

PRESENTATIONS

THE HEALTH AND WELLBEING BOARD

Tuesday, 16 January 2018

**Agenda Item 4. Joint Strategic Needs Assessment (JSNA) 2017
 (Pages 1 - 13) Presentation**

**Agenda Item 7. Healthwatch: Programme of Work 2017/18
 (Pages 15 - 18) Presentation**

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Joint Strategic Needs Assessment 2017

What is a Joint Strategic Needs Assessment?

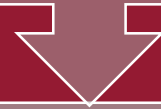
What is its purpose?

A JSNA is a strategic appraisal of the health and social care needs of the local population which serves as the main evidence base for commissioning

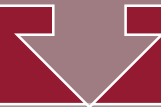


Page 2

An evaluation of the population's health and social care needs (also informed by wider determinants)...



...to inform evidence-based commissioning



...to improve health and wellbeing and reduce inequalities

Previous approach

- Extensive selection of themed chapters on LBBB website
- Comprehensive, but time consuming to update – and for users to read and find information
- Is this the most effective and efficient approach?

Page 3



The screenshot displays the website for the London Borough of Barking & Dagenham (LBBB). The header includes the council's logo and navigation links for Residents, Business, Council, Do it online, Login, and Create account. The main content area is titled "Joint Strategic Needs Assessment (JSNA) 2016" and features a summary of the assessment, a list of key recommendations, and contact information. A table of contents is visible on the left side of the page.

London Borough of Barking & Dagenham
lbbd.gov.uk

Residents Business Council Do it online Login | Create account Search

Council / Statistics and data / Joint Strategic Needs Assessment – JSNA / Joint Strategic Needs Assessment (JSNA) 2016

Joint Strategic Needs Assessment - JSNA

Joint Strategic Needs Assessment (JSNA) 2016

1. Introduction
2. Children: The best start in life
3. Enabling children and young people
4. Fair employment and good work
5. How and where

Joint Strategic Needs Assessment (JSNA) 2016

Our JSNA is based around the themes arising from the [Marmot Review of Health Inequalities](#), a major review of the national approach to tackling inequalities in health outcomes across the population.

The six major themes represent the headings for sections 2-7 of the JSNA.

Summary

A summary report of the JSNA that was presented to the Health and Wellbeing Board in September 2016.

[JSNA 2016 Key recommendations \(PDF, 243.09 KB\)](#)

Contact

Contact us if you have any comments or queries regarding the contents of the JSNA or the process for future refreshes.

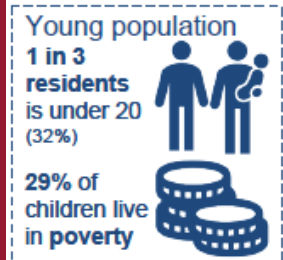
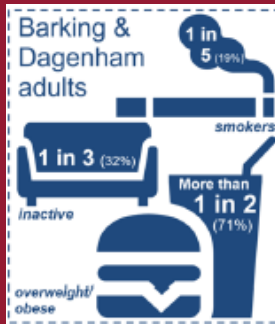
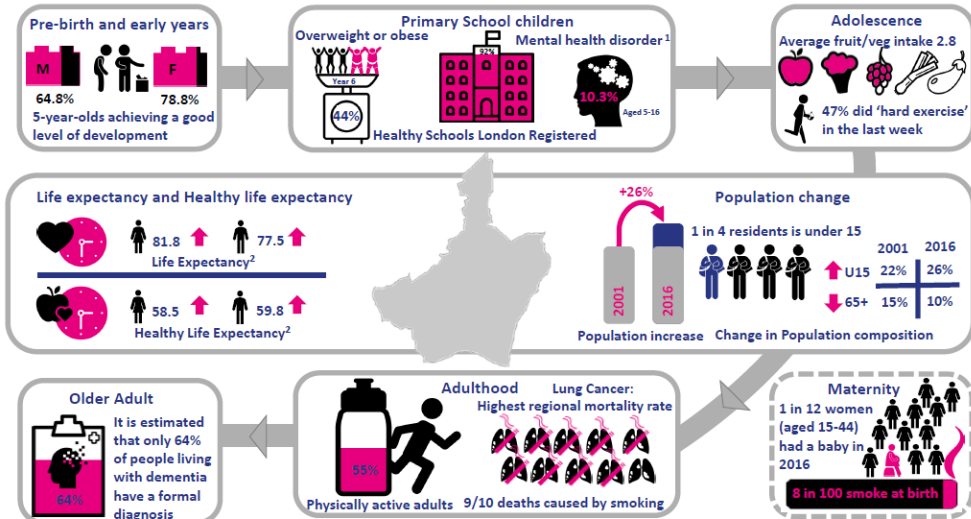
✉ publichealthintelligence@lbbd.gov.uk

