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

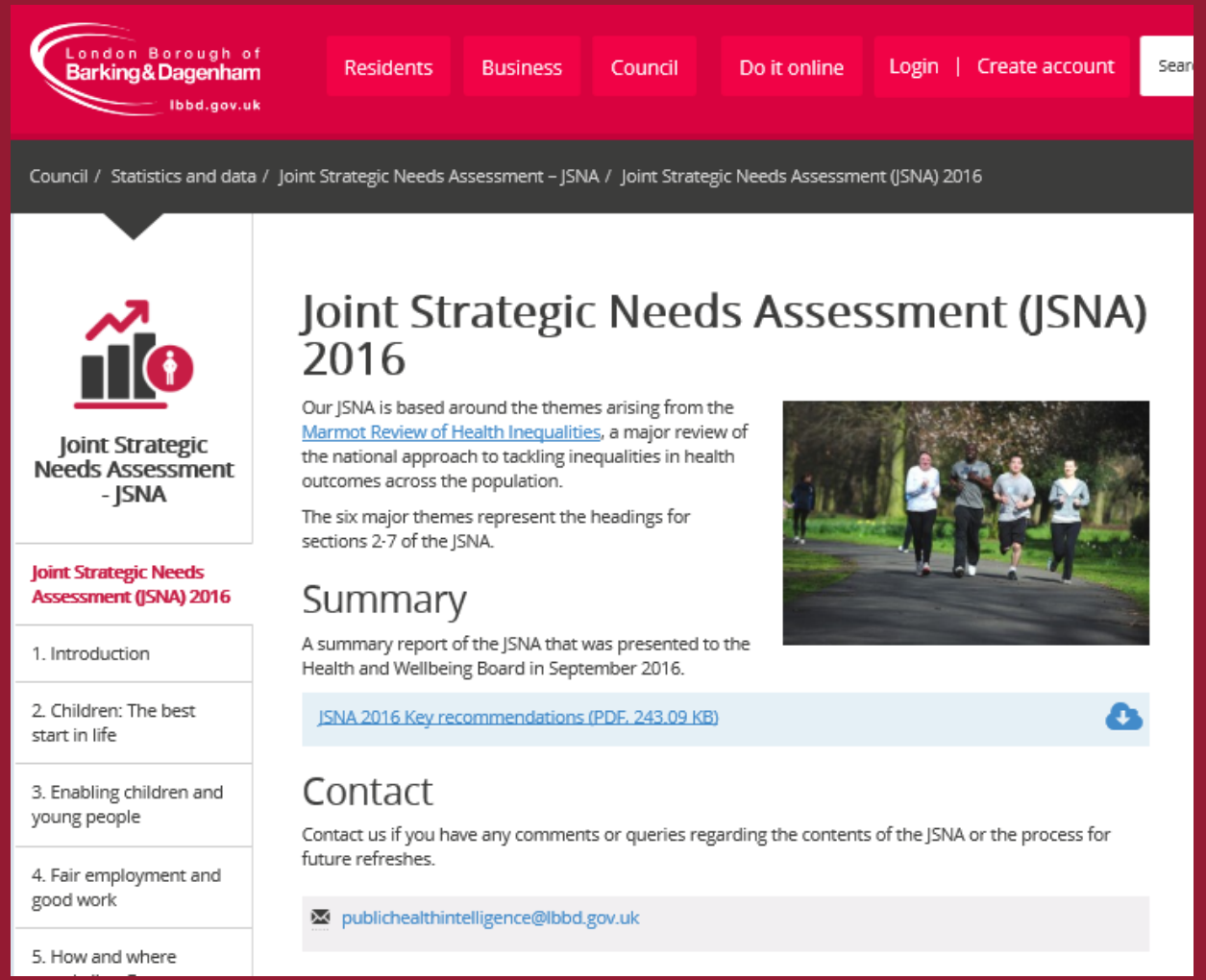
An evaluation of the population's health and social care needs (also informed by wider determinants)…

…to inform evidence-based commissioning

…to improve health and wellbeing and reduce inequalities

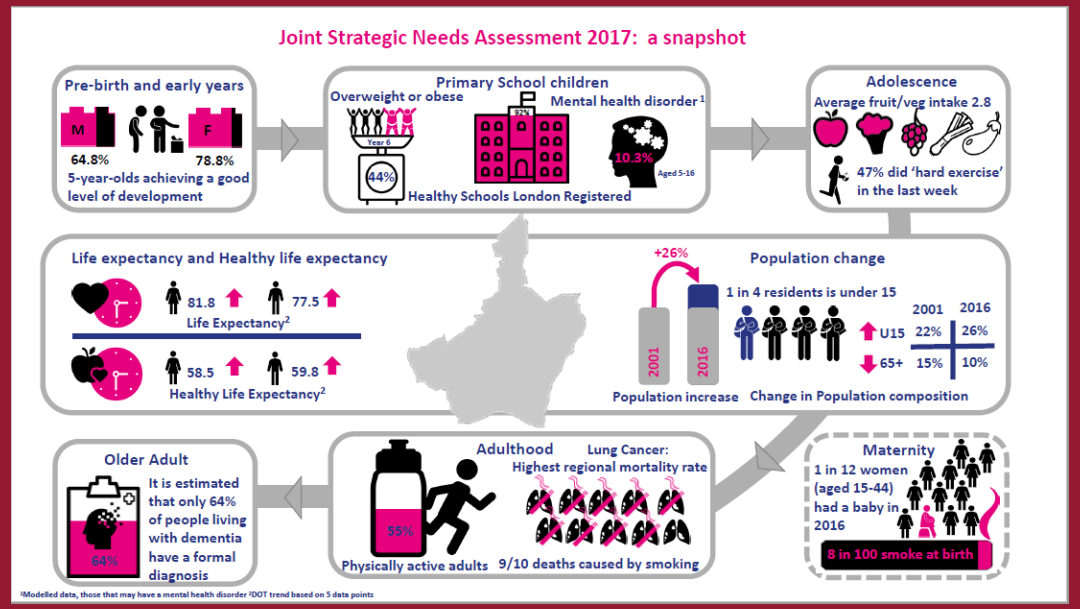
Previous approach

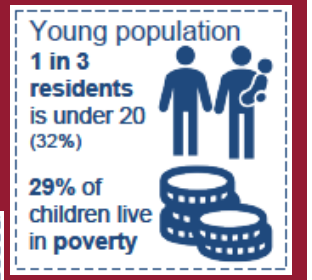
- Extensive selection of themed chapters on LBBD website
- Comprehensive, but time consuming to update – and for users to read and find information
- **Is this the most effective and efficient approach?**

