

1. Introduction

This document forms part of the Joint Strategic Needs Assessment (JSNA). The JSNA is a systematic method for reviewing the issues facing a population, leading to agreed priorities and resource allocation that will improve health and wellbeing of the population and reduce inequalities within the population. The production of a JSNA is a statutory requirement for Health and Wellbeing Board.

1.1 What is the purpose of this report?

This document is one of a suite of reports, developed as part of the Joint Strategic Needs Assessment (JSNA), which aims to give readers a high level understanding of the population of Havering. This report is an overview of Havering's health and social care needs. It is updated with new information, evidence and intelligence as it becomes available and as new issues and gaps are identified. Using routinely collected data, it describes the pattern of risk factors for ill health, the status of health and wellbeing and how people use local services.

From this understanding (of population growth, prevalence of risk factors for ill health across Havering, and the patterns of demand for health and social care services), all local stakeholders will understand the following changes that need to be made:

- Prevention needs to be prioritised in order to reduce the prevalence of risk factors in the population particularly in the more deprived areas of the borough.
- A reduction in risk factors will mean a reduction in the number of people who develop long-term conditions; less people with multiple co-morbidities; reduced demand for more expensive and complex packages of care; and longer lives free of disability.
- Targeting high-risk population groups will ensure efficient use of limited resources and in the longer term reduce health inequalities.

1.2 What is Health?

In 1948, the World Health Organisation (WHO) defined health as a state of complete physical and mental wellbeing and not merely the absence of disease and infirmity. This enduring definition has not been changed by the WHO since then, though there are many other definitions of health and wellbeing in existence.

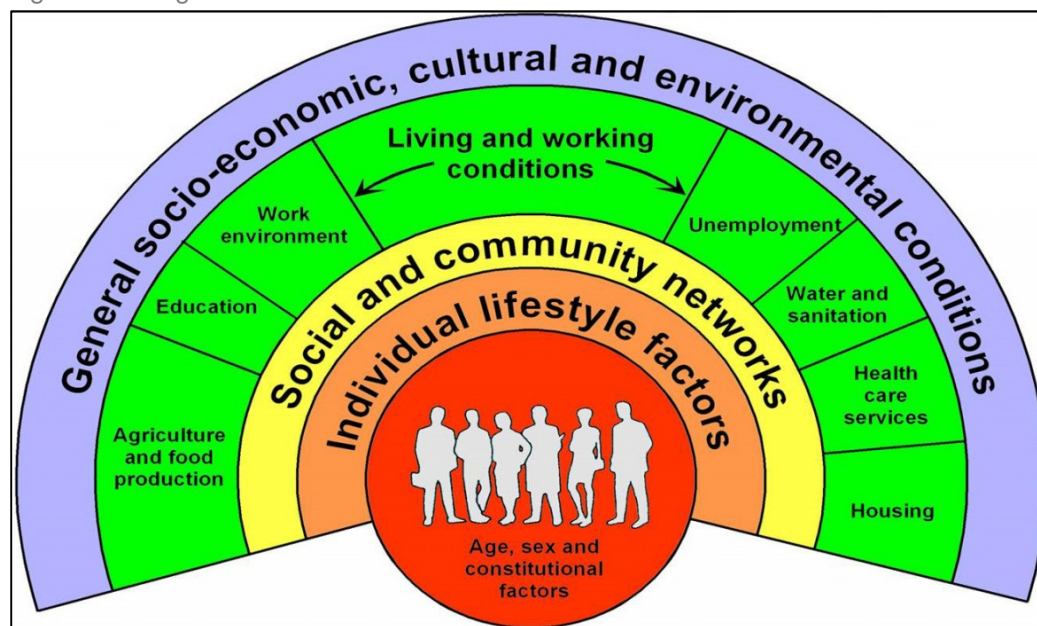
The factors that determine the health of a population are, broadly speaking, divided as follows:

- Socio-economic factors e.g. employment, income, education, housing, environment, etc.

- Lifestyle choices e.g. smoking, diet, exercise, alcohol, uptake of preventive services, etc.
- Health service provision (the contribution of health services to health differs by population subgroup).
- Genetics (although a relatively small contribution, its importance is increasing).

Dahlgren and Whitehead¹ have mapped the complex relationship between the factors that impact on the health of individuals and communities (see Figure 1).

Figure 1: Dahlgren and Whitehead's model of the determinants of health.



Source: Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Copenhagen: World Health Organization, 1992.

Individually and collectively, we can influence some of these factors in Havering to improve the quality of our lives.

1.3 What are health inequalities?

Health inequalities are differences or variations in health status between social groups. They exist in all countries – whether low, middle or high-income. Lower socioeconomic position and measures of social deprivation are associated with greater morbidity and mortality. Such health disparities are considered avoidable and modifiable and, therefore, unjust. There are health inequalities within Havering and between Havering and other local authorities.

¹ Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Copenhagen: World Health Organization, 1992.

Reducing health inequalities has been a longstanding national and local priority. There has been an increasing realisation (articulated in many Government documents over the past 30 years), that more effort needs to be put into preventing individuals and families from getting into situations where they require health or social care interventions. This would help to reduce health inequalities. There is also ample evidence that it is possible to prevent such situations from occurring. Therefore, there has been a strong national and local policy drive to shift more resources into prevention and early intervention and away from more expensive services that are required once problems have occurred.

This understanding informs the selection of our prevention priorities and shapes the things we could do in Havering to deliver these priorities. It allows us to engage all the resources at our collective disposal to create a more resilient economic and social environment in which individuals can make fully informed decisions about how to live their lives. It guides us to develop the circumstances in which it is easier for individuals to make healthier choices and to make best use of the services that are available to them to promote and protect their health and that of their family.