

SUPPLEMENTARY 1 - PRESENTATION JSNA

THE HEALTH AND WELLBEING BOARD

Tuesday, 27 September 2016

**Agenda Item 4. Joint Strategic Needs Assessment (JSNA) 2016 -
Key recommendations (Pages 1 - 18)**

Contact Officer: Tina Robinson
Telephone: 020 8227 3285
E-mail: tina.robinson@lbbd.gov.uk

This page is intentionally left blank

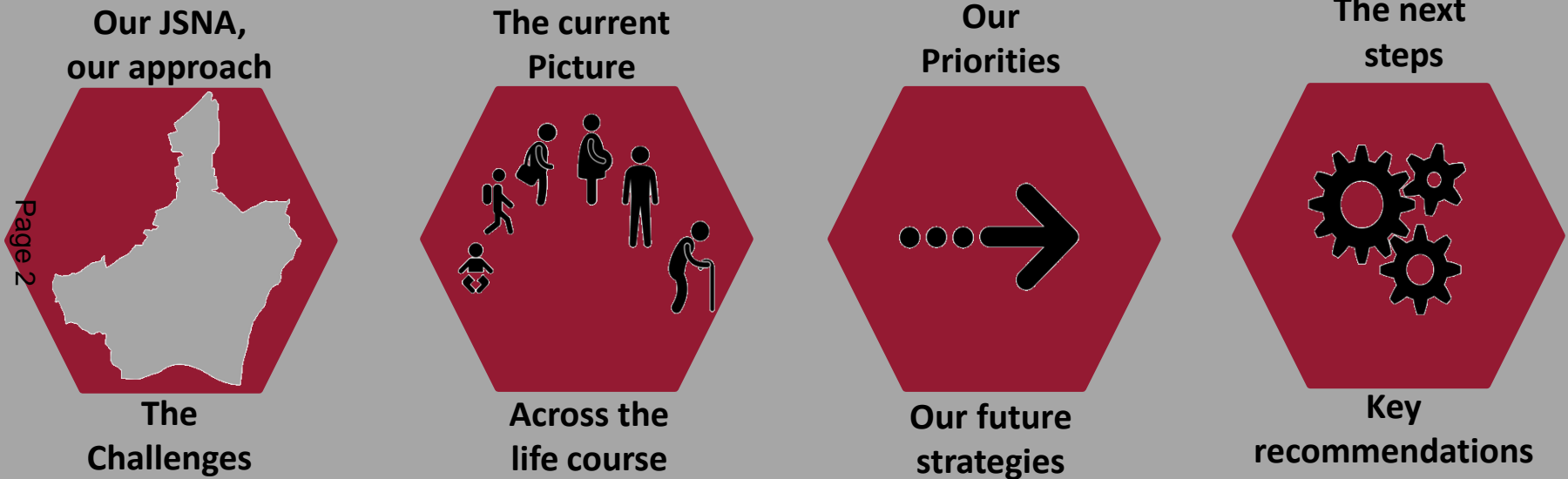


Our Health, Our Borough

Joint Strategic Need Assessment (JSNA)

Barking and Dagenham

Our Health, Our Borough – JSNA: a statutory obligation and a powerful tool that can be used by parties to improve health and wellbeing.



The JSNA gives a snapshot of health and wellbeing needs and inequalities in the borough.

Joint



- Responsibility of local authorities and CCGs through HWB Board
- Involves partner organisations and wider local authority departments.

Strategic



- It forms the backbone of the Joint Health and Wellbeing Strategy.
- Informs prioritisation of resources according to needs.

Needs



- Includes demographics and wider social and environmental factors.
- Gives current and future health and wellbeing needs and inequalities within communities.