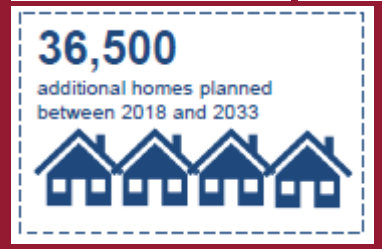


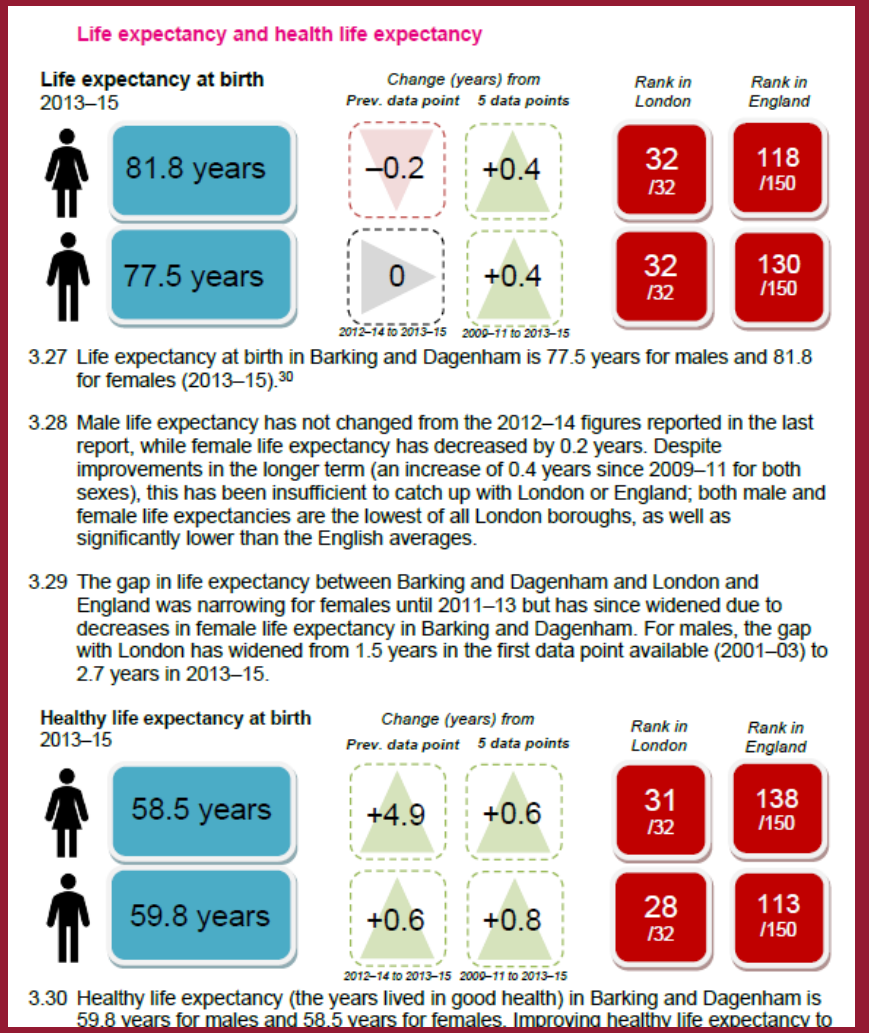
2017 approach

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

M F

64.8% 78.8%

5-year-olds achieving a good level of development

Primary school children

Overweight or obese

Year 6

44%

92%

Mental health disorder [1]

10.3% Aged 5-16

Healthy Schools London Registered

Adolescence

Average fruit/veg intake 2.8

47% did 'hard exercise' in the last week

Life expectancy and Healthy life expectancy

81.8 77.5

Life Expectancy[2]

58.5 59.8

Healthy Life Expectancy[2]

Population change

+26%

2001 2016

Population increase

1 in 4 residents is under 15

Change in Population composition

	2001	2016
U15	22%	26%
65+	15%	10%

Older adult

64%

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

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

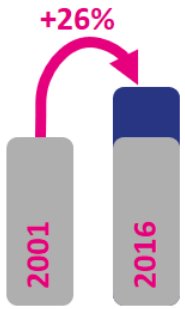
8 in 100 smoke at birth

[1]Modelled data, those that may have a mental health disorder [2]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 change



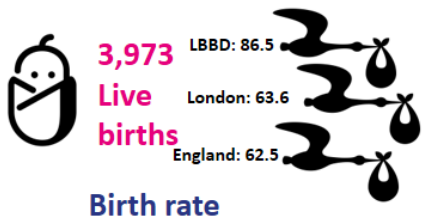
Population increase

1 in 4 residents is under 15

	2001	2016
U15	22%	26%
65+	15%	10%

Change in Population composition

The highest birth rate in England and Wales in 2016[1]

