

Subject:	RBWM Joint Strategic Needs Assessment 2018- 2021
Reason for briefing note:	To update the Health & Wellbeing Board on progress made to date on the development of the Joint Strategic Needs Assessment, 2018 - 2021.
Responsible officer(s):	Teresa Salami-Oru, Head of Public Health/ Consultant in Public Health.
Senior leader sponsor:	Hilary Hall, Deputy Director, Strategy & Commissioning
Date:	16 th October 2018

SUMMARY

The Joint Strategic Needs Assessment (JSNA) is a process which assesses local needs, assets and service demand. Its purpose is to provide evidence to health and social care commissioners to support the commissioning process. The requirement for all local areas to produce a JSNA is set out in The Health and Social Care Act 2012 ('the Act'). Under the Act, local Health and Wellbeing Boards are responsible for producing the JSNA and keeping it regularly updated. The Royal Borough's Public Health Team are leading the development of the JSNA 2018 -2021 on behalf of the Health and Wellbeing Board.

1 BACKGROUND

- 1.1 The requirement for all local areas to produce a JSNA is set out in the Local Government and Involvement in Public Health Act (2007).¹ The Health and Social Care Act 2012 ('the Act') amends the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWSs).²
- 1.2 The JSNA is a process which assesses, needs, assets and service demand³. It has a three year cycle and is reviewed annually. The purpose of the JSNA is to support commissioning, the development of the Joint Health & Wellbeing Strategy and all local and system strategies. It also provides partners with the opportunity to understand needs at ward level, identify differences in health outcomes and the impact of the wider determinants of health on residents. Products from the process will include the development of an online document underpinned by an intelligence repository.
- 1.3 It is anticipated that the main audience for the JSNA will be health and social care commissioners; however plans are in place to ensure the JSNA is co-produced with partners and uses up to date intelligence identifying epidemiological, corporate, comparative and resident need. Evidence of service outcomes will also be collected where possible from local commissioners, providers and service users to inform the JSNA.

¹ Local Government and Public Involvement in Health Act 2007, <https://www.legislation.gov.uk/ukpga/2007/28/contents>

² Department of Health and Social Care: Statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

³ Department of Health and Social Care: Care and support statutory guidance, updated 12 February 2018

2 KEY IMPLICATIONS

2.1 The findings and recommendations identified by the JSNA report will provide:

- An evidence base for system health and wellbeing decision making and commissioning.
- Evidence for return on investment, value for money and efficiency.
- Evidence for the development of key system plans and strategies

2.2 Initial findings from the JSNA process suggest that:

- Although about 56% of our residents live in the 20% least deprived areas in the country, the Royal Borough is the home to four of the 20% most deprived LSOAs in Berkshire, namely Clewer North, Belmont, Furze Platt and Oldfield.
- The council's population profile is similar to the national picture, there are however some age specific differences. For example the council has a lower proportion of adults aged 20-34 and a higher proportion of adults aged 35-59. There is also a slightly higher than average percentage of school-age children (5-19 years).
- The slightly higher than average percentage of school-age children and planned local regeneration may have implications for service demand and utilisation.
- The higher general fertility rate in less affluent wards such as Horton and Wraysbury, Datchet, may have implications for the preconception health agenda and service provision (children centres, health visitors).
- The Royal Borough has a larger than average number of adults aged between 35 and 59yrs, depression has doubled since 2013/14, happiness scores are on a downward trend, with a slight upward trend noted for self-harm. There are also upward trends in cardiovascular diseases (diabetes and dementia).
- Dementia prevalence is projected to double (approximately 9.1%) by 2030. Actions which prevent or delay the onset of dementia such as physical activity, obesity and smoking in the under 65s have both local and national drivers.
- Priority areas identified in the 0-19s include, immunisations, excess weight, autism, mental health and poverty.
- Approximately 18.2% of the population are over 65yrs. The Royal Borough is ageing in line with England, not above. The Royal Borough has the large number of older people compared to the rest of Berkshire. Early findings suggest shingles, flu, age related macular degeneration, dementia, falls and cancer are challenges.

3 DETAILS

3.1 The JSNA is being collaboratively developed, led by Public Health and supported by a multi agency task and finish group. The task and finish group (TFG) was established to provide operational support for the delivery of the JSNA, specifically to review development stages and to quality assure data and its application, see appendix 1 and 2 for further details.

3.2 Qualitative and quantitative data sources have been used to develop the JSNA. A life course approach has been taken with only local priorities planned for inclusion in the finished product. Local need is being identified through the interrogation of relevant data sets, semi structured interviews with stakeholders and a stakeholder event, see appendix 4.

3.3 Priorities identified across the life course by the JSNA TFG include, mental health, immunisations, prevention, cardiovascular disease, obesity, cancer and health inequalities. A recent survey conducted with the voluntary sector revealed that over 80% of partners agreed that these needs were local priorities. Stakeholders at the recent JSNA event identified prevention, service accessibility and integration as key local issues.

