

What is the Joint Strategic Needs Assessment?

Joint Strategic Needs Assessment (JSNA) is a process that Primary Care Trusts (PCTs) and local authorities have a duty to work on together to describe the health, wellbeing and care needs of the populations they serve. It should be used to develop the right services in the right way to meet those needs. This process is part of a 'duty to cooperate' that the government set out in the Local Government and Public Involvement in Health Act (2007). In Stockton, the JSNA is the responsibility of the Health and Wellbeing Partnership which has representation from a wide range of local partners.

Undertaking needs assessments is, of course, not a new process for the PCT, local authority and other partners we work with. Analysis of many sources of information underpins the whole range of plans and strategies that inform the work of the Local Strategic Partnership. What makes JSNA different is that:

- It is a statutory requirement
- It must be done jointly between the local authority and PCT
- It takes a long-term strategic-level view, looking up to 10 years ahead
- It brings together, in one source, the range of information across partners that informs the health and wellbeing needs of our communities

Why should we do a JSNA?

The purpose of this JSNA is to highlight the main health and wellbeing priorities for Stockton-on-Tees, taking account of data and information on inequalities within and between communities. These priorities have been identified through the efforts of many people to define and address the wider health and wellbeing needs of the people who live and work here.

A range of plans, strategies, and policies have been developed to help us work effectively in partnership to make a difference to the lives of residents. These include the Health and Wellbeing Strategy for Stockton-on-Tees, the Sustainable Community Strategy, the Adults Vision, the Children and Young People's Plan, the regional health and wellbeing strategy 'Better Health Fairer Health' and many others. The community has had the chance to consider and comment on these documents.

In Stockton Borough the first JSNA was completed in 2008 and has been refreshed annually. It is an integral part of the planning cycle for all involved and will continue to inform the Local Area Agreement, NHS plans and commissioning priorities in line with the ongoing changes, and other business planning processes. An important benefit of reviewing the JSNA annually is that it supports robust planning over the long term so that:

- Services are shaped by involvement of local people and communities
- Inequalities in health are reduced
- Health care is provided in proportion to need (to reduce inequity)
- Social inclusion is increased
- Outcomes are achieved cost-effectively

Stockton's population and its main needs

Approximately 191,900 people live in Stockton-on-Tees, a figure that is predicted to rise to more than 204,400 by 2029. Currently 19.7 per cent of the population are under 16 (36,900 children) and 33,000 people are of retirement age. It is predicted that by 2029 there will be a 62 per cent increase in the number of people over retirement age, and a 3 per cent decrease in the number of children. The Black and Minority Ethnic (BME) population makes up fewer than 5 per cent of the population - the majority being of Pakistani heritage.

Given the current and future shape of our population, our main health and wellbeing priorities include:

- Continuing to improve health for all, reducing the differences in health experience and health outcomes between communities
- Reducing inequalities in life expectancy between wards, by tackling the main killers such as cancer and cardiovascular disease
- Putting people at the centre and care being personalised for the individual
- Making sure we get value for taxpayers' money
- Utilising data to make informed decisions based on robust information and intelligence
- Focussing on meeting our agreed standards of performance
- Improving the way we work together across a wide range of agencies
- Thinking carefully about what the increasingly ageing population means for us and what we deliver
- Supporting people to stay independent and with a good quality of life, whatever their age.
- Supporting people to come off benefits and into training, education, or employment
- Providing services that are accessible and as close to home as possible
- Understanding the impact of the current and future economic situation on our population

The health conditions that most affect people in Stockton include:

- Cardiovascular disease (diseases of the heart and circulatory system including strokes)
- Cancer
- Smoking-related illness
- Chronic obstructive pulmonary disease (diseases of the lungs)

The main areas we need to focus on to help us address health inequalities over the next ten years or so include:

- Making healthy lifestyle choices easier, including stopping smoking, promoting safe, sensible drinking and increasing physical activity
- Helping people identify sooner if they are at risk of cardiovascular disease, cancer, and other illnesses so they can get the right care and treatment quickly to prevent them getting ill
- Improving access to, and quality of, care and treatment for people if they do get ill
- Supporting people in old age and with long-term health conditions to live independent, good quality lives

Key Issues and Findings:

Children and Young People

What we know

The Children and Young People's Plan 2009-2012 (CYPP) outlines the main priorities of this population. Developed with children and young people from our community, their families, carers and staff it highlights the following health and wellbeing priorities:

- Promote positive sexual health and reduce the level of conceptions in under 18 year olds.
- Reduce substance misuse (including alcohol and tobacco) by children and young people and reduce the effects on children, young people and family life.
- Reduce levels of obesity in children and young people.
- Improve the mental health and emotional well-being of children and young people.
- Improve and develop support for families with disabled children and young people.
- Reduce the incidence of avoidable disease, which included obesity.
- Improve the quality of hospital and community health care for all children.
- Keep children safe from abuse and neglect.
- Improve the health of children who are looked after.

What people tell us

Responses from the *TellUs3* survey and other service specific surveys and consultations, suggest that children and young people in our area, compared to the national average:

- Tend to eat less fruit and vegetables;
- Are more likely to have been drunk recently;
- Would like better information about alcohol and drugs;
- Tend to worry less about school work; and about getting into trouble;
- Feel they can talk to adults other than parents if they are worried;
- Want more positive activities to be engaged in.

What we need to do

1. Make sure that the Children's National Service Framework requirements are being met
2. Improve healthy lifestyles, especially relating to sexual health, alcohol and substance misuse and obesity
3. Reduce health inequalities for children and young people
4. Improve support for mental health and emotional wellbeing
5. Improve the quality of life for children with complex needs and their families
6. Seek to reduce poverty and its impact

Adults' Health and Social Care

What we know

Health needs stemming from modern life and our ageing population mean supporting healthy lifestyles is increasingly important for adults in our community, particularly in relation to:

- Stopping smoking;
- Substance misuse, particularly safe drinking;
- Healthy eating and physical activity to reduce obesity;
- Tackling inequalities amongst vulnerable groups and between areas within the Borough to address gaps in life expectancy
- Improving service provision and access to them, particularly for primary care, dentistry, cancer care, and stroke
- Supporting vulnerable groups into employment and improving basic skills

What people tell us

Surveys with adults in the area show that people:

- Want to feel safe in their communities, with a welcoming physical environment that is sensitive to the needs of the most vulnerable
- Want to remain independent in their homes for as long as possible
- Need effective transport to promote inclusion and maintain independence
- Need equitable, joined up services and improved information and support for their carers
- Want choice and to be treated with respect

What we need to do

1. Improve healthy lifestyles
2. Reduce health inequalities
3. Respond to Health and Care needs of an increasing ageing population
4. Improving access to offer care closer to home
5. Enabling people to have greater independence, choice and control

Learning Disabilities

What we know

Learning disabilities was added as a new area of focus in 2009 following national and local reviews of the issues that affect both Children and Adults with a learning disability and their family and carers. The emphasis is on ensuring that people with a learning disability have the same life chances and opportunities as anyone else. The priorities include:

- Tackling the health inequalities and target support for people with a learning disability
- Developing services to meet the changing needs of the population in particular the specific challenges of an ageing population, transitions, and autistic spectrum disorder
- Improving access to mainstream services including housing, employment, leisure and transport

What people tell us

People want:

- A better range of services that are personalised and meets their needs, in particular, day opportunities
- Improved access to transport
- Better communication of the options and support offered to enable access to mainstream services, with specific support for carers

What we need to do

1. Develop a range of high quality services that meet the needs of people with a Learning Disability
2. Responding to the increasing ageing population
3. Develop services that promote and maintain healthy lifestyles
4. Enable people to have greater independence, choice and control
5. Address the specific needs for learning disabilities for example at time of transition, and autistic spectrum disorder

Mental Health

What we know

Many people in Stockton will experience a mental health issue in their lifetime – something one in four people in the UK face every year. Making sure people have care and protection when they need it is a major priority. Other priorities include:

- Developing a broader range of provision, particular for those with lower level mental health needs, such as depression and anxiety
- Supporting people with mental health difficulties to live independently, and improving access to training and employment, benefits and supported living
- Continuing to support the development of Child and Adolescent Mental Health Services and improve the transition between children's and adult services
- Wider roll out of the Targeted Mental Health in Schools (depending on the pilot's success)
- Developing support for those with dementia, including end of life care
- Offering support to workplaces so that they are, in turn, able to support staff with mental health issues
- Preventing suicide, particularly amongst males
- Improve communication and cooperation between all mental health service providers
- Provide greater information and feedback to carers and volunteers
- Increase access to personalised care for people with Mental Health problems
- Activities to promote positive mental health
- Preventing financial exclusion

What people tell us

- People need primary care services to be more accessible with shorter waiting times for counselling and cognitive behavioural therapy
- There needs to be a better range and quality of services for carers, including young carers
- More work needs to be done to promote social inclusion, combating stigma, eliminating discrimination, and promoting safety within the community and at home
- Transport needs to be more easily accessible, and independence maximised
- Various stakeholder want open access mental health services plus support for families, friends and carers
- Services are not necessarily delivered locally
- Minority groups want great empowerment in decision making
- GPs need specialised training on mental health
- More support is requested for those who are financially excluded
- People with mental health problems and their carers want a greater say in decision making about care and services

What we need to do

1. Improve the accessibility of primary care services and waiting times for services such as counselling and cognitive behavioural therapy
2. Improve the range and quality of services for carers, including young carers
3. Improve social inclusion by breaking down stigma and reducing discrimination
4. Enhance safety within the community and at home
5. Make transport more easily accessible
6. Improve signposting to services
7. Maximise independence
8. Develop earlier intervention through services for children and young people
9. Improve training for GPs around mental health issues
10. Develop a family poverty strategy

Reducing Alcohol Related Harm

What we know

Promoting safe, sensible drinking is key to addressing the priorities for alcohol. There are several aspects to focus on, including:

- Raising awareness of alcohol misuse amongst young people, through promoting effective school-based interventions from primary school upwards
- Early identification of alcohol-related problems
- The reduction of illegal alcohol sales to under-18 year olds
- A significant increase in the delivery and uptake of brief interventions training
- Increasing alcohol education and interventions with vulnerable groups

What people tell us

There have been a variety of consultations related to alcohol, with carers as well as with service users. Key themes that have emerged include:

- Families that are directly affected by an individual with problems with alcohol need support and information
- There needs to be improved care packages of care for service users when leaving rehab, as well as ensuring general practitioners, dentists and pharmacists are aware of the services available for alcohol and substance misuse
- More capacity is needed in treatment and services need to be more accessible

What we need to do

1. Develop more preventative approaches
2. Focus on minimising the impact that alcohol harm causes to others
3. Improve care pathways and access to treatment
4. Address the inclusion of people who misuse alcohol into mainstream services
5. Introduce Alcohol Treatment Requirements

Reducing Drug Related Harm

What we know

There are an estimated 1,587 problematic drug users in the Stockton Borough with 1207 of those in treatment. Our priorities are to address the problems associated with drug use including enforcement, targeting the necessary treatment and support services for drug users and progress to rehabilitation and abstinence.

What people tell us

Recent consultation with service users and carers has been undertaken on the drug treatment system. Key themes that have emerged include:

- Access to a range of support that meets the needs for those that misuse drugs and those affected by drugs, in particular family members and carers
- Improvements in enabling people to access housing, employment and training
- That there are a cohort who do not seek treatment
- There needs to be increased partnership working with GPs and Criminal Justice Agencies

What we need to do

1. Develop more preventative approaches
2. Focus on minimising the impact that drug related harm causes to others
3. Improve care pathways and access to treatment
4. Address the inclusion of people who misuse drugs into mainstream services
5. Understand the link between alcohol and drug use and explore what services are required
6. Address criminal behaviour related to drug use

Promoting Healthy Weight

What we know

Over 1 in 3 children are overweight or obese in Stockton, which can lead to significant health problems in later life and contributes to some of the main causes of premature death and health inequalities. Our main priorities include:

- Reversing the increase in levels of obesity by ensuring that everyone is enabled to achieve and maintain a healthy weight, with the initial focus on children
- Reducing the proportion of overweight and obese children to 2000 levels by 2020

What people tell us

A recent consultation with people from different groups with type 2 diabetes provided some key information that will help target services better for them.

BME community

- Barriers to changing lifestyle centre upon lack of time and motivation
- Key messages should focus upon heightening awareness of the effects of not managing type 2 diabetes

Unemployed/long term sick

- Barriers to changing lifestyle are lack of information, time, money, and motivation and the perception of not being fit enough to exercise
- Both men and women would like personal, one-one, customised training and support

Working males and females

- Exercise should be free or affordable and locally accessible, accommodating working patterns, with more evening and weekend availability

Work has been commissioned by NHS Stockton-on-Tees to evaluate the weight management services currently provided, the results of which (due by January 2011) will be used to inform future commissioning and service improvements.

