

Hounslow

Joint Strategic Needs

Assessment

2011/12



Produced by the Public Health Intelligence Team at NHS Hounslow

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Foreword

There is a new context for the Joint Strategic Needs Assessment (JSNA), and this year marks a new approach to how it has been produced in Hounslow.

Since the publication of the last JSNA, we have agreed a new Sustainable Communities Strategy and set up our Health and Wellbeing Board, chaired by the Council Leader. Our local Clinical Commissioning Group, Great West Commissioning Consortium, has published its first commissioning intentions and has taken delegated authority for some local NHS spending. The London Borough of Hounslow has a new Chief Executive and a 4-year programme to reduce Council expenditure is in its first year. At the same time, partnership arrangements such as the Children's Trust continue to drive our work.

Despite these changes, the goals of the JSNA have not changed. The main goal is to produce a unified description of the needs of our residents for public services which can be used by all relevant agencies. Associated goals are to involve all partners – those in the Third Sector in particular – in formulating this description, and to publish the JSNA in a user-friendly and valued format.

This is the first year that the JSNA process has been managed by the Public Health department. The range and extent of analysis has been greatly expanded, and many new aspects of need have been included. However, it is acknowledged that there much more which can be done.

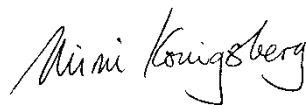
A draft action plan towards an improved JSNA for 2012/13 is included within the Methods and Structure section of this year's report, and suggestions for this are welcomed by the Public Health team. A visioning event is planned for January 2012, after which the action plan will be finalised.

We are most grateful to all who have contributed to this year's JSNA, in particular to the Public Health Intelligence Team, led by Dr Maha Saeed, who have managed the overall process.

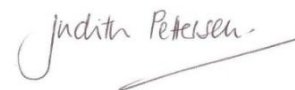
We hope Hounslow's JSNA will be used to improve health and service provision this year, and beyond.



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Executive Summary

SECTION ONE – The Place and the People

Geography

Hounslow is a diverse borough of London, situated geographically between the River Thames, Heathrow Airport and central London. Each of the local wards, areas and communities in the Borough of Hounslow differ greatly in character; each has unique needs, challenges and priorities which are addressed by five Area Committees established by Hounslow Council. Residents are provided with the opportunity to contribute to local decisions by attending Area Committee meetings.

Population

Hounslow's current population is estimated at 239,748 people, with more than half of these under the age of 35, predominantly White or Asian and around half of working age. Most of Hounslow's population live in areas more deprived than the English average, with the Borough ranked 118 out of 326 boroughs nationally, from most deprived to least deprived. Birth and fertility rates are increasing and are higher than the London and national averages, and this combined with growing life expectancy will increase the demand on Hounslow's healthcare systems. The need for housing in Hounslow is a continuing issue in the Borough.

Deprivation and Poverty

More than half of Hounslow's population live within the lower half of the national scale of deprivation; about 0.6% of the population live in an area which is ranked among the 10% most deprived in England, while about 2% live in areas ranked in the 10% most deprived in London. Hanworth and Cranford are the most deprived wards – and along with seven other Hounslow wards are in the most deprived half of areas in London – while no areas in Hounslow are considered to be amongst the 10% least deprived nationally.

Mortality

Age-standardised mortality rates in Hounslow are on a downward trend, with 20.1% fewer male deaths and 14.2 % fewer female deaths since 2002. However, there have been slight increases in deaths of children under 5 years of age, and deaths due to cervical cancer, prostate cancer and suicide. People who die prematurely are more likely to be from Hounslow's disadvantaged and less affluent communities, or who are smokers. Premature mortality across all age groups and conditions should be more preventable in Hounslow.

Housing

The demand for both social and private housing in the borough has markedly increased. The number of households in Hounslow is increasing faster than the population as the average size of households is reducing. Homeless applications are increasing in Hounslow, although the Council has exceeded its prevention target with a total of 514 people prevented from becoming homeless during 2010/11. The London Borough of Hounslow exceeded its target to deliver 500 new affordable homes for residents to rent or buy in 2010/11.



Community Safety and Crime

Levels of crime in Hounslow have declined by 27% during the last 8 years, putting the crime rate on par with London as a whole. Males in Hounslow are more likely to commit an offence, while those from Black ethnic groups (men and women) are at a higher risk of being a victim of crime. For some types of crime, including violent crime, Hounslow has a higher rate than the London average, and surveys indicate that residents' fear of crime is a real concern.

Economic Welfare

The economic profile of Hounslow is heavily influenced by its geographic location between central London and Heathrow Airport. The majority of Hounslow's 10,000 businesses are small businesses with fewer than 5 employees, supported by local supply chains (often linked to the Airport). Hounslow residents are more likely to work in lower order occupations than the London average, reflecting a lack of or lower qualifications compared with the rest of the capital.

Transport

The volume of traffic and level of greenhouse gas emissions in Hounslow are significantly higher than the figures for both London and Outer London, partly as a result of neighbouring Heathrow Airport. Reflecting the London average, around 7 in 10 residents own a vehicle; however, fewer people are killed or injured on Hounslow's roads compared with the capital. Access to GP practices, food shops and secondary schools in Hounslow is worse than the average for London boroughs, while access to open spaces is the worst in London.

Environmental Quality

Maintaining and protecting environmental quality is a key challenge for Hounslow, given the Borough's proximity to Heathrow Airport and major roads. Hounslow experiences excess noise due to the arrival, departure and ground operation of aircraft, while air quality monitors in some areas of the Borough have shown levels of air pollutants to exceed the recommended levels for health.

Community Pharmacies

Community pharmacies in Hounslow provide a range of clinical services to residents, including Emergency Contraception, Minor Ailments, Medication Use Reviews, Medication Administration Records and visits to Care Homes. The provision of these services deliver savings compared with alternative services, such as avoidable hospital admissions or procedures. However, not all of these services are being used to their full extent, and not of Hounslow's 55 community pharmacies offer them. Annual reviews are necessary in order to determine the cost and clinical effectiveness of each service in the Borough.

Medicines Management

The overall expenditure and rate of prescriptions are highest for cardiovascular problems in the Borough of Hounslow, and are higher than the London average. In terms of cost, Hounslow spends significantly more than the London and national averages on prescribing drugs for 'nutrition and blood', 'skin' and 'immunological products and vaccines', and for the two latter categories, also has significantly higher rates of prescription per person. The cost and rate of prescriptions in Hounslow's GP practices is mostly in line with those for the Borough.



Voluntary and Community Sector

There are around 600 Voluntary and Community Sector organisations in Hounslow, with the majority focused on arts, sports and leisure, children, young people and families. It is estimated that about 1 in 5 residents participate in some form of volunteering, but this is significantly lower in those aged less than 35 years. An increasing proportion of residents feel that people are respected and can mix with people from different backgrounds in Hounslow, and believe that they can influence decisions affecting their local area.

SECTION TWO – Children and Young People’s Health and Wellbeing

Immunisation

Keeping with the picture for Greater London, Hounslow has a transient child population, which has significant implications for monitoring immunisation. Hounslow’s childhood immunisation rates are generally below the target levels for herd immunity, and while some coverage rates have improved, a large proportion of children are vulnerable to infectious diseases as a result of unfinished immunisation schedules by their 5th birthday.

Children’s Oral Health

The oral health of children up to 6 years of age has improved in Hounslow, from being worse than both the London and national rates of decayed, missing or filled teeth, to being better than those averages by 2007/08. Twelve year old children in Hounslow have worse oral health compared to the English average, however, they require less dental care than their English peers. However, Hounslow’s five year olds require the most dental care in London; significantly more than the national average.

