

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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## JOINT STRATEGIC NEEDS ASSESSMENT

Report from: Dr Alison Barnett, Public Health  
Rose Collinson, Children and Adults

Author: Dr Alison Barnett, Director of Public Health

### Summary

This report presents the Medway Joint Strategic Needs Assessment for consideration by the Committee.

### 1. Budget and Policy Framework

- 1.1 The Local Government and Public Involvement in Health Act (2007) placed a duty on Local Authorities and Primary Care Trusts to undertake a Joint Strategic Needs Assessment (JSNA). This duty is fulfilled jointly by the Director of Public Health and Director of Children and Adults.
- 1.2 The Health & Social Care Act (2012) made the production of the JSNA a statutory duty of the Health and Wellbeing Board. JSNAs identify the current and future health and wellbeing needs of the population and are required to inform the development of the Joint Health and Wellbeing Strategy by the Health and Wellbeing Board.

### 2. Background

- 2.1 A JSNA assesses the need of a population rather than an individual, and is a tool to identify groups where needs are not being met and that are experiencing poor outcomes.
- 2.2 A JSNA informs and guides commissioning of health, public health and social care services within a local authority area, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities, taking into account evidence of effectiveness.
- 2.3 Medway's first JSNA was published in 2008/9 in paper form and made available on Council and PCT websites

- 2.4 The JSNA Working Group with representatives from Medway Council, Medway Clinical Commissioning Group and NHS Kent and Medway has led the development of the JSNA, reporting to the Health and Wellbeing Board
- 2.5 The JSNA comprises: an executive summary and a picture of place which describes “our people and place”, “our health and wellbeing”, “our community”, “our programmes and services” and “our health inequalities”. These are supported by detailed appendices on care groups, lifestyle factors, wider determinants of health and diseases. The full document will be available at [www.medwayjsna.info](http://www.medwayjsna.info)

### **3. Key themes**

- 3.1 Key themes emerging from the JSNA have been identified and will form the basis for the Joint Health and wellbeing Strategy. These are:

#### **Give every child a good start**

There is increasing evidence that investment in the early years of life (0-5) is highly effective both in terms of impact on future health and wellbeing and cost-effectiveness. What happens during these early years, starting in the womb has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational achievement and economic status.

#### **Enable our older population to live independently and well**

From 2011-2016 population projections suggest that the number of people aged over 65 in Medway will increase by approximately 4,500. Ensuring sufficient appropriate prevention and treatment services to enable this age group to live independently and well will require effective co-ordinated action.

#### **Reduce health inequalities**

The gap in life expectancy between the most and least deprived 10% of the population in Medway is 9.3 years for men and 4 years for women. Action needs to be taken across services, lifestyle factors and the wider determinants to reduce this gap particularly focusing on life expectancy in men.

#### **Prevent early death: tackling the big killers**

The major causes of premature death in Medway are cancer, circulatory disease (e.g heart attacks, stroke and heart failure) and respiratory disease. Reducing death rates will involve ensuring high quality and timely treatment and effective prevention strategies

#### **Improve physical and mental health and wellbeing**

Good physical and mental health and wellbeing is a crucial resource for the population. One in four adults will experience mental health problems at some time in their life. Many physical health conditions share similar preventable causes and many of these can be linked directly to lifestyle behaviours and choices. Smoking, unhealthy nutrition and eating, physical inactivity, alcohol

consumption and stress separately and in combination have a profound impact on the physical and mental health and wellbeing of people in Medway.

## 5. Consultation

- 5.1 Workshops were held at the Medway LINK and Medway Clinical Commissioning Group joint public consultation event on 23 November 2011 to identify priorities for the JSNA. The outcome of service specific public and patient engagement events is included in the relevant sections in the appendices.

## 6. Financial and legal implications

- 6.1. The priorities identified within the JSNA may have resource implications for the Council and these would need to be addressed through the Medium Term Financial Plan and budgets setting process.
- 6.2. The legal implications are as set out in paragraph 1 of the report.

