Cabinet

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Joint Strategic Needs Assessment 2011

Report of Corporate Management Team

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Purpose of Report

1. The purpose of this report is to provide Cabinet with:
   - The key messages from the County Durham Joint Strategic Needs Assessment (JSNA) 2011
   - An update on how the Joint Strategic Needs Assessment is used in health and social care plans and strategies, including the development of the County Durham Joint Health and Wellbeing Strategy (JHWS).

Background

2. The Local Government and Public Involvement in Health Act 2007 places a statutory duty on Primary Care Trusts (PCTs) and local authorities to produce a Joint Strategic Needs Assessment (JSNA) on the health and wellbeing needs of the local community.

3. The Health and Social Care Bill 2011 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a JSNA and Joint Health & Wellbeing Strategy (which will influence commissioning strategies for health and social care) to be discharged through the Health and Wellbeing Board (HWB).

4. The JSNA was first published in County Durham in 2008 by Durham County Council and NHS County Durham with a subsequent update produced in 2009. The 2010 document was a full review of data and analysis and was structured around the 5 altogether themes in the Sustainable Community Strategy (SCS): Altogether Better for Children and Young People, Altogether Healthier, Altogether Safer, Altogether Wealthier and Altogether Greener.

5. The JSNA 2011 has again incorporated the 'Altogether Themes' and refreshed the data, analysing a number of key indicators from which "key messages" have been produced. A new internet webpage has been developed on Durham County Council's website, which includes an interactive tool, known as Instant Atlas, which allows the user to choose indicators from the JSNA and look at trend data.

6. A 'deep dive' into two areas of health inequality has also been carried out which focuses upon:
   (i) mental health - including prevalence rates around dementia, severe mental illness and suicide as well as the mental health of children and young people
   (ii) health, social care and deprivation – which looks at indicators including demand for social care and health outcome indicators and examines the relationship with relative deprivation.

7. Reference has been made to a number of sub-county geographies to provide a more detailed account and highlight areas of greater need within the County. These sub-geographies are:

   - Health Networks
   - Middle Super Output Areas (MSOAs) – where health network and ward data is not available
   - Local Multi-Agency Partnerships (LMAPs)

8. The JSNA 2011 is primarily a web based document, with links provided to instant atlas. Hard copies of the JSNA 2011, the Mental Health 'Deep Dive' and the Health, Social Care and Deprivation 'Deep Dive' sections have been made available in the Members' library.

Purpose of the Joint Strategic Needs Assessment

9. The JSNA is used to inform key strategies and plans, for example the Sustainable Community Strategy (SCS), Children, Young People and Families Plan, Clinical Commissioning Plans and Durham County Council's Council Plan. The JSNA will also inform the Joint Health & Wellbeing Strategy (JHWS).

10. The Joint Health and Wellbeing Strategy will use the key messages identified in the JSNA in order to identify priorities for commissioners in relation to health and wellbeing. The Joint Health and Wellbeing Strategy will be the 'master plan' for health and wellbeing and will be produced and signed off by the Shadow Health and Wellbeing Board in September 2012.

11. Draft guidance has been produced by the Department of Health for the JSNA and Joint Health and Wellbeing Strategy (JHWS) ahead of the final publication after the Health and Social Care Bill has gained Royal Assent.

12. In the reformed system, far greater emphasis is placed on the process and outputs of JSNAs and Joint Health and Wellbeing Strategies, than has been attributed to the development of the JSNA to date. There is a clear expectation about its influence on commissioning plans. The Health and Social Care Bill has amended the 2007 Act to introduce a new legal obligation to Clinical Commissioning Groups, the NHS Commissioning Board and local authorities to have regard to the relevant JSNA and JHWS in exercising their functions. The Clinical Commissioning Groups must take the JSNA and Joint Health and Wellbeing Strategy properly into account when preparing or revising its commissioning plans.

13. As part of their annual report the Clinical Commissioning Groups have a legal obligation to review the extent of their contribution to the delivery of the JSNA and Joint Health and Wellbeing Strategy and this will be assessed by the NHS Commissioning Board.

Key Messages from the JSNA 2011

14. The analysis of the JSNA 2011 has identified key messages as outlined below in the following sections:

Life in Durham

15. This section provides the historical context of County Durham with a comprehensive overview of the demographic profile of the County. The section explains the economic, cultural and environmental contrasts that exist and provides an insight into changes in the current and projected age structures, including how issues such as deprivation affect the population.