4 **RISKS**

Effective communication between partner agencies. Plans to mitigate include one to one meetings and planned stakeholder events.

5 **NEXT STEPS**

- The Health and Wellbeing Board to note the progress made to date and receive updates in January and April 2019.
- The Health and Wellbeing Board to sign off the JSNA, 2018-2021 by July 2019.
- The Health and Wellbeing sub boards to prioritise local needs based on the findings to date.

Appendix 1: T&FG Membership: Roles and Responsibilities

Teresa Salami-Oru, Consultant in Public Health/Head of Public Health	Strategic Project Lead
Sam Claridge, Shared Team, Health Intelligence	Health Intelligence shared function
Anna Robinson, Strategy & Performance Manager	Facilitate data infrastructure and dashboard creation
Dan Brookman, Business Architect	Facilitate data infrastructure
Lin Guo, Public Health Specialist, JSNA	Public Health JSNA Lead Collate and prepare chapters Coordination of steering group
Simon Arthurs	Live data upload, public facing. Mapping
Mark Jordan, Public Health Practitioner	Public Health support for uploading of chapters onto microsite.

Appendix 2: JSNA Timetable

The timetable for the JSNA project is as follows:

- Project to run from June- March 2019
- Monthly TFG meetings.
- The first JSNA draft is to be completed at the end of December 2018.
- Ongoing stakeholder meetings throughout process.
- JSNA stakeholder workshop 17th September
- A JSNA feedback event in March, 2019.
- Digital JSNA to be completed by July 2019
- Signoff for JSNA by HWB by July 2019

Appendix 3: JSNA Outline

1. Executive summary

2. Glossary

3. Data Visualisation: visualisation of data using infographics and real time updates.

4. Introduction

- Aim and purpose of this JSNA report
- Definition of health and health inequality, social care
- Dahlgren and Whitehead's rainbow

5. Understanding our place

This chapter will comprise of seven summaries and infographics. All seven chapters will be put into JSNA library with web links to further data sources. In this section, we will outline the population profile and wider determinants of health. This section will include:

- Our population
- Employment and income
- Crime and disorder
- Housing and homeless
- Road safety
- Air quality
- Our Environment
- Community Assets

6. Deprivation in the Royal Borough

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources. People who live in the more deprived areas are associated with poorer health and well-being outcomes. This section will use a map to visualise differences in deprivation in the Royal Borough based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area.

7. Life expectancy in the Royal Borough

Life expectancy is a frequent used indicator of the overall health of a population: a longer life expectancy is generally a reflection of better health. Reducing the difference in life expectancy is a key part of reducing health inequalities. This chapter will also address leading causes of mortality: heart disease, stroke, heart disease and stroke, lung disease, liver disease, lung cancer, breast cancer, colorectal cancer, injuries. – Longer Lives Tool (visualisation).

8. What are the risk factors for children in the Royal Borough?

This chapter will focus on seven areas of challenge identified through our Exploring Children's Health, rapid needs assessment. These areas are:

- Autism
- Child Obesity
- Child Poverty
- Low Birth Weight
- Self-Harm
- Immunisations
- Non Elective Admissions in 0-4s

9. What are the risk factors for adults of working age in the Royal Borough?

This chapter will focus on five areas of challenge identified through our Exploring Adult's Health, rapid needs assessment. These areas are:

- Cancer
- Cardiovascular Diseases
- Mental health
- Alcohol related road traffic accidents
- Inequalities (access to green space, smoking in routine & manual groups)

10. What are the risk factors for older people in the Royal Borough?

This chapter will focus on five areas of challenge identified through our Exploring Older People's Health, rapid needs assessment. These areas are:

- Falls
- Dementia
- Flu/Shingles
- Age-related macular degeneration
- Cancer

11. Equipping ourselves for the future

- What works?
- Cost-effectiveness or return on invest for services
- Recommendations for Commissioning (Developing well, living well, and ageing well)

12. Key contacts

13. Chapter References

Appendix 4 – Executive Summaries

What are the risk factors for children in the Royal Borough?

Executive summary

Children in the Royal Borough experience good health. However, children living in some parts of the Royal Borough experiencing poor health. About 56% of our residents live in the 20% least deprived areas in the country, however, the Royal Borough is the home to four of the 20% most deprived LSOAs in Berkshire, namely Clewer North, Belmont, Furze Platt and Oldfield.⁴ The table below represents a summary of need:

