
- Hounslow has a good record in supporting over 300 social care users manage their own care through Direct Payments
- Carers are supported through a varied range of services and initiatives such as the Expert Carer Programme, information events, advocacy, carers vouchers, Direct Payments, and emergency respite
- West Middlesex Hospital Maternity Unit has held the Charter Mark for a record 11 years
- There are 580 registered young carers who take on significant responsibilities in their communities.
- The numbers of older people and adults admitted on a permanent basis to residential or nursing care has positively fallen year on year.
- Mental Health day support is open evenings and weekends and now provides a 365-day service
- There is a successful Borough user-led mental health Project

4.4.2 **You have told us:**

- The voluntary sector in Hounslow needs support to develop capacity
- People would like improved access to GP surgeries with routine appointments at evenings and weekends
- Carers generally need more information and training, e.g. about treatment, medication, moving and handling, and organisations that can help.
- Transition from children’s to adult services and from these to services for older people are crucial times, requiring careful planning between service users, carers, care managers and care providers. More should be done to ensure the process is effective.
- Mental Health service users say they don’t feel they are listened to by psychiatrists or given enough consultation time and medication is given too readily and with too little explanation.
- PDSI service users say health and social care agencies are not sufficiently sensitive to disabled people’s needs and must give priority to disability awareness training for staff.

- Deaf users complain there are not enough BSL interpreters to enable them to access services and then use them successfully.

- Older People say they have enough information about how to access services - though leaflets are not always available in places Older People visit - but they are concerned about waiting times to receive services after initial contact.

- Older People like the greater choice and control that Direct Payments give them but they find Direct Payments to be not flexible enough and they require more support with form filling.

- Older People want better access to GPs to discuss and review their medication.

- Learning Disabilities service users want better understanding from GPs and of the needs of people with autism or asperger’s syndrome.

- Learning Disabilities service users say they want more housing choices and more ‘move on’ and ‘step down’ accommodation.

- LD carers want more independence training for younger LD users, e.g. in transition flats.

- Physical Disabilities and Sensory Impairment (PDSI) service users and carers want better information about how to access services - and then advice and advocacy about what to do if things go wrong, particularly with wheelchairs.

- Blind and partially sighted users want all communications from the Council and other agencies routinely to be sent to them in their preferred format – large print, audio tape, Braille etc.

- People with sensory impairment want housing adaptations to enable them to live safely. They also want to be close to shops and adequate public transport – if they are not, it is much more difficult to live independently.

4.4.3 We need to ensure:

- Support is given to service users to enable them to make informed choices and to control their own care arrangements.

- We work to develop our approach to more personalised services which increase users choice and control
- We work in partnership with local service providers in the independent and voluntary sector to shape the market to support personalisation and the use of individual budgets by service users.

- We develop innovative approaches to commissioning health and care services to support personalisation and the use of individual budgets by service users.

- Improved advocacy provision is available to service users and carers.

- People whose first language is not English are supported to access information on improving their health and well-being.

- We jointly develop training and support for the health, adult care and child care workforce in all sectors in Hounslow to develop new ways of working including to support personalisation and self care.

- We promote social inclusion in all aspects of life and enable service users and patients to participate fully within society.

- Health, social care and housing professionals listen to patients, users and carers and offer services sensitive to needs and wishes.

- Health, social care and housing professionals receive appropriate training on the needs and experiences of people they provide services to and on how to support them in independent living.

- Carers have improved access to on-line and jargon-free information about services and also information and training on looking after people with different health conditions and disabilities and the support that may be available.

- Primary care and other ‘front-line’ services offer sufficient information and support to enable service users and carers make use of self-help facilities and to reduce unnecessary contacts with statutory services.

- We develop ways to supporting GPs to acquire or maintain skills in working effectively with disabled people, older people and people with mental health or substance misuse problems – and with their carers.

- Transition between children’s services, adult services and older people’s services is a particular focus of care planning.

- We reduce reliance on in-patient and residential care and, wherever practicable, offer services to people in their own homes.

- Where people’s needs do still mean they require residential or nursing home care, that we provide every opportunity for them to receive this in or near the borough, wherever practicable.
People with care needs who do remain at home can do so safely, e.g. by more of them having access to assistive technology.

