

REPORT TO: Health and Wellbeing Board

DATE: 18 September 2013

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Adults

SUBJECT: Joint Strategic Needs Assessment Summary update

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide members of the Board with an update on the Joint Strategic Needs Assessment.

2.0 RECOMMENDATION: That the report be noted.

3.0 SUPPORTING INFORMATION

3.1 Background to the JSNA summary document

Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA underpins the health and well-being strategy and commissioning plans. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities.

The Health and Social Care Act 2012 outlines the continuing role for JSNAs to bring together partners from across the NHS, local government and the voluntary sector to analyse current and future health needs of populations.

At the April 2012 Health & Wellbeing Board, the first executive summary of the JSNA mapped across the life course (the approach advocated by the Marmot Review on tackle health inequalities) was presented.

This approach met with a favourable response from the Board and has continued to do so from various partnerships and stakeholders. As a consequence the revised annual summary has used broadly the same approach, updating data and information since the previous version.

3.2 Local development of the JSNA

Since the transfer of the public health responsibility and team to the local authority a public health page has been set up on the Halton Borough Council website and all JSNA chapters, data updates and other products are now located there.

A series of other products have fed into the continuous update process such as detailed health needs assessments and local health profiles.

The JSNA summary document outlines the data across five key life stages:

- Pregnancy and infancy (under 1 year)
- Children (1-15)
- Young adulthood (16- 24)
- Healthy adulthood (25-64)
- Older People

It also includes a set of data on wider determinants of health:

- Economic
- Community safety
- Housing
- Transport
- Social care & vulnerable people

To reflect the need to have a view of the health and wider priorities at a ward level as well as borough level the key findings of each Area Forum Profile are also summarised.

This document is attached as Appendix 1.

3.3 In depth needs assessments

Updating a core dataset only gives a brief overview of the main health and social outcomes of the borough. To aid commissioning decisions it is sometimes necessary to explore an issue in more depth. The summary document presents a number of in depth health needs assessments that have been completed February 2012 to March 2013.

- Assessing the impact of the economic downturn on health & wellbeing (February 2012)
- Child EHW
- Adult offenders
- Young offenders
- Ex-armed forces

3.4 Developments for the JSNA during 2013-2014

It is important to recognise that the JSNA is an on-going, continuous process, refreshing data to ensure its timeliness, and producing 'deep dive' needs assessments to assist commissioning decisions. The final elements of the summary document detail plans for major refresh elements of the JSNA:

- Children: following discussions with the Children's Trust Executive and Commissioning Partnership, a refresh of all elements of the children's JSNA using a life course approach has begun. This also includes vulnerable children & young people such as Looked After Children and those with disabilities
- Disabilities: following requests for information to support the annual Self-Assessment Framework submission, Liverpool Public Health Observatory were commissioned to undertake a detailed needs assessment for Learning Disabilities and Autism. This covers children and adults and has had input from both adults and children's commissioners from HBC and CCG. This has been led by Halton public health team.
- Environmental Health: this issue is not currently covered within the JSNA. Work will start on developing this section during quarter 2, 2013-14.
- An in depth needs assessment has been jointly commissioned from Liverpool Public Health Observatory on the health needs of homeless people. This will be led by Liverpool public health with input from Halton staff.
- Halton is also participating in a research project on the impacts of fixed point gambling terminals. This is scheduled to report April 2014.

3.5 Changes since the February 2012 summary

Despite the continuing challenges the borough faces many of the health indicators show year on year improvements. So whilst the borough's health continues to be, generally, worse than the England average, these improvements show that we are moving in the right direction – we are doing the right things for the right people, who are then able to engage with services, making the most of them to bring about positive changes for themselves, their families and their communities.