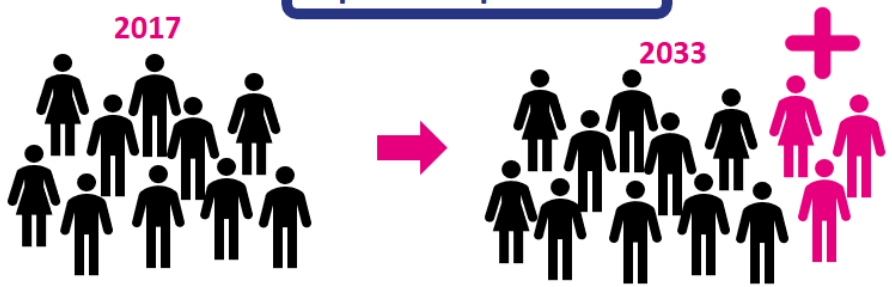


Birth rate

Increase in private renting

Socio-economic changes

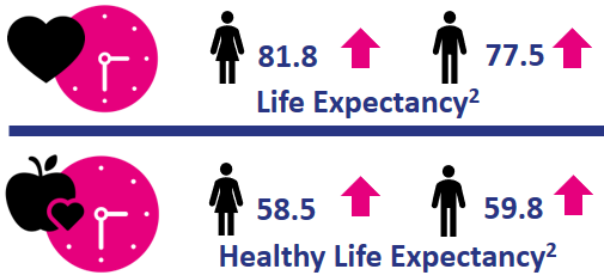
Population predictions



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

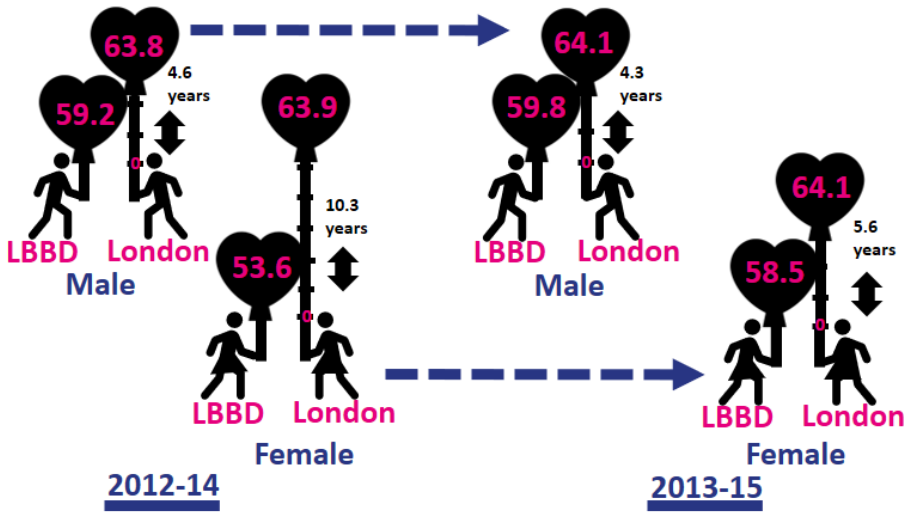
Life expectancy and healthy life expectancy

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 [2]Trend based on 5 data points

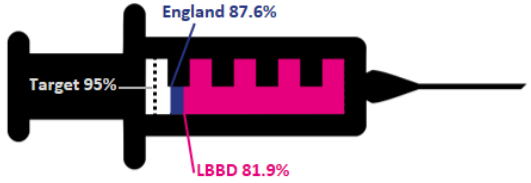
Although the proportion of children achieving a good level of development has increased, B&D children face multiple challenges – including higher than average dental decay, A&E attendances, and overweight/obesity

Pre-birth and early years

Level of Development

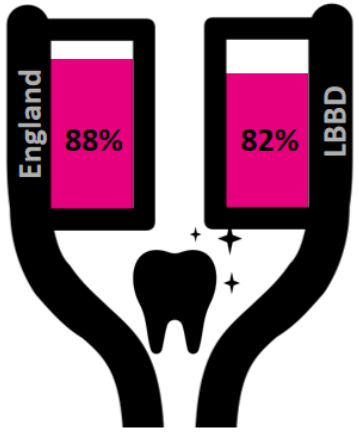
5-year olds achieving a good level of development

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 children[1]

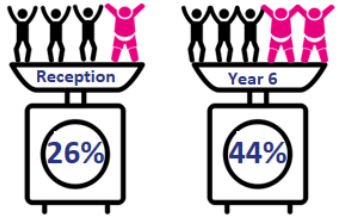
66.2 per 10,000 under 18 year olds are Looked after children

94% of LAC received a health check

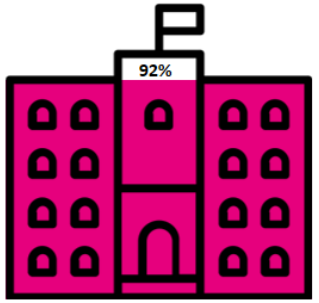
Mental Health[2]