Develop individual budgets for disabled people, older people and people with mental health or substance misuse problems and carers.

4.5 Freedom from discrimination and harassment

4.5.1 We know that:

- African-Caribbean young men are more likely to be diagnosed with psychotic illness, admitted compulsorily, and treated by physical rather than talking therapies, while Black people as a whole are more likely to be detained under the Mental Health Act 1983.\(^1\)

- Young Asian women are over-represented in mental health acute services in Hounslow.

- Hounslow’s Gay Men’s project has been commended nationally for its services generally and actions against hate crime.

- The rates of BME Older People being assessed and receiving services are good.

- The Roshni specialist centre for Asian clients has received a special commendation from Charter Mark.

4.5.2 You have told us:

- Children and young people say they experience stress from peer pressures and experience bullying from gangs. They would like bullying to be addressed.

- Some children and young people also experience discrimination on the basis of race, which can be linked to bullying.

- Children and Young People have told us that they are worried about crime on the streets and want anti-social behaviour to be stopped; They are fed up with being labelled as troublemakers – not all young people are bad!

- LD service users also report peer pressures and express concerns about bullying and harassment.

- LD carers want equality of services for all users.

---

\(^1\) Healthcare Commission ‘Count me in: Results of a national census of inpatients in mental health hospitals and facilities in England and Wales’, November 2005
4.5.3 We need to ensure:

- Local people are supported to develop knowledge and understanding to build united communities.

- There is zero tolerance of violence, bullying, racism and discrimination in service provision and in or around people who use our services and throughout the community generally.

- Services and staff are sensitive to cultural, religious, cultural, language, gender and disability needs.

- The needs of Asian women – and of women generally – are prioritised in facilitating access to mental health services.

4.6 Economic wellbeing

4.6.1 We know that:

- On the combined index of income, employment and education, Hounslow is one of the most deprived boroughs in West London.

- The West area of the Borough emerges as more deprived than other areas on a number of measures including; the highest number of lone parents, the lowest levels of both adult and young people’s attainment, and claims for benefit for under 19 year olds (12.3%).

- Data from the 2001 Census shows that the level of overcrowding in Hounslow is high, compared to England as a whole. The percentage of households overcrowded in the Council sector is 25.9%, compared with 13.6% nationally; the level of overcrowding in the other social rented sector is 25.6% in Hounslow, compared to 16.6% nationally; and the level of overcrowding in the owner occupied sector is 9% in Hounslow compared to 3.3% nationally.

- Research by Carers UK, reflecting the experiences of Carers providing very substantial amounts of care, found 77% of respondents stating that they had become worse off financially since becoming Carers.

- 18.3% of school-aged children in Hounslow are eligible for free school meals.

- 33% of children and young people aged 0-15 in Hounslow live in households that claim income support.

- Apprenticeship success rates for Hounslow residents have improved by 9 percentage points.

- The quality and amount of childcare provision in Hounslow is improving, however 42% of parents surveyed said they had experienced problems finding affordable out of hours childcare.
Across the borough as a whole, 28% of pupils in Hounslow primary schools have been classified as being from families that are “hard pressed”.

The percentage of 19 year olds achieving a qualification at NVQ Levels 2 and 3 is also continuing to improve.

Hounslow has over 300 16-18 year olds who are not in education, employment or training (NEET), which is in line with West London average figures. A high proportion of NEETs have a learning difficulty and/or disability. The highest proportion are in the west area of the borough.

Despite recent improvements in some areas, there are shortfalls in supported accommodation for older people, people with physical disabilities and people with long-term mental health problems.

Only 24% of adults with long-term mental health problems are in work, while 50% of adults of working age with mobility problems are unemployed and 50% of disabled Londoners are ‘economically inactive’ compared with 21% of non-disabled people.

4.6.2 You have told us:

- People express concern about families being isolated in deprived areas and about young people being homeless or in poor quality accommodation.
- Families can be isolated due to deprivation in some parts of the borough.
- Parents and carers want better careers advice in school and they say there are not enough part-time jobs for young people.
- Children and young people say they need better and broader employment options and they want more places in Skills Centre.
- Childcare needs to be more accessible to hard – pressed families.
- You want more support for disabled people and people with mental ill health in finding and maintaining employment.
- LD service users say they value college courses and then having a paid job or being a Travel Buddy.