<p>In 2016, there were 44 live births (2.80%) with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks in RBWM. This was similar to the England average (2.79%), but higher than the deprivation decile comparator group's (IMD 2015) of 2.20%.</p>	<p>There is an upward trend of overweight and obese children in Year 6 in the Royal Borough. The proportion was substantially increased from 25.8% in 2015/16 to 30.8% in 2016/17.</p>	<p>In 2015, 2,463 children (8.4%) locally were living in poverty. This was increased by 0.82% to a total of 2,756 children (9.22%) over 2 years. In real terms, this means an increase of 293 children living in poverty.</p>
<p>In 2011, 4,448 (7.8%) households experienced fuel poverty in the Royal Borough. This was increased by 0.4% to a total of 4,976 (8.2%) households in 2015. In real terms, this means an increase of 528 households experienced fuel poverty.</p>	<p>411 children with autism known to schools in the Royal Borough at a rate of 15.0 per 1,000 pupils in 2017. This information tells us that there is a large number of children in the Royal Borough with autism known to schools and is higher than the national average (12.5 per 1,000) and the deprivation decile comparator group's rate of 11.8 per 1,000.</p>	

⁴ *The Better Care Fund: Windsor & Maidenhead Better Care Fund Narrative Plan 2017-19.*

What are the risk factors for adults of working age in the Royal Borough?

Executive summary

The Royal Borough benefits from high levels of connectivity via its strategic road networks. Maidenhead is due to become a significant stop for Cross rail during 2019-20, the new fast, high frequency, high capacity railway linking the City of London with the South East. It will reduce journey times between Maidenhead and Canary Wharf to 55 minutes. More households are employed in either professional or managerial/technical occupations compared to the national average.⁵ The table below represents a summary of need.

<p>In the Royal Borough, the prevalence of dementia is 4.7% in people aged 65 and above in 2017. It is higher than the England average of 4.33% and the deprivation decile comparator group's (IMD 2015) of 4.16%. Dementia care is likely to be an increasing challenge for health and social care services, considering the ageing population, service capacity and costs.</p>	<p>The prevalence of depression in people aged 18 years and over in the Royal Borough has almost doubled over the past 4 years, from 3.8% in 2013/14 to 7.1% in 2016/17. Prevalence overall is however lower in the Royal Borough than in England (9.1%) and the South East region (8.8%) in 2016/17.</p>	<p>In England, there was a rate of 26.0 per 1,000 population alcohol related road traffic accidents between 2013-15, where at least one of the drivers failed a breath test. In the Royal Borough, the rate was significantly worse than England's at 38.9 per 1,000 population.</p>
<p>In 2015/16, approximately 5% residents in the Royal Borough used outdoor space for exercise or health reasons. This is the lowest in the South East region (18.2%), and lower than the England average (17.9%).</p>	<p>In the Royal Borough, the number of people living with diabetes aged 17 years and above is on the increase, from 4.9% to 5.2% over the past 5 years, although the trend is lower than the national average and the comparator's group.</p>	

⁵Royal Borough of Windsor and Maidenhead Electoral Review Stage One - Council Size, June 2017

What are the risk factors for older people in the Royal Borough?

Executive summary

Increased longevity in many high-income countries has transformed old age. Life expectancy in the UK continues to increase by two years per decade, although recent data reveal this is not the case in more socio-economically deprived areas nationally.⁶ Life expectancy in the UK for males is 79.2 years, and for females was 82.9 years. Compared with national average, the life expectancy was higher in the Royal Borough, 81.6 years for men and 84.6 years for women.

The population in the Royal Borough continues to age with 18.2% of the population aged 65 years and over in 2016. This is similar to the England figure of 17.9% but the highest proportion in Berkshire. This age group is predicted to increase to 22% by 2030. The table below represents a summary of need.

<p>In 2016/17, the total number of emergency hospital admissions for falls amongst people aged 65 and over in RBWM was 701. This was a standardised rate of 2390 per 100,000. This was worse than the rate of admissions in the South East region (2134.6 per 100,000) and the England average (2113.8 per 100,000).</p>	<p>In the Royal Borough, the prevalence of dementia is 4.7% in people aged 65 and above in 2017. It is higher than the England average of 4.33% and the deprivation decile comparator group's (IMD 2015) of 4.16%. Dementia care is likely to be an increasing challenge for health and social care services, considering the ageing population, service capacity and costs.</p>	<p>In 2016/17, about 46.4% of service users aged 65 and over in RBWM reported having as much social contact as they would like. This is slightly higher than the England average and the South East region of 43.2%.</p>
<p>About 68.7% of people aged 65 and over received a flu vaccination in the 2016/17 flu season. This was worse than the England value of 70.5% and the South East region of 70.2%.</p>	<p>The number of people aged 70 who have received a dose of shingles vaccine has declined from 2014 to 2017 by 16.8%. In 2016/17, the coverage of shingles vaccine in people aged 70 in RBWM was 47%. This was worse than the least deprived decile comparator group (50.4%) and the England (48.3%) average.</p>	<p>In 2016/17, 46 new certificate of vision impairment were issued due to age-related macular degeneration in people aged 65 and above in the Royal Borough. This is a rate of 168.5 per 100,000, compared to 111.3 per 100,000 people in England, and 113.1 per 100,000 in the least deprived decile comparator group.</p>

⁶ Robinson L., *Successful ageing. Lancet* 391: 300.