Joint Strategic Needs Assessment

- Developing shared approaches to improve health and wellbeing and reduce inequalities

Dr Tony Hill
Director of Public Health
NHS Lincolnshire and Lincolnshire County Council
Agenda

• Introduction
• Objectives
• Approach
• Presentation
• Example Commentary
• Draft Overview Report
• Tea/Coffee Break
• Suggested Priorities Areas
• Workshops
• Next Steps
Introduction – What is the JSNA?

- Comprehensive analysis of local current and future needs across a range of issues.
- Should include a wide range of quantitative and qualitative data, including user, patient and community views.
- Duty to produce a JSNA since 2007.
- Government has placed the JSNA at the heart of its proposals with regard to the future of local health improvement.
Objectives for JSNA 2011

- Establish JSNA as a continuous process;
- Improve level and quality of engagement;
- Produce a succinct annual JSNA report;
- Focus report on the health inequalities
36 topic areas identified based on the data.

Each topic has an identified ‘Owner’.

‘Owner’ issued with a template upon which to provide commentary.

Commentaries underwent a ‘peer review’ process.
What do we know?

- Indicator details
- Data, trends, profiles
- Targets and performance data
- Local views and engagement
- National and local strategies
- Current commissioned activity and services

What is this telling us?

- Key inequalities and equality impact
- What are the knowledge gaps?
- How are these impacting on effective service commissioning/delivery?
- What are the risks of us not delivering?
- What is coming on the horizon and what should we be doing next?
Presentation

• New JSNA Website
• Joined up approach
• Additional ways of viewing the JSNA
• Brief Overview Report
Welcome to the Interactive Lincolnshire Joint Strategic Needs Assessment

Welcome

Welcome to the new JSNA website for Lincolnshire. We are continuously seeking to improve the way we produce our JSNA for the county and present it useful and accessible ways. To this end we have undertaken an overhaul of the website this year and we hope you find it an interesting and useful resource.

What is the JSNA?

The JSNA process aims to provide a comprehensive analysis of local current and future needs across a range of issues, including a wide range of quantitative and qualitative data, including user, patient and community views.

The requirement to produce a JSNA has been a statutory duty on upper-tier local authorities and local NHS since 2007. This duty has been further enhanced by the current Health and Social Care Bill.

The Coalition Government has placed the Joint Strategic Needs Assessment at the heart of its proposals with regard to the future of local health improvement.

Lincolnshire Approach

The approach we are adopting for the JSNA in Lincolnshire is one of continuous improvement. We have already made great steps in improving our JSNA for 2011 but are clear that there is far more we can do to improve it.
Joint Strategic Needs Assessment - Lincolnshire Profile

Population

The Office for National Statistics (ONS) compiles annual mid-year population estimates based on the 2001 Census of Population, reflecting subsequent births, deaths, migration and ageing. The estimated resident population of an area includes all people who usually live there, regardless of their nationality.

The Lincolnshire Research Observatory also holds information on population based on GP registrations in the county.

The population of Lincolnshire is currently estimated to be 697,900 (using local authority boundaries) and projected to rise to 838,200 by 2033. The GP registered population is 732,510.

By 2033, all age groups are projected to grow with the largest increase in the group aged 75 and over. This age group is projected to more than double in size (109%) between 2008 and 2033.

For more information on our population in Lincolnshire please visit the LRO Population page.

Deprivation

The 2010 Indices of Deprivation provide a valuable source of data for evaluating various measures of deprivation existing in small areas across the country.
### Topics

- Alcohol (Adults)
- Breastfeeding
- Cancer
- Coronary Heart Disease (CHD)
- Childhood Immunisation
- Looked After Children
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Educational Attainment (Foundation)
- Educational Attainment (KS4)
- Excess Seasonal Deaths
- Falls
- Food and Nutrition
- Housing
- Learning Disabilities
- Life Expectancy
- Mental Health
- Obesity (Adults)
- Obesity (Children)
- Personalisation
- Physical Activity
- Physical Disabilities
- Pregnancy and maternal health
- Residential and Nursing Care
- Road Traffic Accidents
- Screening
- Smoking (Adults)
- Socio-economic
- Special Educational Needs

### Supporting Information

- Executive Summary (PDF)
Preventing people from falling is a key challenge for the NHS and local authorities in Lincolnshire. The consequences of falls can have huge implications for the person as well as being an issue which cuts across all agencies working with older people.
Presentation \(^{(6)}\)
Lincolnshire JSNA: Falls

What do we know?

Summary

The Department of Health (DOH) 2009 Falls and Fractures: Effective Interventions in Health and Social Care Model states that Falls represent a significant public health challenge, with numbers increasing at about 2% per year. Increased rates of falling, and the severity of the consequences, are associated with growing older and the rising rate of falls is expected to continue as the population ages.

In England:
- The number of people aged over 65 is due to rise by a third by 2025
- The number of people aged over 80 will double
- The number aged over 100 will increase fourfold

The model estimates that:
- 35% of the population aged over 65 experience one or more falls, rising to 45% for the population aged over 80
- Of these fallers between 10% and 25% will sustain a serious injury

In Lincolnshire the population aged over 65 is likely to double by 2033, and the model suggests that over 22,000 people could sustain a serious injury as a result of a fall.