Teenage Pregnancy and Young People’s Sexual Health

While the conception rate of females under 18 years of age is reducing in Hounslow, and is lower than both the London and national averages, the rate of conceptions leading to abortion is increasing, with almost two-thirds of under-18 pregnancies being terminated. The rates of repeat abortions in women aged less than 19 and less than 25 are higher than the England averages, and only slightly lower than the rates for London. STIs continue to be an issue for the Borough, with a higher rate than London and England of Chlamydia in 15-19 year olds.

Teenage Pregnancy in Children in Care

Young people who have been or are in care are more likely to become teenage parents than the general population, and this is no different in Hounslow. There have been growing numbers of pregnancies of teenage girls in care since 2009; of 70 female children in care aged 13 –18 years between 2009 and 2011, 14.3% became teenage mothers. The local Children in Care Nurse works closely with community partners to prevent pregnancies of teenage children in care.

Children and Young People’s Mental Health

It is estimated that around 5,000 children and young people between 0-18 years have a diagnosable mental health disorder. A comparison of research data and CAMHS caseloads information show that the estimated caseload demand for each Tier of services is far greater than actual cases, suggesting an unmet need for mental health issues in Hounslow’s children and young people. This is particularly the case for targeted services, where schools or parents are meeting the needs of these children in isolation from mental health providers.



Hounslow's CAMHS target population is predicted to rise during the next decade, likely leading to a rise in referrals and demand for services.

Child Safeguarding

A sharp increase in the contacts made to Hounslow's Social Care Teams regarding vulnerable children has placed considerable pressure on Social Care Assessment Services. Domestic violence, neglect and emotional abuse remain key concerns for children in Hounslow. With 344 children in the care of the Borough, adoption and foster care placements are stable (the majority of children are looked after continuously for at least 2.5 years) and improving (numbers of foster carers has increased by 10% in the last 4 years).

Children's Learning Disabilities and Complex Health Needs

There are a range of local services which identify and support Hounslow's children with disabilities and complex health needs, of which there are 387 in 2011. These services include the Social Work Team for Children with Disabilities (offers assessments and packages of support), Aiming High Short Breaks (activities to promote inclusion and development, and provide breaks to families/carers) and Special Education Needs Specialist Support Team (specialist teaching and assistant support). Since 2008, there has been a steady increase in children with a Visual and Hearing impairment, while projections indicate that Hounslow will have a growing shortfall of special school places by September 2012.

Educational Attainment

Levels of educational attainment of Hounslow's children compare favourably to the London and national averages, while those who underachieve have been identified as belonging to specific community groups. Year on year, there has been an increase in the number of Hounslow students who make the expected progress from Key Stage 1 (5-7 years) to Key Stage 2 (7-11 years) in both English and mathematics, but attainment in science is below the national average. Attainment of GCSE grades A*-C has improved, including in minority groups, while the proportion of young people in Hounslow who achieve both Level 2 and Level 3 qualifications by the age of 19 is above that for England.

Youth Offending

Offences committed by young people in Hounslow are on a downward trend, though they still represent about 43% of all crimes. Youth offences in Hounslow are committed in the majority by men, and are more likely to be committed by people in the Black ethnic group. Hounslow experienced a larger reduction than both London and England in the number of first time entrants into the criminal justice system in 2010/11, and the rate of reoffending was below the national target.

Breastfeeding

The rate of breastfeeding in Hounslow is similar to the high rate on breastfeeding in London overall, and significantly higher than the rate for England. However, rates of breastfeeding vary within the Borough, with lower uptake rates amongst young teenage mothers and low income households. White mothers in Hounslow are more likely to stop breastfeeding earlier compared with ethnic minority groups.

Healthy Weight

Despite the level of physical activity of children in the Borough of Hounslow being higher than the national average, the proportion of Hounslow's children who are obese is significantly higher than the London and England averages. Around 1 in 8 4-5 year olds



and 1 in 4 10–11 year olds in Hounslow are classified as obese, and this is expected to increase.

SECTION THREE – Adults and Older People’s Health and Wellbeing

Cardiovascular Disease

Compared with London and England as a whole, Hounslow spends significantly more on cardiovascular diseases. Around 2.5% of Hounslow’s population has diagnosed Coronary Heart Disease (lower than the London and national figures), but modelled estimates suggest that the problem is significantly more widespread – 29% of those with CHD remain undiagnosed. The rates of CHD-related emergency hospital admissions and operations are higher in Hounslow compared with London and England averages, although emergency admission rates and length of hospital stays are falling across the country.

Diabetes

The prevalence of diagnosed diabetes in people over 17 years of age in Hounslow is higher than both the national and London averages, and modelled estimates suggest that there may be 3,000 people in the Hounslow community with undiagnosed diabetes. Between 2007/08 and 2010/11, Hounslow’s rate of diabetes admissions more than doubled, while the costs associated with these increased by 84% over the same period.

COPD

Modelled estimates suggest that around 3.8% of Hounslow’s population aged over 16 years has COPD, however around 3 out of 5 remain undiagnosed. The prevalence of COPD in Hounslow is lower than that of both London and England. The proportion of Hounslow’s emergency hospital admissions with a primary diagnosis of COPD is significantly higher than both the London and national figures and is on an increasing trend; the cost for which has almost doubled in the last 4 years.

Tuberculosis

Tuberculosis (TB) is a significant public health problem in Hounslow with a recent increase in notifications, particularly in people born outside the UK and those in their 20s and 30s. Hounslow has a significantly higher rate of TB notifications than that for North West London; the highest rates of notifications overall were in the north-west and centre of the Borough. Completion of treatment is an issue in Hounslow and is the worst in North West London – only around 4 in 5 people completed their treatment between 2007 and 2009.

Breast Screening

Cancer of the breast is the most prevalent type in the Borough; however, rates of the disease are comparable to the national average. While one-year survival rates are significantly better than those for the UK, they fall well below the average by five years. The uptake of screening for breast cancer is poor in Hounslow and below the London target rate, with only 3 out of 5 women being screened following invitation.

Bowel Screening

The prevalence of colorectal cancer in Hounslow is very slightly lower than the UK average, with 46 cases per 100,000 population. One, three and five year survival rates in the Borough are similarly close to those for the UK, however, uptake rates of bowel screening are significantly lower than the national targets, and Hounslow must ensure that this is addressed.



Cervical Screening

Hounslow's rates of cervical cancer incidence and mortality are lower than the UK average, but on par with North West London. Screening is a proven life-saving intervention, estimated to save approximately 4,500 lives per year nationally. Despite this, the uptake rate of screening in Hounslow is below target and falling, giving the PCT an 'amber' rating, and more must be done to improve this.

Diabetic Retinopathy Screening

One of the most common causes of blindness in the UK, diabetic retinopathy is a serious issue in Hounslow where around 6% of the adult population has diabetes. Screening is an effective intervention, yet the uptake rate in Hounslow is only 74%, below the target of 80%, making it the worst performing PCT in London for uptake of diabetic retinopathy screening.

Adult Sexual Health

The sexual health of Hounslow residents continues to be a public health issue for the Borough. The rates of diagnosed chlamydia, gonorrhoea and syphilis are higher in Hounslow than the national average, and the rate of HIV is double that of England. Women in Hounslow are prescribed Long-Acting Reversible Contraception at a rate almost half that for England; while the abortion rate is significantly higher than both the national and London averages.

Adult Mental Health

The prevalence of mental health issues for all adults in Hounslow (including bipolar disorder, schizophrenia and depression) is lower than the average for both London and England, with a fewer number of outpatient attendances. Hounslow spends more on mental health than any other area of health; however, this not dissimilar to other PCTs. Hounslow has higher rates of expenditure and prescribed items for anti-psychotic medication than local and national averages.

