HEALTH AND WELLBEING BOARD

16 JULY 2013

Title:	**Summary and Key Recommendations of the Joint Strategic Needs Assessment 2012/13**

Report of the Director of Public Health

Open	**For Information**
Wards Affected: ALL	**Key Decision:** YES
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Sponsor:

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Summary:

This paper provides the key strategic recommendations arising from the refresh of the Joint Strategic Needs Assessment (JSNA) for 2013.

The JSNA comprises a large number of small sections which will be made available from the JSNA website, and more specific recommendations can be found there. Additionally some recommendations remain unchanged since 2012. The main driver for most of the changes in recommendations are the changes in demography seen in the borough between the 2001 and 2011 censuses, as well as changes linked to the economic climate and benefits changes.

In particular the emerging population structure of the borough will have significant implications for the planning of services and health improvement initiatives. The wide population base and narrow top of the borough's population pyramid is more typical of a developing country with a high birth rate and poor life expectancy.

Recommendation(s)

The Health and Wellbeing Board is recommended to agree:

(i) To note the recommendations of the JSNA.

(ii) To discuss the recommendations and their implications for strategic and commissioning decisions.

(iii) To accept the recommendations of the JSNA as providing a sound evidence base on which future commissioning and strategic decisions of the board can be made.

Reason(s)

The Joint Strategic Needs Assessment provides the fundamental evidence base on which the commissioning and strategic decisions of the board are made. It directly informs the development of the Joint Health and Wellbeing Strategy. It is a statutory duty of the Health and Wellbeing Board to produce the JSNA.

1. Introduction and background

Process and timetable

1.1 The Joint Strategic Needs Assessment (JSNA) should be seen as an iterative process, whereby as new information becomes available during the year the JSNA website is updated. In the summer of each year a paper will be tabled at the Health and Wellbeing Board which pulls together all the commissioning recommendations that have arisen from the evidence collated through the JSNA process during the preceding year. The rationale for this is that new information becomes available at different times of the year, i.e. the Carers' Survey results will not be available for inclusion until April 2013, relevant information on crime and disorder and adult social care will also not be available until after April.

Structure

1.2 The JSNA will continue to be structured using the 'life course' approach. It will be made available via the JSNA website which is a micro site of LBBD internet. There will be clear indexing of the sections which will be available for download in Adobe PDF format. Additionally other documents such as specific needs assessments, equity audits, and key documents relating to local health and social care needs from sources such as the national Public Health Observatories and Health Atlas will be uploaded to the site.

2. A summary of the key recommendations

2.1 In keeping with the life course approach, key recommendations for each stage across the life course have been selected, as shown overleaf. The evidence of need, key issues and recommendations, are discussed in further detail in the rest of the paper.

LIFE COURSE STAGE	KEY RECOMMENDATIONS
Pre – birth and early years	Ensure that commissioning plans for service provision across the partnership have taken into account the local growth in the population aged five years and under, in particular assuring the appropriate health visitor capacity is commissioned, through the Healthy Child Programme, for the needs of a growing population. Build on local successes, with continued support for improving uptake of childhood immunisation and promoting breastfeeding continuation at 6 to 8 weeks, and effective cross partnership working between local and regional stakeholders.
Primary School	Accelerate the positive impact already achieved on foundation stage outcomes for disadvantaged children, by increasing the capacity for targeted parenting support in children's centres. Ensure an effective focus, within the whole system approach, on achieving and maintaining healthy weight for children, including the promotion of breastfeeding, child nutrition and physical activity.
Adolescence	Ensure integrated and effective support to children and young people living with or affected by illness, disability or learning disability, through partnership work with the Children's Trust, to review issues of transition of care from childhood to adulthood. Take a proactive approach to local sexual health needs, through an integrated programme across the life course, to support a reduction in teenage conceptions and sexually transmitted infections.
Early Adulthood	Create opportunities for local residents to gain employment skills and experience by requiring all providers of services to offer work experience (for young people, care leavers and disadvantaged adults) and apprenticeships. Improve the outcomes for people living with diabetes, through the board's commitment to better diabetic care and services.
Maternity	Ensure all women have high quality local support and access to services during pregnancy, through a review of maternity pathways. Ensure that commissioning plans for service provision across the partnership have taken into account the local growth in the population aged five years and under, including anticipated demands on maternity services.

LIFE COURSE STAGE	KEY RECOMMENDATIONS
Established Adults	Take action across the entire care pathway, to improve outcomes for people with chronic diseases, via the leadership of the board, including integration of primary, secondary, social and community care. Promote a system wide approach to early diagnosis and secondary prevention, through working with practices that perform poorly on active case finding, evidence based prescribing and uptake of influenza vaccinations.
Older Adults	Promote a multi-component and wide ranging affordable warmth strategy, aimed at reducing fuel poverty and excess cold winter deaths, through insulation programmes and initiatives such as the Big Energy Switch. Provide better access to choice and dignity for residents at end of life, through the development of systems and training across health settings, including in acute care and in nursing and residential homes, which support the individual's wish to die at home.
Vulnerable and Minority Groups	Prioritise the development of a supported employment pathway within the borough for people with a learning disability or mental illness. Ensure victims have access to integrated, inclusive domestic and sexual violence services, through the development of a joint Health and Social Care Commissioning framework. Prioritise the health of looked after children by ensuring 95% compliance with health checks by the end of 2013/14.
Priorities spanning the life course	Tackle the challenge of obesity through a co-ordinated industrial scale, whole-system approach, including a partnership Healthy Weight Strategy and action plan. Tackle the single largest cause of preventable death and ill-health, through a whole system approach to reducing smoking prevalence, which includes high quality, locally responsive stop smoking services, a focus on supporting young people not to take up smoking and robust tobacco control measures. Recognise residents and local community groups as 'experts' in understanding their own health needs, by involving them systematically in all delivery plans and developing a strategy to engage with all sections of the borough, in particular seldom heard groups.