2017 approach

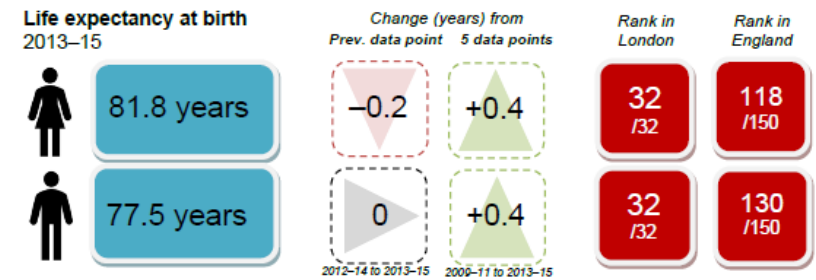
With the aim of addressing this in 2018, our approach in 2017 was to perform a light-touch refresh, compiling data in one concise document and using infographic styles to improve accessibility

Page 4

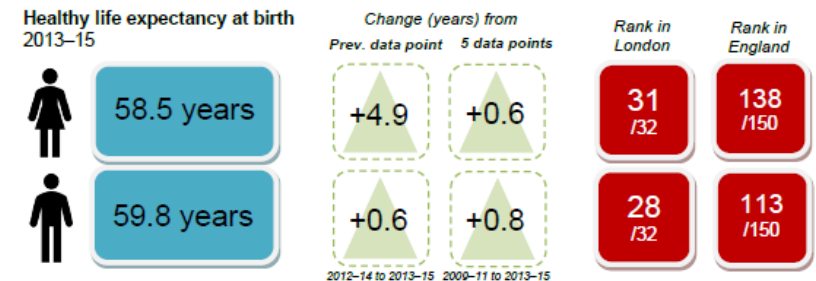
Joint Strategic Needs Assessment 2017: a snapshot



Life expectancy and health life expectancy



- 3.27 Life expectancy at birth in Barking and Dagenham is 77.5 years for males and 81.8 for females (2013-15).³⁰
- 3.28 Male life expectancy has not changed from the 2012-14 figures reported in the last report, while female life expectancy has decreased by 0.2 years. Despite improvements in the longer term (an increase of 0.4 years since 2009-11 for both sexes), this has been insufficient to catch up with London or England; both male and female life expectancies are the lowest of all London boroughs, as well as significantly lower than the English averages.
- 3.29 The gap in life expectancy between Barking and Dagenham and London and England was narrowing for females until 2011-13 but has since widened due to decreases in female life expectancy in Barking and Dagenham. For males, the gap with London has widened from 1.5 years in the first data point available (2001-03) to 2.7 years in 2013-15.



- 3.30 Healthy life expectancy (the years lived in good health) in Barking and Dagenham is 59.8 years for males and 58.5 years for females. Improving healthy life expectancy to

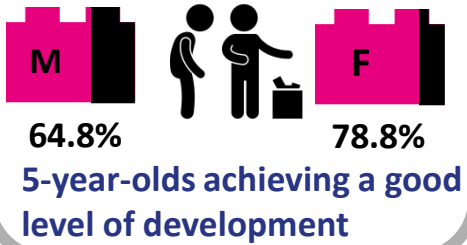
¹Modelled data, those that may have a mental health disorder *DOT trend based on 5 data points

What does the 2017 JSNA show?

- Continuing health challenges – high rates of smoking, overweight and obesity and inactivity in our adults
- Life expectancies continue to be the lowest in London, with low healthy life expectancies
- A young population, which faces barriers to attain a good start in life
- Nonetheless, there have been successes – e.g. increase in % children achieving a good level of development, decrease in under 18 conceptions

