

# Hammersmith and Fulham: Borough of Opportunity

## Setting the Framework for a Healthy Borough

Joint Strategic Needs Assessment Population and Health Profile  
Summary



## What is joint strategic needs assessment and why are we doing it?

### Background

The London Borough of Hammersmith and Fulham (the council) and NHS Hammersmith and Fulham (the PCT) are jointly carrying out a joint strategic needs assessment (JSNA). Setting the framework for a Healthy Borough is one of the priorities identified in Hammersmith & Fulham's Community Strategy and the Council and the PCT have been working together recently to achieve this. The joint strategic needs assessment is a key strand of this work.

The JSNA is an ongoing process. It is designed to uncover the health, well being and social care needs of the borough's residents and people registered with local GPs. The JSNA will not only identify current needs, but will also provide trends and projections, so that we can forecast and plan for the future.

The process and outcomes of JSNA will be shared not only between the council and PCT, but also with all our partner agencies, clients, patients and the public. In this way, we will all come to a shared understanding of the needs and priorities of our local population. This will allow statutory agencies to plan better and provide and commission better services.

This report presents a population health profile of Hammersmith and Fulham, marking the first stage of the joint strategic needs assessment (JSNA) process. It has been produced by bringing together data on health and social care with information about the views, opinions and expressed needs of clients, patients and the local population. We have also tried to see how the priorities identified in this way match up with the existing strategic priorities of the council, PCT and their partners.

### What is needs assessment?

When carrying out a needs assessment, information is gathered about the relevant population or group of people with the same condition(s):

- their characteristics;
- their health status and risk factors for disease;
- their use of health and other services; and
- how this population fares relative to others.

Analysing this information throws light on what the needs of the population are and whether or not they are being met by existing services. Plans can then be made to fill any gaps.

### How is JSNA different?

- It covers the whole population of Hammersmith and Fulham, not just people with particular conditions or in particular population groups.
- It looks into the future and makes projections, as well as defining current needs.
- It is a collaboration between the PCT, the council, other agencies and local people – the voice of the people is as important as the figures in JSNA.

It is only through a joint approach to needs assessment that local agencies can:

- Work together to consider how best to improve the health and well being of their local population
- Align their priorities and objectives so that they complement each other and do not conflict
- Agree together what are the highest priorities to improve health and wellbeing

- Align their commissioning plans to secure effective improvements in the priority areas
- Consider opportunities for joint or coordinated provision of services for individuals, groups or geographical areas

### How are we going about it?

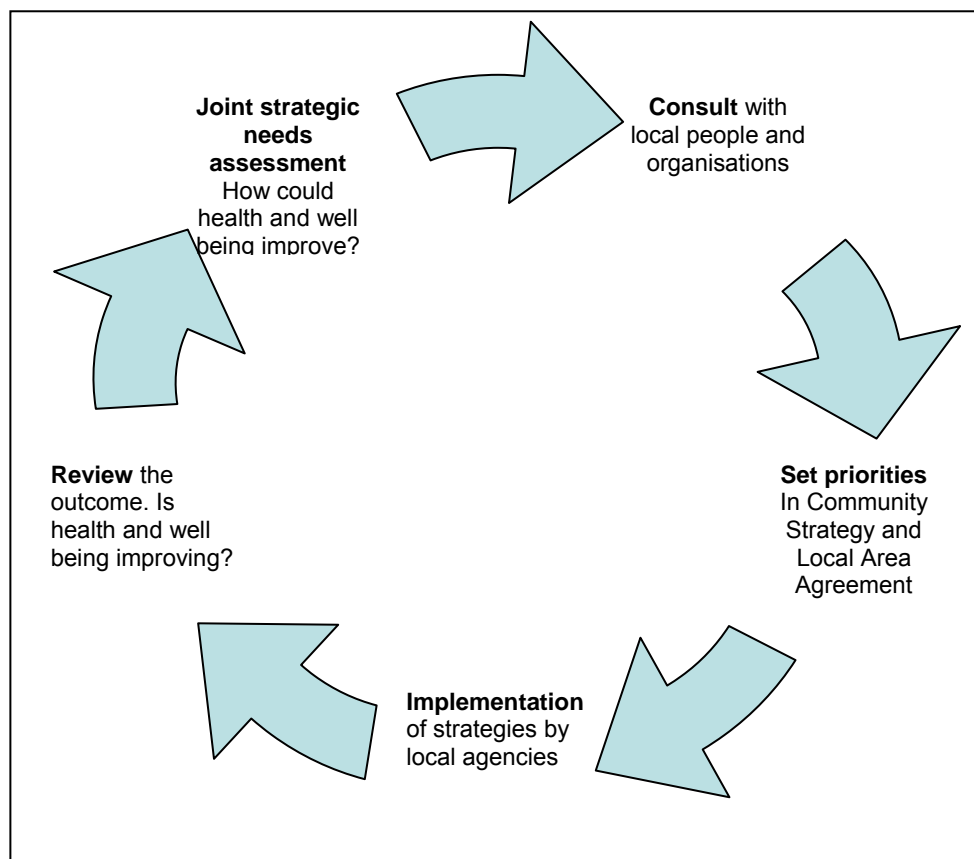
Our local JSNA process is being carried out in stages. The first stage has been developing a population health and well being profile, which is summarised in this report. There have been three strands to this work to date:

1. Gathering and analysing numerical data on health, social care, children and other related topics.
2. Collecting together everything that local people and service users have told us over recent years. This was analysed to look for common themes and to identify what local people and patient have said their priorities are. We also picked out specific requests that people had made, so that we could address them.
3. Looking for the strategic fit. This involved gathering together all the major strategies from the Council and the PCT to make sure that their priorities lined up with each other.

### How does joint strategic needs assessment fit in with other work?

Joint Strategic Needs Assessment for health and well being does not sit on its own. It is closely related to and informs and supports many local strategies and plans. JSNA is already informing strategic planning and commissioning at the council and the PCT. In future years it will be fully established as part of the regular planning cycles.

### The Planning Cycle and Joint Strategic Needs Assessment



In this first year of the JSNA, we have used the data and evidence gathered to test out the Community Strategy priorities:

- A top quality education for all
- Tackling crime and antisocial behaviour
- Creating a cleaner, greener borough
- Promoting home ownership
- Setting the framework for a healthy borough
- Delivering high quality, value for money public services
- Regenerating the most deprived parts of the borough

The influence of these priority issues on our health and well being is illustrated in this diagram.

#### Local Influences on Health and Well-being



After Dahlgren and Whitehead.

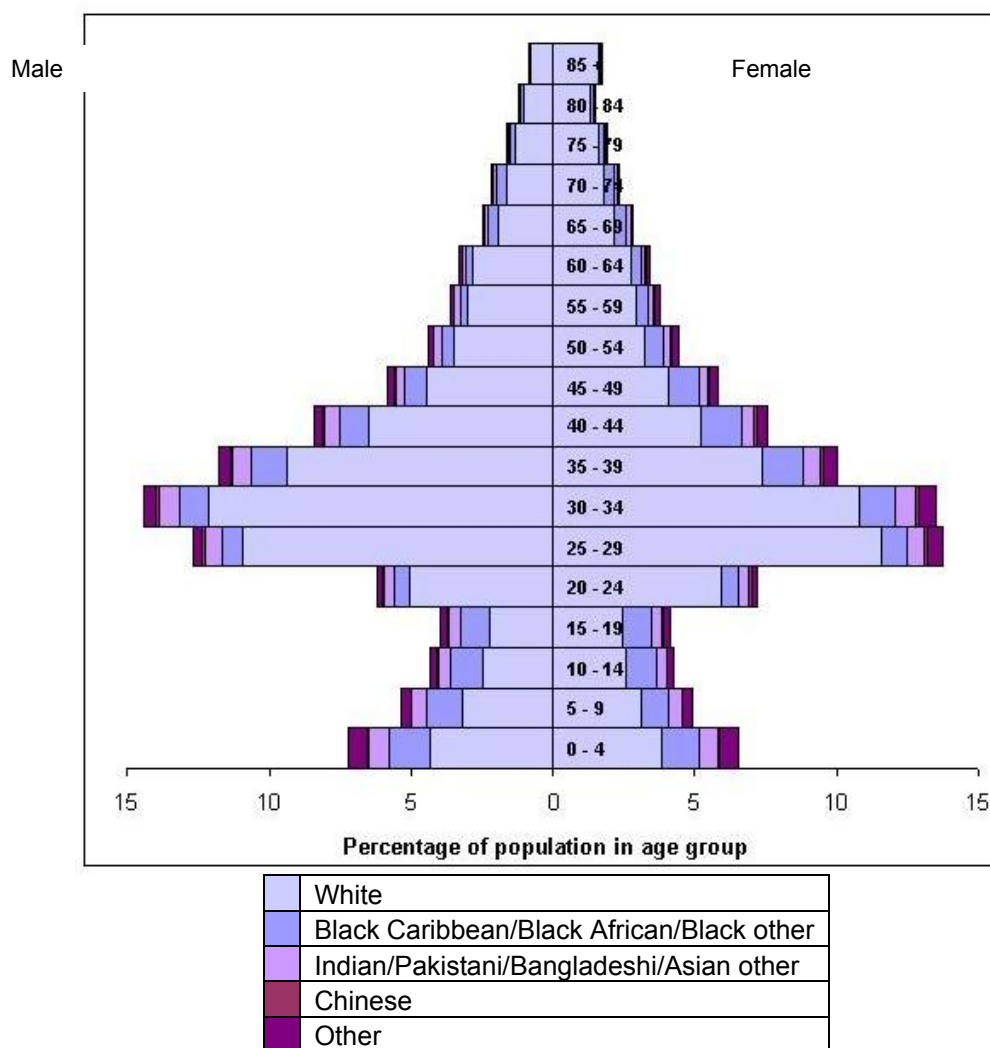
## What have we found so far?

### Our population is growing

Hammersmith and Fulham has a young, diverse and mobile population: There are 177,133 people living in the borough. Nearly half (45%) of the resident population is between the ages of 19 and 40 years old and 36,166 of them are children.

At present around 22% of the borough's population comes from a minority ethnic background. This is lower than the London average of 33%, but more than twice as high as the national average of around 9%. The ethnic diversity of the population is greatest in younger age groups. Mixed and black/black British ethnic groups make up a greater proportion of the population aged under 20 than those aged 20 and over.

### Hammersmith and Fulham population age structure and ethnicity, 2008



Source: GLA round demographic projections 2008 (RLP low)

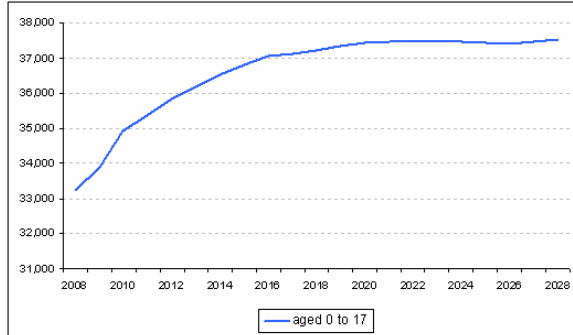
Approximately one fifth of people move house each year, mostly those in their twenties. At 45% the 20 – 39 year-old age group in Hammersmith and Fulham is large compared to 36% in London and only 28% in England.

### The young, mobile population is set to grow and age

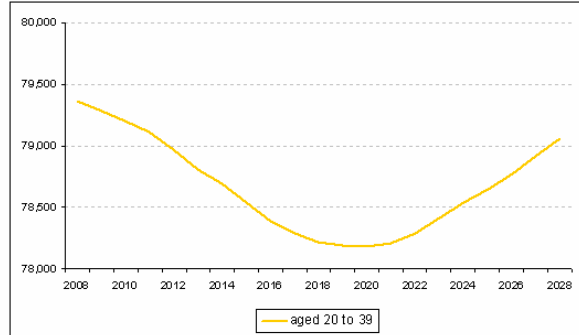
Over the next 20 years the overall population is set to increase substantially. It is projected to increase by over 6% by 2016 and by 12% by 2028, to almost 200,000 residents. The increase in population is not uniform across the age groups. For instance, over the next eight years we expect to see an 18% increase in 5-9 year olds, a 15% increase in 10 – 14 year olds and an increase of 2.5% in the over 65 age group.

Population growth of residents, 2008 to 2028

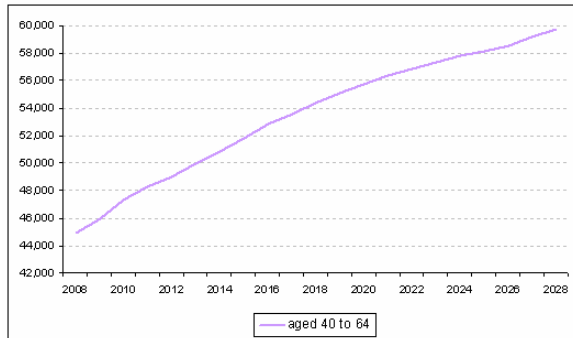
Young people (0-17 years)



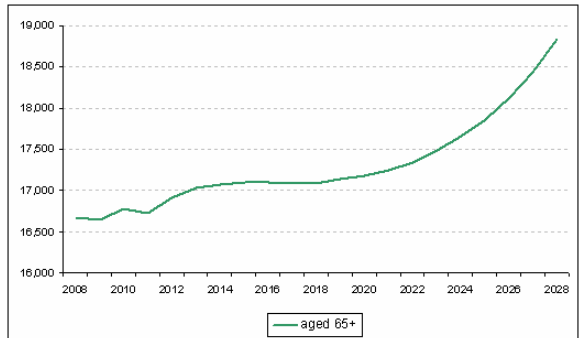
Young adults (20-39 years)



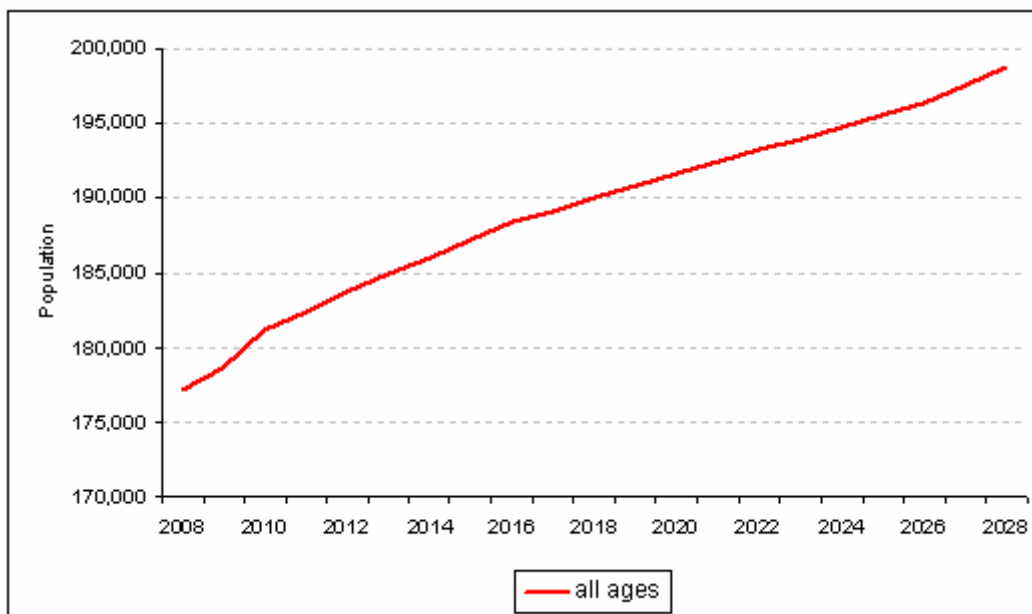
Middle age (40-64 years)



Older people (65+)



All Ages



Source: GLA 2007 Round of Demographic Projections (RLP Low)

The 0-17 year age group is projected to increase by 12% from 33,246 in 2008 to 37,515 by 2028. A similar percentage increase of around 12% is expected in the over 65 population, from 16,677 in 2008 to 18,829 by 2028. By contrast, although it is still the largest age-group overall, we expect the 20-39 year group to decrease by about 5% over the next 20 years, from 79,359 to 79,057. At its lowest, in around 2020, the number in this age group is predicted to be only 78,183.

The age-group with the greatest expected increase in size is the middle-aged group of 40 to 64 year olds. This group is projected to grow by a third over the next 20 years, from 44,931 to 59,762. So, despite the increase in children, we are expecting to see an ageing population.

The young age and mobility of the current population mean that GP registers are unlikely to be kept up-to-date, as young, single people are less likely to register than older people or those with families. This has important implications for providing preventive treatment now, which may show up in premature disease later.

The increase in size of certain age groups over the next ten to 20 years also has implications for the council, PCT and other services, as well as for local residents. Among other things, increasing numbers of children, mean we will need more school places locally. There will also be a greater demand for housing in the borough. In particular, we will need more places in sheltered or residential accommodation for older people.

Over the next 20 years, the rate of population change is expected to vary between ethnic groups. The largest increases are expected among the 'other', 'other Asian' and Bangladeshi ethnic groups – increases of 35% - 45%. Meanwhile, a slight decrease of 5% is expected in the Black Caribbean ethnic groups. However, the ethnic composition of the population overall is not expected to change substantially.

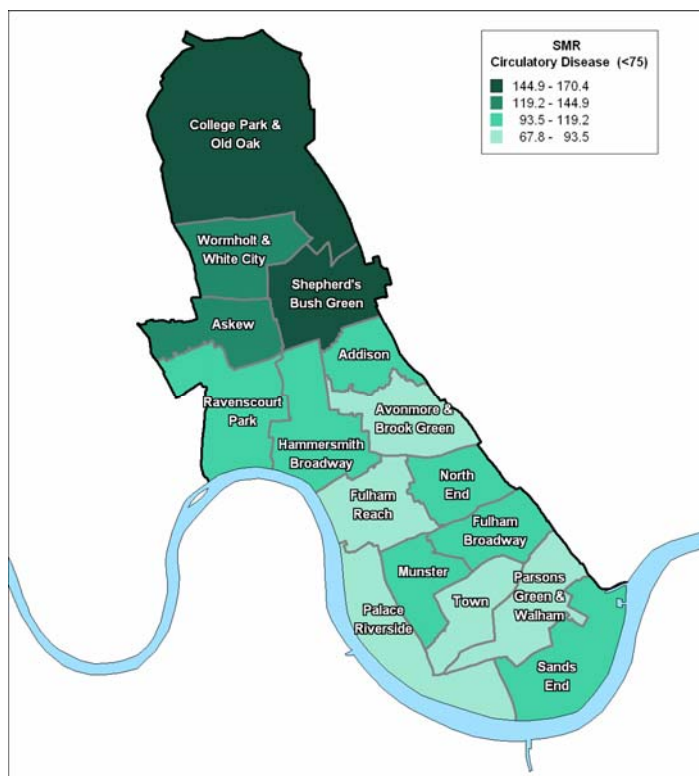
## [Which risk factors and health problems affect our population?](#)

### Inequalities in health

Inequalities in health are a key issue for health and well-being in Hammersmith and Fulham. Health inequalities are unfair, avoidable differences in health status between different population groups. In Hammersmith and Fulham there are stark inequalities between wards, with the highest mortality rates being comparable to some of the worst rates in England. For instance, the gap in male life expectancy between the wards with the highest and lowest is 5.4 years.

Within Hammersmith and Fulham, the premature mortality rate from circulatory disease increases as deprivation increases, and 79% of the difference in rates can be explained by deprivation. Standardised mortality ratios range from 68 (similar to the SMR in East Devon, one of the lowest SMRs in England) to 170 (higher than the SMR in Manchester, which is the highest SMR in England).

## Standardised mortality ratio for premature deaths from circulatory disease: 2002-06



Source: London Health Observatory

### Risk Factors

As elsewhere, our main risk factors for ill-health are alcohol misuse, smoking, and obesity – especially in children.

Alcohol: High levels of alcohol misuse in the borough, especially harmful drinking and hazardous drinking, are associated with high numbers of alcohol-related hospital admissions for alcohol, high prevalence of head and neck cancers and concern from residents about binge drinking.

Smoking: The prevalence of smoking in Hammersmith and Fulham is similar to the national average. However, there is higher than average prevalence of smoking-related diseases, including cardiovascular disease and some cancers. Heavy smoking often goes together with deprivation and difficulty in quitting.

Obesity : Adult obesity levels are lower than average, with people having slightly higher than average levels of physical activity and healthy eating. However, child obesity at year 6 is significantly higher than the national average. The need to develop a holistic and whole family approach to food and fitness, that recognises the indirect factors that contribute to obesity and wider health outcomes, is advocated by members of the community. For them this would include tackling overcrowding, educational attainment, too easy access to and affordability of fast food.

## Diseases

### What do people die from?

Cardiovascular disease and cancers are the main killers in Hammersmith and Fulham. Around 110 deaths per year among those aged under 75 are caused by circulatory disease and 150 deaths by cancer.

