

## **CABINET**

**7 AUGUST 2012**

### **JOINT STRATEGIC NEEDS ASSESSMENT**

Portfolio Holder: Councillor David Brake, Adult Services

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#### **Summary**

This report presents the executive summary of the Medway Joint Strategic Needs Assessment for approval by the Cabinet.

#### **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. It 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.
- 2.2 Medway's first JSNA was published in 2008/9 in paper form and made available on Council and PCT websites
- 2.3 The JSNA Working Group with representatives from Medway Council, Medway Commissioning Group and NHS Kent and Medway has led the

further development of the JSNA, reporting to the Shadow Health and Wellbeing Board. The JSNA comprises: an executive summary (attached) 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 is available at [www.medwayjsna.info](http://www.medwayjsna.info) and it will be reviewed and refreshed regularly.

### **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 cost effective in terms of impact on future health and wellbeing. 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, treatment and support services to enable this age group to live independently and well will require effective co-ordinated action.

#### **Prevent early death and increase years of healthy life**

The major causes of premature death in Medway are cancer, circulatory disease (e.g. heart attacks, stroke and heart failure) and respiratory disease. Mental illness also impacts significantly on wellbeing and one in four adults will experience mental health problems at some time in their life. Reducing death rates and the impact of illness will involve early diagnosis, providing 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. 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.

#### **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 of health to reduce this gap particularly focusing on life expectancy in men.

#### 4. Risk management

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

#### 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.
- 5.2 The Shadow Health and Wellbeing Board held a stakeholder engagement event on 2 July 2012 where the JSNA themes were reviewed and priorities for action proposed. The Shadow Health and Wellbeing Board will review the proposals as it prioritises actions for the Joint Health and Wellbeing Strategy.

#### 6. Health and Adult Social Care Overview and Scrutiny Committee

- 6.1 The Director of Public Health gave a presentation on the Joint Strategic Needs Assessment (JSNA) to the Health and Adult Social Care Overview and Scrutiny Committee on 26 June 2012. This set the context, key components and messages in the assessment. Members were also given details of the involvement of the Health and Wellbeing Board in producing the JSNA.
- 6.2 The Director of Children and Adults emphasised that the JSNA was very much a whole picture of the health and social care needs of Medway residents. She also responded to a query, relating to teenage pregnancy, about the emphasis in the current curriculum of relationship and sex education and stated that as the curriculum changes were implemented from 2013 it would be important for Members to champion the need for relationship/sex education to still be included as a component of the curriculum.
- 6.3 The Committee expressed concern at some of the findings in the JSNA, in particular the fact that Medway residents could experience a shorter life expectancy and it would be very important to target resources against the needs to have the greatest impact. Members also queried the financial implications contained within the report that, it was noted, would be set out when the Committee considered a report on the Joint Health and Wellbeing Strategy on 9 October 2012.

- 6.4 Discussion also took place around concerns, raised by the representative from the Older People's Partnership, about poor experiences from service users relating to services provided by Medway Community Healthcare in particular those connected to diabetes such as podiatry. One of the concerns appeared to be that some people seemed no longer to be eligible for services and some were being asked to pay for services which had previously been provided free of charge. The treatment of concerns and complaints by the Medway Community Healthcare Trust was discussed. The Committee requested a briefing note from Medway Community Healthcare on the topic of diabetes services and podiatry in particular to clarify the concerns raised.
- 6.5 Discussion then took place regarding historical reasons for a shorter life expectancy in Medway and whether the health issues, which arose from working at Chatham Dockyard, had been taken into account in the statistics in the JSNA. The Director of Public Health stated that while occupational exposure to certain substances could impact on life expectancy this was not specifically taken into account.
- 6.6 The Committee agreed that their comments should be taken into account in the development of the Joint Health and Wellbeing Strategy, which would be submitted to the committee on 9 October 2012.

## **7. Financial and legal implications**

- 7.1 Although there are no direct financial or legal implications arising from the JSNA its purpose is to inform the development of the Joint Health and Wellbeing Strategy. Implementation of the strategy will have implications for the Council which will need to be addressed through the Medium Term Financial Plan and budget setting process. Failure to act on the findings of the JSNA, for example in improving preventative programmes, could result in increased demand for services and additional costs

## **8. Recommendation**

- 8.1 That the Cabinet note the key themes contained in the report as important evidence against which the Joint Health and Wellbeing Strategy will be developed.

## **9. Suggested reasons for decision**

- 9.1 Production of the Joint Strategic Needs Assessment is a statutory duty for the Council. It identifies the health and wellbeing needs for Medway which supports the development of the Joint Health and Wellbeing Strategy to address the priority needs in Medway. This ensures that there is a focus on improving outcomes and making the best use of resources.

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## **Background papers**

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 in our schools.

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 years. 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 challenge 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, are 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 and increase years of healthy life
- 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 years) is highly effective both in terms of the impact on future health and wellbeing and in being cost-effective. 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, which is a real challenge in Medway, impacts negatively on both maternal and child health. Parenting skills are important in 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.

The provision of good social care for children is important to ensure that children have a good start in life. In England the number of referrals to children's social care has increased in recent years and a similar pattern has been seen in Medway over the last two years, where the number of referrals has increased 63%, from 3,292 in 2009/10 to 5,364 in 2011/12. Of these, 383 children were subject to child protection plans in March 2012, higher than the national average but broadly in line with other similar unitary authorities of a similar size, for example Luton and Southend.

There has also been an increase in the number of children in care. In March 2011 Medway had 446 children in care, 19 more than in 2010/11. With 73 children in care per 10,000 children this is higher than the national average but again in line with other similar unitary authorities.

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

To respond to the care needs of children and young people, social workers play an important role in supporting children and young people to develop their emotional resilience and good physical and mental health. Medway is doing well at ensuring there are enough social workers with only 6.4% of social worker positions vacant in March 2012, the lowest level since at least 2006.

### **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 and increase years of healthy life**

Over recent decades public health and improved health care have led to dramatic reductions in the number of deaths. 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 include cancer, circulatory disease (e.g heart attacks, stroke and heart failure) and respiratory disease, 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.

Increasing years of healthy life will include improving care and treatment for those with mental health problems and long term health conditions such as diabetes and epilepsy. 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.