What we need to do

1. Help people to maintain a healthy weight through healthy lifestyles, including eating and physical activity opportunities
2. Provide a range of weight management options for adults, children and their families who are overweight or obese
3. Improve breastfeeding rates
4. Engage with partners to address the determinants that contribute to obesity such as planning, schools and recreation
5. Research the needs and develop services that people will want to use

Reducing Smoking Prevalence

What we know

Smoking is the single greatest cause of preventable death and disease in our society. Helping people to quit smoking is one of our top priorities if we are to increase life expectancy and reduce inequalities in Stockton. Research shows that:

- Approximately 73% of all smokers say they would like to quit, but less than half make a quit attempt and less than 3% actually quit each year
- Illegal and illicit tobacco provide a cheaper way for people to smoke, concentrated in our poorest wards
- Populations living in the areas of lower socioeconomic status with the highest smoking prevalence have least success in four week quit rates, thus further widening the inequality gap
- Smoking in pregnancy is also higher in this population

What people tell us

Surveys with smokers have showed that:

- Quit rates amongst disadvantaged smokers increase with one to one intense behavioural and motivational support from a trained adviser
- Smokers prefer easy access to stop smoking clinic settings at varied times and locations

What we need to do

1. Improve the accessibility of Stop Smoking services and increase the range of locations
2. Increase the number of nurses that can prescribe nicotine replacement therapies
3. Increase the stop smoking support for people who are pregnant, need hospital and other secondary care
4. Increase the stop smoking interventions in community pharmacies
5. Target support for high risk / hard to reach groups e.g. BME/ Mental Health/ Prisons/ Routine and Manual Workers and Young People

Improving Sexual Health

What we know

Previous visits from the National Support Team for sexual health and a local sexual health needs assessment have highlighted a number of key priorities for Stockton-on-Tees. Work has progressed in the past year with, for example, the move to a single provider of sexual health services, although we still need to:

- Develop better and more integrated services
- Reduce teenage conceptions
- Improve the detection of Chlamydia in the population
- Increase GUM / CASH clinic times and offer 'walk-in' appointments as well as timed appointment slots
- Increase availability and quality of sexual health service information

What people tell us

Surveys with service users have shown that they would like:

- Services to consider transport links, focusing on where people go, not necessarily where they live
- Longer clinic opening times, not just 9:00am – 5:00pm
- Staff to have training in how to treat patients with respect and dignity, and to be BME-, gay- and young people-friendly, and understand the needs of older service users
- There is a perceived stigma and reluctance in accessing sexual health services
- A single point of contact for services, for advice as well as appointments

What we need to do

1. Increase access to a range of sexual health services to screen, prevent sexually transmitted infections and unplanned pregnancies
2. Targeting services according to need including people with learning disabilities
3. Make services young people friendly using the 'You're Welcome' initiative
4. Increase access to long acting reversible contraceptives

Oral Health

What we know

- 5 year old children have high decay experience when compared to the national average
- Children who live in disadvantaged areas have up to four times more decay experience than those who live in more advantaged areas
- There are a substantial number of children with untreated decayed teeth
- There is a need to increase the early detection and treatment of oral cancers

What people say

- Some people still find it difficult to get a timely routine care appointment from a NHS dentist in certain parts of Stockton
- Services closer to home are important particularly for older people or those without transport
- There are long waiting times for specialist services (e.g. orthodontics)

What we need to do

1. Improve Oral Health and reduce inequalities
2. Improve access to NHS dental care
3. Improve prevention services and health outcomes

Reducing Health Inequalities

What we know

Six of Stockton's 26 wards are in the most deprived 10% of wards nationally. A number of inequalities arise from the deprivation that some populations face in the wards with lowest socioeconomic status. For instance:

- Estimated smoking rates vary by ward from 16% to 48%. The highest rates are found in the most deprived wards
- Emergency admissions for coronary heart disease are two-and-a-half times more likely in the most deprived quintile of wards in Stockton than the most affluent
- Early death from heart disease (age less than 75 years) is nearly three times as likely in the most deprived wards compared with the least deprived

