

Committee(s):	Date(s):
Health and Wellbeing Board	01 April 2014
Subject: JSNA update report	Public
Report of: Health and Wellbeing Policy Development Manager	For Decision

Summary

In September 2013, members of the Health and Wellbeing Board agreed the proposal to refresh the Health and Wellbeing Profile (shared with LB Hackney) and to produce a JSNA City Supplement. The two draft documents have been produced in parallel and contain a number of new findings relating to City and Hackney residents; and other City populations.

As the Health and Wellbeing Profile is a data refresh document, it does not require consultation; however, the JSNA City supplement is a new document and should undergo a period of public consultation.

Recommendation(s)

Members are asked to:

- Note the refreshed Health and Wellbeing Profile dataset
- Approve a period of public consultation for the JSNA City Supplement, with the final draft coming to the next Health and Wellbeing Board for sign-off on 30th May 2014.

Main Report

Background

1. In September 2013, members of the Health and Wellbeing Board agreed the proposal to refresh the Health and Wellbeing Profile (shared with LB Hackney) and to produce a JSNA City Supplement

Current Position

2. The two draft documents have been produced in parallel and contain a number of new findings. Please note: the JSNA City Supplement is in a draft format, and still requires proofreading and harmonisation of tables and figures.

Health and Wellbeing Profile (shared with LB Hackney)

3. The aim of the statistical update was to ensure that the data within the existing Profile was accurate and that the narrative and text remained as relevant as possible. This work has now been completed by LB Hackney, with extensive input from the City's officers.
4. There are areas that have seen significant additional information published; for example, population data from the Census 2011. In addition, the adult social care landscape has undergone significant changes.
5. The demographic data shows that the population of City and Hackney continues to grow, particularly in working age people, but the number of over 65's is expected to rise the fastest in the next 25 years. Fertility rates continue to decline while life expectancy rates continue to rise. Accordingly demand for adult social care services will continue to increase.
6. A wide range of health outcomes and risk factors in the area are shown to be linked to deprivation, age, gender and ethnicity.
7. There are a number of trends of interest, which will need to be scrutinised further and accounted for within delivery planning.
8. In particular, consideration will need to be given where members of the HWB do not have accountability or resources for delivery, for example immunisations and vaccinations.
9. The key trends arising from shared City and Hackney data are:
 - Immunisation rates for children in Hackney and the City have been improving steadily, with marked improvements over the last year.
 - Flu vaccination uptake remains high, in comparison with London.
 - In 2012/13, the caseload for Open Doors work in Hackney and the City showed an overall decrease in the number of street sex workers supported by the service.
 - GP recorded obesity in adults has fallen slightly again, but this remains higher than London as a whole.
 - There was an outbreak of measles in December 2012 and marked increase in cases of pertussis (whooping cough).
 - Reported sexually transmitted infections (STI) and HIV incidence remains high compared to England.
 - There are reports of increases in child dental decay and local research highlights high rates of decay and poor mouth hygiene in adults.
 - There has been a small decrease in breast cancer screening coverage
 - Childhood obesity in state school students remains high.

- New data suggests that 25% of City and Hackney residents are smokers. This is the highest rate in London. A survey in 2012 also found that 25% of City workers smoked.
10. It should be noted that this review did not include an update to Section 2: Society and the Environment. Along with some other sections, these will be updated as part of a full refresh of the Health and Wellbeing Profile to begin this year.
 11. The document can be read and accessed at: <http://www.hackney.gov.uk/jsna.htm>
 12. In addition in-depth needs assessment for alcohol, substance misuse and mental health are currently being prepared, which will report separately to the HWB upon completion.

JSNA City Supplement

13. The JSNA City Supplement has been produced to give an overview of the health needs of the key populations in the City, including those communities not covered by the Health and Wellbeing profile.
14. Selected key findings are as follows:

Residents

- The City's resident population is projected to grow slowly in the upcoming decades, with those aged 65 and older projected to contribute the most to the growth.
- Almost 40% of City residents are migrants.
- The City's residents are predominantly White and speak English as their main language.
- There are relatively few families and few births in the City. The majority of households in the City are single person.
- Of children and young people aged 0-19 in the City, 43% are from Black and minority ethnic (BME) backgrounds.
- Children in the City have excellent early years provision and perform very well in primary school.
- Local figures identify that 21% of children living in the City of London are in low-income households. Previous national figures calculated that 19% of children in the City live in poverty.
- 22.3% of primary school children are eligible for and claiming free school meals.
- The City has a very low rate of fuel poverty.
- Unemployment is a significant contributor to poor health and wellbeing. There are discrepancies in unemployment in working-age residents between the different housing estates in the City.

- Unpaid carers provide vital support to vulnerable people in the City, and it is important that they receive appropriate support.
- The profile of residents using treatment services has changed from unemployed homeless drug misusers to those who are in stable housing and employment who have an alcohol problem
- Life expectancy is expected to remain high amongst City residents: incidences of age-related health problems such as reduced mobility, dementia and social isolation, as well as the need for additional support and care, are likely to increase.
- Adult social care in the City has been modernised, and most users of adult social care are happy with the service they receive.
- Introduction of the Better Care Fund may enable better joined up working between healthcare and social care services.
- 20% of City residents are registered with GPs outside the City – this has implications for how cross-border health services are provided.
- Deaths from all cancers and from premature cancer are well below the average for London, and premature deaths have fallen markedly over the last 6 years.