- County Durham's population is expected to rise 3% by 2031 increasing from 495,764 in (2009) to 511,045. (Based on 2009 DCC population projections).

- Life expectancy for males has increased from 76.7 (at birth, 2006-8) to 76.9 (at birth, 2007-9), and from 80.5 for females to 80.7 over the same period respectively. England average life expectancy at birth for males is 78.3 and 82.3 for females (based on 2007-9 figures).

- In common with other areas in the UK, the County's population is ageing. The average age of the population was 40.9 years in 2009 but by 2026 it will have risen to 44.2 years.

- By 2026 the number of retired people aged 65+ will have increased by 45.6% and by 2031 by 61.6%; representing an absolute increase of some 40,900 and 55,300 persons respectively (based on the 2009 population projections).

- By 2026 the number of older people aged 85+ will have increased by 108.5%, and by 2031 by 157.3%; representing an absolute increase of some 11,300 and 16,400 persons respectively (based on the 2009 population projections).

Altogether Better for Children & Young People

16. Across County Durham there are some very specific needs for services to support children and young people to achieve positive outcomes. This section outlines the health and social care needs and educational attainment for children and young people aged up to 18 years of age to achieve those outcomes.

- In County Durham there are 21.6% of children in Year 6 classified as obese, which is around twice that of children in Reception (9.5%) and is above the national average (20%).

- Latest full year data (2009) shows teenage conception rates in County Durham are 44.0 per 1,000 population of 15-17 year olds which is higher than the national average (38.2 per 1,000 population). The latest quarterly data - from July to September 2010 - shows 41.2 conceptions per 1,000 population of 15-17 year olds with County Durham's rolling quarterly average being higher than the national average of 36.3 per 1,000 population. Long term studies show that children born to teenagers are more likely to experience a range of negative outcomes in later life.

- Since 2007/08, there has been a significant increase in children's safeguarding activity in County Durham. As a result the number of Looked After Children has increased from 407 in 2007 to 534 in 2011.

- 'Abuse / neglect' is the most significant recorded category of need recorded on core assessments for children and young people across the County and accounted for 74.0% (584) of recorded categories of need in 2010/11 – an increase of 25.6% from 2007/08.

- High proportions of children subject to a child protection plan / looked after are as a result of parental alcohol / substance misuse, mental health and domestic violence.

- Alcohol-related admission rates for under 18s in County Durham are higher than the regional rate, with County Durham ranked 12th worst out of 326 local authorities against this indicator (Local Alcohol Profiles for England).

- There has been consistent improvement in raising the educational attainment of all children and young people. The focus of 'narrowing the gap' between vulnerable groups remains a priority.

- Latest child poverty data (May 2011) shows the proportion of children in poverty in County Durham as 23.9%. This figure has risen slightly from 23.6% (February 2011), which was the lowest level since November 2008 (22.4%). The latest data remains higher than the England average (20.4%) but lower than the North East average (25.5%). Latest data for County Durham also remains relatively high compared to the pre-recession low point in November 2007 (21.5%).

Altogether Healthier

17. This section outlines public health, health improvement, health protection and looks at indicators based around adult social care needs.

'Health' key messages

- Early death rates from "heart disease, stroke" are significantly worse than the England average - 81.9 people under the age of 75 for every 100,000 of the population compared to the England average of 70.5 people under the age of 75 for every 100,000 of the population.

- Smoking is the biggest single contributor to the shorter life expectancy experienced locally and contributes substantially to the cancer burden, with cardiovascular disease (CVD) and cancer, accounting for 66% of early or premature deaths in County Durham between 2007 and 2009. Smoking is a major health inequality issue within County Durham.

- Obesity is a key public health issue, posing a major health challenge and risk to future health and wellbeing and life expectancy in County Durham. Levels of obesity in County Durham are worse than the England average and disproportionately affect the least well off. (Obesity prevalence in County Durham is 28.6% compared to the England average of 24.2%).

- The 2011 Health Profile for County Durham shows that rates of hospital stays for alcohol related harm have risen over time from 1,789.2 per 100,000 population in the 2009 Health Profile to 2,286 in the 2011 Health Profile and remains significantly higher than the England average.