What people tell us

Feedback from people tell us that they need:

- More personalised approaches to care, and improved access to healthcare
- Support with housing, employment, and access to benefits to achieve independence, including security within the home and more easily accessible transport

What we need to do

1. Implement targeted support programmes that address health inequalities and increase their uptake, such as the healthy heart check
2. Tackle variation in primary care to drive up quality and address health inequalities
3. Improve access to community based preventative services in particular vulnerable groups
4. Improve the uptake of screening programmes
5. Target interventions that will impact on mortality rates

Economic Regeneration and Employment

What we know

Economic regeneration and employment has been prioritised as one of the Core Improvement Themes of the Sustainable Community Strategy 2008-2021, developed through extensive consultation processes in 2007. Employment is a key issue for Stockton within this Core Improvement Theme. The current economic climate is likely to exacerbate the identified issues. Priority needs on employment include:

- Increasing the overall employment rate
- Reducing the unemployment rate particularly the long term unemployed
- Reducing the levels of benefit dependency including incapacity benefits
- Increasing the skills base of the population
- Targeting areas where the risk of exclusion from the employment market is the widest
- Young people who are not in education, employment and training (NEETs)

What people tell us

A skills survey of the most deprived areas in Stockton was carried out using face to face interviews during the period September 2005 to November 2006 and was reported in January 2008. This identified key priority areas as follows:

- A perceived lack of employment opportunities in the area
- Having difficulty finding a suitable job within reasonable travelling distance
- A lack of opportunities for the type of job they would like to do
- Poor salary levels
- Lack of work experience

What we need to do

1. To increase training and employment opportunities to increase the overall employment rate and reduce the unemployment rate
2. Reduce the levels of benefit dependency in the borough
3. Increase the skill base of the population

Transport and Environment

What we know

Dominant issues relating to transport and environment focus on climate change and sustainable transport. The key issues that need to be addressed include:

- Demographic and socio-economic influences, including the impact of an ageing population
- Policy influences, such as the 'Climate Change Act 2008' which sets mandatory carbon reduction targets
- Growth influences, including the Stockton – Middlesbrough Initiative which will require major investment in improved transport infrastructure
- Service influences, such as providing convenient access to high quality health and social care services

What people tell us

Consultation with residents of Stockton Borough in preparation of the Second Stockton-on-Tees Local Transport Plan showed that they want:

- Improvements in public transport, both in terms of network coverage (particularly rural areas and outlying estates) and periods of operation (particularly evenings and Sundays)
- Better local rail links and improved passenger facilities at local railway stations
- Introduction of a 'Park & Ride' scheme serving Stockton town centre
- Improved personal safety for public transport users (bus, rail and taxi); Improved reliability and customer care on the part of taxi drivers
- New cycle routes and improvements to the existing cycle network and better maintenance and improved safety on cycle paths
- More 'walking bus' schemes to encourage children to walk to and from school
- Improved personal safety on footpaths through better policing and street lighting
- Introduction of more traffic calming schemes in residential areas
- Reduced traffic congestion around schools at start and finish times
- Better maintenance of the Borough's roads and footpaths
- Increased use of alternative, more environmentally friendly fuels

What we need to do

1. Adapt to climate change
2. Reduce carbon emissions/ fuel poverty/ proportion of children travelling to school by car
3. Improve street and environmental cleanliness
4. Increase satisfaction with local bus services, public transport information and condition of footpaths
5. Improve accessibility to employment and services by sustainable travel modes
6. Reduce congestion on the road network
7. Reduce casualties on the road network

Housing

What we know

Safe, warm, dry housing is essential to health and wellbeing. Good quality appropriate housing and support services have a major role to play in contributing to people's overall quality of life. The increase in population and the priority to help people with needs associated with ageing, illness, or disability means demand for housing will continue to rise. Some key needs include:

- Rejuvenation of the housing stock to create communities where people from all walks of life want to live both now and in the future
- Provision of choice and quality to ensure there is a range of quality accommodation across all tenures, which meets the current and future housing needs and aspirations of all residents in the Borough
- Improvement and maintenance of existing housing to improve housing conditions in the private and public sectors
- Meeting community and social needs to tackle inequalities
- Supporting vulnerable people to live independently in their own home
- Addressing the housing and support needs of an ageing population
- Preventing homelessness
- Tackling fuel poverty

What people tell us

A survey with council tenants highlighted that key concerns regarding housing include:

- Repairs and maintenance
- The overall quality of the home
- Safety and anti-social behaviour where they live

The Tees Valley Strategic Housing Market Assessment published in January 2009 identified the vast majority of older people want to continue to live in their own home with support when needed. It also showed that there is a lack of adapted accommodation for households with disabilities and a lack of affordable housing in the Borough.