4.6.3 We need to ensure:

- We support money advice services to help people maximise their income.
- Many more young people and adults from vulnerable groups, including teenage mothers, care leavers, young offenders and those with learning difficulties and disabilities and mental health problems have the opportunity to obtain support to enable them to find a paid job and stay in employment.

---

92 Office of the Deputy Prime Minister, ‘Mental Health and Social Exclusion’, 2004
93 Labour Force Survey Spring 2005, Office for National Statistics
- We reduce homelessness by improving the supply and management of affordable homes.

- There is an increase in employer engagement in the borough, particularly in relation to work placements and provision for vulnerable young people and adults, and that the Borough and local NHS lead by example.

- People have ready access to advice and advocacy on welfare benefits and money management.

- We continue to prioritise supported accommodation and the widening of accommodation options for service users. If necessary we will do this by reallocating money from other budgets.

- Homeless people and those leaving care have access to safe and appropriate accommodation.

- Fewer families in the borough live in over-crowded households.

- The proportion of young people aged 16-18 engaged in education, employment and training continues to increase.

- Day and other services for adults focus on social inclusion and independent living, including how to achieve economic independence through paid employment and/or welfare benefits.

- Child poverty and its impact on children is reduced.

- Lone and teenage parents are supported to achieve economic well being.

- Childcare is made available and affordable to hard-pressed families and sufficient high quality childcare is available to meet the needs of working parents and those making the transition to work, including for families of children with disabilities.

4.7 Maintaining personal dignity and respect and safeguarding

4.7.1 We know that:

- Outcomes for children and young people in need of protection are good.

- There is a robust and effective Safeguarding policy for vulnerable adults, training and awareness raising across council staff and external stakeholders.

- Health and social care buildings in the borough are often in need of modernisation to provide an appropriate environment in which to provide care.
- There has been some large-scale asset improvement work at the West Middlesex Hospital, Heart of Hounslow health centre and some Council day centres.

4.7.2 You have told us:

- People would like improvements to end of life care and support in choosing the place of their death

4.7.3 We need to ensure:

- We shift towards services that are personal, sensitive to individual need and that maintain independence and dignity

- The responsibility to safeguard children and young people and vulnerable adults is understood and prioritised by all agencies

- The assessment and care management of vulnerable children and adults is continually improved to promote safeguarding

- Care pathways are developed to promote dignity and respect

- Plans are developed and implemented to resource improvements to the accommodation in which primary care and social care services are provided.
5. Action Plan - using the JSNA to develop Hounslow’s services

This first JSNA paints a picture of Hounslow’s health and well being and has highlighted many factors that will affect us in future years. It moves us a step forward towards developing a common information base to support service planning across local agencies, reduce duplication and ensure a more consistent approach to assessing need in the Borough.

The JSNA is a working document and will be adapted over time. This JSNA is not itself an action planning document. The partnership organisations will undertake actions to meet the priority needs identified through their main plans. The Actions below will be undertaken to support the JSNA.

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Group</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undertake consultation on this JSNA through forums, partnership boards and involvement structures</td>
<td>LSP and Health &amp; Social Care Partnership</td>
<td>July 2009</td>
</tr>
<tr>
<td>Update this JSNA based upon the latest data for 2008/9 and the outcomes on consultation in that year</td>
<td>LSP and Health &amp; Social Care Partnership</td>
<td>July 2009</td>
</tr>
<tr>
<td>Improve arrangements for joint posts for analysing needs across the Council and NHS</td>
<td>LSP and Health &amp; Social Care Partnership</td>
<td>July 2009</td>
</tr>
<tr>
<td>Improve the sharing of needs analysis across the Council, NHS and local statutory partnerships</td>
<td>LSP and Health &amp; Social Care Partnership</td>
<td>July 2009</td>
</tr>
</tbody>
</table>