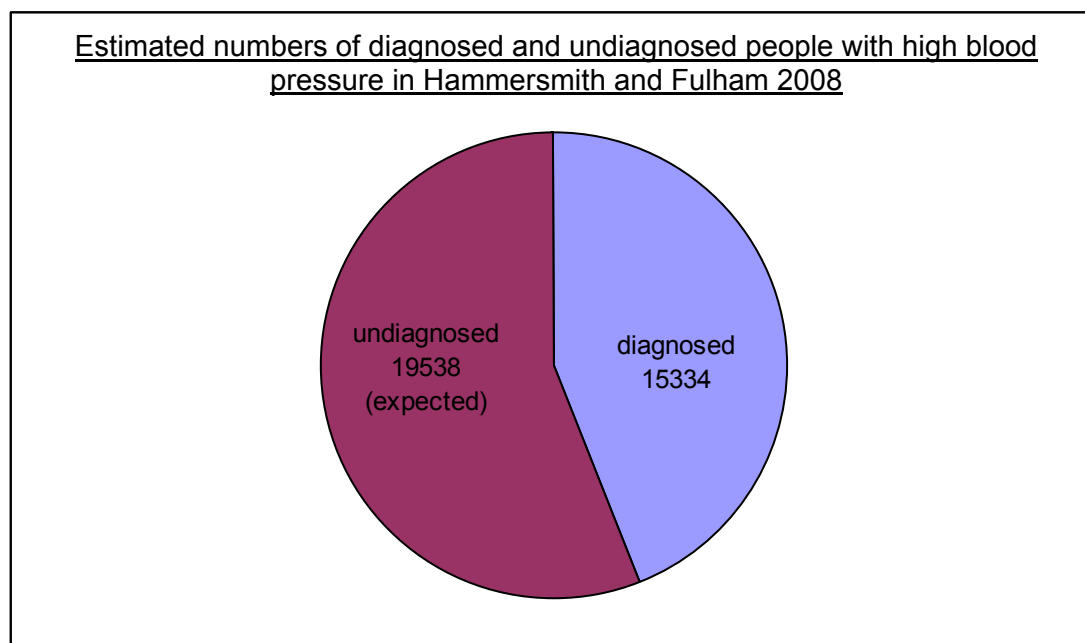
The premature mortality rates are similar to those in London and England. However, there are stark inequalities between wards, and the highest mortality rates are comparable to some of the worst rates in England. 79% of the gap between wards for premature deaths from circulatory disease can be explained by deprivation.

### Cardiovascular disease

Cardiovascular disease is an important cause of illness and death in Hammersmith and Fulham and contributes to its status as a Spearhead authority, as well as causing significant intra-borough inequalities.

Cardiovascular (or circulatory diseases) are not diagnosed or recorded as often as expected, given the make up of our local population. For instance, it is estimated that there are almost 20,000 patients with undiagnosed hypertension and almost 2,500 with undiagnosed diabetes, both of which are risk factors for CVD (see figure below).

Black and other minority ethnic groups and deprived communities told us that they are less likely to know about the early signs of CVD and other long-term conditions. This means that they are less likely to use services earlier and so present significantly later. This can have serious consequences for their health and will tend to widen the inequality gap.



Early intervention, including risk factor reduction as well as revascularisation, will help prevent early deaths from CVD. Identifying those at high risk of CVD is crucial.

### Diabetes

The number of people on local GP diabetes registers was 4821 as of March 2007. This gives a prevalence of diabetes of 3.1%. This is lower than the average prevalence for London, 3.6%, or for England, 3.7%. However, applying a model that predicts the prevalence of diabetes to our population gives an estimate of 4.6%. This suggests that there are 2,415 adult Hammersmith and Fulham residents walking around with undiagnosed type 2 diabetes. Nationally, the incidence of diabetes is expected to rise by 70% by 2050, in line with the increase in prevalence of adult obesity. Early intervention in diabetes can prevent complications, including CVD, as well as avoid emergency admissions to hospital and premature deaths.

### Cancers

The mortality rate for lung cancer is 10% higher than in London and England, with around 54 deaths per year. Breast and cervical screening rates are particularly low locally. The main types of cancers occurring in local residents are lung, breast, prostate and colon cancer.

### Mental health problems

There is a relatively high level of mental health problems locally. Around 26,000 people are estimated to be living with a common mental disorder, i.e. anxiety or depression, 5,700 with a personality disorder and 500 with a psychotic disorder. Mental health problems are linked to deprivation, both as a result and a cause.

There is possible under-recording or under-diagnosis of dementia. This will lead to people with dementia going untreated, or getting poor access to support services. The rising numbers of older people as the population grows could potentially worsen this problem.

Local people have raised concerns that mental health services are not necessarily culturally appropriate.

### HIV

The prevalence of HIV in Hammersmith and Fulham is over 6 times higher than in England. The highest rates are among males aged 35-54, and among black African ethnic groups, particularly females. Black Africans with HIV are not being referred as much as they could be to Community Health and so may not be getting the care they need. This could be related to stigma felt by people with HIV in these communities. The issue of continuing stigma was confirmed by local communities, some of whom also expressed the mistaken belief that HIV is not as prevalent as it was a decade ago.

### Tuberculosis

There were 69 cases of TB in 2007, and the notification rate is 2½ times higher than in England. The annual number of cases has decreased by around 20 over the last 2 years. The rate of TB notifications is 9 times higher among black African ethnic groups than the total rate. People in the community expressed their opinion that overcrowding and homelessness are contributory factors in transmission of TB.

### Excess winter deaths

The rate of excess winter deaths in the over 75s is higher in Hammersmith and Fulham than the London average. There is an average of 62 excess winter deaths per year in the borough, which is roughly 0.5% of the borough's over 75 population. Older people living in poor housing are particularly at risk of excess winter deaths.

People in the community feel there is a lack of a joined-up approach by health and social care agencies, as well as housing, to support the needs of older people and in particular vulnerable older people.

### Vulnerable Groups

#### Carers

The number of people providing informal care in the borough is probably vastly underestimated. Carers have greater than average health needs themselves and need support in their caring role. Many carers in well-off circumstances are providing care without any help from Adult Social Services. However, the majority of informal carers live in deprived circumstances. The rise in older people with disabilities or dementia as the population ages will mean even more need for informal care in future. There is already a need for greater support for carers - something they expressed for themselves – which will continue to increase into the future.

#### Adults with disabilities

Adults with physical and sensory disabilities and those with learning disabilities all have generally poor health. They tend to live in the most deprived segments of the population and have quite a lot of housing needs. Adults with disabilities tend to have high levels of smoking, and so must be at increased risk of smoking-related disorders.

Local people would like to see more health and well being activities available locally for people with physical and sensory disabilities, including for those who do not speak English. They also wanted increased support for disabled carers, with greater consideration for their needs being a requirement in the decision making process.

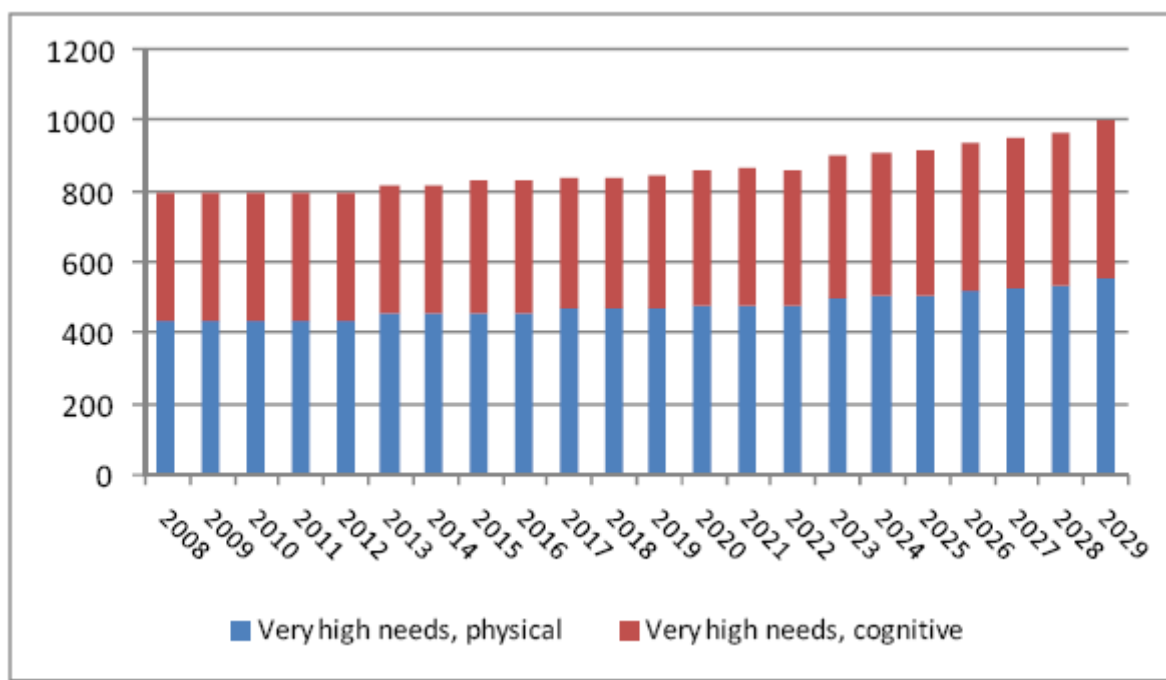
#### Older People

The population of Hammersmith and Fulham is ageing. The over 65 population is predicted to increase by over 20% by 2028. There will be increasing numbers of older people who have mobility problems, sensory impairments or difficulty with self-care or household tasks. These people will likely require care from Adult Social Services, self-funded services or informal carers. The increase in prevalence of dementia will largely affect this older age group too. There is likely to be an increase in the need for residential and nursing care places to provide 24-hour care to these older people's groups. The diagram opposite show the predicted increase in the numbers of nursing home beds required each week over the next 21 years, according to the level of need of the occupant. This shows the total numbers and not just the numbers of new places required each week, but still shows a substantial increase of around 200 extra places likely to be needed each week 20 years from now.

Currently, the majority of older people who are referred to Adult Social Services are from the more deprived sections of the population. As with carers, older people with means may not be having their needs assessed formally and there may be gaps in their care as a result.

Falls in older people go hand-in-hand with pre-existing disability and sensory impairment, as well as poor housing conditions. This information could be used to flag up people for preventive interventions before their first fall.

Projected numbers of residential, nursing home or extra care housing places required per week, including self-funders



Source: estimated from the LEAP model

Children

There are currently 36,166 young people, aged 0 to 19 years, living in Hammersmith and Fulham. The major issue for children in this borough is child poverty. Although, Hammersmith and Fulham is a generally affluent borough, there are marked inequalities in income level. Children in the borough have high levels of need, including special educational needs, free school meals and language needs.