## 7. Risk Management

<b>Risk</b>	<b>Description</b>	<b>Action to avoid or mitigate risk</b>
That partners do not commission services to meet the needs identified in the JSNA	Health and wellbeing outcomes are not improved	Health and Wellbeing Strategy will identify priorities for action and Health and Wellbeing Board will ensure that partners commission services in line with the priorities.

## 8. Recommendations

The Committee are asked to consider and comment on the report on the JSNA.

### Lead officer contact

Dr Alison Barnett, Director of Public Health, ext 01634 335176,  
[alison.barnett@medway.gov.uk](mailto:alison.barnett@medway.gov.uk)

### Background documents

Joint Strategic Needs assessments and Joint Health and Wellbeing Strategies – Draft national guidance, Department of Health, January 2012.



# Medway Joint Strategic Needs assessment

## Executive Summary

The current period presents the people of Medway and their representatives with a number of challenges, but also opportunities. Health has generally been improving over many years and with it peoples' expectations have increased. The constraints imposed by the economic crisis mean that it is more important than ever to deliver health and social care as efficiently and effectively as possible. A number of changes are being introduced to facilitate this, including:

- The establishment of Health and Wellbeing Boards to bring strategic leadership to the health and wellbeing agenda in top tier authorities
- The establishment of Clinical Commissioning Groups to strengthen clinically led commissioning of health services
- New public health responsibilities for local authorities that will result in Public Health functions moving from the NHS to local government
- an emphasis on 'localism' where decisions are driven locally rather than nationally
- a re-emphasis on personal responsibility for health

To respond to these challenges and opportunities for health and well-being Medway's Health and Wellbeing Board has developed a Joint Strategic Needs Assessment (JSNA). The JSNA is an objective assessment of local needs and is intended to address all current and future health and social care needs. It is an extensive document that will evolve over time as new evidence and intelligence about the needs in Medway are developed. The JSNA is divided into two broad parts: 1) a narrative 'picture of place'; and 2) a number of appendices that provide detailed information on the health and social care needs and situation within Medway. This picture of place is contained within the printed volume and divided into five sections: Our people and place; Our health and well-being; Our community; Our programmes and services and Our health inequalities. The appendices are available online.

### ***Overview of the JSNA***

#### **Our people and place**

Medway's resident population was 256,700 strong in 2010, an increase of 7,000 (2.8%) since 2001. The population has increased naturally every year since 2001, with 3,538 births to women aged 11-49 years in 2010. However net out-migration from 2001 to 2010 has reduced overall population growth to 2.8% over this period.

Approximately 2,000 Medway residents die each year, with mortality rates significantly higher in males than they are in females. There is considerable variation in mortality rate by ward and mortality rates in the five wards with the highest rates are significantly higher than in the five wards with the lowest

rates. Average life expectancy in Cuxton and Halling, Rainham Central, and Hempstead and Wigmore is significantly greater than in Chatham Central, Luton and Wayfield, and River wards. Life expectancy is highest in Cuxton and Halling at 82.6 years, and lowest in Chatham Central at 77.5 years.

The majority of the population (90.6%) in Medway are classified as White, with the next largest ethnic group being Asian or Asian British (4.0%). The three wards with the most ethnically diverse school populations are Chatham Central, Gillingham South and River wards. Within these wards 70% to 75% of pupils are White and at least 7% have mixed parents. There are increasing numbers of Slovak and Polish pupils.

Medway is suffering more than many other parts of the country from chronic and worsening unemployment. In January 2012 the number of people claiming job seekers allowance (JSA) in Medway was 7,416, an increase of just over 900 (14%) compared to the previous 12 months. This increase is greater than seen nationally (10%) and regionally (9%). Unemployment is an important factor driving the health and well-being of a population and this is likely to be playing a key role in the health inequalities seen in Medway.