6. Local priorities

This first JSNA underpins the Local Area Agreement priorities which have been agreed between the Council, local organisations and the government. These priorities are listed below:

<table>
<thead>
<tr>
<th>Ref</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Hounslow works: reducing the level of worklessness in the population, including getting more parents into work in order to address child poverty</td>
</tr>
<tr>
<td>B</td>
<td>Hounslow counts: improving numeracy skills amongst the adult population</td>
</tr>
<tr>
<td>C</td>
<td>Climate change including carbon emissions, Heathrow – noise impact, air pollution/nitrogen dioxide</td>
</tr>
<tr>
<td>D</td>
<td>Sustain the local environment through enhancing biodiversity in local parks and open spaces</td>
</tr>
<tr>
<td>E</td>
<td>Develop a culture of achievement and high aspirations amongst underachieving groups of children and young people and narrow the gaps in educational outcomes between these groups and their peers</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>F</td>
<td>Preventing youth crime</td>
</tr>
<tr>
<td>G</td>
<td>Improving life expectancy and improve access to health care services including for diabetes, CHD, cancer, stroke, and TB</td>
</tr>
</tbody>
</table>
| H    | Improving the health and well-being of the population by:  
  (I) supporting them to make healthy lifestyle choices;  
  (II) reducing the incidence of smoking;  
  (III) reducing the rate of childhood and adult obesity;  
  (IV) improving participation in sport and physical activity |
| I    | Improving the sexual health of young people and adults, including through modernisation of services and reducing teenage pregnancy |
| J    | Promoting Community Cohesion (shortened title)  
  (I) Through cultural and sporting activities;  
  (II) Community engagement and involvement of the population of all ages in the evaluation and development of services;  
  (III) Participation and engagement in the democratic process, particularly by children, young people and those with learning difficulties and disabilities;  
  (IV) Promoting inclusion of people and supporting integration of newly arrived families whose first language is not English through ESOL |
| K    | Support children, young people, adults and older people who have mental health problems to improve their emotional and mental well-being, maintain their independence and promote their social inclusion |
| L    | Reducing the impact of crime and the harm caused by drugs and alcohol |
| M    | Providing support, information and services to family carers providing unpaid care to sick and vulnerable family and friends |
| N    | Support and safeguard vulnerable adults to maintain their independence through care and housing support services |
| O    | Supporting older people to maintain independence |
| P    | Support young people at risk of disengagement and disaffection with the aim of reducing school exclusions |
| Q    | Improving economic well-being by reducing the overall number of young people not in education, employment, and training (NEETs) and the proportion of NEETs from vulnerable groups |
| R    | Improving educational outcomes for Young People post-16 |
| S    | Increasing the supply of Affordable Homes |
| T    | Reducing serious violent crime |
| U    | Reducing hate crime (race crime, faith crime, homophobic crime) |
| V    | Improving the resettlement of offenders through employment |
| W    | Development of a strong and vibrant voluntary sector |
| X    | Reducing the number of households living in temporary accommodation |
| Y    | Reducing road casualties |
| Z    | Waste and recycling – increase in household waste recycled and composted |
Appendices

Appendix A Related Plans & Strategies - Turning Our Vision into Reality

This table shows how partners’ strategies contribute to the Community Plan.

|-----------------------------------|---------------------------------|-------------------------|---------------------------|-------------------------------------------------------|

**HOUNSLOW COMMUNITY PLAN and 5 Area Plans 2007-2010**

|----------------------------------|-----------------------------------------------|-------------------------------------------------|-----------------------------|------------------------------------|

This JSNA links to a number of key plans and strategies that are part of a framework designed to deliver health and well being services to adults, older people, children and young people and carers across Hounslow. Some of the plans in this framework are specifically about service for a particular group of people and others are more general plans from the Council and partner agencies.

The priorities within this plan are directly linked to and support the objectives that are set out in the more over-arching Council and partnership plans such as the Community Plan, Local Area Agreement and the Hounslow Plan, which relate to the whole community.