Joint Strategic Needs Assessment 2017: a snapshot

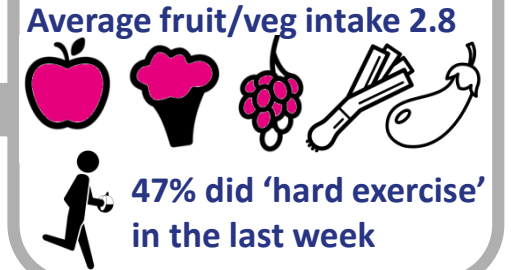
Pre-birth and early years



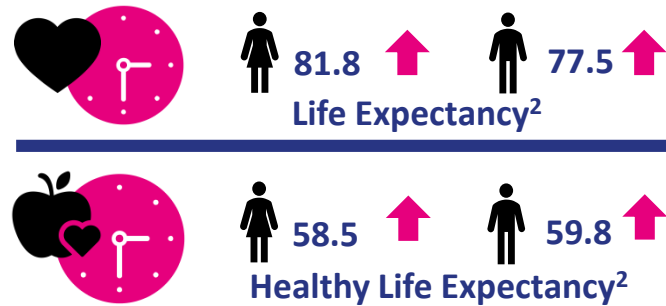
Primary school children



Adolescence



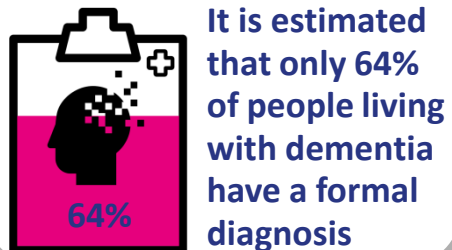
Life expectancy and Healthy life expectancy



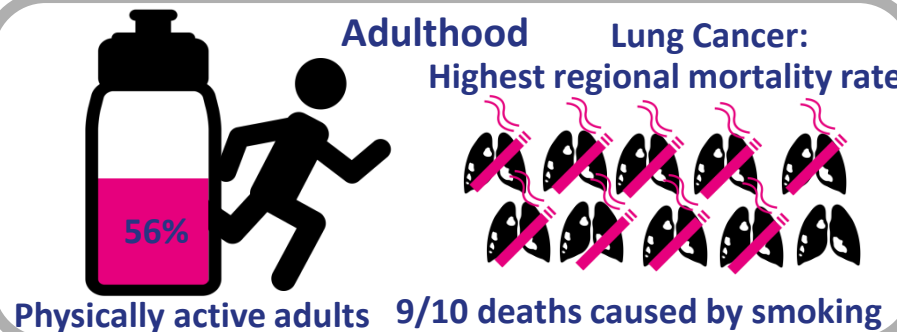
Population change



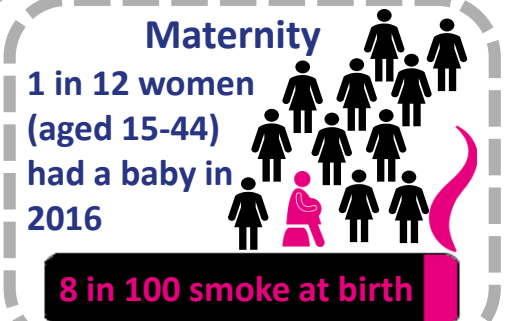
Older adult



Adulthood

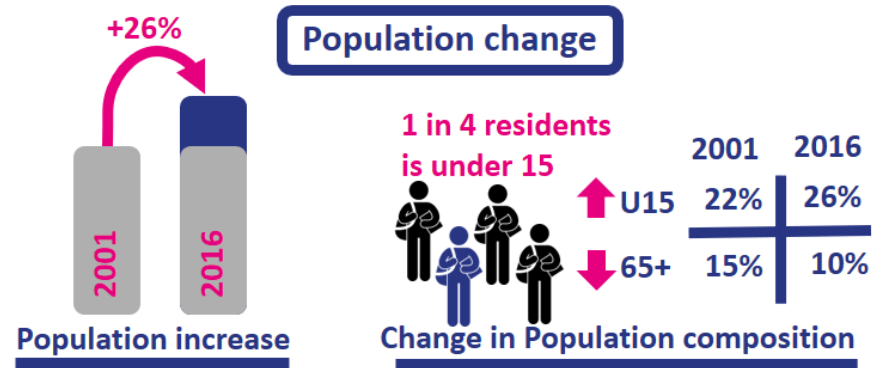


Maternity



We have a young and growing population. Barking and Dagenham's life expectancies for men and women are the lowest in London and there continues to be a gap in healthy life expectancy between Barking and Dagenham and London

Population change



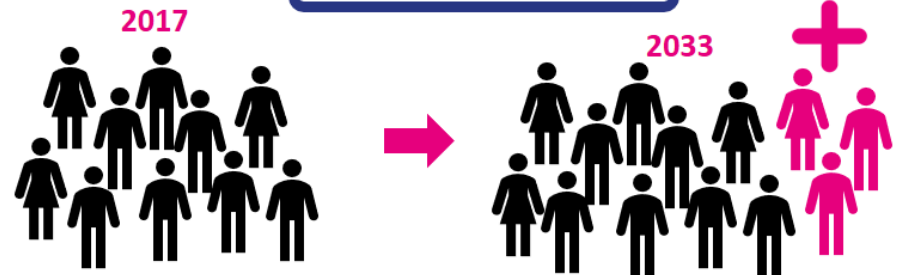
The highest birth rate in England and Wales in 2016¹



