

HEALTH AND WELLBEING BOARD

8 September 2015

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| Title: Joint Strategic Needs Assessment 2015 – Key Recommendations | |
| Report of the Corporate Director of Adult & Community Services | |
| Open Report | For Decision |
| Wards Affected: All | Key Decision: |
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| Sponsor: Matthew Cole, Director of Public Health | |
| Summary: <p>This paper highlights the key strategic recommendations arising from the refresh of the Joint Strategic Needs Assessment (JSNA) for 2015.</p> <p>Background information on demographic need and more specific recommendations are available on the website: http://www.barkinganddagenhamjsna.org.uk/.</p> <p>Everyone in the borough has the right to good health and Barking and Dagenham has set out a new vision One borough; one community; London’s growth borough to make this a reality.</p> <p>Residents who feel they belong to and can contribute to their community tend to enjoy better health than people who feel disempowered, lonely or isolated. The new strategy provides an opportunity to work with residents to encourage civic pride, enable social responsibility and grow the borough. Improved health is a key indicator of improved economic circumstances. The recommendations of the 2015 JSNA outline the challenges and opportunities to improving health and reducing premature mortality in the borough.</p> <p>Population growth and change and premature mortality remains a major challenge for the borough and is also a priority in many of the recommendations, as a result of the proposals agreed by the Board following discussion of the Longer Lives paper in July 2013.</p> | |
| Recommendation(s): The Health and Wellbeing Board is recommended to: | |
| <ul style="list-style-type: none">(i) Note and discuss the content of this paper.(ii) Support the commissioning of services by partner organisations that align with the Joint Strategic Needs Assessment findings and the Health and Wellbeing Board key themes of prevention, protection and safeguarding, improvement and integration of services and care and support(iii) Require that, in-line with statutory requirements, the Public Health Department lead an update of the Joint Strategic Needs Assessment in 2016 to inform commissioning in 2016/17. | |

Reason(s):

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

1.1 Introduction and background

- 1.1.1 The Board agrees the borough's Joint Health and Wellbeing Strategy. This strategy is based on local information about health and social care. This information is refreshed annual and is known as the Joint Strategic Needs Assessment (JSNA).
- 1.1.2 The Joint Strategic Needs Assessment is where all the information about health and social care needs of residents of Barking and Dagenham is recorded. In Barking and Dagenham this is on the JSNA website <http://www.barkinganddagenhamsna.org.uk/Pages/jsnashome.aspx>.
- 1.1.3 Keeping all the information in one place enables Health and Wellbeing partners who are commissioning services to find the information they need so that they can commission the services that are needed to improve health and social care for the residents of Barking and Dagenham.
- 1.1.4 The production of the JSNA was set out in the Local Government and Public Involvement in Health Act 2007¹ and the Health and Social Care Act 2012² is clear that local authorities must agree the JSNA at the Health and Wellbeing Board.

1.2 Introduction

- 1.2.1 The Health and Wellbeing Board have agreed 9 priorities for commissioning on 28 October 2014. These priorities are:
 - 1. Transformation of health and social care
 - 2. Improving premature mortality
 - 3. Tackling obesity and increasing physical activity
 - 4. Improving sexual and reproductive health
 - 5. Improving child health and early years
 - 6. Improving community safety
 - 7. Alcohol and substance misuse
 - 8. Improving Mental Health
 - 9. Reducing injuries and accidents

¹ <http://www.legislation.gov.uk/ukpga/2007/28/contents>

² <http://www.legislation.gov.uk/ukpga/2012/7/part/5/chapter/2/crossheading/joint-strategic-needs-assessments-and-strategies>

1.2.2 The Health and Wellbeing Board agreed a refreshed Health and Wellbeing Strategy on 7 July 2015. This strategy sets out the four key themes for public health, health and social care in Barking and Dagenham. These are:

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

1.2.3 This paper builds on our current priorities agreed at the Health and Wellbeing Board as well as making a number of new strategic recommendations for improving health through the Council and its partners' wider responsibilities. Background information on demographic need and more specific recommendations are available on the website <http://www.barkinganddagenhamjsna.org.uk>.

1.2.4 The refresh of the JSNA identifies areas where increased work and focus can support our population to enable social responsibility.

1.2.5 The JSNA underpins a range of key documents for delivering both the Council's vision and priorities as well as NHS Barking and Dagenham Clinical Commissioning Group's 5 year strategic plan:

- Joint Health & Wellbeing Strategy 2015 - 2018
- Joint Better Care Fund work programme
- The Business of Caring in Barking and Dagenham
- Children & Young People's Plan
- Community Strategy 2013-2016

1.3 JSNA process

Whilst led and produced by the Public Health Department, the JSNA is a joint piece of work with data, analysis and recommendations provided by a number of senior officers across the health and social care system in Barking and Dagenham.

1.4 JSNA structure

1.4.1 In Barking and Dagenham, the JSNA has evolved based on the needs of the population and changes in demographics. It is structured and indexed using the 'life course' approach used in Health and Wellbeing Strategy starting with 'Giving every child the best start in life'³ and following through the ages and needs of the population including the health and sustainability of individuals and communities. This approach is used in the Barking and Dagenham Health and Wellbeing Strategy⁴.

1.4.2 All the above support the Barking and Dagenham 2020 Vision and Growth Commission, particularly 'Ensuring Growth Improves Quality of Life'.