The Hounslow LSP oversees work on the key local strategies and plans. Its members are:

- London Borough of Hounslow (the Leader is the current Chair)
- Hounslow PCT
- Hounslow JobCentre Plus
- Hounslow Racial Equality Council
- Council for Voluntary Services, Hounslow
- London West LSC
- London Fire Brigade, Hounslow
- Metropolitan Police, Hounslow
- West London Business.
The LSP has a number of key sub groups

Key related Hounslow plans overseen by LSP sub- groups include:

**CAMHS Development Strategy 2005-2008**
This multi-agency strategy outlines the direction of travel for Child and Adolescent Mental Health Services in Hounslow over the next 2 years. The strategy sets out immediate priorities for all services that provide for the mental health and emotional wellbeing of children and young people, including a range of specialist services in the local authority, health service and the voluntary sector.

**Carers Joint Commissioning Strategy 2008-2011**
Plans for services for carers including providing breaks, information and training

**Children and Young People’s Plan**
Sets out the vision and priorities for all local services to children and young people in Hounslow. It outlines how all those responsible for planning and delivering these services will work together to deliver the 5 national outcomes of Be Healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution and Achieve Economic Well-being and improve children’s quality of life.

**Community Safety Strategy 2008-2011**
The five priority areas identified in the Community Safety Strategy include safer, stronger neighbourhoods, developing the potential of young people and reducing the harm caused by drugs and alcohol.

**Drug and Alcohol Joint Commissioning Strategy 2008-2011**
Plans for services for people who misuse substances

**Empowering Disabled People to Work Draft Strategy 2007**
This sets out Hounslow’s plans to support vulnerable adults in employment.

**Equalities and Community Cohesion Plan**
This sets out Hounslow’s plan in response to the statutory duty of public authorities to eliminate unlawful discrimination, promote equality of opportunity and good relations between people of all communities.

**Extended Schools Strategy**
This document sets out the framework for working with partners to develop extended schools provision in all areas of the borough.
Commissioning Strategy Plan 2008-2011 (Hounslow PCT)
This plan outlines the development of a coherent strategy for tackling inequalities in health in Hounslow.

Hounslow Community Plan 2007-2010
This sets out a vision for the whole community, which is based on seven key themes, many of which echo the five outcomes for children. This plan sets out how partners will work together to improve the quality of life and outcomes for Hounslow’s residents.

Hounslow Local Area Agreement 2008-2010
This is an agreement between the local area, represented by the Local Strategic Partnership, and central Government and sets out key priorities and targets aimed at improving the quality of life for local residents, and allows resources to be used more flexibly in order to achieve this.

Hounslow Plan 2006-2010
This is the Council’s Corporate Strategy and sets out ten strategic priorities.

Learning Disability Joint Commissioning Strategy 2008-2011
Plans for services for people with Learning Disabilities

Local Safeguarding Children Board Plan 2008-2009
This plan identifies the priorities in coordinating and ensuring the effectiveness of services to safeguard children in Hounslow.

This sets out seven strategic priorities for policing in London and local performance targets to achieve these.

Mental Health Joint Commissioning Strategy 2008-2011
Plans for services for people with mental health needs

Older People Joint Commissioning Strategy 2008-2011
Plans for services for older people

Older People Mental Health Joint Commissioning Strategy 2008-2011
Plans for services for older people with Mental Health Needs

Older People Housing Strategy
Plans for housing services for older people

Physical Disability Joint Commissioning Strategy 2008-2011
Plans for services for people with Physical Disabilities or Sensory Impairment.

Plans to ensure that good quality play environments are available to all children and young people in the borough.

Primary Care Strategy 2008-2012
Plans for services for Primary Care in Hounslow.

Annual Public Health report
Annual summary of the state of public health in Hounslow by the Primary Care Trust.

Sport and Active Recreation Strategy 2005-2010
Plans to widen access and maximise opportunities for people of all abilities and disabilities to increase participation in sport and physical activity.

Supporting People Joint Commissioning Strategy 2008-2011
This covers the provision of Housing Support services to vulnerable groups

Ten Year Change Up Plan 2005
This was developed by the key voluntary and community sector (VCS) infrastructure agencies in the Borough and sets out a strategy for the VCS, from 2004-2014.

