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?
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
- **78.8%**

**Primary school children**
- **44%** Overweight or obese
- **92%** Healthy Schools London Registered
- **10.3%** Mental health disorder

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

**Life expectancy and Healthy life expectancy**
- **81.8** Life Expectancy²
- **58.5** Healthy Life Expectancy²

**Population change**
- 1 in 4 residents is under 15
- Population increase **+26%**
- Change in Population composition
  - **U15**: **22%** → **26%**
  - **65+**: **15%** → **10%**

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

**Adulthood**
- Physically active adults **56%**
- **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

**Lung Cancer:**
- Highest regional mortality rate
- **55%**
- **56%**
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
  - 65+:
    - 2001: 15%
    - 2016: 10%
- Increase in private renting:
  - 2008: 14%
  - 2015: 25%
- Birth rate:
  - 3,973 live births
  - LBBD: 64.5
  - London: 63.6
  - England: 62.5
- 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:
  - Male: 81.8 (2001) to 77.5 (2016)
  - Female: 58.5 (2001) to 59.8 (2016)
- Healthy Life Expectancy:
  - Male: 63.8 (2001) to 64.1 (2016)
  - Female: 59.2 (2001) to 59.8 (2016)
- Gap in healthy life expectancy:
  - LBBD: 53.6
  - London: 58.5

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

Population predictions:

- 2017: X
- 2033: X

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

Notes:
- 1 Per 1,000 women aged 15-44
- 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.
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

**Maternity**
- Birth rate
- Smoking at time of delivery
- Mental health

**Breastfeeding**
- For those with a known status: 65.5% were partially or totally breastfed

**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.
- 5 GCSE’s A*-C
- 55.4%
- 2nd Highest % NEET in London

**Average fruit/veg intake 2.8**
- 47% of school survey respondents did ‘hard exercise’ in the last week

3,973 Live births
- LBBD: 86.3
- London: 65.6
- England: 62.5
- The highest birth rate in England and Wales in 2016

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

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.
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.

**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%

**Carers**
- 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

**Loneliness & social isolation**
- Half of all over 75s live alone

**Dementia**
- In 2017, 1 in 4 people aged 65-74 live alone

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

**Health and care system**
- Additional support requests for social care between 2015/16 and 2016/17: 60%

**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**

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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?