Increase in private renting



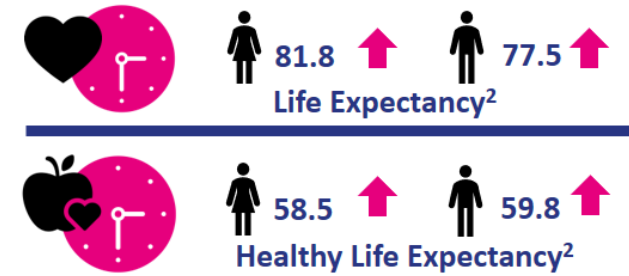
Population predictions



There is a 29% predicted rise in the overall population 2017-2033

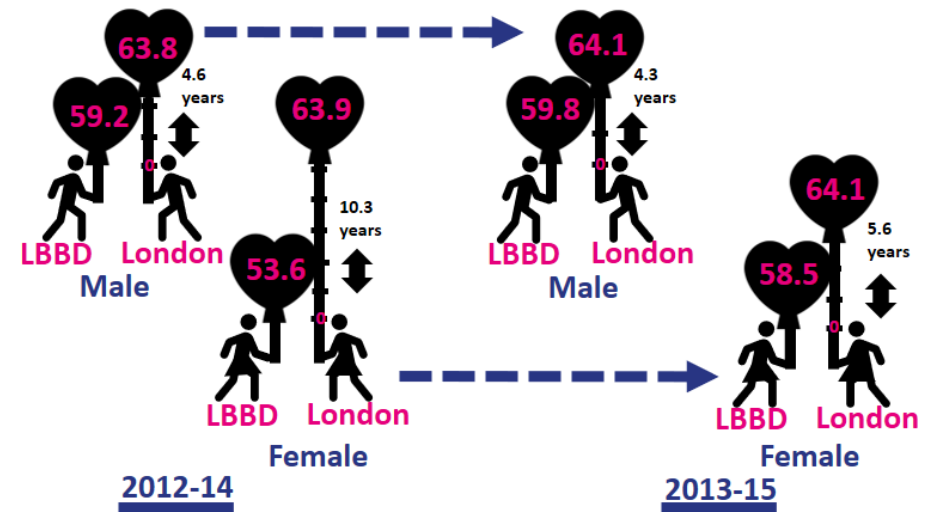
Life expectancy and healthy life expectancy

Life expectancy and healthy life expectancy



Gap in healthy life expectancy

Healthy life expectancy refers to the years lived in good health. LBBD residents live shorter lives in poorer health when compared to London



Improving healthy life expectancy to be above the London average is a target in the 2017/18 Corporate Plan.

¹ Per 1,000 women aged 15-44 ²Trend based on 5 data points

Although the proportion of children achieving a good level of development has increased, B&D children face multiple challenges – including higher than average dental decay, A&E attendances, and overweight/obesity

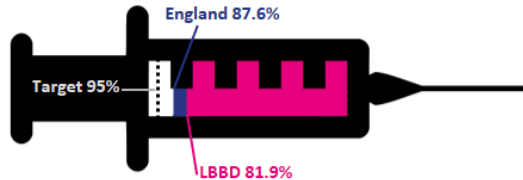
Pre-birth and early years

Level of Development



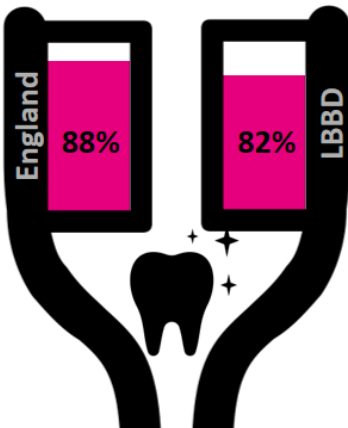
5-year olds achieving a good level of development