Youth Justice Plan 2007-2008
This plan sets out performance measures and targets and the management, staffing and funding requirements for the Hounslow Youth Offending Service.
Appendix B Use of resources

Strategic approach to funding
There is unlikely to be significant additional funding to deliver the work outlined in this plan. Resources already available will need to be managed more effectively to make sure these priorities can be delivered. Agencies will work together to find ways of reshaping services and to make sure that the resources are directed to the priority areas. The LSP and its sub groups need to address some strategic funding issues including; identifying funding streams, developing budgets to be pooled, confirming financial control and setting out governance arrangements. Development of a medium term financial strategy is a key priority. This will ensure that financial planning is undertaken in conjunction with this JSNA and is consistent with agency budget strategies.

Some of the key resources available in Hounslow include:-
- Council Gross expenditure in 2007/8 was £541 million of which one third was spent on education, one fifth was spent on social services and one fifth on housing services
- NHS - PCT expenditure in 2006/7 was £305 million

In 2007/8 the Council managed within its budget. For the last two years the PCT has been implementing a financial recovery programme and in 2007/8 the overspend was reduced to £2million with plans agreed to achieve a balanced budget in 2008/9. Both organisations delivered significant efficiency savings as required by the government.

Joint Commissioning
In order to deliver improved outcomes for local people, we need to make sure that we make the best use of our resources, try new ways of delivering services, explore new services, give value for money, join up processes and reduce duplication of work. We will need to develop further our effective user and carer involvement and consultation processes, to ensure they are at the centre of joint commissioning. We are committed to developing shared capacity to commission services to achieve this. There is a strong and well established culture of agencies working together in Hounslow and a number of jointly commissioned services for adults and children delivered in partnership. It will be a challenge to ensure consistency of quality and approach to procurement, market analysis, contract monitoring and evaluation. We will need to ensure that our processes follow established good practice are streamlined and do not require providers to duplicate information to different agencies.