The 2008 IPSOS Mori Residents Survey asked residents to consider how the local economy could be improved. Affordable housing emerged in the top five of the most important economic/regeneration measures for the Borough over the next five years.

The Private Sector Stock Condition Survey 2009 identified a number of difficulties owner occupiers faced in relation to undertaking improvements to their properties. Over half of the survey respondents expressed an interest in using a service that would help them get their home repaired.

Affordable Rural Housing Needs Assessment (March 2010) indicates that over half of the affordable requirement in rural areas over the next five years is for bungalow and flatted accommodation.

The regional analysis of Gypsy and Traveller sites (2010) highlights there is limited information available on the health and housing support needs of Gypsy's and Travellers.

What we need to do

1. To promote and sustain independence
2. Support the homeless prevention agenda
3. Meet the emerging challenges of the current housing market
4. Create strong and prosperous communities
5. Promote social and financial inclusion
6. Provide housing services that prevent health problems and reduce hospital admissions

Leisure and Recreation

What we know

Opportunities for culture, leisure, and recreation are important to maintaining a healthy lifestyle, including weight management, mobility, and promoting mental health and wellbeing. Priorities include:

- An increasing need for more culture and leisure provision tailored to the needs of older adults, such as mobile libraries, chair-based exercise, water-based exercise, and safe and accessible green spaces
- Improving physical accessibility to facilities
- Address the participation gaps for sport and physical exercise between local and national levels and between different communities, achieving the 30 minutes five times per week for 70% of adults by 2020

What people tell us

- More local and affordable sporting and active leisure opportunities
- More accessible quality green space
- Linked, safe green corridors to enable different local travel options
- Accessible, varied and stimulating leisure opportunities for older adults
- Books on prescription/reading groups/self-help groups
- Objective, well-informed guidance on Health Choice options
- Active and creative play

What we need to do

1. Increase participation in physical activity using the Olympics and capacity building in clubs and groups to get active
2. Make library facilities and services more physically accessible, including mobile provision, library health information points, and resources such as CBT on prescription
3. Increase cultural and leisure activity suitable for older people's needs – to improve the quality of life
4. Improve accessible, safe, high quality green spaces for leisure and recreational use

Crime

What we know

There are three segments addressed within the Community Safety agenda, which include actual victims of crime, who need access to support, the general public (i.e. potential victims of crime and / or fear of crime), and offenders. National best practice suggest focusing on the following support a reduction in re-offending:

- Accommodation
- Employment
- Personal finance / debt advice
- Substance misuse (drugs and alcohol)
- Health, including mental health
- Family support
- Work to address motivation to offend

A particular issue highlighted by Audit Commission Inspection in October 2009 has been the increase in the reported incidents of domestic violence, of approximately 20% over the two years from 2007 to 2009.

What people tell us

A consultation carried out by the Safer Stockton Partnership involving over 4,000 participants showed that local concerns regarding crime were:

- Anti social behaviour
- Drug related offending
- Violent crime
- Criminal damage
- Diverting young people from offending
- Other theft such as theft of metals

During the period August to October 2010 a similar consultation programme will be undertaken, leading to a set of new priorities for the period April 2011 to March 2014.

The Council's MORI 2008 survey highlighted the gap between the reality of crime and public perceptions i.e. although crime levels have fallen rapidly over the last five years, making Stockton-on-Tees the safest Borough in the Tees Valley, and have continued to do so up to autumn 2009, feelings of safety have not yet improved in line. This phenomenon is widespread across England and Wales.

What we need to do

1. Support the work of the Anti Social Behaviour team/ interventions
2. Ensure the provision of domestic violence services which meets need
3. Provide alcohol interventions (including think B4U Drink and alcohol treatment requirements)
4. Provide programmes that divert young people from offending
5. Support the 'reassurance agenda'