Therefore, preventing people from falling is a key challenge for the NHS and local authorities in Lincolnshire. The consequences of falls cuts across all agencies working with older people and consequently the solution must be borne and supported by all agencies involved.
Currently Lincolnshire’s population is estimated to be 697,900 (using local authority boundaries).

Projected to rise to 838,200 by 2033.

GP registered population is 732,510.

Population aged 75 and over projected to double in size (109%) between 2008 and 2033.

Increase in the overall population is expected to be greater in Lincolnshire than in either the East Midlands or England.
Draft Overview Report - Deprivation

- 12% of Lincolnshire’s population (using IMD 2010) now live within the 20% most deprived areas of England compared with 11% in 2007.
- This figure is 29.8% for Lincoln, 22% for East Lindsey and 16.7% for Boston.
- The most deprived area in Lincolnshire is within the city of Lincoln.
Draft Overview Report – Life Expectancy

• Female life expectancy
  – Female life expectancy is 82 years, comparable to the female life expectancy across England of 82.2 years.
  – Female life expectancy in Lincoln and Boston is 81.1 years, North Kesteven is 83.1 years (a gap of 2 years).
  – At a lower level, Park Ward in Lincoln records female life expectancy as 74.6 years where as North Hykeham Forum Ward in North Kesteven shows life expectancy as 92.3 years (a gap of 17.7 years).
Male life expectancy

- Male life expectancy is 78.3 years in Lincolnshire, comparable to the national average of 78.1 years.
- Boston has the lowest male life expectancy of 76.6 years and North Kesteven has the highest of 79.3 years (a gap of 2.7 years).
- Gainsborough South West Ward in West Lindsey records male life expectancy as 71.7 years whereas North Hykeham Moor Ward in North Kesteven shows life expectancy as 84.2 years (a gap of 12.5 years).
• Disability free life expectancy
  – The number of years people are expected to live disability-free beyond 65 years varies across the county.
  – In Lincoln it varies between 21.5 years in the northern edge of the city compared to 14.8 years in the area to the east of the city centre (a gap of 6.7 years).
  – The smallest gap within a district council area is Boston which ranges from 16.7 to 19.3 years of disability-free life expectancy (a gap of 2.6 years).
• Infant mortality
  – The infant mortality rate in Lincolnshire is 4.3 deaths per 1000 live births. This is a lower rate than both the East Midlands and England. Some areas in Lincolnshire exhibit higher rates (Boston having a rate of 8.1 deaths per 1000).
  – The figures represent very small numbers of deaths and in depth investigations are carried out on all infant deaths in order to ascertain the cause (which may be, for example, due to babies born very premature or with congenital conditions).
Draft Overview Report – Major Diseases

• Heart Disease
  – 40% reduction in number of deaths over last 12 years.
  – Continues to be a key cause of premature death.
  – Can be preventable as linked to lifestyle issues such as smoking and poor diet.

• Stroke
  – 2% of population live with consequences of stroke.
  – Risk of stroke increases with age.
  – Risk of stroke linked to lifestyle issues such as smoking, excessive alcohol consumption, poor diet and low levels of physical activity.
Cancer

- Accounts for approximately 25% of deaths in the county.
- Two thirds of cancers potentially preventable.
- Lifestyle risk factors associated with some cancers.

Diabetes

- Estimated prevalence of diabetes is higher than actual.
- Lincoln has the highest emergency hospital admission rates for diabetes patients.
- Age and deprivation are associated with diabetes prevalence. Increased risk of stroke and heart disease.
• Chronic Obstructive Pulmonary Disease (COPD)
  – Estimated prevalence of COPD in Lincolnshire is significantly higher than actual recorded prevalence.
  – Despite having the second highest estimated prevalence of COPD, South Kesteven has the lowest rate of deaths related to COPD in the county. Lincoln has the highest rate of deaths in the county.
  – Lifestyle factors are closely associated with COPD demonstrated by the fact that prevalence is higher in areas of deprivation.
Children and Young People

• Breastfeeding
  – Initiation rates and rates of breastfeeding at 6 to 8 weeks are lower in Lincolnshire than in the East Midlands or across England.
  – In Lincolnshire rates of breastfeeding at 6 to 8 weeks are lower in more deprived areas than in those which suffer less deprivation.

• Childhood Immunisation
  – Vaccination coverage has improved in Lincolnshire across the majority of childhood immunisations.
  – The vaccination programme is more readily accepted in areas which are more deprived.
Children and Young People

• Weight
  – Children measured as overweight or obese in Lincolnshire are continuing to rise.
  – Children measured as underweight at year 6 has seen a slight increase.

• Physical activity
  – Level of participation in PE has improved between 2008/09 and 2009/10 from 62% to 82%.
  – There are links between deprivation and physical inactivity and this can also be linked to diseases such as heart disease and diabetes in later life.
Children and Young People

• Educational achievement
  – Outcomes for pupils at the end of Foundation and Key Stage 4 at school in Lincolnshire exceed the national and regional levels.
  – The gap in achievement between "key vulnerable groups" and their peers at Key Stage 4 is wider in Lincolnshire than the National average.