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

Healthy weight



Percentage of children that are overweight or obese 2016/17



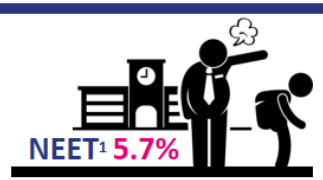
Healthy Schools London Registered

[1]Not 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

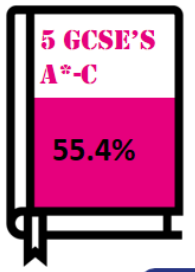
Adolescence

Training educational & socio economic outcomes



NEET[1] 5.7%

2nd Highest % NEET in London



Healthy eating & Physical activity

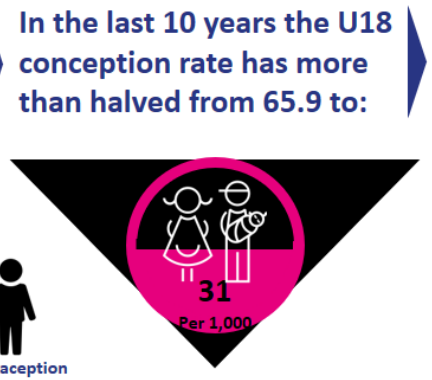
Average fruit/veg intake 2.8

47% of school survey respondents did 'hard exercise' in the last week

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:



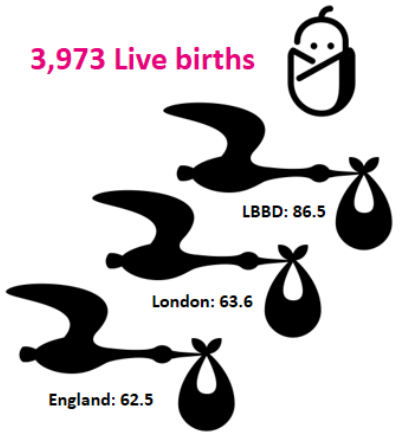
In 2015 over half of U18 conceptions ended in abortion[2].

½ reported "always" using contraception

Maternity

Birth rate[3]

3,973 Live births



The highest birth rate in England and Wales in 2016

Breastfeeding

We do not know the breastfeeding status of 2 in 5 infants

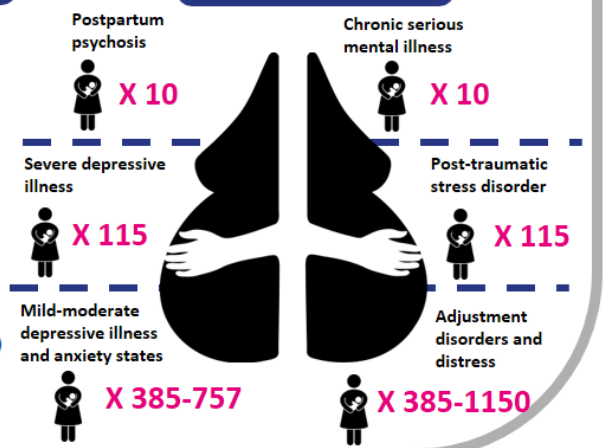
For those with a known status:

65.5% were partially or totally breastfed

Smoking at time of delivery

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

Mental health[4]



[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

180.5[1]
2011/12

44%

101.1[1]
2015/16

The trend in rate of emergency admissions for intentional self harm

Learning disabilities and autism

LBBD 90.9%

LBBD has a higher proportion of Adults with Learning disability in settled accommodation than regionally and nationally.

London 70.1%

England 75.4%

Homelessness

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

408
2011

1,285
2016

Domestic violence

Highest domestic abuse incident rate in London

23 per 1,000

[1] Rate per 100,000

Adulthood

Long-term conditions

11,484 Diagnosed
(aged 17 and over)
2015/16

This is equal to 7.6% of the 17 and over age group

Diabetes

Lung cancer is the leading cause of death locally.

9/10 deaths caused by smoking

Cancer

Worst 2.6%

England

LBBD has the 6th lowest prevalence of stroke in London.

LBBD 0.9%

This is significantly lower than England.

Best 0.7%

Stroke

Lifestyle behaviours

Over 2/3rds of the adults in the borough have excess weight

1 in 4 people in the borough use outdoor space for exercise or health reasons.