Immunisations



5-year olds that have had two doses of measles, mumps and rubella vaccine

Dental health



3-year olds free from dental decay

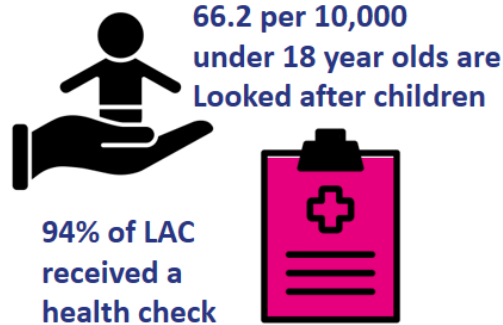
A&E attendances



A&E attendances Children aged 0-4

Primary School children

Looked after children¹

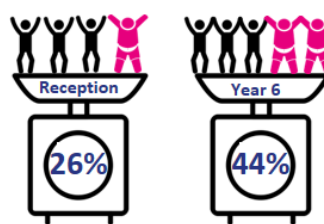


Mental Health²

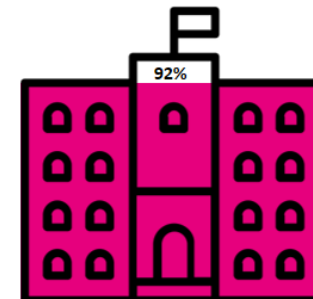


Children aged 5-16 that may have a mental disorder**

Healthy weight



Percentage of children that are overweight or obese 2016/17



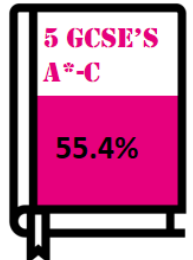
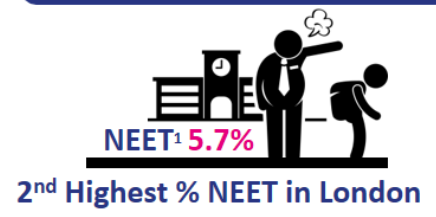
Healthy Schools London Registered

¹Not limited to primary school aged children ² Modelled data, those that may have a mental health disorder

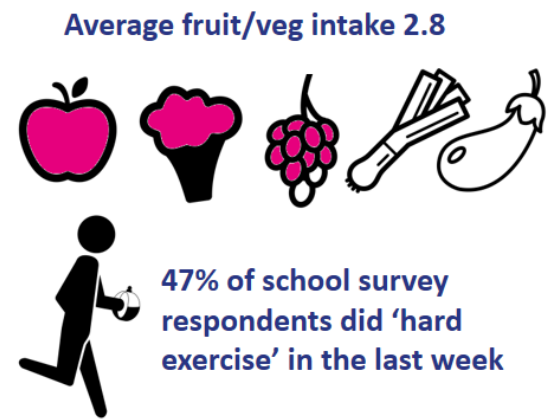
Our young people are not meeting fruit and vegetable intake guidance and when surveyed, less than half had done any hard exercise in the previous week. Barking and Dagenham has the highest birth rate in England and although the proportion of women smoking at delivery has decreased, it remains higher than London

Adolescence

Training educational & socio economic outcomes



Healthy eating & Physical activity



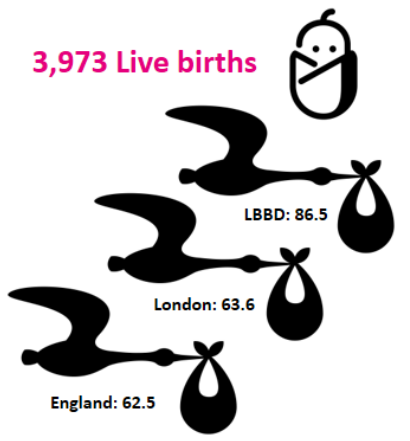
Sexual and reproductive health

1 in 10 Year 10 students reported being sexually active. In the last 10 years the U18 conception rate has more than halved from 65.9 to: In 2015 over half of U18 conceptions ended in abortion².



