

**REPORT TO:** Health and Wellbeing Board  
**DATE:** 11 October 2023  
**REPORTING OFFICER:** Director of Public Health.  
**PORTFOLIO:** Health and Wellbeing  
**SUBJECT:** Joint Strategic Needs Assessment Summary  
**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 and draft summary document approved for publication.**

## **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.

The 2022-2027 Health and Wellbeing Strategy also uses these broad life course stages with the addition of the wider determinants of health as the basis of its priority setting.

### **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 summary and a selection of health profiles.

Since resuming the JSNA work post Covid-19 pandemic suspension the work has focussed on a number of general topics and updating the core JSNA products as well as statutory requirements. These include:

- Inequalities in life expectancy
- Cheshire & Merseyside cancer health needs assessment
- Pharmaceutical Needs Assessment
- Drugs JSNA
- GP JSNA profiles
- Poverty and Cost of Living JSNA
- Ward profiles
- Understanding the drivers for healthy life expectancy

The JSNA annual summary document is split into sections on:

- Population
- Health Inequalities: life expectancy and healthy life expectancy
- Wider determinants of health
- Starting Well: focus of children and young people
- Living Well: focus on adults of working age and those with long-term health conditions
- Ageing Well: focus on older People (65 and over)

This summary document is attached as Appendix 1.

### **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.

Note: The latest available published whole year data in the 2023 JSNA summary is 2021/22. Due to methodological changes post Covid-19 pandemic a substantial number of indicators have been restarted with no trend data available.

Some highlights include:

- Average life expectancy for both men and women has improved.
- The levels of children achieving a good level of development by age 5 have fallen and are lower than pre-pandemic levels. This is the same across the North West and England averages. Halton's level remains statistically lower than the North West and England average
- Child immunisations and flu vaccination uptake continue to perform well. For example, uptake of MMR is similar to the North West and England and uptake of flu vaccination amongst those aged 65 and over is better
- Uptake of NHS Health Checks has continued to improve and is better than the North West and England averages
- Smoking prevalence amongst adults continues to fall and is now similar to the England average. Inequalities continue e.g. between those in routine & manual occupations and amongst those with mental illness compared to the overall prevalence.
- The percentage of working age people with no formal qualifications remains the same.
- There has been a fall in the employment gap between those with a long-term condition and the overall employment rate
- Unemployment levels are lower than the North West and England rates

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

- Both male and female life expectancy, at birth and at age 65, have improved but remain statistically worse than England.
- Internal differences in life expectancy remain substantial and have increased since the previous reporting period by over 2 years. There is now a 11.7 year gap between life expectancy at birth amongst men living in the most deprived 10% of Halton compared to the least deprived. For females the gap is 9.6 years.
- There has been an increase in the levels of children living in poverty. The levels of both child poverty and older people living in poverty are statistically higher than the England averages
- The under 18 conception rate is statistically higher than the England average
- Smoking at time of delivery has improved but remains higher than the Merseyside and England rate

- Breastfeeding rates have remained static and statistically higher than England
- Levels of childhood obesity have increased and are statistically worse than the North West and England averages
- Hospital admissions amongst young people due to self-harm and due to alcohol are both worse than the North West and England averages.
- Breast cancer screening uptake has reduced and is statistically worse the North West and England. Previously the uptake rate had been better than the North West average
- There has been an increase in the percentage of working age adults claiming out of work benefits
- The rate of working age people economically inactive due to long-term sickness is higher than the North West and England rates
- Older people being admitted to hospital due to injuries from falls remains a challenge locally with rates above the North West and England averages

### 3.6 **Developments for the JSNA during 2023 and 2024**

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 ongoing catch-up programme for the JSNA and system changes with the establishment of the ICB local place mean now is a good time to agree the work programme for the remainder of 2023/24 and even into 2024/25.

The process for agreeing and developing a work plan for the remainder of 2023/24 and into 2024/25 will be managed in collaboration with key stakeholders and members of the Health and Wellbeing Board.

#### **The next Pharmaceutical Needs Assessment (PNA) process will need to start July 2024**

Each Health and Wellbeing Board has a separate statutory duty to develop a PNA, with both timeframe and process governed by Department of Health & Social Care regulations. The next PNA must be published on or before 1 October 2025. This means a final version being presented at the July meeting.

#### **One Halton**

The JSNA work will need to support the development of One Halton. The team will work closely with the One Halton ICP Board and One Halton Priority Sub-Groups on this to identify priority areas requiring support.

### **Cheshire & Merseyside Population Health Dashboard**

The team have led on the development of the dashboard, using the Combined Intelligence for Population Health Action (CIPHA) platform, on behalf of the Cheshire & Merseyside ICS and Directors of Public Health. The dashboard focusses on health outcomes across a wide range of priority topics. It is built from a wide range of local and national sources.

Whilst not developed for One Halton Local Place specifically, it will nevertheless provide a useful source of outcome based metrics. It includes metrics across all of our One Halton Health and Wellbeing Strategy priorities – wider determinants, starting well, living well and ageing well. It also includes the All Together Fairer (formerly known as Marmot) Beacon Indicators.

Both CIPHA, other ICS data tools and other sources such as Midland & Lancashire Commissioning Support Unit (CSU) Aristotle data portal mean the JSNA now sits within a much richer and more timely data landscape. This likely requires a new data-to-decision journey/model locally, more integrated than before.

## **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 is 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.

## **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 CLIMATE CHANGE IMPLICATIONS**

There are no environmental or climate implications as a direct result of this report.

## **10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100 OF THE LOCAL GOVERNMENT ACT 1972**

None.