Older People's Mental Health

The population in Hounslow is following an aging trend, with a steady increase anticipated until 2026. This will increase the demand for older people's services, including those for dementia, which is a significant issue in Hounslow with an estimated 50% of those suffering the illness currently unknown to GPs. Hospital referrals for dementia are increasing in the Borough, and at an earlier age, yet Hounslow spends less on prescribing for dementia medication (compared with London and England) and fewer items are prescribed per person.

Adult Learning Disabilities

Hounslow's GPs have identified 714 adults as having a learning disability, yet only a small proportion of these are registered with the Borough and as receive funding for support. GP records indicate that these patients tend to experience poorer health than the rest of the population, with increased prevalence of overweight or obesity, underweight, asthma, diabetes, and heart, renal and chronic neurological disease.

Integrated Care

Delivering integrated care is a key strategy to reduce hospital admissions in Hounslow through increasing the flow of patients to community services, while improving the quality and safety of patient care. A study has shown that over half of frail, elderly patients in hospital self-referred to A&E, and most admissions were preventable or for manageable conditions.



Carers

Just under one in ten Hounslow residents report themselves to be carers, slightly higher than the rate in Greater London. If not supported adequately (financially, with information and with breaks), these carers may suffer from loneliness, frustration and poor health.

Safeguarding Adults At Risk

Awareness of abuse of adults at risk has improved and grown in Hounslow, evidenced by a ten-fold increase in reporting of these cases since 2002/03. Abuse of residents with a learning disability continues to be an area of focus, in common with many other London Boroughs. This reflects the fact that a high proportion of people with learning disabilities are known to services and there is a good level of awareness of abuse within those services. Reflecting the Putting People First agenda, and the fact that more people are supported to maintain their independence and remain living in the community, allegations of abuse in victims' homes are growing year-on-year. At the same time, there has been a steady decline in reports of abuse in care or nursing homes.

Continuing Healthcare

An increase in the number of patients receiving continuing healthcare has resulted in significant financial pressures in Hounslow. The cost per person of older people care packages in Hounslow is generally between £8,800 and £13,000, while palliative care packages are typically £1,200 to £1,400 per person and funded nursing care packages are around £4,200 and £5,400 per person. The cost and rate of hospital admissions of people in receipt of these packages are ongoing concerns.

Putting People First

Putting People First is a person-centred way of identifying and meeting the health and social care and support needs of residents. This is done through better access to mainstream and universal services (including advice and information), preventative and early intervention support, better use of personal support networks and access to personal budgets to pay for care and support, which fits with the resident's lifestyle and preferences. Residents of the London Borough of Hounslow who are eligible for statutory social care support are now able to access personal budgets, providing them with greater choice, control and flexibility in purchasing services to meet their care and support needs. It is not known to what extent demand for traditional services will shift toward new services (such as employing a personal assistant); market development and effective procurement will be essential in managing these changes over time.

End of Life Care

The proportion of non-accidental deaths in Hounslow that occur in hospital is higher than the national average, with just under three in ten deaths occurring at home. While the average length of hospital stay prior to the death of a patient over 75 years has decreased in recent years, the total expenditure on admissions where the patient dies is steadily increasing; costing Hounslow almost £1 million in 2010.

Falls

While falls are a largely preventable public health issue, the number of fall-related hospital admissions in Hounslow are growing year on year, with nearly all being emergencies. The average length of hospital stay, however, is on a decreasing trend. Readmission following a fall continues to be a problem in Hounslow, accounting for around 12% of falls-related admissions.



Tobacco

Hounslow residents spend an estimated £1 million on tobacco products annually, with the majority of smokers in the Borough being of White heritage. The overall prevalence of smoking in the Borough is lower than the London and national averages, though more pregnant women in Hounslow smoke compared with London. Smokers in Hounslow are more likely to have successfully quit at four weeks compared with London and English figures, and the local Stop Smoking Service met its quit target during 2010/11. However, achieving this target has led to financial pressure on the service, the provision of which required review.

Adult Alcohol Misuse

Alcohol misuse is a serious public health issue in Hounslow, with more than one in five residents classed as high risk drinkers and one in ten as binge drinkers. The rates of alcohol-attributable hospital admissions and crime are significantly higher in Hounslow than both the London and national averages, and there are more individuals in treatment for alcohol misuse per capita in Hounslow than in England as a whole.

Adult Obesity

Whilst the prevalence of obesity among Hounslow's adult population is less than that for London and England, around 1 in 5 adults are classified as obese in the Borough. Hounslow residents are significantly less physically active than the national average, and admissions to hospital as a result of obesity are increasing each year.

SECTION FOUR – Community Engagement and Cohesion

Community Engagement

The London Borough of Hounslow is committed to community engagement as a key part of planning and building trust and understanding with residents. Hounslow undertook several community engagement activities with various groups of young people in 2010/11, including disabled youth, school students and children in care, spanning areas of crime, local government, sexual health and transport, amongst others.

Community Cohesion

While the majority of Hounslow residents feel that their local area is a place where people get on well together, a place where people are respected, and a place where people mix with others from different backgrounds, there is significant variation in these views between different ethnic and geographical groups. People from Black and Minority Ethnic backgrounds or from more deprived wards within the Borough are more likely to feel that the aforementioned statements are untrue. The Stronger United Communities group and the Community Partnerships Unit are working on various initiatives to improve community cohesion across the Borough of Hounslow.



Compendium of Priorities

This is a summary of priority areas in Hounslow in 2011/12, as outlined in each Factsheet.

SECTION ONE – The Place and the People

Housing

- Maximise the delivery of affordable housing;
- Focus on preventing homelessness;
- Inspect and improve private rented properties and bring empty properties back into use;
- Review the housing allocations policy;
- Review older people's care and support; and
- Implement the self-financing Housing Revenue Account.

Community Safety and Crime

- Reduce alcohol-related harm (in terms of hospital admissions and alcohol-attributable crime rates);
- Development of Partnership, Strategy and Action plans to reduce violence against women and girls (including forced marriages and honour-based deaths); and
- Reduce victim-based crime in the Borough.

Economic Welfare

- Encourage Hounslow businesses to employ Hounslow people;
- Encourage and support processes of entrepreneurship, with particular reference to Black and Minority Ethnic (BaME) groups;
- Create 'social and networking spaces' for 'doing 21st century business', particularly within the town centres;
- Develop a long term vision for businesses within the Golden Mile (to complement and add weight to policies set out in the Brentford Area Action Plan);
- Actively nurture specialist, knowledge-based clusters, focusing particularly on the town centres;
- Harness more effectively Hounslow's 'green spaces' and heritage assets in order to promote the Borough as a place for 'doing business';
- Encourage the development of more and higher quality housing, such that Hounslow might become a place to stay for the long term;
- Prioritise continuing efforts to develop more sustainable transport solutions; and
- Build resilience into the Heathrow Airport supply chain.

Transport

- Continue to work to increase the percentage mode share of active travel modes (walking and cycling), and increased collaboration with Public Health and Leisure and Cultural Services to maximise opportunities to promote this form of transport as an easy way of embedding physical activity into the daily routine;



- Complete identification and commence design on schemes that will form part of the Network 2020 programme, which aims to ensure that street improvements to facilitate sustainable travel (in particular cycling) are dovetailed with the asset renewal programme (re-surfacing, re-paving, etc.) which forms part of the Highways Maintenance Private Finance Initiative;
- Complete detailed design for Cycle Superhighway 9, ready for implementation in 2013/14;
- Further develop the programme to encourage more 'efficient car use', with a particular focus on incentivising the use of lower emission vehicles, promoting electric vehicles and increasing car occupancy, which will help to improve air quality and lower emissions; and
- Deliver a programme of targeted road safety engineering and education measures, using data to tackle problem sites or populations with higher than average road casualty rates.