³ <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report>

⁴ <https://www.lbbd.gov.uk/wp-content/uploads/2014/11/Health-and-Wellbeing-Strategy.pdf>,

1.5 Key drivers of value for money

1.5.1 Barking and Dagenham is rising to the challenge of changes to local funding of services by working in partnership to develop innovative approaches empowering individuals to take control of their own health and wellbeing.

1.5.2 There are 11 challenges to health and social care that will drive investment over the next year, these are:

1. Changes to the welfare and benefits system will negatively impact on the majority of households in the borough.
2. Demographic challenge and changing communities up to 2020.
3. Economic recession and the impact of the Government's economic policy on the public sector finances.
4. Tackling child sexual exploitation to improve the protection of vulnerable children.
5. Commissioning an integrated approach to early years from fragmented services that can miss the wider factors influencing a child's development, to a "whole child" and "whole family" approach.
6. Supporting the best possible educational outcomes for children and young people is central to the Council's vision and priorities.
7. Ensuring parity of esteem between mental and physical health
8. Transforming primary care and social care in London through new models of delivery that contain cost and manage demand on the health and social care system, the role of early detection of disease is critical.
9. Increasing the social productivity of public services and new forms of community regeneration to help individuals and communities to make positive change.
10. Evidencing quality improvement and rebuilding public confidence in Barking, Havering and Redbridge University Hospitals NHS Trust following the Care Quality Commission interventions.

2 Priorities identified in the Joint Strategic Needs Assessment

2.1 The JSNA 2015 draws out the important priorities for our residents' health and social care. The priorities for our residents are:

- To increase the life expectancy of people living in Barking and Dagenham.
- To close the gap between the life expectancy in Barking and Dagenham with the London average.
- To improve health and social care outcomes through integrated services.

2.2 Our vision and outcomes can only be achieved through a change in the way we do things in Barking and Dagenham. This will involve change for residents by taking on more responsibility for their own health and wellbeing supported by those planning and delivering local services.

2.2.1 The JSNA focuses on a number of preventative areas, including NHS Health Check, smoking prevalence, immunisations, and cancer screening. This links in with the JHWS priorities of Starting Well, Living Well, and Ageing Well.

2.2.2. Early detection and optimal management of long terms conditions is one of the most important health interventions and is key factor in improving the life expectancy in borough and to close the gap between the life expectancy in Barking and Dagenham with the London average. Early diagnosis of health issues will enable peoples to deal with them effectively and manage their conditions well.

2.2.3. The NHS five year forward view commits the health services to support the public health priorities highlighting that proactive primary care is central to secondary prevention, as is the more systematic use of evidence-based intervention strategies. Lifestyle intervention programmes have shown to cut obesity and prevent diabetes and other long term conditions. Increasing participation in physical activity is one of the priorities in the boroughs Health and Wellbeing Strategy

2.2.4 One of the outcomes in Joint Health and Wellbeing Strategy of the borough is to improve health and social care outcomes through integrated services and to improve the quality and delivery of service provided by all partner agencies. The BHR health economy Five Years Strategic Plan also emphasise the need for improving health outcomes for local people through best value health care in partnership with the community and improving people's experience of integrated care which is linked to Adult Social Care Outcomes Framework (ASCOF).

3. Key Recommendations (Through the Life Course Stages)

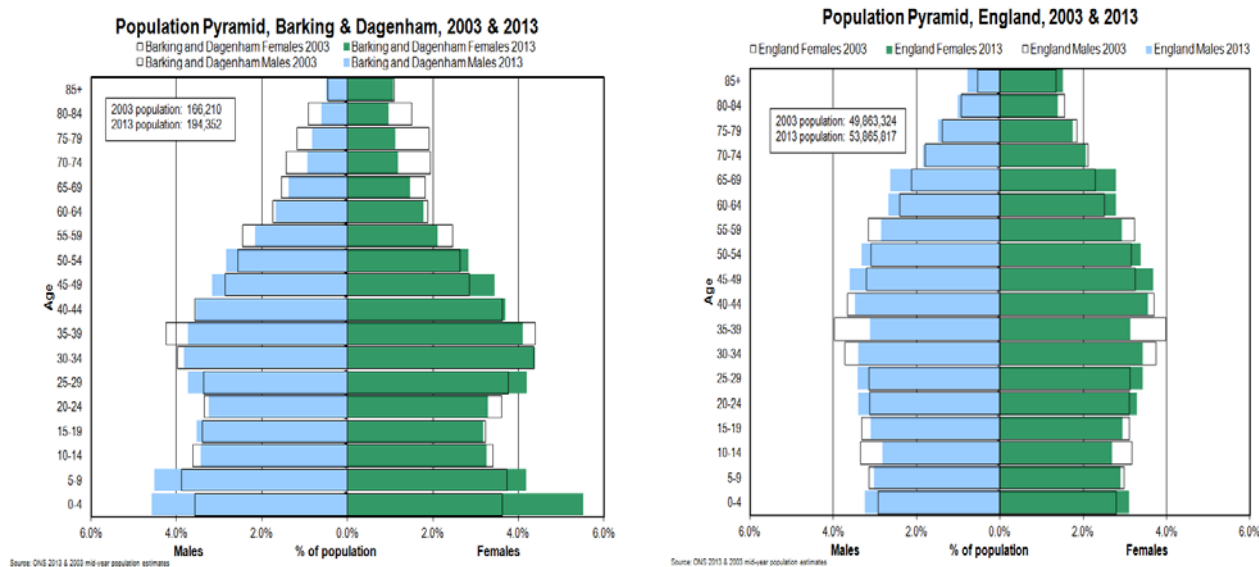
3.1 A summary of key recommendations are included as Attachment 1. The main findings are presented in the paper in sections 4 and 5.

4 The Barking and Dagenham population and it's health challenges

4.1 Population growth and changes in our local population from 2011 to 2013

- The population of the borough has increased by 8,441 between the 2011 Census and 2013 GLA mid-year estimates. This is a 4.5% increase.
- The borough has the highest population percentage of children and young people aged 0 to 19 at 32.2% in England and Wales.
- In the 2011 Census found that the population of children aged 0-4 years had grown by 49% in the previous ten years: this was the highest growth for this age group of any local authority in England and Wales.
- This changed in 2013 with the numbers of children under 5 years making up 10% of the population and between the ages of 0-19 making up 32% of the population.
- The growth in the numbers of children aged 0-5 has slowed down and the population bulge has now moved to the 5-19 age groups.
- In the year to January 2015 the school population rose by 2.5%, nationally the school population increased by 1% and across London by 2%, but in our statistical neighbours it rose 3%. Our growth in school population is lower than our statistical neighbours.
- The borough's adult population is growing at a faster pace than in London and England. The growth rate in the borough is 4.5 per cent and has gone up more than twice that of London (2%), between 2011 and 2013. Growth is also ahead of that for England.
- Between 2011 and 2013, there has been a 1.1% increase in the 65+ age group in Barking and Dagenham.
- The over 65 population account for 10% of the overall borough population which is the 13th lowest proportion out of 348 areas across England and Wales.
- The number of people aged 85 between 2011 and 2013 has remained stable with a change of -1.

Figure 1: Population pyramid for Barking and Dagenham compared with England based on the mid-year estimate (MYE) from the Office for National Statistics.



4.2 Increased proportion of population from BME communities

- There has been a large decrease in the white population from 80.86% in 2001 to 49.46% in 2011.
- The Black African population has risen from 4.44% to 15.43%. This is the second highest proportion of this population group within a local authority across England and Wales.
- There has been a significant rise in the Bangladeshi population from 673 in 2001 to 7,701 in 2011.
- In 2016 the BME population will make up 51 per cent of the borough's population. This is projected to keep on rising: by 2020, the BME population is estimated to have increased by 58 per cent.

4.3 Population census – other areas

- **Religion changes.** There has been an increase in all religious groups in the borough, with the exception of Christian and Jewish groups. The number of Muslims has seen the most significant growth with the proportion rising from 4.36% to 13.37%.
- **Education and employment.** There are now significantly less people with no qualifications representing a 14.4% drop in numbers between 2001 and 2011. In 2011 49% of the working age population (16 to 65) were either employed (38%), self employed (9%) or full time students (2%).

- **Housing** Lone parent households with dependent children have seen a large increase with Barking and Dagenham now having the highest percentage of lone parent households in England and Wales at 14.3%. This is much higher than in other parts of London and England as a whole. There has been a big rise in Private Renting from 5.19% in 2001 to 16.59 in 2011.
- **Health** 6.6% of Barking and Dagenham residents aged 16-64 believe that their day to day activities are limited a lot because of a health problem or disability including problems related to old age, which is slightly higher than the London average of 5.6%.

The residents of Barking and Dagenham are not as healthy as they could be, compared to other parts of the country with lower life expectancy. Life expectancy for both men and women living in Barking and Dagenham is amongst the lowest in London. The London average is 18.9 years for men and 21.7 years for women.

- **Deprivation** Barking and Dagenham still experiences higher than average levels of deprivation ranking 7th most deprived borough in London and 22nd most deprived area nationally.
- **Comparison with London** Changes observed in Barking and Dagenham are following the East London trend. The ethnicity profile for the borough is similar now to that of Newham and Tower Hamlets as it was in 1991. Barking and Dagenham is part of the Eastward migration from inner London and out in to Essex.

5. Key findings by life course

5.1 Pre-birth and early years priorities in 2015/16

These early years lay a foundation and the Health and Wellbeing Board are working in partnership to provide children with the best start in life. The impacts of early years behaviours like breastfeeding and healthy weaning, exposure to cigarette smoke or domestic violence can impact children throughout their lives. One in three (30.2%) of our children live in poverty, this figure is decreasing but is still much higher than London and England. This can have a huge impact on a child's start to life, and to future educational achievement and employment prospects.

5.1.1 Priority Area: *Care and Support*

- **Our children to have regular check ups and less dental decay.** The dental health of our 3 year olds is much worse than in the rest of England. Our 5 year olds have a higher level of decay than in London and England with one in every three children having a decayed tooth. Our Asian children particularly have high rates of decay and untreated disease.

5.1.2 Priority Area: *Protection and Safeguarding*

- **Our children to be protected against diseases that we can prevent.** Uptake of immunisation in our children has improved significantly and moved substantially closer to the local target of 90% uptake, but uptake still remains below the national target of 95% across all childhood immunisations.

5.1.3 Priority Area: *Improvement and Integration of Services*

- **Our children to start well and this means having a good level of development.** We are pleased that in 2014, 60% of our children achieved a good level of development, a 13% increase on 2013 results. However there are so groups of children that need an extra focus, particularly White British children with White British girls doing slightly worse than White British boys.
- **More children with chronic and/or complex health and social care needs to be supported in an integrated way at home.** See Helen's comments.
- **An integrated early years service from conception to age 5.** The transfer of the Health Visiting service to LBBD in October 2015 is an opportunity to deliver this.

