

Meeting:	Health and wellbeing board
Meeting date:	19 July 2016
Title of report:	Understanding Herefordshire: Joint Strategic Needs Assessment 2016 Summary Report
Report by:	Director of public health

Classification

Open

Key decision

This is not an executive decision.

Wards affected

Countywide

Purpose

To approve Understanding Herefordshire 2016 including the joint strategic needs assessment, and to agree arrangements for its future review and development.

Recommendation(s)

That:

- (a) The board approve the Understanding Herefordshire: JSNA 2016 Summary Report and the linked evidence base for publication (at Appendix 1).
- (b) The Board commission the Director of public health to work with key partners to put in place robust arrangements to support the future review and development of Understanding Herefordshire, including arrangements for its publication in the most appropriate format.

Alternative options

1. There are no alternative options to approving the JSNA because its production is a statutory function of the Health and Wellbeing Board (Health and Social Care Act 2012, section 192).

Reasons for recommendations

2. The production of Herefordshire's JSNA is a statutory function of the Health and Wellbeing Board. Herefordshire Council and Herefordshire Clinical Commissioning Group (HCCG) have joint duties in regard to the JSNA, and the joint responsibility falls on the board as a whole. The JSNA directly informs the joint health and wellbeing strategy.
3. The purpose of the JSNA is to provide an integrated assessment of the health and wellbeing needs of people of Herefordshire. The board is required to review the JSNA on annual basis to consider how it is used to inform commissioning activity to properly meet those needs. The board also ensures that the JSNA is supported by a robust and engagement process in order to develop *Understanding Herefordshire* and make its findings accessible.

Key considerations

4. The refresh of the JSNA for 2016 highlights the current position of the county regarding key inequalities experienced by its residents. The JSNA 2016 summary report (at Appendix 1) reports on the work carried out over the past twelve months by the Strategic Intelligence Team (at Appendix 2), as well as business intelligence received from other disciplinary areas such as education, transport and community safety. The JSNA report is linked to the council's *Facts and Figures* website, which allows users to explore a topic in more depth. Once approved, the report will be published on the Facts and Figures website.

People and Place

5. The JSNA report starts by describing the demographics of the local population, and identifies some, but not all, vulnerable populations that have particular health, social care, wellbeing and safeguarding needs. The 2011 Census (mid 2014 estimates) population figure is 187,200. The county remains less diverse ethnically with the majority of the population described as 'White, British', and with the largest minority identifying themselves as 'White, Other'.
6. Life expectancy is very good for males and females living in Herefordshire; however, more people are living extended lives in poorer health. With an older age structure, it is likely that significant number of people in their older years, as well as their carers, will require both health and adult social care services.

Key Inequalities – the IMD 2015 new metrics

7. *Deprivation* is a common denominator for health and wellbeing issues, and the JSNA 2016 refresh provides new information on wide variations in health and wellbeing outcomes across the county, as measured by the Index of Multiple Deprivation 2015 (IMD 2015).
8. A significant change is that there are 12 LSOAs in the county that are in the 25 per cent most deprived nationally – four more than there were in 2010 (IMD 2010). For

the first time, Bromyard has been identified as one of the most deprived areas of the county.

9. Across Herefordshire as a whole, 11 per cent (around 20,500 people) of the population are living in income deprivation. The most income deprived areas of Herefordshire are also in the 25 per cent most deprived in England, with at least one in five residents affected.
10. The IMD 2015 reports that in Herefordshire, 4,300 children (14 per cent of the population under the age of 16) live in income deprived households. In ten areas of the county, 1 in every 4 children live in income deprivation.
11. Herefordshire's biggest type of deprivation is where residents live in unsuitable living conditions, particularly those living in rural areas.
12. 40 per cent of the population (3,800 people) in Herefordshire experiencing employment deprivation live in rural areas. This affects one in four working age residents.

Health Inequalities

13. Mortality data provides an insight into health inequalities of our population. The four leading causes of death in the county are: coronary heart disease, respiratory disease, alcohol specific deaths and smoking related deaths. Crucially, the mortality gap, (that is, the difference between mortality rates in the most and least deprived areas), for all four disease groups has widened over the past ten years, but has fallen notably for stroke and cancers. For comparison, in 2014 the leading causes of death were coronary heart disease, respiratory diseases, stroke, and cancers.
14. Male mortality rates are higher for respiratory diseases and smoking related conditions among those in the most deprived quartile of the population. Female mortality rates are significantly high for alcohol specific conditions, also among those in the most deprived quartile of the population.

