Joint Strategic Needs Assessment 2017
The Hounslow story
• Who we are
• What are our pressures
• What is the opportunity?

Health and Wellbeing Board
August 2017
Why does the JSNA matter?

The JSNA analyses the needs of the population to guide the commissioning of health and well-being services in Hounslow. It is part of a three step process:

1. **People and place**
   - What does our population look like?
   - So what does our population need, now and in the future and what assets do we have?”

2. **Joint Strategic Needs Assessment (JSNA)**
   - Joint Health and Wellbeing Strategy
   - So what are our priorities for collective action, what outcomes do we want to achieve, and how will we achieve them together?”

The Joint Health and Wellbeing Strategy is an opportunity for Health and Wellbeing Board partners to explore issues that they have not managed to tackle on their own.
273,300

14th least deprived in London

Source: ONS [www.ons.gov.uk/peoplepopulationandcommunity](http://www.ons.gov.uk/peoplepopulationandcommunity)
Cardiovascular disease and Cancer make up 51% of the difference in life expectancy between the most and least deprived groups of men, and 43% of the difference in women.

Source: [http://fingertips.phe.org.uk/profile/segment/](http://fingertips.phe.org.uk/profile/segment/)
Who are we, what is happening?

Population mobility
Ageing
Fertility

Increasing diversity
Lone parents
Overcrowding
What are our pressures?

**Population mobility**
- 1.5 million practice consultations

**Ageing**
- 30,000 residents with a long term illness

**Fertility**
- 29,000 emergencies in hospital

**Increasing diversity**
- 5738 social care clients

**Lone parents**
- 5000 carers over 50 hours a week

**Overcrowding**
- 1100 community and voluntary sector partners

**With a long term illness**
- 2615 health and care need assessments

**13000 council tenants**
- 30,000 residents with a long term illness

**1100 community and voluntary sector partners**
- 5000 carers over 50 hours a week

**2615 health and care need assessments**
- 1.5 million practice consultations
Pressure is growing…

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number 2015</th>
<th>Cost 2015 (£m)</th>
<th>Number 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe physical disability</td>
<td>1508</td>
<td>£61</td>
<td>1530</td>
</tr>
<tr>
<td>Severe and enduring mental illness</td>
<td>2252</td>
<td>£53</td>
<td>2291</td>
</tr>
<tr>
<td>Learning disability</td>
<td>962</td>
<td>£59</td>
<td>1038</td>
</tr>
<tr>
<td>Cancer</td>
<td>4006</td>
<td>£52</td>
<td>4689</td>
</tr>
<tr>
<td>Dementia</td>
<td>1311</td>
<td>£27</td>
<td>1327</td>
</tr>
<tr>
<td>Long term conditions</td>
<td>16968</td>
<td>£52</td>
<td>21349</td>
</tr>
</tbody>
</table>
1. Smoking. 28,000 smokers, 14% of all adults

2. Inactivity and obesity. 126,000 overweight adults (63%), and 54,000 (27%) adults that do less than 30 minutes exercise a week

3. Alcohol. 48,000 adults consume more than 14 units of alcohol a week (24%)

..and this doesn’t help..
Pressures for Adults

Demographic pressures...

- Ageing
  - Not controllable
- Population growth
  - Largely uncontrollable
- Deprivation
  - Partially controllable
- At risk behaviours, alcohol, drugs, healthy eating, smoking, physical activity etc
  - Partially controllable

Create demand

- squeezeing service and community resilience

Not controllable

Increasing the number of clients

Partial controllable

Social Isolation

- Long Term Conditions
- Sensory impairment
- Physical Disabilities
- Mental Health
- Learning Disabilities
- Dementia

NHS & Social Services

Safe-guarding

Community Voluntary Sector

Carers

London Borough of Hounslow
Pressures for Children

Drivers of demand… create a health profile which can be influenced by and managed through