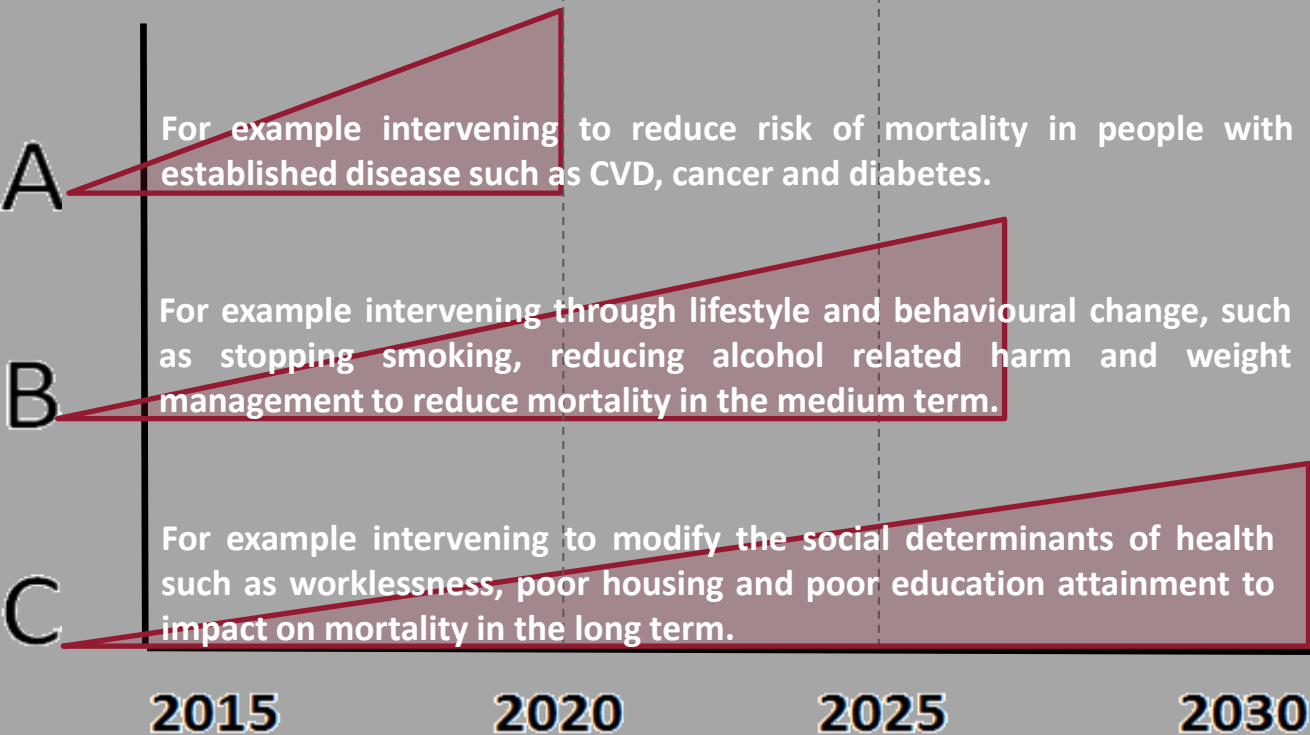
Assessment



- Is based on the latest available evidence and data.
- Incorporates specialist expertise in health, social care and wider local authority functions.

Approaches to reducing health inequalities and their comparative impact over time.

Page 4



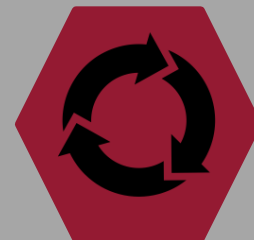
The JSNA links in with a number of key plans and strategies for the borough.



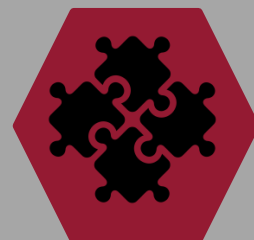
The Joint Health and Wellbeing Strategy 2015-2018
– Prevention – Integration – Support – Safeguarding –



The Corporate Plan and Growth Commission Report
– Social Determinants – Prevention – Integration – Safeguarding –

