

The Hounslow Story
2017

Joint Strategic Needs Assessment

Published August 2017



**London Borough
of Hounslow**

Foreword by Councillor Curran – Leader of the council and Chair of the Health and Wellbeing Board, London Borough of Hounslow

The health and wellbeing of local people is a key priority for us here in the council, and we are committed to working with partners in the health and voluntary sectors to promote, protect and improve health and wellbeing across the borough.

Since we gained public health responsibilities from the NHS in 2013, we have been working hard to tackle the specific health and wellbeing problems we face. We are now a leading London authority in delivering free health checks for the general public through our network of GPs and Pharmacists. We have established a coordinated set of lifestyle improvement services through the One You programme, and 30,000 residents got involved in the 'Beat the Street' event to promote active travel and to increase physical activity levels.

For people to live healthier lives, they need to have information about their own health and lifestyle, so they understand the choices they face, and what actions they need to take.

Similarly, here at the council and for Hounslow Clinical Commissioning Group, we need to be sure we understand the health issues we face as a borough. This assessment sets out that information so that we can plan what to do, along with the local health service and our other partners.

Without this, we can't make important decisions about which issues need more attention or resources, or assess which actions we've taken are making a difference.

There are some areas where we are doing well, and others we clearly need to address if we want to help people live well in Hounslow. This could be through improving services, bringing in extra support, or raising awareness of the issues so people know what they need to do.

Whichever it is, it will only work if we all – the council, local health services, community and voluntary groups, and local people themselves – work together and commit ourselves to doing all we can to improve the health and wellbeing of local people.

Introduction by Imran Choudhury – Director of Public Health and Leisure Services London Borough of Hounslow.

This refresh of the Joint Strategic Needs Assessment presents a significant body of evidence on the health and social care needs of local residents. The factsheets presented on our website summarise the efforts of many partners to identify, define, and address our health and wellbeing needs.

The pressures on our health and wellbeing system are considerable, our population is becoming older and, with advances in medicine, our population is living with a greater range of complex conditions. There are significant numbers of people who have very specific health and care requirements such as those with severe and enduring mental illness, or physical disabilities. We know some of these groups suffer significant health and care inequalities and we have a considerable challenge to provide services which can prevent or reduce discomfort and improve their quality of life.

This summary report, *The Hounslow Story*, acts as the Annual Public Health Report (2016). It provides a considered and accessible document to inform discussion on what we can do with our community and voluntary sector partners to improve wellbeing across Hounslow. I hope you find this report informative and challenging, and that it provides an added impetus to our partnership efforts to improve the health of the public.

JSNA process and priorities

The JSNA process was based on the production of over 30 factsheets which were suggested by a JSNA workshop in 2016. Each factsheet was drafted by a Public Health team member, or subject lead, and drafts were widely circulated to ensure accuracy. Tables of key issues and key actions were made which summarised the material from the factsheets. The tables were then used as a basis to highlight 'Priority Needs', and a further set of 'Priority Research' areas.

Priority needs

The priority needs were selected according to three criteria; needs that affect more than 200 people, AND have a serious impact on personal health, AND have poorly performing quantitative outcomes.

1. Cardiovascular and respiratory disease. Prevalence includes 33,000 patients with hypertension, 17,500 diabetics, 13,500 asthma patients, and 7,000 coronary heart disease patients
2. Falls. 848 emergency hospital admissions were caused by a fall 2015/16
3. Dementia. There are an expected 400 people with dementia that are undiagnosed
4. School readiness. 1083 children did not achieve a good level of development in 2015/16
5. Accidents in children aged 0-14. 522 emergency admissions in 2015/16
6. Obesity in children and adults. 1092 Year 6 children, and 123,000 adults are overweight
7. Physical activity. 54,000 adults doing less than 30 minutes exercise a week
8. Air quality and noise. Air quality causes 200 premature deaths a year and noise affects 60,000 residents.
9. Cancer. At least 31000 people that should have been screened for cancer but were not¹
10. Intimate partner violence. There were 2691 domestic offences in 2015/16
11. Termination of pregnancy. 1006 women over the age of 25 had a termination of pregnancy in 2015/16.
12. Learning disabilities: There are 1000 residents with a learning disability excluding the impact on their families / carers

Tuberculosis was not identified during the engagement exercise with the community. It is managed nationally, but Hounslow does have a significantly high rate of diagnoses compared to other London Boroughs.

¹ based on cervical cancer screening figures for 2015/16, 63.9% of 85,500 eligible women received a screen

Priority research

The research needs across all JSNA theme areas have been prioritised according to the level of evidence that has been applied to the effectiveness of each area of work, and the level of population impact.

1. Supported accommodation. For at least 2,900 older people, and 125 people with a learning disability
2. Children with a Statement of Educational Need. 1,826 children had a SEN in 2016/7.
3. Road Traffic Accidents. 939 'slight' road traffic accidents in 2015
4. Hate crime. 584 hate crimes recorded in 2015/16
5. Self-harm. 446 self-harm emergency admissions to hospital in 2015
6. Female Genital Mutilation. An expected 220 mothers have undergone FGM and there is a potential further impact for their female children
7. Community and voluntary sector.
8. Migration. An annual population change of 43,000 residents.

A further area of potential research or audit is to ensure a particular focus on the 6 cohorts of the population that represent the greatest level of investment for health and care as given in Box 1. The focus should concentrate on the drivers of demand for the services, and measure the impact of any prevention or adaptation intervention. Such an approach should ensure that interventions are evaluated across each cohort in a consistent framework.

Box 1. High resource population cohorts

- | |
|--|
| <ol style="list-style-type: none">1. Severe physical disability2. Severe and enduring mental illness3. Learning disability4. Cancer5. Dementia6. Long term conditions |
|--|

Source: NWL Whole Systems Toolkit, forecasting and unit costs. Adult Social Care, QoF and System One

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Joint Strategic Needs Assessment

The Hounslow Story 2017

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Purpose

The Joint Strategic Needs Assessment (JSNA) analyses the health needs in Hounslow to inform and guide commissioning of health, and care services. The JSNA will inform the development of the Joint Health and Well-being Strategy. The JSNA highlights priority needs, and areas that need further research.

Process

Hounslow Council engaged with stakeholders to capture feedback on the previous JSNA in 2014. A workshop in June 2016 identified the framework for the new JSNA, and how it should be presented. A JSNA steering group was formed with representatives from Hounslow Council, Hounslow CCG, and Healthwatch. The purpose of the group was to bring together evidence from across health and care partners, and approve priorities.

Over 30 individual factsheets were suggested by the 2016 workshop. Each factsheet was drafted by a Public Health team member, or subject lead, and drafts were widely circulated to ensure accuracy. Tables of key issues and actions were made which summarised the material from the factsheets. The tables were then used as a basis for discussion in the body of the report.

Five further areas of interest were identified in the 2016 workshop. They were termed Lines of Enquiry and each relate to a known issue or current work stream. Each will be reported separately and uploaded onto the Hounslow JSNA website. As new issues emerge or are requested they will also be added to the JSNA website as part of an ongoing JSNA programme.

Current Lines of Enquiry

- To understand Social Isolation in Hounslow and assess service provision
- To understand the link between housing tenure and health
- To develop a ten year plan for Physical Activity and demonstrate subsequent cost savings
- To understand factors that enable a child to become 'school ready'
- To develop a mechanism to identify residents with an undiagnosed Long Term Condition

Structure

The JSNA is structured to describe Hounslow, the population characteristics and the factors which drive population growth. The health and care inequalities observed in Hounslow have been discussed in terms of the level of underlying deprivation. There is a full review of health and care inequalities against the Protected Characteristics of the Equality act listed as Appendix 1&2.

Within the population there are key cohorts of more vulnerable residents whose treatment and care require coordination across agencies. A financial analysis has been conducted that estimates current and future costs for these groups. Potential areas for further efficiencies are summarised from the NHS right care programme for clinical conditions.

The main body of the JSNA document is a discussion around the factsheets that made up the 4 themes identified from the stakeholder workshop. Each of the factsheets will be available on the Hounslow JSNA website at: www.hounslow.gov.uk/jsna

The Hounslow 2017 JSNA finishes with a prioritised set of needs, and recommendations for further research or continued monitoring.

Hounslow the people and place

The Hounslow residential population in 2016 was estimated by the GLA to be 273,300. The overall level of deprivation in the borough is close to the England average, Hounslow ranked 151st out of 326 England Local Authorities in the 2015 Index of Multiple Deprivation. However recent trends indicate that relative deprivation has become slightly worse with 16 areas now becoming classified in the 20% most deprived in the country in 2015, compared to 12 areas in the 2010 classification.

Table 1 Hounslow key demographic statistics

	Hounslow		London
	Value	Year-on-year change	Value
Projected population, 2016 ²	273,300	Up 1.4%	8,770,700
Projected number of households, 2016 ³	104,500	Up 1.4%	3,554,100
Estimated unemployment, July 2015-June 16 ⁴	7,300 (5%) ²	Down 5%	286,600 (6.1%)
Median annual earnings, 2016 ⁵	£27,024 ⁶	Up 6%	£28,927
Total number of businesses, 2016 ⁷	12,565	Up 6%	476,890

The borough has one of the largest economies of all the London boroughs, comprising around 143,400 employee jobs and 12,500 businesses. The Council is working on two Local Plan Reviews to develop substantial areas of the Borough. The ‘Great West Corridor’ sits along the main route into central London when approached from Heathrow Airport along M4/A4, and the ‘West of Borough’ sits includes the centres of Hanworth, Feltham, Hounslow West, Bedfont, Cranford and Heston. The development plans provide a vision for the next 15 years, and will aim to support housing delivery, job creation and the provision of new infrastructure to serve the local community and new development. The ‘West of

² GLA short term trend-based population projections, 2015 round (<http://data.london.gov.uk/dataset/2015-round-population-projections>)

³ GLA SHLAA-based household projections, capped household size, 2015 round (<http://data.london.gov.uk/dataset/2015-round-household-projections>)

⁴ Number and % of economically active residents aged 16+. ONS Annual Population Survey model-based estimates of unemployment (Nomis: <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28>);

⁵ ONS Annual Survey of Hours and Earnings resident analysis 2016, table 8 (provisional) (<http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/placeofresidencebylocalauthorityshetable8>);

⁶ This is a survey-based estimate, so at local authority level the margins of error for this dataset are quite wide. This means that fluctuations from year to year may be attributable to random error rather than real change.

⁷ Please note that this figure only includes businesses registered for VAT (i.e. those with turnover of greater than £82,000 per year) or for PAYE.

Borough’ plan forms part of the Heathrow Opportunity Area that the Mayor of London has designated for business growth and housing development.

Hounslow is one of the most rapidly growing boroughs in London. Between the 2001 Census and the 2011 Census the population grew from 212,341 to 253,957, a 20% increase. This compares to an overall increase of 8% in England and Wales over the same time period. The resident population in Hounslow is projected to grow a further 36,000 to 291,000 by 2021.

Determinants of population growth

1. Population mobility

The number of births in Hounslow exceeds the number of deaths by nearly 3000 residents a year. Table 2 shows that between 2014 and 2015, 6,283 people moved into Hounslow from abroad, and 1,858 people left and went abroad. Further 15,671 people moved to Hounslow from within the UK, and 19,665 people left to somewhere else within the UK. These figures suggest that there is a population turnover of 43,477 people every year.

2. Ageing

In 2001 the Hounslow population over the age of 45 accounted for 32% of the population, by 2021 this percentage is expected to increase to 35%. From 2001 to 2021 there is anticipated to be an additional 3160 residents over the age of 75, of which 1200 residents will be over the age of 85.⁸

3. Fertility

In 2015 there were 4,455 live births to mothers living in Hounslow (ONS). This equates to a General Fertility Rate (GFR) of 73.9 live births per 1,000 women aged 15-44. This is the fourth-highest GFR in London, well above the London and England averages.

Table 2. Components of population change in Hounslow, mid-2014 to mid-2015

Natural change (births minus deaths)	Net internal migration	Net international migration	Other
2,871	-3,994	4,425	-100

Source: ONS <https://www.gov.uk/government/collections/migration-statistics>

⁸ Census 2001, GLA short term trend-based population projections, 2015 round (<http://data.london.gov.uk/dataset/2015-round-population-projections>)

Changing population characteristics

1. Increasing Diversity

Hounslow is one of the most diverse populations in London. In the 2011 census the three most common ethnicities were white British, Indian and Pakistani. Hounslow has a number of new communities including Afghan, Bulgarian, and Nepalese communities.

In the 2011 Census 49% of borough residents were from Black And Minority Ethnic backgrounds, in 2016 it was estimated at 51% and it is projected to rise further.

2. Lone Parents

The 2001 Census recorded a total of 6,000 lone parent households in Hounslow which then increased to 7,600 in the 2011 Census. This represents an increase from 7.2% of all households being a lone parent, to 8%.

3. Overcrowding

In the 2001 Census 16.2% of households were deemed to be living in overcrowded⁹ conditions. By 2011 this had increased to 21.8%. Overcrowding is likely to worsen as the population grows and housing costs continue to rise.

Source: GLA short term trend based ethnic group population projections, 2015 round.

Hounslow population profile

Population: 184,000 residents of a working age, and 59,000 aged between 0-15



Education and training: 21% of people have no qualifications

Housing: Hounslow has 13,000 Council tenants, 2,000 Council leaseholders and 1000 sheltered and supported tenants



Transport: 42% of households have no car

Crime & safety: There are approximately 29,000 reported crimes each year



Communities and environment: 82% of residents are satisfied with their local area as a place to live

Health & wellbeing: 15% of adults have a limiting long-term illness



Vulnerable groups: 14,000 children are living in poverty. 400 young people are carers, and 5000 people provide over 50 hours care a week

Sources: GLA population estimates 2015. GLA SHLAA-based household projections 2016. Census 2011 (Qualifications, Car ownership, Long term illness, carers). Recorded crime offences 2016 – www.police.uk. Residents Survey 2016. Department for Work and Pensions (2012-2014).

⁹ Overcrowding: Where the number of rooms is less than the number of people and the relationship between them, Census 2011 and NOMIS

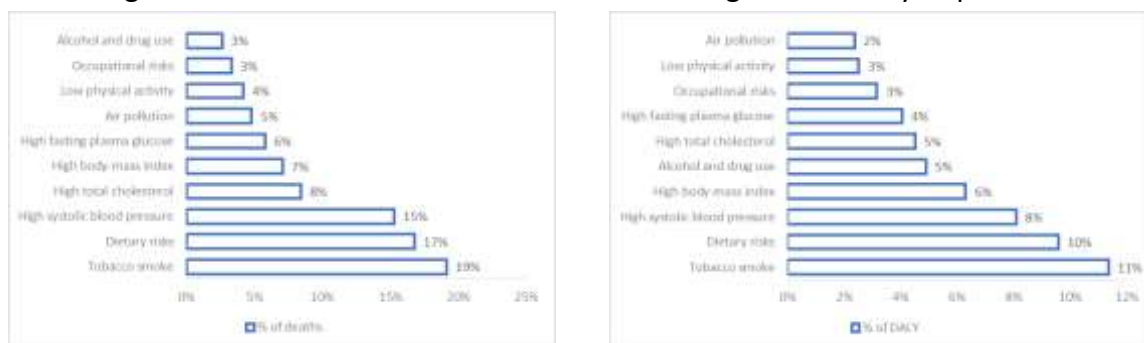
Drivers of health and wellbeing

People are living longer in Hounslow, since 1991-93, life expectancy in Hounslow has risen by 4 years for women and 7 years for men, to 84 years for women and 80 years for men¹⁰. But despite this, there are number of wholly preventable risks to our residents having a full and healthy life.

The Global Burden of Disease study was initially conducted on behalf of the World Health Organisation in 1990, and it was refreshed in 2015. The study brings together data from hundreds of diseases, injuries, and risk factors from across the globe. The data is presented as quantifiable evidence for the state of health in each country. The risk factors are presented in terms of the percentage of deaths they cause, and the percentage of disability or premature death they cause.

Figure 1 shows the effects of each individual risk factor in the UK, there is overlap among the effects of risk factors because some factors (e.g. physical inactivity) are partly mediated through other risk factors (e.g., high body-mass index). The largest risk to health is Tobacco smoke, in the UK it is estimated to cause nearly 1 in 5 of all deaths, and it is estimated as the cause of disability or premature death in just over 1 in 10 residents. Dietary risk covers factors include cholesterol, weight (body mass index) and plasma glucose, and together they cause 17% of all deaths, and 10% of all disability or premature death. Air pollution cause 5% of all deaths, but is a lesser cause of disability (2%), while alcohol and drug use cause 5% of all disability, but is a lesser cause of death (3%).

Figure 1 The Global Burden of Disease Study, UK causes of death and causes of disability
Percentage of death Percentage of disability or premature death*



Source: Global Burden of Disease Study 2015 <http://ghdx.healthdata.org/gbd-results-tool>

* Calculated in Disability Adjusted Life Years (DALYs) also defined as years of healthy life lost

¹⁰ PHOF accessed February 2017: ONS 2012-14 registered deaths

The main preventable risks to health for Hounslow residents largely follow the pattern from the Global Burden of Disease study. The local data sources indicate the main preventable risks to health as¹¹;

1. Smoking. In Hounslow there are an estimated 28,000 smokers, 14% of all adults
2. Inactivity and obesity. In Hounslow there are an estimated 126,000 overweight adults (63%), and 54,000 adults that do less than 30 minutes exercise a week (27%)
3. Alcohol. In Hounslow there are an estimated 48,000 adults that consume more than 14 units of alcohol a week (24%)

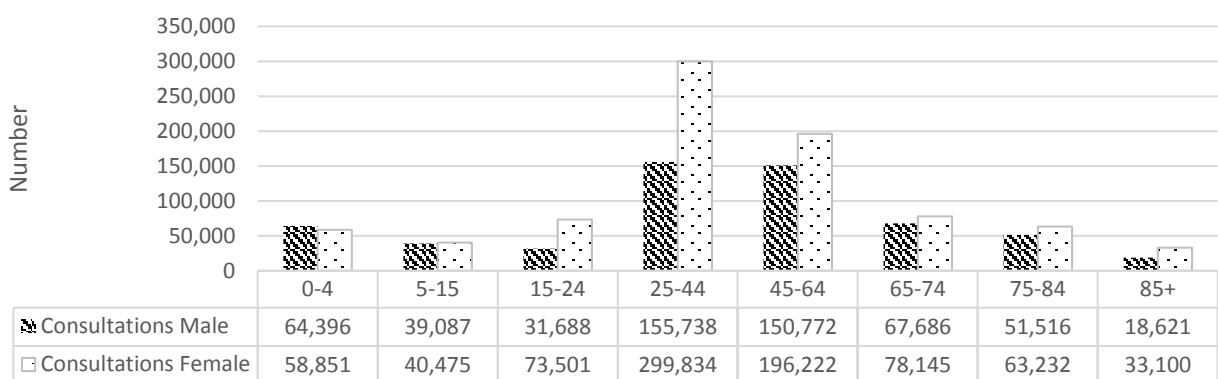
There are many types of inequality, for example men are more likely to die early (under 75) because of cardiovascular disease, and women are more likely to die early because of respiratory disease (based on 2010-2014 death data)¹². A more comprehensive range of inequality characteristics can be found in Appendices 1&2.

Use of health and care services

Hounslow has 52 GP practices with a registered population of 305,000 patients. 10 practices are located in Brentford and Isleworth, 8 in Chiswick, 14 in Feltham, 10 in Heart of Hounslow and 10 in Heston and Cranford. On average there are approximately 1.5 million consultations between a patient and GP or practice nurse each year. Figure 2 shows that Females aged 25-44 have just under 300,000 consultations a year.

Figure 2. 2015 estimated Hounslow GP and Nurse Consultations

(2014 consultation rate, 2015 GP registered population)



Source: Clinical Workload in UK Primary Care: a retrospective analysis of 100 million consultations in England. Lancet V387 June 4, 2016. GP or practice nurse face to face consultations, telephone conversations or home visits

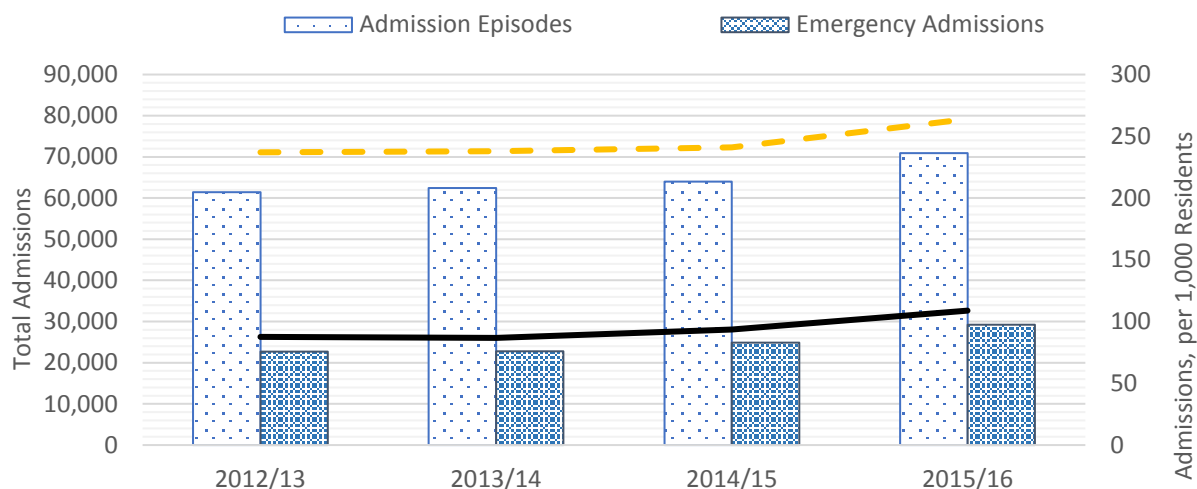
The hospitals that are mostly used by Hounslow residents include the West Middlesex University Hospital, Charing Cross Hospital, Ealing Hospital and the West London Mental Health Trust. Figure 3 shows how the number and the rates of hospital admissions shows

¹¹ Public Health Outcomes Framework, www.phoutcomes.info; Local Alcohol Profiles for England www.lape.org.uk accessed February 2017

¹² <https://indicators.hscic.gov.uk/webview/>

evidence of an upward trend. Hounslow patients accounted for 71,000 admissions in 2015/16, 40% of these admissions were emergencies. Emergency admissions have increased from 23,000 in 2012/13 to 29,000 in 2015/16.

Figure 3. Trends in hospital admissions for Hounslow patients



Source: HES NHS Digital

In 2016/17 there were 5738 residents supported by adult social care, 3068 (53%) were people aged 65 years and over, and 991 were aged 85 and over. 776 were open to the Learning Disability Team, 534 were open to the Mental Health Team and there were 1204 Carers who received an assessment of which 623 were receiving support.



Implications for deprived communities

Based on the Index of Multiple Deprivation¹³, Hounslow has a level of deprivation in line with the England average, but there are significant differences within the Borough which impact on health and wellbeing. For example the overall death rates in Hounslow are in line with the London average, but this masks inequalities between residents from different wards. At the most extreme a child born in Hounslow Heath is likely to live 8 years longer than one born in Feltham North. Table 3 details the differences in life expectancy by splitting the Borough into 5 categories based on the level of deprivation, and notes differences of 4 years for men and 3 years for women.

¹³ <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

Table 3. Life expectancy rates within Hounslow, 2012-2014

Most Deprived quintile		Least deprived quintile		Absolute gap - Most & Least Deprived areas	
Male	Female	Male	Female	Male	Female
77.8	82.1	81.9	85.5	-4.1	-3.4

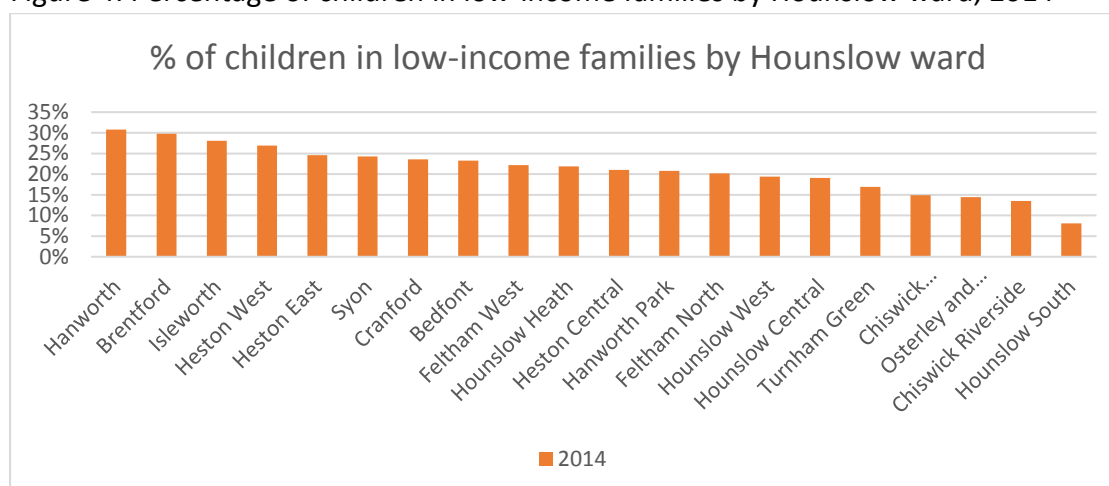
Source: ONS www.ons.gov.uk/peoplepopulationandcommunity

Cardiovascular disease and Cancer are the greatest contributors to death and are the greatest contributors to the premature death of residents from the most deprived areas. Indeed, it is estimated that the two conditions combined make up 51% of the difference in early mortality in Hounslow between the most and least deprived groups of men, and 43% of the difference between groups in women¹⁴.

Children in deprivation

The Children in Low-Income Families Local Measure indicator¹⁵ estimates that 12,000 Hounslow children (21.8%) were living in low-income households in 2014¹⁶, midway between the London and England averages (23.9% and 19.9%). The indicator shows the proportion of children living in families in receipt of out-of-work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60% of UK median income. Figure 4 shows that Hanworth was the ward with the highest rate of child poverty in the borough (30.8%), while Hounslow South had the lowest (8.1%).

Figure 4: Percentage of children in low-income families by Hounslow ward, 2014



Source: HMRC Children in low-income families 2014

¹⁴ <http://fingertips.phe.org.uk/profile/segment/>

¹⁵ <https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2014-snapshot-as-at-31-august-2014-30-september-2016>

¹⁶ <https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure> 31 August 2014

Older people in deprivation

In 2015 there were 8,100 older people (60+) in Hounslow living in poverty (20.9%), the 12th lowest rate in London (Richmond had the lowest rate of 10.8% and Tower Hamlets had the highest rate of 49.7%)¹⁷. The overall rate in London was 22.2%, and 16.2% in England.

The percentage of households whose spending on fuel reduces their income to below the poverty line, or whose fuel consumption is unusually high are deemed to be in 'fuel poverty.' In Hounslow fuel poverty in 2014 was 10% (9,513 households), significantly lower than both London and England with rate of 10.6%¹⁸. Fuel poverty may contribute to higher rates of death in the winter than expected although the evidence is not conclusive¹⁹. From August 2012 to July 2015 there were 88 Excess Winter Deaths in all those aged 85 and over in Hounslow¹⁵. The equivalent Excess Winter Death (EWD) Index was 19.9, lower (but not significantly) than London and England with 28.8 and 28.2 percent respectively. In total there were 221 excess deaths across all ages in Hounslow, EWD Index of 16.2, compared with EWD Indexes of 18.6 and 19.6 for London and England respectively.

¹⁷ Income Deprivation Affecting Older People Index, sourced from www.localhealth.org.uk

¹⁸ Public Health Outcomes Framework, <http://www.phoutcomes.info> Accessed February 2017

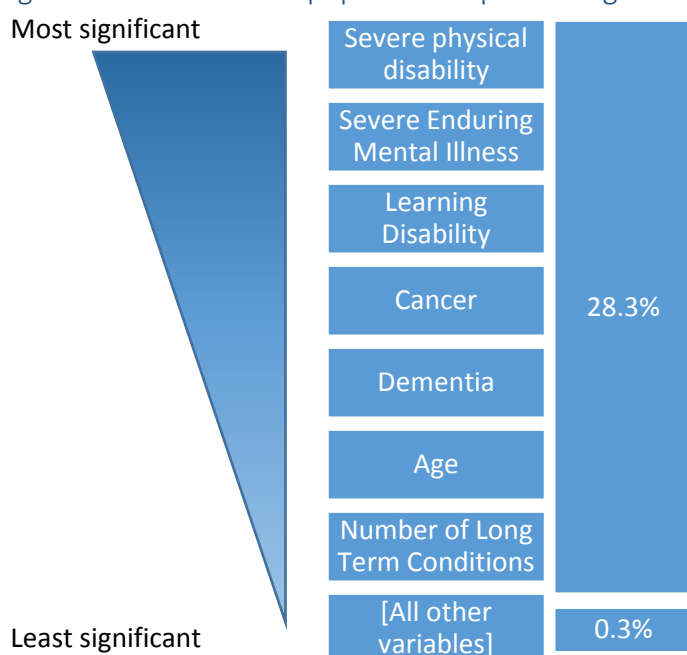
¹⁹ NICE <https://www.nice.org.uk/guidance/NG6/evidence> Evidence Review & economic analysis of excess winter deaths

Key health and care resource implications – high resource groups

Detailed analyses has been undertaken to determine which groups of the population are currently using the highest levels of health and care resources. As such it does not estimate what the potential costs are for those that have not yet presented with a health and care need.

In order to determine which factors determined the highest level of spend across health and care in North West London, a team of analysts working across primary care, secondary care, and social services obtained a large anonymised dataset for 2012/13 for North West London. A statistical model was run which took into account specific clinical diagnoses, the number of different diagnoses, and patient age. The model did not examine the impact of deprivation, death and end of life care. The most significant markers determining spend are presented in Figure 5 in descending order. In total the 7 most significant factors in the analysis explain a significant proportion (28%) of expenditure. The model therefore presents a prioritisation of high spend areas for health and care commissioners to examine in order to ensure efficient and effective services.

Figure 5. Cohorts of the population representing the highest health and care costs



Source: Nuffield Research, London Health Commission NW London team analysis

The analysis fed into the Northwest London Sustainability and Transformation Plan (STP) and included estimated annual health and social care costs per patient. The model forecasts how those costs might change up to 2020/2021 for North West London. Within Hounslow the logic of the model has been combined with population projections from the GLA and local prevalence data. The resulting projection of how total health and social care costs for each of these health conditions will increase is detailed in Table 4.

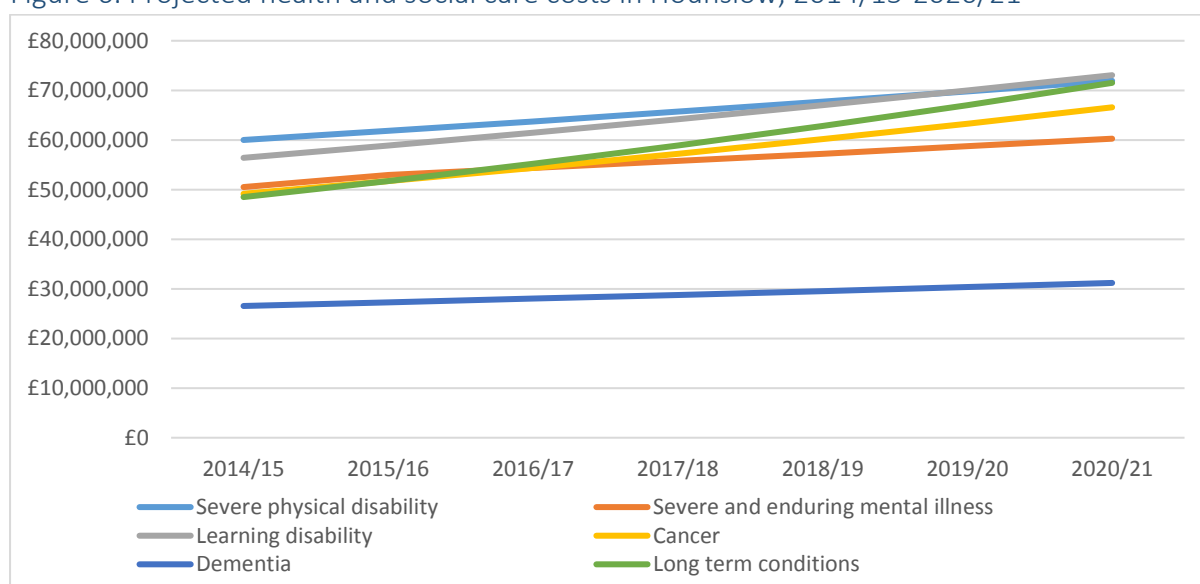
Table 4. High resource population cohorts, estimated prevalence and total costs

	Number 2015	Cost 2015 (£m)	Number 2021	Cost 2021 (£m)	% Increase No.	% Increase Cost	2015 per person £
Severe physical disability	1508	£61	1530	£72	2%	16%	£41,140
Severe and enduring mental illness	2252	£53	2291	£60	2%	14%	£23,517
Learning disability	962	£59	1038	£73	8%	24%	£61,237
Cancer	4006	£52	4689	£67	17%	29%	£12,909
Dementia	1311	£27	1327	£32	1%	14%	£20,799
Long term conditions	16968	£52	21349	£72	26%	38%	£3,050

Source: NWL Whole Systems Toolkit, forecasting and unit costs. Adult Social Care, QoF and System One

Using the definitions, costing methodologies and forecasting approaches from the North West London STP, the cohort which shows the highest area of both financial and activity growth is those patients with a Long Term Condition, however it is worth noting that the costs per patient from 2015/16 for this cohort are £3,050, far lower than the costs for other areas. The implication of this is that in relative terms one person with a severe physical disability is equivalent in cost to thirteen people with a long term condition. Overall cost projections are shown in Figure 6.

Figure 6. Projected health and social care costs in Hounslow, 2014/15-2020/21



Sources: Better care designed around people: New models of care for London's population, Technical pack, London Health Commission, November 2014; GLA population short term trend-based population projections, 2015 round; PHE Public Health Profiles; LBH Adult Social Care

Key health and care resource implications – highest opportunity areas

Opportunities for quality improvement and spend reduction for a range of conditions have been calculated by the NHS Right Care Programme. The calculations are based on comparing NHS Hounslow CCG to the average of the best 5 CCGs amongst a peer group of 10. The 5 areas which incur the biggest opportunity to reduce expenditure are displayed in the Table 5, in the first 4 cases the largest variation in spend was related to the costs of emergency admission to hospital, the variation for the last, Endocrine, Nutritional and Metabolic Problems was mostly in prescribing costs (£524k from the total of £643k). Alongside each opportunity area there are listed a number of 'Quality' indicators which also indicate areas of concern as identified from 2014/15 data. Although the control of diabetes is listed as an outlier, more recent analysis as reported under the 'clinical conditions' theme shows an improvement in 2015/16.

The largest opportunity area for reducing expenditure is within Neurological²⁰ disorders which include Alzheimer disease and other dementias, stroke and physical injuries caused to the brain. The NHS Right Care Programme particularly identifies Chronic Pain, and falls as most significant parts of the opportunity to reduce non-elective admission costs (£521K, £413k respectively).

Table 5 Opportunities for improvement for NHS and Care partners

Efficiency opportunity areas	Spend (£000's)	Quality opportunity areas
Neurology Conditions	2,497	Patients with epilepsy on drug treatment and convulsion free
Circulation Problems (CVD)	1,740	Control of BP (< 150/90), and cholesterol (< 5 mmol/l)
		Patients who go direct to a stroke unit, emergency readmissions within 28 days for stroke patients, and returning home after treatment
Respiratory System Problems	728	Mortality from bronchitis, emphysema and COPD under 75 years
		% asthma patients receiving an annual review
Gastrointestinal	669	6+ week waits for a gastroscopy and colonoscopy.
		Alcohol related hospital admissions
		Admissions for hep C related end-stage liver disease
		Gastroscopies, Peptic Ulcerations, diverticular disease and gastroenteritis
		Reported Clostridium difficile cases
Endocrine, Nutritional and Metabolic Problems	643	Control of diabetics cholesterol (< 5 mmol/l), HbA1c (<59 mmol/mol) and blood pressure (<140/80)
		% of diabetes patients receiving all three treatment targets, foot examinations and retinal screening

Source: Commissioning for Value Oct 2016. <https://www.england.nhs.uk/rightcare/intel/cfv/data-packs>

²⁰ Neurological disorders include epilepsy, Alzheimer disease and other dementias, cerebrovascular diseases including stroke, migraine and other headache disorders, multiple sclerosis, Parkinson's disease, neuroinfections, brain tumours, traumatic disorders of the nervous system due to head trauma, and neurological disorders as a result of malnutrition. www.who.int/features/qa/55/en/

These observations were also highlighted in the North West London Sustainable and Transformation Plan (NWL STP). The key goal is to reduce the unnecessary number of people being admitted to hospital, but the NWL STP also notes that residents with a mental health condition have a significantly shorter life expectancy, and that too few residents are dying in their preferable location, Table 6.

Table 6 Care and quality concerns across North West London

<ul style="list-style-type: none"> • Unwarranted variation in clinical practice and outcomes • Reduced life expectancy for those with mental health issues • Lack of end of life care available at home 	<ul style="list-style-type: none"> • Over 30% of patients in acute hospitals do not need to be in an acute setting and should be cared for in more appropriate places • People with serious and long term mental health needs have a life expectancy 20 years less than the average • Over 80% of patients indicated a preference to die at home but only 22% actually did
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Source: North West London STP

Community identified health and wellbeing themes

Theme 1 – Growing and staying healthy in Hounslow

List of indicators where Hounslow does not perform well in line with London

School readiness, childhood vaccination, flu vaccination, oral health, school exclusions, self-harm, alcohol consumption, adult obesity, preventable sight loss. Direct payment recipients, service users receiving self-directed support.
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The crucial importance of good health and development in the early years sets the foundation for health in later life, improves individual life chances and can help in breaking the cycle of health and social disadvantage across the generations (Marmot²¹).

In 2015²² there were 4,455 births, the General Fertility Rate was significantly higher than London (73.9 Hounslow, 63.9 London). There were 25 children born to a mother under the age of 18, which continues to demonstrate a fall in the rate of teenage conceptions. Of the successful births 311 children were born with a low birth weight²³, and 146 babies were born to a mother that smokes. It is not known how many of the successful births were still breastfed at the 6/8 week review at a local level and at a national level. The personal impact of maternity has resulted in over 425 mothers in Hounslow (2013) having a mild to moderate depressive illness or anxiety²⁴.

Children growing up in poverty in the UK experience a wide range of adverse child health and developmental outcomes, and are more likely to develop chronic conditions in childhood compared with more affluent children²⁵. In the 2011 Census Hounslow was recorded as having 8,920 lone parents with dependent children, and 22% of all households were classified as overcrowded. In 2015/16 there were 531 children that did not receive MMR by the time they were 2 years old²⁶ and other key vaccinations were also missed. Just over half of all children had the two and a half year check undertaken by a Health Visitor in 2016.

There were 21,490 A&E attendances in 2015/16 for children under the age of 5, a significantly higher rate than London²⁷ and a significant issue over the last 4 years of records. There may be an association with the recent increase and significantly higher rates of emergency admission to hospital for 0-14 year old children with injuries²⁸.

The take up of free childcare places for eligible children was at 88% in December 2016, this was above the anticipated 80% target and largely due to the successful outreach

²¹ 'Fairer Society, Healthy Lives' February 2010 <http://www.publichealthsheffield2011.nhs.uk/future-opportunities-and-challenges/prevention-and-early-intervention/>

²² <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-pregnancy/>

²³ A new born baby with a weight less than 2,500 grams is considered to have a Low Birth Weight

²⁴ Chimat 2013. www.jcpmh.info/resource/guidance-perinatal-mental-health-services/

²⁵ Pillas D, Marmot M, Naicker K, et al. Social inequalities in early childhood health and development: a European-wide systematic review. *Pediatr Res* 2014;76:418–24. doi:10.1038/pr.2014.122

²⁶ 86.5% of 2 year old children received one dose of MMR in 2015/16 in Hounslow PHE Immunisation Coverage

²⁷ 997 Hounslow, 706 London - rate per 1000 <http://fingertips.phe.org.uk/profile-group/child-health> Accessed May 2017

²⁸ 522 children (0-14) were admitted as an emergency with injuries in 2015/16, with a rate per 10000 of 97 Hounslow and 81 London <http://fingertips.phe.org.uk/profile-group/child-health> Accessed May 2017

programme that ran to the end of March 2017. The percentage of children accessing the disadvantaged 2 Year Old funding and achieving school readiness has increased from 44% in 2014 to 57% in 2016. Whilst this is positive there is still an attainment gap from the rest of the cohort of 13%. The factors which explain expected levels of development or being 'ready for school' are not clearly understood, but show a high degree of variability according to ethnicity and socio-economic status. The rate of children achieving a good level of development at the end of the Early Years Foundation Stage (EYFS) in Hounslow was 69% and below the level in London 71% in 2015/16.

Key actions:

- **Continue to develop and evaluate the Perinatal Mental Health Service.**
- **Local services and the Family Nurse Partnership to develop and target services appropriately. This includes coordinating Early Years and Health Visiting services to increase the 27 month review.**
- **To investigate the increase in childrens accidents resulting in hospital admission, and develop a local response.**

More socio-economically deprived children are more likely to be overweight²⁹ but Hounslow's children are no different from the rest of London with 1 in 5 children being overweight at the age of 5, and 1 in 3 being overweight at the age of 10. Rates of tooth decay are significantly high in Hounslow compared to London resulting in approximately 115 admissions to hospital a year³⁰.

Key actions:

- **Deliver Obesity Task force actions.**
- **Continue the dental health outreach programme.**

Health and wellbeing concerns will impact upon educational achievement, but in overall terms, and despite some relatively deprived geographical areas in Hounslow, children achieve relatively well with 60% achieving 5+ GCSEs (Inc. English & maths) in 2015/16, in comparison to 58% nationally and 61% in London. The Progress 8 Score³¹ for Hounslow in 2015/16 is better than London and national. Therefore, the issues in Hounslow for children from the age of 11 are to ensure a healthy mental and physical wellbeing. A key focus is to reverse the high rates³² of self-harm being seen in hospital for young people aged between 10 and 24 which represents 177 admissions in Hounslow a year. Further specific issues relate to historically high levels of school exclusions³³, and to ensure out of Borough Looked After Children receive routine placement and clinical checks.

²⁹ Socioeconomic inequalities in childhood obesity in the United Kingdom: a systematic review of the literature, Obesity Facts, 5(5), November 2012, pp.671-692. EL-SAYED Abdulrahman M.

³⁰ Decayed Missing or Filled teeth admission rates Hounslow 549, London 368 per 100,000 fingertips.phe.org.uk/profile-group/child-health/profile/child-health-early-years May 2017

³¹ Progress 8 is a more holistic measure of pupils' performance based on their attainment in eight GCSEs and adjusted for their prior attainment at Key Stage 2 at the end of primary school.

³² 2015/16 Rates per 100,000, 390 Hounslow, 209 London <http://www.phoutcomes.info/> accessed April 2017

³³ 8% of secondary school in Hounslow received a Fixed exclusion from a state funded secondary school

Key actions:

- **Continue to deliver a school nursing that is integrated with other children's services to provide health promotion advice and access to appropriate services.**
- **Strengthen early preventative services for children's mental health.**

Marmot noted that early intervention, at any stage of the life course, can prevent problems escalating thus avoiding or delaying the need for intensive and more costly interventions or services later on. Marmot therefore emphasised the importance of behavior change interventions such as smoking cessation. The common risks to health³⁴ across London include smoking, and a lack of physical activity. Particular issues for Hounslow are trying to reduce the number of people that drink alcohol excessively, and the number of people that are obese. It is therefore necessary to make residents more aware of what constitutes a health risk and the benefits of reducing them. These health risks require all partners to share the same messages in the engagement with residents, but it also requires staff to maximize the opportunities to design a physically active urban environment.

Key actions:

- **The borough should support positive healthy lifestyle behaviours and promote physical activity, use of play areas, open space and recreational facilities to raise physical and mental wellbeing in all age groups.**
- **Provide at scale Physical Activity interventions for the whole community.**
- **Ensure all health and care staff can sign post to the One You public health service.**
- **Continue to reduce the trade of illicit tobacco.**

Enabling residents to maintain their independence as they grow older will help to maintain their health and wellbeing. For example Age Related Macular Degeneration is an eye disease which if not diagnosed and treated early can lead to blindness. There was a significantly high rate in Hounslow³⁵ in 2014/15 representing 49 people. Flu vaccination in people over the age of 65 is below target and in 2015/16 Hounslow was the 6th worse³⁶ Borough in London. Falls in older women are also an issue for Hounslow and are covered in the Clinical Conditions theme under MSK conditions. Significant groups of the population will need more long term care and support, and the provision of Direct payments, and self-directed support will help empower and personalize the care they receive.

Key actions:

- **Promote routine clinical health checks and screening.**
- **Promote direct payments and self-directed support.**

With an ageing population, and an increasing number of more vulnerable residents, there is a need to quantify the level of supported accommodation, or extra care housing that is required. Schemes to adapt properties or provide visiting services to help people stay in their own homes will be popular, and there will always be residents for which long term residential accommodation units are needed. A statistical model was compiled by the London Housing Federation in 2007 which gives some guidance as to the range of supported

³⁴ <http://www.phoutcomes.info/> accessed February 2017

³⁵ 166 per 100000 in Hounslow; 85 per 100000 in London <http://www.phoutcomes.info/> accessed April 2017

³⁶ <http://www.phoutcomes.info/> accessed June 2017

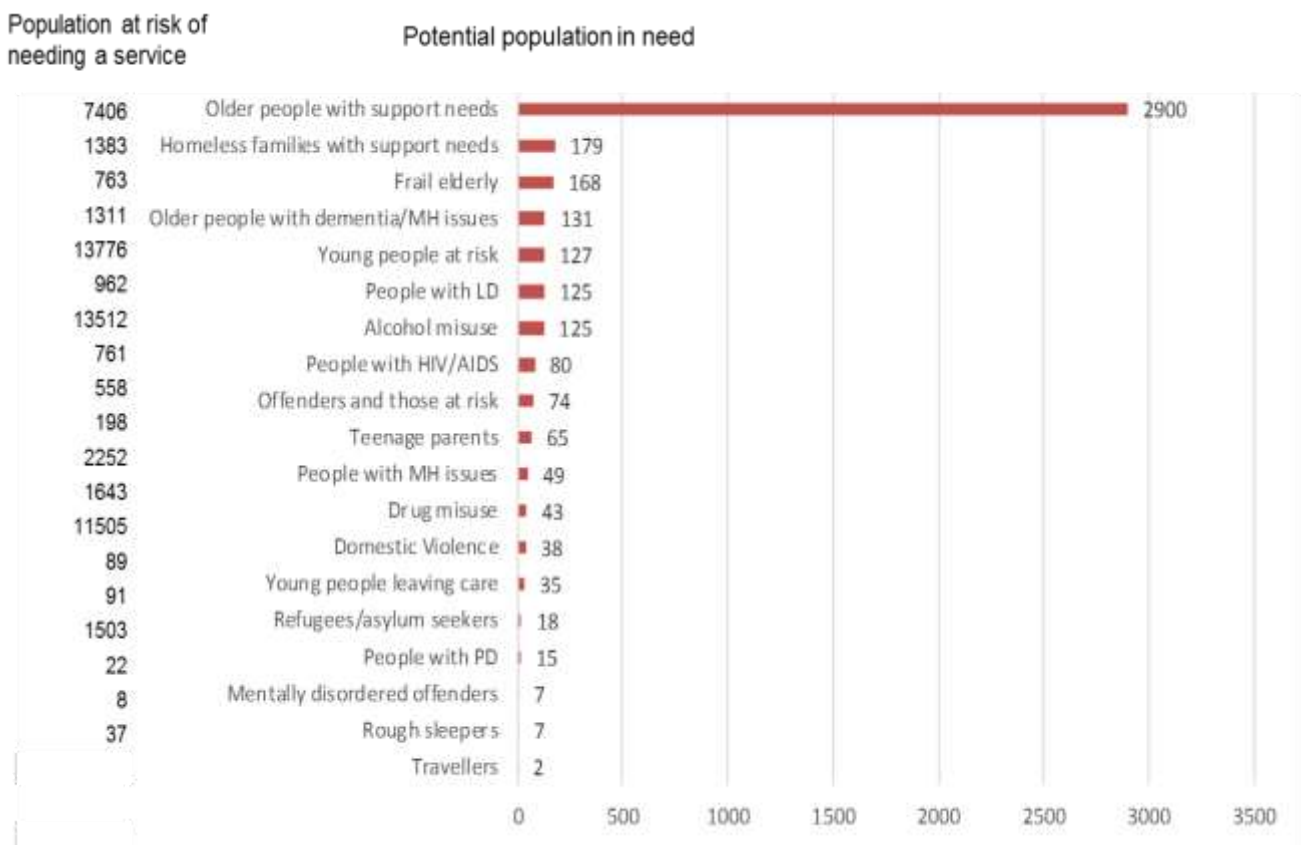
housing required. The data in the original model has been refreshed and the crude estimates of housing need are presented in Figure 7. It is estimated that there are 7,406 older people with support needs in Hounslow, however only 2,900 are estimated as actually needing some form of supported or extra care housing.

In September 2016 the Government announced details of its proposed model for future funding of supported housing. The new system is planned to be implemented from 2019 and the Local Housing Allowance (LHA) cap will not apply to supported and sheltered housing until then. From 2019 it is proposed to apply the LHA cap to all claims in supported and sheltered housing with a top-up paid by the local authority. The impact of the LHA cap may act as a disincentive for a provider to supply supported housing in Hounslow and affect the viability of supported accommodation contracts. The precise impact of the cap will not be clearly known until the proposal is confirmed and details of the top-up are known. Some units such as those supplying assistance to victims of domestic violence may become vulnerable. The Borough is also planning to provide the Blenheim site with 94 units, and the proposals may increase the costs of this provision. The full impact of the proposed change will be felt as the commissioning for all supported accommodation is due to be completed in May 2018.

Key action:

- **To re-provide an adequate level of non-residential support and supported accommodation in line with anticipated need, with a key focus on prevention and early intervention (LIFE Commission).**

Figure 7. Estimated population in need of supported accommodation.



Growing and staying healthy in Hounslow: summary table.

Factsheet	Key issues	Actions
Maternity and birth	High level of fertility. Poor data quality for breastfeeding at the 6-8 week review.	To provide needs based universal services through health visiting, and targeted services through the Family Nurse Partnership and the Perinatal Mental Health Service.
Early years (0-5) and School readiness	Low levels of childhood vaccination. Approximately 50% of children are not receiving their 2 ½ year health development review. Low level of children achieving a good level of development at the end of Reception. High rates of A&E attendances.	Ensuring our most vulnerable families get the support they need through Family Nurse Partnership or Universal Plus Health Visiting service. Greater integration and joint working between Early years and health visiting services.
Primary-age children (5-11)	High numbers of children are overweight, and there are particularly high rates of tooth decay in 5 year olds.	Establish the Obesity Task Force, with an associated action to increase physical activity. Deploy Dental Health outreach programme in key areas
Secondary-age children (11-18)	High rates of self-harm.	Coordinate services for children and raise the profile of the school nursing service. Promote mental wellbeing and resilience.
Children's mental health	The rate of hospital admissions are lower than London, and represent approximately 45 acute care admissions a year.	Strengthen early preventative interventions and provide good quality stepped support to de-escalate crises.
Tobacco	There are 29000 adult smokers in Hounslow and known illegal trade in tobacco.	To reduce the rates of smoking. To target and prosecute illegal tobacco sales.
Substance misuse	The proportion of high risk drinkers in Hounslow is higher than London. The male rate of alcohol specific hospital admissions is higher than peers. Highly successfully substance misuse service in place.	To increase Identification and Brief Advice for alcohol outside of the treatment service, through training other key professional staff. Recommission the treatment service for July 2018, ensuring that the focus on providing quality alcohol treatment including hospital pathways, is maintained.
Healthy eating	Adult overweight and obesity is high in Hounslow, healthy eating guidance is not followed by most people in the borough.	Target information and work with front line staff. Develop the Healthier Catering Commitment to make small changes for large groups of people
Physical activity	The proportion of adults not doing the recommended level of physical activity is significantly higher than London.	Develop community based large scale interventions to encourage active travel and physical activity, and utilise local green space more effectively
Promoting independent living	Low rates of flu immunisation, and high rates of falls in older females.	Promote flu vaccination for frontline staff and 'at risk' residents. To promote measures to reduce fuel poverty, and reduce falls in older people. To ensure sufficient supported accommodation will be commissioned under the LIFE programme.

Theme 2 – Wider determinants of health in Hounslow

List of indicators where Hounslow does not perform well in line with London
Females in employment, Hate crime, traffic accidents, air quality, noise (Heathrow)

The lack of affordable and, in particular, secure tenure larger family homes are the biggest housing issue facing Hounslow. A longer term solution is to build new affordable housing, and the Council is on target to secure the provision of an additional 3,000 affordable homes by 2018. However the current shortage has created more overcrowding and unfit accommodation (hidden homes), which has further increased the number of families declared homeless. Where accommodation is suitable, the Council aims to support residents and prevent them from becoming homeless and has been refocussing its prevention services, which in 2015/16 saw 380 households prevented from becoming homeless.

Key Action: To develop a joint corporate and borough wide community and voluntary sector approach to homeless prevention and support more households in need.

In Hounslow there are wider developments such as the 3rd Runway at Heathrow, the Golden Mile, the West of Borough Plan and the M4 Smart Motorway project. The council and partners are ready to accept the significant opportunities in terms of jobs and economic regeneration that will be brought into the area. However it is important to mitigate against any risks to health posed to residents such as poor air quality and excessive noise. Poor air quality contributes to more than 200 premature deaths a year, and excessive noise affects over 60,000 residents. A significant barrier for the Borough concerns the fact that its remit does not extend to all major sources of air pollution and noise, in particular Heathrow Airport and Transport for London. For air quality it is therefore necessary that responsible authorities are brought on board, and understand what is required of them, before any contravention or lack of progress is reported to the GLA. For noise any developer will be required to approach the Council with appropriate mitigation plans for approval.

Key Actions:

- **To ensure development supports residents to live healthy lives.**
- **To implement the Air Quality Action Plan, and approve noise mitigation measures from developers.**

An ambition of the Housing strategy 2014-18 is to create safe, clean and green living environments for local communities to build into everyday 'active' lifestyles. In building this ambition attention is needed in making roads safer for cyclists and pedestrians. The rate of fatalities and serious injuries in Hounslow is in line with London rates and within target, but there were 939 minor road casualties (that did not result in death or serious injury) in 2015 which is above the target for the year of 660.

Key Action: There are specific needs around transport to ensure ease of access and reduce injuries. There is also an ambition to introduce a new cycle infrastructure on busy routes as segregated cycle tracks, which is subject to TFL funding.

The significance of crime in a Borough is both in terms of the impact that it has on the victim, and the fear of crime it can develop in their friends, relatives and the wider community. Hounslow recorded a total of 20,069 offences for 2015-16, representing a 4% reduction from the previous year, and below the London average. However there has been an increase in the proportion of violent offences committed by young people. There were 126 offences in 2015/16 representing 30% of all crime committed by young people, an increase from 25% in 2013/14, this is despite Hounslow not being regarded as a Borough with significant gangs. Additionally young people entering the youth justice system for the first time are not being appropriately referred on to health and wellbeing services³⁷, which has been proved to reduce the re-offending rates. Finally in 2015/16, Hounslow police recorded 584 hate crimes of which most were racially aggravated and which represented a 45% increase from the previous year. It is anticipated that many crimes go unreported, and it is not understood if the rise in the number of hate crimes indicates a real increase or just the awareness and confidence of the public in reporting the crime.

Key actions:

- **Continued yearly planning through the Hounslow Community Safety Partnership Board.**
- **To ensure young people entering the youth justice system for the first time receive the appropriate services.**

Whilst the link between employment and crime is far from conclusive³⁸ there is agreement that in tackling crime it is necessary to also examine local employment conditions³⁹. Securing meaningful occupations, and employment have also been linked to positive health and wellbeing outcomes. A correlation exists between long-term unemployment and poor mental and physical health exists. Local Employment and Support Allowance (ESA) Claims data (Nov 2008 - Nov 2015) reveals 'Mental and behavioural disorder' to be the most frequent factor behind ESA claims, the data also shows that these conditions are driving the significant increase observed in ESA claims since 2010.

Whilst Hounslow has above average levels of employment and economic activity, the borough still faces a number of challenges in relation to employment. There is a mismatch between skills requirements of employers and skills of residents. Young people, women and those from vulnerable groups (particularly children leaving care) still face barriers into employment, and a high proportion of residents are in low paid, low skilled employment resulting in a reliance on in-work benefits.

Key action: Continued promotion and provision of the Skills and Employment service which includes; a Career Coach, advice and Job Brokerage schemes between local business and residents.

³⁷ From a sample of 106 young people in 2016, 32 had self-harm, alcohol or substance misuse problems, and 38 were not registered with a GP.

³⁸ Papps, K. L. and Winkelmann, R., 2000. Unemployment and crime: New evidence for an old question. *New Zealand Economic Papers*, 34 (1), pp. 53-71

³⁹ Melick '03, Matthew D. (2003) "The Relationship between Crime and Unemployment," *The Park Place Economist*: Vol. 11

Wider determinants of Health: summary table.

Factsheet	Key issues	Actions
Housing and homelessness	Increasing homeless pressure from welfare reform, and a housing shortage.	Increased focus on homeless prevention, particular the cross authority response with Children's and Adults Social Services supporting vulnerable households. Building affordable housing.
Development	The expansion of Heathrow, and the Great West Corridor, and West of Borough developments.	Ensure development increases local employment and training opportunities. Through building design and urban planning, encourage residents to make better use of open spaces.
Transport	Recent increase in child casualties, and the overall number of people receiving slight injuries remains worse than target.	Implementing 20mph speed limits Junction protection programme (double yellow lines painted at all junctions) To design new cycle infrastructure on busy routes as segregated cycle tracks.
Air quality and noise	Nitrogen Dioxide exceedances, and excessive noise. Hounslow Council's ability to control air quality is compromised as it is the responsibility of many partners such as TFL and Heathrow airport.	To renew the Air quality action plan and get it approved by GLA in mid-to late 2017. To consider noise mitigation measures from developers and Heathrow airport.
Community safety and crime	45% increase in the number of recorded hate crimes in 2015/16 compared to 14-15.	Working in partnership to make Hounslow a safer place to work, live and visit by focusing on the 5 MOPAC themes.
Youth offending	Increase in number of violent offences committed by young people in 2014/15 compared to 2012/13. A recent increase in the number of entrants to the youth justice system.	Immediate access to a mental health nurse for young offenders following their arrest resulting in improved outcomes and reduced re-offending. Earlier and more effective intervention is required with young people and their families
Employment	Young people and those from vulnerable groups still face barriers into employment and a high proportion of residents are in low paid, low skilled employment resulting in a reliance on in-work benefits. The percentage of women aged 16-64 in employment is significantly lower than in London.	Provision of a Skills and Employment service which includes; a Career Coach, advice and Job Brokerage between local business and residents.

Theme 3 – Clinical conditions

List of indicators with poor or varied performance in Hounslow

Cancer screening and two week wait for specialist referral. Incidence of Tuberculosis. Termination of pregnancy, and higher rates of teenage pregnancy in the South West of the borough. Variation in diagnosis/treatment of Long Term Conditions between GPs. Admissions to hospital for coronary heart disease, self-Harm, dementia, falls and emergency readmissions. Secondary mental health clients on the Care Programme Approach living independently. Under 75 mortality for cardiovascular (men) and respiratory conditions (women). Health related quality of life for older people.

The implications highlighted by the JSNA are that patients and residents will need support before any condition is diagnosed, during diagnoses and early treatment, and to ensure the patients quality of life is maintained for as long as possible. A key outcome from quick diagnoses, appropriate treatment and care is to continually reduce deaths under the age of 75. In Hounslow between 2013 and 2015 the under 75 rate for all causes of death is in line with the London average but the level of under 75 deaths from cardiovascular disease was significantly higher for men, and the level of under 75 deaths from respiratory disease is significantly higher for women.

Ill-health prevention was covered in the Growing and Staying Healthy theme, the clinical conditions theme therefore focuses on particular conditions, and builds on making patients aware of their health risks and to detect and treat disease early in development. Once conditions are diagnosed the need becomes one of reducing the variation in the quality of care between providers, redesigning pathways to ensure adequate and equitable patient flow, and lastly to ensure that the patient is adequately supported in their own home. This process is further represented by needs at two levels:

Level 1 - Helping people to change their lifestyles so they can reduce their existing risks to their health and wellbeing. This includes symptom awareness, screening and the promotion of One You services including NHS health checks, and Improving Access to Psychological Therapies.

Uptake of bowel, and colon cancer screening is below target, and whilst breast screening is below the target it is statistically in line with the London average. Sufficient numbers of patients with suspected cancer are not being seen by a specialist within the 2 week target. **Key action: Increase awareness of cancer and how screening can help reduce morbidity and mortality associated with the disease. GP's and hospitals to improve performance using the '2 week wait' pathway.**

Contraceptive choices and availability could be improved within target groups. The number of women under 25 seeking repeat terminations of pregnancy was significantly higher than London in 2014, but declined in 2015. However the total termination rates⁴⁰ show a

⁴⁰ U25 repeat terminations 37% Hounslow; 32% London 2014 Total termination rate per 1000, 24.3 Hounslow, 21.6 London 2014 <http://fingertips.phe.org.uk/profile/sexualhealth>

historical trend of being higher than London, and in 2015 this was due to the terminations in women over the age of 25⁴¹ which totaled 1006. The level of teenage pregnancy has declined in recent years and the rate for Hounslow is in line with the London rate, but there are higher rates in the South West area in the Borough.

Young people and members from LGBT groups continue to be disproportionately affected by high rates of STIs and HIV nationally⁴².

Key actions: Increase promotion of contraceptive choices, particularly for women over 25 years of age. Promote STI prevention amongst particular groups.

There were 458 cases of Tuberculosis diagnosed between 2013 and 2015 in Hounslow. This represents a significantly higher rate than London⁴³. This has implications both for appropriate identification and ensuring an effective BCG vaccination programme. Once diagnosed 86% of patients during this time completed treatment, comparing favourably with London.

Key action: To increase awareness among mobile populations to reduce infection.

The most prevalent long term conditions currently recorded in Hounslow are, 33,000 hypertension patients, 17,500 diabetes patients, 13,500 asthma patients, and 7000 coronary heart disease patients. There is an observed variation between GP surgeries in diagnoses and subsequent treatment rates. However the estimated level in the community is higher than the recorded level. If all people with one of these conditions were known, estimates suggest an additional 27,000 hypertension patients, 3,500 diabetes patients, 13,000 asthma patients, and 3000 coronary heart disease patients⁴⁴.

Key actions:

- **Reduce variation in rates of diagnosis and treatment between GP surgeries for common physical and mental health long term conditions.**
- **Reassess the role and impact of NHS Healthchecks as a tool for early diagnoses.**
- **The local COPD pathway review will improve how patients can be diagnosed earlier, managed with appropriate medication, and access pulmonary rehabilitation after hospital discharge nearer their homes.**

Level 2 – This level is to ensure that people in Hounslow that have developed serious health problems get the right treatment and are helped and supported to stop their illness becoming more severe.

As reported by the NHS Right Care Programme emergency hospital admissions for coronary heart disease, stroke and respiratory disease are higher than other similar CCGs. This is particularly significant given that stroke and cardiovascular disease are the leading cause of

⁴¹ 2015 1006 Total >25 termination rate per 1000; 22.2 Hounslow, 18.9 London.

<http://fingertips.phe.org.uk/profile/sexualhealth>

⁴² 34% of new STIs were in young people aged 15-24 years and 34.4% were among men who have sex with men (MSM). Source: PHE LASER profile.

⁴³ 54 per 100,000 in Hounslow, 30 per 100,000 in London 2013-2015. PHE TB surveillance programme.

⁴⁴ Quality and Outcome Framework disease registers 2015/16.

disability in England⁴⁵. Primary care treatment for diabetes has improved, the % of Type II patients receiving the 8 care processes has risen from 44% in 2014/15 to 63% in 2015/16, significantly above the rate for England. The GP Patient survey reflects the level of satisfaction patients have with their GP, and indicates a lower level of satisfaction compared to national results⁴⁶.

Key action:

- **To ensure that cardiovascular disease patients are offered support and help after diagnosis closer to home and can be referred 'on prescription' for exercise.**
- **To ensure the Hounslow Community Diabetes Service helps to support diabetics and to help prevent complications such as strokes, heart attacks, renal failure and eye disease.**

For adult mental health and wellbeing the issues for Hounslow are a significantly higher level of self-harm⁴⁷. There are a high number of clients in secondary (hospital) care that could be better served in the community, and the number of secondary mental health clients living independently on the Care Programme Approach are lower than expected.

Key action: To develop the Mental Health Transformation plan to ensure residents with mental health disorders are treated in an appropriate setting. To establish a self-harm and suicide prevention strategy and action plan.

Older adults in Hounslow are more likely to suffer from dementia and more likely to fall over causing further long term rehabilitation problems. There are approximately 1,500 patients diagnosed with dementia in Hounslow, with a projected increase to 2200 patients by 2020. There were a significantly high 1,450 emergency hospital admissions for dementia patients in 2015/16⁴⁸. For people over the age of 65, there were also significantly high rates of falls⁴⁹, with a total of 848 emergency admissions, 524 of these were for people over the age of 80.

Key actions:

- **Developing the awareness of dementia signs and symptoms and lowering thresholds for referral to Memory Clinics. Providing advice and information on how to live with dementia, supporting carers and increasing the percentage of dementia patients receiving an annual health check from a GP.**
- **Developing the Musculoskeletal Service to be the first port of call for a musculoskeletal condition in order to support patients to maintain pain free mobility and independence.**
- **Ensure an effective falls prevention programme particularly in elderly housebound patients.**

⁴⁵ Department of Health (2013) Cardiovascular Disease Outcomes Strategy: Improving outcomes for people with or at risk of cardiovascular disease. UK.DOH.

⁴⁶ Q28 Overall Experience, Hounslow 81%, National 85% <https://gp-patient.co.uk/SurveysAndReports>

⁴⁷ 162 per 100000 in Hounslow; 94 per 100000 in London <http://www.phoutcomes.info/> accessed May 2017

⁴⁸ Dementia emergency admissions per 100,000. 4,970 Hounslow, 4010 London.

<http://www.phoutcomes.info/> accessed May 2017

⁴⁹ Over 65 rate per 100,000, 2887 Hounslow; 2253 London. <http://www.phoutcomes.info/> accessed May 2017

Clinical Conditions: summary table.

Factsheet	Key issues	Actions
Cardiovascular disease	Risk factors; smoking, unhealthy eating, physical activity, and excess weight. High rate of hospital admissions for coronary heart disease and stroke. Undiagnosed cases of CVD	Promotion of One You services, patient education and awareness. This includes offering NHS Health Checks to the eligible population in order to identify and manage people at risk.
Adult sexual health, and teenage pregnancy	Terminations in women over the age of 25 are significantly high. High levels of teenage pregnancy have been recorded in South West areas of the Borough.	Increase promotion of sexual health and contraceptive choices and STI prevention. Better prevention and support by addressing key service gaps for example, to deliver a consistent SRE delivery across schools and targeted work with women undergoing a termination of pregnancy.
Diabetes	Risk factors; smoking, unhealthy eating, physical activity, and excess weight. Undiagnosed cases of diabetes, with an anticipated increase in prevalence.	Promotion of One You services, and improve self-care through patient education. This includes increasing diagnosis rates, offering NHS Health Checks to the eligible population, and to promote the NHS Diabetes Prevention Programme. Continue to Increase uptake of all care processes.
Respiratory diseases	Risk factors; smoking, unhealthy eating, physical activity, and excess weight. Increase awareness and the incidence of diagnosis, and reduce observed variation in diagnosis between GP surgeries	Promotion of One You services, patient education and awareness. Support initiatives to improve local air quality and contribute to London wide air quality initiatives. Review COPD pathway.
Cancer	Risk factors; smoking, unhealthy eating, physical activity, and excess weight. Increase awareness and screening uptake, particularly cervical and bowel. Low proportion of new cancer cases meeting the Two Week Wait (TWW) target	Promotion of One You and screening services, patient education and awareness. Improve the % of people seeing a cancer specialist within two weeks from initial GP consultation.
Adult mental health	Risk factors; smoking, unhealthy eating, physical activity, and excess weight. High rate of hospital admissions for self-harm. Low rates of residents with common mental health disorders or using specialist mental health services. Some clients of secondary care mental health services, could be discharged into the Primary Care Service.	Promotion of One You services, patient education and awareness. Establish a multi-agency prevention group to deliver a plan to prevent self harm, and the possibility of suicide. MH Transformation plan to increase the rate of discharge to primary care
Musculo-skeletal conditions	High number of emergency admissions, and a high rate of injuries due to falls particularly in older women. Falls are one of the leading reasons for admission into adult social care.	Implementation of new MSK service from September 2016. Reduce risk of falls in the community through: age appropriate physical activity promotion, uptake of recommended vision tests, medicine reviews, measures to reduce fuel poverty.
Dementia	Increasing rates of dementia in the population, and increased reliance on carers. High rates of emergency admissions to hospital for dementia patients in their last year of life.	To reduce the risk factors for dementia including hypertension and to increase physical activity. To increase dementia diagnosis rate, and the number of annual care assessments. To improve public awareness and to provide Dementia Friendly services.

Theme 4 – Communities and vulnerable groups in Hounslow

List of indicators where Hounslow does not perform well in line with London

Volunteering, SEN achievement and Children leaving care becoming NEET. Social service client satisfaction, carers, and risk of social isolation.
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The communities and vulnerable groups theme of the JSNA concerns the wider role of the Voluntary and Community Sector (VCS) and the needs of particular groups of residents.

Volunteering Hounslow received almost 1400 residents registering with the service between October 2015 and September 2016. They were helped to find volunteering opportunities in the 180 local organisations with active opportunities. The 2016 annual survey indicated a high reliance on volunteers amongst the 110 organisations who responded, 86% were supported by volunteers, with most having over 15 each month. The survey also indicated that 34% of organisations have had support from the council's Community Partnership Unit, and 25% have had support from the Hounslow Voluntary Sector Support Service (HVSSS). However, according to the Community Life Survey in 2015 only 14% of respondents said they have given unpaid help to any organisations, compared to 47% nationally.

Key action: Community Partnership Unit to deliver and update the 4 year Thriving Communities Strategy. To lead engagement with the sector to understand their areas of work, how to engage volunteers, develop links with local businesses, and provide support for bid applications. To ensure the annual survey is representative of the sector.

The Marmot⁵⁰ review advocated to reduce the number of children in poverty and to provide targeted support for vulnerable groups, in Hounslow this includes;

- those in local authority care (279 looked after children in 2015/16)
- those entering youth custody (108 first time entrants to youth justice system in 2015/16)
- those leaving care (261 young people aged 17 - 21 years in 2015/16)

The issues for Children's safeguarding include trying to keep families together in positive relationships, and trying to reduce the number of children being taken into care due to abuse or neglect. An emerging issue is unaccompanied asylum seeking children⁵¹, and planning their ongoing care and support needs with the Home Office.

Key action: Continue provision of 'Edge of Care' and 'Intensive Support' services to strengthen families and prevent breakdowns.

The need to find suitable placements for children within the Borough remains an ongoing challenge. For children that reside out of borough, there is a recognised need to increase the proportion receiving dental and medical examinations. Once in care, children with a Statement of Educational Need do not achieve the academic standards of their peers. The children that leave care are more likely to not be in education, employment or training (NEET) and require additional support to find housing.

⁵⁰ 'Fairer Society, Healthy Lives' February 2010 <http://www.publichealthsheffield2011.nhs.uk/future-opportunities-and-challenges/prevention-and-early-intervention/>

⁵¹ In 2015/16 13% of Looked After Children were Unaccompanied Asylum Seeking Children (Safeguarding Children Service)

Key actions:

- **To campaign for foster carers and suitable placements.**
- **To ensure staff are aware of the needs of children in care and target support such as the Virtual College and the Future Paths programme to reduce the number of care leavers becoming NEET.**
- **To continue the monthly Housing Panel for care leavers.**

The number and proportion of children with requiring Special Educational Needs assessment has increased significantly. In 2016/7 there were 1,826 children with a statement of educational need (or EHC plan), this is a 51% increase from 1211 in 2012 and is the third highest increase in London, where the average increase was 28%. In the period 2010-17, annual increases have been consistently twice that for England. These increases, combined with extension of the age range for eligibility to 25 years, have put limited resources under serious pressure and restricted the ability to build capacity in schools and other settings.

Key action: To assess the needs represented in the increased numbers and available services. Develop the role of Special Educational Needs Coordinators in schools and implement a 0-25 transition team.

Violence Against Women and Girls and Intimate partner violence create vulnerable groups of residents, and includes the illegal practice of Female Genital Mutilation (FGM). In both cases there is an anticipated underreporting of offences. Experimental data⁵² shows 25 cases of FGM were recorded in Hounslow residents in 2016/17, against an expected number of 220. The rate of domestic violence has risen by 24% since 2013, and was significantly higher than the London rate⁵³. Further work is required to ascertain if the increases are due to better reporting mechanisms or reflect a real increase.

Key action: To increase awareness amongst health and care staff and the community to prevent, direct or refer to appropriate services.

In 2015/16 there were 875 concerns raised to Adult Safeguarding of which 454 resulted in enquiries being made. An analysis of these enquiries establishes key vulnerable groups as older people, those with a physical or learning disability, and adults with mental health issues. The Adult Safeguarding Board oversees the Annual Action Plan which addresses the issues reflected in the service, for example the high proportion of enquiries relating to someone known to the individual⁵⁴. A key duty of the service under the Care Act is to ensure the public are made aware of the service, engage with it and prevent abuse.

Key action: To interrogate characteristics of enquiries and detail actions for approval by the Adult Safeguarding Board.

⁵² FGM 2016/17 <https://www.gov.uk/government/statistics/female-genital-mutilation-apr-2016-to-mar-2017>. Expected FGM incidence, 4.9% of all maternities <http://www.city.ac.uk/news/2015/july/no-local-authority-area-in-england-and-wales-free-from-fgm>

⁵³ Metropolitan Police Service. Domestic crimes 2707 Hounslow, 2332 London. Nov 2015-Nov 2016.

⁵⁴ In 60% of the enquiries in Hounslow the source of risk was a person known to the individual, compared to 46% in London.

For the 30,000 residents over 65 and the 9,000 residents with a disability⁵⁵, the emphasis is on maintaining independence, primarily through effective prevention involving all health and care partners including housing. There is an ongoing need to coordinate discharge planning from hospital and further reduce the increasing pressures that create Delayed Transfers of Care to social care⁵⁶.

Key action: Continue joint prevention work between council disability services and GP localities, build local community resilience and provide hospital discharge services

It is expected that only a quarter of people with a learning disability are recorded as such by their GP. People with a learning disability have poorer health outcomes than the rest of the population⁵⁷, and in Hounslow continued improvement is needed to ensure patients receive an annual health check from their GP⁵⁸. Whilst accommodation needs for people with a learning disability are understood, there remains a significant proportion of people with a learning disability in out of area placements. Autism is a less well understood condition among health and care staff, and significant steps are required to make health and care staff aware of the conditions and referral routes for diagnoses and on-going care.

Key action: Continue to deliver the Learning Disabilities and Autism Transforming Care Plan.

The number of Carers in Hounslow is difficult to establish with any accuracy. The 2011 Census identified approximately 4,785 people caring for someone for over 50 hours a week, and the number of young carers is estimated at 400. A requirement of the Care Act is to provide support and guidance to all residents with a carer, irrespective of their eligibility for services. However carers are also vulnerable, they may lack support and advice and become increasingly socially isolated. The 2016 Adult Social Care Outcome Framework survey of carers highlighted carers satisfaction in Hounslow as the 4th lowest in London.

Key action: To ensure the Carers Partnership and annual plan includes an approach to improving personal health checks and social isolation.

It is not just carers that become socially isolated, anyone living alone, or lacking contact with their immediate community may become isolated. There is a weight of evidence that suggests social isolation may have a significantly detrimental effect on the health and wellbeing on an individual. [See the Hounslow JSNA website for the Line of Enquiry reading social isolation.]

Key action: Develop a commissioning framework and a coordinated range of services from all health and care partners.

⁵⁵ GLA Short Term population trends, 2015. 9,300 residents claimed Disability Living Allowance in 2016 Nomis.

⁵⁶ The number of delayed transfers of care (18+) that are attributable to adult social care, per 100,000 population, was 3.3 (7 people) in Hounslow during 2015/16, similar to the figure for London.

⁵⁷ Glover, G (2013) Annual Health Checks. Public Health England. Available from <http://www.improvinghealthandlives.org.uk/projects/annualhealthchecks>.

⁵⁸ 55% of all registered patients received an annual review in 2016, a significant increase for 25% in 2015. (Source: Hounslow CCG.)

Communities and vulnerable groups: summary table.

Factsheet	Key issues	Actions
VCSE	Supporting volunteers and enabling the sector to manage an increased demand.	The LBH Community Partnership Unit to Survey of the VCSE and faith sector, to develop relationships with local businesses, provide training and support for bid applications.
Children's safeguarding	Children admitted into care due to abuse or neglect.	Development of Edge of Care services: Families First and Intensive Support Service.
	Continued provision of high quality local placements for children in care and care leavers.	Campaign to increase the number of in house foster carers and suitable placements. To continue the monthly Housing Panel to enable access to housing for care leavers.
	Dental and medical examinations for out of borough Looked After Children	Implement audit and new contract for GPs to provide out of borough checks.
	Key Stage 2 and Key Stage 4 progress for looked after children with Special Education Needs and Disabilities (SEND).	Increase awareness of children with SEN and disabilities. The Virtual College has established a protocol for referring older LAC to other agencies.
	Unaccompanied Asylum Seeking Children (UASC)	Effectively work with the Home Office to manage the needs of UASC.
	High proportion of Care Leavers Not in Education, Employment or Training	Virtual College and Future Paths programmes, and identify those at risk of NEET.
Children's disabilities and SEN	Population growth and increase in SEND creates a pressure on specialist services to provide timely advice for EHC assessments rather than focus their support on building capacity and early interventions.	Educational Psychologists/ Health professionals have introduced measures to monitor completion of advice for assessments. Building capacity in schools and settings through development role of SENCOs. Implementing the SEN Matrix and the 0-25 transition team.
Violence against women & girls	On street and off street prostitution has continued to be an issue Under reporting of VAWG offences, Under reporting of FGM	Increase workforce confidence in identifying and responding to VAWG-related issues.
Intimate partner violence	Increase in the number and rate of Domestic offences	Develop prevention, protection and support services. Increase referrals from all agencies.
Adult safeguarding	To support social care service users to make decisions about how to live their life free from abuse and neglect.	Through the Adult Safeguarding Board and Annual Business Plan.
Adult physical disabilities	Increasing number of residents contacting Adult Social Care for support, with increasingly complex health and care needs	Continue to work in 5 localities aligned to the 5 GP localities focusing on prevention. Continue to provide comprehensive prevention and discharge services. To develop community engagement across the Borough to build local community resilience
Adult learning disabilities	Increase the number of GP annual health reviews. Increase % of LD and autism residents in sheltered accommodation.	Delivery of local project to increase health reviews. Provision of extra care housing and supported accommodation, in line with the Transforming Care Plan.
Carers	Increasing number of carers, and caring for older more complex residents.	Continued support for an effective Carers Partnership and annual plan. To ensure plans are in place to address issues such as social isolation and health checks.
Social isolation	High risk factors for Social Isolation, and multiple commissioners.	Develop a commissioning framework to coordinate existing services.

Key areas for action

The JSNA brings together local evidence of need and uses that evidence to guide coordinated action. Throughout this report key actions have been noted and will need to be followed up. A series of priority needs and priority areas of research have been systematically identified for more immediate action.

Priority needs

The priority needs were selected according to three criteria; needs that affect more than 200 people, AND have a serious impact on personal health, AND have poorly performing quantitative outcomes.

1. Cardiovascular and respiratory disease. Prevalence includes 33,000 patients with hypertension, 17,500 diabetics, 13,500 asthma patients, and 7,000 coronary heart disease patients
To further improve the prevention, detection and management of cardiovascular and respiratory disease.
2. Falls. 848 emergency hospital admissions were caused by a fall 2015/16
To review characteristics of fallers in Hounslow particularly fallers with a neurological condition such as dementia, and assess the suitability of falls prevention and rehabilitation services.
3. Dementia. There are an expected 400 people with dementia that are undiagnosed
To improve awareness of dementia, and increase diagnosis rates to expected levels.
To increase follow up care, and annual health checks.
4. School readiness. 1083 children did not achieve a good level of development in 2015/16
To develop a programme to understand the population groups whose children do not reach an expected level of development by the time they reach school. The required output is to develop initiatives to target particular groups of children and monitor their progress from the age of 2 through to key stage 1 and Key stage 2 achievement in school.
5. Accidents in children aged 0-14. 522 emergency admissions in 2015/16
Investigate patterns in accident occurrence and assess health and care service provision.
6. Obesity in children and adults. 1092 Year 6 children, and 123,000 adults are overweight
To deliver actions through the Obesity taskforce and monitor short term progress and long term impact.
7. Physical activity. 54,000 adults doing less than 30 minutes exercise a week
To prepare a business case to propose a large scale programme to increase activity and monitor short term progress and long term impact.
8. Air quality and noise. Air quality causes 200 premature deaths a year and noise affects 60,000 residents.

To continue to manage air quality through the Borough Plan, and ensure property developers offer appropriate mitigation from excess noise and vibration.

9. Cancer. At least 31,000 people that should have been screened for cancer but were not⁵⁹
To improve the uptake of cancer screening and attain the two week wait target for access to a specialist.
10. Intimate partner violence. There were 2691 domestic offences in 2015/16
To continue to develop awareness of intimate partner violence, and to highlight areas or cohorts in need. To develop a framework for measuring the impact of community interventions, and to ensure robust data collection.
11. Termination of pregnancy. 1006 women over the age of 25 had a termination of pregnancy in 2015/16.
To develop specific outreach and awareness services in areas of greatest need.
12. Learning disabilities: There are 1000 residents with a learning disability excluding the impact on their families / carers
Define, promote and evaluate self-care and prevention schemes. Continue to monitor indicators showing access to health services including the annual health checks.

Tuberculosis was not identified during the engagement exercise with the community. It is managed nationally, but Hounslow does have a significantly high rate of diagnoses compared to other London Boroughs, and therefore assurance by Public Health England of the local response to this need is required.

Priority research

The research needs across all JSNA theme areas have been prioritised according to the level of evidence that has been applied to the effectiveness of each area of work, and the level of population impact.

1. Supported accommodation. For at least 2,900 older people, and 125 people with a learning disability
To ensure the level of need for supported housing in the community is quantified, and matched against the level of current supply. To monitor the proposed changes to the Local Housing Allowance and potential reduced supply in relation to this.
2. Children with a Statement of Educational Need. 1,826 children had a SEN in 2016/7.
To model the increased demand for SEN assessments and the types of need, and identify the resources and most appropriate delivery model needed to ensure that SEND provision in Hounslow meets the needs of the community.
3. Road Traffic Accidents. 939 'slight' road traffic accidents in 2015
To continue to ensure the plans to reduce the minor injuries on roads are evaluated for impact.
4. Hate crime. 584 hate crimes recorded in 2015/16
To continue to monitor hate crimes, and establish if they have become more

⁵⁹ based on cervical cancer screening figures for 2015/16, 63.9% of 85,500 eligible women received a screen

prevalent or are now better recorded. To develop an appropriate response and evaluation framework.

5. Self-harm. 446 self-harm emergency admissions to hospital in 2015

To assess the high level of self-harm in Hounslow in terms of characteristics and motivations of self-harmers, and the appropriateness and availability of services.

6. Female Genital Mutilation. An expected 220 mothers have undergone FGM and there is a potential further impact for their female children⁶⁰

To define areas or communities of high risk, build an effective awareness campaign with local maternity services and evaluate impact. To coordinate this work within pan London Safeguarding Boards and the Emerging Communities work with the CCG.

7. Community and voluntary sector.

Health and social care services to work with the VCSE to identify commissioning and partnership opportunities which may help address the issues and priorities within the JSNA. This should have a particular emphasis on supporting Carers, and reducing Social Isolation.

8. Migration. An annual population change of 43,000 residents.

There is a need to establish what aspects on health and care are most severely impacted by the high level of population turnover.

A further area of potential research or audit is to ensure a particular focus on the 6 cohorts of the population that represent the greatest level of investment for health and care, Table 7. The focus should concentrate on the drivers of demand for the services, and measure the impact of any prevention or adaptation intervention. Such an approach should ensure that interventions are evaluated across each cohort in a consistent framework.

Table 7. High resource population cohorts

7. Severe physical disability
8. Severe and enduring mental illness
9. Learning disability
10. Cancer
11. Dementia
12. Long term conditions

Source: NWL Whole Systems Toolkit, forecasting and unit costs. Adult Social Care, QoF and System One

⁶⁰ 4.9% of all maternities <http://www.city.ac.uk/news/2015/july/no-local-authority-area-in-england-and-wales-free-from-fgm>

Appendix 1 Equalities Act protected characteristics and health and wellbeing issues to consider

Age (Older adults)	Diagnoses and management of Long Term Conditions including dementia. Social isolation; falls (65 years+); flu vaccination (65 years+); excess weight (35 years +); preventable sight loss (AMD). Reliance on carers, the Community Voluntary Sector and adult safeguarding and supported accommodation.
Disability	Excess weight; LD and smoking; LD and screening uptake. Increase in safeguarding enquiries and social care assessments. Supported accommodation needs.
Gender reassignment	A small number of residents identify themselves as transgender, international evidence suggests a vulnerable population with mental health needs and a higher risk of cardiovascular disease. ¹
Marriage and civil partnership	National evidence suggests marriage or civil partnership is a protective factor against risk taking behaviours ² , and long term conditions including mental health. However These are only where the relationship is a supportive one. Poor relationships affect the adults concerned and any children that they care for ³ .
Pregnancy and maternity	Giving children the best start in life, tackling low birth weight, and maternal mental wellbeing. Appropriate contraception services, and reduction in terminations.
Race	Vegetable consumption; Excess weight; Diabetes and Coronary Heart Disease ⁴ , TB. Asylum seeker and travellers needs. Hate crime, Sexually Transmitted Diseases ⁵ .
Religion or belief	International reports that some religious groups are correlated with higher prevalence of Cardiovascular disease and diabetes, however they have not factored in the relationship between religion and ethnicity ⁶ . There is some national evidence that suggests a link between smoking and religious group.
Sex	Females: MusculoSkeletal related injuries, Violence Women and Girls, employment, FGM, Cervical screening, respiratory mortality. Males: School attainment, Cardiovascular disease mortality; Mental Health, Emergency readmission to hospital
Sexual orientation	National evidence for LGBT people suggests higher rates of HIV, smoking drug and alcohol use, and an observed reluctance to engage with primary care ⁶ .

1 Dhejne,C., Boman,M.,Johansson,A.,Langstrom,N.andLanden,M.(2011) Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden. PloS ONE,6,(2).

2 Murphy M. Family living arrangements and health. In: Office for National Statistics. (Ed.) Focus on families. Hampshire: Palgrave Macmillan; 2007

3 Mooney A, Oliver C, Smith M. Impact of family breakdown on children's well-being: evidence review. London: Department for Children, Schools and Families (RB113); 2009

4 British Heart Foundation (2010) Ethnic Differences in Cardiovascular Disease. Available from <http://www.bhf.org.uk/publications/view-publication.aspx?ps=1001549>. (Internet 2014).

5 Aspinall, PJ. (2014). (Centre for Health Services Studies, University of Kent). Hidden Needs. Identifying Key Vulnerable Groups in Data Collections: Vulnerable Migrants, Gypsies and Travellers, Homeless People, and Sex Worker; Inclusion Health 2014.

6 The Scottish Government . Scotland. Equally Well: Report of the Ministerial Task Force on Health Inequalities (2008) Available from <http://www.scotland.gov.uk/Publications/2008/06/25104032/4> and www.phoutcomes.info

7 Williams,H.Varney,J.,Taylor,J.,Fish,J.,Durr,P., and Elan-Cane () The Lesbian, Gay, Bisexual and Trans.Public Health Outcomes Framework Companion Document. UK: Department of Health and Public Health England.

Appendix 2 Other key demographic groups and health and wellbeing issues to consider

Deprived	Educational achievement of children, obesity, teenage pregnancy, and substance misuse are correlated to deprivation. Ultimately Cardiovascular disease and Cancer are the greatest contributors to the premature death experienced by residents from the most deprived areas.
Children and young people	Children with disabilities and SEN. Encouraging breastfeeding, immunisation and appropriate Health Visiting care. School readiness; vaccination; Decayed, missing or filled teeth. SRE education, contraception and sexual health screening . Child and Adolescent Mental Health services. Alcohol, drugs and tobacco.
Carers	Quality and quantity of caring responsibilities, for the health and wellbeing of the carer and the cared for. Statutory duty to provide information and advice, and support services to those eligible to it. A key task is to identify carers across all ages including young carers. ¹
Social Isolation	Suspected negative impact on an individuals health and wellbeing, particular risk characteristics have been identified which include, age, marital status and mobility.
General Population	Cancer screening, obesity, lack of physical activity and healthy eating. Many residents smoke, and or drink too much alcohol. Crimes and encouraging reporting of crime. Transport and road traffic accidents. Air Quality and environmental noise control.

¹ Carersuk, 2012, "In Sickness and in Health", [Online] available from: <https://www.carersuk.org/for-professionals/policy/policy-library/in-sickness-and-in-health>

Appendix 3 Joint Strategic Needs Assessment Factsheets

<i>Population characteristics and service usage</i>	
<p><i>Theme 1: Growing & Staying Healthy</i></p> <ul style="list-style-type: none"> • Healthy Maternity and birth • Children (0-5, 5-11 & 11-18) • School readiness • Youth offending • Tobacco, Alcohol, Drugs • Healthy eating, Physical activity • Mental wellbeing • Independent living 	<p><i>Theme 2: Health Conditions</i></p> <ul style="list-style-type: none"> • Cardiovascular disease • Sexual health • Diabetes • Respiratory diseases • Cancer • Adult mental health • Musculo-skeletal conditions • Dementia
<p><i>Theme 3: Communities & Vulnerable Groups</i></p> <ul style="list-style-type: none"> • Intimate partner violence • Offender health • Children's safeguarding, looked after children • Adult safeguarding • Carers • Children's disabilities and SEN • Adult physical disabilities • Adult learning disabilities • Social isolation • Faith groups • Voluntary and community sector organisations 	<p><i>Theme 4: Wider Determinants of Health</i></p> <ul style="list-style-type: none"> • Housing and homelessness • Community safety and crime • Employment • Development • Transport • Air quality

Appendix 4 JSNA Steering Group Membership

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