5.1.4 Priority Area: *Prevention*

- **More infants to be breastfed in the first months of life.** In recent years an increasing number of Barking and Dagenham mum's are choosing to breast feed but Barking and Dagenham are still less likely to breastfeed than mum's in London. The rate is about the same as England. We want to target our White British mums who are less likely to breastfeed than our BME residents.
- **Fewer of our parents to expose their children to cigarette smoke.** The number of our mum's who choose to be smokers when they deliver their babies has decreased but we know that one in every ten mum's still chooses to be a smoker. We want all our mums and dads who are smokers to have support to get onto the babyClear® programme.

5.2 Primary school children priorities in 2015/16

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

5.2.1 Priority Area: *Care and Support*

- **Our children to demonstrate improved health between their Reception and Year 6 health review.** We particularly want to protect against overweight and

obesity. Provisional measurements for 2014/15 show that the number of children in reception who are obese or overweight has increased by 1%.

- The number of overweight or obese children in year 6 fell by 1.9. Both figures are still above London and England, but the results for children in year 6 may signal the reversal of the upward trend seen previously. These results are provisional and therefore should be interpreted with caution.
- **Our children to be more active and eat healthier diets.** There is more work to be done to support our children and families to do this and its very important that we get this right because obesity in childhood is known to be linked to poorer health in later life particularly heart disease and diabetes

5.2.2 Priority Area: *Protection and Safeguarding*

Safeguarding of children is covered in section 5.7.

5.2.3 Priority Area: *Improvement and Integration of Services*

- **More children and families have access to urgent care community services which meet their needs.** Our children aged 0-5 still account for a significant number of unplanned admissions to hospital in Barking and Dagenham. However over the past three years there has been less emergency admissions for children with diabetes, asthma and epilepsy and Barking and Dagenham has a lower rate of admission than London. When children are admitted the hospital stays are short and they might be avoidable. The borough has a high attendance rate of children at out-of-hours primary care services. And it's likely that this is one of the reasons that less children are being admitted. Our residents need continued to support to access urgent care services.

5.2.4 Priority Area: *Prevention*

- **More children, families and adults to take regular physical activity through school, leisure service provision, and to use the borough's green space.** In 2014/15 its unlikely that our children and young people are having 60 minutes of physical activity each day and we want to improve this situation.
- **More children to develop coping and rebound skills to manage life stresses.** At the moment we don't know enough about the mental wellbeing of our children and we want to find out more including the management of potential child exploitation situations.

5.3 Adolescent priorities in 2015/16

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

5.3.1 Priority Area: *Care and Support*

- **More young mothers/fathers access the support provided through the Family Intervention Programme and the Family Nurse Partnership project**

and Children Centres targeted support. The borough has the highest teenage pregnancy rate in London, and we've been in this position for at least ten years. The pregnancy rate is decreasing but we need to continue to focus on helping our teenagers and young parents. More adolescents take up the opportunity for a mid-teen health review with qualified health professionals

- **Improving health outcomes for looked after children, care leavers and youth offenders** In 2013/14, significant progress was made in improving health checks of LAC and this has been sustained in 2014/15 overall. The percentage of looked after children with an up to date health check increased to 92% (provisional) compared to 76% in Q3, and 73% in Q2 2014/15. Compared to 2013/14 end of year, there has been a slight drop from 94%, but performance still remains above both national and London averages. Dental, eye and health checks for all children in care remain areas for improvement. There are currently gaps in addressing the health needs of care leavers and of youth offenders including mental health, drug and alcohol and other physical needs.

5.3.2 Priority Area: *Protection and Safeguarding*

- **Adolescents over 16 years to take up the opportunity to protect themselves through Chlamydia screening.** We are pleased that the rates of Chlamydia infection in Barking and Dagenham are reducing, bucking national and London trends. We want to continue to ensure that our over 16's have access to Chlamydia testing.

5.3.3 Priority Area: *Improvement and Integration of Services*

- **Continue to improve the educational attainment of children and young people in our borough.** Between 2001 and 2011 the number of our young people aged 16-17 in education increased substantially as did the number of young people with educational qualifications.

In May 2014 there were 526 young people (16-18 years) not in employment, education or training (NEET) in the borough and we also did not know the situation of some young people. Less people in the borough are NEET in 2015 than in 2013 but we know that there is a strong link between young people who are NEET and those who have poorer health outcomes, as well as with teenage conceptions and new entrants to the youth justice system. It is important that we continue to support out most vulnerable children and challenge them to have positive aspirations.

5.3.4 Priority Area: *Prevention*

- **Fewer adolescents to smoke.** We do not know how many of our teenagers of our teenagers smoke but we do know if we stop our teenagers starting smoking that they are less likely to become smokers. We want to help our teenagers stop starting smoking.
- **Fewer adolescents to experience problematic use of alcohol.** We know that the number of Barking and Dagenham's young people in the tier 3 structured drug and alcohol treatment has increased year on year, and that in 2014/15 Barking and Dagenham had the highest number of young people in treatment in London. Most of these came through SubWise or youth offending, and we more likely to be male than female. This accords with information that shows that the

percentage of young people who use alcohol within Barking and Dagenham is significantly higher than the London rate; however significantly lower than the National rate. In contrast the borough has a relatively low rate of hospital admissions in young people, lower than the London and England average. Suggesting fewer adolescents make depends on hospital services as a result of alcohol.