3. Key issues

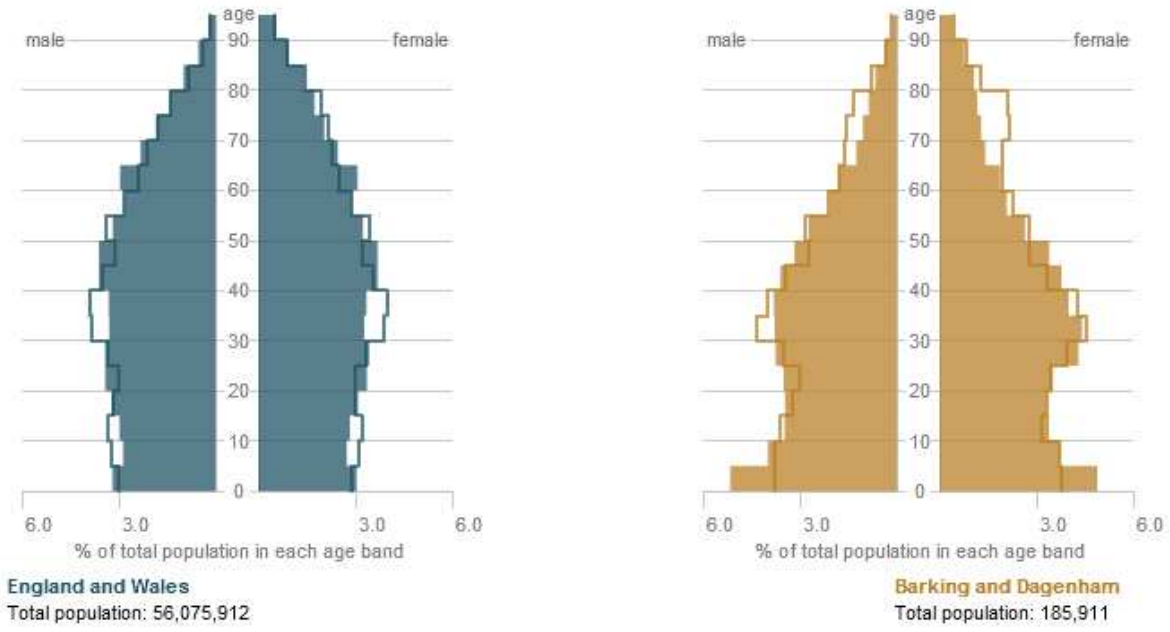
3.1 Demography

3.1.1 The 2011 Census showed that there were 185,911 people living in Barking and Dagenham. This was an increase in the overall population of 22,000 (13.4%) between 2001 and 2011, while the increase across England was 7%. The majority of this increase was amongst children and younger adults.

The population of 0 to 4 year olds rose by almost 50%, and one in four of the local population is now aged 15 or under. The proportion of the population aged 40+ is very similar in Barking and Dagenham (37.5%) to that in London (39.7%); however, Barking and Dagenham continues to have a lower proportion of elderly people (65+) when compared to the proportion in England as a whole, and this fell by 20% (4,800 people) between the two census dates. This was the largest decrease seen in this age group across London. The mean age of the population in 2011 was 33.4 compared to a London mean of 35.6 and an England mean age of 39.3.

3.1.2 The latest available Mid Year Estimate of population for the borough, published by the Office for National Statistics (ONS) was 187,029 at mid 2011, an increase of 1,118 since the 2011 census date.

Figure 1: 2011 Census Population Estimates (outlines show 2001)



Source: ONS 2001 mid-year population estimates, 2011 Census. ONS Data Visualisation Centre

3.1.3 Figure 1 shows the difference in the population structure of Barking and Dagenham compared to England and it further highlights the differences between the borough and the nation at last census.

3.1.4 The wide population base and narrow top of the borough's population pyramid is more typical of a developing country with a high birth rate and poor life

expectancy. This will have significant implications for planning of service provision, to meet the needs of a population which has both a very large proportion of children aged under 5, and an older population with a larger burden of ill health, leading to a reduction in healthy life expectancy and increased early mortality.

3.1.5 Another significant change has been a large increase in the proportion of the population from black and minority ethnic (BME) groups, predominantly the black African ethnic group, although other groups such as the Bangladeshi and 'white other' population have increased. The proportion of the population of white British origin fell from 80.86% in 2001 to 49.46% in 2011, which was the largest fall in any borough in the UK. This will impact on health and social care need as some diseases vary in prevalence across diverse groups.

3.1.6 The population is projected to continue growing in number with a predicted rise from 187,029 in 2011 to 226,471 in 2021 and to 249,063 by 2031.[(i)] The number of young people under 14 years of age and middle aged people between 25 years and 40 years of age is also projected to increase. Barking and Dagenham will continue to have a lower proportion of elderly people when compared to the proportion in England as a whole. This means the challenges associated with an increase in the ageing population may be less of an issue here compared to the rest of England. However the decreasing population size may be counter balanced by the relatively high deprivation and lower than average life expectancy experienced in the borough, which could be linked to poor health and co-morbidities at an earlier stage in life, driving up the need for health and social care support. This is supported by the Marmot Review, which indicates that the gap between life expectancy and disability free life expectancy is greatest in areas of greatest deprivation.[(ii)]

3.1.7 Given the clear pace of change in the demographic profile of the borough, analysis of demographic change and its impact on services will remain a critical aspect of the ongoing JSNA process.