Environmental Quality

Priorities for Biodiversity:

- Highlight and prioritise the issues and actions for protecting, conserving and enhancing wildlife and habitats, together with targets and actions to deliver them;
- Help to gauge and monitor the quality of Hounslow's surroundings through indicators provided by the health of habitats and variety of species supported;
- Promote biodiversity conservation as a key indicator of wellbeing and sustainable development and ensure that best practice information is shared; and
- Raise awareness and encourage community action on biodiversity.

Priorities for Air Quality:

- Review the Air Quality Action Plan (AQAP) in context of the Mayor's London plan, in particular, working towards achieving compliance with the EU limit values for air quality objectives; and
- Work closely with internal and external stakeholders including TfL and Highways Agency and Developers to implement sustainable development plans, in order to provide an environment that promotes good health and healthy lifestyles for those living in Hounslow.

Priorities for Transport Noise:

- Monitor road transport related air pollutant emissions in air quality hot spots, in conjunction with other Boroughs in the West London Alliance consortium group;
- Monitor noise exposure level for Cranford residents, as the Cranford Agreement on noise pollution is due to end in 2012; and
- Monitor and assess increases in noise level, particularly where children might be affected, and evaluate how mitigation may be provided as far as possibly practicable.

Community Pharmacies

- Ensure a structured annual review of each of the services provided to ensure appropriate and good use of resources; and
- Develop a greater understanding of the benefits of each LES and the savings provided.



Medicines Management

- Work closely with Great West Commissioning Consortium to maintain quality prescribing, including focused GP support from the medicines management team; and
- Develop a North West London medicines management formulary.

Voluntary and Community Sector

- Continue to support access to affordable premises for the VCS in Hounslow;
- Continue to support the development of a resource centre for the VCS in Hounslow;
- Adopt a partnership approach to capacity building work, operating alongside second tier VCS organisations to minimise duplication and strengthen resources;
- Continue to support the development of social enterprises, in particular, ensuring commissioning is accessible and social enterprises are able to bid fairly for these contracts;
- Adopt a partnership approach to volunteering alongside organisations such as Hounslow Volunteer Centre;
- Facilitate the involvement of the third sector in LBH planning for the 2012 Olympics and associated legacy; and
- Support the West London Network to provide a collective voice for the VCS across 6 London Boroughs – coordination of activity to support the transformation of local infrastructure through local collaboration and consolidation.

SECTION TWO – Children and Young People’s Health and Wellbeing

Immunisation

- Develop protocols/plans to check immunisation status at all child health contacts and signpost appropriately. This includes working closely with Early Years Team in CSL, children’s centres and schools;
- Develop a process for early identification and facilitation of unregistered children;
- Improve on the 2009/10 reported rate of 81% for HPV vaccination in Year 8 girls;
- Improve on the 2009/10 reported rate of 72% for the school leavers booster; and
- Develop strategies for targeting vulnerable groups (or groups most at risk of defaulting);
- Continue specific planned initiatives, including practice visits by the GP Champion and the Public Health Manager to support general practices where uptake of immunisations is below target. A review of 2010/11 visits has shown that such visits are effective and have greatly reduced the number of practices underperforming. Practices within these categories will be supported with quarterly feedback and recovery plans until their uptakes improve.

Children’s Oral Health

- Develop an action plan for Hounslow in line with the North West London Child Oral Health Improvement Strategy;
- Ensure good local partnership working via the Hounslow Oral Health Action Group (with links to the North West London Dental Public Health Team);



- Identify funding for outreach fluoride varnish programme targeted at children's centres and, following the evaluation of the ASDA project, consider wider settings;
- Integration of oral health within broader Public Health and Children's Services initiatives, following a common risk factor approach; e.g. around obesity, breastfeeding and weaning;
- Ensure consistent oral health messages (e.g. around the use of fluoride toothpaste and diet) are delivered by health professionals and those working with children in children's centres and schools; and
- Use existing levers within the management of dental and community contracts to maximise health improvement, decrease inefficiencies and ensure the implementation of *Delivering Better Oral Health*.

Young People's Sexual Health and Teenage Pregnancy

- Develop a strategy for Hounslow on young people's sexual health which takes into account the Government's vision on how to tackle teenage pregnancy. This strategy should be operationalised into an action plan that incorporates how midwifery, health visitors, children's centres, youth offending teams, early intervention locality teams, schools, sexual health services and primary care can work together to prevent teenage pregnancy and STIs and improve young people's sexual health;
- Ensure the new strategy is led strategically by the Local Authority with strong partnership working via the Children's Health & Wellbeing sub-group of the Health and Wellbeing Board;
- Ensure a Borough-wide approach to high quality sex and relationship education across Hounslow with additional focus on hotspot areas;
- Ensure all young people have access to high quality, young people-friendly sexual health services;
- Provide appropriate support for teenage parents; and
- Ensure appropriate workforce development across the district.

Teenage Pregnancy in Children in Care

- Recommence a local teenage pregnancy prevention group;
- Possible development of a peer-mentoring intervention to reduce teenage pregnancy in Children in Care;
- Run the Know Yourself Programme with Children in Care, which aims to raise confidence and assertiveness, and contraception and sexual health knowledge;
- Ensure the Life Choices programme is available to Children in Care;
- Support the delivery of 'Speakeasy' to foster carers;
- Ensure the availability of teenage pregnancy prevention sexual health workers to provide intensive one-to-one work with Children in Care as required; and
- Continue the training of staff working with Children in Care on C-Card use and supply of condoms.

Children and Young People's Mental Health

- Explore opportunities to develop Children's IAPT from 2012/13 onwards;
- Work with Tier 3 CAMHS to develop more efficient pathways working across the three boroughs where beneficial;
- Develop capacity for specialist psychiatry input into learning disability and ensure that the local services are working jointly, coherently and to best effect within the limited resource;



- Ensure the transition planning and pathway is well defined and agreed between Children's and Adults' Services via the Transition Planning Group; and
- Develop an Ealing and Hounslow nurse-led, community-based eating disorder service to reduce the use of Tier 4 placements; and consider commissioning step up as well as the existing step down care for Tier 4 treatment of Eating Disorders.

Child Safeguarding

- Provision of early local help services for children, young people and families in the area for early intervention based on the local profile need;
- Further develop more quality assurance approaches to safeguarding children; and
- Ensure that dedicated safeguarding children expertise are not reduced or diluted in new organisational structures.

Children's Learning Disabilities and Complex Health Needs

- Information on children's needs are shared across the SEN and Disability service teams and with relevant professionals, schools and settings at an early stage;
- Planning for children's education, health and care needs to be coordinated through the Children's Integrated Resource Panel to maximise the efficiency of decision-making;
- Minimise the number of external placements and, where possible, to deliver education and care packages within the Borough;
- Reviews of children's progress and support to be undertaken jointly with all key professionals involved;
- Improved care pathways for children with long term conditions;
- Develop closer joint working between Early Years Services and Health Professionals, such as the Health Visitors;
- Improved schools management and support during absences of children with long term illnesses;
- Increased awareness of parents regarding their right to a specialist opinion; and
- Implementation of Early Support, a family-centred key worker programme for families of young children with complex disabilities, in the Borough.

Educational Attainment

- Improve progress in English and mathematics at KS2 level;
- Narrow the gap in achievement between the highest and lowest attaining groups; and
- Identify schools where students' progress is a concern, and provide appropriate support to change this.

Youth Offending

- Opportunities to divert young people from the criminal justice system are maximised through the extension of the Triage Pathfinder scheme;
- Safeguarding the needs of young people is addressed and risk of harm to others is minimised;
- The use of custody is kept to a minimum;
- Re-offending is reduced through positive supervision, addressing risks and needs;
- The life chances of young people who have offended are improved through access to education, training, employment and other targeted services, as appropriate to need;



- Involvement of CAMHS in assessing and addressing lack of emotional well-being, and disordered conduct and thinking underpinning offending behaviour;
- Assessment of physical health needs and signposting to appropriate services for youths not registered with a GP (e.g. sexual health services and sex and relationship education); and
- Improved access to forensic assessments to inform sentencing decisions.