- **More adolescents to have developed coping and rebound skills to manage life stresses.** We want to empower our adolescent residents to make informed choices about their sexual and emotional health, including issues linked to preventing child sexual exploitation. We know that about 4500 boys and girls in the borough are likely to be suffering from mental illness, and this isn't different from the England average. We know that our children with mental illness are likely to have behaviour, hyperactivity and emotional disorders and that vulnerable children are more likely to suffer ill mental health, Mental health problems in childhood and adolescence can have tragic circumstances and we want to understand how we can improve mental health services for our adolescents and children and ensure parity of esteem with physical health.

5.4 Maternity priorities in 2015/16

5.4.1 Priority Area: *Care and Support*

- **Mothers to be seen by a midwife within 12 weeks of becoming pregnant.** Our mothers who don't see a midwife are more likely to be vulnerable. Just under 8 of 10 of our mothers did see a midwife within 12 weeks of becoming pregnant and this is higher than the England average but in some parts of the borough mothers are seen much later or not at all. We particularly want to focus on mothers from black and mixed ethnic backgrounds, and teenagers under 19 who are likely to be seen by a midwife by 12th week of pregnancy.

5.5 Adulthood priorities in 2015/16

5.5.1 Priority Area: *Care and Support*

- **More adults with latent TB to be identified.** TB has been one of the diseases that has been increasing in the borough. Unlike most boroughs in London, the TB rate in Barking and Dagenham increased from 2012 to 2013, continuing an upward trend since 2002, and above the London rate for the first time. The provisional 2014 data indicates that this trend has reversed. We want to work with our neighbours and NHS England to introduce a Latent TB testing programme. This programme will find younger adults who carry TB but do not show symptoms and treat them before symptoms start and the TB becomes infectious.
- **People with mental health issues to be dealt with on an equal footing to people with physical health issues.** It is probable that not all cases of common mental illness in the borough are diagnosed. Of those who are diagnosed more women than men had common mental health disorders and there are also higher rates of mental health disorders in black and Asian communities than in white communities. It is expected that there will be an increase in residents needing talking therapies, IAPT. These therapies need to take into account the needs of Asian communities.

- **Fewer adults with depression to require hospital admission because they will receive better community care and support.** We know that we not all our residents with common mental illness are being diagnosed, and are therefore not accessing IAPT and other services. We also know that we have a slightly higher prevalence of residents with psychosis in the borough.
- **Vulnerable residents to have access to employment opportunities.** Recent figures indicate employment rates of 32.5% in those with a mental illness compared to 67.7% for the general population. Compared to the London region and England, the borough is performing slightly better, with a narrower gap, a significant number (5,500) of people with mental illness that are not benefitting from improvements in physical and mental wellbeing associated with employment. We want to continue with our current programme of work.

5.5.2 Priority Area: *Protection and Safeguarding*

- **Fewer adults to become infected with a sexually transmitted disease or HIV.** We want people with HIV to access early testing and treatment. An increasing number of residents are being diagnosed with HIV, and the rate is above the London average and nearly three times the England average, the trend is a concern given that the LBD rate was below the London average until 2012.
- **Protect from Gonorrhoea and Syphilis.** Our rates of Gonorrhoea rates are rising in Barking and Dagenham, with a 2013 figure of 80.8 per 100,000. However, this increase is in line with increases in the England average. Similarly rates of Syphilis in the borough were below both London and England averages until 2013, where the borough's rate increased significantly and moved above the England average. The borough's rate remains less than half of the London rate.
- **More people to be aware early when they have cancer by being aware of signs and symptoms and through taking up the offer of screening for cancers including breast, bowel and cervical.** More than seven out of ten (74.8%) of eligible women in the borough have been for their cervical smear tests, this is slightly lower than the England average. A similarly breast cancer screening uptake is lower than the England average. A positive picture is seen with bowel screening with an uptake of nearly nine out of every ten tests sent out (86.3%). We want to increase uptake and increase early diagnosis of cancer.

5.5.3 Priority Area: *Improvement and Integration of Services*

- **Focus on improving the quality of care and support for people living with diabetes and empower our residents to manage their own condition.** The outcome of diabetes in our residents can be very severe, including having amputations. Many of our residents are overweight or obese and this makes them more prone to developing diabetes, our Black African and Asian residents are more prone to diabetes than our White British residents. It is a particularly large health problem in Dagenham and in the Whalebone and Chadwell Heath wards, with higher prevalence and admission rates in these localities than in the borough as a whole. Having residents who control their own diabetes will lead to avoidable admissions.

- **Support more adults with the early signs of chronic disease identified in primary care and start treatment and care and improve services for people living with long term conditions.**
- Our residents have one of the highest morbidity and mortality rates with chronic obstructive pulmonary disease as a cause in England. We need to focus on finding cases of chronic obstructive pulmonary disease as the recorded prevalence in the borough is lower than the England average but our leading cause of death is chronic obstructive pulmonary disease.
- Hospital admissions for chronic obstructive pulmonary disease are also double the England average and Barking and Dagenham also has rate of hospital admissions for COPD of all the boroughs in outer north east London and the rate is more than double the England average.
- While the number of people aged less than 75 years who die from cancer is falling nationally, in Barking and Dagenham it is continuing to rise.

Lung cancer is the most common cause of death in our Barking and Dagenham, residents and smoking causes 9 out of every ten lung cancer deaths. The rate of premature death from lung cancer in Barking and Dagenham is higher than London and England.