3.2 Give every child the best start in life

- In 2011 there were 3,688 births to women resident in the borough. 60% of these births were to mothers born outside the UK, predominantly in Africa or Europe. There was also a fall in the proportion of younger mothers. This changing demographic is likely to result in an increasingly complex maternity caseload requiring significant co-ordination of local services to support families with young children.

- As well as the significant increase in births, there has been a 43% increase in the number of lone parent households. Of the 9,965 such households, 54% of parents were not in employment, despite a 91% increase in the number of parents in part-time or full-time employment. The 2011 Census also found that just under 5,000 households with dependent children also had at least one person in the household with a long term health problem or disability.

- Repeated United Kingdom confidential inquiries into maternal deaths have highlighted that a small number of women are murdered by their partner, ex-partner or someone known to them during or shortly after pregnancy. These reports have suggested that the incidence of domestic violence increases while women are pregnant. Between October 2012 and December 2012 the Independent Domestic and Sexual Violence Advocacy project, based within the maternity services at Queen's Hospital, supported 52 pregnant women from Barking and Dagenham.

- Teenage pregnancy rates remain amongst the highest in London. There is strong evidence that having children at a young age can damage young women's health and wellbeing and severely limit their education and career prospects, and that children born to teenagers are more likely to experience a range of negative outcomes later in life. There is a clear need for specific targeted interventions to support those women who choose to become teen parents to mitigate the impact on both mother and child.

- Immunisation uptake has improved significantly and moved substantially closer to the local target of 90% uptake but still remains below the national target of 95% across all childhood immunisations.

- Breast feeding rates at 6 to 8 weeks in Barking and Dagenham are substantially below the London average, but are above the England average. There has been a significant increase of between 8 and 12% in breastfeeding prevalence rates during 2011/12.

- There is growing evidence that targeted parenting support through children's centres is closing the gap in Foundation stage outcomes between disadvantaged children and the borough and national average (i.e. the principle of convergence).

KEY RECOMMENDATIONS

Ensure that commissioning plans for service provision across the partnership have taken into account the local growth in the population aged five years and under, in particular assuring the appropriate health visitor capacity is commissioned, through the Healthy Child Programme, for the needs of a growing population.

Ensure all women have high quality local support and access to services during pregnancy, through a review of maternity pathways.

Ensure that we support evidence based commissioning decisions about maternity through the use of robust data and information across the public health system.

Build on the local successes, with continued support for improving uptake of childhood immunisation and promoting breastfeeding continuation at 6 to 8 weeks, and effective cross partnership working between local and regional stakeholders.

Accelerate the positive impact already achieved on foundation stage outcomes for disadvantaged children, by increasing the capacity for targeted parenting support in children's centres.

3.3 Enabling children and young people

- The population of children and young people aged 5 to19 in Barking and Dagenham grew by 15% between the 2001 and 2011 census.

- The number of young people aged 16-17 in education increased by 66% between 2001 and 2011.

- There are about 2,000 children and young people living with a severe disability locally, and a further 4,700 with a mild disability/impairment.

- The proportion of children with special educational needs (SEN) is higher in Barking and Dagenham than the national average, although there has been a reduction since 2010, reflecting the work with schools to ensure inclusive practice and appropriate use of the special educational need processes and utilise the common assessment framework effectively to support children and young people at an earlier stage through Education Improvement Plans and School Action.

- The Children and Families Bill published on 5 February 2013 includes clauses on SEN and disability which aim to reform this system. They include a duty on all local authorities to draw up Education, Health and Care (EHC) plans, to replace statements and learning difficulty assessments. There is also a requirement to improve cooperation between all the services that support children and their families and particularly requiring local authorities and health authorities to work together.[iii]

- There is limited information on local prevalence of long term health conditions in children and young people; however published data on hospital admissions shows that Barking and Dagenham has significantly higher emergency admissions for asthma in childhood than London or England, although a shorter average length of stay which suggests these may be avoidable admissions.

- One in ten children and young people nationally has a clinically significant mental health condition. Applying this estimate to Barking and Dagenham would suggest that at least 4,500 children and young people in the borough are affected. Further work is needed to gather robust local information on the mental health and wellbeing of children and young people.

- Children living with domestic violence are likely to experience both physical and emotional impacts. Between 1 April 2012 and 31 July 2012, there were 668 child safeguarding referrals made in Barking and Dagenham, of which 132 had domestic violence as a stated issue, this equates to 19.8%.

- The Health and Wellbeing Strategy identified the importance of considering the needs of vulnerable groups. This JSNA has started to do limited exploration of the needs of children and young people from vulnerable groups but further work is needed to expand on this.

- Barking and Dagenham has the fifth highest proportion of overweight and obese children in Reception class (27%) and the fourth highest proportion in Year 6 (42%) in England. Further details and recommendations are provided under Section 3.7 Ill Health Prevention.

KEY RECOMMENDATIONS

Ensure that commissioning plans for service provision across the partnership have taken into account the local growth in the population aged five to 19 years

Support the partnership work to implement the statutory responsibilities of the Children and Families Bill, with regard to the development of Education, Health and Care plans.

Ensure integrated and effective support to children and young people living with or affected by illness, disability or learning disability, through partnership work with the Children's Trust, to review issues of transition of care from childhood to adulthood.

Enable improved care and support for children and young people living with long term conditions through a review of clinical care pathways.

Investigate further, within the next refresh of the JSNA, the underlying patterns and causes for high levels of emergency admissions for asthma.

Engage with secondary school children via the 'TellUs' health survey to improve understanding of health risk and need in adolescence.

Consider the re-establishment of specialist health improvement support to schools and educational settings.

Implement changes to the provision of specialist support for children and young people witnessing or experiencing domestic violence and intimate violence, following a review of existing pathways, in partnership with the Children's Trust.

