

Staffordshire Health & Wellbeing Board						
Report Title:	JSNA Approach including Annual Update					
Date:	7 March 2019					
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Recommendations

1. The Board is asked to:
 - a. Confirm Staffordshire's approach to responding to requests for specific joint strategic needs assessments (JSNAs) which are not currently in the work programme.
 - b. Acknowledge the annual update with assurance that the Joint Health and Wellbeing Strategy has picked up key challenges arising from this.

JSNA approach in Staffordshire

2. Upper tier local authorities and Clinical Commissioning Groups have equal and joint statutory responsibilities to produce JSNAs which provide an evidence base that identifies issues in relation to current and future health, well-being and care. These are used to support the development of a joint health and wellbeing strategy and the commissioning of services.
3. In Staffordshire there is an evolving range of products and resources that make up the JSNA, such as:
 - a. Updates of key outcomes data
 - b. Children outcomes dashboards
 - c. Staffordshire and district data packs, including ward level analysis
 - d. Pharmaceutical needs assessment with supplementary statements where required
 - e. Community Safety Strategic Assessments
 - f. Public Health England (Fingertips) and NHS Right Care products
 - g. Thematic reports such as children's emotional wellbeing, all-age disability, mental health and diabetes prevention
4. At the Health and Wellbeing Board meeting in September 2018, it was agreed that the JSNA annual work programme between September 2018 and September 2019 would consist of:
 - a. Two deep dives per year aligned to identified intelligence gaps, with the initial reports agreed as: i) housing and health and ii) how communities can contribute to improving health and wellbeing
 - b. An annual update of JSNA
 - c. Quarterly exception reporting

5. Since then the Health and Wellbeing Board have received a number of requests from external organisations to undertake analysis and produce detailed insights into areas such as autism and the health and social care needs of veterans. Whilst these are acknowledged as key areas there are limited resources to producing JSNAs. Therefore, any requests need to be prioritised by the Board in line with available resources and following completion of the agreed work programme.

JSNA annual update

6. As part of the Board’s statutory duties the 2019 annual update of the JSNA is now available on the website – it summarises key health, wellbeing and care challenges in Staffordshire.

7. A summary of the key health and wellbeing themes from the 2019 JSNA annual update are as follows:

a. Staffordshire has an ageing population with the number of those aged 85 and over expected to double over the next twenty years, an increase of around 25,000 people which will likely have a significant impact on health and care services, carers with implications for isolation. Life expectancy increases are slowing and there are still significant gaps between the least and most deprived communities in Staffordshire. Around a quarter of people’s lives will be spent in poor health.

b. Increasing demand on acute services is a challenge for Staffordshire - there remains high pressures on our urgent care system with residents being admitted to hospital for conditions that could be prevented or managed in the community. Young children and older patients tend to be greater users of hospital services. In addition some of those who are admitted to hospital are delayed from being discharged which can affect recovery. There are also predicted increases in the number of people requiring long-term adult social care.

8. The table below highlights some key points and the key indicators where Staffordshire is currently worse than England for each of the life course stages:

Summary	•Ageing population, life expectancy, healthy life expectancy, working age population, dependency ratio, older people with co-morbidities, carers.
Inequalities	•There are significant differences across many indicators of health and wellbeing and influencing factors across Staffordshire.
Start well	•Infant mortality, breastfeeding and smoking in pregnancy.
Grow well	•Excess weight, selected hospital admissions and GCSE attainment, Not in Education, Employment or Training, under 18 conceptions, Children in Need.
Live well	•Alcohol admissions, excess weight, diabetes, self-harm admissions, drug and alcohol treatment, employment of vulnerable people, adult skills and good jobs.
Age well	•Fuel poverty, appropriate housing, vaccinations (65+), ambulatory care sensitive conditions, delayed transfers of care and reablement services.
Die well	•Dying at home or usual place of residence.

Start well - giving children the best start

9. Most children in Staffordshire live a comfortable life and start school equipped to succeed. Three out of four children achieve a good level of development at the end of reception year, better than national and the best of similar counties. Not all children have the best start in life though, infant mortality rates are amongst the highest in England with smoking in pregnancy and breastfeeding rates worse than national.
10. There is a growing demand for health and care services. There are high rates of emergency admissions to hospital and for admissions for some long term conditions. Referrals to specialist treatment are increasing for moderate to severe emotional, behavioural or mental health needs and there are growing numbers of children in need. There are significant differences in childhood obesity, teenage pregnancy and educational attainment throughout Staffordshire. Many health challenges and inequalities have foundations in early childhood, with the poorest families experiencing the worst health outcomes. Our 'in need' families/households are likely to present multiple needs so to have maximum impact it is important these needs are, where possible, addressed in the whole.

Grow well - maximising potential and ability

11. Education is the foundation for improved outcomes across a whole lifetime but as pupils progress through the education system performance gets worse. By year 11 only 38% achieve a 9-5 pass in English and Maths GCSE, the worst of similar counties to Staffordshire and below national. Children who stay a healthy weight tend to be fitter, healthier, better able to learn, more self-confident and much less likely to have health problems in later life but in Staffordshire one in four reception year children are overweight or obese (worse than national and similar counties) and one in three year 6 children are overweight or obese (similar to national and worse than similar counties).

Live well – making good lifestyle choices

12. Levels of disposable income affect our ability to meet basic needs – the way we live, the quality of the home and work environment, and the ability of parents to provide the kind of care they want for their children and whilst employment rates are high in Staffordshire there are issues with employment rates for certain vulnerable groups and some concern around the number of low pay, low skill jobs across the Staffordshire workforce.
13. The way we live our lives has a big impact on our health and wellbeing - around 40% of ill health can be prevented through changes to lifestyles for example, two out of three Staffordshire adults are overweight or obese which is worse than England. Having a good job allows families to be fed and has a positive impact on mental health so having a good education and the opportunity to gain the right skills is important.

Age well – sustaining independence, choice and control

14. Homes that are stable, warm, safe and suitable will improve outcomes and support independent living for longer whilst at the same time helping to reduce demand on health and care sectors. Estimates suggest around a third of households would not meet the decent homes standard in Staffordshire and fuel poverty levels (12%) are worse than England.

End well – ensuring care and support at the end of life

15. Staffordshire has an ageing population so planning for the end of life will be increasingly important for individuals, their families, carers and the health and care services that support them. End of life care is a concern, around two in five die at home or usual place of residence (worse than national).

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List of Appendices / Background Papers:

To view the annual JSNA update please click on the link below.

<https://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>