Childhood poverty in the borough does not follow the general north-south deprivation divide, but is much more scattered geographically. In 2005 over 10,000 Hammersmith and Fulham children were living in families receiving means-tested benefits. This was significantly worse than the England average. Child poverty in Hammersmith and Fulham is not just relative to other children in the borough, but relative to children throughout the country. On top of that, more children than adults tend to be poor in this area. The proportion of people locally in each Mosaic population segment illustrates that the majority of families are in the deprived groups, and make up less than one quarter of the whole population.

22% of households in Hammersmith and Fulham contain dependent children, compared to 29% in London and in England. 10% of households are lone parent households, and over two-thirds of these households contain dependent children. The proportion of households that are lone parent households ranges from 5% in Palace Riverside to 18% in Wormholt and White City. The proportion of lone parent households is strongly associated with deprivation – 68% of the difference can be explained by deprivation.

### People in prison

HMP Wormwood Scrubs, in the north of the borough, with the capacity to take 1,277 adult male prisoners aged 21 and over, although the actual number of prisoners varies from day to day. 10,000 prisoners pass through the prison every year, with a daily turnover of around 100. 23% of prisoners are foreign nationals, although this population can often reach up to 50%.

Prisoners generally have poorer health than the general population. They have higher rates of mental health problems and higher levels of drug and alcohol misuse. They also tend to have a higher rate of communicable diseases, particularly tuberculosis (TB), HIV, hepatitis and sexually transmitted infections. Nationally between one-third and one-half of the prison population is drug-dependent, one-third alcohol-dependent and up to three-quarters have a personality disorder. Prisoners are more likely to be smokers than the general public and have poorer oral health. Chronic conditions, such as respiratory disease and cardiovascular disease, are quite prevalent, particularly among older prisoners.

The yearly Prisoner Survey in Wormwood Scrubs (WWS) has been collecting data on self-assessed disability since 2004. The Survey has found a much higher proportion of disabled prisoners at WWS compared to national prison survey data. About 12% of WWS prisoners claimed they had a disability in 2008, compared to only 0.6% of prisoners estimated from a national survey. Since the WWS yearly Prisoner Survey began in 2004, the proportion of prisoners reporting a disability has remained constant. 8.8% of all prisoners felt that their disability had been a barrier to accessing health services.

In the 2008 Prisoner Survey 10 % of prisoners reported having been in hospital for a mental health problem and 10% had been on medication for a psychiatric problem in the last year. Another 10% claimed to have attention deficit hyperactivity disorder (ADHD), while 8% of all prisoners stated that their offending behaviour was linked to mental or physical health problems.

### [Factors affecting everyone's health](#)

#### Education

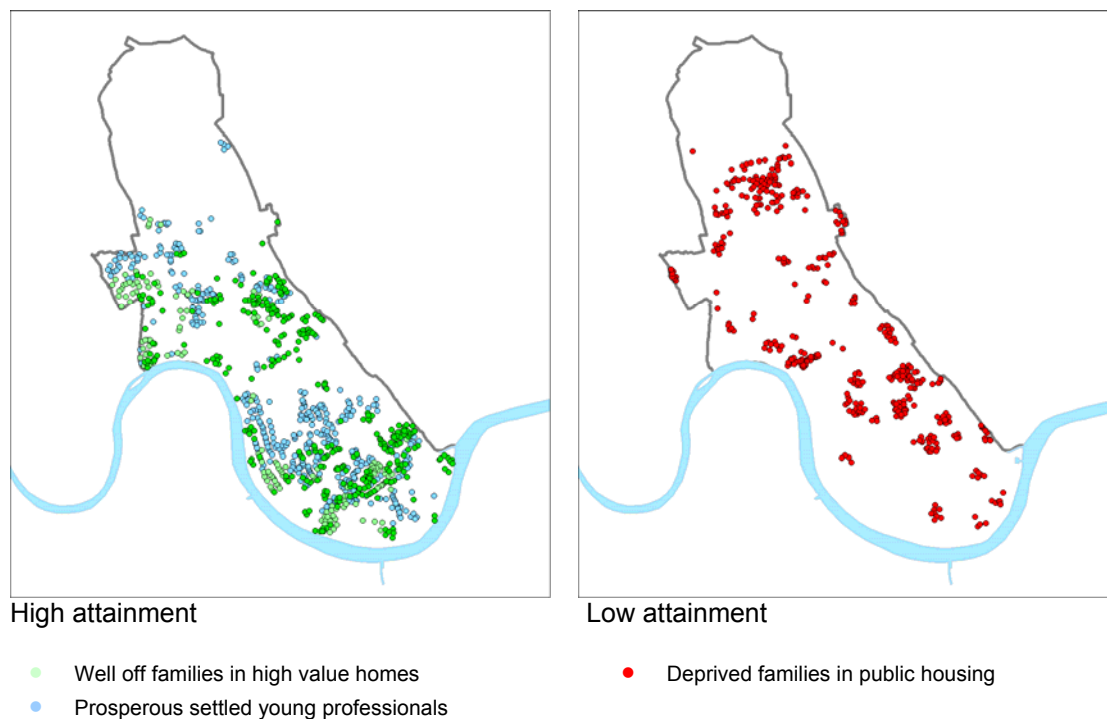
There are 12,167 children age 0 to 4 years and 23,999 5 to 19 year olds living in Hammersmith and Fulham. Almost 10,000 children attend primary schools and almost 6,000 children and young people attend state-run secondary schools within the borough. However, almost half of all secondary-age children living in Hammersmith and Fulham attend independent schools or schools in other boroughs. In January 2008 there were 13,412 people aged 5 to 19 years attending maintained schools and 2820 aged 0-4 years attending maintained settings in the borough.

In 2006-07, of pupils attending secondary schools in Hammersmith and Fulham, 67% achieved at least 5 GCSEs graded at A\*-C, compared to an average of 60% in England. Achievement was higher among girls (72%) than boys (62%) and this local gender gap is similar in size to the gap for England. Children from Chinese and Asian/Asian British ethnic groups tended to have higher than average GCSE achievement rates, whilst children from black/black British ethnic groups tended to have lower than average achievement rates. However, in 2006 black Caribbean boys and white British boys who are eligible for free school meals both improved their performance at GCSE.

The levels of special educational need is high in H&F schools, especially in primary schools, there the borough was ranked 2<sup>nd</sup> nationally in 2007. In 2007 at primary level the proportion of children with some level of special educational need was 28.0% (compared to 19.2% nationally) and at secondary level it was 21.2% (18.3% nationally).

Children living in the 'deprived families in public housing' segment are the least likely to attain good grades at key stages 2 and 4. They are also the most likely to receive free school meals. Children from the 'well-off families in high value homes' segment are the most likely to attain good grades at both key stages 2 and 4 and least likely to receive free school meals.

Keystage 2 and 4 attainment (Pupil Level Annual Schools Census 2005)



A relatively low proportion of adults, 18%, in Hammersmith and Fulham has no academic, vocational or professional qualifications. However, the proportion of adults with no qualifications is relatively high among Bangladeshi (42%), White Irish (40%) and black Caribbean (30%) ethnic groups.

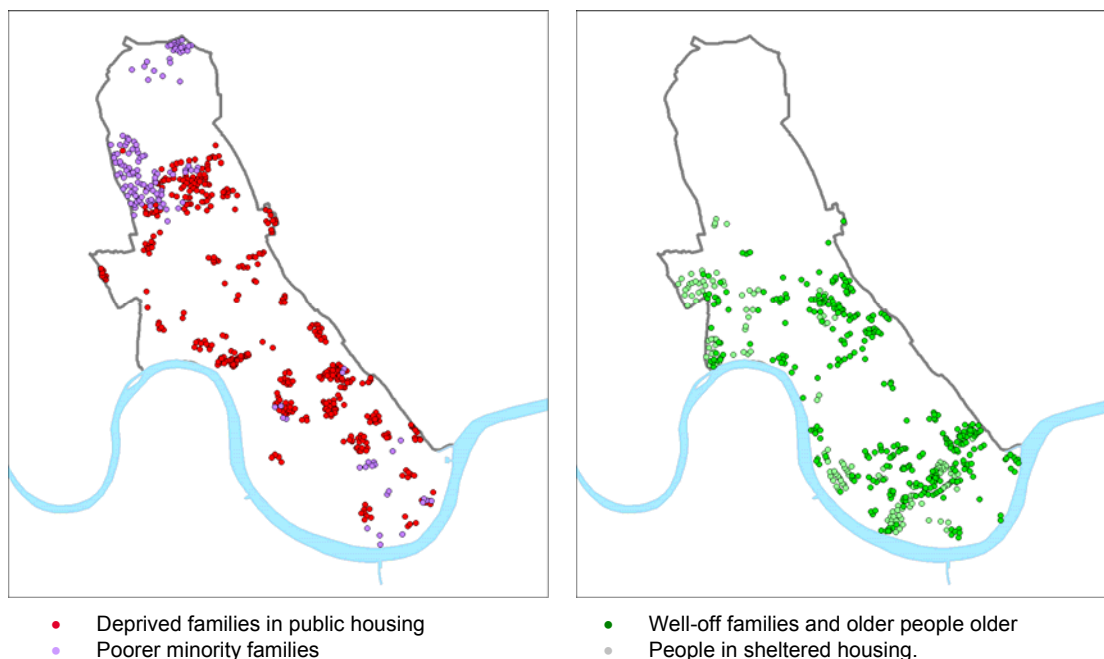
Crime

Across the borough there is a high crime rate compared the rest of London. The highest numbers of recorded crimes are for theft and violence against the person. Accidental fires are a key public health issue and a key issue for partnership working. Children and young people have also identified being safe on the streets and in parks as a key issue. Although they are not most likely to be the victims of crime, deprived families in public housing and poorer minority families have the greatest fear of crime.

Very worried about being victim of crime (source: BCS 2001-2005)

Highest fear of crime

Lowest fear of crime



Accidental fires in dwellings have been identified as a priority by the local Crime and Disorder Reduction Partnership. Hammersmith and Fulham has the third highest rate of accidental fires in dwellings in London. Accidental fires are often related to alcohol use and smoking and often occur in the most deprived areas. Those most at risk of dying in a fire include those with disabilities and those who live alone, especially older people. During 2006/07 there were 636 emergency calls made for fires in Hammersmith and Fulham. These resulted in 22 injuries, but there were no deaths arising from them.

Environment

A relative lack of open, green spaces reduces the quality of life for people in Hammersmith and Fulham. Better access to green spaces could increase mental wellbeing and encourage more physical activity.

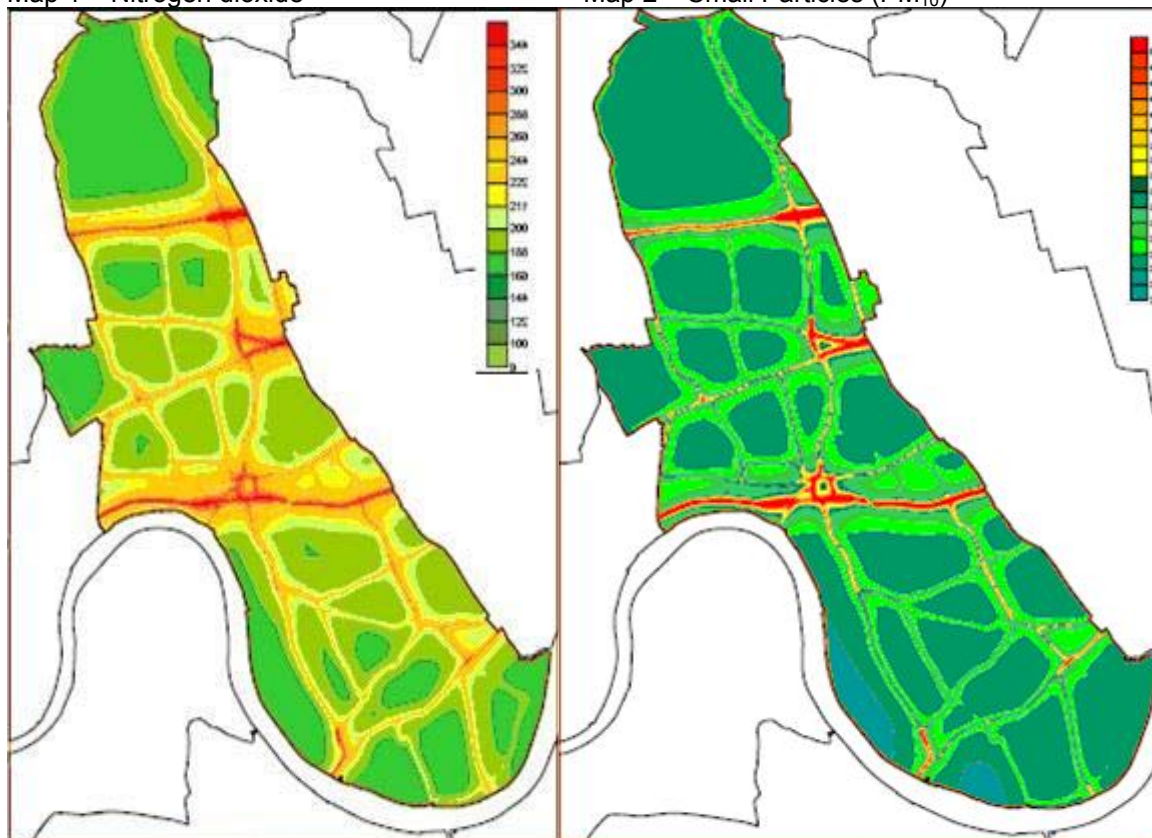
Busy traffic creates a significant health hazard in the borough through generating noise and air pollution and increasing the likelihood of road traffic accidents. Although generally linked to high pollution levels, admissions to hospital for asthma do not appear to be related to pollution hot-spots in the borough.

Busy roads, and polluted air not only increase the risk of accidents and asthma, but they contribute to the difficulty of walking and cycling in the borough. This is compounded by lack of green spaces reducing opportunities for physical activity for children.

## Maps of borough showing areas forecast to have highest levels of air pollution

Map 1 – Nitrogen dioxide

Map 2 – Small Particles (PM<sub>10</sub>)



Forecast annual mean nitrogen dioxide (ppb) for 2005 (based on 1999 meteorology) 40ppb and above represents an exceedence of the air quality objective

Forecast number of days with daily mean PM<sub>10</sub> >50(µg/m<sup>3</sup>) for 2004 (based on 1996 meteorology); 35 days and above represents an exceedence of the air quality objective

### Housing

Access to good quality, affordable housing is a key public health issue in Hammersmith and Fulham. A significant proportion of deprived families, especially in the north of the borough, live in overcrowded conditions. Nearly half (43%) of all homes in the borough do not meet the Decent Homes Standard, which may contribute to the high numbers of excess winter deaths locally. Improving homes to meet the Decent Homes Standard should help people to feel safe in their homes and actually reduce burglaries – both will have a positive impact on well being.

Housing plays a significant role in preventing ill-health and preserving well being across all the vulnerable groups. In particular, the housing needs of adults with mental health issues should be examined to ensure that their housing situations are not aggravating their mental health problems.

### Regeneration

This is a borough of contrasts, containing some of the wealthiest and some of the most deprived households in the country. There is a general north-south divide in the borough, with the north being, on average, significantly more deprived than the south.

Over a quarter of the borough's residents live in some of the most deprived areas of England and nearly a fifth are unemployed. For deprived families in public housing, compared to the rest of the borough, the adults are more likely to be unemployed and the children are more likely to be entitled to free school meals.

The north of the borough is significantly more deprived than the south, though there are pockets of deprivation scattered throughout. Working age adults who live in the north are more likely to be in receipt of incapacity benefits than in the rest of the borough. Pensioners who live in the north are more likely to be receiving pension credits.

The implications for health and well being are that there are high rates of existing disability among those not in work as well as high risk of mental health problems developing in people living in the most deprived circumstances.

Children living in poverty are not concentrated in the north, but scattered throughout the borough. In 2005 over 10,000 children in Hammersmith and Fulham were living with families receiving means-tested benefits. High numbers of children are eligible to receive free school meals, compared to the national average. Over 50% of these are from Black and Chinese and other ethnic backgrounds.

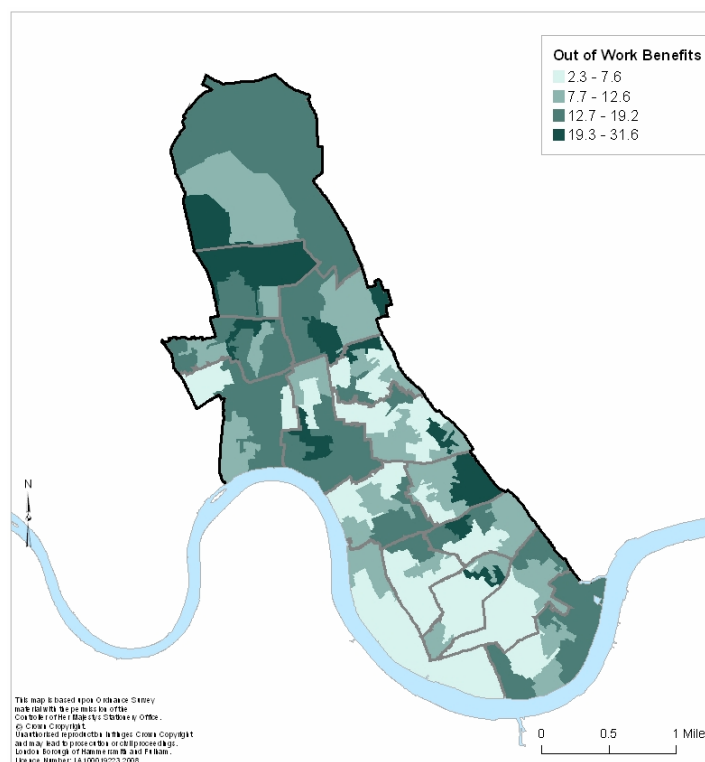
White City Residents feedback has highlighted that, although there is a strong community identity, residents also feel that the area is neglected and needs investment to develop health and social care services, as well as support the development of decent homes for local residents.

Worklessness is defined as being without paid employment, with or without also qualifying for job seeker's allowance. This, therefore, includes those who are unable to get paid work because of their caring responsibilities or their own illness or disability. It will also include people from overseas without work permits, including those seeking asylum. Worklessness is linked to poor health, both as a cause and as an outcome. Unemployment is often accompanied by anxiety and depression, premature mortality and limiting long-term illness.

In February 2008 there were 20,250 Hammersmith and Fulham residents unemployed, measured by those claiming Job Seekers Allowance (3120), incapacity benefits (7620) and income support (9510). This is nearly 16% of working age adults (figures from Department of Work and Pensions and GLA). This percentage has decreased from a peak of 24% in 2003, but is likely to rise again, because of the recent downturn in the national global economies.

The map below shows the geographical distribution of people in the borough who are out of work and on benefits. The highest proportions are in the north of the borough and around the North End area.

## Proportion of residents in receipt of Income Support, Incapacity Benefits and Job Seekers Allowance in Feb 2008



### What local people told us

We collected and collated feedback and consultation responses from local residents to inform and support The Community Strategy priorities and CSP and understand what peoples concerns were. We have woven in their feedback in the relevant sections.

The key themes from PCT consultations are outlined here.

- Lack of access to primary, preventative services
- Poor links between health and social care, housing and education
- Lack of provision of support for carers
- Lack in provision of community based knowledge and information centres
- Poor access to primary care services, in particular GPs
- Disease theme-related issues included:
  - Mental Health
  - Sickle Cell
  - Complementary therapies
  - TB

Further analysis of local consultations conducted by the council is underway at the moment and a summary will be included in future updates of the JSNA.

## Conclusions

This joint strategic needs assessment has confirmed much of what we already know locally, rather than surprising us with new findings. However, it has been a useful exercise in coming together to consider the information – taking the quantitative data alongside what people have told us – and reaching a new, shared understanding of the issues.

Our analysis has identified a number of key themes as areas for action:

- Inequalities
- Population growth
- Prevention and early detection
- Focussing on children and families
- Taking a whole systems approach to the “causes of the causes”
- Overlapping needs – the neighbourhood approach
- Shared problems need joint solutions

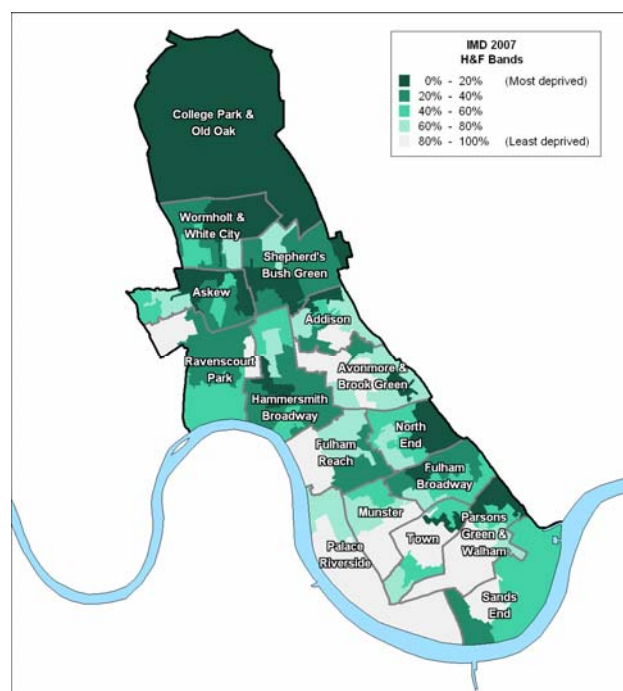
These themes were suggested by the quantitative data analysis, but were also echoed by the ‘people’s voice’. All of these themes are inter-related and can work together to improve health and wellbeing. Each is discussed in more detail below.

### Inequalities

The health status of the population in Hammersmith and Fulham overall has been improving over recent years and is now close to the England average for most indicators. However, Hammersmith and Fulham is one of the most polarised boroughs in the country with pockets of affluence and deprivation sitting alongside each other, as well as a sharp north-south divide in deprivation. In terms of health, this leads to differential health outcomes between different segments of the population and inequalities across a number of indicators. There are significant intra-borough inequalities for many risk factors, major diseases, and also premature deaths, especially from cardiovascular disease. These inequalities are predominantly mediated by the local distribution of deprivation.

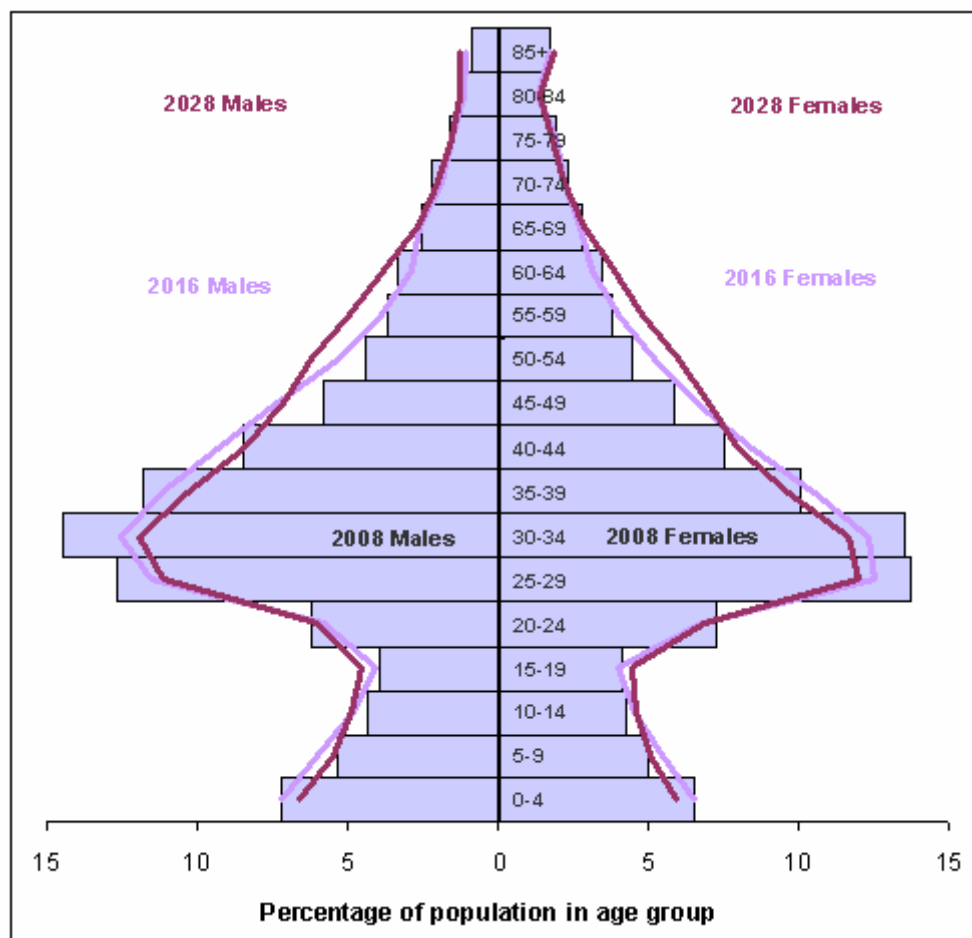
### Index of Multiple Deprivation 2007, by distribution within Hammersmith and Fulham

Source: Communities and Local Government



## Population Growth

Population pyramid of residents, 2008 and projections for 2016 and 2028



Source: GLA 2007 Round of Demographic Projections (RLP Low)

The Hammersmith and Fulham population is expected to grow in size by 6% by 2016 and by 12% by 2028. This means that there will be nearly an extra 12,000 residents in 2016 and a further 21,598 in 2028. This has implications for all agencies providing and commissioning services for local people. Not only health, children's services and adult social services will be affected by this change, but it also has implications for housing, transport, police and fire services, among others.

Children's services could expect to provide an additional 814 primary school places for resident children by 2011 and a further 842 by 2016. At secondary school age, the number of children in the borough is set to increase by over 400 by 2011 and by 1937 by 2016. However, this will not translate into direct need for secondary school places, if the trend continues for half of resident children to go out of borough for secondary education.

The growth in the middle-age population, 40 to 55 will have a particular impact on health services, as these people reach the age at which the onset of chronic diseases often occurs. In particular, it will be important to ensure that there are adequate services for prevention and early detection of our major killer, cardiovascular disease. The vascular risk assessment programme will be aimed at people in this age group (and up to 70 years old).

The increase in older residents, especially those with physical disabilities and sensory impairment, will have a particular impact on adult social care services. Although the population of older residents is small, this group still results in the greatest social care spending. A growing older population could also mean increasing numbers of people with dementia, which already appears to be underestimated in our population.

Also, there is likely to be an increase in informal carers looking after their elderly relatives. The impact on their health and ability to work and contribute to the local economy has wide ranging implications.

If not well managed, any significant increase in population could result in overcrowded homes, as well as demand for services that is difficult to meet. The large projected increase in population in the north of the borough will be mainly due to the construction of new housing units as part of the White City Opportunity Area. This should have a positive impact in reducing housing deprivation, and possibly overcrowding, in the area.

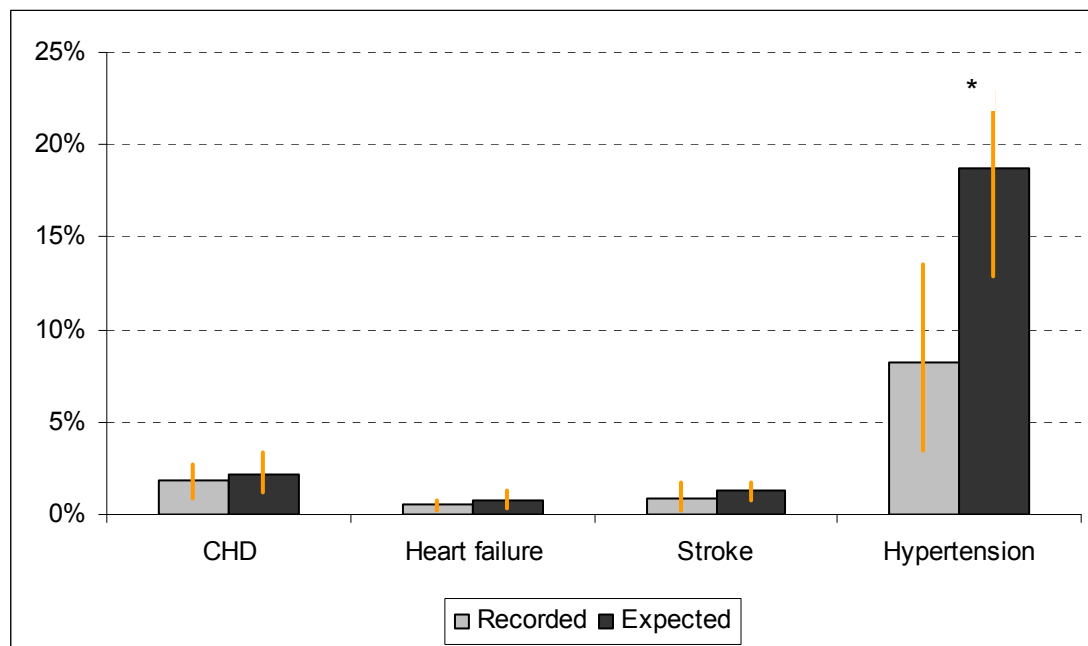
### Prevention and Early Detection

This is a common theme across all the areas we have looked at. There is a large body of evidence that shows that prevention is better than cure. This applies to preventing risk factors as to diseases. E.g. deterring children from taking up smoking means that they are less likely to become regular smokers as adults. Maintaining a healthy weight is easier than trying to lose excess weight. At the same time, preventing diseases through managing risk factors is more cost effective than treating people who already have a disease. This is particularly important for cardiovascular disease, which kills over 100 people a year under 75 in Hammersmith and Fulham.

Falls is an excellent example identified through our analysis where there are opportunities to intervene early to prevent problems later on. Older people, especially those with mobility problems or sensory impairment are vulnerable to falls. Those living in poor housing conditions are particularly at risk of falls and those who have fallen are likely to be admitted to hospital and referred to adult social services. So, opportunities for working to prevent falls can begin when people with physical disabilities come to the attention of housing services or referred to adult social services.

The chart below illustrates the differences between recorded and expected prevalences of circulatory disease and the variability between general practices in recording them. This presents an ideal opportunity to improve prevention of deaths from CHD and other circulatory diseases, by identifying and treating these so-far undiagnosed people.

Recorded and expected prevalence of circulatory diseases in Hammersmith and Fulham  
March 2007



Source: Quality Management and Analysis System; Doncaster PCT QOF benchmarking tool  
\*Yellow bars illustrate the range between GP practices

[Focusing on children and families](#)

This theme is closely related to the previous one, but focuses its attention, not just on preventing problems occurring, but on preventing them from an early age. It is well known that the best opportunity to influence behaviour is during childhood. There is good evidence, for instance, that deterring young people from taking up smoking before the age of 20, significantly reduces their chances of becoming habitual smokers.

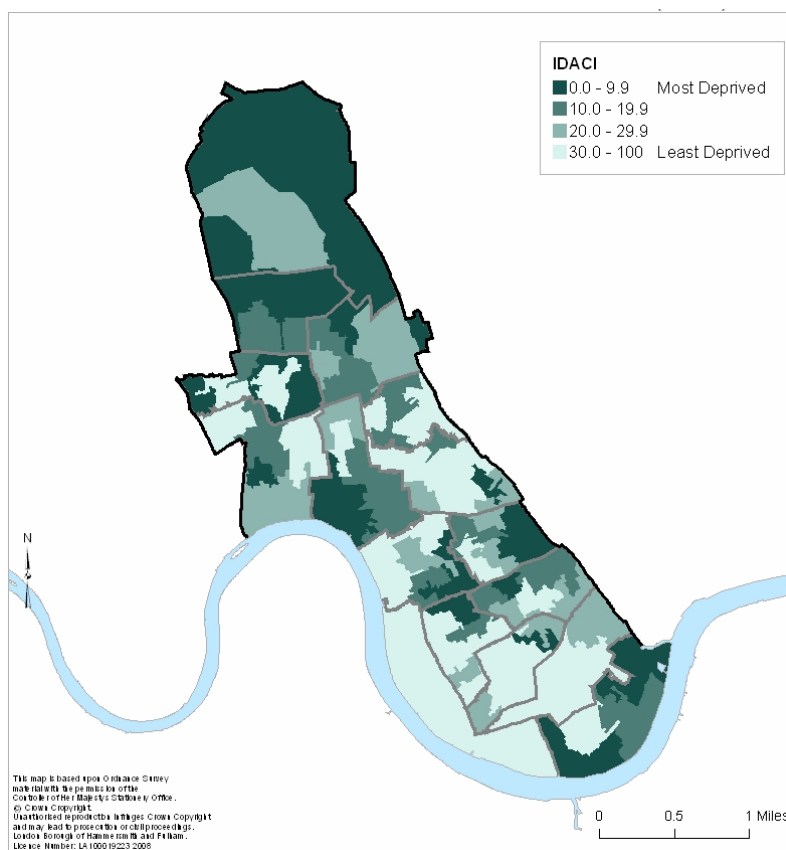
Influences on children’s health actually begin even earlier in the womb. For instance, babies born to mothers who smoked during pregnancy are more likely to be of low birth weight than those whose mothers did not smoke. In Hammersmith and Fulham 6% of mothers smoke during pregnancy, compared to 9% in London and 16% across England.

There is also growing evidence of the usefulness of family-based approaches to lifestyle changes. People do not normally live in isolation and children, in particular, usually live in a family context. There are a few implications of this:

- Children can influence adults in their family to improve their lifestyles
- Children can be raised in a healthier environment, if adults are looked at in the context of their whole families, e.g. smoke-free homes
- Adults with risk factors, problems, or diseases can be helped to manage them if the whole family tries to change its lifestyle, rather than the individual alone.
- This approach provides opportunities to break the chain of deprivation and poor outcomes from generation to generation. Lifting families out of poverty will improve the chances for good educational attainment for children, leading to better employment opportunities in later life. It will also result in improved health for children, who will likely go on to be healthier adults.

So, the family approach has several benefits to it, particularly that it helps to break the chain of health inequalities that persists across generations.

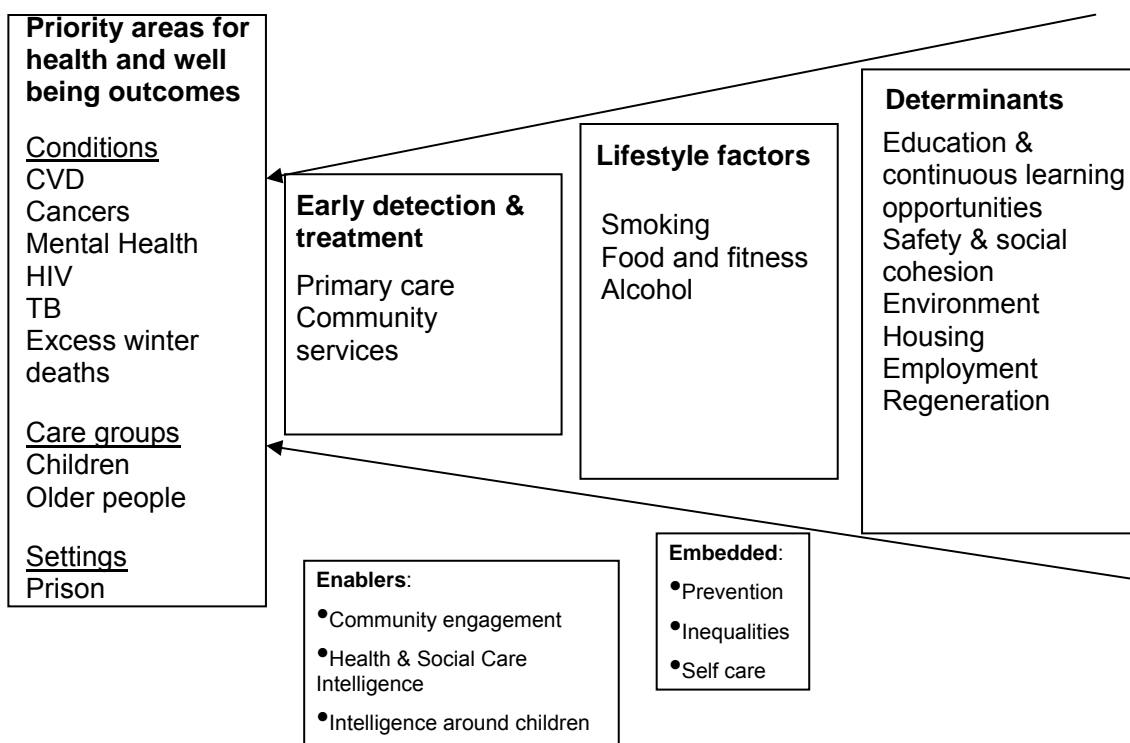
## Income Deprivation Affecting Children (IMD 2007)



### Taking a whole systems approach to the “causes of the causes”

The figure below illustrates the relationship between the determinants of health, risk factors and diseases/ health outcomes, as it applies locally. It also shows where processes, like community engagement, and interventions, like preventive treatment, can make a difference. In addition some vulnerable groups, such as children, or settings (i.e. the Prison) are also illustrated to show how they fit into the scheme.

The causes of the causes – the path to ill-health

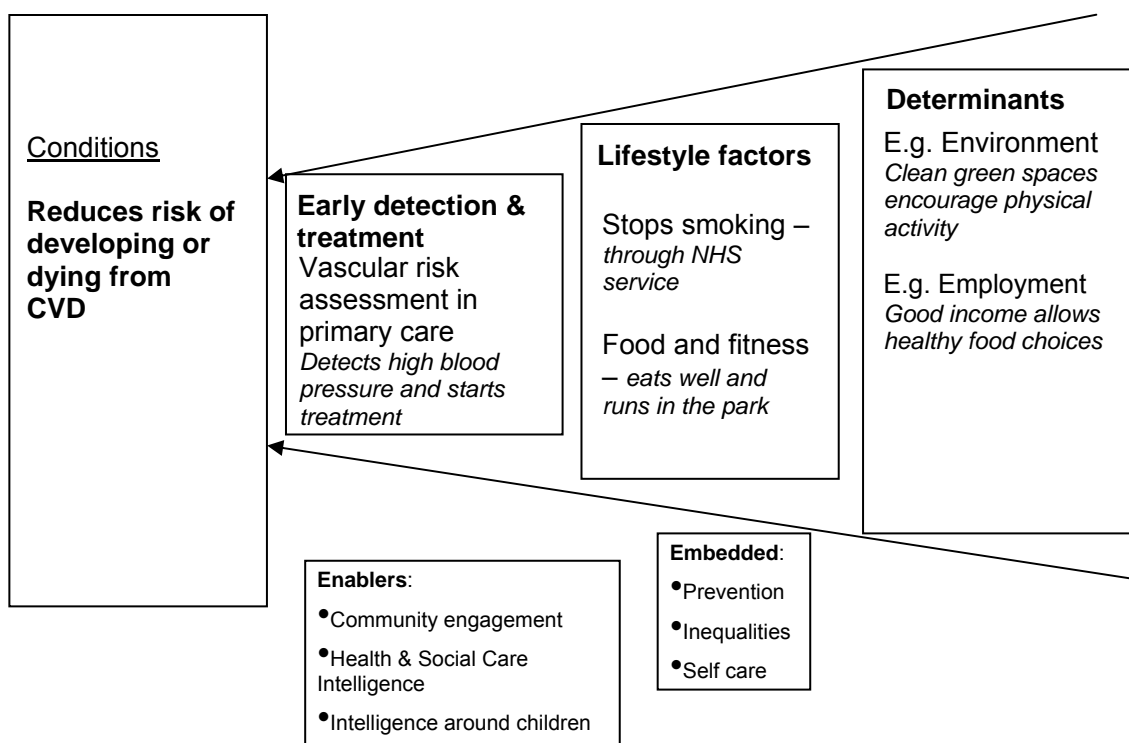


This scheme clearly demonstrates how important it will continue to be to work closely together to tackle these issues. It also illustrates that interventions can be made at various points along the way from being healthy and having a full sense of wellbeing to prevent ill health or catch problems early.

Taking premature deaths from cardiovascular disease as an example, the revised scheme below shows how the factors, interventions and enablers can interact to reduce the risk and impact from this disease.

Encouraging physical activity through providing green spaces and help reduce or stave off obesity, which is a risk factor for cardiovascular disease (CVD). At the next level helping people to stop smoking, works with reducing excess body fat to reduce CVD risk. Further down the path, for those who have already some form of cardiovascular disease, a screening programme can help to diagnose them before they have any symptoms and get them started on the right treatment. So, it is possible to intervene at different stages to try to reduce premature deaths from CVD.

## Treating the causes of the causes, e.g. CVD



## Overlapping needs – the neighbourhood approach

By using the Mosaic segmentation tool, this analysis has identified many instances of overlapping needs. Although we have used a limited number of segments to describe our population, it is striking how often the highest need is concentrated in the same segments. Overall, the deprived families in public sector housing and the poorer minority families segments have the highest needs and worst outcomes.