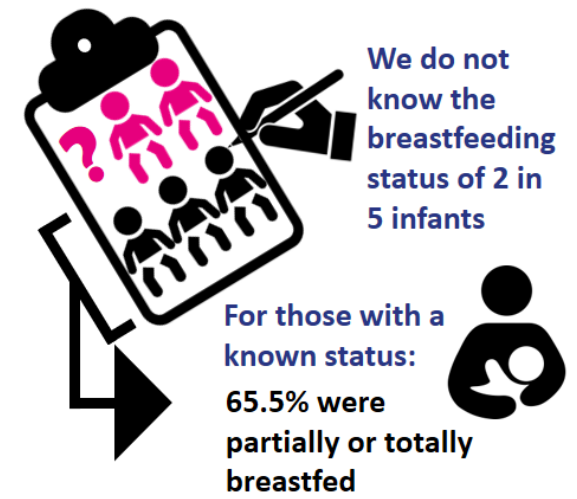
Maternity

Birth rate³



The highest birth rate in England and Wales in 2016

Breastfeeding

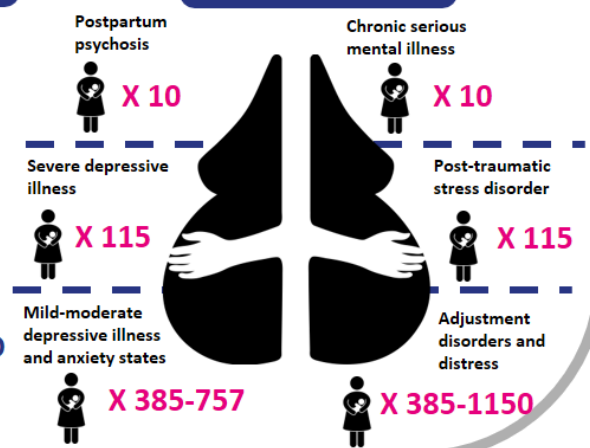


Smoking at time of delivery



In 2016, 1 in 12 women (aged 15-44) had a baby in LBB

Mental health⁴

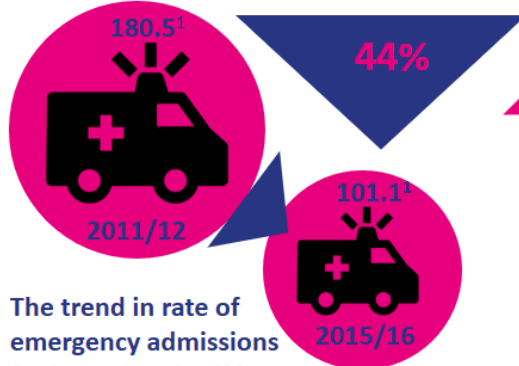


¹ Not in Education Employment or Training ² Includes both medical & surgical abortion. ³ Per 1,000 women aged 15-44 ⁴ Single year based on published prevalence data and the number of maternities in Barking and Dagenham in 2015, for limitations see section on Maternal Mental Health

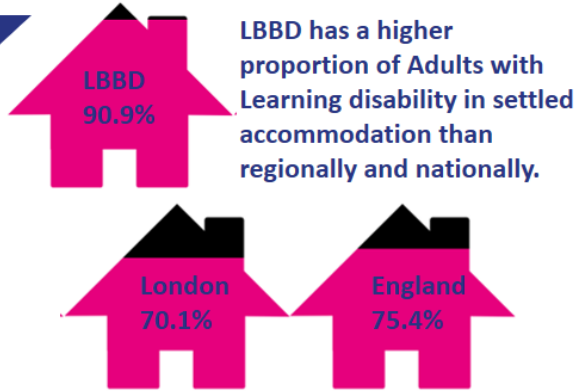
There are high rates of overweight and obesity in our adults, while negative wider determinants of health such as homelessness and domestic violence are also high

Adulthood

Mental health

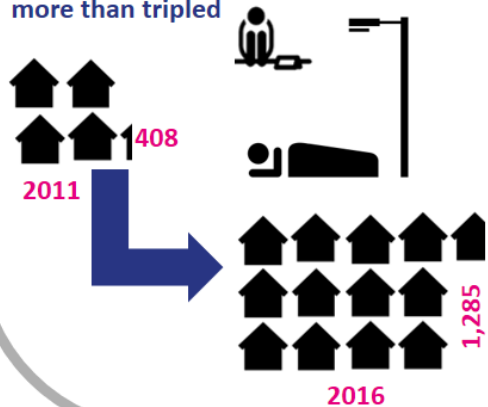


Learning disabilities and autism



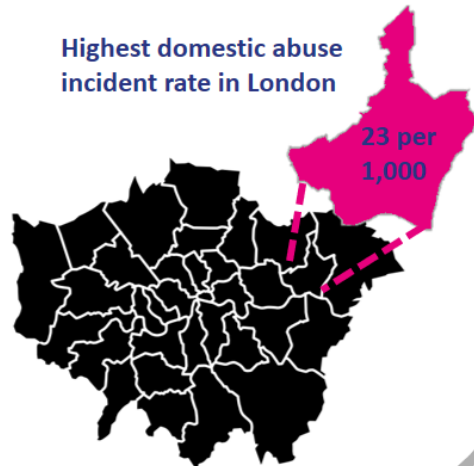
Homelessness

The number of households making a formal homeless application have more than tripled



