

REPORT TO: Health and Wellbeing Board

DATE: 8 July 2015

REPORTING OFFICER: Director of Public Health.

PORTFOLIO: Health and Wellbeing

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.

In 2012 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 has continued to receive good feedback 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

The JSNA continues to be hosted on the Halton Borough Council website.

The JSNA is developed as a series of chapters, on a rolling

programme, with an annual dataset, annual summary and local health profiles, keeping the data updated.

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 (65 and over)

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

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

This summary document is attached as Appendix 1.

3.3 In depth assessments during 2014/15

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 the key findings of the detailed JSNA chapters and in depth health needs assessments developed during 2014/15, including health needs assessments that have been commissioned by the CCG (adult offenders in the community and ex-armed forces personnel) and collaboratively across the Liverpool City Region/ Cheshire & Merseyside.

These are:

- Adult offenders living in the community
- Health needs of ex-armed forces personnel
- Children's JSNA
- Pharmaceutical Needs Assessment
- Series of chapters on long term conditions
- Health needs of homeless people
- Fixed odds betting
- Dental Health Needs Assessment

3.4 Key changes since the previous 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
- Reduced levels of child obesity amongst Year 6 children (now similar to England levels)
- Improved levels of children achieving a good level of development by age 5. However, Halton figures remain some of the lowest in England
- Child immunisations and flu vaccination uptake continue to perform well
- Educational attainment continues to be good with the borough now performing above the England average
- Teenage pregnancy rates continue to fall
- Increased case finding of people with long-term conditions has reduced the gap between estimated prevalence and diagnosed levels of disease
- Hospital admissions due to alcohol during 2010-13, both all age and under-18s, have fallen compared to the previous period
- Unemployment rates have fallen although they remain at significant levels for some parts of the borough.
- Halton has good outcomes for Children in Care compared to England and its comparator boroughs.
- Rates of statutory homeless and households in temporary accommodation continue to be lower than England. The number of households which are prevented from becoming homeless has increased
- There have seen a fall in the percentage of households in fuel poverty, with rates in Halton below the England and North West averages
- The number of mortgage possession claims and orders has fallen.
- Clients and carers receiving self-directed support as percentage of all receiving community based support is higher than England and the North West
- The rate of all persons and children killed or seriously injured on the roads (2011-13) is statistically significantly lower than the England rate and the percentage reduction is greater.

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 and remain significant for men also
- Smoking at time of delivery has improved but remains higher

- than the Merseyside and England rate
- Hospital admissions due to accidental injury for children and older people remain high
 - Hospital admissions due to self harm, ages 10 to 24 years, have increased since on the previous year. They are also significantly higher than England
 - Smoking levels amongst routine & manual workers remain high although they have fallen. This means the gap between prevalence amongst this group and the overall population prevalence remains
 - 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 were the borough performs worst)

3.5 Findings for the JSNA long term conditions (LTC) chapters

Halton has a higher proportion of its population stating that they have a limiting long term illness (LLTI) that affects their ability to carry out daily tasks than England. As with the England pattern, rates with LLTI in Halton increase with age and by social class amongst all age groups.

Halton also has a higher proportion of its population with three or more long term conditions. It has high rates of Disability Living Allowance claimants, including significant ward level variation.

People diagnosed with LTC, irrespective of their age, are offered an annual influenza vaccination (all those over age 65 are offered it). Uptake rates vary amongst those with different conditions, with rates being highest amongst diabetics and lowest amongst those with chronic liver disease. There is a World Health Organisation recommended target of 75% eligible population being vaccinated. This is not reached for any of the eligible groups. There are also practice level variations for each condition. Comparing uptake with this target it is possible to calculate that an additional 3,461 immunisations are needed to reach the target of 75% for at risk under 65 year olds.

Flu uptake amongst under 65s by condition, 2013/14, Halton CCG

| | No vaccinated | % uptake | Extra required to meet 75% target |
|---------------------------------------------------------------------------|---------------|----------|-----------------------------------|
| Chronic Heart Disease | 1504 | 52.8 | 633 |
| Respiratory Disease | 3532 | 51.5 | 1612 |
| Chronic Kidney Disease | 488 | 59.7 | 126 |
| Chronic Liver Disease | 194 | 46 | 123 |
| Diabetes | 2314 | 63.5 | 420 |
| Immunosuppression | 494 | 55.2 | 178 |
| Chronic Neurological Disease (including Stroke/TIA, Cerebral Palsy or MS) | 788 | 51.1 | 369 |

Source: IMMFORM, PHE 2014

Diagnoses rates can be calculated for several LTCs, where there are modelling tools to estimate the total number of people in a given population likely to have a particular condition. These estimates can then be compared to the numbers on GP disease registers. Overall Halton does well for the level of disease it has diagnosed and the gap between estimated and diagnosed has been closing, following concerted efforts to case find these 'missing numbers'

| LONG TERM CONDITION | MODELLED | | OBSERVED | |
|---------------------|----------|----------------|----------|----------------|
| | Number | Prevalence (%) | Number | Prevalence (%) |
| CHD | 6971 | 6.01 | 5563 | 4.31 |
| HYPERTENSION | 32303 | 25.12 | 19332 | 14.99 |
| STROKE | 2883 | 2.24 | 2390 | 1.85 |
| DIABETES | 7549 | 7.34 | 10250 | 9.96 |
| CKD | 8267 | 8.16 | 4397 | 4.34 |
| COPD | 3664 | 2.84 | 3284 | 2.55 |

It is estimated that there are 8,933 men and 12,365 women with musculoskeletal conditions, with pain levels for at least half of these being severe enough to be disabling. It is also estimated that there are between 5,374-5,783 people with long-term neurological conditions (excluding headache and migraine).

This places a substantial pressure on health and social care. For example, unplanned hospitalisation for chronic ambulatory care sensitive conditions measures how many people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital as an emergency. Analysis shows rates are higher in Halton than for Merseyside and England. Emergency admissions for long-term neurological conditions are higher in Halton than the national average whilst the rate for planned admissions is lower. Total costs per 1,000 population are higher, especially when considering those for emergency admissions.

People with long term conditions also have increased risk of complications and even death. For example, diabetics in Halton have a greater risk than diabetics across England for angina, heart failure, myocardial infarction and minor amputations. Mortality rates

for diabetes are higher in Halton than in the North West and England. For deaths under 75s it was nearly twice as high as England. People living in the most deprived quintile in Halton are three times more likely to die from diabetes as those living in the least deprived quintile

3.6 **Developments for the JSNA during 2015/16**

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 during 2015/16:

Completion of a number of chapters started late 2014/15:

- Lifestyles – sexual health; tobacco; healthy weight (including healthy eating and physical activity)
- physical and sensory disability amongst adults
- Completion of Respiratory chapter (part of long term conditions work)
- Completion of an in depth needs assessment jointly commissioned across Halton, Warrington and Cheshire West and Chester to look at the health needs of young offenders in the community
- Accidental injuries across the lifecourse

- Start the Older People JSNA (commenced June 2015). To include:
 - Analysis of results of older people's health & wellbeing survey (carried out by Liverpool John Moores University)
 - Mental health and emotional wellbeing, including loneliness
 - Care homes
 - Dementia
 - Falls

- Refresh of the detailed needs assessment for Learning Disabilities and Autism, September 2013.
- Air Quality
- Adult Carers
- Adult Safeguarding
- Mental Health, including community resilience
- Transport (including development of common framework across the Liverpool City Region to support implementation of the overarching Transport Plan for Growth)

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.

Appendix 1

JSNA summary document