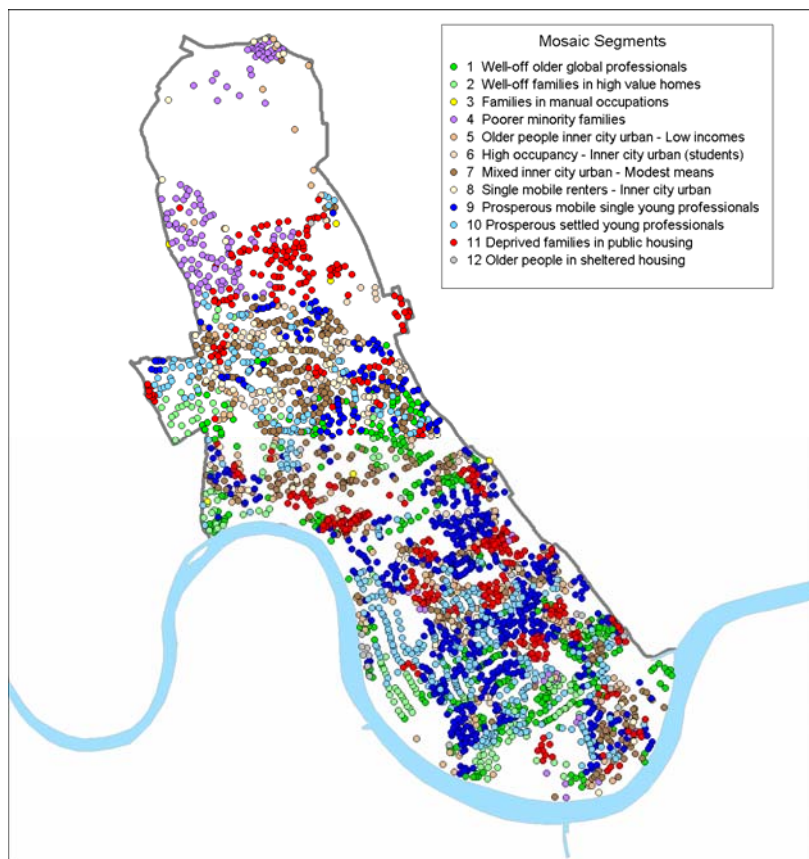
For example, the deprived families in public housing segment:

- has the highest number of people registered with a disability on the grounds of mental health problems;
- had generally poor health;
- has high levels of cigarette smoking and finds it hard to quit, even with help from the stop smoking service;
- are likely to be unemployed;
- are likely to be in debt;
- have low educational attainment.

The poorer minority families segment faces similar issues and also has high levels of overlapping needs. They are likely to:

- Live in overcrowded conditions;
- Be homeless or accepted onto the housing register;
- Be admitted to hospital with asthma;
- Be very worried about being a victim of crime;
- Have high rates of physical disability registrations.

## Mosaic Segments in Hammersmith and Fulham 2007



Since these segments describe people with similar characteristics and who live in the same postcodes, this analysis points us to the areas with the highest levels of need. What it does not allow us to do is identify individuals with multiple needs. It will help practitioners, though, to be aware that a client or patient is likely to have other health and wellbeing needs, besides the one they have presented with. For instance, the mental health worker will know that their clients are likely to smoke and might also have housing problems, so they can point them in the right direction to get help.

For commissioners and service providers, the analysis suggests that taking a neighbourhood approach to providing services would allow us to target the people with the greatest concentrations of need. It also gives us an indication of what those needs are likely to be.

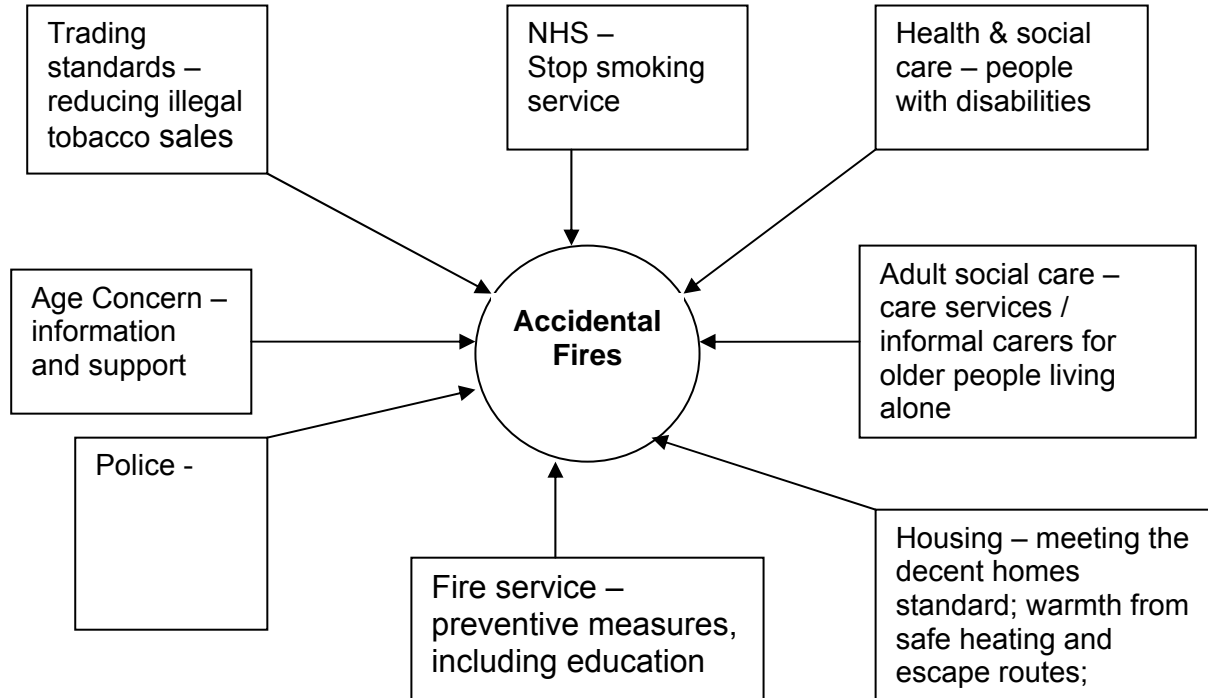
### [Shared problems – joint solutions](#)

Bringing all this information together in this JSNA has highlighted areas that will require joint working, across agencies to tackle the problems effectively. Tackling one issue thoroughly, from different angles, will have benefits in many areas in addressing each agency's priorities. For instance, although the police have primary responsibility for tackling burglaries, they can be deterred by fitting good quality locks installed while bringing homes up to the Decent Homes Standard. At the same time, meeting this standard will help reduce fear of crime and reduce excess winter deaths.

Another obvious area that will benefit from joint working is tobacco control. Reducing the numbers of people who smoke, will not only have benefits in reducing cancers and cardiovascular disease, but will also reduce the risk of accidental fires occurring.

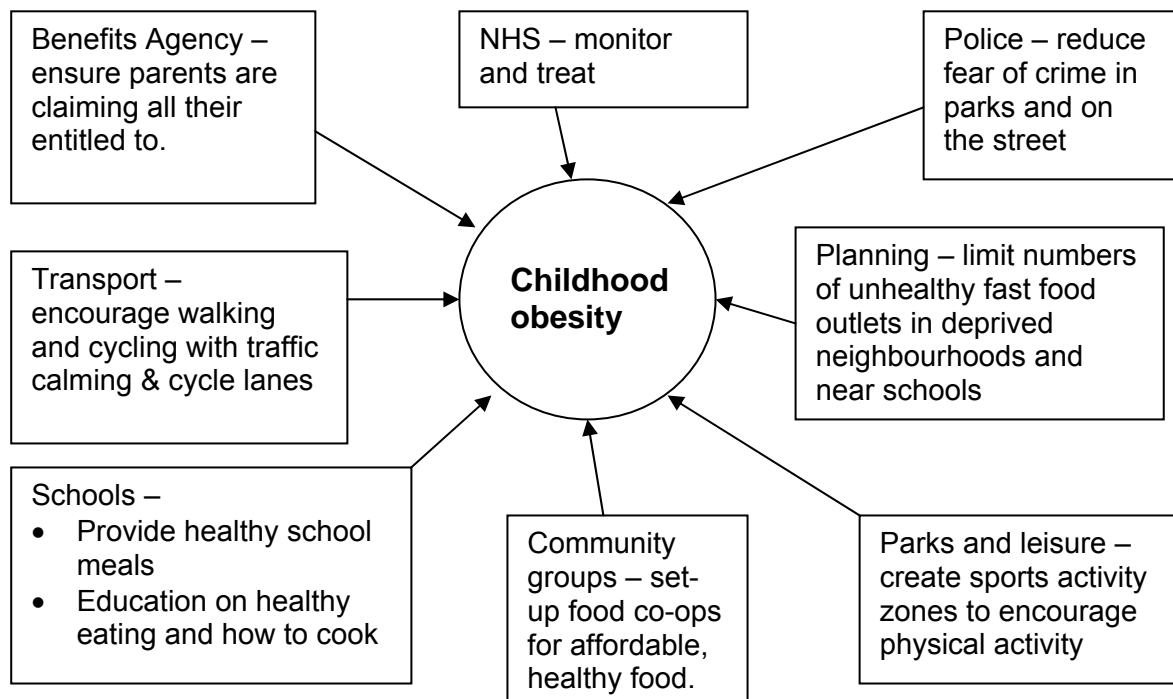
We have discovered that harm in our borough from accidental fires often happens where there are older people living alone, people with disabilities, people who smoke, and alcohol misuse. The diagram below helps to illustrate how, using this information, the efforts of many different agencies can come together to help reduce accidental fires.

Is Accidental Fires a Health Issue?



Another example is childhood obesity – see the diagram below.

Is Childhood Obesity a Non-health Issue?



Working together to support each others' strategies, as well as delivering our own will have added effects in reducing harm from these issues and promoting well being.

### [A healthy borough is a borough of opportunity and a borough of opportunity is a healthy borough.](#)

The priorities identified in the Community Strategy and PCT Commissioning Strategy Plan are important areas to address in order to improve, not only opportunity for the borough's residents, but their health and well being as well. It is clear from this analysis that tackling these issues and improving health and well being in Hammersmith and Fulham requires us to work together in partnership and strengthen joint commissioning – not just the council and the PCT, but also the other statutory agencies and the community.

## **Next steps**

This is the just the first phase of an ongoing joint strategic needs assessment (JSNA) process. We have gathered relevant information and will now consult with stakeholders as to how we can build on what has been produced so far.

We have already used the information in this profile to inform the PCT commissioning strategy plan and Children's and Young People's Plan, among others. We are also building on this intelligence to develop the healthy borough strategy.

The next steps in the process involve consulting with all our stakeholders, as part of the intelligence gathering exercise and to come to a shared understanding of the data, priorities and finally solutions. We have begun with a workshop, which was largely for commissioners and service providers. The main aim of this was to find out if we had painted a picture they recognised and have them help to fill in the gaps and start to indentify solutions to the problems it raised.

Next we are holding a series of events for frontline staff. The purpose of these is similar to the previous workshop. However, we also wish to discuss how the information in the profile contributes to staff understanding the health and well-being needs of the local population.

This profile has highlighted some key health and well being issues and inequalities. In the next phase we will look at access to services to address these, with a particular emphasis on equity of access. . We also plan to do some more detailed local modelling of disease or risk factor prevalence, where possible.

As the process progresses there will be further opportunities to contribute to it and further reports and updates that take into account our stakeholders' views as well as updated information. These updates will be made available through the council and PCT websites.