

Joint Strategic Needs Assessment

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What is the JSNA?

- The **'big picture'** of health, well-being and inequality needs of the local population
- The main point of reference for all local strategic planning and commissioning for health
- A description of both current and future needs (as far as this is possible)
- Evidence-based
- A statutory requirement:
 - Since April 2008 for local authorities and primary care trusts (Local Government and Public Involvement in Health Act 2007)
 - From April 2013 for local authorities and clinical commissioning groups (Health and Social Care Act 2012)
- Informs the Joint Health and Wellbeing Strategy and incorporates the needs assessments underpinning other plans e.g. Children's Trust and SPP

Underpinning the Joint Health and Wellbeing Strategy (JHWS)

- The monitoring report on the JHWS shows how the board is doing on the priorities it has already identified against national outcomes measures
- The JSNA itself gives a lot more detail:
 - It shows how our performance has changed over time, comparison to statistical neighbours etc
 - It breaks down Portsmouth data into much more detail e.g. dementia diagnosis by GP practice
 - Its mapping tools and other interactive features let you interrogate the data

Underpinning the Joint Health and Wellbeing Strategy (JHWS) continued.

- JSNA highlights other areas for the HWB to consider as new priorities
- You have already been asked to think about some other issues that could be priorities in the strategy
 - mental health
 - lifestyle issues
 - place
- Here are a couple of very quick snapshots of what we know from the JSNA summary...

Snapshot from the JSNA - Mental Health

Locally, deprivation is strongly correlated with the level of adults receiving services from Adult Social Care for mental health problems

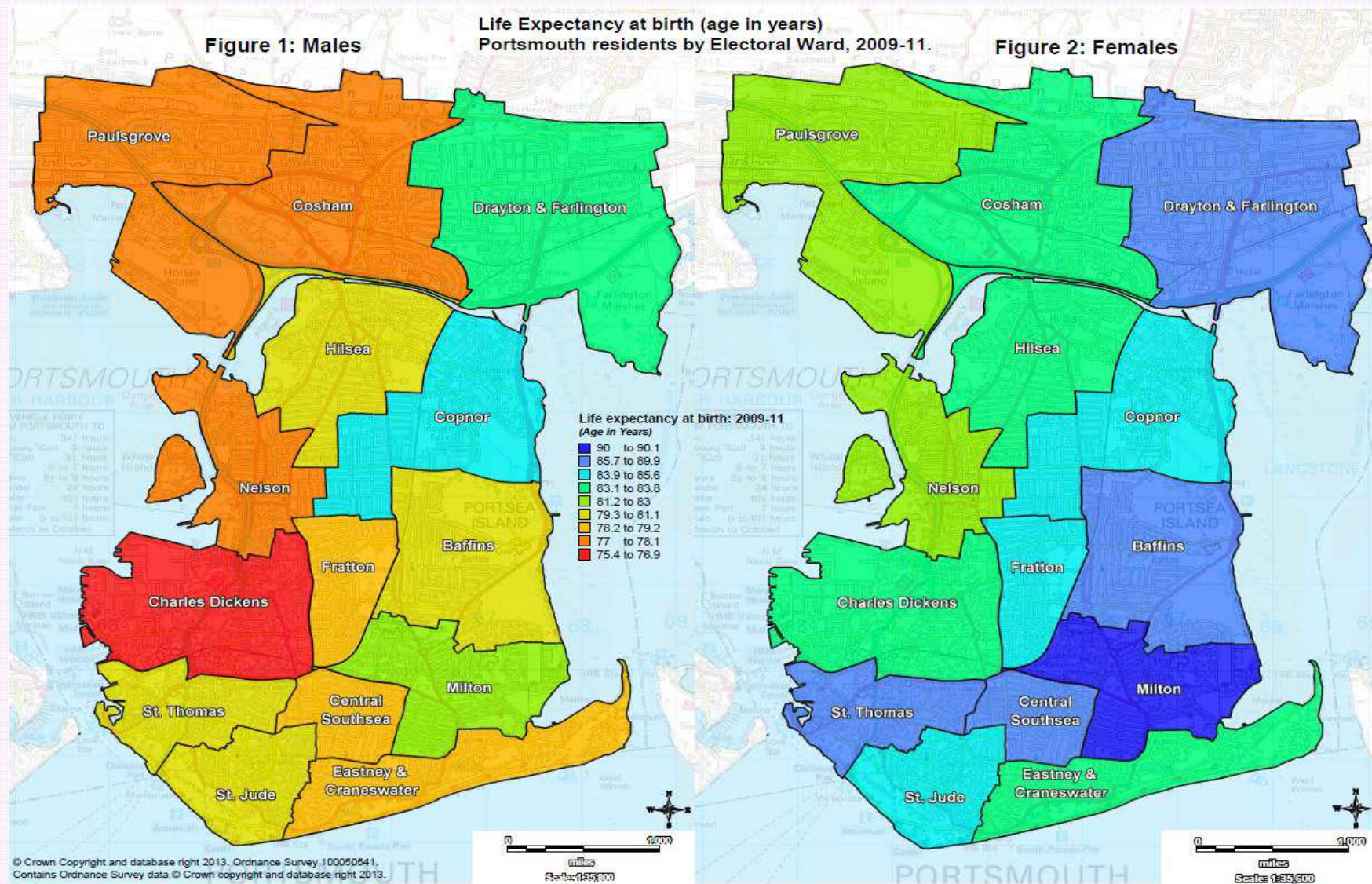
Wider Determinants of Health	Local value	Eng. value	Eng. worst*	England Range	Eng. best*
1 Percentage of 16-18 year olds not in employment, education or training, 2011	7.2	6.2	11.9		1.9
2 Episodes of violent crime, rate per 1,000 population, 2010/11	25.1	14.6	34.5		6.3
3 Percentage of the relevant population living in the 20% most deprived areas in England, 2010	23.7	19.8	83.0		0.3
4 Working age adults who are unemployed, rate per 1,000 population, 2010/11	63.4	59.4	106.2		8.3
5 Rate of hospital admissions for alcohol attributable conditions, per 1,000 population, 2011/12	22.4	23.0	38.6		11.4
6 Numbers of people (aged 18-75) in drug treatment, rate per 1,000 population, 2011/12	6.7	5.2	0.8		18.4