Some highlights include:

- Average life expectancy for both men and women has improved. Internal differences in life expectancy for men have reduced.
- Breastfeeding initiation has improved but continues to be below the England average
- Reduced levels of child obesity (now similar to England

- levels)
- Improved levels of children achieving a good level of development by age 5.
 - Increased levels child immunisations and flu vaccination uptake.
 - Reductions in teenage pregnancy rates
 - Reduction in the rate of hospital admissions due to self-harm amongst under 18 year olds
 - Increased case finding of people with long-term conditions had reduced the gap between estimated (true) prevalence and diagnosed levels of disease.
 - Substantial improvements in the uptake of all 3 cancer screening programmes (cervical, breast and bowel).
 - Reduction in overall reduction emergency hospital admission rates.
 - Unemployment rates have fallen slightly although they remain at significant levels for some parts of the borough.
 - Level of qualifications and educational attainment continue to rise. The Borough now performs at the same level as the England average.
 - Halton has good outcomes for Looked After Children compared to England and its comparator boroughs.
 - Rates of statutory homeless and households in temporary accommodation continue to be lower than England.
 - There have seen a fall in the percentage of households in fuel poverty.
 - The number of mortgage possession claims and orders has fallen.
 - A greater proportion of older people discharged from hospital to intermediate care/ rehabilitation/ re-ablement remain in their own homes.

However, some areas do remain difficult to improve and others have worsened since the previous reporting period:

- Internal differences in life expectancy for women have widened.
- Infant mortality remains at similar levels (low numbers)
- Smoking at time of delivery has only improved fractionally (21.1% smoking at time of delivery 2011/12 compared to 21.7% 2010/11)
- Hospital admissions due to accidental injury for children and older people remain high.
- Hospital admissions due to alcohol remain high and for both under 18s and all ages. However, they have reduced for those under aged 18.
- Smoking levels amongst routine & manual workers remain high and have altered little 2011/12 compared to 2010/11. Overall smoking prevalence has reduced which is good but this does mean the gap has widened.

- Premature mortality (death rates) have improved but remain some of the poorest in the country. However, compared to local authorities in the same socio-economic grouping as Halton, borough death rates are about average (apart from Cancers where the borough performs worst).

4.0 POLICY IMPLICATIONS

- 4.1 The health needs identified in the JSNA have been used to develop the Health & Wellbeing Strategy.

The JSNA provides a robust and detailed assessment of need and priorities across Halton borough. As such it should continue to be used in the development of other policies, strategies and commissioning plans and reviews such as those of Halton Clinical Commissioning Group.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 None identified at this time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Improving the Health of Children and Young People is a key priority in Halton and this is reflected in the JSNA, taking into account existing strategies and action plans so as to ensure a joined-up approach and avoid duplication.

6.2 Employment, Learning & Skills in Halton

The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents and is reflected in the JSNA.

6.3 A Healthy Halton

All issues outlined in this report focus directly on this priority.

6.4 A Safer Halton

Reducing the incidence of crime, improving community safety and reducing the fear of crime have an impact on health outcomes, particularly on mental health. Community safety is part of the JSNA.

6.5 Halton's Urban Renewal

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing and will therefore need to be addressed within the JSNA and Health and Wellbeing Strategy. Health Impact Assessments of the Local Development Plan, the Local Transport Plan and the HBC Field development as part of 3MG have taken place. Evidence reviews on the health impacts of housing and ways of addressing these have

been undertaken and an assessment of the health and healthcare costs of fuel poverty presented to the housing partnership.

7.0 RISK ANALYSIS

7.1 Developing the JSNA does not in itself present any obvious risk. However, there may be risks associated with the resultant commissioning/action plans developed based upon it and these will be assessed as appropriate.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The JSNA seeks to provide intelligence on which to base decisions on action to tackle health inequalities. This includes analysis of a range of vulnerable groups and the need for targeted as well as universal services to meet the range of needs identified.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None within the meaning of the Act.

Report Prepared by: Sharon McAteer, Public Health Evidence & Intelligence Team
Contact: 0151 511 6849 sharon.mcateer@halton.gov.uk