The population of Medway is slightly younger than the national average with 24%, below 19. However, projections from 2012 to 2021 suggest that the number of people 65 years of age or over will increase by 22% to 47,000 and the number of people over 85 years will grow by 39% to 6,100. From 2011 to 2016 the number of people aged over 65 will increase by 17.5%, resulting in approximately 4,500 more people in this age group in Medway in the next 5 years. The number of people over 65 years with a limiting long-term illness is expected to increase by 31% from 2009 to 2020 and this will have a significant impact on the demand for health services for the management of long term conditions such as dementia, heart disease and diabetes as the incidence of these conditions increases with age.

### **Our health and well-being**

Of the roughly 2,000 deaths that occur in Medway each year, almost a third of deaths in females and half of deaths in males are premature, occurring under the age of 75 years. In both males and females the leading cause of premature deaths is cancer, accounting for almost half of deaths in women and a third of deaths in men of this age. There has been a downward trend in mortality for all cancers in Medway since 1993 but cancer death rates have remained higher than in comparator groups, regional and national rates.

The next largest cause of death in those under the age of 75 years is circulatory disease (for example heart attacks, stroke and heart failure), accounting for 18% of premature deaths in women and 28% in men. Deaths from heart disease contribute significantly to the gap in life expectancy between Medway and England.

A further 10% of premature deaths are due to respiratory diseases, notably chronic obstructive pulmonary disease (COPD), primarily caused by chronic tobacco smoking.

Premature mortality is strongly associated with deprivation and the premature mortality rate in the most deprived twenty percent of the population is double the rate in the least deprived twenty percent.

A considerable proportion of the health and social care burden relates to chronic conditions or situations. Increasing numbers of older people means that there will be increasing numbers of people developing chronic conditions who will become intensive users of services. For example, the number of people aged 65 and over predicted to have a long standing health condition caused by a stroke will rise from 838 in 2011 to 1,338 and those aged 65 and over predicted to have diabetes will rise from 4,583 in 2011 to 7,063 in 2030. Ageing of the population is likely to result in a substantial increase in costs to the health and social care system and primary and secondary prevention of conditions such as diabetes, COPD and heart disease, combined with improved care for people with conditions such as dementia, is essential to reduce or limit the numbers of high-intensity users of services and reduce the costs to the health and social care system.

### **Our community**

Engagement with the community is an essential part of delivering services that are appropriate for the population. A recent engagement event to determine the needs and priorities of people in Medway found four main themes: continuity and availability of care, for example better continuity of care so there is a seamless transition between GPs and either community services or secondary care; “people power”, for example more support for self-management of long term conditions; education, e.g. increase public understanding of commissioning groups and processes; and communications and engagement, e.g. reassurance that public voice will be heard, including feedback when public consultation has been sought to show the opinions have been considered.

The Public Health White Paper released by the Department of Health in 2010 outlined a new approach to improving health through greater emphasis on well-being and prevention. This is done by transferring ownership to local communities to tackle the wider determinants of health such as social relationships. This approach, termed the 'asset based approach', identifies skills, strengths, capacity and knowledge of individuals within a community which are used to contribute towards sustainable development. In the JSNA we have begun to document the assets in Medway and in future will engage further with community groups to identify assets that are currently unrecognised.

### **Our programmes and services**

Medway provides services and programmes in a number of domains. In primary care there are 216 GPs in 61 practices, 34 dental practices, 50 community pharmacies and 20 optometrists. Community care is provided by

three providers and health improvement, covering smoking, healthy weight, infant feeding, sexual health, teenage pregnancy, and alcohol is provided jointly by NHS Medway and Medway Council.

Local acute care is provided mainly by Medway NHS Foundation Trust, while mental health care is provided by Kent and Medway NHS and Social Care Partnership Trust and other NHS providers and independent organisations offering provision from psychological therapies to secure accommodation.

### **Our health inequalities**

Both male and female life expectancy in Medway is significantly worse than the England average. While this is associated with its deprivation status, compared with other local authorities of a similar deprivation status Medway has one of the lower life expectancies. Disability-free life expectancy is not, however, significantly different to the England average for men and significantly better for women.

