

Health and Wellbeing Board

27 April 2016

Report title	Joint Strategic Needs Assessment Update	
Cabinet member with lead responsibility	Councillor Sandra Samuels Public Health and Wellbeing	
Wards affected	All	
Accountable director	Linda Sanders	People
Originating service	Public Health	
Accountable employee(s)	Ros Jervis Glenda Augustine Tel Email	Director of Public Health Advanced Health Improvement Specialist: Needs Assessment 01902 559662 Glenda.augustine@wolverhampton.gov.uk
Report to be/has been considered by	Public Health Senior Management Team People Leadership Team	31 March 2016 11 April 2016

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Approve the progress and initial outputs of the Joint Strategic Needs Assessment.

1.0 Purpose

- 1.1 The purpose of this paper is to provide the Health and Wellbeing Board with an update on the progress of the development of the Joint Strategic Needs Assessment (JSNA) 2016.

2.0 Background

- 2.1 The JSNA is an integral part of improving population health and well-being and reducing local health inequalities. It aims to provide an assessment of the current and future health and social care needs of the local population. The identification of health and social care need will inform strategic planning alongside the commissioning of services to address unmet need. The JSNA will also support the monitoring of trends and evaluation of performance data in relation to commissioned services.
- 2.2 In October 2015 the Health and Wellbeing approved:
- The formal establishment of a representative JSNA Steering Group
 - The publication of a wide compendium of population health and social care need
 - The development of an 'interactive' electronic JSNA to provide access to the compendium findings to support commissioning and provide information and on-going engagement with interested parties.
- 2.3 A life course approach with defined topics was the chosen method for presenting the compendium of health and social care need (see Appendix One). Evidence gained from a review of the JSNAs across England demonstrated that this approach provided the most comprehensive capture of health and social care need. It enables a review of key ages and stages of life, highlighting critical periods throughout the life course for interventions to improve health and wellbeing.
- 2.4 This paper will outline developments that have taken place up to March 2016.

3.0 Progress on production of the Joint Strategic Needs Assessment.

- 3.1 A comprehensive JSNA Policy and Process document was produced outlining the following:
- JSNA Steering group: Membership and its governance structure
 - The JSNA Process for Wolverhampton
 - Production of an Overview Report depicting a life course approach
 - Prioritisation process to identify areas for topic-specific JSNAs
 - Production of topic specific JSNAs
 - Templates for JSNA Content: Overview and Topic specific JSNAs
 - Quality review of the JSNA process
 - Stakeholder Engagement process

3.2 JSNA Steering Group

3.2.1 The first meeting of the JSNA Steering Group was held on 1 February 2016, with wide partnership engagement across health, social care and the voluntary sector (see Appendix Two). Draft terms of reference were presented and there was a detailed review of the policy and process document.

3.2.2 The second meeting of the Steering group is planned for 3 May 2016 where two chapters of the overview report will be reviewed. The highlights from the draft topic-specific report on children and young people with Special Educational Needs and Disabilities (SEND) will also be discussed. The aim of this report, once completed, will be to determine current service provision for this group of children and young people, identify any gaps in service provision and inform the commissioning of SEND services to address unmet needs.

3.3 Compendium of population health

3.3.1 The JSNA Steering Group approved the production of an overview report with six detailed of chapters across the life course and summary chapter, providing analysis on:

- How long people live: life expectancy and healthy life expectancy
- Causes of early death
- Start well
- Develop well
- Live, work and stay well – adults
- Age well

3.3.2 The first chapter of the JSNA is complete and provides an overview of life expectancy, health life expectancy, wellbeing and health and social care related quality of life. Data for Wolverhampton is presented in comparison to statistical neighbours and national outcomes. Ward level data and spend is provided for life expectancy. There is also a summary of what information is provided by the data and where applicable, indicative commissioning needs.

3.3.3 A complete analysis of chapter one is available in Appendix Three. The summary findings are:

3.3.3.1 *Life Expectancy*

- Life Expectancy at birth in males in 2012-2014 in Wolverhampton is 77.6 years which is a slight improvement from 77.5 years in 2011-2013
- Life expectancy at birth in females in 2012-2014 in Wolverhampton is 81.8 years which is a slight decrease from 82 years in 2011-2013
- Although life expectancy for females has been consistently higher than life expectancy for males, the gap in life expectancy between the genders has reduced from 9% (6.4 years) in 1991-1993 to 5% (4.2 years) in 2012-2014.
- The gap in life expectancy by ward has increased for both males (8.9 years) and females (6.9 years) in 2010-2014, compared to 6.2 years and 5.3 years respectively in 2001-2005

- *Life Expectancy Summary:* This means that although there is a gradual increase in life expectancy for both men and women in Wolverhampton, on average, our residents are still dying at a younger age than men and women in England. Whilst the gap in life expectancy between men and women in Wolverhampton is decreasing, the gap in life expectancy between wards has increased, indicating increasing inequalities by ward.

3.3.3.2 *Healthy Life Expectancy*

- Wolverhampton is performing poorly on healthy life expectancy at birth for both males (56.9) and females (58.3) in 2012-14. The trend for healthy life expectancy is not improving and the gap between healthy life expectancy and life expectancy is increasing for males (from 18 years in 2009-2011 to 21 years in 2012-2014) and very slightly decreasing for females (from 23.6 years in 2009-2011 to 23.5 years in 2012-2014).
- *Healthy Life Expectancy Summary:* This means that both men and women in Wolverhampton are living experiencing an increase in the number of years of ill-health prior to their death. Over a quarter of our resident's life expectancy is lived with increasing disability.

3.3.3.3 *Health Related Quality of Life*

- In 2014/15, more people in Wolverhampton rated their wellbeing as high or very high compared to low or medium for life satisfaction (67%), worthwhile (72%) and happiness (66%). Nearly 70% recorded low or medium level of anxiety, that is, high level of wellbeing.
- Although levels of satisfaction and 'feeling worthwhile' are lower than the average for the West Midlands and England, more people in Wolverhampton feel 'less anxious' (69%) compared to the regional (67%) and national (64%) average.
- The Health Related Quality of Life for adults and older people with long term conditions and mental health conditions in Wolverhampton is slightly improving. It is however, still significantly lower compared to West Midlands and England.
- *Health Related Quality of Life Summary:* This means that although Wolverhampton residents report lower levels of satisfaction and feelings of worth, they report less anxiety than the average individual in England.

3.3.3.4 *Social Care Related Quality of Life*

- Social Care Related Quality of Life (SCR QoL) in Wolverhampton is above the West Midlands and England average. However, the gap between male and female SCR QoL is increasing and there is a fall in SCR QoL overall since 2011/12.
- *Social Care Related Quality of Life Summary:* This means that Wolverhampton users of social care report less unmet needs relating to personal and social care and support needs (personal control and care, food and nutrition, accommodation, safety, social participation, occupation and dignity). However, there are inequalities between men and women, with women reporting less unmet needs than men.

3.3.4 The aim is to complete the additional chapters of the overview report by November 2016.

3.4 Interactive JSNA Website

- 3.4.1 The City of Wolverhampton Council Information and Communication Technology team are currently reviewing the options available for the creation of an interactive website. The options include designated page on the council website, with further development following the digital transformation programme or development of a separate website.

4.0 Financial implications

- 4.1 There are no explicit funding implications arising from the production of the JSNA products and administration of the Steering Group. Any costs arising from these functions will be met from existing budgets within Public Health. [AS/15042016/F]

5.0 Legal implications

- 5.1 There are no anticipated legal implications to this report. [RB/01042016/L]

6.0 Equalities implications

- 6.1 The process of analysing health and social care need may highlight inequalities in service access or provision which could adversely affect people differently or not meet the needs of certain groups. There will be specific recommendations made regarding commissioned services, where applicable, to address any inequalities identified.

7.0 Environmental implications

- 7.1 There are no environmental implications related to this report.

8.0 Human resources implications

- 8.1 There are no anticipated human resource implications related to this report.

9.0 Corporate landlord implications

- 9.1 This report does not have any implications for the Council's property portfolio.

10.0 Schedule of background papers

- 10.1 Wolverhampton Joint Strategic Needs Assessment: Policy and Process 2016 presented at JSNA Steering Group on 1 February 2016.