

**REPORT TO:** Health and Wellbeing Board  
**DATE:** 9 July 2014  
**REPORTING OFFICER:** Director of Public Health  
**PORTFOLIO:** Health and Wellbeing  
**SUBJECT:** Children's Joint Strategic Needs Assessment  
**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 children's JSNA**

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.

Increasingly the JSNA is being seen as a continual process rather than a single document produced at a point in time.

The last two JSNA overall summary documents have adopted a life course approach which has met with favourable responses from the Board and from various partnerships and stakeholders. As a consequence the Children's Trust Executive Group requested that the next iteration of the 'children's element' of the JSNA used broadly the same approach. By doing this it is hoped that the JSNA better describes the needs children & young people have at different

stages of their lives and to better reflect the full range of local needs.

### **3.2 Local development of the children's JSNA**

Following papers on the JSNA to the Children's Trust Executive and Commissioning Partnerships a small working group of Children's Trust officers was established to consider what was needed and develop a framework for the development of the new JSNA. This consisted of a series of life stage chapters with additional chapters to reflect vulnerable groups, as follows:

1. Introduction, Key Findings & Methodology
2. Population and socio-economic profile
3. Maternal health
4. Early Years: 0-4 years
5. Health & Wellbeing of School Age Children: 5-18 years
6. Educational Attainment and Employment
7. Safeguarding
8. Children with Disabilities & Complex Health Needs, including learning disabilities and autism
9. Children in Care
10. Engagement and Participation

Authors for each chapter were identified with some guidance notes on what to include. Data was gathered by the Public Health Intelligence Team with support and input from the Customer Intelligence Team, Children & Enterprise Directorate's Performance & Improvement Team, CCG, Police, Youth Offending Service and Health Improvement Team. Other information was also provided by commissioners and officers across the Children's Trust and Safeguarding Children Board.

The scope of the Safeguarding and Children in Care chapters were agreed with the Halton Safeguarding Children Executive Board in October 2013 and presented to the Halton Safeguarding Children Board in December 2013.

Two rapid health needs assessments were also conducted to support reviews of joint Halton Borough Council and Halton Clinical Commissioning Group services. These covered Child & Adolescent Mental Health and Speech, Language and Communication Needs. Halton Public Health also commissioned an in-depth needs assessment of learning disabilities and autism covering children and adults on a Liverpool City Region footprint (data reported at local authority level) which was published October 2013.

All of these form part of the JSNA.

### 3.3 Outputs

All JSNA chapters have now been completed and uploaded on to the Children's Trust website.

<http://www.haltonchildrenstrust.co.uk/index.php/jsna/>

Each chapter has a set of key findings and priorities. The key findings and priorities from each chapter have been replicated in the first chapter Introduction, Key Findings & Methodology. Whilst most are specific to the life stage or population group they relate to, some overarching themes have emerged.

Key themes emerging:

- Emotional health & wellbeing and mental ill health
- Accidents
- High levels of hospital admissions compared to England and North West. In addition to accidents the admission rates for asthma, diabetes and epilepsy are comparatively high.
- Maintaining good results for many indicators and continuing to drive them in the right direction
- Some issues remain significant and resistant to change. These include breastfeeding. Small improvements have been made but levels remain low compared to the national and regional averages.
- Even for issues that have improved e.g. education attainment, there remain inequalities across the borough that need to be addressed.
- Significant time of change: new services and payment tariffs, organisational change and financial pressures against a back-drop of welfare reforms and continuing economic hardship.

Risk taking behaviour is a key issue detailed in the school-age children chapter.

The key findings and priorities were agreed with the Children's Trust Executive group February 2014. They also fed into the development of the 2014 Children & Young People's Plan.

The Safeguarding and Children in Care chapters will be presented to the Halton Safeguarding Children Board Executive Board April and June meetings and to the main Board in July.

### 3.4 Using the children's JSNA

Already the JSNA has been used to inform the Children & Young People's Plan and work on Children in Care Sufficiency Report. The Children's Trust have also agreed to use the JSNA to focus discussions on their priorities and action plans throughout the year.

The JSNA has been used in providing information for various strategies and will continue to be the main source of data for ones due to be developed during 2014/15. It will also support officers in preparing for Ofsted inspections.

The JSNA has been shared with colleagues in Cheshire West & Chester public health team to enable a similar approach to be developed there, albeit with the need to reflect their local approach to JSNA and needs of their population.

Further work to understand the health and wellbeing needs of young offenders across the Youth Offending Service footprint of Halton, Warrington and Cheshire West & Chester, has been identified and will be progressed during 2014/15.

### **3.5 Overall JSNA developments for 2014/15**

Recent discussions with Halton Borough Council and CCG commissioners have resulted in a number of issues emerging for the 2014/15 JSNA:

- Cardiovascular disease, including diabetes
- Physical and sensory disabilities amongst adults (a separate chapter has already been produced on children)
- Pharmaceutical Needs Assessment (this is a separate and statutory duty but forms part of the overall JSNA)
- Urgent care
- Environment (scope to be determined)
- Mental health and emotional wellbeing remains a priority and we need to consider how best to keep information in the JSNA on this issue up-to-date (note this cuts across the life course)

## **4.0 POLICY IMPLICATIONS**

- 4.1 The needs identified in the JSNA have been used to support the development of the Children & Young People's Plan.

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.

## **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**

The Children's JSNA looks at the health and wellbeing needs of

children and young people across a number of life stages and amongst certain vulnerable groups.

### **6.2 Employment, Learning & Skills in Halton**

The above priority is a key determinant of health. The Children's JSNA has identified this as an area of improved outcomes but recognises that there are internal gaps between overall educational attainment and employment changes and those seen in certain groups such as Children in Care and children with disabilities.

### **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. Issues relating to accidental injury, bullying, alcohol and crime are included in the children's 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.

## **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.

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