Developing the workforce
The government has set out various guidance for the development of a workforce skilled in the delivery of health and services to children and young people and adults. It expects all areas to have a workforce strategy in place. All agencies in Hounslow are committed to making sure this happens. They will work together to develop workforce strategies for the Borough to meet these needs. The strategy will address key challenges identified at a national level alongside locally identified issues, to ensure that Hounslow has a workforce with the skills to meet the challenges of today and in the future.
## Appendix C Short Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>Helping people using services to speak up for themselves about their needs and wishes and rights, or finding a volunteer who will speak for the client.</td>
</tr>
<tr>
<td>Assessment</td>
<td>The process of forming a view of the needs of a person, taking account of the views of that individual, those around them and other relevant agencies involved in identifying their needs.</td>
</tr>
<tr>
<td>Care Management</td>
<td>This term describes the whole process of assessing a client's needs, assigning a priority rating, planning how to meet the needs, arranging services for them and reviewing them. Care managers are usually social workers or occupational therapists.</td>
</tr>
<tr>
<td>Carers or Informal Carers</td>
<td>People who look after friends, neighbours or relatives on a voluntary basis, usually enables them to remain in their own homes. Includes young carers.</td>
</tr>
<tr>
<td>Client or Service User</td>
<td>A person who uses services.</td>
</tr>
<tr>
<td>Commissioning</td>
<td>Planning what services to provide and making arrangements for the priority needs to be met as far as resources allow.</td>
</tr>
<tr>
<td>Domiciliary Care</td>
<td>Social and health care delivered to an individual in their own home to support them in daily living, and enable them to continue living in their own home, rented accommodation, or that of their family or carers e.g. Home Care.</td>
</tr>
<tr>
<td>Forums</td>
<td>Groups of people including service users, carers, and people from voluntary and public organisations who meet to discuss issues relating to a particular client group e.g. the Mental Health Forum.</td>
</tr>
<tr>
<td>Group Homes</td>
<td>Homes for vulnerable adults or young peoples people which do not usually have resident staff but where residents receive support with budgeting, rent collection, befriending etc. which is provided by visiting staff.</td>
</tr>
<tr>
<td>Hard-pressed</td>
<td>Facing or experiencing financial trouble or difficulties.</td>
</tr>
<tr>
<td>Housing Association</td>
<td>Non-profit making organisation, which develops social housing for rent or sale. Some develop general needs housing, other specialist accommodation. The government now includes housing associations under the term 'Registered Social Landlords' or RSLs.</td>
</tr>
<tr>
<td>Joint Commissioning</td>
<td>Joint commissioning is when two or more agencies work together to planning and setting up services. It can include pooling of financial resources and joint management of contracts.</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>Learning disability is what used to be called 'mental handicap'. It describes an impairment of the mind caused by incomplete development of, or damage to, the brain and nervous system. It can be present at birth or be acquired later in life, through a road accident for example. The term covers people with a wide range of characteristics.</td>
</tr>
<tr>
<td>Looked After Children</td>
<td>Looked after children’ (LAC) refers to children who are in public care, who may be accommodated in children’s homes, in foster homes or be living at home or with extended families on Care Orders.</td>
</tr>
<tr>
<td>Multidisciplinary Team</td>
<td>A team made up of a variety of professionals from different disciplines.</td>
</tr>
<tr>
<td><strong>National Service Framework (NSF)</strong></td>
<td>Detailed frameworks setting out standards, outcomes and performance indicators for a specific service e.g. Mental Health, Older People, Coronary Heart Disease.</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Obesity</strong></td>
<td>Overweight by 30 percent of the ideal body weight.</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Outcomes refer to the identifiable impact (positive or negative) of interventions, programmes or services - or of the failure to implement appropriate interventions, programmes or services.</td>
</tr>
<tr>
<td><strong>Overview and Scrutiny Committee</strong></td>
<td>Arrangements for the Local Authority to oversee and scrutinise the local health services.</td>
</tr>
<tr>
<td><strong>Palliative Care</strong></td>
<td>Care of the dying and pain control services.</td>
</tr>
<tr>
<td><strong>Performance Indicators (Pis)</strong></td>
<td>Measurable information about progress towards targets e.g. number of carers given short breaks from caring. National PIs are collected annually by the Department of Health but can be collected monthly by individual agencies.</td>
</tr>
<tr>
<td><strong>Physical Disability</strong></td>
<td>The definition of 'physical disability' encompasses people with a sensory impairment (i.e. who have visual or hearing difficulties) and people who have a physical disability as a result of illness, injury or a congenital condition which significantly affects their ability to carry out the normal activities of daily living.</td>
</tr>
<tr>
<td><strong>Primary Care</strong></td>
<td>The first point of contact for most patients, usually with the GP</td>
</tr>
<tr>
<td><strong>Residents’ Panel</strong></td>
<td>A representative group of the Hounslow Community who contribute their views on a range of relevant local issues by completing questionnaires or attending focus groups.</td>
</tr>
<tr>
<td><strong>Safeguard</strong></td>
<td>Safeguarding is the term used to describe the process of identifying children and young people or adults who have suffered or who are likely to suffer significant harm, and taking the appropriate action to keep them safe.</td>
</tr>
<tr>
<td><strong>School Council</strong></td>
<td>A school council is group of pupils who are elected to represent the views of all pupils and to improve their school. ‘School council’ can mean many different kinds of school-based groups run by pupils, including pupil forums and youth parliaments.</td>
</tr>
<tr>
<td><strong>Special Educational Needs</strong></td>
<td>The Education Act 1996 defines a pupil as having a special educational need if he or she has ‘a learning difficulty which calls for special educational provision to be made for him/her’.</td>
</tr>
<tr>
<td><strong>Substance Misuse</strong></td>
<td>Misuse of drugs and alcohol</td>
</tr>
<tr>
<td><strong>Vulnerable adults</strong></td>
<td>Whose life chances will be jeopardised unless action is taken to meet their needs better, and reduce the risk of social exclusion.</td>
</tr>
<tr>
<td><strong>Vulnerable children</strong></td>
<td>Whose life chances will be jeopardised unless action is taken to meet their needs better, and reduce the risk of social exclusion.</td>
</tr>
<tr>
<td><strong>Youth Council</strong></td>
<td>A local elected group of young people whose role is to represent the views of the young people of Hounslow.</td>
</tr>
</tbody>
</table>