PRESENTATIONS

THE HEALTH AND WELLBEING BOARD

Tuesday, 16 January 2018

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

- 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 LBBD website

• Comprehensive, but time consuming to update – and for users to read and find information

• Is this the most effective and efficient approach?
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.
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
64.8% 5-year-olds achieving a good level of development

Overweight or obese
Primary school children
44%

Mental health disorder

Adolescence
Average fruit/veg intake 2.8
47% did ‘hard exercise’ in the last week

Life expectancy and Healthy life expectancy
81.8 ↑ Life Expectancy
77.5 ↑

58.5 ↑ Healthy Life Expectancy
59.8 ↑

Population change
1 in 4 residents is under 15
2001 2016

+26%

Population increase
Change in Population composition

Older adult
It is estimated that only 64% of people living with dementia have a formal diagnosis

Physically active adults
Adulthood
56%

Physically active adults

Lung Cancer:
Highest regional mortality rate
9/10 deaths caused by smoking

Maternity
1 in 12 women (aged 15-44) had a baby in 2016
8 in 100 smoke at birth

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

- Population increase: +26%
- Change in Population composition:
  - 1 in 4 residents is under 15
  - Increase in private renting
  - Socio-economic changes

The highest birth rate in England and Wales in 2016

- Birth rate:
  - 3,973 Live births
  - LBBD: 84.3
  - London: 63.4
  - England: 62.5

Population predictions:

- 2017
- 2033

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

Life expectancy and healthy life expectancy

- Life expectancy:
  - Men: 81.8
  - Women: 77.5

- Healthy Life Expectancy:
  - Men: 58.5
  - Women: 59.8

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.

- LBBD Male: 63.8
  - London Male: 64.1

- LBBD Female: 63.9
  - London Female: 53.6

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

- 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%

In 2017, 1 in 4 people aged 65-74 live alone. Half of all over 75s live alone. 1 in 3 carers aged 65+ reported social isolation.

- Carer satisfaction with quality of life: 7.4/12
- 34.2% of carers have as much social contact as they would like
- 69.9% of carers that felt included or consulted about the person they care for

Additional support requests for social care between 2015/16 and 2016/17. 60% of these additional support requests were for those aged 65+.

- Significant reductions in emergency hospital admissions resulting from falls (aged 65 and over) in the last 5 years by 1,141 per 100,000.

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.

Notes:
- Projections from the Projecting Older People Population Information System 2017.
- 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.
- 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?
Programme of work 2017/18
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Tuesday 16th January 2018
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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