Breastfeeding

- Continue to improve data collection through a new electronic data collection process (System One), planned to be in operation from April 2012;
- Provide a targeted peer support programme to an identified area of need to improve uptake of breastfeeding;
- Increase the number of breastfeeding friendly places in Hounslow in keeping with the WHO/UNICEF Baby Friendly accreditation;
- Implementing Baby Friendly Initiative training standards and improving workforce; and
- Improve promotion through public engagement.

Healthy Weight

- Ensure a children and young people's healthy weight pathway specific to Hounslow Borough with evidence-based, cost effective and appropriate interventions is commissioned and implemented;
- Ensure good partnership working across all partners with the aim of addressing prevention and treatment of childhood obesity via the Healthy Weight Board;
- Ensure support is provided for the development and implementation of school health plans;
- Prevent children from becoming overweight and obese by encouraging healthy lifestyles at home, school and in the community;
- Provide specific interventions for overweight and obese children by enabling access to healthy eating and physical activity programmes;
- Improve access to healthy food choices in eateries in Hounslow via the Heartbeat Awards Scheme;
- Identify areas of food poverty and improve provision of healthier food choices in those areas; and
- Influence planning for safer communities, green spaces, more accessible and affordable leisure facilities and healthier food outlets.

SECTION THREE – Adults and Older People's Health and Wellbeing

Cardiovascular Disease

- Implementation of the 5% CVD DAS (Desirable, Affordable, Sustainable) Challenge;
- Development of more community based services closer to patients;
- Development of Single integrated Care Pathways for Heart failure;
- Reinstate NHS Health Checks with emphasis on deprived areas;
- Direct access to diagnostics implementing guidelines of the National Institute for Health and Clinical Excellence; and



- Developing an Atrial Fibrillation strategy in conjunction with North West London Cardiac and Stroke Network (NWLCSL).

Diabetes

- Improve patient education about diabetes and increase the number of patients participating in an Expert Patients Programme; and
- Improve the management of diabetes in primary care by increasing the number of GPs who can manage the condition.

COPD

- Engage with local stakeholders as part of the COPD service redesign;
- Commission a pulmonary rehabilitation service;
- Commission clinicians to undertake regular reviews of patients who require the home oxygen service; and
- Ensure that clinical discharge coordinators have discharge plans in place for patients after an unplanned admission (e.g. for an exacerbation).

Tuberculosis

- Seek funding through London Health Programmes once the New Model of Care for TB is implemented, in order to initiate activities and projects aimed at raising awareness within informal groups, the third sector, and health and social care workers to improve treatment compliance and completion;
- Pilot the TB Screening Scheme in GP practices aimed at new registrations for screening, with successes shared across Hounslow as examples of best practice; and
- Actively seek funding opportunities for a TB outreach worker (high priority).

Breast Screening

- Implement the age-extension plan;
- Consider alternative screening providers (risk to commissioning if one PCT pulls out);
- Ensure that MJog text messages (automated appointment reminder service) are sent to all clients;
- Improve uptake of screening through increased health promotion activities; and
- Undertake collaborative Outer North West London Cluster screening promotion through the 'Screen for Life' site.

Bowel Screening

- Improve screening uptake rates;
- Build capacity at local screening sites in preparation for the effect of the national awareness-raising campaign for early detection; and
- Set up local campaigns.

Cervical Screening

- Investigation by The Local Screening Improvement Board of centralising call/recall services;
- Identification of any outstanding cross-border transfers for women of screening age;
- Address the issue of growing lists (currently around 17.5% for Hounslow); and



- Exploration of the possibility of using 'Screening for Life' as a portal for health promotion messages to target 'well women'; moving away from cancer messages and trying and encourage younger women to attend screening.

Diabetic Retinopathy Screening

- Improve data quality and electronic records; and
- Improve uptake (Hounslow is currently the worst-performing PCT in London).

Adult Sexual Health

- Improve the way that sexual health services are commissioned, to improve access and the overall sexual health of the population;
- Continue to work with the London Sexual Health Programme and North West London Cluster to drive up standards of services provided to women undergoing termination of pregnancy;
- Ensure that the Sexual Health Strategy Group and future Sexual Health Board takes a holistic approach to all-age sexual health, including comprehensive and effective education and behaviour change appropriate for our diverse communities;
- Develop a comprehensive understanding of sexual health needs, especially variations of needs and effectiveness of interventions across diverse communities; and
- Ensure HIV prevention and sexual health promotion work meets the requirement of high-need groups in Hounslow, and maintains specialist alternative community services for groups who do not access traditional NHS services.

Adult Mental Health

- Improve access of Primary Care to the necessary advice and support to maintain patients within a primary care setting;
- Improve work with Secondary Care to implement the Recovery Model and reduce the demand for hospital admissions by providing a greater community focus;
- Commission a new model of care for community mental health day centre resources which support the empowerment and recovery of people with mental health problems to live fulfilling and independent lives; and
- Continue to roll out and develop Hounslow's IAPT Programme.

Older People's Mental Health

- Develop more efficient treatment pathways for cognitive and functional mental health problems, thereby increasing capacity and the ability to outreach to older people in community settings so that care is as local as possible; and
- Increase independent and supported living options for older people with mental health problems, and reduce reliance on bed based and residential care.

Adult Learning Disabilities

- Ensure that people with learning disabilities have access to mainstream healthcare services; and
- Ensure that people with learning disabilities are supported in finding suitable and affordable local housing.

Integrated Care

- Ensure that the integrated care pathway pilot is sustained with good partnership



working between all key stakeholders involved; and

- Evaluate the pilot in order to inform the Integrated Community Response Service.

Carers

- Identify carers within the community who are unknown to the Borough and enable them to access available advice, information and support;
- Support carers who are working or who may be considering a return to work;
- Raise the awareness of the different kinds of support that is available to carers within the Borough, including universal services such as leisure centres and libraries;
- Facilitate carers' access to preventative support services that will safeguard their physical and emotional health; and
- Commission services for carers that are able to demonstrate the difference that they have made to the lives of carers, as opposed to giving grants to organisations.

Safeguarding Adults at Risk

- Train a further 1300 people across the Borough in safeguarding adults, in order to continue to protect vulnerable adults at risk of violence, abuse and neglect;
- Produce quarterly Safeguarding Adults in Hounslow newsletters (available on the internet) for wide circulation to staff and volunteers working with adults at risk within the Borough;
- Work with Safeguarding Adults Board partners, Local Government Improvement and Development and other boroughs to develop effective ways of making sure that user experience is taken into account in the development of safeguarding adults policies and procedures;
- Increase by eight the number of Best Interest Assessors available to deliver Local Authority and Primary Care Trust responsibilities with regard to Deprivation of Liberty Safeguards (DoLS);
- Monitor progress, ensure prompts for timely reviews and monitor performance of DoLS; and
- Add Mental Capacity Act (MCA)/DoLS Information to Hounslow Council's website.

Continuing Healthcare

- A clear and transparent process for assessment and review of individuals deemed as having a primary health need to ensure that appropriate services are commissioned;
- Adult and children's services to work effectively to address the service and financial challenges associated with the transition from children to adult services of children with complex needs;
- Involvement of Public Health to improve data on Continuing Healthcare, to measure the impact on local resources, to identify long-term issues and to forecast the use of the Borough's funded placements and continuing care services; and
- Develop a life-long planning approach for children with complex needs in partnership with their families and Children's Services, to inform the need for improved local services and to develop a delivery plan for this.

Putting People First

- Services that prevent people from requiring intensive health and social care;
- The development of effective support brokerage systems for accessing wider ranging support services;



- Services that support carers to live their own lives while meeting their caring responsibilities; and
- Health and wellbeing services which ensure residents' voices, lifestyles and personal preferences are heard and taken into account.

End of Life Care

- A Borough-wide End of Life Care register, including End of Life Care wishes; and
- A significant reduction in deaths in hospital (a greater proportion of deaths to occur at home and in care homes).

Falls

- Continue to work towards implementing the intentions of the Older Persons Falls Strategy 2009 – 2014; and
- Work towards implementing best practice as outlined in the 2010 Royal College of Physicians' Falls and Bone Health Audit.

Tobacco

- Implementation of a Tobacco Control Plan for Hounslow;
- Increasing the number of smoke-free environments;
- Targeting the trade of illicit and niche tobacco; and
- Rolling out secondary school intervention 'Operation Smokestorm'.

Adult Alcohol Misuse

- Partnership working to address licensing of premises to sell alcohol in Hounslow;
- In-depth analysis of Accident & Emergency admissions which are alcohol-related, to identify patient demographics and drivers of consumption; and
- Community education to prevent hazardous and harmful drinking.

Adult Obesity

Design and implement an Adult Obesity Care Pathway that is evidence-based, cost-effective and is specific to Hounslow's population.

SECTION FOUR – Community Engagement and Cohesion

Community Engagement

Priorities for Engagement with Children and Young People:

- Ensure a coordinated framework for consulting and involving young people in decision making;
- Engage children and young people in a range of democratic processes;
- Ensure that there is a range of opportunities for children and young people to influence and shape the services they receive that is relevant to young people's needs;
- Improve the participation of children and young people with disabilities and/or learning difficulties and those from hard to reach groups;
- Ensure children, young people and families have a range of activities and places for leisure and recreation; and



- Ensure children and young people are engaged in a range of volunteering opportunities.

Priorities for Adult Engagement for NHS Hounslow:

- Support the development of Patient Forums – A small number of local GP practices have active patient participation groups. GWCC has identified the need to improve how it works with and supports local GPs to engage with their patients as well as including the groups in its wider engagement structure.

Priorities for Adult Engagement for London Borough of Hounslow:

- Public Communication and Hounslow Matters – London Borough of Hounslow corporate communications has a dedicated team of communications experts who provide public relations and communications expertise for the Council. They produce a publication “Hounslow Matters” which appears 4 times a year, is delivered to every home and regularly has dedicated health and care pages.
- User and Carer Forums – There are a range of forums for particular groups or people with particular conditions.

Joint Priorities for Adult Engagement:

- Consultation on Commissioning Intentions for 2012/13 – A series of consultations on the commissioning intentions between November and January. This will be planned in partnership with LINK and will use existing meeting structures wherever possible including Patient, User, Carer and Provider Forums and Partnership Boards.
- One Hounslow, Many Voices – This is an annual engagement event for Health and Social Care which has run for many years. It allows organisations to showcase their services, promotes self-help and gives opportunities for health promotion and opportunities for consultation.
- Partnership Boards

Commissioned Priorities for Adult Engagement:

- Hounslow LINK and the procurement of HealthWatch – This is the statutory involvement structure for Health and Social Care. The Council commissions support to the LINK and will tender in the next few months to do the same for HealthWatch which ideally needs to be in place by October 2012.
- Advocacy – There are currently contractual arrangements in place for people without mental capacity and people with learning disabilities (Speak out). It is proposed to tender for an advocacy service to deliver improved outcomes for people aged 18 and over including those people with a mental health condition; a learning disability; older people; carers, a physical disability; drug and alcohol issues.

Community Cohesion

- Allocate resources to support young people at risk of radicalisation and extremism, enabling further promotion and development of community cohesion, and assistance in engagement with socially excluded communities;
- Ensure sufficient resources are in place to support newly arrived communities, and those settled in Hounslow, to further encourage integration, citizenship and English language acquisition;
- Continue to collate research on the needs and impacts of particular communities which can be utilised to target resources across all stakeholders; and
- Create opportunities and promote good relations for people from different communities to connect, and meet openly and honestly to discuss issues and concerns that affect them.



Methods and Structure

What is a Joint Strategic Needs Assessment?

The Local Government and Public Involvement in Health Act 2007 placed a duty on Local Authorities and Primary Care Trusts to set out the health needs of their local population in what is known as a Joint Strategic Needs Assessment (JSNA).

The JSNA is now a core document to inform commissioning and health planning, as detailed in the White Papers [Equity and Excellence: Liberating the NHS](#) (NHS), [Healthy Lives, Healthy People](#) (Public Health) and [A Vision for Adult Social Care: Capable Communities and Active Citizens](#) (Adult Social Care).

The statutory guidance on [Creating Strong, Safe and Prosperous Communities](#) requires Local Authorities to take account of the JSNA when preparing their Sustainable Community Strategy.

From April 2013, Local Authorities and Clinical Commissioning Groups (CCGs) will have an equal and explicit obligation to prepare the JSNA through the Health and Wellbeing Board.

Why undertake a Joint Strategic Needs Assessment?

The purpose of a JSNA is to ensure that the commissioning of services is based on population need. The Hounslow JSNA provides evidence to support the development of health strategies and commissioning plans during 2011/12 and as such, will impact on changes to services from 2011/12 onwards. Commissioning decisions informed by the JSNA should lead to improved health and wellbeing and reduced inequalities through cost-effective, quality care and services.

The JSNA will inform the work plan of the Hounslow Together Partnership and its commissioning intentions, and will contribute to the development of the Local Authority's Sustainable Community Strategy. The Hounslow Together Partnership has a number of sub-groups; the JSNA aims to influence and inform all of these. The overall structure of the Partnership and its outcomes are outlined in the figure at the end of this section. The JSNA will also support the Children and Young People's Plan put together by the Hounslow Children's Trust.

Methods

Hounslow's first JSNA was produced in 2008 by the London Borough of Hounslow. The 2011/12 JSNA marks the first time the Public Health Directorate at NHS Hounslow has produced such a report.

A governance and delivery structure for the JSNA was established in January 2011 to support the development of the 2011/12 document across partners, with participation from stakeholders. The JSNA Steering Group is comprised of a Board and an Executive Group. The Board is chaired by the Joint Director of Public Health for Hounslow, as suggested in JSNA guidance. Board members include a wide range of stakeholders, including the Local Involvement Network (LINK), Housing and the Metropolitan Police, among others. The JSNA Board reports directly to the local Health and Wellbeing Board.



The Board's core areas of business are to agree priorities, to develop engagement strategies, to inform other Boards, to commit resources for delivery and to evaluate any updates. The specific objectives of the JSNA Board for the 2011/12 JSNA are to oversee the delivery of:

- A governance and delivery structure to support the JSNA;
- A detailed work plan for conducting the JSNA;
- A map of existing planning processes in the Partnership to maximise the impact of the JSNA on commissioning; and
- A map of involvement processes within the Partnership to strengthen the engagement of wide range of stakeholders.

The JSNA Executive Group is smaller than the Board, made up of seven of the Board members and chaired by the Joint Director of Public Health for Hounslow. The role of the Executive Group is to produce a project plan for the JSNA, support projects that feed into the JSNA, with overall responsibility for delivering the JSNA document. The Executive Group reports to the Board.

The Terms of Reference were presented to Health and Social Care Partnership Board on 20th April and were later approved by the JSNA Board. These were distributed to all stakeholders to ensure input.

The Hounslow Joint Strategic Needs Assessment for 2011/12 will be ratified by the local Health and Wellbeing Board.

The JSNA Network

The JSNA Network was developed so that groups from the voluntary and community sector could be consulted on population need, and so that the Public Health Directorate could gather intelligence held outside the statutory sector. The first meeting was held during 26th July with a follow up meeting held in 12th October. The objectives of the Network are to ensure that stakeholders are kept informed, and to enable stakeholders to have their say on the JSNA to ensure that future services meet population need.

JSNA Network Meeting 12th October 2011

The JSNA Network was set up to gain feedback from community stakeholders about the content of the Joint Strategic Needs Assessment 2011/12. The Network held a meeting on Wednesday 12th October, an open invitation for which was sent to a wide range of interested individuals and organisations across the voluntary and community sector. It is important that the JSNA is a collaborative process between the London Borough of Hounslow, NHS Hounslow and Third sector and community groups, with the objective of joint working to identify local needs and priorities. The Network meeting on the 12th October was a step towards this goal.

The day involved the JSNA being presented to attendees, with speakers from the Borough, NHS Hounslow and the Local Involvement Network (LINK). Attendees were then split into five facilitated discussion groups, where factsheets in five broad areas (Hounslow: The Place and The People; Children and Young People's Health; Children and Young People's Social Care; Adult Health and Social Care; and Older People's Health and Social Care) were discussed with other local stakeholders. Specific feedback was provided on most sheets,



which informed later drafts of the JSNA. Where the feedback could not be incorporated in final drafts, this will be taken into account for Hounslow's JSNA 2012/13 and beyond.

General feedback was also obtained and was mixed. Two people felt that the JSNA was a 'step in the right direction' towards being a useful reference library. One applauded the consultation with the Third sector. However, another comment mentioned a perceived 'lack of focus on a target audience'; this is something those behind the JSNA have tried to clarify in later and final drafts. Others said the JSNA had incomplete information on specific communities and conditions (particularly disadvantaged and LGBT groups), and needed 'more involvement of the Third sector', more of a focus on key learnings and a 'strategic overview outlining the many complex needs of Hounslow residents'. This feedback will be addressed in the Action Plan to be developed for JSNA 2012/13.

Responders felt that the JSNA was an improvement upon past JSNAs and was easy to read.

The October JSNA Network Meeting was only a start to engagement with local stakeholders. A feedback questionnaire has been put online as part of the web-based JSNA. Website visitors will be asked to provide feedback on the JSNA as a whole, and if they wish to, on specific factsheets. Planning for the next annual JSNA will commence with a Visioning Day.

JSNA 2012/13 Visioning Day

To prepare for the 2012/13 Joint Strategic Needs Assessment in Hounslow, a JSNA 'Visioning Day' will be held during January 2012. The aim of this day is to ensure better community engagement in the JSNA going into the future, ensuring that both Third Sector and community/patient groups are involved in the JSNA process. A Visioning Day will allow closer working with commissioners, both in health and social care, to inform the JSNA process and ensure that future commissioning priorities are based on identified community need. The Visioning Day will encourage commissioners to better understand the role of the voluntary and community sector and the benefits this will provide to future commissioning in the Borough.

Sources of information

Much of the information provided in a JSNA is quantitative, i.e. based on data and statistics.

This JSNA has been put together, based on data from several sources, including:

- The Greater London Authority (GLA);
- The Office for National Statistics (ONS);
- The NHS Information Centre;
- The Department for Communities and Local Government (DCLG);
- The Department for Education;
- The Association of Public Health Observatories (APHO); and
- The National Centre for Health Outcomes Development (NCHOD).

The data sources were supplemented with additional locally-relevant information, in order to add insight and depth into the needs of Hounslow's population.

Structure

The JSNA is made up of easy-to-read 'Factsheets', which provide information on demographics, determinants of health, health services and a range of health and social care



topics. The Factsheets, available online, can be saved as a PDF file or printed as seen on the screen.

The aim of the Factsheets is to provide succinct, accessible information and data on a range of areas that affect the health of Hounslow's population. The Factsheets are self-contained, separate documents that stand on their own, designed such that each can be read separately, or as 'chapters' of the larger JSNA picture. Each Factsheet is generally two to three pages in length and is linked to a data sheet.

The majority of Factsheets follow a structure of: Background, Local Picture, Strategic Leadership and Collaboration and Priorities. Each Factsheet provides a contact point for queries or further information.

Benefits of an online document

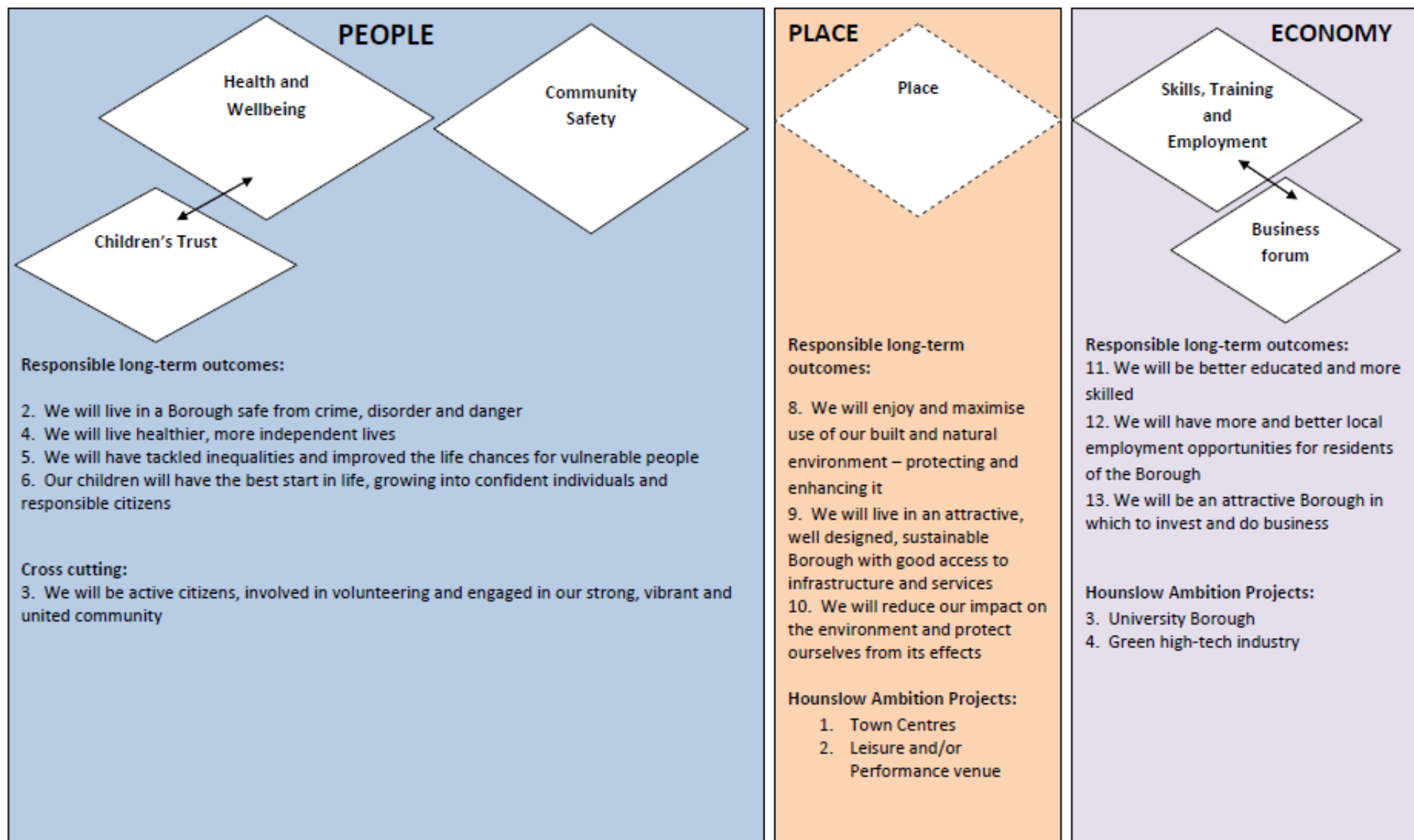
Each Factsheet provides references so that the reader can access further information, should they wish to, and hyperlinks to relevant strategies and action plans.

Visitors to the online document will be invited to participate in a short SurveyMonkey questionnaire in which they are prompted to share their views on the content and usefulness of the Factsheet to inform improvements to future JSNAs.

Hounslow Together Board

Responsible long term outcomes:

1. We will live in a Borough where people enjoy living and choose to stay throughout their lives
7. We will deliver local public services through seamless, responsive, efficient partnerships





Summary of Need

Summary table of need

At the end of each factsheet in the 2011/12 JSNA, there is a short summary table outlining the level of need in that area. The tables outline answers to the following questions:

- Is need in this area increasing over time?
- Is need in this area greater than the London average?
- Is there qualitative evidence which indicates that the need in this area is unmet?
- Is there an external report or review suggesting that need is unmet in this area?
- Are quality indicators in this area worsening over time?
- Are quality indicators in this area worse in Hounslow than the London average?
- Is there a proven intervention which is not currently being delivered in Hounslow, or not delivered enough?

Based upon the answers given, these tables may suggest that a certain area is a priority need in the Borough of Hounslow. Although in most cases it is not possible to judge the level of need locally, it is clear (from a response of 'yes' to every question) that some areas of health and social care have a very high level of need, including Healthy Weight, Cardiovascular Disease, Diabetes, COPD, and Tuberculosis. There are many other equally important needs in other areas of the JSNA. In some cases, answers to the questions in the table were not consistent enough to evaluate the level of need, or it was deemed inappropriate to answer the questions due to complexities within certain areas. Some areas have limited or no data available for assessing needs.

Some Factsheets do not include a summary table. The questions have not been answered either because they were not appropriate to the area (e.g. Mortality), or because doing so would be misleading to the reader by over-simplifying such a complex area of health and social care.

There is a summary of all answers for each Factsheet on the following page.



| | Need increasing over time? | Need greater than London average? | Qual. intel. indicating that need is unmet? | External report suggesting unmet need? | Quality indicators worsening over time? | Quality indicators worse than London? | Proven intervention not currently delivered (or not delivered enough)? |
|--|------------------------------------|-----------------------------------|---|--|---|---------------------------------------|--|
| Geography | Not appropriate for this factsheet | | | | | | |
| Population | Not appropriate for this factsheet | | | | | | |
| Deprivation & Poverty | Not appropriate for this factsheet | | | | | | |
| Mortality | Not appropriate for this factsheet | | | | | | |
| Housing & Homelessness | Yes | No | Yes | Yes | N/A | N/A | No |
| Community Safety & Crime | Yes | No | Yes | N/A | N/A | No | N/A |
| Economic Welfare | Not appropriate for this factsheet | | | | | | |
| Transport | Yes | Yes | Yes | No | No | No | Yes |
| Envir. Quality - Biodiversity | Yes | No | Yes | No | No | No | Yes |
| Envir. Quality - Air Quality | Yes | Yes | Yes | Yes | No | Yes | No |
| Envir. Quality - Transport Noise | Yes | Yes | N/A | N/A | N/A | Yes | Yes |
| Community Pharmacies | Not appropriate for this factsheet | | | | | | |
| Medicines Management | Not appropriate for this factsheet | | | | | | |
| Voluntary & Community Sector | Yes | N/A | Not available | Not available | Not available | Not available | Not available |
| Immunisation | Yes | Yes | No | No | No | Yes | Yes |
| Children's Oral Health | Yes | Yes | Yes | Yes | N/A | N/A | N/A |
| YP's Sexual Health & TP | Not appropriate for this factsheet | | | | | | |
| Teenage Pregnancy in CIC | Not appropriate for this factsheet | | | | | | |
| CAMHS | Yes | Not available | Yes | Yes | N/A | N/A | Yes |
| Child Safeguarding | Not appropriate for this factsheet | | | | | | |
| Children & YP's Learning Dis. | Not appropriate for this factsheet | | | | | | |
| Educational Attainment | No | No | No | No | No | No | No |
| Youth Offending | Not appropriate for this factsheet | | | | | | |
| Breastfeeding | Not appropriate for this factsheet | | | | | | |
| Healthy Weight | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Cardiovascular Disease | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Diabetes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| COPD | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Tuberculosis | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Breast screening | No | No | No | Yes | No | No | Yes |
| Bowel screening | No | No | Yes | Yes | No | No | Yes |
| Cervical screening | No | No | Yes | No | Yes | No | Yes |
| Diabetic retinopathy screening | Yes | Yes | No | No | No | No | No |
| Adult Sexual Health | Not appropriate for this factsheet | | | | | | |
| Adult Mental Health | Not appropriate for this factsheet | | | | | | |
| Older People's Mental Health | Not appropriate for this factsheet | | | | | | |
| Adult Learning Disabilities | Not appropriate for this factsheet | | | | | | |
| Integrated Care | Not appropriate for this factsheet | | | | | | |
| Carers | Yes | N/A | Yes | No | N/A | N/A | N/A |
| Safeguarding Adults at Risk | Not appropriate for this factsheet | | | | | | |
| Continuing Healthcare | Yes | No | No | No | No | No | Yes |
| Putting People First (PPF) | Yes | No | No | No | No | No | No |
| End of Life Care | Not appropriate for this factsheet | | | | | | |
| Falls | Yes | Yes | Yes | Yes | Yes | No | Yes |
| Tobacco | No | No | No | No | No | No | Yes |
| Adult Alcohol Misuse | Yes | Not kNown | N/A | N/A | N/A | N/A | N/A |
| Adult Obesity | Yes | No | Yes | No | Yes | No | Yes |
| Community Engagement | Not appropriate for this factsheet | | | | | | |
| Community Cohesion | Yes | N/A | Not available | Yes | Not available | Not available | No |



Action Plan for JSNA 2012/13

Introduction

This is the first year that the JSNA process has been managed by the Public Health department. The range and extent of analysis has been greatly expanded, and many new aspects of need have been included. However, it is acknowledged that there much more which can be done, and will be done, in the future.

The JSNA Board will agree an Action Plan for the development of the JSNA 2012/13 at its next meeting, planned for February 2012, after which time work on the 2012/13 document will commence. It is planned that publication of the JSNA will take place earlier in 2012 than it has in 2011, ensuring the JSNA is more in line with other annual planning cycles.

Proposed Action Plan

The JSNA is a continual process which will be updated as new information on Hounslow's population becomes available. To prepare for the next Joint Strategic Needs Assessment in Hounslow (JSNA 2012/13), the JSNA Board has proposed the following key actions:

- Provide data for Protected Equality Groups (as defined in the [Equality Act 2010](#)); and where this is not possible, this should be explicitly acknowledged;
- Engage early with community and Third Sector stakeholders, including timely notice and follow-ups for JSNA Network events. A member of NHS Hounslow's Public Health team will be working to ensure better engagement with these groups;
- Review the areas covered in the JSNA and the content of existing data sheets, to ensure potential priority needs are covered and the best selection of data sources are used;
- Develop better links between the NHS, the London Borough of Hounslow and the Third Sector to improve data and information sharing, ensuring a well-rounded and accurate picture of community need in Hounslow;
- Investigate data which is provisional or unexpected (i.e. not following a usual trend [e.g. excess winter mortality during 2009/10] or surprising data [e.g. residents' poor access to open spaces, despite the green space in the Borough]); and
- Undertake preparatory work with a sample of end-users of the 2012/12 JSNA, to explore how to maximise the value and ease of use of the online document.

Next steps

Readers are invited to help develop the proposed action plan above, by sending in comments and ideas to jsna.hounslow@nhs.net.

A further draft of the Action Plan will be produced and circulated in preparation for the Visioning Day in January 2012 (described in the Methods and Structure section).