

<b>REPORT TO:</b>	Health and Wellbeing Board
<b>DATE:</b>	6 October 2021
<b>REPORTING OFFICER:</b>	Director of Public Health.
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	Joint Strategic Needs Assessment Summary
<b>WARD(S)</b>	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.

### **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.

However, the Covid-19 pandemic meant the Public Health Evidence & Intelligence Team have been focussed on surveillance of the pandemic and JSNA work was suspended.

The JSNA summary document outlines the data across three key life stages:

- 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)

It also includes sections on:

- The wider determinants of health
- Health Inequalities
- Covid-19

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 2021 JSNA summary is 2019/20. It has therefore not been possible to take the impacts of the Covid-19 pandemic into account in this report. However we know that Halton saw an extra 164 deaths in 2020 which is around 9% higher than pre-2020. Death rates due to Covid-19 were higher in the two most deprived quintiles

Some highlights include:

- Average life expectancy for both men and women has improved
- Reduction in the proportion of women smoking during pregnancy
- Improved levels of children achieving a good level of development by age 5. However, it 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
- Uptake of cervical cancer screening has improved as is better than the North West and England averages
- Uptake of NHS Health Checks has improved 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
- Hospital admissions due to alcohol during 2010-13, both all age and under-18s, have fallen compared to the previous period
- Whilst premature (under age 75) mortality remains a challenge, rates have fallen
- There has been a fall in the percentage of people with no formal qualifications and a fall in the employment gap between those with a long-term condition and the overall employment rate

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; 8.3 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 7.7 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
- Smoking at time of delivery has improved but remains higher than the Merseyside and England rate
- Breastfeeding rates have remained static
- 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. For self-harm admission rates have increased
- Breast cancer screening uptake has reduced and is statistically worse than 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 and the rate is above the England average, although it is similar to the North West rate
- Older people being admitted to hospital due to injuries from falls remains a challenge locally with rates above the North West and England averages

- Influenza vaccination rates amongst those aged 65 and over have remained static, with uptake below the England average

### 3.6 **Developments for the JSNA during 2021/22**

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 Public Health Evidence & Intelligence Team continues to devote a substantial proportion of its capacity to Covid-19 pandemic surveillance. This is limiting the capacity to work on JSNA.

However, as well as the annual JSNA summary work is planned for:

#### **Life Expectancy**

The team is currently working on a report examining the drivers for of local life expectancy figures. This includes an assessment of the impact the Covid-19 pandemic has had on life expectancy.

#### **Pharmaceutical Needs Assessment**

This is a statutory requirement, governed by Department of Health & Social Care regulations both in terms of timeframe (it must be published by October 2022), in terms of the process for development and content. This means the PNA is typically a year-long project. Work has started (paper to July 2021 Health & Wellbeing Board) and we aim to complete in time for the summer 2022 Health & Wellbeing Board 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 Strategy and Transformation Sub-Group on this to identify priority areas.

#### **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 Health and Care Partnership (ICS) and Directors of Public Health. The dashboard focusses on health outcomes across a wide range of priority topics. It is built from Public Health England's Fingertips data tool data using local authority level indicators. Whilst not developed for One Halton Integrated Care Place specifically, it will nevertheless provide a useful source of outcome based metrics for onward monitoring including benchmarking against the ICS and England. It includes metrics for all of our One Halton Health and Wellbeing Strategy priorities.

## **Cheshire & Merseyside Cancer JSNA**

The team have jointly led (with Wirral Council Public Health Intelligence team) an assessment of Cancers in collaboration with the Cheshire & Merseyside Cancer Alliance and NHS England Screening lead. This takes a whole pathway approach from risk factors and prevention, diagnosis and treatment, through to mortality from cancers. The work is due to be finalised October 2021 for publication November 2021.

### **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.

### **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**

### **Appendix 1**

JSNA summary document