



Health and Wellbeing Board

5 November 2014

Report title	Joint Strategic Needs Assessment Refresh 2014	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Public Health	
Accountable employee(s)	Ros Jervis Glenda Augustine Tel Email	Director Public Health Consultant in Public Health 01902 554211 ros.jervis@wolverhampton.gov.uk
Report to be/has been considered by	Public Health Senior Management Team 15 th October 2014	

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

- 1.1 Note the annual change in the health and social care indicators that inform the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
- 1.2 Approve the publication of the Joint Strategic Needs Assessment Refresh for 2014.

1.0 Purpose

- 1.1** The purpose of this report is to provide an update on the changes to the health and wellbeing of the residents of Wolverhampton as indicated by a review of the outcomes frameworks that have informed the Joint Strategic Needs Assessment (JSNA).

2.0 Background

- 2.1** The JSNA is a tool to understand the needs of Wolverhampton residents and agree collective action. It is a process that identifies the current and projected health and wellbeing needs of the local population across the life course, and brings together evidence in the form of numerical data, insights from communities and other high quality published evidence.
- 2.2** The JSNA informs the priorities of the Health and Wellbeing Board's Joint Health and Wellbeing Strategy (JHWBS) and provides a shared evidence base for consensus on the key local priorities.
- 2.3** The Health and Wellbeing Board agreed that the JSNA and JHWBS should be reviewed annually, as the JSNA is an on-going process that needs to be updated and refreshed so that the intelligence continues to provide the latest information for the population and the JHWBS continues to reflect the right priorities
- 2.4** This 2014 refresh reviewed the following outcomes frameworks; Public Health, NHS, Adult Social Care and the locally produced Children's framework in comparison to the baseline health and wellbeing data published in 2013. The detail of the individual indicator changes is outlined in appendix one with a graphical portrayal of the rating against the England average.
- 2.5** It was not possible to compare a number of indicators with previously reported data due to a change in the reporting methodology, so the new figures in this report will provide a baseline for future reporting.

3.0 Key Findings of JSNA Refresh

- 3.1** Wolverhampton is managing the housing needs of homeless individuals, even though there is a high level of homelessness. This indicates that services are effective and this outcome does not impact on the current priorities in the Joint Health and Wellbeing Strategy.
- 3.2** The rate of teenage pregnancies in Wolverhampton has reduced by almost a quarter over two years and although the rate remains higher than the England average, current

interventions appear to be effective. This finding does not impact on the current priorities in the Joint Health and Wellbeing Strategy.

- 3.3 The chlamydia screening programme is effectively identifying young people with this condition but may need to consider increasing uptake in young men. However, this issue of young men engaging with this programme is universal and does not impact on the current priorities in the Joint Health and Wellbeing Strategy.
- 3.4 Whilst uptake of flu immunisation has improved, further work is required to encourage 'at-risk' individuals to participate in the immunisation programme. This is currently being addressed nationally and locally and does not impact on the current priorities in the Joint Health and Wellbeing Strategy.
- 3.5 There has also been significant improvement in ten indicators across health and social care resulting in better outcomes for individuals and communities, alongside an improved rating in the frameworks. These outcomes do not impact on the current priorities in the Joint Health and Wellbeing Strategy.
- 3.6 Wolverhampton was reported to have the worst outcomes in the West Midlands for excess weight in children aged 4-5 years and 10-11 years, breast cancer screening and uptake of two doses of the Measles, Mumps and Rubella (MMR) vaccine.
- 3.7 Infant mortality was the only indicator where Wolverhampton had the worst outcome in England. This work is being addressed by a multi-agency infant mortality working group and there will also be a health scrutiny review. This outcome should not impact on the current priorities in the Joint Health and Wellbeing Strategy.

4.0 Additional Indicators Reported in the JSNA Refresh

- 4.1 Additional indicators from the Public Health Outcomes Framework, not previously listed in the framework report for 2013, have been included in this report. These indicators are excess weight in children age 4-11 years, excess weight in adults and MMR – one dose at 2 years and two doses at age 5 years.
- 4.2 The indicators on excess weight have been included, supplementary to the already listed indicator on obesity, to provide a complete overview of the proportion of the population that would benefit from weight management programmes.
- 4.3 The change in the reporting of the MMR vaccine uptake has been amended to provide completeness of vaccine coverage, as two doses of the vaccine are required to provide satisfactory protection against these infectious diseases. Therefore, reporting should reflect initial uptake at age 2 years and total uptake, that is, two doses at age 5 years.

5.0 Impact of JSNA Refresh

- 5.1 The update of the national outcomes framework indicates that there is no significant impact on the current strategic priorities within the Wolverhampton Joint Health and Wellbeing Strategy.
- 5.2 Whilst the reporting of the majority of the outcomes remains unchanged, there has been some slight improvement over the past year. This is not an unusual finding for an annual review of data as significant changes in population of health and social care outcomes evolve over time, with the true impact of intervention success emerging between three and five years from the baseline.

6.0 Financial implications

- 6.1 This report has no direct financial implications.

[NM/23102014/J]

8.0 Legal implications

- 8.1 There are no anticipated legal implications to this report.

[KR/22102014/G]

9.0 Equalities implications

- 9.1 This report does highlight a gender inequality within the Chlamydia screening programme that is known finding throughout this national programme. This does not directly impact on service delivery or employment.

10.0 Environmental implications

- 10.1 There are no anticipated 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 The outcome frameworks spine charts are included for information.