



2009 JSNA Refresh

NHS Luton and Luton Borough Council
October 2009

Why JSNA?

- duty to undertake JSNA (Local Government and Public Involvement in Health Act, 2007)
- assesses the HWB status of the local population
- inform the Sustainable Community Strategy
- inform priorities and targets in LAA
- inform local commissioning strategies and plans
- JSNA process underpinned by:
 - partnership working
 - community engagement
 - evidence of effectiveness

Context of Refresh

- JSNA core dataset published by DH after the 2008 Luton JSNA was published
- some elements of the core dataset not included in 2008 version
- refresh focuses on missing elements of the core dataset and any other element where 2009 data was significantly different
- 2009 Refresh is a supplement to 2008 version
- format and headings same as 2008 JSNA

Key Points: Population of Luton

Based on LBC population estimates:

- population is relatively young and is projected to increase to 2016 and then decline
- a projected year on year increase in the elderly population to 2021
- percentage of population who are from BME communities is increasing
- disposable income is decreasing relative to national average

Key Points: Children

- 63% of school age children are from BME communities compared to 56% in 2008
- Child well being index - 30% of LSOAs in Luton are in the lowest well-being quintile - a child poverty needs assessment carried out by April 2010
- re-direct resources to prevent overweight and obesity - particular focus on pregnancy and early years
- extend range of child weight management programmes
- increase access to fruit & veg in priority areas
- identify effective interventions to prevent young people from starting to smoke

Key Points: Children

- Mental health: -focus on prevention through roll out of early intervention services
- review MH service provision for 16-17 year olds including access to in-patient facilities
- build on initial needs assessment to develop more in-depth understanding of profile of children with disabilities
- develop strategy to coordinate services for children / young people with disabilities
- review model of urgent care provision for children and young people

Key Points: Individual lifestyle factors

- widening inequalities in mortality from smoking - resources need to be targeted at men in most deprived quintile
- increase access to fruit and vegetables in the 5 priority areas of Luton
- continued focus on increasing female participation in physical activity needs to be maintained
- interventions need to focus on reducing alcohol related recorded crime and alcohol related violent crime

Key Points: Hard to Reach Groups - Gypsies, Travellers and Roma

- improve access to primary and secondary care health services
- ensure all staff working with the community receive cultural awareness training
- identify best practice to increase engagement with traveller men

Key Points: Social Care Needs and Activity

- high demand for accessible information - isolation is a significant issue for older people, with potential consequences for mental health.
- significant impact on health services following a fall for an older person - this will increase in line with the growing number of older people
- transport is a significant issue particularly for older people, where mobility issues can impact on ability to live independently

Key Points: Health Status of the Population

- future planning must address gap in LE between 5 priority MSOAs with lowest life expectancy and the 5 with the highest
- the prevalence of diabetes in Luton (which includes those not yet diagnosed) is above the regional and national averages
- higher estimated prevalence of diabetes within the Asian and Black communities - Biscot, Challney, Dallow highest estimated prevalence
- estimated prevalence of hypertension is lower than the national estimate and similar to statistical neighbours for both males and females

Key Points: Health Status of the Population

- inequality gap for premature mortality from cancer, in males is widening between the most and least deprived areas
- Luton has a high prevalence of HIV infection - 286 / 100,000 population
- estimated that approx one third of people infected with HIV have not been diagnosed
- uptake of Chlamydia screening is below the national target
- proportion of abortions carried out before ten weeks has increased significantly and is now above the regional and national average.

Key Points: Health Status of the Population

- main causes of day case treatment (2008-09) is within:
 - general medicine (18%)
 - general surgery (10%)
 - ophthalmology (9%) and urology (9%)
- two main causes of elective hospital admission are:
 - General Medicine (13%),
 - General Surgery and (12%)
 - Trauma and Orthopaedics (12%)
- main causes of emergency episodes are paediatrics (25%), general medicine (20%) and obstetrics (19%)
- better management of long term conditions in primary care and the community should reduce secondary care activity