



Agenda item:

Title of meeting: Health and Well Being Board

Date of meeting: 4 December, 2013

Subject: Joint Health and Wellbeing Strategy and JSNA Annual Summary 2013

Report by: Dr Andrew Mortimore, Director of Public Health

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose

The purpose of this report is to:

- i. Highlight the findings from the Joint Strategy Needs Assessment (JSNA) Annual Summary for 2013 to the Health and Wellbeing Board.
- ii. Consider how the issues highlighted in the JSNA can inform the Boards priorities and the new Health and Wellbeing Strategy for 2014, taking into account the wider socio-economic and environmental determinants of poor health.

2. Recommendations:

2.1 The Health and Wellbeing Board are asked to agree the following recommendations:

- (i) Agree that the summary of key issues set out in the JSNA (section 3.2) identifies the key challenges for improving the health and wellbeing of Portsmouth's residents. (Please see attached JSNA Summary in Appendix 1).
- (ii) Note that members of the HWB have the opportunity to make more detailed contributions as part of the consultation on the JSNA which runs until the end of January 2014 (section 4.1).
- (iii) Agree that, in principle, the scope of the Joint Health and Wellbeing Strategy should be broadened during the refresh in 2014 to cover wider issues impacting on health and wellbeing as set out in the remainder of the report.



3. Background

3.1 With the move of Public Health responsibilities to local authorities in April 2013, there is a real opportunity to take joined-up action which will focus on addressing the socio-economic factors which have the biggest impact on poor health such as poverty, housing, healthy lifestyles, a vibrant economy and enabling young people to achieve their aspirations.

The Board has an opportunity to consider the development of the new Health and Wellbeing Strategy within the wider socio-economic context to tackle the causes of poor health, taking into consideration the Marmot Review into what is effective in tackling inequalities, the council's responsibilities for Public Health, the focus of UK Healthy Cities Phase VI (see 3.3) and the findings in the JSNA.

3.2 Joint Strategic Needs Assessment

3.2.1 The JSNA Annual Summary, 2013 (<http://www.portsmouth.gov.uk/media/20131028JSNASummary-proof-06Final.pdf>) has been produced to update the overall picture for Portsmouth on local needs and identify the challenges for improving the health and wellbeing of Portsmouth's residents.

The JSNA considers the social determinants of poor health and can inform the Health and Wellbeing Board's priorities for joined up action to tackle health inequalities and the causes of poor health.

The health and wellbeing challenges for Portsmouth are well-documented with for example:

- Male life expectancy being significantly shorter than England and 10.8 years shorter in deprived areas within the city compared to less deprived areas
- 22% of children in Year 6 classified as being obese
- A geographical correlation with residents in parts of Charles Dickens, Paulsgrove, Cosham and St Thomas wards experiencing the highest deprivation within the city, and poorer wellbeing.

3.2.2 The Office for National Statistics groups Portsmouth with other areas with a similar socio-economic profile. On the Public Health Outcomes Framework (for the indicators produced at upper tier local authority level), of a group of 12, Portsmouth is ranked within the top three performing authorities in a number of areas including:

- Female life expectancy
- Employment of people with long term health conditions
- Lower rate of hospital admissions for violence
- Infant mortality
- Hip fractures for the over 80s.



3.2.3 However, despite this Portsmouth still faces some significant challenges and is ranked amongst the worst four of these local authorities for:

- Male life expectancy
- Pupil absence
- 16-18 year olds not in education, employment or training
- Adults in contact with mental health services who live in stable and appropriate accommodation
- % gap in the employment rate between those with a learning disability and the overall employment rate
- Killed and seriously injured on the roads
- Violent crime
- Violent offences
- Reoffending
- % of population exposed to road, rail and air transport noise
- Fraction of mortality attributable to particulate air pollution
- Statutory homelessness¹
- Low level of utilisation of outdoor space for exercise/health reasons
- Social isolation experienced by Adult Social Care clients
- Smoking in pregnancy
- Obese children in school year 6
- Estimated prevalence of physically active adults
- Successful completion of drug treatment by non-opiate users
- Cervical cancer screening
- Take-up of NHS Health Checks
- Self-reported wellbeing - being satisfied with life and feeling happy
- Take-up of certain vaccinations
- People presenting at late stage of HIV infection
- Deaths due to 'preventable' mortality
- Early deaths due to cardiovascular diseases, cancer
- 'Preventable' early deaths due to respiratory disease
- Preventable sight loss - age related macular degeneration and diabetic eye disease
- Excess Winter deaths.²

In addition, Public Health England's Health Profiles show Portsmouth compares poorly in terms of:

- GCSE attainment
- Smoking-related deaths
- Estimated prevalence of increasing and high risk drinking of alcohol.

