Herefordshire Council

Meeting:	Health and wellbeing board
Meeting date:	18 July 2017
Title of report:	Joint Strategic Needs Assessment 2017
Report by:	Director of public health

Classification

Open

Key decision

This is not an executive decision.

Wards affected

Countywide

Purpose

To approve the Joint Strategic Needs Assessment (JSNA) 2017.

Recommendation(s)

THAT:

(a) the 2017 joint strategic needs assessment (at appendix 1) be approved;
(b) the board determine whether, in light of the refreshed assessment the adopted health and wellbeing strategy remains fit for purpose;
(c) the board determine area for board focus in the coming year in light of the priorities identified in the assessment; and
(d) seek assurance from all stakeholders that they will develop their commissioning plans around the final list of priorities

Alternative options

1 There are no alternative options. Herefordshire Council and Clinical Commissioning Group (CCG) have a joint statutory responsibility to produce the JSNA annually.

Further information on the subject of this report is available from
Dr Arif Mahmood Consultant in Public Health on Tel (01432) 383742

Reasons for recommendations

2 One of the statutory functions of the HWB is to produce an annual JSNA. This work is undertaken through the JSNA steering group.

3 This report aims at ensuring the JSNA is used to inform the strategic planning and commissioning of services pertinent to health & wellbeing by the council, CCG and other stakeholders.

Key considerations

4 The HWB approved that the JSNA steering group be established in October 2016. Since then it has been meeting on monthly basis. The membership includes representatives from each of the council directorates, Herefordshire CCG, Wye Valley NHS Trust, 2Gether NHS Trust, Healthwatch, Herefordshire Carers Support and Herefordshire Voluntary Organisations Support Service (HVOSS). This is chaired by the Director of public health.

5 The JSNA steering group has a remit to oversee the development of annual refresh of the JSNA and to provide a steer for the future JSNA work programme.

6 The JSNA is broad statement of health and wellbeing needs of the population of the county, with a focus on the wider determinants of health. It aims to inform the strategic planning and commissioning of services concerning the health and wellbeing of the local population by stakeholders.

7 In the last few years, the JSNA each year had a particular focus on one area, for example, health inequalities analysis in 2016 and children's needs assessment in 2015.

8 This year, the JSNA steering group agreed to develop a 3-year work programme for the JSNA. Each group member provided a list of key areas of work to be included in the JSNA work programme from their organisation/directorate perspective. Given due consideration to each priority, the steering group agreed that an overall refresh of JSNA in 2017 should be undertaken, in order to address a number of urgent priorities, such as long-term medical conditions, primary care profile, and healthy lifestyle data analysis linked with the agenda of the prevention workstream of the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP). The JSNA 3-year work programme is detailed in appendix 4.

9 The JSNA refresh 2017 process commenced in November 2016 and completed in April 2017. Subsequently, it has been through an extensive process of review and consideration by partner organisations, to ensure that it is of the required quality and addresses key issues appropriately.

Key priorities

10 Taking an overview of the findings of the JSNA, a number of areas stand out as representing key priorities for consideration by the system as a whole:

- Herefordshire has a lower proportion of younger working age population as compared to the national average. Though there are high expectations that the new Herefordshire University in 2018/19 will enable us to retain and develop the county's own young people, talent and skills, this alone will not be enough to

fulfil county's future workforce demand. Therefore, this necessitates strategic planning for a broader workforce development.

- The crude rate of killed or seriously injured (KSI) casualties of all ages (2013-15) on Herefordshire roads (43/100,000 population) is high compared to the regional (33.9/100,000 population) and national (38.5/100,000 population) figures. Though the absolute numbers are small (223 in two years: 2013-15), these are preventable causalities and result in significant cost to health and social care. Therefore, this needs further analysis to determine the underlying factors and to put appropriate prevention measures in place.

- Fuel poverty is a longstanding issue. Latest available data (2014) show that the proportion of households that experience fuel poverty in Herefordshire (15.1%) is higher than the regional (12.1%) and national (10.6%) averages; and in our deprivation decile[1] we have the worst figure and moreover this is the worst figure in England. Fuel poverty is a significant factor contributing to excess winter deaths (225 in total in 2014-15) and alleviating fuel poverty is likely to help saving lives. Therefore, this merits a priority consideration to explore measures to minimise its economic and health impact.

- In 2014-15, in Herefordshire's proportion of 5 year olds with more than one decayed, missing or filled tooth (41.3%) was much higher than the regional (23.4%) and national (24.8%) averages and we have the worst figure in in our deprivation decile and this is the 4th worst figure in England. One public health programme to tackle obesity and poor dental health, the "sugar swap" campaign, is ongoing. Among other specific interventions to improve oral health, such as fluoride varnish (patchy provision in Herefordshire) and targeted provision of tooth brushes and paste (to be re-launched this year), fluoridation of water has the highest return on investment (for every £1 spent the return is £12.71 in 5 years and £21.98 in 10 years). This warrants urgent consideration of fluoridation of water in the county.

- In 2016, in Herefordshire 9.8% of reception year children were obese, while the combined proportion of obese and overweight children was 22.2 %; for year 6 children the prevalence of obesity was 19.8%, while the combined figure for obese and overweight children was 33.8%. These figures are higher than the regional and national averages and we have one of the worst figures in our deprivation decile (4th less deprived) and these are more comparable to the 5th more deprived decile figures. Furthermore, 2016 figures show an upward trend. Excess weight and obesity in childhood is a significant risk factor for developing morbid obesity in adulthood. This in turn potentially withholds individuals from having a productive and fulfilling life. Unhealthy food and physical inactivity are the key factors responsible excess weight, which are modifiable. The public health campaign "Change 4 Life" and the National Child Measurement Programme are ongoing. In addition to strengthening these programmes, further action is needed to avert this upward trend in childhood obesity through working closely with early year settings, schools, parents, communities and businesses.

- Overall prevalence of long term medical conditions (LTCs) in Herefordshire (56.6%) is higher than the national average (54%). This could be attributed to

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[1] As per Index of Multiple Deprivation (IMD) 2015, Herefordshire falls in the 4th less deprived decile nationally – 1st is the least deprived and 10th is the most deprived.

the aging population. One LTC of particular concern is high blood pressure (hypertension); local figure is 16% as compared to the national average of 13.8%. High blood pressure is the 3rd biggest risk factor for premature death and disability in England after smoking and poor diet. At least half of the all strokes and heart attacks are associated with high blood pressure and it is a major risk factor for chronic kidney disease, heart failure and dementia. People in the most deprived neighbourhoods are 30% more likely than the least deprived neighbourhoods to have high blood pressure. It is estimated that there are 21,000 undiagnosed cases of high blood pressure in Herefordshire.

- Therefore, primary prevention and early detection & treatment are central tenets of our strategy to combat high blood pressure. Primary prevention involves behavioural change to influence modifiable risk factors – excess salt intake is one of most important modifiable risk factor. Early detection and treatment is through either opportunistic or NHS health checks programme. Between April 2014 and March 2017, NHS health checks programme identified 3,689 new cases of high blood pressure. Lowering systolic blood pressure just by 10mmHg on average in people with high blood pressure can potentially save 273 deaths, and 87 strokes, 75 coronary heart disease and 51 heart failure events in one year in Herefordshire. Therefore, there is case for continuing to invest in healthy lifestyle programmes and NHS health checks.

- There is a life expectancy gap of 4.2 years for males and 2.3 years for females between the most deprived and least deprived deciles of the county population. Three health conditions (circulatory diseases, cancers and respiratory diseases) largely account for this life expectancy gap (77% in male and 66% in female). There are number of modifiable lifestyle risk factors associated with these conditions; Smoking is the largest preventable lifestyle risk factor and prevalence of smoking in Herefordshire (17.5%) is significantly higher than the England best (9.5%). Therefore, influencing people to adopt healthy lifestyles is central to our health & wellbeing agenda and public health has been running “One You” campaign. However, this agenda needs to be owned by all stakeholders and should be embedded as part of the ‘strengths-based approach’ in their core business.

- In 2015-16 there were over 900 fall related hospital admissions in Herefordshire residents aged 65 and over with almost two thirds being for females. Though in 2015-16 the Herefordshire hip fracture rate in this age group (551/100,000 population) was lower than the national average (589/100,000 population); but this equates to 244 hip fractures in Herefordshire. Each hip fracture could potentially cost over £35k in terms of health and social care costs over a period of two years. We do know falls are largely preventable. Pursuing the Adults and wellbeing directorate prevention agenda a number of measures have been put in place to prevent falls in nursing and residential care homes and in the communities such as postural stability programme and falls response service. However, the council and NHS commissioners need to consider further measures to reduce falls such as early identification of high risk individuals in primary care and other settings, and offering them appropriate intervention to mitigate risk of falls (for example environmental modification, physical activity, healthy eating programme to enhance muscle and bone strength, medicine review).

- 2015-16 Herefordshire data for young people's mental health reflect poorly across a range of indicators: % of 15 year old drinking regularly (7.8%) is higher than the regional (5.5%) and national (6.2%) figures. Under 18 alcohol specific hospital admissions (50.8/100,000 population) is higher than the regional (32.6/100,000 population) and national (37.4/100,000 population) rates. Under 17 hospital admission due to mental health conditions (144.2/100,000 population) is the worst across the West Midlands being higher than the regional (89.8/100,000 population) and national (85.9/100,000 population) rates. Though these rates are based on small numbers, trend analysis shows that Herefordshire rates have consistently been higher than the national rates in the last couple of years with a recent upward trend. This indicates a severity of the local problem. Coupled with this is the persistent high rate of suicide (all ages) in Herefordshire, which is above the national rate.

- Mental health has been identified as number one priority in the Herefordshire Health & Wellbeing Strategy. The public health team has been following a number of actions in order to implementation this strategy:

    - it has been running "5 ways to wellbeing" campaign to promote mental wellbeing

    - the team has just launched "Youth Mental Health First Aid Training" for school teachers to be rolled out across Herefordshire by December 2017. It is hoped that every secondary school in Herefordshire will have at least one school teacher trained by that time. We also plan to support a trainer-training programme, in order to ensure continued rollout and sustainability of the approach

    - health visitor and school nurse workforce training on initial assessment of alcohol and substance misuse and brief advice is planned for 2017

    - Public health, environmental health and trading standards (EH&TS) have been working together to run a campaign to curb underage alcohol sales

    - Herefordshire Council and NHS Herefordshire Clinical Commissioning Group have been working together to develop "Suicide Prevention Strategy".

- Given the young people mental health data, review of current provision of community adolescent mental health service (CAMHS) should be considered to inform future commissioning decisions. Also provision of early identification and brief advice (IBA) to individuals with alcohol abuse problem in primary care should be considered.

Community impact

11 The JSNA provides an overview of Herefordshire population and communities' profiles. It informs the development of Health and Wellbeing strategy and provides the data which underpins a wide range of council and health strategies such as the children and young people's plan, to improve outcomes for residents of Herefordshire.

12 The NHS constitution, the Herefordshire Clinical Commissioning Group constitution and the council's constitution all contain commitments to transparency, accountability and principles of good corporate governance. Being clear about the reasons for

decisions is a key element of these shared principles and the JSNA provides this underpinning data.

13 Health and council commissioners also share a duty to ensure that public resources are used to best effect; a sound evidence base on which resource allocation can be made is essential.

Equality duty

14 One of the purposes of the JSNA is to inform commissioners of the existing inequalities across various sections of the community and to enable them to commission services that are equitable and accessible.

15 Section 149 of the Equality Act 2010 imposes a duty on the council to have due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic (disability being one such characteristic) and persons who do not share it.

16 Public health programmes/services aim to identify and support those who suffer from or are at a high risk of developing physical and mental health problems. Continued improvement and development of these programme/services will support the council in discharging its duty under the Act and will help deliver the three aims of the duty:

- eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

Financial implications

17 The JSNA has no direct financial implications, but its findings are intended to play a significant role in guiding the allocation of resources by all partners in their commissioning plans.

Legal implications

18 The Health and Social Care Act 2012 provides that local authorities have a statutory duty to improve the health of their population. The JSNA is instrumental in enabling the partners to discharge this duty.

19 The Health and Social Care Act 2012 places a duty on health and wellbeing boards to prepare a JSNA and on partners to have regard to its findings in their commissioning plans.

Risk management

20 There is a reputational risk to the council if it fails to discharge its public health responsibilities as set out in the Health and Social Care Act 2012.

21 In the absence of a robust JSNA, decisions on the allocation of resources would be

based on a weaker evidence foundation, such that these might not be directed towards the areas of highest priority.

Consultees

22 Herefordshire CCG, 2gether NHS Foundation Trust, Wye Valley NHS Trust, and Herefordshire Carers Support.

Appendices

Appendix 1 JSNA refresh 2017 report

Appendix 2 JSNA refresh 2017 slides

Appendix 3 JSNA evidence report

Appendix 4 The JSNA 3-year work programme

Background papers

None identified