

Meeting:	Health and wellbeing board
Meeting date:	15 May 2018
Title of report:	Joint Strategic Needs Assessment 2018
Report by:	Director of public health

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To approve Understanding Herefordshire 2018, the annual summary of Herefordshire's Joint Strategic Needs Assessment (JSNA).

One of the statutory functions of the Health and Wellbeing Board (HWB) is to produce an annual JSNA. This work is undertaken through the JSNA steering group.

This report aims at ensuring the JSNA is used to inform the strategic planning and commissioning of relevant services to address health and wellbeing by the council, Clinical Commissioning Group (CCG) and other stakeholders.

Recommendation(s)

That:

- (a) the 2018 Joint Strategic Needs Assessment summary (at appendix 1) be approved;**
- (b) the board determines whether the existing Health and Wellbeing Strategy should be reviewed in light of the priorities identified in the assessment;**
- (c) the board agrees how it will ensure that stakeholders develop their commissioning plans around the final list of priorities.**

Alternative options

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

Key considerations

2. The JSNA is a 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.
3. The JSNA 2018 refresh process commenced in November 2017 and completed in April 2018. Subsequently, it has been through an extensive process of review and consideration by partner organisations, via the JSNA Steering Group, to ensure that it is of the required quality and addresses key issues appropriately. Contributors to its development include Herefordshire CCG, 2gether NHS Foundation Trust, Wye Valley NHS Trust, Healthwatch Herefordshire, Herefordshire Carers Support and West Mercia Police. Appendix 1 provides the JSNA 2018 refresh report.
4. The JSNA 2017 highlighted a number of key priorities for HWB consideration. Subsequently, the board agreed to focus on four key priorities. These were childhood obesity and poor dental health, fuel poverty, dementia and end of life care.
5. There has not been time for the impact of any interventions in the last year to be reflected in the data, but the JSNA 2018 provides the latest information on these priority areas. It also identifies a number of other areas to be considered in strategic planning and commissioning in 2018/19.
6. The key findings with regard to the priority areas are:
 - i) 13,300 Herefordshire households were in fuel poverty in 2015 (17%) - a higher proportion than both nationally (11%) and regionally (14%). 60% of Herefordshire's older people (65+) live in rural areas, where lack of access to mains gas and properties with poor thermal efficiency increase the risk of fuel poverty. Older people are more susceptible to ill-health (including the risk of death in the winter) as a result of living in cold homes. Fuel poverty poses a considerable threat to the health and wellbeing of older people living in Herefordshire.
 - ii) Significantly fewer five year olds were free from dental decay locally in 2014/15 (59%) than nationally (75%) and regionally (77%), and no better than in 2007/08 (61%). The average five year old has 1.43 decayed, missing or filled teeth, almost double the 0.72 figure regionally.
 - iii) 23% of reception year children in county schools were overweight or obese in 2015/16, more than two fifths of whom were obese (10% of children), with obesity rates doubling by year 6. The concentration of fast food outlets in more deprived areas is also an area of concern.
 - iv) At the beginning of 2017, only 59% of people aged 65+ with dementia had a formal diagnosis, which is lower than nationally (68%) and regionally (66%) and yet to reach the NHS England target of 67%.

- v) End of life care services are generally good, and a significantly higher proportion of people die in their usual place of residence than elsewhere (51% in 2015). However, there is scope to proactively raise the profile of issues relating to death and dying with the wider community, provide training and support for non-clinical staff working with terminally ill people, and better recognise the specific needs of minority groups.
7. Other action points that the report identifies include:
- i) At around £450 per week in 2017 (£23,400 per year), average **earnings** for employees working in Herefordshire remain significantly lower than nationally and regionally, although the gap does appear to have narrowed slightly since 2013. They are the fourth lowest of all council areas in England.
 - ii) The county remains the worst within the West Midlands for **housing affordability**, with house prices at the lower end of the housing market 8.6 times higher than lower quartile annual earnings. The provision of more affordable housing is an important component to addressing the disproportionately low proportion of younger working age adults in the county and maintaining sustainable communities.
 - iii) Herefordshire is rated 'high' for likelihood of **digital exclusion**. 21% of adults have never used the internet, or last used it over three months ago. This is not solely a broadband connectivity issue, and more research is needed to identify digitally excluded households to support those who wish to learn digital skills, and to assess the impact of digital exclusion on access to services.
 - iv) Although a higher proportion of **adults with learning disabilities receive an annual health check** in Herefordshire (63 per cent) than in similar areas, the rate has fallen since 2014/15 (81 per cent) and is now below that reported nationally (67 per cent). There is also no information available about the results of health checks, or whether subsequent treatment plans have been put in place as per NICE guidelines.
 - v) The uptake of cancer screening (cervical, breast and colorectal) amongst eligible **adults with learning disabilities** is low, which is reflected in the relatively low cancer prevalence (0.8% compared to 3.2% in the total population), suggesting late or missed diagnosis. As a result, outcomes are likely to be poorer and premature mortality from cancer more likely.
 - vi) The prevalence of **stroke** (2.3 per cent), **coronary heart disease (CHD)**, 3.5 per cent) **and hypertension** (high blood pressure, 16.1 per cent) in Herefordshire is greater than in England as a whole (1.7 per cent, 3.2 per cent, 13.2 per cent, respectively), suggesting more work is needed on prevention and awareness strategies.
 - vii) The overall prevalence of **diabetes** (type 1 or 2) remains similar to, and has risen in line with, the national rate (7% of adults aged 17+ registered with Herefordshire GPs in 2016/17). However, diabetes rates amongst older patients (65+) are significantly higher, 24% compared to 17% both nationally and regionally. A significantly lower proportion of all diabetes patients achieved the three treatment targets (HbA1c, cholesterol and blood pressure) locally in 2016/17.
8. The main priority for analysis in 2018/19 has been identified as the production of a children's integrated needs assessment, which will focus on specific topic areas to provide an evidence base on which effective commissioning decisions can be made. These topics will include early help; drivers of trends in child protection plans and looked after children; obesity and dental health; and hospital admission rates.

9. Work for JSNA 2019 will also include a 'deep dive' into cerebrovascular disease (diseases affecting the blood vessels supplying the brain, mainly stroke) in Herefordshire, and improving the understanding of people who self-fund their personal care needs.
10. The annual summary JSNA report is underpinned by an online evidence base, the [Facts and Figures about Herefordshire](#) website. A priority for 2018/19 is to review the structure and content of the website to ensure that it remains fit for purpose in providing up-to-date intelligence for making effective commissioning decisions.

Community impact

11. The JSNA provides an overview of Herefordshire's population and communities' profiles. It informs the development of the council's 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 for all residents.

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.

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 programmes/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.

Resource implications

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

Legal implications

16. Producing a JSNA is a legal requirement of the Public Involvement in Health Act 2007.
17. The Health and Wellbeing Board has a statutory function to prepare a health and social care Joint Strategic Needs Assessment for the county.
18. The constitution at paragraph 3.5.32(a) provides that the Health and Wellbeing Board is to develop a Joint Strategic Needs Assessment.
19. Recommendations in the report ensure that the board complies with its legal duties and acts in accordance with the constitution and Terms of Reference for the board.

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

None

Appendices

Appendix 1. Understanding Herefordshire 2018: JSNA summary

Background papers

None