City workers

- The workday population in the City is 56 times higher than the resident population.
- City workers have a male-dominant and younger age profile (20-50 years old) compared to the resident population.
- City workers are a transient population and about a third are migrants.
- Most City workers perceive themselves to be in “very good health”; however independent reports suggest that alcohol, smoking and mental health remain major risk factors.
- Low paid migrant workers are at greater risk of poor health due to decreased access and increased costs to care.
- Between 2001 and 2012, the City of London saw the biggest increase in employees across 983 areas in London (36%) with Finance remaining the dominant sector in the City
- The majority of City workers (two thirds) are university graduates, which is twice than the London average.
- City workers smoke more than the London average. Quitting rates amongst City workers are relatively successful (50%).
- Alcohol misuse amongst both male and female City drinkers is considerably higher than national averages. Young white males are the predominant alcohol misusers.
- Over a fifth of City workers report suffering from depression, anxiety or other mental health conditions with a third reporting that their job causes them to be very stressed on a regular basis.
- The younger age profile of City workers also puts them at greater risk of sexually transmitted infections and for drug misuse.
- The City has been working to promote workplace health within the Square Mile and to develop support for businesses to achieve this. The City has commissioned research and initiated a business network.

- Many City workers, particularly those in lower-paid sectors and roles, find it hard to access primary care services, as doing so requires taking time off work for appointments.
- One-third of City workers would choose to register with a GP near to work rather than near to home, if they were allowed.
- Musculoskeletal, respiratory and mental health problems are the major health conditions identified by City workers.
- It is likely that many City workers have caring responsibilities.

Rough Sleepers

- The City has the sixth highest number of rough sleepers in London
- Rough sleepers in the City are predominantly male and the majority are between 20-50 years of age.
- About half of the rough sleepers are British nationals and the remaining come from Eastern Europe.
- Over half of the rough sleepers have alcohol problems and mental health problems, and almost a third have drug problems.
- The City provides a wide range of services to help rough sleepers leave the streets, and has received several awards for innovation in this area.
- Rough sleepers are particularly vulnerable to smoking, alcohol misuse, substance misuse and sexually transmitted diseases, and may encounter barriers to accessing services for these health issues.
- Rough sleepers tend to have co-morbidities, and are likely to use A&E much more than the general population.
- Rough sleepers are particularly vulnerable to infectious diseases, for example, tuberculosis.
- In the City, GP registration for rough sleepers is a priority. Rough sleepers can register with two local GPs practices.

General

- Over nine in ten residents, workers, executives and businesses are satisfied with the City as a place to live, work and to run a business.
- Health based targets for air quality are not being met. Air quality is a challenge in the City due to its central location and the vast transport network catering to the large daytime worker population. The City has been responding with initiatives to improve air quality and to reduce the population's exposure to air pollution.
- Increases in cycling in the City have been accompanied by an increase in traffic casualties. The City is urgently reviewing options for reducing road danger.
- The City is mainly covered by office buildings and lacks green space. Many cultural assets are available to residents and City workers. Despite this, social isolation may be an issue.
- Crime rates in the City are falling overall; however, some categories of crime are increasing.

- The majority of City workers and residents are either homeowners or rent privately, with both groups showing fewer social housing tenants than the national average.
- The City has a new responsibility for coordinating and implementing work on suicide prevention; however, as very few people in the City are residents, there is a limit to what can be done locally.
- 23.7% of incidents reported to the City police were alcohol related or connected to licensed premises.
- More women than average do not participate in the recommended levels of physical activity (both residents and non-residents).
- There is a potential to expand services in pharmacy to meet local health needs. Many residents use community pharmacists which are located outside the City; however, pharmacies can also be used to deliver services to City workers.
- The City has a vibrant voluntary and community sector, as well as a time credits scheme, which help to strengthen and build communities.

Proposals

15. Public consultation has been ongoing throughout the process of producing both the City Supplement and the Health and Wellbeing Profile. Now that both documents are in draft format, a series of stakeholder events are currently being organised to engage with communities in Hackney and the City.
16. As the Health and Wellbeing Profile is a data refresh document, it does not require extensive consultation; however, the JSNA City supplement is a new document and should undergo a period of public consultation.
17. It is proposed that the draft version of the JSNA City supplement be circulated to stakeholders for comment and consultation, before bringing the final draft of the JSNA City supplement to the HWB on the 30th May.

Implications

18. The Health and social Care Act 2012 (“2012 Act”) amends the Local Government and Public Involvement in Health Act 2007 (“2007 Act”) to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs through the Health and Wellbeing Board.
19. s.116 of the 2007 Act (as amended by section 192 of the 2012 Act) requires a local authority and each of its partner CCGs to prepare JSNA and JHWS. Section 116A (as inserted by section 196 of the 2012 Act) provides that these functions are to be exercised by the Health and Wellbeing Board. Although the NHS Commissioning Board (NHSCB) is not a core statutory member of Health and Wellbeing Boards it must participate in JSNAs and JHWSs. The Health and Wellbeing Board also has a duty to involve the public in the preparation of the JSNA and JHWS.

20. The 2012 Act provides that the preparation of the JHWS and JSNA are functions of the Health and Wellbeing Board and so they are not executive functions.

Conclusion

21. The City of London has a duty to prepare JSNA and to involve the public in this process. The Health and Wellbeing Board is making good progress in this respect, and will have two very useful documents at the end of this process, which will form a valuable body of intelligence for informing commissioning.

Appendices

- Appendix 1 – City and Hackney Health and Wellbeing Profile (JSNA data update, January 2014) (www.hackney.gov.uk/jsna)
- Appendix 2 – JSNA City Supplement

Background Papers:

City and Hackney Health and Wellbeing Profile – 5th September 2013

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