• Looked after children (LAC)
  – National trend is upwards but Lincolnshire is managing down demand.
  – LAC are at high risk of social exclusion, health inequalities and inequalities in educational attainment.
Draft Overview Report – Adults

• Smoking
  – Prevalence is falling in Lincolnshire, which mirrors what is happening across England.
  – Geographical differences in prevalence of smoking mirror inequalities and deprivation and smoking rates are higher in lower income groups.

• Alcohol
  – Rates of admission to hospital for alcohol related harm remains lower in Lincolnshire than in England and the East Midlands.
  – Alcohol difficulties generally follow deprivation patterns, although there is some variance in the pattern.
Draft Overview Report – Adults

• Obesity
  – Obesity levels remain relatively static however the east of the county has higher levels than the west.
  – Obesity is directly associated with deprivation, older age and low income. The distribution of obesity across Lincolnshire correlates with age, deprivation and disease trends.

• Adults with disabilities supported by Social Care
  – Greater proportion of people receiving their care via self directed support than in England.
  – Prevalence data suggests there are more people with disabilities than are known to social care services.
Falls

- Admissions to hospital involving a fall continue to rise across Lincolnshire. However some areas in the county have seen increases.
- Physical inactivity, housing condition as well as age related health conditions all increase peoples risk of falling.

Mental Health

- 2.5% of the population estimated to have a mental health condition accessed social care in 2009/10.
- Numbers of people with dementia are likely to double over the next 20 years in Lincolnshire.
Older people supported by social care services

- Admissions to residential and nursing care for older people in Lincolnshire are falling whilst overall demand is increasing (due to factors such as ageing population).
- Poor levels of income coupled with heightened risks of disability and poor health as people age mean that older people are likely to suffer significant inequalities.
Workshop 1

Draft Overview Report

• Have we struck the right balance between being a balanced overview of health and wellbeing needs and trying to be ‘all things to all people’ in terms of:
  − Proposed content;
  − Presentation of the JSNA; and
  − Approach to it’s development
Tea/coffee break
Suggested Priority Areas

- Addressing unhealthy behaviour
- Improving health and wellbeing for older people
- Delivering high quality systematic care for major causes of ill health
- Reducing health inequalities for children
- Worklessness
We have all along emphasised the need to link these priorities to the Marmot Review of Inequalities which produced a number of guiding principles. These are:

a) Give every child the best start in life
b) Enable all children young people and adults to maximise their capabilities and have control over their lives
c) Create fair employment and good work for all
d) Ensure healthy standard of living for all
e) Create and develop healthy and sustainable places and communities
f) Strengthen the role and impact of ill health prevention
## Priority/Marmot Objectives

<table>
<thead>
<tr>
<th>Marmot Objective</th>
<th>a) Give every child the best start in life</th>
<th>b) Enable all children to maximise their capabilities</th>
<th>c) Create fair employment and good work for all</th>
<th>d) Ensure healthy standard of living for all</th>
<th>e) Create and develop healthy and sustainable communities</th>
<th>f) Strengthen the role and impact of ill health prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suggested Priority</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority 1</td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
</tr>
<tr>
<td>Addressing unhealthy behaviour</td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
</tr>
<tr>
<td>Priority 2</td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
</tr>
<tr>
<td>Improving health and wellbeing for older people</td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
</tr>
<tr>
<td>Priority 3</td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
</tr>
<tr>
<td>Delivering high quality systematic care for major causes of ill health</td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
</tr>
<tr>
<td>Priority 4</td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
</tr>
<tr>
<td>Reducing health inequalities for children</td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
</tr>
<tr>
<td>Priority 5</td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
</tr>
<tr>
<td>Worklessness</td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
<td><img src="checkmark.png" alt="Check" /></td>
</tr>
</tbody>
</table>
Workshop 2

Suggested Priority Areas

• Are the priorities right in terms of:
  – Do the think the priorities are the right ones?
  – Are there further priorities to be considered?
  – Are there priorities which don’t seem right?

• Please rank existing priorities in order of importance
  (1 = most important, 5 = least important)
## Next Steps - Timescales

### Key Milestones

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 2011</td>
<td>Report drafted</td>
</tr>
<tr>
<td>May 2011</td>
<td>Report presented to Health and Wellbeing Board</td>
</tr>
<tr>
<td>Jun 2011</td>
<td>JSNA published on LRO</td>
</tr>
<tr>
<td>Jun/Jul 2011</td>
<td>Consultation on draft report</td>
</tr>
<tr>
<td>Aug 2011</td>
<td>Final Overview Report published</td>
</tr>
</tbody>
</table>
Next Steps – Future Developments

1. Monitor continuous improvement by undertaking an annual JSNA ‘Health Check’ with partners

2. Engage communities by developing asset based approaches to be used in conjunction with the JSNA

3. Establish an alignment with various assessments of need (e.g. Child Poverty Needs Assessment)

4. Improve quality and presentation of data on Lincolnshire Research Observatory

5. Develop a strategic development group to report progress and support the Health and Wellbeing Board