Ensure that children and young people have the opportunities to live a healthier life through a comprehensive lifestyle approach to obesity, smoking, sexual health, alcohol misuse and physical activity.

3.4 Fair employment and good work for all

3.4.1 Dame Carol Black in 'Working for a Healthier Tomorrow' [(iv)] identified that the annual economic cost of sickness absence and worklessness associated with working age ill-health were estimated to be over £100 billion. Recent changes to benefits and the proposed changes to Remploy may increase this cost.

3.4.2 Additionally the Marmot report on health inequalities concluded "Being in good employment is protective of health. Conversely, unemployment contributes to poor health. Getting people into work is therefore of critical importance for reducing health inequalities" [(ii)].

3.4.3 13.8% of Barking and Dagenham residents have no qualifications, and only 65% of working age people were in employment in 2011. Of those who were in employment a number will be in part time work and in low paid jobs – the average weekly pay of a local resident is £551 compared to a London average of £613. Over 12,000 people (10.5% of working age population) had been claiming 'out of work' benefits for more than a year.

3.4.4 35% of households in Barking and Dagenham had no adults in employment in the household, and there were dependent children living in 30% of such households.

3.4.5 The latest figures (2012) show that a smaller proportion (37.5%) of people aged 16-64 with any disabilities in the borough are in employment, compared to 45.3% in London and 48.9% in England.

3.4.6 According to 2011/12 returns for National Indicator NI146 only 6.5% of adults with learning disabilities assessed or reviewed by adult social services were in paid employment. This ranked the borough 20th out of 31 London boroughs for which figures were available. Similarly the returns for National Indicator NI150 showed that only 5.9% of adults receiving secondary mental health services in the borough were in employment in 2011. This ranked the borough 18th from 31 London boroughs for which figures were available. These figures should be viewed in context of unemployment levels seen across the population in Barking and Dagenham, which may result in an increased difficulty in securing paid employment for those with learning disabilities or mental illness.

KEY RECOMMENDATIONS

Create opportunities for local residents to gain employment skills and experience by encouraging all providers of services to offer work experience (for young people, care leavers and disadvantaged adults) and apprenticeships.

Build on existing good practice by continuing to invest in programmes, such as apprenticeships, which increase the skills base and qualifications of residents.

Prioritise the development of a supported employment pathway within the borough for people with a learning disability or mental illness, including training and volunteering opportunities, in line with the Fulfilling Lives programme.

3.5 Health promotion

3.5.1 The health promotion section of the JSNA looks at the wider determinants of health and how they impact on life for local residents. From homelessness to overcrowding to fuel poverty to social housing and special housing needs, people's health and wellbeing will be improved or made worse by the support that society and communities provide. For example the fifth of the population with most exposure to green spaces during their lives have lower rates of mortality from

circulatory disease than the fifth with least exposure and whilst this is true across all social classes, the difference in rates is most stark in the least well off. A greater proportion of local residents live in fuel poverty here than in any other London borough (13.8%).

3.5.2 One of the greatest impacts on long term health is the type and quality of housing in which people are able to live. People in rented accommodation (both private rented and social housing) can experience higher rates of ill health than people who own their own homes. As a group, they can also experience higher rates of unemployment, ill health and disability than the average population.

3.5.3 During the last two years the Council has experienced a significant increase in housing pressure which has manifested itself in a rise in temporary accommodation placements and within that, an unwelcome major increase in bed and breakfast usage, which peaked in August 2012 at 226 households, 116 of which had at that time been in such accommodation in excess of 6 weeks, placing the Council in breach of legislation. The waiting list for housing has grown by 50% in the last five years to 15,200. Early local estimates have indicated that approximately 45 families will be affected by changes to housing benefits. Ongoing local analysis via the JSNA is required to further quantify the expected impacts on housing need and health. Barking and Dagenham is still seen as relatively affordable for private rented homes, and this may be attractive to housing benefit claimants and people on low incomes.

3.5.4 Leisure facilities are being expanded within the borough. Becontree Heath Leisure Centre has been completed, and a new centre is being built for Barking. The 2012 Olympics created additional investment into leisure facilities in the borough.

KEY RECOMMENDATIONS

Support the development of an updated Position Statement, on the Barking and Dagenham homelessness strategy, which focuses on solutions that take into account the health and wellbeing impact of housing issues. This will be integrated into the Barking and Dagenham Housing Strategy, and the Barking and Dagenham Joint Health and Wellbeing Strategy.

Explore and consider creative options to provide affordable high quality homes for local residents.

Promote a multi-component and wide ranging affordable warmth strategy, aimed at reducing fuel poverty and excess cold winter deaths, through insulation programmes and initiatives such as the Big Energy Switch.

Foster and build on the momentum created by the 2012 Olympics, by encouraging more people to be involved in sport and physical activity.

3.6 Community safety

3.6.1 Crime surveys have shown that Barking and Dagenham residents are more concerned about crime in their neighbourhoods than the London average. There are specific concerns about crimes involving gangs, guns and anti-social behaviour.

3.6.2 Meanwhile statistics on actual crimes show that within the borough:

- Barking and Dagenham continues to have the highest reported incidence of domestic violence in London. Nationally in 2011/12 domestic violence accounted for 15% of violent incidents and nearly half of assault with injury and common assault offences are related to domestic violence. Local police estimate that domestic violence accounts for 35% of violent crime with half of assault with injury and common assault offences in Barking and Dagenham related to domestic violence. There is also a link between excessive alcohol consumption and domestic violence.

- Barking and Dagenham has significantly reduced the number of first time entrants (FTEs) to the youth justice system over the last four years. This demonstrates that the approaches in the crime reduction and local Youth Offending Service (YOS) partnership are effective.