Risk Factors

A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease, injury or mental health problem. Some examples of the more important risk factors in mental health are under and over weight, low levels of physical activity, drug abuse, tobacco and alcohol consumption, and homelessness.

7 Statutory homeless households, rate per 1,000 households, all ages, 2010/11	4.78	2.03	10.36		0.13
8 Percentage of the population with a limiting long term illness, 2001	16.2	16.9	24.4		10.2
9 First time entrants into the youth justice system 10 to 17 year olds, 2001 to 2011	758	876	2,436		343
10 Percentage of adults (16+) participating in recommended level of physical activity, 2009/10 to 2011/12	12.7	11.2	5.7		17.3

Snapshot from the JSNA – healthy lifestyles



Snapshot from the JSNA – healthy lifestyles weight

Encourage healthy lifestyles by helping people to: Be a healthy weight

- Obesity prevalence is estimated – 23.8% of Portsmouth adults are estimated to be obese (not significantly different to England) However, we do not have enough information about adult obesity in the city – particularly what motivates people to keep to a healthy weight
- Healthy weight strategy in development.
- Key driver: From national research we know that being overweight or obese places people at significant disadvantage in terms of their life opportunities (educational attainment, choice of employment, health status)
- Key strategic theme is ‘making the healthy choice, the easy choice’: The environment – promoting ways to make healthy choices eg outdoor spaces which encourage day-to-day activity to food outlets which encourage healthy eating etc
- Workplace health – benefiting the local economy by working with employers to improve workforce health
- Early prevention – working with families so that the healthy choice is the usual choice
- Access to a range of healthy weight services – including surgical options for a few people

JSNA also shows evidence underpinning some of the other key strategies across the city e.g. SPP...

Why might crime be going down in Portsmouth?

National police factors:

- Reduction in resources
- Performance pressures associated with targets
- More low level crimes being dealt with informally

Local factors:

- Partnership working and co-location of key services
- Good engagement with drug and alcohol services and increased numbers in detox
- Diversion of young people out of the criminal justice system

National and western world factors:

- Drop in price of electronic goods— reduces market for second hand goods.
- Spread of electronic home entertainment systems and social networking have changed dynamics of how young people communicate and entertain themselves.
- Proliferation of smart phones has resulted on increased informal surveillance
- Recognition of importance of engagement in Education Training and Employment
- Better security in homes and vehicles
- Evidence led prioritisation of resources

These are examples and are not exhaustive.

...and the Children's Trust...

Getting the best possible start in life

All pregnant women who **smoke** are offered smoking cessation advice and/or referred to smoking cessation services.

Last year, 62 pregnant women used NHS Smoking Cessation services to set a quit date and 42 successfully quit.

463 women were still smoking at the time their babies were born

12% of households in Buckland, 11% of households in Wymering and 9% of households in City Centre had no adults in employment and had dependent children

Obesity rates are improving. But 23% of children are overweight or obese when they start primary school, and 36% are overweight or obese when they leave

Boys in both age groups are more likely to be overweight or obese than girls

Domestic abuse remains the largest driver of violence – accounting for 1,102 assaults (29% of all assaults)

Teenage conception rates are improving. In the most recent rolling quarter there were 39.9 conceptions per 1,000 girls aged 15-17 years (about 34 conceptions)

More deprived areas have higher teenage conception rates

74% of Portsmouth new mums start **breastfeeding** their babies

But only 42% are still breastfeeding 6-8 weeks later

Households in City Centre, Somerstown, Palmerston and Seafront areas were most **overcrowded**

JSNA annual summary – engagement process

- The data and analysis in the JSNA is constantly updated
- Public Health Portsmouth produce an annual summary of the JSNA with input from PCC services, partners and partnerships
- This will be sent in draft to the HWB in early October as part of a wide consultation with a range of stakeholders
- The finished JSNA Annual Summary will be presented to the Health and Wellbeing Board in December 2013

New aligned process across 3 partnerships

- Public Health and partnership support officers working to align strategy processes across HWB / SPP / CTB
- Will be discussed in detail by partnerships / Responsible Directors Autumn 2013
- We will build on what we have already e.g. JSNA...
- Aim for joined up three-year cycle of strategies...
- underpinned by a fully joined up JSNA...
- supported by a shared research and analysis programme – 1st step will be workshop for data owners and analysts to explore some of the 'causes of the causes'