- Migration and births (Not controllable)
- Disabilities (Largely uncontrollable)
- Deprivation (Largely uncontrollable)
- Carers (Partially controllable)
- At risk behaviours, alcohol, drugs, healthy eating, smoking, sexual health, physical activity, and wellbeing (Partially controllable)

- Special Needs Children
- Physical Health
- Mental Health
- All children
- Looked After Children

Safe-guarding

Social network

Community Voluntary Sector

Education and school nursing
Health services (including maternity)
Childrens services

Transition to adults services

London Borough of Hounslow
Opportunities.  
NHS Right Care Programme

Opportunities for saving/quality improvements have been calculated
- Hounslow was compared to 10 demographically similar areas.
- The average of the 5 best areas is then taken as a baseline.
- Hounslow is compared against the baseline, any ‘excesses’ are highlighted as opportunities.

The ‘excesses’ in spend are mostly related to the costs of emergency admission to hospital

<table>
<thead>
<tr>
<th>Opportunity area</th>
<th>Spend (£000’s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurological Conditions</td>
<td>2,497</td>
</tr>
<tr>
<td>Circulation Problems (CVD)</td>
<td>1,740</td>
</tr>
<tr>
<td>Respiratory System Problems</td>
<td>728</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>669</td>
</tr>
</tbody>
</table>

Neurological disorders include Alzheimer disease and other dementias, stroke and physical injuries caused to the brain. Chronic Pain, and falls as most significant parts of the opportunity to reduce non-elective admission costs (£521K, £413k respectively).
Needs;
1. Cardiovascular and respiratory disease.
2. Falls.
3. Dementia.
4. School readiness.
7. Physical activity.
8. Air quality and noise.
10. Termination of pregnancy.
11. Intimate partner violence.
12. Learning disabilities.

Research;
1. Supported accommodation.
2. Road Traffic Accidents.
3. Hate crime.
4. Self-harm.
5. Children with a Statement of Educational Need.
6. Female Genital Mutilation.
7. Community and voluntary sector.
8. Migration.
What next?

The Health and Wellbeing Board is being asked to identify a sub group to oversee the next steps;

- For service commissioners and planners to report on existing work streams for each priority and their relative service effectiveness
- To identify priorities which need a different, or strengthened approach
- To identify areas for which cooperation could be improved
- To identify a framework for selecting which 4 / 5 priorities will be the focus of the Health and Wellbeing board for the next three years

Health and Wellbeing Strategy

Future Borough

Hounslow Together’s vision, strategy and action plan
Joint Strategic Needs Assessment 2017
The Hounslow story

Needs:
1. Cardiovascular and respiratory disease.
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Laurence.Gibson@hounslow.gov.uk
• End
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<td>• To recognise when people are in their last phase of life and support them with compassion</td>
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Hounslow is one of the most rapidly growing boroughs in London, between 2001 and 2011 Hounslow’s population grew 20%, from 212,341 to 253,957.

**Why?**

**Drivers of population change**

**Ageing** - In 2001 the 0-44 population accounted for 68% of the population, but by 2021 this percentage is expected to drop to 65%. The impact on this is will be an increase of the over 45’s of 34,000 by 2021, 4,000 of which will be over 75.

**Fertility** - In 2015 there were 4,455 live births to mothers living in Hounslow (ONS). This corresponds to the fourth-highest rate in London. The number of births exceed the number of deaths by nearly 3000 people.

**International and national migration** - Between 2014 and 2015 an estimated 43,000 people moved in or out of Hounslow, despite this the net difference only amounted to approximately 400 people.