- In 2011/12 Barking and Dagenham had the highest number of young people (under 18yrs) in substance misuse treatment in London. The primary substances misused were alcohol and cannabis.

KEY RECOMMENDATIONS

Champion a multi-agency joint working approach to meeting victim's health and support needs, extending across criminal justice agencies, the health service, the Local Authority and the voluntary sector.

Secure resource for the implementation of the 2012-2015 Domestic and Sexual Violence Strategy.

Ensure victims have access to integrated, inclusive domestic and sexual violence services, through the development of a joint Health and Social Care Commissioning framework.

Raise the effectiveness of partnership agencies in detecting and responding to violence (including hate crime, female genital mutilation, honour based violence and forced marriage) through data recording systems which have alerts for domestic and sexual violence.

Develop a tailored approach to supporting young victims of crime (including hate crime), to allow early recognition and support for physical and mental health needs.

Act to tackle the predicted rise in gang activity, by promoting targeted strategies aimed at diverting young people from involvement in crime, gangs and gang-related activities.

3.7 Ill health prevention

- According to the London Health Observatory in February 2013, Barking and Dagenham still has the second highest overall smoking prevalence in London. Around a third of people on Primary Care Long Term Conditions Registers

continue to smoke and specifically on the Chronic Obstructive Pulmonary Disease (COPD) register almost 4 in 10 (37%) people are smokers.

- Smoking attributable deaths from lung cancer and chronic lung disease are also the second highest in London, second only to Tower Hamlets. New registrations for lung cancer are the highest in London. However proportional spend on lung cancer treatment appears low – Barking and Dagenham ranks 122nd out of 151 English PCTs for spend on this condition.

- Barking and Dagenham has the fifth highest proportion of overweight and obese children in Reception class (27%) and the fourth highest proportion in Year 6 (42%) in England. The adult obesity prevalence in the borough is estimated at 14%. Adult participation in physical activity was the second lowest in London.

- There is a higher rate of alcohol-attributable admissions to hospitals locally than the average for London or England. There are also higher rates of assault (both sexual assault and violent assault) linked to alcohol. In terms of mortality from chronic liver disease, local rates (2008/10) were 9th highest in London. Locally, comparative (per 100,000 population) spend on substance misuse is the second highest in England. It is unclear though if this includes spend on alcohol treatment.

- The NHS is often the first point of contact for victims of domestic violence. While it is difficult to quantify due to under-reporting, the health impacts may show as physical symptoms, injuries, chronic pain, neurological symptoms, gastrointestinal disorders, gynaecological problems, sexual health and increased cardiovascular risk. Domestic violence is also linked to increased risk of substance misuse, high blood pressure, smoking and obesity. Research indicates that domestic violence is also linked to both short and long term mental health problems including anxiety, post traumatic stress disorder, depression, suicidal ideation and self harm.

- Teenage pregnancy rates remain amongst the highest in London. There are higher rates of sexually transmitted infections in the population, increasing numbers of people affected by HIV, and a high proportion of women of all ages having terminations of pregnancy.

- NHS Health Check is a mechanism for diagnosing diabetes, high blood pressure and early kidney disease. They also identify adverse lifestyle issues that can be addressed before they have caused major illness. There are a small number of GP practices that remain unwilling or unable to provide the service.

- The borough has the second highest rate in London of hospital admissions from ‘Ambulatory Care Sensitive Conditions’ (ACS) – at 17% or 1 in 6. The conditions include heart failure, diabetes, asthma, angina, epilepsy and hypertension. Actively managing patients with ACS conditions – through vaccination; better self-management, disease-management or case-management; or lifestyle interventions – prevents acute exacerbations and reduces the need for emergency admissions.

- The information above about a high rate of admissions for ambulatory care sensitive conditions also links to information from the 2011/12 Adult Social Care Outcomes Framework suggesting that there is also a significantly higher proportion of council-supported permanent admissions of people aged 65+ to nursing and residential care. It should be noted however that since the 2011/12 ASCOF indicators were published the number of people aged 65 and over admitted into residential or nursing care has fallen significantly by 15.8% in 2012/13. Local social care data shows that the number in residential and nursing care has shown a net fall of 23 placements, whilst the number receiving care and support at home has increased by 100 in the year to March 2013. The early indications of trend show increasing use of care and support at home, which is contrary to national trends.

- COPD, diabetes and heart failure are three of the most important long term conditions locally in terms of prevalence and avoidable health care usage. There are areas for improvement throughout the care pathways for these conditions including:

    - Low levels of active case finding and diagnosis.

    - Variable and on occasions, poor, primary care management of the early stages of the disease (early secondary prevention) – this includes the use of some of the most evidence based interventions like stop smoking interventions, influenza vaccination, patient education in peer groups and graded exercise/rehabilitation programmes.

    - Community services not integrated effectively with primary care, to allow improved performance through training, skill sharing or complex case discussion.

    - Poor communication between secondary and primary care and community specialist services, so that patients who are admitted via A&E do not have their long term management in the community reassessed/optimised as a result of that interaction.

- People in this borough screened for diabetic retinopathy have exceptionally high rates of detected retinal disease (four times the England rate) and a large number need laser treatment.

- Very few people with established chronic heart, lung or neurological disease (including dementia) die in their own home or a nursing home, and the majority die in hospital. This is despite evidence that about two thirds of patients wish to die in their own home if sufficiently supported.

- Integration of care remains a vital component for improving the experience and care for people with long term conditions, disabilities, complex issues and at the end of their lives. Guidance emphasises that integration needs to be both at a direct care level but also at a strategic level. The Health and Wellbeing Board has specific responsibilities for coordinating commissioning and make best use of the combined resources of the NHS, social care and public health. This area needs a new and enhanced focus in 2013/14.

