



London Borough
of Hounslow

Hounslow Joint Strategic Needs Assessment 2010/11

HOUNSLOW TOGETHER



Hounslow's Local
Strategic Partnership

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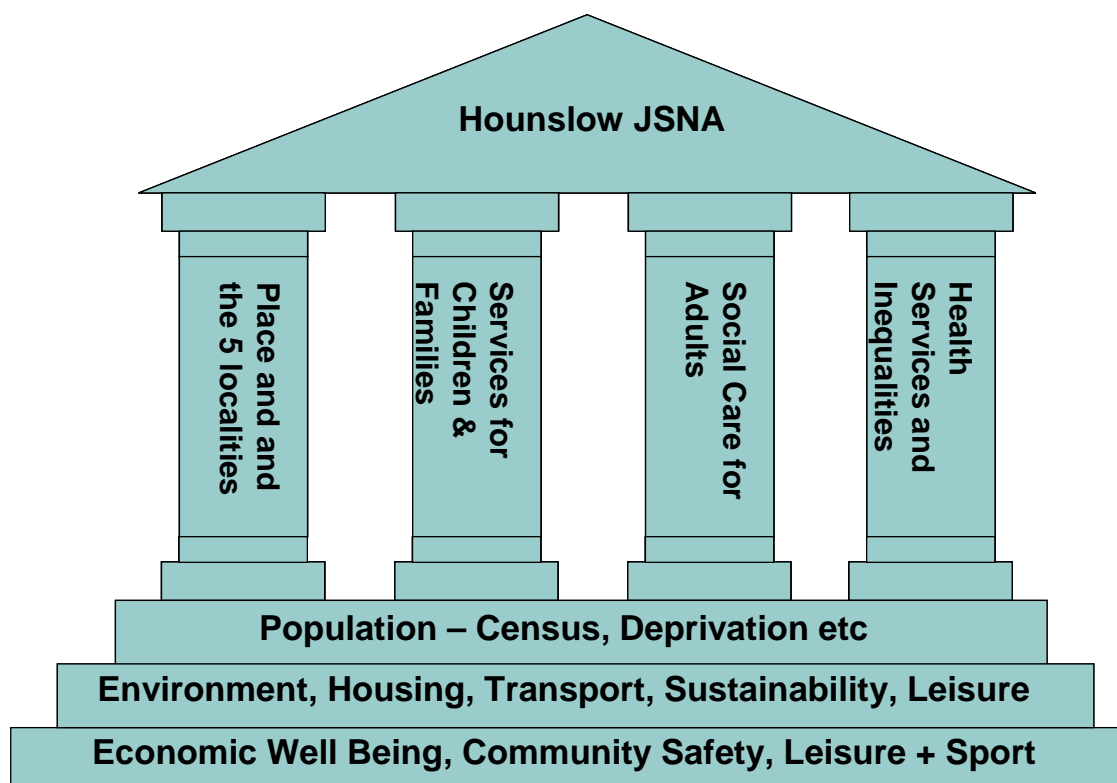
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1. Introduction

The Local Government and Public Involvement in Health Act 2007 required all Councils and PCTs to review the health and well-being needs of their population. This is called a Joint Strategic Needs Assessment (JSNA). Health and well-being includes the prevention of ill health and promotion of good health and quality of life, as well as the provision of health and care services. The first Hounslow JSNA was agreed in July 2008 and this refresh will help the Council, the local NHS, local residents and other local statutory and voluntary organisations, to understand what Hounslow residents want and need, so that they can make better use of resources and plan to improve services for those in greatest need.

The JSNA assesses current and future need; identifies service gaps and supports the Community Plan and the Local Area Agreement. In Hounslow we have built our JSNA around four pillars:



- Public Health and health inequalities.
- Adult care, support and wellbeing services.
- Children and family services.
- Place –the Borough and the 5 localities (e.g. Chiswick)

Other issues covered in this JSNA include: housing, transport, jobs and safety.

The JSNA summarises the latest statistical information and views of local residents under our seven priorities:

- Improved health and emotional well-being
- Improved quality of life
- Making a positive contribution
- Increased choice and control
- Freedom from discrimination and harassment
- Economic well-being
- Maintaining personal dignity and respect and safeguarding

The priorities are based on the outcomes used in 2 key pieces of government policy: *Our Health, Our Care, Our Say* (2006), and *Every Child Matters* (2003). Each examines what we know about how well services currently meet needs, including what we have heard from consulting with the public. This has subsequently allowed us to understand what we need to ensure happens in the future.

This JSNA has four Appendices:

- Appendix A - offers links to other key plans, strategies, and partnerships
- Appendix B - presents a Locality profile
- Appendix C - presents a Vision for Hounslow
- Appendix D - presents a Glossary of key terms.

The JSNA offers both quantitative and qualitative evidence, thus providing a robust platform, on which to inform local commissioners, service planners and policy makers about the current and future health and well being of Hounslow residents.

Governance of the JSNA

This will be carried out by the relevant health and well being boards linked to the local strategic partnership boards. The JSNA process is continuous and progress will be monitored locally, and as a result, the JSNA will be updated throughout the year as information and data becomes available.

Annual Public Health Report 2009-10

This year's Annual Public Health Report is focused on the needs of children and is available at

<http://www.hounslowpct.co.uk/documents/AnnualPublicHealthreport2009-10.pdf>

The Vision for the Community

The existing Community Plan 10 year vision is that: 'By 2017, Hounslow will be a Borough that achieves the aspirations of its local community and continues to be proud of its identity... It will be a Borough that thrives from a new sense of unity where the community continues to celebrate diversity and build cohesion.' It sets out seven themes that provide a framework to achieve this vision. The Community Strategy is being revised with widespread consultation and an updated strategy will be agreed in spring 2011 (See Appendix C)

2. Hounslow People

Population

The local population has been increasing rapidly in the past few years and this trend is likely to continue. The 2001 Census found there to be 212,300 people living in Hounslow. Population projections issued by the Office for National Statistics (ONS)¹ estimate that the number of people living in Hounslow in 2009 was estimated to be 234,200, the 18th largest population of the 33 London boroughs. However, the Greater London Assembly (GLA) contends that the ONS figures, not only under-count the population of most London Boroughs, but also under-estimate the rate at which numbers are growing.

There is much local evidence of significant population growth since 2001. For instance, the latest figure² for non-UK nationals living in Hounslow and registered for National Insurance was 9,800, of whom more than a third were from East European countries, only recently admitted to the European Community. A similar picture applies in many other boroughs.

Since the ONS figures help determine the amount of money the Council and the PCT receive from Government, strong representations have been made to the ONS for their estimates to be revised upwards. The Greater London Assembly (GLA) contends that the ONS figures, not only under-count the population of most London Boroughs, but also under-estimate the rate at which numbers are growing. The GLA produce population estimates and projections³, which give a different picture. Unless otherwise indicated, we base our population analyses in this document on GLA data. Hounslow's population is expected to grow by 6.6% between 2005 and 2011, equivalent to an increase of around 3,000 people each year.

The reason why the population is not falling however, is that the number of Hounslow births has been increasing, while the number of deaths has been decreasing. In 2009, 4,297 live births were registered. This was 88 births higher than the previous year. In the same year, 1,390 deaths were registered, 49 fewer than the year before and 180 fewer than in 2005.⁴

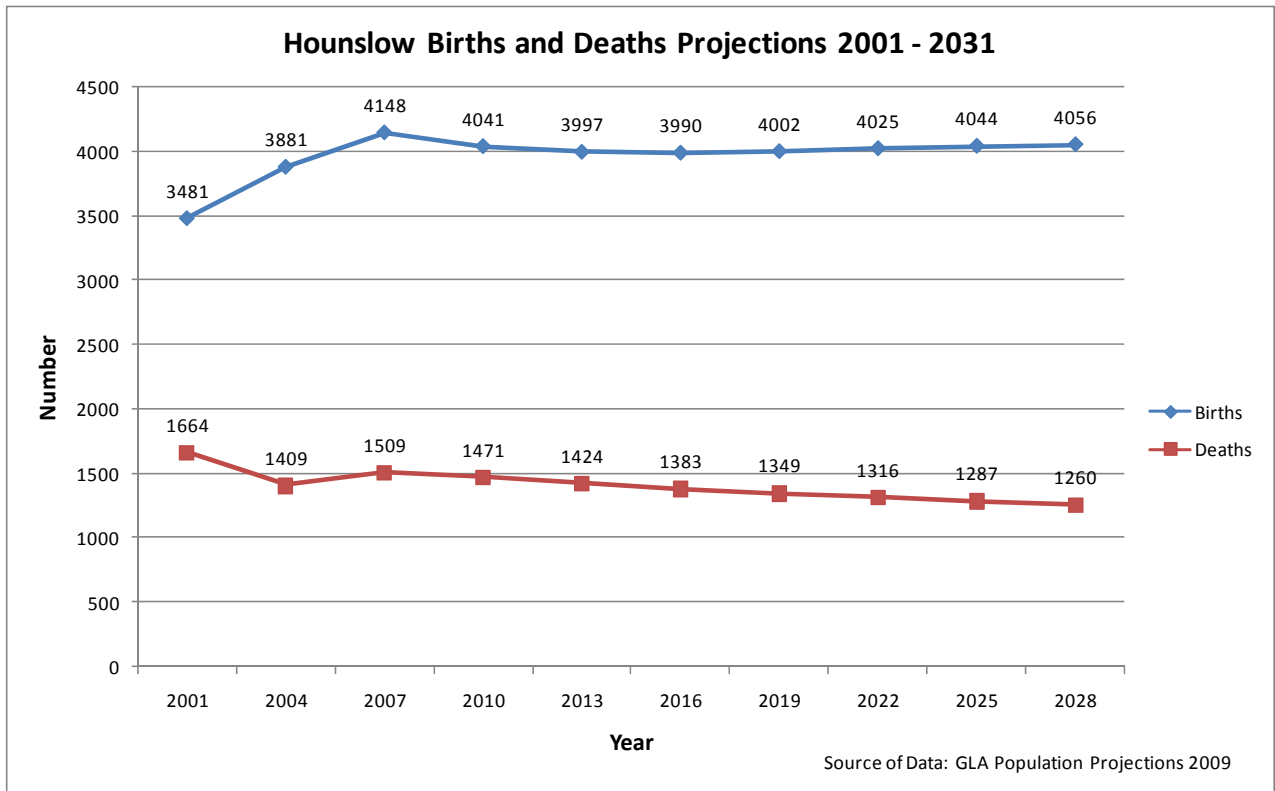
The same GLA population projections provide estimates of births and deaths in the borough over the coming years. Deaths are expected to continue a gradual but significant downward trend. The most recent birth data for the academic year 2008/09 show that the rising trend in birth rates has stagnated, falling from 4285 the previous year to 4186 live births. It remains to be seen if this downward trend will continue, which will have implications for the numbers of children requiring a place in Hounslow schools.

¹ Office for National Statistics Population Projections (updated Sep 2007).

² National Insurance Recording System 2006-2007. <http://www.dwp.gov.uk>

³ Greater London Authority. (2009). Download at: <http://www.london.gov.uk/.../DMAG-briefing2009-03-demographic-review.pdf>

⁴ Population Projections 2010, GLA



Over the last 10 years, the rates of deaths from all causes combined and the rates of early deaths from cancer, heart disease and stroke have fallen in Hounslow. However diseases of the circulatory system, remain the leading causes of premature deaths in Hounslow. This is followed by deaths due to all cancers and respiratory diseases.

Fertility rates have also been rising steadily: up from 66 per 1000 women aged 15-44 in 2001 to 77.9 per 1000 in 2009. Total fertility rates however have remained fairly consistent ranging from 2.14 to 2.26 children per women of child bearing age between 2006 -2009⁵.

A child born today in Hounslow can expect to live much longer than its grandparents. Life expectancy is lower in Hounslow than the regional and England average. Life expectancy for males is 77.4 for Hounslow, 78.2 for London and 77.82 England & Wales average. Life expectancy is 81.6 years for females in Hounslow, 82.7 for London and 81.95 for England & Wales . Looking at a ward level there is a difference of 8 years, between the ward with the highest average life expectancy (Hounslow South 80.5 years) and the lowest average life expectancy (Syon 72.6 years)^{6 7}. Heart disease and cancers are the greatest cause of premature death (below 75) with the age standardised rate for heart disease and stroke at 94.1 which is significantly higher than the national rate of 79.1 per 100,000 people aged under 75.

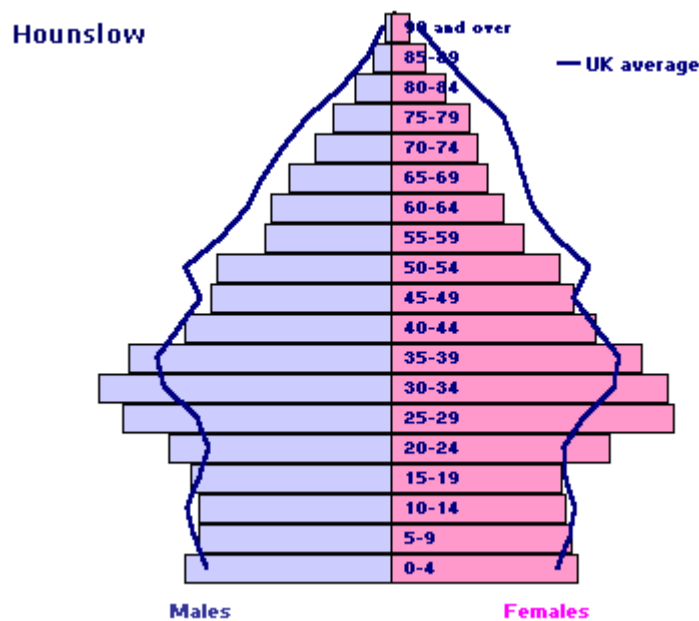
⁵ GLA Population Projections 2009

⁶ Life expectancy at birth, December 2009 See: <http://www.nchod.nhs.uk>

⁷ Life expectancy at birth, December 2009 See: <http://www.nchod.nhs.uk>

Hounslow's age profile is markedly different from that for the country as a whole, as indicated in the diagram below:

Age profile for Hounslow by 5-year age bands



Source: ONS, 2001 Census

On the one hand, Hounslow has a much higher than the UK average proportion of young adults (both male and female). It also has a larger percentage of children under five. Conversely, at the 2001 Census there were lower than the UK average percentages of adults and older people in all age groups from ages 45-49 onwards.

The number of children living in Hounslow has been increasing fairly rapidly through the decade. The total number of live births registered in 2009 was 4,297. This is 88 births higher than in the previous year and whilst the increase has slowed down it continues the sharp upward trend that began in 2000. The average rate of increase in Hounslow (4.6%) is higher than the rate of increase for London Boroughs (3.2%)⁸.

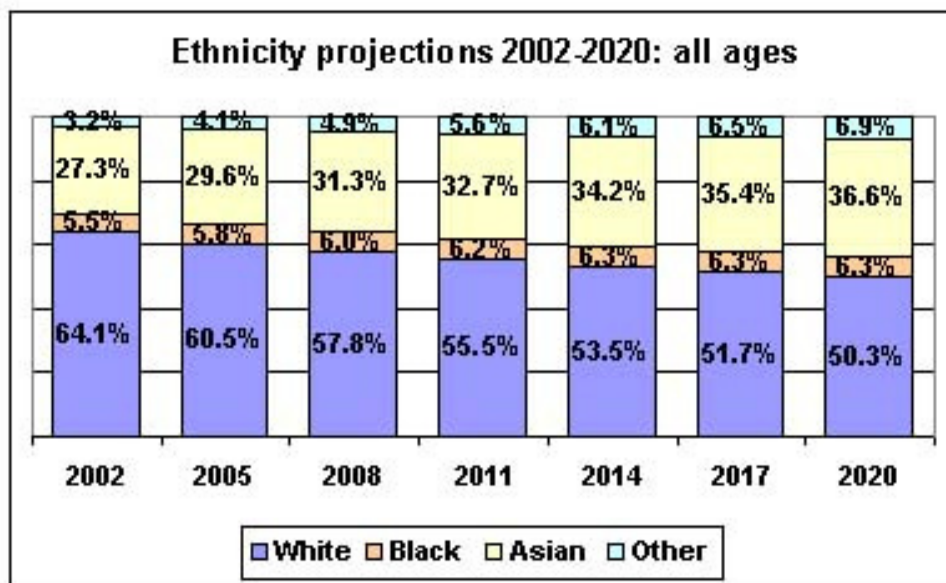
Ethnicity

People in Hounslow have a range of needs regardless of their ethnicity and we aim to support them and meet their needs in a personalised way. In order to understand the diversity of Hounslow, this section will briefly set out the ethnic composition of Hounslow. Generally, the health and social care needs of particular ethnic or cultural groups are typical of the population as a whole. In other words, they are provided for through mainstream services, which should always aim to meet each person's needs sensitive to their personal circumstances. There are also some particular groups which have a higher prevalence of a medical condition or specialist needs.

Many people originating from Asia arrived during the 1960s and 70s from India, Pakistan and East Africa, and so did a smaller number from the Caribbean. These settled communities of largely second and third generation individuals, and families, have been joined by people from an increasingly diverse range of backgrounds.

⁸ for the years pooled 2005-2008, Births and Deaths 2008, DMAG 2009

Latest estimates⁹ predict that the ethnic composition of the local population will continue to change.



One noticeable feature of recent years has been the widening of the geographical and ethnic origin of people living within the borough. In 2008, it was estimated that almost 24,000 people were in the Black other/ Other Asian/ Other ethnic categories, more than one in ten of the local population. By 2011, the figure is expected to reach almost 27,000. The census does not collect data on people from Eastern Europe, Cyprus, Portugal and other European descent but these groups are believed to also be rising.

An estimated 7,100 - 8,200 refugees live in Hounslow, over 3% of the population. This includes people from: Afghanistan, Albania, Bosnia, Kosovo, Iran, Iraq, Sri Lanka, Kenya, Somalia and Tanzania. Many are physically and mentally healthy but others can have greater health needs including lower levels of childhood immunisation and greater levels of mental distress amongst those arriving from regions of armed conflict.

There are currently considerable variations between the proportions of the different ethnic groups in the population in different age ranges. At 2008, it was estimated that the non-white population comprises of adults (ages 18-64) and 25.4% of older people. These differences seem likely to reduce over time as the population ages.

The diversity of ethnicity is reflected in religion. At the 2001 Census, although the main religion of children and young people was reported to be Christian (43%), the combined total of Muslim, Sikh and Hindu religions was not far behind (31%). As mentioned above many mainstream services will meet needs irrespective of the religion of the service user, but there are occasions when service provision will need to take account of the user's religion in the way the service is delivered.

⁹ GLA Ethnicity Projections, 2007 Round, PLP Low, published February 2008

Migration

West London has some of the highest levels of migrations and population mobility in the UK. The ONS population projections estimate the overall population changes at borough level including from estimated inward and outward migration. For 2009 to 2010 the overall estimated annual population increase of 1,400 is shown below.

Table 6: LB Hounslow estimated components of population change 2009 -2010

component of population change	thousands
Natural Change (births minus deaths)	2,500
Inward borough migration from within UK	13,200
Outward borough migration within UK	16,900
net migration within UK	-3,700
International migration In	7,000
International migration Out	4,400
net international migration	2,600
overall Hounslow annual population change	1,400

source: ONS 2006 based sub-national population projections

Hounslow has a high population turnover at 182 per thousand or 18% of the population as shown below in

Several Councils including Hounslow have raised concerns that the methodology for capturing international migration into the borough is not robust and underestimates the borough population.

Carers

At the 2001 Census, almost 19,000 people (8.9% of the local population) said they provided informal care to family or friends. The proportion of carers in Hounslow was slightly higher than in London as a whole. The impact of the caring task on the health and wellbeing of carers can be considerable. In one survey of 1000 carers¹⁰, 76% said that caring had affected their health a little or a lot of the time. Of these, one in six said caring had led them to smoke, drink or use drugs more than before.

A young carer is anyone under 19 who undertakes a caring role within their wider family group. However the Young Carers Scrutiny report suggested that there could be a potential 4000 young carers in Hounslow. Young carers can face issues of underachieving, bullying and emotional stress as well as feeling alone and isolated in their situation, resulting often in fluctuating school attendance which can impact negatively on their health, both their mental health and physical health.

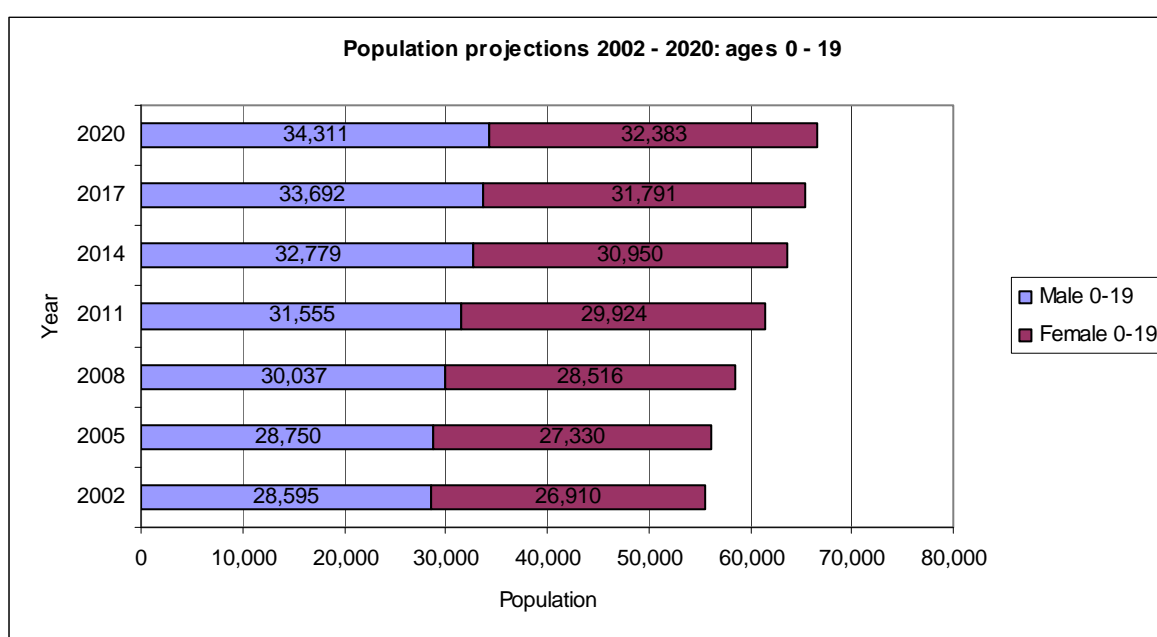
¹⁰ Office for National Statistics in 'Mental Health of Carers', 2002

CHILDREN & YOUNG PEOPLE

Children and young people make up approximately a quarter (26%) of the total population of Hounslow and the numbers are expected to increase over the next years. GLA projections for 2010 show there are 60,000 aged 0-19 which is expected to increase to 66,141 by 2015¹¹. The figures across the five areas are:

West Area	17,817
Heston and Cranford	13,429
Central Hounslow	11,996
Isleworth and Brentford	11,665
Chiswick Area	7,098

Source: Source: GLA ward projections 2010



Source: GLA population projections, 2008

This upward trend is illustrated most of all in numbers of children under five. By 2016, there are expected to be over 19,480 0-4 year olds living in the borough, an increase of 3.5% over 2009 and a 28.4% on 2002 numbers¹². There are significant implications for local services, particularly for health care, and early years childcare provision, and education and school places. By 2016, 0-4s are estimated to comprise 8% of the total borough population, compared with 7.3% for children aged 5-9 and 6.2% for those aged 10-14.

It is not clear why this is, but one reason which may be attributed to it is that parents of school-age children move out of the borough in search of affordable housing, with the necessary additional bedrooms as their children grow older. But the contrast is also due to the increase in the under fives population which we do know is linked to the rising birth rate and migration.

¹¹ Mid-Year 2009 Projections, GLA

¹² GLA, DMAG Population Projections 2010

There are currently 36,696 children and young people attending schools in Hounslow, indicating an increase of 1.2% (429) on the 2009 numbers. 3201 pupils are in Nursery, 17,350 in Primary, 16,685 in Secondary, 360 in Special Schools and 106 pupils in the Pupil Referral Unit.¹³ Also, there are currently 56 pupils attending independent or non-maintained special schools¹⁴.

The ethnic profile of Hounslow's school population highlights that the majority ethnic group is White British (28%), followed by Indian (18%) and Any Other Ethnic Group (10%), Both Any Other White Background and Black African represent 9% of the school population with Pakistani pupils making up 8%¹⁵. Data also highlights that every seven in ten pupils are now of black and minority ethnic heritage and the proportion is increasing. The most commonly spoken first languages among Hounslow pupils are English (47%), Panjabi (8%) and Urdu (6%), with Other than English at 10%¹⁶.

Infant Mortality

The total number of live births registered in 2009 was 4,297. This is higher than the previous year and continues the upward trend. In the period 2003 to 2008 there have been, on average, an additional 180 live births a year. The average rate of increase in Hounslow (4.6%) is higher than the rate of increase for London Boroughs (3.2%).¹⁷

In 2008 the infant mortality rate is 4.8 per 1000. The infant mortality rate for the pooled years 2006-08 at 4.3% is approximately the same as the average for London (4.6%) and the average for England & Wales (4.8%)¹⁸. The perinatal mortality rate (number of stillbirths and deaths of infants under 7 days) was 2.3 per 1000 live births in the years for pooled 2006-08, is lower than the national rate of 2.5 per 1000.

Young People and Sexual Health

The Borough continues to have a higher than the average rate for England of teenage pregnancy, although there is some evidence of a recent decline. During 2008, the teenage conception rate was 46.0 conceptions per 1,000 15-17 year old girls in Hounslow. This represents a total of 172 conceptions and a 6.1% reduction on our 1998 baseline.

The rate of teenage conceptions from the baseline is not decreasing as quickly as national (13.3%) and London (12.7%) trends. There has been little improvement in the rate of teenage pregnancy from the previous year in 2007 where the conception rate had been 46.1 per 1000 15-17 year olds in Hounslow. Reducing teenage pregnancies remains high on the agenda for all relevant partners. In 2006-08, 58% of conceptions led to abortions, this is higher than the national average at 50% but lower than figures for Outer London at 62%.¹⁹

¹³ January School Census 2010

¹⁴ SEN Database

¹⁵ Pupil Ethnicity Survey, January 2010

¹⁶ Pupil Language Survey, January 2010

¹⁷ For Births and Deaths 2008, DMAG May 2009

¹⁸ London Health Observatory, Health Profiles 2009 Available at: <http://www.lho.org.uk>

¹⁹ Under-18 conceptions statistics 1998-2010, Available at <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00200/>

The National Chlamydia Screening Programme (NCSP) covers all sexually active 15 to 24 year olds. In 2008-09, NHS Hounslow achieved 4246 screens, equating to 14.5% screening against a target of 17%, with a positivity rate of 5.2% (96 positive clients). The target for 2009/10 was 25% (7275 screens) of the 29,100 young people. NHS Hounslow achieved 23.7% (equating to 5547 screens), with a positivity rate of 4.9% (273 positive clients) against the London average rate of 5.0% and the national average of 6.0%. Currently, London remains the highest screening region in England. For 2010/11, the target has been set nationally at 35% of the target population (which is 28,700 for Hounslow), equating to 10,045 screens.

Childhood obesity

As part of the annual National Child Measurement Programme (NCMP), in 2009-2010 a total of 4957 (98%) children in reception (4-5 years olds) and year 6 (10 – 11 year olds) were measured in Hounslow.

From the cohort of 2610 reception children measured, 71.9% were a healthy weight, 12.4% overweight, 13.9% obese and 1.8% were found to be underweight. The overweight figures for reception is 0.7% lower compared to 2008-2009, however the obese figures have risen by 1.8% in 2009-2010.

In the Year 6 cohort of 2347 children measured, Hounslow continue to show significantly high overweight and obesity rates. The NCMP result showed 58.2% were a healthy weight, 15.6% overweight, 24.6% obese and 1.7% underweight. Both overweight and obese figures have risen compared to 2008-2009 NCMP results.

The combined overweight and obese data for Year 6 gives a prevalence rate of 40.2%, which is significantly higher when compared to the England average of 33.3% and the London average of 36.9%. This is also similar in the reception data. The combined overweight and obese data for reception is 26.3% which is higher when compared to England average 23.1% and the London average 24.3%.

When comparing Hounslow to both national and regional data on obesity figures, it is apparent that Hounslow's children are considerably heavier and the trend also highlights the year on year rise of childhood obesity.

Comparing Hounslow and the neighbouring boroughs such as Richmond, Hillingdon and Ealing provides a challenging picture for Hounslow. The combined overweight and obese data for reception children in Richmond is 17.2%, Hillingdon 21.5% and Ealing 24.9% (Hounslow 26.3%). The combined overweight and obese data for Year 6 children in Richmond is 26.5%, Hillingdon 33.5% and Ealing 36.1% (Hounslow 40.2%). .

Dental health

Poor oral health are risk factors for other chronic diseases and is linked to social deprivation. In Hounslow 32.6% of children at age 5 have experience of tooth decay, and of this, only 6% of teeth with decay are filled compared with national average of 14%. However teeth extractions are more likely in the borough.

Children and young people with emotional and mental health issues

A significant proportion of children and young people experience emotional and mental health problems. In Q2 2009/10 the highest presenting conditions were ADHD (1566), followed by anxiety disorders (748), psychosocial problems (600) and autistic spectrum disorders (435). There are also significant issues of conduct and mood disorders, self harm and increasingly eating disorders. .

Mental health issues are more likely to affect vulnerable groups including young offenders, ethnic minority groups, Looked After Children, refugee and asylum children and those with learning and behavioural difficulties. Known cases of vulnerable groups to CAMHS caseload are lower than expected.

There are specific groups of children and young people who under-achieve at school such as White British Boys in writing at key stage 2. Pupils from Somali, Black Caribbean, Afghani, Traveller heritage as well as those claiming Free School Meals, children with Special Educational Needs and Looked After Children also under-achieve across the key stages. There is further evidence to suggest, that children who enter school mid-term do less well than their peers. Between September – October 2009 there were 259 mid-term admissions across 40 primary schools and 107 mid-term admissions across 11 secondary schools.

In 2011, 3208 young people in secondary school, representing 20% of pupils had special educational needs, of which 200 had statements of SEN. Speech, Language and Communication Needs (SLCN) are the highest growing area of special needs in Hounslow. Referrals for Speech and Language Therapy (SLT) has seen a 445% increase from 244 in 2004 to 1330 in 2010. The annual increase is 5%. In 2010 22% of pupils with SEN in Hounslow achieved 5 A*-C including English and Maths, compared with a borough average of 58%.

Schools have seen a good reduction in permanent exclusions, with a reduction from 63 in 2008/09 to 47 in 2009/10. Persistent Disruptive Behaviour continues to be the primary reason for permanent exclusions, however there has reduction from 20 exclusions in 2008/09 to 14 in 2009/10, resulting in a 30% reduction.

Safeguarding Children and Young People

21% of children experienced bullying and discrimination in 2009/10. This is now lower than the national (28.8%) and London average (24.6%)²⁰. The outcomes of the 2009 Tellus 4 survey also show improvement. 66% of pupils state that they have never been bullied which is higher than the national average of 54%. This however is lower than the 2007 Tell Us survey results, where 74% said that they had never been bullied compared to 70% nationally. There is more work to be done to ensure bullying levels are reduced.

Student Focus Groups, now involving twelve secondary settings, indicate that young people are not sufficiently aware of the availability of support services, should they have a problem.²¹

²⁰ NI 69 Available at: <http://www.pat.communities.gov.uk/pat/>

²¹ *Tell Us 3 Survey and Healthy Schools: Student Focus Group Composite Report*. Autumn Term 2008. <http://www.csip.org.uk/silo/files/yh-mh-promotion-ewb-schools.pdf>

The numbers of racist incidents in schools has slightly risen from 08/09 by 6 % to 331 incidents recorded in 09/10. This represents the highest number of incident over a 6 year monitoring period although the rate of increase has dropped from 08/09 which saw a 12% rise. The largest numbers of reported incidents are from within primary schools. In the east of the borough there was an increase in the number of reported racist incidents from 151 in 2008/09 to 160 in 09/10. Only 10 schools returned 'nil incidents' compared with 17 the year before. Black Somali pupils continue to be disproportionately likely to be victims of abuse.

Youth Offending in Hounslow

The number of young people committing offences in Hounslow has declined over the past 3 years from 542 in 7/8 to 475 in 9/10. The numbers entering the Criminal Justice System for the first time is also reducing with 287 in 9/10 against 337 new entrants in 08/09. Rates of re-offending amongst young people who are subject to community penalties continue to decrease with a re-offending rate of 0.86 achieved in 09/10 compared with 0.96 in 08/09. The most prevalent youth offences in 9/10 were drugs related, theft (shoplifting), and violence, the first time drugs related offending has been the most frequent offence category.²²

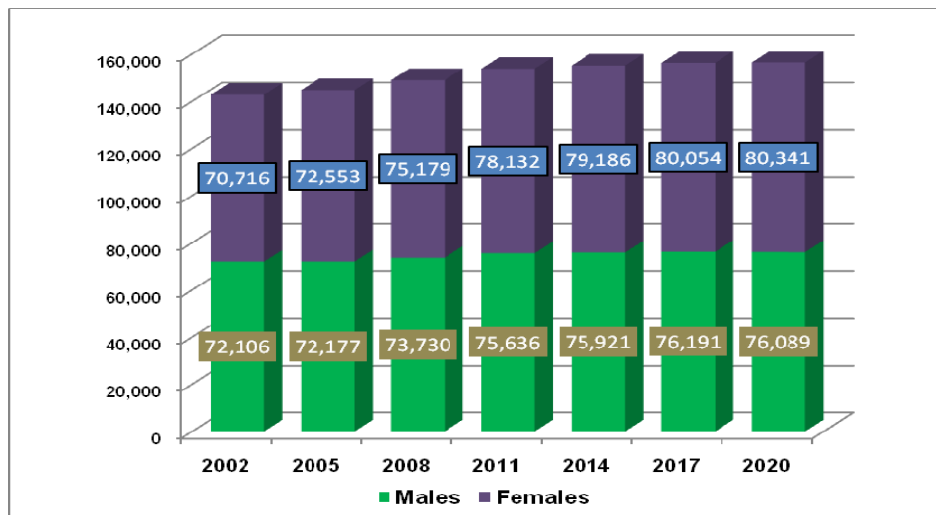
Offending levels in young people from the West area are somewhat higher than other parts of the borough, with particular hot spots also in Hanworth and Feltham. It is also recognised that young people are often the perpetrators of anti-social behaviour particularly in areas of social housing. Involvement of young people in gang related activity remains a matter of concern. The position is fluid. During 2010, Triage arrangements were introduced in to the Borough whereby low level first time offenders are diverted from the criminal justice system and receive a restorative intervention delivered by the Targeted Youth Support Service. This has prevented relevant young people receiving a criminal record and provided an opportunity to identify and address other risks the young person might have had. This has also helped the Borough reach young people from ethnic minority backgrounds who were not always accessing early intervention services.

²² Youth Offending Services, using YOIS database.

ADULTS & OLDER PEOPLE

Population 18-64

Adults aged 18-64 comprise around two-thirds of the total population. Their numbers are expected to grow much in line with those for children, with a steep increase through to 2011 and a gradual one thereafter. See the table below.



Population projections 2002-2020: ages 18-64 (GLA 2007 Round, PLP Low)

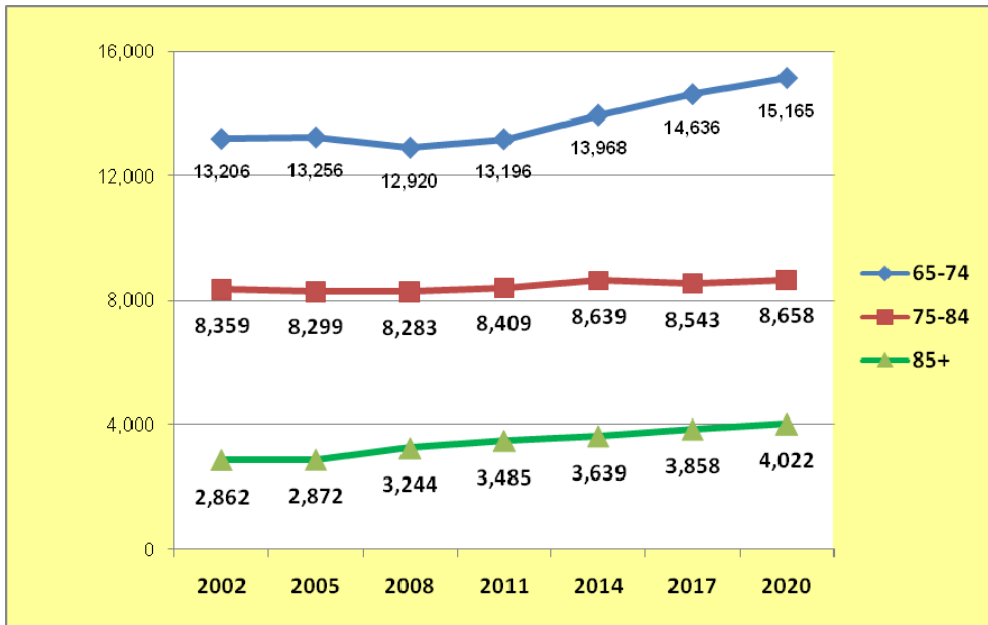
While males out-number females among children and young people, there seems to have been a shift in the adult population since 2002, with females now beginning to out-number males. By 2011, there are expected to be around 3% more women than men of working age living in Hounslow.

The prevalence of physical disability and sensory impairment increases as the population ages. At the 2001 Census, for instance, only 6% of Hounslow residents aged 18-39 stated they had a limiting long-term condition but this rose to 21% for people aged 40-64. Although there are more people with learning disabilities in the younger adult age ranges, they are living longer nowadays and the differences are decreasing.

Adults aged 65+

It is with people aged 65 and over, that there is the greatest difficulty with the official population estimates from the Office for National Statistics (ONS). Contrary to public expectations, and contrary to the perceptions of many health and social care professionals, responding to a growing demand for care, the ONS data have been showing a decrease in the number of Older People in the borough since 2001. The ONS states that this will continue for some years to come.

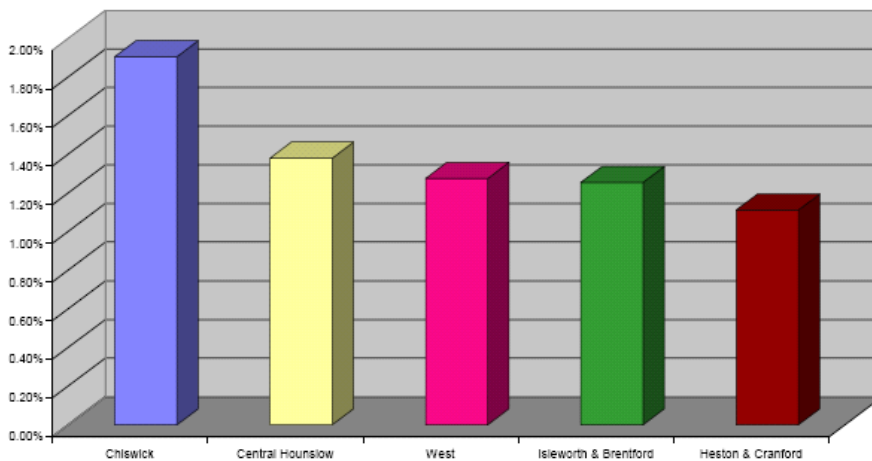
The latest GLA projections show a somewhat different picture, outlined in the table below.



Population projections 2002-2020: ages 65+ (GLA 2007 Round, PLP Low)

These estimates indicate a slightly lower number of people aged 65-74 and 75-84 in 2008 than in 2002 but with increases thereafter. Indeed numbers in the younger group are set to grow markedly as the post-war 'baby boomers' reach pension age. The GLA expects there to be 276 (2.1%) more people aged 65-74 living in the borough in 2011 than in 2008. The increase for 75-84 year-olds over the same period is 126 (1.5%).

Proportion of older people (aged 85 and over) by area committee
(GLA 2005 Round Demographic Projections - Scenario 8.07)



At age 85 plus, numbers seem to have been steady in the early part of the decade, but now considerable increases are beginning to be revealed. The GLA's estimate is that there are 372 more people aged 85 and over living in Hounslow in 2008, than three years ago, up 13% on 2005. In 2011, another 241 people aged 85 plus are expected, up over 7% on 2008.

People aged 85 and over are the biggest users of health and social care services and the most likely to require expensive residential care, and are much more likely to have dementia. Prevalence of dementia is estimated at 23% for this age group, compared with 7% of people aged 75-84 and 2% in those aged 65-74.²³ Given the projected increase in the over 85s, this might mean that an estimated figure of 1500 older people with dementia might rise to almost 1600 during the ten years from 2006 to 2016²⁴.

Although the West Area had a slightly larger proportion of over 65s in the Borough at the 2001 Census, a different picture emerges at age 85 plus with Chiswick having a considerably higher proportion in this age group.

HEALTH AND DISABILITY

At the end of June 2009 the registered population for GPs in Hounslow was 260, 659 people.

Hypertension

Between 2008 - 2009 in Hounslow, 28,560 adults were diagnosed with hypertension (high blood pressure). However, the number of people living with hypertension in the borough is estimated at 47,425, indicating that primary care data may substantially underestimate hypertension prevalence. Thus, a considerable number of local people with hypertension remain undetected, untreated and potentially at risk of stroke and other circulatory diseases.

Mortality from hypertension disease has continued to rise since the late 1990's in the borough, and become consistently higher than both London and England averages. In Hounslow's from the period 2003-09, of the 102 hypertension-related deaths, 72% were among people over 65 years old.

Mortality is highest in Feltham North at 21.4 per 100,000 and Hounslow West at 16 per 100,000. Mortality is lowest in Osterley and Isleworth at 2.0 per 100,000. Between April 2005 and March 2010, hypertension-related hospital admissions were recorded in Hounslow. 87.5% of admissions were among people aged 44 and over.²⁵ The most prominent profiles recorded by HNS Hounslow, shows these were: older people and multi ethnic disadvantaged populations with high levels of smoking.

Hounslow GPs keep registers of all patients who have been diagnosed with health conditions:

- 6, 411 patients are currently on the coronary heart disease register
- 12, 262 patients are currently on the Diabetes register

²³ 'Forget Me Not mental health services for older people in England', (2002) An Audit Commission Publication. Copies of the report can be downloaded at:

<http://www.audit-Commission.gov.uk/.../health/mentalhealth/.../forgetmenot>.

²⁴ Older People Joint Commissioning Strategy 2007-2010, LB Hounslow/ Hounslow PCT

²⁵ NHS Hounslow. *Making Hounslow Healthier*. Annual Public Health Report 2008/2009. Available at: http://www.hounslowpct.co.uk/documents/NHSHounslowAnnualPublicHealthReport_2008_2009.pdf

Coronary Heart Disease(CHD)

CHD is influenced by individual lifestyle factors including smoking, obesity, and lack of physical activity. The prevalence of CHD in Hounslow is 2.38% compared to 2.26% and 3.50% in London and England respectively. Mortality in all age groups in Hounslow is higher than rates for London but similar to the national with rates in males considerably higher than females. The number of deaths under 75 has fallen considerably in the last 10 years however there is a large variation in rates of deaths for CHD under 75 years between localities with 40% higher in Heston & Brentford than the national .

Diabetes

Diabetes impacts unequally on people from black and minority ethnic (BME) populations who are up to six times more likely to develop diabetes. The prevalence of diabetes in Hounslow is forecasted to increase due to an increase ageing population and the increasing prevalence of obesity. The number of people with diabetes is estimated to increase from 11,365 with a prevalence of 4.4 per cent in 2009 to a prevalence of 6.3 per cent by 2015. Death rates from diabetes among males in Hounslow is markedly higher compared to London and England rates. Hounslow has the fourth highest death rate for males and while females have the 7th highest death rate across London.

Strokes

Stroke is the third greatest killer and leading cause of long-term adult physical disability in the UK. It is estimated that there will be 320 strokes and 160 Transient Ischaemic Attack (TIA)²⁶ per year in Hounslow, occupying 9,631 emergency bed-days and causing 117 deaths per year. However, in general mortality rates from strokes continued to decline in the last decade due to better stroke management.²⁷

Rates over time were consistently lower in Hounslow compared to England, apart from two peaks in 2002 and 2004, when mortality rates were higher than London. The number of deaths per year in the borough is small compared to England and London, resulting in greater variation in death rates from year to year, making it difficult to judge trends. Nonetheless, the current data reveals that within the registered population for Hounslow between 2003 and 2008, of the 538 stroke-related deaths, 67% were among people over 75 years.²⁸ Mortality is highest in Feltham North at 54.6 per 100,000 and lowest in Feltham West at 6.1 per 100,000.

Between April 2009 and March 2010, there were 309 stroke-related hospital admissions within the Hounslow registered population, of which 91% were among people aged 44 years and over. Prominent reasons were: deprived neighbourhoods; sedentary lifestyles; older people and high levels of smoking. Patients who have had one stroke are at increased risk of having another. Secondary prevention strategies that address medical risk factors and promote health lifestyles can reduce this risk.

²⁶ A Transient Ischaemic Attack (TIA) is a minor stroke with symptoms similar to those of a stroke, but all symptoms disappear within 24 hours.

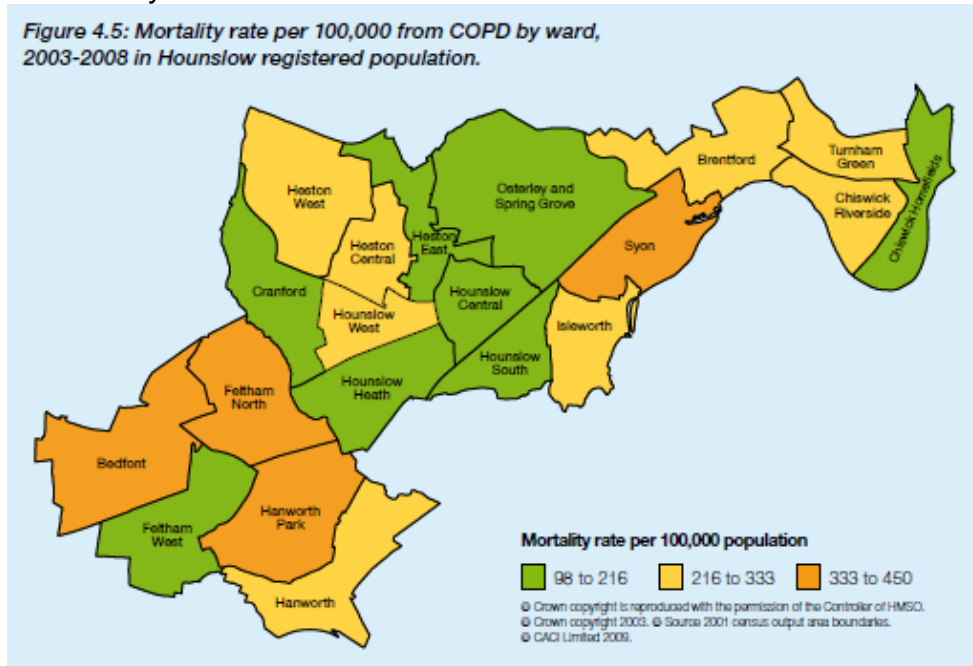
²⁷ *Making Hounslow Healthier* (2008-09)

²⁸ *Making Hounslow Healthier* (2008-09).

Chronic Obstructive Pulmonary Disease (COPD) ²⁹

COPD is the 5th largest killer in the UK and the second most common cause of emergency hospital admissions. There were 2, 110 COPD patients were registered with GP practices across Hounslow in 2008-2009. COPD mortality has steadily declined for men in England, London and Hounslow since 1993. Yet, rates in Hounslow for women have increased, and this has been attributed to an increase in smoking among women. ³⁰ Of COPD-related deaths, 92.0% were among individuals above 65 years old.

Figure 4.5: Mortality rate per 100,000 from COPD by ward, 2003-2008 in Hounslow registered population.



Mortality is highest in Feltham North at 90.0 per 100,000 and Hanworth Park at 87.4 per 100,000, and lowest in Heston East and Hounslow Central at 19.7 and 22.2 per 100,000. Between April 2005 and March 2010, almost three quarters of hospital admissions (71%) were of people aged 65 years and over.

Smoking

Smoking is recognised as the single greatest cause of illness and premature death in England today. Smoking is believed to be responsible for 87% of all cases of lung cancer, 86% of all cases of chronic obstructive pulmonary disease, and 58% of all ischaemic heart disease in those aged 35-54. Smoking is a major and increasing factor in health inequalities. People living in deprived areas, for example, are more likely to smoke, and generally smoke heavily. There is evidence to indicate that smoking is already responsible for half of the difference in life expectancy between those in the highest and lowest socioeconomic groups³¹

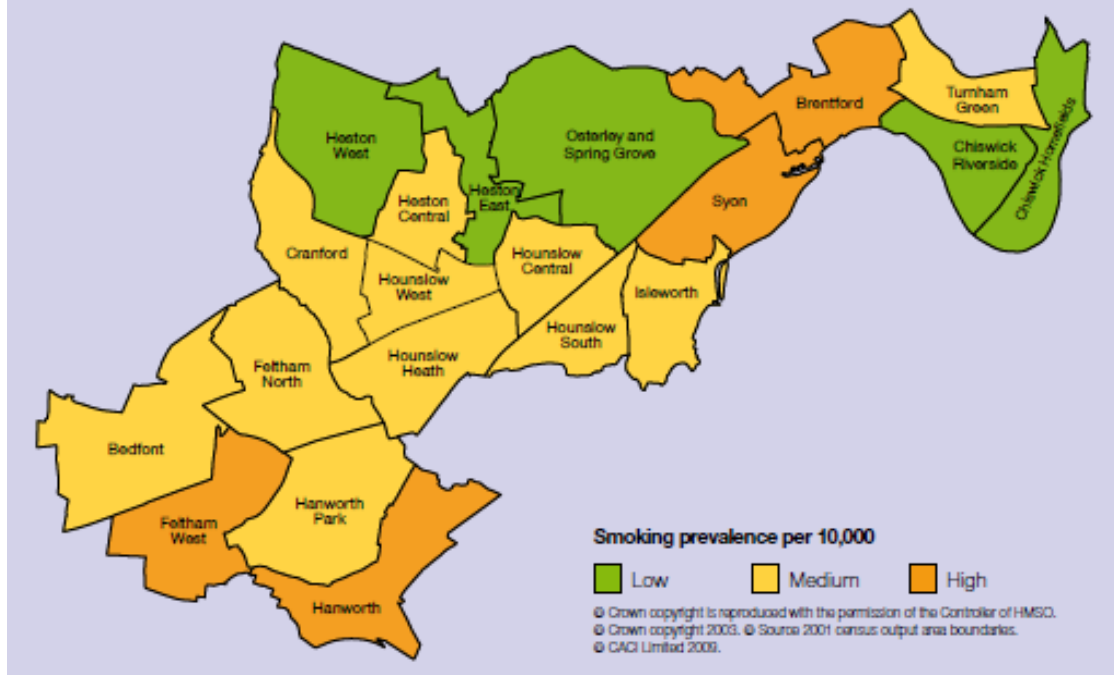
²⁹ Chronic Obstructive Pulmonary Disease (COPD) describes conditions due to lung diseases, including chronic bronchitis and emphysema. The disease damages airways in the lungs, causing them to become narrower and making it harder for air to pass through. The most important risk factor is smoking.

³⁰ The European (EUPHIX: EU Public Health Information & Knowledge System) 2007. http://www.euphix.org/object_document/o4732n27163.html

³¹ Wanless, D (2004) *Securing Good Health for the Whole Population*. London. See: Primary Care Electronic Library (PCEL) at: <http://www.pcel.info>

Twenty eight percent of Hounslow's adults were smoking in 2009 as compared with just under a quarter for England. In 2008-2009, 47,193 smokers were registered with GP practices across Hounslow. Wards with highest prevalence of smokers are in Hanworth, Feltham West, Syon and Brentford, all in the bottom 40% of IMD³² Scores in Hounslow and with a majority 'White British' ethnic group.

Figure 5.2: Map of Hounslow showing smoking reported prevalence per 10,000 by ward 2007-08.



In 2009-10 10% of mothers were smoking at time of delivery in Hounslow, compared to 7.2% in London and 14% in England.

There is an average of 224 smoking-related deaths annually in Hounslow. The rudimentary annual death rate per 10,000 people above 35 years of age in Hounslow is 24.2³³. The rate is higher among women, with a rudimentary rate of 21.9 per 10,000 and 26.2 per 10,000 in men and women respectively.

Healthy Eating, Obesity and Activity

In Hounslow 26.7% of adults eat healthily, similar to the England average. Hounslow mirrors the national picture with a rapid rise in the rates of obesity and overweight children. Among reception year children in Hounslow in 2009/10 the percentage of obese children was 13.9% compared with the national average of 9.8%. The combined overweight and obese data for reception is 26.3% which is higher when compared to England average 23.1% and the London average 24.3%. Currently, there is no means of providing adult overweight and obesity data to the same extent possible for children. Hence, rates are extrapolated from national surveys and local demographics.

³² Index of Multi Deprivation, at: <http://www.communities.gov.uk>

³³ The standardised rate in 2001 of 31 per 10,000 is not comparable as the most recent data is not standardised by age and gender. For further reading see: NHS Hounslow. *Making Hounslow Healthier*. Annual Public Health Report 2008/2009.

Only 16.5% of Hounslow adults are physically active, as against an England average of 16.6%, although other data from Sport England³⁴ has 19.7% of adults exercising at least three times per week (still below the London average of 21.3%). There are interesting and large east-west differences to be seen across the Borough:

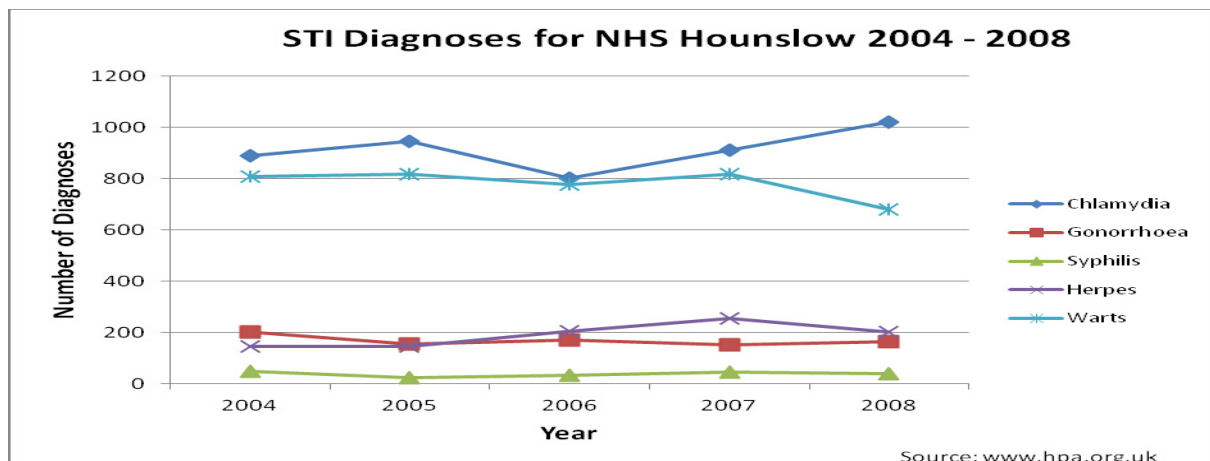
- in the east, participation rates are high (23-37% in Chiswick)
- in the centre, they are medium (18%-23%)
- in the west, levels are low (11%-18%)

Breast Screening

From April 2008 to March 2009, 68.3% of women aged 53-70 years were offered screening for breast cancer. 303 women in Hounslow were diagnosed with breast cancer. The annual admission rate is 0.7 per 1,000. The majority of cases (48%) were in women aged 65 years of age, but 24% of cases were below the age of 50. Between 2006 and 2008, 22.84 females per 100,000 population died from breast cancer. Mortality from breast cancer in Hounslow during 1993-2007³⁵ shows Hounslow has comparatively higher rates of mortality from breast cancer than England or London. However in 2007 20% fewer deaths occurred in Hounslow compared to England than would have been expected.

Sexual Health and HIV

The UK has seen a deterioration of sexual health over the past 10 years, which is reflected in the growing numbers of sexually transmitted infections (STIs) and teenage pregnancies. STIs can lead to cancer, infertility and death. Modernisation of Sexual health services in Hounslow is a priority in the PCT's Commissioning Strategy Plan and is one of the first service areas to witness a significant shift from acute to primary and community care.



Sexually Transmitted Infections (STIs) and HIV prevalence are the fastest growing health conditions in England. Research regarding the health needs of gay and bisexual men is limited. The main public health concerns of this group are sexual health – including exposure to HIV and STIs and mental health – including homophobia, suicide, self-harm and depression. A report by Mind found that gay men bisexual men and lesbians report more psychological distress than heterosexuals.³⁶

³⁴ Active People Survey, Sport England, 2007 at: <http://www.sportengland.org.uk/>

³⁵ This refers to the standard mortality ratio SMR, standardised to England population.

³⁶ King, M, McKeown, E et al, (2003) *Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales*. A Mind Publication. London. <http://www.mind.org.uk>

In 2007, 516 people resident in Hounslow were accessing HIV care. Numbers have been increasing year on year; this latest figure is 60% higher than in 2002³⁷. A growing proportion of infections, now over half the total, have been acquired heterosexually. About a third of patients obtain their health care and treatment locally at West Middlesex University Hospital, another third travel to Central London specialist HIV centres, and the remainder to a wide range of other hospitals outside the borough, notably Ealing Hospital.

Disability and mental health

Disability is a complex concept to define and therefore to quantify. The number of people on the borough's physical and sensory disability registers, 2300 adults and older people at March 2007³⁸, under-counts the true incidence. However most people with, for example, a mild visual impairment sufficient to require glasses would not consider themselves disabled. A realistic assessment would be around one adult in ten aged 18-64 can be considered to be moderately or severely disabled, approximately 15,000 in Hounslow³⁹. A much higher proportion of older people are disabled. For many, their disability is as much related to the effects of ageing as to the development of specific long-term conditions, mobility problems, visual/hearing impairments or other disabilities.

Many mental health problems are temporary, so it is difficult to be precise about numbers with severe and enduring mental illness. Applying national estimates to Hounslow, we might expect to have around 10,750 people in the latter category⁴⁰. Almost two-thirds are females, yet this gender imbalance is reversed for suicides. During the period 1995-2006, twice as many men as women from the borough committed suicide⁴¹.

Safeguarding adults

Some adults are vulnerable and at more risk of abuse. They may be less able to safeguard themselves if abuse occurs. This may be because they are a frail older person, or because they have physical or mental illnesses or disabilities. They need support and advice to safeguard them from abuse. Adult abuse includes bullying, emotional abuse, physical abuse, financial abuse, sexual abuse and neglect.

Over the last eight years the number of reported cases of adult abuse in Hounslow has increased dramatically. It is believed that it is not the amount of adult abuse that has increased but the level of reporting of incidents and concerns. This reflects the continuing efforts made to raise awareness of adult abuse. In 2009/10 there were 361 cases of adult abuse reported and investigated.⁴²

³⁷ SOPHID (Survey of Prevalent HIV Infections Diagnosed 2006, provisional data). Health Protection Agency, 2007. Download at: <http://www.hpa.org.uk>

³⁸ Housing & Community Services Management Information Team.

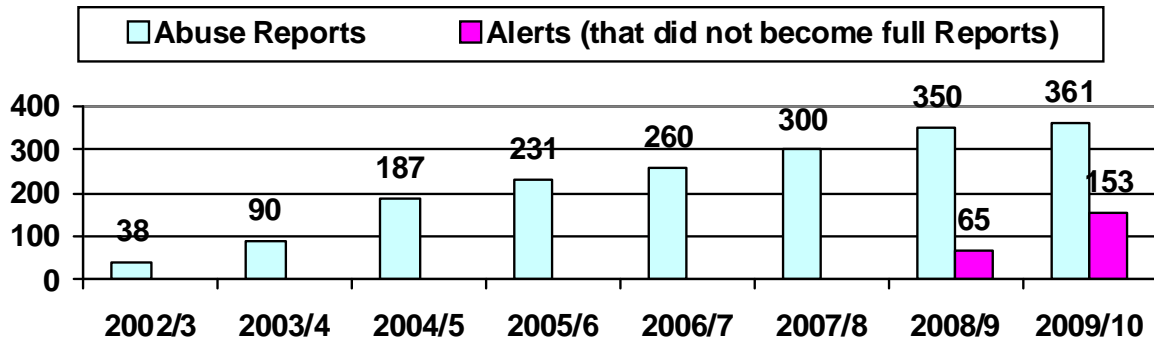
³⁹ Physical Disabilities & Sensory Impairment Joint Commissioning Strategy 2007-2010, LB Hounslow/ Hounslow PCT.

⁴⁰ Primis, University of Nottingham/Department of Health, Severe Mental Illness Statistics, based on prevalence data 2003-2007, quoted in draft Mental Health Joint Commissioning Strategy 2008-2011.

⁴¹ Suicide and Unexpected Deaths Review Project 2006.

⁴² Hounslow Safeguarding Adults. *Abuse hurts, Abuse is real, Abuse happens*. Annual Report 2009-2010. London Borough of Hounslow. Copies can be obtained by emailing: adultprotection@hounslow.gov.uk

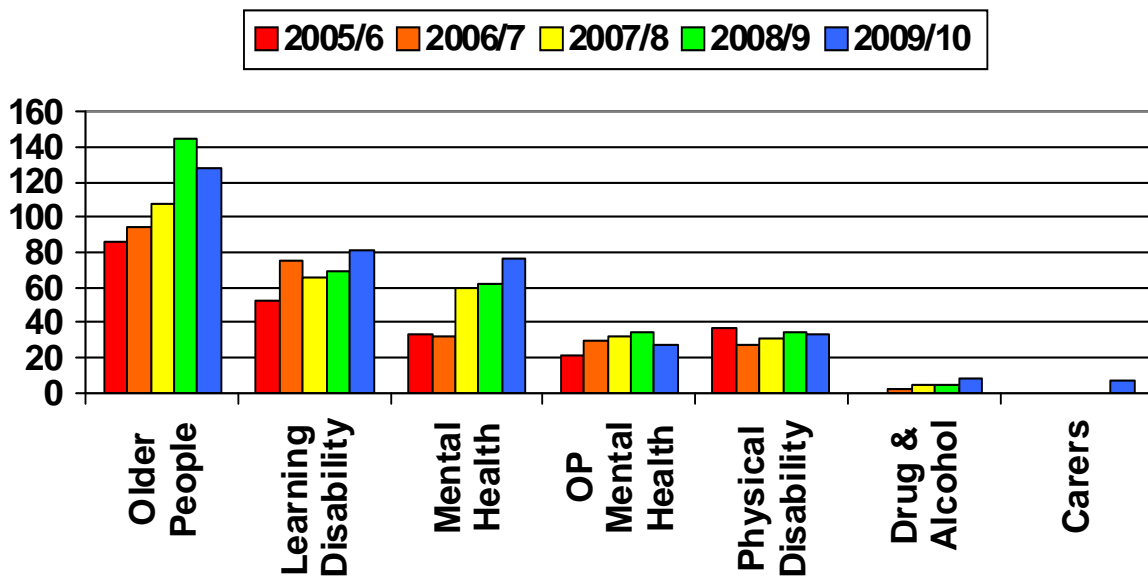
Reported Cases of Adult Abuse



* Alerts data has only been collected for the past two years. It is worth noting that these were referrals for which a full investigation is carried out, in 75 cases no abuse was found.

The following charts summarise some of this key data relating to the victims and the place the abuse has taken place.

The Victim - Service User Group



In 191 cases the abuse was stopped. In 90 cases it was not possible to completely stop the abuse for a variety of reasons. In some cases, even after the vulnerable adult has been given a lot of advice and support, the person makes their own decision to allow an abusive situation to continue. In these cases there is support and monitoring and the victim is encouraged to take action at a later date.

There is a steady increase in the percentage of allegations of abuse where it is happening in the vulnerable adult's own home. While we must continue with adult abuse awareness training for staff working in domiciliary care settings, we must ensure that service users, carers, any other agencies visiting people at home and the wider community know how to identify and report abuse or any concerns about abuse.

In order to continue to protect vulnerable adults awareness-raising must continue and reach all sections of Hounslow's diverse communities. 77 community stalls and events were run by the Adult Abuse Awareness Team at a range of venues across the Borough and it is important that this continues. The Safeguarding Adults Board has identified the need for better, more relevant and interpreted information to be able to direct awareness activity and training to deliver maximum benefit to vulnerable adults.

Rehabilitation and End of life care

Stroke is the key cause of premature death in Hounslow; the third largest cause of death and the largest cause of severe disability. The health equity audit in Hounslow (2009) together with the stroke sentinel audit (2008) highlighted that there are stark inequalities related to quality of stroke related care in primary, secondary and community care settings. Post-discharge rehabilitation service in Hounslow was rated as poor by patients in a local survey undertaken in 2009. Consequently there is a need to improve Stroke pathway to enable immediate rehabilitation response post Stroke Unit discharge. West Middlesex Hospital has a higher than average length of stay for many specialities, notably Geriatric medicine, Respiratory medicine and Rehabilitation. This indicates a lack of rehabilitation and re-ablement services available outside the acute setting.

	PCT	Sector Average	London Average
Deaths during 2008	1,383	1,340	1,558
Percentage of deaths requiring admission	78%	75%	73%
Percentage of admitted patients who died in hospital	65%	63%	63%
Number of spells for patients who died in hospital	2,080	2,139	2,422
Average number of visits (spells per patient) in previous 12 months for those who died in hospital	3.0	3.5	3.4
Average length of stay per visit (days)	12.0	9.7	9.8
Average number of bed days per patient (days)	36.4	33.7	33.7
Emergency admissions as a percentage of total admissions	68%	63%	61%
Total expenditure on acute admissions (2008/9 prices) £m	7.63	6.76	7.30

Significant trends are;

- 70% of deaths occur in the hospitals
- currently only 10% of referrals for specialist palliative care are for patients with a non-cancer diagnosis
- only 23% of Hounslow deaths occur in people's own home

NHS Hounslow, West Middlesex Hospital and Hounslow Council are undertaking a review of rehabilitation services in 2009 and are also developing an End-of-life care strategy.

Pharmaceutical Needs assessment

There are 55 community pharmacies or high street chemists in Hounslow, of which 35 are independent and 19 are large chains. The number of community pharmacies per head of population by locality is shown below.

Locality	Resident Population	GP Registered population	No. of community Pharmacies	Resident Population per Pharmacy	Registered GP Population per Pharmacy
Central Hounslow	55716	73812	12	4643	6151
Chiswick	34130	46088	11	3103	4190
Heston & Cranford	52061	64500	6	8677	10750
Isleworth & Brentford	49938	66572	12	4162	5548
West Hounslow	59792	82022	12	4983	6835

The 53 pharmacies provide one community pharmacy per 4329 people overall compared with an England average of one community pharmacy per 5,000 people. Most respondents to a survey travel less than 1 mile to the pharmacy and have no problem getting into or using the pharmacy. They also thought it important for the pharmacy to be close to their home and their doctor's surgery

Key findings and recommendations of the needs assessment are:

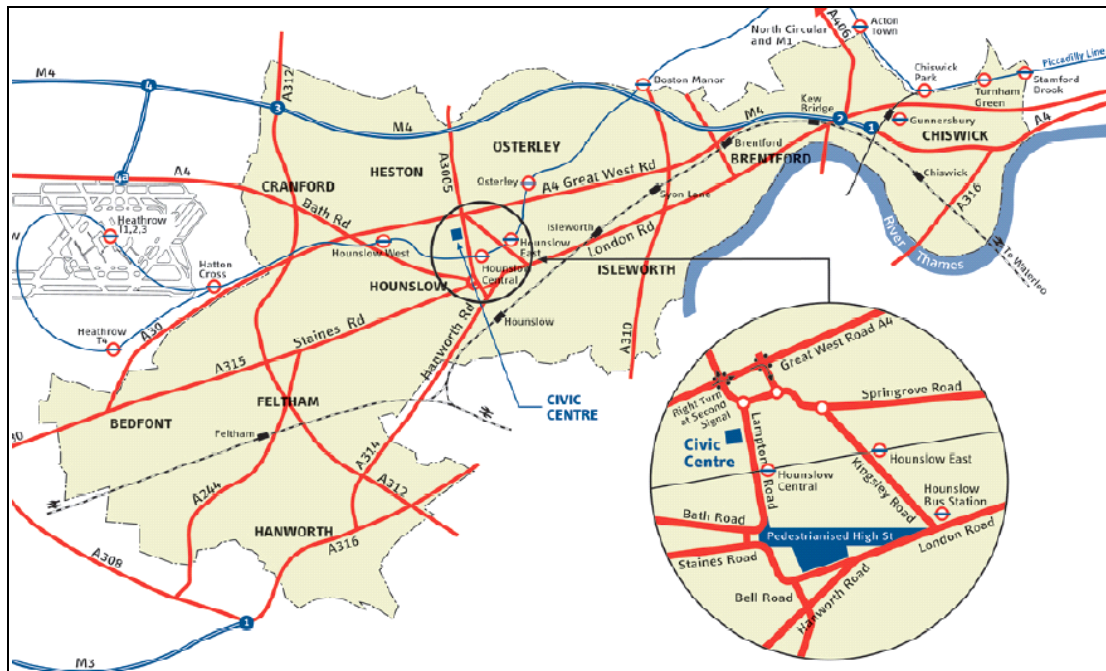
- 1) Increased integration of community pharmacists into the existing network of providers supporting patients, especially patients with long term conditions.
- 2) Increased joint working between GPs and community pharmacists
- 3) Support community pharmacists to promote healthy lifestyles and self care.
- 4) To consider commissioning the full range of local directed services from 100 hour pharmacies in the area.
- 5) The PCT to encourage uptake with the provision of services including, emergency hormonal contraception, Chlamydia screening, smoking cessation, in community pharmacies in the Heston area.
- 6) The PCT to revisit the distribution of providers of needle exchange and supervised consumption services with its partner organisation Central and North West London NHS foundation trust.

3. Hounslow – the Place

HOUNSLOW –A SPATIAL PORTRAIT

Hounslow is a wedge-shaped Borough, situated in outer West London. It is the ninth largest borough in London covering approximately 22 square miles. Stretching from Chiswick in the east to the boundaries of Heathrow airport in the west, the transition for suburbs to the semi-rural environment of the urban fringe takes place within Hounslow. As an outer London borough, Hounslow borders the London boroughs of Hillingdon, Ealing, Richmond-upon-Thames, Hammersmith and Fulham and also Spelthorne District and Surrey County Council.

It is reasonably well served by public transport including two Underground lines (District and Piccadilly) and British Rail and ideally located for national transport links, with easy access to major roads and motorways via the A4, M25 and M4.



The borough has a mix of residential, commercial and industrial land uses interlaced with several waterways, including the River Thames, large areas of open space and areas of significant architectural heritage in 27 heritage Conservation Areas.

The borough has four town centres – Brentford, Chiswick, Hounslow and Feltham. These centres as well as Chiswick Business Park, the Great West Road and Bedfont Lakes are the boroughs key employment nodes. There are also a significant number of industrial estates in the borough which play a strategic economic role.

Outside the borough boundary, Heathrow Airport has a dominant influence on Hounslow both in terms of the local economy and environmental quality.

Hounslow's local communities are different in character and each has unique needs and priorities. This is reflected in the local area committee system which divides the five broad areas: Chiswick; Isleworth and Brentford; Central Hounslow; Heston and Cranford and West. (see also Appendix C)

The East – Chiswick, Brentford and Isleworth

Chiswick is an historic suburb with large areas of attractive Georgian and Edwardian residential properties, and over a third of the borough's conservation areas. The area includes a number of listed buildings, stately homes and historic parks including Chiswick House and grounds, Gunnersbury, Boston Manor, Syon and Osterley. The area also includes a number of key retail and employment sites including Brentford district town centre and the Great West Road, an employment site of strategic importance home to companies such as GSK and BSKyB.

Isleworth contains two adjoining neighbourhood centres - Isleworth and Old Isleworth which serve the local community. Twickenham stadium, a national landmark, is located just beyond the southern boundary and attracts significant numbers of visitors to the area on match days. The West Middlesex Hospital is located in Isleworth and is the only hospital within the borough. The original hospital site has been reconfigured over the last 15 years and in part redeveloped for housing.

This area of the Borough is bisected by a number of key roads including the M4/ A4, the A315 and the A310 Twickenham Road. As major arterials, traffic congestion is a significant issue at peak times. There is reasonable accessibility by public transport.

The Brentford area has seen the most significant growth in housing in recent years with a number of former employment/ industrial sites being redeveloped for housing. The major roads in the area are nearing capacity and there is a need for additional forms of entry at the primary and secondary school level, and a new eight form entry school in the Brentford/ Isleworth area. In wider socio-economic terms, small areas of Brentford, Syon and Isleworth wards are all identified as in the 20% most deprived areas in the country.

Central Hounslow

This area is the civic heart of the Borough and includes the Boroughs only metropolitan town centre and it is also a centre for new communities which gives the area vibrant and cosmopolitan character. The area is very well served by public transport . As the centre of the Borough, the future of Hounslow town centre is key to the future prosperity, sustainability and identity of Hounslow as a whole. Despite its relatively poor commercial performance, Hounslow town centre does have significant potential for positive change with a number of possible major development sites. Together these provide a great opportunity for Hounslow to grow and change.

Heston and Cranford

Heston and Cranford are former villages adjacent to Heathrow airport and under the flight path and these areas experience significant issues with noise and air pollution. The Western International Market has recently been redeveloped safeguarding its position as the largest fruit and vegetable market in Greater London. The wards of Heston West and Cranford contain areas which are within the 20% most deprived in the country.

Hounslow's one existing authorised site for Gypsies and Travellers is also located in Cranford. Hartlands Travellers Site provides 20 pitches and is managed by Hounslow Homes. Following its expansion from 17 to 20 pitches in 2006, there is not considered to be scope for the further pitches on this site.

West Area - Feltham, Hanworth and Bedfont

This area of the Borough lies just south of Heathrow Airport on the fringe of West London, and is made up of Feltham, Hanworth and Bedfont. The town centre has very good public transport accessibility, however, the area as a whole is relatively poorly served by public transport and there are high levels of commuting by car which overload local roads. The recently redeveloped Feltham town centre acts as the main focus for local services and this has also led to the transformation of the Highfields Estate within the town centre, the provision of a new library and a new health centre.

Bedfont Lakes Business Park is a key office location with a number of multi-nationals on site and North Feltham Trading Estate is a Strategic Industrial Location. Around one in three jobs in the West Area are directly related to Heathrow, mainly focused in low technologies.

There are also parts of the West Area which are identified in the 20% most deprived areas national. These are located primarily in Hanworth Park and Hanworth wards, with smaller pockets in Bedfont and Feltham West.

HOUSEHOLDS , HOUSING STOCK AND TENURE

As has been discussed previously, the population growth in Hounslow has been relatively fast over the past decade. It has been higher than either West London or London as a whole, and much higher than that of Outer London. This has had significant implications on the tenure profile, which is strongly inclined towards renting, at 42%, and is about 10% higher than the national average. The proportion of owners (58%) is slightly lower than the London average and well below the national average. Concentrations of tenure groups are found within the Borough: owners predominate in the western two-thirds of the borough; social renters in the west and in Brentford and Isleworth; and private renters in the centre and in the east (Chiswick).

The London Borough of Hounslow Housing Market Assessment (HMA) (2009) estimated that in 2008 there were a total of 90,700 dwellings in the borough containing an average of 2.52 persons, larger than the West London (2.45 persons) and London-wide (2.35) averages. However, there has been a decrease in overall household size in the borough from 2.67 persons in 2001. This is projected to decrease to 2.36 by 2026.

Hounslow's housing stock is dominated by flats 40%, compared with nearly 50% for London and 20% in England. There is little detached housing, with the rest split between terraced and semi-detached, and it is estimated that in 2008, there were 90,700 dwellings in Hounslow. In tenure terms the overall position shows a fall in the proportion of social rented dwellings, but an overall rise of 8.7% in the total number of dwellings since 1998.

Dwellings in Hounslow are generally smaller than the national average, with few detached houses. The condition of homes in Hounslow shows a much lower level housing problem due to unfitness, as measured by the old standard of fitness, than either the national or London levels. The level of vacant property is lower than the national average, with just 1.7% of dwellings vacant compared to 3.0% nationally.

The average household, especially in social rented tenure, spends far more than 25% of their income on housing, even after allowing for subsidy. Although the 25% 'rule' was common in the past, as indicating the maximum that (low income) households could reasonably spend on housing, the average even for renters is upwards of 40%. A relatively large number of households are overcrowded (8%) although many also live in dwellings too large for their technical requirements (under-occupation) representing 22% of all households.

Relative Prices

The average price of a dwelling in Hounslow in the first quarter of 2008 was £330,000. This is above the national and below the regional average, as shown in the table below.

The table below demonstrates the variation in entry-level prices across tenures in Hounslow, highlighting the costs in a 'per week' format. While this gives a general indication of the financial resources required to afford each tenure, it should be remembered that any housing type, involving equity, would also involve the payment of a deposit.

Bedrooms	Social rent	Intermediate rent	Shared ownership	Private rent	Buy	Newbuild
1 bed	£70	£117	£154	£170	£190	£232
2 bed	£84	£134	£180	£237	£249	£283
3 bed	£99	n/a	n/a	£262	£319	£339
4 bed	£99	n/a	n/a	£292	£418	£537

In common with the national trend, the ratio of house prices to incomes in the Borough increased sharply, from about seven times income in 2002, to about nine times income in 2007. However, the high level of private rents in Hounslow, compared with many other places, means that many private renters are paying comparable amounts to owners.

Overcrowding and Under-Occupation

An estimated 7.8% of all households in Hounslow are overcrowded. This is above the London average of 6.8%, and far above the national average of 2.6%. In parts of the Borough, specifically in Central Hounslow and Heston & Cranford, the level of overcrowding approaches 14%. Overcrowding is particularly likely to occur in the private rented sector, where 17.4% of dwellings are reported to be overcrowded. This rises to more than a third (33.8%) for private rented households on Housing Benefit or Local Housing Allowance.

In contrast, an estimated 22.2% of households were found to be under-occupying their dwelling, residing in a home with more than one spare bedroom. This might be expected to yield considerable scope for 'down-sizing', thus releasing larger dwellings for other households. Nonetheless, only 9.9% of the under-occupying households surveyed wanted to move to a smaller dwelling in the next two years.

Households with Support Needs

Overall there are an estimated 14,842 households in Hounslow with one or more members in an identified support needs group and this represents 16.4% of all households. The largest category of support need was physically disabled, with 7,848 households containing a disabled person. The most commonly reported housing problems faced by support needs households related to alterations to bathroom and toilet facilities. The other large category, comprising 6,031 households, was households containing someone with a medical condition. More than three-quarters of support needs households live in social rented housing or in owner-occupied housing, without a mortgage. Nearly a third of all households in the social rented sector contain someone with a support need.

Older Person Households

Some 16.5% of all households in Hounslow contain only older people, and a further 8.4% contain some older people (men aged 65+ and women aged 60+). Older person only households are particularly unlikely to be in housing need, as defined by Government Guidance. Another significant finding is the relatively high percentage of social rented accommodation containing older person households. In Hounslow, 31.5% of social rented properties contain only older people. In addition, nursing and care homes across the area, house 823 residents, 68.4% of who are over 75.

The table below illustrates that nearly half of older person households (49.8% or 7,436) live in three bedroom or larger properties, even though almost the vast majority of such households contain only one or two people.

Table 5.2 Size of dwellings (number of bedrooms) for older person only households

Number of bedrooms	Older person only households		All other households	
	Households	%	Households	%
1 bedroom	3,109	20.8%	10,622	14.0%
2 bedrooms	4,390	29.4%	26,661	35.2%
3 bedrooms	6,579	44.1%	29,938	39.5%
4+ bedrooms	857	5.7%	8,543	11.3%
Total	14,935	100.0%	75,765	100.0%

Source: Fordham Research Hounslow household survey (2008)

Families and Housing Need

Hounslow has a lower than average number of rooms per household compared to England & Wales and the average household size is larger than that in London. An estimated 7.8% of all households in Hounslow are overcrowded; this is above the London average of 6.8%, and far above the national average of 2.6% . As of 1st April 2010 there were 604 overcrowded tenants of these 87 were severely overcrowded. As of November 2010, there were 537 overcrowded tenants of these 76 were deemed severely overcrowded. Figures indicate that overcrowding levels are declining due to prioritising certain properties for overcrowded families. Since December 2009 LB Hounslow have provided 23 families with items of furniture to assist with current overcrowding and visited 42 overcrowded families.

Families account for just under half of all households in gross housing need (46.5%), despite comprising only 31.4% of households. However, most of this need is generated by lone parent households, 20.7% of all gross housing need in Hounslow, despite comprising only 9.5% of households. It is estimated that there are 28,501 households with children in Hounslow, and in these households (26.0%) contain one parent, and 19,854 (69.7%) contain two. A total of 28,501 households (31.4%) containing families with children in Hounslow, and nearly two-thirds of lone parent families live in social rented housing. They account for 20.7% of Hounslow's entire gross annual housing needs figure.

The proportion of children aged 0-4 and 5-14 living in households where no adult is working, and which are dependent on workless benefits, is higher than in similar local authorities and nationally: 25.1% of children and young people aged 0-4 living in workless households (2007 data from DWP) and 25.7% of 5-15 year olds.

In Hounslow the average length of stay of homeless families with dependent children in hostel accommodation is significantly higher than the position found in similar authorities. The length of stay in B&B accommodation is also higher than in statistical neighbours.⁴³ Figures for the end of December 2010 show there are 597 homeless cases under investigation or investigated in Temporary Accommodation. 498 of these are households with dependent children and/or a pregnant woman with no other dependants. 14 of these are Bed & Breakfast accommodation. 14 of these households were in Bed and Breakfast accommodation. There are 200 couples with dependant children and 200 lone parents in temporary accommodation

Nearly two-thirds of lone parent families live in social rented housing, and they account for 20.7% of Hounslow's entire gross annual housing needs figure, despite making only 9.5% of the total households in Hounslow.⁴⁴

Families generate a larger proportion of housing need than average, representing 31.3% of the Borough's households but accounting for 46.5% of the total gross housing need. Lone parent families are of particular concern who generate nearly half this need figure (20.7)

Younger People and Housing Need

During 2006 to 2010, the numbers of applications for housing support from young people aged 16 -17 years in Hounslow dropped from 119 in 2006/7 to 34 in 2009/10. In 2006/7, 16 - 17 year olds accounted for 13.1% of total applications, whilst in 2009/10 they accounted for 7.8% of all homeless applications. 38% (13) of these young people were accepted and given full housing duty In 2009/10 there were 12 single young people accepted for permanent accommodation by Housing. This makes up 6.9% of the total number of homeless applications accepted that year. This equates to 7.6% of the total number of acceptances. There are 5 supported lodgings place for all young people between ages 16-25. This will rise to 10 supported by spaces by March 2011. The accommodation will mainly be for 16 -17 year olds but older young people may be accepted.

⁴³ Housemark (quarterly performance benchmarking of London Authorities). For further information see: <http://www.housemark.co.uk>

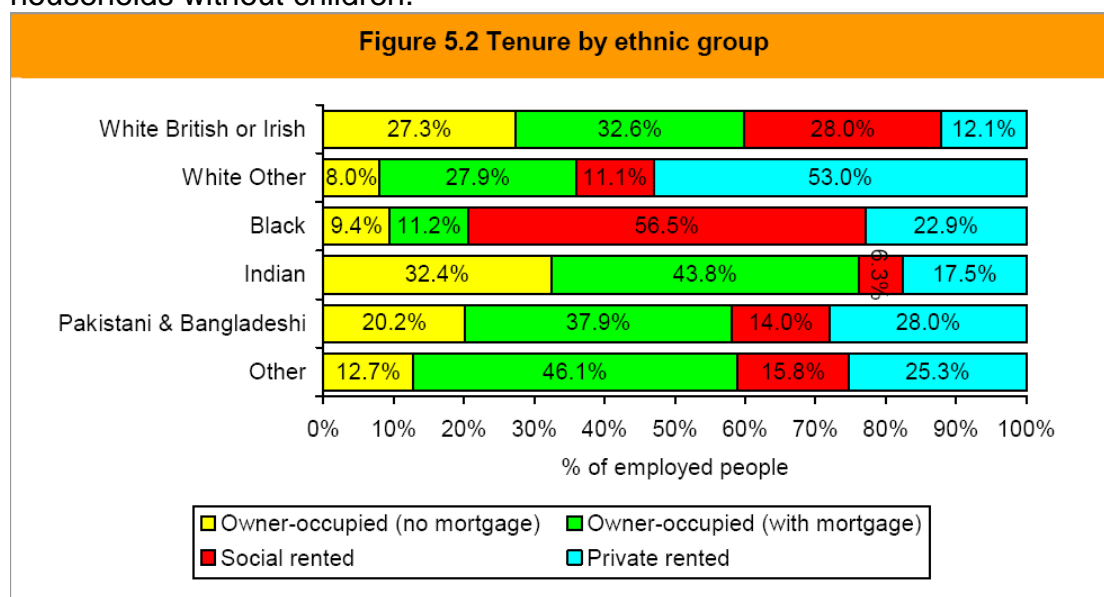
⁴⁴ Strategic Housing Market Assessment 2009

Households and Ethnicity

The vast majority of households in the South Asian minorities (78.4%) are found in the Central Hounslow, Heston and Cranford sub-areas. Black households are very strongly represented in the social rented sector, with 56.5% living in this tenure and only a fifth (20.9%) owning their own homes.

Data suggests that there are far fewer pensioner households among ethnic minority groups, and a higher proportion of other types of household. Nearly a third of Black households are lone parent families, but there are very few such households among Asian groups.

Pakistani and Bangladeshi households are particularly likely to have more than one child, but also, together with Indian households, more likely to live in multiple adult households without children.



Source: Fordham Research household survey (2008)

Characteristics of Households in the Private Rented Sector

Hounslow shows about 19% of its households as private renters (17,338 households) excluding those in tied and other rented accommodation. This represents a rise of around 60% when compared with figures from the 2001 Census. Including households in tied/other rented accommodation, the size of the private rented sector is estimated to be 18,226 households.

Key findings illustrating some of the main characteristics of households living in Hounslow in the private rented sector are:

1. The private rented sector is dominated by non-pensioner households without children. In particular, this sector has a high proportion of single non-pensioners when compared with other tenure groups. There are very few pensioner households living in private rented accommodation. Consequently, the age of a typical private tenant is significantly lower than for other households.

2. Private tenants are particularly likely to be single person households, but also appear slightly more likely to be larger households, with four or more people. The average household size in the private rented sector is slightly lower than the average for other households.
3. Ethnic group data reveals that a very high proportion of the private rented sector is occupied by households described as 'White Other'. Relatively few White (British/Irish) households live in this sector. The data also suggests that Black, Pakistani & Bangladeshi households are more likely to live in private rented housing than in other tenure groups.
4. Finally, the data highlights concentrations of private rented housing in Chiswick and Central Hounslow, with a relatively small private rented sector in the West sub-area.

The Table below shows the different types of households in the private rented sector.

Table 6.2 Private renters: household types						
Household type	LHA		No LHA		Total	
	H'holds	%	H'holds	%	H'holds	%
Single pensioners	513	18.7%	0	0.0%	513	2.8%
Two or more pensioners	39	1.4%	38	0.2%	76	0.4%
Single non-pensioners	632	23.0%	6,308	40.7%	6,940	38.1%
Two or more adults – no children	283	10.3%	5,186	33.5%	5,469	30.0%
Lone parent	646	23.6%	605	3.9%	1,251	6.9%
Two or more adults, one child	208	7.6%	1,657	10.7%	1,865	10.2%
Two or more adults, two or more children	421	15.4%	1,691	10.9%	2,112	11.6%
Total	2,741	100.0%	15,486	100.0%	18,226	100.0%

Source: Fordham Research Hounslow household survey (2008)

There are relatively few pensioner households in the private rented sector, only 3% of the tenure group are comprised solely of older persons, although the proportion of single pensioners claiming LHA is notable. All single pensioners in the private rented sector, in the survey sample, were also claiming LHA.

In summary the main groups claiming LHA are:

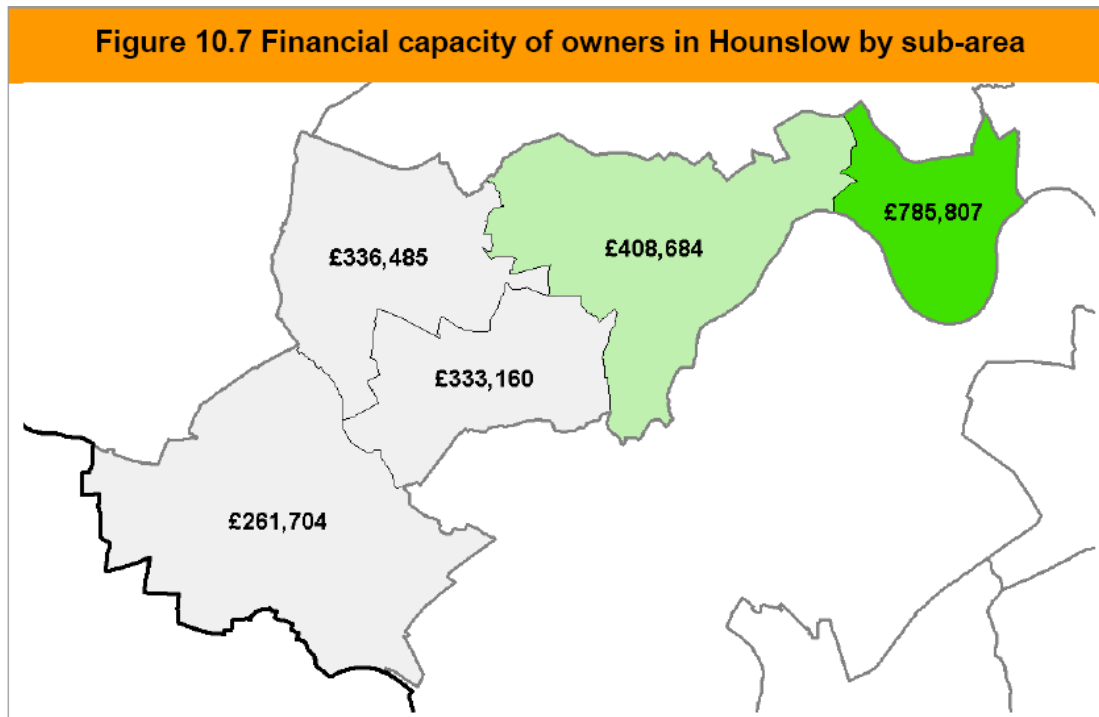
- Lone parent households (23.6%)
- Private renters not claiming LHA are dominated by single non-pensioners (40.7%)
- Two or more adult households without children (33.5%)

In Hounslow, there is an emerging group of households marginalised within the housing market: those who were not eligible financially, or in a high enough priority group, to qualify for the decreasing pool of social housing, but still could not afford the very high cost of private renting in the Borough. As a result these residents live in accommodation that is much too small or otherwise unsuitable for their needs.

Why People are Moving

The reasons for moving are varied, but Hounslow's biggest strength appears to be the accessibility of employment. 36% of those moving into the Borough did so at least partly to access employment, while only 17% moving out of the Borough cited this reason. Moving into a school catchment area was an important reason for families to move, yet just 1% felt they had moved into Hounslow for this reason, while for 11% this was a reason to move elsewhere.

The table below shows the geographical variation in the financial capacity of current owners in Hounslow.



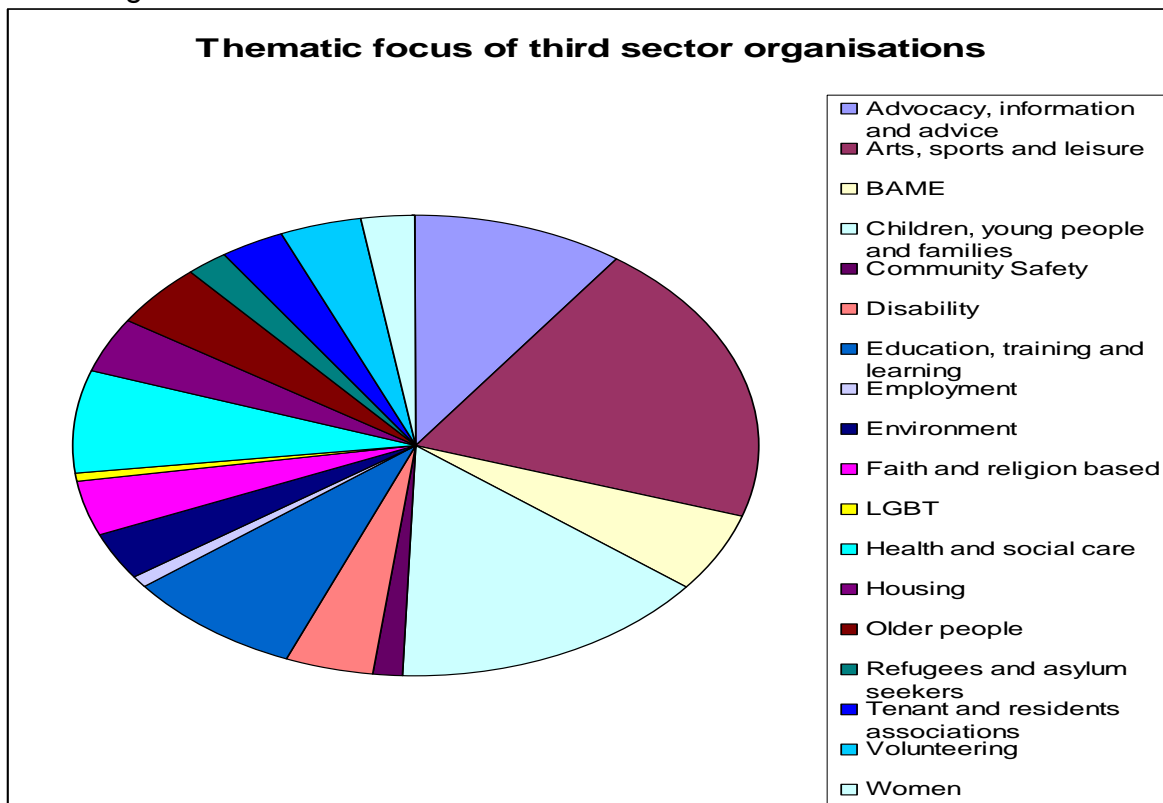
Source: Fordham Research Hounslow household survey (2008)

The Community and Voluntary Sector in Hounslow (the 3rd Sector)

The third sector is ideally placed to respond to emerging needs within the Borough due to their specialist skills, local knowledge and awareness of the needs of hard to reach groups, and often fill gaps that have not yet come to the attention of the statutory services. The third sector is defined by central government as non-governmental organisations that are value driven and which reinvest their surpluses to further social, environmental or cultural objectives. It includes voluntary and community organisations, charities, social enterprises, cooperatives and mutuals. The London Borough of Hounslow has an extensive voluntary and community sector that provides a wide variety of services to the residents of the Borough.

There are over 600 third sector organisations operating within the Borough, providing a wide range of services to local people. The range of groups is diverse, including larger organisations such as Age Concern Hounslow and the Citizens Advice Bureau, as well as smaller community based groups often lead by volunteers such as 'friends of' park groups. Sadly very few groups work directly with young people and these groups are very small typically one evening per week sessions.

There are distinct areas in which these organisations operate. A 2008 MORI survey showed that 18% work in community development, 29% work in culture and leisure, 26% work in education and life long learning and 21% of groups work in health and well-being. ⁴⁵



Additional key findings included;

- 85% of organisations felt that their organisation had been successful in meeting its objectives
- Just 3% received no funding from local statutory bodies
- 61% didn't receive any income from local statutory bodies in a contract
- Overall, 9% of organisations were satisfied and 25% of organisations were dissatisfied with local grant funding and contract bidding arrangements
- Overall, 20% of organisations were satisfied and 25% of organisations were dissatisfied with the support available to the organisation in the local area.
- Overall, 14% of organisations were satisfied and 27% of organisations were dissatisfied with the ability to influence local decisions which are relevant to the organisation⁴⁶

The Voluntary Sector Compact

The Hounslow Voluntary Sector Compact is a key document outlining a code of practise for partnership working between public bodies and the third sector. It aims to recognise shared values and improve the relationship between those parties involved for mutual advantage.

⁴⁵ The Hounslow Directory of Voluntary Organisations
http://www.hounslow.gov.uk/index/community_and_living/voluntary_sector/communityinformation.htm

⁴⁶ The National Survey of Third Sector Organisations (2008) Ipsos MORI. Completed by 230 respondents in the London Borough of Hounslow

Volunteering

Volunteering is defined as 'giving unpaid help of 2 or more hours per week to a community group or other local organisation for the benefit of other local people in that area'. It is recognised both locally and nationally as making a critical contribution to building a strong and cohesive society. It has been described as a means for combating social exclusion, and as an important contributor to the delivery of high quality public services.

The promotion of volunteering is therefore seen of high importance within the Borough and is supported Hounslow Volunteer Centre and other capacity building activities. The effect of the recession has caused a significant increase in the number of volunteers in the Borough; Hounslow Volunteer Centre have reported a considerable increase in clients, and the third sector have benefited from an increase in voluntary support.

The 2009 Hounslow Residents' panel survey painted a more positive picture of volunteering in the Borough; with 22% of respondents undertaking voluntary work regularly. Although a marked improvement on the previous year, the 4% increase is suggested to be a direct result of the recession with the possibility of faltering again once the economy picks up.

Another issue is that of NI 6 - the national indicator measuring levels of volunteering through the place survey and a responsibility of LBH under CAA. Hounslow received the third lowest score in London with a figure of 16.8%. Although this figure was derived before the full extent of the recession, it shows comparatively where Hounslow sits in relation to other Boroughs with regards to support of volunteer provision.

Engagement and Involvement in 2009/10

Community engagement is the process of involving people in decisions that affect them. This can mean involving communities in the planning, development and management of services. Or, it may be about tackling the problems of a neighbourhood, such as crime, drug misuse or lack of play facilities for children.

The Council aims to build a community where individuals are empowered to make a difference both to their own lives and to the area in which they live. Proven approaches such as; Partnership working, Dedicated staff to work with communities, Consulting and engaging with communities on issues important to them and Building relationships with communities have all been identified as crucial when effectively engaging with a borough's residents.

Community Engagement can take place for different reasons, e.g. to improve services, to build stronger local communities or to strengthen the democratic rights of residents. National Indicator 4 is a key indicator reflecting the level of community engagement present within the borough; demonstrating the extent to which residents feel they can influence decision making in the Borough. The 2008 Place Survey outlined that one third of residents in Hounslow agree that they can influence decisions affecting their local area, with Hounslow receiving an NI 4 score of 33.6. Although one third may seem low, this compares well with other council scores.

Over 65s and BME residents are the most likely to agree that they can influence decisions in their local area (43% and 42% respectively). While people aged 35-44 (74%), from white communities (72%) and who own their own home (72%) are most likely to disagree. There seems to be a correlation between those who are satisfied with the council and those who think they can influence decisions affecting their local area. Over half (52%) of people who are satisfied with their council agree that they can influence decisions compared to 14% of those who are dissatisfied. People who display a strong sense of belonging to the neighbourhood, think people from different backgrounds get on well, feel informed and feel that the council provides value for money are also more likely to feel they can influence decisions on their locality.⁴⁷

Cohesion

Community cohesion underpins all the work that is carried out by the LSP. LSP partners are committed to ensuring that Hounslow provides services and activities are inclusive of all residents regardless of race, religion, ethnicity, gender, age, disability or sexual orientation. Third sector organisations such as HREC (Hounslow Race and Equalities Council) work to ensure that equalities are promoted through the Borough through providing services such as a race crime outreach worker and a multi-lingual community advice service. Additional organisations such as Feltham Arts, Brentford FC Community Sports Trust and the army Barracks carry out more specific projects that promote cohesion within the community.

The key priorities for Hounslow are:

- To build strong and positive relationships between young people from different backgrounds.
- To promote the inclusion of newly arrived communities.
- To re-engage socially excluded communities.

The November 2009 Hounslow Residents survey outlined that two thirds [66%] of respondents agreed that their local area was a place where people get on well together; whilst 22% disagreed. Small proportions of respondents said that in their local area residents are all of the same background [3%] or that there are too few people in their local area [less than 1%]; whilst one in eleven Hounslow. [9%] respondents did not know if their local area was a place where people get on well together. There has been a 2% increase, since 2008, in the percentage of respondents who agreed that their local area is a place where people get on well together [from 64% to 66%]. Respondents significantly more likely to agree that their local area was a place where people get on well together were: men [70%]; respondents without disabilities [67%] and those residing in Chiswick [86%]. It is important to note that there were no significant differences when examining the data by ethnic sub-groups.⁴⁸

Other influencers of community cohesion include fear of crime, satisfaction with the council, how well informed residents feel and whether they feel they are treated with respect by local public services. However, those who belong to a group making decisions about the local area are less likely to agree (66% compared to 75%).

⁴⁷ Hounslow Place Survey 2008; Final Report 'Assessing Hounslow's performance – Results of the Place Survey for Hounslow London Borough and Partners'. Ipsos MORI (2009)

⁴⁸ Hounslow Resident's Panel Tracker report – November 2009

Older residents in Hounslow are significantly more likely to agree that there is community cohesion (83% of those aged 65+ agree). This is mirrored by the latest national picture¹¹ which shows us that older people are more likely than younger people to think that their local area is cohesive. Cohesion is highest among those aged 75 or over (91%) and lowest among those aged 16-24 years (76%).⁴⁹

EMPLOYMENT

The GLA ‘triangulation’ forecasts for employment in Hounslow suggest a slow fall in employment over the period 2007 - 2016 of approx 4%, with total employment then stabilising at approx 130,000 followed by a slow recovery in employment levels leading to a small overall rise of 3% by 2031.

The GLA forecasts that employment growth will be driven by the business services sector, with Other Services (which includes Creative and Media) and hotels and restaurants also growing. The retail sector has been more affected by the recession and is therefore not expected to grow at the levels previously forecast. More modest employment growth is also projected to be experienced by financial services and health and education.

Employment in the following sectors is forecast to fall across London – Manufacturing, Construction, Public Administration and Transport.

Table 1: GLA Employment Projections

Area	2007	2011	2016	2021	2026	2031
Brent	111	113	116	115	119	124
Ealing	139	138	138	143	148	154
H&F	132	143	149	166	173	178
Harrow	82	82	83	82	86	88
Hillingdon	203	202	202	202	210	217
Hounslow	134	131	129	129	133	138
West London	801	809	817	837	869	899

source: GLA Working Paper 39 Borough Employment Projections

However it should be noted that borough employment estimates are only estimates and differ slightly between different data sources and researchers. In particular planned public sector job losses lead to an uncertainty regarding the extent to which private sector employment growth can ‘make up the difference’ as public sector employment contracts.

The latest estimate from the Annual Population Survey (Jan 09 – Dec 09) for the percentage of local working age residents in employment is 70.8% for Hounslow and 68.3% for the overall London rate.

⁴⁹ Hounslow Place Survey 2008; Final Report ‘Assessing Hounslow’s performance – Results of the Place Survey for Hounslow London Borough and Partners’. Ipsos MORI (2009)

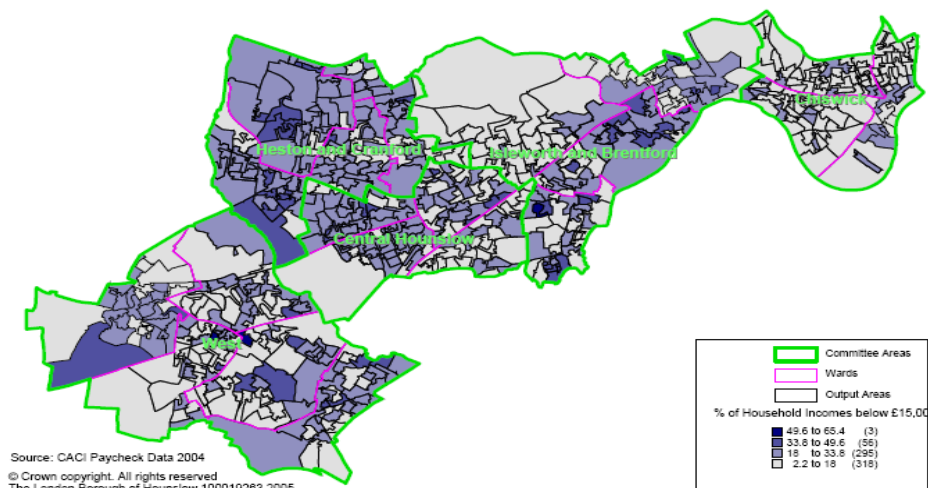
Employment and Earnings

In the 2001 Census, Hounslow was in the top 10% in England for the proportion of residents with degrees or higher-level qualifications (28.4%). More recently, improvements have also been noted in the percentages of adults to achieve each of Level 2, 3 and 4 skills⁵⁰.

Overall, about 50% of all employees in Hounslow are in the highest socio-economic group (London 53% and nationally 43%), while 18% are in the lowest socio-economic group (London 12% and nationally 19%) therefore the borough lies between the national and London average. The average earnings in Hounslow are somewhat low compared to the London region, at £32,000 compared to £42,000. Despite being slightly above the national average of £31,000 this does indicate that the economy is relatively low wage by London standards.

It seems likely that many families in Hounslow were experiencing financial pressures even before the economy moved into recession. Earnings are lower than the London average, reflecting the fact that people living in Hounslow are less likely to be employed in managerial, professional or skilled trade jobs (57.6% of those employed in 2006-07, compared with 60.1% for London as a whole). Another survey shows that on average male full-time workers living in Hounslow earned 5% less than the London average. The gap was more marked for female full-time workers: pay was 10% below the London average.

As with deprivation generally, there are marked differences in pay and low incomes across the Borough. In the map below, the darker colours indicate where incomes were significantly below £15,000 per household in 2004:



Chiswick Homefield ward had the highest estimated median household income in 2008 at more than £45,000 pa and the lowest proportion of households with annual income of less than £20,000 at 6%.

Heston West and Cranford wards had the lowest estimated median household incomes and the highest proportion of households with annual income of less than £20,000 at 19%.

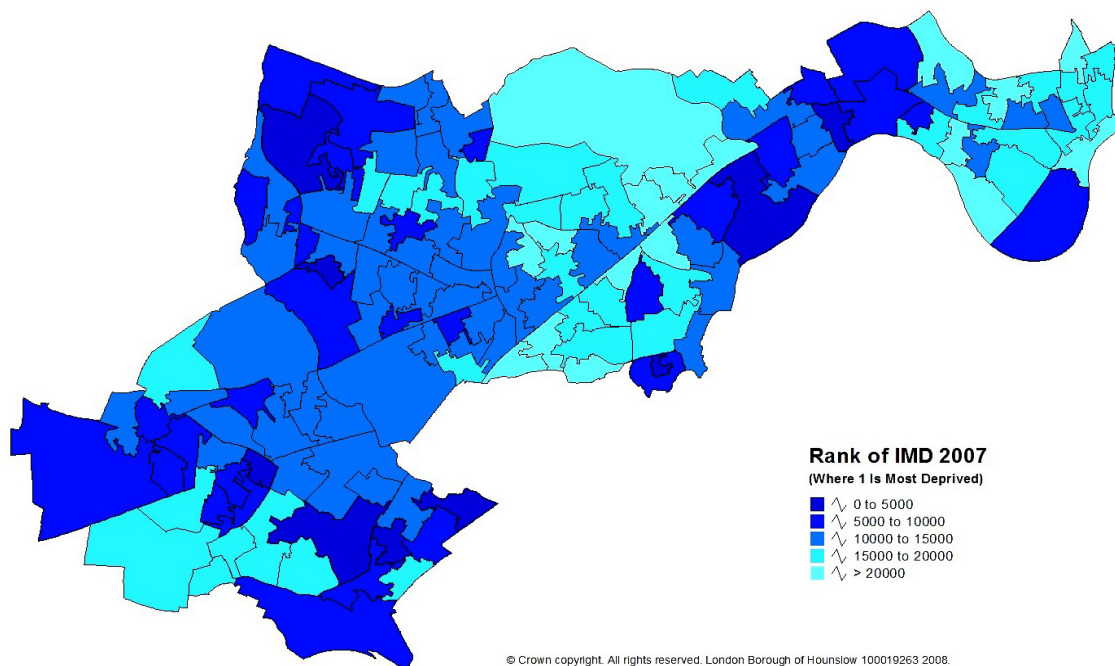
⁵⁰ Government Office for London Indicator Summary, 2006 data.

Deprivation, poverty, and benefits

Hounslow is a diverse borough culturally and also economically. Traditional manufacturing and dockland industries, supported by access to the rivers and canals and major transport routes in and out of London, prospered in the last century. The boroughs current settlement pattern reflects development around road and river networks since the 19th and early 20th century and these transport links have been key in the development of local employment centres.

The Hounslow Local Economic Assessment (LEA) is currently in development. Total employment located in the borough of Hounslow was relatively unchanged during the period 2002 to 2008. The working age population of Hounslow is approximately 150,000 and is forecast to grow by just under 800 per annum over the next 20 years.

The areas with the darkest colours in the map below are the most deprived. Four wards in Hanworth, Feltham and Brentford fall into the bottom tenth (the 10% most deprived) of the 32,500 areas in England. Quite a few more, spread across the borough are within the bottom third. Areas that are relatively affluent are sometimes adjacent to the most deprived areas



The Borough's good external road links have been instrumental in the development of local centres of employment. In the changing face of the economy, Hounslow is now re-establishing itself and is recognised as a good inward investment location. West London possesses a number of unique factors that distinguish its economy from its neighbours and the rest of the UK. These include: Heathrow Airport; a significant creative industries sector; some of the biggest blue chip businesses in the world, for example BSKYB and Glaxo SmithKline, and a significant concentration of employment within the food, transport and logistics sectors.

Economic Inclusion - Worklessness

The unemployment rate in Hounslow is at 7.6% and despite some recent fluctuations is below the average for London of 8.2%. In total 76.1% of the population of Hounslow are economically active which is slightly higher than the London average (75.5%). One out of every eight working age residents of Hounslow are claiming out-of-work benefits. Lone parents account for more than one in five of the worklessness total, the second highest rate for West London. The proportion of working age residents with no qualifications has reduced since 2001 from 24% to 15%. However, this is still significantly higher than the average for both West London and Greater London.

The proportion of Hounslow residents claiming key out of work benefits (JSA, IB/ESA and IS and Other Income related benefits) has risen from 10.8% at the start of the recession in early 2008 to 12.6% in Nov 2009, slightly less than the West London average of 12.8%. The worklessness rate in Hounslow increased by the same rate as the overall West London rate and at a slower rate than Hillingdon and Ealing. Hounslow has the lowest proportion of Jobseekers Allowance claimants within the worklessness total amongst the West London boroughs and the equal highest proportion of Incapacity Benefit / Employment & Support Allowance claimants.

Table 8: Out of Work Benefits: Percentage of Client Groups

Area	JSA	IB / ESA	Lone Parents	Others on income related benefit
Hounslow	28%	48%	20%	4%
West London	31%	46%	19%	4%

About one person in eight of working age is out of work and claiming benefits: The difference from the London average in numbers of total claimants is largely due to the smaller percentage of unemployed people in Hounslow. The proportion of older people on Pension Credit in 2005 was 25%, the same as the London average⁵¹.

Working-age client group - key benefit claimants (May 2009)

	Hounslow Numbers	Hounslow %	London %	GB %
Total Claimants	21,380	14.3	15.2	15.7
Job Seekers	4,940	3.3	4.0	3.9
ESA and Incapacity Benefits	8,760	5.8	6.1	7.1
Lone Parents	4,010	2.7	2.8	1.9
Carers	1,250	0.8	0.8	1.1
Others on Income related benefits	800	0.5	0.6	0.5
Disabled	1,280	0.9	0.7	1.0
Bereaved	360	0.2	0.2	0.2

% is a proportion of resident working age population

⁵¹ DWP, August 2005, quoted by DMAG.

There are 257 16-18 year olds who are not in education, employment or training (NEET)⁵², which is 0.8% lower than the Hounslow target of 5.3% and equal to the West London average. Nearly half of NEETs are 18 years old. The proportion of 16-18 year old NEETs who re-engage in employment, education or training has increased by 15% to 78% in last 12 months, which is higher than the other six West London boroughs and the London average.⁵³

One in eight (15.8%) have a learning difficulty and/or disability. The highest proportions are in the west area of the borough (40%) and within that area the highest proportions are from Feltham West (10%), Bedfont (10%) and Hanworth (8%) . There is a lack of available provision, particularly for work-based learning for young people with Learning Disability who require pre-entry, entry level and L1 Programmes. The needs of this group need to be met through tailored Foundation Learning Tier provision which is longer than the 22 week Entry 2 Employment provision and needs to include more flexible learning.

The Government is committed to significantly reducing the number of people on long-term benefits⁵⁴, particularly lone parents and disabled people. Recent research has revealed that 50% of adults of working age who had mobility problems were unemployed and that 50% of disabled Londoners were 'economically inactive', compared with 21% of non-disabled people. Some 28% of all economically inactive disabled adults would have liked a job.

A local survey of barriers to employment experienced by disabled people revealed that what they want is not skills development but support in finding a job and staying in work, including help with tax and benefits. The demand by care users for help to achieve this is likely to rise considerably, as new rules on disability benefits are introduced. This is underlined by the fact that:

- Only 24% of adults with long-term mental health problems are in work.⁵⁵
- 50% of adults of working age with mobility problems are unemployed.⁵⁶

The proportion of adults with learning disabilities in employment is a little higher than the London average, although still a local priority for improvement. However, Hounslow has the second lowest percentage in London of users of community mental health services in a job⁵⁷.

Child Poverty

One in five (22.1%) of school-aged children in Hounslow are eligible for free school meals and take up of free school meals is 18% which varies widely from school to school (and 33% of children and young people aged 0-15 in Hounslow live in households that claim income support). Across the borough as a whole, 24% of pupils in Hounslow primary schools have been classified as being from families that are "hard pressed".⁵⁸

⁵² GOL NEET Calculator, Activity Survey report 2009 and updated 2010

⁵³ GOL LA report December 2009

⁵⁴ 'Get Britain Working' initiatives can be found at the www.direct.gov.uk website.

⁵⁵ Social Exclusion Unit Report. June 2004 - download at: <http://www.publications.odpm.gov.uk>

⁵⁶ Labour Force Survey Spring 2005, Office for National Statistics

⁵⁷ Quoted in Government Office for London Indicator Summary. (2005-06 and 2006-07 data).

⁵⁸ ACORN Survey, May 2009 Research and Statistics, CSLL

Child poverty is defined as children living in households below 60% of average household income. The most recent 2008 data shows that overall 28.6% of children under the age of 16 are living in poverty in Hounslow (down from the 2007 figure of 30.2%).⁵⁹ The proportion of children under 16 years living in poverty in each Lower Super Output Area ranges from 3% in Turnham Green to 60% in Isleworth.

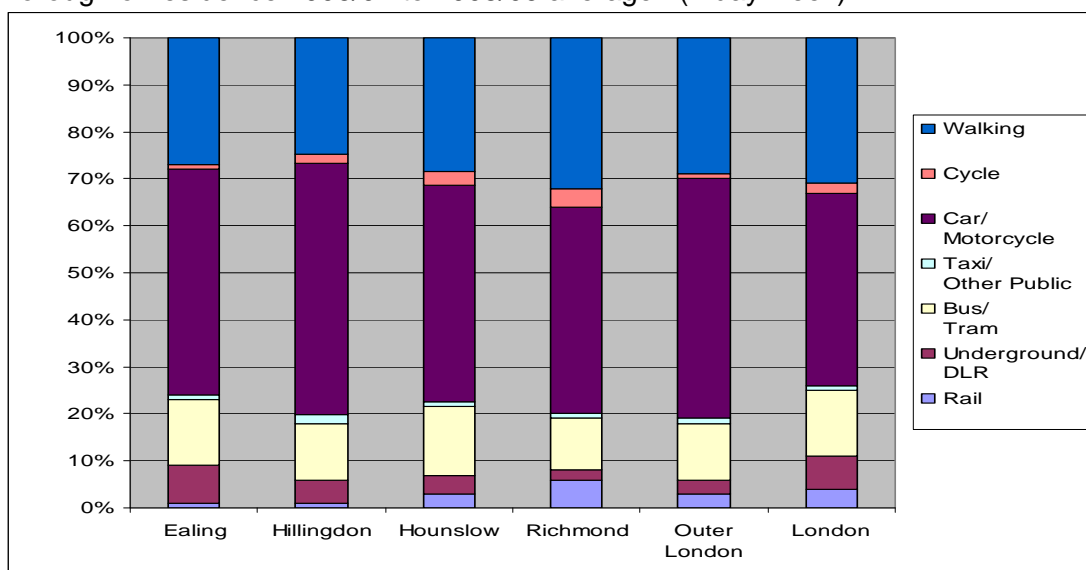
Other factors – Transport, traffic, air quality and pollution

The Hounslow **Local Implementation Plan (LIP)** for the Transport Environment sets out policies and proposals for the borough for the implementation of the Mayor’s Transport Strategy for London. Hounslow has established five transport objectives:

1. Safe – Making the transport environment safer and helping people feel more secure
2. Accessible – Making Hounslow more accessible for everyone
3. Green – Encouraging change towards sustainable forms of travel and the promotion of healthy lifestyles
4. Efficient – Making the transport network more integrated and efficient
5. Attractive – Enhancing the public realm

Hounslow, like many outer London boroughs, has developed along road and rail routes, which now carry heavy volumes of traffic to and from central London. Heathrow Airport, immediately to the west of Hounslow, also generates significant traffic. Congestion throughout the day is exacerbated by commuter traffic. There is also considerable commercial traffic. New developments located away from town centres and good public transport facilities have also resulted in people being increasingly dependent on the private car, adding to the congestion of the Borough’s roads.

Hounslow residents’ use of cars/motorcycles as the main mode of transport averaged 47%, lower than the Outer London average (51%) and higher than the overall London average (41%). The use of buses at 15% is higher than neighbouring boroughs and the London and Outer London averages. (Figure 1: Mode of Transport by Borough of residence 2006/07 to 2008/09 average (7 day week))



⁵⁹ Based on HMNRC % of children in receipt of CTC, HMRC –April 2010 www.hmrc.gov.uk/stats/personal-tax-credits/cwctc-geog-stats.htm (numerator)2001 Census (denominator)

On air quality and pollution, data on carbon monoxide emissions suggest Hounslow has the 6th highest level of CO₂ emissions per person of the 32 London Boroughs. Levels of nitrogen dioxide, the main pollutant emitted from petrol and diesel vehicles, are above the national average⁶⁰. There was a slight reduction in CO₂ emissions per capita for the Borough in 2007 compared to previous years. The 2007 estimate was 6.7 tonnes emissions per capita compared to 6.9 tonnes in 2006 and 6.8 tonnes in 2005.

Pollution is of concern to local residents, particularly given the number of main roads in the borough and the proximity to Heathrow. Some 80% of residents have described aircraft noise as a problem, while 72% considered noise from cars to be a problem. Noise pollution created from aircraft is also known to have a negative impact on the learning environment for children.

Many parents and young people are worried not only about the pollution threat from busy roads but also the safety risks. In fact, Hounslow's statistics are better than the national average. In 2009, there were 102 road accident casualties in the borough; these are the 5th lowest of 32 London Boroughs. Hounslow was also 10th lowest of 32 London boroughs in the proportion of child road casualties in the same year

The 2001 Census also asked about how people travelled to work. More than half (53%) of Hounslow residents went to work by car, a third (33%) by public transport and 14% by motorcycle or bicycle or on foot.

Since 2005, Hounslow has achieved a reduction of 10% of car use related to school journeys and a corresponding increase in walking. The dramatic reduction in car usage has been achieved through a variety of hard and soft measures. Examples of some of the engineering schemes include 20mph zones at a number of primary schools, safer routes to school scheme, improvements to pedestrian refuges, and introduction of bike lanes.

Hounslow lies directly east of Heathrow. In 2006 a total of 471,000 aircraft landed or departed from Heathrow's two runways. Our residents benefit economically from the jobs that are provided, but also suffer from the inevitable environmental effects of being near the world's busiest airport. Economically the impact of the airport is substantial, with 11,500 of Hounslow's residents employed directly by Heathrow Airport. Many more are in industries associated with the airport. In addition, the airport's presence has attracted leading international corporate operations

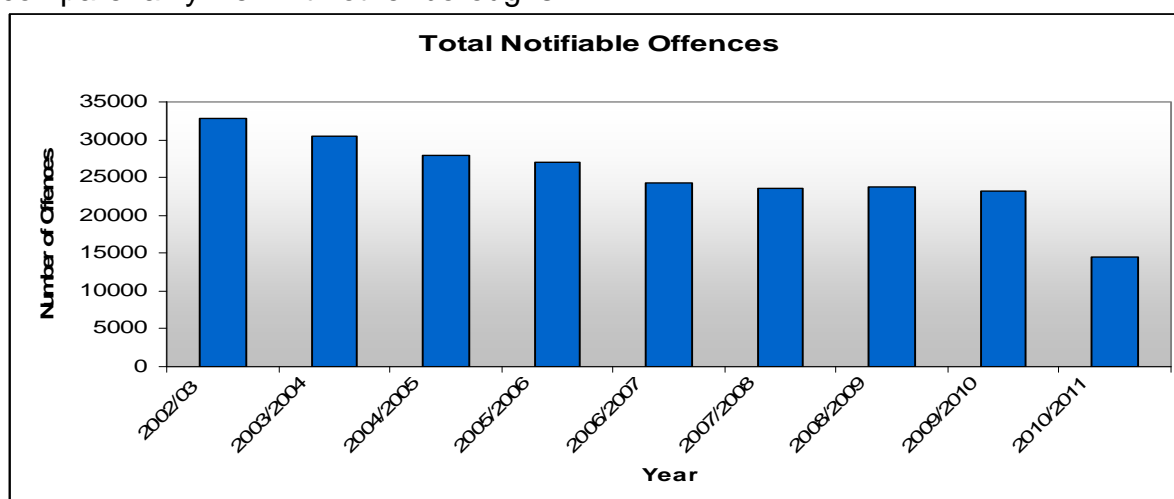
However, the environmental effect is also significant. The increased volume of traffic generated by the airport contributes to air pollution. Residential communities in Hounslow are badly affected by noise levels. The disruption this causes will substantially increase if the Government decides to permit 'mixed mode operation' allowing both runways for landing and taking off simultaneously or a third runway is built.

⁶⁰ State of the Environment Report, April 2006. [http:// www.environment-agency.gov.uk/research](http://www.environment-agency.gov.uk/research)

COMMUNITY SAFETY & CRIME REDUCTION

Crime

In Hounslow there have been reductions in crime for six of the last seven years (see figure below), which equates to about 600 fewer crimes per month when compared to the statistic from 2002/2003. But perceptions and fear of crime by residents remain a real concern. Evidence comes from Residents Panel, Place Survey, Police Key Individual Network, Police Fear of Crime Survey. Levels of crime in Hounslow compare fairly well with other boroughs⁶¹.



The London Fire Brigade report a one third reduction in fires started deliberately.

Drug and alcohol misuse

One estimate of the number of problem drug users (opiate and crack/cocaine users) in Hounslow is 1883 or about 1.2% of the adult population⁶². Just under half of these are in touch with specialist services. Of course, rather more people than this use drugs. One finding for 2004-05⁶³ was that 12.4% of Hounslow adults were misusing drugs, which was lower than the average for London (14.4%) but above that for England as a whole (10.0%).

Recent figures on Hounslow deaths related to alcohol show improvements for females over a three-year period, but shows performance worsening for males.⁶⁴ The alcohol-attributable mortality rate for women (10.7 in 2007) was better than the England and London average, and the rate for men (47.6) was significantly worse than the London average. The rise in alcohol-attributable hospital admissions for Hounslow provides a different picture. The number of hospital admissions for conditions wholly or partially caused by alcohol (alcohol attributable conditions) continues to rise nationally and locally. There was an average increase in admission rates of 8% a year between 2003/04 and 2008/09 in England. In Hounslow there were 1,137 alcohol attributable admissions in 2007-08.

⁶¹ Metropolitan Police Statistics Crime Figures.

⁶² National Treatment Agency Smoothed Prevalence Estimates – September 2009.

⁶³ South West Public Health Observatory, (Feb 2008): quoted in on-line mapping tool. For further details see: <http://www.swpho.nhs.uk>

⁶⁴ North West London Public Health Observatory, 'Local Alcohol Profiles for England.' Download at: http://www.nwph.net/alcohol/lape/LAProfile_-_3_year_period_2005_-_2007

	Alcohol specific admissions		Alcohol related admissions	
	Observed	DSR	Observed	DSR
Hounslow	1,023	412	2420	1,137
London	27,208	372	74815	983
England	215,221	411	635, 641	1,014

Table 6.11.1 Alcohol specific admissions and Alcohol related admissions in Hounslow, London and England. source: NI39 Hospital Episodes Statistics (HES) extract, 2007/08. Copyright © 2010

Young People and Substance misuse

Results of the 2009 TellUs 4 Survey showed that the proportion of young people in Hounslow stating that they have never had an alcoholic drink was significantly higher than the national average (66% compared with 51% nationally). 87% of pupils surveyed reported never having taken drugs, which is in line with national figures.

Cannabis and alcohol are the main substances that result in young people needing help from Visions. 75% of young people presented cannabis use for treatment followed by 24% presenting alcohol use in 2009/10. Both figures have increased slightly from 2008/09 which showed 73% and 21% respectively. The picture in Hounslow is broadly consistent with that found nationally and the profile of young people presenting for treatment is also similar to that in other London boroughs.

During 2009/10, the Visions service delivered targeted drug prevention sessions to over 2500 young people receiving positive feedback from them. Early intervention and treatment has also been effective, with 115 young people beginning treatment in this period compared with 80 in 08/09 and a total of 148 young people in treatment during the year 09/10.

The planned discharge rate has continued to improve with 78% 09/10 compared with 50% 08/09. These outcomes related to young people completing their intervention drug free or having reduced their drug use.

Alcohol Related Harm

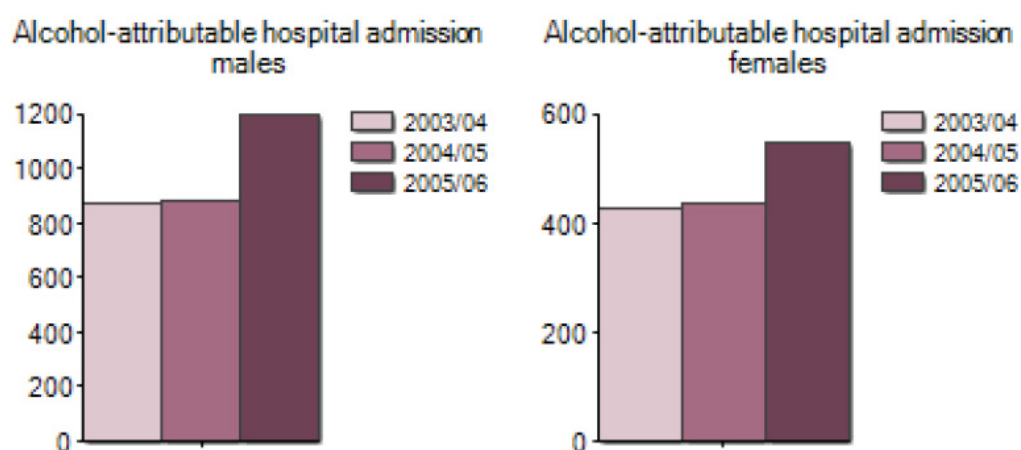
The potential harm that alcohol can cause to the individual, family and the wider community is becoming increasingly recognised. Alcohol misuse accounts for almost 10% of the UK disease burden (surpassed only by tobacco and high blood pressure) and is implicated in an average 22,000 deaths per year in England, and rates are rising. Alcohol is associated with range of conditions such as alcoholic liver disease, some cancers, high blood pressure, coronary heart disease and stroke among others.

It is believed that nationally, 1.2 million violent crimes per annum are associated with alcohol (around half of all such crimes) and it is a factor in 60-70% of homicides, 75% of stabbings, 70% of beatings, 50% of fights and domestic assaults. 6% of road casualties and 17% of road deaths occurred when the driver was over the legal limit.

Finally, where work and employment is concerned, alcohol related output loss has been estimated to cost the UK economy up to £6.4 billion every year.

In relation to young people, there are a number of particular risks, which may arise with this group when they drink too much such as: ⁶⁵

- Drinking at an early age can cause serious health problems, both in the short and the long-term. There is also new evidence that drinking too much alcohol can impair adolescent brain development.
- Alcohol can contribute to unacceptable behaviour by young people that can be a significant problem for the rest of the community.
- Drinking too much alcohol is strongly associated with a wide range of other problems which affect the welfare of teenagers, for example, unprotected sex, teenage pregnancy, failing at school and the use of illicit drugs.



While statistics reveal that the adult population of Hounslow appear to be moderate drinkers, compared to other London boroughs⁶⁶, the chart above, illustrates the impact of alcohol misuse in Hounslow. As can be seen, there is a high rate of death related to alcohol use, and a high rate of adult hospital admissions.

Fear of crime

In relation to community safety, the fear of crime can affect the quality of people's lives and their well-being just as much as being a victim of a crime. Residents are surveyed regularly to identify key issues and needs which are priorities to address. The latest Tracker survey, taken in late autumn 2010, asked the Residents' Panel (a cross section of the local community) on Borough wide topics. There was also a Place Survey taken during the early part of 2010, and also during the summer, which asked a range of questions.

Overall, 91% of Hounslow residents surveyed felt fairly or very safe in their local area during the day⁶⁷. This is an increase of 11% from the survey taken a year ago. The figure is reduced to 45% when the survey asks if residents feel safe after dark, which is slightly higher than the result from a year previously. Females are 7% more likely than males to feel unsafe during the evening/night in their local neighbourhood.

⁶⁵ Department of Health (2008) *Youth Alcohol Action Plan*. Download at: http://www.dh.gov.uk/en/Aboutus/MinistersandDepartmentLeaders/ChiefMedicalOfficer/Archive/CMOAtLarge/DH_085206

⁶⁶ Local Alcohol Profiles for England. North West Public Health Observatory (2008)

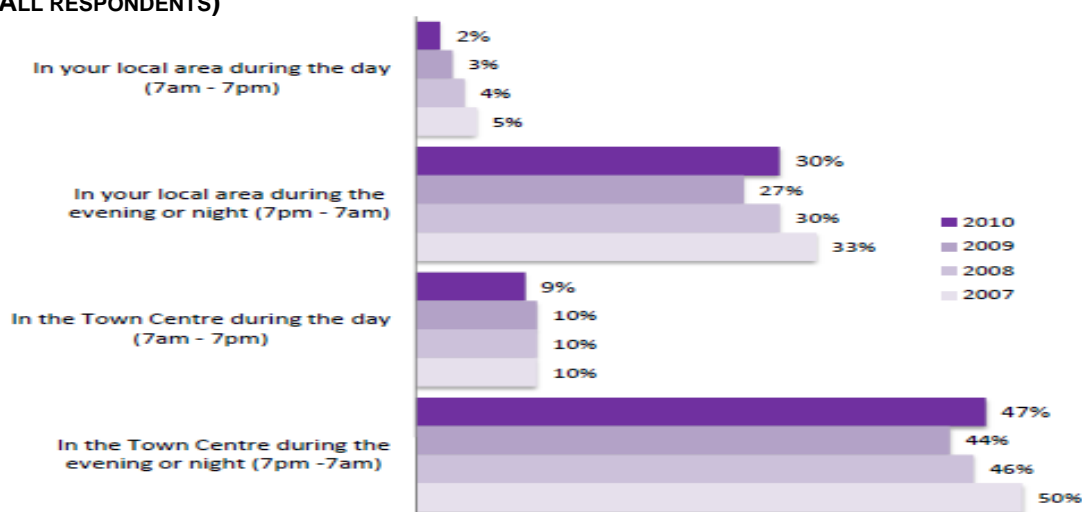
⁶⁷ Hounslow Residents Panel Tracker Survey, BMG, 2010/11. BMG website: <http://www.bmgresearch.co.uk>

Perhaps the sense of familiar surroundings has a positive effect of peoples safety, as 92% of residents stated they felt safe walking alone in their area during the day.

Safety and location

The majority said they felt safe during the day between 7am – 7pm, both in their local neighbourhood (as mentioned above) and in the town centre (73%). However, a third (30%) felt unsafe at night in their local neighbourhood and nearly half (47%) felt unsafe at night in the town centre. These results are similar to those recorded in 2007, yet there have been small reductions in the percentages of respondents who feel unsafe in their local neighbourhoods during the evening (-3%) and in the town centres during the evening (-3%). Nonetheless, these reductions are not statistically significant.

Q6. LEVELS OF FEELING UNSAFE IN LOCAL AREAS AND THE TOWN CENTRE; A YEAR ON YEAR COMPARISON (ALL RESPONDENTS)



Taking into account responses from the Summer Panel Survey, residents said they were most likely to feel that their children were safe at school (81%) and least safe at night in their local neighbourhood (28% felt safe) and town centre (11% felt safe). In contrast with the 2009 results, there has been a statistically significant reduction in the percentage of respondents who felt their children were unsafe in the town centre during the day (-6%, from 20% in 2009 to 14%).

Safety, street lighting and clean streets

Participants offered a range of solutions to the problems such as street lighting being important to feelings of safety. Participants were asked how safe the level of street lighting in their local area (15-20 minute walk from their home) makes them feel after dark. Over two thirds (68%) said they felt safe with the current level of street lighting in their local area, and only 10% felt unsafe. Statistically, there has been a significant decrease [-6%] in the percentage of respondents who felt unsafe, with the level of street lighting in their local area since 2009: from 16% to 10%.

All participants were asked to what extent they agreed that clean, tidy streets made them feel safer in their local area. Four fifths of respondents (80%) agreed that clean and tidy streets did indeed make them feel safer.

Safety and pedestrian areas

Since the panel survey in 2007, participants have been stating that the most important thing to improve the Borough's streets was to make the town safe for pedestrians. All respondents were asked in the present survey, which, from a list of actions, would be *most* likely to make them feel safer in pedestrian areas across the Borough. In the Summer 2010 Panel Survey, 91%% of those responding said that an Increase in Police presence and more Police foot patrols was *most* likely to make them feel safer in pedestrian areas across the Borough. 84% said they would feel safer with fewer kids on the street or gangs hanging around. 82% stated that they'd feel safer if footpaths were more even and better maintained, and 71% if there was less street clutter.

Anti-social behaviour

In the survey, residents outlined two aspects of anti-social behaviour [ASB] which they continue to see as key local problems - rubbish and litter on the streets – where 58% of residents stated this as a big problem, and teenagers hanging around on streets – where 45% of residents stating this as a big problem. Very few residents consider noisy neighbours or loud parties, and abandoned or burnt out cars to be a problem.

Two other aspects of ASB that residents have raised for the borough are People using or dealing drugs, People not treating other people with respect and consideration.

In comparison to the 2008 survey, there have been significant decreases for each issue, most specifically in regards to abandoned or burnt out cars. Respondents are now less likely to view these as a problem.

Based on reported incidents of Anti Social Behaviour to the Police, the level of incidents has remained consistent over the last three years with the majority of incidents being reported were within the main town centre in the Borough. The most common ASB reported was Rowdy and Inconsiderate behaviour followed by Substance Misuse and Street Drinking.

Reports of Graffiti increased by 53% between 2008/2009 and 2009/2010 following on from the public campaign by the Council to encourage the reporting of Graffiti.

Hate Crime

An important aspect of Community Safety is Hate Crime, and the impact they can have on the lives, and quality of life, for local residents.

- During 2009/2010, there were 27 Homophobic offences reported to the Police, 9 less than the previous year, which led to 13 Sanctioned Detections *for this crime type during this period.*
- During the same period there were 372 racist offences reported to the Police, 17 less than the previous year *resulting in 150 Sanctioned Detections.*

A very low number of Faith Hate Crimes were reported to the Police. During the period 2009/2010 there was 25 offences reported compared with 13 during the previous year.

The Hate Crime Prevention Forum (HCPF) has now been set up. The HCPF is a multi-agency group and has developed an action plan to (a) Improve confidence of victims in reporting hate crime, and (b) work with partners to support victims. This action plan supports the current Community Safety Strategy with the aim of providing a multi-agency response to hate crime.

The Community Safety Partnership has continued to undertake some key work with the Learning Disabilities Partnership Board 'Doing Group' to provide advice, information and support to people with disabilities within the community to assist them to Keep Safe.

4. Hounslow Priorities

IMPROVED HEALTH AND EMOTIONAL WELLBEING

We know that:

- Life expectancy in Hounslow is below the England average for both men and women. Hounslow has significantly more early deaths from heart disease and stroke than the England average and slightly more from smoking but fewer early deaths from cancer⁶⁸.
- Hounslow has a better-than-average proportion of adults who are healthy eaters and fewer who are obese or binge drinkers. However the number of children found to be overweight or obese is significantly higher than the national average
- One in five of Hounslow's population participate in moderate sport or active recreation at least 3 days a week. This is below average for London and is particularly low in the female and disabled population⁶⁹.
- Uptake of immunisation for children in Hounslow is lower than national targets
- The number of statemented children and young people with ASD (Autistic Spectrum Disorders) in Hounslow has doubled between 2003 and 2008.
- The proportion of teenage girls in Hounslow who become pregnant is higher than the England average, although numbers are falling. Abortion rates (58%) are also higher than comparison with England and Wales (49%)⁷⁰
- The numbers of mothers who breastfeed their babies at birth is higher than the national average but only 57% continue to breastfeed at 6-8 weeks. This is lower than the 75% target. There is a need to ensure that breastfeeding is sustained during the first 6 months of infancy
- Hounslow has an award winning one-stop shop for drug misuse services (Pharmacia House), which provide integrated care, education and training.
- More needs to be done to identify emotional problems at an early stage and prevent more serious mental health difficulties from developing.
- Health inequalities are apparent across the different areas of the borough
- A quarter of community patients with serious mental illness have problematic drug and/or alcohol use⁷¹.
- Around 15% of people with a learning disability will have some form of behaviour such as aggression, destruction and self injury which present a significant challenge for those caring for them
- Around a third of people with learning disabilities also have mental health needs and a third have a physical disability⁷².

⁶⁸ Age standardised data 2003-05 ages under 75, Department of Health

⁶⁹ Sport England. 2007. Active People Survey.

⁷⁰ For the years pooled 2006-2008, under 18 Conceptions 2008, published in February 2010

⁷¹ Hounslow Local Implementation Team *Hounslow Dual Diagnosis Strategy* (2007)

⁷² Learning Disabilities Joint Commissioning Strategy 2008-2011, LB Hounslow/ Hounslow PCT

You have told us:

- People of all ages say that improving their health is important to them and they wish to exercise more, reduce stress, lose weight and improve your diet.
- A feeling of belonging to a neighbourhood/ community is important to all.
- There are concerns about the effects of air quality and pollution
- People would like the NHS to develop more specialised services and centres for stroke services and complex emergency services
- You would like more talking therapies to be available for those with mental health needs
- Young people want help and advice from adults who they can trust to go to for support⁷³ and access to mental and emotional health support needs to be improved⁷⁴.
- Children and young people say that they want better information and advice about drugs and alcohol, healthy living, and contraception and sex. Their parents and carers are supportive of health information being available to young people.
- People of all ages are concerned about high levels of drug use and consider it to be a major problem.
- Learning Disabilities service users and carers need better support in hospital and better and quicker access to specialist health care.
- Counselling sessions are good because you can discuss everything⁷⁵

We need to ensure that

- We need to ensure that all client groups are aware of all service and support that can help them.
- Improvements to the health and life expectancy of Hounslow residents are a top priority and we achieve significant reductions in early deaths.
- Health and social care needs are considered as part of a single assessment process with person-centred planning.
- Strategies are focussed on promoting health and well-being, commissioning the services and interventions that will achieve better health, with everyone working together to promote inclusion and tackle health inequalities
- A greater emphasis is given to prevention and early intervention and self care, to support continued independent living.
- People of all ages have access to a range of sport and leisure activities that promote healthy lifestyles, as well as being supported in building exercise into their daily routines.
- Older People, adults, young people and children all have timely and easy access to information about how to stay healthy and improve their well-being, how to access services and treatment and what treatments may involve.
- People with HIV/AIDS have access to a range of local health services including health promotion

⁷³ Tell Us 4, 2009

⁷⁴ School Survey 2009

⁷⁵ Adult Drug Misuse Needs Assessment 2011/12

- Services take full account of the needs of children and adults with profound and complex needs, and dual diagnosis providing a range of local support and working together effectively for users and for their carers.
- More parents and carers have their children fully immunised against childhood diseases.
- Levels of childhood obesity are reduced and access to physical activity and uptake of healthy eating is improved. Better quality data on obesity in adults is developed
- Pregnancy amongst teenage girls is reduced. Sexual health services need to become more young people friendly
- Mental health difficulties of older people, adults, young people and children are identified and addressed at an early stage and action is taken to promote their emotional and mental well-being.
- Major new developments in the borough should be subject to Impact Assessment to ensure the maximise contribution to health and well being and to mitigate any potential negative impacts.
- Increased access to psychological therapies
- Increased access to services post-stroke.
- Ensure speedy discharge from acute hospitals supported by a range of community services.
- People who choose to make private arrangements for support and care are offered good quality advice, information and signposting.
- We expand opportunities for people to receive home care re-ablement to enable them to regain independence following illness.

In the last year we have

- Funded the Help in Hounslow one stop advice service for Health and Care
- Refurbished Pharmacia House, our award winning Substance Misuse one stop centre, to make services more accessible.
- Funded an A&E Alcohol nurse at West Middlesex Hospital to assess patients when they arrive at A&E for alcohol use and make referrals to the alcohol agencies.
- 52 (out of 57) GPs have signed up to the Local Enhanced Scheme to provide annual health checks to people with learning disabilities
- Funded the Stroke Association to provide a “Life after Stroke” family support service.
- Introduced Health action plans and patient passports for people with learning disabilities
- Reached over 1700 people during Ramadan through the Heathlands partnership health and wellbeing sessions at Hounslow Mosque
- Maintained Healthy Lifestyles Road shows
- Provided signposting and one to one support for over 300 individuals through Health trainers

IMPROVED QUALITY OF LIFE

We know that:

- Perceptions of crime and of risks to individual safety can be as important as actual crime in making people feel safe or unsafe in their community.
- There is a negative impact on the borough environment from the noise pollution created from aircraft.
- In recent years, the attainment of pupils in Hounslow schools has been better than in the country as a whole and pupils achieve above national average in tests at key stage 2 and 4.
- The Council funds a significant range of well used and highly regarded preventative services for adults,
- In Hounslow, secondary schools make up the majority of all exclusions. 770 exclusions were from secondary schools from a total of 981.
- The borough's open spaces are a vital free resource in which provide opportunities for physical exercise and play, and contribute to improved mental health.
- Meeting requirements for good quality and affordable housing has a positive effect on quality of life.
- We need to ensure that there is sufficient social and physical infrastructure capacity to support the borough's growing population.
- Improvements are required to Hounslow town centre to improve the quality of the environment, enhance pedestrian links and enhance the leisure and retail services available

You have told us:

- Good access to services is essential and not adequately addressed. People need to know what is available, what activities are going on and where.
- Local people's top three priorities for improving community safety in their neighbourhood⁷⁶, are
 - ▶ Reducing the amount of Anti Social Behaviour in their local areas.
 - ▶ Dealing with the high increase of Residential Burglary.
 - ▶ Tackling the increase of Serious Violence Crimes, including Knife Crime, Assaults and Muggings.
- You want accessible travel services for all especially those with disabilities , mental health needs and long term conditions
- Children and young people are concerned that they are being labelled as trouble makers just because they are young. Parents and carers say there is too much crime committed by young people and too much bad behaviour by them – but also that adults are often badly behaved too.
- Children and young people express concern about crime on the streets. A significant minority do not feel safe, even travelling to and from school⁷⁷.
- You want more youth facilities especially positive activities at the weekend⁷⁸

⁷⁶ "Community Safety: What's Important to you" questionnaire – January/February 2010

⁷⁷ Tellus3 Survey outcomes 2008

- People with Disabilities and Sensory Impairments want improvements in community facilities generally, this includes things like sufficient disabled parking bays and improved physical access to buildings can have an enormous impact on their ability to live independently.
- People want to receive care in their own community and in their own homes
- Public building should have good access for people with special needs.
- People want services which will assist them to make the best possible recovery after stroke and return to participation in community life.

We need to ensure that:

- People of all ages have places to go and things to do that they want and that are affordable, of high quality and where they feel safe and are safe.
- Residents of all ages with ill health and/or disability are able to live as full life as they can, and there is a wide range of accessible community facilities with things to do and places to go.
- Information about local sport and leisure facilities and activities is easily available to make sure that people of all ages can access them.
- The risk of accidental injury and death is reduced and there are further reductions in road accident casualties especially fatalities
- Standards in schools continue to be raised with particular reference to groups of pupils and schools which are underachieving
- There is a continued reduction in the number of children and young people involved in the criminal justice system for the first time and who re-offend, especially in hot spot areas.
- Plans for the borough identify sufficient land to meet local housing needs and set appropriate targets for the future provision of affordable housing.
- The regeneration of the borough's town centres is prioritised so they can better serve the needs of their local communities and improve access to a range of services.
- We implement the Home Office's Anti-Social Behaviour Risk Assessment to identify levels of risk to victims and witnesses
- We develop a more comprehensive system to monitor residential and nursing homes in the borough.
- We have an appropriate range of accommodation for you to make an informed choice on where you live, if you have a long term disability.
- That as many households as possible receive the Community Safety Handbook which includes Emergency contacts and numbers of agencies, partners and advice on what to do in an emergency.
- We maintain the level of CCTV coverage in Hounslow at crime hot spot s
- We develop an autism pathway working across services to assess need and identify best practice
- We develop an integrated approach across health and social care to the Long Term Conditions and Physical Disability pathway

⁷⁸ Tell Us 4 Survey outcomes, 2009

In the last year we have

- Set up a Hate Crime Forum for the borough to coordinate work to reduce hate crime.
- Set up a pilot scheme with local businesses to provide a safe haven if people with learning disabilities feel unsafe.
- Set up a specialist Domestic Violence Court with each victim of domestic violence offered specialist support
- Delivered two Road Safety programmes to school children from the borough addressing the dangers of the roads.
- Made Pharmacia House, our substance misuse centre, a safer and more pleasant environment for clients and their families.
- Launched Breathe Easy Hounslow, a support group for the estimated 30,000 people in the borough with respiratory problems.
- Held a Community Safety Public Consultation including a public meeting, focus groups and over 40 stalls and talks at a range of events.
- Introduced two pilot Controlled Drinking Zones (CDZ) for the areas surrounding Lampton and Heston Parks. These two zones are additional to the existing other two CDZ's within Hounslow and Feltham Town Centres.
- Set up an Adult Placement Scheme (Shared Lives) to provide support to people with a learning disability within the carers own home

MAKING A POSITIVE CONTRIBUTION

We know that:

- People of all ages want to be listened to and actively involved in the way decisions are made and want feedback about the issues raised
- An Ofsted inspection found that consultation with children and young people who are looked after is good and that the developing children in care council and looked after children's contribution to the corporate parenting panel are good initiatives
- There are barriers to children and young people with disabilities taking part in decision-making processes and consultation with this group is not coordinated effectively.
- The most pressing needs facing the third sector are accessing sufficient funding, suitable accommodation, good organisational governance, and the shift from grant funding to commissioning approaches

You have told us:

- People of all ages are worried about crime on the streets and want anti-social behaviour to be dealt with.
- People want to be involved in their local areas in reducing crime and disorder.
- Parents and carers say there are times when they would like more advice and support in their parenting role.

- Children and young people are worried about crime on the streets and want anti-social behaviour to be stopped.
- Older People have stated they appreciate the opportunity to become involved as volunteers and to make a difference to services
- Carers of people with Learning Disabilities want people with LD to have a greater voice in decisions made by Partnership Boards
- More engagement with newly arrived communities needs to be carried out
- A 3rd sector resource centre needs to be developed
- An online resource needs to be developed so that groups can post comments and outline activities carried out by themselves
- Third sector organisations need support and capacity building
- Decision making regarding the allocation of funding should be transparent

We need to ensure:

- We give feedback on the outcomes on involvement and consultation
- Services give added emphasis to enabling users to participate in community life and to enhancing social inclusion.
- We successfully engage the third sector in key decision making activities
- We increase levels of participation in volunteering within the Borough
- There is a strategic approach to supporting third sector organisations
- The development of social enterprise initiatives is supported
- People can be confident in reporting crimes they witness to the relevant authorities
- We need to improve mechanisms for ensuring the effective participation of children and young people, in decision-making processes
- Our Neighbourhood Community Safety Coordinators continue to work closely with residents on local issues, and continue to organise Action Days for residents.

In the last year we have

- Supported 179 third sector organisations through training and support with fundraising
- Launched an online and interactive Directory of Community and voluntary organisations
- Held a range of Beacon and cohesion events including Multi-Faith conferences farewell and welcome home parade for the Fusiliers, the Feltham Festival, International Women's Day event
- Supported our newly emerging and newly settled communities including Sri Lankan (Sinhalese, Muslim and Tamils), Nepalese, Kosovan, Gorani, Macedonian and Albanian communities
- Delivered drugs awareness training to 50 local Magistrates.
- Provided health awareness and promotion training to 100+ "health trainers" who are currently active in the community

- Implemented the Beating the Blues self help computer programme
- Trained housing support service users to become peer consultants and assist with contract monitoring and service user involvement activities.
- Set up two new substance misuse service user forums.
- Expanded volunteer support programmes including in substance misuse and stroke service
- Worked with residents and local businesses to make areas of the borough safer through consultation and communication.

INCREASED CHOICE AND CONTROL

We know that:

- The voluntary sector in Hounslow is underdeveloped
- Carers are supported through a varied range of services and initiatives such as the Expert Carer Programme, information events, advocacy, carers vouchers, Direct Payments, and emergency respite
- Hounslow has a good record in supporting over 300 social care users manage their own care through personal budgets and Direct Payments
- The numbers of older people and adults admitted on a permanent basis to residential or nursing care has positively fallen year on year.
- There is a successful Borough user-led mental health Project.
- The Learning Disability Community Access Project is providing a service where users control its agenda.
- Access to pharmacies meets the needs of the population except in Cranford and Heston which appears to be underprovided

You have told us:

- People would like improved access to GP surgeries with routine appointments at evenings and weekends
- Access to information and being helped to get it is crucial
- Carers generally need more information and training, e.g. about treatment, medication, and organisations that can help them.
- Transition from children's to adult services and from these to services for older people are crucial times, requiring careful planning between service users, carers, care managers and care providers. Even better information needs to be provided at these times.
- Older People like the greater choice and control that Direct Payments, and Individual Budgets give them but they find Direct Payments to be not flexible enough and they require more support with form filling.
- Older People want better access to GPs to discuss and review their medication.
- Mental Health service users say they don't feel they are listened to by psychiatrists or given enough consultation time and medication is given too readily and with too little explanation.

- Learning Disabilities service users want better understanding from GPs and of the needs of people with autism or Asperger's syndrome.
- Learning Disabilities service users say they want more housing choices and more 'move on' and 'step down' accommodation.
- Physical Disabilities and Sensory Impairment users say health and social care agencies are not sufficiently sensitive to disabled people's needs and want more disability awareness training for staff.
- Physical Disabilities and Sensory Impairment users and carers want better information about how to access services.
- Blind and partially sighted users want all communications from the Council and other agencies routinely to be sent to them in their preferred format – large print, audio tape, Braille etc.
- Deaf users complain there are not enough BSL interpreters to enable them to access services and then use them successfully.
- You like to see your pharmacist instead of going to the GP for minor illnesses such as colds or a sprain

We need to ensure:

- We work to develop our approach to more personalised services and individualised budgets which increase users choice and control
- We work in partnership with local service providers in the independent and voluntary sector to shape the market to support personalisation and the use of individual budgets by service users
- Improved advocacy and brokerage is available to users and carers to support them to access information and make informed choices. Mechanisms also need to be in place to monitor the effectiveness of this.
- We jointly develop training and support for the workforce in all sectors in Hounslow to develop new ways of working including to support personalisation and self care
- We provide additional High Needs Mental Health Supported Accommodation
- We develop an integrated approach to prevent hospital admissions and support early discharge
- Transition between children's services, adult services and older people's services continues to develop and that the new information booklet is launched.
- Wherever practicable, we offer services to people in their own homes, with access to assistive technology to support them safely.
- Carers have improved access to on-line and jargon-free information about services and training on caring for people with different conditions
- Front-line services offer sufficient information and support to enable service users and carers make use of self-help facilities and to reduce unnecessary contacts with statutory services.
- That we manage the transition to personal budgets without disturbing the market and reducing choice.

- That people can access and choose equipment for daily living from a range of local suppliers.
- That access to Supporting People services is improved to ensure that the right services are available to vulnerable residents at the right time and prevent the need for higher levels of care.
- We commission specialist carers support services for sufferers of Alzheimers Dementia and their carers

In the last year we have

- Worked with the voluntary sector to develop a pilot of support brokerage.
- Drafted a care market management strategy to support personalisation
- Worked with the voluntary sector to develop an advice, advocacy and information service (Help in Hounslow)
- Improved access for patients as 84 per cent of GP surgeries have extended their opening hours earlier in the morning, later in the evening and some on Saturday morning
- Opened The Heart of Hounslow as one of London's first polyclinics, with a 8am–8pm walk-in service, onsite x-ray and diagnostics and a healthy food café

FREEDOM FROM DISCRIMINATION AND HARASSMENT

We know that:

- Young Asian women are over-represented in mental health acute services in Hounslow.
- Schools during 2009/10 had the highest number of reported racist incidents in 6 years
- Gender and cyber bullying are increasingly issues for children and young people
- Black people as a whole are more likely to be detained under the Mental Health Act 1983⁷⁹.
- Hounslow's Gay Men's project has been commended nationally for its services generally and actions against hate crime
- The rates of Older People from all communities being assessed and receiving services are good.
- There is a slight under representation of black and other ethnic minority vulnerable adults in referrals to the Safeguarding Adults Team.
- Adult Abuse allegations against people with Learning Disabilities are disproportionately high

⁷⁹ Healthcare Commission 'Count me in: Results of a national census of inpatients in mental health hospitals and facilities in England and Wales', November 2005. <http://rwww.atings2005.healthcarecommission.org.uk/>

You have told us:

- Children and young people say they experience stress from peer pressures and experience bullying from gangs and would like bullying to be addressed. Some children and young people also experience discrimination on the basis of race, which can be linked to bullying.
- Members of the Black and Minority Ethnic and LGBT communities want to have more confidence in reporting crime to the authorities.
- Children and Young People have told us that they are worried about crime on the streets and want anti-social behaviour to be stopped. They have particular concerns on Knife Crime and Bullying.
- People with disabilities want to feel more empowered and confident in dealing with incidents of harassment.
- Older people are scared and feel intimidated by groups of youths congregating at bus stops after school in the afternoon.
- That an increased uniformed presence would make residents feel more safer.

We need to ensure:

- Local people are supported to develop knowledge and understanding to build united communities
- We have a greater understanding of harassment against people with a disability.
- There is no tolerance of violence, bullying, racism and discrimination in service provision and in or around people who use our services and throughout the community generally.
- That all people in Hounslow – who live in, work in or visit the Borough – are aware of Adult Abuse and know how to report any concerns
- We set standards in contracts and service level agreements to ensure legal requirements and best practice standards are met and we monitor the outcomes in all service providers
- We have information about the specific needs of groups who are over-represented in needs analyses and that we improve access to mainstream services for them.
- Complaints procedures are accessible and that we learn from complaints.
- We work with residents and local businesses to make areas of the borough safer through consultation and communication.
- That the Community Safety Handbook that will be distributed to every home in the Borough includes information on hate crime and how to report all forms of hate crime.
- That we continue to raise awareness on Hate Crimes and work with partners on the Hate Crime Prevention Forum.
- Local people are supported to develop knowledge and understanding to build united communities

In the last year we have

- Introduced Controlled Drinking Zones in Lampton and Heston Parks.
- Established the multi agency Hate Crime Prevention Forum.
- Continued the Home Security Scheme for residents over 60 by the Police Crime Prevention Team.
- Launched the 'Keep Safe Scheme' pilot designed to keep people with learning disabilities safe in the home and in the community.
- Raised awareness amongst able-bodied young people of the disability related harassment and abuse disabled people are subjected to through a project where able-bodied young people experienced what it was like to be disabled
- Held the 'Hear 4 U' conference to understand and improve partner responses to harassment and hate crimes against disabled people.
- Provided five training sessions to staff to raise awareness of hate crime.
- Rolled out the pilot of 3rd party reporting centres in the borough with the training to receive reports of hate crime.
- Maintained the iKiosk reporting machine as a method to report homophobic crime.
- Distributed an accessible booklet for people with a learning disability covering all aspects of daily living, relationships and support

ECONOMIC WELLBEING

We know that:

- On the combined index of income, employment and education, Hounslow is one of the most deprived boroughs in West London, particularly the West area of the Borough
- The level of overcrowding in Hounslow is high, compared to England as a whole.
- Research by Carers UK, reflecting the experiences of Carers providing very substantial amounts of care, found 77% of respondents stating that they had become worse off financially since becoming Carers.
- The percentage of 17 year olds participating in education and work based learning is declining⁸⁰
- The percentage of 19 year olds achieving a qualification at Levels 2 and 3 is also continuing to improve but is below similar authorities.
- Despite recent improvements in some areas, there are shortfalls in supported accommodation for older people, people with physical disabilities and people with long-term mental health problems.
- Support for Living and Owl Housing employ some of their service users within their own organisations

⁸⁰ Progress Score Sheet, GOL, April 2010

You have told us:

- You want more support for disabled people and people with mental ill health in finding and maintaining employment.
- People express concern about families being isolated in deprived areas and about young people being homeless or in poor quality accommodation.
- Young people are worried about their future and money and would like better information, advice and guidance service⁸¹
- Childcare needs to be more accessible to hard-pressed families and 42% of parents surveyed said they had experienced problems finding affordable out of hours childcare High unemployment rates for women and lack of affordable childcare may be linked.
- LD service users say they value college courses and then having a paid job or being a Travel Buddy.
- There is not enough support getting back into work - after the structured day programme there is nothing out there, you feel you can do it, then can't get a job.⁸²

We need to ensure:

- Economic development is a priority for all and there is an increase in local employer engagement in developing work opportunities for all.
- A Local Economic Assessment is completed to understand the economic profile of our area and the key drivers of local economic change.
- We need to work with employers to help them understand how to support people with long standing health needs in employment.
- Many more young people and adults from vulnerable groups have the opportunity to obtain support to enable them to find a paid job and stay in employment.
- The proportion of young people aged 16-18 engaged in education, employment and training continues to increase.
- We continue to prioritise supported accommodation and the widening of accommodation options for service users.
- Homeless people and those leaving care have access to safe and appropriate accommodation.
- We reduce homelessness by improving the supply and management of affordable homes
- Child poverty and its impact on children is reduced.
- Lone and teenage parents are supported to achieve economic well being.
- Sufficient high quality childcare is available to meet the needs of working parents and those making the transition to work, including for families of children with disabilities.
- The economic well-being of older people is supported

⁸¹ Tellus 4 2009 and About You Survey

⁸² Adult Drug Misuse Needs Assessment 2011/12

- Supported employment services are commissioned which are cost effective and based on the best evidence available.
- There are better pathways from primary care and psychological therapy services into employment services.
- The local public sector “leads by example” in the employment of socially excluded adults.

In the last year we have

- Successfully bid for grant funds to help people with disabilities and mental health needs into work
- Remploy has been commissioned to provide support to enable people with a learning disability who have complex/challenging needs to obtain work
- Organised a Supporting residents back to work event to help coordinate local initiatives
- Community Safety funded a post which supported 21 ex-offenders into training, employment and volunteering

MAINTAINING PERSONAL DIGNITY AND RESPECT AND SAFEGUARDING

We know that:

- Outcomes for children and young people in need of protection are good
- Many children are adversely affected by living with domestic violence. (approximately 36% of all violent crime in Hounslow is domestic violence)
- There are significantly more young carers living in Hounslow than the Borough has identified
- Many adults and children are adversely affected by living with domestic violence.
- There is a robust and effective multi-agency Safeguarding policy for vulnerable adults, with training and awareness raising across council staff and external stakeholders.
- Health and social care buildings in the Borough are often in need of modernisation to provide an appropriate environment in which to provide care.
- There has been some large-scale asset improvement work e.g. at the West Middlesex. Hospital, Heart of Hounslow health centre

You have told us:

- Environmental unpleasantness, such rubbish or litter, is seen as a big problem for the borough.
- Violence against women and girls is an existing problem within the borough.
- Vulnerable people, older people and people with disabilities want to feel safe in their own homes and outside (including on public transport), especially during the dark.

- We need to increase therapeutic and counselling service for families and young people in need⁸³.
- Services working with children and young people have an understanding of young carer's needs and issues⁸⁴.
- People would like improvements to end of life care and support in choosing the place of their death
- Older people want to feel safe in their own homes and outside (including on public transport)
- People after stroke want quicker access to rehab in the community and access to long term support in the community.
- Substance misuse clients want better information about access to treatment services & improved access.

We need to ensure:

- We shift towards services that are personal, sensitive to individual need and that maintain independence and dignity
- The responsibility to safeguard children and young people and vulnerable adults continues to be understood and prioritised by all agencies
- People's responsibilities as well as their rights are included in plans e.g. notifying providers when disability equipment on loan is no longer required
- Care pathways are developed to promote dignity and respect
- Plans are developed and implemented to resource improvements to the accommodation in which primary care and social care services are provided
- We use involvement approaches such as surveys, mystery shoppers and LINKs visitors to monitor standards
- Community rehabilitation services are improved and the Council and NHS are more 'joined up'.
- We improve long term services and support for people after stroke.
- We need to know more about how many have had falls and reduce the incidence of fractures after falls.
- We need to understand more about drinking patterns and behaviours across a range of population e.g. young, elderly in Hounslow.
- People are able to access Telecare to help keep them safe at home
- We develop our approaches to End of Life Care.
- Health inequalities for all care groups are addressed. – e.g. screening for preventative conditions

In the last year we have

- Drafted an End of Life Care Commissioning Strategy which will be consulted on in 2011

⁸³ Let's Talk Progress Report, December 2009

⁸⁴ Young Carers Report, June 2009

- Piloted a 12 month domestic violence perpetrator programme and trained professionals is assessing the risk of domestic violence.
- Created a new team of five Neighbourhood Community Safety Co-ordinators to work to reduce crime and anti-social behaviour,
- Appointed two Town Centre coordinators, in Feltham and Hounslow, to work with the local businesses to reduce crime and disorder
- Expanded CCTV coverage throughout the borough.
- Updated all contracts with safeguarding statements.
- Implemented a family intervention project across adult/children services working with families of prolific and priority offenders.
- Reduced the time it takes to secure a care package for those who choose to die at home.
- Completed the Transforming Community equipment (T.C.E.S) project to reduce the stigma associated with obtaining daily living equipment

5. LSP Priorities

The JSNA underpins the Local Area Agreement Priorities which are:

Ref	Priority
A	Hounslow works: reducing the level of worklessness in the population, including getting more parents into work in order to address child poverty
B	Hounslow counts: improving numeracy skills amongst the adult population
C	Climate change including carbon emissions, Heathrow – noise impact, air pollution/nitrogen dioxide
D	Sustain the local environment through enhancing biodiversity in local parks and open spaces
E	Develop a culture of achievement and high aspirations amongst underachieving groups of children and young people and narrow the gaps in educational outcomes between these groups and their peers
F	Preventing youth crime
G	Improving life expectancy and improve access to health care services including for diabetes, CHD, cancer, stroke, and TB
H	Improving the health and well-being of the population by: <ul style="list-style-type: none"> (I) supporting them to make healthy lifestyle choices; (II) reducing the incidence of smoking; (III) reducing the rate of childhood and adult obesity; (IV) improving participation in sport and physical activity
I	Improving the sexual health of young people and adults, including through modernisation of services and reducing teenage pregnancy
J	Promoting Community Cohesion (shortened title) <ul style="list-style-type: none"> (I) Through cultural and sporting activities; (II) Community engagement and involvement of the population of all ages in the evaluation and development of services; (III) Participation and engagement in the democratic process, particularly by children, young people and those with learning difficulties and disabilities; (IV) Promoting inclusion of people and supporting integration of newly arrived families whose first language is not English through ESOL
K	Support children, young people, adults and older people who have mental health problems to improve their emotional and mental well-being, maintain their independence and promote their social inclusion
L	Reducing the impact of crime and the harm caused by drugs and alcohol
M	Providing support, information and services to family carers providing unpaid care to sick and vulnerable family and friends
N	Support and safeguard vulnerable adults to maintain their independence through care and housing support services
O	Supporting older people to maintain independence

P	Support young people at risk of disengagement and disaffection with the aim of reducing school exclusions
Q	Improving economic well-being by reducing the overall number of young people not in education, employment, and training (NEETs) and the proportion of NEETs from vulnerable groups
R	Improving educational outcomes for Young People post-16
S	Increasing the supply of Affordable Homes
T	Reducing serious violent crime
U	Reducing hate crime (race crime, faith crime, homophobic crime)
V	Improving the resettlement of offenders through employment
W	Development of a strong and vibrant voluntary sector
X	Reducing the number of households living in temporary accommodation
Y	Reducing road casualties
Z	Waste and recycling – increase in household waste recycled and composted

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6. The Action Plan

USING THE JSNA TO DEVELOP HOUNSLOW'S SERVICES

The JSNA offers an insight into Hounslow's health and wellbeing and has highlighted many factors that will affect those who live and work in the Borough, in future years. The JSNA is a working document and will be refreshed annually. This document is a summary of the more detailed needs assessments which are undertaken regularly by each of the partnerships within the LSP and which inform their strategies, action planning and service developments. This JSNA is not itself an action planning document. For more details about these shared actions, service priorities and targets to meet these identified needs please refer to the documents in appendix A.

Update on Actions

The following actions have been and are being taken to progress the action plan and meet needs identified in previous JSNAs:

- More detailed analysis of the different levels of children and young people has been undertaken and is summarised in the 2009/10 Public Health Report
- New needs analyses have been undertaken, discussed at consultation events and Partnership Boards
- A Pharmaceutical Needs Assessment has been published
- Options to improve efficiency across health and social care have been explored and full integration of commissioning structures between the Council and NHS Hounslow is being implemented.
- A project has been set up to develop an Integrated Rehabilitation Service and pathway (creating a new integrated rehab. team across West Middx. hospital, NHS Community Services and social care)
- A project has been set up to redesign mental health pathways with West London Mental Health Trust
- We have set up an End of life care Steering group and drafted a strategy
- A new "Help in Hounslow" advice service has been established
- Tenders are being invited for a wide range of services to promote health and wellbeing
- Great Western Consortium has become a GP commissioning Pathfinder

Action Plan 2011

Action	Responsible Group	Deadline
Undertake consultation on this JSNA through forums, partnership boards and involvement structures to provide an opportunity for a wide range of stakeholders to inform the development of further updates of the JSNA	LSP and Health & Well-Being Board	July 2011
Update this JSNA based upon the latest data for 2010/11 and review the format following the outcome of consultation .	LSP and Health & Well-Being Board	Sept 2011
Produce Fact Sheets summarising the needs assessment for key areas of health and care	LSP and Health & Well-Being Board	Sept 2011
Develop in partnership with the LINK involvement network approaches to involve hard to reach groups, those with complex medical and social care needs, and those experiencing exclusion in identifying their health and well-being needs	LSP and Health & Well-Being Board	July 2011 and ongoing
Set up a Health & Well Being Board	LSP and Health & Well-Being Board	May 2011
Agree a Health & Well Being Strategy	LSP and Health & Well-Being Board	Nov 2011
Review the Local Strategic Partnership and agree new structures for managing local partnerships	LSP	July 2011 and ongoing
Review and update the Community Strategy	LSP	July 2011 and ongoing
Further develop our understanding of the different levels of need in the localities of Hounslow and the impact of services	LSP and Health & Well-Being Board	July 2011 and ongoing

8. Appendices

Appendix A: *Related Plans & Strategies - Turning Our Vision into Reality*

This JSNA links to a number of key plans and strategies that are part of a framework designed to deliver health and well being services to adults, older people, children and young people and carers across Hounslow. Some of the plans in this framework are specifically about service for a particular group of people and others are more general plans from the Council and partner agencies.

Hounslow Together the Local Strategic Partnership (LSP) oversees work on the key local strategies and plans. It brings together public, private and voluntary sector organisations to provide services that meet all residents' needs.

Objectives of the LSP

- to build a strong, vibrant and united community
- to enable Hounslow to be a sustainable borough that provides a sense of belonging for all its residents
- to use the strong partnership arrangements already in place to deliver high quality services for all Hounslow residents
- to ensure that locally, regionally and nationally Hounslow is thought of as a high-performing borough that strives for excellence
- to develop and implement a community plan and local area agreement that will support the delivery of a sustainable borough
- to effectively use resources to deliver better outcomes for local people

The overall purpose of the LSP is to work at a strategic level to deliver real outcomes and a high quality of life for the people of Hounslow.

The priorities within this plan are directly linked to and support the objectives that are set out in the more over-arching Council and partnership plans such as the Community Plan, Local Area Agreement and the Hounslow Plan, which relate to the whole community.

These arrangements are currently under review and there is a consultation underway on "A vision for Hounslow 2030" - the LSP long term vision for the borough, taking into account local challenges and needs. As part of these changes the Health & Social Care Partnership will become a Health & Well-Being Board

Below is a summary of how the plans link together and also some of the key health and social care partnerships which oversee the needs analyses and strategies.

A vision for Hounslow 2030

Community Plan

Hounslow Plan

Hounslow Investment Plan

A Safer Stronger Community

Community Safety Strategy 2011-2014

Community Safety Partnership Strategic Assessment

Voluntary Sector Strategy

An Economically Active & Skilled Community

Hounslow Economic Action Plan

A Healthy & Caring Community

Commissioning Strategy Plan 2008-13

Joint Commissioning Intentions

Joint Strategic Needs Assessment

Health & Well Being Strategy

Annual Public Health Report

A Cleaner and Greener Community

Local Development Framework

- Stronger and United Community Action Plan
- Hounslow Youth Violence Reduction Framework
- Humanitarian Assistance Emergency Plan
- Voluntary Sector Grants Strategy
- Voluntary Sector Compact
- Corporate Equality and Community Cohesion Plan

- Audit Commission Review of Economic Development in LBH
- Empowering Disabled People into Work Strategy
- West London Economic Development Strategy
- LSC London West Annual Plan
- Adult Education Strategy
- Local Economic Assessment

- Pharmaceutical Needs Assessment
- Joint Commissioning Strategies (OP, OPMH, MHL.D.PDSI.DAAT. Carers. End Of Life. Falls)
- Public, User and Carer Involvement Strategy
- Community Services Departmental Business Plan
- PCT Operating Plan
- Safeguarding Vulnerable Adults Strategy
- Supporting People Strategy
- Putting People First in Hounslow Strategy

- Highways Asset Management Plan
- Hounslow Carbon Management Plan
- Transport and Environment – Local Implementation Plan
- Hounslow Air Quality Action Plan
- Biodiversity Action Plan

A vision for Hounslow 2030

Community Plan

Hounslow Plan

Hounslow Investment Plan

A Children and Young People's Community

A Creative Community

A Growing Community

Children and Young People's Plan

Unitary Development Plan

Housing Strategy

Hounslow Investment Plan

Strategic Housing Needs Assessment

Building schools for the Future - Hounslow Strategy for Change

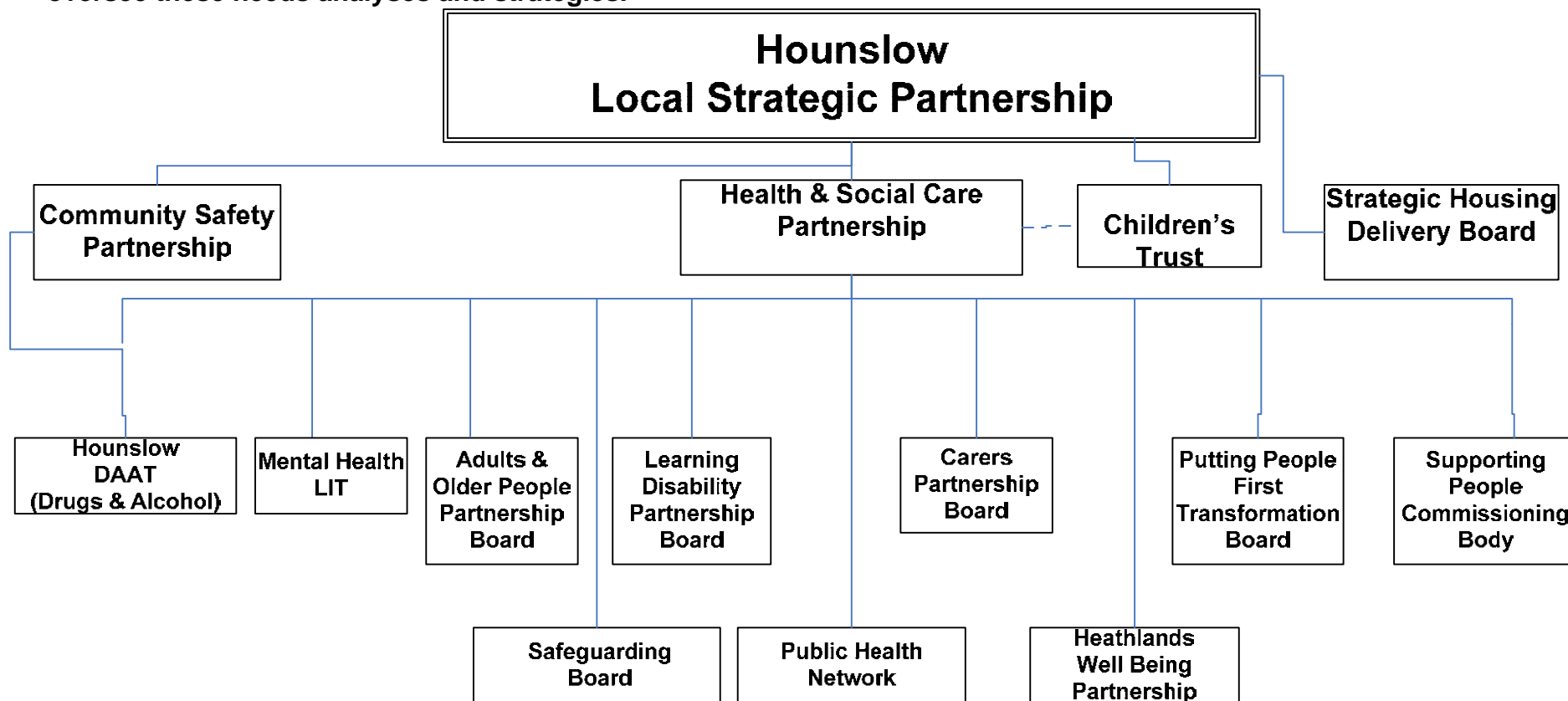
Local Safeguarding Children Board 3 year business plan

Parenting Strategy	Teenage Pregnancy Action Plan	Healthy Weight Strategy	Extended Schools Strategy	Crime Prevention Strategy	Fostering Recruitment & Marketing Strategy	Primary Strategy for Change (schools)	Aiming High Short breaks Plan 2009-11
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Sports & Active Recreation Strategy	Arts Strategy	Parks & Open Space Strategy	Allotment Strategy
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Homeless Strategy	Young People's Housing Strategy	Strategic Housing Market Assessment	Older People's Housing & Care Strategy	Brentford Area Action Plan	Core Strategic Issues and Options
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Hounslow Together (the Local Strategic Partnership) also has a number of key thematic sub groups which develop and oversee these needs analyses and strategies.



Each Partnership has representatives from User and Carer Involvement Forums, LINK, the Integrated Provider Forum and the Voluntary Sector Forum, plus key statutory partners including NHS Hounslow, HRCH, West Middx., Ashford, CNWL, SWL & St.Georges, Police, Probation

Appendix B Locality Profile

Localities	Characteristics
West Hounslow	<ul style="list-style-type: none"> • high proportion of residents aged 65 and over • highest proportion of children and young people aged 0-19 • low-to-average life expectancy for the borough, with the lowest life expectancy in Feltham North, where it is only 76.6 years for females and 73.3 for males • highest rates of mortality from cancer • highest proportion of White residents (78% in 2008) • highest levels of expected prevalence of obesity in adults in the borough and a high proportion of children and young people identified as overweight or obese • has two of the three wards (Feltham West and Bedfont) in the borough for the highest teenage conception rates of girls aged 15-17 • fairly high unemployment rates, despite the proximity to the airport
Heston & Cranford	<ul style="list-style-type: none"> • highest percentage of residents aged 0-5 years • fairly high levels of life expectancy, except in Heston West and Heston Central where they are lower than average • highest rates of mortality from coronary heart disease – except in Hounslow East, where they are very low and about average levels for the borough of early deaths from cancer • highest proportion of Asian and other non-white residents in the borough where they comprise a majority (60% in 2008) • the largest number of Looked-After Children (93 in 2006-07);
Central Hounslow	<ul style="list-style-type: none"> • highest percentage increase in projected population over the next 5 years • highest proportion of residents in the borough aged 65 and over • highest rate of births per 1000 population • variations between wards in life expectancy, but generally high life expectancy for females, 86.5 years and males 80.5 years in Hounslow South ward • high proportion of deaths from coronary heart disease • low death rates from cancer but premature death rates from respiratory disease and stroke, which is much higher than the borough average • high population of both White residents (47% in 2008) and Asian residents (49% in 2008) • predominantly owner-occupied housing of varying age and quality • lower than average unemployment • the lowest proportion of residents who say they feel safe.
Brentford and Isleworth	<ul style="list-style-type: none"> • highest percentage increase over the next 5 years in projected population of over 65's • variations between wards in life expectancy, particularly for females, with a difference of 4 years between Isleworth ward (79 years) and Osterley and Spring Grove ward (83.1 years) • relatively high premature death rates for cancers but about average for other causes • a non-white population of 26.7% in 2008, including a long-established Caribbean community • low teenage conceptions in Osterley & Spring Grove • a mixed area, ranging from owner-occupied family houses, to new apartments in regenerated neighbourhoods close to the river, to two large Council estates – where deprivation is amongst the highest in the borough
Chiswick	<ul style="list-style-type: none"> • a higher proportion of older people the highest percentage of people aged 85 and over – many live on their own • the smallest of the five areas (34,066 population in 2009), with the lowest proportion of young people aged 0-19 (11.7%) and the highest percentage of single people in households without children (27%); • high life expectancy and premature death rates markedly below average for the borough • lowest levels of teenage pregnancy and births in the borough • a predominantly affluent and White area (88% in 2008), with some expensive housing but pockets of deprivation too; • low unemployment.

Appendix C: A Vision for Hounslow 2030

This is the text of the consultation draft vision.

“ Hounslow is a diverse borough, full of character, entrepreneurial spirit, and with huge potential. Over the next 20 years, Hounslow Together will work with the community to develop the borough to be distinctive, vibrant and thriving, with a happy, high achieving community at its heart.

People

- Hounslow’s residents will be enjoying living in the borough. Individuals and families will choose to settle and stay in Hounslow for its excellent education, health and housing provision.
- Residents of all ages will feel safe in the borough and crime rates will continue to be low. If problems do occur, partners will act together with the community to swiftly find local solutions and treat the causes, not just the symptoms of the problem. More and more residents will be active citizens, involved in their local community and taking ownership for their local area.
- There will be double the number of people volunteering in the borough than there were in 2010.
- Everyone living in the borough will take responsibility for keeping themselves fit and healthy, helping to put less strain on local health services. However, all residents will be able to access convenient healthcare with dignity, when they need support.
- Through support for extended families and person-centred care services residents will get the support and care they need close to home, enabling them to stay independent and in the same area throughout their lives.
- The gap between the least well off and the rest of the borough will be narrowed, with targeted support for the vulnerable who need it most.
- A seamless partnership of public services, the business and voluntary sectors will join with the community to ensure residents of all ages, abilities and from all backgrounds can improve their life chances and achieve their potential.

Place

- Hounslow will be recognised as a university borough, having attracted a prestigious internationally renowned university to establish a campus locally, boosting our economy and creating jobs. The university will have links with the international businesses in the borough, providing clear career pathways. In a time when university education is becoming more expensive, young people will be able to live at home and attend a world-class university on their doorstep.

- All the borough's schools will be excellent – providing all young people with the best start in life. Hounslow will also be a centre of excellence for community and adult education. Three new schools will have been built to meet the needs of the growing population, providing high tech multi-use space that benefits both students, the local economy and the wider community.
- The borough will contain four thriving town centres and a number of vibrant city villages, building on their own unique character and attractions.
- **Hounslow** town centre will be a revitalised, vibrant destination reflecting the diversity and community spirit of residents across the borough. The town centre will attract people from across the region and those stopping off at Heathrow to sample its international produce and spice markets and its independent shops and diverse restaurants.
- There will be a buzz about the town centre, and residents and visitors will choose Hounslow as their destination to shop, eat and spend their leisure time. Residents will also have easy access to the public services they need in the town centre.
- **Brentford** will be a music and arts hub, developing venues, exhibition space and recording facilities for our grassroots music industry. London Fringe Festival will have been hosted in the borough, featuring many homegrown artists and performers. Access to the river will be opened up in Brentford, providing a green transport link to central London.
- **Feltham** will be a world class sporting hub, stimulating the local economy and providing multipurpose facilities that can be widely used. Our green spaces and lakes will be enhanced for use in outdoor training. Feltham's excellent schools will develop more sportspeople of the future.
- **Chiswick** will be one of the cultural centres of London, with visitors enjoying the treasures that are Chiswick House and Hogarth's House. Chiswick's unique identity with its boutiques, shops and restaurants will be preserved.
- In all areas of the borough, locally sensitive sustainable housing developments will provide more families with the opportunity of their own affordable home. Quality retirement housing developments will also be a priority, ensuring that older people can retire in safe, accessible accommodation close to local shops and services.
- Throughout the borough, green spaces will be enhanced, well used and well loved by local residents. The borough's street scene will be hugely improved through significant additional investment secured for our roads and pavements. The borough's excellent transport links will be further developed so less and less people drive and more walk, cycle or take public transport.
- Recognising the significant challenges posed by climate change, we will work within the community to manage its impact, producing a detailed climate change strategy and action plan.

Economy

- Hounslow has a unique location as the gateway to London and the Thames Valley. Its proximity to Heathrow airport, its history of fostering innovation and its attractiveness as a place to be will continue to attract inward investment and global businesses will continue to call the borough their home.
- The borough will emerge from the recession stronger and more vibrant than ever, a key player in the wider West London and Greater London economy. More local people will be highly skilled and working for the businesses located within the borough, reducing the impact of commuting on the environment. The borough will be home to green high tech industries providing technological solutions to the challenges posed by climate change.
- While maximising the opportunities afforded by being close to the airport, the local economy will be diverse and robust, thriving without relying just on Heathrow.
- There will be more local people supported to start up green businesses or social enterprises in the borough, also creating employment and contributing to Hounslow's low carbon economy. Schools and businesses will work closely together to help young people develop the skills that will help them succeed in the future.

Appendix D: A Short Glossary

Advocacy	Helping people using services to speak up for themselves about their needs and wishes and rights, or finding a volunteer who will speak for the client.
Assessment	The process of forming a view of the needs of a person, taking account of the views of that individual, those around them and other relevant agencies involved in identifying their needs
Care Management	This term describes the whole process of assessing a client's needs, assigning a priority rating, planning how to meet the needs, arranging services for them and reviewing them. Care managers are usually social workers or occupational therapists.
Carers or Informal Carers	People who look after friends, neighbours or relatives on a voluntary basis, usually enables them to remain in their own homes. Includes young carers.
Client or Service User	A person who uses care services.
Commissioning	Planning what services to provide and making arrangements for services to be provided to meet the priority needs as far as resources allow.
Domiciliary Care	Social and health care delivered to an individual in their own home to support them in daily living, and enable them to continue living in their own home, or that of their family or carers e.g. Home Care.
Forums	Groups of people including service users, carers, and people from voluntary and public organisations who meet to discuss issues relating to a particular client group e.g. the Mental Health Forum
Group Homes	Homes for vulnerable adults or young peoples people which do not usually have resident staff but where residents receive support with budgeting, rent collection, befriending etc. which is provided by visiting staff.
Hard-pressed	Facing or experiencing financial trouble or difficulties.

Housing Association Non-profit making organisation, which develops social housing for rent or sale. Some develop general needs housing, other specialist accommodation. The government now includes housing associations under the term 'Registered Social Landlords' or RSLs.

Joint Commissioning Joint commissioning is when two or more agencies work together to planning and setting up services. It can include pooling of financial resources and joint management of contracts.

Learning Disability Learning disability is what used to be called 'mental handicap'. It describes an impairment of the mind caused by incomplete development of, or damage to, the brain and nervous system. It can be present at birth or be acquired later in life, through a road accident for example. The term covers people with a wide range of characteristics.

Looked After Children Looked after children' (LAC) refers to children who are in public care, who may be accommodated in children's homes, in foster homes or be living at home or with extended families on Care Orders.

Multidisciplinary Team A team made up of a variety of professionals from different disciplines.

National Service Framework (NSF) Detailed frameworks setting out standards, outcomes and performance indicators for a specific service e.g. Mental Health, Older People, Coronary Heart Disease.

Obesity Overweight by 30 percent of the ideal body weight.

Outcomes Outcomes refer to the identifiable impact (positive or negative) of interventions, programmes or services - or of the failure to implement appropriate interventions, programmes or services.

Overview and Scrutiny Committee Arrangements for the Local Authority to oversee and scrutinise the local health services.

Palliative Care	Care of the dying and pain control services.
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Performance Indicators (PIs)	Measurable information about progress towards targets e.g. number of carers given short breaks from caring. National PIs are collected annually by the Department of Health but can be collected monthly by individual agencies.
Physical Disability	This includes people with a sensory impairment (i.e. who have visual or hearing difficulties) and people who have a physical disability as a result of illness, injury or a congenital condition which significantly affects their ability to carry out the normal activities of daily living.
Primary Care	The first point of contact for most patients, usually with the GP
Residents' Panel	A representative group of the Hounslow Community who contribute their views on a range of relevant local issues by completing questionnaires or attending focus groups.
Safeguard	The process of identifying children and young people or adults who have suffered or who are likely to suffer significant harm, and taking the appropriate action to keep them safe.
School Council	A group of pupils who are elected to represent the views of all pupils and to improve their school, including pupil forums and youth parliaments.
Special Educational Needs	A pupil who has 'a learning difficulty which calls for special educational provision to be made for him/her'.
Substance Misuse	Misuse of drugs and alcohol
Vulnerable adults	Whose life chances will be jeopardised unless action is taken to meet their needs better, and reduce the risk of social exclusion.
Vulnerable children	Whose life chances will be jeopardised unless action is taken to meet their needs better, and reduce the risk of social exclusion.
Youth Council	A local elected group of young people whose role is to represent the views of the young people of Hounslow.