¹ The Service reports that the majority of statutory homeless households are moved seamlessly into more secure and affordable accommodation

² Public Health Outcomes Framework.

<http://www.portsmouth.gov.uk/media/20131105TartanRugNovUpdate.pdf> Accessed 25 November 2013



3.2.4 The JSNA Annual Summary for 2013 identifies a number of challenges that will need to be addressed if the city is to make a significant impact on health outcomes including:

- Tackling poverty
- Continuing to improve GCSE attainment
- Improving the health and wellbeing of males
- Promoting healthy lifestyles for young people and adults (smoking, alcohol, healthy weight and mental wellbeing)
- Early intervention eg to promote healthy lifestyles, show people how to best to manage a long-term condition, encourage people to take-up health appointments such as NHS HealthChecks, cervical screening
- Working with communities to achieve the above.

3.3 (WHO) UK Healthy Cities Network

3.3.1 Portsmouth City Council joined the UK Healthy Cities Network in 2012 (one of 30 UK cities). The UK Healthy Cities Network is part of a global movement for urban health that is led and supported by the World Health Organization (WHO).

The UK Healthy Cities Network engages Local Authorities and their partners in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects.

As members of the UK Healthy Cities Network, Portsmouth receives access to resources and support to develop work which progresses the Healthy Cities priorities.

The new priorities for the Healthy Cities are captured in Phase VI of the programme which runs from 2014 - 2018 and is based on the themes highlighted in the Marmot Review. Appendix 2 provides a description of the Phase VI priorities which are linked to four overarching objectives:

- Investing in health through a life course and empowering people;
- Tackling the European Region's major health challenges of infectious and non-communicable diseases;
- Strengthening people-centered systems and public health capacity and emergency preparedness and surveillance; and
- Creating resilient communities and supportive environments.

4. Next steps

4.1 JSNA consultation

4.1.1 Views on the JSNA are now being sought through consultation which will run to the end of January 2014. The aim of the consultation is to:



- Advise stakeholders about their views of what are the main health and wellbeing issues
- Ask stakeholders for their views about what are the 'root' causes of these issues
- Ask stakeholders for ideas of what we should do to improve wellbeing in Portsmouth
- Ask people what assets we already have to address these issues
- Advise them that their views will be taken into account when constructing the JSNA, the prioritisation of further research and identification of other work to develop the JSNA.

4.1.2 Feedback on the following JSNA consultation questions is being sought from a wide range of agencies, Councillors, voluntary and community groups, neighbourhood groups and residents.

4.2.2 Three workshops will take place in Part 2 of this Board meeting to focus discussion on how we might develop new ways of working, which build on existing good practice to address the challenges and priorities identified in the JSNA.

The workshops aim to test and identify different ways of working to support the existing priorities of the Health and Wellbeing Board and inform future practice.

The three workshops will focus on:

- Communities and health - working with community based skills and assets to improve health and wellbeing.
- Better Housing, Better Health - how housing can help achieve better health outcomes for residents.
- Making Every Contact Count - making the most of the workforce

5. Reasons for recommendations

5.1 This is an opportune time for the Health and Wellbeing Board to review its priorities to inform the development of the new Health and Wellbeing Strategy from 2014, taking into account the wider socio economic context for addressing the determinants of poor health and the priorities and challenges for Portsmouth which have been highlighted in the JSNA.

6. Equality Impact Assessment (EIA)

An EIA will not be required.

7. Head of Finance's comments



There are no financial implications arising from this report.

8. Head of Legal's comments

There are no immediate legal implications arising out of the recommendation.

Signed by:
Dr Andrew Mortimore
Director of Public Health

Appendices:

Appendix 1: Summary of JSNA Annual Summary 2013

Appendix 2: UK Health Cities Phase VI goals and themes: overview

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by on

Signed by:



APPENDIX 1

Summary of Joint Strategic Needs Assessment Annual Summary 2013

This summary is 'a big picture' of health and wellbeing. All the information providing 'the big picture' (data, charts, maps, reports, evidence of effectiveness etc.) is at:

<http://www.portsmouth.gov.uk/living/19059.html>

Portsmouth has significantly higher level of overall deprivation than the England average but within its ONS comparator group of 19 similar local authorities, Portsmouth is not particularly deprived. However, within this group of 19, the city performs comparatively poorly on key outcomes including GCSE achievement, violent crime, people killed or seriously injured on the roads, smoking, alcohol and higher number of deaths than would be expected in the Winter.