'Adult Social Care' key messages

- As people are supported in their own homes for longer, the average age of admission for older people into residential care is increasing from 84.93 years in 2007/08 to 85.50 years in 2010/11.

- The average length of stay for older people in residential care decreased from 637 days in 2007/08 to 547 in 2010/11 (14.1%), with the number of bed days commissioned decreasing from 40,407 to 39,121 (3.2%).

- The number of supported (residential) bed days commissioned in the independent sector for dementia care for older people aged 65 years and over, when comparing figures for 2007/08 and 2010/11 increased by 7.9% from 230,691 to 248,950.

- Between April and September 2010 there were 3,755 people in receipt of a personal budget/direct payment; by the end of March 2011 this figure had increased to 8,673. There will be a need to continually promote the availability of direct payments to new and existing service users.

- The number of carers receiving a service (including information and advice) increased by 51% from 2007/08 (3,337) to (5,040) in 2010/11.

- Between 2007/8 and 2010/11 the top 5 “critical needs” for older people, service users with a learning disability and service users with a physical disability/sensory support need were:
    - Personal Care
    - Health
    - Falls
    - Carer Issues
    - Personal Safety

Altogether Safer

18. This section focuses on the wider determinants of health linked to criminal behaviour and activity which impacts upon the health and wellbeing of people, as well as the social care needs of the most vulnerable adults in the County.

- Local figures identify that 9% of all crime committed in 2010/11 was alcohol-related, and in the last 3 years the rate has risen slightly from 7.5% in 2008/09.

- Feelings of safety are very high, with 97% of respondents to the County Durham Residents’ Survey 2010 stating they feel very/fairly safe in their local area during the day and 81% feel safe in the evening/night. Just 10% of residents feel unsafe in their local area at night.

- The number of adult safeguarding referrals continues to rise year on year. When comparing figures for 2007/08 to 2010/11, the percentage of referrals increased by 133.9% from 534 to 1,249.

- Financial or material abuse increased by 38.1% from 105 in 2009/10 to 145 in 2010/11.

Altogether Wealthier

19. This section focuses on the wider determinants of health linked to prosperity including housing and employment needs of both people and businesses in the County.

- In September 2011 the number of people aged 18-24 who were claiming job seekers allowance was 5,280 persons. This was the highest the total has been for County Durham during the last 15 years; and represents 36.6% of the overall JSA count compared to 30% for Great Britain.

- As at September 2011 the number of JSA claimants in the County was 14,499 which was 4.1% of the resident working age population, compared to a national rate of 3.8%.

Altogether Greener

20. This section of the JSNA describes the relationships between our health and our environment, and these vary through tangible local issues such as litter and graffiti in public spaces to the local implications of climate change. These issues have fundamental implications both to our immediate mental health and our long term physical survival.

- In April 2011 80% of dwelling houses are in private ownership. 34% of these fail to meet the Decent Homes standard with 14% failing through in-adequate thermal comfort (BRE Private Sector Stock Condition Model 2009). By comparison 39.5% of Council owned housing stock fails to meet decent homes standards. (April 2011 Business Plan Statistical Appendix)

Mental Health 'Deep Dive' Key Messages

21. This section looks in more detail at mental health needs of the population.

- Nationally life expectancy is on average 10 years lower for people with mental health problems due to poor physical health.

- Suicide rates in County Durham (2007-09 pooled) were significantly higher for men (17.2 / 100,000) than women (3.4 / 100,000) in County Durham (in line with the national experience). Male suicide rates in County Durham were significantly higher than England. Female rates in County Durham were similar to England but the difference was not statistically significant.

- The number of adult referrals for an Adult Mental Health Professional (AMHP) assessment in County Durham increased by 35.1% between 2007/08 and 2010/11.

- Nationally, the number of mental health disorders in the 16-44 age group among members of the ex-service community was three times that of the UK population of the same age.

Health, Social Care & Deprivation 'Deep Dive' - Key Messages

22. This section looks at indicators including demand for social care and health outcome indicators and examines the relationship with relative deprivation

- Almost half of County Durham's population live in relatively deprived areas. In terms of deprivation, County Durham is a diverse area. East Durham and Sedgefield have over half of their population living in a deprived area but all Health Networks have some intensely deprived communities.