Within Medway the Slope Index of Inequality shows that the difference in life expectancy between the 10% most and least deprived in the population is 9.4 years for men and four years for women. The main disease contributors to the life expectancy gap are the same as the major causes of death, with circulatory disease and cancer contributing the most to the life expectancy gap.

While in both men and women the gap in life expectancy due to circulatory disease is decreasing the gap in life expectancy due to cancer is static with an increase in the inequality gap in men. However the largest contributor to the life expectancy gap overall is circulatory disease.

There needs to be further investigation of and a particular focus around reducing the gap in male life expectancy.

There is significant variation in access to and uptake of primary and secondary health care within Medway which needs to be addressed.

Smoking, obesity and alcohol and poor mental health are all key lifestyle issues which impact on health inequalities and need to be addressed

Social determinants of health have been recognised to be key determinants of health inequalities. With respect to Medway's position relative to England the Marmot indicators show that the number of young people not in employment, education or training is a significant issue.

### **Appendices**

The online appendices of the JSNA contain much detailed information including background papers on specific issues related to children, adults and life-style and wider determinants of health. There is also a data inventory containing key statistics on health and well-being, and links to a number of other additional resources.

Specific recommendations for commissioners can be found in the background papers on children, adults, lifestyle and wider determinants in the appendices.

The appendices, along with this narrative summary, will be available online at [www.medwayjsna.info](http://www.medwayjsna.info) Key themes for Medway

The evidence in the JSNA points to five key themes for Medway:

- Giving every child a good start
- Enable our older population to live independently and well
- Prevent early death: tackling the big killers
- Improve physical and mental health and well-being
- Reduce health inequalities

### **Giving every child a good start**

There is increasing evidence that investment in the early years of life (0-5) is highly effective both in terms of impact on future health and wellbeing and cost-effectiveness. What happens during these early years, starting in the womb has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational achievement and economic status. It is important that mothers are supported to have good mental and physical health during pregnancy and early years. Smoking in pregnancy a particular issue in Medway. Parenting skills are important to improving outcomes and a particular focus is required on supporting the most vulnerable families to improve parenting and help very young children be school ready.

Since the case of Baby Peter in Haringey there has been a large increase in the number of children who have been referred for care across the country. In Medway the number has increased 29% from December 2009 to December 2011 to 449 children in care. The best outcomes are seen when children are placed with foster carers and there is a need to find or develop further places with foster carers.

The number of children with special educational needs (SEN) is also expected to increase in the next five years and may result in an additional 300 pupils with statements requiring specialist provision, over and above the number projected through normal population growth.

### **Enable our older population to live independently and well**

The rapid increase that Medway will see in the number of people aged 65+ and 85+ over the next decade is something that should be celebrated. It is in part the result of steady improvements over many years in health care and public health. Many of these new older people will be healthy and strong and able to live independently; however, it is inevitable that there will also be an increase in the number of people who will need health and social care and support. In particular we can expect to see more people who have dementia, and others who become physically frail.

An increase in the number of older people is not a new phenomenon. In 1901 less than 5% of the UK population was over the age of 65 years. Since then there has been a steady increase and as a society we have made many changes during this period. As we go forward further changes are needed to ensure that we are able to provide affordable and high quality care for older people.

The government commissioned an independent body to review the funding system for care and support in England and national policy is awaited. Within this national context the options for how Medway chooses to care for and provide support for older people will also include the core themes of localism and personal responsibility noted above. Many home-owners will seek to stay in their existing homes for as long as they can and will need additional support to do so. There will also be increasing numbers of older people who will need specialist accommodation that mesh support, care and housing provision.

Older people are more likely to have multiple health and social needs, which will require an integrated response from local services.

### **Prevent early death: tackling the big killers**

Over recent decades public health and improved health care have led to dramatic reductions in the number of deaths from some chronic conditions. For example the mortality rate from heart attacks in Medway fell 85% from 108 to 17 per 100,000 between 1993 and 2010. About half of this reduction was due to improved health care and half was due to public health measures, such as reductions in smoking.

The current leading causes of early death and illness in Medway are long-term conditions that share many common causes. Prevention strategies are needed to reduce the numbers of people who will develop these conditions in the future. Early diagnosis can improve outcomes in some diseases and strategies are needed to promote early diagnosis through raised awareness and efficient diagnostic pathways.

Most people with long-term conditions have a single condition and can be helped to manage their condition at relatively low cost. It is important that effective interventions are provided systematically and equitably across the population if health inequalities are to be reduced. However, as people age and if prevention and treatment are not optimal, more people begin to develop other conditions. As the number and severity of these conditions increases the complexity and cost of managing them becomes much greater. Addressing these conditions requires well-integrated health and social care systems to provide treatment and support for those who have the conditions.

### **Improve physical and mental health and well-being**

Increasing attention is being paid not just to how long people live, but also how well they live. Quality of life is affected by many issues, including crime and the perception of crime, unemployment, the quality of employment for

those who do have work, stress, the ability to live independently and autonomously and freedom from pain and ill-health. Quality of life is also very strongly affected by physical health and four main risk factors need to be reduced: tobacco use, harmful use of alcohol, physical inactivity and poor diet. While smoking prevalence has fallen nationally and in Medway in recent years, the prevalence in 2010 was 24.9% (54,344 smokers), higher than the national average. There is also considerable variation in the prevalence across Medway with 16.2% in Rainham Central and 39.8% in Chatham Central. There is much evidence to support the positive health effects of smoking cessation and continued efforts to reduce smoking must be supported.

The other major causes are more difficult to address than smoking, and recent trends have shown there have substantial increases in alcohol-related hospital admissions in Medway and increases in obesity. Each of these risk factors are aspects of “lifestyle”, a concept that superficially sounds quite simple, yet involves a complex interaction of personal choice and responses to the social and physical environment. People need to make the right choices as they have a personal responsibility for their own health, and this happens more readily in an environment in which these choices are the easy or are the default choices.

One particularly important aspect of well-being is mental well-being. According to estimates derived from the 2007 psychiatric morbidity survey for England, in Medway in 2011 there were 33,500 people at any one time living with common mental health problems and 783 with a psychotic disorder. In February 2011 the total number of people in Medway claiming incapacity benefit was 7,120. Of these, 2,950 (42%) were claiming incapacity benefit for mental health reasons.

Nationally a five step approach is being promoted to improve mental well-being. These steps are directed at individuals, however creating a supportive environment that makes it easy for people to take these steps is likely to lead to more people doing so. This may involve, for example, encouraging neighbours to work together on a local project or engage together in a celebration; ensuring that Medway is a pleasant and safe place to walk and cycle; providing courses or venues for others to run courses; and promoting volunteering.

### **Reduce health inequalities**

Inequalities are a fundamental underlying feature of most health outcomes in Medway. Rates of death are higher in those who are more disadvantaged, as are emergency hospital admissions and rates of long-term illness. Health outcomes are not only worse in those who are the most disadvantaged; the inequalities follow a gradient and as such the response also needs to follow a gradient. This has been called “proportionate universalism” and simply means that health and social care provisions need to be made available to all, with increasing effort needed for those who are increasingly disadvantaged.

The Marmot Review identified six key areas for action, the first and highest priority area being to give every child the best start in life. This is because there is strong evidence that what happens in the early years has an effect on future employment prospects and health and well-being outcomes.

As well as the moral imperative to tackle inequalities there is a good business argument to do so. Emergency hospital admissions or more years spent with a long-term illness mean greater costs for health and social care systems. Taking action through prevention, education and improved health care to reduce inequalities by raising levels of health and well-being to reduce inequalities will result in reduced costs for the health and social care system caused by the major health and social care problems faced by Medway now and in the immediate future.

### ***The Joint Health and Wellbeing Strategy***

The themes identified in the JSNA are being developed in the Joint Health and Wellbeing Strategy (JHWS) by the Health and Wellbeing Board.