People

- Portsmouth has a relatively young population profile compared to England
- The city continues to be very densely populated
- Levels of children and of older people living in poverty are 5% and 2% respectively above the national average
- There are major inequalities with poorer health and wellbeing outcomes
- In particular, between genders – shorter male life expectancy
- And between different areas of the city – with the most deprived areas affected by high rates of unemployment, smoking, alcohol consumption, mental ill-health
- Information from front-line statutory and voluntary services is that increasing numbers of people are in debt and needing help from eg food banks. The needs assessment and Tackling Poverty strategy will be refreshed next year
- We need to continue to apply 2011 Census findings to better understand changing characteristics of populations served – particularly in deprived areas.

Community Safety

Safer Portsmouth Partnership Priorities identify the driving factors behind, or contributing to a range of crime and anti-social behaviour types. Priorities are alcohol misuse, domestic abuse, young people at risk, drug misuse and adult re-offending.

Getting the best possible start in life

- Healthy lifestyles in childhood lay the foundation for good health in future years
- 24% of children live in poverty – but rates are much higher in most deprived parts of the city (half of all children living in poverty in parts of Charles Dickens ward)
- More pregnant women who smoke need to quit - particularly young mums
- More women need to breastfeed their babies for longer
- Teenage pregnancy rates are declining
- Obesity rates for children are declining but are still too high for 10/11 year olds
- The Children's Trust is producing a needs assessment for children and young people - including obtaining the views of children and young people about their own needs.

Helping young people to be ready willing and able to work

- GCSE results are still comparatively low.



Create a better environment for people to live, work and play

- Older housing stock, higher percentage of rented properties, and the number with 'hazards' identified under the Housing Health and Safety Rating System have implications for health and wellbeing
- Fuel poverty is more prevalent in private sector
- Employment rates are better than national average but unemployment is about double the national average in the most deprived ward
- Adult skills are below national level. Numeracy strategy being developed
- The city has a wide range of natural and semi-natural urban greenspaces (eg Farlington Marshes, Southsea Common, and built assets (eg museums and libraries)
- But more adults need to be more physically active.

Encourage healthy lifestyles by helping people to stop smoking, lose weight and drink responsibly

- The planned Health and Lifestyle Survey of adults will give us more information about current local trends and areas of concern
- Relatively high levels of smoking, alcohol misuse and obesity needs preventive and treatment services and continued joint working with local authorities, the voluntary sector and businesses
- Reducing smoking prevalence and obesity prevalence requires continued joint working and services tailored to different stages of life from teenagers through to older age, and to the different needs of each gender at each stage
- Tackling the root cause of shorter male life expectancy requires finding the most effective ways to encourage men to adopt and maintain healthy lifestyles (not smoking, drinking alcohol to excess and maintaining a healthy weight).

Help older people maintain maximum independence and dignity in old age

- Over half of older people in most deprived areas live in poverty
- Excess Winter deaths is a continuing issue.

We know that **the most effective ways** to tackle these issues are to:

- Prioritise actions which reduce inequalities (eg different areas of the city, genders)
- Make sure that the city's regeneration plans reduce inequalities
- Work alongside local communities to find local solutions
- Use the collective resources of statutory and voluntary agencies
- Make sure that information about healthy lifestyles is presented to people in a way they can understand and relate to
- Ensure we (statutory and voluntary agencies) all use each opportunity to actively promote healthy lifestyles and direct people to sources of help ('Making Every Contact Count')
- List the research that needs to happen over the next three years so we can find out more about the root causes of these issues AND the most effective ways to resolve them.

Evidence about specific actions to tackle specific issues is on the JSNA website.



APPENDIX 2

Phase VI goals and themes: overview

Overarching Goals

Tackling Health Inequalities	Promoting city leadership and participatory governance for health Whole of Government and whole of society approaches Health and health equity in all local policies City Health diplomacy
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Core Themes

Life course approach and empowering people	Tackling public health priorities	Strengthening people-centred health systems and Public Health capacity	Community resilience
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Highly Relevant priority issues

Early life	Physical activity	Health and Social services	Community resilience
Older people	Nutrition and Obesity	Other wider city services	Healthy Settings
Vulnerability	Alcohol	Public Health Capacity	Healthy urban planning and design
Health Literacy	Tobacco		Healthy Transport
	Mental Health and wellbeing		Climate Change
			Housing and regeneration