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CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

30 November 2016

Report title	Joint Strategic Needs Assessment Update	
Cabinet member with lead responsibility	Councillor Paul Sweet Public Health and Wellbeing	
Wards affected	All	
Accountable director	Linda Sanders	People
Originating service	Public Health	
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Report to be/has been considered by	Public Health Senior Management Team	3 November 2016
	People Leadership Team	14 November 2016
	Joint Strategic Needs Assessment Steering Group	23 November 2016

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to note:

1. The on-going development and completed sections of the Joint Strategic Needs Assessment (JSNA)
2. The findings of the topic specific JSNA report into children and young people with special educational needs and disability (SEN(D))

1.0 Purpose

1.1 The purpose of this paper is to provide the Health and Wellbeing Board (HWBB) with an update of progress on the Joint Strategic Needs Assessment (JSNA) and the specific JSNA report relating to children and young people with special educational needs and disability (SEN(D)).

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 across the whole system 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 HWBB approved a large scale review and redesign of the JSNA. In April 2016, early developments were presented to demonstrate the 'new look' JSNA. This paper seeks to update the HWBB with the key highlights of an additional part to the 'overview' section of JSNA: causes of early death, a topic specific report relating to children and young people with special educational needs and disability (SEN(D)) and progress on further sections of and additional needs assessments relating to the JSNA.

3.0 JSNA Overview Report: Causes of Early Death

3.1 The JSNA overview section now includes a summary of the causes of early death, (premature mortality), before the age of 75 years. Data for Wolverhampton is presented in comparison to statistical neighbours and national outcomes. Ward level data and spend is provided for where available, with an explanation of the findings and indicative commissioning considerations.

3.2 In summary, there has been improvements in the following rates of early deaths in Wolverhampton between 2011-13 and 2012-14:

- Infant mortality
- Cardiovascular disease
- Coronary heart disease
- Liver disease
- Alcohol related mortality
- Respiratory disease
- Communicable disease
- Excess winter deaths (all ages; 85 years and over)

3.3 It should be noted that despite some improvement all the indicators above, with the exception of excess winter deaths aged 85 years and over, remain significantly worse than the England average. The rate of excess winter deaths for older adults is similar to the England average.

3.4 The following rates of early death in Wolverhampton between 2011-13 and 2012-14 have increased, remaining consistently worse than the England average:

- All causes of early death
- Cancer; Lung cancer
- Stroke
- Causes considered preventable
- Smoking attributable
- Serious mental illness
- Suicide and injury of undetermined intent

3.5 Early deaths in Wolverhampton due to excess winter deaths are higher in females. The rates of early death in Wolverhampton that have been consistently higher in males include cancer, cardiovascular diseases and liver diseases.

3.6 The rates of early deaths in Wolverhampton (2010-2014) due to following causes are more prevalent in most deprived areas of Wolverhampton:

- All causes of early death
- Infant Mortality
- Cancer; Lung cancer
- Coronary Heart Disease; Stroke; Circulatory Diseases
- Alcohol related deaths
- Suicides

4.0 SEN(D) JSNA

4.1 The recent reform of the Government's Children and Families Act (2014) and introduction SEN(D) code of practice: 0 to 25 years' (2015) is transforming the way children and young people with SEN(D) receive services across education, health and social care. In Wolverhampton, SEN(D) is a key priority for joint commissioning between the Council and the Wolverhampton Clinical Commissioning Group (CCG) and this topic was identified as the first deep-dive area for the JSNA.

4.2 The SEN(D) JSNA aims to collate and analyse national and local information and data to develop a comprehensive picture of education, health and social care needs of children and young people with SEN(D) in Wolverhampton. This needs assessment will particularly focus on children and young people aged 0 to 25 years with:

- Learning difficulties (specific learning difficulties, moderate learning difficulties, severe learning difficulties and profound and multiple learning difficulties)
- Special educational needs (that is, communication and interaction, cognition and learning, social, emotional and mental health and sensory and/or physical needs). This would include hearing impairment, visual impairment and multi-sensory impairment

- Physical disability
- Autistic spectrum disorder

4.3 The identified future needs for children and young people with SEN(D) in Wolverhampton are likely to be influenced by the following:

- Estimated increase in 0 - 24 year old population, particularly those in the age group 10 - 24 year olds
- Predicted increase in:
    - Specific learning difficulty and visual impairment in secondary schools
    - Speech, language and communication needs in secondary schools
    - Rate of autism
- Increasing complexity of need, including mental health

4.4 The key findings are:

- There are 6,935 pupils receiving SEN provision in Wolverhampton, of which 5,782 (83%) received SEN support, 972 (14%) received a SEN statement and 181 (2.6%) received an EHC plan in 2015/16
- 851 children with SEN or EHC Plans have accessed social care services and there were 1,030 children and young people in Wolverhampton recorded on CareFirst with learning disabilities in April 2015
- Boys with SEN/ EHCP, children aged 10-19 years with SEN or EHCP and those living in more deprived areas were more likely to access social care services
- The trend in the proportion of pupils receiving SEN support and SEN statements/ EHC plans in Wolverhampton is decreasing
- Educational attainment for children and young people with SEN in KS1, KS2 and at year 11 is improving
- In 2015, 87% of 16-17 year olds with SEN(D) were in education and training compared to 88.7% 16-17 year olds without SEN(D). The gap between children with and without SEN(D) has reduced from 9.4% in 2013 to 1.7% in 2015.
- Some of the gaps identified by parents/ carers and young people include:
    - Improved communication with parents and among services
    - Timely referral and diagnosis
    - Timely SEN assessments
- Some of the gaps identified by service providers / commissioners including education:
    - Support for children and young people with ASD and mental and behavioural problems
    - Increased independence and employment opportunities
    - Improved transition from children to adult services

4.5 41 stakeholder-led recommendations or actions were developed as a result of the SEN(D) JSNA stakeholder event. These can be categorised into the five following areas:

- Data for children and young people with SEN(D)
- Transition to adulthood
- Support for children and young people with SEN(D) with complex needs and mental health needs
- Promoting independence among children and young people with SEN(D)
- Organisational training needs

4.6 The Council is currently integrating health and social care data via a PI database. Should integrated data be made available through a future phase of the PI Project consideration should be given to updating of the SEN(D) JSNA.

5.0 Future development of the JSNA – in the pipeline

5.1 Over recent months' good partnership working has resulted in the collation of information to develop various sections of the JSNA. The following list provides an outline of further topic specific reports and additional life-course sections of the JSNA that are in progress and the proposed time to completion. These would include information about the current prevalence, trend analysis, national and regional comparisons as well as identifying any inequalities in terms of age, gender, ethnicity, deprivation, and variation between wards in Wolverhampton (where available). A summary of what can be expected is listed below:

- Start well section – due December 2016, to include:
  - Child Poverty
  - Pregnancy and post-natal care
  - Family life and parenting including obesity, physical health and oral health in children
  - Vaccination Coverage
- Develop well section – due January 2017, to include:
  - Safeguarding children and young people including Looked after Children, children in need and child protection
  - Child Abuse
  - CAMHS
  - Emergency admissions to hospital among children
  - Supporting young people including alcohol and substance misuse among young people, smoking and obesity in young people, youth violence, young carers, NEET, children with long term conditions, children with SEND and parental experience of services
  - Sexual health in young people
  - Education including GCSE's achieved and pupil absence
- Mental Health Needs Assessment - due February 2017
- Suicide Prevention Needs Assessment – due February 2017
- Headstart Needs Assessment – due March 2017
- Live well section due March 2017, to include:

  - Crime including violent crime, domestic abuse, anti-social behaviour, offending and re-offending
  - Housing
  - Employment
  - Lifestyle
  - Health Protection
  - Service Utilisation including dental services, A&E attendances, GP services, emergency admissions, uptake of cancer screening and NHS Health Checks
  - Resident Voice
- Age well section due April 2017, to include:
  - Hospital adimssions including hip fractures, falls, delayed transfer of care
  - Co-ordination of care including dementia, vaccination coverage for over 65s, people receiving direct payments
  - Management of long term conditions including diabetes, CVD, COPD, mental illness, adults with co-morbidites, cancer survival
  - End of life care
- Wolverhampton City section due April 2017, to include:
  - Local area
  - Population (including migration)
  - Ethnicity and Culture
  - Economy
  - Poverty and Deprivation
  - Housing
  - Transport

5.2 Over the recent months, various organisations including the Wolverhampton CCG, Royal Wolverhampton NHS Trust, Black Country Partnership Foundation Trust, University of Wolverhampton, Police and various departments within Wolverhampton Council such as social care, education, housing, transport and business intelligence have been involved in providing data and developing the JSNA. We would like to continue with this participatory approach to the JSNA across the whole system of health and social care.

5.3 The next update paper will be due for presentation post April 2017 following completion of all sections of the 'Overview' report of the JSNA.

6.0 Access to the JSNA

The causes of death report and the SEN(D) JSNA can be accessed via the following link. http://www.wolverhampton.gov.uk/Wolverhampton-Health-and-Wellbeing-Board. We are currently in conversation with the council digital transformation team and soon all the JSNA documents will be available on the council website.

