REPORT TO:	Health Policy & Performance Board
DATE:	7 June 2011
REPORTING OFFICER:	Strategic Director, Communities
SUBJECT:	Halton's Health and Wellbeing Joint Strategic Needs Assessment (JSNA)
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present the process undertaken for the production of the 2011 JSNA and the key findings of the JSNA.

2.0 RECOMMENDATION: That the Board note and comment on the report.

3.0 SUPPORTING INFORMATION

3.1 The JSNA pulls together information about the current and future health and well being needs of the local population. It provides an opportunity to look into the future so that we can plan now for likely changes in needs. It is therefore one of the major influences in directing commissioning priorities and planning service development.

4.0 EVALUATION OF HALTON'S FIRST JSNA

4.1 In Autumn 2009, it was identified through evaluation of Halton's first JSNA that whilst the report contained lots of relevant data, the JSNA was light on context and Commissioner analysis. This made it a difficult document to decipher and was not user friendly.

4.2 Other feedback and evaluation points included:

- The requirement for a consistent format for each section, given that there are multiple authors involved.
- Greater analysis with clearer outcomes to aid commissioners
- Development of the JSNA to support the various preventative agendas
- Contribution from areas covering the wider determinants of health and wellbeing

4.3 In Autumn 2009 a 'refresh' of data contained in the original JSNA was undertaken and a summary document published with input from Commissioners. This highlighted where there had been any

significant changes in data or key messages from the original JSNA.

5.0 PROCESS FOR UNDERTAKING THE SECOND JSNA

5.1 In June 2010 a JSNA workshop was held with commissioners, analysts and policy representatives from across partner organisations to discuss data requirements for the JSNA. Feedback from the workshop was used to shape the JSNA process and chapter requirements.

5.2 The second JSNA has been developed using the same principles as Nottingham Council, identified as good practice by The NHS Information Centre for Health & Social Care. This was an on line chapter based approach with a focus on input from Commissioners and Lead Officers.

5.3 Following the workshop the Research and Intelligence Unit within the Council and Public Health Evidence and Intelligence Team in the PCT worked through the process of collating the data from the Core Dataset, the identification and analysis of supplementary data/information and transferring this into the various sections of the report. The Public Health Evidence & Intelligence Team pulled together all the policy/background introductions and evidence of what works sections for the PCT-lead chapters. In addition, any relevant research from the key areas was also transferred into the main document ensuring that the JSNA contains the most current available data and information.

5.4 As the various sections were being collated Commissioners were involved via the JSNA Working Group to ensure that the JSNA adequately reflected the local picture.

5.5 Commissioners and Lead Officers then contributed to their relevant chapters such as ensuring the introductions had the most up-to-date information key issues and gaps, recommendations, evidence of what works and further links sections. This provided context to the data to indentify where the gaps in service are and focused thinking for recommendations.

5.6 The main report is to be a web-based document split into chapters, making navigation around the overall report easier.

5.7 The JSNA will be available directly from the Halton Council website and from a link via the PCT website.

5.8 Subsequent JSNA's will continue to use an on line format. In between production of complete refreshes of the documentation, an annual refresh of data will take place coordinated by Halton Council's Research and Intelligence Team with the Public Health Evidence & Intelligence Team.

5.9 Chapters for Housing and Cancer are contained in Appendix 1 to illustrate the content and format of each chapter.

6.0 KEY FINDINGS FROM JSNA

6.1 The draft executive summary is attached in Appendix 2, which includes a summary of key findings and priorities.

6.2 Some of the findings relating to health and wellbeing and cross cutting issues are highlighted below:

6.2.1 **Alcohol** - Halton has been identified as the eighth worst local authority area in England for alcohol related harm and the 50th worst area for binge drinking (2010 LAPE).Alcohol related crime in Halton has reduced by 11% compared to last year and all violent crime has reduced by 12%, although in almost half of the violent crime incidents reported, alcohol was a contributing cause, as it was in 15% of the overall incidents of anti social behaviour.

6.2.2 **Heroine and/or crack cocaine** -Halton was amongst the top performers nationally in 2008/09 for reducing offending related to using heroin and/or crack cocaine. Halton has a high percentage, 85%, of people using heroin and/or crack cocaine seen by its drug services.

6.2.3 **Vulnerable Adults** referral numbers increased from 2004-2007, reduced from 2007-2010, but have significantly increased throughout the period April-December 2010 over the same period in the previous year. 359 abuse allegations were reported in total to Halton Borough Council in the year 2009-10. The reduction in referrals may have resulted from refinement of procedures followed in processing referrals, so whilst we continue to encourage people to refer concerns and allegations, decisions are then taken about the best course of action to deal with them. Managers and practitioners take account of service user views on the way their circumstances are managed, resulting in some referrals not being progressed through the safeguarding adults procedures. Some will result in other activity which will not be counted in the alleged abuse data e.g. care management, complaints procedure, contract monitoring or disciplinary proceedings. It is likely that recent steps taken to raise awareness, including training of staff and volunteers, and publicity, have contributed to the increase in referrals.

6.2.4 **Housing** affordability is a key issue for Halton with the average property price being five times the average income. This, coupled with increased demand for social housing along with falling stock levels, leads to a total net annual need for 891 affordable dwellings per annum (this figure is significantly higher than the 176 found by the Housing Needs Assessment of 2006).

6.2.5 **Deprivation** - The ward with the lowest unemployment rate was Daresbury, with a rate of 2.3%. Windmill Hill ward had the highest unemployment rate in Halton in April 2010 with a rate of 10.7%. The percentage of adults with learning disabilities in employment within Halton is 3.7%. This is lower than the regional average (5.2%) and lower than the average national rate (6.8%).Job Seekers Allowance (JSA) claim rate in Halton was 5.9% in April 2010; this is greater than the North West (4.5%) and Great Britain (4.1%) figures. Halton's median resident weekly pay increased from £345.9 in 2008 to £370.6 in 2009, this was the largest increase in gross weekly pay out of the 6 local authorities in the Liverpool City Region during the period. The most recent figures from 2008 reveal that in total there are 6,550 children living in poverty in Halton. Of these 5,520 children live in out of work families and 1,030 live in households classified as in-work. This underlines that whilst being in work reduces the incidents of child poverty it doesn't guarantee that children will be lifted out of poverty, particularly when there is only one working adult in the household

6.2.6 **Obesity** - According to 2009 & 2010 Health Profiles the percentage of adults classified as obese in Halton has risen slightly between 2003-5 and 2006-8. However rates still remain above the England average.

6.2.7 **Smoking** - The stop smoking rate for pregnant women has improved during 2010 with 25.5% staying quit at time of delivery in the first 2 quarters of 2009/10 compared to 22.5% in 2008/9.

6.2.8 **Teenage Pregnancy -** Since the baseline was established in 1998 we have seen a fluctuating picture in the numbers of conceptions reported. There has been no sustainable reduction over time. The rate increased from 52.3 in 2008 to 58.9 in 2009, placing Halton as having the 13th highest rate in England. However, in quarter 4 2009 Halton saw a reduction in the rate of conception. Halton is seeing a reduction in the percentage of conceptions leading to termination. In England, the percentage in 2009 was 49%. In Halton the percentage was 41%.

6.2.9 **Cancer** deaths make up 28% of total deaths among those over 50 years of age. Overall lung cancer accounts for the largest proportion of cancer deaths (23.2%) followed by colorectal at 9.6% and breast cancer at 7.8%. The rate of all cancer deaths is slightly higher in Halton across all age bands but the difference is only significant in the 85+ age group. Survival from lung cancer in Halton and St Helens is 30% after one year: one of the eight best rates in the North West. Survival from bowel cancer at one year is excellent at 71%. Survival from breast cancer at one year is high at 96%.The "Get Checked" campaign to improve cancer early diagnosis improved early detection of bowel, breast and lung cancer in the

poorest areas in Halton

6.2.10 **Cardio Vascular Disease** (CVD) **and Coronary Heart Disease** (CHD)- 2009 data for Halton indicates deaths from CVD had reduced. Admissions to hospital due to Coronary Heart Disease (CHD) are predominantly seen in the older age bands, admission rates are statistically significantly higher than the Halton borough rates in Grange, Halton Castle, Halton Lea, Ditton, Mersey and Norton South