- Good primary care management and effective integration with community services are essential for achieving improved care and cost savings. The CCG needs to consider how to improve primary care access and performance to provide a bed rock on which to build integration of complex care which meets modern needs.

KEY RECOMMENDATIONS

Tackle the challenge of obesity through a co-ordinated industrial scale, whole-system approach, including a partnership Healthy Weight Strategy and action plan.

Ensure an effective focus, within the whole system approach, on achieving and maintaining healthy weight for children, including the promotion of breastfeeding, child nutrition and physical activity.

Tackle the single largest cause of preventable death and ill-health, through a whole system approach to reducing smoking prevalence, which includes high quality, locally responsive stop smoking services, a focus on supporting young people not to take up smoking and robust tobacco control measures.

Expand the opportunities for residents to get support by increasing smoking cessation advice in primary care.

Take a proactive approach to local sexual health needs, through an integrated programme across the life course, to support a reduction in teenage conceptions and in new HIV infections.

Promote the value of preventative care via the partnership, as being as important as prescribing drugs and specialist referrals, by improving lifestyle advice on smoking and weight management in primary care.

Promote the importance of healthier lifestyles as a key part of a multi-faceted approach to supporting people with long term conditions. Some lifestyle interventions will produce as much benefit as drug treatment.

Place the individual at the centre of their care, so that empowered individuals are the routine rather than the exception, through an emphasis on peer education and self help groups.

Reduce the impact of Ambulatory Care Sensitive conditions on the health of residents by improving vaccination, active case finding and disease management in primary care.

Ensure more equal access for all residents between 40 and 75 to NHS health checks, via in cluster primary care collaborations, allowing patients to be referred to better equipped practices for their health check.

Take action across the entire care pathway, to improve outcomes for people with chronic diseases, via the leadership of the board, including integration of primary, secondary, social and community care.

Promote a system wide approach to early diagnosis and secondary prevention, through working with practices that perform poorly on active case finding, evidence based prescribing and uptake of influenza vaccinations.

Improve the outcomes for people living with diabetes, through the board's commitment to better diabetic care and services.

Reduce the incidence of preventable complications, such as blindness and kidney failure by early diagnosis of diabetes, through active case finding.

Investigate, through the partnership between NHS England and the CCG, the reasons underlying high levels of diabetic retinal disease seen locally.

Ensure systematic delivery of all nine components of a basic annual diabetes check, through the work of the CCG with all practices.

Optimise drug treatment for people living with diabetes, to appropriately manage cholesterol, blood pressure and blood sugar.

Improve preventive care for older people at risk of hip fractures, through better primary care management of osteoporosis after a fragility fracture.

Provide better access to choice and dignity for residents at end of life, through the use of resources from the funding transfer from NHS England for the development of systems and training in nursing and residential homes, which support the individual's wish to die at home.

3.8 Safeguarding children and adults

Children and young people

- Barking and Dagenham has successfully implemented the Common Assessment Framework (CAF) across all partners. Analysis showed that only 4.9% of children going through this process ended up with a child protection plan, which suggests that process is providing an important early intervention to prevent children progressing to situations requiring child protection procedures.

- In 2012/13, there has been an increase in referrals to children's statutory social care services. In particular, this increase has been significant during January to March 2013, placing considerable pressure on children's social care. The number of children on child protection plans has declined to 200 (provisional 2012/13) in contrast to an increase in previous years. This could reflect the impact of the 12 -18 month panel which has removed children on plans for a long time safely and better triage and response systems.

- The largest proportion of child protection plans is among younger children. Analysis of the types of abuse which resulted in children being subject to child protection plans highlighted emotional abuse and neglect as the two most commonly identified abuse categories in the borough. This emphasises the

need for early intervention and prevention work in pregnancy and early year's settings.

- In 2012/13, the rate of looked after children per 10,000 0-17 year olds stands at 78, which is above the national and London rates but below the rates found in similar areas.

- As part of the statutory provision for looked after children, there is a responsibility to ensure that all looked after children have an annual medical and dental assessment and a sight test. This assessment should include review of physical and mental health and social wellbeing, development immunisation coverage, and health promotion interventions around health risk behaviours such as smoking and alcohol (where age appropriate). Performance on annual medicals for looked after children dropped in 2012/13 to a provisional figure 72% compared to 94% in 2011/12.

- A total of 27 children died between April 2011 and March 2012 who were resident in Barking and Dagenham. The demographics of the children that have died indicate, the largest proportion of deaths is amongst the under 1 year age group. There also appeared to be a disproportionately high number of deaths in African children.

Adults safeguarding

- There is limited research about abuse of adults but it is estimated that 140,000 adults in the UK who are frail, have a disability or are mentally ill, are abused or neglected each year. It is believed that abuse of adults is significantly under-reported. In a borough the size of Barking and Dagenham we would expect to see around 1,500 reports a year. In 2012/13 1,369 reports were received which is showing an upward trend compared to the 1,119 received in 2011/12 and the 720 received in 2010/11.

- Neglect (27%) and physical abuse (21%) are the most prominent types of abuse experienced by adults at risk in Barking and Dagenham. Of the cases which reached outcomes between April 2012 and December 2012, 58% were wholly or partly substantiated.

- Between September 2012 and February 2013 the partnership launched seven Safeguarding Adult Investigations into borough based care institutions.

- Deprivations of Liberty Safeguard (DoLS) requests continue to remain low, despite efforts to raise awareness with managing authorities, with 22 requests received between April 2012 and March 2013. Of these, just two were raised by hospitals, indicating that further work needs to happen to embed understanding of the Mental Capacity Act and DoLS within our hospital settings.

- Disabled adults are at increased risk of violence, and particularly those with mental illness or a learning disability[v].

- Younger people, those with learning disabilities, and substance misuse issues and mental health issues appear to be under-represented in the local statistics.

- The Barking and Dagenham Partnership has adopted the London-wide "Protecting Adults at Risk: London multi-agency policy and procedures to safeguard adults from abuse[vi]" The policy and procedures provide the framework for the Partnership to investigate and respond to allegations of abuse or neglect against or involving adults at risk in order to mitigate the risk of reoccurrence of escalation.

KEY RECOMMENDATIONS

Prioritise the health of looked after children by ensuring 95% compliance with health checks by the end of 2013/14.

Investigate, via the Child Death Overview Panel, why there appears to be disproportionately high representation of African children amongst child deaths in the borough.

Ensure adults at risk are at the centre of an effective multi-agency partnership, including adult social services, the NHS, and police, as part of a pan London approach to safeguarding.

Implement the recommendations of the Winterbourne View Concordat and note the implications of the Francis Report.

Promote the rights of the individual, through the implementation and awareness of the Mental Capacity Act requirements.

3.9 Adult social care

- Overall, Adult Social Care services continue to see increasing numbers of service users choosing self-directed support, through the provision of direct payments for their care, supported by a Personal Assistant. Services continue to see increases in demand, even though this is against a backdrop of slightly falling numbers of older people, which make up the largest single client group. The 2011 Office for National Statistics (ONS) mid-year population estimates show that Barking and Dagenham's 65+ population is 19,339. This is a 3.4% decrease compared to the 20,016 they reported for the previous year. Contrary to this information Barking and Dagenham are seeing an increase in the numbers of older people (65+) receiving care and support in the home. The favoured current explanation for this disparity is evidenced by recent data released by Public Health England, which placed Barking & Dagenham as 133rd out of 150 local authorities for premature mortality. This increased morbidity in the local population is thought to be introducing social care needs earlier than for other populations, and further research is planned in year to investigate this and other suggested causes.

- The number of all clients receiving services stands at 4,889 for 2012/13. This is a reduction on the reported figure of 5,993 but, crucially, is not a real-terms

reduction in substantive activity. In part, the reduction can be attributed to no longer supplying small items of equipment under £50, and the issuing of prescriptions to allow clients a better choice in the range of equipment they can purchase from their chosen supplier. In addition, we have carried out periodical reviews of information held on the social care database and closed down records that were no longer active: these were mainly small items of equipment which should have been closed after 4 to 6 weeks of being opened.

- Barking and Dagenham has seen a reduction in the number of people in residential care, from 420 on the last day of March 2012 to 362 on the same day in 2013. This figure includes all client groups in residential care. A substantial portion of the reduction is due to a detailed piece of work carried out by Adult Commissioning to convert learning disability residential homes in the borough to supported living accommodation. Those learning disability clients showing as in residential placements on the social care system were re-classified as being in supported living which has resulted in this year's figure being reduced.

- However, it is important to note that the figures include 23 fewer older people in long-term residential care at the end of 2012/13 than 2011/12. In 2011/12, the borough was reported to be the highest in its comparator group for the number of older people (65+) admitted permanently into either residential care or nursing care. For 2012/13, this indicator has seen a significant reduction of 15.8%, and we await further analysis on the final figures for the comparator group for the current year.

- The numbers of clients receiving a direct payment stands at 923 for 2012/13, which would give a percentage figure of 18.9% as a proportion of all clients receiving services. This will place us above the comparator group based on last year's figures, and we await this year's comparisons. In April 2012 the council introduced the scheme to allow clients to pay for major adaptations to their homes via a direct payment. Although the scheme was not fully operational until June it was a huge success and exceeded all targets set. Throughout the year a total of 143 major adaptations were financed via a direct payment totalling a cost in excess of £465,000, and we continue to explore further flexibilities with the funding that supports this budget for the coming year. We will continue to monitor the monthly spending on direct payments for adaptations.

- The numbers of clients with Learning Disabilities (LD) in employment fell from 30 in 2011/12 to 26 in 2012/13. This is an ASCOF indicator and this reduction means our percentage of LD clients in paid employment will reduce from 6.5% to 5.4% dropping us into the bottom quartile of the comparator group (comparing with other boroughs' 2011/12 figures).

- Issues have been raised regarding the number of carers known to social care being assessed or reviewed in the borough. 551 carers were recorded as being assessed or reviewed during the 2012/13 financial year, and investigations are currently underway to discover if this figure should be higher. This will include discussions between the Council and its contracted partner for the delivery of carers' social care assessments, Carers of Barking & Dagenham.

- According to the 2011 census information 49.5% of Barking and Dagenham's residents are of White British origin. This compares to a social care population ('all clients receiving social care services from the local authority') which is 82.2% White British. Further analysis will be undertaken in due course to compare the social care population with an age-adjusted borough population, so that a more representative comparison can be made.

- The Council has a range of programmes already underway, including Choice & Control (about homecare), Fulfilling Lives (Learning Disability services), Integrated Care (between primary care, social care and the hospital), and work to develop information and advice. These currently address the major priorities for improvement of social care provision.

- Detailed consideration of the impact of the Care Bill 2013 will be needed, including financial modelling, to inform the development of local systems and provision.

- Further consideration of the implications of the 2012/13 annual returns is underway and more detailed recommendations will arise out of that.

KEY RECOMMENDATIONS

Further explore the driving factors behind the rise in the number of older residents (aged 65 and over) who are receiving care and support in their own homes, relative to the reducing over-65 population that was described by the Census results;

Research, via a health equity audit, the alignment between ethnicity of the clients of Adult Social Care in the borough and that of the borough more widely and modelling of future trends and patterns.

Undertake a review of the arrangements with Carers of Barking & Dagenham for the assessment and review of carers, as well as the Council's own internal recording systems, to ensure that activity is being accurately accounted for and delivered.