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### Table: Population and Economic Trends

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Hounslow</th>
<th>London</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected population, 2016</td>
<td>273,300</td>
<td>8,770,700</td>
</tr>
<tr>
<td>Projected number of households, 2016</td>
<td>104,500</td>
<td>3,554,100</td>
</tr>
<tr>
<td>Estimated unemployment, July 2015-June 2016</td>
<td>7,300 (5% of economically active residents aged 16+)</td>
<td>286,600 (6.1%)</td>
</tr>
<tr>
<td>Average house price, September 2016</td>
<td>£406,002</td>
<td>£487,649</td>
</tr>
<tr>
<td>Ratio of average house price to median earnings</td>
<td>15:1</td>
<td>17:1</td>
</tr>
</tbody>
</table>

**Sources:** GLA short term trend-based population projections, 2015, GLA SHLAA-based household projections, capped household size, 2015 round; ONS Annual Population Survey model-based estimates of unemployment; ONS Annual Survey of Hours and Earnings resident analysis 2016; UK House Price Index.

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- Overall levels of deprivation in the borough are close to the England average (ranked 151st out of 326 England LAs in 2015 Index of Multiple Deprivation).
- The number of lone parent households has increased from 6000 in 2001 to 7600 in 2011.
- Household overcrowding has increased from 16% in 2001 to 16% to 22% in 2011.
- Hounslow is one of the most diverse populations in London and it has increased, in 2011 49% of borough residents were from BAME backgrounds (ONS Census) as of 2016 this was 51% as estimated by the GLA and projected to rise further.
The main preventable underlying causes of premature deaths (under 75) are:

1. Smoking (currently 28,000 smokers in the borough),

2. Inactivity and obesity (an estimated 63% of adults in Hounslow are overweight, and 27% are ‘inactive’),

3. Alcohol misuse (Hounslow is significantly worse than England for alcohol-related hospital admissions).

Health and wellbeing concerns across North West London

Health & Wellbeing

- Adults are not making healthy choices
- Increased social isolation
- Poor children’s health and wellbeing

- 20% of people have a long term condition
- 50% of people over 65 live alone
- 10 – 28% of children live in households with no adults in employment
- 1 in 5 children aged 4-5 are overweight

Over the period 2012-14 life expectancy at birth in Hounslow was 83.9 years for women and 80 years for men, in both cases slightly above the average for England and Wales (source: ONS).

There are currently around 17,000 people with diabetes in the borough, and an estimated 6,000 undiagnosed cases of diabetes, of which a high proportion will be closely linked to obesity.

Without major changes, preventable ill-health and these early deaths will continue and may even increase in the borough.

Source: North West London STP
The relative performance for Hounslow compared to London averages is given in the following table based on the Public Health Outcome Framework. For each theme worse performance is indicated with a red border, and better performance with a green border. Indicators where performance in Hounslow is in line with London averages have not been listed. Further discussion is given on these outcome indicators in the following section relating to the particular groups in the community that the outcomes relate to.

### Wider determinants of health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>School readiness @ reception</td>
<td></td>
</tr>
<tr>
<td>Females in employment</td>
<td></td>
</tr>
<tr>
<td>Social Isolation; social care clients and carers</td>
<td></td>
</tr>
<tr>
<td>Children in low income families</td>
<td></td>
</tr>
<tr>
<td>Year 1 pupils 16-18 years who are not in education, employment or training</td>
<td></td>
</tr>
<tr>
<td>Employment In Khách on Complaints about statutory homelessness - pupils not in education</td>
<td></td>
</tr>
<tr>
<td>Homelessness - pupils not in education, employment or training</td>
<td></td>
</tr>
<tr>
<td>Homelessness - temporary accommodation space for exercise/health</td>
<td></td>
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<tr>
<td>Fuel poverty</td>
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</tbody>
</table>