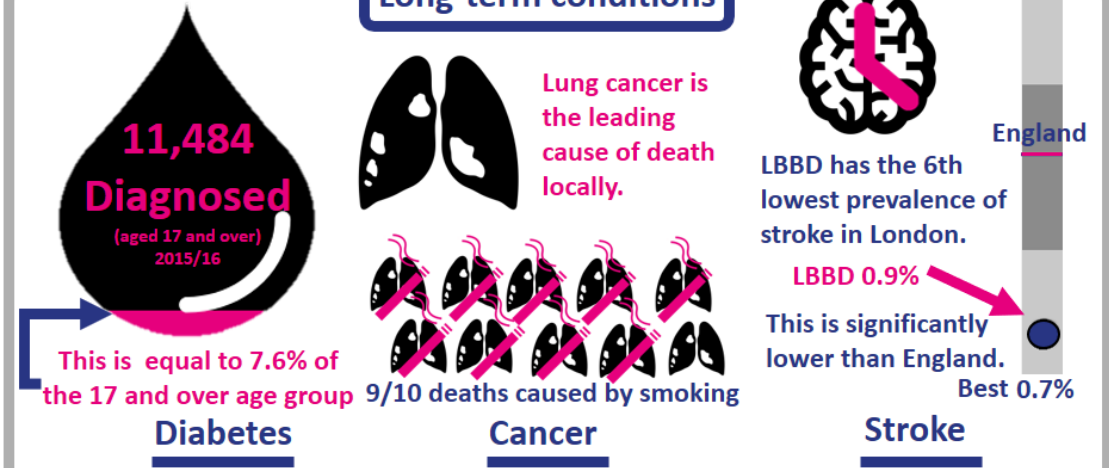
Domestic violence

Highest domestic abuse incident rate in London

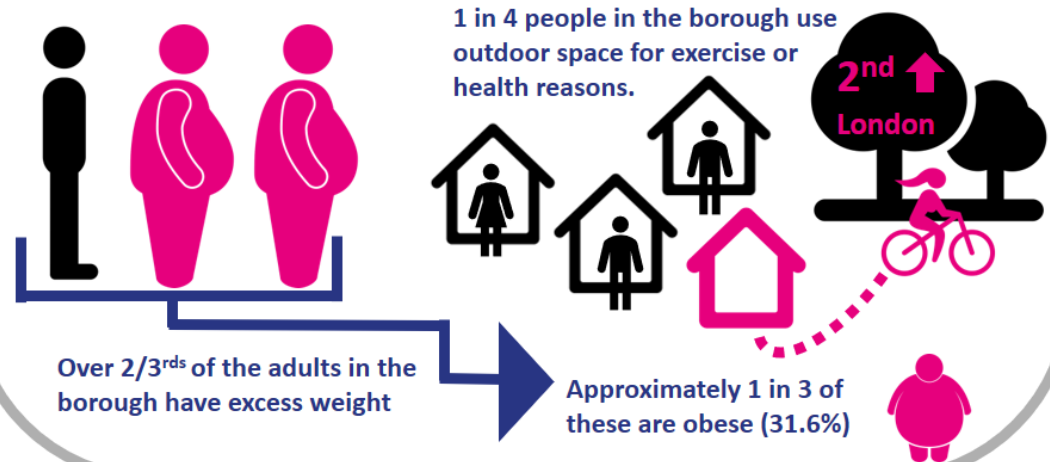


Adulthood

Long-term conditions



Lifestyle behaviours



In our older adults, more than 1/3 of people living with dementia are estimated not to have a formal diagnosis, while more than half of over 75s are estimated to live alone. Almost half of adults aged 85+ die in hospital rather than at home or in a care home

Older Adults

Mental health

64% of people living with dementia have a formal diagnosis

65% of people living with dementia are women

37% of people with dementia die in hospital

In 2016, the recorded prevalence of dementia (aged 65+) was 4.32%

Dementia

In 2017, 1 in 4 people aged 65-74 live alone¹



1 in 3 carers aged 65+ reported social isolation

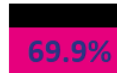
Loneliness & social isolation

Carers

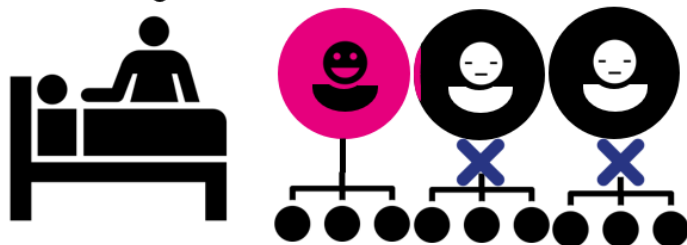
Carer satisfaction with quality of life



Carers that felt included or consulted about the person they care for:



34.2%



34.2% of carers have as much social contact as they would like

Older Adults

Health and care system

+ 300

Additional support requests for social care between 2015/16 and 2016/17²

60%

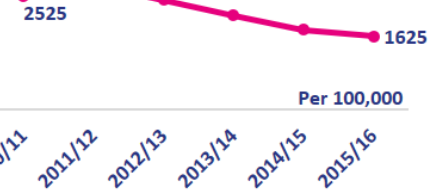
60% of these additional support requests were for those aged 65+.