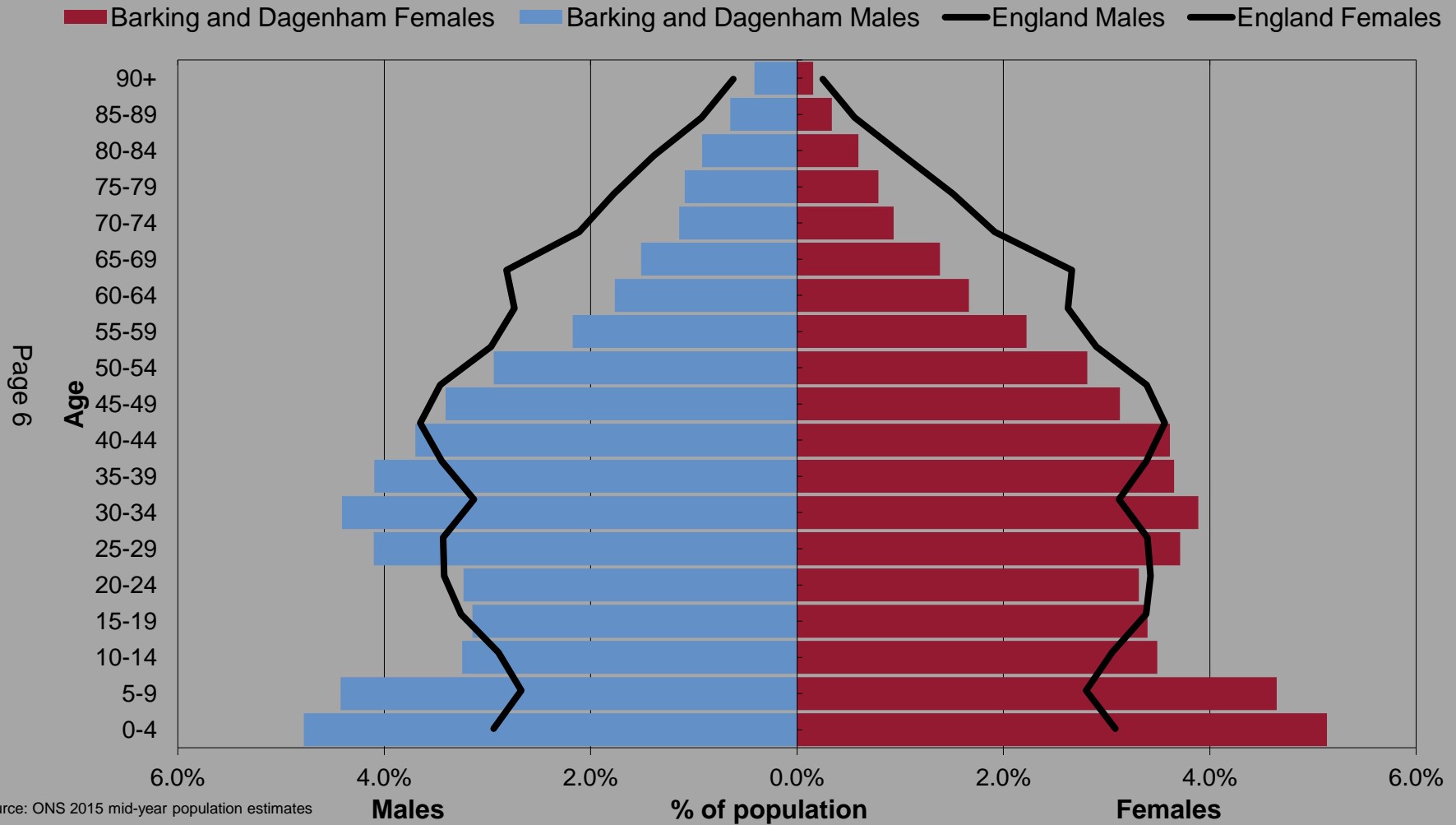


Sustainability and Transformation Plan
– Sustainability – Self Care – Prevention – Social determinants –

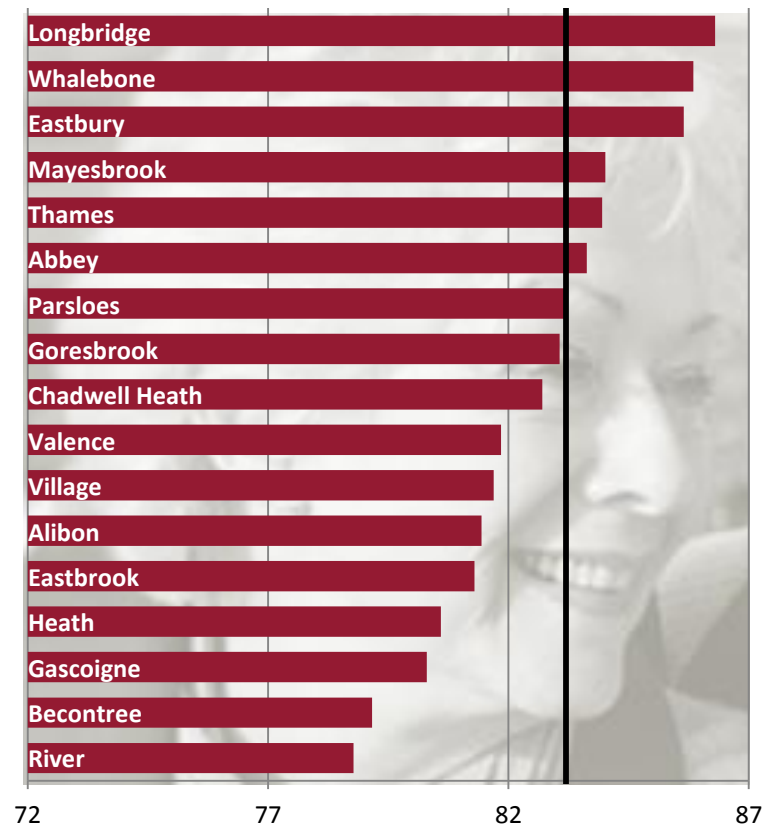
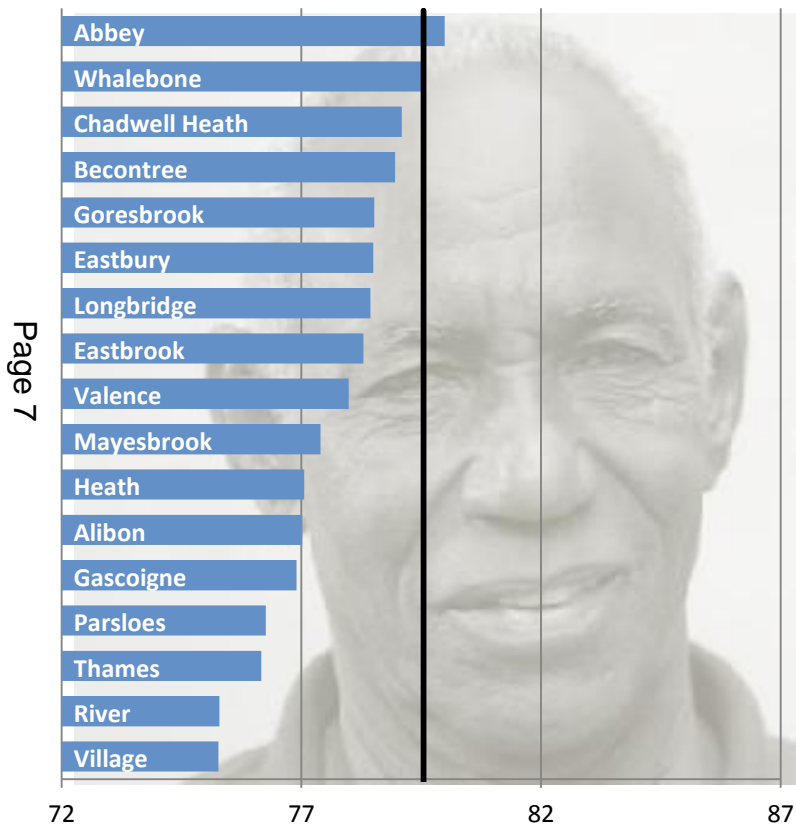


Developing an integrated care model
– Integrated Care Pathways – Stronger Communities – Prevention –

Barking and Dagenham has a far higher proportion of young adults and young children than seen nationally.