7.0 Financial implications

7.1 There are no direct funding implications arising from the production of the JSNA. Any costs arising from implementation of the JSNA recommendations will be met from within existing resources in either Public Health or the SEN(D) service areas. [GS/31102016/F]

8.0 Legal implications

8.1 There are no anticipated legal implications to this report. [RB/07112016/B]

9.0 Equalities implications

9.1 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

10.0 Environmental implications

10.1 There are no environmental implications related to this report.

11.0 Human resources implications

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

12.0 Corporate landlord implications

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

13.0 Schedule of background papers

13.1 Wolverhampton Joint Strategic Needs Assessment: Policy and Process 2016 presented at JSNA Steering Group on 1 February 2016 and HWBB paper presented in October 2015.

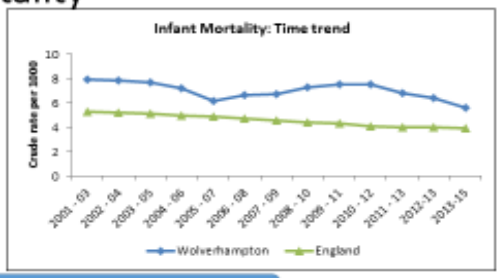
APPENDIX: Sample of JSNA Content

Infant Mortality

Infant Mortality rate is defined as number of deaths under the age of one year, per 1000 live births. It consists of 2 components:

- Neonatal mortality rate: rate of neonatal deaths (those occurring during the first 28 days of life) per 1000 live births
- Post-neonatal mortality rate: rate of infants death occurring between 28 days and less than one year per 1000 live births

Neonatal mortality is considered to reflect the health and care needs of both mother and new-born.

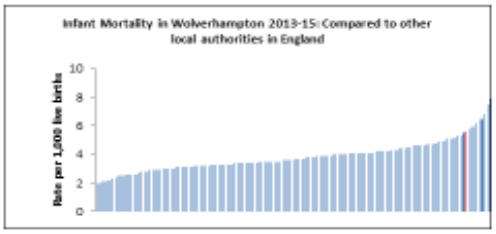


Infant Mortality in Wolverhampton is reducing

Wolverhampton 2013/15 (per 1000 live births)	England 2013/15 (per 1000 live births)
5.6	3.9

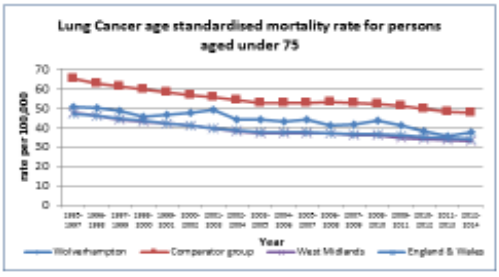
2001/03 → 2013/15: 2.3 (per 1000 live births)

Infant mortality in Wolverhampton is 10th highest compared to other local authorities and is significantly higher compared to England.



Mortality rates in Under 75s from Lung Cancer

Premature mortality from lung cancer is an important public health concern in Wolverhampton



Premature mortality from Lung Cancer in Wolverhampton is improving

Wolverhampton 2012/14 (DSR per 100,000)	England 2012/14 (DSR per 100,000)
37.2	33.8

Wolverhampton (DSR per 100,000): 1995/97 → 2012/14: 13.7

Wolverhampton (DSR per 100,000): 2011/13 → 2012/14: 1.7

Premature mortality rate for lung cancer in 2010-14 is worst in most deprived areas of Wolverhampton

Most Deprived	Least Deprived
49.3 DSR per 100,000	16.9 DSR per 100,000

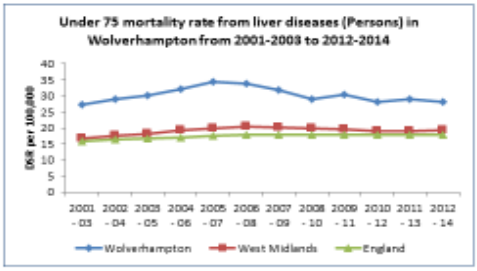
2010-2014

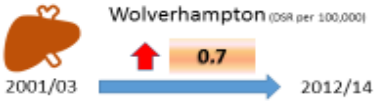
Mortality rates in Under 75s from Liver diseases

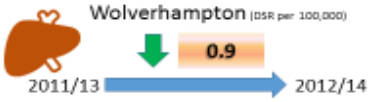
Premature mortality i.e. deaths occurring before a person reaches the age of 75 is a major public health concern. Liver diseases is one of the leading causes of premature mortality.

Premature mortality from Liver diseases in Wolverhampton is getting slightly worse compared to 2001/03

Wolverhampton 2012/14 (DSR per 100,000)	England 2012/14 (DSR per 100,000)
28	17.8







Mortality rates in Under 75s from Respiratory Diseases

Respiratory disease is one of the top causes of death in England in under 75s and smoking is the major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases

Premature mortality from respiratory disease in Wolverhampton has worsened since 2001-03 with peaks and troughs throughout

Wolverhampton 2012/14 (DSR per 100,000)	England 2012/14 (DSR per 100,000)
45.3	32.6