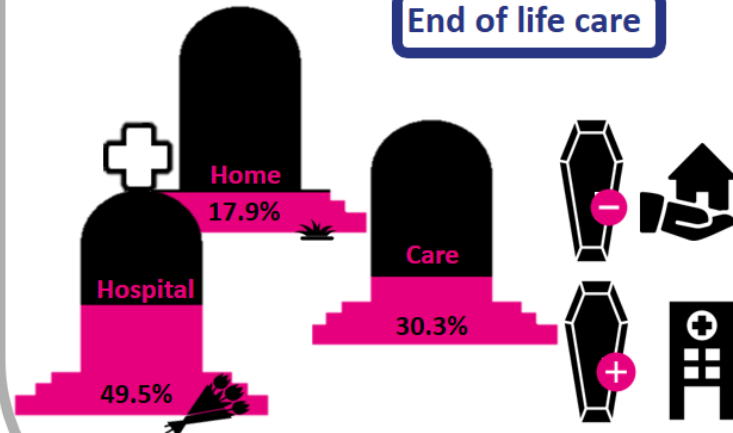
Falls

Significant reductions in emergency hospital admissions resulting from falls (aged 65 and over) in the last 5 years

-1,141 per 100,000³



End of life care



Almost half of adults aged 85+ die in hospital

Significantly fewer adults aged 85 and over die in care homes

Significantly more adults aged 85 and over die in hospital

Local vs national picture

¹projections from the Projecting Older People Population Information System 2017. ² Requests for social care support can be used as a proxy indicator of social care demand, although it should be noted that this has limitations. ³ 2011/12-2015/16, recent data suggests a reverse in trend.

Recommendations

The Health and Wellbeing Board is recommended:



(i) To take account of the findings of the JSNA in the development of its strategies and in its appraisal of strategies developed by partner organisations



(ii) To support the commissioning of services by partner organisations that align with the JSNA findings and the Joint Health and Wellbeing Strategy



(iii) To support the review of the JSNA process, content and format in 2018.

Any questions?

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Programme of work 2017/18

Elspeth Paisley

Tuesday 16th January 2018

Faces of Healthwatch Barking & Dagenham



Nathan Singleton
CEO LifeLine Projects



Daniel Singleton
National Exec. Dir.
FaithAction



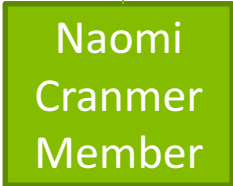
Elsbeth Paisley
Manager
Healthwatch BD

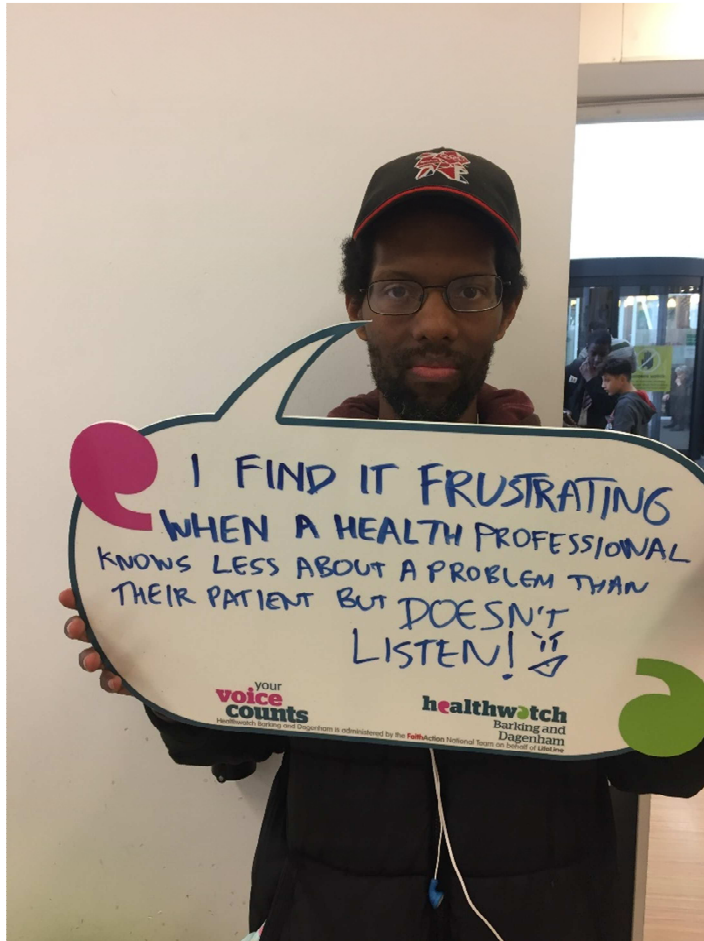


Manisha Modhvadia
Healthwatch Officer



Richard Vann
Healthwatch Officer





Achievements

- Enter & Views
- Signposting and referrals
- World Mental Health Day
- Annual survey
- Consultations
- Social/media presence
- Enhanced website



Work in progress

- Ward champions
- Volunteer recruitment campaign
- Focus groups across the borough
- Extended use of social media
- Dementia project