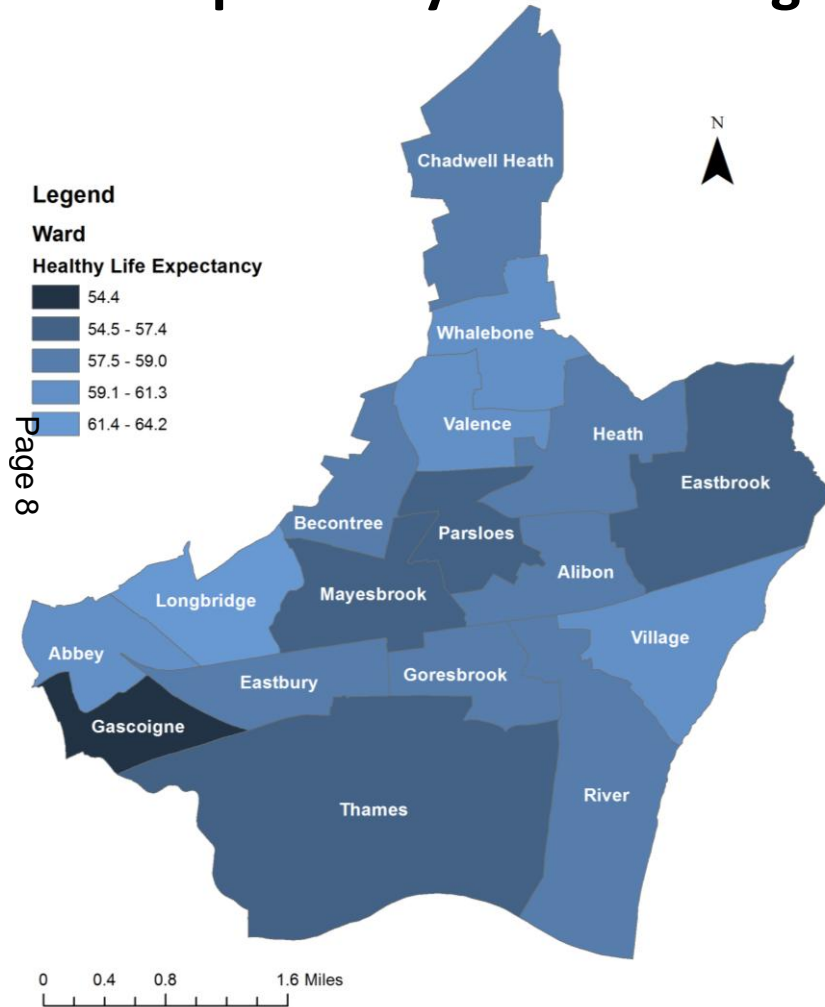


Both males and females in Barking and Dagenham live shorter than in England. Life expectancy at birth is the lowest of all London boroughs.