6.2.11 **Coronary Obstructive Pulmonary Disease** (COPD)- Modelled estimates suggest that unless concerted action is taken, due to changes in population, the prevalence of COPD will increase. Rates are generally slightly higher for men than women, mainly due to differences in smoking prevalence. Death rates vary across the borough, with death rates for those over 40 from COPD during 2005-09 were highest in Halton Castle, Mersey, Halton Lea, Ditton and Appleton wards.

6.2.12 **Dementia** - Estimated numbers of dementia sufferers over 65 years old could increase by 155% by 2025, with over 4,000 patients in Halton and St Helens. Overall for the PCT, numbers of males over 65 years old presenting with dementia is expected to increase by 105% compared to 43% in females.

6.2.13 **Adults with Sensory and Physical Disability** - There are 5,968 people between the ages of 18 and 64 in Halton that have a physical disability. The majority of these (67%) are aged between 45 and 64 with 26% aged between 25 and 44 and 7% between 16 and 24. 3,117 people between the ages of 18 and 64 have a sensory disability. The majority of these (89%) are aged between 45 and 64 with 10% aged between 25 and 44 and only 1% between 16 and 24.

6.3 Additionally the following findings have come from the JSNA:

Priorities identified in the PCT's Commissioning Strategic Plan and by the Health Inequalities National Support Team visit, are still valid- smoking, obesity and alcohol contribute to the majority of deaths and admissions. Early detection is likely to reduce costs and improve outcomes in the major disease areas. Action on these areas should continue as they are likely to make the most difference in the short and longer term.

Some changes in prevalence suggest new priority areas:

- Injury prevention- due to increased hospital admissions and deaths. This could be linked with the alcohol agenda. Also, child accident prevention and older people's falls, whilst not linked to the alcohol agenda, are important causes of ill health for those population groups;

- Mental health, more broadly than early detection of depression, is a priority area due to the rise in suicides and undetermined injury. The economic recession and changes in benefits may also increase demands on services;

- Sexual health due to high prevalence rates;

- Child health- particularly infant mortality linked with maternity services and child and adolescent mental health services. Childhood obesity has levelled but should remain a priority due to the potential high impact.

There are some longer term trends in our population and needs which will impact on priorities:

- The numbers of frail older people will increase with increased need for services including dementia, obesity, falls prevention, chronic disease management hearing, vision and continence services.

- The numbers of people with a severe learning disability will also increase.

6.4 **JSNA 'SIGN OFF' PROCESS**

6.4.1 The JSNA and the Sustainable Community Strategy (SCS) documents were being developed at the same time and are quite clearly linked in terms of identifying key issues for health in Halton. Therefore we have tried to ensure that we work across the two documents to ensure that the SCS is developed around the findings of the emerging JSNA

6.4.2 The JSNA has followed the sign off process below:

Date	**Action**
1st February 2011	Draft JSNA circulated to Commissioners and Lead Officers for comment
16th February 2011	Update report to, and comments from, Adult and Community SMT
22rd February 2011	Update report to, and comments from, Children & Young People's SMT
23th February 2011	Commissioners and Lead Officers meeting to discuss comments received and any amendments required
10th March 2011	Update report to, and comments from the Health Specialist Strategic

	Partnership.
April 2011	Update report to, and comments from PCT Board
11th May 2011	Draft presented to Adult and Community SMT
17th May 2011	Draft presented to Children's Trust Executive Board
June 2011	Draft version presented to the Health Policy and Performance Board
June 2011	Draft JSNA published on Halton Council website and link from PCT website. Requesting comments from public by end of May 2011.
June 2011	Promotion of JSNA availability and how it can be accessed and used.

4.0 POLICY IMPLICATIONS

4.1 The JSNA will be used to inform the Commissioning Plans of the Local Authority and PCT. It will also be available to the third sector where it can be used to inform service development and identify further opportunities.

4.2 Going forward, the White Paper 'Liberating the NHS' undertakes that 'each local authority will lead the statutory joint strategic needs assessment, which will inform the commissioning of health and care services and promote integration and partnership across areas, including through joined up commissioning plans across the NHS, social care and public health.'

4.3 The newly formed GP Consortia will have specific accountabilities, responsibilities and duties that will be set out through primary and secondary legislation. This will include accountability and responsibility for determining healthcare needs, including contributing to the wider joint strategic needs assessment led by local authorities

4.4 Thus, GP consortia and local authorities, including the Director of Public Health, will each have an equal and explicit obligation to prepare the JSNA, and to do so through the arrangements made by the Health and Wellbeing Board. In turn the Health and Wellbeing Board will be expected to produce a overarching framework to commission and deliver plans across for the NHS, social care, public health, and other services. This health and wellbeing strategy should be informed by the needs identified in the JSNA.

4.5 The PCTs Commissioning Strategic Plan is a five-year plan 2008-9 to 2012-13. It covers 7 priority areas:

- Reducing harm from alcohol
- Reducing obesity
- Reducing harm from tobacco
- Early detection of major illness (cardiovascular, diabetes, respiratory, cancer)
- Early detection of depression
- Improving safety, quality and efficiency of service in urgent care
- Improving safety, quality and efficiency of service in planned care

The assessment of needs highlighted in the JSNA continues to reflect these priorities. As well as a strategic assessment of need used to inform the identification of these overarching priorities, a series of specialist health needs assessment and health equity audits conducted by the Public Health Evidence & Intelligence Team, are ongoing to support the delivery of key elements of these programmes.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There are no financial implications identified in hosting the JSNA on the Halton Borough Council Website; however there may be a financial implication if the Authority receives any requests for hard copies, or copies in an alternative format/language. Printing of hard copies of the executive summary or individual chapters will be undertaken by the Council's Printing Services and done on a request basis. Production of the executive summary or individual chapters in an alternative format may inure an additional cost.

5.2 The Policy Officer (Health), Research Officers from the Council's Research and Intelligence Team and PCT Public Health Evidence & Intelligence Team will undertake any amendments required as a result of comments received on the draft JSNA.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Responsibility for JSNA is shared between the Director of Public Health, the Director of Adult Care and the Director of Children's Services. The JSNA provides a picture of children and young people's health and wellbeing and provides evidence and recommendations for commissioning of services to meet the health and wellbeing needs of Halton's children and young people.

6.2 Employment, Learning & Skills in Halton

Economic factors are a wider determinant of health and wellbeing. Deprivation is correlated with a number of aspects of poor health

and wellbeing in Halton.

6.3 **A Healthy Halton**

The JSNA forms a crucial evidence base and is a key document in the commissioning of health, social care and wellbeing services.

6.4 **A Safer Halton**

The JSNA highlights the impact of community safety issues on health and wellbeing.

6.5 **Halton's Urban Renewal**

The built environment, access to public and leisure services, employment sites and public transport all have an impact on health and wellbeing.

7.0 RISK ANALYSIS

7.1 The most recent JSNA data (the Autumn 2009 refresh) is now over 12 months old, therefore to present an up to date local picture of health and wellbeing for use by commissioners and lead officers in service planning and commissioning the JSNA needs to be published in a timely manner.

7.2 The JSNA and Sustainable Community Strategy are closely aligned and therefore the JSNA would have greater impact being published alongside the Sustainable Community Strategy.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 It is stated in the executive summary that if JSNA chapters are required in an alternative format these can be produced on request.

A Community Impact Assessment (CIRA) is not required for this report

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

None.