- Rates of other cancers is also high compared to England rates particularly breast, bowel and prostate cancer rates. Prevention of cancer is best achieved through a change in lifestyle particularly stopping smoking and good diet.
- One year survival rates for cancer have improved in Barking and Dagenham, with 69% of residents surviving one year in 2012. This remains the lowest survival rate in London.
- Barking and Dagenham has 1943 people on GP stroke registers, this is a lower number than in neighbouring boroughs. However residents who do have strokes in Barking and Dagenham are likely to have severe strokes and are more likely to die under 75 years of age as a result of the stroke.
- Barking has a lower than expected number of residents on stroke registers, even given that the population of the borough is young.
- **More adults to have access to community based urgent care services in ways that suit their work/life balance and to avoid unplanned hospital care.** For our residents the effective management of chronic conditions in primary care is important. There has been a reduction in the unplanned admissions of residents over 75 years. The bulk of residents now presenting as unplanned care are between 50-75 years. We want to target this age group of residents.

5.5.4 Priority Area: *Prevention*

- **Fewer adults to smoke.** Smoking is also responsible for about 17% of deaths from heart disease, and 80% of deaths from chronic lung diseases such as bronchitis and emphysema. In our borough smoking has a significant impact on life expectancy. Because smokers are more likely to develop chronic obstructive

pulmonary disease and/ or lung cancer they are more likely to die at a young age, and to have a poorer quality of life before they die. Smoking rates are higher amongst poorer residents in the borough. In 2009 smoking prevalence in Barking and Dagenham was the highest in London and 8th highest in England. By 2013 it was estimated that local prevalence had gone down and this remains the highest in London.

- **More adults have a healthy weight and more to have access to healthy affordable food produce.** After smoking, obesity is one of the most important risk factor to being healthy for our residents. Adult obesity is not measured nationally but it is estimated that over half of adults in the borough are over weigh (63.5%) and of these half are obese. Although the overall trend has been downwards since 2009/10, it remains higher than London average. This is similar to England. We want to support social prescribing with accessible referral systems.
- **Support more adults to take regular physical activity including cycling, walking and using green space.** Only 15 per cent of Barking and Dagenham's population participate 5 times per week in physical activity for at least 30 minutes and nearly 45 per cent participate once per week. Green spaces already make a significant contribution to the health and wellbeing of everyone living in the borough. We want to support social prescribing with accessible referral systems.
- **Residents to live in decent homes.** One of the greatest impacts on long term health is the type and quality of housing that people live in. LBBDD is bringing council owned properties up to decent home standards. The Private Sector House Condition Survey 2009 approximately a third (37.9%) of private sector housing in the borough was non-decent, and likely to be excessively cold, damp or to have trip hazards. In 2015 A landlord licensing scheme has been introduced to encourage good private rented housing.

5.6 Older adult priorities in 2015/16

The health and wellbeing of this group is often characterised by an increasing dependency on support as individuals' age and become frailer. Health deteriorates for many of our residents in older age. For example our older residents are more likely to fall or to have poor eye health.

5.6.1 Priority Area: *Care and Support*

- **Frail elderly adults to be supported to live independently and more older adults who are eligible to use direct payments to control their own care and services.** There are significant changes to the to the number of people needing adult social care in the future an there will be an increase of the numbers of people with diabetes, stroke, heart disease and arthritis needing care and larger increase in the number of residents with dementia. It's likely that demand from residents with moderate and severe needs will double. An analysis of residents use of social care between 2008 and 2012 found that although demand for services fell in the period 2008-12, Barking and Dagenham still has more service users than its comparator boroughs; There was a fall (17%) in the number of older people using community based services; and use of residential and nursing care services remained stable;

Barking and Dagenham offers its services at a very competitive unit cost in comparison to its neighbouring boroughs.

- **Residents with dementia to be on a GP register and to have access to the services they need.** The recorded number of residents with dementia in Barking and Dagenham is relatively low according to the Quality Outcomes Framework. In 2013 There was variation in prevalence rates between GP practices was considerable, from 0.04% to 2.4%⁵, though genuine differences exist because practices vary in responsibilities for frail populations (e.g. patients in nursing homes). It is likely that dementia prevalence is under recorded but this situation has improved. The current dementia diagnosis rate for Barking and Dagenham is better than the national average, standing at 64% compared to 61% across England as a whole. The total of 847 patients registered compares to 1324 expected. So work still needs to be done.
- **Mental health services for older people to have parity of esteem with physical health services.** Older people (aged 65 years and over) may have additional needs and experience poor outcomes if those needs are not met. Depression is more common in older women than older men in Barking and Dagenham. The number of cases of severe depression is projected to increase among residents aged 65-69 years as the population in this age group is projected to grow over the coming years.

5.6.2 Priority Area: *Protection and Safeguarding*

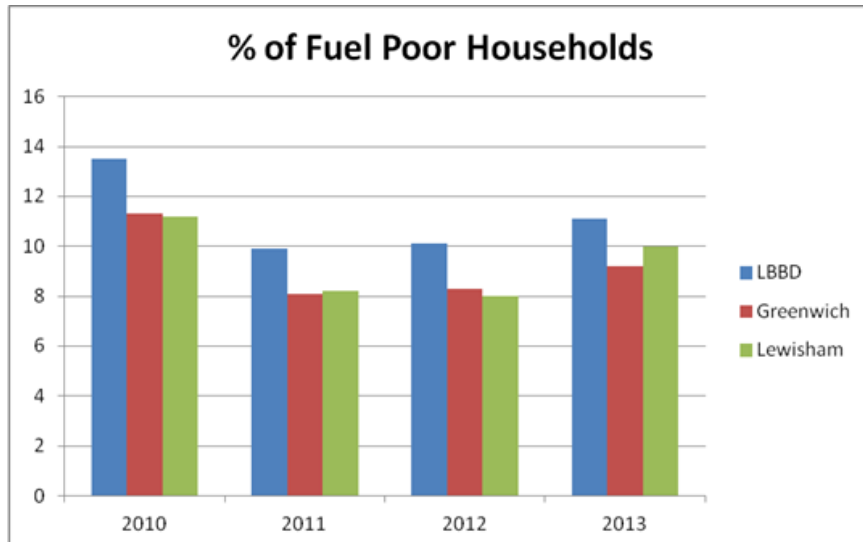
- **Fewer older adults injured through accidents in the home, particularly falls.** In Barking and Dagenham every year our residents over 65 years old have around 7,000 falls. In 2013/14, 459 people over 65 years old (2,027 per 100,000) in the borough suffered injuries due to falls, which is higher than the London rate of 1,955.

In 2013/14 our residents had a higher admission rate for hip fracture (144 incidences) by people aged 65 years old and over compared to London and England. This rate was much higher for older age residents, the number of people 80+ year old in Barking and Dagenham who had a hip fracture in 2013/14 were 115 (1801 for LBBDD compared with 1425 for London and 1566 for England per 100,000 population)⁶.

- **More older adults and vulnerable individuals to live in high quality and more energy efficient homes, protected from weather extremes.** Barking and Dagenham has developed an integrated Affordable Warmth Strategy for 2015/20, to deliver a holistic plan to mitigate against excess winter deaths, retrofit and insulate homes, encourage reduced energy consumption and promote access to lower energy tariffs. Fuel poverty has risen slightly in the last few years but at a lesser rate than our comparator boroughs.

⁵ <http://www.hscic.gov.uk/qof>

⁶ Public Health England. 2015, Hip Fracture [Online] Available from: <http://www.phoutcomes.info/search/hip%20fracture#qid/1/pat/6/ati/102/page/0/par/E12000007/are/E09000002> [Accessed 15 May 2015]



Source: Department of Energy & Climate Change Fuel Poverty Statistical Release 2013:
<https://www.gov.uk/government/statistics/2013-sub-regional-fuel-poverty-data-low-income-high-costs-indicator>

- However, the Council's interventions have prevented that figure from rising still and tackling fuel poverty is to be embedded into the corporate delivery of services in Barking and Dagenham.

5.6.3 Priority Area: *Improvement and Integration of Services*

- **Adults who are terminally ill to die with dignity in a planned supported way.** This includes residents choosing to die outside hospital. Many more of our residents than die in hospital than is the case for England as a whole (60.6% for Barking and Dagenham compared with 49.3% for England). Of deaths in other places, significantly fewer people die at home (19.1% Barking and Dagenham, 22.2% England) and very significantly fewer die in a care home (13.1% Barking and Dagenham compared with 20.7% England), suggesting that our care homes are less well able to care for people who are dying and residents of care homes are more likely to go into hospital to die.

In Barking and Dagenham around 74% of all deaths in 2011-13 were the result of cancer, circulatory diseases and respiratory diseases. With active case finding and good disease management the majority of these deaths could be anticipated and the end of life adequately planned for. While 25.2% of people with cancer and 24.3% of people with circulatory disease died at home, only 14.2% of people with respiratory disease did so, and only 15.8% of cancer deaths were in a hospice (virtually no deaths from circulatory disease or respiratory disease occur in a hospice, which primarily provide care for cancer patients).

- **Older adults to regularly access high quality optical services.** One in four of our residents aged over 60 years have such a poor quality of vision that it

restricts their daily routine, and over 20 per cent of those over 75 years have significant sight impairment⁷. People from BME groups are more susceptible to particular eye conditions⁸ and people of African origin are 4 times more likely to develop cataracts, are and 3 times more likely to develop cataracts. They are also more likely to develop diabetes with the high associated risk of diabetic retinopathy.

Barking and Dagenham have around 9,400⁹ falls made by residents aged over 65 years each year. Of those 9,400 around 4,060 will fall twice or more in a year and according to Public Health England, 526 individuals attended A&E, many of these are preventable. The impact of social isolation, poverty and the lifetime effects of health risk behaviours such as smoking, all contribute to an older person's health and wellbeing. There is no avoiding that old age is followed by death, and providing individuals support and dignity in dying is an important part of the health and social care agenda.

5.6.4 Priority Area: *Prevention*

- **Older adults to be protected against catching flu.** In 2013/14, 70.5% of the 65 years and over population was vaccinated. Although these levels are below the national goal of 75%, the achievement for people aged 65 years and over is greater than that of London as a whole.

5.7 Vulnerable and Minority Groups

5.7.1 Priority Area: *Care and Support*

- **To increase the number of vulnerable adults identified by the annual Warm Homes, Healthy People programme.** Barking and Dagenham is developing its first ever integrated Affordable Warmth Strategy for 2015/20, in partnership with National Energy Action, to deliver a holistic plan to mitigate against excess winter deaths, retrofit and insulate homes, encourage reduced energy consumption and promote access to lower energy tariffs.
- **Our 3000 (approx.) children with special education needs to have their needs met and demonstrate improved educational health outcomes.** Overall the proportion of children identified with special educational need is slightly lower in Barking and Dagenham than the national picture. The numbers of children with severe disabilities is growing nationally. In Barking and Dagenham this means paying particular attention to our disadvantaged residents and our Asian and Black African communities because they have a higher prevalence of young disabled children.