- Children and young people referred for social care are more likely to come from deprived areas, 30% of referrals come from the top twenty most deprived wards with the highest rates of child poverty, these same twenty wards make up just 18% of the 0-18 population.

- Adults aged 18-64 referred for a social care assessment are more likely to live in relatively deprived areas.

- There is inequality in the prevalence of childhood obesity (in year 6). The distribution of year 6 obesity prevalence within County Durham by Health Network is not significantly different. However, the distribution within County Durham by MSOA is unequal and higher in the more deprived areas.

- There is significant inequality in premature all cause mortality. The distribution of premature death across County Durham is unequal and is greater in the more deprived wards.

Improvements since the last JSNA

23. There have been a number of improvements in County Durham since the last JSNA was produced in 2010, including:

- Premature cardiovascular disease (CVD) mortality rates (persons) fell by 56% in County Durham between 1995-1997 and 2007-2009. The forecast decrease for 2009-11 is greater than in England as a whole.

- The number of older people receiving direct payments to purchase their own care and support services has seen an increase from 134 in 2007/8 to 403 in 2010/11 (200.7%).

- Life expectancy for males has increased from 76.7 (at birth, 2006-8) to 76.9 (at birth, 2007-9), and from 80.5 for females to 80.7 over the same period respectively. England average life expectancy at birth for males is 78.3 and 82.3 for females (based on 2007-9 figures).

- The under 75 mortality rate from cancers has reduced from 126.38 per 100,000 population in 2008 to 123.62 per 100,000 population in 2009, achieving the target of 125.9.

- The number of carers receiving a service (including information and advice) increased from 3,337 in 2007/8 to 5,040 (51%) in 2010/11.

- There were 9.8% of adults assessed or reviewed by secondary mental health services in 2010/11 who were in employment; increasing from 6.8% in 2009/10.

- The percentage of adults assessed or reviewed by secondary mental health services in settled accommodation has increased; from 73% in 2009/10 to 78% in 2010/11.

- Of the total adult social care service users who were assessed in 2010/11, 93% were satisfied with the help and support they received; an increase from 89% in 2009/10.

- There were 80% of service users with a learning disability who said that the help and support they receive made their quality of life much or a little better; which has increased from 79% in 2009-10.

Next Steps for the JSNA 2011

24. A report will be taken on 29th March 2012 to the County Durham Partnership on key messages for the JSNA 2011.

25. A presentation will be taken to both the Adults, Wellbeing & Health Overview & Scrutiny and the Children & Young People Overview & Scrutiny Committees on key messages from the JSNA 2011.

26. The JSNA 2011 will be refreshed in August 2012 to inform the Joint Health & Wellbeing Strategy to be produced in September 2012.

Recommendations

27. Cabinet are recommended to receive this report, and

(i) accept the key messages contained in the report as important evidence against which the Joint Health and Wellbeing Strategy will be developed.

(ii) agree the Joint Health Wellbeing Strategy will be submitted to Cabinet in November 2012 to seek endorsement.

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Background Documents

Health & Social Care Bill 2011

Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategies Explained

JSNAs and Joint Health and Wellbeing Strategies – draft guidance

Appendix 1 - Implications

Finance – The demographic profile of the County in terms of both an ageing and projected increase in population will present future budget pressures to the County Council and NHS partners for the commissioning of health and social care services. The uncertainty regarding future public health funding presents risks to the affordability and sustainability of preventative services.

Staffing – No direct implications

Risk – No direct implications

Equality and Diversity / Public Sector Equality Duty – Equality Impact Assessment completed 31st January 2012.

Accommodation – No direct implications

Crime and Disorder – The Joint Strategic Needs Assessment considers the wider determinants of health and well-being within a Local Authority's area, including crime and disorder.

Human Rights – No direct implications

Consultation – Two week feedback opportunity has been given to wider stakeholders on the Durham County Council website during January 2012.

Procurement – The Health and Social Care Bill outlines that commissioners should take regard the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy when exercising their functions in relation to commissioning services.

Disability Discrimination Act – Considered throughout the development of the Joint Strategic Needs Assessment.

Legal Implications – The Health and Social Care Bill 2011 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a JSNA and Joint Health & Wellbeing Strategy (which will influence commissioning strategies for health and social care) to be discharged through the Health and Wellbeing Board (HWB).