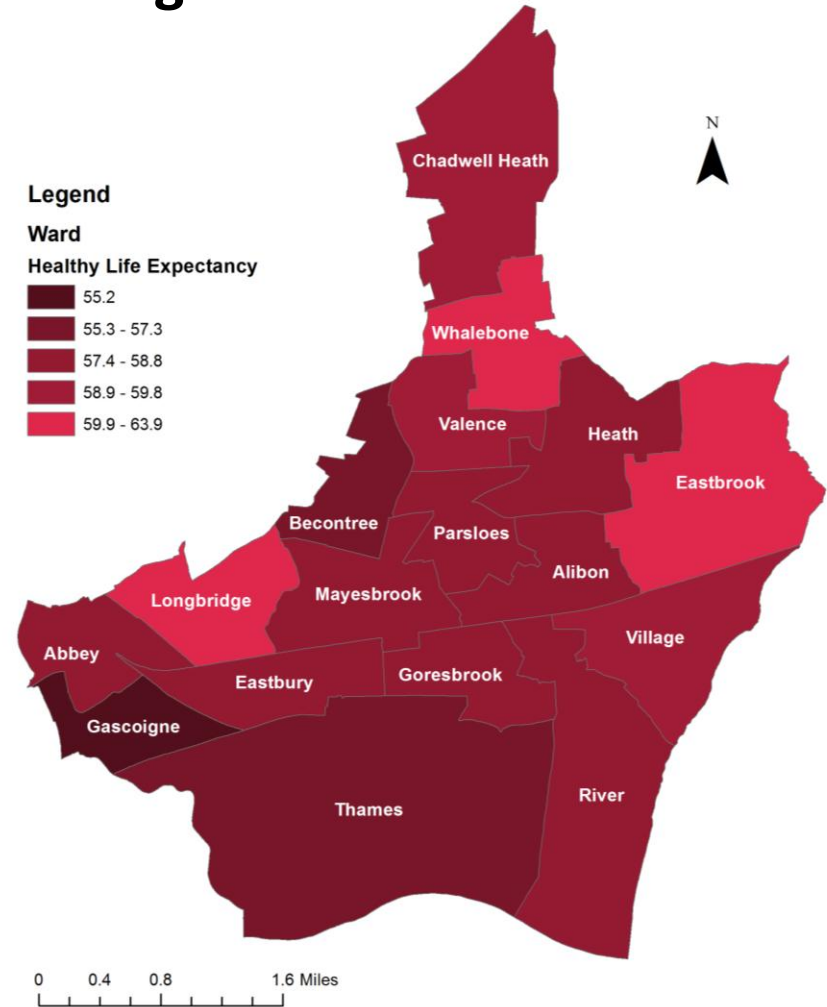


— England Average

For healthy life expectancy- years of life spent in good health, Barking and Dagenham males and females live 4 and 9 years less respectively than the England average.



Male



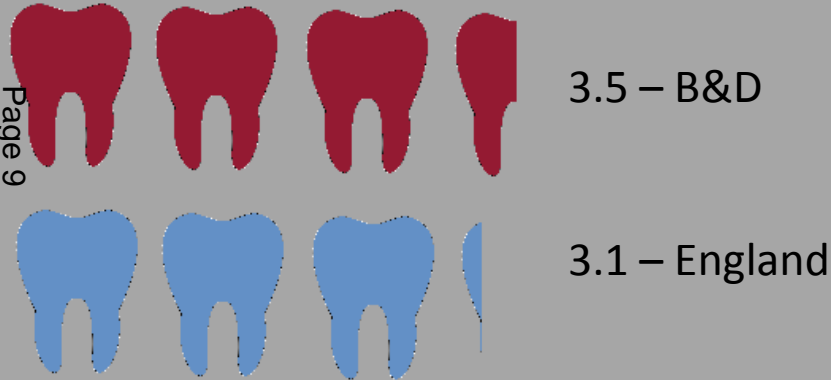
Female

Over a quarter of our 4-5 year olds are overweight or obese. A third have decayed teeth.



Dental Health

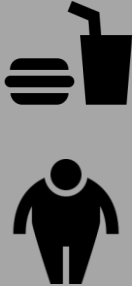
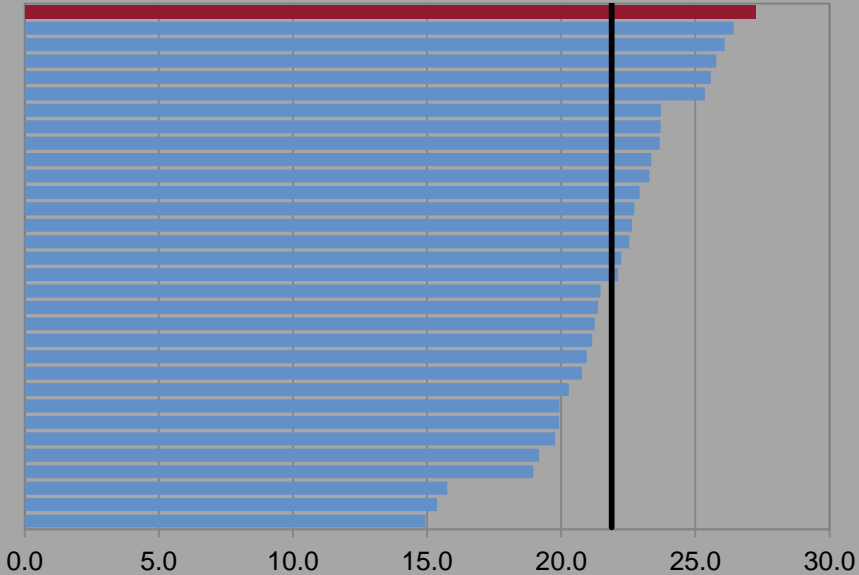
B&D's 5 year olds have more decayed, filled or missing teeth than seen nationally.



1 in 3 children in B&D have at least one decayed tooth.

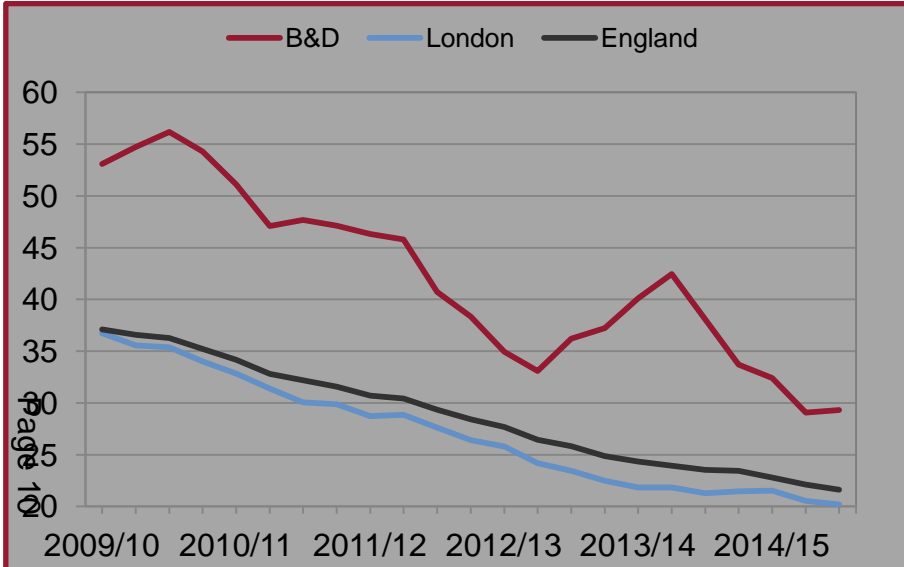


Childhood obesity



B&D has the highest rate of excess weight in London for 4-5 year olds, and the seventh highest for 10-11 year olds, though improved.

Barking and Dagenham has the second highest rate of teenage conceptions in London, as well as the second highest proportion of NEETs in London.



Teenage conception rates are falling, with Barking and Dagenham closing the gap to national averages in the last five years.

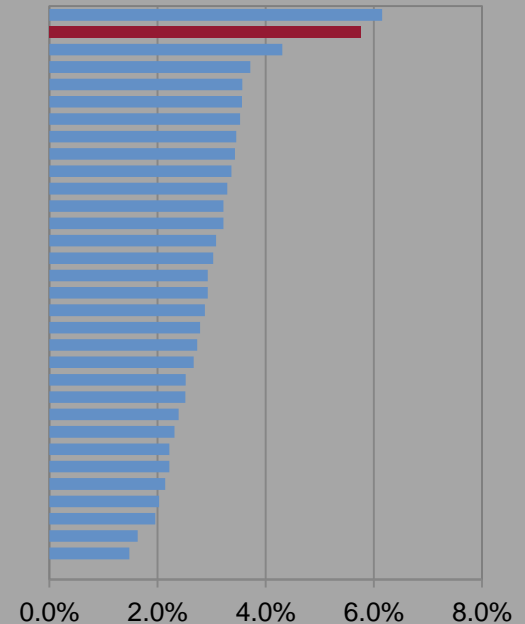


Teenage mothers are less likely to finish their education, as well as being more likely to bring up their child in poverty.



Those with low education levels, and those with disability or health issues are at far higher risk of becoming NEET.

B&D has 5.7% of its 16-18 year olds not in education, employment or training, the second highest in London.



Barking and Dagenham has London's highest rate of pregnant smokers and lower than average numbers of mothers who breastfeed.



Smoking at time of delivery



Around 1 in 10 of our pregnant woman smoke at the time of their delivery; the highest rate in London.

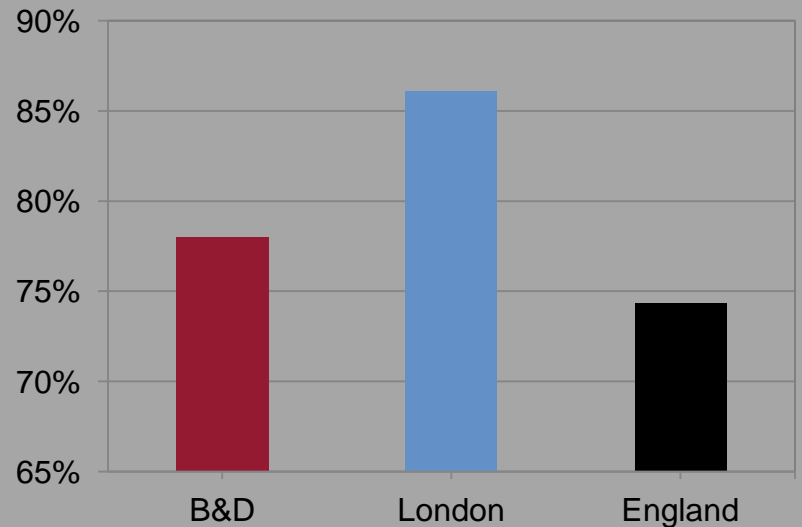


Smoking at delivery can lead to serious complications, increasing the risk of miscarriage, stillbirth, low birth-weight and sudden unexpected death in infancy.

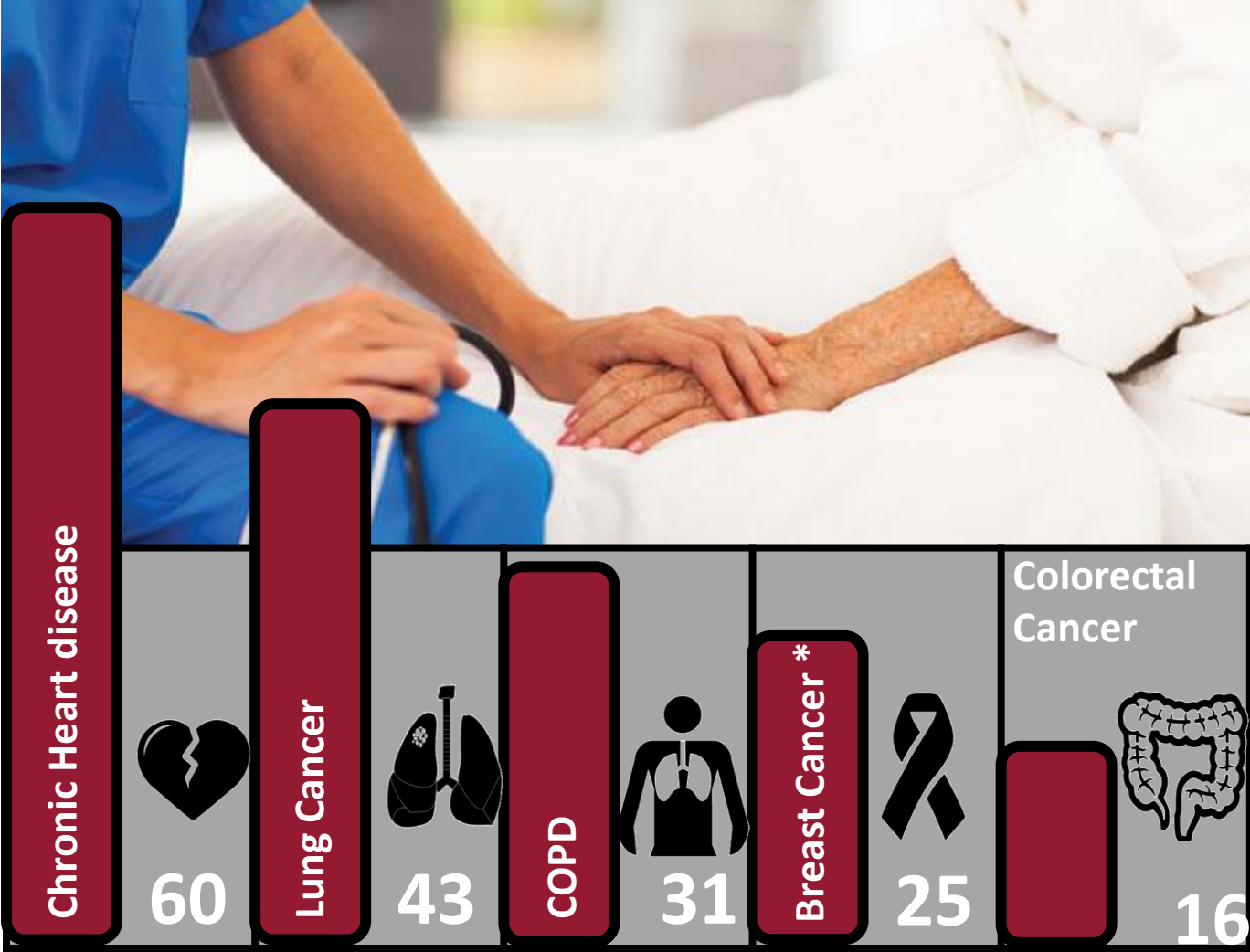
Breastfeeding



An increasing number of our women are choosing to breastfeed, but B&D women are still less likely to do so than mothers in London.



The leading cause of premature mortality – deaths in under 75s – in Barking and Dagenham residents is chronic heart disease.



*Breast Cancer MR female only

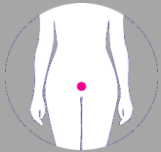
Cancer deaths are falling nationally, unfortunately in Barking and Dagenham they continue to rise; increasing screening coverage is a priority.



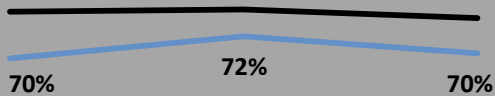
Screening uptake



— England
— B&D



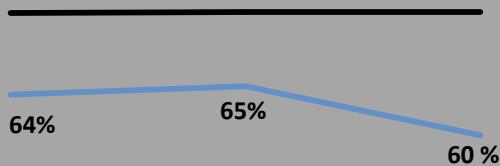
Cervical Screening



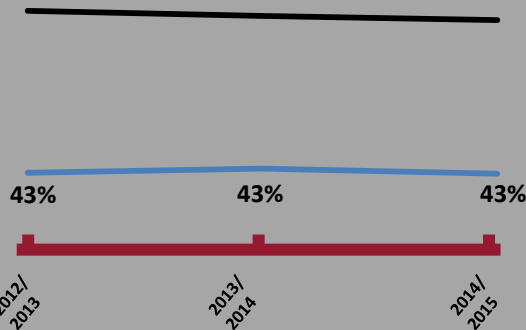
Page 13



Breast Screening



Bowel Screening



Cancer



The most common cause of death in B&D residents is cancer. Lung cancer is the leading cause of all cancer deaths.



Smoking causes 9 out of every 10 lung cancer deaths.



Premature death from lung cancer in B&D is 50.3% higher than England.

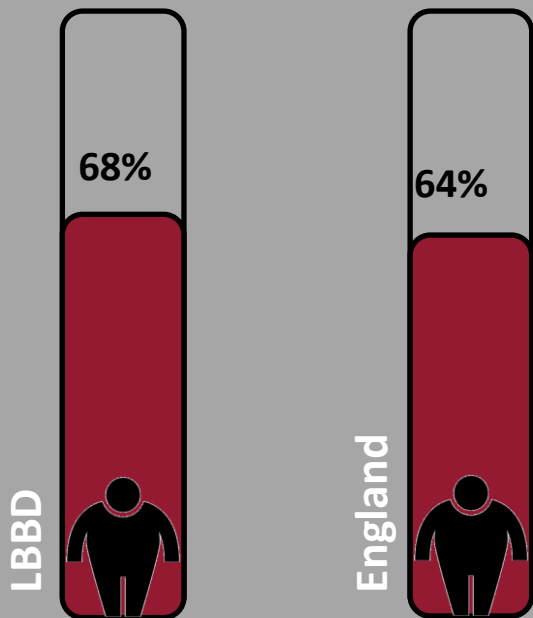
Over two thirds of adults in the borough are overweight with only 15% of adults participating in regular exercise.



Weight and Diet

Overweight Adults

Page 14

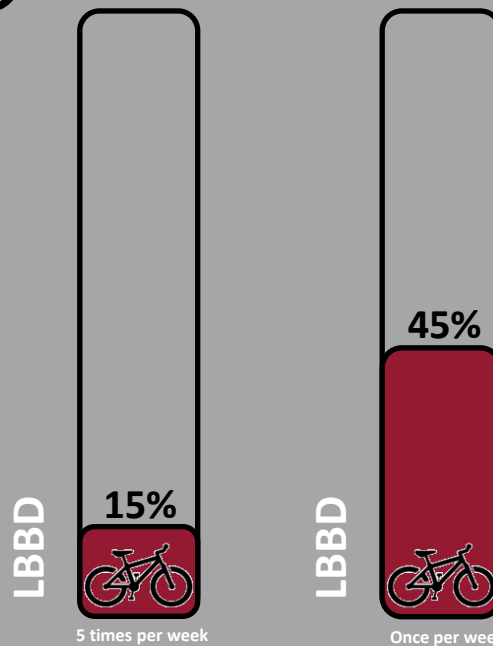


11.5% of B&D adults are obese, compared to the London average of 7%.

Physical Activity



Exercise for at least 30 minutes



There is also low utilisation rates of our green spaces.

As our population ages, we will see increased numbers of people with morbidities, and an increased number of dementia and severe mental health problems.



Mental Health

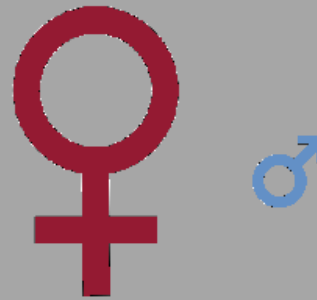


Depression is twice as common in older women than older men.

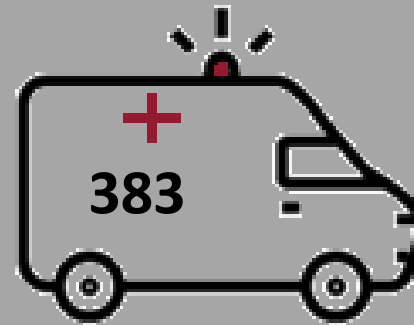


Due to expected population growth in this age group, numbers are projected to increase

Falls



Around three times as many older women were injured due to falls than men.



There were 383 emergency admissions due to fall injuries, this is lower than the England rate.

Domestic violence and homelessness continue to reinforce health inequalities among vulnerable groups.

Domestic violence

Page 16



In B&D domestic violence is the leading cause of ill health for women aged 19-44.



There has been a 5.4% increase in offences between 2015/16 and 2014/15.

Homelessness



The number of households approaching the council for housing assistance and advice has almost doubled between 2010/11 and 2015/16, rising to 30,000.



The number of households making a formal homelessness application to the council increased by more than 3 times between 2011-2015.

Key recommendations of the JSNA to the Health and Wellbeing Board.



For the Health and Wellbeing Board to consider the implications of the findings in the development of strategies of partnership organisations.



For the JSNA to support the commissioning of service by partner organisations that align with the JSNA findings and the Joint Health and Wellbeing Strategy.



For the Health and Wellbeing Board to assess the impact of the JSNA on the delivery plan of the Joint Health and Wellbeing Strategy by March 2017.



That, inline with statutory requirements, the Public Health department lead an update of the JSNA in 2017 to inform commissioning in 2017/18.

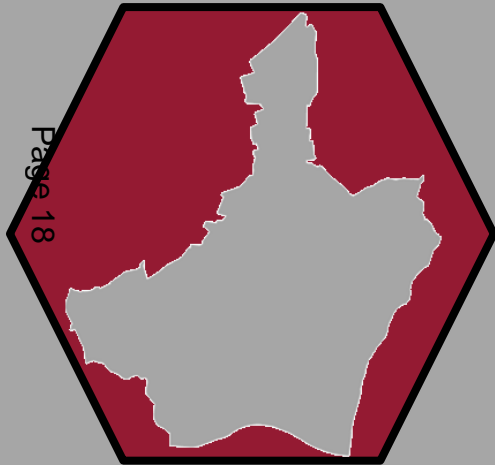
Any questions?

Our Health, Our Borough

Dr Fiona Wright

Consultant in Public Health

 07775032105  fiona.wright@lbbd.gov.uk



Barking and Dagenham