⁷ <https://www.actionforblindpeople.org.uk/about-us/media-centre/facts-and-figures-about-issues-around-sight-loss/>

⁸ 'People from Black and Minority Ethnic (BME) communities and vision services: a good practice guide', produced by the Thomas Pocklington Trust (Joule and Levenson 2008)

<http://www.pocklington-trust.org.uk/research/publications/gpg3.htm>

⁹ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_110099.pdf

5.7.2 Priority Area: *Protection and Safeguarding*

- **We want to protect our looked after children.** In 2013/14 there was a trend of an increasing number of looked after children in the borough, the number of looked after children has now stabilised at 457.
- **Our children's and adults domestic violence services to meet the needs of residents.** Domestic violence affects our children and adults and is the leading cause of ill health for women aged 19-44 years. Domestic abuse is a significant issue in Barking and Dagenham with the highest reported rate of domestic abuse offences across London again in 2014/15., There was an increase of 627 domestic abuse crimes reported in April 2014 to March 2015 when compared to the previous year. Domestic abuse is also a factor that features in the large majority (over 70%) of the borough's open social care cases.
- **Children to be protected against Child Sexual Exploitation.** We know that child sexual exploitation is not just an issue for Barking and Dagenham, it is a national issue. We have identified that the main model of Child Sexual Exploitation in borough is the boyfriend model and exploitation of younger girls by older men. There is little evidence of organised exploitation by groups or gangs.
- **A single standard of high quality management for private rented housing.** See section 5.4.4.

5.7.3 Priority Area: *Improvement and Integration of Services*

- More integrated support is provided to troubled families to reduce the impact on children and young people.
- **TF2 families (Troubled families 2) to have a common assessment framework (CAF) initiated if they need one.** A third of all CAFs are started between the ages of 0-5 years and we want appropriate CAFs to be initiated using the new electronic Family CAF.
- **Mental health services and pathways to explicitly consider access for individuals from minorities, including sexual orientation where there is evidence of enhanced need.** See sections 5.3.4 (children and adolescents) and 5.4.1 (adults).
- **More of vulnerable adults to have employment opportunities.** See section 5.4.1.

5.7.4 Priority Area: *Prevention*

- **Promote independence for our residents and tackle homelessness.** Barking and Dagenham is one of the less wealthy London Councils and has a significant issue with homelessness. Homelessness directly links about to health as homeless individuals and families are likely to be more unhealthy than the general population.

The number of people in the main priority need groups to whom the LBB Council has accepted a full homelessness duty almost 4-fold increase between 2009 and 2013. Although the numbers of applicants from BME communities have increased significantly over the last 12 months, the numbers of BME's actually meeting the criteria for statutory homelessness has remained stable.

6 Impact of Care Act 2014

The Care Act stresses the need to integrate health and social care services at all levels and is prescriptive about what it expects in terms of the JSNA and the Joint Health and Wellbeing Strategy. In response, Barking and Dagenham have recently agreed a sector wide five year strategy which will clearly inform our thinking. The importance of implementing the prevention framework is key to service transformation.

7. Mandatory Implications

7.1 Joint Strategic Needs Assessment

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

7.2 Health and Wellbeing Strategy

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

7.3 Integration

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

7.4 Financial Implications

Financial implications completed by Roger Hampson, Group Manager Finance, Adults and Community Services, LBBD.

The refresh of the Joint Strategic Needs assessment is intended to inform the development of the Health and Wellbeing Strategy, and future commissioning decisions relating to changes in statutory responsibilities. Given the current financial environment for both the local authority and the CCG, it is not expected that there will be new funding for investment.

7.5 Legal Implications

Legal implications completed by Dawn Pelle, Adult care Lawyer, Legal and Democratic Services.

There are no legal implications.

7.6 Risk Management

The recommendations of this paper are a product of the evidence based JSNA process, with an aim to improve health and wellbeing across the population. There

are no risks anticipated, provided the commissioning and strategic decisions take into consideration equality and equity of access and provision.

7.7 Non-mandatory Implications

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

8 Background papers used in the preparation of the report:

Barking and Dagenham Mental Health Needs Assessment

<https://www.lbbd.gov.uk/residents/health-and-social-care/health-and-wellbeing/mental-health/mental-health-needs-assessment/>

Barking and Dagenham Prevention Framework

https://search3.openobjects.com/mediamanager/barking/asch/files/prevention_-_a_local_framework.pdf

Adult Social Care Market Statement

http://www.npi.org.uk/files/3313/8150/0123/Final_full_report.pdf - Poverty Profiles 2014, Trust for London

Longer Lives Summary Report – LBBB (2013)

<http://modern.gov.barking-dagenham.gov.uk/ieListDocuments.aspx?CId=669&MID=7075#AI47136>

Barking and Dagenham Director of Public Health Annual Report 2014

<https://www.lbbd.gov.uk/council/priorities-and-strategies/corporate-plans-and-key-strategies/health-and-wellbeing-strategy/director-public-health-annual-report/>

Care and Support Statutory Guidance – Department of Health (2014)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf