

Joint Strategic Needs Assessment

Quarterly newsletter / winter edition



South West London
Richmond Borough Team

Do you care passionately about improving the health and wellbeing of the people in the London Borough of Richmond upon Thames (LBRuT)? Do you want to understand how to meet their needs?

This newsletter is the first in a series which will dive into the detail of the Joint Strategic Needs Assessment (JSNA). The JSNA is the on going process that LBRuT is statutorily obliged to undertake, in partnership with NHS Richmond, to describe the future health and wellbeing needs of the local population and to document the strategic direction of service delivery to meet these needs.

Each quarter, we will provide you with key information about these needs and we hope that whether you have a professional or personal interest in health and wellbeing, you will use this information to understand, challenge and make decisions.

This quarter, we will be giving you an overview of what the JSNA says and why it is an information source you can trust. In later editions, we will delve into more detail on particular topic areas.

As this is the first edition we'd welcome your feedback. Please send your comments directly to jsna@richmond.gov.uk or to the Public Health Directorate. We hope you enjoy the update.

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Director of Public Health

London Borough of Richmond upon Thames & NHS South West London, Richmond Borough

What is the JSNA and how does it influence decision making?

The JSNA has been a statutory duty since 2007. The first JSNA for Richmond was produced in 2008. JSNAs across the country vary in structure and format but they all try to do the same thing – to help Local Authority and NHS staff to prioritise the actions which will have the most impact on the health and wellbeing of the whole of the local population. Limited resources have to be prioritised and we must have clear justification that the decisions we make are underpinned by a rational and transparent process. This is why the Health and Social Care Bill continues to emphasise the importance of the JSNA to new Commissioners such as the NHS Commissioning Board (NHSCB) and Clinical Commissioning Groups (CCGs).

The JSNA is not just about health and social care services but considers all the factors which might have an influence on our health and wellbeing. Our age, ethnicity, where we live and work, our lifestyles and our social networks are all important determinants of our health and wellbeing. When thinking about how to improve and protect health in the future, we must also consider the way services are currently configured, how well they meet patient expectation and how much they cost.

What is the JSNA and how does it influence decision making?

The following are just some examples of how findings from the JSNA are used to make service improvements:

- Development of a service to prevent risk-taking behaviour in children and young people and increase protective factors such as self-esteem and resilience
- Development of initiatives to improve the quality, safety and care in care homes

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- Implementation of Co-ordinate My Care, an electronic shared care record which provides a financial incentive for providers to identify people at end of life and develop care plans that help people to achieve their preferred place of care and death
 - Development of a comprehensive chronic obstructive pulmonary disease pathway from prevention (stop smoking) to end-of-life care
 - Development of a community 2-hour rapid response service and early discharge service in partnership with the Local Authority to avoid unnecessary hospital admissions and unnecessary long-stays in hospital
 - Joint (i.e. Local Authority, NHS and voluntary sector) winter warmth campaign
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Why should I trust the information in the JSNA?

The Richmond shadow Health and Wellbeing Board has endorsed the JSNA

Health and wellbeing boards will be the key forum for public accountability of any public service directly related to health and wellbeing. The core purpose of the new boards is to improve people's health and social care services, and reduce health inequalities. Richmond's shadow Health and Wellbeing Board endorsed the value of the JSNA by committing to owning and contributing to the JSNA in future. The JSNA will inform the Board's future health and wellbeing strategy for Richmond.

The JSNA takes the views of professionals and the public into account

In Richmond there is an established JSNA steering group between the Local Authority and the NHS that develops an annual programme of work with an analyst sub-group working to the steering group. Local surveys e.g. All-in-one survey, focus groups and consultation events on specific issues also complement more routine health statistics as part of the on going JSNA process. We meet with local people and service users throughout the year to feed their views (voice) into the process.

A rigorous approach is used to collect and analyse data

The analyst group makes sense of local data and puts in context by comparing Richmond data: over time (trends), with other comparable boroughs (benchmarking), with expected standards (expected pattern) and with what local people and health & social care professionals tell us (voice). A better understanding of local issues is gained by bringing together data, information and intelligence from different sources.

What priorities has the JSNA highlighted for Richmond?

Overall LBRuT is healthy, safe and rich in assets. Life expectancy is increasing and the number of people dying prematurely is lower than other areas. We have low levels of crime and accidents and lots of green spaces, good schools and high levels of volunteering. For many in Richmond, health and wellbeing is already much better than average. However, although the overall picture is positive, this can hide the fact that some people do have health and wellbeing issues. The JSNA addresses the needs of the whole population of Richmond – not just those who are most able to tell us what they like and dislike. The JSNA examines a broad cross-section of data and reveals needs which might otherwise be overlooked. It pinpoints areas where we can invest today to improve health for tomorrow. By following and acting on the story outlined in the JSNA, we can work to ensure that health and wellbeing is shared by all people in Richmond. The particular priorities identified by staff, patients and members of the public in focus groups, meetings and surveys are to:

- Give children a good start
 - Integrate health and social care to increase independence and manage patients with long-term conditions out-of hospital
 - Adopt a systematic approach to prevention and self-care
 - Looking out for hidden risks and harms and be ready to address them when they become known
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Snapshots of need in Richmond

Hidden risks and harms

- About 12% of older people are carers and 1% of all carers known to the Local Authority are under 18 years
- A high proportion (51%) aged 75 and over live alone compared with 35% London-wide
- On average, more people die in winter months in Richmond than the England average
- Alcohol-related hospital admissions are increasing (especially in older age groups), as well as increasing mortality from liver cirrhosis
- Childhood immunisation coverage is below herd immunity and recently measles cases were rising
- Neighbouring Hounslow has one of the highest tuberculosis rates in London at 66 per 100,000 population (LBRuT 9/100,000)
- Prevalence of diagnosed HIV is 41st out of 151 PCTs in England but 50% of cases are diagnosed late

Health inequalities

- There is a 5 year difference in the life expectancy of the best and worst in Richmond. More focus on tackling coronary heart disease, chronic obstructive pulmonary disease and cancers would close this gap
- There are six small areas in Richmond have above average levels of deprivation (IMD 2010). We should do more to support those living in these communities
- Educational achievement varies considerably across the borough and we need to address this to improve future health and wellbeing

Increasing numbers of older people

- The number of people with physical long-term conditions and with mental health conditions including dementia, is expected to increase as the population increases
- The proportion of people with more than one long-term condition is expected to increase by an estimated 30% over the next ten years
- Whilst overall emergency admissions are relatively low, around 16% (worth around £5 million) of emergency admissions are for potentially preventable conditions
- In 2009/10 the emergency admission rate for hip fractures was significantly higher compared with London and England averages
- In 2008, 61% of deaths occurred in hospitals. Since the implementation of the End of Life Care Strategy there has been a decrease of 6% of in-hospital deaths
- There are 20 care homes in Richmond which is high relative to other boroughs. 7% (£1.7 million) of spend on emergency admissions is attributable to care homes. 30% of emergency hospital admissions from care homes are short stay (0 or 1 days) suggesting there is potential to reduce admissions. Quality and safety measures have been identified for care homes

Prevention opportunities

- Over 25,000 adults smoke, and 210 deaths per year (1 in 5) are attributable to smoking
- Over 2,000 children are obese, with prevalence increasing from 6% in reception to 12% in year 6. In the 1980s childhood obesity was about 2%
- There are large numbers of people with undiagnosed long-term conditions, e.g. diabetes
- Young people's risky behaviour often includes more than one issue, i.e. sexual health, mental health, drugs and alcohol
- Chlamydia screening uptake in high-risk groups is low

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What next?

Throughout the year short topic based reports are published on the Local Authority's website, enabling key messages to be shared with local partners.

<http://www.richmond.gov.uk/jsna>

Contact us, if you have any topics or issues you think the JSNA team could analyse to improve health and wellbeing, via jsna@richmond.gov.uk.

Look out for our quarterly newsletters and have a look at some of the resources we have highlighted below.

Further resources

JSNA Website

<http://www.richmond.gov.uk/jsna>

Richmond profiles

http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES