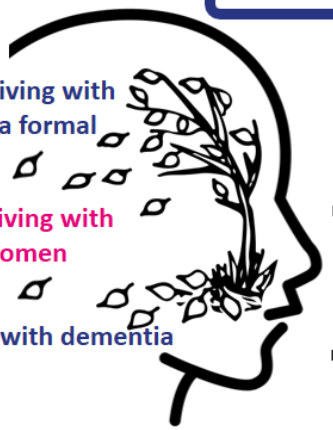
2nd London

Approximately 1 in 3 of these are obese (31.6%)

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

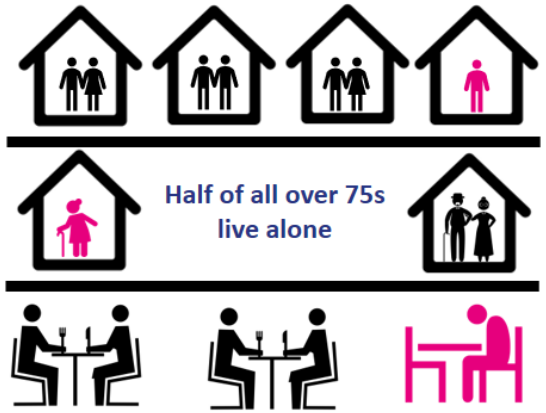
65% of people living with dementia are women

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 alone[1]



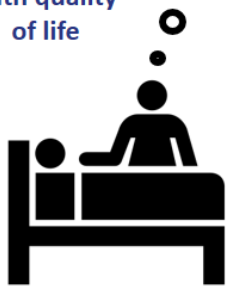
Half of all over 75s live alone

1 in 3 carers aged 65+ reported social isolation

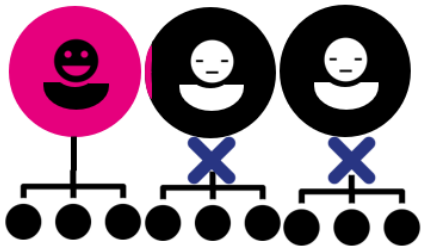
Loneliness & social isolation

Carers

Carer satisfaction with quality of life



34.2%



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

69.9%

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

Older Adults

Health and care system

+ 300

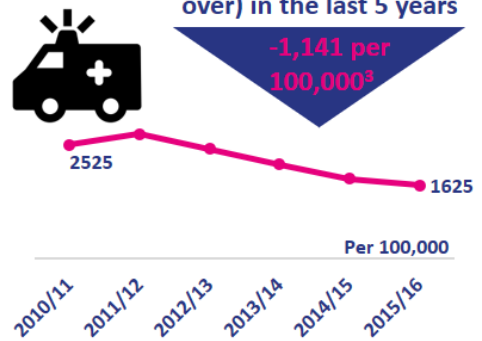
Additional support requests for social care between 2015/16 and 2016/17[2]

60%

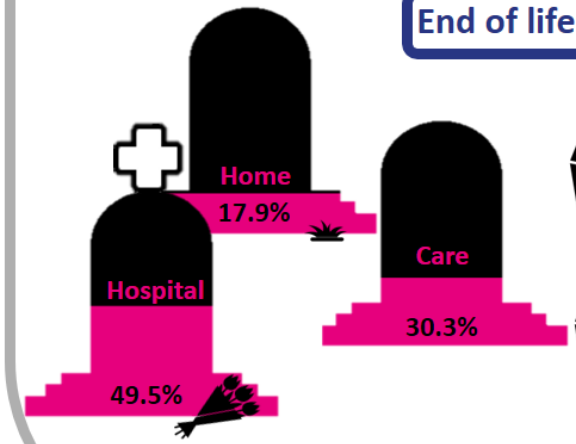
60% of these additional support requests were for those aged 65+.

Falls

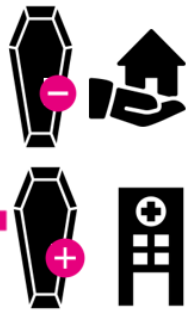
Significant reductions in emergency hospital admissions resulting from falls (aged 65 and over) in the last 5 years



End of life care



Almost half of adults aged 85+ die in hospital



Significantly fewer adults aged 85 and over die in care homes

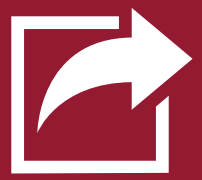
Significantly more adults aged 85 and over die in hospital

Local vs national picture

[1]projections 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?