4. Equality impact assessment

- An equalities impact assessment (EQIA) was undertaken to give more understanding on the impact of priorities set in the Joint Health and Wellbeing Strategy 2012-2015 (JHWBS) on local residents. This built on the findings of the 2012 EQIA of the JSNA. The EQIA found that overall the strategy has actions in place that should contribute to the reduction of existing barriers to equality and address potential inequalities.

- A series of consultations were undertaken to engage residents, voluntary and community groups from the nine protected equality characteristics to inform the development of the JHWBS. Time was taken to engage the various groups and jointly develop consultation approaches that best suited the target audience.

- Amongst the groups consulted with were Mencap, the BAD Youth Consultative group, the Older People's Forum and the Faith Forum. There is no recognised local forum for people from LGB communities or transgender communities. However, a new forum for the LGB community is being established with support from Barking and Dagenham CVS.

- The shift in population profile of the borough and the introduction of Gypsy, Irish Traveller and Roma in the 2011 census would suggest a need to widen future consultations to engage more specifically people from black and minority ethnic communities, the traveller community and 'white other' communities.

- Social class is not an equality characteristic protected under legislation; however, it is a significant factor in the health and wellbeing of local residents.

KEY RECOMMENDATIONS

Have regard to the issues identified by local groups as identified in the EQIA consultation, through the Joint Health and Wellbeing Strategy.

Improve equity in access to services and health outcomes through a focus on inclusive accessible information and support.

Recognise residents and local community groups as 'experts' in understanding their own health needs, by involving them systematically in all delivery plans and developing a strategy to engage with all sections of the borough, in particular seldom heard groups.

Consider the EQIA recommendations in commissioning decisions, and include consideration of social class/income as a factor in future Equality Impact Assessments.

5. Consultation

5.1 Details of local resident groups consulted as part of the Equality Impact Assessment have been given in the previous section.

5.2 Stakeholders from across the NHS, the CCG, the voluntary sector across the council were engaged in providing content, data and advice for their areas of expertise within the full JSNA document.

5.3 Comments and engagement on the recommendations of this paper were sought via prior consultation with stakeholders of the Health and Wellbeing Board.

6. Mandatory implications

6.1 Joint strategic needs assessment

This report provides an update on the most recent findings and recommendations of the JSNA.

6.2 Health and wellbeing strategy

The recommendations of this report align well with the strategic approach of the Joint Health and Wellbeing Strategy. The strategy continues to serve the borough well as a means to tackle the health and wellbeing needs of local people, as identified in the JSNA. The reader should note, however, that there are areas where further investigation and analysis have been recommended as a result of this year's JSNA. The purpose of the ongoing JSNA process is to continually improve our understanding of local need, and identify areas to be addressed in future strategies for the borough.

6.3 Integration

The report makes several recommendations related to the need for effective integration of services and partnership working.

6.4 Financial implications

London Borough of Barking and Dagenham

(Implications completed by: Dawn Calvert – Group Manager, Finance)

The London Borough of Barking and Dagenham have a Public Health Grant of £12,921,000 in 2013/14 which increases to £14,213,000 in 2014/15. The key recommendations within this report are intended to inform the development of the Health and Wellbeing Strategy and the subsequent commissioning plans. Once agreed the recommendations can be quantified and funding assigned.

Barking and Dagenham Clinical Commissioning Group

(Implications completed by: Finance, Barking and Dagenham CCG)

The CCG refresh of the CCG commissioning plan for 2014/15 will reflect the recommendations of the JSNA. It is expected that the CCG allocation for 2014/15 will be published in December 2013, as part of the operating plan framework. Through the planning process, resources available to the CCG will be aligned to the areas of greatest strategic and local need. Given the current financial environment the CCG is not expecting that there will be new funding for investment.

6.5 Legal implications

(Implications completed by: Lucinda Bell, Education and Adult Social Care Lawyer)

6.5.1 The Health and Social Care Act 2012 (HSCA 2012) imposes a legal duty on local authorities and PCTs to produce a Joint Strategic Needs Assessment (JSNA). In addition the local authority and the CCGs must prepare a joint health and wellbeing strategy (JHWS). In preparing the JSNA, consideration must be given to the extent to which the needs could be met more effectively by arrangements under section 75 of the National Health Service Act 2006, section 75, arrangements between local authorities and NHS bodies rather than in any other way.

6.5.2 The Equality Act 2010 imposes a duty on the Authority to have "due regard" to:

- The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the EqA 2010 (*section 149(1)(a)*).

- The need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it (*section 149(1)(b)*).

- The need to foster good relations between persons who share a relevant protected characteristic and those who do not share it (*section 149(1)(c)*).

6.5.3 An Equality Impact Assessment has been undertaken.

6.6 Risk management

6.6.1 The recommendations of this paper are a product of the evidence based JSNA process, with an aim to improve health and wellbeing across the population. There are no risks anticipated, provided the commissioning and strategic decisions take into consideration equality and equity of access and provision.

7. Non-mandatory implications

The JSNA seeks to review the evidence of need for local residents across the breadth of health and wellbeing. Therefore the recommendations presented here and the full JSNA document will be of relevance to stakeholders across the health and social care economy.

8. Background papers used in the preparation of the report:

- GLA 2012 Trend Based Borough Projections
- The Marmot Review: Fair Society, Healthy Lives, 2010, Pages 17 and 20
- Children and Families Bill, 2013, Fact sheet
- www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf
- Hughes K, Bellis MA, Jones L, et al. Prevalence and risk of violence against adults with disabilities: a systematic review and and meta-analysis of observational studies (Lancet 2012; 379:1621-9)
- Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse, Adults Services SCIE Report 39, 2011