### Health improvement

<table>
<thead>
<tr>
<th>Indicator</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Emergency admissions for self harm</td>
<td></td>
</tr>
<tr>
<td>Vegetable consumption (survey)</td>
<td></td>
</tr>
<tr>
<td>Excess weight in adults</td>
<td></td>
</tr>
<tr>
<td>Cervical and bowel cancer screening</td>
<td></td>
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<tr>
<td>Injuries due to falls over the age of 65</td>
<td></td>
</tr>
<tr>
<td>Smoking status at time of delivery</td>
<td></td>
</tr>
<tr>
<td>Successful completion of drug treatment non-opioid users</td>
<td></td>
</tr>
<tr>
<td>Hospital admissions related to alcohol (persons)</td>
<td></td>
</tr>
<tr>
<td>Hospital admissions related to alcohol (female)</td>
<td></td>
</tr>
<tr>
<td>Cancer screening coverage – breast cancer</td>
<td></td>
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<tr>
<td>People receiving an NHS Health Check</td>
<td></td>
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</tbody>
</table>

### Health Protection

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood vaccination</td>
<td></td>
</tr>
<tr>
<td>Flu vaccination</td>
<td></td>
</tr>
<tr>
<td>Incidence of TB</td>
<td></td>
</tr>
</tbody>
</table>

### Healthcare and premature mortality

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decayed or missing teeth in children (under 5)</td>
<td></td>
</tr>
<tr>
<td>Under 75 cardiovascular mortality (Female)</td>
<td></td>
</tr>
<tr>
<td>Under 75 respiratory disease (Female)</td>
<td></td>
</tr>
<tr>
<td>Emergency readmission to hospital</td>
<td></td>
</tr>
<tr>
<td>Preventable sight loss</td>
<td></td>
</tr>
<tr>
<td>Health related quality of life for older people</td>
<td></td>
</tr>
</tbody>
</table>

Source: http://www.phoutcomes.info/
The relative performance for Hounslow compared to London averages is given in the following table based on the Adult Social Care Outcome Framework. For each theme worse performance is indicated with in red fonts, and better performance with green fonts. Indicators where performance in Hounslow is in line with London averages have not been listed.

Source: http://www.content.digital.nhs.uk/catalogue/PUB21900
### Care and quality concerns across North West London

- Unwarranted variation in clinical practice and outcomes
- Reduced life expectancy for those with mental health issues
- Lack of end of life care available at home
- Over 30% of patients in acute hospitals do not need to be in an acute setting and should be cared for in more appropriate places
- People with serious and long term mental health needs have a life expectancy 20 years less than the average
- Over 80% of patients indicated a preference to die at home but only 22% actually did

#### Responsibilities of our residents

- To make choices in their lifestyles that enable them to stay healthy and reduce the risk of disease
- To use the most appropriate care setting
- To access self-care services to improve their own health and wellbeing and manage long-term conditions
- To access support to enable them to find employment and become more independent
- To help their local communities to support vulnerable people in their neighbourhoods and be an active part of a vibrant community

#### Responsibilities of our system

- To provide appropriate information and preventative interventions to enable residents to live healthily
- To deliver person-centred care, involve people in all decisions about their care and support
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- To provide continuity of care or service for people with long term health and care needs
- To enable people to regain their independence as fully and quickly as possible after accident or illness
- To recognise when people are in their last phase of life and support them with compassion

Source: North West London STP
• Population is growing, getting older with more complex conditions. More IT savvy more reliant on technology. Core number of high resource groups, need to supply appropriate prevention/ early intervention to limit future demand.

• STP identifies high resource. Needs more targeting, and support for carers and the CVS. How can we ease the burden of LD? Invest in early intervention to reduce residents going into a LD associated crisis. Invest in supported accommodation given increasing PD, LTCs. Need to reduce variation in care, what is the underlying cause, clinical standards or less engaged population?

• Relationships between poor social context, poor health and more reliance on care services is complex., therefore needs further work (commission). Ensuring ‘fully engaged scenario’ and full spectrum of mental health services to limit this vicious circle

• Engaging the population, through wider determinants, and consider access to services for groups such as new immigrants, single parents, unemployed, those on low incomes. Prevention at a young age, reduce risk behaviours and youth offending

• Protecting health and wellbeing, air quality, healthy development
Ask Victoria Lawson about the web and digital strategy and channel shift evidence
Laurence Gibson, 02/02/17