Inequalities due to the wider determinants of health

15. There are marked health inequalities in preventable health outcomes in Herefordshire, including low birth weight, excess weight, tooth decay, poor parenting, missed antenatal appointments, poor educational achievement for those who are eligible for free school meals, have special needs in education and who have English as an additional language, teenage pregnancy and a range of risky lifestyle behaviours. Key priorities for Herefordshire are to reduce smoking and excessive drinking of alcoholic beverages, increase physical activity, and encourage healthy diets. Education of healthy sexual behaviour in young people, and improving access to a range of sexual health programmes supports wider programmes for safeguarding and protecting children and young people from exploitation, abuse, assault, rape and unplanned teenage pregnancies.
16. The JSNA found that lifestyle issues have strong associations with deprivation in

Herefordshire. Therefore, it is equally important to acknowledge that the wider determinants of health and wellbeing, such as economic welfare, housing conditions and affordability, and the natural environment often influence people's choices. Other dimensions such as gender, sexuality, ethnicity, disability and age intersect with the socio-economic gradient in complex ways which is why particular groups are more vulnerable than others. Both individual and community deprivation increases the risk of poor general and mental health which makes healthy living choices more of a challenge for people. Sustained changes in lifestyle require an approach that understands the context in which choices are made, so that residents have good support systems that help them maintain their mental health and resilience in times of adversity whilst improving their overall health and wellbeing.

Conclusion

17. With an older age structure and a dispersed population, Herefordshire has particular challenges to resolve for those people who are living longer but in poorer health, especially those isolated in rural hamlets. We know that poor quality of life and poor clinical outcomes often results in adult care in institutional or hospital settings with associated high health and social care costs. For young people, solid education is the most decisive factor in enabling them to succeed in higher education and employment and attain a better quality of life. Targeted support to those young people not in education, employment and training (NEET), teenage parents and young offenders is essential for successful transition to healthy adulthood. Children live in families, and for most part, a whole family approach is found to be the most successful way of addressing the lack of educational attainment by children. On the positive side, there are now several vehicles for coordinating commissioning of healthcare, social care and public health services, such as school nurse and health visitor services and community health services. Herefordshire has shown improvements in many areas; for example, childhood immunisation uptake is steadily increasing, there are fewer teenage pregnancies, more babies are being breast fed and school readiness at early years is doing very well.
18. The JSNA suggests that initiatives to tackle health inequalities will need to address an individual's socioeconomic situation in addition to seeking a change in individual behaviour. The JSNA data profile can support the organisations represented on the health and wellbeing board and a range of partners, to work together to reducing health gaps and key inequalities which will improve the health and wellbeing of our most vulnerable citizens.

Arrangements for the development of Understanding Herefordshire.

19. The opportunity to review and establish ways of improving the current JSNA process and production is to make good use of resources and statutory responsibilities. It is recommended that the Director of public health be tasked with identifying improved business processes for developing, managing and delivering the *Understanding Herefordshire* as a web-based tool. Joint working between stakeholders should be reviewed to improve engagement mechanisms underpinning the JSNA. These measures will support the core purpose of the Health and Wellbeing Board more effectively.

Community impact

20. Understanding Herefordshire is a key enabler of effective commissioning which will in turn achieve positive outcomes for people who live and work in Herefordshire. The contribution made by the high quality data, analyses and information (evidence base) to health and wellbeing strategy priorities can ensure smarter commissioning that

Equality duty

21. The JSNA 2016 summary report gives due regard to the key inequalities wherever evidence on needs is available. This means that an Equality Impact Assessment does not have to be carried out. Instead, the JSNA, where possible, provides data and analyses on key health and other inequalities so that plans and strategies can be developed to reduce the inequality gap, opportunities for individuals to improve their health and wellbeing are advanced, and where required supported so that positive outcomes are achieved for children, adults and families living in Herefordshire.

Financial implications

22. There are no financial implications arising directly from the recommendations of this report, other than the effective use of resources based on need. The Health and Social Care Act 2012 outlines that commissioners should take regard of the JSNA and joint health and wellbeing strategy when exercising their function in relation to the commissioning of health and social care services. Subsequent changes to commissioning plans and strategies as a result of issues highlighted in the JSNA 2016 would go through commissioning processes in their own right which may or may not have cost implications.

Legal implications

23. Section 116 of the Local Government and Public Involvement of Health Act 2007 requires local authorities and the Clinical Commissioning Groups to prepare a JSNA which must be published by the local authority. Under section 192 and 196(1) of the Health and Social Care Act 2012, this function is exercised through the Health and Wellbeing Board. The joint health and wellbeing strategy is developed on the basis of needs identified in the JSNA. Herefordshire Council, the Herefordshire CCG and the NHS commissioning board must have regard to these documents when exercising these functions. Failure to comply with the relevant legislation could lead to the council being criticised and challenged.

Risk management

24. Understanding Herefordshire mitigates the risk that priorities and commissioning decisions are not based upon assessment of need. However, this requires that available evidence is used to inform decisions.

Consultees

25. As a data gathering and analysis process for the 2016 JSNA refresh no formal

consultation is required.

Appendices

Appendix 1: Understanding Herefordshire (JSNA) 2016 summary report.

Appendix 2: Research undertaken by strategic intelligence team 2015-2016

Background papers

None identified.